Check # 3091

(Pursuant to) 8:60-7 and 12:120-7) GAC Project # 635-2018 Date of Notification (1) Name of Building Owner/Operator (2) MADISON BOARD OF EDUCATION March 27, 2018 2018 Agencies Notified Notification Type Street Address ☐ EPA ☑Initial Notification 359 WOODLAND ROAD **□**DCA ☐ Amended Certification # City, State, Zip Code ASBESTOS CONTROL & X DOL MADISON, NJ 07940 □ Emergency (including Telephone NumberNSING ■ DEP- No Longer REQUIRED Name of Contact justification) X DOH WAYNE DESJADON 973-593-3157 □ Cancelled FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) MADISON HIGH SCHOOL School (K-12) ☐Subchapter 8 (other than K-12) Street Address ☐ Other (i.e. private & commercial buildings, homes, etc.) 170 RIDGEDALE AVENUE # of Floors: 2 Bldg. Age: 50+ years Sq. Feet: N/A City (5) County (6) County Code (7) (State Use Only) MADISON MORRIS Current Use (prior if being demolished): HIGH SCHOOL Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) **RK OCCUPATIONAL &** 0090 GREENWOOD ABATEMENT CONSULTANTS, INC. ENVIRONMENTAL ANALYSIS, INC. Street Address Street Address 401 ST. JAMES AVENUE **511 MAIN STREET** City, State, Zip Code City State, ZipCode PHILLIPSBURG, NJ 08865 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number JON GILBERT 908-454-6316 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 04/06/2018 04/09/2018 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD ☐ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe ☐ Facility Occupied During Entire Period of Abatement SHIFT HOURS 3PM - 12MID (24 Hours as needed) FAIRLAWN, NJ Source of Work (Check all that apply) ☐ Full Containment with Negative Pressure □ > 3 sf or > 3 lf X Renovation Mini-Enclosure X> 160 sf or > 260 lf □ Demolition Glovebag Procedure 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 Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) or LF) YES NO NA Exterior Roof Various X ROOF TAR/FELT X 287 SF Locations Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill 10 CY Cubic Yards of Waste: G.R.O.W.S. North Landfill Newark Carting, Inc. NJ DEP # 4509 Newark, NJ 04509 Disposal Date City, State 100 New Ford Mill Rd. 04/09/2018 Notes: None Morrisville, Pa 19067 215-736-1700 Completed by (Print or Type) Date Signature SENIOR PROJECT March 27, 2018 RAYMOND C. PEDALINO Raymond 6. Ledalino MANAGER

Notification of Asbestos Abatement

State of New Jersey

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n/a									sade Ave.						
City, State, Zip Code									Zip Code						
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Other – Describe:							Gar	field,	NJ 07026						
Scope of Work (Check A	II That Apply)						×	SE	E WORK E	XPL	AINATIO	V			
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Name of Facility Where Abatement is Takin	na Place (3)	FAC	ILITY INFOR	MATION	T	22. 745					
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Name of Monitoring Firm Hired by Building	Owner (8))	ASCI	M No.	Name	of Abatement	Contractor	(9)				
Pennoni					Perr	naco Inc.						
Street Address						Address		(*)				
515 Grove St S 1B						Box 329				4.5-12.1-6		
City, State, Zip Code Haddon Heights NJ 08035					100000000000000000000000000000000000000	State, Zip Code						
Project Manager for Monitoring Firm			Talanha	N-		st Berlin NJ	08091					
Tom Adams			Telepho	56-2912		none No. -753-9800		License N 00727	Vo.			
Start Date (10)	Schedul	ed Con		Date (11)		of OSHA Mor	itor	00727				
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NJAMIN SANCHEZ	DIRECTO	R OF	OPE	RATIONS	Januar	12	70()	Date	//	41	17	2
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) MERCK SHARP & DOHME CORP. /17 Street Address Agencies Notified Type Notification 2018 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414. **EPA** Initial Notification City, State, Zip Code DEP Amended Notification RAHWAY, NEW JERSEY 07065 DOL ASSESTOR CONTROL & Cancellation LICENSING DOH On Hold Name of Contact Telephone Number DCA **EMERGENCY NOTIFICATION** PATRICIA JOHNSON 732-594-2257 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) MERCK SHARP & DOHME CORPORATION Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors 126 EAST LINCOLN AVENUE - BUILDING 80N Bldg. Age 40,000 65 City (5) County (6) County Code (7) Current Use (Prior if being demolished) RAHWAY UNION (STATE USE ONLY) COMMERCIAL Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ENVIRONMETAL HEALTH INVESTIGATIONS, INC. 104 PAR ENVIRONMENTAL CORPORATION Street Address Street Address 655 WEST SHORE TRAIL 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code SPARTA, NEW JERSEY 07871 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number WILLIAM S. KERBEL, CIH 973-729-5649 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 11 / 15 /18 AMERISCI LABORATORIES INC Month Day #11480 Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 117 EAST 30TH STREET Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY -FRIDAY 5PM-1AM City, State, Zip Code SATURDAY 7AM-3:30 PM NEW YORK, NEW YORK 10016 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini Enclo, >3SF OR LF X Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Asbestos-containing Abatement Type normally used Containing Material (ACM) Amount REPAIR ENCLOSURE Material (ACM) REMOVAL **ENCAPSULE** solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A 1ST FLOOR CORRIDOR X ACM MASTIC 5,720 SF 1ST FLOOR CORRIDOR X PIPE FITTINGS 489 LF X 1ST FLOOR CORRIDOR X **DUCT INSULATION** 400 SF X 1ST FLOOR CORRIDOR PIPE SADDLES 6 LF X 1ST FLOOR CORRIDOR DUCT SEAM MASTIC 12 SF X 1ST FLOOR CORRIDOR X PIPE INSULATION 250 LF X 1ST FLOOR CORRIDOR FIRE DOORS (40) 800 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill FREEHOLD CARTAGE, INC. Hauler ID No. LYCOMING COUNTY RESOURCE MANAGEMENT SE 825 HIGHWAY 33 15939 447 ALEXANDER DRIVE/ROUTE 15 City, State Disposal Date FREEHOLD, NEW JERSEY City, State 11/29/17-11/15/18 MONTGOMERY, PA 17752 Completed by (Print or Type) Signature BENJAMIN SANCHEZ Date DIRECTOR OF OPERATIONS

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) MERCK SHARP & DOHME CORP. /17 Street Address Agencies Notified Type Notification 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 **EPA** Initial Notification City, State, Zip Code DEP Amended Notification RAHWAY, NEW JERSEY 07065 DOL Cancellation ASBESTOD CONTROL & DOH On Hold Name of Contact Telephone Number. DCA **EMERGENCY NOTIFICATION** PATRICIA JOHNSON 732-594-2257 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) MERCK SHARP & DOHME CORPORATION Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 126 EAST LINCOLN AVENUE - BUILDING 80N 40,000 65 City (5) County (6) County Code (7) Current Use (Prior if being demolished) RAHWAY (STATE USE ONLY) UNION COMMERCIAL Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ENVIRONMETAL HEALTH INVESTIGATIONS, INC. PAR ENVIRONMENTAL CORPORATION 104 Street Address Street Address 655 WEST SHORE TRAIL 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code SPARTA, NEW JERSEY 07871 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number WILLIAM S. KERBEL, CIH 973-729-5649 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 11 / /17 11 / 15 /18 AMERISCI LABORATORIES INC. #11480 Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 117 EAST 30TH STREET Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY -FRIDAY 5PM-1AM City, State, Zip Code SATURDAY 7AM-3:30 PM NEW YORK, NEW YORK 10016 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini Enclo, >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount ENCLOSURE REMOVAL ENCAPSULE REPAIR Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A 1ST FLOOR CORRIDOR X ACM MASTIC 5,720 SF X 1ST FLOOR CORRIDOR X PIPE FITTINGS 489 LF 1ST FLOOR CORRIDOR X **DUCT INSULATION** 400 SF 1ST FLOOR CORRIDOR X PIPE SADDLES 6 LF X 1ST FLOOR CORRIDOR DUCT SEAM MASTIC 12 SF 1ST FLOOR CORRIDOR X PIPE INSULATION 250 LF 1ST FLOOR CORRIDOR FIRE DOORS (40) 800 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill FREEHOLD CARTAGE, INC. LYCOMING COUNTY RESOURCE MANAGEMENT SE Hauler ID No. 120 825 HIGHWAY 33 15939 447 ALEXANDER DRIVE/ROUTE 15 City, State Disposal Date City, State FREEHOLD, NEW JERSEY MONT SOMERY , PA 17752 11/29/17-11/15/18 Completed by (Print or Type) Title Signature BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS

State of New Jersey

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Date of Notification (1) 03 /	28 /	18			14	e of Buildin	g Owner/Operator	(2)	HU A		2 2()18	-
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(10,100.200)	☐ Cancella					tor			relephone iva	ITIDEI			
					FA	CILITY IN	IFORMATION						
Name of Facility Where A	batement is 1	Taking	Place	(3)				Type of Facility	(4)				
Residence								☐ School (K-12					
Street Address								Subchapter 8 Other (i.e., p homes, etc.)	8 (Other than K- rivate and comm	12) nercial bu	uilding	js,	
City (5)								Square Feet	# of Floors	BI	dg. A	ge	-
Manahawkin								1000	1	20000	65		
County (6) Ocean					Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pr Residence	ior if being demo	olished)			
Name of Monitoring Firm	Hired by Build	ding C	Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9)					
N/A								ntracting, Inc.					
Street Address							Street Address						
							1889 Route 9	9, Unit 61					
City, State, Zip Code						51	City, State, Zip C	ode					
2-1-11				T				New Jersey 08	755				
Project Manager for Monit	oring Firm			Tel	ephone	No.	Telephone No. 732-349-9933	2	License No. 00624				
Start Date (10)					etion Da		Name of OSHA	Monitor	and the state of t				
04 /09 / _					1_ / .	18	E.M.S.L. Ana	lytical					
Occupancy Status During							Street Address						
☐ Facility Closed/Vacated☐ Abatement Performed							1056 Stelton						
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Scope of Work (Check all							Piscataway,	New Jersey 08	854				
	triat apply)						☐ Full Con	tainment with Neg	gative Pressure				
≥3 sf or ≥3 if≥160 sf or ≥260 if			☐ Re 図 De	nova moliti			☐ Mini-End ☐ Gloveba	closure g Procedure empted (*) and No	n Friable Prese	dura		15	
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IN Facility			Cus	todial (12)	Staff?	(1.0	surfacing, VAT	, or	SF or LF)	oval	=	Encapsulate	Enclosure
(13)			Yes	No	1	-	other miscellane	eous)				ate	(D
exterior				×		asbesto	os siding		900 sf				
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			П							-			
Name of Registered Waste	a Hauler		ш	Ц,	NJDEP I	Macto	Cubic Varda of	Name of Decis	4 d 1 d60		Ш		Ш
Guardian Contractin					Hauler II	D No.	Cubic Yards of Waste	Name of Regis T.R.R.F.	sered Landfill				
City, State					20223	5	3 Disposal Date	City, State					
Toms River, New Je	rsey						04/11/18	355	Pennsylvania	1			
Completed By (Print or Ty	pe)	Title	1				Signature	1	1	Date		1	_
Nicholas Fernicola		Pi	roject	Mar	ager			10-1	/	3/2	8	1/8	2

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114.114	/			(P	ursua	ut to MA	AGE	3:60 and 5:1	6)			title-bag			7
Date of Notification (1)					Nam	e of Buildir	ng Ov	vner/Operator	(2)		100		o .	2010	
03/	27 /	18			St	ate of Ne	w Je	rsey		111	APR	-	2 6	2018	di di
Agencies Notified	Type Notific	cation			Stree	t Address									-
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⊠ DOLWD					City,	State, Zip	Code	22 (1997)		District State of the State of			SIN		
☑ DOH □ DCA	Amendm Emerger			~	Tre	enton, N.	J 086	808							
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	☐ Cancella	ation			Ed	Weinlei	n (Ha	verstick-Bo	rthwick)	610-825	-9300				
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Name of Facility Where A	batement is	Taking	Place	e (3)					Type of Facility	(4)					
New Jersey Execut	ive State H	louse							School (K-12	J					
Street Address									☐ Subchapter 8 ☐ Other (i.e., p	3 (Other than I	K-12)	l h	:14:		
125 W. State Street									homes, etc.)		nmerciai	bu	liaing	js,	
City (5)									Square Feet	# of Floors		Blo	lg. A	ge	
Trenton									100,00	4		8	30		
County (6)					Cou	nty Code (7)(ST/	ATE USE ONLY)	Current Use (Pri	ior if being der	molished	1)			
Mercer									State House)					
Name of Monitoring Firm	Hired by Buil	lding O	wner	(8)	ASCM	No.	Na	me of Abatem	ent Contractor (9)						
N/A				k.			5	Shade Enviro	onmental, LLC						
Street Address							Str	eet Address							
N/A							6	23 Cutler Av	venue						
City, State, Zip Code								y, State, Zip C							
N/A				-		1000	-	/laple Shade	, NJ 08052						
Project Manager for Monit	foring Firm			0.000	ephone	No.	1000000	ephone No.		License No	٥.				
N/A Start Date (10)	Т.	0 1 1			/A			356-755-0099	N	00842					
03 /26 /					etion Da $\frac{1}{2}$	ate (11) 18		me of OSHA N E MSL Analyt							
Occupancy Status During	Abatement (Check	only	one)			Str	eet Address				-	-	-	
□ Facility Closed/Vacate							2	00 Route 13	0 North						
Abatement Performed	Outside of N	ormal l	Facilit	y Hou	rs - Des	scribe	City	y, State, Zip Co	ode			-			
Time of Abatement:	AM	PIV	1/	PM		AM	0	innaminson	n, NJ 08077						
Scope of Work (Check all	that apply)		-32												
≥3 sf or ≥3 lf			⊠ Re	novat	ion			☐ Full Cont	tainment with Neg	ative Pressure	Э				
☐ ≥160 sf or ≥260 lf				molitic				Glovebad	Procedure						
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IN Facility (13)	/		Ous	(12)	Otali:			surfacing, VAT, her miscellane		SF or LF)) 5	<u>u</u>		Encapsulate	ure
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Exterior				\boxtimes		Windov	v Ca	ulking		330 LF		3			
Exterior				\boxtimes		Windov	v Gla	azing		407 LF		3			
									+,			7			
							-11/1-11	T. San			Г	7	П	П	П
Name of Registered Waste	e Hauler			IN	JDEP	Vaste	Cub	oic Yards of	Name of Regist	ered Landfill					_
Freehold Cartage				Н	auler II		Was	ste	GROWS No						1
City, State					15939		Disp	osal Date	City, State			_		-	
Freehold, NJ								4/06/2018	Morrisville,	PA					
Completed By (Print or Typ	oe)	Title						Signature	(Date				
Christina Lynch		202240	ce Pr	eside	nt of	Operation	ns	Ohsos	C C C		3/2	7,	18)	

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Date of Notification (1) 3/26/2018			Name	of Building Owner Jannock, Linco	/Operato	r (2) & F	airfield Sew	erane Aut			20	10
Agencies Notified Type Notification			Street	Address oln Blvd				- Total Land	55E51	US CO	UNTE	IOL &
□ DEP □ Initial □ Amended □ DOL □ Amendmen	# 001		City, S	State, Zip Code	025			lasti soniiisvananana		STEEL STATE OF THE	prinentaline 11.4 CT	N. CO. P. Samuel Colonial Colo
DOH Emergency justification)	(includir	ng	Name	of Contact	035			Telephon				
E suitonation				ael E. Solla CILITY INFORMAT	TION			973-69	6-4494			
Name of Facility Where Abatement is Takir	g Place	(3)	FA	CILIT INFORMA	IION	Тур	e of Facility (4)				
Two Bridges Wastewater Treatme	nt Plar	nt					School (K-12					
Lincoln Blvd						×	Subchapter 8 Other (i.e. pr etc.)			uilding	s, hon	nes,
City (5) Lincoln Park						Squ 1,8	are Feet	# of Floor	S	Bldg. 40	Age	
County (6) Morris				Code (7)		Cur	rent Use (Prior cant Water	if being der Treatmen	nolished t Blda)		
Name of Monitoring Firm Hired by Building Lighthouse Environmental, Inc.	Owner (8	3)	ASC	M No.		of At	eatement Cont Environmen	ractor (9)				
Street Address 3 Vose Avenue					Street 42 R		ess Road					
City, State, Zip Code South Orange, NJ 07079							Zip Code rille, PA 194	-60				
Project Manager for Monitoring Firm Sarah Calandra			Telepho 973-2	one No. 75-5000	Teleph 610 9	one I	Vo.		ise No.			
Start Date (10) 4/2/2018	Schedu 5/31/2		npletion	Date (11)	Name	of OS	SHA Monitor Invironment					
Occupancy Status During Abatement (Check	Only O	ne)			Street				, 1110.			
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of al Facilit	Abaten by Hours	nent s		- 0	-	Road Zip Code					
Scope of Work (Check All That Apply)					Phoe	nixv	ille, PA 194	60				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	×	Renova Demolit	ion (By	y Neuber ter Abatemen	t) ×	GI	ull Containmen ini-Enclosure ovebag Proce on-Exempted (dure			ro	
Location of		s Locati Normall	у	Dec	scription			,		Abat	emen ype	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Solei aintenar stodial S (12)	ice/	Asbestos Cont (i.e. thermal surfac	aining M	ateria insul , or	ation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
0.110.111	Yes	No	N/A						<u>a</u>		late	ire
Grit Building			X	Roofir	ng/Flas	hing		1,875 SF	X			
Grit Building			X	Caulk	on HV	'AC		20 SF	X			
Grit Building			Х	Ductv	vork pa	per		250 SF	X			
Grit Building Name of Registered Waste Hauler		1	X		e Gask	ets		45 SF	X			
Rovic Transport		Ha	IDEP Wauler ID 785				Name of Re PWS Beth					
City, State Riverdale, NJ				Dispos 4/2018	al Date		City, State Bethleher	n, PA				
Completed by Timothy Walter	Title Proje	ct Mar	nager	Si	gnature		aloux.		Date 3/26/1	8		

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Date of Notification (1)	لسلا	N		Building Owner/O			, -	A STANLEY DE	LCTED AT THE	27° 137 84.550ma	tel satisfacion	
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Succe Patricks						Othe	r (i.e. priv	rate & commercial				
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Amended Amendment # Emergency (including justification) DOH DOH DOH Carcellation DOH DCA Carcellation DOH DCA Carcellation DC												
reet Address School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)												
DOH DOA												
Name of Monitoring Firm Hired by Building C	wner (8)		ASCM	I INO.				201001100000				
Street Addrage					Street	Address	oval	Inc.				
Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Square Feet # of Floors Bldg Age 3240 County (6) For Age ASCM No. Name of Abatement Contractor (9) Best Removal Inc. Street Address 450 South River Street ity, State, Zip Code Hackensack, NJ 07601 Telephone No. License No. 201 - 329 - 7444 On 388 Name of OSHA Monitor Telephone No. License No. 201 - 329 - 7444 On 388 Name of OSHA Monitor Omega Environmental Street Address 1 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Telephone No. 280 Huyler Street City, State, Zip Code City, State, Zip Code Name of OSHA Monitor Omega Environmental Street Address 280 Huyler Street City, State, Zip Code												
City, State, Zip Code					City, S	tate, Zip Co	de					
DOH DOA												
Project Manager for Monitoring Firm		7	Telephon	e No.	Teleph	one No.						
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Start Date (10)		. 10										
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		ement			280	Huyle	er St	treet				
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Other - Describe: 730 Au 78	2:004	M			Sou	th Hac	kens	sack, NJ	0.76	06		
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2 FLOOR KITCHEN	-		+	VA		.10.11.5.51	0.7	2254	-	-		T
DASERGAT		-	×	THERMAL ST	STEH I	NSULATI	0,0	2202	1	-	1	1
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Name of Registered Waste Hauler			IJDEP W lauler ID		ic Yards Vaste		anne or K	registered Landini				
Best Removal Inc			171	ng		cys 1	line	rva Ente	rpr	se	s.,_	LL
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	Title	.			Signatur	Poro	برص	الم	3/2	(0)	18	
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Date of Notification (1) 3/26// Agency Notified Type Notification	The Company	2 0 1 12 3	Ilding Owner/Operat		og L A	PR - 8	2 20	118
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□ DCA □ Cancellation		Mich	1 —	brug	Tolonhone No.	mhar		
Name of Facility Where Abatement is Taking F R-cs: Lent: Cil Sin Street Address City (5)	Place (3) s/e Fun;			Cootner (i.e.	-12) er 8 (Other than K-12	2) al building	is.	
Wallen County (6)		County Code	(7) (STATE USE	Square Feet	# of Floors	Bldg. A		ı's
Name of Monitoring Firm Hired by Building Own (8)	1	ONLY	Name of Abatem	Single	Prior if being demole Fam, 1 P.	shed) 25 cle		
Street Address			Street Address	_	ompany			
City, State, Zip Code Project Manager for Monitoring Firm	Telephon		Fair Fix	1 7		04		
Start Date (10) 3/27//8 Occupancy Status During Abatement (Check on Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Facility Closedia (10) Other – Describe:	-6.61	ə (11)	Telephone No. 862-702- Name of OSHA M A. Sell Street Address City, State, Zip C	Monitor Ine Light	License No. 0133 Athorse Sol		, ८,	4
Scope of Work (Check all that apply)	. >	Renovation Demolition	. Glove	ontainment witt Inclosure	Negative Pressure			
Location of Asbestos-Containing Material (ACM)	Is Location Normally Used Solely	by	Description of	f	d Non-Friable Proce		Abaterr Type	
TO BE ABATED IN Facility (13)	Maintenanc Custodial Staff? (12)	ce/ Asbe i (i.e	stos Containing Mat thermal systems in surfacing, VAT, other miscellaneo	terial (ACM) nsulation,	Amount (Specify SF or LF)	Removal	Repair	Encansulata
Mester Bedroom Ceiling		X Misc.	Materials Trans	site Sheet	261	×		+
Name of Registered Waste Hauler A. Molly Company Dity, State	NJDEP Was ID No. 256		. 5	Name of Regis				1
City State Fair Field, NJ 070 Completed by Sary Toriello Title Projet	ect Man	06.685	Disposal Date TBD Signature	City. State Morrisvi	ile PA	ite į		

CH440	15			ICATI	ON/OF AS	lew Jersey BESTOS ABATE © 8:60 and 12:12			PR	- 2	20	18
Date of Notification (1)	5-18			Nar		ing Owner/Operato	(2) (X) LL(ASSE	STO	S O	ONTE	301
Agencies Notified	Type Notification	on		Stre	eet Addres		11. 0 = 10	Language Committee and Committee of Committe	1.1.00	ENS.		
□ JEPA □ DEP	Initial Amended			_	65		HOURE P	<u> </u>	_			=
⊠ DOL	Amendmen			City	, State, Zip	APE MK	AY W. J	08204		25		
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□ DCA	☐ Cancellation			1		ASON		, sopriore rian	001			
	(8)			F	ACILITY IN	FORMATION						
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Street Address	· Ft					Street Address						커
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City, State, Zip Code						City, State, Zip C		ADE W.J	08	05	2	
Project Manager for Moni	toring Firm		Tel	ephone	No.	Telephone No. 856-77	9-0472	License No.	44		49	
Start Date (10)	Sche		950 A		ate (11)	Name of OSHA	Monitor A I I M					
4-4-18	45-45		10-			Street Address	NIF					ᅱ
Occupancy Status During Facility Closed/Vacated						Cucatridates		1				_
Abatement Performed	Outside of Norma	al Facil	ity Hou	rs		City, State, Zip C	ode				7767 (5-7)	\neg
Other - Describe:								<u> </u>				_
Scope of Work (Check all	that apply)					☐ Full Con	ntainment with N	egative Pressure				
		□R	enovat	ion		Mini-End	closure					
≥160 sf or ≥260 lf		XD	emolitic	n			g Procedure empted (*) and N	on-Friable Procedu	re			
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Location of			iormality d Solel			Description of			-	'75		\dashv
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TO BE ABATE IN Facility	D		Staff?		(1.6.,	surfacing, VAT,	or	SF or LF)	Remova	Repair	aps	Enclosure
(13)			(12)			other miscellaneo	us)		oval	목	Encapsulate	ure
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lame of Registered Waste				JDEP V auler ID		Cubic Yards of Waste	Name of Reg	istered Landfill				
	INC		_ [790	<u> </u>	4	City, State	1CMUA				=
MAPLE SHAN	OF W.I					Disposal Date		DAME				
completed By	Title					Signature	M.	Date -	25	-18	2	
MICHAEL CLOWI	m_ _	PRES	>			- Marly	111					

Ch 4495

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

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- Comment	APR	- 2	2018	

Date of Notification (1)			Na		ing Owner/Operato	ON LLC	. ASBE	STO	300	ONTE	ROL
Agencies Notified Type Notifica	ation	-	Str	eet Addres	s		^	-10	-110	14(1)	CHEMINATERS
□ JEPA ☑ Initial			_	65		HOURE R	D				=
DEP Amended Amended		_	City	y, State, Zip	Code APE MK	HY W.T	08204				
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☐ DCA ☐ Cancellat			140		ASON		Toophone Hair				
			F		FORMATION						
Name of Facility Where Abatement is T		ce (3)				Type of Facility	/ (4)				
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Street Address		7				Other (i.e., p	orivate & commerc		ldings	r _a	
City (5)						homes, etc. Square Feet	# of Floors	В	ldg. A	vge	
CAPE W	AV					1500	1-2		50	1	
County (6) (APL WA	L		US	ounty Code SE ONLY)	(7) (STATE		rior if being demoli	shed)			
Name of Monitoring Firm Hired by Buildi		_	ASC	M No.	Name of Abatem	nent Contractor (9	-				=
(8) N/A			201618-01-02-03		K	LEMCO	INC				
Street Address					Street Address	S SPIG	RUCE ALL	-			
C's Chat Tie Code			_		City, State, Zip C		coce mu	-	_		-
City, State, Zip Code					IMA	PLE SH	ADE N.J	08	05	2	_
Project Manager for Monitoring Firm		Tele	phon	e No.	Telephone No.		License No.				
		_			856-77	9-0472	# 004	44			
0.0	cheduled (ate (11)	Name of OSHA N	Monitor NIA					
4-4-18	4-1		10		Street Address	IVIA					=
Occupancy Status During Abatement (C Facility Closed/Vacated During Entire			ment		- Curaci i i i i i i i i i i i i i i i i i i	i o					_
Abatement Performed Outside of Nor	mal Facili	ty Hou	rs		City, State, Zip C	ode	1				
Other - Describe:								_			-
Scope of Work (Check all that apply)					☐ Full Con	tainment with Ne	gative Pressure				
≥3 sf or ≥3 lf		enovati			☐ Mini-End	dosure g Procedure					
2160 sf or ≥260 lf	XIDE	emolitio	n.				n-Friable Procedu	re			\dashv
		_ocatio			•			1	Vbate:		
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Asbestos-Containing Material (ACM)	100000000000000000000000000000000000000	ntenano		Asbes	tos Containing Mate thermal systems in	erial (ACM)	Amount (Specify	R	_	Enc	m
TO BE ABATED IN Facility		Staff?		(,	surfacing, VAT,	or	SF or LF)	Removal	Repair	aps	Enclosure
(13)		(12)			other miscellaneo	us)		al	바	Encapsulate	He
	Yes	No	N/A					_			_
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Name of Registered Waste Hauler		17.700.000	IDEP rules, I	Waste	Cubic Yards of Waste	Name of Regis					
KLEMCO INC		-11	790	24_	_4		1 CMUA		_		=
City, State	-				Disposal Date	City, State	OBTALE				
MAPLE SHAWE W.	tle				Signature	1 000	Date				=
Completed By Michael Virum	PRES	Š.			Mall	m_	1:3-	25	1	8	

Chui	190			TFICA'	TION OF AS	New Jersey SBESTUS ABATE C 8:60 and 12:12		The second secon	APF	-	2 2	2018				
Date of Notification (1)	75-18			N.	1 1	ling Owner/Operato			ASSEST	CS (ON	TRO	1 2			
Agencies Notified	Type Notifica	tion		 -			DN LL	4		CEN	SIN	3	L. O.			
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⊠ DOL	Amendme Emergence		ding		Č	APE MY	HY W.	7 08	\$204							
DOH	justification Cancellation	n)	J	Na	me of Conta	7 T T T T T T T T T T T T T T T T T T T			phone Nur	nber		1.1				
				_) <i>H</i>	ASON										
Name of Facility VAR	, N-1		(0)		FACILITY IN	FORMATION										
Name of Facility Where A	SIDEW (ace (3)				Type of Facil	165								
Street Address	210000						School (K	er 8 (Oth	er than K-1	(2)						
1							Other (i.e. homes, e	, private a	& commerc	ial bu	ikling	s,				
City (5)	was Ass						Square Feet		Floors	T	Bldg.	Age				
CAP	E MAY						1500	_ _	2	_ _	57) +				
County (6)	MAY			Co	ounty Code (SE ONLY)	(7) (STATE	Current Use (ished)						
Name of Monitoring Firm		a Own	or .		M No.	Name of Abatem		ACAM	<u>J I</u>							
(8) N	I.A	g Omi		120	141 140.	1 .	LFMCO	IW								
Street Address						Street Address						=				
						369		RUCE	Ait	_						
City, State, Zip Code						City, State, Zip Co	ode PLE SH	ADE	W.J	08	05	2				
Project Manager for Monit	oring Firm		Te	ephon	e No.	Telephone No. 856-77	3-0477	Lice	nse No.	VЧ		8				
Start Date (10)	Sch	eduled	Compl	etion D	ate (11)	Name of OSHA M	lonitor .									
4-4-18		4-	10-	-18			NIA	+	- 0011							
Occupancy Status During						Street Address	,									
☐ Abatement Performed C					1	0.5	-	-					_			
Other - Describe:	Juside of North	iai rau	uty Frot	иъ		City, State, Zip Co	ae									
Scope of Work (Check all t	that anniv)							<u>:</u>		=	_		=			
	and apply)						ainment with N	egative P	ressure							
>3 sf or ≥3 lf ≥160 sf or ≥260 lf			lenoval Jernolitik			☐ Mini-Encl	osure Procedure									
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			Location					1		1	bate:					
Location of			d Solel intenan		Achaeta	Description of os Containing Mater	rial (ACMA)			-			\dashv			
Asbestos-Containing Mate TO BE ABATED		0	ustodia			hermal systems ins			ount ecify	R	_	Enc	g			
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(13)		-	1			Outer This Cental reod	5)			laval	4	Encapsulate	ure			
		Yes	No	N/A					_:				\Box			
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								_								
Name of Registered Waste I	Hauler		17.1	IDEP V		Cubic Yards of Waste	Name of Regi									
	LNC			790	<u>u</u>	9	_CM	CIMI	JUA.				_			
City, State MAPLE SHAW	E W.I					Disposal Date	City State				.:					
Completed By MICHAFT VLOUW	Title	ORES	:			Signature	77.		Date - 3 -	75	-17	7				
MICHAEL LEWIN		T.)			- I - Frank				-		_				

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Chisiny	

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

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		APR	- 2	2	018	-	H

Nethering (1)	I N	lame of Building	Owner/Ope	rator (2)	نسا		2010	1-				
Date of Notification (1) 3/26/20	18			County of Berge	n			Purple to the part of the purple to the purp				
A size Notified N	otification Ty	rpe	S	Street Address			AS	BESTOS CO LICENSII		&		
Agencies Nothed			2	20 E. Ridgewood	Ave	Lector	PLANTE MARKET HA	LICENSII	VG.			
⊠ EPA DEP	Amended	#	7	City, State, Zip Co	ode							
X DOL	J	y (including	F	Paramus, NJ 0765	52							
	justificatio	n)	1.5	Name of Contact			el. Numi					
DOH DCA	Cancellati	on		Mr. Syed Moin		2	201 634 2	2/94				
			FACILITY INFO	RMATION Type of Facility (4)	1							
Name of Facility Where Abatement is Takin	ng Place (3)		-					22				
Mosquito Office				School (K-1								
Street Address				Subchapter								
220 E. Ridgewood Ave		County Coo	10 (7)	Other (i.e.,	private & co	mmercial buil	ldings,					
City (5) County (6)		(State Use	Only)	X homes, etc	i.)							
Paramus Bergen				f 0 trop	tor (0)							
Name of Monitoring Firm Hired by Bldg. O	wner (8)	ASCM No.		Name of Contrac MTM Metro C		n				_		
Omega Environmental Services				Street Address	огротиль							
Street Address				135-137 McBride Ave								
280 Huyler St				City State, ZipCo								
City, State, Zip Code												
South Hackensack NJ 07606				Paterson, NJ 07501 Telephone Number License Number								
Project Manager for Monitoring Firm	Telephone N			<u>Telephone Number</u> 973-742-5030 <u>License Number</u> 00809								
Ma RIPX PAIRI	201.489.870						00000			-		
Scheduled Start Date (10)	Scheduled C		Date (11)	Name of OSHA MTM Metro		on						
04/09/2018	04/14/2018				Corporati	011						
Occupancy Status During Abatement (Ch	eck only one	<u>e)</u>		Street Address	Daida Assa	2110						
				135-137 McBride Avenue								
X Facility Closed/Vacated During Enti				City, State, Zip	Code					1		
Abatement Performed Outside of N	ormal Facility	y Hours		Paterson, N.	07501							
Other-Describe:												
Source of Work (Check all that apply)				Containment with	n Negative F	Pressure	× Mir	ni-Enclosure				
> 3 sf or > 3 lf	Renovation							vebag Procedu	re			
× > 160 sf or > 260 lf	Demolition		W	-Exempted(*) & N				Abatement Ty				
	tion Normally by Maint./Cu		Description of A		Amount (8	Specify SF or	_, ,	· watermann 1)				
Containing Material (ACM) in Solely I Staff? (stodiai	surfacing, VAT	, or other				Rem. Rep.	Encap E	Enclose		
YES YES	NO	N/A	miscell.)		44015			×	T			
1st through 3rd Floor		×	TSI Pipe Insulation&Fitti Window/Door Glazing&C		140 LF 590 SF			×				
1st through 3rd Floor		X	VAT/Mastic		2,200 SF			X	+			
	2nd and 3rd Floor				Waste		Name	of Reg. Landfill				
	Name of Reg. Waste Hauler NJDEP Waste Hauler ID #				20 Tullytown,PA							
MTM Metro Corporation 26552						Disp. Date		City, Sta	ate			
City, State		4/16/2018 Tullytown, PA										
Paterson, NJ 07501		Signature			Date							
Completed by (Print or Type)		- Signature										
Mike Damevski		Mike Damevski 3/26/2018										

					madalada.	3									
Lh33885	NO	LIF C	ATIO	N OF AS	New Jersey BESTOS ABA AC 8:60 and 5:1	TEMENT 6)	DEC] [7 [
Date of Notification (1)	-		Nam	e of Buildin	ng Owner/Operator	(2)	U L APR	-2	201	8	11				
//	18			ott Moto			<u>1</u> 338	38	5	-					
Agencies Notified Type Notific	ation		Stree	et Address			ASBESTO			OL 8	3				
☑ EPA☑ Initial☑ DOLWD☑ Amended	4			33 Route		L	LIC	ENSI	NG		remotely.				
☑ DOH Amendm			and the same of	State, Zip							12 25				
☐ DCA ☐ Emergen	cy (includii	ng	-		NJ 08701										
(NJAC 5:23-8) justificati			4 252	e of Conta ane Dona	7		Telephone Num 732-370-102		20						
					NFORMATION		732-370-102	2 X Z	20						
Name of Facility Where Abatement is 1	aking Plac	e (3)	17	CILITTI	NFORMATION	Type of Facility	/4)								
Building		(0)				School (K-12									
Street Address						Subchapter	2) 8 (Other than K-12)							
2193 Route 9 North						Other (i.e., p	rivate and commer	cial b	uildin	gs,					
City (5)						homes, etc.) Square Feet	# of Floors		lala A						
Toms River						1500 sf	# 01 F1001S		ldg. A 80	\ge					
County (6)			Cou	ntv Code (7)(STATE USE ONLY)		ior if being demolis		00						
Ocean				,	· Memme ode onen	Building	ioi ii beilig delliolis	neu)							
Name of Monitoring Firm Hired by Build	ling Owner	(8)	ASCM	No.	Name of Abateme	3			-						
N/A						ntracting, Inc.									
Street Address					Street Address										
					1889 Route 9	, Unit 61									
City, State, Zip Code					City, State, Zip Co	a visit year and a second									
					Toms River,	New Jersey 08	755								
Project Manager for Monitoring Firm	1	Tele	ephone	No.	Telephone No.		License No.								
					732-349-9932		00624								
	cheduled (Name of OSHA M	lonitor									
04 /06 /18	04	/ _13	3_/	18	E.M.S.L. Anal	lytical									
Occupancy Status During Abatement (C					Street Address										
☐ Facility Closed/Vacated During Entir	e Period of	Abate	ment		1056 Stelton										
Abatement Performed Outside of No Time of Abatement:AM	rmal Facili PM/				City, State, Zip Co	ode		License No. 00624							
Scope of Work (Check all that apply)		PM-		AM	Piscataway, N	New Jersey 08	854								
					☐ Full Cont	ainment with Neg	ative Pressure								
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		enovati emolitio			☐ Mini-Encl	losure Procedure	n-Friable Procedur	Э							
No. 10000000 and the second		Locat						1	atem	ent T	уре				
Location of Asbestos-Containing Material (ACM)		Norma		Asha	Description of				-	T	T -				
TO BE ABATED	Ma	aintena		(i.e	stos Containing Mat ., thermal systems i	nsulation.	Amount (Specify	Removal	Repair	nca	nclo				
IN Facility (13)	Cus	todial (12)	Staff?		surfacing, VAT,	or	SF or LF)	oval	=	Encapsulate	Enclosure				
(13)	Yes	No	N/A		other miscellaned	ous)				ate	Ф				
exterior							070 -5								
			-	aspesie	tos siding 970 sf										
		Ш													
Name of Registered Waste Hauler		1 10033	JDEP V												
Guardian Contracting, Inc.	Н	auler II 20223		Waste 3	T.R.R.F.	osandi 2001. oddi 2000.									
City, State		Disposal Date	City, State												
Toms River, New Jersey					04/13/18		Pennsylvania								
Completed By (Print or Type)	Title				Signature	- A		ennsylvania							

Nicholas Fernicola

Project Manager

Signature

Date

Ch3381	1		NOI		(Pursuant to NJAC 8:60 and 5:16)											The state of the s		
Date of Notification (1)					Nam	e of Buildir	ng Ov	wner/Operator ((2)			APR	-	2 2	018	- 1		
	27 /	18	_			ott Moto			,-/		<u> </u>	3.8.	S	J	*commenter			
	Type Notific	cation			Stree	t Address					ASI	DEST		SON ISIN		L&		
	⊠ Initial				11	33 Route	88			-	- Commence of the Commence of	Lit	/EIN	1911/1	J *********	Note the latest of		
☑ DOH	Amende Amendm				City,	State, Zip	Code	9										
	☐ Emerger			- g	La	kewood,	NJ (08701										
(NJAC 5:23-8)	justificat	ion)				of Contac					Telephone N	Numbe	r					
	Cancella	ation			Dia	ne Dona	ito				732-370-	1022	x 2	20				
					FA	ÇILITY IN	NFO	RMATION										
Name of Facility Where Ab	atement is	Taking	Place	(3)					Type of Facil	ity (4)					9.2.4			
Building									School (K	-12)								
Street Address									☐ Subchapte ☐ Other (i.e.	er 8 (0	Other than h	K-12)	ıl hı	ildin	**			
2175 Route 9 North									homes, et	tc.)	ate and con	IIIICICI	נו טנ	mani	J S,			
City (5)									Square Feet		# of Floors		Bldg. Age					
Toms River				0					2000 sf		1			80				
County (6)					Cou	nty Code (7	7)(ST/	ATE USE ONLY)	Current Use	Prior	if being den	nolishe	d)					
Ocean									Building									
Name of Monitoring Firm H N/A	ired by Buil	ding O	wner	(8)	ASCM	No.		me of Abateme		* *								
0.7273.0							(Guardian Co	ntracting, In	c.								
Street Address								reet Address	P. Charles Charles College Col		7-110							
City, State, Zip Code							_	1889 Route 9										
Oity, State, Zip Code							1	y, State, Zip Co			200							
Project Manager for Monito	ring Firm			Tolo	2022	Ma	_	Toms River, I	New Jersey	0875								
1 Toject Manager for Monito	ing riini			Tele	phone	NO.	1723	lephone No.			License No).						
Start Date (10)		School	iled C	omplo	tion Do	te (11)		732-349-9932			00624							
04 /06 /						18		me of OSHA M E.M.S.L. Anal										
Occupancy Status During A						10	_		yucai									
☐ Facility Closed/Vacated					ment		100000	eet Address										
☐ Abatement Performed O	utside of No	ormal I	acility	V Hour	s - Des	cribe		056 Stelton	4-									
Time of Abatement:	AM	PM	/	_PM-	City, State, Zip Code Piscataway, New Jersey 08854													
Scope of Work (Check all th	at apply)		-				,	iscalaway, i	iew Jersey (1000	4							
			_					☐ Full Conta	ainment with N	legati	ve Pressure	9						
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 				novati molitic				☐ Mini-Encl	osure									
			Z DC	monde				☐ Glovebag ☑ Non-Exer	npted (*) and I	Non-F	riable Proc	edure						
				Locat						T			Aba	atem	ent T	vpe		
Location of Asbestos-Containing Ma	torial (ACM	.		Norma d Sole				Description of						_				
TO BE ABATE		"	Ma	intena	nce/			Containing Matermal systems in			Amount (Specify		Removal	Repair	nca	nclo		
IN Facility			Cust	odial (12)	Staff?	,,,,,	S	surfacing, VAT,	or		SF or LF)		oval	=	Encapsulate	Enclosure		
(13)		H	Yes	No.	N/A		ot	her miscellaned	ous)						late	Ф		
exterior						asbesto	os si	idina		-	1400 sf		\boxtimes		П			
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						Vaste	18.45.35.55	oic Yards of	Name of Reg	gistere	ed Landfill							
Guardian Contracting	, Inc.			100	auler II 20223		Wa:		T.R.R.F.									
City, State								posal Date	City, State		~							
Toms River, New Jers	еу						0	4/13/18	Tullytow	n, Pe	nnsylvan	ia						
Completed By (Print or Type)	Title					-	Signature	//		1	Date	İ	1		-		
Nicholas Fernicola		Pro	oject	Mana	ger				1:4	/	1	3/	1.	- h	8			

										1	Panera C	0 -	-			-			
MCK	,		NOT		MINITA		BES	Jersey STOS ABA 3:60 and 5:		MENT	DE N	C E		\mathbb{V}	E	M			
Data of Matification (4)											UU A	PR -	2 1	2018	- 1	U)			
Date of Notification (1)	27 /	40						vner/Operator		į	į				40-0000	Louise to 100			
	27 /	18	_		Jei	sey Sno	re M	ledical Cent	ter	Ī	OFTASBE	Triba	dok	- Action	10				
	Type Notifica	ation			Stree	t Address					Joba	LIGE	MISE	G -	- 26				
☑ EPA ☑ DOLWD	☐ Initial ☐ Amended	4			101101	5 Route							7	and the same of th	THE PERSON NAMED OF	DOMESTIC STATES			
☑ DOH	Amendm	- 2000	2		1.00	State, Zip													
□ DCA	☐ Emergen		-	3		ptune, N		753											
(NJAC 5:23-8)	justificati					of Contac	ct				Telephone	e Numb	er						
	☐ Cancellat	tion				a Fritz					732-77	6-4100)						
					FA	CILITY IN	VFO	RMATION											
Name of Facility Where Ab									2550	pe of Facility	5,000								
Jersey Shore Medica	al Center-A	cker	man	Buil	ding 4					School (K-1	2) 8 (Other that	- 1/ 10\							
Street Address											o (Other that orivate and c		cial bu	ildino	S.				
1945 Route 33										homes, etc.)				815				
City (5)										uare Feet	# of Floo	rs		dg. A	ge				
Neptune County (6)										750,000 sf	7		65						
County (6)					Cour	nty Code (7	7)(STA	ATE USE ONLY)			rior if being d	or if being demolished)							
Monmouth										Hospital									
Name of Monitoring Firm F Environmental Tacti		ding O	wner	(8)	ASCM	No.		me of Abatem											
Street Address	CS						_	Guardian Co	ontra	acting, Inc.									
64 Broad Street							10000000	eet Address											
						_	889 Route		nit 61		755								
City, State, Zip Code						A 200	y, State, Zip C				cense No. 00624								
Matawan, NJ 07747 Project Manager for Monito	siae Fiere			1-				oms River,	Nev	v Jersey 08	License No.								
Tom Geiger	ning Firm				ephone		327	ephone No.	_		11/1/2019								
Start Date (10)	10	`obod	ulad C		32-290		-	32-349-993			00624								
03 / 05 /			ulea C 4 /		etion Da 0 /			me of OSHA I											
				250	<u> </u>	10		.M.S.L. Ana	aiytic	cai									
Occupancy Status During / Facility Closed/Vacated								eet Address											
Abatement Performed (During Entir Dutside of No	ormal	Facility	Abate / Hor	ement irs - Des	cribe		056 Stelton	31										
Time of Abatement:	AM	PN	1/	_PM		AM	100	y, State, Zip C											
Scope of Work (Check all t	hat annly)						F	Piscataway,	New	Jersey 08	3854								
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	пас арріу)		⊠ Re □ De	nova moliti				☐ Mini-En	closu ag Pro	re ocedure	gative Press		e						
				Loca				100					1	ateme	ent Ty	pe			
Location o				d Sol	ally lely by		7-11 4 0-2-00-11	Description			4								
Asbestos-Containing M TO BE ABAT		,	Ma	inten	ance/			Containing Ma ermal systems			Amou (Speci		Remova	Repair	Encapsulate	Enclosure			
IN Facility	g - 10.		Cust	odial (12)	Staff?	85.00	S	surfacing, VAT	Γ, or		SF or L		val	-	usc	sure			
(13)		1	Yes	No	T	-	ot	her miscellane	eous)	1					ate	to			
Cath Lab Ackerman 4				×		plaster					400 s	f							
Cath Lab Ackerman 4						•		4:					-		긤	믬			
						pipe ins	Sula	uon			90 11			П	Ш	Ц			
Name of Booking of World Hard																			
1.						Vaste No.	100000000000000000000000000000000000000	oic Yards of	100	源	stered Landfi	II							
Caaraian Contracting, Inc.						No.	Wa	o O		T.R.R.F.									
City, State								posal Date	С	ity, State									
Toms River, New Jersey							0	4/30/18		Tullytown	, Pennsylva	ania							
Completed By (Print or Typ	e)	Title						Signature		1		Date	e /		1	\neg			
Nicholas Fernicola	ager			V	1.	ter	1	1	3/	27	11 3	3							

Chilla	P	NOTIF (I	FICATIO	Tate of Ne NOF ASE TO NJAC	BESTOS	ABATE	MENT 0)		D.	E (2 [\mathbb{V}	E		
Date of Notification (1) 03/26/2018				of Building ERT SO		Operator	r (2)			ΔF	PR -	- 2	201	8		
	ype Notification			Address	1 1/1				had be-	* 11	1.1.				Lateresia	
₩ EPA □] Initial									ASBES		100	NTR	01.8		
	Amended			ate, Zip C							LICE					
☑ DOL ☑	Amendment # Emergency (includi	ng		MILFOR							0.000		500000	1000000000		
DOH DCA	justification) Cancellation		Name o	of Contact					Tel	ephone	Numb	er				
L DCA	Cancellation			ILITY INF	ODMAT	ION										
Name of Facility Where Aba	tement is Taking Place	€ (3)	FAU	ILIIT INF	UKWAI	ION	Type of	Facility (4	4)				-			
PRIVATE								nool (K-1	00.81% Dec							
Street Address							Sub	ochapter ner (i.e. p	8 (Oth	er than h & comme	K-12) ercial	build	lings,	home	es,	
City (5) NEW MILFORD NJ.							Square F	/	# of	Floors			ldg. A	ge		
County (6)			County	Code (7)			2,200 Current I	Use (Pric	2 91 (Prior if being demolished)							
BERGEN			(STATÉ	USE ONLY)		N/A	-00 (1 110								
Name of Monitoring Firm Hir N/A	red by Building Owner	(8)	ASCI	M No.			of Abatem				ΓAL	LLC				
Street Address							Address 5. 51 ST.	STDE	ET							
City, State, Zip Code							tate, Zip C		<u></u>							
							TH BEF		NJ. 0	7047						
Project Manager for Monitori			Telepho				one No. :776-064	42		License 1300	e No.					
Start Date (10) 03/29/2018		uled Cor 1/2018		Date (11)			of OSHA I		IC.							
Occupancy Status During Ab							Address	OBE.IN	IC.		-					
Facility Closed/Vacated	During Entire Period of	of Abaten	nent			108 L	LIBERT	Y ST.								
Abatement Performed (Other – Describe:	Outside of Normal Faci	lity Hours	S	City, State, Zip Code METUCHEN NJ. 08840												
Scope of Work (Check All Th	nat Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit														
		Is Locati	ion						1)				Abate	ment		
Location of		Normal sed Sole				scription					-	-	Ту	ре		
Asbestos-Containing Mat TO BE ABATE	D (ACIVI)	/laintena	nce/	Asbest (i.e.	tos Cont thermal	aining M systems	aterial (AC insulation	CM)		nount pecify		Z		En	ш	
In Facility (13)		ustodial S (12)	Staff?	,,,,,,	surfac	cing, VAT	T, or	"		or LF)		Removal	Repair	caps	Enclosure	
(13)	Vac	1	NI/A		otner n	niscellan	eous)					val	air	Encapsulate	sure	
BASEMENI	Yes	-	N/A	\/AT	Eggr T	ilo OVO	9 & Mast	i e	CE	0.05	-			0		
D/ (OEIVIE) V	BASEMENT X						a iviasi	uc	000	0 SF.	+	X		-	-	
										+	+					
Name of Registered Waste H	1 11	JDEP W		Cubic of Was		Na	ame of R	egister	ed Land	fill						
TRI STATE TRANSFER	9551	140.	TBD.		N	IINERV	A EN	ITERP	RISE	ΞIN	IC.					
City, State BRONX. NY.		Disposal Date City, State TBD. WAYNESBURG OHIO														
Completed by	Title		Signature Signature Only Date													
CARLOS ESQUIVEL	SAI	ETY N	/ANAG	SER	Egum	nhmul 03/26/2018										

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CK 1068		NOT		tate of Ne NOF ASE t to NJAC	8:60 ar	ABATE id 12:12		ιт	D-	E (2 E		V I						
Date of Notification (1) 3/25/2018			Name	of Building Berkow	Owner/	Operato	r (2)			AF	PR -	- 2 2	018		力				
Agencies Notified Type Notification	n		700000000000000000000000000000000000000	Address	ITZ				Ind Ind	7.550				1					
☐ EPA ☒ Initial			Otrect	radiess				F		ASBE	STOS	GON	TROL	. &					
DEP Amended				tate, Zip Co					yan waseve	MANAGEM AND A	LICE	NSINC	2	-					
Emergency	(includin	g		Hills, N.	J 0707	8													
DOH justification Cancellation				of Contact Berkowi	tz				1	Talanh	none N	lumber	3						
Normal Francisco			FAC	ILITY INF	ORMAT	ION	- 200							-					
Name of Facility Where Abatement is Taki Berkowitz Residence	ng Place	(3)					Тур	e of Facil	lity (4)										
Street Address							H	School Subcha	(K-12)	Other t	han K	12)							
							×	Other (i.	.e. priva	ite & co	omme	rcial bui	ldings	, hom	es,				
City (5)							Squ	etc.) Jare Feet		# of Flo	oors		3ldg.	Age					
Short Hills County (6)													2-72000						
Essex				Code (7) USE ONLY			Cur	rent Use	(Prior if	being (demol	ished)							
Name of Monitoring Firm Hired by Building	Owner (8	3)	ASCI	M No.		Name	of Ab	patement	Contrac	tor (9)			-						
Stroot Address										enance LLC									
Street Address						Street		ess Riper A			ance LLC								
City, State, Zip Code								Zip Code					2018 ONTROL & SING I buildings, homes, Bldg. Age ed) Procedure Abatement Type Removal						
500								J07011					D						
	ect Manager for Monitoring Firm							No. -9008	10.3 11.0 11.0	11950		No.	Pressure Die Procedure Abatement						
Start Date (10) 4/14/2018			mpletion	Date (11)		Name	of OS	SHA Moni	tor				2) all buildings, homes, Bldg. Age ned) ressure e Procedure Abatement Type Removal X						
Occupancy Status During Abatement (Che	5/20/2					01 1					License No. 01336								
Facility Closed/Vacated During Entire			nont			Street	Addre	ess											
Abatement Performed Outside of Non Other – Describe:	nal Facilit	y Hours	S			City, S	tate, 2	Zip Code						<u> </u>					
Scope of Work (Check All That Apply)																			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolii				×	M Gl	ini-Enclos lovebag P	sure Procedu	re	ith Negative Pressure e e ind Non-Friable Procedure								
	Is	s Locati	ion				1 140	on-Exemp	ied (*)	and No	on-Fna	ible Pro							
Location of		Normal ed Sole	ly	eo =0	Des	cription	of						Ту	ре					
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u>	Ma	aintena	nce/			aining M systems		al (ACM) lation		Amou (Spec		70		Ē	ш				
In Facility (13)	Cus	todial ((12)	otan?		surfac	ing, VA	T, or	1/3		SF or I		emo	Repa	caps	nclos				
	Yes	No	N/A		0010111	noocharr	cous	,				Va.	≒·	ulate	ure				
Basement		Х			Pipe	Insulat	tion			105 L	F	×							
												-							
								1	11-5-11-5		+								
									1										
Name of Registered Waste Hauler TBD	Н	JDEP W auler ID BD	500 50 50 50 50 50 50 50 50 50 50 50 50	Cubic Yof Was				of Regis			11								
City, State		11			Disposi	al Date		City, St					ildings, homes, Bldg. Age precedure Abatement Type Encapsulate Repair						
Completed by	Title				Si	gnature	A	IMEIN	iie, IVI	11/4		ate		-					
Darko Raloski	ect Ma	nager			NO	d						18							

	S	tate of I	New J	ersey - Notif	fication of Asbestos	s Ab	atem	ent_		@ F	-	W E			
GAC Project # 060-18			(Pur	suant to N.J.A.	J.A.C. 8:60-7 and 12:120-7)										
Date of Notification (1)			19)	/\(\)	Name of Building Owner	er/Ope	erator (2		7						
March 2 Agencies Notified	27, 2018	Notification	n Tuno	/m\ U	RUTGERS, THE	STA	TE UN	IVER:	SITY C	IPNJ ·	- 2 2	018			
		X Initia		ation	Street Address ENVIRONMENTA	I HE	Δ1 TL	8 SA	FETV	NEDT	/DEI	16)			
□ EPA □ DCA		2.25		otification #	74 STREET 1603,	BLD	G 41	16. LIV	/INGS	TON C	AMP	UISOL 8			
☑ DOL				(including	City, State, Zip Code				THE REAL PROPERTY.		MISM				
☑ DEP- No Longer REQUIR	ED	justii □Canc	ication)	PISCATAWAY, N.	J 088	354								
⊠ DOH		LiCand	ellea		Name of Contact MICHAEL F. SMIT	НЕ	NV		phone N 3-445-2						
					HEALTH & SAFE			040)J-2	.550					
Name of Facility Where Abatem	ent is Tak	ing Place (3)	FACILITY IN	VFORMATION Type of Facility (4)										
STANLEY BERGEN, BI	LDG# 7	252	1		School (K-12)										
Street Address					☐Subchapter 8 (other th	an K-1	12)								
RBHS NEWARK CAMP	US	62			Other (i.e. private & c	omme	rcial bui	ldings, h	omes, e	tc.)					
City (5)	county (6)		Count	v Code (7)	Sq. Feet: N/A	# of I	-loors:	14 <u>BI</u>	dg. Age	<u>:</u> 80+	years				
NEWARK		SEX		Use Only)	Current Use (prior if bei	ng der	molishe	d): AC	ADEMI	С					
Name of Monitoring Firm Hired b	y Bldg. O	wner (8)	ASCN		Name of Contractor (9)										
AIC			000	98	GREENWOOD ARA	TEM	IENT	CONGI	II TAN	TO IN	C				
Street Address					GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address										
3 TERRI LANE					511 MAIN STREET										
City, State, Zip Code		-			City State, ZipCode										
BURLINGTON, NJ 08					BUTLER, NJ 07405										
Project Manager for Monitoring F BRIAN R. KEARNEY	irm	Telephone 609-386			Telephone Number			Licen	se Numb	er		7			
					973-492-0477			0084	40						
Scheduled Start Date (10) 04/6/18		Scheduled 04/9/18	Completi	on Date (11)	Name of OSHA Monitor	_		1							
Occupancy Status During Abat	ement (C		ne)		ENVIROVISION, IN Street Address	C.									
☐Facility Closed/Vacated Duri	ng Entire	Period of A	bateme	nt	20-21 WARGARAW	ROA	AD, BL	.DG# 3	35E						
☐Abatement Performed Outside Describe:	de of Non	mal Facility	Hours -												
☑ Other- Describe: Schedule	: 5PM -	5AM Dail	v (24 H	OURS &	City, State, Zip Code FAIRLAWN, NJ 07410										
WEEKENDS AS NEEDED)			, ,		,										
Scope of Work (Check all that ap	oly)														
D . 0. (1	J Full	Contair	ment w	ith Nega	tive Pre	ssure				
$\square \ge 3$ sf or >3 If $\square \ge 160$ sf or ≥ 260) If			☑Renovation ☐ Demolition			i-Enclos								
	2.11:			Demolition					ure / Wr and Nor			d			
Location of Asbestos-Containing Material (ACM) in Facility (13)	The second secon	ation Norma		Description of Asl	bestos Containing Material		Amou	nt		nent Typ		ure			
material (AOM) III acility (15)	Staff?	by Maint./C (12)	istodiai	VAT, or other mis	nal systems insulation, surfacticell.)	ing,	(Spec or LF)		Remove	Repair	Encap	Enclose			
	YES	NO	NA		, , , , , , , , , , , , , , , , , , , ,										
GA 135, GA 136, GA 179		X		VAT			120	0 SF	X						
Name of Reg. Waste Hauler		NJDEP Was	te Haule	r ID#											
See Hauler Below #1 & 2		See Belov		TID #	Cubic Yards of Waste:	20 (CY		of Regis			11			
Hauler #1) Greenwood Abatemer	nt Consul	tants, Inc	Butler, 1	NJ 07405		Disp	osal Da			City, Sta		••			
NJDEP # 12561 Hauler #2) Newark Carting, Inc.,							000, 00			100 New	Ford N				
NJ DEP # 4509	, would K,	110 04309				04/	9/2018	3		Rd. Mori 19067	rsville,	Pa			
Completed by (Print or Type)						1000	215-736-	1700							
RAYMOND C. PEDALING	O SE	<u>e</u> ENIOR PI	ROJEC	т	Signature	0		Date	L 07	2042					
		ANAGER			Raymond C. Pe	dalin	10	ward	h 27,	2018					

					leasened hel	gang granusch					Chec	F:#	709				
		State of	fl	lew Je	rsey Notil	ication of Asbesto	s Aba	ateme	nt) E	CE	n n	/ E				
G. G. B				(Purs	suant to N.J.A.	3. 8:60-7 and 12:120-1	7)			15	<u> </u>	1 /					
GAC Project # 060-18					u U				I had	<							
Date of Notification (1) March 2	27, 20					Name of Building Own RUTGERS, THE	er/Ope STAT	rator (2)	VERS	ITY O	FNJ-	2 20	18				
Agencies Notified				n Type		Street Address											
□ EPA				Notifica		ENVIRONMENTA											
□ DCA					tification #	74 STREET 1603	BLD	G 411	6, LIV	INGST			FS) L &				
X DOL					(including	City, State, Zip Code	1.000	E4	lesconson management	······································	LIUZIV		-				
DEP- No Longer REQUIR	RED	□ Ca		ication)		PISCATAWAY, N Name of Contact	J U88	54	T Table		- London						
⊠ DOH		LCa	TIC	ellea		MICHAEL F. SMI	TH E	NIV		hone N -445-2							
						HEALTH & SAFE		IVV.	040	-443-2	330						
340					FACILITY IN	IFORMATION											
Name of Facility Where Abatem	nent is T	aking Plac	e (3)		Type of Facility (4)											
ITV STUDIO, BLDG# 4	048					School (K-12)											
Street Address			-			Subchapter 8 (other to											
LIVINGSTON CAMPUS	S					Other (i.e. private &	comme	rcial buil	dings, h	omes, et	c.)						
	29					Sq. Feet: N/A	# of F	-loors:	1 Bldg	g. Age:	80+ ye	ears					
	County (Code (7)	Current Use (prior if be	ina da	maliahaa	۸. ۸۵	A D = 1410							
PISCATAWAY	וטווטו	DLESE	K	State	Use Only)	Current Ose (pilot ii be	ing dei	nonsneo	i): AC	ADEMIC	•						
N. CAR III III III III III III III III III I																	
Name of Monitoring Firm Hired	by Bldg.	Owner (8)	ASCM		Name of Contractor (9)											
AIC				0009	98	GREENWOOD ABATEMENT CONSULTANTS, INC.											
Street Address						Street Address											
3 TERRI LANE																	
						511 MAIN STREET											
City, State, Zip Code BURLINGTON, NJ 0	08016				2	City State, ZipCode BUTLER, NJ 07409	5										
Project Manager for Monitoring	Firm	Teleph	one	Number		Telephone Number			Licens	se Numb	er						
BRIAN R. KEARNEY		609-	380	6-8800						40-0							
Scheduled Start Date (10)		Cabad	اممار	OI-#	5 1 (11)	973-492-0477			0084	10							
04/06/18		04/09	1/18	3	on Date (11)	Name of OSHA Monitor ENVIROVISION, IN	NC.										
Occupancy Status During Aba	atement	(Check o	nly o	one)		Street Address	en an ann an a	2002000		440704470444							
Facility Closed/Vacated Du					nt	20-21 WARGARAV	V ROA	AD, BL	DG# 3	5E							
☐Abatement Performed Outs Describe:	side of N	Iormal Fa	cility	Hours -		City, State, Zip Code				Miles							
☑ Other- Describe: Schedule	e: 5PM	- 5AM I	Dail	v (24 H	NIRS &	FAIRLAWN, NJ 07410											
WEEKENDS AS NEEDED))	OAW I	Jan	y (2411)	JUNG &												
The second course of the second secon	,																
Scope of Work (Check all that a	pply)																
□ > 3 sf or >3 lf										ith Nega	tive Pres	sure					
	en if				Renovation		STORY STORY	i-Enclos									
EM = 100 SI 01 = 20	00 11				☐ Demolition						ap & Cut	_					
Location of Asbestos-Containing	IsL	ocation No	orma	llv Used	Description of As	bestos Containing Material	MINO	1-Exemp			-Friable nent Type		lure				
Materiai (ACM) in Facility (13)		ely by Maii	nt./C	ustodial	(ACM) (i.e. them	nal systems insulation, surfa	cing,	(Speci	5.00			•					
	YE	ff? (12) S N	0	NA	VAT, or other mis	scell.)		or LF)		Remove	Repair E	encap E	Enclose				
105A, 106				11/4													
105A, 100		X			VAT			240	SF	X							
		_															
Name of Reg. Waste Hauler		LNIDES	1.1	L		1											
See Hauler Below #1 & 2		See B		ste Haule V	TID#	Cubic Yards of Waste:	5 C	Υ			tered Lar North L		II				
Hauler #1) Greenwood Abatem	ent Con	sultants. I	nc	- Butler. N	NJ 07405		Dier	osal Da			City, State						
NJDEP # 12561				,1	Constitution of the Consti		2.0	- Jun 100			100 New		1ill				
Hauler #2) Newark Carting, Inc NJ DEP # 4509	c., Newa	rk, NJ 04	509				04/	09/20	18		Rd. Morri	isville,	Pa				
110 MEA II TOOG							1000000	an - 11 (17)	e-57-84	11.0	19067 215-736-1	1700					
Completed by (Print or Type) Title						Signature			Data			arrec565///					
RAYMOND C. PEDALIN		SENIO	R P	ROJEC	т		m.,	200es	<u>Date</u> Marc	h 27,	2018						
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(Pussant to NAIAC 860-7 and 12 120-7) Date of Notification (1) 3		VE													
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Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY - FRIDAY 5FM-1AM SATURDAY 7AM-3:30 PM Demolition > SSF OR LF X > 160 SF OR 260 LF Location of Asbestos-containing Material (ACM) TO BE ABATED In Facility (13) ST FLOOR CORRIDOR X PILI Containment with Negative Pressure X Mini Enclo, X Non-Friable Procedure Description of Asbestos- Containing Material (ACM) Staff (12) Yes No N/A X PILI Containment with Negative Pressure X Mini Enclo, X Non-Friable Procedure Description of Asbestos- Containing Material (ACM) Amount (Specify Demolition Asbestos-containing Material (ACM) Asbestos-containing Material (ACM) Staff (12) Yes No N/A X ACM MASTIC ST FLOOR CORRIDOR X ACM MASTIC ST FLOOR CORRIDOR X PIPE FITTINGS A89 LF X DUCT INSULATION 400 SF X FIFLOOR CORRIDOR X PIPE SADDLES FIFLOOR CORRIDOR X PIPE SADDLES FIFLOOR CORRIDOR ASDESSOR SET SA ST FLOOR CORRIDOR ASDESSOR SE					batement			1					
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) MERCK SHARP & DOHME CORP. /18 1 Street Address Agencies Notified Type Notification 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 **EPA** Initial Notification City, State, Zip Code DL & DEP Amended Notification #2 RAHWAY, NEW JERSEY 07065 DOL Cancellation DOH On Hold Name of Contact Telephone Number DCA **EMERGENCY NOTIFICATION** PATRICIA JOHNSON 732-594-2257 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) MERCK SHARP & DOHME CORPORATION Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 126 EAST LINCOLN AVENUE - BUILDING 80N 40,000 65 City (5) County (6) County Code (7) Current Use (Prior if being demolished) RAHWAY UNION (STATE USE ONLY) COMMERCIAL Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ENVIRONMETAL HEALTH INVESTIGATIONS, INC. PAR ENVIRONMENTAL CORPORATION Street Address Street Address 655 WEST SHORE TRAIL 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code SPARTA, NEW JERSEY 07871 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number WILLIAM S. KERBEL, CIH 973-729-5649 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor /18 11 / 15 /18 AMERISCI LABORATORIES INC #11480 Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 117 EAST 30TH STREET Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY -FRIDAY 5PM-1AM City, State, Zip Code SATURDAY 7AM-3:30 PM NEW YORK, NEW YORK 10016 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini Enclo. >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount ENCAPSULE ENCLOSURE REMOVAL REPAIR Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A 1ST FLOOR CORRIDOR X ACM MASTIC 5,720 SF X 1ST FLOOR CORRIDOR X PIPE FITTINGS 489 LF X 1ST FLOOR CORRIDOR X DUCT INSULATION 400 SF X 1ST FLOOR CORRIDOR X PIPE SADDLES 6 LF X 1ST FLOOR CORRIDOR DUCT SEAM MASTIC Χ 12 SF 1ST FLOOR CORRIDOR X PIPE INSULATION 250 LF X 1ST FLOOR CORRIDOR FIRE DOORS (40) 800 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill FREEHOLD CARTAGE, INC. Hauler ID No. 120 LYCOMING COUNTY RESOURCE MANAGEMENT SE 825 HIGHWAY 33 15939 447 ALEXANDER DRIVE/ROUTE 15 City, State Disposal Date City, State MONTGOWERY, PA 17752 FREEHOLD, NEW JERSEY 11/29/17-11/15/18 Completed by (Print or Type) Title Signature Date BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) MERCK SHARP & DOHME CORP. 2018 /17 Street Address Agencies Notified Type Notification 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 EPA Initial Notification City, State, Zip Code DEP Amended Notification LICENSING RAHWAY, NEW JERSEY 07065 DOL Cancellation DOH On Hold #1 Name of Contact Telephone Number DCA **EMERGENCY NOTIFICATION** PATRICIA JOHNSON 732-594-2257 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) MERCK SHARP & DOHME CORPORATION Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet 126 EAST LINCOLN AVENUE - BUILDING 80N # of Floors Bldg. Age 40,000 City (5) 65 County (6) County Code (7) Current Use (Prior if being demolished) RAHWAY UNION (STATE USE ONLY) COMMERCIAL Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ENVIRONMETAL HEALTH INVESTIGATIONS, INC. 104 PAR ENVIRONMENTAL CORPORATION Street Address Street Address 655 WEST SHORE TRAIL 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code SPARTA, NEW JERSEY 07871 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number WILLIAM S. KERBEL, CIH 973-729-5649 845-369-7500 Expected State Date (10) 1101 Sched. Completion Date (11) Name of OSHA Monitor 11 / /17 11 / 15 /18 AMERISCI LABORATORIES INC Month Day Year #11480 Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 117 EAST 30TH STREET Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY -FRIDAY 5PM-1AM City, State, Zip Code SATURDAY 7AM-3:30 PM NEW YORK, NEW YORK 10016 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini Enclo . >3SF OR LF X Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Asbestos-containing Abatement Type normally used Containing Material (ACM) Amount Material (ACM) REPAIR ENCAPSULE REMOVAL ENCLOSURE solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A 1ST FLOOR CORRIDOR ACM MASTIC X 5,720 SF X 1ST FLOOR CORRIDOR X PIPE FITTINGS 489 LF X 1ST FLOOR CORRIDOR X **DUCT INSULATION** 400 SF X 1ST FLOOR CORRIDOR X PIPE SADDLES 6 LF X 1ST FLOOR CORRIDOR DUCT SEAM MASTIC 12 SF X 1ST FLOOR CORRIDOR X PIPE INSULATION 250 LF X 1ST FLOOR CORRIDOR FIRE DOORS (40) 800 SF Χ Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill FREEHOLD CARTAGE, INC. Hauler ID No. LYCOMING COUNTY RESOURCE MANAGEMENT SE 120 825 HIGHWAY 33 15939 447 ALEXANDER DRIVE/ROUTE 15 City, State Disposal Date City, State FREEHOLD, NEW JERSEY 11/29/17-11/15/18 MONTGOMERY, PA 17752 Completed by (Print or Type) Signature BENJAMIN SANCHEZ Date DIRECTOR OF OPERATIONS

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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) MERCK SHARP & DOHME CORP. /18 Street Address Agencies Notified Type Notification 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 **EPA** Initial Notification City, State, Zip Code DEP Amended Notification RAHWAY, NEW JERSEY 07065 DOL Cancellation DOH On Hold Name of Contact Telephone Number DCA **EMERGENCY NOTIFICATION** PATRICIA JOHNSON LICENSING 732-594-2257 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) MERCK SHARP & DOHME CORPORATION Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors 126 EAST LINCOLN AVENUE - BUILDING 80M BREAK ROOM Bldg. Age 26,220 2 54 City (5) County (6) County Code (7) Current Use (Prior if being demolished) RAHWAY UNION (STATE USE ONLY) RESEARCH LABORATORY AND OFFICE FACILI Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ENVIRONMETAL HEALTH INVESTIGATIONS, INC. 104 PAR ENVIRONMENTAL CORPORATION Street Address Street Address 655 WEST SHORE TRAIL 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code SPARTA, NEW JERSEY 07871 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number WILLIAM S. KERBEL, CIH 973-729-5649 845-369-7500 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 3 27 /18 28 AMERISCI LABORATORIES INC /18 #11480 Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 117 EAST 30TH STREET Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY - FRIDAY 5:30 PM - 12:30 AM City, State, Zip Code NEW YORK, NEW YORK 10016 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini Enclo. >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount REMOVAL ENCLOSURE REPAIR ENCAPSULE Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A 1ST FLOOR BREAK ROOM Х VAT & MASTIC 6 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill FREEHOLD CARTAGE, INC. Hauler ID No. LYCOMING COUNTY RESOURCE MANAGEMENT SE 825 HIGHWAY 33 15939 447 ALEXANDER DRIVE/ROUTE 15 City, State Disposal Date City, State, FREEHOLD, NEW JERSEY 10/23-04/05/18 MONTGOMERY , PA 17752 Completed by (Print or Type) Title

Signature

DIRECTOR OF OPERATIONS

BENJAMIN SANCHEZ

Date

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

Date of Notification (1) 3/28/18			T		Browning			. 200 (100)			[m])	E (7	Ē,		
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Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCM	l No.		- 1	of Aba naco I	tement Cont nc.	ractor	(9)					
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Project Manager for Mor	nitoring Firm			Telephor	ne No.		100000000000000000000000000000000000000	none No -753-9			Licens 0072					
Start Date (10) 3/29/18		Schedule 3/30/18		pletion (Date (11)		Name Sam		HA Monitor							
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Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASC	M No.				ment Cor	ntractor ((9)				
Street Address						Street	Address Box 329							
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Project Manager for Monitoring Firm			Teleph	one No.		Teleph	one No.	NJ 080	_	License	e No.			
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.1	City, State, Zip Code	<u>ох 33</u>	7		10	622	City, State,	BOX Zip Code	. 119		0	- 9	9
Frame	Project Manager for Month ri	gy Firm	A C	100	elephor	158-3365	Telephone to 609 75	~ 4	License N	<u>U</u>	10	13	5
MP		1810	AF	ed Com		Date (11)	Name of OS	SHA Monitor	hnologies	I	nc		
٢	Occupancy Status During Above Facility Closed/Vacated Abatement Performed O	During Entire Perio	od of A	Abateme	ent		City, State, 2	Box Zip Code					
Sper	Other - Describe: Scope of Work (Check All The	at Apply)					New	Egypt	NJ C	280	53	3	
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	nirchen			_		1 TOOKET	<u>") </u>		200 SF	^			
							Vanda		S-14-11-15				
	Name of Registered Waste Ha			# 15 PE PEC	DEP Water ID I	No. of Was	Yards ste 2	I provide to	Registered Landfill Managen	nent	ا ن	i P	A
	City, State New Egy	ot N	J	Y		4-	16-18		isville F	A			
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Date of Notification (1) 3/28/18			Name	of Building (Owner/Operato sidential Ser	r (2)				API	₹ -	2 2	2018
Agencies Notified Type Notificatio	n		3525		t RD NE - B	uildin	g 7 Suite 70		ASE	ES L	US (JON	TROL G
DEP Amended DOL Amendme				ate, Zip Cod ta, GA, 30									
□ Emergenc justification □ DCA □ Cancellation	n)	3		of Contact				Telephor 844-55					
Name of Facility Where Abatement is Tak	ing Place	(3)	FAC	ILITY INFO	RMATION	Tues	F 115 - V 41						
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City (5) Elizabeth					3,000	Squa 400	are Feet 0	# of Floor	rs	E	Bldg. A	Age	
County (6) Union				Code (7) USE ONLY)		Curr	ent Use (Prior ne	if being de	molish	ed)			
Name of Monitoring Firm Hired by Building	g Owner (8)	ASCI	M No.			atement Contra D PROFES		s				
Street Address					1 2 20 20 20 20 20	Addre	ess DOVE COU	JRT					
City, State, Zip Code					City, S	State, Z EWO	Zip Code OD, NJ 087	701					
Project Manager for Monitoring Firm			Telepho	one No.	Telepi		lo.		nse No).			
Start Date (10) 4/9/18	Schedu 4/11/1		mpletion	Date (11)			HA Monitor D PROFES	SIONALS	s				
Cocupancy Status During Abatement (Che Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of	Abaten	nent		City, S	HITE State, 2	ss DOVE COL 'ip Code OD, NJ 087						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	X	Renova Demolit	ition tion		×	Fu Mi Gle	II Containment ni-Enclosure ovebag Proced n-Exempted (*	with Nega				9	
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Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole aintena todial S (12)	nce/	(i.e. th	os Containing N hermal system: surfacing, VA other miscellar	Materia s insul T, or		Amount (Specify SF or LF	,	Remova	Repair	Encapsulate	Enclosure
INTERIOR	Yes	No	N/A		Dina Incula	**		001.5				ate	9
WILMON					Pipe Insula	luon		80LF		x			
Name of Registered Waste Hauler NEWARK CARTING		H	JDEP W lauler ID 1509	No.	Cubic Yards of Waste 5		Name of Re	gistered La	andfill				
City, State NEWARK, NJ				10.00	Disposai Date 4/11/18		City, State BETHLEH	EM PA					
Completed by JOSEPH PERLSTEIN	Title	IER		1_	Signature				Date	9			

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Date of Notification (1) 3/29/18			Name REL	of Building	Owner/Ope EAN EN	erato ER(r (2) GY L	LC	James Beck	AFR		20	10
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□ Emergenc justification □ DCA Cancellation	1)	ng	Name Doug	of Contact	1100				Telephone		r		
N. C. S. W. C. S.				CILITY INFO	DRMATION	ı			000-000	-0103			
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City (5) Franklin							Squ	are Feet	# of Floors		Bldg.	Age	
County (6) Hunterdon				Code (7)	7,	_		ent Use (Pric	r if being dem	olished)			
Name of Monitoring Firm Hired by Building	Owner (8	3)	ASC	M No.	N	ame AA	of Ab	atement Con	tractor (9) SSIONALS		-		
Street Address					St	treet	Addre			-			
City, State, Zip Code					Ci	ity, S	tate, 2	Zip Code OD, NJ 08					
Project Manager for Monitoring Firm			Telepho	one No.	Te	eleph	one N		Licens 1200				
Start Date (10) 4/11/18	Schedu 4/16/1		mpletion	Date (11)	Na	ame	of OS	HA Monitor	SSIONALS				
Occupancy Status During Abatement (Che	ck Only C	ne)					Addre		DOTOTIVLEO				
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe:	Period of mal Facilit	Abater y Hour	ment s		Cit	ty, St	ate, Z	DOVE CO					
Scope of Work (Check All That Apply)					– <u> </u>	AKE	WO	OD, NJ 08	701			127	
≥3 sf or ≥3 If × ≥160 sf or ≥260 If	×	Renova Demoli	ation tion			×	Glo	ovebag Proce	nt with Negative dure (*) and Non-F			re	
p a a		s Locat									Abat	emen	t
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TO BE ABATED In Facility (13)	aintena stodial ((12)		(i.e. th	nermal syst surfacing, other misce	ems VAT	insula , or	ation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
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INTERIOR	-		-						1500SF	x			
INTERIOR					Pipe Ins	ulati	on		90LF	x			
Name of Registered Waste Hauler		l N	JDEP W	/aste (Cubic Yard	s		Name of D	egistered Land	1611			
EWARK CARTING		Н	auler ID 1509	No.	of Waste 15	202		IESI	Socied Fall	41111			
City, State	Title				Disposal D 1/16/18	ate		City, State BETHLE	HEM PA				
Completed by OSEPH PERLSTEIN	IER			Signat	ture				Date				

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Date of Notification (1)					Name	of Building	Owr	ner/Operator ((2)			ADD	- 2) ,	2010)	$\parallel \parallel$
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☐ DCA (NJAC 5:23-8)	☐ Emergence justification		luaing		Name	of Contac	:				Teleni	hone Nu	mber				
(13.12.3)	☐ Cancellati	0.000			Sue	Diemidi	0										
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Street Address		***************************************								Subchapter 8 Subchapter 9 Subchapter	Other	than K-	12) iercial l	buil	dings	S ,	
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Maple Shade										1,200	2			8			
County (6)					Coun	ty Code (7)(STA	TE USE ONLY)	0	Current Use (Pri	or if bei	ng demo	lished))			
Burlington										Residence							
Name of Monitoring Firm	Hired by Build	ling Ov	vner (8)	ASCM	No.	Nan	ne of Abatem	en	t Contractor (9)							
Management & Env	iro. Consult	ing S	ervio	es			S	hade Enviro	on	mental, LLC							
Street Address							Stre	et Address									
PO Box 341						6	23 Cutler A	ve	nue								
City, State, Zip Code	TE STATE OF THE ST					City	, State, Zip C	od	le								
Chesterfield, NJ 08							laple Shade	e, l	NJ 08052								
Project Manager for Moni	toring Firm				phone		30000	ephone No.	_		A	nse No.					
Bill Weisgarber					9-298			56-755-0099			00)842					
Start Date (10)04 /13 /	55.50				tion Da /	te (11) 18		me of OSHA N MSL Analyt									
Occupancy Status During							Stre	eet Address						00000			
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\boxtimes \ge 3 sf or \ge 3 lf \square \ge 160 sf or \ge 260 lf		[novati molitic				☐ Mini-End	clo ag l		•		dure				
			Is	Locat	ion				10000					Aba	teme	nt Ty	уре
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6.45 U. at 100																	
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City, State				. 5500			posal Date		City, State								
Freehold, NJ							0	4/16/2018		Morrisville	, PA						
Completed By (Print or Ty	ype)	Title		- 115 L				Signature	_	10	_		Date				
Christina Lynch		Vio	ce Pr	eside	nt of	Operatio	ns	Ch 2	be	als	\supset		31	2	11	8	

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Name of Equility 188			FΔ	CILITYING	-00					609-4	12-	0640
Name of Facility Where Abatemer Kennedy University Hospital-CPD	nt is Taking F	Place (3)		CILIT IN	ORMATION		3. 7.					
Street Address	area				Type of	Facility (4)						
2201 Chapel Hill Campus						nool (K-12)						
					⊠ Oth	cnapter 8 ((Other than K-	12)				
City (5)	County (6)	- 1=			Square F	eet	te & commen # of Floors	cial building	gs, ho	mes,	etc.))
Cherry Hill, NJ	Camden	Co	unty Co	de (7)	- 2	0,000	# OT Floors		Bldg.	Age		
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Name of Monitoring Firm Hired by Criterion Laboratories	Building Own	DET (9)			1oopital							
Criterion Laboratories Street Address		ici (0)	1	ASCM No.	Name of	Abatement	Contractor (9)				
3370 Progress Drive, Suite J					III COULCE	Wanageme	ent Group, LL	C				
City State 8 7	(6)				Ou cel Mu	uress			-		_	
City, State & Zip Code Bensalem, PA, 19020					2115 Han	milton Ave, S	Suite 202					
					City, State	e & Zip Code	е				_	
Project Manager for Monitoring Firm Mr. Mike Panepresso	1	Teleph	one Nu	mhor	Trenton, N							
Schodulad Ot		215-24	4-1300	((IDE)	Telephone	e Number		License N	umbe	г		
Scheduled Start Date (10) Sc 3-8-2018	heduled Con	npletion	Date (1	1)	609-914-4					185		
Occupancy Status Port		3-26-20	118	15 liv	Name of C	OSHA Monito	or				_	
Occupancy Status During Abatemer Facility Closed Vacanted Puri	it (Check onli	y one)		1	Stroot Add	onmental La	boratories, In	C				
Facility Closed/Vacated Duri Abatement Performed Outside	ng Entire Pe	riod of A	bateme	ent	Street Add 2333 Rout	ress						
- The Odish	de of Normal	Hours			City State	& Zip Code						
Describe: Project to be co	nducted 2 nd	shift c.o.			l syl otate	∝ ⊠h Code						
Facility Occupied During Aba	tement	PILLE O'UE	pm to 2	2:00am	Union, NJ (07083						
Scope of Work (Check all that apply)												
≥3 sf or ≥3 lf						200					_	
≥160 sf ≥260 if			Renovat			⊠ Fu	III Containme	nt with Nec	ative	Press	III	
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in Facility		Mainten	ance or	1 0	.e., thermal	AUIVI) svetome	SF	or LF)	77		Щ	
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Brian J. Haney		Tit			atyre)	Januarine,	rA.					
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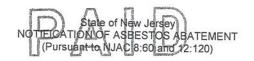
State Of INEW Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) 2-23-2018 Kennedy University Hospital Agencies Notified Type Notification Street Address \times EPA 2201 Chapel Hill Campus DEP 2018 Initial City, State & Zip Code DOL X Amended(start date) Cherry Hill, NJ 08002 DOH Emergency Name of Contact DCA GOONTROL & Cancellation Michael McCloskey LICENTéléphone Number 609-472-0640 Name of Facility Where Abatement is Taking Place (3) FACILITY INFORMATION Kennedy University Hospital-CPD area Type of Facility (4) Street Address ☐ School (K-12) 2201 Chapel Hill Campus ☐ Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet County (6) # of Floors Bldg. Age Cherry Hill, NJ County Code (7) 250,000 Camden Current Use (Prior if being demolished) 52 Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories ASCM No. Name of Abatement Contractor (9) Street Address Resource Management Group, LLC 3370 Progress Drive, Suite J Street Address 2115 Hamilton Ave, Suite 202 City, State & Zip Code Bensalem, PA, 19020 City, State & Zip Code Project Manager for Monitoring Firm Trenton, NJ 08619 Telephone Number Mr. Mike Panepresso Telephone Number 215-244-1300 License Number Scheduled Start Date (10) 609-914-4279 Scheduled Completion Date (11) 01185 3-8-2018 Name of OSHA Monitor Occupancy Status During Abatement (Check only one) 3-26-2018 J&S Environmental Laboratories, Inc Facility Closed/Vacated During Entire Period of Abatement Street Address Abatement Performed Outside of Normal Hours X 2333 Route 22 West City, State & Zip Code Describe: Project to be conducted 2nd shift 6:00pm to 2:00am Facility Occupied During Abatement Union, NJ 07083 Scope of Work (Check all that apply) ≥3 sf or ≥3 If Full Containment with Negative Pressure X ≥160 sf ≥260 If Renovation Mini-Enclosure Demolition Glove Bag Procedures Location of X Non-Exempted and Non-Friable Procedure Is Location Asbestos-Containing Description of Amount Normally Used Abatement Type Material (ACM) Asbestos-Containing Solely by (Specify TO BE ABATED Material (ACM) Maintenance or SF or LF) Encapsulate in Facility (i.e., thermal systems Removal Custodial Staff? Repair insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No CPD area N/A X CPD area Floor tile & mastic 1,123 SF X X Textured plaster ceiling 415 SF П lame of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill esource Management Group, LLC Hauler ID No. Waste 0035218 ity, State TBD Grows Landfill renton, N.I Disposal Date City, State ompleted By (Print or Type) TBD Morrisville, PA r. Brian J. Haney Title Signature President Date

2-23-2018

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Agencies Notified	Type Notification			Street A				Marine to Sur	ESTO	10000	"\NIT(201
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DOL	Amendment #		_	11.21	ING BODI	3 L	15 08	046				MYSHIB-OLD
DOH DCA	Emergency (i justification) Cancellation	ncluding		Name o	of Contact			Telephone Nu	mber			
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City (5) //							Square Feet	# of Floors	E	Bldg. A	Age	
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County (6)					Code (7) USE ONLY)			ior if being demolish	ned)			
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/		77.5		ASCI	A NO.	Name	of Abatement Co					345
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PO BOX 1164	5-					1	30x 1158	7				
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Project Manager for Mon	itoring Firm		100	Telepho		Telepi	hone No.	License N	0.			
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Other – Describe: _						PHI	IA PAI	8/1/				
Scope of Work (Check Al	I That Apply)						_					
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PHILA PA						osal Date リュー18	City, Stat	e	-1			
Completed by		Title				Signature		CORO Da	te			
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-41	Proje	ect Man	ager						2		2	Marc	h 28	, 2018	3	
incent Primavera		not 8#					Signature					Date				
Bensalem, PA 19020 Completed by	Title					04/14/2			, PA 1960	8		Г				
						CONSTRUCTION OF THE PARTY OF TH	al Date	City, State	•							
Prime Group Remedi	ation Inc.		1,600,000	auler ID 272	#	of Was 6		Western	Berk Comr	nunity	Land	fill				
lame of Reg. Waste I	Hauler	-	100000	JDEP W		Cubic \		Name of F	Reg. Landfil	I						1_
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lain Area		Х			Pipe Fi	ittings			73 LF				Х			+
		Yes	No	N/A		out to	miscellane	cous,					oval	air	sulate	
Containing Materia TO BE ABATE IN Facility (13)	ED		ntenar ustodi Staff? (12)			., therma	al systems acing, VAT)	(Spe	ecify r LF)		Remova	Repair	Encapsulate	
Location of Asbe		Non	Locati mally L	Jsed		De	escription	of		Λm	ount				emen /pe	t
3 >3 sf or >3 lf >160 sf or >260 lf					enovation emolition			☐ Full Cont ☐ Mini-Enc ☑ Glovebag ☐ Non-Exe	losure Procedure	9				re		
Source of Work (Chec	ck all that app	ply)														-
							Bensale	em, PA 1902	0							
Abatement Perform Other – Describe:	ned Outside	of Norn	nal Fac	ility Hou	ırs -		City, Sta	ate, Zip Code								-
Facility Closed/Va	cated During	Entire	Period	of Abate	ement		400 Stre	eet Road								
occupancy Status Du	ring Abatem	ent (Ch	eck on	ly one)			Street A									_
pril 7, 2018		April 1	4. 2018	В	, ,		Criterio									
cheduled Start Date		Schedu		mpletion				f OSHA Mon	itor	0085	8					_
lichael Panepresso					Ext. 26		215-533					umber				
Project Manager for M		rm T	Teleni	hone Nu	mber			em, PA 1902 one Number	20	Lier	nac M	.m. h	<u> </u>			_
Bensalem, PA 19020							Lance Mr. 190	ate, Zip Code								
00 Street Road City, State, Zip Code							1400 Ad	dams Road,	Suite I, P.	O. Box	6					
Street Address					SW - Street or Sand		Street A	Address							7-2-2	_
Criterion Labs					178		Prime (Group Reme	.6. 50	c.						
Name of Monitoring F	Firm Hired by	/ Buildin	g Own	er (8)	ASCM	1 No.	Name o	of Contractor		ice ra	onity					-
Camden					USE	ONLY)	(.) (01)		Maintenar			ang de	ITIOIIS	nea)		
County (6)	-11				Cour	nty Code	(7) (STA	ATE	50,000 Current Us	se (pri	1 or if he	ina da	molic	50		_
City (5) Lindenwold									Square Fe			loors	70		g. Age	1
801 Berlin Road N.									Other ((i.e. pri	vate 8	(comr	nerci	al bui	dings	,
Street Address									☐ Subch	apter 8	(Othe	er than	K-12)		
PATCO Lindenwold			Š	, , ,					☐ School	- 5	20.5%					
Name of Facility Whe	ere Abateme	nt is Ta	king Pl	ace (3)	FAC	CILITY IN	IFORMAT	TION	Type of F	acility	(4)					
						istina Og					8	56-772	-690	6		_
LI DCA	justific Cance				Ivali	ie oi Cor	itact					elepho	ne N	umbe	r	
☑ DOH □ DCA	☐ Emerg	ency (in		9		nden, NJ										
☑ DOL	☐ Amend	ded endment	#		1 220		Zip Code									
⊠ EPA ⊠ DEP	☐ Initial N		ion			Port Ce				The suppose	**************************************	LIC	ENS	ING	- TATAFALLER IN	west
Agencies Notified	Notificatio	n Type			Stre	et Addre	ss				ASE	BESTO	SC	ONTE	ROL 8	3
March 28, 2018								Authority			The second second					
Date of Notification ((1)	Job	#: 965	14.01	Nam	ne of Bui	Iding Own	ner/Operator	(2)	bal ba	-	14. 14	***	LU	10	1

13/48 ate of Notification (1)	NOTH	ursu	ON OF	of New Jerse ASBESTOS IJAC 8:60 ar	ABATEM d 12:120)	1		APR	to the second	<u>₩</u>		
03/19/2018 Check #3148		Mr	Willia	m Batersby					and a second contract of the second contract	grace report. The	- DO	0	+
gencies Notified Type Notification		Stre	et Addre	ess				187	ASBESTO	S CON ENSIN	a B	_ & 	
EPA DEP DOL Initial Amended Amendment #_ Emergency (in	cluding	Ve	rona,	Zip Code NJ 07044				Tole	ephone Num	her			
DOH justification) DCA Cancellation	cidanig	Wi		ontact Patersby Y INFORMA	TION							_	
Name of Facility Where Abatement is Taking William Patersby Residence- basem Street Address	Place (3) nent						of Facility School (K- Subchapte	12)	er than K-12 & commercia) al buildin	gs, ho	mes,	
City (5)			=			5.1	etc.) are Feet		f Floors		g. Age		
Verona, NJ		Co	unty Co	de (7)					ing demolish	ed)			
County (6)		(ST	ATÉ US	E ONLY)		11/2/12/20	sidential atement Co	ntracts	r (Q)			_	_
Name of Monitoring Firm Hired by Building O ${\sf N/A}$	wner (8)	,	ASCM N	lo.	EA		ces Corp						
Street Address					426	6-69th	Street Zip Code						
City, State, Zip Code	2				Gu		erg, NJ 0	7093	License N	lo.		<u> </u>	_
Project Manager for Monitoring Firm			elephone		201	1-295-		or .	01074				
Start Date (10) 3/26/2018	Scheduled 3/28/201	8	letion D	ate (11)	Sa		above						
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Rabatement Performed Outside of Norm Other – Describe: Starting 8 AM	Period of Aba	ateme	nt				Zip Code						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novatio				X !	Mini-Enclos	sure Procedur	ith Negative re and Non-Fria			e	
	2.000	ocatio									Abate	ment pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	Solely tenan- dial St (12)	/ by ce/ taff?	(i.e. the	Descript Containin rmal systematics surfacing, her misce	g Mate ems ins VAT, o	r	- 1	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Eliciosare
Basement	Yes	No X	N/A		oipe ins	ulatio	n		70 LF	х			I
Базопоп					9)								
									Value of the State	1611			
Name of Registered Waste Hauler Tri-State Transfer Ass		H	JDEP V lauler ID 9551	No.	Cubic Yar of Waste TBD		Min	erva E	istered Land Intreprises				
City, State Bronx, NY			<u> </u>		Disposal [TBD			State ynesbu	urg, OH	Date			
Completed by Gina Betances	Title Office	e Ma	nager	- 1942	Sign	ature	Du	as		03/19	/201	8	

m (h		NOT (F	IFICA Pursua	State of TION OF A ant to NJA	ASBES	STOS ABA	TEMENT	INE	C	E		E
Date of Notification (1)			4.00	Nar	me of	Building (Owner/Operati		general die T. (1995)	Longer Affron Control	- madeinare	
3 / 26 /18							DONIVIE CORI	- International	APP	- 2	201	9
Agencies Notified Type Notif	ication				eet Ad E. LII		/ENUE PO F	3OX 2000, RY28-4	14	-	201	
EPA Initia	Notificat	ion		-		e, Zip Cod						
	nded Noti		n #4			10.50	RSEY 07065	ASS		OS OC DENS		S.JC
	ellation							Longon and the second	manner or class	MICROSI & (No. Ta)	an an annual to	PHILIP A. HOUSE, MY
X DOH On H			=			Contact		Telephone Nu	mber			
DCA EME	RGENCY	NOTI		TION PAT			N	732-594-2257				
Name of Facility Where Abatement i	e Takina	Dlage	(2)	FACILITY I	NFOF	RMATION	T=					
Name of Facility Where Abatement	s raking	FIACE	: (3)				Type of Fac	ility (4) I (K-12)				
MERCK SHARP & DOHME CORPOR	ATION						Subch	apter 8 (Other than				
Street Address								ie. private & comm	cl. bld			
126 EAST LINCOLN AVENUE - BUILI	DING 80N	ı					Square Fe 40,000	et # of Floors		Bld	g. Age 65	,
	ty (6)			Cou	nty Co	ode (7)		(Prior if being dem	olishe	4)	05	
RAHWAY UNIC		×= 1151010				E ONLY)	COMMERCI		Oliono	۵)		
Name of Monitoring Firm Hired by B			(8)		A	SCM No.	The state of the s	atement Contract				
ENVIRONMETAL HEALTH INVESTIG	ATIONS,	INC.				104		ONMENTAL CORP	ORAT	TION		
655 WEST SHORE TRAIL							Street Addre					
City, State, Zip Code							City, State, 2	ROCK ROAD				
SPARTA,	NEW JER	SEY	07871				1974	NEW YORK 10901				
Project Manager for Monitoring Firm		Tele	phone	e Number			Telephone N	lumber Lic	ense	Numb	er	
WILLIAM S. KERBEL, CIH			729-5	A.E., 045E			845-369-750	0 11	01			
Expected State Date (10) 1 / 5 /18	Sch			etion Date		(4.0	Name of OS					
Month Day Year	l M	11 onth	1	15 Day)	/18 Year	AMERISCI L	ABORATORIES IN	IC	#	11480	
Occupancy Status During Abatement (Street Addre	SS				\neg
X Facility Closed/Vacated Dur							117 EAST 30	TH STREET				
Abatement Performed Outs X Other - Describe: MON	ae of Nor DAY -FRI				escribe	9:	City Ctata 7	in O-d-		. 0.		
	RDAY 7						City, State, Z	.ip Code IEW YORK, NEW Y	ORK	10016		
Scope of Work (Check all that apply)					Х		inment with N	egative Pressure	-,	,00,0		
Demolition	X Ren	ovatio	n	- 23	X	Mini Enclo						
X >160 SF OR 260 LF					X		Procedure le Procedure					
Location of	Is	Local	tion			ption of As				bater	ont T	VDO
Asbestos-containing		mally			ontain	ing Materia	al (ACM)	Amount			1	
Material (ACM) TO BE ABATED		solely				hermal sys		(Specify	M	REPAIR	Ş	5
in Facility (13)	1000000000	nt/Cus Staff (1		10.3		on, surfacir er miscella		SF or LF)	REMOVAL	2	PS	SO
	_	No	N/A	1	or our	or misociia	neous)		-		ENCAPSULE	ENCLOSURE
1ST FLOOR CORRIDOR			х	ACM MAS	STIC			5,720 SF	x			
1ST FLOOR CORRIDOR			х	PIPE FITT	INGS			489 LF	х			
1ST FLOOR CORRIDOR			X	DUCT INS	SULAT	ION		400 SF	X			
1ST FLOOR CORRIDOR			X	PIPE SAD	DLES			6 LF	X			
1ST FLOOR CORRIDOR	9		DUCT SEA	AM MA	ASTIC		12 SF	X				
1ST FLOOR CORRIDOR		х	PIPE INSU	JLATI	ON		250 LF	X				
1ST FLOOR CORRIDOR				FIRE DOC	DRS (4	10)		800 SF	X			
Name of Registered Waste Hauler		EP W		Cubic Yard		Vaste		istered Landfill				
FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	Haul	er ID I			120			COUNTY RESOUR		ANAG	EMEN	IT SE
City, State		10308	_	Disposal D	Date		City, State	DER DRIVE/ROUT	⊏ 15			
FREEHOLD, NEW JERSEY				11/29/17-1		18 /		RY , PA 17752				
	Title DIRECTO	R OF	OPER	RATIONS	Signa	iture //	XXX		e 2		26-	IR



Date of Notification (1) 3-27-2018	PA				Building Owner omery & Was				Ñ	APF	- 2	201	8	To the second se
Agencies Notified	Type Notification		- 1	Street Ad	ldress vonia Avenu	e		d						house
DEP DOL	Initial Amended Amendment #		H	City, Stat	e, Zip Code City, NJ 073	2000			7			8	- 1	
DOH DCA	Emergency (ir justification) Cancellation	ncluding		Name of Gerald	Contact Eglentowicz			KI		hone Nur 508-57				
				FACIL	ITY INFORMA	TION								
Name of Facility Where A Residential Street Address	batement is Taking	Place (3))				☐ s	of Facility (4) chool (K-12) ubchapter 8)	than K-1	21			
Street Address							対。	ther (i.e. pri				ings,	home	s,
City (5) Jersey City, NJ 0730	07						Square 3900		# of F	loors	11	dg. A	ge	
County (6) Hudson				County C	ode (7) SE ONLY)		Curren	t Use (Prior	if being	demolisi	ned)			
Name of Monitoring Firm	Hired by Building O	wner (8)		ASCM	No.	Name	of Abate	ement Contr	ractor (9))				
		77 0						ironmenta	al Serv	ices, Ll	_C			
Street Address							Address Virginia	s a Avenue						
City, State, Zip Code							State, Zip	Code , NJ 0730)4					
Project Manager for Moni	itoring Firm			Telephor	ne No.	Telep	hone No -333-88		1	License N	lo.			
Start Date (10)		Schedule	ed Cor	npletion [Date (11)			A Monitor			-			
4-5-2018		4-6-201		.,		800000000000000000000000000000000000000	ne as a	za como a vere n						
Occupancy Status During				85		Street	Address	S						
X Facility Closed/Vaca Abatement Performe Other – Describe:	ated During Entire P ed Outside of Norma	eriod of A al Facility	Hours	nent S		City, S	State, Zip	o Code						
Scope of Work (Check Al	II That Apply)													
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf		-	Renova Demoli				Mini Glov	Containmer i-Enclosure vebag Proce	edure					
			To 02				의 Non	-Exempted	(*) and	Non-Fria	DIE Pro	Abate		
		100000	Locat Norma	100000000	,	Descriptio	n of					Ту	ре	
Location Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM) ATED	Ma Cust	(12)	nce/ Staff?	Asbestos Co (i.e. therm	ontaining I	Material ns insula AT, or	(ACM) tion,	(Sp	ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure
Pool	-	Yes	No	N/A	Ro	ofing ma	aterial		800) SF	X			
	Roof Exterior - front					Siding		-	1000000) SF	X			
LAterior -	HOITE	X			Olding	,								
Name of Registered Was			1.55	NJDEP W Hauler ID		oic Yards Vaste		Name of F			11			
Green Environmenta	al Services		130	034889	5			Grows N		_andini				
City, State Jersey City						posal Dat -2018	е	City, State Morrisvi		· _				
Completed by Liliana Serrano		Title Offic	е Ма	nager		Signatu		Seni	ell		ate 3-27-2	018		

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 on said	3.00	7.	P	rint	Form	1
		1.5	1-17			

Date of Notification (1) 03/26/2018	Page 1	of 2			of Building J Proper			(2)		APF	1 - 2	201	3	haman of
Agencies Notified	Type Notification	i		Street	Address ckingha	1921	-			ī.		•	5.6	
X EPA DEP DOL	Initial X Amended Amendmen			City, S	tate, Zip C In Park,	ode				4				
DOH DCA	Emergency justification Cancellation)	J		of Contact Carpino					elephone 08-489-				
Name of Facility Where	Abatement is Takir	ng Place (3)	FAC	ILITY INF	ORMAT	ION	Type of Facili	tv (4)					
Residence Street Address		-						School (Subchar Other (i.	562 (1)			ıilding:	s, hom	nes,
City (5) West Orange								etc.) Square Feet	# 0	of Floors		Bldg.	Age	
County (6) Essex					Code (7) USE ONLY	0		Current Use (vacant	Prior if be	ing demo	olished)			
Name of Monitoring Firm Briggs Associates I		Owner (8)	ASC	M No.			of Abatement on onstruction						
Street Address 3 Crosswicks Stree	et						Street A	Address Loute 46 Su	ite 15 #	182				
City, State, Zip Code Bordentown, NJ 08	505							ate, Zip Code away, NJ 0	7866					
Project Manager for Mor Mike Hoodak	nitoring Firm			Telepho 609-2	one No. 98-5520		Telepho 973-6	one No. 69-2900		Licens 01231				
Start Date (10) 04/02/2018		Schedul 04/06/			Date (11)		Particular Contract	f OSHA Monit		Global I	Inc.			
Occupancy Status Durin	g Abatement (Chec	k Only O	ne)				Street A							
Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of Norm	Period of a	Abate / Hour	ment rs			City, Sta	W Cary Str ate, Zip Code nond, VA. 2	<u> </u>					
Scope of Work (Check A	II That Apply)		7.1 17 T				- (IOIIII	10114, 771. 2	0220	72				
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf		-	Renov Demoli				×	Full Contair Mini-Enclos Glovebag P Non-Exemp	ure rocedure					
		Is	Loca	tion				THOIR EXOTING	T an	4 14011-11	Table 11	Abat	emen	t
Location		100000000000000000000000000000000000000	Norma				scription c				-	T	уре	$\overline{}$
Asbestos-Containing TO BE AB/ In Facili (13)	ATED	Ma	intena	ince/ Staff?		thermal surfac			(5	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A						ATT			te	
Baseme			X			Pipe	insulati	on	3	30LF	X			
Baseme	X		Flue/Ch	nimney	Patch/E	Boiler Gask	3	88SF	X					
	Throughout >						Plaster	X	35	00SF	X			
Basement/Laur			X				oor tile			00SF	X			
Name of Registered Was Century Waste	te Hauler			NJDEP W Hauler ID		Cubic of Was		u viinin 1	of Registe ss Lanc		ifill			
City, State Elizabeth, NJ						Dispos	al Date	City, St Morris	ate sville, P	Α				
Completed by Barbara Reed		Title Presi	dent			Si	ignature act s	na He	ed		Date 03/26/	2018		

	PAD		NOTII (I	ICATIO	N OF AS	BESTOS	ABATE	MENT 0)		E	Q 72		17	27
Date of Notification (1) 03/26/2018	Page 2 c	of 2		Name GBS.	of Building J Proper	g Owner/ rties LL	Operator C	(2)					210	
Agencies Notified	Type Notification Initial			3 Bu	Address ckingha		d				9 <u>F -</u>	<u>7 21</u>)18	i in
DEP DOL	Amended Amendment Emergency				tate, Zip C In Park,		035			Fig. 3.				
DOH DCA	justification) Cancellation	moladin	9	Mike	of Contact Carpino)				elephone 08-489-		Æ		
Name of Facility Where Residence	Abatement is Taking	Place	(3)	FAC	CILITY INF	ORMAT	ION	Type of Fac	ility (4)					
Street Address								School Subcha Other (etc.)	(K-12) apter 8 (Oth i.e. private	ner than h & comme	(-12) ercial bu	ildings	, hom	ies,
City (5) West Orange								Square Feet	# 0	of Floors		Bldg.	Age	
County (6) Essex				County (STATE	Code (7) USE ONLY	Y)		Current Use vacant	(Prior if be	ing demo	olished)			
Name of Monitoring Firm Briggs Associates I)wner (8)	ASC	M No.			of Abatement onstruction						
Street Address 3 Crosswicks Stree	t							Address Route 46 S	uite 15 #	182				
City, State, Zip Code Bordentown, NJ 08								tate, Zip Code away, NJ 0						
Project Manager for Mon Mike Hoodak	litoring Firm			Telepho 609-2	one No. 98-5520)		one No. 669-2900		License 01231				
Start Date (10) 04/02/2018		04/06/	2018	npletion	Date (11)			of OSHA Mon eider Labo		Global I	nc.			
Occupancy Status During Facility Closed/Vaca							Street	Address W Cary St						
Abatement Perform Other – Describe:	ated During Entire P ed Outside of Norma	eriod of al Facilit	Abaten y Hours	nent			City, St	ate, Zip Code						
Scope of Work (Check A	II That Apply)						Richi	mond, VA.	23220					_
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf		- Designation of the last of t	Renova Demolit				×	Full Conta Mini-Enclo Glovebag Non-Exem	rocedure				e.	
			Locati									Abat	ement pe	
Location Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM)	Use Ma	Normal ed Sole iintenar todial S (12)	ly by nce/		tos Conta thermal surfac		aterial (ACM) insulation, , or	(S	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
Sun Por	roh	Yes	No	N/A									te	U
Through	X			Floor til	les w/m		_	3SF	X					
					VVIIIG	low Ca	uik	3	0SF	X				
N. CO.														
Name of Registered Wast Century Waste	e Hauler		31750	JDEP W auler ID		Cubic \ of Was		1 1997 1977 6	of Registe ess Land		fill			
City, State Elizabeth, NJ						Dispos	al Date	City, S	tate sville, PA	Α				\neg
Completed by Barbara Reed		Title Presi	dent			Si	gnature	leep 7	Rood		Date 03/26/2	2018		

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PA					t to NJAC					E	CE	1 1		4	
Date of Notification (1) 03-26-18					of Building asonry V			r (2)		Constitution of the				Commence of the commence of th	Carried States of
Agencies Notified	Type Notification				Address outh 20	th St.			The second secon	F A	IPP -	2 201	8		A Inches
DEP DOL	Amended Amendment				ate, Zip C					F.C.S.				<u>.</u>	-
DOH DOH	Emergency (i	ncluding	1	Name o	of Contact					1	ephone N		4 - 5.**		
☐ DCA	Cancellation				Gonzag		ION			(9	18) 370	-1414			
Name of Facility Where Commercial Buildin		Place (3)	FAG	ILII HAL	ORIMAI	ION		of Facility						
Street Address 125 Broad St.								K	School (K- Subchapte Other (i.e. etc.)	r 8 (Oth	er than K & comme	-12) rcial bu	ldings	, hom	es,
City (5) Elizabeth	and the second s								re Feet	# 0	f Floors		Bldg.	Age	
County (6) Union					Code (7) USE ONLY	·		Curre	ent Use (Pr	ior if bei	ng demol	ished)			
Name of Monitoring Firm N/A	Hired by Building C	wner (8)	ASCI	vi No.				atement Co stracting I		(9)				
Street Address				,				Addre							
City, State, Zip Code							F: (500)		ip Code / NJ 0708	37					
Project Manager for Mon	itoring Firm			Telepho	ne No.		17 (0.000)	none N 216-9			License 01206	No.			
Start Date (10) 02-12-18		Schedul 05-20-		pletion	Date (11)				HA Monitor tracting L						
Occupancy Status During	g Abatement (Check	Only O	ne)				Street								
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire Po ed Outside of Norma	eriod of	Abatem y Hours	ent				7th St tate, Z	ip Code		· · · · · · · · · · · · · · · · · · ·				
Scope of Work (Check A	II That Apply)					_	Unio	n City	/ NJ 0708	37					
≥3 sf or ≥3 if ≥160 sf or ≥260 if	п тпас другу)		Renova Demoliti				x x	Mir Glo	Il Containm ni-Enclosur ovebag Pro n-Exempte	e cedure				re	
			Location										Abat	ement	t
Location Asbestos-Containing			Normall ed Solel		Ashoo		scription taining N		(ACBA)		mount	-	T	/pe	
TO BE ABA In Facili (13)	ATED	Cus	intenar todial S (12)	itaff?		thermal surfa	systems cing, VA niscellan	s insula T, or		(S	pecify or LF)	Removal	Repair	Encapsulate	Enclosure
2nd to 11th	Floor	Yes	No	N/A		D:	la a cola	4			0015	_	-	_	
3rd, 5th & 7th	ACT Dis + II Drown-take-ti		×			Pipe	Insula	tion			80 LF	X	-		
4th, 8th, 9th & 1		X			\/\\T	+ Mas	otio			00 SF 360 SF	X	-			
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Name of Registered Was	te Hauler		N.	JDEP W	/aste	Cubic	Yards		Name of	Registe	red Landf	ill .	1		
Delfa Contracting LL	С		Ha	35240			60		Tullytov	vn Res			ery F	acili	ty
City, State Union City, NJ	21					Dispos 04-20	al Date -18		City, Stat Tullytov						
Completed by Jaime Delgado		Title Proj.	Mana	ger.		S	ignature	1	4			ate)3-26-	18		

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Agencies Notified Type Notifica	tion			Address								-	-	-	
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Name of Facility Where Abatement is T Commercial Building	aking Place (3)	TAG	ALLI I HAT	OKWAI	ION	Тур	e of Facility	(4)	-111					
Street Address							H	School (K- Subchapte	12)	41 1	K 40)				
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City (5) Elizabeth							Squ	etc.) are Feet	# 0	of Floors	T	Bldg	g. Ag	je	
County (6)			Caumbi	Codo (7)											
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Name of Monitoring Firm Hired by Build N/A	ing Owner (8)	ASCI	M No.				atement Cor		(9)		30000	-21-11		
Street Address			1				a Cor	ntracting L	LC.						
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City, State, Zip Code	all.					1000000000		Zip Code							
Project Manager for Monitoring Firm			Telepho	ne No			n Cit	y NJ 0708	37	1.:				12	
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Start Date (10) 02-12-18	Schedul 05-20-		npletion	Date (11)				HA Monitor stracting L	I.C.						
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Asbestos-Containing Material (ACM) TO BE ABATED	Ma	d Sole intenar	nce/		tos Cont thermal	aining N	/lateria			mount	_			ш	m
In Facility (13)	Cust	odial S (12)	Staff?	(1.6.	surfac	cing, VA	T, or	ation,		pecify or LF)	Remova	Kebaii		Encapsulate	Enclosure
(1.5)	Yes	No	N/A		other m	niscellar	ieous)				oval	BII	-	ulate	sure
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Name of Registered Waste Hauler		9773	JDEP Wauler ID	2000	Cubic '	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of F	Registe	red Land	Ifill	1			\neg
Delfa Contracting LLC			35240	San Caraca	of Was	ite 60		Tullytow	n Res	source	Recov	ery	Fa	cilit	/
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		Count	y Code (7)		Current Use (Prior if hei	na domai	المماما			-
Building O	(0)		Was and	_	vacant	nor ii bei	rig demoi	isrieu)			
building Owner	(8)	ASC	CM No.	Name	of Abatement C	ontractor	(9)	-			
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						te 15 #1	182				
				City, S	tate, Zip Code	- 9-40 5-	102				
m		Telenh	one No			866					
		609-2	298-5520	973-6	one No. 869-2900			No.			
Sched	uled Co	mpletion		Name o	of OSHA Monito	r					
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of Normal Facil	ity Hours	nent s				et 					
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	mendment #	Page 1 of 2 Notification itial mended mendment # mergency (including stification) ancellation Int is Taking Place (3) Building Owner (8) Building Owner (8) Scheduled Co. 04/18/2018 Int (Check Only One) Int is Entire Period of Abatem of Normal Facility Hours Int is Taking Place (3) Building Owner (8) Int is Taking Place (3) Page 1 of 2 Notification Intitial Imended Imended Imergency (including stification) Intition Imergency (including stification) Imended Imergency (including stification) Imerg	Page 1 of 2 Name of Building Owner (BSJ) Properties Laddress and Building Owner (BSJ) Properties Laddress and Building Owner (BSJ) Properties Laddress and Building Owner (BSJ) Properties Laddress and Building Owner (BSJ) Properties Laddress and Building Owner (City, State, Zip Code Lincoln Park, NJ Owner (BSJ) Name of Contact Mike Carpino FACILITY INFORMATION (STATE USE ONLY) Building Owner (B) ASCM No. Telephone No. 609-298-5520 Scheduled Completion Date (11) O4/18/2018 Int (Check Only One) Gentire Period of Abatement of Normal Facility Hours Asbestos Contact Mike Carpino FACILITY INFORMATION (Completion Date (11) O4/18/2018 Int (Check Only One) Gentire Period of Abatement of Normal Facility Hours Is Location Normal Facility Hours Is Location Custodial Staff? CM) Is Location Normal Facility by Maintenance/ Custodial Staff? CM) Is Location (i.e. thermal state) Contact Mike Carpino FACILITY INFORMATION (I.e. thermal state) Countact Mi	Page 1 of 2 Indiffication Street Address and Building Owner/Operate GBSJ Properties LLC Indiffication Street Address and Buckingham Road City, State, Zip Code Lincoln Park, NJ 07035 Name of Contact Mike Carpino FACILITY INFORMATION FACILITY INFORMATION Building Owner (8) County Code (7) (STATE USE ONLY) Building Owner (8) ASCM No. Name of Contact Mike Carpino FACILITY INFORMATION Name of Contact Mike Carpino FACILITY INFORMATION Telephone No. 609-298-5520 Scheduled Completion Date (11) Name of Contact Normal Facility Hours Schne Street Address and Buckingham Road City, State, Zip Code Lincoln Park, NJ 07035 Name of Contact Mike Carpino FACILITY INFORMATION Telephone No. 609-298-5520 Scheduled Completion Date (11) Name of Contact Mike Carpino Schne Street Address and Buckingham Road City, State, Zip Code Lincoln Park, NJ 07035 Name of Contact Mike Carpino Street Address and Buckingham Road City, State, Zip Code Lincoln Park, NJ 07035 Name of Contact Mike Carpino Street Address and Buckingham Road City, State, Zip Code Lincoln Park, NJ 07035 Name of Contact Mike Carpino Street Address and Buckingham Road City, State, Zip Code Lincoln Park, NJ 07035 Name of Contact Mike Carpino Street Address and Buckingham Road City, State, Zip Code Lincoln Park, NJ 07035 Name of Contact Mike Carpino Street Address and Buckingham Road City, State, Zip Code Lincoln Park, NJ 07035 Name of Contact Mike Carpino Street Address and Buckingham Road City, State, Zip Code Lincoln Park, NJ 07035 Name of Contact Mike Carpino Street Address and Buckingham Road City, State, Zip Code Lincoln Park, NJ 07035 Name of Contact Mike Carpino Name of Contact Mike Carpino Street Address and Buckingham Road City, State, Zip Code Lincoln Park, NJ 07035 Name of Contact Mike Carpino Name of Contact Mike Carpino School Park Mike Carpino School Park Mike Carpino Name of Contact Mike Carpino Name of Contact Mike Carpino Name of Contact Mike Carpino Name of Contact Mike Carpino Name of Contact	Page 1 of 2 Name of Building Owner/Operator (2)	Name of Building Owner/Operator (2) GBSJ Properties LLC GBSJ Properties LIC GBSJ	Page 1 of 2 Name of Building Owner/Operator (2) APR	Page 1 of 2 Same of Building Owner/Operator (2) GBSJ Properties LLC APP - / Street Address 3 Buckingham Road City, State, Zip Code Lincoln Park, NJ 07035 Name of Contact Mike Carpino FACILITY INFORMATION Type of Facility (4) School (K-12) Square Feet # of Floors County Code (7) (STATE USE ONLY) Building Owner (8) ASCM No. Name of Abatement Contractor (9) Be Construction Corporation Street Address 179 Route 46 Suite 15 #182 City, State, Zip Code Lincoln Park, NJ 07035 Name of Contact Mike Carpino Square Feet # of Floors Current Use (Prior if being demolished) Vacant Street Address 179 Route 46 Suite 15 #182 City, State, Zip Code Rockaway, NJ 07866 Telephone No. 609-298-5520 Scheduled Completion Date (11) 04/18/2018 Int (Check Only One) City State, Zip Code Richmond, VA. 23220 Aspestos Containing Material (ACM) Aspestos Containing Material (ACM) Amount Aspestos Containing Material (ACM) Amount	Page 1 of 2 Name of Building Owner/Operator (2) APR - 2 20	Page 1 of 2 Sirest Address 3 Buckingham Road Sirest Address 3 Buckingham Road City, State, Zip Code Lincoln Park, NJ 07035 Name of Contact Mike Carpino Total County Code (7) School (K-12) Subchapter 8 (Other than K-12) Other (Le. private & commercial buildings, Incoln Park No. Sirest Address Sirest Address School (K-12) Subchapter 8 (Other than K-12) Other (Le. private & commercial buildings, Incoln Park No. Sirest Address Sirest Addres	

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Date of Notification (1) 03/16/2018 Pag	e 2 of 2		Nan	ne of Building Own	er/Operate						t er ee	,
Agencies Notified Type Notific X EPA DEP Initial	ation		Stre 3 E	SJ Properties et Address Buckingham Ro	LLC		L.	APR -	- 2			The state of the s
Amend Emerge justifica	ment # ency (includ tion)	ling	. Line	State, Zip Code Coln Park, NJ (e of Contact	7035							_
Cancell Cancell	ation		Mik	e Carpino			Telep 908	ohone Nu -489-16	umbe 394	r		
Name of Facility Where Abatement is 7 Restaurant	aking Place	e (3)	F	CILITY INFORM	ATION	Type of Facili	tu (4)					
Street Address 303 Mt Pleasant Avenue City (5)						School (than K-1	2) ial bu	ıilding:	, hon	ne
West Orange County (6)						Square Feet	# of F	loors	T	Bldg.	Age	-
Essex			Count (STAT	y Code (7) E USE ONLY)		Current Use (F	Prior if being	demolish	hed)			_
Name of Monitoring Firm Hired by Build Briggs Associates Inc.	ing Owner ((8)		CM No.	Name	of Abatement C	ontractor (9)		-88		
Street Address 3 Crosswicks Street					Street	onstruction (_
City, State, Zip Code Bordentown, NJ 08505					City, S	Route 46 Sui tate, Zip Code		2				
Project Manager for Monitoring Firm Mike Hoodak		-	Teleph	one No.	Rock	away, NJ 07		cense No				
Start Date (10) 04/05/2018	Schedu	ıled Co	mpletion	98-5520 Date (11)	973-6	69-2900 of OSHA Monito	0.	1231	0.			
	04/18	/2018		, , ,	Schne	eider Labora	r tories Glol	hal Inc				
x Facility Closed/Vacated During Entire Abatement Performed Outside of No.			ment		Street A	oddress W Cary Stree						_
Other - Describe: Scope of Work (Check All That Apply)	arraciii	y Hour	'S			ate, Zip Code nond, VA. 23	220					
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demoli			×	Full Containm Mini-Enclosur Glovebag Pro	e cedure					
Management Association and the second		Locat				Non-Exempte	d (*) and No	n-Friable		cedure Abate	nent	_
Location of Asbestos-Containing Material (ACM) TO BE ABATED	Use Ma	Normal ed Sole iintenai	ly by nce/	Asbestos Cont	scription o	terial (ACM)	Amou	nt		Тур	e	_
In Facility (13)	Cus	todial S (12)	Staff?	(i.e. thermal surfar other n	systems in cing, VAT, niscellaned	or I	(Speci SF or L	fy .F)	Removal	Repair	Encapsulate	Choone
2nd Fl Alcove & Room	Yes	No	N/A						val	₹.	ulate	Suite
Parapet Walls, perimeter edging	-	X			noleum		12581	F			+	
Basement		X			Flashin	- 1	450SF	= X			\top	_
200110110	+	X		Boiler	Rib Gas	ket	25SF	X		7		_
me of Registered Waste Hauler ntury Waste		N. Ha	JDEP Wa	aste Cubic \ No. of Was		Name of F	Registered L	andfill				
y, State zabeth, NJ				Disposa	al Date	City, State						
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Federal I	Notification of	Asbes	tos Aba	atement (Pu	ırsua	nt to NJAC 8:60-7 and 12	:120-7) \ E C		2 19.7	1.2	
Date of Notification 0 3 2	8 1		Nam	e of Building	g Ow	ner/Operator E SERVICES (FEDERATE	1144	E 20074			
Agencies Notified Tvr	e of Notification		Ctro	o			AD AD		0 201	3	
USEPA X	Initial	١ ١		et Address EST SEVEN	ITH S	TREET	Table No.				[res-ester-
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X DCA/DOL X DOH	Amended Cancellation	. 1		State, Zip C			i i			- 1	
7 2011	Cancellation		CINC	CINNATI, OF	HIO 4	15202					(4)
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							relephone Num	nei			
			Ralp	h Coppola LITY INFOR	BEAT	1011	973-265-9763				
Name of Facility Where Aba	tement is Takin	g Place	e FACII	LITTINFOR	TAIVI	Type of Facility					
		3	5			() School (K-12)					
MACY'S STORE - Menlo P Street Address	ark Mall				4	() Sub-Chapter 8 (Oth					
on cot Address						(X) Other (I.e. private & buildings, homes, etc.	& Commercial				
275 PARSAONAGE ROAD					SF	of Bldg.	# Floor		Age of	Bldc	1.
City	County		County		<u>_</u>	1 MILLION +S		3		50+	,,
EDISON, NJ	UNION		tate us	e Only	Cui	rrent Use (prior if being den	nolished)				
Name of Monitoring Firm Hir	ed by Building (Owner		ASCM No.	Nar	me of Abatment Contractor					
PENNONI ASSOICATES											
Street Address					_	M CONSULTING CORP.					
					000	set Address					
24 COMMERCE ROAD City, State, Zip Code					_	0 STANLEY TERRACE					
Oity, State, Zip Code					City	, State, Zip Code					
NEWARK, NJ 07102					UNI	ON, NJ 07083					
Project Manager for Monitori	ng Firm	Tel	ephone	No.	Tele	ephone Number	License Number				
TO BE DETERMINED	17	OBF	DETER	RMINED	ans	-687-1008	0057	_			
Scheduled Start Date	Scheduled C					ne of OSHA Monitor	0057	5			
4 10 201		40									
Month Day Year	Month F	13 ay	2018 Year			SL ANALYTICAL et Address					
Occupancy Status During Ab	atement (Check	Only	One)	1	1000	et Address					
Facility Closed/Vacated X Abatement Outside No	During Entire I	Period	of Abat	ement		WEST 38TH STREET					
X Describe: 9:30PM TO	mai Facility Ho	urs			City	, State, Zip Code					
Other - Describe:					NEV	V YORK, NY 10118					
Scope of Work (Checl Only C)no)			A1 1 .							
Demolition	nie)			Abatement		od Containment with Negative	Proceuro				
>3sf or >3lf						-Enclosure	riessule				
X ≥ 160sf or ≥ 260lf Renovation				X		rebag Procedure					
renovation		ls	Locatio	n Normally		-Friable Procedure Describtion of	Amount to be	I A bote	mont T		
Location of ACM Facility				Custodial St		ACM to be	Removed	Abate	ement T	/pe	
UPPER LEVEL EAST HAND	ED DOOM		Yes	NO	N/A	Removed	(Specify SF/LF)	Rem.	Rep. E	nc.	Encl.
JPPLER LEVEL WEST HAN		-			_	PIPE INSULATION	52LF	X			
- TILL WEOT HAN	DELIT NOON	+				PIPE INSULATION	18LF				
Name of Registered Waste H	auler		NIDE	Waste ID	No	Cubic Yds waste	Nome of D	<u> </u>	1511		
TRI-STATE TRANSFER ASS	OC., INC.			SW1896	110.	TBD	Name of Register MINERVA ENTER				
City, State			Dispos	al Date		City, State of Registered L	andfill	100	_0, 1140		
BRONX, NY Completed By (Print or Type)			TBD Title			WAYNESBURG, OHIO	4				
ANITA SMOLAR			SECTION SECTION	RAL MANA	SED	Signature	Smoler		Date	00/01	140
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Fede	eral No	otification of Ask	estos	Abate	ment (Pursi	uant	to NJAC 8:60-7 and 12:120)-7)			NOT THE	
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0 3 2		9 2018		CIT	Y OF PLAIN	FIEL	D		APR	- 2	2018	
Agencies Notified	Type	of Notification		Stre	et Address							- 100
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X DOL	X	Amendment #	1		State, Zip C			***************************************		***		to the same of
Х дон		Emergency		PLA	INFIELD, NJ	070	060-0431					
X DOH DCA		Cancelation		<u> </u>								
DOA					e of Contact N LOUISE	t		Telephone Num	ber			
				13011	N LOUISE			908-966-1787				
				FACI	LITY INFOR	MAT	ION			-		
Name of Facility Where	e Abate	ement is Taking F	Place				Type of Facility					
DUDLEY HOUSE						1	() School (K-12)					
Street Address	1575 - 744					-	() Sub-Chapter 8 (Othe					
939 PUTNAM AVENUE							(X) Other (I.e. private & buildings, homes, etc.					
						SF	of Bldg.	# Floor		IAge	of Bldg	1
City		County		County	Code		25	0	3	rige	50+	
CITY OF PLAINFIELD		ESSEX	- 1	State us	se Only	Cui	rrent Use (prior if being dem	olished)				
Name of Monitoring Fire	m Hire	d by Building Own	205		ASCM No.	No						
PENNONI ASSOICATE	ES	a by building Owi	ilei		ASCIVI NO.	INai	me of Abatment Contractor					
						AC	M CONSULTING CORP.					
Street Address	20002003.0000						eet Address					
24 COMMERCE ST SU	JITE 30	00										
City, State, Zip Code						_	50 STANLEY TERRACE					
NEWARK, NJ 07102						City	, State, Zip Code					
						UN	ION, NJ 07083					
Project Manager for Mo	nitorin	g Firm	Te	lephone	e No.		ephone Number	License Number	_		17711799	
TO BE DETERMINED					RMINED			License Hamber				
Cabadalad Otal D						908	-687-1008	0057	5			
Scheduled Start Date		Scheduled Comp	pletior	1 Date		Nar	me of OSHA Monitor			7		
4 6	2018	4 .	8	2018		ENA	SL ANALYTICAL					
Month Day	Year	Month [Dav	Year			eet Address					
Occupancy Status Durin	ng Aba	tement (Check O	nly O	ne)		1	31.100.000					
Facility Closed/Va	cated	During Entire Per	iod of	Abaten	nent		WEST 38TH STREET					
Abatement Outsid Describe: 7:30A						City	, State, Zip Code					
Other - Describe:		3.30AW				NEV	W YORK, NY 10118					
					-	INC	W TORK, NT 10116					
Scope of Work (Checl C	only Or	ne)			Abatement	Meth	nod		50-12-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
Demolition							Containment with Negative	Pressure				
>3sf or >3lf ≥ 160sf or > 260lf					X		i-Enclosure					
Renovation					X		vebag Procedure -Friable Procedure					
rteriovation		100 - X - 13 - 15 - 15 - 15 - 15 - 15 - 15 - 15	Ti	s Locati	on Normally		Describtion of	Amount to be	IAbai		Type	
ocation of ACM Facility	,				Custodial S		ACM to be	Removed	Abat	ement	туре	
				Yes	NO		Removed	(Specify SF/LF)	Rem	Rep.	Enc.	Encl.
BASEMENT							PIPE INSULATION	50LF	Х			
BASEMENT							BOILER FLUE PACKING	4SF	Х			
BASEMENT IST FLOOR			-			_	DUCT INSULATION	30SF	X			
ND FLOOR	200 200 11		+				DUCT INSULATION	20SF	X			
DILOUN			+			_	DUCT INSULATION	20SF	X			
Name of Registered Wa	ste Ha	uler		NJDF	P Waste ID	No	Cubic Yds waste	Name of Register	ed I a	dfill		
RI-STATE TRANSFER					SW1896		TBD	MINERVA ENTER			IC	
City, State					sal Date		City, State of Registered La	andfill				W-11
BRONX, NY	France - N			TBD			WAYNESBURG, OHIO	1				
Completed By (Print or T	ype)			Title			Signature	/ - 1	V2	Date	3-2	9.18
ANITA SMOLAR				IGENE	RAI MANA	GER	1 Much	701	1		2100100	40



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Date of Notification (1) 03/22/2018					of Building SON HII		Operator	(2)			. II.	200	i	-
Agencies Notified	Type Notification Initial	ı			Address KENNE	DY BL	VD.			APF	- 1	2 20	18	10000
EPA DEP DOL	Amended Amendmen	t #			ate, Zip C		V.I. 070	47		Fig. 15			200	
DOH DCA	Emergency justification		3	Name o	of Contact		10. 07 0		Te	lephone N				k.
☐ DCA	Cancellation	า			SYPNIE	Market Market	ION		9	08-415-4	250			800 THOUSE
Name of Facility Where	Abatement is Takir	ng Place (3)	FAU	ILITY INF	URMAII	ION	Type of Facilit	ty (4)					
PRIVATE Street Address	=				9:			Other (i.e	ter 8 (Oth	ner than K- & commer	12) cial bui	ldings	, hom	es,
City (5) NORTH BERGEN	NJ							etc.) Square Feet 22.000	# 0	of Floors		Bldg	Age	
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Name of Monitoring Firm ENVIRO-PROBE I	fall for the fall of the fall	Owner (8)	ASCI	M No.			of Abatement C			AL LL	 С.		
Street Address 108 LIBERTY ST.							Street A	Address 51ST, STI	REET.					
City, State, Zip Code METUCHEN NJ.								ate, Zip Code TH BERGEI	N NJ. (7047				
Project Manager for Mor S.K. DIWAN	itoring Firm			Telepho 732-4	ne No. 94-4600)	Telepho 201-7	one No. 76-0642		License	No.			
Start Date (10) 03/31/2018		Schedul 04/07/			Date (11)			f OSHA Monito						
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		Is	Locati	ion				Non Exemp	T an	a North Ha	Die i ic	Abat	ement	
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TO BE ABA In Facil (13)	ATED	0.000	todial (12)		(i.e.	thermal surface	systems sing, VAT niscellane	insulation, , or	(5	mount Specify For LF)	Removal	Repair	Encapsulate	Enclosure
DOWN INTO	20014	Yes	No	N/A									le	-
BOWLING	ROOM		X		VA	AT. FLC	OOR TII	E 9X9	4,0	50 SF.	X			
Name of Registered Was			1 22	JDEP W		Cubic Y	11	Name o	f Registe	ered Landfil	1	1		
TRI-STATE ASOCC). 			9951	IVO.	of Was	æ	MINE	RVA E	NTERPR	ISE I	NC.		
City, State BRONX NY.						Disposa TBD	al Date	City, St.		RG OHIO	D.			
Completed by CARLOS ESQUIVEL	_	Title SAFI	ETY N	//ANAG	SER	Si	gnature	Emmy	mf		ate 3/22/	2018		



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SZB218 Paulia Andreou Private Home APP 2 2018	Date of Notification (1)			N	lame o	f Building	Owner/	Operator	r (2)		11 111					
Second Project Manager for Monitoring Firm Telephone No. Second Manager for Mon	3/28/18											APP	-	2 2	018	
DEP Amendeed Amendeed Emergency (including Limitations) Paul a	Agencies Notified	Type Notification	1	S	treet A	Address				- 1					910	1/2
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County (a)		Amended													1.54	·
DOH	X DOL		-	_ 1	Vlana	hawkin	NJ 08	050								
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Paula Andreou Private Home Shedol (K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other	Name of Facility Whore	Abatament in Taki			FACI	ILITY INF	ORMAT	ION								
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County (6) Coean County Code (7) Current Use (Prior if being demolished)		2050							5.57/	35" (100)	# of Flo	ors			Age	
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Pernaco Inc. Street Address PO Box 329 City, State, Zip Code West Berlin NJ 08091 Project Manager for Monitoring Firm Telephone No. Steet Address PO Box 329 City, State, Zip Code West Berlin NJ 08091 Telephone No. S56-753-9800 00727 Start Date (10) A/13/18 Same Cocupancy Status During Abatement (Check Only One) Facility Closed/Wacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: City, State, Zip Code West Berlin NJ 08091 Telephone No. S56-753-9800 00727 Name of OSHA Monitor Same City, State, Zip Code Winn-Enclosure City, State, Zip Code City, State, Zip Code Total Containment with Negative Pressure Minn-Enclosure City, State, Zip Code Street Address Full Containment with Negative Pressure Minn-Enclosure City, State, Zip Code Non-Exempted (1) and Non-Friable Procedure Abatement Type Abatement Type Abatement Abatement Winn-Enclosure City State, Zip Code Non-Exempted (2) and Non-Friable Procedure Abatement Type Total Containment with Negative Pressure Minn-Enclosure City, State Non-Exempted (2) and Non-Friable Procedure Abatement Type Total Containment with Negative Pressure Minn-Enclosure City State Non-Exempted (2) and Non-Friable Procedure Abatement Type Total Containment with Negative Pressure Non-Exempted (2) and Non-Friable Procedure Abatement Type Total Containment with Negative Pressure Non-Exempted (2) and Non-Friable Procedure Non-Exempted (2) and Non-Friable Procedure Non-Exempted (3) and Non-Friable Procedure Non-Exempted (4) and Non-Friable Procedure Non-Exempted (4) and Non-Friable Procedure Non-Exempted (5) and Non-Friable Procedure Non-Exempted (5) and Non-Friable Procedure Non-Exempted (5) and Non-Friable Procedure Non-		0000		-					1000 +	-	1			35+		
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Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf		ited During Entire ad Outside of Norr	Period of Aba	atemer	nt			City C	tata 7:- 0							
Salidation Sa	Other - Describe: _	ou outside of from	nair admity in	ours				City, S	tate, Zip C	oae						
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≥ 160 sf or ≥260 lf Demolition Description of Asbestos-Containing Material (ACM) Amount (Specify Maintenance/Custodial Staff? (12) Yes No N/A N/A Ploor tile only SF or LF Demolition Demolition Demolition Demolition Demolition Description of Asbestos Containing Material (ACM) Amount (Specify SF or LF) Demolition									1							
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S Location of Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A N/			<u> </u>		0				Gloveb	ag Proced						1
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United Containers Hauler ID No. 22459 of Waste 3 G.R.O.W.S.																
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Date of Notification (1) 3/28/18				f Building kah Mar		/Operator	(2)			4 777	1 -	ŋ	2018	}	
Agencies Notified Type Notification			Street A	ddress			7		+ +	711	1	E	40.40		
EPA Initial Amended Amendment		_		ate, Zip Co River, N		753			to et	1.5	9 1		• .		المان مان
DOH justification) DCA Cancellation			Name o Eric P	f Contact lackis					Tel	ephone	Numb	er			
Name of Facility Miles and About and in Table	DI (0	`	FACI	LITY INF	ORMA	TION		.=				-			
Name of Facility Where Abatement is Takir	ig Place (3)						of Facility (- 50						
Street Address								School (K-1 Subchapter Other (i.e. petc.)	8 (Oth			build	lings,	home	es,
City (5) Toms River								re Feet	2	f Floors		B 6	ldg. A	ge	
County (6) Ocean				Code (7) USE ONLY)		Curre	nt Use (Pri	or if bei	ng demo	olished	1)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	/I No.				tement Cor stries, Inc		(9)			310000		
Street Address							Address Box 9								
City, State, Zip Code				*		91.500		ip Code 08723							
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	none No	o.		Licens 01196					
Start Date (10) 3/28/18	Schedule	d Con	npletion	Date (11)		Name	of OSF	IA Monitor		1,500,100					
Occupancy Status During Abatement (Chec	k Only On	e)				Street	Addres	SS					-81		
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm						City, S	tate. Zi	p Code					-		
Other – Describe:					_					i mining					
Scope of Work (Check All That Apply)						- F-									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	enova emolit				×	Min Glo	Containme i-Enclosure vebag Prod -Exempted	e cedure					۵	
	ls	Locati	on				1 1401	I-Exemple:	2 () and	a 14011-1 1	labic		Abate	ment	t
Location of	N	ormal d Sole	ly			escription					1		Ty	pe	
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	Yes	No	N/A									<u>a</u>	_	ate	re
					Asbes	stos Flo	or Tile)	10	00SF	Х				
Name of Registered Waste Hauler		1000	JDEP W lauler ID		of Wa	c Yards aste		Name of	. T.		dfill				-00.475
Brick Industries, Inc.		2	1602		3 Disp	neel D-4		GROW:		•					
City, State Brick, NJ					4/5/1	osal Date		City, State Morrisv		Α					
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Eric Plackis	Presid	ient					UN	10			3/28	/18			

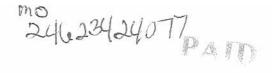
 $[\]ensuremath{^\star}$ Do not use this form for asbestos licensure exempted activities.

4-16-18

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

10301 check New # 10309

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Date of Notification (1)	3-26-1	2	N	lame of E	Building C)wner/C	perator	-	alor	K	Ren	3.0	1	umu . I.u	. 73
Agencies Notified	Type Notification	-	St	treet Add	dress		40.5	V.	ICCO	1 1/2	1001	1	4-	11/2	1
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DEP DOL	Amended Amendment #	7) .6	nty, State	e, Zip Coo	11	shla		Par	K	11	120	190	104	1
⊅ DOH	☐ Emergency (If justification)	icluding	N	ame of (Contact	1/	7/14	na	jun	1	phone Nu				Secondo.
□ DCA	☐ Cancellation				Run		ens	jal		1			-		
Name of Facility Where	Abatement is Taking	Place (3)		FACIL	ITY INFO	RMATI	ON	Type o	of Facility (4) wg-	1 4-		1		
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Street Address	- /							S	ubchapter ther (i.e. p	8 (Other rivate &	than K-1 commerc	2) ial build	dings.	home	es,
City (5)	, Jacoby	7							tc.)		Joors		ldg. A		
High	land 1	ank	1	NJ					12:		2			+ '	-
County (6) Midd	lesex			ounty Co	ode (7). SE ONLY)			Curren	t Use (Prid	or if being	g demolis	hed)			
Name of Monitoring Firm	Hired by Building O	wner (8)	T	ASCM	No.		Name	of Abate	ement Con			•			
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City, State, Zip Code	tave.	NJ	' (180	53	3	City, S	tate, Zip	Equ	44	MZ	0	85	13	3
Project Manager for Mov	ii ri gv-irm	•		elephone	No. 58- 3	265		none No	-336	Theorem 1 1/2	License N	lo.	19	4	
Start Date (10)	3	Scheduled	Compl	letion Da	ate (11)	کند	Name	of OSH	A Monitor	1					
April 16, 6	20/8	April		. 20	18			EPC Address		hnol	ogies	I	nc		
Occupancy Status During	g Abatement (Check ated During Entire Pe			nt			_	Address	_	33	7				
Abatement Perform	ed Outside of Norma	I Facility H	ours	***		Ì	City, S	tate, Zip	Code						
Other – Describe: _ Scope of Work (Check A	II That Anniel					-	N	ew E	gyp+	_//	J	285	53	3	*
Scope of Work (Check A) ≥3 sf or ≥3 lf	ii iiiat Appiy)	☐ Rer	novatio	าก] Full	Containme	ent with 1	Vegative I	Pressur	e.		
□ ≥160 sf or ≥260 lf			nolition				, E	Mini-	-Enclosure rebag Proc	•	3,5000				
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Location Asbestos-Containing		Used :			Asbesto	s Conta		Naterial (ount			Ш	E
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(13)	•	(12)				niscellan				### ##################################	oval	air	Encapsulate	sure
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Name of Registered Was	te Hauler		N.IF	DEP Wa	ste	Cubic	Yards		Name of	Register	ed Landfil	<u> </u>			
			Hau	uler ID N	lo.	of Was			Wast				L	r D	IA
City, State	hnologies		1 1	700		Dispos	al Date		City, State	е			٥	- 1	1,
New Ea	lypt 1	VJ.	N.				17-1		Morn	isyill		PA			
Completed by	211	Title Pres	:4	+		S	ignature	1	SAV.	L	Di	ate 3 -	24	, -18	3



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

Date of Notification (1)							sees morrows			- 110	120	(r ²)	**	ş	
3/24/2018					of Building e Miicke		/Operato	r (2)		11-1	1			100	
Agencies Notified	Type Notification	1			Address						<u> </u>				
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X DEP	☐ Amended				tate, Zip Co					1	0		4 61	/10	- I de
	Amendmen Emergency		-		ntainside	NJ	AT -5-1 10-200		i	4				100	
DOH DCA	justification)				of Contact					Tel	ephone	Number		- 1	-
□ bcA	Cancellation	1			n Parra	ODMA	TION	-19		1			1.	n ne	
Name of Facility Where	Abatement is Takir	ng Place (3)	FAC	ILITINE	UKIVIA	IION	Тур	e of Facility	(4)					
Arlene Miicke								П	School (K-						
Street Address			100						Subchapte	er 8 (Oth	er than I	<-12)			
City (5)								×	Other (i.e. etc.)	private (& comm	ercial bu	ildings	s, hom	ies,
City (5) Mountainside								Squ	are Feet	# 0	f Floors		Bldg.	Age	
County (6)				County	Code (7)			Curr	ant Hea /De	ing if had		F-L D			
					USE ONLY,			Cuii	ent Use (Pr	ior ir bei	ng aemo	ilisnea)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCI	M No.				atement Co	ntractor	(9)				
Street Address							NEAS IN	1271 - 10 SA	val LLC						
ou dot / ludi oss								Addre	ess vkirk Ave	nue					
City, State, Zip Code									Zip Code	nuc					
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Project Manager for Mon	itoring Firm			Telepho	ne No.		1	none N			License	e No.		11/25/54-1	
Start Date (10)		Cabadul	10	1.0	D 1 (11)		1	682-	***************************************						
3/24/2018		3/26/2		npietion	Date (11)		Name	of OS	HA Monitor						
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HILLSIDE, NJ		T =							MORRI	SVILL	E PA				
Completed by Bryan Parra		Title Owne	or			5	Signature				- 1	Date	040		
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* Do not use this form for asbestos licensure exempted activities.

OK 5042

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) Agencies Notified Type Notification Street Address **EPA** Ø Initial 4 DEP Amended City, State, DOL Amendment # Emergency (including 卤 DOH Name of Contact justification) DCA Telephone Number Cancellation Name of Facility Where Abatement is Taking Place (3) FACILITY INFORMATION Type of Facility (4) Street Address School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) City (5) 14:11 Square Feet # of Floors Bldg Age County (6) LO00 2 County Code (7) Current Use (Prior if being demolished) (STATE USE ONLI) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Street Address Street Address-1212 Billi City, State, Zip Code City, State, Zip Code Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 6-5-3-16 Start Date (10) 01070 Scheduled Completion Date (11) Name of OSHA Monitor Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: City, State. Zip Code Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf - Renovation ≥160 sf or ≥260 lf Full Containment with Negative Pressure Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Lecation of Normally Description of
Asbestos Containing Material (ACM)
(i.e. thermal systems insulation, surfacing Asbestos-Containing Material (ACM) Used Solely by Type TO BE ABATED Maintenance/ Amount Custodial Staff? In Facility (Specify Removal Encapsulate Enclosure VAT, or Repair (13)(12)SF or LF) other miscellaneous) Yes No N/A ZanoSF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste 2054 City, State 11/4 Disposal Date City, State 150

Signature

V. Riesident

Date



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Date of Notification (1)	150				of Building			r (2)	1 1	= (in s	The land of	1,	-
03/23/2018	Check #3150			Sylvia	Silberg	Resid	lence	11	- / }				1	
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N DOL	Amendmer Emergency		-		ston, NJ	0703	9		i.				ŀ	[
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Project Manager for Mor	nitoring Firm		Т	Telepho	ne No			one No.	7 000	License	. No			
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Start Date (10)		Schedule	d Cor	mpletion I	Date (11)			of OSHA Monito	r	0101				
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Occupancy Status Durin	g Abatement (Che	ck Only One	e)				Street	Address						_
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Other – Describe:				_										
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roject Manager for Monitoring Firm		1	relephon	e No.	Telephone No.		License No.				
5 (10)	Cab - 2 1	1 C '	otic - T	oto (11)	201-329- Name of OSHA	-7444 Monitor	00388	3	-		-
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Mackensack, NJ 07601	Title			$\overline{}$	Signature /		_ Dat	_	+00		
Hackensack, NJ 07601 Completed by J. Maiorano		tima	tor		Signature Po	way in	_ Dat	_	28/	18	

Date of Notification (1) 3/27/18					of Building Todd	Owner/	Operator	(2)		100		0010		
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Street Address								Industrie	es, Inc.					
Street Address								Address Box 915						
City, State, Zip Code								State, Zip Co	1100-000-0					<u></u>
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Project Manager for Mon	itoring Firm				ne No.		1	none No.		License				
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City, State							sal Date		y, State	D.				
Brick, NJ		Title				4/4/1		- 1	orrisville		\t.			
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State of New Jersey

	PAII	7	NOTIFICA (Pursuant	TION O	F ASBESTOS ABAT	EMENT: 120-7)	IN E	0 E	1	17	7.3 · · ·
Date of Notification					Owner/Operato			<u> </u>	A.	175	7
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Street Address						[]Subch	apter 8 (Otl (i.e., pri	her tha	n K-	12)	
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Ridgefield		Ber	OPA	(S	TATE USE ONLY)	Current Use	(Prior if h	eing d	emol	ishe	d)
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Street Address					Street Address						
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City, State, Zip Code					City, State, Z	ip Code				-	
			9		Montclai:		042				
Project Manager for Mo	nitoring Firm	Tele	ephone Num	ber	Telephone Numb			License		-l	
		N/	1980 N. H. B.		(973) 744-			003		nber	
Scheduled Start Date (10) Sched C	'omp]	etion Date	(11)				003	1		
04 - 10 - 18 Month Day Yea:	04 -	. /	2 - 18	r	Name of OSHA M	onitor					
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Constantine Vivi		dent	٠		Signature	<i>i i</i>	/	Date		1	
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State of New Jersey APPROVED. TOM VOURHEES, NJPOL NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

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Date of Notification (1)							wner / Operato	r (2)		ME	GEIN	1 6	1
	3/29/18	41					f Education				the transfer to the Capital Americans		
EPA	pe Notifica	ation	-		Addre	ess pect St	roof						
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				FAC	ILITY	Y INFO	RMATION			AND ADDRESS OF THE PARTY OF THE	TO WAR TO SEE TO WAS A STORY OF THE PROPERTY.	AVPENTION	HAMMY.
Name of Facility Where	e Abateme	ent is Taking Pla					Type of Facili	ity (4)					
Munoz Rivera Elem	entary S	chool		422-			School (I	K-12) N	ION SUBC	HAPTER 8			
Street Address									Other than I				
400 North Montgom	ery Stre	et									gs, homes, et	c.)	
City (5)		C(C)	10-	1.0	1 (7\	Square Feet		# of Floors	В	ldg. Age		
			Cour	ity C	oae (/)							
Trenton		Mercer					Current Use (Prior it	being dem	olished)			
Name of Monitoring Fir	m Hired by	Ruilding Owne	or (8)		IASC	M No.	School Name of Aba	tomont	Contractor	(0)			_
Environmental Con		y Daliding Owne	1 (0)		ASC	IVI INO.	Bristol Env						
Street Address	en Street ode 08 or Monitoring Firm Telep 609-3 ate (10) Scheduled Completio					Street Addres	SS						
120 North Warren S City, State & Zip Code						1123 Beave						_	
Trenton, NJ 08608							City, State & 2 Bristol, PA						
Project Manager for Mo	onitoring F	irm -	Telepho	one I	Numb	er	Telephone Nu			License N	umber		\neg
Rollie Jones	m Hired by Building Owner (8) nection treet Teleph 609-3 10) Scheduled Completion 4/6/1 ng Abatement (Check only one) Vacated During Entire Period of formed Outside of Normal House	609-39	2-42	200		(215)788-60			00509				
Scheduled Start Date (10)	Irred by Building Owner (8) Interest Settion Teleph 609-3 Scheduled Completion 4/6/1 Abatement (Check only one stated During Entire Period oned Outside of Normal House			(11)		Name of OSF						
4/2/18	Ab t		4/6/18	3			Bristol Envi		ental Inc.				
Facility Closed/	ng Abaten Vacated D	nent (Check on) Jurina Entire Pe	y one)	Aha	temer	nt	Street Addres		of				
		Telep 609-3 Scheduled Completio 4/6/ atement (Check only one ed During Entire Period of					City, State & 2						
Describe:							Bristol, PA						
Facility Occupie													
Scope of Work (Check	all that ap	ply)											
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Completed By (Print or	Type)			Title		S	ignature	2.	•	1 10	Date		
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DOH DCA	justification) Cancellation		9		of Contact	-	-				ephone			+ ~ .	, T	1215
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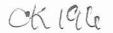
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Sparta Township, N	Mercedes Drive (5) Ontvale Inty (6) Pergen The of Monitoring Firm Hired by Building Own HI The et Address O Sparta Ave #304 Interest State, Zip Code Parta Township, NJ 07871 The et Manager for Monitoring Firm The an-Paul von Doehren The Date (10) The Address O Sparta Ave #304 Interest State, Zip Code Parta Township, NJ 07871 The Address O Sparta Ave #304 Interest State State The Address O Sparta Ave #304 Interest State State The Address O Sparta Ave #304 Interest State State The Address O Sparta Ave #304 Interest State State The Address O Sparta Ave #304 Interest State State The Address O Sparta Ave #304 Interest State State The Address O Sparta Ave #304 Interest State State The Address O Sparta Ave #304 Interest State State The Address O Sparta Ave #304 Interest State State The Address O Sparta Ave #304 Interest State State The Address O Sparta Ave #304 Interest State State The Address O Sparta Ave #304 Interest State State The Address O Sparta Ave #304 Interest State State The Address O Sparta Ave #304 Interest State State The Address O Sparta Ave #304 Interest State State The Address O Sparta Ave #304 Interest State State The Address O Sparta Ave #304 Interest State State The Address O Sparta Ave #304 Interest State State The Address O Sparta Ave #304 Interest State State The Address State State The Address State State The Address State State The Address State State The Address State State The Address State State The Address State State The Address State State The Address State State The Address State State The Address State State The Address State State The Address State State The Address State State The Address State State The Address State State The Address State The Address State State The Address State State The Address State State The Address State State The Address State State The Address State State The Address State State The Address State State The Address State State The Address State State The A						1900		Zip Code NY 10704							
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	arta Township, NJ 07871 ct Manager for Monitoring Firm in-Paul von Doehren Date (10) Schedu 28/2018 04/01 pancy Status During Abatement (Check Only Company)							GENERAL TO	-0033		01230)				
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	ity		(12)				niscellar			SF	or LF)	Remova	Vaban		Encapsulate	Enclosure
	Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Ground Floor		No	N/A								=			ate	ė.
Ground F	Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Ground Floor			X	Tile,	Firepr	oofing,	Ins	uation	5K/2	2K/180	0 X				
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R.E.D. Technologies	s, LLC		1000	auler ID 036163		of Wa					erprises					
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Michael Coleman		Pres	ident				Pel	el	P BE	22		03/23	3/20	18		

CK33904

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

EPA		Name	of Building	g Ov	vner/Operator (2)			į	11				
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City (5)											Ble	dg. A	ge	
Jersey City									600 sf	1			- 2000	
County (6)					Cour	nty Code (7)(ST)	ATE USE ONLY)	Current Use (Pr	ior if being demolis	ned)	34003		
Hudson						,		,	E STATE OF THE STA		,			
Name of Monitoring Firm Hire	ed by Build	dina O	wner ((8)	ASCM	No	Na	me of Abateme						
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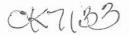


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Jeff Yekenchik		Owne	er					1/2	1			04/27	/18		

PATT

Federal Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) Date of Notification Name of Building Owner/Operator 0 3 8 2018 CITY OF PLAINFIELD Agencies Notified Type of Notification Street Address USEPA Initial 515 WATCHUNG AVENUE DEP Amended X DOL Amendment # City, State, Zip Code Emergency PLAINFIELD, NJ 07060-0431 X DOH Cancelation DCA Name of Contact Telephone Number JOHN LOUISE 908-966-1787 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place Type of Facility **DUDLEY HOUSE** () School (K-12)) Sub-Chapter 8 (Other than K-12) Street Address (X) Other (I.e. private & Commercial buildings, homes, etc.) SF of Bldg. # Floor Age of Bldg. County County Code 3 CITY OF PLAINFIELD 50+ **ESSEX** State use Only Current Use (prior if being demolished) Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatment Contractor PENNONI ASSOICATES ACM CONSULTING CORP. Street Address Street Address 24 COMMERCE ST SUITE 300 2150 STANLEY TERRACE City, State, Zip Code City, State, Zip Code NEWARK, NJ 07102 UNION, NJ 07083 Project Manager for Monitoring Firm Telephone No. Telephone Number License Number TO BE DETERMINED TO BE DETERMINED 908-687-1008 00575 Scheduled Start Date Scheduled Completion Date Name of OSHA Monitor 2018 2018 6 **EMSL ANALYTICAL** Month Year Month Year Street Address Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement 307 WEST 38TH STREET Abatement Outside Normal Facility Hours City, State, Zip Code Describe: 7:30AM TO 3:30AM Other - Describe: NEW YORK, NY 10118 Scope of Work (Checl Only One) Abatement Method Demolition Full Containment with Negative Pressure >3sf or >3lf X Mini-Enclosure ≥ 160sf or > 260lf X Glovebag Procedure Renovation Non-Friable Procedure Is Location Normally Describtion of Amount to be Abatement Type Location of ACM Facility Used by Custodial Staff ACM to be Removed Yes N/A Removed NO (Specify SF/LF) BASEMENT Rem. Rep. Enc. Encl. PIPE INSULATION 50LF X BASEMENT BOILER FLUE PACKING 4SF BASEMENT DUCT INSULATION 30SF 1ST FLOOR DUCT INSULATION 20SF X 2ND FLOOR DUCT INSULATION 20SF Name of Registered Waste Hauler NJDEP Waste ID No. Cubic Yds waste Name of Registered Landfill TRI-STATE TRANSFER ASSOC., INC. SW1896 TBD MINERVA ENTERPRISES, INC City, State Disposal Date City, State of Registered Landfill BRONX, NY TBD WAYNESBURG, OHIO Completed By (Print or Type) Title Signature / Date ANITA SMOLAR GENERAL MANAGER 3/28/2018

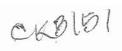


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Date of Notification (1)	Job	#: 969	2.01	Name	e of Buile	ding Owne	er/Operator	(2)	1 -						
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Agencies Notified	Notification	on Type			Stree	t Addres	SS					A-19 1				Inne
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Name of Monitoring F	irm Hired h	v Buildir	a Own	or (8)	ASCM		Nome	Cambrasta	Hospital							
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Street Address							Street A	roup Rem	ediation,	inc.				-		
400 Street Road									C!4- 1. 1		•					
City, State, Zip Code							City. Sta	ams Road te, Zip Cod	i, Suite I, I le	.U. B0	Хб					
Bensalem, PA 19020	i:							m, PA 190								
Project Manager for N		irm	Telephone Number 215-244-1300 Ext 26 duled Completion (11)					ne Number		Lice	ense Nu	mher				
Michael Panepresso							215-533			Interview.		iiiibci				
Scheduled Start Date	(10)	Sched						OSHA Mo	nitor	008	58					
April 05, 2018	VIV. 12						Criterio									
Occupancy Status Du	ring Abater	nent (Ch	neck on	ly one)			Street Ad			150-00-00-00-00-00-00-00-00-00-00-00-00-0						
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Source of Work (Chec	k all that ap	oply)						, , , , , , ,				-				
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WOLK KOOLL				-												
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Name of Reg. Waste h	lauler		160-6-5	JDEP W auler ID	100000000000000000000000000000000000000	Cubic \ of Was		Name of	Reg. Lan	dfill						
Prime Group Remed	iation, Inc.	01	10000000	272		1		Western	Berks Co	mmun	ity Lan	dfill (D	EP#	10073	9)	
City, State				11.0		Dispos	al Date	City, Sta	te							
Bensalem, PA	1					04/12/2	2018	Birdsbo	ro, PA	-						
Completed by	Title					4	Signature)		Date				
Vincent Primavera	Pro	ject Ma	nager				7-					Marc	h 28	, 2018	3	



Date of Notification (1)			Mama	f Duitding Ou			(0)	111	51					111
1/2/2018			ivame o	f Building Ow				nical Plan	t 📗	APF	9 - 9	20	18	
Agencies Notified Type Notification			Street A			267	Home	estead Av	e. L					1
DEP X Amended Amendment)	City, Sta	ate, Zip Code		Aven	el, NJ	07001	+ ++**					
➤ DOH justification) DCA Cancellation			Name o	f Contact Michael V	/elsz				Tel	ephone N		7		
			FACI	LITY INFOR	MATIO	N								
Name of Facility Where Abatement is Takin Chemical Pla)						of Facility (4 School (K-12					V	
Street Address 267 Homestead	Ave.						X	Subchapter of the contract of				ilding	s, hom	es,
City (5) Avenel, NJ 0700	1						Squar	re Feet 20000	# 01	Floors		Bldg. 50-	() () () () () ()	
County (6) Middlesex				Code (7) USE ONLY)			Curre	nt Use (Prio		ng demol				
Name of Monitoring Firm Hired by Building MECS	Owner (8)		ASCN	Л No.				tement Cont			s. Inc.			
Street Address PO Box 341			1		5	Street	Addres	SS			Δ.	- 8		
City, State, Zip Code Chesterfield, NJ 085	15					City, S	tate, Zi	p Code NJ 0850	1					
Project Manager for Monitoring Firm	Chesterfield, NJ 08515 nager for Monitoring Firm Bill Weisgarber					Геlерһ	one No 259-9	D		License				
Start Date (10)	Schedule	18			1		of OSF	A Monitor		00+00				
Occupancy Status During Abatement (Chec	k Only On		0/2010				Addres	is.			_			_
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm	Period of A	batem	nent		ı	PO B	34 34 3ox	1						
X Other – Describe: 7am to 3 pm	iai Facility	Hours						p Code ld, NJ 085	515					
Scope of Work (Check All That Apply)	_				D-0 - V		_							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit				×	Min Glo	Containme i-Enclosure vebag Proce i-Exempted	edure				ıro	
	le	Locati	on				1 1401	I-LXeIIIpted	() and	I NOII-FII	able FI	1000	temen	t
Location of	N	ormal	ly		Descr	rintion	of					_ 7	уре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Maii Custo	f Sole ntenar odial S (12)	nce/ Staff?			ning M stems g, VA	laterial s insula T, or		(S	mount specify or LF)	Removal	Repair	Encapsulate	Enclosure
5 5	Yes	No	N/A		<u> </u>								(D	Ш
Boiler Room	X				Trans	ite Fl	lue			20 If	X	-		\vdash
N (5)														
Name of Registered Waste Hauler Stevens Environmental Services		9599	JDEP W auler ID 18292	No. of	ubic Ya f Waste			Name of R	1		fill			
City, State Allentown, NJ				9	isposal 4/6/2	Date	/	City, State Morrisvil		Α				
Completed by Mahlon E. Stevens	Title Projec	et Ma	nager		745757256	natúre	3/				Date 3/2	3/18		



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Date of Notification (1) 3/23/18	Check	# 3151			Building C		Operator	(2)	Annual control of the second o	Д	PR -	2 %	2018			And the state of t
Agencies Notified	Type Notification			Street Ac					İ						Populary	7
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DEP X DOL	Amended Amendment		_		te, Zip Cod wn , NJ,		10									
☐ DOH	Emergency (justification)	including	Ī	Name of	Contact					-	phone N			044		
DCA	Cancellation			Nick	(T) (1) (E)	D				20	1-791-1	616	ext	211	-0	
Name of Facility Where St. Anne School	Abatement is Taking	g Place (3))	FACIL	LITY INFO	RIVIAI	ION		of Facility (4	60 100						
Street Address 1-30 Summit Ave								R	Subchapter 8 Other (i.e. prietc.)	(Othe			ouildi	ngs,	home	s,
City (5)									re Feet	# of	Floors		Blo	dg. A	ge	
Fair Lawn				County C	ode (7)			***********	ent Use (Prior	1	na demo	lished				
County (6) Bergen				(STATÉ U	ISE ONLY)			Sch	ool			1131100	<i>y</i>			
Name of Monitoring Firm N/A	n Hired by Building (Owner (8)		ASCM N/A	l No.			of Aba Servic	itement Cont es	ractor	(9)					
Street Address N/A								Addre 69th								
City, State, Zip Code N/A	A ject Manager for Monitoring Firm A								ip Code	93						
	ect Manager for Monitoring Firm						100000000000000000000000000000000000000	hone N	•		License	e No.				
N/A	rt Date (10) Sched							295-1			01074					
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Occupancy Status Durin	ng Abatement (Chec	k Only On	e)					Addre	ss							
Abatement Perform	/03/18 04/0						2000	State, Z	ip Code							
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TO BE A	BATED		intena odial	Staff?	(i.e.		al system acing, V		ation,		Specify F or LF)		Removal	Re	Encapsulate	Enclosure
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Name of Registered Wa	ste Hauler		7 (2)	NJDEP W Hauler ID		Cubi of W	c Yards		Name of F	AN		dfill				
Tri-Sate Transfer A	ssociates			9551	140.	N/A			Minerva		eprise					
City, State Bronx, NY						Disp TBD	osal Date	е	City, State Waynes		, ОН					
Completed by		Title					Signatu	re /	21)	1		Date				
Gina Bentances		Office	e Ma	nager				K	Vuea	1)-	-	3/2	3/10	,		

Date of Notification (1)	/2/2018			Na	me of Build	ing Owner/Operato	or (2)	LIIII ADI		2 2	Λ10	
Agencies Notified	Type Notification	n .			eet Addres		Chemica	al Plane	1	4 4	010	_
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	☐ Cancellation	E			Micha	el Velsz		732 543		77		
	معن	400000		F	ACILITY IN	FORMATION		1				_
Name of Facility Where							Type of Facili	ty (4)				_
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	Avenel, N	т от	700	i			Square Feet	# of Floors	T	Bldg.	Age	-
County (6)	ivelier, iv	0 0	700				20,000		_	50		
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Name of Monitoring Firr (8)		Owne	r	ASCI	M No.	Name of Abatem	nent Contractor ((9)		==	_	=
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Street Address	00 D 2	4.1				Street Address					-	=
City, State, Zip Code	PO Box 3	41						Box 322				
	rosswicks, NJ	0851	5			City, State, Zip C						=
Project Manager for Mo		0001	_	ephone	- N-		Allentov	n, NJ 08501				
	eisgarber				98-4070	Telephone No.	0.0600	License No.				
Start Date (10)		eduled			ate (11)	(609) 25 Name of OSHA N			0049	93		_
1/15/2018	3	2/2	8/2	018	(11)	Traine of Corta N		IECS				0.55
Occupancy Status Durir	ng Abatement (Che	eck only	y one)			Street Address	14	ILCS				=
Facility Closed/Vacat	ted During Entire P	eriod o	f Abate	ement		Non-construction of the second	PO I	Box 341				
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						7-	Crosswick	cs, NJ 08515				
Scope of Work (Check a	all that apply)				39-12-13	TEULCON					_	=
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_1 ≥ 100 St or ≥260 if			emolitic	n		Gloveba	g Procedure					
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		Yes		N/A								4
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		Yes		N/A	Trans							L
		Yes		N/A	Trans			20 lf				
Boiler Room		Yes	No			site Flue						
Boiler Room	te Hauler	Yes	No	JDEP\	Vaste	Site Flue	Name of Regis					
Boiler Room ame of Registered Was Stevens Environm	te Hauler	Yes	No	JDEP \	Naste No.	Cubic Yards of Waste 2			X			
Boiler Room ame of Registered Was Stevens Environm	ite Hauler nental Service	Yes X	No	JDEP \	Naste No.	Cubic Yards of Waste 2	Name of Regis	stered Landfill	X			
Boiler Room ame of Registered Was Stevens Environm ity, State	ite Hauler nental Service Allentown, N	Yes X S, Inc	No	JDEP \	Naste No.	Cubic Yards of Waste 2 Disposal Date 2/28/18		stered Landfill	X dfill			
	ite Hauler nental Service Allentown, N	Yes X S, Inc	No No H	JDEP \	Waste D No. 292	Cubic Yards of Waste 2		stered Landfill Fairless Land	X dfill			



Date of Notification (1)			2011-0-1-1		Name	of Building	g Ow	ner/Operator	(2	?)						111	
03 /2	.6 / _	-		Hopewell Valley Regional School District APF - 2 2018 Street Address											The second		
Agencies Notified T	ype Notifica	ation			Street	Address							-			1	
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1.22	Amended				City, S	State, Zip C	Code				F			*.	100	ů.	
☑ DOH	Amendm		ıdina		Per	nington,	NJ	08534				1			1707		
(NJAC 5:23-8)	Emergen justification		Juling	1	Name	of Contac	t				Telephone N	umber					
1 0 0 102] Cancellat				Tho	mas Qui	nn				609-737-4		28	01			
					FAG	CILITY IN	FOR	RMATION									
Name of Facility Where Aba	tement is T	aking F	Place	(3)					T	Type of Facility	(4)						
Hopewell Central High	h School									School (K-12							
Street Address										Subchapter 8			ь	م دالوا:	-		
259 Pennington-Titus	ville Road	b								Other (i.e., po homes, etc.)		mercia	Du	naing	5,		
City (5)								- Harris - Consulta	1	Square Feet	# of Floors		Blo	lg. A	ge		
Pennington										50,000	2		7	70			
County (6)					Cour	ty Code (7)(STA	TE USE ONLY	1	Current Use (Pri	ior if being dem	demolished)					
Mercer		School															
Name of Monitoring Firm His	8)	ASCM No. Name of Abatement Contractor (9)									-						
PARS Environmental,	Inc.	8			Shade Environmental, LLC												
Street Address					Street Address												
500 Horizon Drive, Su	ite 540				623 Cutler Avenue												
City, State, Zip Code					City, State, Zip Code												
Robbinsville, NJ 0869	1						N	laple Shad	le,	NJ 08052							
Project Manager for Monitor	ing Firm			Tele	phone	No.	Tele	ephone No.			License No.	Į.					
Julian Fernandez				60	9-890	-7277	8	56-755-009	9		00842						
Start Date (10)		chedul					Nar	ne of OSHA	Mo	onitor							
04 /05 /	18	04	_ /	09	_ / -	18	E	MSL Analy	/tio	cal, Inc.							
Occupancy Status During At				00.000			Stre	eet Address									
☐ Facility Closed/Vacated [2	00 Route 1	30	North							
Abatement Performed Ou Time of Abatement:								, State, Zip (
Scope of Work (Check all the							С	innaminso	n,	NJ 08077				on, 98115.			
	at apply)							☐ Full Co	nta	ainment with Neg	ative Pressure	(
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 				novati				Mini-Er									
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Location of				orma d Sole				Description					Ü	R	т	ш	
Asbestos-Containing Mat TO BE ABATE)		ntena				Containing N			Amount		em	Repair	nca	ncic	
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Name of Registered Waste H	Hauler			N	JDEP V	Vaste	Cub	ic Yards of	4.	Name of Regis	tered Landfill						
Freehold Cartage				Н	auler II 15939	Section of the sectio	Was	**************************************		GROWS N	orth Landfill						
City, State								osal Date		City, State							
Freehold, NJ		04/09/2018 Morrisville, PA															
Completed By (Print or Type	Signature Date																
Christina Lynch		Vic	e Pre	eside	nt of (Operation	าร	Cho	6	シスプ	>	3/	200	1	7		

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

Date of Notification (1)				Nan	ne of Ruildi	ina (Owner/Operator	(n)	A Franchis	2			
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Agencies Notified Type I	Votification	n		Stre	et Address			- [[] []			111	111	
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	ended	11		City	State, Zip			1 1	2 2018	3	$\prod J$	4	
	endment			5			NJ 08805	-	2.2	1	Grater	1	
DCA Em	ergency (tification)	includir	ng	-	e of Conta		143 00003	but it		ليب		-	
	ncellation			777-000	ex Baylo	- 4.5			Telephone Nun			1	
					•	-			301-802-51	12.			
Name of Facility Where Abateme	nt in Tabi	01	(0)	FA	CILITY	NFC	DRMATION						8-2-18
Verizon Bound Brook Cen			e (3)					Type of Facility					
Street Address	itrai Omi	ce						School (K-12	()				
								Other (i.e. p	Other than K-1; rivate and comme	2) arcial l	mildir	100	
204 East High Street					in .			homes, etc.)	and domine	, olar i	Juliuli	igs,	
City (5)						0-20		Square Feet	# of Floors	E	Bldg. /	Age	
Bound Brook								26,043	2		+-50)	
County (6)				Cou	nty Code (7)(S1	TATE USE ONLY)	Current Use (Pri	or if being demoli	shed)			
Somerset									nmunications				
Name of Monitoring Firm Hired by	Building	Owner	(8)	ASCN	No.	N	ame of Abateme	ent Contractor (9)					
USA Environmental Inc							BRISTOL EN	VIRONMENTAL	., INC.				
Street Address						_	treet Address			7 = 111=			
8436 Enterprise Ave							1123 BEAVE	R STREET					
City, State, Zip Code						_	ity, State, Zip Co			5_17,55			_
Philadelphia, PA, 19153							BRISTOL, PA						
Project Manager for Monitoring Fire	m		Tel	ephone	No.	-	elephone No.		License No.				
Mark Jenkins				15-365		1	215-788-6040		00509				
Start Date (10)	Sche	duled C			ite (11)		ame of OSHA M		00303			_	
//18		3 /	_ 2		18	1		/IRONMENTAL	, INC				
Occupancy Status During Abatem	ent (Chec	k only	one)			St	reet Address						
Facility Closed/Vacated During	Entire Pe	riod of	Abate	ment			1123 BEAVER	RSTREET					
Abatement Performed Outside	of Norma	Facilit	y Hou	rs - Des	cribe	Cit	ty, State, Zip Co	de				_	
Time of Abatement:AM		VI/ <u>5:00</u>	PM- <u>2</u>	:00AM			BRISTOL, PA						
Scope of Work (Check all that app	ly)												
□ ≥3 sf or ≥3 lf		⊠ Re	novat	ion			☑ Mini-Encl	ainment with Nega	ative Pressure				
≥160 sf or ≥260 lf		☐ De	molitic	on			⊠ Glovebag	Procedure					
							☐ Non-Exen	npted (*) and Non	-Friable Procedu	re			
Location of		0.25	Locat Norma							At	atem	ent T	уре
Asbestos-Containing Material (ACM)		d Sole		Ashe	etne	Description of Containing Mate	orial (ACMA)		Z	R	m	ш
TO BE ABATED	3		intena				ermal systems in		Amount (Specify	Removal	Repair	nca	nclo
IN Facility (13)		Cust	(12)	Staff?	37.	\$	surfacing, VAT,	or	SF or LF)	val	=	Encapsulate	Enclosure
		Yes	No	N/A	13	ot	her miscellaneo	us)				late	e
Basement Sprinkler Room				\boxtimes	9x9 VA1	r an	nd Mastic		336 SF				
Basement Sprinkler Room					Pipe Fit	ting	Insulation		1 LF				
Basement Diesel Engine Roo	m				9x9 VAT	an	d Mastic		760 SF				
Basement HSB Room					9x9 VAT	an	d Mastic		665 SF			П	
Name of Registered Waste Hauler			N	JDEP V	Vaste	Cut	oic Yards of	Name of Registe				Ч	
SERVICE TRANSPORT GRO	OUP, INC) .	30.0014	auler ID 20990	- management	Wa	ste	MINERVA L					
City, State						Dis	posal Date	City, State					
NEW CASTLE, DE						T	BD	WAYNESBU	RG, OH				
Completed By (Print or Type)	Title						Signature		15.	Α.			_
Dillan DeCaro	Es	stimat	or				Dillo-	- De Caro	1 0 16	e /26	1	8	
SR-41					,		mon	- 10 varo	1-11	1	11	/	1

ASB-41 JAN 13 DD 178 6 9

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

Date of Notification (1)	-				lame of Buil	Idina	Owner/Operator	(0)	manuscrum /	9,0			
02 / 09	1	18		1.			owner/Operator munications	(2)			reston.	10	
Agencies Notified Type	Notification	20					munications			Y	1.7	. 1	1
⊠ EPA ⊠ Ini		311		5	treet Addres		Chunch		8		1	111	li
100000	ended				ity, State, Zi	1000		[H H]	APR - 2	2018	Į	$\ \cdot \ $	Î
□ DCA □ Fr	endmen	#3 - :	3/26/	118			, NJ 08805	<i>l L</i>		- 10	7	ment	
	ergency tification	(includ	ling	N	ame of Cont		, 140 00003	A	T		1	ŀ	
	ncellation				Alex Baylo			and the state of t	Telephone	Number	â	1	
							ORMATION		301-802	-5112	·		
Name of Facility Where Abateme	nt is Tak	ing Pla	ace (3)	ACILITY	HAL	ORMATION	Time of Facility					
Verizon Bound Brook Cer	tral Off	ice	· ·					Type of Facility (☐ School (K-12)					
Street Address								☐ Subchapter 8	(Other than I	K-12)			
204 East High Street								Other (i.e., pr homes, etc.)	ivate and con	nmercia	build	ings,	
City (5)								Square Feet	# of Floors		DLL		
Bound Brook								26,043	2		Bldg.		
County (6)				C	ounty Code	(7)(S	TATE USE ONLY)	Current Use (Price	1 57	noliobae	+-{	0	
Somerset				1	•			Verizon Com			1)		
Name of Monitoring Firm Hired by	Building	Owne	er (8)	AS	CM No.	N	lame of Abateme	ent Contractor (9)	munication	15			
USA Environmental Inc								VIRONMENTAL	INC				
Street Address						S	treet Address		,				
8436 Enterprise Ave							1123 BEAVER	R STREET					
City, State, Zip Code	TI.	-550-5-00-0				C	ity, State, Zip Co	de					_
Philadelphia, PA, 19153							BRISTOL, PA	19007					
Project Manager for Monitoring Fin	m		T	elepho	ne No.	Te	elephone No.		License No				
Mark Jenkins					65-5810		215-788-6040		00509				
Start Date (10)02 /27 /18	Sche				Date (11)	Na	ame of OSHA M	onitor					
					/18		BRISTOL ENV	/IRONMENTAL,	INC				
Occupancy Status During Abatem	ent (Che	ck only	one)		St	reet Address						
☐ Facility Closed/Vacated During ☐ Abatement Performed Outside	of Norma	eriod o	f Aba	tement			1123 BEAVER	STREET					
Time of Abatement:AM	P	M/5:0	OPM	-2:00A	escribe M		ty, State, Zip Co				-		
Scope of Work (Check all that app							BRISTOL, PA	19007					
	у)						M Full Conta	inmont with M.				u-likibik	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		⊠ R						inment with Negatosure	tive Pressure				
23 = 100 st 01 = 200 ti		□D	emol	ition			☐ Glovebag	Procedure	2000 000 000				
		1	s Loc	ation	1		□ Non-Exem	npted (*) and Non-	Friable Proce				
Location of			Norn	nally			Description of			A	baten	nent T	ype
Asbestos-Containing Material (A TO BE ABATED	ACM)			olely by nance/	Vane	estos	Containing Mate	erial (ACM)	Amount	Re	Re	En	E
IN Facility		100000000000000000000000000000000000000		al Staff?	, (i.e	e., the	ermal systems in surfacing, VAT, o	sulation,	(Specify	Removal	Repair	caps	Enclosure
(13)			(12	-		ot	ther miscellaneou	us)	SF or LF)	<u>m</u>		Encapsulate	иге
		Yes	No	o N//	4							te	
Basement Power Room					9x9 VA	T an	nd Mastic		1,152 SF				To
Basement Battery Room #1					9x9 VA	T an	d Mastic		650 SF		+-		=
Sasement Battery Room #2					9x9 VA	T an	d Mastic		1,520 SF			-	
asement Collocation Area				\boxtimes			d Mastic				1		
ame of Registered Waste Hauler			100		Waste		oic Yards of	Name of Register	650 SF				Ш
SERVICE TRANSPORT GRO	UP, INC	: .		Hauler 2099	ID No.	Was		MINERVA LA					
ity, State				2000		Dist	posal Date	City, State					
NEW CASTLE, DE							BD	WAYNESBUR	RG. OH				
ompleted By (Print or Type)	Title						Signature			Date			
Dillan DeCaro	Es	stimat	tor					194 Cana	10	Date 3/6	161	118	. 1
2.44							MANAGE	NI IMA	111	010	-0/	10	

ASB-41 JAN 13

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

				l Nai	ne of Ruild	ing Owner/Onersta	(0)		int.	57.	7.4
02 /	09 /	18				ing Owner/Operator	(2)		E.th.IV.	Territory	
Agencies Notified ⊠ EPA ⊠ DOLWD	Type Notificati ⊠ Initial	on		Stre	et Address			LI AP	P 2	2018	
⊠ DOLWD	Amended Amendmen	t#3 - 3	126/19	City	, State, Zip			Fine		1 1	-/
□ DCA	☐ Emergency			2 В	ound Bro	ook, NJ 08805	¹⁴ 01 K	or construction of			à
(NJAC 5:23-8)	justification)	3	Nan	ne of Conta	act		Telephone	Number	· · · · · · · · · · · · · · · · · · ·	
	Cancellation	1		A	lex Baylo	r		301-802			
Name of Escility Whose Al	hataus at to T. I			F	ACILITY I	NFORMATION					
Name of Facility Where At Verizon Bound Broo	batement is Tak	ing Pla	ce (3)				Type of Facility	58 65			
Street Address	ok Central On	ice					School (K-12	2)	14.40		
204 East High Street	+						Subchapter Other (i.e., p	o (Other than private and co	K-12) mmercial	buildin	as.
City (5)							homes, etc.))			30,
Bound Brook							Square Feet	# of Floors	S	Bldg. A	ge
County (6)				10-		(7) (07.175.110.5	26,043	2		+-50	
Somerset				Col	inty Code	(7)(STATE USE ONLY)	,			1)	
Name of Monitoring Firm H	lired by Building	Owne	r (8)	ASCN	/ No	Al-	Verizon Cor		ns		
USA Environmental		OWIIC	(0)	ASCI	ii NO.		ent Contractor (9)				
Street Address						Street Address	VIRONMENTA	L, INC.			
8436 Enterprise Ave						1123 BEAVE	D CTDEET				
City, State, Zip Code						City, State, Zip Co					
Philadelphia, PA, 191	153					BRISTOL, PA					
roject Manager for Monito	ring Firm		Tele	ephone	No	Telephone No.	19007	111			
Mark Jenkins			1 34		5-5810	215-788-6040		License No	0.		
tart Date (10)	Sche	eduled (ate (11)	Name of OSHA M		00509			
02 /27 /	18				18		VIRONMENTAL	INC			
occupancy Status During A	batement (Che	ck only	one)					-,			
Facility Closed/Vacated	During Entire P	eriod of	Abate	ment		Street Address		-,			
Facility Closed/Vacated Abatement Performed O	During Entire P lutside of Norma	eriod of	Abate	s - De	scribe	Street Address 1123 BEAVER	R STREET				
☐ Facility Closed/Vacated ☐ Abatement Performed O ☐ Time of Abatement:	During Entire P outside of Norma AMF	eriod of	Abate	s - De	scribe	Street Address 1123 BEAVER City, State, Zip Co	R STREET	-,		Temes - 1	
☐ Facility Closed/Vacated ☐ Abatement Performed O ☐ Time of Abatement:	During Entire P outside of Norma AMF	eriod of	Abate	s - De	scribe	Street Address 1123 BEAVER City, State, Zip Co	R STREET ode 19007				
☐ Facility Closed/Vacated ☐ Abatement Performed O ☐ Time of Abatement: ☐ ☐ Cope of Work (Check all th	During Entire P outside of Norma AMF	eriod of al Facili PM/ <u>5:0</u> 0	f Abate ty Hou OPM-2	rs - De: :00AM	scribe	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA	R STREET ode 19007 ainment with Nega		e		
Facility Closed/Vacated Abatement Performed O Time of Abatement: Cope of Work (Check all th	During Entire P outside of Norma AMF	eriod of al Facili PM/ <u>5:00</u>	Abate	rs - De: :00AM on	scribe	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Cont Mini-Encl Glovebag	R STREET ade 19007 ainment with Nega osure Procedure	ative Pressure			
☐ Facility Closed/Vacated ☐ Abatement Performed O ☐ Time of Abatement: ☐ ☐ Cope of Work (Check all th	During Entire P outside of Norma AMF	eriod of all Facility PM/5:00	f Abate ty Hour DPM-2	rs - De: :00AM on	scribe	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Cont Mini-Encl Glovebag	R STREET ode 19007 ainment with Nega	ative Pressure			
☐ Facility Closed/Vacated ☐ Abatement Performed O ☐ Time of Abatement: ☐ ☐ Cope of Work (Check all the ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf	During Entire P outside of Norma AMF	eriod of all Facility PM/5:00	f Abate ty Hound DPM-2 enovati emolition	on on	scribe	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA State	ainment with Nega osure Procedure mpted (*) and Non	ative Pressure	edure	bateme	ent T
☐ Facility Closed/Vacated ☐ Abatement Performed O ☐ Time of Abatement: Gcope of Work (Check all th ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf ☐ Location of Asbestos-Containing Mai	During Entire P Jutside of NormaAMF Just apply) terial (ACM)	eriod of Facilities Record Rec	Abate ty Hound DPM-2 enovati emolition s Locat Norma ed Sole	rs - De: :00AM on on ion lly		Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Cont Mini-Encl Glovebag Non-Exer	R STREET Inde 19007 Inde I	ative Pressure	edure	T	
☐ Facility Closed/Vacated ☐ Abatement Performed O ☐ Time of Abatement: ☐ Cope of Work (Check all the ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf ☐ Location of ☐ Asbestos-Containing Main TO BE ABATE	During Entire P Jutside of NormaAMF Just apply) terial (ACM)	eriod of Facilities Record De Use Ma	Abate ty Hound DPM-2 enovati emolition is Locat Norma ed Sole intena	on on on on on on on on on on on on on o	Asbe	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Cont Mini-Encl Glovebag Non-Exer Description of stos Containing Mat thermal systems in	R STREET Inde 19007 Inde I	ative Pressure	edure	T	
☐ Facility Closed/Vacated ☐ Abatement Performed O ☐ Time of Abatement: ☐ Cope of Work (Check all th ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf ☐ Location of ☐ Asbestos-Containing Mai	During Entire P Jutside of NormaAMF Just apply) terial (ACM)	eriod of Facilities Record De Use Ma	Abate ty Hound DPM-2 enovati emolition s Locat Norma ed Sole	on on on on on on on on on on on on on o	Asbe	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Cont Mini-Encl Glovebag Non-Exer Description of stos Containing Mat thermal systems is surfacing, VAT.	ainment with Nega osure Procedure npted (*) and Non erial (ACM) insulation, or	ative Pressure	edure A Remo	T	
☐ Facility Closed/Vacated ☐ Abatement Performed O ☐ Time of Abatement: ☐ Cope of Work (Check all the ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf ☐ Location of ☐ Asbestos-Containing Mator ☐ BE ABATE ☐ IN Facility	During Entire P Jutside of NormaAMF Just apply) terial (ACM)	eriod of Facilities Record De Use Ma	Abate ty Hound PM-2 enovati emolitic S Locat Norma ed Sole sintena stodial S	on on on on on on on on on on on on on o	Asbe	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Cont Mini-Encl Glovebag Non-Exer Description of stos Containing Mat thermal systems in	ainment with Nega osure Procedure npted (*) and Non erial (ACM) insulation, or	ative Pressure -Friable Proc Amount (Specify	edure	T	Encapsulate
☐ Facility Closed/Vacated ☐ Abatement Performed O ☐ Time of Abatement: ☐ Goope of Work (Check all the ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf ☐ Location of ☐ Asbestos-Containing Mai ☐ BE ABATE ☐ IN Facility ☐ (13)	During Entire P Putside of NormaAMF nat apply) terial (ACM)	eriod of all Facilities PM/5:00	Abate ty Hound PM-2 enovati emolitic S Locat Norma ed Sole aintena (12)	on on lly sly by nce/Staff?	Asbe:	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Cont Mini-Encl Glovebag Non-Exer Description of stos Containing Mat thermal systems is surfacing, VAT.	ainment with Nega osure Procedure npted (*) and Non erial (ACM) insulation, or	ative Pressure I-Friable Proc Amount (Specify SF or LF)	edure A Removal	Repair	Encapsulate
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☐ Facility Closed/Vacated ☐ Abatement Performed O ☐ Time of Abatement: ☐ Goope of Work (Check all the ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf ☐ Location of ☐ Asbestos-Containing Mai ☐ BE ABATE ☐ IN Facility ☐ (13)	During Entire P Putside of NormaAMF nat apply) terial (ACM)	eriod of all Facilities PM/5:00	Abate ty Hour DPM-2 enovati emolitic s Locat Norma ed Sole aintena ttodial \$ (12) No	on on lly sly by nce/ Staff?	Asbe:	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA State, Zip Co	ainment with Nega osure Procedure npted (*) and Non erial (ACM) insulation, or	ative Pressure I-Friable Proc Amount (Specify SF or LF)	edure A Removal	Repair	Encapsulate
☐ Facility Closed/Vacated ☐ Abatement Performed O ☐ Time of Abatement: ☐ cope of Work (Check all th ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf ☐ Location of ☐ Asbestos-Containing Mai ☐ BE ABATE ☐ IN Facility ☐ (13)	During Entire P Putside of NormaAMF nat apply) terial (ACM)	eriod of al Facilia PM/5:00 Republic R	enovatiemolitics Locat Norma ed Sole aintena (12)	on on live ly by nce/Staff?	Asbe:	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA State, Zip Co	ainment with Nega osure Procedure npted (*) and Non erial (ACM) insulation, or	ative Pressure I-Friable Proc Amount (Specify SF or LF)	edure A Removal	Repair	Encapsulate
☐ Facility Closed/Vacated ☐ Abatement Performed O ☐ Time of Abatement: ☐ cope of Work (Check all th ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf ☐ Location of ☐ Asbestos-Containing Mator To BE ABATE IN Facility ☐ (13) ☐ Assement Switching Steel	During Entire P Putside of NormaAMF eat apply) terial (ACM) ED ore Room	eriod of all Facilities PM/5:00	enovatiemolitics Locat Norma ed Sole sintena todial (12)	on on lily sly by nice/ Staff?	Asber (i.e. 9x9 VAT	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Cont Mini-Encl Glovebag Non-Exer Description of stos Containing Mat thermal systems in surfacing, VAT, other miscellaned	ainment with Nega osure Procedure npted (*) and Non erial (ACM) nsulation, or	Amount (Specify SF or LF)	edure A Removal	Repair	Encapsulate
□ Facility Closed/Vacated □ Abatement Performed O □ Time of Abatement: □ cope of Work (Check all th □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf □ Location of □ Asbestos-Containing Mar □ DE ABATE □ IN Facility □ (13) □ asement Switching Sto	During Entire P Putside of NormaAMF nat apply) tterial (ACM) D ore Room	eriod of all Facility PM/5:00 Republic	enovatiemolitics Locat Norma et codial (12) No	on on lily sly by noce/ Staff?	Asber (i.e. 9x9 VAT	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA State, Zip Co	R STREET Inde 19007 ainment with Negrosure Procedure Inpted (*) and Non Insulation, or Inputs Name of Registe	Amount (Specify SF or LF)	edure A Removal	Repair	Encapsulate
Facility Closed/Vacated Abatement Performed O Time of Abatement: cope of Work (Check all th ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Mar TO BE ABATE IN Facility (13) asement Switching Sto	During Entire P Putside of NormaAMF nat apply) tterial (ACM) D ore Room	eriod of all Facility PM/5:00 Republic	enovatiemolitics Locat Norma et codial (12) No	on on lly by hoce/ Staff?	Asber (i.e. 9x9 VAT	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Cont Mini-Encl Glovebag Non-Exer Description of stos Containing Mat thermal systems in surfacing, VAT, other miscellaneo and Mastic Cubic Yards of Waste	R STREET Inde 19007 ainment with Negators or procedure	Amount (Specify SF or LF)	edure A Removal	Repair	Encapsulate
Facility Closed/Vacated Abatement Performed O Time of Abatement: cope of Work (Check all th ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Mat TO BE ABATE IN Facility (13) asement Switching Stee	During Entire P Putside of NormaAMF nat apply) tterial (ACM) D ore Room	eriod of all Facility PM/5:00 Republic	enovatiemolitics Locat Norma et codial (12) No	on on lily sly by noce/ Staff?	Asber (i.e. 9x9 VAT	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Cont Mini-Encl Glovebag Non-Exer Description of stos Containing Mat thermal systems in surfacing, VAT, other miscellaneo and Mastic Cubic Yards of Waste Disposal Date	R STREET Inde 19007 ainment with Negators or Procedure (*) and Non Non Non Non Non Non Non Non Non Non	Amount (Specify SF or LF) 195 SF	edure A Removal	Repair	Encapsulate
Abatement Performed O Time of Abatement: Coope of Work (Check all the coope of Work (Check all the	During Entire Poutside of Normal AMF at apply) terial (ACM) ore Room dauler GROUP, INC.	eriod of al Facilities PM/5:00 Report Del State Custom Cu	enovatiemolitics Locat Norma et codial (12) No	on on lily sly by noce/ Staff?	Asber (i.e. 9x9 VAT	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Cont Mini-Encl Glovebag Non-Exer Description of stos Containing Mat thermal systems in surfacing, VAT, other miscellaned Tand Mastic Cubic Yards of Waste Disposal Date TBD	R STREET Inde 19007 ainment with Negators or procedure	Amount (Specify SF or LF) 195 SF ered Landfill ANDFILL	edure A Removal	Repair	Encapsulate
□ Facility Closed/Vacated □ Abatement Performed O □ Time of Abatement: □ cope of Work (Check all th □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf □ Location of □ Asbestos-Containing Mar □ DE ABATE □ IN Facility □ (13) □ asement Switching Stee □ In Facility □ (13) □ ABATE □ IN Facility □ (13) □ ABATE □ IN Facility □ (13) □ ABATE □ IN Facility □ (13) □ ABATE □ IN Facility □ (13) □ ABATE □ IN Facility □ (13) □ ABATE □ IN Facility □ (13) □ ABATE □ IN Facility □ (13) □ ABATE □ IN Facility □ (13) □ ABATE □ IN Facility □ (13) □ ABATE □ IN Facility □ (13) □ ABATE □ IN Facility □ (13) □ ABATE □ IN Facility □ (13) □ ABATE □ IN Facility □ (13) □ ABATE □ IN Facility □ (13) □ ABATE □ IN Facility □ (13) □ ABATE □ IN FACILITY □ (14) □ ABATE □ A	During Entire P Putside of Norma	eriod of al Facilities PM/5:00 Report Del State Custom Cu	enovatiemolitics Locat Norma ed Sole sintena todial S (12) No	on on lily sly by noce/ Staff?	Asber (i.e. 9x9 VAT	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Cont Mini-Encl Glovebag Non-Exer Description of stos Containing Mat thermal systems in surfacing, VAT, other miscellaneo and Mastic Cubic Yards of Waste Disposal Date	R STREET Inde 19007 ainment with Negators or Procedure (*) and Non Non Non Non Non Non Non Non Non Non	Amount (Specify SF or LF) 195 SF ered Landfill ANDFILL	edure A Removal	Repair	Encapsulate

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

Date of Notification (1)				N	ame of Build	dina O10	di organi	11 19 -	1	001	0	
	1	18		I No.	Verizon C	ding Owner/Operato ommunications	r (2)	III APR	- 2	201	}	Ins
Agencies Notified Type	Notificat							ŀ				The same of
⊠ EPA ⊠ In		ion			reet Addres	-		Paris	- 1	11/		<u>ٺ</u> څ
	mended			0.0		ligh Street		i				
	mendmer			10 1	ty, State, Zip				-3-70		2000000	
DCA Ei	mergency stification	(inclu	ding	_		ook, NJ 08805						
	ancellatio	n			me of Conta			Telephone Nu	ımber			
					Alex Baylo			301-802-5	112			
Name of Facility Where Abatem	ent is Tal	rina DI	/0	F	ACILITY	NFORMATION						
Verizon Bound Brook Ce	ntral Of	King Pi	ace (3)			Type of Facility					
Street Address	iluai Oi	nce					School (K-1	2)				
204 East High Street							Other (i.e., r	8 (Other than K- private and comm	12)	الماناط	1	
City (5)							homes, etc.)	ierciai	Dullai	ngs,	
Bound Brook						10	Square Feet	# of Floors		Bldg.	Age	
County (6)	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1						26,043	2		+-5		
Somerset				Co	ounty Code ((7)(STATE USE ONLY)	Commence of the Commence of th	ior if being demo	lished)		
Name of Monitoring Firm Hired b	v Building	Our	- (0)	1000			Verizon Co	nmunications	i			
USA Environmental Inc	y Dununi	Owne	r (8)	ASC	M No.		ent Contractor (9)					
Street Address							VIRONMENTA	L, INC.				
8436 Enterprise Ave						Street Address						
City, State, Zip Code						1123 BEAVE						
Philadelphia, PA, 19153						City, State, Zip Co						
Project Manager for Monitoring Fi	rm	_	17	1		BRISTOL, PA	19007					
Mark Jenkins	1111			lephone		Telephone No.		License No.				
Start Date (10)	Sche	dulad			5-5810 ate (11)	215-788-6040		00509				
02/27/18					18	Name of OSHA M						
Occupancy Status During Abatem	ont (Cha	-ll				BRISTOL EN	VIRONMENTAL	., INC				
☐ Facility Closed/Vacated During	Finting D	oriod o	one)	OFF S	SITE	Street Address					-	
A Abatement Performed Outside	of Norma	I Facili	ty Hou	ire Do	coribo	1123 BEAVER						
Time of Abatement:AM	P	M/ <u>5:0</u>	PM-2	2:00AM	Scribe	City, State, Zip Co						
Scope of Work (Check all that app						BRISTOL, PA	19007					
	.37					⊠ Full Contr	sipmont with N					
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			enova			✓ Mini-Encl	ainment with Nega	itive Pressure				
			emoliti	on		☐ Glovebag	Procedure					
		l Is	Loca	tion		□ NOII-EXEN	npted (*) and Non	-Friable Procedu	re			
Location of			Norma	ally		Description of			At	patem	ent T	ype
Asbestos-Containing Material (/	ACM)	Ma	intena	ely by	Asbes	tos Containing Mate	erial (ACM)	Amount	Re	Re	En	п
IN Facility		Cus	todial	Staff?	(i.e.,	thermal systems in surfacing, VAT, of	sulation,	(Specify	Remova	Repair	cap	clos
(13)			(12)	T		other miscellaneou	us)	SF or LF)	<u>a</u>		Encapsulate	Enclosure
		Yes	No	N/A							te	
asement Sprinkler Room					9x9 VAT	and Mastic		336 SF			П	
asement Sprinkler Room				\boxtimes	Pipe Fitti	ing Insulation		1 LF				
asement Diesel Engine Room	n					and Mastic		760 SF	+			
asement HSB Room						and Mastic					\Box	
ame of Registered Waste Hauler			N	JDEP V			Name of Register	665 SF		Ш		
SERVICE TRANSPORT GRO	UP, INC	:.	Н	auler ID	No.	Vaste Valus of	MINERVA LA					
y, State				20990		Disposal Date		MUFILL				
NEW CASTLE, DE					1	TBD	City, State	20.011				
mpleted By (Print or Type)	Title						WAYNESBU					
Dillan DeCaro	timat	or.	Signature Delars / Date 3/20/18									
-41						Willan	D'aro /	N = 3	120	11	8	

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

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

Date of Notification (1)								11 - 1 - 1 - 1	
02 / 09	/ 18	2	Name of Bu	ilding Owner/Operator	(2)	111 1			-
			Verizon	Communications		LII APR	- 2	2018	
	Notification		Street Addre	SS		į.		western	_
	nended		204 East	High Street	-	6		S	
	nendment#	2 - 3/20/18	City, State, Z	ip Code		ALCIENT	1.1.1.1	1.1.4	(k
∐ DCA □ En	nergency (in	cludina	Bound B	rook, NJ 08805	394464	Committee committee and a second		* * W *	. 1112
(NJAC 5:23-8) jus	stification)		Name of Cor			Tolophone M	le serve le		
	incellation		Alex Bay	or		Telephone N			
			FACILITY	INFORMATION		301-802-	5112		
Name of Facility Where Abateme	ent is Taking	Place (3)		iii oitiiiAiioii	Type of Facility	(4)			
Verizon Bound Brook Cer	ntral Office	9			School (K-1				
Street Address					☐ Subchapter	8 (Other than K.	-12)		
204 East High Street					Other (i.e., i	private and come	nercial	l buildi	nas
City (5)					nomes, etc.)	*		5-1
Bound Brook					Square Feet	# of Floors		Bldg.	Age
County (6)			County Code	(7)(STATE USE ONLY)	26,043	2		+-5	0
Somerset				(NOTATE USE DIVLY)	· · ·	rior if being demo	olished	i)	
Name of Monitoring Firm Hired by	Building O	wner (8)	ASCM No.	Name of About	verizon Co	mmunications	5		
USA Environmental Inc		1-7		Name of Abateme			7-5111		
Street Address				Street Address	/IRONMENTA	L, INC.			
8436 Enterprise Ave									
City, State, Zip Code				1123 BEAVER					
Philadelphia, PA, 19153				City, State, Zip Co					
Project Manager for Monitoring Fin	m	Tele	phone No.	BRISTOL, PA	19007				
Mark Jenkins			5-365-5810	Telephone No.		License No.			
Start Date (10)	Schedul		ion Date (11)	215-788-6040		00509			
02 /27 /18	04		/ 18	Name of OSHA Mo		4			
Ccupancy Status During Abstome	-1/01			BRISTOL ENV	IRONMENTAL	., INC			
J Facility Closed/Vacated During	Entire Perio	d of Abotes	3/20/18	Street Address					
Abatement Performed Outside of	of Normal E	u ui Abaten	Paradi	1123 BEAVER	STREET				
- Ontollica Outside (ICHITY HOURS							
Time of Abatement:AM-	PM/	:00PM-2:0	OAM	City, State, Zip Cod	е				
AIVI-	PM/ <u>5</u>	5:00PM-2:0	00AM	City, State, Zip Cod BRISTOL, PA	е				
cope of Work (Check all that apply	PM/ <u>5</u>	5:00PM-2:0	00AM	BRISTOL, PA	e 19007				
cope of Work (Check all that apply	PM/ <u>s</u>	Renovatio	0 <u>0</u> AM 	BRISTOL, PA	e 19007	ative Pressure			
cope of Work (Check all that apply	PM/ <u>s</u>	5:00PM- <u>2:</u> 0	0 <u>0</u> AM 	BRISTOL, PA	e 19007 nment with Nega sure		*		
cope of Work (Check all that apply	PM/ <u>s</u>	Renovation	n	BRISTOL, PA	e 19007 nment with Nega		ıre		
Cope of Work (Check all that apply ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of	/)	Renovation Demolition Is Location Normally	n	BRISTOL, PA 1	e 19007 nment with Nega sure			oatemo	∍nt T
Cope of Work (Check all that apply ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (All)	(CM)	Renovation Demolition Is Location Normally Used Soleh	n n	BRISTOL, PA	nment with Nega sure Procedure oted (*) and Non	-Friable Procedu	At	oateme	
Cope of Work (Check all that apply ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of		Renovation Demolition Is Location Normally Used Solely Maintenan	n Asbe	BRISTOL, PA	nment with Nega sure Procedure oted (*) and Non ial (ACM)	-Friable Procedu	At	_	
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Location of Asbestos-Containing Material (AI TO BE ABATED IN Facility (13)		Renovatio Demolitior Is Locatic Normally Used Solely Maintenanc Custodial St (12)	n Asbe	BRISTOL, PA	nment with Nega sure Procedure oted (*) and Non rial (ACM) ulation,	-Friable Procedu Amount (Specify	At	_	nt Encapsulate
Cope of Work (Check all that apply ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (Alamontum Facility IN Facility	CM) Ye	Renovation Demolition Is Locatic Normally Used Solely Maintenan Custodial St (12) es No	n Asbe (i.e	BRISTOL, PA	nment with Nega sure Procedure oted (*) and Non rial (ACM) ulation,	-Friable Procedu Amount (Specify	At	_	
Cope of Work (Check all that apply ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Material (Align Facility (13) Sement Power Room	CM) (C	Renovation Demolition Is Location Normally Used Solely Maintenand Custodial St (12) es No	n Asbe (i.e N/A Sx9 VAT	BRISTOL, PA	nment with Nega sure Procedure oted (*) and Non rial (ACM) ulation,	-Friable Procedu Amount (Specify	At	_	
Cope of Work (Check all that apply ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (Arabestos-Containing Material (Arab	CM) (Renovation Demolition Is Location Normally Used Solely Maintenant (12) es No	n Asbe (i.e M/A 9x9 VAT	BRISTOL, PA	nment with Nega sure Procedure oted (*) and Non rial (ACM) ulation,	-Friable Procedu Amount (Specify SF or LF)	Removal	_	
Cope of Work (Check all that apply ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Material (Alto Hermite) IN Facility (13) Sement Power Room sement Battery Room #1 sement Battery Room #2	CM) (C	Renovation Demolition Is Locatic Normally Used Solely Maintenan Custodial St (12) es No	n Asbe (i.e M/A 9x9 VAT 9x9 VAT	BRISTOL, PA	nment with Nega sure Procedure oted (*) and Non rial (ACM) ulation,	Amount (Specify SF or LF)	Removal	_	
Cope of Work (Check all that apply ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (Arabestos-Containing Material (Arab	CM) (Renovation Demolition Is Location Normally Used Solely Maintenan Custodial St (12) es No	n Asbe (i.e	BRISTOL, PA	nment with Negasure Procedure oted (*) and Non ial (ACM) ulation, s)	Amount (Specify SF or LF) 1,152 SF 650 SF 1,520 SF	At Removal	_	
Location of Asbestos-Containing Material (AI TO BE ABATED IN Facility (13) sement Power Room sement Battery Room #1 sement Battery Room #2 sement Collocation Area ne of Registered Waste Hauler	CM) (CM) (CM) (CM) (CM) (CM) (CM) (CM) (Renovation Demolition Is Location Normally Used Solely Maintenan Custodial St (12) es No	n Asbe (i.e aff? 9x9 VAT 9x9 VAT Px9 VAT Px9 VAT	BRISTOL, PA	nment with Negasure Procedure oted (*) and Non ial (ACM) ulation, s)	Amount (Specify SF or LF) 1,152 SF 650 SF 1,520 SF	At Removal	_	
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Cope of Work (Check all that apply ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (Alto Head of the Employ (13) Sement Power Room 1 Sement Battery Room #1 Sement Battery Room #2 Sement Collocation Area In the Employ (13) Sement Battery Room #2 Sement Collocation Area In the Employ (13) Sement Collocation Area In the Employ (14) In the Employ (15)	CM) (CM) (CM) (CM) (CM) (CM) (CM) (CM) (Renovation Demolition Is Location Normally Used Solely Maintenan Custodial St (12) es No	DOAM Asbe (i.e aff?) N/A 9x9 VAT 9x9 VAT 9x9 VAT 9x9 VAT 9x9 VAT PROBLEM STEP Waste ler ID No. 1990	BRISTOL, PA	nment with Negasure Procedure Procedure oted (*) and Non ital (ACM) ulation, s) Ilame of Register MINERVA LA	Amount (Specify SF or LF) 1,152 SF 650 SF 1,520 SF 650 SF red Landfill	At Removal	_	
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^{*} Do not use this form for asbestos licensure exempted activities.

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

			-000		MONICIE
(Pursuant	to	NJAC	8:60	an	d 5:16)

Name of Building Owner/Operator (2)	Date of Notification (1)				l Na	ame of Ruilo	ling Owner/Operate	(0)	11 F	a-	3		7/1
Simple Amended Amend	02 /	09 / _	18			Verizon C	ommunications	r(2)	APP -	h i	2018		
SOPH	⊠ EPA		tion			204 East H	ligh Street		A. J. J. J.		12.	à	la constant
Mare of Contact Alex Baylor Solutification Name of Facility Where Abatement is Taking Place (3) FACILITY INFORMATION	⊠ DOH	Amendme	nt #2 - :	3/20/1					- Marian		- with the	- CC	
Cancellation		☐ Emergency	y (includ	ding									71 \$ 2
Size Size									Telephone Nu	mber	(
Verizon Bound Brook Central Office Street Address Street Address Street Address Sub-hapter 8 (Other (Na. private and commercial buildings. Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. Street Address Street Addr			,,,,	-					301-802-5	112			
Verizon Bound Brook Central Office	Name of Facility Where Ah	etement is To	kina Di	(0)	F	ACILITY	NFORMATION						
Street Address	Verizon Bound Brook	Control Of	King Pia	ace (3)									
204 East High Street City (5)		i Oçıldal Ol	nice			Description .		School (K-12)				
Superior Superior								Other (i.e., pr	(Other than K-1	12)	huild	inaa	
County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) +-50								nomes, etc.)	Tate and confini	Ciciai	Dulla	ings,	
County Code (7)(STATE USE ONL Y) Somerset Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Inc Street Address 8436 Enterprise Ave City, State, Zip Code Philadelphia, PA, 19153 Project Manager for Monitoring Firm Mark Jenkins Start Date (10) Q2 / 27 / 18 Q4 / Q4 / 18 Decupancy Status During Abatement (Check only one) QFF 5/16 Pacility Closed/Vacated During Entire Period of Abatement Jenkins Physiology PM-2:00AM Physiology PM-2:00AM Physiology PM-2:00AM Some of Normality Code (7)(STATE USE ONL Y) Communications Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. Street Address Street Address BRISTOL, PA 19007 Telephone No. 215-788-6040 00509 Start Date (10) Q2 / 27 / 18 Q4 / Q4 / 18 Decupancy Status During Abatement (Check only one) QFF 5/16 Pacility Closed/Vacated During Entire Period of Abatement Syd/y Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AMPMIS-00PM-2:00AM Physiology PM-2:00AM Physiology PM-2:00AM Some of Osha Monitor BRISTOL ENVIRONMENTAL, INC Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 Cope of Work (Check all that apply) 23 5 or 23 if Q 210 of or 2250 if Renovation Demolition Asbestos-Containing Material (ACM) IN Facility (13) Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 City, State, Zip Code BRISTOL, PA 19007 City, State, Zip Code BRISTOL, PA 19007 Abatement Fyling Code BRISTOL, PA 19007 Abatement With Negative Pressure Mini-Enclosure	V. 40 (1) 2 (1) 10 (1)							1	# of Floors		Bldg.	Age	
Name of Monitoring Firm Hired by Building Owner (6) USA Environmental Inc Street Address H336 Enterprise Ave City, State, Zip Code Philadelphia, PA, 19153 Project Manager for Monitoring Firm Mark Jenkins Start Date (10) OZ / ZT / 18 OZ / ZT / ZT / ZT / ZT / ZT / ZT / ZT /	County (6)				100		77./07.177		1			50	
Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	Somerset				00	unty Code (()(STATE USE ONLY)	Current Use (Pri	or if being demo	lished)		
Street Address. 8436 Enterprise Ave City, State, Zip Code Philadelphia, PA, 19153 Project Manager for Monitoring Firm Mark Jenkins 215-365-5810 215-365-5810 215-365-5810 215-365-5810 215-365-5810 215-365-5810 215-365-6810 215-3	Name of Monitoring Firm Hir	ed by Buildin	a Owne	r /0\	100	1011	1	Verizon Con	munications				
Street Address 8436 Enterprise Ave Street Address Street Address 1123 BEAVER STREET City, State, Zip Code Philadelphia, PA, 19153 Project Manager for Monitoring Firm Mark Jenkins Telephone No. 215-365-5810 215-788-6040 00509 Scheduled Completion Date (1) 02 / 27 / 18 04 / 04 / 18 Packet Patrice Period of Abatement Sporing Substant Date (1) 1 Facility Closed/Vacated During Entire Period of Abatement Sporing Shift District Patrice Time of Abatement:AMi PM:5:00PM:2:00AM Sopro of Work (Check all that apply) 2 3 sf or >3 if 2 160 sf or >250 if Seement Switching Store Room Sporing Shift Date (1) 1	USA Environmental In	ic	g Owne	1 (0)	ASC	W No.							-
1123 BEAVER STREET								VIRONMENTAL	, INC.				
City, State, Zip Code Philadelphia, PA, 19153 Project Manager for Monitoring Firm Mark Jenkins 215-365-5810 215-388-6040 215-788-6040 215-	8436 Enterprise Ave												
Philadelphia, PA, 19153 Comparison of Comparison of Part Poly Interest Project Manager for Monitoring Firm													
Telephone No. 215-365-5810 Telephone No. 215-365-5810 Telephone No. 215-365-5810 Telephone No. 215-365-5810 Scheduled Completion Date (11)		3											
Mark Jenkins 215-365-5810 215-788-6040 205099 215-788-6040 215-788-6040 205099 205099				Tal		- 81		19007					
tart Date (10)		.9		10000					License No.				
Name of OSHA Monitor Selection Sele	tart Date (10)	Sch	haluba						00509				
Street Address Stre		8											_
Facility Closed/Vacated During Entire Period of Abatement Skol/N								VIRONMENTAL,	INC				
Time of Abatement:AMPM/5:00PM-2:00AM Sope of Work (Check all that apply) 23 sf or 23 lf 2160 sf or 2260 lf Demolition Demolition Demolition Secretary Abatement Glovebag Procedure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Ty, Non-Exempted (*) and N	Facility Closed/Vacated D	uring Entire E	ck only	one) C	FF	SITE							-
BRISTOL, PA 19007 Sometiment AM- PM/5:00 PM-2:00 AM BRISTOL, PA 19007 Some of Work (Check all that apply) Some of Registered Waste Hauler ERVICE TRANSPORT GROUP, INC. AM- A	Abatement Performed Out	side of Norma	al Facili	ty Hou	e Do	coribo							
ERISTOL, PA 19007 Sometime of Registered Waste Hauler Facility (State Facili	Time of Abatement:	_AM	PM/ <u>5:0</u>	0PM-2	00AN	l							_
2 3 sf or ≥3 lf							BRISTOL, PA	19007					
Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) IN Facility (13) Yes No N/A Assestos Containing Material (ACM) Yes No N/A Seement Switching Store Room Seement Switching Store Room Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A 9x9 VAT and Mastic 195 SF Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A 9x9 VAT and Mastic 195 SF Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A 9x9 VAT and Mastic 195 SF Normally Normal] >3 sf or >3 lf		□ De	emolitio	n		⊠ Mini-Enci	osure Procedure		re			
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Yes No N/A Seement Switching Store Room Seement Switching Store Room NJDEP Waste Hauler ID No. 20990 Disposal Date TBD WAYNESBURG, OH Signature Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) SF or LF) Property SF or LF Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) SF or LF Property SF or LF Signature Amount (Specify SF or LF) Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) SF or LF Namount (Specify SF or LF) Signature Amount (Specify SF or LF) Waynesia Amount (Specify SF or LF) Waynesia Signature Signature Signature	Location of									1	natem	ent T	
Yes No N/A Seement Switching Store Room	Asbestos-Containing Mater	rial (ACM)	Use	ed Sole	ly by	Achae	Description of				_	1	-
Yes No N/A Seement Switching Store Room	TO BE ABATED					(i.e.,	thermal systems in	erial (ACM)		em	lepa	nce	
sement Switching Store Room Yes No N/A			Cus		iaii!		surfacing, VAT,	or		oval	= -	nsd	
me of Registered Waste Hauler ERVICE TRANSPORT GROUP, INC. NJDEP Waste Hauler ID No. 20990 Disposal Date TBD Disposal Date TBD WAYNESBURG, OH			Yes	No	N/A		otilei miscellaneo	us)				late	
The of Registered Waste Hauler ERVICE TRANSPORT GROUP, INC. State EW CASTLE, DE Disposal Date TBD Title Signature TBD Name of Registered Landfill MINERVA LANDFILL City, State WAYNESBURG, OH	sement Switching Stor	e Room	П	П	M	QVQ VAT	and Mastin			-			1
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ne of Registered Waste Hauler ERVICE TRANSPORT GROUP, INC. , State EW CASTLE, DE Disposal Date TBD Name of Registered Landfill MINERVA LANDFILL City, State WAYNESBURG, OH					\boxtimes					=] [1
ERVICE TRANSPORT GROUP, INC. Hauler ID No. 20990 Waste MINERVA LANDFILL Disposal Date TBD WAYNESBURG, OH Signature				NJ		Vaste (Cubic Yards of	Name of Register	od Londen			Ш	
EW CASTLE, DE Disposal Date TBD City, State WAYNESBURG, OH	ERVICE TRANSPORT (ROUP, INC	О.			No. 1							
EW CASTLE, DE TBD WAYNESBURG, OH ppleted By (Print or Type) Title Signature					.0990		Disnosal Data		NOFILL				
npleted By (Print or Type) Title Signature	EW CASTLE, DE					1			0.00				
	npleted By (Print or Type)	Title					D	WATNESBUR	G, OH				
Willan N'Caro/Il 3/20/18		12		O.F			Signature	an 1.	Date	9	1.	-	
	1						Willan	N'Caro/2	1 3/	20	110		

ASE JAN 13 DO 17069

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

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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 02 09 18 Verizon Communications Agencies Notified Type Notification 2018 Street Address X EPA ☑ Initial 204 East High Street ☑ DOLWD City, State, Zip Code ☑ DOH Amendment #1 - 2/26/18 ☐ DCA Bound Brook, NJ 08805 Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Alex Baylor 301-802-5112 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Verizon Bound Brook Central Office School (K-12) Street Address Subchapter 8 (Other than K-12) 204 East High Street Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bound Brook Bldg. Age 26,043 2 County (6) ÷-50 County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Somerset Verizon Communications Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) USA Environmental Inc BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 8436 Enterprise Ave 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Philadelphia, PA, 19153 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. Mark Jenkins License No. 215-365-5810 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 02 / 27 / 18 04 / 04 / 18 BRISTOL ENVIRONMENTAL, INC Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-___PM/5:00PM-2:00AM City, State, Zip Code BRISTOL, PA 19007 Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 if □ Renovation ≥160 sf or ≥260 lf Mini-Enclosure ☐ Demolition ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure Is Location Normally Location of Abatement Type Description of Asbestos-Containing Material (ACM) Used Solely by Asbestos Containing Material (ACM) Removal Maintenance/ Encapsulate TO BE ABATED Enclosure Amount (i.e., thermal systems insulation, IN Facility Custodial Staff? (Specify surfacing, VAT, or (13)(12)SF or LF) other miscellaneous) Yes No N/A Basement Sprinkler Room X 9x9 VAT and Mastic 336 SF X Basement Sprinkler Room X Pipe Fitting Insulation 1 LF X Basement Diesel Engine Room X 9x9 VAT and Mastic 760 SF X П П Basement HSB Room П П M 9x9 VAT and Mastic Name of Registered Waste Hauler 665 SF X **NJDEP** Waste Cubic Yards of Name of Registered Landfill SERVICE TRANSPORT GROUP, INC. Hauler ID No. Waste MINERVA LANDFILL 20990 City, State Disposal Date City, State NEW CASTLE, DE TBD WAYNESBURG, OH Completed By (Print or Type) Title Signature Dillan DeCaro Estimator ASB-41 2-26-18 JAN 13 DD 17069

State of New Jersey

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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

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



Date of Notification (1)					Name	of Building	g Owr	ner/Operator (2	2)				1	
03/	27 / _	18	_		Nev	v Jersey	Depa	artment of N	Military Affairs	III APP	- 2 2	2018	1	السا
Agencies Notified	Type Notifica	ition			Street	Address			1	1			-	
⊠ EPA					101	Eggerts	Cros	ssing Road		Latery in			1	
⊠ DOLWD	Amended Amendme				City, S	State, Zip C	Code			For its			94	
☑ DOH □ DCA	☐ Emergend	100	luding		Lav	vrencevil	le, N	J 08648	1.00	a para manana manana		-2	- 1	1000
(NJAC 5:23-8)	justification		luullig		Name	of Contac	t			Telephone Nu	ımber			
	☐ Cancellat	ion			Wil	liam McE	Bride			609-530-7	136			
					FA	CILITY IN	IFOR	MATION						
Name of Facility Where A	batement is T	aking	Place	(3)					Type of Facility	(4)				
Newark Armory									School (K-12		40)			
Street Address									Subchapter 8			ildina	S.	
120 Roseville Avenu	ue								homes, etc.)		1010101		-,	
City (5)							Square Feet # of Floors Bldg. Ag							
Newark					50,000 2 80							80		
County (6)					County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished)									
Essex					Armory									
Name of Monitoring Firm	Hired by Build	ling Ov	vner (8)	ASCM	No.	Nan	ne of Abateme	ent Contractor (9)					
TTI Environmental,	Inc.				0000)3	S	hade Enviro	onmental, LLC					
Street Address				-			Stre	et Address						
1253 N. Church Stre	eet						6	23 Cutler Av	/enue					
City, State, Zip Code							City	, State, Zip Co	ode	7				
Moorestown, NJ 080	057						M	laple Shade	, NJ 08052					
Project Manager for Monit	toring Firm			Tel	ephone	No.	Tele	ephone No.		License No.				
Mike Stocku				8	56-840	-8800	8	56-755-0099)	00842				
Start Date (10)	S	chedu	led Co	omple	etion Da	te (11)	Nan	ne of OSHA M	1onitor					
04 /16 /	18	04	_ /	_2	0_/	18	E	MSL Analyt	ical, Inc.					
Occupancy Status During	Abatement (0	Check	only o	ne)			Stre	et Address						-
☐ Facility Closed/Vacate	d During Entir	e Perio	od of A	Abate	ment		20	00 Route 13	0 North					
☐ Abatement Performed							City	, State, Zip Co	ode					
Time of Abatement:	AM	PM/		_PM		AM	С	innaminson	, NJ 08077					
Scope of Work (Check all	that apply)													
		D	⊠ Rer	novat	ion			☐ Full Cont Mini-Enc	tainment with Neg	gative Pressure				
☐ ≥160 sf or ≥260 lf			Der					Glovebag						
								Non-Exe	mpted (*) and No	n-Friable Proce	dure			
				Loca Ierma							Ab	ateme	ent Ty	уре
Location of Asbestos-Containing N		, -			ely by	Ache	etne (Description of Containing Ma		Amount	Re	Re	m	E
TO BE ABA		'			ance/			rmal systems		(Specify	Removal	Repair	cap	Enclosure
IN Facilit	у		Cust	odial (12)	Staff?			urfacing, VAT		SF or LF)	<u>a</u>		Encapsulate	ure
(13)		t	Yes	No	N/A		Ott	ner miscellane	ous)				te	
First Floor						Pipe/Fit	tting	Insulation		20 LF				
Second Floor				\boxtimes		Pipe/Fit	tting	Insulation		15 LF		\boxtimes		
Attic				\boxtimes		Pipe/Fit	tting	Insulation		70 LF				
Name of Registered Wast	e Hauler			1	NJDEP '	Vaste	Cub	ic Yards of	Name of Regis	tered Landfill				
Freehold Cartage				ŀ	15939		Was	ste	GROWS N	orth Landfill				
City, State					.000		-	osal Date	City, State					
Freehold, NJ				04/20/2018 Morrisville, PA										
Completed By (Print or Ty	Title			Signature Date										
Christina Lynch		Vic	e Pre	esid	ent of	Operation	ns	(made	d x		3/2	71	8	