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Date of Notification (1) 04/02/2018		me of Building Own sidence	er/Operato	r (2)		ADD	1 9	100	fo.	Commence of the state of the st
Agencies Notified Type Notification	Stre	eet Address				AFF	1 4	20	18	1 Inne
X EPA X Initial Amended Amendment #	0.00000000	r, State, Zip Code est Orange, N.J	. 07052	-	<u>i.</u>			22	27	<u>.</u>
Emergency (including justification)		ne of Contact			Tel	ephone Nu	mber			
DCA Cancellation		nnifer Palma			s.					
Name of Facility Where Abatement is Taking Place (3)		ACILITY INFORM	ATION	Type of Facility	(4)	-				
Residence Street Address				School (K	-12) er 8 (Oth	er than K-1 & commerc		ldings	, hom	ies,
City (5) West Orange				Square Feet 1,856	# o	f Floors	100	3ldg. /	Age	
County (6) Essex		nty Code (7)		Current Use (P		ng demolis				<u> </u>
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions	AS	SCM No.		of Abatement Co		(9)				11,000
Street Address PO Box 354	i.			Address Liberty Aven	ue					
City, State, Zip Code South Orange, NJ 07079				tate, Zip Code de, NJ 07205						
Project Manager for Monitoring Firm Sarah Calandra		phone No. -349-2666	Teleph	none No. 462-7465		License N 01316	lo.			
Start Date (10) Scheduled 04/16/2018 04/20/20		ion Date (11)		of OSHA Monitor						
Occupancy Status During Abatement (Check Only One)				Address	0010	110113				
Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility H Other – Describe:	atement ours	*		tate, Zip Code						
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City, State East Orange, NJ			osal Date	City, Stat		PA				\neg
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Print Form

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monauth			Code (7) USE ONLY)	\		rior if being demolis						
Name of Monitoring Firm Hired by Build	ling Owner (8)	ASCI	M No.	Name	of Abatement Co	ontractor (9)						
Street Address				Street	Address	ation Co	JI	0		_		
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City, State, Zip Code					ate, Zip Code	1/ 1/2	(200				
Project Manager for Monitoring Firm		Telepho	ne No.		one No.	License N		<u>se</u>	10	+700		
Start Date (10)	Scheduled	Completion	Date (11)	Name o	of OSHA Monito	<i>t</i> 00	000	4				
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Facility Closed/Vacated During En	(57)	8		Street A	Address							
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DCA Cancellation				oilly				n					
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Facility Closed/Vacated During Entire Per	iod of A	Abaten	ent										
Abatement Performed Outside of Normal Other – Describe:	Facility	r Hours	;		City, S	State, Zi	ip Code						-
Scope of Work (Check All That Apply)	1									-			
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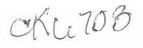
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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Date of Notification (1)	05 /	18			100 40	of Buildin hn Fry	g Owner/Operator (' ' Hi Hi	PR 12 26	83		9	
Agencies Notified	Type Notific	cation			Stree	t Address		114 141			Employee (-
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□ DCA	☐ Emerger	-	ludino	1	To	ms River,	NJ 08757	46 Sect 100 - 100	are Con	8 B.			
(NJAC 5:23-8)	justificat				Name	of Contac	t		Telephone Nu	mher			
	☐ Cancella	tion			Jol	nn Fry							
					FA	CILITY IN	FORMATION		1.				
Name of Facility Where A	batement is	Taking	Place	(3)			7-21	Type of Facility	(4)				
Residence								School (K-12					
Street Address								Subchapter 8 Other (i.e., plane) homes, etc.)		12) iercial bi	uildin	gs,	
City (5)								Square Feet	# of Floors	В	dg. A	ae	
Ocean Gate								2000 sf	1	1	65	3-	
County (6)					Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demo				
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Name of Monitoring Firm	Hired by Buil	ding Ov	wner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
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Street Address							Street Address	, , , , , , , , , , , , , , , , , , ,					
							1889 Route 9	. Unit 61					
City, State, Zip Code							City, State, Zip Co						
								New Jersey 08	755				
Project Manager for Monit	oring Firm			Tele	phone	No.	Telephone No.		License No.				
							732-349-9932		00624				
Start Date (10)		Schedu	led Co	omple	tion Da	te (11)	Name of OSHA M	Ionitor					
04 /16 / .	18	_04	_ /	_1	_ /	18	E.M.S.L. Anal	lytical					
Occupancy Status During							Street Address						
Facility Closed/Vacated	d During Enti	re Perio	od of A	Abate	ment		1056 Stelton						
Abatement Performed	Outside of No	ormal F	acility	Hou	rs - Des	cribe	City, State, Zip Co	ode					
Time of Abatement:	AM	PM/		_PM		AM	Piscataway, N	New Jersey 088	354				
Scope of Work (Check all	that apply)												
≥3 sf or ≥3 lf		Г	Ren	novat	ion		☐ Full Cont ☐ Mini-Enc	ainment with Neg	ative Pressure				
≥160 sf or ≥260 lf			⊠ Der				☐ Glovebag	Procedure					
							Non-Exer Non-Exer	mpted (*) and No	n-Friable Proced	ure			
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Asbestos-Containing N		1)	Used	d Sole	ely by	Ashes	Description o stos Containing Ma		Amount	Re	Re	Щ	ш
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Guardian Contractin					JDEP V auler II 20223	No.	Cubic Yards of Waste 3	Name of Regist T.R.R.F.	ered Landfill				
City, State							Disposal Date	City, State					
Toms River, New Jer	rsey						04/17/18		Pennsylvania				
Completed By (Print or Type	oe)	Title					Signature		-/	Date /	-		
Nicholas Fernicola		Pro	ject	Man	ager			1:1 -	1	de	: //	0	

ASB-41 JAN 13

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



Date of Notification (1) 4/5/18		PA	版 第二		f Building Kozack						111			1		1-1-4
Agencies Notified	Type Notification		-	Street A	A CAMPAGNA CONTRACTOR OF THE C	i iival	C HOIT				111	API	7 7	2	2018	***************************************
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EPA DEP	Initial Amended		-	City, Sta	ate, Zip Co	ode					1		-	-		-
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DCA	Cancellation		-1	John	o .					1		152	_			
				FACI	LITY INFO	ORMAT	TON			. 1 }						
Name of Facility Where		Place (3))					Туре	of Facility (4)						
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Street Address									Subchapter Other (i.e. p				build	linas	home	26
City (E)								12.3	etc.)			0,0,0,				,,
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Ocean					Code (7) USE ONLY))		Hou	ent Use (Pri	or if bei	ng demo	olishe	d)			
Name of Monitoring Firm	Hired by Building (Jwner (8)		ASCA	A No		Namo		itement Cor	trootor	(0)					
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City, State, Zip Code							City, S	State, Z	ip Code							-
						h (7,17)		in NJ 080	091							
Project Manager for Mor	nitoring Firm		Telepho	ne No.		Telepi	none N	0.		Licens	e No.					
						856-	-753-9	0086		0072	7					
Start Date (10)		Schedule	d Con	npletion	Date (11)		Name	of OSI	HA Monitor							
4/16/18		4/20/18	3				Sam	ne								1
Occupancy Status Durin	g Abatement (Chec	Only On	e)				Street	Addres	ss							
☒ Facility Closed/Vac	ated During Entire F	eriod of A	baten	nent						*						
Abatement Perform Other – Describe:	ned Outside of Norm	al Facility	Hours	3			City, S	State, Z	ip Code							
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City, State							sal Date		City, State	e						-
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Anthony T Perna								0			>	4/5	/18			

PAID

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

Check 2272

Agencies Notified Type Notification	Agencies Notified Street Address DEPA DEP Initial DDH Emergency Name of Contact Russ Palumpo FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Street Address Street Address Facility Where Abatement is Taking Place (3) Subchapter 8 (Other than K-12) Street Address 9 (Other than K-12) Other 10 (Other than K-12) Street Address 10 (Other than K-12)	Agencies Notified Type Notification Streat Address City State & Zip Code Robinsville NJ Name of Contact Russ Palumpo Telephone Number Robinsville NJ Scheduled Completion Date (11) Scheduled Start Date (10) Scheduled Completion Date (11) Anne of Monitoring Firm Telephone Number Replaced Start Date (10) Scheduled Start Date (10) Scheduled Completion Date (11) Anne of Work (Check all that apply) Scheduled Start Date (10) Scheduled Completion Date (11) Asbeetose-Containing Normally Used Material (ACM) To Be ABATED In Feality Cocupled During Abatement Solely by To Be ABATED In Feality Cocupled Waste Hauler Number of Registered Landfill Number of Registered Signature Date Number of Registered Landfill Number of Registered Landfill Number of Registered Landfill Number of Registered Signature Date Number of Registered Landfill Number of Registered Landfill	Date of Notification (1)		INI		- f D. :!!-!!	0 10 :	(0)		7.2	7	100 m		
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Date of Notification	(1)			INI					匠					
Date of Notification	• •						Owner / Operato	or (2)	5	5-7 ·	94 4	Lux		
Agencies Notified	4/1/2018 Type Notific	etien		-	n Sah				1			- !	111	
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DCA	Cano	ellation		Ton	n Sah	ol			20 01	er i			12.0	
				F	ACII II	TV INI	FORMATION							
Name of Facility Wh	ere Abatem	ent is Taking F	lace	(3)	- Consti	1 1141	Type of Facil	lity (4)						
		•		. ,			School (
Street Address							☐ Subchap	oter 8 (Other th	nan K-1	2)				
								e. private & co	mmerc	ial building	gs, hon	nes, e	etc.)	
011 (51		7					Square Feet	# of Flo	oors	B	ldg. Ag	je		
City (5)		County (6)	C	County	Code	(7)	3000		2			804	-	
Roebling		Burlington						(Prior if being	demolis	shed)			107	
No. of the state of		<u> </u>			on the second second	-	Residence					-		
Name of Monitoring	Firm Hired b	y Building Ow	ner (8	8)	AS	CM No		tement Contra						
Street Address								ronmental S	ervice	S				
oli oci riddi cos							PO Box 829							
City, State & Zip Coo	de						City, State &							_
							Trenton, N.							
Project Manager for	Monitoring F	irm	Tele	ephon	e Num	ber	Telephone N	umber		License N	umber			
					JAN STREET	609-847-29	THE RESERVE THE PERSON NAMED OF THE PERSON NAM			0122	22			
Scheduled Start Date 4/11/2018	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Scheduled Cor 4/21/2018	mplet	tion D	ate (11)	Name of OSI EMSL Anal							
Occupancy Status D			nly o	ne)			Street Addres							
Facility Close	ed/Vacated [During Entire F	erio	d of A	bateme	ent	107 Haddo							
Abatement P	Performed Or	utside of Norm	al H	ours -	- 7am t	o 3pm								
Describe:							Westmont,	NJ 08108						
Facility Occu														
Scope of Work (Che	ck all that ap	ply)						57 5 10	o control • control co		•••			
≥3 sf or ≥3 lf				Pe	novatio	20		Mini-Er		ent with N	egative	Pres	ssure	Œ.
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#1	Facility (13)		Cus	(12)	Staff?		insulation, surfactor or other miscella				SVOC	Repair	lusc	nos
	Yes			1	or other miscell	aneous)			=		ate	re		
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Name of Registered	Waste Haule	er		N	JDEP \	Vaste	Cubic Yards	Name of Reg	istered	Landfill				-
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Completed By (Print	or Type)			Ti	tle		Signature				Date			
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Date of Notification	19/0/	18	·····		Name	of Buildin	g Owner	O perator	(2)			Kari		1	1	2040
Agencies Notified		e Nothcatt	on		Sires	Address	Y S	CHO			-	'A	1	1/		
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Street Address			**************************************			·		Street /	War.	end Ay				-		
City, State, Zip Cod					-			City, St	ate, Z	p Code	-					
Project Manager for	Monitoring	Flem	٠		7eleph	one No.		Midian Telepho 201-2	ne N		1	License h		-		
Start Date (10) 4/3/1	8		4	19	Topletion	Date (11)	,	Natine d	708	A Moni	ir molal 8	ervices ir	-	مادان المادان		
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gope of Work (Che		Apply)	***************************************		-			Hacke	nse	ok, N	07'808					
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ompleted by R. McDonald			Tille Pros	ident		- Charlestonia							2/5	1,0		\dashv

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Date of Notification (1) 04-02;2018		Name Bob		Owner/Operato	or (2)						
Agencies Notified Type Notifica	tion		Address			APR I	2 2018		11/	/-	
	22.0	Outdoor	ridal 033								
X EPA X Initial Amende Amendr	d	City, S	tate, Zip Cod	de			7 .			+	
× DOL Amendr	nent#		ntainside N					£1.		1	
➤ DOH justificat	ncy (including ion)	Name	of Contact			Tele	nhone Niu	nhor			
DCA Cancella		Bob I	Ricci								
Name of Equility Where Abeter and I. T	-0. DI -0.	FAC	ILITY INFO	RMATION							
Name of Facility Where Abatement is T Pivate Dwelling	aking Place (3)				Type of Facility	y (4)				1-7-0-2-00	
Street Address			TO THE SAME OF THE PARTY OF THE		School (K	(-12)					
					X Other (i.e	er 8 (Other . private &	commerci	2) al bui	ldinas	. hom	ies.
City (5)					etc.)					2000	
Mountainside NJ 07092					Square Feet N/A	W/A	Floors		Bldg.	Age	
County (6)		County	Code (7)		Current Use (P				N/A		
LUMION			USE ONLY)		Private Dwe		g demonsi	iea)			
Name of Monitoring Firm Hired by Build	ing Owner (8)	ASC	M No.	Name	e of Abatement C	•	9)				
Standard Environmental		-			ax Contracting		٥,				
Street Address					t Address						
2108 Fulton St,Suite 2A				PO	BOX 734						
City, State, Zip Code					State, Zip Code						
Brooklyn NY 11233				Woo	odland Park N	J 07424					
Project Manager for Monitoring Firm		Telepho	one No.		hone No.	1	License N	0.			
Kayode Adefisoye Start Date (10)					-692-6298		01266				
04-17-2018	Scheduled 0 04-30-20		Date (11)		of OSHA Monito						
Occupancy Status During Abatement (C		17			ax Contracting	LLC					
	-	*************			t Address BOX 734						
Facility Closed/Vacated During Ent Abatement Performed Outside of N	ire Period of Aba Iormal Facility Ho	tement			State, Zip Code						
Other - Describe:				7 Table 10 Control (1974)	odland Park N	107/12/					
Scope of Work (Check All That Apply)					odiana i antiq	0 01 424					
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× ≥160 sf or ≥260 lf	and the same of th	olition			Mini-Enclosu	re	egauve r	6550	16		
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Location of	Norr	mally		Description	n of					/pe	
Asbestos-Containing Material (ACM)		olely by nance/		s Containing I	Material (ACM)	Ame	ount			m	
TO BE ABATED In Facility	Custodi	al Staff?	(i.e. th	nermal system surfacing, VA			ecify or LF)	Rer	Re	nca	Enc
(13)	(1	2)		other miscella		3, 0	ишт	Remova	Repair	Encapsulate	Enclosure
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				VOITHOUR		300	OI .		-		
****								22-2-700			
Name of Registered Waste Hauler		NJDEP W Hauler ID		Cubic Yards	Name of	Registere	d Landfill			4	
Amax Contacting LLC		0036184	2000	of Waste 10 CY	Fairles	s Hills					
City, State				Disposal Date	Çity, Sta	ite					_
Woodland Park NJ 07424						ville PA					
Completed by	Title	Manager		Signature	MI		Dat	9			
Tome Maslarkov			1lle		04	-02-	2018				

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Date of Notification (1)						f Building (SHARP &)			(2)					
3 / 14 /18					000000000000000000000000000000000000000	ddress								
Agencies Notified Type Not							/ENU	E. P.O. BO	X 2000, RY2	8-414	C. Ta. com			
DEP Am	al Notificat ended Noti ncellation		n	City	y, Sta	te, Zip Cod Y, NEW JE	e		And the second s		18	77.1	- John	
——————————————————————————————————————	Hold ERGENCY	' NOTI	FICA			Contact A JOHNSC	N		Telephone 732-594-2	Numl 257	per	1 2	20	18
				FACILITY	INFO	RMATION					-			
Name of Facility Where Abatement	t is Taking	Place	(3)				Тур	e of Facilit	y (4)	6			* 1	
MERCK SHARP & DOHME CORPO	RATION						X		er 8 (Other t					- 12.
Street Address							-	uare Feet	private & co		, blag		g. Age	
126 EAST LINCOLN AVENUE - BUI	LDING 53							106,325	2	013		טוט	g. Ag. 64	
	inty (6)			Cou	nty C	ode (7)	Curr	ent Use (P	rior if being o	demoli	shed	1)		
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Name of Monitoring Firm Hired by	Building (Owner	(8)		P	ASCM No.			ment Contr					
ENVIRONMETAL HEALTH INVESTI Street Address	GATIONS,	INC.				104			MENTAL CO	ORPO	RAT	ION		
655 WEST SHORE TRAIL							1	et Address						
City, State, Zip Code							_		OCK ROAD					
	, NEW JEF	SEY	17871					State, Zip	Code W YORK 10:	004				
Project Manager for Monitoring Firm	, , , , , , , , , , , , , , , , , , , ,	1,110		e Number			_	phone Num		-	200 N	lumb		
WILLIAM S. KERBEL, CIH		_	729-5					369-7500	ibei	1101		Numbe	31	
Expected State Date (10)	Sch			etion Date	(11)			e of OSHA	Monitor	1101				
3 / 27 /18			1	27	1000	/18	100000000000000000000000000000000000000		ORATORIE	SINC		#	11480	, [
Month Day Year		lonth		Day		Year						9.0		
Occupancy Status During Abatement X Facility Closed/Vacated D	(Check on	lly one) d of /	\ b = t = t			F-0007/55/19752	et Address						
Abatement Performed Out	uring Enure	mal F	a cility	Hours - D	necrib	0.	11171	EAST 30TH	STREET					
				PM -12:30		e.	City,	State, Zip	Code					
						_		NEV	V YORK, NE	W YO	RK 1	10016		
Scope of Work (Check all that apply) Demolition	V D		0860		-	Full Conta	ainmer	nt with Neg	ative Pressu	re				8
X >3SF OR LF	X Ren	ovatio	n		X	Mini Enclo								
2 >160 SF OR 260 LF					-	Non-Friab								
Location of	Is	Locat	ion		Descr	ription of As				_	Δ.			
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Material (ACM)		solely I	by			Thermal sy			(Specif	200	EMOVAL	REPAIR	NO.	
TO BE ABATED		nt/Cus				ion, surfacii			SF or Li	F)	30	₽ F	AP.	NCLOSURE
in Facility (13)		Staff (1 No	N/A	-	or oth	ner miscella	neous)			2	1	Ë	14
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										-	_	-	-	\vdash
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		-												
Name of Registered Waste Hauler	NJD	EP Wa	aste	Cubic Yard	ds of	Waste	Name	e of Registe	ered Landfill					
FREEHOLD CARTAGE, INC.	Hau	ler ID I			4		LYCC	OMING CO	UNTY RESC	DURC	E MA	NAG	EMEN	IT SE
825 HIGHWAY 33 City, State		15939	j	Diagrand)at-				R DRIVE/RO	DUTE	15			
FREEHOLD, NEW JERSEY				Disposal D 3/27/18-4/		,	City,	biate TCOMES	DA 47750					
Completed by (Print or Type)	Title			5121110-41		ature //	MAIN	VOUNERY	, PA 17752	Date			11	
BENJAMIN SANCHEZ	DIRECTO	R OF	OPER	RATIONS	3.1	17	1)	1		Date	5-	-/(4-	18

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Date of Notification (1)	•		Name of Building MERCK SHARP 8	Owner/Operator DOHME CORP.	(2)	1			
4 / 4 /18			Street Address				APF	1	2 20
Agencies Notified Type No.	tification		126 E. LINCOLN	AVENUE, P.O. BO	X 2000, RY28-4	14			
DEP X Am	ial Notification lended Notification ncellation	<i>#</i> 1	City, State, Zip Co RAHWAY, NEW J	ede ERSEY 07065		F.,			
	Hold ERGENCY NOTIFICA	ATION	Name of Contact PATRICIA JOHNS	SON	Telephone Nu 732-594-2257	mber	-		
		FACIL	ITY INFORMATION						
Name of Facility Where Abatemen MERCK SHARP & DOHME CORPO	la la			Type of Facili	(-12)				
WEIGH STARF & BOHINE CORPO	RATION			X Other (ie.	ter 8 (Other than private & comm	K-12)	is ho	mes	etc \
Street Address 126 EAST LINCOLN AVENUE - BUI	LDING 53			Square Feet 106,325				g. Age 64	
RAHWAY	unty (6) ION		County Code (7)		rior if being dem	olished	1)		
Name of Monitoring Firm Hired by ENVIRONMETAL HEALTH INVESTI	Building Owner (8) GATIONS, INC.		ASCM No.	. Name of Abate	ement Contract		ION		
Street Address 655 WEST SHORE TRAIL			•	Street Address 313 SPOOK R					
	, NEW JERSEY 0787	1		City, State, Zip		-			
Project Manager for Monitoring Firm	Telephon	e Num	ber	Telephone Nun		ense N	Numbe	er	
WILLIAM S. KERBEL, CIH	973-729-			845-369-7500		01			
Expected State Date (10) 3 / 27 /18	Sched. Comp	letion [Name of OSHA					
Month Day Year	Month	Da	4 /18 ay Year		BORATORIES IN	IC.	#	11480	'
Occupancy Status During Abatement X Facility Closed/Vacated D Abatement Performed Ou X Other - Describe: MO	uring Entire Period of	y Hours	nent s - Describe:	Street Address 117 EAST 30TI City, State, Zip	Code				
Scope of Work (Check all that apply) Demolition X >3SF OR LF >160 SF OR 260 LF	X Renovation		X Mini En	ntainment with Neg	W YORK, NEW Y ative Pressure	YORK	10016		
Location of	Is Location		Description of			А		ent T	уре
Asbestos-containing Material (ACM)	normally used		Containing Mate		Amount	굒	R	E	P
TO BE ABATED in Facility (13)	solely by Maint/Custodia Staff (12) Yes No N/A		(ie. Thermal s insulation, surfa or other misce	cing, VAT,	(Specify SF or LF)	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
2ND FLOOR LUNCH ROOM	X	VAT 8	& MASTIC		20 SF	X			
						-			
		-				+	-		
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.	Yards of Waste	Name of Regist	 ered Landfill OUNTY RESOUR	CE M	NAC	ENACE	T CE		
825 HIGHWAY 33	Hauler ID No. 15939		7		ER DRIVE/ROUT		NAG	LIVILIN	11 32
City, State			sal Date	City, State		1			\neg
FREEHOLD, NEW JERSEY Completed by (Print or Type)	Title	3/27/1	8-4/27/18	MONTGOMERY		1	,/	713	
BENJAMIN SANCHEZ	DIRECTOR OF OPE	RATIO	NS Signature	XXX	Dą	9/5	11	X	- 1

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP. Date of Notification (1) Street Address 18 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 Agencies Notified Type Notification City, State, Zip Code EPA Initial Notification RAHWAY, NEW JERSEY 07065 Amended Notification DEP DOL Cancellation Name of Contact Telephone Number DOH On Hold 732-594-7746 **EMERGENCY NOTIFICATION** PATRICIA JOHNSON DCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) MERCK SHARP & DOHME CORPORATION Other (ie. private & commcl. bldgs., homes, etc.) Bldg. Age # of Floors Street Address Square Feet 42.776 126 EAST LINCOLN AVENUE - BUILDING 53A Current Use (Prior if being demolished) City (5) County (6) County Code (7) (STATE USE ONLY) VACANT UNION RAHWAY Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION ENVIRONMETAL HEALTH INVESTIGATIONS, INC. 104 Street Address Street Address 313 SPOOK ROCK ROAD 655 WEST SHORE TRAIL City, State, Zip Code City, State, Zip Code SPARTA, NEW JERSEY 07871 SUFFERN, NEW YORK 10901 Telephone Number License Number Telephone Number Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH 973-729-5649 845-369-7500 1101 Name of OSHA Monitor Expected State Date (10) Sched. Completion Date (11) 30 /18 AMERISCI LABORATORIES INC #11480 /18 4/ 16 Year Month Day Year Month Day Street Address Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement 117 EAST 30TH STREET Abatement Performed Outside of Normal Facility Hours - Describe: City, State, Zip Code Other - Describe MONDAY-FRIDAY5:30PM-12:30AM NEW YORK, NEW YORK 10016 Full Containment with Negative Pressure Scope of Work (Check all that apply) WET WIPE & HEPA VAC Mini Enclo Demolition Renovation Glovebag Procedure >3SF OR LF >160 SF OR Non-Friable Procedure 260 LF Description of Asbestos-Abatement Type Is Location Location of ENCAPSUL ENCLOSUR Asbestos-containing normally used Containing Material (ACM) Amount REMOVAL REPAIR (Specify (ie. Thermal systems solely by Material (ACM) insulation, surfacing, VAT, SF or LF) Maint/Custodial TO BE ABATED Staff (12) or other miscellaneous) in Facility (13) Yes No N/A VAT & MASTIC 45 SQ. FT. 2ND FLOOR JANITOR CLOSET

Cubic Yards of Waste

Signature

Disposal Date

04/16-04/30/18

Name of Registered Waste Hauler

FREEHOLD CARTING

BENJAMIN SANCHEZ

FREEHOLD, NEW JERSEY

Completed by (Print or Type)

825 HIGHWAY 33

City, State

NJDEP Waste

15939

DIRECTOR OF OPERATIONS

Hauler ID No.

Name of Registered Landfill

MONEGOMERY, PA 17752

City, State

447 ALEXANDER DRIVE/ROUTE 15

LYCOMING COUNTY RESOURCE MANAGEMENT SE

Date

Data of Natification (4)									CAN	6700	0	1		ā e
Date of Notification (1) 4/3/18				Name of AllRis	of Building sk	Owner/	Operato	or (2)	100		2.	. N		
Agencies Notified	Type Notification			Street	Address							- 0.5		
⊠ EPA	☐ Initial			501 k	Kennedy	Blvd.				(AP	R 1;	2 20	18	400
DEP	Amended			City, St	ate, Zip Co	ode				1				+
⊠ DOL	Amendment			Some	erdale N	J 0808	33			A. D.			-	. <u>l</u>
⊠ DOH	Emergency justification)	(including		Name o	of Contact	11. Story a-10.			17	elephone	Numbe		- -	2.
DCA	Cancellation		(5)	Tom	Messina	1				856-546-				
N- 65 10 100		24		FAC	ILITY INF	ORMAT	ION							
Name of Facility Where	Abatement is Takin	g Place (3	3)					Type of I	Facility (4)	1.00				
Medford Memorial	Wildale School								ool (K-12)					
Street Address								Sub Sub	chapter 8 (C	ther than k	(-12)			
55 Mill Street								etc.	er (i.e. privat)	e & comme	ercial bu	iilding	s, hom	ies,
City (5)								Square F		of Floors		Bldg.	Age	
Medford NJ 08055								10000-	+ '	1		35+		
County (6)				County	Code (7)			Current l	Jse (Prior if b	eing demo	lished)			
Burlington				STATE	USE ONLY	, —								
Name of Monitoring Firm	Hired by Building	Owner (8)		ASC	√l No.		Name	of Abatem	ent Contract	ог (9)				
N/A							Perr	naco Inc.						
Street Address				492			Street	Address						
							PO	Box 329						
City, State, Zip Code							City, S	State, Zip C	ode				-	
							Wes	st Berlin I	NJ 08091					
Project Manager for Moni	toring Firm			Telepho	ne No.		Teleph	none No.		License	No.			
							856-	-753-980	0	00727	7			
Start Date (10)			ed Cor	mpletion	Date (11)			of OSHA P	Vonitor		3			
4/4/18		4/9/18					Sam	ne						
Occupancy Status During	Abatement (Chec	k Only On	e)				Street	Address					-	e ii
Facility Closed/Vaca	ted During Entire F	eriod of A	bater	nent			_			•				
Abatement Performe Other – Describe:	ed Outside of Norm	al Facility	Hour	S			City, S	state, Zip C	ode					
Scope of Work (Check All	That Apply)	222					5100	11						
≥3 sf or ≥3 lf		Contraction of the last of the	enova					Full Co	ntainment w	ith Negative	e Press	ure		
X ≥160 sf or ≥260 lf		L D	emoli	tion			H	→ Mini-Er	nclosure					
							×		ag Procedur cempted (*) a		able Pr	ocedi	re	
		Is	Locat	ion									temen	t
Location	of	N	orma	lly		Dec	scription	of				Т	ype	
Asbestos-Containing I			d Sole ntena		Asbest	os Cont	aining N	laterial (AC	(MS	Amount			m	
TO BE ABA In Facilit		17	100000000000000000000000000000000000000	Staff?	(i.e.	thermal	systems	s insulation	,	(Specify	Re	70	ince	Enc
(13)	y	1	(12))		other n	cing, VA niscellan	i, or neous)	;	SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A							la la	=	late	ıre
		165	140	IN/A								-	-	
rooms 29 29a 29b	1 work area		X			Floor T	Tile & n	nastic	1	350 SF	x			
											+	1	1	\vdash
		+	0.111.55				-			-	-	+-	-	
Name of Registered Wast	a Haules		1 80	IDEDI	and a	0.11								
1985 E	e nauler		100	JDEP W auler ID	T0 T T T T T T T T T T T T T T T T T T	Cubic of Was		Na	me of Regis	tered Land	fill			
United Roll off			14 226	2459		4		G	.R.O.W.S	22				
City, State				www.en.et.10055			al Date	Cit	ty, State					
F1 A11						4/9/1		1	lorrisville F	PA 19067	7			
Completed by		Title					ignature				Date			
Anthony T Perna		Presid	dent				1	0			4/3/18	}		

Date of Notification (1) 04-4-2018	Name	of Buildin	g Owner / Operat	or (2)		0010	
Agencies Notified Type Notification		Lori Mul t Address	ligan		APR APR	1 2 2018	112/
				1			
☐ DEP ☐ Initial (Page 2 of 2) ☐ Amended		State & Zip n, NJ 0810		6	1		å.
□ DOH □ Emergency	Name	of Contac	t t			Telephone N	lumber
☐ DCA ☐ Cancellation	100000000000000000000000000000000000000	Lori Mul				re-priorie iv	milbel
	F/	ACILITY IN	FORMATION				
Name of Facility Where Abatement is Taking F Former Restaurant and Bar Supply Company	Place (3)		Type of Faci				
Street Address			School	(K-12) pter 8 (Other tha	n K 12)		
1208 White Horse Pike			Other (i.	e. private & con	nmercial buildin	gs, homes, e	etc.)
City (5) County (6)	Country	2-1- (7)	Square Feet	# of Floo		Bldg. Age	
City (5) County (6) Oaklyn, NJ 08107 Camden	County (Jode (7)	30,000	(Prior if being de	emolished)	100	
			Former Rest	aurant and Bar	Supply Compar	ıy	
Name of Monitoring Firm Hired by Building Own ATS Group, LLC	ner (8)	ASCM N	 Name of Aba 	atement Contrac	tor (9)		
Street Address			Street Addre	anagement Grou	ıp, LLC		
200 Federal Street, Ste 213			2115 Hamilto	on Ave, Suite 20	2		
City, State & Zip Code Camden, NJ 08103			City, State &				
Project Manager for Monitoring Firm	Telephone	Number	Trenton, NJ (License N	lumber	
Mr. Jim Malanos	888-249-30		609-914-427	9	Liound	01185	
Scheduled Start Date (10) Scheduled Cor 4-23-2018	5-4-2018	e (11)	Name of OSI J&S Environs	HA Monitor mental Laborato	ries, Inc.		
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Entire P	nly one)		Street Addre			£1	
△ Abatement Performed during Normal H	ours:		2333 Route 2 City, State &				
Describe: 7:00am 7:00pm weekdays	& weekends		Union, NJ 07				
Scope of Work (Check all that apply)							
	_			☐ Full Conf	tainment with N	egative Pres	sure
≥3 sf or ≥3 lf≥160 sf ≥260 lf		ovation olition		☐ Mini-Enc			
23 - 100 01 - 1200 11	△ Dell	ionuon			ag Procedures mpted and Non	-Friable Proc	cedure
Location of	Is Location		Description	n of	Amount	Abateme	
Asbestos-Containing Material (ACM)	Normally L Solely b		Asbestos-Con Material (A		(Specify		
TO BE ABATED	Maintenand	ce or	(i.e., thermal s		SF or LF)	Re R	Enc
in Facility (13)	Custodial S	taff?	insulation, surface			epair	Enclosure
(10)	Yes No	N/A	or other miscell	aneous)		<u>a</u> =	ulat ulat
Roof		⊠ Roo	fing Material		11,300 SF		
Roof			f transite siding		90 SF		
	-	H					님님
							岩남
Name of Registered Waste Hauler			Cubic Yards	Name of Regis	tered Landfill		
Resource Management Group, LLC		iler ID No. 5218	of Waste TBD	Grows Landfill			
City, State Trenton, NJ 08619			Disposal Date	City, State			
Completed By (Print or Type)	Title		TBD,	Morrisville, PA	1	TD /	
Mr. Brian Haney		sident	Signature	$g_{ij} = \sum_{j=1}^{N} \left(\frac{1}{N} \right)^{j}$	1/1	Date 4-4-2018	

CK X'004

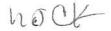
State of New Jersey

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

100	DATE	P	uist	Jaii	LE	O IA	.J.A.	<u>C.</u> 6:60 and	12:120	MK/		a. F.	1.50	7//	Ш
Date of Notification 04-4-2018		<i>A</i> '		Nar	ne &	of Bu Lori	uilding Mullig	Owner / Operato	or (2)	IIIII AF	PR 12	2018			
Agencies Notified	Type Notifi	cation	-			Addr		juii	i	1	- des	2010		Interest	-
⊠ EPA	N 1.11	1/5 4 60		011						L	* 1				
☐ DEP ☐ DOL		al (Page 1 of 2) ended		City	, S	tate	& Zip (Code		<i>P</i>			is.		-
☑ DOH		ergency					08107 ontact				ĪŦ	olonbo	N	مامددد	1
DCA		cellation					Mullig	nan			11	elepho	ne iv	umb	er
														=	1
Name of Facility Wh	ara Ahatan	ant is Taking D	loop /	(2)	FΑ	CILI	I Y INF	ORMATION	Pit. (4)						
Former Restaurant	and Bar Sui	oply Company	lace ((3)				Type of Facil School (
Street Address		opi, company								er than K-12)					
1208 White Horse F	Pike							Other (i.	e. private 8	& commercial	buildina	s. hom	es. e	tc.)	
								Square Feet		of Floors		dg. Ag			
City (5)		County (6)	Co	ount	y C	ode	(7)	30,000	2	53			100		
Oaklyn, NJ 08107		Camden						Current Use	(Prior if be	ing demolishe	ed)				
Name of Monitoring	Firm Hirod	by Building Own	207 (0)	`	_	1000	20 / NI -			Bar Supply C	ompany				
ATS Group, LLC	i iiii niieu	by building Owi	iei (o)		ASC	CM No	 Name of Aba Resource Ma 							
Street Address								Street Addres		Gloup, LLC					
200 Federal Street,								2115 Hamilto		ite 202					
City, State & Zip Co	de							City, State &	Zip Code			22			
Camden, NJ 08103								Trenton, NJ (08619				150		
Project Manager for Mr. Jim Malanos	Monitoring	Firm	Tele				oer	Telephone N		Lic	ense Nu		T-10		
Scheduled Start Dat	0 (10)	Cabadulad Car	888-					609-914-4279				0118	5		
4-23-2018		Scheduled Cor	15-4-2			(11)	Name of OSI		· oratories, Inc.					
Occupancy Status D		ement (Check or						Street Address		oratories, inc.					-
☐ Facility Clos	ed/Vacated	During Entire P	eriod	of A	bat	eme	nt	2333 Route 2							
Abatement F	Performed d	luring Normal H	ours:					City, State &	Zip Code						
Describe:	7:00am 7:0	0pm weekdays	& wee	eken	ds			Union, NJ 07	083						
Scope of Work (Che	ck all that a	Abatement	-												
Coope of Work (one	on all triat b	(PPIY)								I Containment	with Ne	native	Pres	SIIFA	
≥3 sf or ≥3 lf				Re	eno	vatio	n			i-Enclosure	************	ganvo		ouic	
≥160 sf ≥260) If		\boxtimes	De	eme	olitio	n		Glo	ve Bag Proce	dures				
									Nor	n-Exempted ar	nd Non-	Friable	Pro	cedu	re
	cation of			Loca				Description		100	ount	Aba	teme	ent T	уре
	os-Containii erial (ACM)	ng		mally solely				Asbestos-Con			ecify				
ТОВ	E ABATED		Mair					Material (At (i.e., thermal s		SF 0	r LF)	Re	70	E I	E
	Facility		Cust					insulation, surfac	cina. VAT			Remova	Repair	à	CO
	(13)			(12				or other miscella	aneous)			ava	≅.	Encapsulat	Enclosure
			Yes	No		N/A						-		#	(D
1st floor bathroom						\boxtimes	Floor	tile		20	SF				
Showroom						\boxtimes	Floor	ing		100	SF				
Storage room						\boxtimes	Panel			240	SF				
Room above boiler						\boxtimes	Floor			300	SF				
2 nd floor garage are	ea & corne	r office	\perp				Floor			200	SF				
2 nd floor office	147 / //		Ш	1			Floor			400					
Name of Registered	waste Hau	ler						Cubic Yards	Name of	Registered La	ındfill				
Resource Managem	ent Group, I	LLC		1000		5218	No.	of Waste TBD	Grows La	andfill					
City, State	. ,						-	Disposal Date	City, State						
Trenton, NJ 08619								TBD TBD	Morrisville						
Completed By (Print	or Type)			Т	itle			Signature		-/-		Date			_
Mr. Brian Haney	75-7			1000		iden	t	1 /X 1		4/		4-4-20	18		
								F1/	14	14					

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) April 9, 2018 Marcia See Agencies Notified Type Notification Street Address **EPA** Initial DEP City, State, Zip Code Amended × DOL Amendment # Montclair, NJ 07042 Emergency (including Name of Contact DOH Telephone Number justification) DCA Cancellation Marcia See **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) House under Renovation School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Montclair 2700 2 50 +County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Essex House Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) n/a n/a Harmony Contracting Street Address Street Address n/a 360 Palisade Ave. City, State, Zip Code City, State, Zip Code Garfield, NJ 07026 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. n/a n/a 973-460-6026 01255 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 4/18/2018 4/20/2018 Harmony Contracting Occupancy Status During Abatement (Check Only One) Street Address 360 Palisade Ave Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Garfield, NJ 07026 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure × Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Туре Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, (Specify Removal Custodial Staff? Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Basement X **VAT Tiles** 300 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Newark Carting **GROWS Landfill TBD** City, State Disposal Date City, State Newark, NJ TBD Morrisville PA 19067 Completed by Title Signaturé Date E. Cirovic Secretary April 9, 2018

State of New Jersey



Date of Notification (1) April 5, 2018		ame of Build Borough of		Operato	r (2)						1 4	. 7757	
Agencies Notified Type Notification Initial DEP Amended		2	treet Addres 10 Chestr ity, State, Zi	nut Street					AP	Ri	2	2018	
X DOL Amendment Emergency justification)	(including	_ R	Roselle, No ame of Cont	J 07203 act					one Nu				i da
DCA X Cancellation	1		FACILITY		ION			9/3-8	349-66	14	_		
Name of Facility Where Abatement is Takir Ralph Arminio Field Storage Buildi Street Address 100 9th Avenue	ig Place (3) ing		ASILITI	IN OKWAT	ION	X	of Facility (School (K-1 Subchapter Other (i.e. p etc.)	2) 8 (Other t	han K-1 ommerc	2) al bui	ldings	, hom	es,
City (5) Roselle							re Feet	# of Flo	oors	- 1	Bldg. 7 15 yr		
County (6) Union			ounty Code (ent Use (Pricant storag			ned)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)	T	ASCM No.			of Aba	tement Con uction Co	tractor (9)					
Street Address					Street	Addre		ji.		,			
City, State, Zip Code					City, S	State, Z	ip Code						
Project Manager for Monitoring Firm		Те	lephone No.		Teleph	hone No	0.	Li	cense N	0.			
Start Date (10) CANCELLATION	Scheduled	Compl	etion Date (11)			A Monitor Laborato						
Occupancy Status During Abatement (Chec	k Only One)				Street	Addres	SS		4004690985				
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of Aba nal Facility H	itemen ours	nt		City, S	tate, Zi	p Code						
Scope of Work (Check All That Apply)					Richi	mond	, VA. 232	20					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Printerior .	ovation olition			×	Min Glo	Containme i-Enclosure vebag Proc i-Exempted	edure	30			ρ	
		cation						77-11-11		T	Abate	ement	
Location of Ashestos-Containing Material (ACM)		mally solely b	by Ask		scription			128	120	-	Ту	pe	
TO BE ABATED In Facility (13)	Asbestos-Containing Material (ACM) TO BE ABATED In Facility Used Sometimes of the Mainter Countries of the Mainter Coun					naterial s insula T, or neous)	(ACM) tion,	Amou (Spec SF or	ify	Removal	Repair	Encapsulate	Enclosure
Storage Bldg. Roofing		(N/A	NF Roo	fing M	ateria	ı	3,750	SF	Х			
Name of Registered Waste Hauler		NJDI	EP Waste	Cubic '	Yards	T	Name of R	egistered	Landfill				-
Century Waste Services LLC		Haul	er ID No.	of Was	te		Grows N						
City, State Elizabeth, NJ	-			Dispos	al Date		City, State Morrisvil	le, PA					
Completed by Barbara Reed		Si	gnature Quin	hia	1		Dat		2018	3			

Date of Notification (1) April 5, 2018			of Building		Operator	r (2)					-		. "	# 1 × washing		
Agencies Notified	Type Notification		- 5	Street	Address Chestnut		·					APR	1	2 2	018	-
EPA DEP DOL	Initial Amended Amendment				ate, Zip C					!	L		T.	6.0 E		
DOH DCA	justification) Cancellation		11 12	Bob E	of Contact Butkocy	PM					ephone 3-849-		er			
Name of Facility Where A	Abatement is Takir	ng Place (3)		FAC	ILITY INF	ORMAT	ION	Туре	of Facility (4)						
Street Address 100 9th Avenue	Storage Build	ing						×	School (K-1 Subchapter Other (i.e. petc.)	8 (Oth	er than l	K-12) ercial b	uildi	ings,	hom	es,
City (5) Roselle									re Feet	# of	Floors			dg. A		
County (6) Union					Code (7) USE ONL)		Curre	nt Use (Prio	or if being	ng demo	olished)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCI	M No.			of Aba	tement Con uction Co	tractor	(9)					
Street Address							Street	Addres				182				
City, State, Zip Code	i.						City, S	tate, Zi	p Code , NJ 0786							
Project Manager for Moni	toring Firm		T	elepho	ne No.		Teleph	one No	D.		Licens 01231					
Start Date (10) CANCELLATION	Comp	oletion	Date (11)		Name	of OSH	IA Monitor Laborato	ries G				0.0				
Occupancy Status During	Abatement (Chec	k Only One)						Addres	The second second				-			
Facility Closed/Vaca Abatement Performe	ted During Entire Fed Outside of Norm	Period of Aba	ateme	nt					ary Street							
Other – Describe: _ Scope of Work (Check All	That Apply)	57.0				_			VA. 232	20						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	7777	PROMINENTS.	ovatio nolitio				×	Min Glo	Containme i-Enclosure vebag Proc i-Exempted	edure	\(\pi_0\)					
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In Facilit (13)	у	Custod (1	al Sta	aff?	(surfac	cing, VAT	T, or			or LF)	Kemova		Repair	Encapsulate	Enclosure
Storage Bldg.	V V	N/A		IE Doo	ofing Ma	otorio		0.7	5005		1		ite	Ф		
otorago Diag.			NF ROC	ning ivi	ateria	-	3,7	50SF	X	+			-			
Name of Registered Wast	e Hauler		NIE	DEP W	acto	Cubic	Varda		Name of D			ICII				
Century Waste Service	iler ID		of Was			Name of R										
City, State Elizabeth, NJ						Dispos	sal Date		City, State Morrisvil							
Completed by Barbara Reed	nt			S	ignature Dulk	nia	0/		T	Date April :	5, 2	2018				

Date of Notification (1) April 5, 2018			Name	of Building	g Owner	/Operato	r (2)			1 5	V .			7.00	
Agencies Notified	Type Notification	1		Street	Address Chestnu							APR	12	2018	and the second
EPA DEP DOL	Initial Amended Amendmer	it #		City, S	tate, Zip C	Code		-		!	\				
DOH DCA	Emergency justification Cancellatio))	Name	of Contac Butkocy	t				0.00	lephone 73-849-		r		
Name of Facility Where A	Abatement is Taki	ng Place (3)	FAC	ILITY IN	FORMAT	TION	Туре	e of Facility	(4)			_		
Street Address 100 9th Avenue	- Clorage Build	mg						X	School (K- Subchapte Other (i.e.	r 8 (Oth	er than I	K-12) ercial b	uilding	s, hon	nes,
City (5) Roselle								Squa 4,07	etc.) are Feet 75	# o	f Floors		Bldg 45 y	Age rs	
County (6) Union					Code (7) USE ONL			Curr	ent Use (Pr ant stora	ior if bei	ing demo	olished)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8))	ASC	M No.				atement Co ruction C						
Street Address							Street 179		ess e 46 Wes	t, Suit	e 15 #1	182			
City, State, Zip Code	-								Zip Code y, NJ 078	66					
Project Manager for Moni	toring Firm			Telepho			Teleph 973-6	669-2	2900		License 01231				
Start Date (10) CANCELLATION			mpletion	Date (11)				HA Monitor Laborato		Global I	nc.				
Cocupancy Status During Facility Closed/Vaca Abatement Performe Other – Describe:	ted During Entire	Period of A	Ahater	ment s			City, S	W C	ary Stree	*					
Scope of Work (Check All	That Apply)	200					Richi	mono	i, VA. 232	220					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Property.	lenova Jemoli				×	Mir Glo	Il Containm ni-Enclosure ovebag Prod n-Exempted	e cedure	170			uro.	
Looption	- 6	191	Locat						- Enompto	3 () und	2 11011-1 1	lable i i	Aba	temen ype	t
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Storage Bldg.	N/A	1	NF Roc	ofing Ma	ateria	al	3,7	50SF	X	+	(0)				
Name of Registered Waste	e Hauler			JDEP W		Cubic '			Name of F	Register	red Land	fill			
Century Waste Services LLC					No.	of Was	ste		Grows 1		_andfill				
City, State Elizabeth, NJ						Dispos	al Date		City, State Morrisvi		Α				
Completed by Barbara Reed	dent			Si	ignature Bulk	ria	Me	ed		Date April 5	, 20°	8			

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	Pursuant	to NJAC	8:60 and	112:120	3)			A	PR	1	2 2	018		
Date of Notification (1) 12/22/2017		100000000000000000000000000000000000000	f Building Airlines		perator	(2)		led but				anni asa	T YOU FAMILIES THE	
Agencies Notified Type Notification EPA Initial		Street A		r Drive	- 11th	Flo	or HDQOL		AGU	LIC	ió c EN:	SING	ROL	- &
DEP Amended Amendment #			ate, Zip Co go, IL 60											
Emergency (inclusion) DOA Cancellation	uding	Name o	f Contact					Tele	ephone	Num	ber			
		FACI	LITY INFO	ORMATIC	ON			1			-			
Name of Facility Where Abatement is Taking Pla Newark Liberty International Airport Bu		51/151A				Ту	pe of Facility (School (K-1	2)	62					
Street Address 151 Conrad Road						×	Subchapter Other (i.e. p etc.)					lings,	home	98,
City (5) Newark						10000	uare Feet ,000	# of	Floors		B 6	ldg. A 8	ge	
County (6) Essex			Code (7) USE ONLY)			rrent Use (Priorport	or if bein	ng dem	olishe	ed)			
Name of Monitoring Firm Hired by Building Own- ATC	er (8)	ASCN N/A	A No.				batement Con vironmental							
Street Address 104 East 25th Street 8th Floor					Street 11-02		ress ueens Plaz	a Sou	th					
City, State, Zip Code New York, NY 10010	44						, Zip Code and City, N	Y 111	01					
Project Manager for Monitoring Firm		Telepho 212-35	ne No. 53-8306		Teleph 718-3		No. -0900		Licens 286					
	neduled Co /04/2018			SHA Monitor h Kowalczy	l k									
Occupancy Status During Abatement (Check Or	nly One)				Street					10.55				
Facility Closed/Vacated During Entire Perio Abatement Performed Outside of Normal F Other – Describe:	d of Abate acility Hou	ment rs		-	City, S	tate,	ch 98th Str Zip Code		200					_
Scope of Work (Check All That Apply)					Rock	aw	ay Park, N	1169	94					
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Location of	Is Loca Norma							17 4714		I			ment	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Sol Maintena Custodial (12)	ely by ance/ Staff?		tos Conta thermal	systems ing, VA	later s ins T, or		(S	nount pecify or LF)		Remova	Repair	Encapsulate	Enclosure
Entire	Yes No						ity liet			_			ē	(9
		See attached quantity list												
Name of Registered Waste Hauler		NJDEP W		Cubic Y			Name of F	Register	ed Lan	dfill				
ATC		Hauler ID 24310	No.	of Wasi	rds		Minerva							
City, State Shirley, NY 11967				Disposa 01/20/	2018		City state Way is	burg,	OH 4	468	3			
	itle Complian	ce Adm	in	Sig	gnature					Date 12/2		017		

State of NJ D&S Proj. #: 18-88 Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

	- A. S.	R.H.H.	e (0 0.	00 and 12.120)			CE			1	
Date of Notification (1)		Name of	Building Ov	vner/Operator (2	2)							and the same of	
Agencies Notified Type Notifi	cation	mary p						II A	PR 1	201	8	1	2
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			FAC	CILITY INFORM	ATIC	N							
Name of facility where abatemer	nt is taking pla	ce (3)					Туре	of Facility	/ (4)				
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Oity (5)	Coun	ty (6)				ounty Code (7)					_	- 10,530	
union	unio	n		SF	(51	tate use only)	Curre	nt Use (Prior if be	ing de	molis	hed)	
Name of Monitoring Firm Hired b	y Bldg. Owner	(8)		ASCM No.		Name of Abatement	Contracti	or (9)					
						D & S RESTOR							
Street Address						Street Address	111011,	mic.					
City, State, Zip Code						20 California Av	e.						
City, State, Zip Code						City, State, Zip Code							
Project Manager for Monitoring Fir	m	Ta				Paterson, NJ 07.	503						
- 19 oct manager for Montoffing Fil	111	I P	hone Numb	er		Telephone Number			Licens				
Start Date (10)	I Cabad		-			973-345-8020 Name of OSHA Monit				01169			
10000000000000000000000000000000000000	Sched.	Completi	on Date (1	1)		D & S Restoration							
04/18/18	04/26/					Street Address	ni, me.						
Occupancy Status During Abateme	ent (Check on	y one)				20 California Ave	enue						
Abatement performed outside	e of normal fa	of abate	ement. rs-			City, State, Zip Code							
Describe: NORMAL 1					_	D							
Scope of Work (check all that app					-	Paterson, NJ 075					_		
≥3 sf or >3 lf									v/negative	press	ure		
□ ≥160 sf or ≥260 lf	Demolition					The same of the sa	lini-enclo ilovebag		re				
	Is location r	ormolly	upped salah				lon-Exen	npted (*)	and Non	-friable	proc	edur	е
Location of asbestos-containing	by maintena			1						R	R	Е	E
material (acm) to be abated in facility (13)	staff(12)			Description material (A	of a	sbestos-containing	1000	mount Specify S	SF or	m	p	n c	n
abated in facility (13)	Yes	No	N/A		,			F)		o v	a	a	L
pasement		X		boiler insulat	ion		40 sc	Α.		e	r	р	
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egistered Waste Hauler O & S RESTORATION, INC.	NJDEP 13506	Hauler II	100000	bic Yards of Wa	ste	Name of Registered L				الال			1
ity, State			Disposal Da			TULLYTOWN, R	ESOUR	CE RE	COVER	Y			
PATERSON, NJ 07503			04/19/18			TULLYTOWN, P	A						
ompleted by (Print or Type)	Title			Signature	_	1			Date			-	
BOGDAN JOLDZIC	PRESIDEN	VΤ							04/04/	2018			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 18 PSE&G / Job # 1802-5272 Check #10022 Agencies Notified Type Notification Street Address **⊠** EPA 4000 Hadley Road **⊠** DOLWD ☐ Amended City, State, Zip Code **⊠** DHSS Amendment # South Plainfield, NJ ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Ryan Thomasen 973-941-8155 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) PSE&G- Plainfield Gas Facility School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 40 Rock Avenue homes, etc.) City (5) Square Feet # of Floors Bldg. Age Plainfield, NJ 07036 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Union **District Office** Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health & Safety Services AbateTech. Inc. Street Address Street Address PO Box 365 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Berlin, NJ 08009 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Jim Proctor 856-452-1311 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 18 / 18 4 / 24 / 18 **EMSL Analytical** Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/_ Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure $\square \ge 3$ sf or ≥ 3 If ⊠ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf ☐ Demolition ☐ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Repair Asbestos-Containing Material (ACM) Removal Encapsulate Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Exterior П П X Roof Flashing 1,200 SF Exterior П X Roof Tar 130 SF X П Exterior \boxtimes Roof Walking Pads 600 SF X П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Waste Management Fairless Landfill 18750 40 City, State Disposal Date City, State Camden, NJ 4/24/18 Morrisville, PA Completed By (Print or Type) Title Signature Gwendolyn Trumbetti **Operations Coordinator**



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Date of Notification (1)	40	40				Owner/Operator (2)				1427	, II i
4 /	10 /	18		ver	izon Con	nmunications	10	5				
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DCA (NJAC 5:23-8)	☐ Emergend		g		of Contac			Telephone Numl				
(110/10/0.20-0)	☐ Cancellati				x Baylor			301-583-004				
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Name of Facility Where		aking Plac	€ (3)				Type of Facility (
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Street Address								ivate and commer		ildings	5,	
428 Bloomfield Ave	9						homes, etc.)				125	
City (5)			The state of the s				Square Feet	# of Floors	Blo	dg. Ag	е	
Bloomfield							43,000	3		+-50		
County (6)				Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)			
Essex												
Name of Monitoring Firm	Hired by Build	ing Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9)					
USA Environmenta	al Manageme	nt Inc.					VIRONMENTAL	_, INC.				
Street Address						Street Address						
8436 Enterprise Av	re					1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip C			-	-	-	
Philadelphia, PA 19	0153					BRISTOL, PA						
			Tala		Na.		19007	I I iaaaaa Nia				
Project Manager for Mon	litoring Firm			phone		Telephone No.		License No.				
Mark Jenkins				5-365		215-788-6040		00509				
Start Date (10)	400-2	cheduled (Name of OSHA N						
4 / _26_ /	18	5		_ / -	18	BRISTOL EN	VIRONMENTAL	_, INC				
Occupancy Status Durin	g Abatement (C	Check only	one)			Street Address						
☐ Facility Closed/Vacate						1123 BEAVE	R STREET					
Abatement Performed					cribe	City, State, Zip C	ode		***************************************			
Time of Abatement: _	AM	PM/ <u>5:0</u>	JPM- <u>2:</u>	00AM		BRISTOL, PA	19007					
Scope of Work (Check a	Il that apply)										70 h 77	
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 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			enovati emolitic			Mini-End Gloveha	closure g Procedure					
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		INC	1,577	auler II		Waste	MINERVA I					
SERVICE TRANSP	ON GROUP	, INC.		20990				LANDFILL				
City, State						Disposal Date	City, State		3)			
NEW CASTLE, DE						TBD	WAYNESB	URG, OH				
Completed By (Print or T	ype)	Title				Signature		Da Da				
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Date of Notification (1)		-		(D. 11.11					1	1000			Thi	
4/9/2018		1	Yuani	of Building (bin Mao	Owner/0	Operator	(2)		AFAPR	12	048	18		
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Emergency (justification) Cancellation	including			of Contact Stanko	vic, Pr	oject N	Иanage	er	Tolont	- 61	•			
Name of Facility Name and a second second			FAC	ILITY INFO	RMAT	ION			-					
Name of Facility Where Abatement is Taking Mao Residence	g Place (3)						Type of	f Facility (4))				711177222	
Street Address							St X Of	ther (i.e. pri) 3 (Other than ivate & comr			dings.	home	es,
City (5) Colonia							Square 2000		# of Floors	S		lldg. A	ge	
County (6) Middlesex				Code (7) USE ONLY)			Current	t Use (Prior	if being den	nolish	ed)			
Name of Monitoring Firm Hired by Building (Owner (8)		ASCN	I No.		Name Che	of Abate ckmark	ment Conti	ractor (9)	N-1211				
Street Address						Street	Address lorgan							
City, State, Zip Code							tate, Zip			11-72				
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Project Manager for Monitoring Firm		Т	elepho	ne No.			one No. 570-26	45	Licen 013	ise No 34				
Start Date (10) 4/10/2018	Scheduled 4/16/20	Comp 18	pletion	Date (11)				Monitor Industria	al					
Occupancy Status During Abatement (Check	Only One))					Address			=777		P		
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of Ab al Facility H	ateme lours	ent			City, S	forgan	Code						
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first floor and basement		Х			9"x9	" floor	tile		600 SF		X			
Name of Registered Waste Hauler		I NI "	DED	leate I	0.1.	V								
Atlantic Carting		11100-100	DEP W uler ID	7.777	Cubic of Was 6				egistered La anageme					
City, State Wayne NJ					Dispos	al Date	(City, State Tulleytov	vn PA	mire—ed				
Completed by Corey Stankovic	Title CEO				S	ignature	(5	terkon	C	Date 4/9	9/20	18		

CK# 8799

"OPEN NOTIFICATION Fint Form

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

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Date of Notification (1) 3/20//8		1.2	Name o	f Building G	Owner/C	perator	(2)			4,000	100					
Agencies Notified Type Notification		1000	Street A 4000 I	ddress	' ROAI)			.=0 1.0	201	0	1				
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DOH justification) DCA Cancellation	ncluding		0,	f Contact HR	STOP	HER	Moz	Tel	ephone Num) - (35	60			
Name of Facility Where Abatement is Taking	Place (3	3)	FACI	LITINE	JRIVIATI	ON	Type of Facili	ty (4)								
Street Address 7272 N. CK	ESC	r E	υT	BL	VS			ter 8 (Oth	er than K-12 & commercia		dings,	home	∋s,			
City (5) PENNSAUKE							Square Feet	Ac 2011/2	f Floors	В	ldg. A	~	00			
County (6)	_/0			Code (7))		Current Use (Prior if be	2015 IO		-	() 2224	RS			
Name of Monitoring Firm Hired by Building O	wner (8)		ASCN			Name	of Abatement		(TCH)	21)U					
ENVIRONMENTAL TACTICS Street Address			004	5		UNIC	QUE SYSTE			INC						
64 BROAD STREET							Address NHITEHEA	D AVE.								
City, State, Zip Code MATAWAN, NJ 07747							tate, Zip Code TH RIVER,	NJ 0888	32	-, 2, 0, 1						
Project Manager for Monitoring Firm TOM GEIGER		1	Telepho	ne No. 90-2217		Teleph	ione No. 432-8350		License No							
Start Date (10) 4/2/18	Schedule	ed Com	Completion Date (11) Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA INC.													
Occupancy Status During Abatement (Check	Only On		7/	18			Address	IVIO OI	AWLINGA	IIVO	*					
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal	eriod of A	Abatem	ent	_			NHITEHEAI tate, Zip Code	D AVE.		Man and						
Other - Describe: Mecessar	yafe	era	tors	only	_		TH RIVER,	NJ 0888	32							
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if	2					F	1									
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Name of Registered Waste Hauler WASTE MANAGEMENT		Ha	JDEP W auler ID 125		of Was	te	W seements	of Registe LESS	ered Landfill							
City, State ELIZABETH, NJ					Dispos	al Date	City, S MOR	tate RISVILI	.Е, РА							
Completed by CAROL RAIMO	Title OFFI	CE M	GR.			ignature		Paus		e 3/	201	1,8	ا ج			

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"OPEN NOTIFICATION Print Form

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

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Date of Notification (1)			e of Building E&G	Owner/C	Operator	(2)	15			= "		
Agencies Notified Type Notification			et Address	V DO 41	5	11.7		10	20	18		1
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Name of Facility Where Abatement is Takin	ig Place (3)					Type of Facility	(4)					
Street Address						School (K-		r than K-12))			
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ENVIRONMENTAL TACTICS	Owner (8)	111133	3CM No. 1 045			of Abatement Co UE SYSTEM			INC	;	-24511100	
Street Address 64 BROAD STREET						Address VHITEHEAD	AVE.					
City, State, Zip Code MATAWAN, NJ 07747		-			City, St	ate, Zip Code TH RIVER, N)				
Project Manager for Monitoring Firm		Teler	hone No.		Telepho		10 00002	License No				
TOM GEIGER		732	-290-2217		The second secon	32-8350		01111	**			
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Completed by R. McDonald

Title President

N. Walt



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Date of Notification (1) 04/03/2018	12	100000			f Building ns Institi				y :	1		i s					
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Street Address 3 Crosswicks Street	et						Street 11 R		ess ngren Aver	nue							
City, State, Zip Code Bordentown, NJ 08	3505							Zip Code NJ 07512									
Project Manager for Mor Michael Hoodak	nitoring Firm		Telepho 609-29	ne No. 98-5520		Teleph 973-		No. -8685		Licens 0131							
Start Date (10) 04/13/2018		Schedul 04/14/		pletion	Date (11)		0201000		SHA Monitor atement, In	c.							
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Room	D 0	Yes	No	N/A											Ф		
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Date of Notification (1) 4/5/2018					of Building Generati			r (2)	And the second s		APF	1 1 2	201	8			
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None of Facility 148				FACI	LITY INF	ORMAT	ION										
Name of Facility Where Residential	Abatement is Taking	g Place (3)					Type o	of Facility ((4)							
Street Address			-						chool (K-1		0. 17	40)					
ou cet Address								× c	Subchapter Other (i.e. p	orivate &	comme	-12) rcial buil	dings	, hom	es,		
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Short Hills								Square	e reel	# 01 F	Floors	1	Bldg. A	age			
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Street Address							1 700.5	Address	7.0								
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City, State, Zip Code								tate, Zip Code on, NJ 07011									
Project Manager for Mon	itoring Firm	T	Telepho	ne No.			none No			License	icense No.						
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		-	0	Street Address													
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Other – Describe: _	F 35-000 000000						0.0,10	tuto, E.p	. 0000								
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on, otate						Dispo	sal Date		City, State Melville		1747						
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Darko Raloski		Proje	ect Ma	nager			1	2			4	4/5/20	18				

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Date of Notification (1) 4/3/2018				Name Hank	of Building	Owner/	Operator	r (2)	-		<u> </u>			24-	- 12	777	
Agencies Notified EPA	Type Notification			Street	Address				į.		AP		2	2018			
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County (6) Union					Code (7)	· · · · · ·		Curre	ent Use (Pr	rior if bei	ng dem	olished)	-			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCI	M No.				atement Co perty Ma			.C					
Street Address City, State, Zip Code							Van F	Riper Av	е								
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Project Manager for Moni		Telepho			Teleph 201-				Licens 0133								
Start Date (10) 4/15/2018		5/10/20	018	npletion	Date (11)		Name	of OSI	HA Monitor								
Occupancy Status During Facility Closed/Vaca Abatement Performe Other – Describe:	ted During Entire F d Outside of Norm	Period of A	Abaten	nent			Street A		ip Code								
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City, State						Dispos	al Date		City, Stat Melville		1474						
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Date of Notification,(1)		Name of Building Ow			7	-	APR.	12	201/
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Justific	ation)	Name of Contact	& JC	730	Telepho	na Muse	har		
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County (6) Atlantic (1)+	y			Square Feet	# of Floor			Bldg. Ag	
Atlantic		County Code (7) (STATE USE ONLI)		Current Use (P	rior if being demo	olished)			
Name of Monitoring Firm Hired by Building	g Owner (8)	ASCM No.	Name o	F Abatement Co	ntractor (9)	-	.;	· -	
Street Address			1 70%	Joe A	harmen !	/h.		TIZTI	11
City, State, Zip Code			Street A	ddress 2 100 2 11	,	<u>را منادل</u>	<u>иг Ч.1</u> 0	11671	
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Project Manager for Monitoring Firm	17	Folgation 12	2/1.1	LUICO	MIT	550) .	(
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tan Date (10) 4 K4 18	Scheduled Comple	etion Date (11)		OSHA Monitor	114 0	10	/{}>		
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Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other – Describe:	eriod of Abatement Facility Hours			. Zip Code					
cope of Work (Check All That Apply)				. Zip Code					
≥3 sf or ≥3 if ≥160 sf or ≥260 if	Renovation Demolition			ivimi-Enclosure Glovebag Proced	ture				
	1	T :		Non-Exempted (*) and Non-Friab	le Proce	dure		
Location of	Is Location Normally						Aba	itement Type	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Solely by Maintenance/ Custodial Staff?	Asbestos Contai (i.e. thermal system	eription of ning Materia Is insulation AT, or	ni (ACM) , surfacing	Amount (Specify	Re		T	
(12)		other mi	scellaneous)		SF or LF)	Removal	Repair	Encapsulate	Enclosure
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State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-18 Date of Notification (1) Name of Building Owner/Operator (2) March 27, 2018 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address ☑Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) ☐ EPA ☐ Amended Notification # 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS DCA ■ Emergency (including City, State, Zip Code X DOL PISCATAWAY, NJ 08854 justification) ☑ DEP- No Longer REQUIRED □Cancelled Name of Contact Telephone Number X DOH MICHAEL F. SMITH, ENV. 848-445-2550 **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) ITV STUDIO, BLDG# 4048 ☐ School (K-12) ☐Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) LIVINGSTON CAMPUS # of Floors: 1 Bldg. Age: 80+ years Sa. Feet: N/A City (5) County (6) County Code (7) Current Use (prior if being demolished): ACADEMIC **PISCATAWAY** (State Use Only) MIDDLESEX Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 00098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 511 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number BRIAN R. KEARNEY 609-386-8800 00840 973-492-0477 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 04/06/18 04/09/18 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD, BLDG# 35E ☐ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code FAIRLAWN, NJ 07410 ☑ Other- Describe: Schedule: 5PM – 5AM Daily (24 HOURS &) WEEKENDS AS NEEDED) Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure □ ≥ 3 sf or >3 lf □ Renovation ■ Mini-Enclosure X > 160 sf or > 260 lf ■ Demolition ☐ Glove bag Procedure / Wrap & Cut ☑Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Material (ACM) in Facility (13) Solely by Maint./Custodial Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) or LF) YES NO NA 105A, 106 VAT X 240 SF NJDEP Waste Hauler ID # Name of Reg. Waste Hauler Name of Registered Landfill 5 CY Cubic Yards of Waste: See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 12561 100 New Ford Mill Rd. Morrisville, Pa Hauler #2) Newark Carting, Inc., Newark, NJ 04509 04/09/2018 19067 NJ DEP # 4509 215-736-1700 Completed by (Print or Type) Date RAYMOND C. PEDALINO SENIOR PROJECT March 27, 2018 Raymond C. Pedalino MANAGER



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

Check# 13084

GAC Project # 000-18	7-426													
Date of Notification (1)					Name of Building Owne	er/Operator (2)							
April 6, 2	2018				RUTGERS, THE S	STATE UN	VERSIT	VOENI						
Agencies Notified		Notification	Type		Street Address	717KTE 011	IV LICOIT	1 01 110						
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□ EPA					ENVIRONMENTAL									
□ DCA	39			otification #1 -	74 STREET 1603,	BLDG 411	6, LIVING	GSTON CA	MPUS					
X DOL		New Star	t & Co	mpletion Dates	City, State, Zip Code	- Ate	4.1		111					
	200	☐ Emer	gency	(including	PISCATAWAY, N.	08854	11.		111					
DEP- No Longer REQUIRE	D		cation)		Name of Contact			ne Number						
⊠ DOH				/	MICHAEL F. SMIT	H ENN		5-2550	i k-seed					
		□ Cance	llea				040-44	-5-2550	ŧ					
					HEALTH & SAFET	Υ	Ames .		.2.5					
Nome of Facility 1811 - 181				FACILITY IN	FORMATION		· ·		5.0					
Name of Facility Where Abateme		(ing Place (3)			Type of Facility (4)			p4						
ITV STUDIO, BLDG# 40	48				School (K-12)									
					Subchapter 8 (other th	an K-12)								
Street Address					Other (i.e. private & commercial buildings, homes, etc.)									
LIVINGSTON CAMPUS					Sq. Feet: N/A # of Floors: 1 Bldg. Age: 80+ years									
014.75					Sq. Feet: N/A # of Floors: 1 Bldg. Age: 80+ years									
	ounty (6)	• / /		y Code (7)	Current Use (prior if being demolished). ACADEMIC									
PISCATAWAY	MIDDI	LESEX	(State	Use Only)	Current Use (prior if being demolished): ACADEMIC									
Name of Monitoring Firm Hired by	DIA- O	···· (0)	10011											
ATC	Blag. U	wner (8)	ASCM		Name of Contractor (9)									
AIC			0009	98										
0					GREENWOOD ABA	TEMENT O	CONSULT	ANTS, INC						
Street Address					Street Address									
3 TERRI LANE														
					511 MAIN STREET									
City, State, Zip Code					City State, ZipCode									
	016													
Project Manager for Monitoring Fi		T-1			BUTLER, NJ 07405									
	1111	Telephone 1			Telephone Number License Number									
BRIAN R. KEARNEY		609-386	-8800											
Schodulad Start Data (10)		0.1			973-492-0477		00840							
Scheduled Start Date (10)	1	Scheduled (Completi	on Date (11)	Name of OSHA Monitor									
04/13/18		04/16/18			ENVIROVISION, INC.									
Occupancy Status During Abate	ment (C	Check only o	ne)		Street Address									
☐Facility Closed/Vacated Durin	a Entire	Period of A	hatemer	nf	20-21 WARGARAW	ROAD BI	DG# 35E							
☐Abatement Performed Outsid	o of Nor	mal Essility	Llaura		20 21 WAROAROW	NOAD, DE	.DG# 33L							
Describe:	e oi ivoi	mai Facility	nours -		City, State, Zip Code									
	CDM	CAM D-11	(04.11	01100.0	FAIRLAWN, NJ 074	10								
Other- Describe: Schedule:	SPIVI -	SAM Daily	(24 H	OURS &	I AIICEAVIA, 145 074	10								
WEEKENDS AS NEEDED)														
Scope of Work (Check all that app	ly)													
					ı	Trull Contain	ment with N	legative Press	Suro					
□ ≥ 3 sf or >3 lf			1	Renovation				regative Fress	suie					
≥ 160 sf or ≥ 260	16					Mini-Enclos								
	11			☐ Demolition		Glove bag								
						Non-Exem	oted (*) and	Non-Friable F	Procedure					
Location of Asbestos-Containing		ation Normal			bestos Containing Material	Amou		atement Type						
Material (ACM) in Facility (13)		by Maint./Cu	istodial		nal systems insulation, surfac		ify SF	10001 00 000						
	Staff?		NIA	VAT, or other mis	cell.)	or LF)	Re	move Repair E	ncap Enclose					
	YES	NO	NA											
105A, 106		X		VAT		240	SE IN	1 1						
	-	1-4		VAI		240	SF X	4						
Name of Reg. Waste Hauler		NJDEP Was	te Haule	r ID #	Cubic Yards of Waste: 5 CY Name of Registered Landfill									
See Hauler Below #1 & 2		See Below	,		G.R.O.W.S. North Landfill									
							J.11.0.V	NOITH L	anuilli					
Hauler #1) Greenwood Abatemen	t Consu	Itants, Inc	Butler, !	NJ 07405		Disposal Da	te	City, State						
NJDEP # 12561								100 New F						
Hauler #2) Newark Carting, Inc.,	Newark	, NJ 04509				04/16/20	18	Rd. Morris	sville, Pa					
NJ DEP # 4509						O II I OI LO		19067						
						1		215-736-1	700					
Completed by (Print or Type)														
	Tit	tle			Signature		Date							
RAYMOND C. PEDALING			ROJEC	т		ກຸ	Date April 6	2018						
	S	<u>tle</u> ENIOR PF IANAGER		т	Signature Raymond C. Pe	Edalino	April 6,	2018						



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

GAC Project # 060-18

GAC Project # 000-18														
Date of Notification (1)	42 204	0			Name of Building Owner			ITV O	- N.I					
	13, 201		т		RUTGERS, THE S	IAIEUN	VERS	1110	FNJ					
Agencies Notified		Notification		41	Street Address	IICAL TII	0 0 4 1	"POTONICAL S	DEDT	OFF	(C)			
□ EPA		⊠Initial I			ENVIRONMENTAL									
D DCA		A CONTRACTOR OF STREET		ification #	74 STREET 1603, E	3LDG 411	6, LIV	INGS	ON C	AMPU	JS .			
☑ DOL		☐ Emerg		including	City, State, Zip Code						11			
	וחבה		cation)		PISCATAWAY, NJ	08854	11 61				- 11			
DEP- No Longer REQU	IKED	□Cancel	led		Name of Contact				lumber /	2 2018	8 111			
X DOH					MICHAEL F. SMITH		848	-445-2	550		16			
		keesse a see a seesse			HEALTH & SAFET	<u>Y</u>] i.,	-04						
N				FACILITY IN			ř				- 25			
Name of Facility Where Abate					Type of Facility (4)		1 + 4			111	1- 1-			
CAMDEN SCIENCE,	BLDG#	7002			School (K-12)					2.00				
Street Address					Subchapter 8 (other tha				FORE					
CAMDEN CAMPUS					Sq. Feet: N/A #	mmercial buil f of Floors:				ears				
City (5)	County (6	3)	County	Code (7)										
CAMDEN	CAMDI			Use Only)	Current Use (prior if bein	g demolished	d): AC	ADEMI	C OFFIC	ES				
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Name of Monitoring Firm Hire	al bu Dialas d	O	ACCM	Ne	N(0)									
ATC	d by blug.	Owner (o)	0009		Name of Contractor (9)									
AIC			0008	70	GREENWOOD ARA	ITS 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	08016				BUTLER, NJ 07405									
Project Manager for Monitorin	g Firm	Telephone N	Number		Telephone Number		Licen	se Num	ber					
BRIAN R. KEARNEY		609-386	-8800					10075						
					973-492-0477		0084	40						
Scheduled Start Date (10)			Completic	on Date (11)	Name of OSHA Monitor									
03/23/18		03/26/18		<u> </u>	ENVIROVISION, INC	J								
Occupancy Status During A					Street Address									
Facility Closed/Vacated D				nt	20-21 WARGARAW	ROAD, BI	DG# 3	35E						
Abatement Performed Ou	utside of No	ormal Facility	Hours -		City, State, Zip Code									
Describe: Other- Describe: Sched					FAIRLAWN, NJ 074	10								
		/EEVENDS	AC NET	-DED)										
PM – 5AM Daily (24 HO	UKS & W	EEKENDS	AS NEE	EDED)										
Scope of Work (Check all that	t apply)													
						☐Full Contai	nment v	vith Nec	ative Pr	essure				
				⊠Renovation		Mini-Enclo								
□ > 160 sf or >				☐ Demolition		Glove bag		lure / W	rap & Cu	ıt	1			
						Non-Exem					dure			
Location of Asbestos-Contain		ocation Normal			bestos Containing Material	Amou	int		ment Typ					
Material (ACM) in Facility (13)		ly by Maint./Cu	ustodial		nal systems insulation, surfac		ify SF	Dame	. Denei	-	Englass			
	YES	f? (12) S NO	NA	VAT, or other mis	scell.)	or LF)	Kemov	e Repair	Епсар	LIICIOSE			
	12	3 110	INA											
ROOMS 012, 015, 020		X		TSI – Pipe In	sulation	<9	LF	X						
								X						
								X						
Name of Reg. Waste Hauler		NJDEP Was	te Haule	r ID#	Cubic Yards of Waste:	5 CY	Name	of Reg	istered La	andfill				
See Hauler Below #1 &	2	See Belov	Y		- Casio range or reactor		G.R.	O.W.S	. North	Landi	fill			
Hauler #1) Greenwood Abat	ement Cons	sultants, Inc	Butler, 1	NJ 07405		Disposal Da	ate		City, Sta					
NJDEP # 12561	_									w Ford				
Hauler #2) Newark Carting,	Inc., Newa	rk, NJ 04509				03/26/20	18		19067	rrisville	,rd			
NJ DEP # 4509									215-736	5-1700				
Completed by (Print or Type) Title					Signature		Date							
RAYMOND C. PEDAL		SENIOR P	ROJEC	T.	100 TO THE TOTAL TO SERVE	Π.,	NAME AND ADDRESS OF THE PARTY O	ch 13,	2018					
		MANAGER		5 ·	Raymond C. Pe	edalino	ivial	JII 13,	2010					
		MANAGER			Med Comment of the Co									

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



State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7) GAC Project # 060-18 Date of Notification (1) Name of Building Owner/Operator (2) March 13, 2018 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address ☑Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) ☐ EPA ☐ Amended Notification # 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS DCA ☐ Emergency (including City, State, Zip Code X DOL PISCATAWAY, NJ 08854 justification) ☑ DEP- No Longer REQUIRED Telephone Number ? Name of Contact □Cancelled 2018 X DOH MICHAEL F. SMITH, ENV. 848-445-2550 **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) CAMDEN SCIENCE, BLDG# 7002 School (K-12) ☐Subchapter 8 (other than K-12) Street Address X Other (i.e. private & commercial buildings, homes, etc.) CAMDEN CAMPUS # of Floors: 4 Bldg. Age: 80+ years Sq. Feet: N/A City (5) County (6) County Code (7) Current Use (prior if being demolished): ACADEMIC OFFICES CAMDEN CAMDEN (State Use Only) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 00098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 511 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number BRIAN R. KEARNEY 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 03/23/18 03/26/18 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD, BLDG# 35E Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe: FAIRLAWN, NJ 07410 X Other- Describe: Schedule: 5 PM - 5AM Daily (24 HOURS & WEEKENDS AS NEEDED) Scope of Work (Check all that apply) ☐Full Containment with Negative Pressure **X**Renovation ■ Mini-Enclosure □ > 160 sf or > 260 lf ☐ Demolition ☒ Glove bag Procedure / Wrap & Cut ☐ Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type (Specify SF Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) or LF) NO NA YES ROOMS 012, 015, 020 X TSI - Pipe Insulation <9 LF X X X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill 5 CY Cubic Yards of Waste: See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State 100 New Ford Mill NJDEP # 12561 Rd. Morrisville, Pa Hauler #2) Newark Carting, Inc., Newark, NJ 04509 03/26/2018 19067 NJ DEP # 4509

Raymond C. Pedalino

215-736-1700

March 13, 2018

MANAGER

SENIOR PROJECT

Completed by (Print or Type) RAYMOND C. PEDALINO

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

GAC Project # 060-18

Date of Notification (1) March	13, 201	8			Name of Building Owner RUTGERS, THE S			NTV O	FNI		
Agencies Notified EPA DCA	M	Notification Initial	Notificated Not	ation iffication # (including	Street Address ENVIRONMENTAL 74 STREET 1603, I City, State, Zip Code	HEALTH	& SA	FETY	DEPT		
☑ DOL ☑ DEP- No Longer REQUII ☑ DOH	RED	justific □Cance	cation) lled		PISCATAWAY, NJ Name of Contact MICHAEL F. SMITH HEALTH & SAFET	H, ENV.	Tele 848	phone N -445-2	lumber 550	2 20)18
Name of Facility Where Abata		Line Dines (0)		FACILITY IN	FORMATION					X	
Name of Facility Where Abater CAMDEN SCIENCE, E					Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (other that	ın K-12)		fr - 2			27
Street Address CAMDEN CAMPUS					Sq. Feet: N/A	mmercial bu of Floors:				/ears	i.
City (5) CAMDEN	CAMD			y Code (7) Use Only)	Current Use (prior if bein	g demolishe	ed): AC	ADEMI	C OFFI	CES	
Name of Monitoring Firm Hired	by Bldg.	Owner (8)	ASCM 0009		Name of Contractor (9)						
Charat Addana					GREENWOOD ABA	TEMENT	CONS	JLTAN	TS, IN	C.	
3 TERRI LANE					Street Address 511 MAIN STREET						
City, State, Zip Code					City State, ZipCode						
	08016				BUTLER, NJ 07405						
Project Manager for Monitoring BRIAN R. KEARNEY	Firm	Telephone 1 609-386			<u>Telephone Number</u> 973-492-0477		Licen 0084	se Numl	oer		
Scheduled Start Date (10) 03/23/18		Scheduled 0 03/26/18		on Date (11)	Name of OSHA Monitor ENVIROVISION, INC	C.	1 000				
Occupancy Status During Ab Facility Closed/Vacated Do Abatement Performed Out	uring Enti	re Period of A	batemer	nt	Street Address 20-21 WARGARAW	ROAD, B	LDG# :	35E			
Describe: Other- Describe: Schedu	le: 5	**************************************		EDED)	City, State, Zip Code FAIRLAWN, NJ 074	10	A 38 33 3				•
Scope of Work (Check all that a											
	60 If			Renovation Demolition	I	□Full Conta □ Mini-Encle ☑ Glove bag	osure				е
	Demolition Signature Wrap & Cut Non-Exempted (*) and Non-Friable Procedu								edure		
Location of Asbestos-Containin Material (ACM) in Facility (13)	Sole	ly by Maint./Cu f? (12)			nal systems insulation, surfac	ing, (Spe or LF	cify SF		ment Ty e Repai		p Enclose
ROOMS 012, 015, 020		X		TSI - Pipe In	sulation	<9	LF	X	T	T	
	TSI – Pipe Insulation <9 LF 区 区 区 区 区 区 区 区 区 区 区 区 区 区 区 区 区 区									_	
	auler NJDEP Waste Hauler ID # Cubic Yards of Waste: 5 CY Name of Registered Landfill								+		
Name of Reg. Waste Hauler	-	NJDEP Was	te Haule	r ID#	Cubic Vardo of Maste:	5 CV	Name		stered L	andfill	
See Hauler Below #1 &		See Below	/		Cubic Tards of Waste.		G.R.	O.W.S.			
Hauler #1) Greenwood Abater NJDEP # 12561 Hauler #2) Newark Carting, I NJ DEP # 4509	nc., Newa	rk, NJ 04509	Butler,	NJ 07405		03/26/20			City, St 100 Ne Rd. Mo 19067 215-73	w Fore	le, Pa
Completed by (Print or Type) RAYMOND C. PEDAL	INO	<u>Title</u> SENIOR PI MANAGER		СТ	Signature Raymond C. Pe	Edalina	<u>Date</u> Mar	ch 13,	2018		

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

PAID

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

check 454Z

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Date of Notification (1) 4-3-2018			1	lame of I	Building C	RT/	erator (2	5 6 1	ONO		F	(C)	er E	1	
Agencies Notified Type Notifi	ation		S	treet Ad	dress	7		- 01	0 0	111		1.5			17.5
	led lment#_		_ (City, State	e, Zip Cod	°,)GF	- (1 T	- 0	765	PE	1 2	20	18
	ency (inc	luding	N	Name of	Contact		, ,	'		T-1		_		, —	_
□ DCA □ Cance	lation		7	<u>), ¬</u>	AK	AG		SNE						,	- \$
Name of Facility Where Abatement is T	aking Plac	ce (3)		FACIL	ITY INF	UKMAI	UN	Type of	Facility (4)			-			-
D-TARTAGL	10	VE							chool (K-12)						
Street Address			,		<u> </u>	^			ubchapter 8 (ther (i.e. priv			uildin	gs, hor	nes, et	ic.)
City STARK RIDG	F					_		Square 19	Feet	# of Flo	OOTS	B	dg. A	ge V/k	25
County (6) BERGEN		-		County C	ode (7) SE ONLY)			Curren	Use (Prior i		molished)	Hr	P	/	
Name of Monitoring Firm Hired by Bui	ling Owr	ner (8)		ASCM	No.				ment Contrac	tor (9)	1	10			
Street Address	-			<u> </u>				est Rer	noval In	С					_
Steet Address									th River	Street					
City, State, Zip Code							City,	State, Zip	Code						
Project Money for Manifesian Firm			-1-	Calanh an	- No			ckensa hone No.	ick, NJ 0		icense No.				
Project Manager for Monitoring Firm				Telephon	e No.		reich		29-7444		003				
Start Date (10)		Scheduled	Compl	etion Da	te (11)			of OSHA							
Occupancy Status During Abatement (C	heck Only	4 -	1/	-1	<u> </u>			mega I	Environn	nental		_			
☐ Facility Closed/Vacated During E	1		ement						yler Stree	et					
Abatement Performed Outside of Other - Describe: 314M	Normal Fa	cility Hou	ırs					State, Zip	Code łackensa	ale NII	07606			7518	
Scope of Work (Check All That Apply)								soum r	1ackensa	ck, NJ	07000				
≥3 sf or ≥3 lf		Y⊠ R	enovati	on				☐ Full	Containmen	t with Nes	pative Pres	sure			
□ ≥160 sf or ≥260 lf			emoliti					Min	i-Enclosure vebag Proced		5011701100	54.0			
								□ Non	-Exempted (*) and No	n-Friable I	roced	ure		
		1	Locatio	5574 B										ment pe	
Location of Asbestos-Containing Material (AC	-M	Use	d Solely	y by	Ashe		scriptio	n of Material (ACM)	Amo	ount				
TO BE ABATED	1"		intenan todial S			rmal syste		ulation, su		(Spe	cify	Ren	Re	Enca	Encl
In Facility (13)			(12)					aneous)		31 0	LI	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A				4						te	
BASEMENT				2	THE	- Comb	76	12050	/LATION	75	5 LF	X			
	-				-				-				-		
Name of Registered Waste Hauler				JDEP W		Cubic			Name of R	egistered	Landfill	1			
Best Removal Inc			H	auler ID 171		of Was	YD		Control of the second second		a Enter	pris	es, L	LC	
City, State Hackensack, NJ 07601			w. water			Dispos 4-	al Date	-	City, State		OLI 4	160	Q		
Completed by	+	Title				1	Signatu	re/		esourg	y, OH 4			_	22
Robert Veldran			stima	tor			R.	Veld	ran		4	! - [5-	20	18

State of New Jersey

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

Date of Notification	n (1)			NI		(D !!!						27 P. 11	17/ [-
3-20-2018	82 33			TC	IME C	S CVDC	ing Ow	ner / Ope O 2015 L	rator (2)					
Agencies Notified	Type No	tification		Str	eet A	Address	214 1 1 1 1	U 2015 L	LC		H AP	R 12 20	118	
⊠ EPA □ DEP				80	Kind	derkan	nack F	Road, Sui	te 200		fied by		710	Lanne
Ø DOL		itial		Cit	y, Sta	ate & Zi	ip Code	e	10 200				Literature	1
⊠ DOH		mended mergency		Riv	er E	dge, NJ	0766	1			ASSEC.	30.543.047	ROL 8	2
☐ DCA		ancellation		Na	me o	f Conta ublirer	act			ŧ	and a supplemental property of the supplement	Telephon	e Mur	nhor
				Da	vid D	ublirer						Cell 201	-322-	4051
Name of Facility M	Ihoro Abata				FAC	ILITYI	NFOR	MATION						
Name of Facility V Sharon Apartment	s – Building	ement is Taking	Place	(3)		4500		Type of Fa	acility (4)					
Street Address	- Janani	3 17 Z						☐ School	ol (K-12)					
34 State Street								☐ Subcl	hapter 8	Other that	an K-12)			
0:1 (5)							h-	Other Sauces	(i.e. priv	ate & con	nmercial build	lings, home	s, etc.)
City (5)		County (6)		Count	y Cod	de (7)		Square Fe 27 255	et	# of Flo	ors	Bldg. Age		
Teaneck, NJ 07666	j .	Bergen				(.)	la	Current Us	e (Prior i		emolished)		91	
Name of Monitoring	Firm Hiro	d b., D. '11'					1	partment	Building	ii beilig u	emolished)			
L'icaitil alla Salety	Services	d by Building O	wner (8)	A	SCM N	Vo.	lame of A	batemen	t Contrac	tor (9)			
Street Address			-					esource l	Managen	nent Grou	ıp, LLC			
P.O. Box 365							13	treet Add	ress					
City, State & Zip Co Berlin, NJ 08009	ode							115 Hami ity, State	& Zin Co	Suite 20	2			
Project Manager fo	Monitoring	Firm	1				T	renton, N.	J 08619	ue				
IVII. JIM Proctor) riiii	lele	ephor -452-	ie Nu	mber	T	elephone	Number		License	Number		
Scheduled Start Da	te (10)	Scheduled Co	omnlet	ion D	1311	111		09-914-42				01185		
4-3-2018	3		4 40	2011	ale (11)	IN IS	ame of O	SHA Mor	nitor				
Occupancy Status I	During Abat	tement (Check	onle -	- \			9	S Environ	nmental	Laborator	ries, Inc.			
L GOILLY CIUS	eu/vacare	I luring Entire	Davis	- C A	baten	nent	23	333 Route	22 Wes	t				
Describe:	CHOILEU	milling Mormal L	Hours:				C	ity, State 8	& Zip Coo	de				
L Facility Occ	upied Durin	a Abatement					U	nion, NJ 0	7083					
Scope of Work (Che	ck all that a	apply)												
≥3 sf or ≥3 li			220-22						\boxtimes	Full Cont	oinmantit.			
≥160 sf ≥260			\boxtimes		nova					Mini-Encl	ainment with I	Negative Pr	essure	е
	7 11			De	moliti	ion				Glove Ba	g Procedures			
Lo	cation of		T le	Loca	tion	1				Von-Exer	npted and No	n-Friable Pr	ocedi	ıre
Asbest	os-Containi	ng		nally		4	Act	Description	OU OL		Amount	Abater	nent T	Гуре
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Street Address						M	Subchapter Other (i.e. p				ouild	inas.	home	es
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Street Address					Stree		o Inc.							
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City, State, Zip Code							, Zip Code					-		7,150
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Project Manager for Monitoring Firm			Telepho	ne No.	Telep		No. 3-9800		Licens					
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In Facility (13)	Cus	(12)	Jian:		surfacing, Va				or LF)		Removal	Repair	Encapsulate	Enclosure
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Completed by Anthony T Perna	Title	ident			Signatur	0	7			Date 4/6/	10			
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Street Address Street Address Street Address 235 Virginia Avenue City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code Jersey City, NJ 07304 Project Manager for Monitoring Firm Telephone No. Telephone No. 201-333-8855 D1174 Start Date (10) 4-9-2018 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Street Address City, State, Zip Code City, State, Zip Code Tity Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement Type Abatement Type Asbestos-Containing Material (ACM) Assestos Containing Material (ACM) Assestos Containing Material (ACM)	Hudson	3-03		County (STATE	Code (7) USE ONLY)		Current Use (Pri	or if being o	demolish	ed)			
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Date of Notification (1) April 3, 2018		,		of Buildin		Operator	(2)		1	A	PR 1	2 2	2018	
leave and the second	otification			Address East 22r	nd Stree	et				ASUL.		CON		L &
	ial nended nendment #		City, S	tate, Zip (Code		22		konsumengara	weller das Alekson July	Little	:510	<u> </u>	
≥ DOH	nergency (including tification)	-	Name	nne, Ne	t	ey 0700	JZ 			phone N				
	ncellation			el Walte		ION			318	-227-8	703	1-77		
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Name of Monitoring Firm Hired by Envirovision Consultants, Ir	Building Owner (8)	ASC 000	M No. 79		Name Insul	of At	patement Conn			19			
Street Address 20-21 Wagaraw Road, Bldg	j. 34A					Street	Addr							
City, State, Zip Code Fair Lawn, New Jersey 074	10				1	City, S	tate,	Zip Code La 70183						
Project Manager for Monitoring Fire Guillermo Morales	m		Telepho 973-6	one No. 36-9145	5	Teleph 504-7		No. 5033		License 01120	No.			
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City, State Dunmore, Pa					Dispos 4/23/1			City, State Bethlehe	m. PA					
Completed by Daniel Walters	Title Area	Mana	ager			gnature	<u> </u>			D	ate /3/18			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 4 McDonald's USA LLC Agencies Notified Type Notification Street Address X EPA 111 Wood Ave South APR 12 2018 **⊠** DOLWD ☐ Amended City, State, Zip Code ☑ DOH Amendment # Iselin, NJ 08830 ☐ DCA ☐ Emergency (including Telephone Number SING (NJAC 5:23-8) justification) Name of Contact □ Cancellation William Weisgerber 732-623-8522 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Former McDonald's School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 573 Borthfield Ave homes, etc.) City (5) Square Feet # of Floors Blda. Age West Orange 5.000 1 50 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Atlantic former mcdonalds Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) EHS Environmental Inc. Plymouth Environmental Co., Inc. Street Address Street Address 411 Southgate Court 923 Haws Ave. City, State, Zip Code City, State, Zip Code Mickleton, NJ 08056 Norristown, PA 19401 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Jack Carney 856-224-0080 610-239-9920 00398 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 4_ / _26 / _18 5 / 11 / 18 EHS Environmental Inc. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 411 Southgate Court Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00 AM-3:30 PM/____PM-___AM Mickleton, NJ 08056 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure $\square \ge 3$ sf or ≥ 3 If □ Renovation Mini-Enclosure ≥160 sf or ≥260 lf ☐ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Repair Removal Encapsulate Enclosure Asbestos Containing Material (ACM) Amount TO BE ABATED Maintenance/ (i.e., thermal systems insulation. (Specify IN Facility Custodial Staff? surfacing, VAT, or SF or LF) (13)(12)other miscellaneous) Yes No N/A flat roof and parapet walls X flashing and coping tar sealant 1,148SF M exterior facade M П window/door caulk 200LF X flat roof M П П flashing tar coat 1,200SF X mansard roof level X П П asphalt roof shingles 2,400SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Newark Carting Waste **GROWS Landfills** 4509 50CY City, State Disposal Date City, State Newark, NJ 5/11/18 Morrisville, PA Completed By (Print or Type)

ASB-41

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

Signature

Title

Vice President

James M. Kelly

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

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Date of Notification (1)					Nam	e of Buildi	ina C)wner/Operator	(2)	MUY	211	/	1	10
4/	6 /	18			Fe	ederal Av	viatio	on Administr	ation - William	J. Hughes T	echnica	I Ce	nter	
Agencies Notified	Type Notifi	cation				et Address								
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□ DCA	☐ Emerge		dudin	- -	At	lantic Cit	ty In	ternation Air	port, NJ 08405					- 1
(NJAC 5:23-8)	justifica	tion)	addiri	9		e of Conta			,		Jumber	CON	TRO	L &
	☐ Cancella	ation			Ke	vin Scot	tt			Telephone 1	9351	VSIN	G	THE SHAPE S
					FA	CILITY	INFC	RMATION						
Name of Facility Where A			Place	e (3)					Type of Facility	(4)				
FAA WJHTC- Buildi	ng 303 Ro	of							School (K-12	2)				
Street Address	ornotional	۸:							Subchapter 8	3 (Other than k rivate and com	<-12) mercial b	uildir	as.	
101 Atlantic City Int	ernational	Airpo	π - Ε	suildi	ng 30	3 Roof	-1-0-5-5		homes, etc.)				90,	
Atlantic City									Square Feet	# of Floors	E	Bldg. /	\ge	
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Atlantic					000	my code ((1)(0)	ATE USE UNLY)	Current Use (Pri		nolished)			
Name of Monitoring Firm I	Hired by Buil	ldina Ov	vner	(8)	ASCM	l No	N	ama of Abatam	ent Contractor (9)					
EHS Environmental				(0)	/ (COIV	NO.			577.5					
Street Address							_	reet Address	vironmental Co	o., Inc.				
411 Southgate Cour	t							923 Haws Av	_					
City, State, Zip Code					-		_							
Mickleton, NJ 08056	5						- 8	ty, State, Zip Co Norristown, F						
Project Manager for Monit				Tele	ephone	No	-	elephone No.	A 19401	T1: N				
Jack Carney				80.88		-0080	11.00	610-239-9920		License No				
Start Date (10)		Schedul	led C	1000		ate (11)		me of OSHA M		00398			2006	
4 /23 /						18	10000	EHS Environ	27/1/1077 P					
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☐ Facility Closed/Vacated	During Enti	re Perio	od of	Ahata	ment		1 10000	reet Address						
Abatement Performed (Dutside of N	ormal F	acility	/ Hou	s - Des	scribe		411 Southgat						
Time of Abatement: 7:0	00AM- <u>3:30</u> F	PM/	Pi	M	AM		100	y, State, Zip Co Mickleton, NJ						
Scope of Work (Check all t	hat apply)						1							
≥3 sf or ≥3 lf		Б	d Re	novati	on			☐ Full Cont ☐ Mini-Encl	ainment with Neg	ative Pressure	i.			
≥160 sf or ≥260 lf		Ē		molitic				☐ Glovebag	Procedure					
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Asbestos-Containing M		1)	Use	d Sole	ly by	Ashe	estos	Description of Containing Mat	f terial (ACM)	Amount	Z.	R	Щ	Щ
TO BE ABAT	ED			ntena	nce/ Staff?	(i.e	e., the	ermal systems i	nsulation,	Amount (Specify	Removal	Repair	ncap	nclo
IN Facility (13)			Oust	(12)	Jian:			surfacing, VAT, her miscellaned		SF or LF)	Val	"	Encapsulate	Enclosure
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Waste Management					auler II 17273	No.	Wa	ste	GROWS Lai					
City, State					11213			OCY posal Date	City, State					
Trenton, NJ								/4/18	Morrisville,	PA				
Completed By (Print or Typ	e)	Title	MIDIE				1	Signature			Date .	(0.00)		
James M. Kelly		Vice	e Pre	side	nt			111			4	101	10	

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Ch 588		PET PET	FICATION	Ate of New NOF ASBE TO NJAC 8	STOS ABAT :60 and 12:1	EM 20)	IENT								
Date of Notification (1) 4/6/2018				of Building Co nnial Place	owner/Operat	or (2)			L	APH	-1-	2	2018	-
Agencies Notified Type Notification EPA Initial	1			Address I. Front St	treet			7111		ASI.	ZOTO UK	EN.	AJA SIN	VTRO)L &
X DEP Amended X DOL Amendmen			252.0	ate, Zip Cod len, NJ 08					- Innovane				-	************	
DOH Emergency justification Cancellatio)			of Contact cca Rubn	itz	-				ephone I 8-715-		r			
Name of Escility Where Abstract is Taki	Di (2)	FAC	ILITY INFO	RMATION	_									
Name of Facility Where Abatement is Taki Millennial Place	ng Place (3)					-	of Facility (4 School (K-12							
Street Address 201 N. Front Street						Managed Named	×	Subchapter 8 Other (i.e. pretc.)	(Oth	er than K & comme	(-12) ercial b	uildir	ngs,	hom	98,
City (5) Camden						- 1		e Feet	# of	Floors		Bld 50	g. A +	ge	
County (6) Camden				Code (7) USE ONLY)		1		nt Use (Prior	if bei	ng demo	lished)	150			
Name of Monitoring Firm Hired by Building FINOG Environmental, Inc	Owner (8))	ASC	И No.	0.0			ement Cont							
Street Address 617 Stokes Road, Suite 4-318							ddres	s ood Dr							
City, State, Zip Code Medford, NJ 08055								p Code in Crossin	a P/	1807	7				
Project Manager for Monitoring Firm Rebecca Rubnitz			Telepho	ne No. 52-2211	Tele	oho	ne No 13-7).	9, 17	License	e No.				
Start Date (10) 04/20/2018			mpletion	Date (11)	Nam	e of	f OSH	A Monitor		01225	· · · · · ·				
Occupancy Status During Abatement (Che	06/23/				Sar	100	ddres								
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of A	Abater	ment s					o Code							
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Expressed.	Renova Demoli				×	Mini	Containmer -Enclosure /ebag Proce -Exempted (dure				dure	_	
Location of	1	Locat	lly		Descriptio	n o			, , , , ,					ment	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Sole intena todial ((12)	nce/	(i.e. th	s Containing ermal system surfacing, V other miscella	Mai ns ir AT,	terial (nsulat or		(S	nount pecify or LF)	Kemova	,	Repair	Encapsulate	Enclosure
	Yes	No	N/A				ń				la			late	ıre
ATTACHED						cerci.									
							1000000								
Name of Registered Waste Hauler		N	JDEP W	aste	Cubic Yards			Name of Re	nieter	ed Land	fill				
Service Transport Group		Н	lauler ID W2117	No.	of Waste			Minerva							
City, State New Castle, DE					Disposal Date FBD	Э		City, State	urg,	ОН					
Completed by Andre Gosek	Title Mana	ager			Signatur	e	1		\Rightarrow		Date 04/06	/20	18		

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J. C.									
ASER O	Is Loc Us Mainter	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)	rmally by ustodial				Abatem	Abatement Type	
Location of Asbestos- Containing Material (ACM) TO BE ABATED In Facility (13)	Yes	No	NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	-ω<ο∃οπ	ג ה ס מ ר	теовор-ш-	0 ¬ ⊂ ν ο − ο ⊃ π
Eight Floor			×	Pipe insulation	554 LF	×			
Eight Floor			×	Floor Tile	5400 SF	×			Sport But of Vision
Seventh Floor			×	Floor Tile	410 SF	×			
Seventh Floor			×	Sprayed on Ceiling	390 SF	×			
Sixth Floor			×	Pipe insulation	57 LF	×			
Sixth Floor			×	Floor Tile	7000 SF	×			
Fifth Floor			× ×	Floor Tile Pine insulation	3362 SF	×			
Fifth Floor			×		255 SF	× >			
Third Floor			×	Floor Tile	7305 SF	×			
Third Floor			×	Mastic	50 SF	×			
Third Floor			×	Ceiling tile	7000 SF	×			
First Floor			×	Floor Tile	9270 SF	×			
Basement			×		255 SF	×			
Basement))		.	material	300 SF	×			
Dasament					190 SF	×			1
Basement			×	Wall material	75 SF	×			

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Date of Notification (1) 04/05/2017 PAL Job#17-1738 Add	d Mater	rial		of Building Own d Airlines, In		r (2)	and the second		Al	R 1	2 20)18	
Agencies Notified Type Notification				Address S. Wacker Dr	ive - 11th	ı Flo	oor HDOOL		ASLUE!	1050	ZNT	ROL	&
EPA Initial Amended Amendment	t# 1		City, S	tate, Zip Code			JOI TID QUE			EN	SING		
□ Emergency justification) □ DCA □ Cancellation	(includin	g		of Contact				Tele	ephone N	Number		2074	
- 1 -			FAC	ILITY INFORM	ATION								
Name of Facility Where Abatement is Takir Newark Liberty International Airpo	ng Place rt Build	(3) ing 15				Ту	pe of Facility (- 11-1			
Street Address 151 Conrad Road						×	Subchapter Other (i.e. p	8 (Othe	er than K comme	-12) rcial bu	ildings	s, hom	es,
City (5) Newark							uare Feet ,000	# of	Floors		Bldg	Age	
County (6) Essex				Code (7) USE ONLY)			rrent Use (Priorport	or if bein	ng demol	ished)			
Name of Monitoring Firm Hired by Building ATC	Owner (8	3)	ASCI N/A	M No.	Name PAL	of A En	batement Con /ironmental	tractor ((9) ces				
Street Address 104 East 25th Street 8th Floor					Street 11-0		ress ueens Plaz	a Sout	th				
City, State, Zip Code New York, NY 10010							Zip Code and City, N	Y 111	01				
Project Manager for Monitoring Firm			Telepho 212-3	ne No. 53-8306	Teleph	none			License 2867				
Start Date (10) 01/04/2018	Schedu 06/04/		npletion	Date (11)			SHA Monitor Nowalczyl	<					
Occupancy Status During Abatement (Chec		North N			Street	Addr	ress						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of nal Facilit	Abaten y Hours	nent		City, S	tate,	ch 98th Stre Zip Code		. 193				
Scope of Work (Check All That Apply)					Rock	awa	ay Park, NY	1169	4				
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	THE CONTRACT	Renova Demolit			×	FNG	ull Containme fini-Enclosure Blovebag Prod Ion-Exempted	edure	855				
Location of		S Locati Normal	ly	[Description		SII EXCITIFICA	() and	NOTE TO	DIETTO	Abate		98.96
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole aintenar stodial S (12)	nce/	Asbestos Co (i.e. therm sur		lateri insu T, or	ılation,	(Sp	ount ecify or LF)	Remova	Repair	Encapsulate	Enclosure
Facade	Yes	No	N/A							<u>a</u>		ate	re
racade		X		So	cratch Co	oat		3,5	500	X			
										-			
Iomo of Decistors 114								-					
Name of Registered Waste Hauler		Ha	JDEP Wauler ID 310	No. of W	ic Yards /aste /ards	-5	Name of R Minerva			11			
City, State hirley, NY 11967				Disp	osal Date 20/2018		City, State Waynesh	ourg. (DH 446	588			
Completed by nn Ali	Title Comp	pliance	e Admi	in	Signature	X		3, 1	D	ate 4/05/2	2018		



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

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

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Date of Notification (1) 04/03/2018					of Building C n Goncalv	Deliver to the second of the	perator	(2)				33.0		a marine di manadi
	e Notification				Address	es ———				wine [7 6	[2	7 1	7 17
		E.		Street	Address					[]_E	5 15	<u>F</u> .	H V	
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X DOL	Amendmen	t #		100 100 100 100 100 100 100 100 100 100	n, NJ, 070						APR	12	201	18
▼ DOH	Emergency justification)		3		of Contact				116	lephone			20	10
DOH DCA	Cancellation			Jasor	n Goncalv	es								*****
N				FAC	ILITY INFO	RMATIO	N			AS		TAIC	WITH NG	OL 8
Name of Facility Where Abate Residential Property	ement is Takir	ng Place ((3)					Type of Fac	cility (4)	TANKE TO AN PARK SERVICES	Militarian - 11	entrage to the second		*******
Street Address									(K-12)					
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7.2004.0000000								1,800	2			1940)	
County (6) Union				(STATÉ	Code (7) USE ONLY)	1,	_	Current Use	(Prior if be	ing demo	olished)			
Name of Monitoring Firm Hire	d by Building	Owner (8)	ASCI	M No.			of Abatement vic Contrac		r (9)				
Street Address								Address S 5th St.						
City, State, Zip Code						(City, S	tate, Zip Code	е					
		X					Eliza	beth, NJ 0	7206					
Project Manager for Monitoring	g Firm			Telepho	ne No.		8.5	one No. 119-4762		License 0135				
Start Date (10)					Date (11)	- III 83		of OSHA Mor	10-10-10 miles					
04/13/2018		04/20/						nvironmen	tal Labor	atories				
Occupancy Status During Aba								Address						
Facility Closed/Vacated D Abatement Performed Out Other – Describe:	Ouring Entire I utside of Nom	Period of a nal Facility	Abater / Hour	ment s			City, St	Route 22	9			6/11/2-3		
Scope of Work (Check All Tha	t Apply)						Unior	n, NJ, 0708	33					
	(Apply)	[E] -												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demoli				×	Mini-Enclo Glovebag	Procedure					
		l le	Locat					NOII-EXEII	pted (*) an	u Non-Fr	lable Pi		emeni	
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TO BE ABATED In Facility		10	todial S	7177777	(i.e. th	ermal sy surfacin		insulation,		pecify or LF)	Rer	Re	Encapsulate	Enclosure
(13)			(12)		c	other mis			0.	OI LI)	Removal	Repair	lusc	nso
		Yes	No	N/A							1 20		ate	ē
1st Floor				X		Pipe In	sulat	ion	1	0 LF	X	+		
Basement				Х		Pipe In				0 LF	X			
Name of Registered Waste Har	uler		N	JDEP W	aste	Cubic Ya	rds	Name	of Registe	red I and	Ifill			
Century Waste	1559/2001		Н	lauler ID 2797		of Waste		100000000000000000000000000000000000000	O.W.S.	iou Lailu	milit.			
City, State			- 0.	_101		Disposal	Date	City, S			-			
Elizabeth, NJ						TBD	Jule	57000	isville, P.	Α				
Completed by		Title				Sign	ature,		1	889	Date			
Jeymy Donneys		Owne	er		() Western Dept.	1 7	fly	WD	u II	V	04/03/	2018	2	

(Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 04/ 6/2018 Metrovation/Cole, G.P. Check No. 1073 Agencies Notified Type Notification Street Address 25 Bridge Avenue, Suite 150 **EPA** X Initial City, State, Zip Code X DEP П Amended X DOL Red Bank, NJ 07701 Amendment # Emergency (including Name of Contact Telephone Number X DOH justification) Kerry Dolan 732-933-8382 DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Acti WITROL & Building LICENSING School (K-12) Street Address Subchapter 8 (Other than K-12) 220 Monmouth Street ☑ Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age Red Bank, NJ 07701 County (6) Current Use (Prior if being demolished) County Code (7) Monmouth (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Brinkerhoff environmental Services, Inc. Lilich Corporation Street Address Street Address 1805 Atlantic Avenue 606 McBride Ave City, State, Zip Code City, State, Zip Code Manasquan, NJ 08736 Woodland Park, New Jersey Project Manager for Monitoring Firm Telephone No Telephone No. License No. Gary W.Fleming 732-223-2225 973-225-8400 01104 Start Scheduled Completion Date (11) Name of OSHA Monitor 04/17/2018 04/25/2018 Iris Environmental Laboratories, LLC Occupancy Status During Abatement (Check Only One) Street Address 2333 Route 22 West Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours П City, State, Zip Code ☐ Other - Describe: Union, NJ 07083 Scope of Work (Check All That Apply) □ ≥3 sf or ≥3 lf П Renovation Full Containment with Negative Pressure П ⊠≥160 sf or ≥260 lf X Demolition [X] Mini-Enclosure Glove Bag Procedure / Limited Containment &Tent Non-Exempted (*) and Non-Friable Procedure Amount Abatement Is Location (Specify Туре Normally Location of Description of SF of LF) Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation. Enclosure Remova Custodial Staff? Repair In Facility surfacing, VAT, or (12)(13)other miscellaneous) Yes No N/A Basement X Boiler Flue Ring 1sf X Basement X Cementitious Packing Boiler Motor 1 If X Basement White Cementitious Packiging Around Pipes X 1 If X Kitchen X Kitchen Wall Panel Adhesive 240 SF X Kitchen Vinyl Flooring X 120 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Lilich Corporation 18724 5 Fairless Landfill City, State Disposal Date City, State Woodland Park, New Jersey 04 / 25/2018 Morrisville, PA Completed by Title Signature Date Adriana Olejarova President 04/06 /2018

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)	P		NOT	FICATION Pursua	N OF A	AC 8:60 a	SABATEMEI nd 12:120)				N. Ga	. 3: 1:	
04/ 06 /2018	LJ .	u u	L	Metro	vation/0	Cole, G.P	Operator (2)		Check No. 107	4		+	
Agencies Notified Typ	e Notification				Address idge Ave	enue, Su	ite 150		DE	G	5.0	Ŵ	E
⊠ DEP □	Amended Amendment	#			State, Zip Bank, Ne	Code ew Jerse	y 07701			PR	i 2	2018	ρ
☑ DOH ☐ DCA ☐	Emergency (justification) Cancellation	including	19		of Conta Dolan	ct			Telephone Nu 732-933-838	mber 2			
Name of Facility Where Ab	atomont in Toki	na Dlass	(2)	FA	CILITY IN	NFORMAT			ASE.	150	MERK	ATAC	S-JC
Street Address							_ □ Scho	ol (K-12)	board description and the second	00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	*****	- William Control	PRINCE INC.
47 Shrewsbury Avenue, City (5)	Red Bank, N	ew Jerse	y 077	01		i.	☑ Other		ommercial buildir		mes,	etc.)	. 11.0
Red Bank, NJ 07701							Square F 3,000	eet	# of Floors	1 5	3ldg. <i>F</i> 50+	Age	
County (6) Monmouth					y Code (7 E USE ONI		Current U	se (Prior if bein					Ti.
Name of Monitoring Firm Hi Brinkerhoff environmenta	red by Building al Services, IN	Owner (8 IC)	ASC	M No.		Name of A Lilich Cor	batement Contr poration	actor (9)		*****		-
Street Address 1805 Atlantic Avenue							Street Add 606 McBi		3.				
City, State, Zip Code Manasquan, NJ 08736							City, State Woodland	, Zip Code d Park, New J	ersey	110/2	-+		
Project Manager for Monitor Gary W.Fleming	ring Firm			Teleph 732-2	one No 23-2225		Telephone 973-225-8	No. 8400	License N 01104				
Start 04 / 20 /2018		Schedu 04/ 27	led Co /2018	mpletion	Date (11	1)		SHA Monitor onmental Labo	ratories, LLC	500 14	asi e		
Occupancy Status During A	batement (Che	ck Only O	ne)				Street Add						1
☐ Facility Closed/Vacated☐ Abatement Performed C☐ Other — Describe:	During Entire I Outside of Norm	Period of A	Abaten Hours	nent			City, State,						
Scope of Work (Check All Ti	hat Apply)						Union, NJ	07083					
☐ ≥3 sf or ≥3 lf ☑≥160 sf or ≥260 lf			Renova Demoli					/lini-Enclosure Blove Bag Proce	with Negative P dure / Limited Co and Non-Friable	ontain	ment	&Ten	nt
The second second		Is	Locat	ion					Amount	1	Abate	meni	į
Location of Asbestos-Containing Ma	for:=1 (A CD4)		Norma ed Sole			D	escription of		(Specify SF of LF)	<u></u>	Ту	pe T	
TO BE ABATE In Facility (13)		Ma	intena todial (12)	nce/	Asi (i.e. therm: surf	ntaining Mate al systems in facing, VAT, o miscellaneo	sulation, or	20,00	Kemova	Repair	Encapsulate	Enclosure
K.		Yes	No	N/A						<u> </u>	- .	ate	9
Front Windows				X		Vindows			120 lf		T	1	
Pitched Roof, Flat Build U	lp Roof				Roofing	g Tar, As	phalt Roofi	ng,	3,000 sf	1.1	-		
Side Office Windows					Black \	Window	s Glazing		20 lf			†	1
Roof					Tar on	HAVAC S	tanchions		125 sf	.,		l l'err	-
Roof Perimeter					Coping	Tar			600 SF		74		
Name of Registered Waste H	lauler			JDEP V		Cubic		Name of Re	gistered Landfill		14-12 175	4	1
Lilich Corporation City, State				auler ID 18724	No.	of Was)	Fairless La	andfill				
Woodland Park, New Jers	sey						7 /2018	City, State Morrisville,		1	e, i		
Completed by Adriana Olejarova		Title Pre	siden	t	W = 25 - 1 - 202	S	grature	ax	Date		/2018	3 %	12
ÁSB-41 (R-06-08)	**************************************						* Do not use	this form for as	bestos licensure	evem	nted a	ctivit	ec



NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 2:20 Av. J.A.C. 7:26-2.12)

911	010	1		(Pursua	int to NJAC 8.60	and	2:20/N.J.A.C.	7:26-2.12			40.0		- 17
Date of N	otification (1):		Name o	f Buildin	g Owner/Operator		VIII.033				4 0 0	10	000
4/06/2018 Agencies	Type Notificati		Newark	Public S	chool	(-)					APR	12	2018
Notified				ddress:						-			
□EPA	∃ Initial ☐ Amended	-	190 Mu	hammad .	Ali Avenue Room	209				A:5(:)			TENNINGE Edition
□ DEP	Amended Amendment#:		City, Sta	ate, Zip C NJ 0710	ode:					P.0.25	Late	taNSIP	113
1DQC-□	Emergency	1	Vame of	f Contact:	8				STATE OF THE PARTY	COLACIDATES SE	ere in a rise		(a) (a) and it sugar
	(including	l N	Mr. Ben	jamin Ola	agadevo				e Number:				
☑ DCA	justification) Cancellation		-2.778.489.227•	,	gadeyo			973-733-	7200				
					FACILITY	INFO	DAK (Trees						
	acility Barringe	r High S	School		TACILITY		Type of Facility	(4):					
90 Parker S	Street						☐ School (K-12)	(7).					
City/ (5)		7	~				☐ Subchapter 8 (0	Other than K	-12)				
Newark		County (6 Essex	6):		inty Code (7):		Other (i.e., priv	ate & comm	ercial buildings	s, home	s. etc.)		
		235CX		071	04		Square Feet:				o, e.e.,		
						- 1			# of F	loors:			
							Bldg. Age						
Name of Mo	onitoring Firm	Hired by	Buildi	ng Owner	: ASCM No.:	1	Current Use : So	chool					
WHITMAN	V				00110	1	Name of Abater	nent Contra	ctor (9):				
Street Addre	ess:					I	Apex Develop	ment, Inc					
17 Pleasant						S	Street Address:						
	Troug												
City, State, 2	Zin Code:					3	58 Broadw	ay					
						C	City, State, Zip (Code:			_		
Cranbury, 1	NJ 08512					N	lewark, NJ 0	7104					
Project Mana	ager for Monito	ring Fir	m:		Telephone No.:		elephone No.:	7104	1: 31				
Kevin Love					732-390-5858				License No.:				
Start Date (1	0):	Sched	luled Co	ompletion	Date (11):		973) 350-0101		01215				
4/06/18		4/8/1	8		Date (11).	I N	ame of OSHA	Monitor:					
Occupancy Sta	tus During Abate	ement (Ch	neck only	(one)			letro Analytical	Laboratori	es				
Facility Clos	ed/vacated Durin	o Entire I	Dariod of	F A b - 4 -			reet Address:						
- reducincil r	erformed Outside	of Norm	al Facili	ty Hours	ıt		55 West 36th St		203				
Describe:				-5 (10415		Ci	ty, State, Zip C	ode:	888				
Other						INC	ew York, New	York, 1001	8				
Describe:													
Scope of Work	(Check all that a	pply):			· ·								
$\ge 3 \text{ sf or } \ge 3$				-	Emo	singe	ency Cla	297 UN	S RE	glai.	(5		
≥ 160 sf or	≥ 260 lf			☐ Reno	vation					1 Nega	itive P	ressure	:
10				- Donne	TITLIOII			☐ Glovebas	Procedure				
		I	s Loca	tion				- Non-Exen	ipted (*) and	Non-F	riable l	Proced	ure
Loca	tion of		Norma	lly	D	escrip	tion of					temer	nt
	taining Materia		ed Sole	ely by	Asbestos Con	tainin	g Material (A)	CM)			1	уре	
	CM) ABATED		aintena		(i.e., therm	al syst	tems insulation VAT, or	n,		_		(II)	-
	acility		Custod Staff		other	misce	ellaneous)		Amount	Removal	Re	nc	inc
	3)		(12)	·	otilei	misce	maneous)		(Specify	no	Repair	aps	100
		Yes	No	N/A					SF or LF)	val	≓.	Encapsulat	Enclosure
IECHANI(CAL ROOM		v		DIDE						_	+	
03			X		PIPE INSULAT	TION	DEBRIS		10,000 SF		*		
ame of Regist	tered Waste Ha	uler.		NIDED	Waste Hauler ID	NT.							
MMY BYRN	E TRUCKING			19551	waste Hauter ID	NO.:	Cubic Yards of Waste: 30	N	ame of Regis	tered 1	andfil	1:	
							or waste: 30	M	INERVA E	NTER	PRISE	S AS	SOC.
ty, State:	20.000		Dispo	sal Date:			Cit. Ci	II.	IC.				,
onx, NY 104	74		Jupo	on Date.			City, State:	011.					
mpleted By:				Title:		Signa	Waynesburg,	OH 44688					
inyelu Oraeg	bunam			Vice Pro	esident	Jigna	// /		Date:				
						10	GORKE L	Million and	4/06/2018				

Date of Notification (1)			NOT	(Pursua	ON OF A	New Jers SBESTOS AC 8:60 a	ABATE nd 12:12	20)			E C	E 1	2 20	118	Print F
4/6/2018				CIT	of Buildi Y OF P	ng Owner. ATERSO	Operato N	or (2)	look box	- AL) 10	Lewise
Agencies Notified	Type Notification	n			t Address	ET STRE	ET				ASIA	Carlo	tikiT	ROL	&
EPA DEP	Initial Amended			-	State, Zip					Learnemann	House school (1997)	CEN	SING	terement in the second	and the second section
X DOL	Amendmer Emergency	(includi	ng			I, NJ 07	505								
DOH DCA	justification Cancellatio)			of Conta						ephone N 3-321-1		г		
Name of Facility Where A	hatement is Taki	on Diago	(2)	FA	CILITY IN	IFORMAT	ION								
LEADER DYE FACT	TORY	ig Place	(3)					Ty	ype of Facility	y (4)					
Street Address 102-124 MADISON	AVENUE							×	School (K Subchapt Other (i.e	ter 8 (Oth	er than K-	-12) rcial bu	uildina	s. hor	nes
City (5) PATERSON									etc.) quare Feet		Floors		Bldg.		
County (6) PASSAIC				County (STATE	Code (7) _Y)		Cı	urrent Use (P	Prior if bei	ng demoli	shed)			
Name of Monitoring Firm I	Hired by Building	Owner (8)	ASC	M No.		Name TWC	of A	Abatement Co	ontractor S CONT	(9) RACTII	VG. I	NC.		
Street Address							Street	Add	iress						
City, State, Zip Code							_		ELAND A\	VENUE					
-									, 2ip Code /A, NJ 075	12					
Project Manager for Monito	oring Firm			200000000000000000000000000000000000000	one No.		Teleph	one			License I	No.			
Start Date (10) 2/6/2018		Schedu 4/27/2	led Cor	npletion	Date (11)			SHA Monitor						
Occupancy Status During A	Abatement (Chec						SAM Street A		AS (9) ABC	OVE					
Facility Closed/Vacate Abatement Performed Other – Describe: VA	ed During Entire F	Period of	Abatan	nent			33.7007.47.40.401.40		Zip Code						
Scope of Work (Check All T						_	479.0		NO 2755-4511-55						
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	тат гургуу		Renova Demoliti					G	ull Containm lini-Enclosur lovebag Pro lon-Exempte	e cedure					
1		7.000	Location	535-50%						7			Abate	emen	1
Location of Asbestos-Containing Ma	aterial (ACM)	Use	Normall ed Solel	y by	Ashes	Desc stos Conta	ription o	of otori	al (ACM)			-	Ту	ре	
TO BE ABATE In Facility (13)	<u>ED</u>		intenan todial S (12)		(i.e	thermal s	ystems i	insu , or	lation,	(Sp	ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A								val	÷	ulate	ure
					1000	DING T									
5					AN	ID DISP		_	AS						
						ASB	ESTOS	3							
ame of Registered Waste I	Hauler		N.I	DEP W	aste	Cubic Ya	arde		News	De etet	11				
WO BROTHERS COI			Ha	uler ID I		of Waste	•		Name of F			NT G	.R.O	.W.S	S.
ty, State DTOWA, NJ						Disposal			City, State		DΛ				
ompleted by VECA RAMOS		Title PROJ	JECT (COOR	DINATO	Sign	nature	1 0	J. V-)	Dat	e 5/201	0		

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ν	rır	11	Fo	rn	2

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

								11	111						
Date of Notification (1) 1/26/2018				f Building OF PAT			r (2)	The Property of the Property o		AF	קי	1.2	2018	3	1.1.
Agencies Notified Type Noti			Street A 155 M	ddress ARKET	STRE	ET				Aştı			i ne	N 2	
DEP Ame	nded ndment #	_		ite, Zip Co RSON,		505			Megis, sening	Non-Burgo of the		V 21	177		
DOH justif	rgency (including fication) cellation		Name of	Contact Y LOBO						elephone					
				LITY INFO		ON				0 021	120			-	
Name of Facility Where Abatement LEADER DYE FACTORY	is Taking Place (3	3)	.,,,,,,,		orum er i		Тур	e of Facility (4	32						
Street Address 102-124 MADISON AVENUE	E						×	Subchapter Other (i.e. p	8 (Ot				lings,	home	es,
City (5) PATERSON		1000			3-71		Squ	etc.) are Feet	# (of Floors	3	В	ldg. A	ge	
County (6) PASSAIC			County (Code (7) JSE ONLY)		Curi	ent Use (Pric	or if be	ing dem	nolish	ed)		2000	
Name of Monitoring Firm Hired by B N/A	uilding Owner (8)		ASCN	l No.				atement Con			TING	G, IN	 С.		
Street Address			1			Street 11 V		ess LAND AVE	ENU	 E					
City, State, Zip Code								Zip Code A, NJ 0751	2						
Project Manager for Monitoring Firm			Telephor	ne No.		Teleph	none f			Licen 0049	se No).			
Start Date (10) 2/6/2018	Schedule 4/6/201		npletion (Date (11)		Name	of OS	SHA Monitor S (9) ABO	VF	1 00 1					
Occupancy Status During Abatemen	nt (Check Only On	e)				Street		33 35						-	-
Facility Closed/Vacated During Abatement Performed Outside Other – Describe: VACANT	Entire Period of A	baten	nent				5.05	Zip Code	-					Second Inc	
Scope of Work (Check All That Appl	v)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	☐ R	enova emolit				F	M G	ull Containme ini-Enclosure lovebag Proc on-Exempted	edure					0	
	1-	Locati					7 14	on-Exempled	() ai	IG NOTE	Haui		Abate		
Location of	U 889	lormal	57550 G		De	scription	of							ре	
Asbestos-Containing Material (A TO BE ABATED In Facility (13)	Mai	d Sole intenar odial S (12)	rce/		tos Cont thermal surfa	aining N	Materia s insu T, or		(Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A	BIIII	DING	TO BE	DEI	MOED						Ö	
					D DIS										-
		-		AIN				AS							-
					AS	BEST	JS								-
Name of Registered Waste Hauler		N	JDEP W	aste	Cubic	Yarde		Name of F	Regiet	ered I a	ndfill				
TWO BROTHERS CONTRAC	CTING	Н	auler ID 8743		of Wa:	ste		WASTE				NT G	.R.C).W.	S.
City, State TOTOWA, NJ						sal Date 2018		City, State		LE, P	A	E	- INDEXE		
Completed by VIVECA RAMOS	Title PRO	JECT	COOF	RDINAT		ignature	e 	232	n-	· · · · · ·	Dat 1/2	e 26/20	18		



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

Date of Notification (1) 4/5/18 Agencies Notified Type Notification Street Address PO Box 6803 City, State, Zip Code Bridgewater NJ 08807 Name of Facility Where Abatement is Taking Place (3) House Street Address FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercia etc.) County (6) Middlesex Name of Suilding Owner/Operator (2) Northeast Powerdry Street Address PO Box 6803 City, State, Zip Code Bridgewater NJ 08807 Name of Contact Raphael Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercia etc.) Square Feet 2000 2 County Code (7) (STATE USE ONLY) Middlesex County Code (7) (STATE USE ONLY) Current Use (Frior if being demolished home	pber 70IN	2018 CTRC		
Agencies Notified Type Notification EPA DEP Amended Amendment # Emergency (including justification) Cancellation Name of Facility Where Abatement is Taking Place (3) House Street Address FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) City (5) East Brunswick County (6) Middlesex Street Address City, State, Zip Code Bridgewater NJ 08807 Name of Contact Raphael Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) City (5) County Code (7) (STATE USE ONLY) City (5) Current Use (Frior if being demolished home	pber 70IN	2018 (TRC	27 C C C C C C C C C C C C C C C C C C C	
PO Box 6803 City, State, Zip Code Bridgewater NJ 08807 Name of Contact Raphael Street Address Street Address City (5) East Brunswick County (6) Middlesex Ninitial Amended Amended Amendment # Emergency (including justification) Cancellation Raphael PO Box 6803 City, State, Zip Code Bridgewater NJ 08807 Name of Contact Raphael Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercia etc.) Square Feet 2000 2 Current Use (Frior if being demolished home	70m	2018 TRC	40.00	
City, State, Zip Code Bridgewater NJ 08807 Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Square Feet 2000 2 County (6) Middlesex City, State, Zip Code Bridgewater NJ 08807 State, Zip Code Bridgewater NJ 08807 Single Place (3) Name of Contact Raphael Raphael 888-379-797 School (K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Square Feet # of Floors 2000 2 County (6) Middlesex County Code (7) Current Use (Frior if being demolished home City, State, Zip Code April 14 April 14 April 15 April 15 April 15 April 16 April 16 April 16 April 16 April 16 April 17 April 18 April 17 April 18 Apr	70m	2018 TRC		
DOL Amendment # Emergency (including justification) Cancellation Raphael School (K-12) Subchapter 8 (Other than K-12) Square Feet etc.) Square Feet 2000 2 County (6) Middlesex County (6) Middlesex County (6) Middlesex County (6) County (7) County (7) County (7) County (7) County (8) County (8) County (8) County (8) County (7) County (8)	70m	TRC	-	- morning
Name of Contact Raphael Street Address City (5) East Brunswick County (6) Middlesex Raphael Name of Contact Raphael Name of Contact Raphael FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercia etc.) Square Feet 2000 2 Current Use (Prior if being demolished home	70m	(TRC	- Carried Marie	
Street Address Square Feet # of Floors	70m	(TRC		
School (K-12) Subchapter 8 (Other than K-12) Square Feet # of Floors 2000 2	*)	er en samuel	L &	
Name of Facility Where Abatement is Taking Place (3) House Street Address Street Address City (5) East Brunswick County (6) Middlesex Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercia etc.) Square Feet # of Floors 2000 2 Current Use (Prior if being demolished home			and the second second	graph on the first
Street Address Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercia etc.) City (5) East Brunswick County (6) Middlesex Square Feet # of Floors 2000 2 Current Use (Prior if being demolished home				
Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercia etc.) City (5) East Brunswick County (6) Middlesex Supchapter 8 (Other than K-12) Other (i.e. private & commercia etc.) Square Feet # of Floors 2000 2 Current Use (Prior if being demolished home				
City (5) East Brunswick County (6) Middlesex Square Feet # of Floors 2000 2 Current Use (Prior if being demolished home				
City (5) East Brunswick County (6) Middlesex Square Feet # of Floors 2000 2 County Code (7) (STATE USE ONLY) Square Feet # of Floors 2000 2 Current Use (Prior if being demolished home	al bui	ldings	, hom	ies,
County (6) Middlesex County Code (7) (STATE USE ONLY) County Code (7) (STATE USE ONLY) County Code (7) (STATE USE ONLY) home	T	Bldg.	Age	
Middlesex (STATE USE ONLY) home		63		
Home	ed)	-	-	
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9)				
ABS Environmental Services, LLC				
Street Address Street Address			-	
PO Box 483, 4 E Gate Drive				
City, State, Zip Code City, State, Zip Code	17			
Glenwood, NJ 07418				
Project Manager for Monitoring Firm Telephone No. Telephone No. License No.).		273	
973-764-2276 703				
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 4/10/18 4/17/18				
Occupancy Clatus Duris Al. 1				
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City. State. Zip Code				
Other – Describe: basement City, State, Zip Code				
Scope of Work (Check All That Apply)				
	ě			
≥3 sf or ≥3 lf X Renovation X Full Containment with Negative Properties X ≥160 sf or ≥260 lf Demolition Mini-Enclosure	ressu	ire		
Glovebag Procedure				
Non-Exempted (*) and Non-Friable	e Pro	77777 × 10		
Is Location			ement ype	t
Location of Normally Description of Asbestos-Containing Material (ACM) Used Solely by Asbestos Containing Material (ACM) Amount		1	he	Т
TO BE ABATED Maintenance/	ת		Ē	ш
In Facility surfacing, VAT, or SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13) other miscellaneous)	oval	ar.	sula	Sure
Yes No N/A			6	
basement x floor tile 340 SF	х			
			-	-
Name of Progistored Wests Healer				
Traine of Registered Landilli	/ Lar	ndfill		
Traine of Registered Landilli				
Tonys Cleanup & Hauling Hauler ID No. 17787 Of Waste TBD City, State Chrin Brothers Sanitary Disposal Date City, State				
Tonys Cleanup & Hauling Hauler ID No. 17787 TBD City, State Bridgewater NJ Hauler ID No. 17787 TBD Chrin Brothers Sanitary City, State TBD City, State TBD Easton, PA				
Tonys Cleanup & Hauling Hauler ID No. 17787 City, State Disposal Date City, State	е			

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

Date of Notification (1)				I Management	(0.11.11	_			L IX	WC .	1. (1	<u> </u>			
4/6/18					of Building heast Po			r (2)	Г	www F	(A)	F	пп	77 G	□ pero
Agencies Notified	Type Notification	1			Address	weru	ı y			DE	(b)	占	11 \	<i>y</i>	
				32344	Box 6803					K					
EPA DEP	× Initial Amended				State, Zip C						400	-1-	3 00	20	
× DOL	_ Amendmer	nt#			gewater		9907		11	J L	APH	1 (2 20	118	
□ pou	× Emergency	(including	3		of Contact	145 0	0007								
DOH DCA	justification Cancellatio			Eilee						-Telephor	ne-Nur	nber	CINT	ROL	2.
	Caricellatio	11		10 100000						888-37	9-79	70/s	SING	IOL	Œ
Name of Facility Where A	Abatement is Taki	ng Place (3)	FAC	CILITY INF	ORMA	TION	Type of F	Enaility (4)			Dept of the Park		Diversity and	NOAMO SALEVO
House		· 5 · · · · · · (- /						Facility (4)						
Street Address								Sch	ool (K-12)	(OII II					
								× Oth	chapter 8 er (i.e. priv	ate & com	n K-12 merci:	2) al bui	ldinas	hom	nes
City (5)								etc.)						,00,
Edison								Square F	eet	# of Floor	rs	- 1	Bldg.	Age	
County (6)		70	-	County	. 0 1 - (7)			2200		2		100	68		
Middlesex					Code (7))			Jse (Prior i	f being de	molish	ed)			
Name of Monitoring Firm	Hired by Building	Owner (9)		100	25	(0.5	T	home							
- monitoring i iiii	rined by building	Owner (6))	ASC	M No.			of Abatem							
Street Address								Environ	mental S	services,	LLC				
- 11 -							100000000000000000000000000000000000000	Address	4 = 0						
City, State, Zip Code								3ox 483,		e Drive					
only) oraco, zip oodo								tate, Zip C							
Project Manager for Monit	oring Firm			Tolonk	- w - M-		_	wood, N	J 0/418	5					
,	omg i iiii			reiepno	one No.		0.725	ione No.	^		nse No).			
Start Date (10)		Schedule	ed Co	moletion	Date (11)			764-2276		703					
4/12/18		4/20/1		ripietion	Date (11)		Name	of OSHA N	Monitor						
Occupancy Status During	Abatement (Ched	k Only Or	ne)				Street	Address							
Facility Closed/Vacat							Street	Address							
Abatement Performed	d Outside of Norn	nal Facility	Hour	nent s			City S	tate, Zip Co	ode						
X Other - Describe: ba	asement						City, S	iale, Zip Ci	oue						
Scope of Work (Check All	That Apply)					-	1								
≥3 sf or ≥3 lf		X R	enova	stion			Īx	I							
× ≥160 sf or ≥260 lf		- Innered	emoli					Full Cor Mini-En	ntainment	with Nega	tive Pr	essu	re		
		_						Gloveba	ag Procedi	ure					
					T			Non-Ex	empted (*)	and Non-	Friable	Pro	cedur	е	
Q 55		5000	Locat										Abate		t
Location of Asbestos-Containing M			lorma d Sole			De	escription	of					1 y	ре	
TO BE ABAT	ED (ACIVI)	Mai	ntena	nce/	Asbest	os Cor	ntaining M	aterial (AC insulation,	M)	Amount		_		ш	_
In Facility	′	Cust	odial ((12)	Staff?	(surfa	acing, VA7	, or	'	(Specify SF or LF		₹en	Re	cap	ncl
(13)			(12)	_		other	miscellan	eous)				Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								=		ate	G.
basemer	nt			X		1	floor tile			322 SF					
							1001 1110			322 SF		X			
		-													
	<u></u>														
Name of Registered Waste			93,223	JDEP W			Yards	Nai	me of Reg	istered La	ndfill				
Tonys Cleanup & Hau	ling		10/50	auler ID 7787		of Wa	iste		nrin Brotl			lar	dfill		
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Ch 2840

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

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Date of Notification	(1)		<u> </u>							/	lin	16		1	WI	ST.	
4-4-2018	Na	me of	Buildi	ng Ow	ner / Oper	rator (2)		11.7	1 23	0.0 2.4	- 11	1.7	n []				
Agencies Notified		TOWER SARON 1				1 WO 2015 LLC			110								
⊠ EPA						Road, Suite 200				- A	PR 1	2 21	018				
☐ DEP ☐ DOL		City, State & Zip Co				ode			-			-	210	- Inches			
Amended (start date)					er Ed	ge, NJ	0766	361				de .				1	
DCA Emergency Cancellation				Name of Contact							1	7),-1	Tele	nhone	a Nium	hor	
		David Dublirer				1			Telephone Number Cell 201-322-4051								
Name of Engility MV	A1 .		9.5		FACI	LITY II	NFOR	MATION								1001	
Name of Facility WI Sharon Apartments	- Building #	ent is Taking	Place	(3)				Type of Fa	cility (4)			150					
Sharon Apartments – Building # 2 Street Address								☐ School	ol (K-12)								
34 State Street						☐ Subchapter 8 (Other the Other (i.e. private & co					nan K-12) mmercial buildings, homes, etc.)						
							l.	Other	(i.e. priv	ate & cor	mmer	cial build	dings, h	omes	, etc.))	
City (5)	71 East 3 days 2 4	County (6)	C	ounty	/ Code	e (7)		Square Fee 27 255	et	# of Flo	ors		Bldg.	Age	::::::::::::::::::::::::::::::::::::::		
Teaneck, NJ 07666 Bergen								e (Prior					91				
Name of Monitoring Firm Live Lt. 2								Current Use (Prior if being demolished) Apartment Building									
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services ASCM No.								Name of Abatement Contractor (9)									
Street Address							- 1	Resource Management Group, LLC									
P.O. Box 365								Street Address									
City, State & Zip Code								2115 Hamilton Ave, Suite 202 City, State & Zip Code									
Berlin, NJ 08009 Project Manager for Monitoring Firm Telephone Number								Trenton, NJ 08619									
Mr. Jim Proctor 856-452-1311							T	elephone !	Number		1	License	Numb	er			
Scheduled Start Date (10) Scheduled Completion								09-914-42	1279								
4-10-2018								lame of OS	SHA Mor	nitor							
Occupancy Status During Abatement (Check only and)								J&S Environmental Laboratories, Inc. Street Address									
Lacilly Closed/Vacated During Entire Period of Abotement							2	2333 Route 22 West									
Describe: 8:30am – 5:00nm								ity, State 8	Zip Co	de	-9.00						
	pied During	Ahatement					ľ	nion, NJ 0	7083								
Scope of Work (Cher	ck all that ap	ply)							-	_							
≥3 sf or ≥3 lf								Full Containment with Negative Pressure									
X >160 of >200 is				Renovation				☐ Mini-Enclo			losure	losure					
□ Demolition								☐ Glove Bag Procedures									
Location of Is Location								Non-Exempted and Non-Friable Procedure Description of Amount Abstement Type							ire		
Asbestos-Containing No.								Asbestos-Containing Material (ACM)			Amount (Specify SF or LF)		Abatement Type				
Material (ACM) TO BE ABATED				Solely by											т		
· - · · · ·				enar	ice or Staff?		(i.e	(i.e., thermal systems sulation, surfacing, VAT other miscellaneous)			o. o. Li y		3	Repair			
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Name of Registered V	Vaste Haulor						1-						1	11		H	
				Ha	uler I	/Vaste	Cubic of Wa	c Yards	Name	of Regist	tered I	andfill					
Resource Management Group, LLC					Hauler ID No. of \ 0035218			asie	Grows Landfill								
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renton, NJ 08619							TBD	osal Date City, State									
Completed By (Print or Type)					1			ture	1	Morrisville, PA							
Ir. Brian Haney				President			J.9116	. 12	1	1/				Date 04-4-2018			
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