						0.535.555.55		Check	# 11	637			
Date of Notification (1)	) April 13, 201	7			of Building ne Corpor	Owner / Operator (2	2)	DECE	1 W		P. C.	1	
Agencies Notified	Type Notifica	tion			Address				11 17	167	711	i	
□EPA					7002000 WI								
DEP	1			86 Mc	orris Avenu	ie .		APR 18	201	17	112	11	
DOL				City	State 9 7in	Cada		IN L. MILL	10		interes		
(SC) 3005		nded			State & Zip nit, NJ 079					on tomas for the		-	
⊠рон	70.000000000000000000000000000000000000	ndment #_		Summ	iiit, 145 075	701		ASBESTOS C	ONT	HOL	24		
□DCA	Can	cellation		Name	of Contact			Te	ephon	e Nur	nber	3350 E	
				Kelly	Blackwell				e. J.				
				F	ACILITY	INFORMATION							
Name of Facility Wher Celgene - Building C	e Abatement is	Taking Pla	ce (3)			Type of Facil							
Street Address							pter 8 (Other tha	an K 12)					
86 Morris Avenue								commercial buildings, h	omo	oto \			
						Square Feet			g. Age			_	
City (5)						33,00	2000 CONTRACTOR CO.	3		0 Yea	rs		
Summit, NJ						Current Use Commercial	Prior if being de	emolished)	Yi.				
County (6) Union		US	ounty Code SE ONLY_	(7)									
Name of Monitoring Fin		Iding Owne	r (8)		ASCM N		tement Contract	or (9)					
McCabe Environment Street Address	tai Services					Synatech, In Street Addres		74 - 40				_	
464 Valley Brook Ave	nue, #3A					829 Radio R							
City, State & Zip Code						City, State &							
Lyndhurst, NJ 07071 Project Manager for Me			ITO	lephone N	lumber	Telephone No	rbor, NJ 08087						
John Chiavello				1-438-483		609-296-6916		License Numb	er 0081	7			
Scheduled Start Date (		Scheduled				Name of OSI							
April 24, 20 Occupancy Status Dur		(Check only		/ 19, 2017		Synatech, In Street Addres							
Facility Close	d/Vacated Duri	ng Entire Pe	eriod of Ab	atement		829 Radio Road							
Abatement Pe	erformed Outsid	de of Norma	al Hours			City, State &							
Other - Desc	ribe:						rbor, NJ 08087						
Facility Occup	pied During Aba	atement											
Scope of Work (Check	all that apply)												
			_			$\boxtimes$	Full Containme	ent with Negative Pressure	9				
$\geq$ 3 sf or $\geq$ 50 lf			$\boxtimes$	Renovation	on		Mini-Enclosure						
≥160 sf or ≥260	If			Demolitio	n		Glovebag Proc	edure					
			,				Non-Exempted	d(*) and Non-Friable Proce	edure				
Loc Asbestos-Contai	ation of	ACM)		ion Norma by Mainter		Descript Asbestos-C		A	Ab	atem	ent Typ	ре	
	ABATED	NOIVI)		odial Staff		Material		Amount (Specify SF or LF)					
	Facility					(i.e., therma	Systems				m		
	(13)					insulation, sur or other miso			Re	Z	nca	E no	
						or outer miles	ciidiicodo)		Removal	Repair	Encapsulat	20	
			Yes	No	N/A				a	_	llat le	ro	
Building C- Ceiling De	eck				X	Firepro	ofing	50 SF	Х		+	$\neg$	
Building C					х	Floor Tile a	-	33,000 SF	x				
Building C					Х	Window	Caulk	9,600 SF	x				
Building C – Stairwell	s				Х	Rubber	Floor	200 LF	X				
Building C - 1st Floor					Х	Wall Join	t Caulk	15 LF	X				
Building C - Above Co	eiling				Х	Pipe Inst	ılation	5 LF	X				
Building C – Bathroor	ns				х	Ceramic Ti	e Mortar	300 SF	X				
Name of Registered W	aste Hauler		NJDEP V	Vaste	Cubic Ya	ards of Waste	Name of Regi	stered Landfill					
Freehold Cartana			Hauler ID		00		170						
Freehold Cartage City, State			1 15	939	80 Disposal	Date	Fairless Hills City, State					-	
					Dispusal	Date							
Freehold, NJ 07728		1			July 20,		Morrisville, P						
Completed By		Title			Signatur	e \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Date					
Diane Aloia		Executive	o Δdminie	trator	All	111/1/2020		April 42 2047					

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State of New Jersey ICATION OF ASBESTOS ABATEMEN (Pursuant to NJAC 8:60 and 5:16)	TD.	E	C	Ē		$\mathbb{V}$	E	Removale and the second	7 6 7
Name of Building Owner/Operator (2)	11111		2 (10) 100	- 4	0	001		11	-

Date of Notification (1)					1									
1, 0	42	47			80/1950		g Owner/Operator (	2)	APR 18	2017	18			
/	13 /	17	====================================		Ste	eve Bryce	)	edeline Lis.	Ė	51	41	10		
Agencies Notified	Type Notific	ation			Stree	t Address		and	ACDICACO O	NITTI	71 0	-	-	
⊠ EPA								,	ASRESTOS CO LICENS		JL, CX	69	j	
⊠ DOLWD	☐ Amended	TO 100 100			City,	State, Zip (	Code	- Language	Sheet N. J. Sand. W. J.	18 4 124	1000	MANAGEM AT	and .	
☑ DOH ☐ DCA	Amendm		345 30000	i i	Fre	ehold, N	J 07728							
(NJAC 5:23-8)	☐ Emergen justificati		ciuaing	3		of Contac			Telephone Nun	nher				
( 111 ( 0 0 1 2 0 0 )	☐ Cancella				100000000000000000000000000000000000000	ve Bryce				=				
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Name of Facility Where A	hotomost is "	Talsiaa	Diana	(2)	FA	CILITYIN	FORMATION	I = 2 =						
Residence	voaternent is	aking	Place	(3)				Type of Facility						
								School (K-12	2) 8 (Other than K-1)	2)				
Street Address									rivate and comme		ilding	S,		
								homes, etc.	)					
City (5)								Square Feet	# of Floors	BI	dg. Ag	је		
Union Beach								2000 sf	2		65			
County (6)					Cou	nty Code (7	')(STATE USE ONLY)	Current Use (Pr	ior if being demol	ished)				
Monmouth								Residence						
Name of Monitoring Firm	Hired by Build	ding C	wner (	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)	)					
Guardian Contracti	ng, Inc.						Guardian Co	ntracting, Inc.						
Street Address							Street Address					_	-	
1889 Rte. 9, Unit 61							1889 Route 9	. Unit 61						
City, State, Zip Code							City, State, Zip Co	•						
Toms River, New Je	ersev 08755	i						New Jersey 08	755					
Project Manager for Moni	-			Τe	lephone	No	Telephone No.	itew dersey de	License No.					
Nicholas Fernicola					732-349		732-349-9932		00624					
Start Date (10)		School	ulad C		etion Da		Name of OSHA M		00024					
04 /26 /					27 /									
		-				- 17	E.M.S.L. Anal	lytical						
Occupancy Status During	1. [1] [1] [1] [1] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2					Street Address								
☐ Abstancet Defended	d During Enti	re Per	iod of	Abat	ement	1056 Stelton								
Abatement Performed Time of Abatement: _	Outside of No	ormai	Facility	y Hoi	urs - Des	cribe	City, State, Zip Co	ode						
			·	—' ''		Zivi	Piscataway, N	New Jersey 08	854					
Scope of Work (Check all	that apply)													
≥3 sf or ≥3 If			☐ Re	nova	tion		☐ Full Cont	ainment with Ne	gative Pressure					
☐ ≥160 sf or ≥260 lf			⊠ De				⊠ Glovebag							
203			2777						n-Friable Procedu	ure				
				Loca						Ab	atem	ent T	уре	
Location				Norm	ally lely by		Description o	20 J		Z	D	m	Ш	
Asbestos-Containing N TO BE ABA		1)			ance/		stos Containing Ma ., thermal systems i		Amount (Specify	Remova	Repair	nca	nclo	
IN Facilit			Cust		Staff?	(1.0	surfacing, VAT,		SF or LF)	ova	=	nsd	Enclosure	
(13)				(12		-	other miscellane			1		Encapsulate	(D)	
			Yes	No	N/A									
attic & crawlspace						asbesto	os pipe insulatio	n	160 If					
										1				
		7.0		ш					· · · · · · · · · · · · · · · · · · ·		Ш	ш	Ш	
				П	П						П	П	П	
Name of Registered Wast	e Hauler				NJDEP		Cubic Yards of	Name of Regis	stered Landfill					
Guardian Contractin				100	Hauler I		Waste	T.R.R.F.	stored Landini					
City, State	J,				2022	3	3 Diagonal Data							
1 12 Table 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							Disposal Date	City, State						
Toms River, New Je		Title					4/28/17	Tullytown,	Pennsylvania					
Completed By (Print or Ty					Signature	11 1	7 D	ate /	ſ					
Nicholas Fernicola		Pr	oject	Mai	nager			LL		4/13	3/1	7		
CD 41		-					И.			11-	1			

4-24-17

Signaturé

Completed By (Print or Type)

Constantine Vivian

Title

President

Waynesburg / Ohio 44688

Date

4/13/2017

CH# 0945.	١	(P	CATION ursuant	to NJAC 8:	STOS ABATE :60 and 12:12	20)	ΝΤ			G E	18	₩/ 201	nt Eo		
Date of Notification (1)					wner/Operato	or (2)			1		-110.116	100000			
4/13/2017			John (							M, No. 1		and the criminals			
Agencies Notified Type Notification			Street A		. +				ASBE				OL (		
EPA Initial Amended					ompton Tur	npik	e	1		LICE	12(2)	Ara-			
				ite, Zip Cod											
X DOL Amendment		-		e NJ 074	70	11	,			-0.000					
DOH justification)				f Contact				Telep	hone Nu	mber					
DCA Cancellation	1		John (												
Name of Facility Where Abatement is Takir	na Place (3	3)	FACI	LITY INFO	RMATION	Tv	pe of Facility (4	1							
Former Gas Station	ig i lace (c	,,				1 y									
Street Address							School (K-12 Subchapter 8		than K-1	2)					
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730-738 Harrison Ave.							etc.)								
City (5)							uare Feet	# of F	loors		Bldg. A	\ge			
Harrison				0 1 :=:			500	1			50+				
County (6)				Code (7) USE ONLY)		1	urrent Use (Prior	- 5	g demolis	ined)					
Essex	0		yō			1	ormer Gas S								
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	л No.	11 11 11 11 11 11 11		Abatement Cont	0.0000000000000000000000000000000000000	3)						
n/a			n/a			0.0.500000	ny Contractir	ng							
Street Address						et Add									
n/a							lisade Ave								
City, State, Zip Code							, Zip Code								
n/a							d, NJ 07026								
Project Manager for Monitoring Firm			Telepho	ne No.	1	ohone			License I	Vo.					
n/a			n/a 973.460.6026					01255							
Start Date (10)			Completion Date (11) Name of OSHA Monitor									5-0.115-0.000			
4/22/2017	4/29/2		17 Harmony Contra						ting						
Occupancy Status During Abatement (Cher	ck Only Or	ne)													
Facility Closed/Vacated During Entire						10000	isade Ave					-1400-8			
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	nal Facility	/ Hours	3				, Zip Code								
					- Ga	rfield	d, NJ 07026								
Scope of Work (Check All That Apply)												91772335			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit	ition ion		ANYON MAKAMAMANA		Full Containmer Mini-Enclosure Glovebag Proce Non-Exempted	edure	1574			e			
	la	Locati	ion									ement			
Location of	500	Normal			Descriptio	n of					Ту	ре			
Asbestos-Containing Material (ACM)		d Sole intenar		Asbesto	s Containing		rial (ACM)	Am	ount			П			
TO BE ABATED In Facility		todial S		(i.e. th	nermal system				ecify	Rer	Re	nca	Enc		
(13)		(12)			surfacing, V. other miscella			SF (	or LF)	Removal	Repair	Encapsulate	Enclosure		
9. <b>*</b> 20 <u>. 95</u>	Ven	Nic	NI/A							<u>a</u>	7	late	Ire		
	Yes	No	N/A												
Roof		X	F	Roofing Ma	teria	als	250	0 SF	X						
									1						
										+					
	-	-				17.50	-			-		-			
			10000			44-270									
Name of Registered Waste Hauler		10111220	JDEP W lauler ID		Cubic Yards of Waste		Name of R			H					
Harmony Contracting	1	033137		TBD		GROWS	S Lanc	fill							
City, State	0	500101		Disposal Date	e	City, State									
Lincoln Park, NJ				1	TBD	-	Morrisvi								
Completed by	Title				Signatur	re	ANOTHOV	, 1 /		ate			-		
E. Cirovic	1	etary			6	7	11101	-		4/13/2	017				
	2001	y			( (	1	nue	/							

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

Date of Notification (1) Name of Building Owner/Operator (2) MR. WREN STEPHEN Agencies Notified Type Notification Street Address **EPA** Initial DEP City, State, Zip Code Amended Amendment # DOI. RAMSE Emergency (including Name of Contact Telephone Number DOH justification) MR WREN ☐ DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) MR. STEPHEN WREN School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) 60 TONE 1450 Current'Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) (ZESIDENCE BERGEN Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. Best Removal Inc Street Address Street Address 450 South River Street City, State, Zip Code City, State, Zip Code Hackensack, NJ 07601 License No. Telephone No. Project Manager for Monitoring Firm Telephone No. 201-329-7444 00388 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Omega Environmental Occupancy Status During Abatement (Check Only One) Street Address 280 Huyler Street Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours
Other - Describe: 730 AM TO \$100 PM City, State, Zip Code South Hackensack, NJ 07606 Scope of Work (Check All That Apply) Full Containment with Negative Pressure □ \_≥3 sf or ≥3 lf Renovation ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement ls Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ (i.e. thermal systems insulation, surfacing, TO BE ABATED (Specify Enclosure Custodial Staff? In Facility VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A BASEMENT 330SF VAT Name of Registered Waste Hauler NJDEP Waste Name of Registered Landfill Cubic Yards Hauler ID No. of Waste Best Removal Inc AURC Minverva Enterprises, LLC 17109 City, State City, State Hackensack, NJ 07601 127 Waynesburg, OH 44688 Completed by Signature J. Maiorano Estimator

Check#2759		NC	TIF	CATIO	ON OF A	SBEST	OS ABA	ATEMENT					
Date of Notification (1)									Can	cellati	on	D D	<i>a</i> =
04/	15 /	17		1	ne of Build		er/Operator	(2)	ME	G	匠	1 1/4	
Agencies Notified	Type Notificati				oe Galkin et Address				1181				
□ EPA	☐ Initial	7.0		306	et Address	5				APR	1 8	20	17
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☑ DHSS ☐ DCA	Amendmen		_	1000	State, Zip								
(NJAC 5:23-8)	Emergency justification	(includi	ng	Sout	h Orange	, NJ 070	)79		ASB	ESTO	SC	TNO	ROL
,	□ Cancellation     □ Ca			25		act			Telephone Nu	mbel	ENS	INC	
					e Galkin				,				
Name of Facility Where A	Abatement is Talk	ina Dia	(0)	F/	ACILITY	NFORM	IATION		1			-	
Private house	TOURCHIEF TAK	ang Plac	ce (3)					Type of Facili	ty (4)				
Street Address								School (K-	-12)				
110,000								Subchapte Other (i.e.	er 8 (Other than K-1	2)	000210220		
City (5)								homes, et	, private and comm	ercial b	)uildir	igs,	
(								Square Feet		I F	Bldg. /	Age	
South Orange, NJ 0707 County (6)	9										-5.	190	
Essex				Cou	nty Code (7)	(STATE	JSE ONLY)	Current Use (	Prior if being demo	lished)			
Name of Monitoring Firm	Uirod by D. 114								3				
and of Monitoring ( )	uned by Building	Owner	(8)	ASCM	No.	Name	of Abatem	ent Contractor (	9)			_	
Street Address						- 1	ch LLC						
on cot Address						Street	Address						
City. State, Zip Code						576 V	alley Rd#	<sup>‡</sup> 283					
-ity. Guite, Zip Code						City, S	tate, Zip C	ode					
Project Manager for Monit	oring Eirm		-			Wayne	, NJ 074	70					
, manager for Morni	oring riiii		Te	lephone	No.	Teleph	one No.		License No.				
Start Date (10)	1006	- 4.1. 1.4					8-1777		01127				
04 /15 / _	17	eduled (	ompi	letion Da	ite (11)	Name	of OSHA N	Monitor					
		04		6 /	1/	Enviro	vision Co	nsultants,Inc					
Occupancy Status During	Abatement (Che	ck only	one)			Street	Address						
☐ Abatement Performed	Outside of Norm	eriod of	Abat	ement		20-21	Wagaraw	Road, Bldg .#	35E				
Time of Abatement:	AM-	ai racili PM/	y Hot	urs - Des İ	Scribe	City, St	ate, Zip Co	ode	332	-			
Scope of Work (Check all t					Z IVI	Fair La	wn, NJ 0	7410					
	tnat apply)					H	Clean up	and decontam	ination with negativ	e pres	sure		
>3 sf or >3 If 2 160 sf or 2260 If		⊠ Re	enova	tion		Н	Full Cont Mini-Enc	tainment with Ne	egative Pressure				
☐ ≥ 100 SI 01 ≥250 IF		☐ De	emolit	ion		×	Glovebag	Procedure	Tent with Negative	e Pres	sure		
		1 1	s Loca	tion	1	<u> </u>	Non-Exe	mpted (*) and N	on-Friable Procedu	ire	i		
Location o	of	, "	Norm:	ally		р.		2		Ab	atem	ent T	уре
Asbestos-Containing M	aterial (ACM)	Use	ed So	lely by	Asbe:		scription o	t terial (ACM)	Amount	Z	R	Ш	m
TO BE ABAT IN Facility		Cus	todial	ance/ Staff?	(i.e	., therma	l systems i	nsulation,	(Specify	Remova	Repair	Encapsulate	Enclosure
(13)			(12			surta other r	cing, VAT, niscellane	or or	SIF or LF)	val	=	Sula	Sure
		Yes	No	N/A			ooonario	Jusij				ate.	
Basement			П	$\boxtimes$	Pipe inst	lation				R-8			-
attic				12000					5 LF		Ш		Ш
ittie		-	Ш	×	Pipe insu	ılation			5 LF	$\boxtimes$			
										П	П	П	П
										-			
Name of Registered Waste	Hauler	1	NJ	DEP Waste	Hauler ID No	Cubic Ya	rds of Waste	Name of Regi	stered Landell			Ш	
r Tech LLC			- 1	003378				H					
City, State				003378	2	TBI		T.R.R.F. Inc					
ayne, NJ 07470								City, State					
Completed By (Print or Type	e) Titl	e				TBI		Tullytown, P.	A				
Tautio					Signature Date								
3B-41	Ow	ner			-		//ev	Ic Wenas	9 04	15/17	1		
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41101	$\sqrt{}$		(	Pursuant	to NJAC	8:60 ar	nd 12:12	0)		1		-	4.0	12	
Date of Notification (1)				Name o	f Building	Owner/	Operator	r (2)			L At	#	1 8	201	1
	il 13, 2017				ack Foo	ods Co	rp								
Agencies Notified	Type Notification			Street A						-	ASBES	STO:	S CC	NTF	OL
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DEP	Amended Amendmen	+ #			ate, Zip C					1 to an inter	AND DESCRIPTION OF STREET				
	Emergency		_		uken N		)9			157					
DOH DCA	justification	)		28 28 1	f Contact					Tel	ephone Nur	nber			
L BCA	Cancellatio	n			Manag									12	
Name of Facility Where	Abatement is Taki	ng Place (	3)	FAC	ILITY INF	ORMAT	ION	Type	of Facility (4	1)					
J&J Snack Foods Co		3	- /					Турс	12 15	35					
Street Address	7.10							Н	School (K-12 Subchapter	2) 8 (Oth	er than K-13	2)			
5195 Central Highwa	21/							X	Other (i.e. p	rivate	& commercia	al buil	dings	, home	es,
City (5)	ау								etc.) are Feet	4 -	f Floors		214-	۸	
Pennsauken NJ 081	09							Squa	ne reet	# 0	FIOOIS		Bldg. /	age	
County (6)				County	Code (7)			Curr	ent Use (Prio	r if hei	na demolish	ad)			
Camden					USE ONLY	)		Oun	ciii 030 (i ii0	i ii bei	5.	ieu)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	Λ No.		Name	of Aba	atement Cont	ractor	plant				-
AET, Inc.					and the second		1000		Group, LL		(0)				
Street Address			-				Street			_0.					
220 Church Street									HWY N,	STE	200				
City, State, Zip Code									Zip Code	31L 2	203				
Bridgewater, NJ 088	07								NJ 08034	8					
Project Manager for Mon				Telepho	ne No.		Teleph				License No	).			
Eric Houseknecht				(908) 2	18-1108		(973)				00781				
Start Date (10)		Schedul			Date (11)			**********	HA Monitor		00/01				
5/1/17				5/31/17 The MAC					Group, LL	C.					
Occupancy Status Durin	g Abatement (Che	ck Only Or	ne)	Street Address											
Facility Closed/Vac	ated During Entire	Period of	Abate	ement 1500 Kings HWY N, STE 209											
Abatement Perform Other - Describe:	ed Outside of Norr	nal Facility	/ Hour	s			The second second		ip Code						
							Cherry	Hill,	NJ 08034						
Scope of Work (Check A	II That Apply)			1152											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renov Demol				2	X Mi	II Containme ni-Enclosure		Negative P	ressu	re		
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Asbestos-Containing			d Sole intens	ely by		tos Con	taining M	lateria		A	mount			ftt	
TO BE ABA			todial	Staff?	(i.e.		systems		ation,		pecify or LF)	Rer	Re	Encapsulate	Enclosure
(13)	•		(12)				miscellan			O.	OI LI )	Remova	Repair	nsc	uso
		Yes	Nie	NIZA								<u>m</u>	7	ate	ō
2 Pretzel (	No	N/A								/					
2 FIELZEI C		-		ion-Fri	able ins	sulati	on		TBD	$\triangle$					
								ana.							
Name of Registered Was	te Hauler		1	NJ DEP W	/aste	Cubic	Yards		Name of R	egiste	red Landfill			<u></u>	
Name of Continuous			H	Hauler ID		of Wa									
Newark Carting				222	53	-	TBD		Cumberla		o./ BFI / C	RO	WS	/ TRE	RF
City, State						a summittee	sal Date		City, State						
Newark, NJ		5/31/17 Newburg / Imperial / Morrisville, PA													
Michael Cooper	Completed by Title						Signature	/		0	Dat				
Iviiciiaei Cooper		Presid	ent							232	- 4/13	3/17			

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The state of the s	I	APR	1	8	2017	Prin	
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Date of Notification (1)			Namo			10 12.120	,	I As	BEST	OS	CON	TRO	3 10
4-14-17			Park	of Building	g Owner evelop	/Operator ment, LL	(2) .C	1	L	CEV	ISIN	G	
Agencies Notified  Type Notification  EPA  DEP  Amended			Street 729 (	Address Clinton S State, Zip C	Street								
Amendme		0	Hobo	ken, NJ	,000		9						
DCA justification Cancellation	n)	9	Lyle \	of Contact Winschu	ich			Teler	nhone N	lumbo			
Name of Facility Where Abatement is Tak	ing Place	(3)	FAC	CILITY INF	ORMAT	TION	Type of Facility		-				
Commercial Building Street Address							Type of Facility  School (K						
720 Clinton Street							Subchapt	er 8 (Other . private & i	than K- commer	12) cial bu	uilding	s, hor	nes,
City (5) Hoboken, NJ 07030							Square Feet 40000	# of F	loors		Bldg.	Age	
County (6) Hudson			County (STATE	Code (7) USE ONLY	)		Current Use (P	rior if being	demoli	shed)			
Name of Monitoring Firm Hired by Building	Owner (8	)		M No.		Name o	f Abatement Co Environme	ontractor (9	)	1.0			
Street Address						Street A			ices, L	LC			
City, State, Zip Code						City, Sta	ite, Zip Code		el Germanico				
Project Manager for Monitoring Firm			Telepho	ne No			City, NJ 07						
Start Date (10)					Telepho 201-33	33-8855		icense l 1174	No.				
4-3-2017	Schedul	ed Co	mpletion	Date (11)			OSHA Monitor as above	r					
Occupancy Status During Abatement (Che	ck Only Or	ne)	. 1			Street A							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of A	Abater Hour	ment s				te, Zip Code						
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 If ≥160 sf or ≥260 If		lenova lemoli				× × ×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				4,-	
	100 000 000	Locat					- Ton Enompte	d ( ) and iv	OH- Hat	T	The state of the state of	emen	t
Location of Asbestos-Containing Material (ACM)	Use	lorma d Sole	ly by	Ashest	Des Contr	cription of	erial (ACM)			-	Ty	ре	T
TO BE ABATED In Facility (13)		ntena odial ( (12)		(i.e. t	thermal surfac	systems ir ing, VAT, iscellaneo	sulation, or	Amor (Spec SF or	cify	Remova	Repair	Encapsulate	Enclosure
The state of the s	Yes	No	N/A							_		ate	e e
Through the property		X		Pipe	insulat	ion - Ra	p & Cut	427	LF	Х			
5th Floor		X				VAT		425 3	SF	Х			
2nd Floor		X				VAT		375 5	SF	Х			
2nd Floor Name of Registered Waste Hauler		X				Insulati		677		Х			
Newark Carting Inc		Н	NJDEP Waste Hauler ID No. of Waste O4509 Solution 10 No. O4509 Sol										
City, State Newark, NJ		11.	Disposa 4- <b>24</b> -2		City, State	e em, P.A.					_		
Completed by illiana Serrano	Title Office	man	ager		•	gnature .	- Co	ace I	Da		Ц.	. 10	)
					10	2111	LUCEAR	unu		3		* 1	f :



Date of Notification (1)				Non	o of Buildin	~ Ou	/ner/Operator (	(2)	117).				Ī
4 /	14 /	17		100	ster Kay	-		(4)	A	PR 1	8 %	2017	Ī
						agu			Mary Barger			-011	1
Agencies Notified  EPA	Type Notific	ation		Stre	et Address				ACDE	OTOO	001	1	
⊠ DOLWD	☐ Amended	d							ASBE	LIOS LIOS			JL &
⊠ DOH	Amendm				State, Zip				1	Bank Nat Ton S	91,711.4	10.04	
DCA	☐ Emergen	cy (includ	ling		ape May, I		8204		100.00				
(NJAC 5:23-8)	justificati			- 1	e of Contac	333			Telephone Nu	mber			
	Cancella	tion		Si	ster Kay	Гади	ie						
				F	CILITY IN	IFO	RMATION						
Name of Facility Where A	Abatement is 7	Taking Pla	ace (3)					Type of Facility	(4)		1		
Residence								School (K-12		40)			
Street Address									8 (Other than K-		uilding	15	
								homes, etc.)		ioroiar b	andn,	, ,	
City (5)								Square Feet	# of Floors	В	ldg. A	ge	
Cape May								2,200	3		80		
County (6)				Cor	inty Code (	7)(STA	TE USE ONLY)	Current Use (Pr	ior if being demo	ished)			
Cape May								Residential					
Name of Monitoring Firm	Hired by Build	ding Own	er (8)	ASCI	l No.	Na	me of Abateme	ent Contractor (9)	)				
Mgmt. & Environme	ental Consu	Iting Se	rvices			5	Shade Enviro	onmental, LLC					
Street Address						Str	eet Address						
PO Box 341						6	23 Cutler Av	venue					
City, State, Zip Code						City	y, State, Zip Co	ode					
Chesterfield, NJ 08	515					Λ	Naple Shade	, NJ 08052					
Project Manager for Moni	itoring Firm		Te	elephone	No.	Tel	ephone No.		License No.				
Bill Weisgarber				609-29	8-4070	8	56-755-0099	)	00842				
Start Date (10)	5	Scheduled	Comp	letion D	ate (11)	Na	me of OSHA N	lonitor					
04 /24 /	17	04	/;	26 /	17	E	MSL Analyt	ical, Inc.					
Occupancy Status During	Abatement (	Check on	ly one)			Stre	eet Address						
□ Facility Closed/Vacate	ed During Enti	re Period	of Aba	tement		2	00 Route 13						
Abatement Performed					rs - Describe City, State, Zip Code								
Time of Abatement: _	AIVI	PIVI/	P	VI	_AM	C	innaminson	n, NJ 08077					
Scope of Work (Check all	I that apply)						_						
		M	Renova	ation		⊠ Full Containment with Negative Pressure             □ Mini-Enclosure							
☐ ≥160 sf or ≥260 lf			Demol					g Procedure					
							☐ Non-Exe	mpted (*) and No	n-Friable Proced	lure			
4			Is Loc							Ab	atem	ent T	уре
Location Asbestos-Containing I	(7)) A	n   L		olely by	Ache	etne	Description o Containing Ma		Amount	Re	Re	En	m m
TO BE ABA		"   1	Mainte	nance/			rmal systems		(Specify	Removal	Repair	cap	Enclosure
IN Facilit	ty	0	ustodia (1)	al Staff?			urfacing, VAT,		SF or LF)	<u>a</u>		Encapsulate	ure
(13)		Ye		-	1	OU	her miscellane	ous)				te	
December 1 Const				25 1000	10 J				440.15	<b>N</b>			
Basement and Crawls			Pipe In	sula	tion		140 LF		ш	Ш			
										П	П	П	П
Name of Registered Wast	te Hauler			NJDEP	Waste	Cub	oic Yards of	Name of Regis	tered I andfill	1-	1-		
Freehold Cartage	to riddior			Hauler	ID No.	Was			County Landf	ill			
City, State				1593	9	Dis:	posal Date	City, State					
Freehold, NJ							4/26/2017	Woodbine,	N.I				
		7.0				0.							
Completed By (Print or Ty	/pe)	Title	D		0 "		Signature		Date				
Christina Lynch		Vice	Presid	ient of	Operation	ns	Unsh		>	-1/1	1	7	

# CK9448

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	15			<u>u</u>			auz	-
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Date of Notification (1)						4 -	J Li AFR	0	201	1+-	1
4 / 13 ,	17		1		ing Owner/Operator						
				NOKA	LANDY R	EAL EST	ATESBERIA	190	416	OL	a
Agencies Notified Type Notifi ☐ EPA ☑ Initial	cation		Stree	et Address			LICE	NSI	VG_		
☐ EPA ☐ Initial ☐ DOLWD ☐ Amende	.d #			290		aue du	ITE 100	-			
☑ DOH Amendr			City.	State, Zip	Code		ρ				
4 TO 10 TO 1	ncy (includi	10		FLOR	HAM PAN	K Note	0793	3			
(NJAC 5:23-8) justifical	tion)	-	1 0	e of Conta	act	1,004	T. Tanhone Num	ber			
☐ Cancella	ation		K	apaul	s Falliver	E	2			1	
					INFORMATION						
Name of Facility Where Abatement is		e (3)				Type of Facility	/ (4)				
COMMERC	LIAL.					School (K-1					
Street Address						Subchapter	8 (Other than K-12 private and comme	) i=/ h	سالم(ن.		
25 DE FOR	st a	VE			) f	homes, etc		iciai 0	unanı	gs,	
City (5)					13	Square Feet	# of Floors	T B	ldg. A	ige	
SUMMIT						25,000	-4	-	+5	0	
County (6)			Cou	nty Code	(7)(STATE USE ONLY)	Current Use (P	rior if being demolis	hed)			
UNION					36	CON	MENCIAL				
Name of Monitoring Firm Hired by Buil	ding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9	))				
					A.MAC Contr	acting Inc.					
Street Address					Street Address						
73					185 Vreeland	Ave					
City, State, Zip Code					City, State, Zip Co	ode					
9					Midland Park	, NJ 07432					
Project Manager for Monitoring Firm		Te	lephone	No.	Telephone No.		License No.				
				4	201-262-5841		00156				
Start Date (10)	Scheduled (	Compl	etion Da	ite (11)	Name of OSHA M						100000
	_3_		30 /	11.	Omega Envir	onmental Ser	vices				
Occupancy Status During Abatement (	Check only	one)			Street Address						
☐ Facility Closed/Vacated During Entil	re Period of	Abat	ement		280 Huyler St						
Abatement Performed Outside of N Time of Abatement:AM	ormai Facili PMi	y Hot	irs - Des L	Cribe Ans	City, State, Zip Co	ide					
				. 1121	Hackensack,	NJ 07606					
Scope of Work (Check all that apply)					TO ENIL COR	-1					
≥3 sf or ≥3 lf	☑ R	эпоча	tion		☑ Full Cont	ainment with Ne osure	gative Pressure				
☑ ≥160 sf or ≥260 if		emolit	ion		☐ Glovebag	Procedure	SCHOOL TON AND BU				
	1 1	Loca	Hien	Γ	□ Non-Exer	mpled (") and No	on-Friable Procedur	7			
Location of	f	Norma		ALL PARTY PARTY	Description of			Ab	atem	ent T	-
Asbestos-Containing Material (ACN	l) Usi		ely by	Asb	estos Containing Mat		Amount	Re	Repair	En	Enc
TO BE ABATED IN Facility			ance/ Staff?	(i.e	e., thermal systems in		(Specify	Removal	oair	sdec	Enclosure
(13)		(12			surfacing, VAT, other miscellaned		SF or LF)	2		Encapsulate	JR.
	Yes	No	N/A	An a service					İ	9	and a contract
1ST FLOOR			Ø	V	AT & MAST	10	4.340 SF	0		П	ĪП
	in			V.	. (1 9 M(KO)	1	7,210 31		] [		1
	$\dashv \vdash$		-			1			Ш	Ц	1
		$\Box$				-					
Name of Registered Waste Hauler		1	UDEP V		Cubic Yards of	Name of Regis	tered Landfill	1	1		
Newark Carting		1	lauler ID 04509		Waste 20 U/OS		thlahem Landfil	l Cor	p		
City, State			0 7003		Disposal Date	City, State					
Newark, NJ					4/10/1000	Sethlahem	, PA				
Completed By (Print or Type)	Title				7 /10   F     Signatuse		Dat	a .			
Joseph Vocaturo	Vice Pr	eside	ent			Vac.	0,000,000	1	1	9	
SB-41					1 110	V bysture	) :	3/3	111	3	

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				Ch	eck	: 4	152
		SDD	- 4	0	2017	-	11-11

Date of Notification (1)			Na	me of Ruitdi	ng Owner/Operator	(2)	and here.				1
3 / 31	1 17			. 1	ANDU R	1	ATEASBPAR	DS/QI	ONG	ROI	
☐ EPA ☐ Initial			Stre	eet Address		- L	LIV.	<del>ENO</del>	ina		
	idment#	_	City	, State, Zip	Code	_		2.2			
☐ DCA ☐ Emer (NJAC 5:23-8) ☐ justifi	gency (includir cation)	ng	Nar	FLO L		K, N.Jj	0793	30			
Canc				Ropals	FALLIVEN	E	1		9	,	
			F	ACILITY II	NFORMATION	***************************************					-
Name of Facility Where Abatement		e (3)				Type of Facility	5. 5				
Street Address						School (K-1	2) 8 (Other than K-1)	2)			
25 DE F0	LEST A	VE				Other (i.e., p	private and comme	ercial bu	uilding	gs,	
City (5)				Particular de la companya del companya del companya de la companya		Square Feet	# of Floors	BI	dg. A	ge	
SUMMIT County (6)			10-		71. (47.70.4.70.00)	25,000	-4		+5	0	
UNION	r.		0	unty Gode (	7)(STATE USE ONLY)		ior if being demoli	shed)			
Name of Monitoring Firm Hired by B	Building Owner	(8)	ASCI	M No.	Name of Abateme	ent Contractor (9)	Mejulac				
N. M. Martin and Control of Contr					A.MAC Contr	500					
Street Address					Street Address						-
City, State, Zip Code					185 Vreeland						
sily: State, Zip Gode					City, State, Zip Co						
Project Manager for Monitoring Firm	)	Tel	ephon	e No.	Telephone No.	., NJ 07432	License No.				
VANCE AND ADDRESS OF THE PARTY				1	201-262-5841		00156				
Start Date (10)  4 / /0 / /7	Scheduled C	Comple	etion D	Date (11)	Name of OSHA M						
Occupancy Status During Abatemer			- /			onmental Serv	rices				
☐ Facility Closed/Vacated During E	ntire Period of	Abate	ment		Street Address 280 Huyler St						
Abatement Performed Outside of	Normal Facilit	v Hou	rs - De	scribe	City, State, Zip Co						-
Time of Abatement:AM		PIVI		_AIVi	Hackensack,	NJ 07606					
Scope of Work (Check all that apply)	)				☑ Full Cont	ainment with Neg	iativa Praecura			**********	-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Action	enovat emoliti			☐ Mini-Encl	osure Procedure	n-Friable Procedu	ro			
	E	Loca				inplod ( ) and red	na nable i rocedo	<del></del>	ateme	ent T	VDE
Location of Asbestos-Containing Material (AC TO BE ABATED	CM) Use	Yorma d Sole intena	ely by	Asbe:	Description of stos Containing Mat , thermal systems in	erial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)			Staff?	(i.e.	surfacing, VAT,	or	(Specify SF or LF)	oval	#	Insdi	OSUR
(1.0)	Yes	No	N/A		other miscellaned	ous)				ate	
1ST FLOOR			d	Vi	AT & MAST	ıc	4.340 SF				Г
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						- Opposition	****				
		$\Box$ .		100							Г
ame of Registered Waste Hauler		1.5	JDEP auler I	Waste	Cubic Yards of	Name of Regist		11			
Newark Carting ity, State		177	0450	9	Waste 2040S	Lance - Lance	hlahem Landfi	II Cor	0		
Newark, NJ				THE PERSON NAMED IN COLUMN	Disposal Date	City, State			2**********		0.7550
ompleted By (Print or Type)	Title	**********			Y/Io/n <sup>o.x.</sup>  Signature	Bethlahem,			89		
	2 3 441 4				1 Dinnailice		Da	m			
Joseph Vocaturo	Vice Pre	eside	nt			Vacu -	1	3/31	1.	e	

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

Date of Notification (1)	\		1	. CD :11:		10		90.00 00 00 00 <b>0</b> 0					С	heck	# 3	53	0
4/13					ng Own nivers		perator (2)										
Agencies Notified	Type of Notifica			Address		sity				power	7 [	= A	-FE	[]	N/I	F	3
[] EPA	. Jpc of Hotmod	504/65/333				n Hı	udson				1)_[	3 6	E		W	Ē	3_
	[] Initial	- 1	· Out	otio i i	on it of	11 111	103011			l lord	31						1
	Notification [ ] Emergency	n c	City, St	ate, Zip	Code							1 22 2		0			- 1
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[X] DOH	Notification	n #1		350				0.000		į.	i						
[X] DCA	[] Cancellation	1		of Conta					Te	lephone N	Jumb	er	007	200	1-1-1-	771	1
	[] Cancellatio	u   F	)avid	Herr	ande:	Z			1 -	-			OS (	SIN		UL	. Č
					FACIL	ITY I	NFORMATION			4		desired as services	7 to 1 1	1,/11 %			electric (gloss
Name of Facility When	e Abatement is Ta	aking Pla	ace (3)					Type o	of Facility (4	)	77				-	-	
Stevens Univers	ity – Howe C	enter						1 1	School (I	K-12) ter 8 (Oth e. private a	or the	n V 12	i.				
Street Address	2000 A		-			10000		- t1	Other (i.e	e. private a	and c	ommer	cial b	uildir	gs,		
1 Castle Point or	n Hudson								homes,	etc.)							
City (5)		Country	(C)		10			Square		# of Flo	oors		Bldg	. Age	9		
Hoboken		County					y Code (7) E USE ONLY)	60000		13			~ 50				
		Huds			(0	SIAI	E USE ONLY)	Office/	t Use (Prio lab/classro	r if being o	demo	lished)					
Name of Monitoring Fir		ing Owne		ASCM N	lo.		Name of Abatem	ent Cont	ractor (9)	5111							
TTI Environment	tal		(	0003			J	lupiter	Environ	mental	Sen	vices.	Inc				
Street Address							Street Address										
1253 N. Church	St.						3	23 Ch	angebrio	dae Roa	ad. S	Suite	100				
City, State, Zip Code	20.800					1 17	City, State, Zip C	ode	3	.5000	,	Juito					
Moorestown, NJ			15				F	Pine B	rook, NJ	07058							
Project Manager for Mo	onitoring Firm			Numbe			Telephone Numb	er				Licens	e Nur	mber			
Jeffrey Seaman	10)			-8800		L			5-8700					00	85	2	
Scheduled Start Date ( 5/1/17	10) Sche	d. Comp			1)		Name of OSHA N		20	ANTONIO EN 181		00 00	SC 50	(6)			
ACAP AN ANALYSIS CO.	ing Abetement (C		0/17					ris En	/ironmer	ntal Lab	ora	tories	i, LL	C			
Occupancy Status Duri	Nacated During	neck on	y one) eriod o	f Ahate	ment		Street Address	222 D									
<ul><li>[] Abatement Per</li></ul>	formed Outside o	f Norma	I Facili	ty Hours	3 -	-			oute 22	vvest							
Descr [x] Other – Descr	ibe: ribe: <u>partially vaca</u>	tad.				1	City, State, Zip C		NII 0700								
		iteu						JIIIOII,	NJ 0708	33							
Scope of Work (Check	all that apply)																_
[] Demolition				[]	Renov	/ation			[x] Full C [] Mini –	ontainmer Enclosure	nt with	h Nega	tive P	ress	ure		
[] ≥3 sf or ≥3 lf					3. 100.130					pag Proce							
[x] ≥160 sf or ≥26	60 If							[		Friable Pr		ure					
			Locati mally U				Donori	ption of								nent	
Location			Solely b				Asbestos -		ina			Amoun	ıt	Typ	R	E	E
Asbestos - Co	9	100000000000000000000000000000000000000	tenanc				Materia	al (ACM)				(Specif	22.0	E	E		N
Material (A TO BE ABA		todia	al Staff	(12)			i.e., therm) insulation, su				S	SF or LF	=)	M	Р		C
In Facili							or other mis							V	A		L
(13)		Yes	No	N/A					/					A	R		S
9 <sup>th</sup> floor		-	V		TOL	-					_			L		U	U
9 <sup>th</sup> floor			X		TSI VAT/r	most	io					) LF		X	_	_	_
9 <sup>th</sup> floor		+	X	-	Spray		ic				100000	00 SF 80 SF		X	-	+	-
		y-011				-	176	50 SF		X	+	+	_				
Name of Registered Wa	aste Hauler	NJ	DEP W	/aste	C	Lubic	Yards	Name	of Register	od Londfil	1						
Jupiter Environme		s Ha	uler ID	No.	100	of Wa		The Manual Contracts	nce Land		11						
· ·		(	04782				60			21111							
							sal Date	City, S							*		
Pine Brook, NJ Completed By (Print or	Timo	Tial-			5	5/23/		Taylo	or, PA			,					
Pane Repic	i yhe)	Title	oral N	/long	705		Signature		/			Date					
. and Ropic		Gene	cidi l	Manag	jei		7	4	-	_		4/13	3/17				
SB-411							1/			-							- 65

Amendment #1, 4/13/17: Start date is being postponed for 5/1/17.

### State of New Jersey

### NOTIFICATION OF ASBESTOS ABATEMENT

11			C	h # 850	14	
		APR	1 8	201	7	1
1	April 1	4.44 1.1	10 5%	201		Learner

	1			(Purs	uant t	o NJ	AC 8:60-7 and 12	2:12	20-7)	1 mg/ 1					
Date of Notification (1	)	Т	Name	of Build	ing Ov	wner/	Operator (2)				100 6	Ch # 8			
	4/13/17		NJ E	conor	nic [	Deve	elopment Au	th	ority	UL	APH 1	8 5	01/		Loren
Agencies Notified	Type of Notificat	tion		Address			princinc / ta		ionty	Ė				_	-
[] EPA	[x] Initial		36 V	Vest S	tate	St.			-	ĀS	RESTOS	CON	TRO	)L	8
[] DEP	Notification	-	0'' 0						1	*****	LICE	VSING	ì		un provenzamento
[X] DOL	f1 A			tate, Zip						2					
[X] DOH	[] Amended Notification		Hell	ton, N	J 08	025	5-0990								
[] DCA	[] emergency		Name	of Conta	act				Telepi	hone Nur	mber				
* • //2020.00	[] Cancellation	.	Jame	es Sar	acer	no			1 000040		2.15 T.				
	[] Cancellation				FAC	ILITY	Y INFORMATION	1							
Name of Facility When	e Abatement is Ta	king PI	ace (3	)	15015		THE CITAL THE PARTY OF		Type of Facility (4)						
Building 691									[] School (K-1)	2)					
Street Address					-			-	Other (i.é. pr	r 8 (Othe rivate and	r than K-12) d commerci	al build	inas		
691 Highway 1									homes, etc.	)			- 3-	1.5	
City (5)		County	. (6)							# of Floor	rs E	Bldg. Ag	ge		
North Brunswick	N.I 08902	Midd		v			nty Code (7) ATE USE ONLY)	-	20000 Current Use (Prior if t	1	U - E - IV	-50	8		
	W I I I I I I I I I I I I I I I I I I I					,0,,			Office/warehouse	being der	nolisnea)				
Name of Monitoring Fi ATC Group Se	m Hirea by Buildin	ig Own		ASCM N					ent Contractor (9)	.18 MOVINGO					
Street Address	rvices, LLC			00098	5		01 111	Jı	upiter Environme	ntal Se	ervices,	nc.			
3 Terri Lane, Su	ite 4						Street Address	2'	22 Channal - 1 - 1	Б.			777		
City, State, Zip Code					_	+	City, State, Zip	0	23 Changebridge	Road	I, Suite 1	00			-1555
Burlington, NJ 08							ony, orato, zip		Pine Brook, NJ 07	7058					
Project Manager for Me	onitoring Firm	Tele	phone	Numbe	r		Telephone Num			000	License	Numbe	er.		
John Lutz				9-8512				9	73-575-8700		Liconico		08	52	
Scheduled Start Date ( 4/24/17	7	5/3	31/17		1)		Name of OSHA		<sup>lonitor</sup> ris Environmenta	l I abou	ratories				
Occupancy Status Dur	ing Abatement (Ch	eck on	ly one	)		1 1	Street Address		is _iiii oiiiioika	Labor	ratorics,	LLO			
[x] Facility Close [] Abatement Per	d/Vacated During E rformed Outside of	Entire F	Period	of Abate	ment			23	333 Route 22W						
Descr	ibe:		ii i doii	nty riour.	3 —		City, State, Zip							1 DE	
	ibe: partially vacan	<u>t</u>						U	Jnion, NJ 07083						
Scope of Work (Check	all that apply)													_	
[] Demolition				[]	Ran	novati	ion		[] Full Conta	inment w	vith Negative	e Press	sure		
[] ≥3 sf or ≥3 lf				1.1	11011	iovati	1011		[] Mini – End [] Glovebag		re				
[x] ≥160 sf or ≥26	50 If								[x] Non – Fria						
			Locat mally				D					AŁ	ater	men	it
Location			Solely	by			Asbestos	- I	otion of Containing		Amount	R	pe R	Е	E
Asbestos – Co Material (A				ce/Cus			Mater	ial	(ACM)		(Specify	E	E	N	N
TO BE ABA		todi	al Staf	1 (12)			(i.e., ther	ma	al systems rfacing, VAT,		SF or LF)	M	P	С	С
In Facili	ty		2525	(2000)					cellaneous)			O V	A	A P	L
(13)		Yes	No	N/A								A	R	S	S
Main floor			X		VAT	, flo	or residue and a	adl	hesive	1	15000 SF	L	$\vdash$	U	U
												+^		-	
Name of Registered Wa	iste Hauler	NI I	DEP V	Vacto	-	0.1.	- V1	_							
Jupiter Environme		Ha	uler ID			Of W	c Yards /aste		Name of Registered L						
7/4		0	4782				20		Alliance Landfill						
City, State							osal Date		City, State						
Pine Brook, NJ						5/23	3/17		Taylor, PA						

Pine Brook, NJ
Completed By (Print or Type) Pane Repic

Title General Manager

Taylor, PA Signature

Date 4/13/17

ASB-41 JUN 95

(K#3137			FICATIO	State of New Jers: IN OF ASBESTOS It to NJAC 8:60 au	ABATI		Millione and every of the	D),E	G I	EI	$\mathbb{V}$	E
Date of Notification (1)  Agencies Notified  Type Notification  FPA  DEP  DOL  Amended  Amendment	<b>#</b>	Periodic in Light in the Control of	Street 7 City, S	of Building Owner  ( Green Ho)  Address  ( Man  Late, Zip Code  ( Jan Green	dig Aux	5, (CC		Ĺ	APR STOS			
DOH Emergency justification) DCA Cancellation	(includin	g	Name	SCON GIT of Contact GUK	3.2	A-J - 0	11)	1-nt				
Name of Facility Where Abatement is Takin	- 01	700	FAC	CRITY INFORMAT	ION							
Million Property Street Address	g Piace	(3)				Other (i.e. etc.)	-12) er 8 (Ott private	ier than K- 8 commen	cial buil			69.
Spars (ake						Square Feet	#6	of Floors	- 1	Sidg. /	100	
County (6)		1	County	Code (7)		Current Use (P	rior if be	ing demoli		)		
Monmoth		100	(STATE	use only		Tesid						
Name of Monitoring Firm Hired by Building	Owner (I	3)	ASC	M No.		of Abatement Co Insulation Co		r (9)				
Street Address					1	Address Montrose Rd				-		
City, State, Zip Code					1	itale, Zip Code s Neck, New J	lersey					-
Project Manager for Monitoring Firm		un soprand	Telepho	me No.		ione No. 294 1757		License (	Vo.			
Start Date (10)	41	28	ppletion 1 7	Date (11)		of OSHA Monito	r					The second second
Coclipancy Status During Abatement (Chec Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriad af	Abaten	nent		and the second second	Address itate, Zip Cade						PERFORM Transcription
A. C.	<u> </u>											ALL SHEET
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 ff ≥160 sf or ≥260 ff		Renova Demolit			Z	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure	anami wood one			e	The second of th
Location of	3	s Locat Norma	ly	Da	scription	rsf	Amount of the contract of the		A francisco		emeni pa	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Cus	ed Sole aintena itodial S (12)	ncei Staff?	Asbestos Cont (i.e. thermal surface	aining M	faterial (ACM) s insulation, T, or	(5	mount Specify For LF)	Removal	Repair	Encapsulate	Enclosure
interior	Yes	No	I NVA	dust in	1/2 T	2.00	50	(F	7			
	Ì		1	(4)	212 3	3/1		<u> </u>				
			A PART OF THE PART	The state of the s						1		
	10.00								-	1		
Name of Registered Waste Hauler Ace Insulation Co., Inc.	*	1-1	JOEP Wauler ID 2086			Name of Chrins	0.00	red Landiñ N	F	<u> </u>		Office of the state of the second
City, State Colts Neck, New Jersey				Dispos	al Date	City, State	PF	}-	411111111111111111111111111111111111111			1
Completed by Bree McGuire	Title Secr	elanı	Treasu	/ I	gpetuse		f	Da	te i		7	
	000	Orms A			12			1 6	-111	4/1	1	Jess

### NOTIFICATION OF ASBESTOS ABATEMENT MO#24219190102 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 2017 14 / 17 04 Romilly Liloia Agencies Notified Type Notification Street Address ASBESTOS CONTROL □ EPA X Initial DOLWD. ☐ Amended LICENSING City, State, Zip Code X DHSS Amendment # □ DCA Pompton Plains, NJ 07444 Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Romilly Liloia FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Street Address Subchapter 8 (Other than K-1 2) Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age Pompton Plains, NJ 07444 County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Morris Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 04 / 24 / 17 \_\_04\_\_/\_\_25\_\_/\_\_17 Envirovision Consultants, Inc Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/\_\_PM\_ Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure ≥3 sf or >3 If Renovation Mini-Enclosure 2 160 sf or >260 lf Demolition Glovebag Procedure Tent with Negative Pressure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Location of Normally Description of Used Solely by Asbestos-Containing Material (ACM) Repair Removal Asbestos Containing Material (ACM) Encapsulate Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A Basement X Pipe insulation 80 LF X П П Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date N.Jevtic Owner Tentic Wenad 04/14/17 ASB-41 MAY 11

State of New Jersey

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CK934	6		CATION	tate of New Jerse N OF ASBESTOS to NJAC 8:60 an	ABATE		т		EC	E		$\mathbb{V}$	E
Date of Notification (1) 04-12-17				of Building Owner/or Enterprises	Operator	(2)			APF	1	8	201	7
Agencies Notified Type Notifi	cation		Street A	Address own Court		-			ASBEST				ROL &
DEP Amen	dment #			ate, Zip Code , NJ 07083				1/1/d to marks thought to the	11	CEI	NSI	NG.	
DOH justific	gency (including cation) ellation	1		f Contact Appicie							A Park Street Control		
				ILITY INFORMAT	ION								
Name of Facility Where Abatement is Private Home	Taking Place (	3)	17.0	THE OTHER		Тур	pe of Facility (4						
Street Address						r	School (K-12 Subchapter & Other (i.e. pr etc.)	(Other tha	an K-12) nmercial b	uildi	ngs,	home	es,
City (5) Kenilworth						Squ	Jare Feet	# of Floo	ors	Blo	dg. A	ge	
County (6) Union	·		County (STATE	Code (7) USE ONLY)		Cur	rent Use (Prior	r if being de	emolished	)			
Name of Monitoring Firm Hired by Bu N/A	ilding Owner (8	)	ASCN	/I No.			ntracting LL						
Street Address					Street 522								
City, State, Zip Code							Zip Code ty NJ 07087	7					
Project Manager for Monitoring Firm			Telepho	ne No.	Teleph 201		No. 9603	Lice 012	ense No. 206				
Start Date (10) 04-24-17	Schedul 04-27-		mpletion	Date (11)			SHA Monitor ntracting LL	.C					
Occupancy Status During Abatement		0.00			Street 522		T. T. T.						
Facility Closed/Vacated During E Abatement Performed Outside o Other – Describe:	f Normal Facilit	Abater y Houn	nent S		City, S	tate,	Zip Code	7					
Scope of Work (Check All That Apply)					Unio	n Ci	ty NJ 07087						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli			4	N G	ull Containmer lini-Enclosure lovebag Proce lon-Exempted	edure				e	
Location of	1013	Locat Norma										ment	
Asbestos-Containing Material (AC TO BE ABATED In Facility (13)	M) Use	ed Sole aintena todial ( (12)	ely by nce/	Asbestos Cont (i.e. thermal surfa		Materi s insu T, or	ılation,	Amoun (Specif SF or LI	55	Removal	Repair	Encapsulate	Enclosure
1st Floor Dining & Living Ro	Yes	No	N/A	14/2	II Diac	for		400.0	-	-		te	
	OIII	X	-	vva	II Plas	ier		420 SI		-			
1st Floor Kitchen 2nd Floor Bethroom	_	X	-	Ma	VAT II Plasi	tor		150 SI 380 SI	-	-	-		
ZIIG I IOOI DELIIIOOIII			1	ı vva	II Flas	[ [ ]		300 31	T IX				

Exterior X Transite Siding 3,200 Sf X Name of Registered Waste Hauler Cubic Yards Name of Registered Landfill NJDEP Waste Hauler ID No. of Waste Delfa Contracting LLC Tullytown Resource Recovery Facility 35240 10 City, State Disposal Date City, State Union City, NJ 04-28-17 Tullytown, PA Completed by Title Signature Date Jaime Delgado Proj. Manager. 04-12-17

Wall Plaster

380 SF

X



Date of Notification (	1) 04/06/1	7					g Owner/Op	erator	r (2)	1 11		Цп		W	E
Agencies Notified	Notificatio	-	)			nill, LL ddress	_C			1		1.55			
Andrew Control of the				110000000000000000000000000000000000000			Bridge Ave	enue	- Suite 1	14 .		APR	1 7	201	7
(X) EPA ( ) DEP	( ) Initial (X) Amend		ation			e, Zip				1 1					
(X) DOL	Amend		# 3				J 08071			Ä	SBI	STO	s co	NTR	OL 8
(X) DOH	( ) Emerg	ency (	(including	Nan	ne of	Contac	ot	7-7-			-	Tel. Nu	mber	iG.	
()DCA	justification ( ) Cance			Kev	/in S	eise				1		101.110	mbor		
	1 ( )	- TOTAL		FAC	ILITY	/ INFO	RMATION				1 [	G	B	1 1	// /
Name of Facility Whe	ere Abateme	nt is Ta	aking Plac	e (3)			MATION	Тур	e of Facility	(4)	/-	9 0	5	II V	
Browntown Shopping	Center							1153500	School (K-1						
Street Address 2695 County Road 5	16 (Main Offi	ice) ->	Store 266	85				()	Subchapter Other (i.e. homes, etc.	8 (other	er th	an RR: comme	2) <sup>1</sup> 8 rcial b	<mark>201</mark> uildir	
City (5) Old Bridge Township								Squ	are Feet	# 0	ASB of Flo	ESTO OOF LIC		VA G	E S
County (6) Middlesex County				Coun			(STATE	Curr	rent Use (P	rior if b	eing	demol	ished)		
Name of Maritaria E		D								20.00					
Name of Monitoring F (8)	irm Hired by	Bldg.	Owner	ASC	M No.		Name of C								
EMWA							CID CONS	STRU	CTION SER	RVICES	S, LL	.C			
Street Address 100 Misty Lane							Street Add	iress							
							365 River								
City, State, Zip Code Parsippany, NJ 07054	ļ.						City State,	8							
Project Manager for M	onitoring Fir	m	Telephone	Numbe	er		Garfield, N Telephone					icense	Numk	or	
Kevin Se	ise		********	1) 923-7			(973)685-9		501		13.55	1191 "		Jei	
Scheduled Start Date	(10)		Scheduled			Date	Name of C		Monitor	-	1	F0802500 (	2011-007		
04/05/20	17		(11)	5/05/201	17		Testor Tec								
Occupancy Status Du		ent (CI	heck only o	one)	1 /		Street Add	ress							
			15	5			10-59 Jack		VARUE						
(X) Facility Closed/Vac	cated During	Entire	Period of	Abatem	nent		City, State,	O. C.							
( ) Abatement Perform ( ) Other – Describe:	ned Outside	of Nor	mal Facilit	y Hours			Long Island								
Source of Work (Chec	k all that app	oly)					Long Island	d Oity,	141 11101	W. 15-56					
( ) ≥ 3 sf or ≥ 3 lf (X) ≥ 160 sf or ≥ 260 lf			X) Renova ) Demolit				( ) Mini ( ) Glo	i-Enclo ve bag	ainment wit osure g Procedure npted (*) ar	Э				re	
Location of		lel	ocation No	rmolly									teme		ре
Asbestos-Containing			sed Solely			Descri	iption of Asb	estos							
(ACM) TO BE ABATE	-n		Maintenan		Co	ntainin	g Material (A	ACM) (	i.e.   ,c	mount Specify		Re	ZJ	inca	Ē
in Facility	<u>-U</u>	Cus	todial Staff	? (12)	th		systems ins ing, VAT, or		1, 00	or LF)		Remova	Repair	apsı	Enclosure
(13)		Yes	No	N/A			iscellaneous					<u>va</u>	=	Encapsulate	ure
Rear-Room #2				x	VA	T & Ma	stic		2	00 SF		X			
Front Room				X	Ma	stic (M	ultiple layers	)		00 SF		×			
Name of Reg. Waste H Cid Construction Service			DEP Waste 2905	e Hauler	r ID	Cubic	c Yards of W	/aste	Name of			ill			
City, State Garfield, NJ						Dispo	osal Date		City, Stat Melville, M	е	111				
Completed by Roque G Schipilliti	Title Project M	lanage	er		Sig	gnature	Marke	He	hetelle		Da		I ING I1	7	

0922-02		N	ОТІІ	FIC/	S IOITA	State of N	lew Jersey BESTOS ABA	TEMENT	ME C	E	1	<u> </u>	
CYLO	ILOIT				ırsua	nt to NJ	AC 8:60 and 5:1	6)	K				
Date of Notification (1)	4-				1		ng Owner/Operator	500	L APR	1 8	3 20	117	
	17 /	17			CC	OPER U	NIVERSITY HOS	PITAL	-				-
Agencies Notified  EPA	Type Notification	ation			00.0000000	t Address	ER PLAZA		ASBESTO	OS C	ONT	ROI	- &
⊠ DOLWD	☐ Amended					State, Zip			Part C	1 1	21140	***	
☑ DOH □ DCA	Amendm		.11			MDEN, N							
(NJAC 5:23-8)	☐ Emergen justification	on)	aing			e of Contac			Telephone Num	ber			
,	☐ Cancellat				TH	OMAS J	OHNSON	3	ratepriorio (tarr				
					FA	CILITY II	NFORMATION					_	
Name of Facility Where A	batement is T	Taking Pl	ace (	(3)				Type of Facility (	4)				
COOPER HOSPITA	L-KELEMEN	N BLDG	ì.					School (K-12)					
Street Address								Subchapter 8	(Other than K-12 vate and commer	)	ildina		
1 COOPER PLAZA								homes, etc.)	vate and comme	Clai bi	muniç	<i>j</i> 5,	
City (5)								Square Feet	# of Floors	BI	dg. A	ge	
CAMDEN, NJ								>50,000	10		50		
County (6) CAMDEN					Cour	nty Code (	7)(STATE USE ONLY)	Current Use (Price	or if being demolis	hed)			
Name of Monitoring Firm	Hired by Build	ding Own	er (8	)	ASCM	No.	Name of Abatem	ent Contractor (9)					
CRITERION LABS							DELTA/BJDS	S, INC					
Street Address							Street Address						
3370 PROGRESS D	RIVE						1345 INDUST	RIAL BLVD					
City, State, Zip Code BENSALEM PA 190	20						City, State, Zip Co	ode FON, PA 18966	3) 33				
Project Manager for Monit	toring Firm		T	Tele	phone	No.	Telephone No.		License No.				
ERIC WYSOCKI				21	5 244	-1300	215 322-2900		00783				
Start Date (10)  4 / 27 /		Schedule				100	Name of OSHA M	lonitor					
					_ ′ -	17	EHS						
Occupancy Status During	100			200			Street Address						
☐ Facility Closed/Vacate ☐ Abatement Performed						oribo		SATE SUITE E					
Time of Abatement: 7/	AMPM	//I	⊃M- <u>7</u>	AM	s - Des	cribe	City, State, Zip Co						
Scope of Work (Check all	that apply)								WARRING MINISTERS OF THE PARTY				
☐ >3 sf or >3 lf			Ren	ovatio	on			tainment with Nega	tive Pressure				
≥160 sf or ≥260 lf				olitio			☐ Glovebag	g Procedure					
							☐ Non-Exe	mpted (*) and Non-	-Friable Procedur	7			
Location	of			ocati rmal						Ab	atem	ent Ty	уре
Asbestos-Containing N			Jsed	Sole	ly by	Asbe	Description o stos Containing Ma		Amount	Rei	Repair	En	Enc
TO BE ABA	TED			tenai	nce/ Staff?	(i.e	., thermal systems	insulation,	(Specify	Removal	pair	caps	Enclosure
IN Facility (13)	y			(12)	Mail:		surfacing, VAT, other miscellane	or ous)	SF or LF)	a		Encapsulate	ure
17		Ye	es	No	N/A	1	other miscenarie	ous)				te	
5 <sup>TH</sup> FLOOR PSYCHIAT	TRY UNIT		1	$\boxtimes$		FLOOR	TILE & MASTIC		3060 SF				
										П	П	П	П
Name of Registered Wast	e Hauler			N.	JDEP V	Vaste	Cubic Yards of	Name of Registe	ered Landfill				
SERVICE TRANSPO	RT GRP				auler II 20990		Waste	MINERVA L					
City, State 58 PYLES LANE NE	W CASTI E	DE 107	20				Disposal Date	City, State	IPC OU 44000				
			20					WATNESBU	IRG, OH 44688				
Completed By (Print or Ty	5 · · · · · · · · · · · · · · · · · · ·	Title	150	T 5.0		<b>ED</b>	Signature	Λ	Dat	te 			
TOMAS JOHNSON/O	νυν	PRO.	JEC	I IVI	ANAG	EK	Man	va Soknos	LCDV 6	TI	7-0	LOI	7



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



									-				3 3000	menca"
Date of Notification (1	) / 1 7				ner/Operator (2)				ASRE	STOS	CONT	-00	1 0	Adibaccion
	Type Notifica	ation	john le Street Ad	berfinger					NOUL	LICEN			_ OX	
☐ EPA 区	Initial	- 11	Street Au	uress							MATERIA			routeridans."
☐ DEP  ☐	Amended	.	Oit Old	7.0.										
M DOI I—	mendment #			e, Zip Code										2, 2, 52.24
□ DOH	Emergency (including	1.1	The second second second second	am Boro, N	IJ 07928	-								
	justification	)	Name of (	Contact					Telephon	e Numbe	er			
L DCA	Cancellatio	n	john l	eberfinger										
				FAC	ILITY INFORMA	ATIO	N							
Name of facility where	e abatement	is taking p	lace (3)					1	ype of Facility (	4) I (K - 12	·			
john leberfinger									=	apter 8 (		han i	<-12)	
Street Address								7	Other (	Private/0	Comme			
								1		Homes,		В	lldg. A	ae
City (5)		Cou	inty (6)				unty Code (7)	=   _			55.	153		J.
Chatham Boro		Mo	orris			(Sta	ate use only)		Current Use (Pr	ior if bei	ng den	nolish	ed)	
Name of Monitoring F	irm Hired by				ASCM No.		Name of Abatem	nent Cor	ntractor (9)					
							D & S REST	ORAT	ION, INC.					
Street Address							Street Address							
City, State, Zip Code							20 California							340
Oity, State, Zip Code							City, State, Zip Co							
Project Manager for Mo	onitorina Eira	2	T	Dhana Niverb		_	Paterson, N.		3					
r rojoot manager for me	ontornig i iiii			Phone Numb	er		Telephone Numb 973-345-80			License	Numb 1169	er		
Start Date (10)		ISchool	d Comple	tion Date (1	(\	_	Name of OSHA				1109	-		
			50	tion Date (1	1)		D & S Resto		Inc.					
04/24/17		05/1					Street Address							
Occupancy Status Duri							20 California		ие					
Facility closed/va Abatement perfor	med outside	of normal	facility ho	tement.			City, State, Zip Co	ode						
Describe:			raomey rio			_								
Other-Describe:  Scope of Work (check							Paterson, NJ							
>3 sf or >3 If									Containment w/	negative	press	ure		
≥160 sf or ≥260 li		Renovation						Denney Co.	i-enclosure vebag procedure	4				
		Demolitio							-Exempted (*) a		friable	ргос	edure	
Location of asbestos-contain	ina		n normally enance/cu	y used solely istodial					53		R	R	E	E
material (acm) to		staff(12)			Description material (A		sbestos-containing	9	Amount (Specify SF	or	m	р	n	n
abated in facility	(13)	Yes	No	N/A	material (A	CIVI)			LF)	OI	0 V	a	а	L
DASEL COM DOWN TO					DIDE DIGIT	A CET	037		(0.1.0		е	Ī	р	
BASEMENT, BOILER,&rec BASEMENT Closet	THE RESERVE THE PERSON NAMED IN		l X		PIPE INSUL	-			60 1 ft		X	ᆜ	Ш	ᆜ
DATOLIVILIVI CIOSCI					VAT & MAS	SIIC			5 sq ft		X	ᆜ	ᆜ	닏
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				╬							닏	ᆜ	부	부
Registered Waste Haule	er	IN IDI	EP Hauler	ID# I Co	ubic Yards of W	asta	Name of Pasists	rod! -	4611			Ш	Ш	
D & S RESTORATI		135		10#	JUIC TAIUS OF VV	asie	Name of Registe TULLYTOW			COVER	Y			
City, State				Disposal D	ate		City, State	. 1, ICD	O O I (CL) I(L)	OVEN	1	-		
PATERSON, NJ 0				15			TULLYTOW	N, PA						
Completed by (Print or 1		Title			Signature	_				Date				
BOGDAN JOLDZI	C [	PRESID	ENT	ı						04/11	2017			

D&S Proj. #: 17-105

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

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K							and the same
		APR	1	8	2017		1

								II L	APH 1	8 5	01/		2
Date of Notification (1)		Name of	Building Ow	ner/Operator (2	2)		-	1 1				+	-
0 4 / 1 1 / 1 7		robert	wegehaupt					ASBI	ESTOS			L&	-
Agencies Notified Type Notific	cation	Street Ad	dress					t response	LICEN	JCINI		*******	1
DEP Amended													
Amendment		City, State	e, Zip Code								-		
DOL ☐ Emergend		bogota	ı, nj 07603										
DOH (including justificatio		Name of C						Telepho	ne Numb	er			
DCA Cancellation		robert	wegehaup	t				1		in.			
Carrochar				ILITY INFORM	1ATIO	N							
Name of facility where abatemen	nt is taking	nlace (3)					I I T	ma of Facility	(4)				
robert wegehaupt	it io taiting	place (c)							ol (K - 12				
Street Address							-		napter 8 (			(-12)	
								Bldgs	(Private/0 /Homes,	etc.			
City (5)	I Co	unty (6)					=   s	quare Feet	# of Floo	ors	В	ldg. A	lge
	"	unity (0)				unty Code (7) ate use only)	-	Current Hee /F	hina if hai			/\	
bogota		ERGEN			(3.			Current Use (F	rior ir bei	ng aer	nolisn	ea)	
Name of Monitoring Firm Hired by	y Bldg. Ow	ner (8)		ASCM No.		Name of Abatem							
Street Address					_	D & S RESTO	ORATI	ON, INC.					
						20 California	A 1/0						
City, State, Zip Code					-	City, State, Zip Co	OTHER DESIGNATION OF THE PERSON NAMED IN					Name of Street	
						Paterson, NJ							
Project Manager for Monitoring Fir	m	F	hone Numb	er	-	Telephone Numb			License	Numl	per		
						973-345-80	20		-1000-1000	1169			
Start Date (10)	Sche	ed. Comple	tion Date (1	1)	-	Name of OSHA N	/lonitor						
04/21/17		22/17				D & S Resto	ration,	Inc.					
Occupancy Status During Abateme				Superior and the same of	_	Street Address							
Facility closed/vacated during			ement.			20 California City, State, Zip Co		e					
Abatement performed outsid Describe:	e of norma	I facility ho	urs-			City, State, Zip Ct	ode						
Other-Describe: NORMAL	HOURS			**************************************	-	Paterson, NJ	07503						
Scope of Work (check all that app	oly)					l ————————————————————————————————————		Containment w	/negative	nrece	uro	_	
$\boxtimes > \underline{3} \text{ sf or } > \underline{3} \text{ If}$	Renovat	ion						enclosure	megative	, press	uic		
≥160 sf or ≥260 lf	Demolitio	on						ebag procedu Exempted (*)		-friable	proce	edure	
Location of		on normally tenance/cu	used solely					, , , , , ,		R	R	E	E
asbestos-containing material (acm) to be	staff(12)		stoulai			sbestos-containing	.	Amount	<b>-</b>	e m	e	n c	n
abated in facility (13)	Yes	No	N/A	material (A	ACM)			(Specify S LIF)	r or	0	a	а	C
DACIDADAIT										e	r	р	
BASEMENT BASEMENT		X	4	PIPE INSUI				90 L FT		$\boxtimes$			
JASEMENT .				chimney thin	mble	packing		2 sq ft		M	$\perp$	$\underline{\sqcup}$	Ш
	+-		-		15000						닏	닏	
			#							44	닏	ᆜ	부
egistered Waste Hauler	IN.IC	EP Hauler	ID# I Ci	ubic Yards of W	laste	Name of Register	red Lors	ISII			Ш	Ш	
D & S RESTORATION, INC.	13	506		yd	. 4010	TULLYTOW:			COVER	Υ			
ity, State			Disposal Da	ate		City, State							
PATERSON, NJ 07503			04/22/17			TULLYTOW	N, PA						
ompleted by (Print or Type) BOGDAN JOLDZIC	Title PRESID	NENT		Signature					Date				
ICD 41			for seheeto	e licaneura ava	mnter	l activitice			04/11/	2017			

245311	2000 50	NO	TIFICAT (Pursua	State of I ION OF As ant to NJA	SBESTO	SARATE	EMENT		E C	E		Prin
Date of Notification (1) 04/14/2017			Nam	e of Buildin	ng Cwne	r/Operato	r (2)		APR	1.8	201	7
Agencies Notified Type Notification	on			phanie P	antoja-	Huama	in .	1 60	DECTO	0.00	N 1999	
EPA X Initial Amondod				-				AS	BESTO LIC	ENS	JNTR ING	OL 8
X DOL Amendme	nt #		Port	State, Zip t Reading	Code g. NJ 0	7064		***				
DOH Emergence justification	٦)	ing	Name	e of Contac	X			Talanh	one Niim	her		
La Cancerati				hanie P			n			- territoria		
Name of Facility Where Abatement is Tak	ing Place	e (3)	.,,	(Otto: ) 110	TORMA	HON	Type of Facility	/ (4)				
Street Address			77711 W7.		es (a S. attualius)		School (K Subchapt X Other (i.e.	-12) er 8 (Other th private & co	an K-12) mmercial	buildi	nas. ho	mes
City (5) Woodbridge, NJ 07095							etc.) Square Feet 2000	# of Flo		Blo	g. Age	
County (6) Middlesex CT			Count	y Code (7) E USE ONL	n		Current Use (P Residence	1 '	emolishe	50 d)	†	
Name of Monitoring Firm Hired by Building N/A	Owner (	(8)	ASC	CM No.	-	Name HAZI	of Abatement Co	ontractor (9)				
Street Address						Street	Address LENWILD AV					
City, State, Zip Code						City, St	ate, Zip Code		<u>-</u>			
Project Manager for Monitoring Firm			Teleph	one No.		Telepho		Lice	ense No.	-		
Start Date (10) 04/25/2017	Schedu 04/28	uled Co	mpletion	Date (11)		Name o	28 3995 of OSHA Monitor		181			
Occupancy Status During Abatement (Cher						HAZN Street A	AT DIAGNO	STIC LLC				
Facility Closed/Vacated During Entire Abatement Performed Outside of North	Period of	Abata	ment rs			16 GL	ENWILD AV	E				
Other - Describe:  Scope of Work (Check All That Apply)							ate, Zip Code MINGDALE,	NJ 07403				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renov				XX	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	e osdure			ura	
Location of		s Locat Norma ed Sole	lly		Des	cription o			111111111111111111111111111111111111111	Ab	atemen Type	ıt
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma Cus	aintena stodiai ( (12)	nce/ Staff?	Asbest (i.e.	tos Conta thermal s surfac	aining Ma	terial (ACM) nsulation, or	Amount (Specify SF or LF	1 2	Repair	Encapsulate	Enclosure
Basement	Yes	No X	N/A	Thor	mal Cu						ate	re
				11161	mai Sy	stem in	sulation	35LF	X	-	X	
			and the second s									
Name of Registered Waste Hauler	<u> </u>	N	JDEP W	aste	Cubic Y	arde	None - CD	and a second	1500			
HAZMAT DIAGNOSTIC LLC	(C)	H	auler ID 35440	No.	of Wast		G.R.O.V	Registered La	ndtill			
LOOMINGDALE, NJ 07403				and the second second	Disposa TBD	l Date	City, State	SVILLE, PA				
Completed by atlana Rotaru	Title Proje	ct Co	ordinate	Oi'	Sig	nature	1/2		Date 04/14/	2017	7	

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

h 410410	N			OF ASBES			ENI		10-					
Date of Notification (1) 04/13/2017				Building O ent Grou				s LLC	4		APR	18	201	17
Agencies Notified Type Notification			Street Ad						-	L	OTO		ONIT	ani k
		- 1		Norris Av						ASBE	15100		HIAG	ROL 8
DEP N Amended	n de mais			e, Zip Cod					<u> </u>		1100			2.0
DOL Amendment		1724		NJ 0708	33				-					
DOH justification)	,	11 3	Name of Mike F											
DCA Cancellation	1			ITY INFO	DMATIC	M				-				-
Name of Facility Where Abatement is Takir	ng Place (3)		FACIL	III INFO	KIVIATIC		Туре	of Facility (	4)					
Kean University Freshman Reside							П :	School (K-1	2)					
Street Address								Subchapter	8 (Othe	er than K	-12)	Idina	n hom	200
1000 Morris Avenue								Other (i.e. petc.)	rivate d	x comme	rciai bui	iuing	5, 11011	165,
City (5)								re Feet	# of	Floors		Bldg	. Age	
Union												25+		
County (6)			County C				Curre	nt Use (Pri	or if bei	ng demo	lished)			
Union		(	STATE U	SE ONLY)		-		m Rooms			-96/			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.				tement Cor		(9)				
Health and Safety Services							1000000	rprises, Ir	ıc.					
Street Address						Street /		7.74						
PO Box 365								lah Road						
City, State, Zip Code								ip Code	lain N	110000	1			
Berlin, NJ 08009								or Towns	mp, iv					
Project Manager for Monitoring Firm			Telephon			Telephi 609-				License 01172				
James Proctor	Ta	10		52-1311				HA Monitor		01172				
Start Date (10)	Schedule		ipietion L	Jale (11)				Safety Se	ervices	s. Inc.				
03/17/2017 Occupancy Status During Abatement (Che	The second second					Street							77-2-2	
			224			PO E								
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor	Period of A	Hours	ent		1	City, St	ate, Z	ip Code						
Other - Describe: Vacant					-	Berli	n, N.	J 08009						
Scope of Work (Check All That Apply)			**											
23 sf or ≥3 lf	□R	lenova	tion			X		II Containm		n Negativ	e Press	ure		
≥ 160 sf or ≥260 lf		emolit	ion			×		ni-Enclosur ovebag Pro						
						X		on-Exempte		d Non-F	riable Pr	oce	dure	
	le	Locati	on									Ab	ateme	nt
Location of	N	Vormal	ly		Des	scription	of					1	Type	_
Asbestos-Containing Material (ACM)		d Sole intenar		Asbest	tos Cont	aining M	lateria	al (ACM)	100	mount	7		E E	ı m
TO BE ABATED In Facility	0.0078	todial S	2000	(i.e.	thermal surface	systems cing, VA		ation,		Specify F or LF)	Remova	107	capsula	Enclosure
(13)		(12)			other n	niscellar	eous)	1			oval		Encapsulate	sure
	Yes	No	N/A										Ö	
7 11:			X	C.	.1 0		Γ.	. \	+=	D'S	Х			
Wist Building	_			Chu	2/5	ru	100	VE 1	-3		Х		_	
Wist Building			X	FI	ttin	95			15	7		-	+	-
wert Building			X	Be	thros	n u	111	5	TIS	<u> </u>	X	-	_	_
First Rivillies			X	Cira	212	pece	TU	nnel	11	08	X			
Name of Registered Waste Hauter		1886	JDEP W	/aste	Cubic	Yards		Name of	Regist	ered Lan	dfill			
Site Enterprises Inc.		1000	lauler ID 103522		of Wa			Tullyto	own La	andfill				
- Contract of the Contract of			00022			sal Date	3	City, Sta	ite	HP				
City, State 6626 Delilah Road Egg Harbor To	wnshin. I	NJ			1 23	5/2017		Bristo						
Completed by	Title				1	gnature					Date			
Eric Keys	OM					PL	NV	110			04/1	3/20	)17	
=		-										-50		

Print Form

Location of	1	Locati	у	Description of			Abate Ty	ment pe	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	ed Solei intenar todial S (12)	nce/	Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A			al		ate	ē
East Building			X	Fittings	TBD	太			
East Building			X	Bothson Wells windos	1600 s F	×			
Child Study			X	Windows	1390.st	x			
Child Study			X	Fittings	TBD	X			
North Building			X	Crawl Spece Tunnel	TIBD	×			
Noth Building	-		X	fittings	IBD	1			
North Building			Y	Bothown wells	TBD	X			
North Building	1		X	mingons	1960sf	X	_		
South Building	-		×	Crewl Spece Tune!	IND	x			
South suilding	-		X	tithing s	150	X			
South Building	-	-	X	Kethoon Wells	J B0	X	ļ		
South Building	1		×	Windows	HOUDSF	7			
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Market and the second s	1								
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				Fr. Baltimass, and S. Sangkish, Managers, Sangkish, Sangkish, Sangkish, Sangkish, Sangkish, Sangkish, Sangkish					
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	1	†		e transmission appropriation with Australia of Manager Bourse. Londons for the contract of the		Ť			
	i i								

APR 1 8 2017

ASBESTOS CONTROL & LICENSING

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

Date of Notification (1) 04/14/17  Agencies Notified   I EPA I DCA I DOL I DEP I DOH	ck# 2	(Pursuant to N.J.A	Asbestos Abateme	VALE I I I I I I I I I I I I I I I I I I I
04/14/17  Agencies Notified   ☑ EPA □ DCA ☑ DOL □ DEP	ch# 2			ent ECEIV
Agencies Notified  区 EPA □ DCA 区 DOL □ DEP	CRI 2			The state of the s
⊠ EPA □ DCA ⊠ DOL □ DEP		6993	Name of Building Ow	wner/Operator (2)
□ DCA ☑ DOL □ DEP	Notification	on Type	- Horai Caldwell Pub	lic Schools APR 18 2017
☑ DOL □ DEP	[57] I	• ***	Street Address	17 -, ALC 18 201/
□ DEP	☐ Amend	Notification	132A Gould Avenue City, State, Zip Code	
	□ Amend	led #	North Caldwell, NJ 0	/SELECTION S
LEIDON .	justificatio	ency notification (including	Name of Contact	07006 ASBESTOS CONTROL
	☐ Cancell	led	Mr. Robert Proja	
			Board President	ansky
Name of Facility Where Al	N. Comment	FACILITY		Ĭ ···
Name of Facility Where Abatement is Gould / Mountain School	s Taking Place	(3)	NFORMATION	
mountain School			Type of Facility (4)	
Street Address			School (K-12)	
132 Gould Avenue			Other (i.e. private 2)	er than K-12)
City (E)			Sa Feet: # of Flance	ommercial buildings., homes, etc.)
Morth Cald II		County Code (7)	Sq. Feet: # of Floors: Current Use (prior if he	3 Bldg. Age: 1947
North Caldwell E	ssex	(State Use Only)	The God (prior if be	ing demolished): Elementary School
Name of Mar. ::		retate ose Only)		
Name of Monitoring Firm Hired by Bld	g. Owner (8)	ASCM No.		
Environmental Connections	(3)	MOCIVI NO.	Name of Contractor (9)	
Street Address				
20 North Warren Street			Panoramic Window &	Door Systems Inc
Walter Street				
ity, State, Zip Code			712 Sergeantsville Roa	ad
renton, NJ 08608			Cit. Ct	
roject Manager for Monitoring Firm			City State, ZipCode	
ali	Telephone N	umber	Stockton, NJ 08559 Telephone Number	
	(609)-273-	1396	P (732)926-0900	License Number
cheduled Start Date (10)	<u> </u>		(**=7020-0300	01237
24/17	06/15/17	ompletion Date (11)	Name of OSHA Monitor	
			IAQ GURU LLC	
ccupancy Status During Abatement (C	heck only one			
Facility Closed/Vacated During Entire  Abatement Performed Outside of Nove	Period of Aha	1 Itement	Street Address	
Abatement Performed Outside of Norrescribe	mal Facility Ho	DUIS - 3:00 11:00-	87 Main Street	
Other - Describe:		1 :	City, State, Zip Code	
		1		
			Lincoln Park, NJ 07035	
arce of Work (Check all that apply)				
> 3 sf or > 3 If				
> 3 sf or > 3 If		⊠ Renovatio	n 🗖	Mini-Enclosure
$\geq$ 3 sf or $\geq$ 3 lf $\boxtimes \geq$ 160 sf or $\geq$ 260 lf		⊠ Renovatio	on U	Mini-Enclosure
$\geq$ 3 sf or $\geq$ 3 lf $\boxtimes \geq$ 160 sf or $\geq$ 260 lf	tion Normally	☐ Demolitic	on [	□Glovebag Procedure
$\geq$ 3 sf or $\geq$ 3 lf $\boxtimes \geq 160 \text{ sf or } \geq 260 \text{ lf}$ ation of Asbestos- taining Material (ACM) in Used S	tion Normally	Description of Ashes	on [   No	□Glovebag Procedure on-Friable Procedure
$\geq$ 3 sf or $\geq$ 3 lf $\boxtimes \geq$ 160 sf or $\geq$ 260 lf ation of Asbestostaining Material (ACM) in Used S Maint./G	olely by	Description of Asbes	on [ ] Stos Containing Material	On-Friable Procedure  Amount  Abatement Type
$\geq$ 3 sf or $\geq$ 3 lf $\boxtimes \geq$ 160 sf or $\geq$ 260 lf  ation of Asbestos- taining Material (ACM) in lity (13)  Is Loca Used S Maint./((12))	tion Normally olely by Custodial Staff	Description of Ashes	on [ ] Stos Containing Material	On-Friable Procedure  Amount (Specify SF or
≥ 3 sf or ≥ 3 lf  ≥ 160 sf or ≥ 260 lf  ation of Asbestostaining Material (ACM) in lity (13)    Is Location of Asbestostaining Material (ACM) in lity (12)	olely by	Description of Asbes (ACM) (i.e. thermal surfacing, VAT, or or	on [ ] Stos Containing Material	On-Friable Procedure  Amount  Abatement Type
≥ 3 sf or ≥ 3 lf  ≥ 160 sf or ≥ 260 lf  ation of Asbestostaining Material (ACM) in lity (13)    Is Location of Asbestostaining Material (ACM) in lity (12)	olely by Custodial Staff	Description of Asbes (ACM) (i.e. thermal surfacing, VAT, or or	on [ ]  Stos Containing Material   systems insulation, ther misc.)	On-Friable Procedure  Amount (Specify SF or
≥ 3 sf or ≥ 3 lf  ≥ 160 sf or ≥ 260 lf  ation of Asbestos- taining Material (ACM) in lity (13)  Is Loca Used S Maint./((12) YES	Olely by Custodial Staff NO NA	Description of Asbes (ACM) (i.e. thermal surfacing, VAT, or of A	on [ ] Stos Containing Material	Glovebag Procedure on-Friable Procedure  Amount (Specify SF or LF)  Abatement Type Remove Repair Encap Enclose
≥ 3 sf or ≥ 3 lf  ≥ 160 sf or ≥ 260 lf  ation of Asbestos- taining Material (ACM) in lity (13)  Is Loca Used S Maint./((12) YES  e of Reg. Waste Hauler  No.	NO NA	Description of Asbes (ACM) (i.e. thermal surfacing, VAT, or of ACM)  Exterior W	on I  No stos Containing Material systems insulation, ther misc.)  Vindow Caulking	Glovebag Procedure on-Friable Procedure  Amount (Specify SF or LF)  Abatement Type Remove Repair Encap Enclose  1940 If
≥ 3 sf or ≥ 3 lf  ≥ 160 sf or ≥ 260 lf  ation of Asbestostaining Material (ACM) in listy (13)  Is Loca Used S Maint./((12) YES)  ior of Building  e of Reg. Waste Hauler	olely by Custodial Staff	Description of Asbes (ACM) (i.e. thermal surfacing, VAT, or of ACM)  Exterior W	on [ ]  Stos Containing Material   systems insulation, ther misc.)	Glovebag Procedure on-Friable Procedure  Amount (Specify SF or LF)  Abatement Type Remove Repair Encap Enclose  1940 If
≥ 3 sf or ≥ 3 lf  ≥ 160 sf or ≥ 260 lf  Ition of Asbestosaining Material (ACM) in lity (13)  Is Loca Used S Maint./((12) YES)  For of Building  E of Reg. Waste Hauler	NO NA	Description of Asbes (ACM) (i.e. thermal surfacing, VAT, or of ACM)  Exterior W	on I  No stos Containing Material systems insulation, ther misc.)  Vindow Caulking	Glovebag Procedure on-Friable Procedure  Amount (Specify SF or LF)  Abatement Type Remove Repair Encap Enclose  Name of Registered Landfill
≥ 3 sf or ≥ 3 lf  ≥ 160 sf or ≥ 260 lf  ation of Asbestostaining Material (ACM) in listy (13)  Is Loca Used S Maint./((12) YES)  ior of Building  e of Reg. Waste Hauler	NO NA	Description of Asbes (ACM) (i.e. thermal surfacing, VAT, or of ACM)  Exterior W	on I  No stos Containing Material systems insulation, ther misc.)  Vindow Caulking	Glovebag Procedure on-Friable Procedure  Amount (Specify SF or LF)  Abatement Type Remove Repair Encap Enclose  1940 If
≥ 3 sf or ≥ 3 lf  ≥ 160 sf or ≥ 260 lf  ation of Asbestostaining Material (ACM) in list Loca Used S Maint./((12) YES)  ior of Building  e of Reg. Waste Hauler	NO NA	Description of Asbes (ACM) (i.e. thermal surfacing, VAT, or of ACM)  Exterior W	on Image:	Glovebag Procedure on-Friable Procedure  Amount (Specify SF or LF)  Abatement Type Remove Repair Encap Enclose  Name of Registered Landfill Chrin Landfill
≥ 3 sf or ≥ 3 lf  ≥ 160 sf or ≥ 260 lf  ation of Asbestostaining Material (ACM) in lity (13)  Is Location Used S Maint./(12) YES  Fior of Building  e of Reg. Waste Hauler  pramic Window & Dr Sys Inc	NO NA	Description of Asbes (ACM) (i.e. thermal surfacing, VAT, or of ACM)  Exterior W	on Image:	Glovebag Procedure on-Friable Procedure  Amount (Specify SF or LF)  Abatement Type Remove Repair Encap Enclose  Name of Registered Landfill Chrin Landfill  City, State
≥ 3 sf or ≥ 3 lf  ≥ 160 sf or ≥ 260 lf  ation of Asbestos- taining Material (ACM) in lity (13)  Is Loca Used S Maint./((12) YES  rior of Building  e of Reg. Waste Hauler tramic Window & Dr Sys Inc	NO NA  JDEP Waste H 036057	Description of Asbes (ACM) (i.e. thermal surfacing, VAT, or of ACM)  Exterior W	on Image:	Glovebag Procedure on-Friable Procedure  Amount (Specify SF or LF)  Abatement Type Remove Repair Encap Enclose  Name of Registered Landfill Chrin Landfill
ation of Asbestostaining Material (ACM) in Sility (13)  Is Loca Used S Maint./C (12) YES  Trior of Building  e of Reg. Waste Hauler  pramic Window & Dr Sys Inc  Modern M	NO NA JDEP Waste H 336057	Description of Asbes (ACM) (i.e. thermal surfacing, VAT, or or A  Exterior W	on In Important In	Glovebag Procedure On-Friable Procedure  Amount (Specify SF or LF)  Abatement Type Remove Repair Encap Enclose  Name of Registered Landfill Chrin Landfill  isposal Date  City, State Easton, PA
≥ 3 sf or ≥ 3 lf  ■ ≥ 160 sf or ≥ 260 lf  ation of Asbestostaining Material (ACM) in Used S Maint./(12)  YES  Tior of Building  e of Reg. Waste Hauler  pramic Window & Dr Sys Inc    Store   Sys Inc   Sys Inc   Sys Inc      Store   Sys Inc   Sys	NO NA  JDEP Waste H 036057	Description of Asbes (ACM) (i.e. thermal surfacing, VAT, or or A  Exterior W	on Image:	Glovebag Procedure on-Friable Procedure  Amount (Specify SF or LF)  Abatement Type Remove Repair Encap Enclose  Name of Registered Landfill Chrin Landfill  City, State

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Oper Agencies Notified Type Notification Street CONTROL **EPA** Initial DEP City, State, Zip Code Amended DOL × Amendment # Emergency (including Name of Contact Telephone Number DOH justification) DCA Cancellation Eric Plackis FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) City (5) # of Floors Square Feet Bldg. Age County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Brick Industries Inc. Street Address Street Address P.O. Box 915 City, State, Zip Code City, State, Zip Code Brick, New Jersey 08723 Project Manager for Monitoring Firm Telephone No. License No. Telephone No. 01196 (732)899-7499 Start Date (10) Name of OSHA Monitor Scheduled Completion Date (11) 70 Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) ≥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 Encapsulate Maintenance/ Enclosure TO BE ABATED (i.e. thermal systems insulation, (Specify Remova Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Brick Industries Inc. GROWS Inc. 21602 City, State Disposal Date City, State Brick, New Jersey PA Completed by Title Signature Date Eric Plackis President

2

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.IAC 8:50 and 12:120)

40:93654905-3	$\overline{)}$	(Pı	ursuant i	to NJAC 8:60 a	ind 12:12	0)			100			0.17	
Date of Notification (1) 04/11/2017				Building Owner as Institute of			/		AFT		8 2	U1/	
Agencies Notified  Type Notification  EPA  Initial			Street Ad 1 Cast	ddress le Point on H	ludson			ÂSE	SESTI	OS C			L&
X DEP Amended X DOL Amendment #				te, Zip Code en, NJ 07030	0		·	100000			J1. , C	-	
▼ DOH	ncluding	1		Contact Fernanadez				Talanho	ne Miir	nher			
			FACIL	LITY INFORMA	TION						· ·		
Name of Facility Where Abatement is Taking Carnegie Building & EAS Building	Place (3	3)				Typ	e of Facility (4 School (K-12	2)	100000 4000				
Street Address 679 Hudson Street							Subchapter Other (i.e. pretc.)				dings,	home	es,
City (5) Hoboken						Squ N/A	Jare Feet A	# of Floo N/A	ors	1.5500	lldg. A	ge	
County (6) Hudson			County C	Code (7) USE ONLY)		23.5	rent Use (Prio hool	r if being de	emolish	ned)			
Name of Monitoring Firm Hired by Building O TTI Environmental, Inc.	wner (8)		ASCM 0003		0.0000000000000000000000000000000000000		batement Con atement, Inc						
Street Address 1253 North Church Street					Street 11 R		ress ngren Aven	ue					
City, State, Zip Code Moorestown, NJ 08057							Zip Code NJ 07512						
Project Manager for Monitoring Firm Jeff Seaman			Telephor 856-84	ne No. -0-8800	Telepi 973-		No. -8685	100	ense N 311	0.			
	Schedul 04/14/2		npletion [	Date (11)			SHA Monitor atement,Inc						
Occupancy Status During Abatement (Check	Only Or	ne)			Street	Constant land	ress ngren Aven						
Facility Closed/Vacated During Entire Postatement Performed Outside of Normal Other – Describe: Occupied					City, S	State,	Zip Code NJ 07512			***			9.6.
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				1	Full Containme Mini-Enclosure Blovebag Proc Non-Exempted	edure			cedur	e ement	
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Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Cus	intenar todial S (12)	nce/ Staff?			s ins	ulation,	Amou (Speci SF or L	fy	Removal	Repair	Encapsulate	Enclosure
Between Carnegie & EAS Buildng	Yes	No X	N/A	Pipe insu	lation (v	vrap	& cut)	30LF		Х			
Name of Registered Waste Hauler D&S Abatement, Inc.		Н	JDEP W auler ID 0996	No. of W			Waste N	Registered I /Ianagem					
City, State Totowa, NJ				Disp TBI	oosal Date		City, State Tullytow						
Completed by Ned Joksimovic	Title Proje	ect Ma	nager		Signature	е	AN		Da 04	te 1/11/2	2017		

Print Form

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900	Justification Cencellati	n)		Sa	ns of Contact I Albenese	-			Telephone	Mural	100	1/	7/3/01/10/
Name of Facility Where Ab	element is Tak	ing Plac	e (3)		ACILITY INFORMA	TION		_					-30AM
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City, State, Zip Code Morrisville, PA 19067			_				Routs 23						
WIGHT PA 19067						City, St	ale, Zip Code				_	_	
roject Manager for Monitorir Mr. James Friebee	ig Firm			Telepi	hone No.		e, NJ 0747	0					1
tert Date (10)				609-	392-4200	D73.R	one No. 28-9200		Licensa				$\overline{}$
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NJDEP Wasie Hausr ID No. 17819

Title

Project Manager

Cubic Yards of Waste 1

Disposal Date

**Eignature** 

Completed by Jerry Bijelonic

City, State

Wayne, New Jersey

Name of Registered Weste Hauter

J.R. Confrecting & Environmental Consul., Inc.

City, State Pen Argyn, Pennsylvania

Date 4/12/17

Name of Registered Landfill Grand Central Landfill

<sup>\*</sup> Do not use this form for asbestos licensure exempled activities.

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

Print Form

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	Schedul 04/13/c Only O deriod of al Facility Was Ma Cus	Scheduled Cor 04/13/17 Conly One) Period of Abaten al Facility Hours  Renova Demolit  Is Locati Normal Used Sole Maintenar Custodial S (12)  Yes No  Title	Gutte 301 6 City, S Gutte Name of Sal A  FAC g Place (3)  County (STATE  Dwner (8)  County (STATE  Dwner (8)  ASC 0014  Telepho 609-3  Scheduled Completion 04/13/17 Conly One) Period of Abatement al Facility Hours  Renovation Demolition  Is Location Normally Used Solely by Maintenance/ Custodian Staff? (12)  Yes No N/A  X  NJDEP W Hauler ID 17819	Street Address 301 69th Street City, State, Zip Cod Guttenberg, NJ Name of Contact Sal Albenese  FACILITY INFORM Telephone No. 609-392-4200  Scheduled Completion Date (11) 04/13/17 CONIY One)  Teriod of Abatement al Facility Hours  Renovation Demolition  Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  NJDEP Waste Hauler ID No. 17819  Title	Guttenberg Board of Ed  Street Address 301 69th Street  City, State, Zip Code Guttenberg, NJ 07093  Name of Contact Sal Albenese  FACILITY INFORMATION  g Place (3)  County Code (7) (STATE USE ONLY)  Owner (8)  ASCM No. 00149  Street Address 301 69th Street  City, State, Zip Code Guttenberg, NJ 07093  Name of Contact Sal Albenese  FACILITY INFORMATION  Is Location Normally Completion Date (11) O4/13/17  Conly One)  Beriod of Abatement al Facility Hours  Street Address 301 69th Street  City, State, Zip Code Guttenberg, NJ 07093  Name of Contact Sal Albenese  FACILITY INFORMATION  Name of Contact Sal Albenese  FACILITY INFORMATION  Date of Name of Contact Sal Albenese  Facility Information Demolition Date (11)  Name of Contact Sal Albenese  FACILITY INFORMATION  Asc ONLY)  Street Address  Asc M No. Name of Contact Sal Albenese  Facility Information Demolition  Telephone No. 609-392-4200 97  Scheduled Completion Date (11) O4/13/17  En  City Facility Asbestos Containin (i.e. thermal system surfacing, other misce  Asbestos Containin (i.e. thermal system surfacing, other misce  Title  NJDEP Waste Hauler ID No. 17819  Disposal Date  Title  Signati	Street Address 301 69th Street  City, State, Zip Code Guttenberg, NJ 07093  Name of Contact Sal Albenese  FACILITY INFORMATION  GPlace (3)  County Code (7) (STATE USE ONLY)  Divner (8)  ASCM No. 00149  Telephone No. 609-392-4200  Scheduled Completion Date (11) 04/13/17  CONIY One)  Period of Abatement al Facility Hours  Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  NJDEP Waste Hauler ID No. 17819  NJDEP Waste Hauler ID No. 1 Disposal Date  Title  Signature	# Gounty Code (7)   Current School Owner (8)   ASCM No.	Guttenberg Board of Education    Street Address   301 69th Street	Name of Building Owner/Operator (2)   Guttenberg Board of Education   Street Address   301 69th Street   Asteroid City, State, Zip Code   Guttenberg, NJ 07093	Name of Building Owner/Operator (2) Guttenberg Board of Education   ASEES	Name of Building Owner/Operator (2) Guttenberg Board of Education   ASBLISTCO Guttenberg Board of Education   ASBLISTCO CITY State Address   Street Address   ASBLISTCO Guttenberg, NJ 07093   Name of Contact   Telephone Number   Sal Albenese   FACILITY INFORMATION   Type of Facility (4)   School (K-12)   Subchapter 8 (Other than K-12)   Other (i.e. private & commercial building to the private & commercial building	Name of Building Owner/Operator (2)   Cuttenberg Board of Education	Guttenberg Board of Education  Street Address 301 69th Street City, State, Zip Code Guttenberg, NJ 07093 Name of Contact Sal Albenese  FACILITY INFORMATION  Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (1e, enywate & commercial buildings, home etc.)  Square Feet # of Floors Bidg. Age to 10,000 + 4 + 50 + 50 + 10,000 + 4 + 50 + 50 + 10,000 + 4 + 10,000

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Project Manager for Monitoring Firm		1	Telephon	e No.		Telepho			A .	License No.	00			
	xxx							29-744	+	003	88		24	
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Scope of Work (Check All That Apply)						_	1 511	l Cantainma	ent with	Negative Pres	SHIFE			
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Name of Degistered Wests Haules		N	JDEP W	aste	Cubic	Yards		Name of	Register	ed Landfill	\			
Name of Registered Waste Hauler		100000	auler ID		of Was	ste /		1				-	T C	
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City, State					Dispos	sal Date	,	City, Stat		OTT 4	1000	5		
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J. Maiorano	Es	tima	tor			- X	15	Ju Once			1/	-	1 /	
ASB-41 (R-06-08)						().	Do no	t use this fo	rm for as	bestos licensu	ire exe	mpted	activi	ities.

### State of New Jersey

				S	state of N	ew Jersey		5	ME	GE	,[]	$\mathbb{W}$	E	n
		NOT	TFIC.	ATIO	N OF AS	BESTOS ABATEME	NT		1					
		(	Pursu	iant to	NJAC 8	: 60-7 and 12: 120-7)		1	C	K# (	021	65	42	2
Date of Notification (1)  0 4 / 1	2 / 1 7	·				ilding Owner/Operato Environmental Protec	0.00		oric Resource	APH 1	8 8	2011	1	- Anna
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	ncellation				me of Cor			2	Tel	enhone Num	ber			
[ ] DCA [ ] Er	nergency		$\perp$	00000		PAYNE			_					
Name of Facility Where Abatement is Taking	Place (3)			FACI	LITY INI	FORMATION	Ту	pe of Facility	(4)					
WHITE LAKE WILDLIFE MANA	GEMENT AR	EA-RE	SIDI	ENC	E			1.1	School (K-I	2)				
Street Address								[ ]		8 (Other tha				
109 STILLWATER ROAD								[ X ]	buildings, h	private & con omes, etc.)	nmerci	al		
City (5)	unty (6)				nty Code	1(1) (2)	Sq	uare Feet 10,000 +		f Floors		ldg. A	ge	
HARDWICK TOWNSHIP W	ARREN			(512	TIE USE	ONLY)		errent Use (Pri	or if being de	3 molished)	50 +			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	AI.		Name of Abatemer						-111		
USA ENVIRONMENTAL MANAG	EMENT INC.			0011	2	J.R. CONTRA	CTI	NG & ENV	IRONME	NTAL CO	NSUI	TIN	IG II	NC.
Street Address						Street Address								
344 WEST STATE STREET						City, State, Zip	23							_
TRENTON, NJ 08618						WAYNE, NJ 0	7470							
Project Manager for Monitoring Firm		Teleph	ione N	lumbe	r	Telephone Number		*	Lice	ense Number				
WILLIAM WEISGARBER Scheduled State Date (10)	Test-1-1-16	609-6				973 628-9500			004	108				
0 5   0 1 / 1 / 1   1   Month / Day / Year	Scheduled Com    0 5	5 5 2	0	_1		Name of OSHA Mo ENVIRO VISI			ANTS, INC	C.				
Occupancy Status During Abatement (Check of	only one)		, ,	-	ear	Street Address								
[X] Facility Closed/Vacated Du of Abatement	ring Entire Period					20-21 WAGAR	RAW	ROAD, BL	DG. #35E					
Abatement Performed Out Hours - Describe:	side of Normal Fac	ility				City, State, Zip Coo								
[ ] Other - Describe:					•	FAIR LAWN,	100000000000000000000000000000000000000							
Scope of Work (Check all that apply)  [ ] ≥3 sf or≥3 lf		[X] 1	Demo Renov			[X] [] []	Fu Mi	et Demolition Il Containmen ni-Enclosure ovebag Proced		ve Pressure				
[X] ≥ 160 sf or ≥ 260 lf			4,77-1414		1		No	n Exempted (*	) and Non-Fr	riable Proced		haten	ient T	`vne
Location of		Is Loca Norn	ition nally			Description of Asbestos-Containing	g			ount	R E	R	E N C	E N C
Asbestos - Containing Material (ACM)		Use Solely	y by			Material (ACM) (i.e., thermal system				ecify or LF)	M O	E P	A P	O
TO BE ABATED in Facility (13)		Mainte Custo		e /		insulation, surfacing or other miscellane		,			V A	A I	SU	S
		Staff		N/A							L	R	L	R
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Wayne, NJ Completed by (Print or Type)	Title				le:	anatuus	//	Pen Arg	gyle, PA	In				
					Si	gnature	/			Date				
Jerry Bijelonic	Project Ma	nager				2 /						2/1	7	
Jun-95												G4667		

Disposal Date TBD	City, State Newburg, PA	
Signature	Qual	Date 4/12/2017

Name of Registered Landfill

Cumberland Landfill

Cubic Yards

of Waste

15939

NJDEP Waste

Hauler ID No.

tbd

Office Manager

Gina Betances

Freehold Carting

City, State Freehold, NJ Completed by

Name of Registered Waste Hauler

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Date of Notificatio	n (1)	(=u.	-				er/Operator			- (0)		-	177
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Agencies Notified	Type Noti	fication	S	treet	Addre	ess				APR	18	-20	17
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[ ]DEP	Not:	ification	C:	itv,	State,	Zip Cod	e		AS	BESTO	S C	JNI	HOL
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	1 7 7				FACIL	LITY INFO	RMATION						
Name of Facility Wh	ere Abatem	ent is Ta	aking	Plac	e (3)			Type of Facil	lity (4)				
								[ ]School	(K-12)				
75									oter 8 (Othe	er than	K-1	2)	
Street Address									(i.e., priva , homes, etc		omme	rcia	1
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ordy, board, arp oo								r, NJ 070	42				
Droject Manager for	Vanitarin	~ 111	m = 7 ==	-1	March -								
Project Manager for	N/A		Numbe	- 1	lephone Num (973) 744		ľ	Cicense 0037		oer			
Scheduled Start Date	e (10)	Sched. Co			Date (		ne of OSHA						
4-24-17				-17	Dave (	N/		MOIII COI					
	ear	Month	Day	у	Year					100			
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of Abatemen		a buring	EHICL	Te te	ELIOU								
[ ]Abatement Pe					cility	Y Cit	y, State,	Zip Code					
Hours - Desc [ ]other - Desc	33.75		_		.pt»								
Scope of Work (Check			_		-								
		-FF-17					[ ]Full	Containment wi	th Negative	Pressu	ire		
[X]≥3 sf or []>160 sf			117311131		ation			Enclosure					
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Montclair, NJ	07042					-	26-17	A CONTRACTOR OF THE PROPERTY O	urg, Oh:	io 44	688	3	
Completed By (Print	or Type)	Title					Signature	Level	1/	Date			
Constantine Vivian President								en lander	1/1/1	4/14/	2017		

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Agendas Notified Type Notification		St	DG4	FALLE	n	ori	DAIVER	AP	PKOY	ED				
EPA initial  DEP Amended  Amendment #	-brell					NT07646								
Emergency (In Justification)  DCA  Canceletion	canciud	N	RICI	ionland H SHATW	ALC			Tele	mone Nur	Number				
	B)	_	PACILI	TY INFORMATI	ON	2000	of Facility (4)	-					$\Box$	
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Narrae of Mantioring Firm Hired by Building O	orier (B)	1	ASCM	No.			nament Contracting	ractor	19)		-			
Street Address						et Address 5 Vreetand Ave.								
City, State, Zip Code						y, Stein, Zip Code Idland Perk, N.J.							_	
Preject Manager for Monitoring Firm	17	alephon	e No.	Telep	Rephone No. License No.									
(*		1-42- P	Sta (11)		262-	5841 SHA Menhor		00156						
4/12/17	4	22	117		Ome	nega Environmental Services Inc.								
Occupancy Status During Abalament (Check						et Address ) Huyter Street								
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Scope of Work (Check All That Apply)													-	
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Complained by R. McDonald	Pres	ident			Signific	7/1	Full			4/	12,	117	+	

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Date of Notification (1) 4/17/17			of Building O ur Kranzley		1	APR	1	8	2017	7							
Agencies Notified	Type Notification		Address	ASBESTOS CONTROL													
	Amended	ity, State, Zip Code						7.02.			1311						
⊠ DOL	Amendment # Long Beach Twp. NJ 08008																
DOH DCA	justification)		ig	0.000	of Contact					Tel	ephone	Numb	er	-			
DCA	Cancellation	1		Arthu	ır												
Name of Facility Where	Abatement is Takir	a Diago	/2)	FAC	CILITY INFOR	RMAT	ION	_									
Arthur Kranzley Pri		ig Flace	(3)						ype of Facility (	0.0							
Street Address									School (K-1 Subchapter Other (i.e. p etc.)	8 (Oth	er than & comm	K-12) nercial	buil	dings	, hon	nes,	
City (5) Long Beach Twp. N	J 08008							7555	quare Feet 000+	# 0	f Floors		1	31dg.	Age		
County (6)	TOTAL CHARGO TANDO			County	Code (7)				urrent Use (Prid	21/2	na dem	olichoo	1 "	+00	_		
Ocean				(STATE			dirent ose (File House	n n bei	ng dem	onsneo	1)						
Name of Monitoring Firm N/A	Hired by Building	Owner (8	3)	ASC	M No.			of A	Abatement Con	tractor	(9)						
Street Address							Street	-	dress								
							POE	Вох	x 329								
City, State, Zip Code					100000000000000000000000000000000000000	State, Zip Code St Berlin NJ 08091											
Project Manager for Moni	Telepho	one No.		Teleph		CT - PETERSON - NO S -	<del>-  </del>	Licens	e No			-					
***	0.00-0.00					3-9800		0072									
Start Date (10) 4/24/17		mpletion	Date (11)		Name Same		OSHA Monitor			15							
Occupancy Status During	Abatement (Chec	k Only O	ne)				Street	2000	iress								
Facility Closed/Vaca Abatement Performe Other – Describe:	Abater y Hour	ment City, State, Zip 0					, Zip Code	÷									
Scope of Work (Check All	That Apply)					-											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	тастърну	_	Renova Demoli	(I) (I) (I) (I) (I) (I) (I) (I) (I) (I)					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						۵		
		ls	s Locat	ion					7.00	7			Abatement				
Location			Norma ed Sole			Description of						-	_	Ту	ре		
Asbestos-Containing N <u>TO BE ABA'</u> In Facility (13)	TED	Ma	aintena stodial ( (12)	nce/	(i.e. the	ermal surfac	aining Masystems sing, VAT niscellane	r	(S	nount pecify or LF)	200	Removal	Repair	Encapsulate	Enclosure		
		Yes	No	N/A											te	(b)	
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Name of Registered Waste	Hauler		1 343	JDEP W			Yards		Name of R	egister	ed Land	fill				-	
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City, State Elm NJ						ispos /28/1	al Date		City, State Morrisvil	le PA	1906	7					
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Anthony T Perna		11	1	1				8	4/1-	7/	17						

Print Form

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) YONGHONG Street Address Type Notification Agencies Notified ASBESTOS CONTROL & LICENSING Initial EPA City, State, Zip Code Amended 08502 DEP BELLE MEAC Amendment # H DOL **Emergency (including** Name of Contact justification) DOH CRISTINA Cancellation 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) Other (i.e. private & commercial buildings, hon Street Address etc.) Bldg. Age Square Feet # of Floors City (5) J 000 BROWSWICK NEW Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) County (6) 4005E ESEX Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. NOVATECH 1700 Street Address Street Address 814 P.O. BOX City, State, Zip Code City, State, Zip Code OID Bridge N.D. 08857 License No. Telephone No. 132 238×7500 Telephone No. Project Manager for Monitoring Firm 00866 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) INC NOVALEDO Street Address Occupancy Status During Abatement (Check Only Onle) P.O. Box Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Bridge NO. 08857 Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatemer Type is Location Normally Description of Location of Used Solely by Amount Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Remova (Specify Repair Maintenance/ (I.e. thermal systems insulation, TO BE ABATED SF or LF) Custodial Staff? surfacing, VAT, or In Facility (12)other miscellaneous) (13)Yes N/A No NSULATION SPRETTENT

NUDEP Waste.

Hauler ID No.

1651DENT

18501

**Cubic Yards** 

Disposal Date

Signature

of Waste

6

Name of Registered Landfill

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

Date

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Gity, State

Completed by

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Name of Registered Waste Hauler

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NO.

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# NOTIFIC

State of New Jersey CATION OF ASBESTOS ABATEMENT Pursuant to NJAC 8:60 and 5:16)	DECEL
	117 1-

Date of Notification (1)			N	lame of	Building C	)wner/Operator (2	)	IL APRIS	1/2	GITT	1	1 1	
04 /	14 / 17	,		Green	life Ener	rgy Solutions	t management	JL APRS	16	PIM		/	
Agencies Notified	Type Notification		5	Street Ad	dress						_		
EPA				6754 V	Washing	ton Avenue	No.	ASBESTOS	NSIN		IL &		
☑ DOLWD	☐ Amended		(	City, Stat	e, Zip Coo	de	L	LIOL	140114	<u></u>		_	
□ DOH	Amendment #			Egg H	larbor, N	IJ 08234						-	
DCA	☐ Emergency (ir justification)	nclualing	1	Name of	Contact			Telephone Numbe		10.00			
(NJAC 5:23-8)	☐ Cancellation			Gemn	na Bunti	ng				10-		22.	
				FACIL	ITY INF	ORMATION						_	
Name of Facility When	e Abatement is Takir	ng Place (	(3)				Type of Facility (4	)					
Residence	0,10010						☐ School (K-12) ☐ Subchapter 8	(Other than K-12)					
Street Address							Other (i.e., pri	vate and commerci	al build	ings,			
Street Address							homes, etc.)						
City (E)							Square Feet	# of Floors		. Age			
City (5) East Newark							2000 sf	2	65	)		_	
				County	Code (7)(	STATE USE ONLY)	Current Use (Price	or if being demolish	ed)				
County (6) Hudson							Residence					_	
Name of Monitoring F	irm Hired by Building	Owner (	8) /	ASCM N	0.		ent Contractor (9)						
Guardian Contra						Guardian Co	ntracting, Inc.					_	
Street Address	toting,e.					Street Address							
1889 Rte. 9, Unit	61					1889 Route 9	9, Unit 61					_	
City, State, Zip Code						City, State, Zip Code							
Toms River, Nev						Toms River, New Jersey 08755							
Project Manager for M		Tele	phone N	lo.	Telephone No.		License No.						
Nicholas Fernic			73	32-349-	9932		732-349-9932 00624						
Start Date (10)	Sch	neduled C	omple	tion Date	e (11)	Name of OSHA							
04 / 25	/ 17	04_ /	26	3_/_	17	E.M.S.L. An	alytical						
Occupancy Status D		eck only	one)			Street Address							
☐ Facility Closed/Va	acated During Entire	Period of	Abate	ment		1056 Steltor	1						
☐ Abatement Perfor	rmed Outside of Norn	nal Facilit	y Hou	rs - Desc	cribe	City, State, Zip (							
Time of Abateme	nt:AM	_PM/	PM	/	AM	Piscataway	, New Jersey 08	854					
Scope of Work (Che	ck all that apply)						ntainment with Ne	native Pressure					
		M D	enovat	tion		☐ Mini-Er	nclosure	gativo i rocou.o					
≥3 sf or ≥3 lf     ≥160 sf or ≥260 l	f	Name of Street	emoliti			☑ Gloveh	an Procedure	n Eriable Procedu	re				
						☐ Non-E	xempted (*) and No	II-Filable I Toccoo	Aha	ateme	ent Ty	/pe	
		1	s Loca Norma			Description	o of						
	ation of	Us		lely by	Asbe	estos Containing I	Material (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure	
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IN	Facility	Cu	stodia (12	l Staff?		surfacing, VA other miscella	neous)	01 0. 2. 7	_		late	Œ	
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Name of Degisters	d Maste Hauler			NJDEP	Waste	Cubic Yards of	Name of Reg	istered Landfill					
Name of Registered Guardian Conf				Hauler I	D No.	Waste	T.R.R.F.						
	uaoung, mo.			2022	3	3 Disposal Date	City, State						
City, State	our lorsov					04/27/17	Tullytow	n, Pennsylvania					
Toms River, N		Title				Signature	1		Date	1			
Completed By (Prin		Title	of Ma	nagar		3.3	1.		4/1	4/1	7		
Nicholas Fern	ıcola	Proje	Cr IAIS	anager		V	1		-	1			

			(Purs	uant t	o NJAC	8:60	and 5:16	)	p. Laboratoria			004	-		
Date of Notification (1)  04 /	14 /			Building C		Operator (2 trial	B 16 9 5								
Agencies Notified	Type Notification	n .	S	treet Ac	Idress					ASBESTO	SCC	NTF	ROL	&	
⊠ EPA	☐ Initial	3.4		1 Pas	saic Stre	eet			1	LIC	ENSI	140			
⊠ DOLWD	☐ Amended		C	ity, Stat	e, Zip Co	de									
□ DOH	Amendment			Wood	Ridge,	NJ 07	075					(6)	(ade		
DCA	☐ Emergency justification)	(i)	N	lame of	Contact				1	Telephone Number	٢				
(NJAC 5:23-8)	☐ Cancellation			Abe						-		-			
				FACII	ITY INF	ORM	ATION								
Name of Facility Where	Abatement is Tal	king Place (	3)					Тур	e of Facility (4)	1					
Warehouse Buildin									School (K-12)	Other than K 12					
Street Address	.5 -							K	Other (i.e., priv	Other than K-12) ate and commerci	al build	lings,			
1 Passaic Street									homes, etc.)						
City (5)								Sq	uare Feet	# of Floors	100	. Age	<u>}</u>		
Wood Ridge									20,000	1	60	)			
County (6)				County	Code (7)(	STATE	USE ONLY)	2000		r if being demolish	ed)				
Bergen									Varehouse					_	
Name of Monitoring Firm	n Hired by Buildir	ng Owner (8	3) A	SCM N	0.				Contractor (9)						
Guardian Contrac						Gu	ardian Co	ntra	acting, Inc.						
Street Address						0.000	t Address								
1889 Rte. 9, Unit 6	51					1889 Route 9, Unit 61									
City, State, Zip Code		City, State, Zip Code													
Toms River, New	Jersey 08755					Toms River, New Jersey 08755									
Project Manager for Mo	0.		hone No.			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
Nicholas Fernicol	9932		2-349-993			00624				-					
Start Date (10)	1000	cheduled Co		Name of OSHA Monitor											
04 /24		04 /		_ / _	17	E.M.S.L. Analytical									
Occupancy Status Duri	ng Abatement (C	heck only o	ne)				t Address								
☐ Facility Closed/Vaca	ated During Entire	Period of	Abaten	nent	rib o		56 Stelton					_		_	
Abatement Perform	ed Outside of No :AM	rmal Facility PM/	_PM	A	M		State, Zip C	w Jersey 088	354						
Scope of Work (Check	all triat apply)						☐ Full Cor		ment with Neg	ative Pressure					
			novatio				☐ Gloveb	ag P	rocedure	_					
≥160 sf or ≥260 lf		шэ		5.0			☐ Non-Ex	emp	ted (*) and Nor	n-Friable Procedur				100044	
			Locat										ent Ty		
Locati		1100	Normal ed Sole	30 Table 1 (1997)	Ashe	etos C	Description Containing M	ot //ater	rial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure	
Asbestos-Containin TO BE A		IVIC	intena		(i.e	e., ther	mal system	s ins	sulation,	(Specify SF or LF)	SVOL	air	apsu	uso	
IN Fa	cility	Cus	todial ( (12)	Stan?			urfacing, VA er miscellar			SF OILI)	=		ılate	G,	
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Name of Registered V	Vaste Hauler		7.0	JDEP !		Cub	ic Yards of		Name of Regis	stered Landfill					
Guardian Contra				lauler II		o vvas	316		T.R.R.F.						
City, State						Disp	oosal Date		City, State	B					
Toms River, New	/ Jersey						<u> </u>		Tullytown	, Pennsylvania		1	-		
Completed By (Print of	or Type)	Title				4	Signature			<i>V</i>	ate	1.	1.	_	
Nicholas Fernico		Projec	ager			)		1t	7	7	117	11	1_		

Checky 300 State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7) GAC Project # 060-16 Name of Building Owner/Operator (2) Date of Notification (1) RUTGERS, THE STATE UNIVERSITY OF NJ April 13, 2017 Street Address Notification Type ENVIRONMENTAL HEALTH & SAFETY DEPT.8 2017 Agencies Notified ☑Initial Notification 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS ■ Amended Notification # X EPA City, State, Zip Code ■ Emergency (including ASBESTOS CONTROL & X DCA PISCATAWAY, NJ 08854 X DOL justification) Telephone Number Name of Contact ▼ DEP- No Longer REQUIRED **□**Cancelled MICHAEL SMITH, ENV. X DOH **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) PHARMACY, BLDG# 3750 Subchapter 8 (other than K-12) ■ Other (i.e. private & commercial buildings, homes, etc.) Street Address # of Floors: 5 Bldg. Age: 60+ years Sq. Feet: N/A **BUSCH CAMPUS** County Code (7) Current Use (prior if being demolished): ACADEMIC County (6) City (5) (State Use Only) MIDDLESEX **PISCATAWAY** Name of Contractor (9) ASCM No. Name of Monitoring Firm Hired by Bldg. Owner (8) 0098 ATC GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **268 MAIN STREET** City State, ZipCode City, State, Zip Code BUTLER, NJ 07405 BURLINGTON, NJ 08016 License Number Telephone Number Project Manager for Monitoring Firm Telephone Number 609-386-8800 BRIAN KEARNY 00840 973-492-0477 Name of OSHA Monitor Scheduled Completion Date (11) Scheduled Start Date (10) 5/08/17 05/04/17 ENVIROVISION, INC. Street Address Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD ■Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe ☑Other - Describe: SubChapter 8 Occuppied: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED) FAIRLAWN, NJ Scope of Work (Check all that apply) Full Containment with Negative Pressure ■ Mini-Enclosure **X**Renovation  $\square > 3 \text{ sf or } \ge 3 \text{ lf}$ ☐ Glove bag Procedure / Wrap & Cut Demolition X > 160 sf or ≥ 260 lf ■ Non-Exempted (\*) and Non-Friable Procedure Abatement Type Amount Description of Asbestos Containing Material Is Location Normally Used Location of Asbestos-Containing (Specify SF (ACM) (i.e. thermal systems insulation, surfacing, Solely by Maint./Custodial Remove Repair Encap Enclose Material (ACM) in Facility (13) or LF) VAT, or other miscell.) Staff? (12) NO NA YES X 240 SF VAT X Rooms 226 & 228 X 240 SF ACM CEILING TILE Rooms 226 & 228 X Name of Registered Landfill 15 CY NJDEP Waste Hauler ID # Cubic Yards of Waste: Name of Reg. Waste Hauler G.R.O.W.S. North Landfill See Hauler Below #1 & 2 See Below City, State Disposal Date Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 100 New Ford Mill

Rd. Morrisville, Pa

19067 215-736-1700

April 13,2017

05/08/2017

Raymond C. Pedalino

Date

MANAGER

SENIOR PROJECT

NJDEP # 12561

NJ DEP # 4509

Completed by (Print or Type)

RAYMOND C. PEDALINO

Hauler #2) Newark Carting, Inc., Newark, NJ 04509

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT BY ASCM FIRM (Pursuant to N.J.A.C. 5:23-8.11(c)3.viii) EMERGENCY!!!! Name of Building Owner / Operator (2) Date of Notification (1) June 24, 2016 Wood-Ridge Board of Education ASBESTOS CONTROL LICENSING Type Notification: EMERGENCY Street Address 59 Hackensack Ave City, State & Zip Code Initial Notification Wood-Ridge, New Jersey 07075 Amended Notification Telephone Number Name of Contact Cancellation Mr. Peter Catania FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) HighSchool Street Address Bldg. Age # of Floors 258 Hackensack Street Square Feet County Code (7) Current Use (Prior if being demolished) County (6) City (5) Bergen Wood-Ridge Educational Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) GAC 00079 EnviroVision Consultants, Inc. Street Address Street Address 511 Main Street 20-21 Wagaraw Rd. - Building 34A City, State & Zip Code Butler, New Jersey 07405 City, State & Zip Code License Number Fair Lawn, New Jersey 07410 Telephone Number Telephone Number Project Manager for Monitoring Firm 00840 973-492-0133 972-636-9145 Name of OSHA Monitor Guillermo M. Morales Scheduled Completion Date (11) Scheduled Start Date (10) NA 4/15/17 Street Address Occupancy Status During Abatement (Check all that apply) Facility Closed/Vacated During Entire Period of Abatement NA City, State & Zip Code Abatement Performed Outside of Normal Hours - 7am to 3pm NA Describe: double shifts if needed Facility Occupied During Abatement Scope of Work (Check all that apply) Glove Bag Enter only Enter only Full Containment Description of Lineal Footage Is Location Square Footage Location of Asbestos-Containing Normally Used Asbestos-Containing Material (ACM) Solely by Material (ACM) (i.e., thermal systems Maintenance or TO BE ABATED insulation, surfacing, VAT Custodial Staff? or other miscellaneous) in Facility (12)(13)71 Ceiling & Wall Plaster no See attached list LF 71 SF Date TOTALS Signature 04/12/17 Title Completed By (Print or Type)

President

Guillermo M. Morales