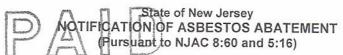
Ch1072		NOT	FICATIO	State of N ON OF AS nt to NJA	BESTOS	ARATE	MEN	T		E	C F	J.,	W.J	
Date of Notification (1)				of Building		Operator	(2)			A	PR 2	0 2	J18	
4/15/2018			1	olina Oca	ampo				hed be-	1	, , , , , , , , , , , , , , , , , , ,		010	Automo
Agencies Notified Type Notification			Street	Address							1 50.5	es es es	THE SHOP A	A - 15 - \$ - manuar
EPA Initial										Aut.			ROL	&
DEP Amended Amendment	ш			tate, Zip C		25			Contract Contract	entperspecialists		W	( n) n ( m ) a · r · r	THE YEAR
Emergency		ıa		beth, N.		3								
DOH justification)		9	6	of Contact	-				7-	I	Numbe	r		
DCA Cancellation	1			olina Oca										
Name of Facility Where Abatement is Takir	a Place	/2)	FAC	CILITY INF	FORMAT	ION	_							17/2
Carolina Ocampo's Residence	ig i lace	(3)				1	Туре	of Facility (	4)					
Street Address								School (K-1	2)	ZZII II TANDI ZACONI IN				
						1	×	Subchapter Other (i.e. p	8 (Oth	er than & comm	K-12) ercial h	ildina	e hon	200
City (5)								etc.)	mato	G 0011111	ici ciai b	ılıdıi ig	3, 11011	103,
Elizabeth							Squa	are Feet	# 0	f Floors		Bldg.	Age	
County (6)		_							1					
Union				Code (7)	93		Curr	ent Use (Pric	r if be	ing dem	olished)			
Name of Monitoring Firm Hired by Building	Oumar /S	2)			<i>.</i> -									
Traine of Morntoring 1 mm 1 med by Building	Owner (8	5)	ASC	M No.				atement Con			_			
Street Address								perty Main	tenai	nce LL	.C			
ou out had to so						Street								
City, State, Zip Code								Riper Ave						
2.19, 5.000 Ep 5000								Cip Code						
Project Manager for Monitoring Firm			Talaaha	NI				J 07011						
reject manager for Monitoring Firm		1	Telepho	one No.		Telepho				Licens				
Start Date (10)	Schodu	led Co	malation	Date (11)		201-8				0133	6			
4/15/2018	5/20/2		mpledon	Date (11)		Name o	of OSI	HA Monitor						
Occupancy Status During Abatement (Chec						Ctorot								
						Street A	Adare	SS						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	al Facilit	y Hour	nent s			City, Sta	ate, Z	ip Code						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf	×													
≥160 sf or ≥260 lf		Renova Demoli				H	Ful	l Containmer ni-Enclosure	nt with	Negativ	e Press	ure		
						×	Glo	vebag Proce						
	T						No	n-Exempted	(*) and	Non-Fr	riable Pr	ocedu	re	
42 1910 6910	1 250	Locat	3(E.C.(20) 11									530755	emen	t
Location of Asbestos-Containing Material (ACM)		Normal ed Sole				cription o					-		уре	_
TO BE ABATED	Ma	aintena	nce/	Asbes	tos Conta	aining Ma systems i	aterial	(ACM)		nount			l m	m
In Facility	Cus	todial ( (12)	Staff?	(	surfac	ing, VAT	, or	don,	SF	pecify or LF)	\em	Repair	cap	nclo
(13)		(/			other m	iscellane	ous)				Remova	pair	Encapsulate	Enclosure
	Yes	No	N/A								-		ate	O
Basement		Х			Pipe	insulati	on		9	)LF	X	-		
Basement		Х			TSI	Materia	ıl		2"	2SF	X	1		
							-		~	201	^			
Name of Degistered Mr. 1														
Name of Registered Waste Hauler		551 153 553	JDEP Wauler ID	17907.1777.1U	Cubic Y			Name of Re	egister	ed Land	Ifill		-	
TBD		250,000	auler ID BD	140.	of Wast	le		110 Sand	d Cor	npany				
City, State					Disposa	al Date	-	City, State						
					- lohood	5016		Melville,	NY 1	1747				
Completed by	Title				Sir	gnature		.vioivillo,			Date			
Darko Raloski	Proje	ct Ma	nager			,					рате 4/15/2	018		

Date of Notification (1)		. N		State of New TION OF ASSE SUBDITION NIAC	STOS ABA		DE	(C)	E		/ Prin
4/17/2018			Na	me of Building C	wner/Opera	tor (2)	- 111	APR	5 0	201	8
Aggrain			D	PF Chester L	LC	101 (2)	1				- 1
- Type Notific	ation		Str	eet Address					F 1100	· PC- in	reculare parele
EPA Initial			51	18 17th Street	Suite 17	00	Awi	120	ENSI	ATR.	OL &
DEP Amend	ed		Cit	y, State, Zip Cod	, outto 17		leave the section of			· · · · · ·	
	ment #		_ De	enver, C.O. 8	0202						
Illetifion	ency (inclu	ding	Nat	ne of Contact	UZUZ					- 4	
DCA Cancell	ation			· Arthur Betz			Telephor	ne Nun	nber		
Name of English Mr.				ACILITY INFOR			(303)8	69-46	00		
Name of Facility Where Abatement is T Former Burger King	aking Pla	ce (3)		ACILITY INFOR	MATION	T=					
Street Address						Type of Fa	acility (4)				
141 Route 206						Scho	ol (K-12)				
						Subc	hapter 8 (Other than	1 K-12	)		
City (5)						Other etc.)	(i.e. private & com	mercia	l buildi	ngs, h	omes,
Chester						Square Fe				lg. Ag	
County (6)			10			2,000	1	50	50		C
Morris			(STA	nty Code (7) TE USE ONLY)		Current Us	e (Prior if being den	nolieha	(d)		
Name of Monitoring Firm Hired by Buildi	na Owner	(0)		ALTERNATION NO.		Burger K	ling den	IOIISHE	u)		
Dynamic Carth	g Owner	(0)	1	CM No.	Name	of Abatemen	nt Contractor (9)				
Street Address			N/	Α	Hazr	nat Diagno	ostic LLC				
245 Main St.					Street	Address					
City, State, Zip Code						lenwild Av	e				
Chester,NJ 07930						tate, Zip Cod					
Project Manager for Monitoring Firm						mingdale,N					
David Backman		-7-	Telepi	none No.	Teleph	one No.					
Start Date (10)			(908	)879-7095		928-3995	Licens			-40	
4/28/2018	Sched	uled C	ompletio	n Date (11)		of OSHA Mor	0118	1			
	5/3/1/	2010		· · · /							
Occupancy Status During Abatement (Ch	eck Only (	One)				at diagnos	Stic LLC				
Facility Closed Macatod During F			mont		Street A						
Abatement Performed Outside of No Other – Describe:	rmal Facili	ty Hou	rs			enwild Ave					
The second of th		8				ite, Zip Code					
Scope of Work (Check All That Apply)					Bloom	ningdale,N	J 07403				
≥3 sf or ≥3 lf		D.									
≥160 sf or ≥260 lf	×	Renov Demoli	ation ition			Full Contain	nment with Negative	Proc	SUFO		
						WILL TOUGHT	SUITE	- 1 103	Jule		
					×	Glovebag F Non-Exemp	Procedure oted (*) and Non-Fri	ahi =	V 82		
1 2 2 3 A	Is	Locat	ion			AGIIIL	) and Non-Fri	able P	121507	_	
Asbestos-Containing Material (ACM)	llea	Norma ed Sole	lly		escription of					temen ype	it
TO BE ABATED	Ma	intena	nce/	Asbestos Co	ntaining Mat	erial (ACM)	Amount		7	7,50	
In Facility (13)	Cus	todial S	Staff?	(i.e. therma	al systems in	sulation	(Specify	R		E E	m
(13)		(12)		other	acing, VAT, miscellaneo	or ue\	SF or LF)	em	Repair	cap	nck
	Yes	No	N/A			usj		Remova	air	Encapsulate	Enclosure
Exterior Doors/Windows			13/7					1-		ate	e e
		X		(	aulking		300LF	17	-		
Exterior Roof Flushing		X			hing(Peri	moto-1		Х			
Exterior Flushing on Roof Units		X					612SF	X			
	-	^		Roof FI	ushing(Me	ech.)	250SF	X			
me of Registered Waste Hauler								-	-		
		NJ	DEP Wa		Yards	Name	Dealer				
azmat Diagnostic LLC		Ha	uler ID N	lo. of Wa	ste	100	Registered Landfil				
y, State		00	35440	TBD		G.R.O	.W.S.				
					al Date	City, Sta	te				
pomingdale, NJ											
mpleted by	Title			TBD		Morris	ville, PA				
	Title Clerk				gnature,	Morris	ville, PA	to			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
OF ASBESTOS ABATEMENT
OF ASBESTOS ABATEMENT
OF ASBESTOS ABATEMENT

Pg 1 Ck# 3350

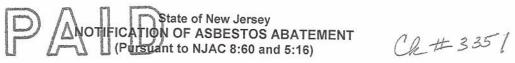
Date of Notification (1)		1.1	-L	Paramet 1	Nam	e of Buildir	na O	wner/Operator (	(2)						
4/	18 /	18	3		1	rizon	.g c	mon operator (	-/	[D]	E G	E		V/ I	Ē lī
Agencies Notified	Type Notific	cation	MOTES ET	Teles	Stree	t Address				HHH	Lim No	11.73	14	U .	-11
⊠ EPA					15	East Mo	ntad	omery Place,	Lower Level	IIm					
□ DOLWD	☐ Amende	100				State, Zip			LOWER LEVEL		API	7 2 (	1-21	118	-11
□ DHSS	Amendm			-		tsburgh,				hd h-	rvi i	, _ ,	, _,	,,,	-
☐ DCA (NJAC 5:23-8)	☐ Emerger justificat		ncludin	g	-	e of Contac				Tolophy	ono Mun	obor	55.754	15-anoma	1
(10/10 0.20 0)	☐ Cancella					thony Po	98			412-	one Nun 633-40	21 - N	ONT	ROL	. &
				-				RMATION		AND PERSONAL PROPERTY.	Annual to the second	STATE OF THE PARTY	THE LINES	: www.mat	CANADA POR
Name of Facility Where A	batement is	Takin	g Place	e (3)					Type of Facility	(4)					
Verizon Paulsboro									School (K-12	• •					
Street Address									☐ Subchapter 8	3 (Other th	han K-1	2)			
220 W Broad St.									Other (i.e., pl homes, etc.)	rivate and	d comme	ercial b	uildin	gs,	
City (5)									Square Feet	# of FI	loors	В	ldg. A	ge	
Paulsboro														7	
County (6)					Cou	nty Code (	7)(ST	TATE USE ONLY)	Current Use (Pri	ior if being	g demol	ished)			
Gloucester															
Name of Monitoring Firm			Owner	(8)	ASCM	No.			ent Contractor (9)						
USA Environmental	Managem	ent						BRISTOL EN	VIRONMENTAI	L, INC.					
Street Address							St	reet Address							
8436 Enterprise Ave	) 						_	1123 BEAVER							
City, State, Zip Code	4.50						1	ty, State, Zip Co							
Philadelphia, PA 19				1-				BRISTOL, PA	19007						
Project Manager for Monit	oring Firm				ephone			elephone No.		Licens	se No.		571.	23,111,151	
Mark Jenkins Start Date (10)	- 1.	0 1		1	15-365			215-788-6040		005	09				
					etion Da 1 /	ate (11)	1	ame of OSHA M		1110				ednize.	
Occupancy Status During						10	-		VIRONMENTAL	_, INC.		54			
☐ Facility Closed/Vacated					omont			reet Address							
☐ Abatement Performed	Outside of N	ormal	Facilit	v Hoi	irs - Des	crihe		1123 BEAVER							
Time of Abatement:	AM	PI	л/ <u>5:00</u>	PM-1	:30AM	JOHDO	1	ty, State, Zip Co							
Scope of Work (Check all	that apply)							BRISTOL, PA	19007						
17 <u>11-1</u> 1	455.37							□ Full Conta	ainment with Neg	ative Pres	ssure				
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			⊠ Re □ De					Mini-Encl	osure						
			□ ре	mont	1011				Procedure mpted (*) and Nor	n-Friable I	Procedu	ire			
			1.0	Loca								1	atem	ent T	уре
Location of Asbestos-Containing N		1)		Norma d So	ely by	Acho	otoo	Description of				R	D	Ш	m
TO BE ABAT	ED	.,	Ma	inten	ance/			Containing Mat ermal systems in		Amo (Spe		Remova	Repair	пса	nclo
IN Facility (13)	,		Cusi	todiai (12)	Staff?			surfacing, VAT,	or	SF o		val	=	Encapsulate	Enclosure
(13)			Yes	No	N/A		ot	ther miscellaned	ous)					ate	(D
Power Room					$\boxtimes$	Floor til	le a	nd mastic		330	SF		П		
Power Room					$\boxtimes$	Pipe Ins	sula	tion		40					
Tank Room						Pipe Ins	sula	ition		30	LF				
Generator Room						Pipe Ins	_			110					
Name of Registered Waste	Hauler				NJDEP I			bic Yards of	Name of Regist						
SERVICE TRANSPO		, INC	<b>:</b> .	1100	lauler II 20990	O No.	DISSING.	aste	MINERVA L						
City, State					20000		Dis	posal Date	City, State						
NEW CASTLE, DE 19	720							1000 Carpo (500 Supples)	WAYNESBU	URG, OF	1 44688	3			
Completed By (Print or Typ	oe)	Title		-				Signature			T Ds	ate			
Brian Scafiro		Es	stimat	or				Brian	Scafino	19nc	_	4-1	8-	18	8



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Date of Notification (1)				Name	e of Buildir	ng Owner/Operator	(2)	Source Court (New York or Array Arra				
4 / 1	18 / _	18		Ve	rizon			In E	a fr	; n	0.7	IZ.
Agencies Notified T	ype Notificat	tion		Stree	t Address				n if	- 11	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	15
The state of the s	Initial			15	East Mo	ntgomery Place,	Lower Level	100 mg				
	Amended	1011201			State, Zip			HI AD	0 0	10	2040	1
DHSS	Amendme		-01			PA 15212		ILL AF	П	0	2018	j
DCA (NJAC 5:23-8)	Emergency justification		g	and the same of	of Conta			Tolophone Numb				
	Cancellation			Deliver Charles	thony Po	527		Telephone Numb		o execut Or exist	FRE	11 2
								412-033-402		S. No	4	
Name of Facility Where Aba	stamant in Ta	akina Dlas	- (2)	FA	CILITY II	NFORMATION	T	Water and the second of the se			5.03 L. 79E	
Verizon Paulsboro Co		aking Place	9 (3)				Type of Facility (					
	J						School (K-12)	(Other than K-12)				
Street Address							Other (i.e., pri	vate and commer	cial b	uildin	as,	
220 W Broad St.							homes, etc.)					
City (5)							Square Feet	# of Floors	В	ldg. A	ge	
Paulsboro												
County (6)				Cou	nty Code (	7)(STATE USE ONLY)	Current Use (Price	or if being demolis	hed)			
Gloucester												
Name of Monitoring Firm Hi		•	(8)	ASCM	No.	Name of Abatem	ent Contractor (9)					
USA Environmental N	lanagemer	nt				BRISTOL EN	VIRONMENTAL	, INC.				
Street Address						Street Address						
8436 Enterprise Ave						1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip C	ode					-
Philadelphia, PA 1915	3					BRISTOL, PA						
Project Manager for Monitor	ing Firm		Tel	ephone	No.	Telephone No.		License No.				
Mark Jenkins			-	15-365		215-788-6040	)	00509				
Start Date (10)	Sc	cheduled C				Name of OSHA M		00303	-			
_ 5 / _ 7 / _	0.00		1072	1 /			VIRONMENTAL	INC				
							VIICONVIENTAL	, INC.				
Occupancy Status During Al Facility Closed/Vacated [	0.50					Street Address						
☐ Abatement Performed On					ariba	1123 BEAVE						
Time of Abatement:					cribe	City, State, Zip Co						
						BRISTOL, PA	19007					
Scope of Work (Check all the	at apply)					Ø.F.II.O.						
≥3 sf or ≥3 lf		⊠ Re	novat	ion		⊠ Mini-Enc	tainment with Nega losure	itive Pressure				
≥160 sf or ≥260 lf		☐ De				⊠ Glovebag	g Procedure					
						Non-Exe	mpted (*) and Non-	-Friable Procedure	9			
Location of		5.00	Loca Vorma						Ab	atem	ent T	уре
Asbestos-Containing Ma	terial (ACM)			ely by	Ashe	Description o estos Containing Ma		Amount	Re	R	Щ	Ш
TO BE ABATE		30.87	intena			e., thermal systems		(Specify	Removal	Repair	ıcar	ıclo
IN Facility (13)		Cus	todiai (12)	Staff?		surfacing, VAT,	or	SF or LF)	va.	-	Encapsulate	Enclosure
(13)		Yes	No	N/A		other miscellane	ous)				ate	(D
Generator Room		T	_	-	Louver	Coulk		2015	F-2		_	
								32 LF		Ц	Ц	Ш
Boiler Room					Louver	Caulk		24 LF	$\boxtimes$			
Name of Registered Waste H	Hauler	-		JDEP \		Cubic Yards of	Name of Registe	ered Landfill			SAVE.	
SERVICE TRANSPORT	T GROUP,	INC.	F	lauler II 20990		Waste	MINERVA L					
City, State				2000		Disposal Date	City, State					
NEW CASTLE, DE 197	20							IRG, OH 44688				
Completed By (Print or Type	) 17	Title				Signature		/ Date	9			
Brian Scafiro		Estima	tor				Scalino			18-	18	1

Chileoo			NOTI	FIC (P	ursu	ant	toNJA	ESTOS ABA	(6)	MENT	DE	C	E.		<u>// [</u>	
Date of Notification (1)	16 /	18			1,110.000			Owner/Operator Acquisition, L	55000			PR	2 0	20	18	
Agencies Notified ⊠ EPA	Type Notifica	tion			1000		ddress	ulton Ave.			ASIN	Šijo: Lici	 	ATF	OL a	&
☑ DOLWD	☐ Amended				City	, Sta	ate, Zip C	ode		, h	***************************************	Property on Assessed	- Marinage	All a		Margar Inglander y
☑ DHSS □ DCA	Amendme		•		IV	lour	nt Verno	on, NY 10553								
(NJAC 5:23-8)	justification		Juding		Nar	me o	f Contact				Telephone N	lumbe	r			$\neg$
V	☐ Cancellat	ion				an l	Katz				914-667-	6400				
					F	ACI	I ITY IN	FORMATION								$\neg$
Name of Facility Where A	batement is T	aking	Place	(3)		,			Τī	ype of Facility (	4)	-			-	-
Acme Manahawkin		unng	. 1000	(0)					100	School (K-12)						
Street Address		-				-			- [	Subchapter 8	(Other than k					
609 East Bay Ave.									12	Other (i.e., pri homes, etc.)	vate and com	mercia	al bui	lding	S,	
City (5)									15	Square Feet	# of Floors		Bid	g. Ac	10	_
Manahawkin, NJ 08	050									27,900	1			9. Aş 5+	jc	
County (6)		-			100	unt	Codo (7)	(STATE USE ONLY)	1	Current Use (Price		aaliaha		J.		
Ocean					100	Junty	r Code (r)	(STATE USE ONLT)	1	Commerical	of it being den	10115116	eu)			
	I ffeed by Duild	0		01	1 400	B 4 B 1	-	Name of Abotem								
Name of Monitoring Firm	Hirea by Build	ing O	wner (	8)	ASC		0.	Name of Abatem								
Vertex					N/	4			/irc	onmental Sys	tems			V	400.00	
Street Address								Street Address		X289						
700 Turner Way								550 East Uni		107-1478						
City, State, Zip Code								City, State, Zip C								
Aston, PA 19014								West Cheste	er,	PA 19382						
Project Manager for Moni	toring Firm				lephor			Telephone No.			License No	).				
Dave Turotsy					310-5			610-701-9000	_		00508					
Start Date (10)	Charles Const.	ched	uled Co					Name of OSHA N	Mor	nitor						
4/ /30 /	18	_ 5	/	_2	25_ /	_	18	AET								
Occupancy Status During	Abatement (0	Check	only o	ne)				Street Address						- 10	-	
☐ Facility Closed/Vacate	d During Entir	e Per	iod of A	Abat	ement	t		28 N. Pennel	IR	oad						
Abatement Performed				Ho		escr)	ribe	City, State, Zip C	ode	е		W. 1				
Time of Abatement: 7	AMPN	1/3:30	PM		_AM			Media, PA 19	906	33						
Scope of Work (Check all	that apply)							A STATE OF THE STA								
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			⊠ Rei □ Dei					☐ Mini-End ☐ Gloveba	clos ag F	nment with Neg sure Procedure pted (*) and Nor						
					ation								Aba	ateme	ent Ty	уре
Location					ally dely by	,		Description				İ	R	R	E	щ
Asbestos-Containing I TO BE ABA		1)			nance/		Asbes	stos Containing Ma ., thermal systems	ate	rial (ACIVI)	Amount (Specify	2	Removal	Repair	Encapsulate	Enclosure
IN Facilit			Cust		I Staff	?	(	surfacing, VAT	Т, о	or	SF or LF		val	7	lnsc	sure
(13)			``	(12	1	10		other miscellane	eou	ıs)					ate	
Main Floor			Yes	N	o N	/A	VAT/Ma	stic	_		2700 SF	=	$\boxtimes$	П		
									00000							
		_	_									-	=	1		
						_			_					Ш	Ш	Ш
Name of Registered Was					NJDE Haule			Cubic Yards of Waste		Name of Regis			1	46:11		
Richard Burns & Co	0					955		10			erks Comm	unity	Lan	atill		
City, State								Disposal Date		City, State						
Phila., PA								TBD		Birdsboro,	PA	-31U s				
Completed By (Print or T	ype)	Title	)					Signature		1	2	Date	9	1	1	
Mark Griffin		E	stima	tor					>	MARKI	7	4	4	112	1)	3
ASB-41 MAY 11		*	Do not	use	this fo	orm f	or asbest	tos licensure exem	npte	ed activities.					1	



Date of Notification (1)				Nam	ne of Buildir	ng Owner/Operator	(2)					
4 /18	_ /4	8		E.	I. duPont	de Nemours		IN EC	F		V/	E
	Notification	1		Stre	et Address					41 4 4 1074 10	and California	-
<ul><li>☑ EPA</li><li>☑ Init</li><li>☑ DOLWD</li><li>☐ Am</li></ul>				25	0 Cheese	equake Road				0 01	040	
	nended nendment a	#		City,	State, Zip	Code		HIL APR	-2	0 2	UIB	
1 <u>1111</u> 1111 1111 1111 1111 1111 1111 1	nergency (i		_ 	Pa	ırlin, NJ 0	8859						
	tification)	noidan	19	Nam	e of Conta	ct		Telephone Num	ber	1)5	TRO	Li
☐ Cal	ncellation			Ni	chol Rein	hold		732-613-240	0	SINC	J	agrind)
				FA	CILITY II	NFORMATION		PRINTERSON CONTRACTOR OF STATE OF CONTRACTOR	7,740-4-0		-	-
Name of Facility Where Abateme	ent is Takir	ng Plac	e (3)				Type of Facility	(4)			-	_
DuPont Parlin Facility - Bl	ldg. 2011						School (K-1	2)				
Street Address				16			Subchapter	8 (Other than K-12	)			
250 Cheesequake Road							homes, etc.	orivate and commen	rcial b	uildin	gs,	
City (5)							Square Feet	# of Floors	В	Bldg. A	Age	
Parlin										3	3-	
County (6)				Cou	nty Code (	7)(STATE USE ONLY)	Current Use (Pr	rior if being demolis	shed)		-	
Middlesex							1	en de anti-estado en estado en el Composito de Composito de Composito de Composito de Composito de Composito d				
Name of Monitoring Firm Hired by	y Building	Owner	(8)	ASCN	No.	Name of Abatem	ent Contractor (9)	)			-	-
Cardno ATC						BRISTOL EN	VIRONMENTA	L, INC.				
Street Address						Street Address				-		-
3 Terri Lane						1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip C	ode					340
Burlington, NJ 08016						BRISTOL, PA	A 19007					
Project Manager for Monitoring Fi	irm			phone		Telephone No.		License No.				
John Lutz					6-8800	215-788-6040	)	00509				
Start Date (10)					ate (11)	Name of OSHA N	Monitor					-
_5 / _3 / _18_		100		2_ /	18	BRISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status During Abatem						Street Address						_
Facility Closed/Vacated During	Entire Pe	riod of	Abate	ment		1123 BEAVE	R STREET					
Abatement Performed Outside Time of Abatement: 7:00AM-3	of Norma	l Facilit	y Houi	s - Des	scribe	City, State, Zip C	ode					-
						BRISTOL, PA	19007					
Scope of Work (Check all that app	oly)											
_ ≥3 sf or ≥3 lf			enovati			☐ Mini-End	tainment with Neg	gative Pressure				
≥160 sf or ≥260 lf		☐ De	molitic	n		⊠ Gloveba	g Procedure					
		le	Locat	ion	T	⊠ Non-Exe	mpted (*) and No	n-Friable Procedure	1			
Location of		100	Vorma			Description of			Ab	atem	ent T	У
Asbestos-Containing Material (	(ACM)		d Sole		Asbes	stos Containing Ma	iterial (ACM)	Amount	Rei	Repair	En	
TO BE ABATED IN Facility		100	intena todial		(i.e.	, thermal systems	insulation,	(Specify	Removal	pair	cap	
(13)			(12)	· · · · · · · · · · · · · · · · · · ·		surfacing, VAT, other miscellane	, or ous)	SF or LF)	<u>a</u>		Encapsulate	
		Yes	No	N/A							6	
xterior Roof			$\boxtimes$		Transite	)		1280 SF		П	П	1
nterior Storage			$\boxtimes$		Pipe Ins	sulation	0.5	61 LF				-
nterior Office					Floor Ti	le		175 SF				
		$\Box$						110 01				H
ame of Registered Waste Hauler			_ N	JDEP \	Naste I	Cubic Yards of	Name of Regist	tered Landfill	Ш		Ш	
Bristol Environmental Inc.			H	auler II	No.	Waste	Fairless La					
ty, State				18706	i	15 Cu Yd						_
Established and a series						Disposal Date 6/22/18	City, State	U- DA 40047				
Dristol, PA 19007						0/22/10	rairless Hil	lls, PA 19047				
Bristol, PA 19007	Tier					10.			_			-
ompleted By (Print or Type)  Gino Pizzigoni	Title	stimat				Signature	ρ.	- / Oa		18-	1	P

an Mh		NOTIFIC	ATION OF	ASBESTOS ABAT 8:60-7 and 12	EMENT	F				
LIU CE!		(* albadiic	to Nonc	0:60-7 and 12	:120-7)			EI	Ŵ	EF
Date of Notification		Name o	of Buildi	ng Owner/Oper	ator (2)		and the same		Tr. 10 Tr. 41 (1941)	
10121/16	1011/18	1   B	risto	( My	iers S	Sallih	h			
	Type Notificati	on Street	Address		, , , , ,	59/11/6	APR	20%	2018	_11
[ V]EPA	[ ]T-/		1 50	a vibb	Driv	0				144000
. [vídep	[ ]Initial Notificati	on City,	State, Z			1	Triange	orene con. Al Tubble	TROI	9.
[ \( \square DOL \)	[\[ ] Amended		?W	Bruns	wick	10-	e LIC	EMSIN	3	
[V]DOH	Notificati	on Name o	f Contac						A STATE OF THE STA	20 SWENT THE LINE A TO
[ /DCA	[ ]Cancellati	on P	L COIICAG	Despi	-1-	Telephone N			_	
-		II I V	1def	Dear	110	732	22	フン	00	0
Name of Facility Wh	and Abet	F	ACILITY 1	INFORMATION						_
Name of Facility Who			ce (3)		Type of Fac	cility (4)				_
@ Dr 15+01-	(Myers :	590166		51	[ ]Scl	hool (K-12)				
Street Address	~ ·				II LXIUUI	ochapter 8 ner (i.e.,	private	E COT	mor-	
The state of the s	Drive				Square Feet		s. home	S. etc	• ) •	_
City (5)	Cou	inty (6)	Cou	nty Code (7)	1 31000		. I	75	ige -	
New Bruns	VICK 1	AddleSe,		ATÉ USE ONLY)	Current Use	(Prior if	being	demoli	shed)	_
Name of Monitoring F		ilding lascm	No.	Man	1129000	1+ory	and	4 04	FFIC	-es
Environ men		• 1.000 (1982)	0104	Name of Abate				7	E .	
Street Address	191 (169)11	2 + 14/1	0101	HO VY/10	ed Sp.	ecia It	-y (	011	trai	ctors
655 West	Shore L			Street Address		- 1	,		-	-
City, State, Zip Code	7.70.6 4	rail		2700 1110	ain 5+	exte	n Sic	N S	Dur	tell
	7 078	71		City, State,	Zip Code	Consultation of the control of the c				
Project Manager for M	onitoring Firm	Telephone N	limber	Telephone Num	ville N					
DINKEN	DE (	G72-72	9-564	727	25-016	i.o. Li	cense N	lumber		•
Scheduled Start Date	(10)  Sched.Co	mpletion Dat	e (11)	Name of OSHA	Moniton		00	100	,	***************************************
10141/1/151/1/1	81 401411	Hibrali	00 11			1-1-	T	1		
Month / Day / Ye Occupancy Status Duri	or Mante /		ar	Enviro	on men	191	190	tic	.5	1/10
[ ]Facility Closed/ of Abatement	Vacated During 1	Entire Perio	a	Street Address	50 got 1, 500	<1	-			
[ ]Abatement Perform	med Outside of	Normal Facil	- 11	City, State, Z	road	JTre	et			
Hours - Describe		cq.f-		1		~ ~	- ,			
Scope of Work (Check a	F 10.	- Carred		Mata w	an, Ni	101	74	7		
[ X Demolition	*	r 10		[X]Full	Containment v	with Negati	Tro Proc			
[X]>3 sf or >3 [X]>160 sf or	1f	[ ]Renovat	ion ·		Enclosure bag Procedure		ve ries	ssure		
7(17200 31 01	<u>7</u> 280 II			[ ]Non-F	riable Proced	lure		*		
*	227	Is Location				T	Abate	ment T	уре	
Location Asbestos-Cont	aining	Normally Used	] a.	Description	of		R	E	E	
Material (A TO BE ABAT	RD	Solely by Main-		sbestos-Contai Material (ACM	1)	Amount (Specify		R C	C	
in Facility (13)	Y	tenance/	insu	a., thermal sy Lation, surfac	ing VAT	SF or LF)	0	P P A S	0 5	
,,,	7)	Custodial Staff(12)	OI	other miscel	laneous)	1	A	IU	U	1 2 2
98 A AM	PV	Yes No N/A	-9 1	, / /	44			R L	R E	
Roof		X	F 10	por tile	Mastic	935051	=			
	DU	X	Kod (	tar F	Flashine	50205F	+			
Throughout	Bld	X		e doors		60 eq				
Name of Registered Wast	ide	X		Notow (	Chulking	42				
F 1 1	1	NJDEP Wast Hauler ID	No. of	ic Yards   Na Waste	ame of Regist	ered Landf	111			
Freehold Ca	719ge	15939	5	5000	Grow	5 La	1df	3/11		
E 1 1/1	114		Disp	posal Date Ci	ity, State	100	11	, , ,		
reehold	1 / 1		(14-	16-18/	Mori	-15W	1/4			
Completed By (Print or	Type) Title	F 8		Signature		501	Thata			
_ Kurt Nal,	Bran	ch Mas	ONER	Ban	Alan A	>	1	12	-10	)
ASB-41 JUN 95	1//000		770	1240	1 vale	<u> </u>	MI.	15	10	
							- Francisco			

Ch1007	6		NO			OHIGE	New Jersey SBESTOS AB JAO 8:60 and 9			G	E.		<u> </u>
Date of Notification (1)	7				- It		ing Owner/Operal			APR	20	20	10
4/	18/	_	18		l l	/liddle To	wnship Public	Schools / Job #	Check #1007	6	L U	LU	10
Agencies Notified  EPA  DOLWD	Type Not Initial		n		-	eet Addres 16 South	s Main Street		ASI		ENS	DIVITI	ROL
☑ DHSS	Amend		#		City	, State, Zi	o Code		Ly.	4-13-		IIVG	- FEBRUARY
□ DCA	☐ Emerg			ina	C	ape May	Court House, N	IJ 08210					
(NJAC 5:23-8)	justific	ation)		9	Nar	ne of Cont	act		Telephone No	umber			
	☐ Cance	llation		(-)	A	dministr	ation		609-465-1	800			
					F	ACILITY	INFORMATION						
Name of Facility Where A		s Taki	ng Pla	ce (3)				Type of Facility	/ (4)	152mm to 3.54			
Middle Township Es	S #1							School (K-1	2) 8 (Other than K-	12)			
215 Eldredge Rd.								Other (i.e., )	private and comm	nercial l	buildir	ngs,	
City (5)								Square Feet	# of Floors	E	3ldg.	Age	
Cape May Court Hor	use, NJ 0	8210									•	9	
County (6)					Co	unty Code	(7)(STATE USE ONLY	Current Use (P	rior if being demo	olished)			
Cape May								School					
Name of Monitoring Firm F	Hired by Bu	ilding	Owner	r (8)	ASC	√l No.	Name of Abate	ment Contractor (9	)				110
NA							AbateTech,	Inc.					
Street Address							Street Address						
							30 Maple A	ve. PO Box 25					
City, State, Zip Code							City, State, Zip	Code					
D							08009Lumb	erton, NJ 08048	3				
Project Manager for Monito	oring Firm			Te	lephone	No.	Telephone No.	7	License No.				
Start Date (10)		Sche	duled (	Compl	etion D	ate (11)	009-265-210 Name of OSHA		00529				
4/27/_	18		5	/		18	EMSL Analy						
Occupancy Status During A							Street Address						
Facility Closed/Vacated	During Ent	tire Pe	riod of	Abate	ement		200 Route 1	30 North					
Abatement Performed C Time of Abatement:	Outside of N	lorma	l Facili M/	ty Hou	ırs - De	scribe	City, State, Zip C	Code					
						_AIVI	Cinnaminso	n, NJ 08077					
Scope of Work (Check all th	nat apply)						☐ Full Cor	ntainment with Neg	ative Pressure				
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>				enova emoliti			☐ Mini-En☐ Gloveba			ure			
			100	Loca				. (,			atem	ent T	vpe
Location of				Norma	ally elv bv		Description			-	_	T	T
Asbestos-Containing Ma TO BE ABATE		<i>n</i> )	Ma	intena	ance/	Asbe	stos Containing Man, thermal systems	aterial (ACM)	Amount (Specify	Removal	Repair	nca	nclo
IN Facility			Cus		Staff?	(	surfacing, VAT		SF or LF)	oval	=,	Encapsulate	Enclosure
(13)			Yes	(12) No	N/A		other miscellane	eous)	•			late	Ф
Pink Building Roof						Roofing	tar @ chimney	,	12 SF				
							1000000 To 10000 To 10000 To 10000				П	П	П
										10	1		
			П							무	片		
Name of Registered Waste I	Hauler				JDEP \	Vaste	Cubic Yards of	Name of Regist	ered I andfill			Ш	П
AbateTech, Inc.					auler II 18750	No.	Waste 4	G.R.O.W.S.					
City, State							Disposal Date	City, State					$\neg$
Lumberton, NJ							5/1/18	Tullytown,	PA				
Completed By (Print or Type	)	Title					Signature	2	D	ate ,	1	125	-
Gwendolyn Trumbetti		O	perati	ons (	Coordi	nator	1 Cont	A		4/1	81	18	

Ch1007	5		NC	TIFI (	CATI Pursi	DIN OF A	SA	W Jersey ESTOS ABA 8:60 and 5:	TEMENT	D-	E C	[C	2.4	V E
Date of Notification (1)	18 /		40	-2000-2				Owner/Operator	0.0		APR	2	0 21	018
			18			Trustees o	of P	rinceton	/ Job #1801-52	52 Check	#10075	, <i>-</i>	0 21	310
Agencies Notified  ⊠ EPA	Type Noti	ficatio	n			eet Address					414-10 44 (44-11)		rame of the southern	V-Villenomye
☑ DOLWD	☐ Initial ☐ Amend	hah							ersity E.A. Mad	Millan Bld	g:		CONT	ROL
☑ DHSS	Amend		#2		- 33	y, State, Zip				витрировноститеропал	MARKATAN MARKATAN AND AND AND AND AND AND AND AND AND A			All the same of th
☑ DCA	☐ Emerg	ency	includi	ing		Princeton,		08544						
(NJAC 5:23-8)	justific					me of Conta		ASSOCIATION		Telephone	Number	•		
	☐ Cancel	llation	1		F	Robert Orte	ego	, P.E.		609-258	3-1841			
N- (5 W 100					F	ACILITY I	NF	ORMATION						
Name of Facility Where A									Type of Facility	(4)				
Princeton Universit	y – Firest	one l	Librar	y Pha	ise 6E	3-6D PG	1		School (K-1					
Street Address									Subchapter Other (i.e., p	8 (Other than private and co	K-12) mmercia	l buil	dinas	
One Washington Ro	oad								homes, etc.		mmoroid	Dui	uirigs,	
City (5)									Square Feet	# of Floor	s	Bld	g. Age	
Princeton									1,000,000	8		7	2	
County (6)					Co	unty Code (	7)(S	TATE USE ONLY)	Current Use (Pr	ior if being de	molishe	d)		
Mercer							20		University I	-				
Name of Monitoring Firm I	Hired by Bu	ilding	Owner	(8)	ASC	M No.	N	ame of Abateme	ent Contractor (9)					
TTI Environmental					00	003		AbateTech, I	nc.					
Street Address							St	treet Address			2.750			
1253 North Church S	Street							30 Maple Ave	e. PO Box 25					
City, State, Zip Code							Ci	ity, State, Zip Co	ode					
Moorestown, NJ 080							1	Lumberton, N	NJ 08048					
Project Manager for Monito	oring Firm				ephon			elephone No.		License N	0.			
Michael R. Keehn Start Date (10)					_	0-8800 X	1	609-265-2107		00529				
						ate (11) 18	71177	ame of OSHA M <b>EMSL Analyti</b>						
Occupancy Status During A							Str	reet Address						
☐ Facility Closed/Vacated	During Ent	ire Pe	riod of	Abate	ement		1	200 Route 130	0 North					
Abatement Performed C Time of Abatement:	Outside of N	lorma	Facilit	y Hou	rs - De	scribe	Cit	ty, State, Zip Co	ode			-	-11	
			IVI/	PIV		_AIVI	(	Cinnaminson	, NJ 08077					
Scope of Work (Check all the	nat apply)						er -	<u></u>						-
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>				enovat emoliti				☐ Mini-Encl	ainment with Neg osure   Procedure npted (*) and Nor					
			77.8	Loca							1	Abate	ement	Туре
Location of Asbestos-Containing Ma		4)		Norma		Ashaa		Description of		4790000000	7	1 2	m c	m
TO BE ABATE	ED	1)	Ma	intena	ince/	(i.e.	the	Containing Matermal systems in	enal (ACM)	Amount (Specify		Veball	Encapsulate	Enclosure
IN Facility			Cus	todial (12)	Staff?	,	5	surfacing, VAT,	or	SF or LF)	) oval	.   =	bsul	sur
(13)			Yes	No	N/A	1	ot	her miscellaneo	ous)				ate	0
Phases 6B-6D- Levels 1	1 & 2			×		Pipe Ins	ula	tion		1,145 LF	- E	3 1	7 0	
Phases 6B-6D- Levels 1	& 2					Floor tile	۵ م	Mastic		3,775 SF				+
Phases 6B-6D- Levels 1	8.2							Ceiling Plaste	er	5,395 SF		-		
Phases 6B-6D- Levels 1	& 2					Spline c	eili	na tiles		56		-		+=+
Name of Registered Waste I			_		JDEP			oic Yards of	Name of Registe		×		717	
AbateTech, Inc.					auler I	D No.	Wa:	ste	G.R.O.W.S.					
City, State								posal Date	City, State					
Lumberton, NJ							9,	/30/18	Tullytown, I	PA				
Completed By (Print or Type	# 1 T	Title						Signature	4/		Date ,	1112	1	
Gwendolyn Trumbetti	3	0	oerati	ons (	Coord	inator		/ / 1	000/1		ul	0	1,8	1

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

				,			rio oroc arra or	,	Total Control			11
Date of Notification (1)	40 /				Na	me of Buildi	ng Owner/Operator	(2)	III APR	o n :	0110	111
	18 /		8			rustees o	f Princeton	/ Job #1801-5	252 Check #100	75	.010	eseco.
Agencies Notified	Type Notif	fication	n		Str	eet Address			PROPERTY SALES		11 - Addots across	
☑ EPA ☑ DOLWD →	☐ Initial	(C.)			1	rustees o	f Princeton Univ	ersity E.A. Ma	cMillan Bldg.	CON	TROL	&
☑ DHSS	Amend Amend		#2		Cit	, State, Zip	Code	Lance Control of the	A ST TO SECURE AND A STATE OF THE SECURE AND	W. 2 1/11	The second secon	Darrier Lawrence
⊠ DCA	☐ Emerge		-	ina	F	rinceton,	NJ 08544					
(NJAC 5:23-8)	justifica		iiioiddi	iiig	Nai	ne of Conta	ct	-	Telephone Num	ber		
	☐ Cancel	lation			F	obert Orte	ego, P.E.		609-258-184			
					F	ACILITY II	NFORMATION					
Name of Facility Where A								Type of Facility	y (4)			
Princeton University	/ - Firesto	one L	.ibrar	y Pha	se 6E	8-6D PG	2	School (K-1	12)			
Street Address								Subchapter	8 (Other than K-12	2)		
One Washington Ro	ad							homes, etc.	private and comme	rcial bu	ildings,	
City (5)								Square Feet	# of Floors	Blo	lg. Age	
Princeton								1,000,000	8	100	'2	
County (6)					Co	unty Code (7	7)(STATE USE ONLY)		rior if being demolis	_ 4 3		
Mercer						,	/	University		nieu)		
Name of Monitoring Firm H	lired by Bui	ilding	Owner	(8)	ASCI	M No.	Name of Abateme		( <del></del> 0)			
TTI Environmental		100		ě 10	00	003	AbateTech, I	AND THE RESERVE THE PROPERTY OF THE PROPERTY O	1			
Street Address							Street Address					
1253 North Church S	treet						30 Maple Ave	. PO Box 25				
City, State, Zip Code							City, State, Zip Co					
Moorestown, NJ 080	57						Lumberton, N					
Project Manager for Monito	ring Firm			Tel	ephon	e No.	Telephone No.	10 00040	License No.			
Michael R. Keehn				1	300	0-8800 X	609-265-2107		00529			
Start Date (10)		Sched	duled (			ate (11)	Name of OSHA M		00020			
2/21/						18	EMSL Analyti	a 974				
Occupancy Status During A	batement (						Street Address					
☐ Facility Closed/Vacated					ement		200 Route 130	North				
☐ Abatement Performed O	utside of N	lormal	Facili	ty Hou	rs - De	scribe	City, State, Zip Co	2, 1,1,3,1,3,1,3				
Time of Abatement:	AM	P	W/	PM		_AM	Cinnaminson					
Scope of Work (Check all th	at apply)		-				Ommaninison	, 145 00077				
	,							ainment with Neg	gative Pressure			
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>				enovat emoliti			☐ Mini-Encl	osure				
				zi i Onu	OII		☐ Non-Exer	npted (*) and No	n-Friable Procedure	е		
			Is	Loca	tion			. , ,		_	tement	Type
Location of		. 1		Norma			Description of					· ·
Asbestos-Containing Ma <u>TO BE ABATE</u>		1)		intena			tos Containing Mat		Amount	Removal	Encaps	Enclosure
IN Facility			Cus		Staff?	(i.e.	<ul> <li>thermal systems in surfacing, VAT,</li> </ul>		(Specify SF or LF)	ova	ajr apsu	nso
(13)		-		(12)		_	other miscellaneo		0. 0. 2. /	-	Encapsulate Repair	6
			Yes	No	N/A							
Phases 6B-6D- Levels 1	Children and The Control					Transite	Panels		56 SF			
hases 6B-6D- Levels 1						Radiato	r enclsure liner		48 SF			
St Fl. Office Area Colum				Ø		Sprayed	on Fireproofing		40 SF	× I		
st Fl. Office Area Colu	mns 13G	&	<u></u>	Ø		Pipe ins	ulation		30 LF			
lame of Registered-Waste I	Hauler			20000	JDER		Cubic Yards of	Name of Regis	tered Landfill			
AbateTech, Inc.				H	auler I 1875	Managed III	Waste 40	G.R.O.W.S.	. Landfill			
City, State							Disposal Date	City, State			- Jan	
Lumberton, NJ							9/30/18	Tullytown,	PA			
Completed By (Print or Type	)	Title					Signature	1/	Date	е,	, ^	
Gwendolyn Trumbetti		OF	erati	ons (	Coord	inator		201/1	14	118	118	.

ASB-41

MAY 11

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

no Ch		NO			ON OF A	SB	BESTOS ABA C 8:60 and 5:		DE G	F	<u></u>	<u> </u>	
Date of Notification (1)  4 / 18	_ /	18	ė				Owner/Operator # 1802-5272	(2) Check #1	APR	2 (	) 20	)18	
☑ EPA ☐ Ini	Notification tial nended	on		4	eet Addres 000 Hadl , State, Zip	ey I			Aout	ČEVS	UNT SING	ROL	&
	endmen		•	100000000000000000000000000000000000000	outh Plai								TO CONTROL OF
	ergency tification		ing		ne of Conta		Jiu, No		Talaahaaa N				
1 D D D D D D D D D D D D D D D D D D D	ncellation			10	yan Thor		en		Telephone Nur 973-941-81				
							ORMATION		973-941-01	ວວ			
Name of Facility Where Abateme	nt is Tak	ing Pla	ce (3)	1.4	ACILITI	IIVI	ORWATION	Type of Facility	(4)				
PSE&G- Plainfield Gas Fa		3	(-)					School (K-1)					
Street Address								Subchapter	2) 8 (Other than K-1	2)			
40 Rock Avenue								Other (i.e., p	rivate and comme	ercial l	ouildir	igs,	
City (5)								homes, etc.	# of Floors	1.	21.1		
Plainfield, NJ 07036								Square reet	# Of Floors	1	Bldg. /	Age	
County (6)				Cor	inty Code	/7\/\$	TATE USE ONLY)	Current Hear (De					
Union				000	anty Code	(1)(3	TATE USE UNLY)		ior if being demol	ished)			
Name of Monitoring Firm Hired by	Building	Owner	(8)	ASCN	4 No	IN	lamo of Abatam	District Offi ent Contractor (9)					
NA	3		(=)	, 10011	. 110.	1"	AbateTech, I						
Street Address						-	treet Address	110.					
							30 Maple Ave	DO Poy 25					
City, State, Zip Code						+	ity, State, Zip Co						
							Lumberton, N						
Project Manager for Monitoring Fir	m		Tel	ephone	No	_	elephone No.	45 06046	I lianna Ma				
			-		-		609-265-2107		License No. 00529				
Start Date (10)	Sche	duled (	Comple	etion Da	ate (11)		ame of OSHA M		00323	-			
4/18/18	/_			7_ /			EMSL Analyti						
Occupancy Status During Abateme	ent (Che	ck only	one)				treet Address						
☐ Facility Closed/Vacated During	Entire Pe	eriod of	Abate	ment			200 Route 13	) North					1
☐ Abatement Performed Outside	of Norma	l Facilit	y Hou	rs - Des	scribe		ty, State, Zip Co						
Time of Abatement:AM-	P	M/	PM		_AM		Cinnaminson						
Scope of Work (Check all that appl	у)						18000	,					
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf			enovati emolitic				☐ Mini-Encl	Procedure	ative Pressure n-Friable Procedu				
		Is	Locat	ion				inprod ( ) dire i tor	- Habie i Toceda	1	otom	ont T	/00
Location of		32202	Vorma				Description of				_	ent T	
Asbestos-Containing Material (A TO BE ABATED	ACM)	10000000	d Sole intena				Containing Mate		Amount	Removal	Repair	nca	Enclosure
IN Facility		Cus	todial	Staff?	(1.6		surfacing, VAT,		(Specify SF or LF)	ova	¥.	sde	nso
(13)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(12)	T	-		ther miscellaneo		J. J. Z. /	-		Encapsulate	Гe
Exterior		Yes	No	N/A	Roof Fla	ash	ing		1,200 SF		П		
Exterior					Roof Ta					-	1		1
Exterior		_							130 SF		Ш	Ц	Ц
LACTION			ш		Root Wa	alki	ng Pads		600 SF				
Name of Desisters 114													
Name of Registered Waste Hauler				JDEP V			bic Yards of	Name of Registe	ered Landfill				
Environmental Transport Gr	oup		1/2/27/2		006920	4	0	G.R.O.W.S.					
City, State							posal Date	City, State					
Flanders, NJ 07836						4	/27/18	Morrisville,	PA				
Completed By (Print or Type)	Title						Signature	1	Dat	e,	_ 1	^	
Gwendolyn Trumbetti	0	perati	ons C	oordi	nator			m 10		4/1	81	18	

Ch 10072	NO	TIFIC	AT d	NOF A	SBESTOS A AC 8:60 and	BA	EMENT 6)	D_[	C	E		7 6
Date of Notification (1)  4 / 17 /	18				ing Owner/Opera Job # 1802-527		(2) Check #1	0072	APR	2 0	201	8
Agencies Notified  ☐ EPA ☐ Initial ☐ DOLWD ☐ DHSS ☐ Amende	ed		City,	et Address 100 Hadle State, Zip	ey Road Code			ASI	JESTO LIO	S CO ENSII	NTR VG	OL &
	ncy (includition)	ng	Nam	e of Conta			_	Telephone N				
Cancella			1	an Thon				973-941-8	3155			
Name of Facility Where Abatement is	Taking Plac	e (3)	FF	CILITT	NFORMATION	N .	Type of Facility	(4)				
PSE&G- Oakland Gas Facility Street Address 20 Van Dooren Drive							School (K-1	2) 8 (Other than K private and com	-12) mercial t	uildin	gs,	
City (5) Oakland, NJ 07436							Square Feet	# of Floors	E	lldg. A	ge	
County (6) Bergen			Cou	nty Code (	7)(STATE USE ONL	LY)	Current Use (P	rior if being dem	olished)			
Name of Monitoring Firm Hired by Buil NA	ding Owner	(8)	ASCM	No.	Name of Abat  AbateTecl		ent Contractor (9	)				
Street Address					Street Address	3	. PO Box 25					
City, State, Zip Code					City, State, Zip							
Project Manager for Monitoring Firm			phone		Telephone No 609-265-21			License No. 00529				
4 /16 /18		_ 30		ite (11) 18	Name of OSHA EMSL Ana							
Occupancy Status During Abatement (  Facility Closed/Vacated During Entir  Abatement Performed Outside of Not Time of Abatement:AM	re Period of ormal Facilit	Abate y Hou	s - Des	cribe AM	Street Address 200 Route City, State, Zip Cinnamins	130 Cod	de					
Scope of Work (Check all that apply)  ☐ ≥3 sf or ≥3 if ☐ ≥160 sf or ≥260 if	-	enovati emolitic			☐ Mini-E ☐ Glove	Enclo bag	Procedure	• x = 1000 proximation (100 proximation				
	le	Locat	ion		⊠ Non-E	xen	npted (*) and No	n-Friable Proce				
Location of Asbestos-Containing Material (ACM TO BE ABATED IN Facility (13)	) Use Ma Cus	Norma d Sole intena todial ( (12)	lly sly by nce/ Staff?		Description stos Containing ., thermal system surfacing, V/ other miscella	Matens in	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	et Encapsulate	e Enclosure
Exterior	Yes	No	N/A	Roof Fla	ashing			400 SF		П		П
Exterior				Tar & P	aper			50 SF				
Exterior				Roof Fla	ashing			270 SF				
Name of Registered Waste Hauler Environmental Transport Group	)	H	JDEP V auler ID NJD00		Cubic Yards of Waste 40		Name of Regis G.R.O.W.S					
City, State Flanders, NJ					Disposal Date 4/30/18		City, State Morrisville,	ΡΔ				
Completed By (Print or Type)	Title		0.50		Signature		\ /		Date		~	_
Gwendolyn Trumbetti	Operati	ons C	oordi	nator		(	MALK		4/1-	7/1	8	

no c/c		NO			N OF A	SBESTOS IAC 8:60 a	SABA		DE	C [		<u>M</u>	
Date of Notification (1)  4 / 14 /	_ 18	8		11.00		ing Owner/O <b>Job # 1802</b>		(2) Check #10	024	IPR :	2 0	2018	8
Agencies Notified  ☐ EPA ☐ Initial ☐ DOLWD ☐ DHSS ☐ DCA ☐ Lype Notified ☐ Initial ☐ Amend ☐ Lype Notified ☐ Initial ☐ Initial ☐ Lype Notified ☐ Initial ☐ Initial ☐ Lype Notified ☐ Initial ☐ Initi	ed ,	× 2	.)	City	et Address 000 Hadle , State, Zip outh Plai	ey Road			ASta	LOE	1 (1)	VTRO IG	DL &
DCA / Emerge / DEMERGE / DESTRICT / DEMERGE	ation)	iciaaii	ng		ne of Conta	TO SOURCE SET INC.			Telephone Nu	ımber	_		
☐ Cancell	500			R	yan Thon	nasen			973-941-8				
				F	ACILITY I	NFORMAT	ION						
Name of Facility Where Abatement is PSE&G- Plainfield Gas Facilit Street Address 40 Rock Avenue		g Plac	e (3)					Type of Facility School (K-12 Subchapter Other (i.e., p	2) 8 (Other than K- rivate and comm		ouildin	gs,	
City (5)								Square Feet	# of Floors	E	Bldg. A	ge	
Plainfield, NJ 07036 County (6) Union				Cou	inty Code (	T)(STATE USE	ONLY)	Current Use (Pr		olished)			
Name of Monitoring Firm Hired by Bui	ilding C	)wner	(8)	ASCN	1 No.			ent Contractor (9)					
Street Address						Abate	1	1C.					
/ Substitudinos						Street Add		. PO Box 25					
City, State, Zip Code		-				City, State	/						
						Lumbe	rton, N	J 08048					
Project Manager for Monitoring Firm			Tele	ephone	No.	Telephone			License No. 00529				
Start Date (10)	Sched	uled C	omple	etion Da	ate (11)	Name of C		onitor					
4 / 18 / 18	4		_24	1-1	18	EMSL /	Analyti	cal					
Occupancy Status During Abatement						Street Add	Iress						
☐ Facility Closed/Vacated During Ent ☐ Abatement Performed Outside of N Time of Abatement:AM	ormal	Facilit	y Hou	rs - Des	scribe AM	City, State	, Zip Co		-				
Scope of Work (Check all that apply)						Omman	11113011,	110 00077		-50 -50	-		-
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		⊠ Re □ De				□ M □ G	ini-Enclo lovebag	ainment with Neg osure Procedure opted (*) and Nor		ure			
			Locat								atem	ent Ty	уре
Location of Asbestos-Containing Material (ACN TO BE ABATED IN Facility (13)	1)	Use Mai	lorma d Sole intena odial ( (12)	ely by nce/	Asbe (i.e	Descristos Contain , thermal sy surfacino other miso	stems in g, VAT, o	erial (ACM) esulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Exterior		Yes	No	N/A	Roof FI	achina			1,200 SF				
Exterior					Roof Ta				1,200 SF			П	
Exterior				_					100000000000000000000000000000000000000		1		
-ANOTO	-				KOOT W	alking Pad	5		600 SF				
Name of Registered Waste Hauler				JDEP V	Nacto	Cubic Yard	o of	Name of Degist	ared Landfill		Ш	Ш	Ц
Environmental Transport Grou	р		H	auler ID		Waste 40	S OI	Name of Registe G.R.O.W.S.	ered Landilli				
City, State Flanders, NJ 07836						Disposal Da	ate	City, State	DA			-11.5	
Completed By (Print or Type)	Title					4/24/18		Morrisville,	annon-				
Gwendolyn Trumbetti		eratio	ons C	oordi	nator	Signat	ure	NY	D	ate 41	7	8	

nock		NC			ON OF AS	New Jersey SBESTOS ABA AC 8:60 and 5:		DE	C	E.		
Date of Notification (1)	17 /	18		200-0		ng Owner/Operator lob # 1802-5274	(2) Check #		APR	2 0	20	18
Agencies Notified  ☑ EPA ☑ DOLWD ☑ DHSS ☐ DCA	Type Notification ☐ Initial ☑ Amended ☐ Amendment ☐ Emergency	:# <u>2</u>	ng	4i City	eet Address 000 Hadle , State, Zip outh Plair	y Road Code		Acci	Lin	s (: ENSI	MG	ROL 8
(NJAC 5:23-8)	justification)		rig		ne of Conta			Telephone Nu	mber			
100° (1000 € 100° 00° ) - 90° (10° × 100° 0° 0° 0° 0° 0° 0° 0° 0° 0° 0° 0° 0°	☐ Cancellation	r		R	yan Thom	asen		973-941-81				
				F	ACILITY II	NFORMATION						
Name of Facility Where A	batement is Tak	ing Plac	ce (3)			Orani, trioit	Type of Facility (	(4)				
PSE&G- Oakland Ga Street Address 20 Van Dooren Drive			0/128				School (K-12 Subchapter 8 Other (i.e., pr	) (Other than K-1	2) ercial t	ouildir	ıgs,	
City (5)			-				homes, etc.) Square Feet	# of Floors	15	11-1-		
Oakland, NJ 07436							Square reet	# 01 F100FS		Bldg. /	Age	
County (6) Bergen		\	_	Cou	inty Code (7	7)(STATE USE ONLY)	Current Use (Price District Office		ished)			
Name of Monitoring Firm H	lired by Building	Owner	(8)	ASCN	1 No	Name of Abateme		:e				
NA	,		afortine.	10011	TINO.	AbateTech, I						
Street Address				-	_	Street Address	110.					
				753		30 Maple Ave	PO Box 25					
City, State, Zip Code		-			1	City, State, Zip Co	Street Security Continues of the					
-						Lumberton, N						
Project Manager for Monito	orina Firm		Tele	ephone	No	Telephone No.	40 00040	I Linoman No.				
Start Date (10)	RI					609-265-2107		License No. 00529				
4 / 16 / _	18	4	30		ate (11)	Name of OSHA M EMSL Analyti						
Occupancy Status During A					//	Street Address						
Facility Closed/Vacated	During Entire-Pe	eriod of	Abate	ment		200 Route 130	0 North					
Abatement Performed Co Time of Abatement:		l Facilii M/	PM-		0.00	City, State, Zip Co	de					
					_AM	Cinnaminson	, NJ 08077					
Scope of Work (Check all the state of the st	nat apply)	M p.	enovati			☐ Full Conta	ainment with Nega	tive Pressure				
⊠ ≥160 sf or ≥260 lf			emolitic			☐ Mini-Encl ☐ Glovebag ☒ Non-Exen		Friable Procedu	ire			
			Locat			garra sur saa			Ab	atem	ent T	уре
Location of Asbestos-Containing Ma		1	Norma ed Sole	,	Achr-	Description of tos Containing Mat		A 2000		-		
TO BE ABATE		100	intena		(i.e.	, thermal systems in	enal (ACM)	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)		Cus	todial ( (12)	Staff?		surfacing, VAT,	or	SF or LF)	val	=	lusc	sure
(13)		Yes	No	N/A	1	other miscellaneo	ous)				ate	
Exterior				×	Roof Fla	shing		400 SF				
Exterior					Tar & Pa	per		50 SF		П	П	
								00 01				
										П	П	
Name of Registered Waste I	Hauler			JDEP V	Vaste	Cubic Yards of	Name of Registe	red Landfill				
Environmental Transp	ort Group		120000	NJD0	006920	Waste 40	G.R.O.W.S. I					
City, State Flanders, NJ						Disposal Date 4/30/18	City, State Morrisville, F	PA				
Completed By (Print or Type	) Title	)			-	Signature		Da	ite ,	27		
Gwendolyn Trumbetti	0	perati	ons C	oordi	nator	CN	nd	1	1/1-	7//	8	

Ch10077	ろ		NO	TIFIC	AT C	State of OF A. ant to No	New Persey BESTOS ABA AC 8:50 and 5:	TEMENT (6)	DEC		[	$\mathbb{V}$	
Date of Notification (1)	10 /	4	0		1		ng Owner/Operator	(2)	#1802- 5265 (	R 2	0 2	018	
	18 /		8		K	opert wo	od Johnson Hos	spital / Job	#1802-5265	Check	#100	73	LI COLONIA DE LA
Agencies Notified  ☐ EPA	Type Notifi	cation	1		100000	et Address			ASILL	406 E	CH.	ROL	. &
⊠ DOLWD	☐ Amende	he					t Wood Johnson	Place		.IOEN			
☑ DHSS	Amendr	548	#			, State, Zip							
☐ DCA	☐ Emerge	ncy (i	ncludir	ng			wick, NJ 08901						
(NJAC 5:23-8)	justifica				1 200	ne of Conta			Telephone Nu	mber			
	☐ Cancella	ation			K	risten Bel	l		732-937-87	01			
					F	ACILITY II	NFORMATION						
Name of Facility Where A			ng Plac	e (3)				Type of Facility	(4)				
Robert Wood Johns	son Hospit	al						School (K-12					
Street Address									3 (Other than K-1 rivate and comm		uildin	ae	
One Robert Wood J	ohnson Pl	ace						homes, etc.)		Ci Ciai L	dildii	gs,	
City (5)								Square Feet	# of Floors	В	ldg. A	Age	
New Brunswick  County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished)													
County (6)					Cou	7)(STATE USE ONLY)	Current Use (Pri	or if being demo	lished)				
Middlesex Hospital													
Name of Monitoring Firm	Hired by Buil	lding	Owner	(8)	ASCN	1 No.	Name of Abateme	ent Contractor (9)					
Omega Environmen	ital						AbateTech, I	nc.					
Street Address							Street Address						
280 Huylar Street							30 Maple Ave	. PO Box 25					
City, State, Zip Code						-1	City, State, Zip Co	ode		-			
South Hackensack,	NJ 07606						Lumberton, N	NJ 08048					
Project Manager for Monit	oring Firm			Tel	ephone	No.	Telephone No.		License No.				
Geiser Fajardo				2	01-48	9-8700	609-265-2107		00529				
Start Date (10)	15	Sched	duled C	omple	etion D	ate (11)	Name of OSHA M	lonitor					_
_4 / _30 /	18		6_ /	1	1_/	18	EMSL Analyti	ical					
Occupancy Status During	Abatement (	Chec	k only	one)			Street Address						_
☐ Facility Closed/Vacated							200 Route 13	0 North					
Abatement Performed	Outside of N	ormal	Facilit	y Hou	rs - De	scribe	City, State, Zip Co	ode					
Time of Abatement:	AM	PI	W/	PM		_AM	Cinnaminson						
Scope of Work (Check all t	that apply)												-
≥3 sf or ≥3 lf			₹ <b>7</b> D.		•			ainment with Neg	ative Pressure				
\(\sigma \geq 160 \text{ sf or \geq 260 lf}\)			⊠ Re	movat			☐ Mini-Encl						- 1
							Non-Exer     Non-Exer	npted (*) and Nor	-Friable Procedu	ıre			
				Loca						Ab	atem	ent Ty	уре
Location o Asbestos-Containing M		• \		Norma	illy elv bv		Description of		-	Z,	D.	ū	ū
TO BE ABAT		1)	Ma	intena	ance/	(i.e.	stos Containing Mat ., thermal systems i	nsulation.	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility			Cus		Staff?		surfacing, VAT,	or	SF or LF)	val	-	lusc	sure
(13)			Van	(12) No	1	+	other miscellaned	ous)				ate	0
Exterior 2 <sup>nd</sup> Floor 58 B	uilding		Yes	No	N/A	Window	/ Caulk/glazing		300 LF				
Exterior 2 1 1001 00 D	unung		100			VVIIIGOV	/ Caulk/glazing		300 LF	-	닏		님
												Ш	
Name of Registered Waste	Hauler			1888	JDEP		Cubic Yards of	Name of Regist				0-	
AbateTech, Inc.					1875		Waste 12	G.R.O.W.S.	Landfill				
City, State							Disposal Date	City, State					$\neg$
Lumberton, NJ							6/11/18	Tullytown,	PA				
Completed By (Print or Typ	e)	Title	ß.				Signature	^		ate .	-		
Gwendolyn Trumbett	ti	0	perati	ons	Coord	inator	(2000)	A		4/1	81	18	

Ch 5934  Date of Notification (1)		NOTIF (F	Pursuant		y Jersey ESTOS ABA 3:60 and 12:	1	1				G APR	<b>尼</b>		\ <u>\\</u>	nt For
4/19/18								f Princeton	Univ	ersity					To State
Agencies Notified Type Notification			Street A	ddress Millan B	uilding					AGO.	1.676 1.164	S C ENS	ely MNG	TROI	- &
EPA Initial Amended Amendment	#			ate, Zip Co eton, NJ					ficini el la completa	edin stayment a.u	PROF. 11. App.	* * * *	renga" one	Filestopean	-
□ Emergency     justification)     □ DCA     □ Cancellation	(including	7	2.27	f Contact						phone I -258-		r			
					RMATION				000		1011	-			
Name of Facility Where Abatement is Takin Residence	g Place (	(3)						of Facility (4)							
Street Address								School (K-12) Subchapter 8 Other (i.e. priv	(Other			uild	ings,	home	es,
City (5) Princton								etc.) are Feet	# of I	Floors		BI 80	dg. A	ge	
County (6) Mercer			Code (7)		1	Curre	ent Use (Prior occupied Re	if bein		olished)				$\dashv$	
Name of Monitoring Firm Hired by Building (TTI Environmental, Inc.	)	ASC	И No.			of Aba	atement Contra es, LLC							$\neg$	
Street Address 1253 N. Church Street				Stre	eet	Addre									
City, State, Zip Code Moorestown, NJ				City	, S	tate, Z	Zip Code 19341								
Project Manager for Monitoring Firm		Т	Telepho		Tele	eph	one N	0.		License					-
Mike Keehn Start Date (10)	Schedul	led Cor		10-8800 Date (11)			872-8 of OSI	3884 HA Monitor		01161					
4/30/18	5/2/18				EM	0.000									
Occupancy Status During Abatement (Chec			eros Gar				Addre JS R	ss oute 130 N	orth						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: hours - 8 am - 4:30 p	nal Facilit	y Hours	S	julated	City	, S	tate, Z	ip Code son, NJ 08							
Scope of Work (Check All That Apply)								0011, 110 00							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demolii				×	Mir	Il Containment ni-Enclosure ovebag Proced	dure						
	15	s Locat	ion			_	1 INO	n-Exempted (	) and	Non-Fr	Table P		Abate	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normal ed Sole aintena stodial s (12)	ely by nce/	(i.e. t	Description Containing thermal system surfacing, Nother miscell	g M ems	lateria s insula T, or		(Sp	ecify or LF)	Zemova		Ty	e Encapsulate	Enclosure
D. II.	Yes	No	N/A											ate	е
Bath room 207A	X			Linole	um	1		90	SF	X	-	_			
Name of Registered Waste Hauler		IJDEP W		Cubic Yards	3		Name of Re	gistere	ed Lanc	dfill					
Waste Management of New Jersey	H	lauler ID		of Waste 5			GROWS	a resistante de la composición de la c		- 8047.0					
City, State Trenton, NJ					Disposal Da TBD	ite		City, State Morrisville	e, PA					-	7
Completed by Joe White	Title Proje	ect Ma	anager		Signatu			it a	)		Date 4/19/	18			

2 18,03:54p			29					15	E	P		N W
Ch 1175		P	AI				DC1		<u>La</u>	API	0.1	2018
Date of Monflication (1) 04/02/2018	N	2. 111 000	State of blowd on OF ASBEST	and 12:12	0)	<u></u>		14	Ast.		Me C	L VIROL SING
Agencies Notified Type Notific	-4		of Building Own ERICO COL	LINS	(2)		AF	- Toward	7	7-	1	+
EPA Ditigi DEP Armend Armend	ed mant g ncy (including for)	City S ENG	Andrews LEWOOD, not Contact ERICO	W.07631			VER A			YE.		+
Name of Facility Where Abatement is T			ILITY INFORMA	ATION		·- <u></u>		me i comi	nas		001	
Street Address	-119 71000 (3)				Eutoch	( <-1:)	ther than K	-12)	_			
CNY (5) ENGLEWOOD, NJ. 07631					Other etc.)		a & domine	rclai	build	ngs, h	1097/68	
County (5) BERGEN		Courty (#7A7E	Code (7)		2200 Current Use	-	of Fleors 2 sing demok	shed	8 9	ig. Ag 97	-	
Name of Menhoring Firm Wired by Buildi N/A	ng Owner (8)	ASCA	f No.	Nameo	Annio	P		-				_
Street Address				Street A	D EAST!	VVIRO	NMENT	ALL	LC.			Boomsey to b.
City, State, Zlp Code	- Commercial Commercia		7	7126.	51st, 3T			2000				]
Project Manager for Monthsting Pirm	-	Telephor	e No.	NORT	H BERG	4. NJ.	07047					1
Start Date (10)				201-7	% No. 76=0642		Usensa / 1300	Vo.				1
namannia	Scheduled m	nnn lasia a m	man de de	1								
04/03/2018	Scheduled C D4/03/201	empletion C	ate (11)	Name of ENVIP	OSHA Men	· Mic.		-			_	1
O4/03/2018  Occupancy States During Abstracts (Chillips Feolity Closed/Vecated Ouring Entire Abstracts For Feolity Closed/Vecated Ouring Entire Control of Cont	sch Only One)		ate (11)	Street Ad 108 LII	GERTY SI	- MiC.						
O4.03/2018 Occupancy Status During Abstract (Chi Facility Glosed/vacated Ouring Energ Abstract Parformed Outside of Not Other - Describe: Scope of Work (Check All That Apply)	sch Only One)		mie (11)	Street Ad 108 LII	U-PROB	- MiC.						
Occupancy Status During Abstract (Chi Psolity Closed/Vacated Ouring Engra Abstract Parliamed Outside or Not Other - Describe:  Scope of Work (Check All That Apply)	sch Only One)	mank re	mie (11)	Street Ad 108 Lill City, State MET UC	O-PROBI DERTY SI BERTY SI JEP Code CHEN N. Pull Contact Mini-Encional Glovebse Si	neri: with						
O4.03/2018 Occupancy Status During Abstament (Chi Facility Closed/Vecated Outing Entire Abstament Performed Outside of Not Other - Describe: Scope of Work (Check All That Apply) 23 of or 23 or 2160 of or 2260 of	Renov  Renov  Renov  Renov  State of Abate  Renov  Renov  State of Abate  Renov  Renov	enset established	mite (11)	Street Ad 108 Lill City, State MET UC	GRATY SI CHEN N.	neri: with			209 da			
O4.03/2018  Occupancy Status During Abstament (Chilipsell Considered Ouring Entire Abstament Ferformed Ouring Entire Abstament Ferformed Outside or Not Other - Describe:  Scope of Work (Check All That Apply)  23 sf or 23 sf 2160 af or 2260 sf 2160 af 21	Renov  Is Laces  Normal  Used Bols  Maligana	ation  ation  by by by hop	Dess.	Street Ad 108 Lill City, distant MET Un	dress dress desp desp desp desp desp desp desp d	nen: with re sociative and (1) and	Non-Friabl		Abel	ing termen	e	
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Cecupancy Status During Abatement (Chi Peolity Closed/Vecated Ouring Entire Abatement Performed Outside or Not Other - Describe:  Scope of Work (Check All That Apply)  23 of or 23 F 2160 of or 2260 ff  Location of Asbestoz-Containing Material (ACM)  ID BE ABLATED In Facility (13)  BASEMENT  BASEMENT  Arms of Registered Weste Hauter RISTATE ASSOC.	Renov Derrol  Is Lace Normal Used Sole Maintains Custodiel (12) Yes No	ation  ation  ation  ay by hy hoar  N/A	Asbestos Conte (i.e. thomai ii suriod ottos mi	Street Ad 108 Lill City, distant METUR MET	C-PROBI  dress  JERTY SI  ZIP Code  CHEN N.  Pull Conta:  Mini-Enciol  Glovebag I  Non-Exemp  iel (AC NO  ulation.	nen: with re socilure and (*) and	Non-Frizabi	Removal be	Abel	yps		
Cecupancy Status During Abatement (Chi Peolity Glosed/Vecated Ouring Entire Abatement Performed Outside or Not Other - Describe:  Scope of Work (Check All That Apply)  23 of or 23 F 2160 of or 2200 ff  Location of Asbestos-Containing Material (ACM)  IN BE ABSTED In Facility (13)  BASEMENT  BASEMENT  PLANTATE ASSOC.  by State RONX, NY.	Renov Derrol  Is Lace Normal Used Sole Maintains Custodiel (12) Yes No	ation  ation  ation  N/A  DEP West	Asbestoe Conbine (i.e. themself of the street of the stree	Street Ad 108 Lill City, district METUR ME	C-PROBI dress BERTY SI BERTY SI DEPT COME CHEN N. Pull Contact Mini-Enclose Glovebag F Non-Exempt Man-Ex	nent with re sociative and (*) and (Sp. SF (*)	Non-Frizabi Tount Redity or LP	Removal be	Abel	yps		
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page 1

		State of IV	CW JC	iscy - Noth	ication of A	spestos	Abatem	nt L	
_Ch30	99		(Purs	SUPPO N. A.	C. 8 60-7 and	2:120-7)	Proceedings of the Control of the Co	) ) [	GEUVEN
Date of Notification (1) April 12, 2018				batal fished by	Name of Build	ding Owne	r/Operator (2		APR 2 0 2018
Agencies Notified		Notification	Type		Bloomfiel		ge		77
_				ification	Street Addres 467 Frank		et 📙		SEESTOS CONTROL &
		Amend	ed Cert	tification	City, State, Zi	p Code		71	LICENSING
DCA x DOL		Emerg	gency	(including	Bloomfiel	d. N.J.	07003		elegiptusken film i sinse etter upp han sjörfaner vilken upper forest krjustust upper sen et lægter
X DEP		justific	ation)		Name of Cont			Tele	ephone Number
X DOH		□ Cance	lled		Jack Mc G				3-748-6656
Name of Facility Many At an				FACILITY IN	FORMATION				
Name of Facility Where Abate Bloomfield College-	Schweit	tzer Hall			Type of Facility  School (K-1				
Street Address					Subchapter		an K-12)		
18 Austin Place							ommercial bui	dinas h	nomes etc.)
Secretary and the second					Sq. Feet: 2	2.000 #	of Floors:	Blda	. Age: 50+ years
<u>City (5)</u>	County (6	mate.		y Code (7)		*****		Diag	
Bloomfield	Essex		(State	Use Only)	Current Use (p	orior if bein	ng demolishe	d):	
Name of Monitoring Firm Hire	d by Bldg.	Owner (8)	ASCM	No.	Name of Contra				
Envirovision, inc.					GREENWO	OD ABA	TEMENT (	ONS	ULTANTS, INC.
Street Address					Street Address				
20-21 Wagaraw Road	, Bldg #	‡ 35E			Edd Main o	TDEET			
City, State, Zip Code					511 MAIN S City State, ZipC				
Fairlawn, NJ 07410					Butler, NJ 0				
Project Manager for Monitoring	g Firm	Telephone N	umber		Telephone Num			Licer	nse Number
Fred Larson		973-636-9	145					Licei	ise Number
Scheduled Start Date (10)		Scheduled C	omplotie	n Data (44)	973-492-047	0.7.0		008	40
May 8, 2018		May 14 <sup>th</sup>	2018	on Date (11)	Name of OSHA	Monitor			
5 (2)		10-0-0-0-0-1 No. 10-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-			EMSL Inc.				
Occupancy Status During Al	patement (	Check only or	ne)		Street Address				
Facility Closed/Vaca	ted During	g Entire Perio	d of Ab	atement	4050 04-14				
Abatement Performed Describe	Outside o	i Normal Facil	ity Hour	'S -	City, State, Zip				
Other - Describe: No	n-Occu	inied			City, State, Zip	Code			
	0000	.p.ou			Piscataway	, NJ 088	54		
Source of Work (Check all that	apply)								
≥ 3 sf or ≥ 3 lf							Full Cont	ainmer	nt with Negative Pressure
≥ 3 si or ≥ 3 if ⊠≥ 160 sf or ≥ 2				IXI Renovat	ion		⊠ Min	i-Enclos	sure
M≥ 160 St 0t ≥ 2	100			Demolition					ag Procedure
							x Non-Exen	pted (*	f) and Non-Friable Procedure
							x Wrap & C	Δt	
Location of Asbestos-Containing Material (ACM) in Facility (13)		cation Normally		Description of Ast	estos Containing	Material	Amou		Abatement Type
material (NOW) III acility (13)		ly by Maint./Cu:	stodiai	VAT, or other mis	al systems insulat	tion, surfaci		fy SF	Remove Repair Encap Enclose
	YES		NA	Viti, or other mis	ceii.)		or LF)		Kemove Kepali Elicap Eliciose
Dining Hall & RA		X		TSI			120'		
Apartment		X		VAT & Mastic			400 s	f	
							1 700 8	"	
Name of Day 11									
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		e Hauler	ID#	Cubic Yards of				of Registered Landfill	
Hauler #1) Greenwood A		See Below	ite Inc	- Butlor N LO	7405	20	Disposal Da	100000000000000000000000000000000000000	dowfill Landfill
NJ DEP # 125	61	, 1110	– Duller, NJ 0	1405		May 14,		City, State Route 2, Box 68	
Hauler #2) Newark Cartin		Newark NI	14500	NI DED # 10551			.a.dy 1-7, 2	.010	Bridgeport, WVA
Completed by (Print or Type)		itle	7307,	10 DEI # 19331	Signature			Dete	304-842-2784
Marin Graure		SENIOR PR	OJEC	т		0		Date Apri	il 12, 2018
		MANAGER		>.4	Marin (	Graur	re	Ahij	12, 2010

## CK 4563

											-	-	
Date of Notification (1)		Na	me of B	Building Ow	mer/Oper	rator (2)		1	a E C			W	
9/16/18					< \	20	ANDW	10 4	7			aya, ata ara	-
Agencies Notified Type Notification		Su	eet Add	iress		1977			7)	- ^		0040	,
☐ EPA ☐ Initial ☐ Amended		Cit	ty, State	, Zip Code	I	500000000000000000000000000000000000000			L AP	R 2	U -	2012	
DOL Amendment #_			"	RITTH	ERT	FORK	J. NJ	. €	07070		· · · · · · · · · · · · · · · · · · ·		
DOH Emergency (incl justification)	uding	Na	me of C	Contact				Tele	phone Numbe	<b>(</b> -/-/-	A	*****	Z. J
☐ DCA ☐ Cancellation		H	15.	ZDAN	sow?	102		i					
		1	FACIL	ITY INFO	RMATIC	ON	ype of Facility (4	`					-
Name of Facility Where Abatement is Taking Plac			O 143	1-7								8	.
Street Address	2 DF	4 10	<u> </u>	162			Subchapter 8	(Other t	than K-12)				
Sueet Address						P	Other (i.e. pr	ivate &	commercial bu	iilding	s, hon	ies, et	c.)
City (5)		7		٤		So	quare Feet	# of	Floors	Blo	lg. Ag	e 4 6	2
RUTHERFORD				-			1800		2		17	4	
County (6)			ounty Co			: C	urrent Use (Prior	if being	demolished)	_			
BERGEN		(ST	TATE US	SE ONLY)					ENCE				_
Name of Monitoring Firm Hired by Building Own	er (8)		ASCM	No.		Name of A	Abatement Contra	actor (9)					
						Best Street Ado	Removal	Inc					$\dashv$
Street Address									Ctroo	F			
C' Cut Zin Code							outh Ri	ver	Stree				$\neg$
City, State, Zip Code					1		nsack,	N.T. (	7601				1
Project Manager for Monitoring Firm		Te	lephone	e No.		Telephone		140	License No.				
Troject Manager for Property			•			201-3	29-7444		00388	3			
Start Date (10)	cheduled C					Name of (	OSHA Monitor						
4/27/18		/28	3/17	7		Omega	Enviro	nmei	ntal				
Occupancy Status During Abatement (Check Only	One)		,			Street Add							
☐ Facility Closed/Vacated During Entire Period	- Ilieux TX	2.5			1		uyler S z; Zip Code	tree	et				-
Abatement Performed Outside of Normal Fa	S: 0	oft	1		_			a a a l	- NT T (	776	06		ĺ
Scope of Work (Check All That Apply)						South	Hacken	Saci	C, NJ	110	00		
≥3 sf or ≥3 lf	Ren	novation	n				Full Containme	nt with l	Negative Press	sure			
□ ≥160 sf or ≥260 lf		nolition					Mini-Enclosure		ā.				
						0	Glovebag Proce Non-Exempted	(*) and	Non-Friable F	roced	ıre		
	Ic I	ocation	,								Abate		8
Location of	No	rmally			Des	cription of					Ту	pe	$\vdash$
Asbestos-Containing Material (ACM)		Solely itenance		Asbest	tos Conta	ining Mate	erial (ACM) on, surfacing,		amount Specify	R		En	四
TO BE ABATED In Facility	B 87 (800 000)	dial Sta	iff?	(i.e. then	1	VAT, or			For LF)	Removal	Repair	Encapsulate	Enclosure
(13)		(12)			other n	niscellaneo	us)			val	ir	ılate	ure
	Yes	No	N/A										
BASEPLENT				THEL	MAC	1485	LATION	٤	35LF	×			
		_											
	<del>                                     </del>			-									П
Name of Registered Waste Hauler		NII	DEP W	aste	Cubic '	Yards	Name of	L Register	ed Landfill			_	-
rante of regioned water name.			uler ID		of Was	te ,		170		9899		2	
Best Removal Inc			1710	)9	D:	2 %20	7 Mine City, Stat		Enter	pri	ses	<u>,                                    </u>	LLC
City, State					Dispos	30/1	9		01	т /	468	0	
Hackensack, N.J. 07601 Completed by	Title					ignature	○   Wayn	_	irg, OI	-	400	1	
J. Maiorano	Esti	imat	tor			V	Parcha	u		41	16	119	)
o. Halolano	Liot	LIIIA	CUL			$\wedge$	+						
ASB-41 (R-06-08)						V * D	Oo not use this fo	rm for a	sbestos licensu	ire exe	mptec	activ	ities.

	Chall	23		NOTIF (P	ICATION	ate of New NOF ASB to NJAC	ESTO:	BABATE	MENT 0)	Г	<u>D</u> -	E C	) [F		W	E	
	te of Notification (1)					f Building			3.00					_	0040	1	
	16/18					as Kelle	r Priv	ate Hor	me			AP	H 2	U	2018	1	Land )
Age	encies Notified	Type Notification			Street A	ddress										1	
X	EPA	☑ Initial		-	011 01				- 5/							11 &	
×	DEP DOL	Amended Amendment	4	1		ate, Zip Co		000		1	Date of the second participation of	entralmonton entral -	JOL	SSIN	G		
100	0.0000000	Emergency (i		_		Bottom N	NJ 08	008			1=.						
M	DOH DCA	justification) Cancellation			Tom	f Contact					Tel	enhone	Nim	hor			
Ц	DCA	Cancellation				I ITY INC	ODMA	TION			_						
Nar	me of Facility Where A	batement is Taking	Place (	3)	FACI	LITY INFO	UKWA	IION	Typ	e of Facility	(4)						
	nomas Keller Priva		•							School (K-	700						
Stre	eet Address								X	Subchapte Other (i.e.	r 8 (Othe				dings,	home	es,
City	(5)		***						Sau	etc.) are Feet	# of	Floors		B	ldg. A	ne	
	nip Bottom NJ 080	008								00 +	2	1 10013			5+	gu	
Cou	unty (6)				County	Code (7)				rent Use (Pr	ior if bei	na dem	olish				
0	cean					USE ONLY	)		10000	ouse			0.1.01.	-,			
Nar N/	ne of Monitoring Firm A	Hired by Building C	wner (8)	)	ASCN	A No.		1	of Ab	atement Co	ntractor	(9)					
Stre	eet Address		3199.2					Street	Addre Box								
City	, State, Zip Code				1			1 10 10 10 10 10		Zip Code rlin NJ 08	091				1-27	5.	
Pro	ject Manager for Moni	toring Firm		1	Telepho	ne No.		Teleph	0.0000000000000000000000000000000000000		001	Licens	se No			_	
					85					-9800		0072					
	rt Date (10)				npletion	Date (11)				SHA Monitor							
2000	25/18		5/2/18					Sam									
	cupancy Status During		-5	50				Street	Addre	ess							
×	Facility Closed/Vaca Abatement Performe Other – Describe:							City, S	State, 2	Zip Code				T			
Sco	pe of Work (Check All	That Apply)				-		1									
	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				<u> </u>	M G	ull Containm lini-Enclosur lovebag Pro on-Exempte	e cedure					е	
			Is	Locati	ion										Abate	ement	
	Location Asbestos-Containing I	Material (ACM)	Use	Normal ed Sole iintenai	ly by		tos Co	escription	// ateria		Aı	mount			Ту	pe m	
	TO BE ABA In Facilit (13)			todial S (12)		(i.e.	surf	al system acing, VA miscellar	T, or			pecify or LF)		Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A									al	•	ate	re
	1st				х			floor tile	9		70	00 SF		х			
L	2nd floor bed	drooms			х			floor tile	9		70	00 sf		x			
							100										
Nan	ne of Registered Wast	te Hauler		98 833	JDEP W			c Yards		Name of	Registe	red Lan	ndfill				
	ited Roll Off			853	lauler ID 2459	IVO.	of W	asie		G.R.O							
	, State n NJ					Dispo 5/2/	osal Date 18		City, Stat Morris		A 1960	)					
Con	npleted by		Title					Signature	9	1			Dat	9			
Ant	hony T Perna		Pres	ident				/	0			-	4/-	6/18	3		

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

Check 35 # 10335

Date of Notification (1)	4.10	10		Name	of Building Ov	/ner/Opera	tor (2)	-	TAIL	E ()	F	1-1	W-F
Agencies Notified	Type Notification	- 10		Chrost		(3)	工	2 Ve	nture	- S		THE STREET	had the
□ EPA	<b>⋉</b> Initial	te gree		#s s	Address 70	N. M	ain S	treet		AP	R 2	0 20	)18
DEP DOL	<ul> <li>Amended</li> <li>Amendment</li> </ul>	#		City, S	State, Zip Code	1			677	1 1			
★ DOH	☐ Emergency justification)	(including		Name	of Contact	Man	_ /\	٠	0771	I	-		ROL
□ DCA	☐ Cancellation			70	e Kun	رو '			732	757	87	JYG	l novementur
Name of Facility Where	Ahatement is Takin	n Place (3)		FA	CILITY INFOR	MATION	T=		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			_	
Stone	Building		,				1000	Facility (4)	. 70		:	-5344 (2713	2 2 30 %
Street Address	Darioni	)						thool (K-12)	) (Other than	K-12)			
500	Main ?	TRee	+				□ Of etc	her (i.e. pri	vate & comm	ercial l	building	s, hon	nes,
City (5) Belm		7		19 <u>1</u> 01	719		Square		# of Floors		Bldg.		
County (6)	-			County	Cude (7)		Current	Use (Prior	if being dem	olished	)	Ot	_
Monm	outh			(STATE	USE ONLY) _		Sto	Res		01101100	,		
Name of Monitoring Firm	Hired by Building (	wner (8)		ASC	M No.	Nam	e of Abate	ment Contra	A 8		8		
Street Address	- Intelle	3163			MA	Street	et Address	186	hnol	190	25	Ir	16
City, State, Zip Code	30x 3	37					30. E	ox 3	37	9			
New E	tavi	N2	8	98	533	City	State, Zip	Code	£ 11	7/	יפר	5.3	3
Project Manager for Moni	ri g Firm		T	Telepho			ohone No.	JII	Licens	e No.	20	M	
Start Date (10)	- THE THE	Scheduled	i Cor	npletion	758-33 Date (11)		of OSHA	3365 Monitor		<u>U</u>	3		
April	30,4018	Ma	4		2018				nologie	, <	Tor		
Occupancy Status During						P	t Address	2	~				
Facility Closed/Vacat  Abatement Performe	ed During Entire Po	eriod of Ab	aten	nent		Cify	State, Zip (	Box .	337				
Other - Describe: _						A.	lew Eg	vode	417	00	157	27	
Scope of Work (Check All	That Apply)					1 6		19pi	700	U	353	2	-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			nova				□ Full C	ontainment	with Negativ	e Pres	sure		
2 2100 31 01 2200 11		Dei	molit	ion		40		nclosure pag Proced					
		Ι			1	٦	Non-E	xempted (*	) and Non-Fr	iable P	15,7007		
Location	v.f	17 (275)	ocati mall				120					ement ype	t
Asbestos-Containing M	laterial (ACM)	Used : Maint	Sole	y by	Asbestos C	Description Containing I	Material (A	CM)	Amount			T	
TO BE ABAT In Facility		Custoo	dial S			mal system urfacing, VA	is insulation	٦,	(Specify SF or LF)	7 6	Re	Encapsulate	Enc
(13)		(	12)			er miscella			0, 0, 1,	Kemova	Repair	sule	Enclosure
		Yes	No	,N/A						-		ite	0
Roof		X			Boot	ing Mo	ateria	1	35005	FX			
	**					7		•		1			
						A CO							
Name of Registered Waste	(F)		1	IDEP Wauler ID		bic Yards Naste	1 6	)	istered Land				
EPC Tect	mologies			700		40		Vaste	Manage	ene	to	e P	A
City, State New Eq.	0	15			Dis	posal Date	Ci	ty, State No <i>nni S</i> i		PA			
Completed by	Kan	Title	٠, ١	+		Signature		. )		Date		) (	
teve Schen	INER	Pres	de	nr		26	copy	Check	-	4	-18	5-1	0

Printed	State of New Jersey	
IL)	TIRICATION OF ASBESTOS ABATEMENT	
	(Pulsuant to NJAC 8:60 and 12:120)	
	/mg \	

Date of Notification (1)	led.		Name	of Buildir	ng Owner/C	nerator	(2)						
April 17, 2018				n, Inc.	ng o mion	perator	(2)	In E		1	1 W	E	3
Agencies Notified Type Notification	n		The second secon	Address					3 1/3/		j ()	15	-11
EPA Initial			РО Во	x 151				Im					
DEP X Amended	•			tate, Zip	Code				APR 2	0	201	8	11
DOL Amendme			Therese Manager		J 08876								Server
DOH Emergenc		ng		of Contac				Teleph	oneNumb	ner i		Nothing Make	1
DCA Cancellation			Projec	t Mana	aer			973.6/	11-1736	1941 1941	NTR NG	OL 8	ķ
Name of Facility When All 1					NFORMATI	ON		5/5-02	+1-1730		e a real	A STATE OF THE PARTY OF	
Name of Facility Where Abatement is Tak	ing Place	(3)					Type of Facility	(4)		_			
Ethicon Street Address							School (K-	12)					
							Subchapte	r 8 (Other th	nan K-12)				
Route 22 W							Other (i.e. etc.)	private & co	mmercial	buil	dings	hom	ies,
City (5)							Square Feet	# of Flo	oors	E	Bldg. A	ae	
Somerville									3			3-	
County (6)				Code (7)			Current Use (Pri	or if being of		d)			
Somerset			(STATE	USE ONL	.Y)	-			cility				
Name of Monitoring Firm Hired by Building	Owner (	8)	ASC	M No.		Name o	of Abatement Cor	ntractor (9)	Omey				
AET, Inc							ACK Group, L						
Street Address						Street /							
220 Church Street						1500 K	ings HWY N,	STF 209					
City, State, Zip Code							ate, Zip Code	0.2.200	9			<u>cuertau</u>	
Bridgewater, NJ 08807					(		Hill, NJ 0803	4					
Project Manager for Monitoring Firm		Telepho	ne No.		Telepho			ense No.					
Project Manager			(908) 2			973) 7	59 - 5000	007	781				
Start Date (10)	Schedu	ıled Co	mpletion	Date (11	)		f OSHA Monitor		-				
11/17/17			11/17/	18	-	The MA	CK Group, L	LC.					
Occupancy Status During Abatement (Che						Street A							
Facility Closed/Vacated During Entire	Period o	f Abate	ment		11	500 K	ngs HWY N,	STE 209					
Abatement Performed Outside of Nori Other - Describe:	nal Facili	ty Hour	rs				ite, Zip Code						
						Cherry	Hill, NJ 08034	1					
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	X	Renov				$\times$	Full Containme	ent with Neo	ative Pres	Sur	Α.		
2100 St 01 2200 II	$\boxtimes$	Demol	ition			X	Mini-Enclosure		,	,oui			
						Ŕ	Glovebag Proc Non-Exempted	edure (*) and Non-	Eriable Dr	2004	uro		
		s Locat	ion					( ) and Hon	1 Habie I I		Abate	ment	
Location of		Norma	lly		Doco	ription c	_				Тур		
Asbestos-Containing Material (ACM)		ed Sole aintena		Asbes	stos Contai	ning Ma	terial (ACM)	Amour	nt				
TO BE ABATED In Facility		stodial		(i.e	e. thermal s	ystems i	nsulation.	(Speci	87 18	D	TI I	Encapsulate	ш
(13)		(12)			other mis	ng, VAT,	or ous)	SF or L	F)	Removal	Repair	apsı	Enclosure
			T						1	2	air	late	ure
I 'I DI	Yes	No	N/A									CD.	
Inside Bldg		X		\	/AT, Mas	stic & C	arpet	TBD					
ATC Basement Mechanical Room	$\times$			Me	echanica	Pipes	fittings	5	Ś	2			
ATC Building 1AU2 MR				_"_			-	$\rangle$		-			
3		-				6	/	/					
Name of Registered Waste Hauler	LLDEDIN		10111										
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lewark Carting	222:			0.1	BFI Impe	rial I andf	ill						
City, State					Disposal		City, State		111				-
lewark, NJ						17/18	Imperial,		3				
Completed by	Title	31632-0011		-		nature	miperial,	10120	Date				
lichael Cooper				Henry	15//-	:	4/17/1	Ω					
	Presid	A CONTRACTOR							[mg/   / /				

Date of Notification (1)				Name	of Buildin	a Owner	/Operator	(2)	7 3	C E	1	V//	5 F	1
200	ary 14, 2018			A CONTRACTOR OF THE PARTY OF TH	n, Inc.	ig Owner	/Орегатог	(2)		Arm 1	1 - 1		711	
Agencies Notified	Type Notification				Address				/4					111
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DEP	Initial Amended				tate, Zip	Code		3-1	bn.				1	*
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DOH DOH	Emergency justification)		g		of Contac		,			Falakh	41 44			
DCA	Cancellation			As w	t Manag			laterage		Telephone		er	ALL STATES	214-32
			2000		CILITY IN		TION		9.	73-641-	1736			
Name of Facility Where	Abatement is Takir	g Place	(3)			OTTO	TON	Type of Facili	tv (4)					
Ethicon								School (						
Street Address										ther than	K-12)			
Route 22 W								Other (i.e	e. privat	e & comm	nercial	ouildir	igs, hoi	mes,
City (5)								etc.) Square Feet						
Somerville								Oquare reet	#	of Floors		Bla	g. Age	
County (6)				County	Code (7)			Current Hea /	Deine if t	3				
Somerset					USE ONL			Current Use (	PHOI II E			)		
Name of Monitoring Firm	Hired by Building	Owner (8	3)	ASC	M No.		Name	of Abatement C	Contract	Facilit	ty			
AET, Inc				1 00000	101.111.00		Covered and the			or (9)				
Street Address							Street A	ACK Group,	LLC.					
220 Church Street							27.00.17.00.77.00.70.70.70							
City, State, Zip Code								ings HWY I ate, Zip Code	V, STE	209				
Bridgewater, NJ 0880	07													
Project Manager for Moni				Telepho	one No		Telepho	Hill, NJ 080	134	Tares				
Project Manager	/		18-1108	2	The second			Licens						
Start Date (10)		Schedu			Date (11)			59 - 5000 f OSHA Monite	0.5	00781				
11/17/17	7			11/17/			Access conserved							
Occupancy Status During	Abatement (Chec	k Only O	ne)				Street A	CK Group,	LLC.					
Facility Closed/Vaca	ted During Entire F	eriod of	Ahatar	nont			The state of the s	ngs HWY N	LOTE	200				
Abatement Performe	d Outside of Norm	al Facilit	y Hours	3			City Sta	ite, Zip Code	N, 51E	209				
Other - Describe:								Hill, NJ 080	24					
Scope of Work (Check All	That Apply)						Officity	11111, 145 000	34					
≥3 sf or ≥3 lf		X	Renova	tion			X	] [ 0+-:			_			
≥160 sf or ≥260 lf			Demolit				X	Full Contain Mini-Enclosu	ment wit ire	n Negativ	e Pres	sure		
							X	Glovebag Pr	ocedure					
		Ι				-	X	Non-Exempte	ed (*) and	Non-Fria	ble Pro			
Location	- 5		Locati Normal										atemer Type	nt
Asbestos-Containing I	Material (ACM)		d Sole		Ashor	De tos Cont	scription o	f terial (ACM)			-	-	Type	-
TO BE ABA	TED	N 22 (1986)	iintenai todial S		(i.e	thermal	systems in	terial (ACM)	100	Amount Specify		,	m	т
In Facilit (13)	у	Cus	(12)	itaii?		surfa	cing, VAT,	or		F or LF)	Nemova	Re	Encapsulate	Enclosure
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		Yes	No	N/A							=	-   -	ë	Ф
Inside BI	dg		X		V	AT M	astic & C	`arnot		TDD	1	/		
ATC Basement Mec	hanical Room	V	/ \		1000		7.00 - 55		-	TBD	-(	> -	-	
, o Daddillone Micc	ATC Basement Mechanical Room						al Pipes	fittings		_5	_ >			
								5.22-10-2-2						
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City, State				222.	55	Dienos	0.1 al Date	BFI Imp		andfill				
Newark, NJ						City, Sta								
Completed by					1/17/18	Imperia	I, PA 1							
Michael Cooper		Title Presid	ent			Sį	gnature	19/_			Date			
200001		i resid	CIII			ra-a-a-a				2	/14/18	3		

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

Date of Notification (1)				Name	e of Buildin	g Owner/C	Operato	r (2)		7 (6) 16	n n	II Is	J	
	nber 16, 2017			100000000000000000000000000000000000000	on, Inc.							/ li		111
Agencies Notified	Type Notification	on			t Address				-3					
EPA	Initial				ox 151					APR	2 n 20	10		
DEP	Amended Amendme			City, S	State, Zip (	Code		le,	L.	AFR	211 (1)	10	- Contraction	4
	∠ Emergence	y (includi	ng	Some	rville, NJ	J 08876					abot on 1727 - 319	- Landerson	-	
DOH DCA	justificatio	n)	1170	Aller on	of Contac				A	Telephor	eNumbe	rUL	ä	-
	Cancellati	оп			ct Manag			Letter 24		73-641	-1736		sympatysty et	aru-
Name of Facility Where	Abatement is Tak	king Place	(3)	FA	CILITY IN	FORMATIO	NC	Tuna of F	Pr 740					
Ethicon								Type of Faci	22 37 32					
Street Address								School	(K-12)	Other than	16 400			
Route 22 W								Other (	i.e. priva	other than ate & comm	n K-12) nercial b	uildin	as hou	mes
City (5)								etc.)						
Somerville								Square Feet		# of Floors	S	Bldg	. Age	
County (6)				County	y Code (7)			Current Hea	(0.1	3				
Somerset					USE ONLY	r)		Current Use	(Prior if					
Name of Monitoring Firm	Hired by Building	g Owner (	8)	ASC	M No.		Name	of Abatement	Contrac	Facili	ty			
AET, Inc						-		ACK Group						
Street Address								Address	), LLC					
220 Church Street								Kings HWY	N CT	E 200				
City, State, Zip Code							City S	tate, Zip Code	11, 51	E 209				
Bridgewater, NJ 0880						(		Hill, NJ 08						
Project Manager for Moni	toring Firm			Teleph	one No.		Teleph	one No.	034	Licen	se No.			
Project Manager		74.7		(908) 2	218-1108			759 - 5000		0078				
Start Date (10)		Schedu	ıled Co	mpletion	Date (11)			of OSHA Moni	tor	0070	1			
11/17/17				11/17/	18	Т	he M	ACK Group	LLC					
Occupancy Status During								Address	,	1200,000				-
Facility Closed/Vaca	ted During Entire	Period of	Abate	ment		1	500 K	ings HWY	N, STI	E 209				
Abatement Performe Other - Describe:	d Outside of Nori	mai Facili	ty Hour	S			City, St	ate, Zip Code						
Scope of Work (Check All	That Analy)						herry	Hill, NJ 080	034					
≥3 sf or ≥3 If	mat Apply)							_						
≥160 sf or ≥260 lf			Renova				2	Full Contain	nment w	ith Negation	ve Pressi	ure		
_			Demon	uon			S	Mini-Enclos Glovebag P	ure					
		_					$\geq$	Non-Exempt	ted (*) ar	e nd Non-Fria	able Proc	edure		
		1	s Locat									Distriction	temen	t
Location of Asbestos-Containing N	of Naterial (ACM)	Us	Normal ed Sole			Desc	ription o	of	1			T	уре	_
TO BE ABA	TED .	M	aintena	nce/	Asbest	tos Contain thermal sy	ning Ma	iterial (ACM)		Amount			Ш	01:02
In Facility (13)	1	Cus	stodial S (12)	Staff?	(1.6.	surfacin	g, VAT	. or		(Specify SF or LF)	Rer	R	nca	Enc
(13)		<u> </u>	(/	_		other mis	cellane	ous)		o. o. c. ,	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A							<u>ai</u>	1	ate	ē
Inside Blo	dg		X		\//	AT, Mas	tic 2 C	Carnot		TDO		,		
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Name of Desistant 111														
Name of Registered Waste	Hauler		20000000	J DEP W auler ID	777	Cubic Ya		Name o	f Regis	ered Land	Ifill	1		director.
ewark Carting			п	222.		of Waste	BD	DELL						
City, State						Disposal		BFI Im		Landfill				
ewark, NJ							7/18	- 10 mm		15100				
Completed by		Title					ature	Imperia	u, PA	-	Date			
lichael Cooper		Presid	lent				-	15//-				7		
											1/16/17			

 $<sup>\</sup>ensuremath{^{\star}}$  Do not use this form for asbestos licensure exempted activities.

CK 3159		NOTIF (F	TCATIO	tate of New NOF ASBES TO NJAC 8:	STOS ABA	TE:120	MENT			E.	(C, [	3 1	Ŋ	Prir	t Fo
Date of Notification (1) 04/10/18 Che	eck #31	59		of Building O		ator	(2)			Δ.	IPR 7	2.0	20	18	1
Agencies Notified Type Notification  EPA Initial				Address (amena St	t					ASti				ROL	&
DEP Amended Amendment				ate, Zip Code ew, NJ, 07					Philipping party	mara non interes s	Estate de la constante	- 1 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. 4:40	COLUMN	
DOH justification)  DCA Emergency justification  Cancellation			Name of Victor	of Contact						phone N -240-9					
Name of Facility Where Abatement is Takir Our Lady of Grace School	g Place (	3)	FAC	ILITY INFOR	RMATION		Туре	of Facility (	4)						
Street Address 400 Kamena St.							R	School (K-1 Subchapter Other (i.e. p etc.)	8 (Othe	r than K comme	(-12) ercial bu	ildinç	gs, h	omes	5,
City (5) Fairview							Squa 3,00	re Feet 10+	# of	Floors		Bldg 50+	_	е	
County (6) Bergen			(STATE	Code (7) USE ONLY)			Sch				lished)			***************************************	
Name of Monitoring Firm Hired by Building N/A	Owner (8)	)	ASCI N/A	M No.			of Aba Servic	itement Con es	tractor (	9)				ene V	
Street Address N/A					- 1		Addres 39th s	2.5							
City, State, Zip Code N/A								ip Code g, NJ, 070	093						
Project Manager for Monitoring Firm N/A			Telepho N/A	one No.			one N 295-1			License 10174					
Start Date (10) 04/21/18	Schedule 04/23/		npletion	Date (11)	Nar N//		of OSI	HA Monitor							
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire R			nent		Stre N//		Addres	SS							
Abatement Performed Outside of Norm Other – Describe:	nal Facility	/ Hours	S		City		tate, Z	ip Code							
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If ≥160 sf or ≥260 If		Renova Demolit			,	×	Mir Glo	I Containme ni-Enclosure ovebag Proc n-Exempted	edure				ure		
Location of	1	Locati Normal	ly		Descripti	ion	of					D2500000	atem Type	100000000	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	d Sole intena todial S (12)	nce/	(i.e. the	s Containing ermal syste surfacing, other miscel	g M ems VA	aterial insula T, or		(Sp	ount ecify or LF)	Remova	Kepair		Encapsulate	Enclosure
Machine Room	Yes	No X	N/A	Δ	Asbestos	FIF	OWE		1	LF		X	1	Te	0
				7	(3003103)		OUVS		41	LI		^			
												-			
Name of Registered Waste Hauler Tri-State Transfer Associates		Н	JDEP W auler ID 9551	No.	Cubic Yards of Waste N/A	3		Name of R Minerva			fill				
City, State Bronx, NY					Disposal Da ΓBD	ite	8850	City, State Waynes		ЭH					
Completed by Gina Betances	Title Office	e Mar	nager		Signati	ure	BI	Duras	1		Date 04/10/	18			

Ch4566	58	(P	EATION Ursuant	ate of New Jersey OF ASBESTOS to NJAC 8:60 and	ABATE!   12:120)	40		D-E-C	E,	] [V	7 [5	
Date of Notification (1)		1	Name of	Building Owner/O	perator (2		0	J L. AIII	C U	201	0	
Agencies Notified Type Notification			Hreet Ad	PAUL	KYCA	UAN	6614		(*************************************	4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	ON VICTOR	
		3	street Ad	ujess				ASSES	t tu ENSI	JUTA ING	OL 8	
☐ EPA		(	City, Stat	e, Zip Code	- W. W.		Beeca	THE PARTY NAMED IN COLUMN TWO IS NOT THE PARTY NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED				
DOL Amendment #_		_	-A	FAIRLAU	. لد	NO	70,2	7410				
DOH justification Cancellation	uaing	7	Name of	Contact R. K.A.	VANG			Telephone Number	ar.			
Name of Facility Where Abatement is Taking Place	e (3)		FACIL	ITY INFORMAT	ION	Type of I	Facility (4)					$\neg$
MR. PAUL ICRAI		16E	n.			□ Sch	nool (K-12)					.
Street Address						□ Sul	ochanter 8 (	Other than K-12) rate & commercial b	uildinį	gs, hon	nes, et	c.)
City (5) FAIR LAWN						Square F	eet O O	# of Floors	BI	ldg. Ag		>
County (6)			County C		2.4			being demolished)				
BERGEN		- (		SE ONLY)				5,03 N C	9=			
Name of Monitoring Firm Hired by Building Owner	er (8)		ASCM	I No.	Name	of Abatem	ent Contrac	tor (9)				
			L		Bes	t <u>Rem</u> Address	oval	Inc.				
Street Address							h Riv	er Stree	t			
City, State, Zip Code				***************************************		tate, Zip C		er peree	L			$\neg$
	47				Hacl	kensa	ck, N	IJ 07601				
Project Manager for Monitoring Firm		1	Telephon	e No.		one No.		License No.				
					201	-329-	7444	0038	8			
Start Date (10)	chedule		etion Da			of OSHA						
S/z//8 Occupancy Status During Abatement (Check Only	Onel	21	3/1	ζ	Ome	ga En Address	viror	mental	-	_		
		tamant					er St	reet				
Facility Closed/Vacated During Entire Period  Abatement Performed Outside of Normal Fac  Other – Describe:	ility Ho	entre		4.	City, S	tate; Zip C	ode	ack, NJ	276	06		
Scope of Work (Check All That Apply)					Doa	LII II a	CKEIIS	ack, No	210	00		
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf		Renovati Demoliti			-8	Mini-	Enclosure bag Proced	with Negative Pressure				
						Non-I	Exempted (	*) and Non-Friable F	roced			
		s Location								Abate Ty		
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use M	Normall ed Solel aintenar stodial S (12)	y by nce/	Asbestos Cor (i.e. thermal sys		faterial (Ad lation, sur		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A									
BASEMENT/CRAWL SPACE			+	THERMA	1480	Atio	. ~	100 LF	۲			
Name of Registered Waste Hauler			JDEP W		Yards	. [	Name of Re	egistered Landfill				
Best Removal Inc		Н	auler ID 171(	)9			Miner City, State	va Enteri	pri	ses	,_1	الم
Hackensack, NJ 07601				2	5/2/	18	Wavne	shurg, OF	<u>1</u> 4	468	8	
Completed by	Title				Signature			Dat Dat		Al	- /	. 0
J. Maiorano	Es	tima	tor		<u>\</u>	100	محدة.	$\supset \bot$	1	4/1	7/1	8
ASB-41 (R-06-08)		1000 - 100 -				* Do not u	se this form	n for asbestos licensu	ıre exe	empted	activi	ties.

Date of Notification (1) 04-03-18		NOTI	FIGATIC Pursuar Name	State of New DN OF ASBES Int to NJAC 8: Of Building Openstein Pro	STOS AB :60 and 1: wner/Ope	2:120)			E ((	*********		2018		D
Emer justifi	ı	g	101 E City, S Little Name	Address East Main S state, Zip Code Falls, NJ 0 of Contact Burkart	е				lephone	Numbe	SIN er		L &	ner se reiner
E danc	Cilation			CILITY INFOR	MATION			(9	73) 256	0-664	4	-		
Name of Facility Where Abatement i Commercial Property Buildin Street Address 101 East Main St.	s Taking Place g # 4	(3)		SILITY IN ON	MATION		ype of Facility (    School (K-1   Subchapter Other (i.e. petc.)	2) 8 (Oth	er than I & comm	K-12) ercial b	uild	ings, h	ome	es,
City (5) Little Falls						Sc	uare Feet	# 0	f Floors		Blo	dg. Ag	е	
County (6) Bergen				Code (7)		Cu	rrent Use (Pri	or if bei	ng demo	olished				
Name of Monitoring Firm Hired by Bon N/A Street Address	uilding Owner (8	3)	ASC	M No.	D		batement Cor ontracting L		(9)					
A STANCE CONTRACTOR CONTRACTOR					100000	22 7th								
City, State, Zip Code							, Zip Code ity NJ 0708	7						
Project Manager for Monitoring Firm			Telepho	one No.		lephone			License 01206					
Start Date (10) 04-05-18	Schedu 9-05-1		mpletion	Date (11)	1.00000000		SHA Monitor ontracting L	LC						
Occupancy Status During Abatement					Str	eet Add	ress							
Facility Closed/Vacated During I Abatement Performed Outside o Other – Describe: 7:00 am- 5:00	f Normal Facilit	Abater y Hour	nent s		City		Zip Code	The state of the s				8		
Scope of Work (Check All That Apply		T/C			· Ui	nion C	ity NJ 0708	7						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	<b>K</b>	Renova Demolit		1	15	* C	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure						
	1.00	Locati	1570303					and the second				batem		
Location of Asbestos-Containing Material (AC TO BE ABATED In Facility (13)	M) Use Ma Cus	Normal ed Sole aintenar todial S (12)	ly by nce/ Staff?	s	Descript Containing ermal system surfacing, ther misce	g Mater ems insi VAT, or	ulation,	(S	nount pecify or LF)	Kemoval		Type Cilcapsulate	T	Enclosure
1st Floor	Yes	No	N/A		Dino Ino	ulotion		440	0.15	_	+	- "	+	
10111001		X			Pipe Inst	ulation		110	00 LF	X	1			
											+		+	
Name of Registered Waste Hauler Delfa Contracting LLC		1000	JDEP Wauler ID		ubic Yards Waste	s	Name of R							
City, State			35240	0	20		Tullytow	n Res	ource	Reco	ver	y Fac	ility	
Jnion City, NJ				71 63	isposal Da 04-301		City, State Tullytown	n, PA						
Completed by aime Delgado	Title Proj.	Mana	ger.		Signati	ure /	8		7.1	Date 04-03	-18			

	1	LNO.	TIFICAT	State of ION OF A	SBESTO	SARATE	EMENT ai 1						
Date of Notification (1)	2/	1	(Hursua	ant to NJA	AC 8:60 a	and 12:12	20)	eal		1171	74	0	
4/16/18	4	L	Vai	e of Buildii ravapilla	ng Owner i Raiest	r/Operato waran	r (2)			E .	n n		
Agencies Notified Type Notification	n			et Address		waran		HD).	E (1)	E.		/ [	
EPA   Initial   Amended													
DOL Amended Amendme	nt#			State, Zip ort Hills N		70			APF	2 (	20	18	
DOH Emergenc	y (includi	ing		e of Contac		/8							
DCA Cancellation			1 22 2	ina Dowr				├─ <del></del> -Te	lephone I	Viimhe	r	in in	P,
Name of Facility Where Abatement is Tak	D	(0)	FA	CILITY IN	FORMA	TION		kinese			and the second second	William Market	THE PERSON NAMED IN COLUMN
house	ing Place	e (3)					Type of Facility	(4)					
Street Address  City (5)							School (K. Subchapte X Other (i.e. etc.)	er 8 (Oth	er than K & comme	-12) rcial bi	uilding	s, ho	mes,
Short Hills						-	Square Feet 2300	# o	f Floors		Bldg.	Age	
County (6) Essex			Count (STATE	y Code (7) E USE ONL	y)		Current Use (Pr	rior if bei	ng demol	ished)			
Name of Monitoring Firm Hired by Building	Owner (	(8)	ASC	CM No.		Name	of Abatement Co	ontractor	(9)	0			
Street Address						Street .	Address						
City, State, Zip Code							Sox 483, 4 E (	Jate D	rive				
Project Many 6							wood, NJ 074	418					
Project Manager for Monitoring Firm			Teleph	one No.		Telepho			License	No.			
Start Date (10) 4/25/18	Schedu 5/4/18	uled Co	mpletion	Date (11)			of OSHA Monitor		703				
Occupancy Status During Abatement (Chec	k Only C	One)				Street A	Address						
Facility Closed/Vacated During Entire   Abatement Performed Outside of Norn Other – Describe: basement	Period of nal Facili	Abater ty Hour	ment s				ate, Zip Code						
Scope of Work (Check All That Apply)													
23 sf or ≥3 lf	×	Renova	ation			×					7,		
≥160 sf or ≥260 lf	- Control	Demoli				Ê	Full Containme Mini-Enclosure Glovebag Prod	edure					
	ls	s Locat	ion				Non-Exempted	(*) and	Non-Fria	ole Pro		e emen	
Location of Asbestos-Containing Material (ACM)	30,00	Normal ed Sole			Des	cription o	f					ре ре	L
TO BE ABATED	Ma	aintena	nce/	Asbes	tos Conta	aining Ma	terial (ACM)		ount			Ш	
In Facility (13)	Cus	todial 8 (12)	staff?	(	surfac	ing, VAT,	or		ecify or LF)	Remova	Repair	ncap	Enclo
W 2 18	Yes	No	N/A		otner m	iscellane	ous)		63906	oval	pair	Encapsulate	Enclosure
Basement			Х		flo	or tile		350	SF	х			
1													
Name of Registered Waste Hauler			JDEP W		Cubic Y	ards	Name of R	ogistava	-11 - 1511				
Tony's Cleanup & Hauling			auler ID 7787	No.	of Waste		Chrin Br			ILL			
City, State Freehold					Disposa	I Date	City, State						
Completed by	Title				TBD		Exton PA	4					
A. Scott Higgins	Presi	dent			Sig	nature	1_		Da:	te 16/18			

4/16/18

Date of Notification (1)	PA	7	NOTIF	Ursuan	N OF ASI t to NJAC	BESTOS 8:60 an	ABATE d 12:120	0)	CL	ecl		5	41	)	
4/16/18					ia Hanse		Operator	(2)		7 E	G F	П	W	F	In .
Agencies Notified  EPA DEP  DOL	Type Notification    Initial			City, St	Address		50		di Panana		APR 2	0 6	2018	1.73	
ĭ DOH	Emergency justification	(including	_		ewood N	000 10000 000	50			Tolo	nhone Nur	nhar	· ** cruments	- Thisboom	-
DCA	Cancellation			Donn						_JA:5	phone Nur	niper,	FPOI	- &	
Name of Facility Where A	Abatement is Takir	na Place (	3)	FAC	ILITY INF	ORMAT	ION	Type of I	Engility //	1)	AND PROPERTY.	-			0.500
house Street Address								Sch	ool (K-12 ochapter er (i.e. pr	2) 8 (Othe	er than K-12 commerci		dings	, hom	ies,
City (5) Ridgewood								Square F	eet	# of 2	Floors	1000	3ldg. <i>i</i> 34	Age	
County (6) Bergen					Code (7) USE ONL	0		N. C.	Jse (Prio		ig demolish				
Name of Monitoring Firm	Hired by Building	Owner (8	)	ASCI	M No.			of Abatem Environ			(9) ces, LLC				
Street Address								Address	450	- t - D					
City, State, Zip Code							City, S	Box 483, tate, Zip C wood, N	ode		ive				
Project Manager for Moni	toring Firm			Telepho	one No.		Teleph	one No. 764-227	200		License No.	Э.			
Start Date (10) 4/26/18		Schedul 5/5/18		mpletion	Date (11)		Name	of OSHA	Monitor					-21:2	
Occupancy Status During	Abatement (Ched						Street	Address							
Facility Closed/Vaca Abatement Performe Other – Describe: b	ed Outside of Norn	Period of nal Facilit	Abaten y Hours	nent s			City, St	tate, Zip C	ode						
Scope of Work (Check All  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	That Apply)		Renova Demolit				×	Mini-Ei Gloveb	nclosure ag Proce	edure	Negative P			e e	
			Locat										Abate	emen	t
Location Asbestos-Containing I TO BE ABA In Facilit (13)	Material (ACM) TED	Use Ma	Normal ed Sole intena todial ( (12)	ly by nce/	Asbes (i.e.	tos Cont thermal surfac	scription aining Ma systems bing, VAT niscellane	aterial (AC insulation Γ, or	CM)	(Sp	nount pecify or LF)	Remova	Repair	e Encapsulate	Enclosure
		Yes	No	N/A								=		ate	e e
Baseme	ent	-		X		pipe	insulat	ion		120	) SF	х			
Name of Registered Wast	e Hauler		l Ni	IDED IA	lasta	Costs	V								
Freehold Cargate	o i idulei		Н	JDEP W auler ID 5939		of Was		4 1000			ed Landfill Landfill				
City, State				0909		Dispos	al Date	Ci	ty, State		20.10111		-		
Freehold Completed by		Titl-				TBD		В	irdsbor	о РА					
A O THE I		Title				Si	ignature	//			Dat	е		1	

President

A. Scott Higgins

## NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:50 and 12:120)

Date of Notification (1)			` ئا	God		Grinden-111			( the	el	11	10	t Y		
4/13/18				Name Plvm	of Building outh Ro	Owner/ock Man	Operato	r (2) ent Com	nany of	NIE	(C, [	Ę []	W	E	m
Agencies Notified	Type Notification	1		Street	Address	or war	agome	311 00111	parry of	别馬	Up l	L.s. 1)	اویا دو سومر ریاب	1	
EPA DEP	× Initial				30x 902							0.0	2011	3	
× DOL	Amended Amendmer	it#			tate, Zip Co oft, NJ C						APR	2 0	LUI		Leave
X DOH	<ul><li>Emergency</li><li>justification</li></ul>	(including	9		of Contact	71100				Telen	hone No	imbor	, we	/\1 Q	1-
DCA	Cancellatio				Hartpend	се			-	908	996-6	642	iniih ING	UL 0	
Name of English When A				FAC	ILITY INF	ORMAT	ION		i de la constant de l	eyeneste menester in	1.7.	- man trace	gard Chinaritis	CHAT HOUSE CO.	
Name of Facility Where A house	batement is Taki	ng Place (	(3)					Type of	Facility (4)	)					
Street Address								Sch	nool (K-12	)					
								X Oth	ochapter 8 er (i.e. pri	vate & c	than K-1 commerc	ial bui	ldings	, hom	ies,
City (5) Milltown								Square F	1	# of F	loors		Bldg.	Age	
								2200		2			72		
County (6) Middlesex				County (STATE	Code (7) USE ONLY,	)		Current l	Jse (Prior	if being	demolis	hed)			
Name of Monitoring Firm I	Hired by Building	Owner (8	)	ASCI	M No.			of Abatem Environ							
Street Address								Address	mentar	Service	es, LL		-0727		
City, State, Zip Code							PO E	3ox 483,		te Driv	'e				
Oity, Otate, Zip Code								tate, Zip C		0			H		
Project Manager for Monit	oring Firm			Telepho	ne No			wood, N	IJ 0741			L			
	•		гоюрно	710 110.			764-227	6	1000	icense N '03	10.				
Start Date (10)				mpletion	Date (11)		50,000,000	of OSHA I							
4/23/18		5/4/18													
Occupancy Status During Facility Closed/Vacate							Street	Address							
Abatement Performed  Other – Describe: ba	d Outside of Norr	nal Facility	/ Hours	S			City, St	tate, Zip C	ode						
Scope of Work (Check All	That Apply)														
≥3 sf or ≥3 lf	33.1 25.5	×	Renova	ation			×	1 - 5 0-				20			
× ≥160 sf or ≥260 lf			Demolit					Mini-Er	ntainment nclosure		egative F	ressu	re		
								Gloveb	ag Proced cempted (1	dure	on Erich	la Dua	a a di i		
		Is	Locati	ion				14011-12	(cripted (	) and N	OII-FIIAL	le Pro		ement	-
Location o	f	1	Vormal	ly		Des	cription	of						ре	
Asbestos-Containing M TO BE ABAT	laterial (ACM) FD	Ma	d Sole intena	nce/	Asbest	os Conta	aining M	aterial (AC	M)	Amo				ш	_
In Facility		Cus	todial S (12)	Staff?	(i.e.	surfac	systems ing, VA1	insulation Γ, or		(Spe		Rem	Repair	ncap	Enclo
(13)		-	(12)			other m	iscellan	eous)				Remova	oair	Encapsulate	Enclosure
		Yes	No	N/A										ite	Œ
Basemer	Basement						oor tile			480	SF	х	-		
												-			
Name of Registered Waste	Hauler		1000	JDEP W	TOTAL STREET	Cubic \	/ards	Na	me of Re	gistered	Landfill	L			
Tony's Cleanup & Hau	ıling			auler ID 7787	No.	of Wast			hrin Bro						
City, State Freehold			,			Disposa TBD	al Date		y, State xton PA					=========	
Completed by		Title					gnature		ALOII FA		Da	to			
A. Scott Higgins		Presi	dent				J. 131010	11	~		1000000	те 13/18	3		

Ch4514		TON ()	<b>IFICAT</b>	ION OF AS	BESTOS ABATE C-8:60 and 12:1	MENT 20		PR	2 0	201	18			
Date of Notification (1)			Na —		ling Owner/Operato	OT (2) NTERP	RISES				М.			
Agencies Notified Type Notifica			St	reet Addres	s	LAMSAS			NSI	vG_				
DOL Amendme	ent#_ cy (inclu	ding	Cit	y, State, Zip			W,T							
DOH justificati			Na	me of Conta	unY		Telephone Nun	nber		14.4				
				ACILITY IN	FORMATION									
Name of Facility Where Abatement is T	eking Pl	ace (3)			К	Type of Facil	-12)							
Street Address						Subchapt Other (i.e. homes, e	er 8 (Other than K-1 , private & commerc	2) aal bu	ilding	s,				
City (5) BRIGANT	INF	-				Square Feet	# of Floors	E	Bldg.	Age ) +				
County (6)			Co	ounty Code SE ONLY)	(7) (STATE	Current Use (	Prior if being demol	shed)			_			
Name of Monitoring Firm Hired by Building Owner  (8)  Street Address  Name of Abatement Contractor (9)  KEMCO IMC.  Street Address														
Street Address	Street Address  369 S FRU(F													
City, State, Zip Code	- TO TO TO -													
Project Manager for Monitoring Firm	roject Manager for Monitoring Firm  Telephone No.  City, State, Zip Code  WAYLE SHADE N. 7 080  Telephone No. License No.													
Start Date (10) Sci	nodulod.	Compl	otion D	ate (11)	856-)7 Name of OSHA	9-0472	-0011	14			_			
4-23-18 4	30	-18	•	ate (11)	•	vionitor VIII	4							
Occupancy Status During Abatement (Cl X Facility Closed/Vacated During Entire					Street Address									
Abatement Performed Outside of Norm  Other - Describe:					City, State, Zip C	ode	*		==		_			
Scope of Work (Check all that apply)											_			
23 sf or ≥3 lf ≥160 sf or ≥260 lf	R	enoval emolitic	ion on		☐ Mini-End ☐ Gloveba	losure g Procedure	egative Pressure							
	Is	Location	on	Γ	Non-Exe	mpted (*) and N	on-Friable Procedu	1	Abate	mont	_			
Location of		lormally d Solel			Description of			'	Typ					
Asbestos-Containing Material (ACM)	Mai	intenan	ice/		os Containing Mate		Amount			ш				
TO BE ABATED IN Facility		Staff?	11	(i.e., i	hermal systems in surfacing, VAT,		(Specify SF or LF)	Ren	Re	ncap	Encl			
(13)	Yes	(12) No	N/A		other miscellaneou	us)		Removal	Repair	Encapsulate	Enclosure			
SIDING		110	X		RAUSITE		22505F	X		$\dashv$				
Name of Registered Waste Hauler		IN	JDEP V	Vaste T	Cubic Yards	Name of Regi	stered Landfill				$\dashv$			
KLTMO ANC			390	Nº/ .	of Weste	_AC	UA.							
City, State  MAPLE SHADE N					Disposal Date	City, State	SAUTTUILLE	-						
Completed By Title MrCHACL VICULUM	PR	17			Signature	ani-	Date			8				

ASB-41

Ch4514



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

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APR 20 2018

								1 -			100	TO 11	j
Date of Notification (1)	13-18			T	Name of Bui	Iding Owner/Ope	erator (2)						_
Agencies Notified	Type Notific	ation		-		MASE	ENTER	PKI.	its			1187	N R
□ ₽A	19pe Nounc	auon		1	Street Addre		011.1 5.40	la ano				5.3	
I∏ be₽	Amende	d		-	27. 21.	1401 Au	RKAMSAS	S CH	E			-	
DOL	Amendm	ent#		1	City, State, Z				~				
<b>⊠</b> DOH	☐ Emergen justificat	cy (inch	uding	L			IC CITY	W	.1				
DCA	Cancellat			1	Name of Con			T	Telephone Nu	mber		3.1	
						MOL		_					
Name of Facility Where	Ahatement is T	aking D	laco (2		FACILITY	NFORMATION							
10	ESIDEN	CI	iace (S	))			Type of Fa	, ,	)				
Street Address	EJIVIJ	CE	_				_   School	(K-12)					
							X Other (i	e priva	Other than K- ate & comme	12)			
City (5)							homes,	etc.)	ate a comme	ciai d	ullain	gs,	
	ic Mar						Square Fee		# of Floors	T	Bldg	Age	0
- DK	ic Antim	LE					1500		2		5	9+	
County (6)					County Code	(7) (STATE	Current Use	(Prior	if being demo	lished	1)		
- HIU	ANTIC			. ] '	ISE ONLY)		I_VA	CAN	IT		,		
Name of Monitoring Firm (8)	Hired by Buildi	ng Own	er	AS	CM No.	Name of Aba	tement Contracto	vr (9)					_
New York	NIA							INI	_				
Street Address	7					Street Addres							_
						369		11/1	AUE				
City, State, Zip Code						City, State, Zir	Code	VIE	THUE				
						WID	PLE S	HUD	E N.	x 2	100	-	,
Project Manager for Moni	toring Firm		TTe	lepho	ne No.	Telephone No.				1 4	امرر	25	_
				•		856-7		- 1 '	License No.	111			
Start Date (10)	Sci	neduled	Comp	letion	Date (11)	Name of OSH			_004.	14			=
4-73-18		4-				. Traine or oor	AA	ıΛ					
Occupancy Status During	Abatement (CI	neck on	v one		)	Street Address	<u> </u>	A					_
Facility Closed/Vacated	During Entire	Period o	f Ahat	ement		Sueet Address	5						
Abatement Performed (	Outside of Nom	nal Facil	ity Ho	ire		<u> </u>							
Other - Describe:			,			City, State, Zip	Code		ń.				
Scope of Work (Check all	that apply												
ocopo di Troik (Orieck all	ulat appiy)					□ Eull C	antainment	I1'	_				
≥3 sf or ≥3 lf		□R	enovat	tion		☐ Mini-E	ontainment with h	vegativ	e Pressure				
∑≥160 sf or ≥260 lf			emolitic	on		Glovel	pag Procedure						
		I la	Location		Т	Non-E	xempted (*) and	Von-Fri	able Procedu	re			
			omali							F		ment	
Location of		Used	Sole	y by		Description of	of	1.			Ту	е	
Asbestos-Containing Mat TO BE ABATED			ntenan ustodia		Asbesto	s Containing Ma	aterial (ACM)	1	Amount			m	
IN Facility	2	1	Staff?		(i.e., t	hermal systems surfacing, VAT	insulation,		Specify	R	ש	nc	E
(13)			(12)			other miscellane		5	For LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	NIZA	1			1		Val	=	ulat	ure
		160	140	N/A								•	
SIDING	5-			X	1	RAWSIT	E	13	60 31-			$\neg$	
								10	00 01-		$\dashv$	$\dashv$	$\dashv$
								-	+	$\vdash$	-	-	$\dashv$
		$\vdash$						-					
ame of Registered Waste I	Jardar.			055									
	_			DEP \		Cubic Yards	Name of Reg	istered	Landfill				
	NC		17	59	04 1	of Waste	I AC	DI	7				
ity, State						Disposal Date	City, State	<u> </u>					=
MAPLE SHU	DE N.	)					PLEM	SAAL	TVILLE				
ompleted By	Title					Signature	1000	JI WU			_		=
LICHTACL CLOW	144	PRI	: 2			M-1	11 Km		Date -	3-1	8		
							-			,	<u> </u>		

Date of Notification (1)		No	(4	State of New J ICATION OF ASBES Pursuant to NJAC 8:6	TOS ABA 0 and 12:1	20)	The state of the s	(i)_E	$\mathbb{C}^{n}$	E		V/ _
Agencies Notifield   Type Noti	ication			Name of Building Own	Ph /	r (2)		I A	IPA	2 ()	20	18
EPA Initia DEP	ded dment # ency (inclu	ding	- [	City, State, Zip Code School A	0. Ba	080	/9 80	Telephon	e Num	iber		2.71
Name of Facility Where Abatement is Ta	Ling Place (	2)	-	FACILITY INFORM	ATION			16	c 9	S	05	4
Street Address  City (5)	>	]				☐ Subc	ol (K-12) hapter 8 (		-12) ercial b	ouildin	es, ho	mes.
County (6)			I Con	inty Code (7)		Square Feet	t	# of Floors		В	ldg. Ag	
Name of Monitoring Firm Hired by Buildin	- 0 //		(ST)	TE USE ONLY)		Current Use	(Prior if	being demol	ished)			
Street Address	ig Owner (8		A	SCM No.	Street A	ddress	Ahala	entent	12	ú7:]i	j TIZTI	/(
City, State, Zip Code	11				City, Sta	2 1002 re, Zip Code 1.01.150		Ten F	TILL.	<u>گ</u>		-
Project Manager for Monitoring Firm  Start Date (10)	Schedu	ĺ	1,070	Date (11)	Telephon	ie No.  OSHA Monit	0916	License	がで No.			
Occupancy Status During Abatement (Check  Facility Closed/Vacated During Entire F Abatement Performed Outside of Normal Other – Describe:	ariad as At	atement	7/	18	Street Add	iress		12				_
Scope of Work (Check All That Apply)  □ ≥3 sf or ≥3 if  ≥ 160 sf or ≥260 if		Renovation Demolition	ת נ			Full Containr Mini-Enclosu Glovebag Pro Non-Exempte	ire cedure					
Lecation of Asbestos-Containing Material (ACM)	Use	Location formally d Solely b	y	Descr	iption of		1	TVOIPT TIADIC	Floce	Aba	tement ype	
In Facility (13)		intenance odial Staff (12)		Asbestos Contain (i.e. thermal systems VA other mis	ing Matena s insulation, T, or cellaneous)	, surfacin <u>e</u>	(5	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
out site				Siding			250	20 SF		4	6	
										1	-	
ne of Registered Waste Hauler		NJDEF Hauler 208	ID No	te Cubic Yards	5	Name of R	egistered	Landfill				4
State	Title			Disposal Dai	D	City, State,	ot Who	ra on P	) 			
Jeph 1 Hill.	v. Rit	ziden	L,	3.5hdct		13	•	Date	1/	3/	18	1

Date of Notification (1) Agencies Notified  Agencies Notified  Agencies Notified	1	State of New Pirication of ASB (Pursuant to NJAC)	and 12:1	[20]		GE		V E	
G EPA G Initial		Street Address	Delp	OK) 19	ASSE	,	0 20		
DOH Amender	nent#_	City, State, Zip Code	<u>V. 120</u>	- 01		LIGEN	SING	TOL &	
U DCA   U Cancella	tion	Name of Contact		080	,	one Num	ber		
Name of Facility Where Abatement is Takir	g Place (3)	FACILITY INFOR	MATION	Type of Facility (	60	9 8	75	49	42
City (5)	,			School (K-1:  Subchapter 8  Other (i.e. pri	2)	K-12) mercial bi	uildin <u>es</u>	iomes	elc )
County (6) Salam	Co	ounty Code (7)		odnate Leet	# of Floor	rs		. Age	
Name of Monitoring Firm Hired by Building C	100	ASCM No.	1	Current Use (Prior i		olished)			$\dashv$
Street Address  City, State, Zip Code			Street Add	ress	or (9)	Lein		7i /	0
Project Manager for Monitoring Firm			City, State,	BiRING Zip Code	Rin	1100			
Start Date (10)	Scheduled Completion	Date (11)	Telephone Name of OS	No. 346-0916	License	No. 127			
Facility Closed/Vacated During Entire Period  Abatement Performed Outside of Normal Fac  Other – Describe:			Street Address					_	4
Scope of Work (Check All That Apply)  □ ≥3 sf or ≥3 lf .□ ≥160 sf or ≥260 lf	Renovation Demolition		City, State, Zi	Containment with li-Enclosure	Vegative Pre	essure			
Aspessos Control of	Is Location Normally		Non-	ebag Procedure Exempted (*) and )	Non-Friable				
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Used Solely by Maintenance/ Custodial Staff? (12)	Asbestos Containing (i.e. thermal systems in VAT, other miscel	Materiai (A( Isulation, surf	acing (Sp	ount ecify r LF)		Type	П	
Par Sil	s No N/A	Sylve	iancons)			Repair	Encapsulate	Enclosure	
				12500	SF	4			
Name of Registered Weste Hauler	NJDEP Waste			-				$\exists$	
City, State	Hauler ID No. 20847	Cubic Yards of Waste	Nan	ne of Registered La	idfill			$\dashv$	
Completed by Title		Disposal Date	City	State,	<u>a</u>			1	
455-41 (R-06-08)	Riesdent.	Signature	THE SHE	71201	Date U/	3/1	7_		

NOTIFICATION OF ASBESTOS ABATE (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) Agencies Notified Type Notification Street Address DAY. **EPA** 回 Initial DEP Amended City, State, Zip Code DOL Amendment # Emergency (including Á DOH Name of Contact justification) Telephone Number DCA Cancellation Koher 856 362 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Street Address School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age 640 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) Street Address Street Address-1212 DUZIIY Ciny, State, Zip Code City, State, Zip Code Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 81070 Start Date (10) Scheduled Completion Date (LI) Name of OSHA Monitor Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure .@ ≥160 sf or ≥260 !f Demolition Mini-Enclosure Ø Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Normally Used Solely by Lecation of Туре Asbestos-Containing Material (ACM) Description of Asbestos Containing Material (ACivi) TO BE ABATED Maintenance/ Amount (i.e. thermal systems insulation, surfacing Custodial Staff? In Facility (Specify incapsulate Repair VAT, or Removal (12)(13)SF or LF) other miscellaneous) Yes No N/A Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste 20847 City, State Disposal Date City, State 1.50 Completed by Signature K Russdent Date

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Date of Notification (1)		Na	MR	Building Oy		rator (2)	20	MA	<b>15</b> 15 15	3	_ Y	드	
Agencies Notified Type Notification		St	reet Ado	iress				M		0.0	004	n	
□ EPA □ Initial							1	led less	APR	20	201	Ö	-
□ DEP □ Amended		Ci	ity, State	Zip Code		_	15	07	-10				
DOL Amendment #_ Emergency (inc.	uding				2501	N .	NJ.		SIO phone Numbe		ALTE	OL E	2
DOH justification)		Na	ame of (	Contact LINE	44	( )		1000	pitone inumbe	En enn			- 1
□ DCA □ Cancellation			EACH.	ITY INFO									1
Name of Facility Where Abatement is Taking Place	e (3)		FACIL	III INFO	KWIZII	1	Type of Facility (4	)					
MR. MARGA	20	720	OM	SNE			School (K-12	2)					
Street Address					(6)		☐ Subchapter 8	(Other t	han K-12)	ildina	- hon	ac at	. \
processed Albertan Co.				8.12		1	Other (i.e. pr	ivate & 0	commercial of	mumg	5, 11011	105, 010	0.)
City (5)	-	•					Square Feet	# of	Floors	Blo	ig. Ag	35	-
VATERSON			9				2000	1	2		( )	رد	_
County (6)			ounty C	ode (7) SE ONLY)		(	Current Use (Prior	if being	demolished)	=			
PASSAIC		(0								_			-
Name of Monitoring Firm Hired by Building Own	er (8)		ASCM	No.		Name of	Abatement Contra	icioi (9)					
2						Best Street Ac	Removal	Inc					-
Street Address							South Ri	vor	Stroot	-			
City, State, Zip Code							te, Zip Code	VEI	Deree				$\neg$
City, bailo, zip codo					- 1		ensack,	N.T (	7601				
Project Manager for Monitoring Firm		Te	elephone	e No.		Telephor		1	License No.				
1.0ject I.mangor tot I.tomoring 1.							329-7444		00388	3			
Start Date (10)	cheduled (	Comple	tion Da	te (11)			OSHA Monitor						
5/3/18	5/	14/1	18			Omega	a Enviro	nmer	ital				
Occupancy Status During Abatement (Check Only	One)					Street Ac	ldress						
☐ Facility Closed/Vacated During Entire Period	d of Abater	nent					Huyler S	tree	e t				
Abatement Performed Outside of Normal Fa	cility Hour	SPM					te; Zip Code						
						Sout	h <u>Hacken</u>	sack	t, NJ (	)76	06		_
Scope of Work (Check All That Apply)		-					<i></i>						
☐ ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	100 mm	novatio molitio				8	Full Containme Mini-Enclosure		Negative Press	ure			
21 2100 St 01 2200 H	L Do	mondo	••				Glovebag Proce	dure	vr Priskla D				
							Non-Exempted	(*) and	Non-Friable P	roceut	Abate	ment	$\neg$
	2000	ocation									Ту		
Location of Asbestos-Containing Material (ACM)		ormally Solely		Anhae		scription o	of terial (ACM)	А	mount				
TO BE ABATED		ntenanc dial Sta	100 miles		mal system	ms insula	tion, surfacing,	(S	pecify	Rei	Re	Enca	Enc
In Facility (13)		(12)	***			VAT, or niscellane	ous)	Sr	or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	Yes	No	N/A							-		ite:	6
	165	INO	_		1.4			- 2	60.00	×			-
PIRST FLOOR BEDROOM			7		YA	51		2	50 SF	/		-	$\dashv$
Name of Registered Waste Hauler			DEP Wa		Cubic Y		Name of	Registere	ed Landfill				
		1	uler ID	33.70	of Wast	te 2%	200		D .			2	
Best Removal Inc			1710	9	Disposa		City, State		Enterr	ri	ses	<u>, I</u>	عليا
City, State					Sispose	14/1	0		OT	r /.	468	Q	
Hackensack, N.J. 07601 Completed by	Title				Si	ignature	Wayn	esou	rg, OF		400 1	1 ^	$\neg$
J. Maiorano	Est	ima	tor			1	Paio ron	3		4/	17/	18	
o, marorano	пос.	LIIIA	COT			1	1				1		
ASB-41 (R-06-08)						<b>U</b> *	Do not use this for	m for as	bestos licensu	re exe	mpted	activi	ities.

Ch 2058		NOTI	FICATIO	State of N ON OF AS nt to NJAC	BESTOS	ABATE	MEN	ІТ		)[[	G	E		rint Form
Date of Notification (1) 4/11/18				of Building dence	g Owner/	Operato	r (2)				APR	20	201	18
Agencies Notified  Type Notification  Type Notification  Initial  Amended  Amendmen			City, S	Address State, Zip C						ASD		£ CX ENS	NTF NG	OL &
□ Emergency justification     □ DCA     □ Cancellation	(includin	ig	Name	of Contact afa Sola	l				Tele	phone N	umber			
Name of Facility Where Abatement is Takin	Di	(0)	FAC	CILITY INF	ORMAT	ION								
Residence	ig Place	(3)					Тур	e of Facility	102					
Street Address							×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Othe	r than K-	12) cial bu	ildings	s, hom	nes,
City (5) Montclair							Squ 282	are Feet	# of 3	Floors	100	Bldg. 104	Age	
County (6) Essex			County (STATE	Code (7)	0		Cur	rent Use (Pri	or if bein	g demolis	shed)			
Name of Monitoring Firm Hired by Building A. Seine Lighthouse Solutions	Owner (8	3)	ASC	M No.		Name Brink	of Ab	atement Cor ank Service	tractor (	9)				
Street Address PO Box 354						Street 1256		ess erty Avenu	е					
City, State, Zip Code South Orange, NJ 07079								Zip Code NJ 07205						
Project Manager for Monitoring Firm Sarah Calandra			Telepho 201-3	one No. 49-2666		Teleph 844-4			- U S	License N	No.			
Start Date (10) 4/23/18	4/28/1	8	npletion	Date (11)				SHA Monitor Lighthouse	Soluti	ons				
Occupancy Status During Abatement (Chec		0.0000				Street	Addre	ess						
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of nal Facilit	Abaten y Hours	nent S				ate, 2	Zip Code	Alexantino					
Scope of Work (Check All That Apply)						South	n Or	ange, NJ 0	7079					
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		Renova Demolit				×	M GI	ull Containme ini-Enclosure lovebag Proc on-Exempted	edure	8				
	11 22	Locati										Abate	ement	
Location of Asbestos-Containing Material (ACM)	Use	Normal ed Sole	ly by	Achae	Des tos Conta	cription		1 (0 000)			-	1)	rpe	
TO BE ABATED In Facility (13)	mac 2755	todial S (12)			thermal s surfac		insul , or	ation,	(Spe	ount ecify r LF)	Remova	Repair	Encapsulate	Enclosure
Decement (f	No	N/A								<u>n</u>		ate	ਰ	
Basement (furnace area)	X			3.00	e Wra			40	tweek	Х				
Basement (above ceiling)	X			225	e Wrap			70	LF	Х				
Basement (front wall)	-	X			Pip	e Wrap	)		15	LF	X			
Name of Registered Waste Hauler Newark Carting	Н	JDEP Wauler ID \$509		Cubic Y of Wast			Name of R Waste M	1.500 V						
City, State East Orange, NJ					Disposa	al Date		City, State Penn Arg	gyle, P.	Α				
Completed by Alison Lamers	Title Office	e Man	ager		Sig	hature	A \	NON	- PG - 1	Da	te 11/18	3		

Char# 3102

GAC Project # 060-18			(1 4)	Suall W.S.A	120-	/)					
Date of Notification (1)				LJ lad	Name of Building Own	er/Onerate	or (2)				
April 17,	2018				RUTGERS, THE	STATE	UNIVE	RSITY	OF NJ		
Agencies Notified  EPA		Notification IXInitia	I Notifie	cation otification #	Street Address ENVIRONMENTA	L HEAL	TH &-	SAFETY	DEPT	(RE	HS)
□ DCA				(including	74 STREET 1603	BLDG	4116, 1	LIVINGS	STON C	AMP	US
⊠ DOL			fication		City, State, Zip Code PISCATAWAY, N	1 00054		APR	202	018	
☑ DEP- No Longer REQUIRE ☑ DOH	D	□ Canc		'/	Name of Contact	J 00054		elephone		0.10	-
LAI DOH					MICHAEL F. SMIT	ΓH, ENV	. 8	48-445	2550	* 153 artigionne	
					HEALTH & SAFE	TY	/	ACULTO I	JE CON Yengimi	ROL	&
Name of Facility Where Abateme	nt is Tak	ing Place (3	3)	FACILITY	NFORMATION		Commence of the Commence of th	EVEN NESS OUT MADE IN THE SE	or to see a second section (section)	A THE REST OF THE PERSON	oraconstructivo a
GIBBONS AL, BLDG# 8	408		2		Type of Facility (4)  School (K-12)						
Street Address					Subchapter 8 (other th	nan K-12)					
DOUGLASS CAMPUS					Other (i.e. private & o	commercia	l buildina	s. homes.	etc.)		
					Sq. Feet: N/A	# of Floo	ors: 4	3ldg. Age	e: 80+ y	ears	
NEW BRUNSWICK		ESEX		ty Code (7) Use Only)	Current Use (prior if be						
Name of Monitoring Firm Hired by	Bldg. O	wner (8)	ASCN	/ No.	Name of Contractor (9)	-27				_	
ATC			000	98							
Street Address					GREENWOOD ABA	ATEMEN	IT CON	SULTA	NTS, IN	С.	
3 TERRI LANE					Street Address						
011 011					511 MAIN STREET						
City, State, Zip Code BURLINGTON, NJ 08	040				City State, ZipCode						
Project Manager for Monitoring Fir	016	Telephone	Nicensia		BUTLER, NJ 07405	i					
BRIAN R. KEARNEY	-	609-386			Telephone Number		Lie	cense Num	ber		
Oak-dalada and and and					973-492-0477		0.0	0840			
Scheduled Start Date (10) 04/27/18				ion Date (11)	Name of OSHA Monitor			70.10			
Occupancy Status During Abate		04/29/18			ENVIROVISION, IN	IC.					
□ Facility Closed/Vacated Durin	a Entire	Period of A	hateme	nt	Street Address 20-21 WARGARAW	I BOAD	DI DO	# of=			
■Abatement Performed Outside	of Norr	nal Facility	Hours -		20-21 WARGARAW	KOAD,	DLUG	# 35E			
Describe:					City, State, Zip Code						
☑ Other- Describe: Schedule: WEEKENDS AS NEEDED)	5PM -	5AM Dail	y (24 H	OURS &	FAIRLAWN, NJ 074	10					
WEEKENDO AO NEEDED)											
Scope of Work (Check all that appl	<u>y)</u>										
<b>⊠</b> ≥ 3 sf or >3 lf					1	Full Con	tainmen	t with Neg	ative Pres	sure	
□ ≥ 160 sf or ≥ 260 l	f			Renovation  Demolition		☐ Mini-Er					
				□ Demolition		Glove b					
Location of Asbestos-Containing	Is Loca	tion Normal	ly Used	Description of As	bestos Containing Material	Non-Ex	nount		n-Friable ment Type		dure
Material (ACM) in Facility (13)	Solely I Staff? (	by Maint./Cu	ustodial	(ACM) (i.e. them	nal systems insulation, surfac	ing, (S	pecify SF				
	YES	NO NO	NA	VAT, or other mis	scell.)	or	LF)	Remov	e Repair	Encap	Enclose
Kitchen		X		VAT							
				VAI		_   1	20 SF	X			
						_					
Name of Reg. Waste Hauler	1	NJDEP Was	te Haule	r ID #	Cubio Vordo of Wester	F.CV	Mar	ne of Regi	otorod Lav	- JEII	
See Hauler Below #1 & 2		See Below			Cubic Yards of Waste:	5 CY		R.O.W.S.			
Hauler #1) Greenwood Abatement	Consult	ants, Inc	Butler, 1	NJ 07405		Disposal			City, Stat		
NJDEP # 12561						Бюрозаг	Date		100 New		nill
Hauler #2) Newark Carting, Inc., I NJ DEP # 4509	vewark,	NJ 04509				04/29/2	2018		Rd. Morr		
Section 4 - Comment of Committee (Comment of Committee Comment									19067 215-736-	1700	
Completed by (Print or Type)	Title	-		200	Signature		Date	e			
RAYMOND C. PEDALINO		NIOR PE		T	Raymond C. Pe	dalino		ril 17, 2	018		

Date of Notification (1)		NOT F	Ursuan	tate of Ne W OF ASE to NJAC	8:60 an	ABATE d.12:12	0)	ΙΤ		G APR	E 2 (	20		int Ec
4/9/2018			Resid		Owner/	Operator	r (2)		fed lesi	2000	N 8550 F			haven
Agencies Notified Type Notification  X EPA Initial	1		Street A	Address					AS	Sulei Li	OR (. OSNE		ROL	&
X DEP Amended X DOL Amendmen				ate, Zip Co		052			To by Lat Supplemental State of State o	Blevia to be and the first	at onlight of the	i jeni (prijaleko)	on, washingt words	cusus the Court of
□ DOH	)	,		of Contact ra Eisne					Teleph	none Nu	ımber			
N			FAC	ILITY INF	ORMAT	ON			_		8			
Name of Facility Where Abatement is Takin Residence	ng Place (	3)					Тур	e of Facility	. ,					
Street Address							×	School (K- Subchapte Other (i.e.	r 8 (Other t	than K-1	12) cial bui	ldings	, hom	es,
City (5) West Orange, NJ 07052								etc.) uare Feet	# of Flo		E	Bldg. A		
County (6) Essex County			County (STATE	Code (7) USE ONLY	)			rent Use (Pr		demolis				
Name of Monitoring Firm Hired by Building A. Seine Lighthouse Solutions	Owner (8)	)	ASC	M No.				patement Co ank Service						
Street Address PO Box 354						Street 1256		ess erty Aveni	ıe					
City, State, Zip Code South Orange, NJ 07079	accenting of							Zip Code NJ 07205						
Project Manager for Monitoring Firm Sarah Calandra			Telepho 201-34	ne No. 49-2666		Teleph 844-4		No. -7465		cense N 1316	No.			
Start Date (10) 4/19/18	Schedul 4/24/1		mpletion	Date (11)				SHA Monitor Lighthous	e Solutio	ns				
Occupancy Status During Abatement (Chec	k Only O	ne)				Street		5.5.6%						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:	Period of a	Abaten / Hours	nent s				tate,	Zip Code						
Scope of Work (Check All That Apply)						Sout	h Or	range, NJ	07079					_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demolit				×	M G	ull Containm lini-Enclosur llovebag Pro lon-Exempte	e cedure				۵	
		Locat										Abate	ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normal ed Sole iintena todial S (12)	ely by nce/	Asbesi (i.e.	tos Cont thermal surfac	scription aining M systems sing, VA niscellan	lateria insu T, or	Western .	Amor (Spec SF or	cify	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A								=		ate	Ĝ.
Basement	X			pip	e wra	р		4 L	F	Х				
Basement	X			е	lbows			8-1	0	-				
Name of Registered Waste Hauler Newark Carting		Н	IJDEP W lauler ID 4509		Cubic of Was			0500000 700	Registered Managen			II		
City, State East Orange, NJ					Dispos	al Date		City, Stat	e rgyle, PA	Α				
Completed by Alison Lamers	Title Office	e Mar	nager		S	igriature	M	MUN		Da	ate /9/201	18		

Chal # 30 %

GAC Project # 060-18			IDI		A STATE		,					
Date of Notification (1)	0040	U .	5		1	Name of Building Own	er/Operator	(2)				
April 10 Agencies Notified	, 2018	N CC		-		RUTGERS, THE	STATE U	NIVER	RSITY	OF NJ	0 00	7
□ EPA □ DCA			l Notifi	cation otification #		ENVIRONMENTA 74 STREET 1603	L HEALT	H & S	AFET	y DEPT	∬ (REI	HSI
☑ DOL ☑ DEP- No Longer REQUIR	ED	justi	fication	(including		PISCATAWAY, N				PR 20		
⊠ DOH		□Canc	elled			MICHAEL F. SMI HEALTH & SAFE	ΓΗ, ENV. ΤΥ	<u>Tel</u>	lephone 8-445	Number -2550 LICENS	UNTRO	OL &
Name of Facility Where Abateme	ant is Taki	na Diana (O	\	FACIL	ITY IN	IFORMATION			THE PARTY OF THE P	L'OCINO	IIND	MATERIAL TRANSPORTER (TOTAL)
PHARMACY, BLDG# 37	750	ng Place (3	1			Type of Facility (4)  School (K-12)						
Street Address						Subchapter 8 (other the	nan K-12)					
BUSCH CAMPUS						Sq. Feet: N/A	# of Floors	uildings,	homes,	etc.)	100ro	
City (5) PISCATAWAY	ounty (6) MIDDL	.ESEX		ty Code (7) Use Only)		Current Use (prior if be					ears	
No.												
Name of Monitoring Firm Hired b	y Bldg. Ov	vner (8)	000			Name of Contractor (9)						
Street Address 3 TERRI LANE				Nicolar de la company		GREENWOOD ABA Street Address	TEMENT	CONS	ULTA	NTS, IN	C	
City, State, Zip Code						511 MAIN STREET						
BURLINGTON, NJ 08 Project Manager for Monitoring Fi	3016	Telephone	Niverb			City State, ZipCode BUTLER, NJ 07405						
BRIAN R. KEARNEY		609-386				Telephone Number		Lice	nse Nun	nber		
Scheduled Start Date (10)		Scheduled	Complet	ion Date (11)		973-492-0477 Name of OSHA Monitor		008	340			
04/20/18		04/23/18		1.77		ENVIROVISION, IN	C.					
Occupancy Status During Abate  Facility Closed/Vacated During	ng Entire I	Period of A	bateme	nt		Street Address 20-21 WARGARAW	ROAD B	I DG#	35E			
☐ Abatement Performed Outsid Describe:						City, State, Zip Code						
☑ Other- Describe: Schedule: PHASES, 24 HOURS & WE	5PM – 5 EKEND	SAM Daily S AS NEI	(4 WE EDED)	EKEND		FAIRLAWN, NJ 074	10					
Scope of Work (Check all that app	oly)											
$\square \ge 3$ sf or $>3$ If $\boxtimes \ge 160$ sf or $\ge 260$	If		ı	☑Renovation ☐ Demolition		1	JFull Contai J Mini-Enclo	sure				
				- Demondo			☐ Glove bag ☑Non-Exem	Proced	dure / W	rap & Cut		
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Locat	tion Normal y Maint./Cu	ly Used	Description	of Asb	estos Containing Material	Amou	int		ment Type		lure
	Staff? (*YES	12) NO	NA	VAT, or othe	therma er miso	al systems insulation, surfaction.)	ing, (Spec or LF	oify SF )		e Repair		
018 Corridor		X		VAT			400	) SF	X			-
								, 01				
Name of Reg. Waste Hauler	IN	JDEP Was	te Haule	[								
See Hauler Below #1 & 2	S	ee Below				Cubic Yards of Waste:	10 CY	G.R.	of Regis	North L	idfill andfi	11
Hauler #1) Greenwood Abatemen NJDEP # 12561	t Consulta	ants, Inc	Butler, 1	NJ 07405			Disposal Da	ate		City, State	е	-
Hauler #2) Newark Carting, Inc., NJ DEP # 4509	Newark, 1	NJ 04509	×				04/23/20	18		100 New Rd. Morri 19067 215-736-1	isville,	
Completed by (Print or Type)	Title				T	Signature		Date				
RAYMOND C. PEDALING		NIOR PE NAGER	ROJEC	T		Raymond C. Pe	dalina	-	l 10, 2	018		

Chaf# 3096

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

GAC Project # 060-18 Date of Notification (1) Name of Building Owner/Operator (2) April 10, 2018 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address ☑Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) ☐ EPA ☐ Amended Notification # 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS ☐ DCA □ Emergency (including City, State, Zip Code X DOL justification) PISCATAWAY, NJ 08854 APR 2018 X DEP- No Longer REQUIRED □ Cancelled Name of Contact Telephone Number X DOH MICHAEL F. SMITH, ENV. 848-445-2550 **HEALTH & SAFETY** ASUSSICE CUNTROL & FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) MEDICAL SCIENCE, BLDG# 7257 School (K-12) ☐Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) RBHS NEWARK CAMPUS Sq. Feet: N/A # of Floors: 8 Bldg. Age: 60+ years City (5) County (6) County Code (7) NEWARK Current Use (prior if being demolished): ACADEMIC **ESSEX** (State Use Only) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 00098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 511 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number BRIAN R. KEARNEY 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 04/20/18 04/23/18 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD, BLDG# 35E ■Abatement Performed Outside of Normal Facility Hours -Describe: City, State, Zip Code ☑ Other- Describe: Schedule: 5PM – 5AM Daily (4 WEEKEND FAIRLAWN, NJ 07410 PHASES, 24 HOURS & WEEKENDS AS NEEDED) Scope of Work (Check all that apply) ☐Full Containment with Negative Pressure  $\square \ge 3$  sf or >3 If ▼ Renovation ■ Mini-Enclosure X ≥ 160 sf or > 260 lf Demolition ☐ Glove bag Procedure / Wrap & Cut Non-Exempted (\*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) VAT, or other miscell.) or LF) Remove Repair Encap NO NA B 619 X VAT 1500 SF X B 619 X TRANSITE 40 SF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill Cubic Yards of Waste: 20 CY See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 12561 100 New Ford Mill Hauler #2) Newark Carting, Inc., Newark, NJ 04509 Rd. Morrisville, Pa 04/23/2018 NJ DEP # 4509 19067 215-736-1700 Completed by (Print or Type) Signature RAYMOND C. PEDALINO SENIOR PROJECT April 10, 2018 Raymond C. Pedalina MANAGER

GAC Project # 060-18 Date of Notification (1) Name of Building Owner/Operator (2) April 13, 2018 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address □Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) ☐ EPA ☐ Amended Notification # 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS ☐ DCA □ Emergency (including City, State, Zip Code X DOL justification) PISCATAWAY, NJ 08854 APR 20 2018 ■ DEP- No Longer REQUIRED **⊠**Cancelled Name of Contact X DOH Telephone Number MICHAEL F. SMITH, ENV. 848-445-2550 CUNTROL & **HEALTH & SAFETY** AGDE. FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) MEDICAL SCIENCE, BLDG# 7257 ☐ School (K-12) ☐Subchapter 8 (other than K-12) Street Address X Other (i.e. private & commercial buildings, homes, etc.) RBHS NEWARK CAMPUS Sq. Feet: N/A # of Floors: 8 Bldg. Age: 60+ years City (5) County (6) County Code (7) NEWARK Current Use (prior if being demolished): ACADEMIC **ESSEX** (State Use Only) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 00098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 511 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number BRIAN R. KEARNEY 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 04/20/18 04/23/18 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD, BLDG# 35E ☐ Abatement Performed Outside of Normal Facility Hours -Describe: City, State, Zip Code ☑ Other- Describe: Schedule: 5PM - 5AM Daily (4 WEEKEND FAIRLAWN, NJ 07410 PHASES, 24 HOURS & WEEKENDS AS NEEDED) Scope of Work (Check all that apply) ☐Full Containment with Negative Pressure  $\square \ge 3$  sf or >3 If **X**Renovation ☐ Mini-Enclosure X ≥ 160 sf or > 260 lf ■ Demolition ☐ Glove bag Procedure / Wrap & Cut Non-Exempted (\*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Material (ACM) in Facility (13) Amount Abatement Type Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) VAT, or other miscell.) or LF) Remove Repair Encap YES NO NA Enclose B 619 X VAT 1500 SF X B 619 X TRANSITE 40 SF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste: Name of Registered Landfill 20 CY See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 12561 100 New Ford Mill Hauler #2) Newark Carting, Inc., Newark, NJ 04509 Rd. Morrisville, Pa 04/23/2018 NJ DEP # 4509 19067 215-736-1700 Completed by (Print or Type) Title Signature Date RAYMOND C. PEDALINO SENIOR PROJECT Raymond C. Pedalino April 13, 2018 MANAGER

GAC Project # 060-18

Date of Notification (1)		*******		Name of Building Owne	er/Opera	ator (2)				-	
April 10, 20 Agencies Notified		-	20	RUTGERS, THE	STATE	E UNIN	/ERS	O YTIS	FNJ		
Agencies Notified	Notificatio Minitial	n Type	ation	Street Address			erro.		E-2[	, 1//	.F. T
□ EPA			ification #	ENVIRONMENTA	LHEA	LIHO	SA	FE IY	DEPT.	(REF	IS)
□ DCA	The second secon		including	74 STREET 1603, City, State, Zip Code	BLDG	4116	, LIV	INGST	UN C	AMP	JS
⊠ DOL		cation)		PISCATAWAY, N.	1 0885	4				0010	
DEP- No Longer REQUIRED	□ Cance			Name of Contact		. 1	Tele	phone N	umber	2018	11-0
<b>⊠</b> DOH				MICHAEL F. SMIT		V.		-445-2			Ž
				HEALTH & SAFE	TY			Automobile Production	16.	Hor	1 2
Name of Facility Where Abatement is	Taking Place (3)		FACILITY IN	IFORMATION				1.	-2)3		
MEDICAL SCIENCE, BLDG	# 7257			Type of Facility (4)  School (K-12)		home	TREATE PROPERTY				P SUBMINIST OF S
		and the same of		Subchapter 8 (other th	an K-12)	,					
Street Address RBHS NEWARK CAMPUS				Other (i.e. private & c			nas h	omes etc	: )		
KBIIS NEWARK CAMPUS					# of Flo					ears	
City (5) County			Code (7)								
NEWARK	ESSEX	(State U	Jse Only)	Current Use (prior if bei	ng demo	olished)	: AC	ADEMIC			
N											
Name of Monitoring Firm Hired by Bld	g. Owner (8)	ASCM		Name of Contractor (9)							
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Street Address				Street Address	VI LIVIL	NI CC	JIVJU	LIAN	13, 114	٠.	
3 TERRI LANE											
City City 7: 0				511 MAIN STREET							
City, State, Zip Code BURLINGTON, NJ 08016	3			City State, ZipCode							
Project Manager for Monitoring Firm	Telephone	Number		BUTLER, NJ 07405 Telephone Number	)		17				
BRIAN R. KEARNEY	609-386			relephone Number			Licen	se Numb	<u>er</u>		
Scheduled Start Date (10)				973-492-0477			0084	10			
04/20/18	Scheduled 04/23/18		n Date (11)	Name of OSHA Monitor ENVIROVISION, IN	ıc						
Occupancy Status During Abatemer				Street Address	ic.		7	175-371-53			
☐Facility Closed/Vacated During En	ntire Period of A	batement	t	20-21 WARGARAW	ROAL	D. BLD	G# 3	5F			
Abatement Performed Outside of	Normal Facility	Hours -									
Describe:	M FAM D-II.	. (4 ) ) ( = 1	FICENIE	City, State, Zip Code FAIRLAWN, NJ 074	10						
☑ Other- Describe: Schedule: 5PI PHASES, 24 HOURS & WEEKI	W - SAW Dally	(4 WEE	EKEND	TAIRLAVIN, NO 074	10						
WELKI	LINDO AS NEL	וטבטן									
Scope of Work (Check all that apply)						. 0-13/07					
□≥ 3 sf or >3 lf		15	<b>7</b> D	Į.	Full Co	ontainm	ent wi	th Nega	ive Pre	ssure	
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	ES NO	NA	vvv, or other mis	icell.)	1,	or LF)		Enclose	rtopan	шпоар	
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Name of Reg. Waste Hauler	NJDEP Was	te Hauler	ID#	Cubic Yards of Waste:	20 C)	/	Name	of Regist	ered Lai	ndfill	
See Hauler Below #1 & 2	See Below	/		Sant Farage of Tracto.				D.W.S.			ill
Hauler #1) Greenwood Abatement Co	nsultants, Inc. –	Butler, N	J 07405		Dispos	sal Date		T	City, Stat	e	
NJDEP # 12561 Hauler #2) Newark Carting, Inc., New	out NI 04500								00 New		
					0410	2/2040	3		d. Morr	isville,	Ра
NJ DEP # 4509	ai K, 143 04309				04/23	3/2010	•	1	9067		
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Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PI	20 175		Signature Raymond C. Pi		1	Date	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	15-736-	1700	

GAC Project #060-18												
Date of Notification (1)					Name of Building Own	er/Operat	tor (2)					
April 13,					RUTGERS, THE	STATE	UND	VER8	SITY C	E NJ	B.7 [	T person
Agencies Notified  EPA DCA			Notific ded No	otification	Street Address ENVIRONMENTA 74 STREET 1603,	L HEAL	LTH	& SA	FETY	DEPT	(REF	IS) US
X DOL			gency cation	(including	City, State, Zip Code PISCATAWAY, N.		111			2 0		
☑ DEP- No Longer REQUIRED ☑ DOH	4	<b>⊠</b> Cance	elled		Name of Contact MICHAEL F. SMIT HEALTH & SAFE	H, ENV		848	phone N 3-445-2	550	TROI	- &
Name of Facility Where Abatemen	t in Table	- DI (0)		FACILITY IN	VFORMATION		Lorentze	his ion rose in	Factor States			the second
ITV STUDIO, BLDG# 404	.8	g Place (3)			Type of Facility (4) School (K-12) Subchapter 8 (other the	ian K-12)						
LIVINGSTON CAMPUS					Other (i.e. private & c	ommercia # of Flo	al buildi ors: 1	ings, h Bld	omes, el g. Age:	tc.) 80+ v	ears	
PISCATAWAY	unty (6) <b>//IDDLI</b>			y Code (7) Use Only)	Current Use (prior if bei							
Name of Monitoring Firm Hired by  ATC	Bldg. Ow	ner (8)	ASCM 000		Name of Contractor (9)				-			
Street Address			000	<del></del>	GREENWOOD ABA	TEMEN	NT C	ONSL	JLTAN	TS, IN	c.	
3 TERRI LANE					511 MAIN STREET							
City, State, Zip Code BURLINGTON, NJ 080					City State, ZipCode BUTLER, NJ 07405							
Project Manager for Monitoring Firm BRIAN R. KEARNEY		Telephone I			Telephone Number			Licen	se Numb	er		
Scheduled Start Date (10)	5	Scheduled (	Completi	on Date (11)	973-492-0477 Name of OSHA Monitor			0084	40		4. 41122.2	
04/13/18 Occupancy Status During Abater		04/16/18 eck only o			ENVIROVISION, IN Street Address	C			*1			
□ Facility Closed/Vacated During □ Abatement Performed Outside	Entire P	Period of A	bateme	nt	20-21 WARGARAW	ROAD,	, BLD	)G# 3	35E			
Describe:  Other- Describe: Schedule: 5 WEEKENDS AS NEEDED)				OURS &	City, State, Zip Code FAIRLAWN, NJ 074	10						
Scope of Work (Check all that apply	")											
□≥ 3 sf or >3 lf □≥ 160 sf or ≥ 260 l		ion Normal!		☑ Renovation ☐ Demolition	] 	Full Cor Mini-Er Glove Non-Ex	nclosu bag P xempte	re rocedu ed (*) a	ure / Wra	ap & Cui n-Friable	t Proced	dure
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Name of Reg. Waste Hauler	LN	JDEP Was	to Llouis	- ID #								
See Hauler Below #1 & 2	S	ee Below			Cubic Yards of Waste:	5 CY				tered Lar North I		11
Hauler #1) Greenwood Abatement NJDEP # 12561 Hauler #2) Newark Carting, Inc., N NJ DEP # 4509	lewark, N		Butler, 1	NJ 07405		Disposa 04/16/		3	1	City, Stat 100 New Rd. Morr 19067 215-736-	Ford M	
Completed by (Print or Type) RAYMOND C. PEDALINO	Title	WOD D		-	Signature	Anti-construction		Date				
INATIMOND C. PEDALINO		NIOR PE	COJEC	1	Raymond C. Pe	dalina	1	April	13, 20	18		

GAC Project # 060-18 Date of Notification (1) Name of Building Owner/Operator (2) April 6, 2018 RUTGERS, THE STATE UNIVERSITY OF NU Agencies Notified Notification Type Street Address E W IL. II □Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) ☐ EPA X Amended Notification #1 -74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS DCA New Start & Completion Dates City, State, Zip Code X DOL APR 20 2018 ■ Emergency (including PISCATAWAY, NJ 08854 DEP- No Longer REQUIRED Name of Contact justification) NOH Telephone Number MICHAEL F. SMITH, ENV. □ Cancelled 848-445-2550 TROL & **HEALTH & SAFETY** LICENSING FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) ITV STUDIO, BLDG# 4048 School (K-12) ☐Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) LIVINGSTON CAMPUS Sq. Feet: N/A # of Floors: 1 Bldg. Age: 80+ years City (5) County (6) County Code (7) **PISCATAWAY MIDDLESEX** Current Use (prior if being demolished): ACADEMIC (State Use Only) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 00098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 511 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number BRIAN R. KEARNEY 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 04/13/18 04/16/18 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD, BLDG# 35E ☐ Abatement Performed Outside of Normal Facility Hours -Describe: City, State, Zip Code ☑ Other- Describe: Schedule: 5PM - 5AM Daily (24 HOURS & FAIRLAWN, NJ 07410 WEEKENDS AS NEEDED) Scope of Work (Check all that apply) Full Containment with Negative Pressure □ > 3 sf or >3 lf **X**Renovation ☐ Mini-Enclosure ≥ 160 sf or ≥ 260 lf Demolition Glove bag Procedure / Wrap & Cut Non-Exempted (\*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Material (ACM) in Facility (13) Amount Abatement Type Solely by Maint./Custodial Staff? (12) (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF VAT, or other miscell.) Remove Repair Encap Enclose or LF) YES NO NA 105A, 106 X VAT 240 SF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill Cubic Yards of Waste: 5 CY See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 12561 100 New Ford Mill Hauler #2) Newark Carting, Inc., Newark, NJ 04509 Rd. Morrisville, Pa 04/16/2018 NJ DEP# 4509 19067 215-736-1700 Completed by (Print or Type) Title Signature Date RAYMOND C. PEDALINO SENIOR PROJECT Raymond C. Pedalina April 6, 2018 MANAGER

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

Check # 13095

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

GAC Project # 060-18 Date of Notification (1) Name of Building Owner/Operator (2) April 13, 2018 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address Street Address
ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) □Initial Notification ☐ EPA ★ Amended Notification #3 — 74 STREET 1603, BLDG 41/16, LIVINGSTON CAMPUS □ DCA new start and completion dates City, State, Zip Code X DOL □ Emergency (including PISCATAWAY, NJ 08854 APR 20 2018 ■ DEP- No Longer REQUIRED justification) Name of Contact Telephone Number X DOH □ Cancelled MICHAEL F. SMITH, ENV. 848-445-2550 **HEALTH & SAFETY** HITHOL& FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) CAMDEN SCIENCE, BLDG# 7002 ☐ School (K-12) ☐Subchapter 8 (other than K-12) Street Address ☑ Other (i.e. private & commercial buildings, homes, etc.) CAMDEN CAMPUS Sq. Feet: N/A # of Floors: 4 Bldg. Age: 80+ years City (5) County (6) County Code (7) Current Use (prior if being demolished): ACADEMIC OFFICES CAMDEN CAMDEN (State Use Only) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 00098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 511 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number BRIAN R. KEARNEY 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 04/20/18 04/23/18 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD, BLDG# 35E ☐ Abatement Performed Outside of Normal Facility Hours -Describe: City, State, Zip Code X Other- Describe: Schedule: 5 FAIRLAWN, NJ 07410 PM - 5AM Daily (24 HOURS & WEEKENDS AS NEEDED) Scope of Work (Check all that apply) ☐Full Containment with Negative Pressure X > 3 sf or >3 lf **X**Renovation ☐ Mini-Enclosure  $\square \ge 160 \text{ sf or} > 260 \text{ lf}$ ■ Demolition ☑ Glove bag Procedure / Wrap & Cut ■Non-Exempted (\*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) VAT, or other miscell.) or LF) Remove Repair Encap Enclose YES NO NA ROOMS 012, 015, 020 X TSI - Pipe Insulation <9 LF X X X NJDEP Waste Hauler ID # Name of Reg. Waste Hauler Name of Registered Landfill Cubic Yards of Waste: 5 CY See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 12561 100 New Ford Mill Hauler #2) Newark Carting, Inc., Newark, NJ 04509 Rd. Morrisville, Pa 04/23/2018 NJ DEP# 4509 19067 215-736-1700 Completed by (Print or Type) Signature Date RAYMOND C. PEDALINO SENIOR PROJECT April 13, 2018 Raymond C. Pedalina MANAGER

GAC Project # 060-18 Date of Notification (1) Name of Building Owner/Operator (2) April 6, 2018 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address □Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) ☐ EPA ■ Amended Notification #2 — 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS DCA new start and completion dates City, State, Zip Code X DOL ■ Emergency (including PISCATAWAY, NJ 08854 Telephone Number ☑ DEP- No Longer REQUIRED Name of Contact justification) X DOH **□**Cancelled MICHAEL F. SMITH, ENV. 848-445-2550 **HEALTH & SAFETY** FACILITY INFORMATION CARCHIC Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) CAMDEN SCIENCE, BLDG# 7002 ☐ School (K-12) ☐Subchapter 8 (other than K-12) Street Address ☑ Other (i.e. private & commercial buildings, homes, etc.) CAMDEN CAMPUS Sq. Feet: N/A # of Floors: 4 Bldg. Age: 80+ years City (5) County (6) County Code (7) Current Use (prior if being demolished): ACADEMIC OFFICES CAMDEN CAMDEN (State Use Only) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 00098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 511 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number BRIAN R. KEARNEY 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 04/13/18 04/16/18 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD, BLDG# 35E ☐Abatement Performed Outside of Normal Facility Hours -Describe: City, State, Zip Code X Other- Describe: Schedule: 5 FAIRLAWN, NJ 07410 PM - 5AM Daily (24 HOURS & WEEKENDS AS NEEDED) Scope of Work (Check all that apply) ☐Full Containment with Negative Pressure  $\times > 3$  sf or > 3 If ■ Renovation ☐ Mini-Enclosure □ ≥ 160 sf or > 260 lf ☐ Demolition IX Glove bag Procedure / Wrap & Cut □ Non-Exempted (\*) and Non-Friable Procedure Location of Asbestos-Containing Description of Asbestos Containing Material Is Location Normally Used Amount Abatement Type (ACM) (i.e. thermal systems insulation, surfacing, Material (ACM) in Facility (13) Solely by Maint./Custodial (Specify SF Staff? (12) VAT, or other miscell.) Remove Repair Encap Enclose or LF) YES NO NA ROOMS 012, 015, 020 X TSI - Pipe Insulation X <9 LF X X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill Cubic Yards of Waste: 5 CY See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 12561 100 New Ford Mill Hauler #2) Newark Carting, Inc., Newark, NJ 04509 Rd. Morrisville, Pa 04/16/2018 NJ DEP # 4509 19067 215-736-1700 Completed by (Print or Type) Signature RAYMOND C. PEDALINO SENIOR PROJECT Raymond C. Pedalino April 6, 2018 MANAGER

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

GAC Project # 060-18 Date of Notification (1) Name of Building Owner/Operator (2) March 23, 2018 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address □Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) ☐ EPA ★ Amended Notification #1 – 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS D DCA new start and completion dates City, State, Zip Code X DOL APR 20 2018 □ Emergency (including PISCATAWAY, NJ 08854 ☑ DEP- No Longer REQUIRED justification) Name of Contact Telephone Number X DOH **□**Cancelled MICHAEL F. SMITH, ENV. 848-445-2550 SEESIOS CONTROL & **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) CAMDEN SCIENCE, BLDG# 7002 ☐ School (K-12) ☐Subchapter 8 (other than K-12) Street Address ☑ Other (i.e. private & commercial buildings, homes, etc.) CAMDEN CAMPUS Sq. Feet: N/A # of Floors: 4 Bldg. Age: 80+ years County (6) County Code (7) CAMDEN Current Use (prior if being demolished): ACADEMIC OFFICES CAMDEN (State Use Only) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 00098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 511 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number BRIAN R. KEARNEY 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 04/06/18 04/09/18 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD, BLDG# 35E ☐ Abatement Performed Outside of Normal Facility Hours -Describe: City, State, Zip Code X Other- Describe: Schedule: 5 FAIRLAWN, NJ 07410 PM - 5AM Daily (24 HOURS & WEEKENDS AS NEEDED) Scope of Work (Check all that apply) ☐Full Containment with Negative Pressure X > 3 sf or >3 lf **X**Renovation ☐ Mini-Enclosure  $\square \ge 160 \text{ sf or} \ge 260 \text{ lf}$ ■ Demolition X Glove bag Procedure / Wrap & Cut ■Non-Exempted (\*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) (ACM) (i.e. thermal systems insulation, surfacing, Solely by Maint./Custodial (Specify SF Staff? (12) VAT, or other miscell.) Remove Repair Encap Enclose or LF) YES ROOMS 012, 015, 020 X TSI - Pipe Insulation <9 LF X X X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill Cubic Yards of Waste: See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 12561 100 New Ford Mill Hauler #2) Newark Carting, Inc., Newark, NJ 04509 Rd. Morrisville, Pa 04/09/2018 NJ DEP # 4509 19067 215-736-1700 Completed by (Print or Type) Signature Date RAYMOND C. PEDALINO SENIOR PROJECT Raymond C. Pedalino March 23, 2018 MANAGER

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

GAC Project # 060-18 Date of Notification (1) Name of Building Owner/Operator (2) March 13, 2018 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type ☑Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) ☐ EPA ☐ Amended Notification # 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS DCA. □ Emergency (including City, State, Zip Code APR 20 2018 X DOL PISCATAWAY, NJ 08854 justification) X DEP- No Longer REQUIRED □ Cancelled Name of Contact Telephone Number X DOH 848-445-2550 TROL & MICHAEL F. SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) CAMDEN SCIENCE, BLDG# 7002 School (K-12) ☐Subchapter 8 (other than K-12) Street Address IX Other (i.e. private & commercial buildings, homes, etc.) CAMDEN CAMPUS Sq. Feet: N/A # of Floors: 4 Bldg. Age: 80+ years City (5) County (6) County Code (7) Current Use (prior if being demolished): ACADEMIC OFFICES CAMDEN CAMDEN (State Use Only) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 00098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 511 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number BRIAN R. KEARNEY 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 03/23/18 03/26/18 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD, BLDG# 35E ☐ Abatement Performed Outside of Normal Facility Hours -Describe: City, State, Zip Code FAIRLAWN, NJ 07410 X Other- Describe: Schedule: 5 PM - 5AM Daily (24 HOURS & WEEKENDS AS NEEDED) Scope of Work (Check all that apply) ☐Full Containment with Negative Pressure **X**Renovation ■ Mini-Enclosure  $\square \ge 160 \text{ sf or} > 260 \text{ lf}$ ☐ Demolition ☑ Glove bag Procedure / Wrap & Cut ■Non-Exempted (\*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) VAT, or other miscell.) Remove Repair Encap Enclose or LF) YES NO NA ROOMS 012, 015, 020 X TSI - Pipe Insulation <9 LF X X X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill Cubic Yards of Waste: 5 CY See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 12561 100 New Ford Mill Hauler #2) Newark Carting, Inc., Newark, NJ 04509 Rd. Morrisville, Pa 03/26/2018 NJ DEP# 4509 19067 215-736-1700 Completed by (Print or Type) Signature RAYMOND C. PEDALINO SENIOR PROJECT March 13, 2018 Raymond C. Pedalino MANAGER

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

-liece# 13094

GAC Project # 060-18 Date of Notification (1) Name of Building Owner/Operator (2) April 13, 2018 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address □Initial Notification (4 Phases) ENVIRONMENTAL HEALTH & SAFETY DEPT. VREHSY ☐ EPA ■ Amended Notification #1 – 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS D DCA New Start & Completion dates City, State, Zip Code X DOL ■ Emergency (including) PISCATAWAY, NJ 08854 Telephone Number 2018 ☑ DEP- No Longer REQUIRED Name of Contact iustification) X DOH □ Cancelled MICHAEL F. SMITH, ENV 848-445-2550 **HEALTH & SAFETY** SHESTOS CONTROL & **FACILITY INFORMATION** LICENSING Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) SCHOOL OF DENTAL MEDICINE, BLDG# 7253 ☐ School (K-12) ☐Subchapter 8 (other than K-12) Street Address X Other (i.e. private & commercial buildings, homes, etc.) RBHS NEWARK CAMPUS Sq. Feet: N/A # of Floors: 4 Bldg. Age: 60+ years City (5) County (6) County Code (7) NEWARK **ESSEX** (State Use Only) Current Use (prior if being demolished): ACADEMIC Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 00098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 511 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN R. KEARNEY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 04/27/18 05/28/18 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD, BLDG# 35E □ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe: FAIRLAWN, NJ 07410 ☑ Other- Describe: Schedule: 5PM – 5AM Daily (4 WEEKEND PHASES, 24 HOURS & WEEKENDS AS NEEDED) Scope of Work (Check all that apply) ☐Full Containment with Negative Pressure □ > 3 sf or >3 lf **X**Renovation ☐ Mini-Enclosure ≥ 160 sf or > 260 lf Demolition ☐ Glove bag Procedure / Wrap & Cut ▼Non-Exempted (\*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) VAT, or other miscell.) or LF) Remove Repair Encap Enclose YES NO NA **C-LEVEL SURGERY SUITES** X VAT 1100 SF X (4 PHASES) Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill 20 CY Cubic Yards of Waste: See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 12561 100 New Ford Mill Hauler #2) Newark Carting, Inc., Newark, NJ 04509 Rd. Morrisville, Pa 05/28/2018 NJ DEP # 4509 19067 215-736-1700 Completed by (Print or Type) SENIOR PROJECT RAYMOND C. PEDALINO Raymond C. Pedalino April 13, 2018 MANAGER

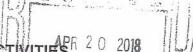
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GAC Project # 060-18				(Pur	suant to N.J.A.C	2. 8:60-7 and 12:120-7	)		LED V			17	
Date of Notification (1)						Name of Building Owne	er/Operato	r (2)	1.0	30 0		212	- 111
Agencies Notified	3, 2018		Votificatio	n Typo		RUTGERS, THE	STATE	JNIVER	RSITY	OF N	<b>J</b> O 21	018	
					ation (4 Phases)	Street Address ENVIRONMENTA	Ι ΗΕΔΙ.	TH-8-S	ΔEETV	/ DEE	T /E	ЕН	(2)
□ EPA □ DCA					tification #	74 STREET 1603,	BLDG 4	116. L	VINGS	TON	CAN	PP	158
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☑ DEP- No Longer REQU	IRED			cation	)	PISCATAWAY, N.	J 08854						
☑ DOH			□Cance	elled		Name of Contact MICHAEL F. SMIT	H ENV	Te	lephone 8-445-				
						HEALTH & SAFET		04	-0-440-	2000			
Name of Facility Miles Alex					FACILITY IN								
Name of Facility Where Abate SCHOOL OF DENTA	MED	aking	Place (3)	C# 72	F2	Type of Facility (4)							
CONTROL OF BENTA	LIVILD	ICIN	E, DED	G# 12	55	☐ School (K-12) ☐Subchapter 8 (other th	on V 10\						
Street Address						Other (i.e. private & c		huildings	homes	atc )			
RBHS NEWARK CAN	IPUS						# of Floo				+ vear	rs	
<u>City (5)</u>	County				y Code (7)	1				2700	•		
NEWARK	Е	SSE	ΞX	(State	Use Only)	Current Use (prior if being	ng demolis	hed): A	CADEM	IC			
Name of Monitoring Firm Hire	d bu Dida	0	(0)	1001	N.								
ATC	a by Blag	. Own	ier (8)	0009		Name of Contractor (9)							
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Street Address 3 TERRI LANE						Street Address				,			
J ILKKI LANE						511 MAIN STREET							
City, State, Zip Code						City State, ZipCode				_			
	08016				·	BUTLER, NJ 07405							
Project Manager for Monitoring BRIAN R. KEARNEY	g Firm		elephone l			Telephone Number		Lice	ense Num	ber			
			009-300	-0000		973-492-0477		00:	840				
Scheduled Start Date (10) 04/13/18					on Date (11)	Name of OSHA Monitor	17.000	1 00.					
Occupancy Status During At	atomont		5/14/18			ENVIROVISION, IN	C		2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- HI C OC			
□ Facility Closed/Vacated D	uring Ent	tire Pe	eriod of A	<u>ne)</u> hatemer	nt	Street Address 20-21 WARGARAW	POAD	BI DG#	255				
☐Abatement Performed Ou	tside of N	Norma	al Facility	Hours -			NOAD,	DLDG#	JJL				
Describe:						City, State, Zip Code	40						
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2													
Scope of Work (Check all that	apply)								us was to salwe a				
□ > 3 sf or >3 lf				1	☑Renovation		☐Full Cont ☐ Mini-End		with Neg	ative F	ressu	re	
$\boxtimes \geq 160 \text{ sf or } \geq 100   sf or $	260 If			,	☐ Demolition		Glove b		dure / W	Iran &	Cut		
							Non-Exe					oced	ure
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material (Helli) in Facility (19)	Sta	ff? (12	2)	istoulai	VAT, or other misc	al systems insulation, surfactell.)	200 mg 2	ecify SF _F)	Remov	ve Rep	air Enc	ap E	nclose
	YE	S	NO	NA	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		"	/					
C-LEVEL SURGERY SUITE	S		X		VAT		1	100 SF	X	T	$\neg$		
(4 PHASES)	_	-						100 0000		+	+		
										-	+	-	
Name of Reg. Waste Hauler		NJ	IDEP Was	te Haule	r ID#	Cubic Yards of Waste:	20 CY	Nam	e of Regi	istered	Landfi		
See Hauler Below #1 &	2	Se	ee Below			Cable Tards of Waste.	2001	-	.O.W.S			-	ı
Hauler #1) Greenwood Abater	ment Con	sultar	nts, Inc. –	Butler, 1	NJ 07405		Disposal	Date		City, S	State		
NJDEP # 12561 Hauler #2) Newark Carting, In	ne News	el/ N	1.04500								ew Fo		
NJ DEP # 4509	, 1101112	1 1kg 1%	0 10 10 10 10 10 10 10 10 10 10 10 10 10				05/14/2	2018		19067	lorrisvi	me, I	-a
					1008					215-7	36-170	0	
Completed by (Print or Type) RAYMOND C. PEDALI		Title	IIOD DI	00 150	`T	Signature		Date	•			20)	
TAT MOND G. PEDALI			NAGER		, 1	Raymond C. Pe	edalino	Apı	ril 3, 20	118			

#### New Jersey Department of Health Consumer, Environmental and Occupational Health Service

PO Box 369 Trenton, NJ 08625-0369

Telephone: 609-826-4950

Fax: 609-826-4975



#### NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACT

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	I. NOTIFIC	CATION INFORM	ATION	
Date of Notification:0  ☑ Initial ☐ Amended  Type of Work: ☐ Demolition	☐ Cancellation ☐	Emergency (mus	t include justification)	
	II. BUIL	DING INFORMAT	ION	
Name of Building Owner/Ope	rator:	D	oug Shafer	
Street Address:  Name of Contact:  Doug S	City:	Roebling	State: NJ Z	
	III. FACI	LITY INFORMAT	ION	
Name of Facility Where Work				
Describe Facility Use:  Street Address:  County Name: Burlington	City:	Roebling	State: NJ Zi (State Use Only):	
Occupancy Status During A    Facility Closed/Vacated During A	ctivity (check only one):  ring Entire Activity  Normal Facility Hours—Desc	cribe:		
	Square Footage:			350-00
	320			
		ACTOR INFORMA	(2) N 2 ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	
Company Name: Street Address: 623 Cutler New Jersey Asbestos License	Avenue City: _	Maple Shade	Telephone No.: 856-	755-0099 b: 08052
Monitoring Firm (if applicable):			Telephone No.: 609-	298-4070
	V.	SIGNATURE		
Completed By (type or print legibly): Signature:	Christina Lynch	Title	Date: April 16, 2	

Garage .

Date of Notification (1) 04/16/2018	) PA	4.圆顶		Nam	e of Buildir	ng Owner	Operator (2) Fragrance	es, Inc.		Check	No.	1080	
Agencies Notified  ☐ EPA ☑ DEP	Type Notification  Initial Amended	7)		151	et Address 5 State Hi State, Zip		66		) E	M 12	is the roote		15
⊠ DOL	Amendment  Emergency			Unio	n Beach,	New Je	rsey 07735						
☑ DOH □ DCA	justification)  Cancellation	)		Nam Gary	e of Contac / Stapperf	enne			Telephoned 908-397-7	Humber ( 702	) 20	)18	-
Name of Facility When	a Abstament is Tal	ina Diasa	(2)	FA	ACILITY IN	FORMA						- 10	
International Flavors	& Fragrances, I	nc.	(3)				Type of F	acility (4)	Ac., i	1			
Street Address 1515 State Highway							□ Scho	ol (K-12) hapter 8 (Other (i.e. private & c	than K-12)			etc.)	
City (5) Notification (5) Union Beach, New J	lersey 07735						Square Fe 10,000	eet	# of Floors	710 KB	ldg. A	ge)	
County (6) Monmouth	100				ty Code (7) E USE ONL		Current U	se (Prior if bein Educa	g demolished) itional Facility				
Name of Monitoring Fir Garden State Enviro	m Hired by Building Inmental	g Owner (8	3)	AS	CM No.		Name of A Lilich Cor	batement Contr poration	ractor (9)	84			-
Street Address 555 South Broad Str	reet			, e . au.			Street Add 606 McBr			. 4	3,770		
City, State, Zip Code Glen Rock, New Jers							City, State, Woodland	Zip Code I Park, New J		0.0000000000000000000000000000000000000			
Project Manager for Mo Bruce, Wolf	onitoring Firm				hone No 352-1119		Telephone 973-225-8	No. 3400	License 01104				
Start Date (10) 94/27/2018	led Cor 2018	mpletio	n Date (11)	)	Name of O	SHA Monitor Inmental Labo		1100,000 1100,000		-	-		
Occupancy Status Duri County ( Description Closed/Vacate DAbatement Performed	ed During Entire Pe	eriod of Ab	atemer				Street Addr	ress te 22 West		1	, !		
Scope of Work (Check	riday 4PM Start,	Remainir	ng Day	s 8am	Start		Union, NJ	07083		44	89		
Steen Flock ≥ 3 sfor ≥3 If □≥160 sf or ≥260 If ity State Steen Flock	2.69(1.6		Renova Demolit				□ N ⊠ G	ull Containment lini-Enclosure love Bag Proce on-Exempted (*)	dure / Limited (	Containm	ent &		
Project Manur Project White Locatio	n of		S Locati Normal					m-Exempled ( )	Amount (Specify		dure Abater Typ		
Aspestos-Containing A7477 TO BE AB In Faci Cours (13)	Material (ACM) <u>ATED</u> lity	Ma	ed Sole aintena todial S (12)	nce/	Asb (i.	estos Co e. therma surf	escription of ntaining Mate al systems ins acing, VAT, o miscellaneou	sulation, or	SF of LF)	Remova	Repair	Encapsulate	CHOIOSUIE
Macain Clester		Yes	No	N/A						<u>a</u>		ate	d
om 240	8277			Х	Elbows				17 (e	a) X	+	-	-
om 145				Х	Elbows				40 (ea		-		-
om 144				X	Elbows				3 (e:	a) X	+		
om 143				X	Elbows				20 (ea	a) X	011/5	nni	
24 75 11 11	10								£.	Plater			
ame of Registered Was ilich Corporation	ste Hauler		H	JDEP V auler ID 18724	No.	Cubic of Was		Name of Reg	gistered Landfi		1 - 100 1 - 100 1 - 110	44,244.4 Ti	Paris.
ity, State Voodland Park, New	Jersey					Dispos 04/30/		City, State Morrisville,		1 1 2		.n	-14
ompleted by Adriana Olejarova		Title Pre	sident			1	gnature		) D:	ate 04/16/20	018	(2) (8)	6
SB-41 (R-06-08)						-	- 1		bestos licensur		- 1		

## State of New Jersey - Notification of Asbestos Abatement

Chak # 3104

GAC Project # 060-18	I A	里里尼	(11)	irsuant to N.J.A	<u>.C</u> . 8:60-7 and 12:120	)-7)				77 6	100	1
Date of Notification (1)	7, 2018				Name of Building Ov	vner/O	perator	(2)				
Agencies Notified	1, 2010	Notificati	on Type		RUTGERS, THI	E STA	ATE U	NIVE	RSITY	OF N	J	
□ EPA		X Initia	I Notif	ication (2 work	Street Address				-			
D DCA		areas)		.oduon (2 Work	ENVIRONMENT	AL H	EALT	H & S	AFET	Y DEP	T. (RE	HS)
☑ DOL			nded N	lotification #	74 STREET 160 City, State, Zip Code	J. BL	DG 4	116, L	IVNG	STON	CAMI	PUS
The state of the s	222	☐ Eme	rgenc	y (including	PISCATAWAY,	NI I AS	2251	1114	-	er 55		à de co
区 DEP- No Longer REQUIF区 DOH	RED	justi	ficatio	n)	Name of Contact	140 00	0004	HPA)	1	11 10		
LI DON		□ Canc		-7	MICHAEL F. SM	ITH	ENV.	0/	lephon	Numbe	40 20	18
					HEALTH & SAF	FTY	LIVO.	04	+0-440	-2000		į
Name of Facility Where Abaten	nont in Tel-	i Di (6		FACILITY II	NFORMATION			+	lance of the		162 T T	
VAN NEST HALL, BLD	C# 300	ing Place (3	9)		Type of Facility (4)			1	F			- 12
	J C // 300	1			☐ School (K-12)			1	- 4 - 5 5 <del>4 - 7 -</del>			
Street Address					Subchapter 8 (other	than K	-12)					
COLLEGE AVENUE CA	AMPUS				Other (i.e. private &	comm	ercial bu	uildings,	homes,	etc.)		
City (5)	County (6)		Cour	h. Cada (7)	Sq. Feet: N/A	# of	Floors	: 4 <u>BI</u>	dg. Ag	<u>e:</u> 100	+ year	S
NEW BRUNSWICK		ESEX	(State	nty Code (7) e Use Only)	Current Use (prior if be	oina d						
				230 0111/	priorit coc (prior ii pi	enig de	emousn	ea): A	CADEN	AIC .		
Name of Monitoring Firm Hired	by Blda O	wner (8)	ASCI	A NI-								
ATC	ey blug. O	Wilei (0)	000	M No.	Name of Contractor (9)					-		
Otro d A Li			000	750	GREENWOOD AR	ATE	MEALT	CONO				
Street Address 3 TERRI LANE					GREENWOOD AB Street Address	AICI	NENI	CONS	ULIA	NTS, II	VC.	
3 ILKKI LANE												
City, State, Zip Code					511 MAIN STREET	Γ						
BURLINGTON, NJ 0	0016				City State, ZipCode			_				
Project Manager for Monitoring F	irm	Tolophana	NII		BUTLER, NJ 0740	5						
BRIAN R. KEARNEY		Telephone 609-386			Telephone Number			Lice	nse Nun	nber		
					973-492-0477							
Scheduled Start Date (10) 04/27/18		Scheduled	Complet	ion Date (11)	Name of OSHA Monitor			008	340			
		05/07/18			ENVIROVISION, IN	NC.						
Occupancy Status During Abat	tement (Cl	neck only o	ne)		Street Address							
Facility Closed/Vacated Duri	ing Entire	Period of A	bateme	nt	20-21 WARGARAV	V RO	AD. BI	DG#	35F			
☐Abatement Performed Outside Describe:	de of Norn	nal Facility	Hours -									
Other- Describe: Schedule	: 5PM - !	AM Dail	, (24 LI	OUDC 0	City, State, Zip Code FAIRLAWN, NJ 074	440					92	
WEEKENDS AS NEEDED)		or an Dany	(2411	OUKS &	. MILLAVIV, 145 072	+10						
•												
Scope of West (O)												
Scope of Work (Check all that ap	ply)											
≥ 3 sf or >3 lf						□Full	Contain	ment w	ith Neo	ative Pr	ecuro	
$\square \ge 160 \text{ sf or } \ge 260$	1.15			Renovation		☐ Mir	ni-Enclo	sure	riog	auvo i ii	233016	
100 31 01 <u>_ 200</u>	111			☐ Demolition		☐ Glo	ve bag	Procedi	ure / Wr	ap & Cu	t	
Location of Asbestos-Containing	Is Locat	tion Normall	v Head	Deseries (1)		XNor	-Exemp	oted (*)	and No	n-Friable	Proce	dure
Material (ACM) in Facility (13)	Solely b	y Maint./Cu	stodial	(ACM) (i.e. therm:	estos Containing Material al systems insulation, surfac		Amou	nt	Abate	ment Typ	oe .	
	Staff? (	12)		VAT, or other misc	cell.)	cing,	(Speci		Remov	e Renair	Encap	Enclose
ond a off	YES	NO	NA				0, 1,		11011101	o reguii	Спсар	LIIGOSE
2 <sup>nd</sup> & 3 <sup>rd</sup> Floors (2 Phases/Work Areas)		X		VAT		-	205	0 SF	IST.			
(2 1 Huses/Work Areas)		-					393	0 35	X		1	
	-	$\vdash$										
Name of Reg. Waste Hauler	LN	IDED W						-				
See Hauler Below #1 & 2	8	JDEP Wast ee Below	e Haulei	1D#	Cubic Yards of Waste:	25 C	Y	Name	of Regis	stered La	ndfill	
								G.R.C	D.W.S.	North	Landfi	11
Hauler #1) Greenwood Abatemen NJDEP # 12561	it Consulta	ints, Inc l	Butler, N	J 07405		Disp	osal Dat	e	T	City, Sta	te	
Hauler #2) Newark Carting, Inc.,	Newark, N	NJ 04509								100 Nev	Ford N	liif
NJ DEP # 4509	1					05/0	07/201	8		Rd. Mor 19067	risville,	Pa
Completed by 12.										1906 <i>1</i> 215-736	1700	
Completed by (Print or Type) RAYMOND C. PEDALING	Title				Signature		- 1	Date				
MOND C. PEDALING		NIOR PR	OJEC	T	Raymond C. Pe	2/1			17, 20	118		
	IMA	NAGER			- deginence O. Se	allelle H	11		, 2	, 10		- 1

MANAGER



#### State of New Jersey - Notification of Asbestos Abatement

PAID

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1)		-			Name of Building Owne	-10		<b>=</b> V9		12
April 17, 2018					The Valley Hospi	tal	1			
Agencies Notified	12	Notification	Type		Street Address	tai	111 111	100 0 0	2010	
⊠ EPA		x Initial N		n	223 North Van Die			APR 2 C	2018	- 11
□ DCA		1			223 NOTH VAIL DIE	en Avenue	1			
× DOL		x Amend			City, State, Zip Code					
☑ DEP		Emergen	icy (inclu	ding	Ridgewood, NJ	07450-27	36			1
		justific	ation)		Name of Contact			one Number		1
x DOH		1	,		William Stasiak			447-8141	11.	0.0000
				FACILITY	INFORMATION		201-	147-0141		
Name of Facility Where Abate	ment is Ta	king Place (3)			Type of Facility (4)					
The Valley Hospital					School (K-12)					
Cheel Wing Basemen	t Rm# F	3430				14.40)				
Street Address		3 100			Subchapter 8 (other th					
223 North Van Dien A	Vanua				Other (i.e. private	& commercial	buildings, h	nomes, etc.)		
220 North Van Dien A	venue				Sq. Feet: Unknown	# of Floo	ors: 4 Blo	dg. Age: 50	)+ year	S
City (5)	County (6	) 1	County Co	de (7)						
Ridgewood	Berger	- 1	(State Use		Current Use (prior if being	ng demolished	d): Hospi	ital		
· · · · · g · · · · · · · ·	Derger	•	Totato Coc	Omy	1					
Name of Monitoring Firm Hired	by Bldg (	Owner (8)	ASCM No.		Name of Contractor (9)					
Colden Corporation		2111101 107	ACCIVITIO.	£3		TERRENIT			201	
Colden Corporation	Į.				GREENWOOD ABA	TEMENIC	ONSUL	TANTS, INC	).	
Street Address					Street Address				4	
28 Washington Street					511 MAIN STREET					
City, State, Zip Code					City State, ZipCode					
Ballston Spa, NY 120	20				Butler, NJ 07405					
Project Manager for Monitoring	Firm	Telephone No	ımbor							
Jim Miades		347.435.3			Telephone Number 973-492-0477		License	Number		
Scheduled Start Date (10)		Scheduled Co		ato (11)	Name of OSHA Monitor		00840			-
April 20, 2018		May 31, 2		ate (11)	EMSL inc.					
Occupancy Status During Ab	atement (	Check only on	e)		Street Address					
Facility Closed/Vacated	d During F	ntire Period of	Ez f Ahatemen	it.	<u>Succi Address</u>					
Abatement Performed	Outside o	f Normal Facili	ty Hours		1056 Stelton Road					
Describe	o atolao o	. Homan dom	ty Hours -		City, State, Zip Code					
Other - Describe:					Piscataway, NJ 088	2EA				
3/4/					1 15 Cataway, 145 000	JJ4				
Source of Mark (Charle III that	- 1									
Source of Work (Check all that	apply)									10525
						x Full Contain	nment with	Negative Pres	ssure	
$\geq$ 3 sf or $\geq$ 3 If				Renovation	on	Mini-Enclosu	re			
$\square \ge 160 \text{ sf or } \ge 26$	60			Demolition	n	Glovebag Pr	ocedure			1
								d Non-Friable F	Procedu	re
Location of Asbestos-Containin	g	Is Location No			Description of Asbestos	Amour	nt A	batement Type	. 00000	-
Material (ACM) in Facility (13)		by Maint./Cus		(12)	Containing Material (ACM) (i.	e. (Speci	fy SF			
		YES N	O NA	1	thermal systems insulation,	or LF)	R	emove Repair E	ncap En	close
					surfacing, VAT, or other misce	ell.)				
Cheel Bsmt-Room # B	430		T	X	VAT & Mastic	300 st	IX	2		
Adjacent Room					VAT & Mastic	210 st	100.0			
rajacent recom					···· = maono	210 31		.		
Name of Reg. Waste Hauler		NJDEP Waste	Hauler ID #	ŧ	Cubic Yards of Waste:		Name of	Registered Lan	dfill	_
See Hauler Below # 1 & 2		See Below				20		vfill Landfill/G		3
Hauler #1) Greenwood A	batemen	t Consultan	ts, Inc	Butler, N.I	07405	Disposal Da		City, State		_
NJ DEP # 125		······································		,		May 31, 2		Route 2, E		
Hauler #2) Newark Cartin	200	Newark, N.I.O	4509 N.I.	DEP # 1055	1		:07107117V	Bridgepor	t, WVA	
Completed by (Print or Type)		itle	, 110	WI # 1733	Signature		D-1	304-842-2	784	
Marin Graure	_	ENIOR PR	OJECT				<u>Date</u>	.=		
			OJECI		Marie Graure		April 1	17, 2018		
2	N	MANAGER								- 1

GAC # 2018-633-002- New Start Date & Additional VAT & Mastic



### State of New Jersey - Notification of Asbestos Abatement

	D. A		(Pur	suant to N.J.A.	C. 8:60-7 and 12:120-	7)			E	71.7 71.7 71.9		:::
Date of Notification (1)	24 16	E 11 110			Name of Building Own	05/000			Personal Control of the Control of t	=1, W   W		
April 17, 2018					Tension Envelo	ne Co	rnor (2	tion	1			i
Agencies Notified		Notification			Street Address	pe 00	pora	LIOII	- AP	220	2018	3
X EPA				tification	19 Wesley Street			ist d	; 4 W2 1		-016	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
DCA		☐ Amend			City, State, Zip Code				<del> </del>			i
x DOL		☐ Emer	gency	(including	South Hackens	ack N	JT		1.	. 8%	( <u>*</u>	فسر رئي ا
XDEP			cation)		Name of Contact	terre I	10	LTol	onhone Ni			11.56
x DOH		☐ Cance	elled		Jesse Lopez				ephone No. 1,487,188		*	7.550
				FACILITY IN	IFORMATION				1.707.100			
Name of Facility Where Abater	ment is Ta	king Place (3)			Type of Facility (4)							
Tension Envelope					School (K-12)							
Street Address					Subchapter 8 (other ti	han K-1	2)					
19 Wesley Street					Other (i.e. private	& com	nercial	huilding	re homos	oto \		
011 (51)	- /-				Sq. Feet: Unknown	# of	Floor	: 2 F	Ida Aae	· 80 va	are	
0 11 1	County (6	~	Count	y Code (7)			. 10011		riag. Age.	_ 00 y C	ars	
S. Hackerisack	Bergen	1	State	Use Only)	Current Use (prior if be	ing dem	olishe	d):				
Name of Monitoring Firm Hired	h Dil (											
Enviro Vision Comment	DV Blag.	Owner (8)	ASCM		Name of Contractor (9)							
EnviroVision Consu	itants	inc.	000	79	GREENWOOD ABA	ATEMI	ENT C	ONS	ULTANT	S, INC	<b>:</b> .	
20-21 Wagaraw Road,	Dida 4	255			Street Address							
City, State, Zip Code	Blag #	35E			511 MAIN STREET							
Fairlawn, NJ 07410					City State, ZipCode							
Project Manager for Monitoring	Firm	Telephone N	lumber		Butler, NJ 07405							
Fred Larson	<del></del>	973-636-			Telephone Number				nse Numbe	<u>r</u>		
Scheduled Start Date (10)		Scheduled C		n Date (11)	973-492-0477 Name of OSHA Monitor			008	40			
April 27, 2018		April 30.	2018	on Date (11)	EMSL inc.							
Occupancy Status During Aba	tement (0	Check only or	ne)		Street Address							
Facility Closed/Vacated	During E	ntire Period o	of Ahate	ment	1056 Stelton Road							
Abatement Performed (	Outside of	Normal Faci	lity Hour	rs -	City, State, Zip Code							
Describe Other – Describe:					Piscataway, NJ 0	2251						
					. loodtaway, No o	0004						
Source of Work (Check all that a	apply)							-				
						Full	Contair	nment v	with Negat	ive Pre	ssure	
≥ 3 sf or ≥ 3 lf				Renovation		X	Mini-Er	closur	e		ocuro	
$\square \ge 160 \text{ sf or } \ge 260$	)			Demolition				Proced				
Location of Asbestos-Containing	Isloc	ation Normall	v I lood	Donorinting of Aut		Non	-Exemp	oted (*)	and Non-	Friable	Proced	ure
Material (ACM) in Facility (13)		by Maint./Cu	stodial	(ACM) (i.e. therm	pestos Containing Material al systems insulation, surfac	oina	Amour		Abateme	nt Type		
	Staff?	(12)	2000	VAT, or other mise	cell.)		(Specification or LF)	y SF	Remove	Repair E	ncap E	inclose
Pat Paam	YES	NO	NA									
Rat Room	X			TSI			45 If		X			
Boiler Rm & Hallway	X	_		TSI		1	40 If		X			
Production Floor		X		TSI			60 If		X			
Men's Locker Rm-Bath		X		TSI			30 If		X			
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Waste	e Hauler	ID#	Cubic Yards of Waste:			Name	of Registe	red Lan	dfill	
See Haulei Below # 1 & 2	- 1	See Below			15				dowfill La		<u> </u>	
Hauler #1) Groonwood &L	otom 1	Carrent	4					G.R.	O.W.S			
Hauler #1) Greenwood Aba NJ DEP # 1256	atement	Consultan	ts, Inc.	- Butler, NJ 07	405		sal Da	te	Cit	ty, State		
Hauler #2) Newark Carting,			4500 N	I DED # 1055		Apri	1 30,2	018		oute 2, B		
,	.nc [4]	ewain, NJ U	1307, N	J DEF # 19551						idgeport 4-842-2		
Completed by (Print or Type)	Tit	le			Signature			Det				
Marin Graure		r. Project	Manac	ier	Secretary and the second secretary and the second s			Date	-il 47 00	140		
				oronali i	Marie Gran	80		Api	ril 17, 20	118		
GAC # 2018-639			70 177		0							





Date of Notification (1) 4/13/18			e of Buildin			(2)							
Agencies Notified Type Notification	)	Stree	et Address						AD.	7	10	2010	3
EPA X Initial Amended Amendmen	t #		State, Zip (					:		-	E)	i,	
Emergency justification DCA Cancellatio	)	Name	e of Contac					Telephone	e Numb	)er			
N		FA	CILITY IN	FORMAT	ION						-		
Name of Facility Where Abatement is Takin	ng Place (3)					Type of Fa	acility (4)						
Street Address						Subc		(Other than rate & comm		buil	dings,	hom	es,
City (5) Belford		W.				Square Fe 1371	et	# of Floors	3	В	ldg. A	ge	
County (6) Monmouth			ty Code (7) E USE ONL			Current Us home	se (Prior i	if being dem	nolished	d)			
Name of Monitoring Firm Hired by Building	Owner (8)	AS	CM No.			of Abateme LEAD PF		actor (9) SIONALS	 S				
Street Address						Address	Æ COL	JRT		-			
City, State, Zip Code					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	tate, Zip Co WOOD,		01					
Project Manager for Monitoring Firm		Telepi	hone No.		1 200 200 200 200 200 200 200 200 200 20	one No.		Licens 1200	se No.				
Start Date (10) 4/25/18	Scheduled 5/16/18	Completio	n Date (11)	)		of OSHA M		SIONALS					
Occupancy Status During Abatement (Che	ck Only One)					Address							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr	Period of Aba	tement				IITE DOV		IRT					
X Other – Describe:	nal Facility H	ours				ate, Zip Co WOOD,		01					
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If  ≥160 sf or ≥260 If	processors.	ovation olition			×	Mini-End Gloveba	losure g Proced	with Negati ure ) and Non-F				2	
		cation						7 4114 116111	1.00.0		Abate	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Used S Mainte Custodi	nally olely by nance/ al Staff?		stos Con thermal		aterial (ACN insulation,	Λ)	Amount (Specify SF or LF)		Ren	Repair	e Encapsulate	Encl
(13)	-	2) lo N/A		other r	miscellane	eous)		,		Removal	oair	sulate	Enclosure
INTERIOR				F	Plaster			4000SF	x				
Name of Registered Waste Hauler		NJDEP	Mosts	Louis	V1-								
NEWARK CARTING		Hauler I 04509		of Was	Yards ste	IES		gistered Lan	ndfill				
City, State NEWARK, NJ				Dispos 5/16/	sal Date 18	1000000000	, State THLEH	IEM PA			11.15.555		
Completed by JOSEPH PERLSTEIN	Title OWNER	?		S	Signature				Date				

Date of Notification (1)   9   8	Date of Notification (1)		Na	me of Build	ing Owner/Operato	E SONS	EVCIALAR	1 /2	0,2	018	
OCA   Amended   Amended   Amended   Amended   OCA			Str	eet Addres	S		1	11/	10		=
Street Address   Stre	DEP Amended		Cit	y, State, Zip	Code		KU.	-10	_	-	=
DOA	Emergency (inc	cluding	_			MAYA	1.J 082	24			
Name of Eacitity Where Abatement is Taking Place (3)   Street Address	JXI DOH   justification)		Na				Telephone Nur	nber			
Name of Racility Where Abstement is Talong Place (3)  KESTORTOL (€  Street Address  Street Address  AVACOM  County (6)  County (6)  CAPE MAY  County Code (7) (SYATE  Code (7) (SYATE  County Code (7) (SYATE  Code (7) (SYATE  Code (7) (SYATE  Code			J						=		
Street Address  City (5)  AVALOVI  County (6)  AVALOVI  County Code (7) (STATE Sequence Feet of Floors Sequence Feet Sequence Feet Feet Feet Feet Sequence Feet Feet Feet Feet Feet Sequence Feet Feet Feet Feet Feet Feet Feet Fe		Place (3)				Type of Facilit	y (4)				
Description of Absternent (AcM)   Street Address   Stre						School (K-1	12)	2)			
City (5)	Street Address					Other (i.e.,	private & commerc	ial bu	ildings	s,	
County (6)   CAPE WAY   USE ONLY)   County Code (7) (\$TATE   Current Use (Prior if being demoished)   CAPE WAY   USE ONLY)   County Code (7) (\$TATE   Current Use (Prior if being demoished)   CAPE WAY   CAPE   C	City (5)					Square Feet		TE		3000	
Name of Monitoring Firm Hired by Building Owner  (8)	County (6)				7) (STATE		rior if being demol	_   _ ished)			=
Street Address   Stre			1			-	- Comment of the last of the l				
Street Address    Street Address   Street Address   Street Address   Street Address   Street Address   Street Address   Street Address   Street Address   Street Address   Street Address   Start Date (10)   Scheduled Completion Date (11)   Name of OSHA Monitor   Start Date (10)   Name of OSHA Monitor   Street Address   Street Ad		vner	ASC	vi No.	The state of the s	0 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m	** Statement Services				
City, State, Zip Code	Street Address				Street Address				==		_
Project Manager for Monitoring Firm  Telephone No.  Telephone No.  Start Date (10)  Y—20—18  Coccupancy Status During Abatement (Check only one)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other - Describe:  Sope of Work (Check all that apply)  23 st or 23 if 2160 st or 2500 if  Pull Containment with Negative Pressure Glovebag Procedure Normally Used Solely by Maintenance Asbestos-Containing Material (ACM) TOBER ABATED IN Facility (13)  SID INC-  X TRANSITE  Signature  Disposal Date  City, State, 3-7  Abatement Type  Abatement Type  Abatement Type  Abatement Type  Abatement Type  Countries  City State, 3-7  Abatement Type  Countries  Abatement Type  Abateme	33 34 T 3.4						RUCE ALL		_		=
Start Date (10)    Scheduled Completion Date (11)   Street Address   Street A	City, State, Zip Code						ADE N. J	08	05	2	
Start Date (10)    Cocupancy Status During Abatement (Check only one)	Project Manager for Monitoring Firm	Tek	ephone	No.		9-0477		VV			
Occupancy Status During Abatement (Check only one)    Facility Closed/Vacated During Entire Period of Abatement     Abatement Performed Outside of Normal Facility Hours     Other - Describe:   City. State, Zip Code     Other - Describe:   City. State, Zip Code     Other - Describe:   City. State, Zip Code     City. State, Zip Co						fonitor	1 - 00				_
Facility Closed/Vacated During Entire Period of Abatement						NA					_
Abatement Performed Outside of Normal Facility Hours   City. State, Zip Code					Street Address		.*				
Scope of Work (Check all that apply)    Stope of Work (Check all that apply)					City, State, Zip Co	xde					
Safe			_								=
Demoition    Glovebag Procedure   Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Exempted (	Scope of Work (Check all that apply)	_					gative Pressure				
Location of Asbestos-Containing Material (ACM)  Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  Yes No N/A  Name of Registered Waste Hauler  KLEMCO INC  City, State  MAPLE SHAVE N. ITtle  Is Location Normally Used Solely by Maintenance/ Custodial (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Abatement Type  Abatement Type  Abatement Type  Asbestos Containing Material (ACM) Amount (Specify SF or LF)  SF or LF)  Abatement Type  Abatement Type  Abatement Type  Abatement Type  Asbestos Containing Material (ACM) Amount (Specify SF or LF)  SF or LF)  Abatement Type  Abatement Type  Abatement Type  Abatement Type  Abatement Type  Abatement Type  Asbestos Containing Material (ACM) Amount (Specify SF or LF)  SF or LF)  By B					Glovebag	g Procedure					
Location of Asbestos-Containing Material (ACM)  Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  Yes No N/A  Normally Used Solety by Maintenance/ Custodial Staff? (12)  Yes No N/A  TRANSITE  Name of Registered Waste Haufer  KLEMCO JMC  Normally Used Solety by Maintenance/ Custodial Staff? (12)  Yes No N/A  TRANSITE  Name of Registered Waste Haufer  KLEMCO JMC  NUDEP Waste Haufer D No. 1790  Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Type  Ty	——————————————————————————————————————	le l ocatio	n		Non-Exe	mpted (*) and No	n-Friable Procedu		hater	ment	_
Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  Yes No N/A  Name of Registered Waste Hauler  KLEMCO JMC  City, State  MAPLE SHANDE W. J  Maintenance/ Custodial Staff? (12)  Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)  April 18  April 19  Ball		Normally			Description of						
Name of Registered Waste Hauler    NIDEP Waste   Cubic Yards   Name of Registered Landfill		Vaintenand	œ/		os Containing Mate					ū	ш
Name of Registered Waste Hauler    NIDEP Waste   Cubic Yards   Name of Registered Landfill	TO BE ABATED		l	(i.e., 1				Rem	Rep	Cap	nclo
Name of Registered Waste Hauler    NIDEP Waste   Cubic Yards   Name of Registered Landfill		(12)			other miscellaneou	s) (a	11	lavo	alir	sulat	sure
Name of Registered Waste Hauler  KLEMCO JMC  City, State  MARE SHAVE W. J  Completed By  Title  NIDEP Waste Cubic Yards of Waste Cubic	Ye	es No	N/A							0	
Name of Registered Waste Hauler    NUDEP Waste   Cubic Yards   Name of Registered Landfill	SIDING		X	ITK	PANSITE		1500 SF	X	Ц	$\dashv$	
Name of Registered Waste Hauler    NUDEP Waste   Cubic Yards   Name of Registered Landfill		-						-	-	$\dashv$	_
KLEMCO INC  City, State  MARE SHARE W. I  Completed By  Title  Completed By  Title  Completed By  Completed By  Completed By  Title  Completed By  Completed		$\dashv$						-	$\dashv$	$\dashv$	_
KLEMCO INC 1790Y of Waste CMCMUA  City, State Disposal Date City, State WOONBINE  Completed By Title Signature Date G	Name of Devictored Waste Harrier	IN	DEP V	Vaste	Cubic Yards	Name of Regis	tered Landfill				
City, State  MARK SHAVE W. J  Completed By  Title  Disposal Date  City, State  WOODBING  Date G. Completed By  Disposal Date  City, State  Disposal Date	2000 Name of the Control of the Cont	Ha	uler ID	No.	of Waste	CM	CMUA				
Completed By Title Signature Date G 19	City State	-1-	111		Disposal Date	City, State	ė .,				
Competed by .					Signature		15			_	_
MICHAEL VICUM PRES. Mallette 1-4-1-10	Completed by	ES.			Malil	nu_		1-1	8		_

CK#4213

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

						C 8:60 and 12:13							
Date of Notification (1)	1		(,			ling Owner/Operato		. !	Å	PR	27	1 2	010
9-	- 9-18		- 5	_		ARBAUGI		ELOPE	RS				
Agencies Notified	Type Notifica	tion		St	reet Addres		SSBORD	RD	*		~,-		-
↑ □ DEP	Amended			Cit	y, State, Zip		3300100	ICU		÷ ,=			=
₩ DOL	Amendme Emergenc		dina	"		JOOOBURY	T HEZG	HTS	NIT	0	80	9	7
DOH DCA	justificatio	n)	3	Na	me of Conta	ME			one Numbe	er		1.1	
						FORMATION		$\bot =$		=	_	_	_
Name of Facility Where	Abatement is Ta	king Pl	ace (3)	4	AGETTIN	a ordination	Type of Facil	ity (4)					_
	ESIDEN	ICE					School (K	-12)	H K 40)				
Street Address							Other (i.e.		man K-12) commercial	build	iings	,	
City (5)							homes, et Square Feet	(c.)	loors	TBk	dg. A	ge	
	AVALOR	<u> </u>					1200	_   _ 7		5	50		
County (6)	APE WU	٧-			ounty Code	(7) (STATE	Current Use (	Prior if bein		ed)			
Name of Monitoring Firm			et	ASC	M No.	Name of Abaten	nent Contractor			_	_	_	_
(8)	NA						MCO J	ENC		_	_		_
Street Address						Street Address	S. SP	RUCE	AUE				
City, State, Zip Code						City, State, Zip C	ode	ADE	MIT	7	780	05	2
Project Manager for Mor	itoring Firm		Te	lephon	e No.	Telephone No. 856 77		Licens					
Start Date (10)	Sch	neduled	Comp	letion D	)ate (11)	Name of OSHA M			00 1			_	=
4-19-19	8	4-	27	-18			N/	A					_
Occupancy Status During A Facility Closed/Vacate	To 10					Street Address						is or	
Abatement Performed					1	City, State, Zip C	ode						=
Other - Describe:							* 1	**					
Scope of Work (Check al	I that apply)					☐ Full Con	tainment with N	egative Pre	ssure				
≥3 sf or ≥3 lf			enova emoliti			☐ Mini-End		3					
≥160 sf or ≥260 lf		1720	CITICATO				empted (*) and N	on-Friable	Procedure				_
			Locati Iormali			•		,			Type		
Location of		100000000000000000000000000000000000000	d Sole		Achaet	Description of os Containing Mate	erial (ACM)	Amou	F	$\neg$	T	7	
Asbestos-Containing Ma TO BE ABATE		0	ustodi	al		thermal systems in	sulation,	(Spec		R	R	Enca	Enc
IN Facility (13)			Staff? (12)			surfacing, VAT, other miscellaneou		SFort	.F)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A						<u>a</u>		ate	ГӨ
SIDING		-		X	TV	CANSITE	-	1750	) SE	X	+	7	
2101.00		1		/				,		1	1		
											1		
				IDEO	Marka 1	Cubic Yards	I Name of Day		Jen -	$\perp$	$\perp$		
Name of Registered Waştı	T			UDEP V lauker ID		of Waste	Name of Regi	IAA C	, M.	1.1	14		
KLEMCO _	LNC			170		Disposal Date	City, State	Mr. C	. , , ,	U.	1	_	=
	HADE	W	, T					OBIA	1E 1	٧.	T		
Completed By	Title		_			Signature 4	100	1	Date	71	O		

CK 44513

	Date of Notification (1)	9-18				ding Owner/Operato	\$65,000 W 19	10 17 At	. M-	17	J18	
1	Agencies Notified	Type Notifica	tion		Street Addres	S <sub>0</sub>			VAI	MC	_	=
	.`⊡ BPA □ DBP	X Initial   Amended			City State 75	P.O. BO	x . 199	8			i.	
	及 DOF	Amendme		inc	City, State, Zip	CAPE MA	Y CON	RT HOUS	F			11-0
	☑ DOH ☐ DCA	justificatio	n)	"9	Name of Conta	act	1 000	Telephone N	umber		14.1	
		Caricellatio				IOMN		609-	80-	-38	10	
-	Name of Facility Where A	hatomost is To	king Dia	co (3)	FACILITY IN	IFORMATION	T =	0. 770				
1		ESINEN		CE (3)			Type of Faci					
	Street Address						Subchapt Other (i.e.	er 8 (Other than I ., private & comm	(-12) ercial be	uilding	ıs,	
-	City (5)						homes, e Square Feet			Bldg.	Age	
		JALON					1500			5	0+	_
	COUNTY (6)	MAY			County Code USE ONLY)	(7) (STATE	Current Use	Prior if being den	olished	)		Uta-ta
F	Name of Monitoring Firm I		g Owner		SCM No.	Name of Abatem	ent Contractor	(9)			_	_
	(8) N	, A				KLEW		NC				
1	Street Address					Street Address	. SPR	VI- MI	_			
1	City, State, Zip Code					City, State, Zip C		UE AVE			-	_
L.						MAPL	E SHAL	DE, N.J	0	80	52	_
F	Project Manager for Monit				hone No.	Telephone No.	9-0477	License No.	44	4		
5	Start Date (10)	Sch	eduled C	Completic	on Date (11)	Name of OSHA M	Ionitor					
1	9-20-18 Occupancy Status During			8-1	3	Street Address						_
	I Facility Closed/Vacated		-		ent			, is				
E	Abatement Performed C					City, State, Zip Co	ode	. 0				_
	Other - Describe:											_
S	cope of Work (Check all t	that apply)				☐ Full Cont	ainment with N	egative Pressure				
	]≥3 sf or ≥3 lf ]≥160 sf or ≥260 lf			novation molition		☐ Mini-Encl	osure Procedure	on-Friable Proced	lure			
			100	ocation		70		l labor 1 tocc		Abate		
	Location of		Used	xmaliy Solely b		Description of				Ту	oe .	_
,	Asbestos-Containing Mate TO BE ABATED			tenance/ stodial		os Containing Mate thermal systems ins		Amount (Specify	70		Enc	Щ
	IN Facility (13)	-		taff? (12)	0.50	surfacing, VAT, o	r	SF or LF)	Remova	Repair	Encapsulate	Enclosure
	(10)		Yes		I/A		-,		l sa	-	ilate	иге
	5,10,11					10.141817		154.00	V	-		_
_	SIDING			-+^	· ·   — — — —	RANISIT		1500 SE	X	-		_
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=			$\dashv$						+-			
Na	me of Registered Waste I	Hauler		1 2000		Cubic Yards	Name of Regi	stered Landfill				
	KLENCO	INC		Hauk	904 .	of Waste	_ C. M	. C. M. 1	$)$ , $\forall$	1		
Cit	y. State MADLE	SHADE	N	. ]		Disposal Date	City, State	OBINE				
	mpleted By	Title	C /	2		Signature	001	Date,	G	100		
M	LICHAKL ILL	um _	50F	<u></u>		Mar	Ur		- 1-	18		

Date of Notification (1)		-		Name	of Building	Owner/Operato	or (2)			47		
04/07/2018				RYA	N SORAF	INE	J. (2)					
Agencies Notified	Type Notification	n		Street	Address		1	APR APR	00	2018		
Ĭ EPA	Initial							P. 50 . 10				lower
DEP DOL	Amended	_4.21			State, Zip Co			4.		F		4
N DOL	Amendme Emergenc		na	WY	CKOFF N.	J. 07481				=	374	
DOH DCA	justification	1)	.9		of Contact		-	Telephone N	lumbe	F		-
L DCA	Cancellation	n		1	N SORAF					1		
Name of Facility Where Al	patement is Tak	ing Place	(3)	FA	CILITY INFO	RMATION	1=		104-25-54-5			
PRIVATE		9 : 1000	(5)				Type of Facility	1.41	14 n 100-73			
Street Address							School (K Subchapt Other (i.e.	-12) er 8 (Other than K private & comme	-12) rcial bi	uilding	s. hoi	mes
City (5) WYCKOFF NJ. 0748	31 07481						Square Feet	# of Floors	Т	Bldg.	Age	
Ca1 (0)			-	County	Code (7)		2,923	2			14	
berge				(STATE	Code (7) USE ONLY)			rior if being demol	shed)			
Name of Monitoring Firm H N/A	lired by Building	Owner (8	3)	ASC	M No.	Name	of Abatement Co	ontractor (9)				
Street Address						NOF	RTH EAST EN	VIRONMENT	AL LL	.C		
ou dot / ludiess							Address					
City, State, Zip Code							51ST.					
•							tate, Zip Code TH BEEGEN	N.I 07047				
Project Manager for Monito	ring Firm		T	Telepho	ne No.		one No.	License	No			
ENVIRO PROBE INC	)						776-0642	01300	NO.			
Start Date (10)		Schedu	led Co	mpletion	Date (11)		of OSHA Monitor					
04-16-5018		O#-	18.	-201	Z			ABORATORI	-s			
Occupancy Status During A	batement (Chec	ck Only O	ne)				Address					
Facility Closed/Vacate Abatement Performed	d During Entire	Period of	Abater	nent		108 [	JBERTY ST.					
Abatement Performed Other – Describe:	Outside of Norn	nal Facilit	y Hour	S		City, St	ate, Zip Code					
						1	UCHEN NJ.					
Scope of Work (Check All T	hat Apply)											-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli		>	X	Glovebag Pro	cedure				
		le	Locati	-			Non-Exempted	d (*) and Non-Fria	ole Pro	1977275-70		
Location of			Vormal			5					emen /pe	t
Asbestos-Containing Ma	iterial (ACM)		d Sole intenar		Asbestos	Description Containing Ma	of eterial (ACM)	Amount		T	İ	
TO BE ABATE In Facility	<u>:D</u>	0.0054	todial S		(i.e. the	ermal systems	insulation.	(Specify	Z.	_	Enc	1 1
(13)			(12)		of	surfacing, VAT	, or	SF or LF)	Remova	Repair	aps	Enclosure
		Yes	No	N/A					val	1	Encapsulate	ure
					Floor T	ile 9x9 & M	ooio Cluo	1 270 05	-			-
BASEMENT	Γ		X	1 1								
BASEMEN	Γ		X		110011	000 0 101	asic Giue	1,276. SF.	X			
BASEMEN <sup>*</sup>	Γ		X		110011	OXO & W.	asic Giue	1,276. SF.	X			
				IDEB IA					X			
ame of Registered Waste H	łauler		N. Ha	JDEP Wa	aste C	ubic Yards	Name of F	Registered Landfill				
ame of Registered Waste H	łauler		N. Ha		aste C No. of	ubic Yards i Waste TBD	Name of F					
BASEMENT  ame of Registered Waste H RI STATE TRANSFER  ty, State RONX NEW YORK	łauler		N. Ha	auler ID I	aste C No. of	ubic Yards Waste TBD isposal Date	Name of F MINEF City, State	Registered Landfill RVA ENTERPF	RISE			
ame of Registered Waste H RI STATE TRANSFER	łauler	Title	N. Ha	auler ID I	aste C No. of	ubic Yards i Waste TBD	Name of F MINEF City, State	Registered Landfill	RISE			

Date of Notification (1) 04/07/2018			Name	of Buildi	ng Owner	r/Operato	r (2)		5 5 5				
Agencies Notified Type Notification	n .		-		RAFINE		-		1 100 00	n a	0010		
EPA Initial Amended	л			Address State, Zip			V <sub>4</sub>	\$ .	APR	()	2016	-	lowers.
DOL Amendme	ent#				NJ. 07	481		7	5 1				
DOH justificatio	n)	g		of Conta N SOR	Nicolanda de la composición dela composición de la composición dela composición de la composición dela composición dela composición de la			Te	lephone N	lumbe	r	-	
Name of Facility Where Abatement is Tak	ing Place /	31	FA	CILITY IN	FORMA	TION			3				-
PRIVATE	ing reace (	3)					Type of Facili	(C. 5557)					
Street Address							School (I Subchap Other (i.e etc.)	ter 8 (Oth	er than K- & commer	12) cial bu	iilding	s, hor	nes,
City (5) WYCKOFF NJ. 07481 07481							Square Feet 2,923	# 0	f Floors	T	Bldg.	Age	
County (6) Bergen		-	County (STATE	Code (7	ກ		Current Use (I	Prior if bei		shed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)	)	ASC	M No.	-	Name NOR	of Abatement C	Contractor	(9)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
Street Address						Street	Address 51ST.			IL LL			
City, State, Zip Code					4	City, Si	ate, Zip Code TH BEEGEN	J N.I. 07	047				
Project Manager for Monitoring Firm ENVIRO PROBE INC			Telepho	one No.		Teleph	one No. 776-0642		License I	Vo.			
Start Date (10) 04 - (6 - 2018	Schedule	ed Co	mpletion	Date (11	)	Name o	of OSHA Monito						
Occupancy Status During Abatement (Che	ck Only On	e)	OLC 1	7			RO PROBE	LABOR	ATORIE	ES			
Facility Closed/Vacated During Entire Abatement Performed Outside of Non	Period of A	hator	ment			108 L	IBERTY ST.	•					
Other – Describe:	nai raciiny	Hour	s 				ate, Zip Code JCHEN NJ.						
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 if ≥160 sf or ≥260 if	-	enova emolii	Section 1			X	Full Containn Mini-Enclosu Glovebag Pro	re ocedure					
	Is	Locati	ion				Non-Exempte	Janu	NON-FRAC	Ne Pro		e emen	t
Location of Asbestos-Containing Material (ACM)		ormal Sole			Des	cription o	ıf					ре	
TO BE ABATED In Facility (13)	Mair	ntenar odial S (12)	nce/	Asbes (i.e	thermal: surfac	aining Ma systems i ing, VAT iscellane	terial (ACM) nsulation, or ous)	(Sp	ount ecify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A							=		ate	9
BASEMENT	+	X		Floo	r Tile 9x	k9 & Ma	sic Glue	1,276	6. SF.	х			
lame of Registered Waste Hauler		N.	JDEP Wa	aste	Cubic Y	'ards	Name of	Registere	d I andfil				
RI STATE TRANSFER		1	auler ID 1 19951	No.	of Wast	e			ITERPR	ISE			
ity, State RONX NEW YORK					Disposa TBD		City, Stat		G ОНІО				
completed by	Title	Activities resources				nature	Tile	1/	///Dat	<u> </u>	-		
ARLOS ESQUIVEL	SAFE	TY N	IANAG	ER		4	1 ligan	where	-	.c /07/2	2018		

Date of Notification (1) 04/12/2018	AIR	武弘.0		Name	of Building	g Owner	r/Operat	or (2)	1				4		·	. 1 13
Agencies Notified	Type Notification	1			Address	uley			- 1		A P	p 2	n	2018	1	
EPA DEP DOL DOH DCA	Initial     Amended     Amendmer     Emergency     justification     Cancellatio	(including)		Linde Name	State, Zip Con, NJ 0 of Contact	7036			,	Te				Ti.		homean
Name of Facility Where A	batement is Taki	na Place (3	8)		CILITY INF		TION	T-				2020		ř		
Private House Street Address City (5)		ing ridde (c						×	etc.)	12) r 8 (Otl private	& com	merci	?) al bui	ldings	s, hom	nes,
Linden									uare Feet 100	# 0	of Floor	S		Bldg. 50+	Age	
County (6) Union County					Code (7)	0			rrent Use (Pri	or if be	ing der	nolish	ed)			
Name of Monitoring Firm I N/A	Hired by Building	Owner (8)		ASC	M No.				batement Con		r (9)		- N. V 12			
Street Address							Stree 63 L		ress ner Stockin	a Pat	h					
City, State, Zip Code							City,	State	, Zip Code Park , NJ 0							
Project Manager for Monit	oject Manager for Monitoring Firm						Telep	hone		1033	Licen 0130		).			
Start Date (10) 04/24/2018							Name	of O	SHA Monitor	1.0	0130					
Occupancy Status During	Abatement (Ched						Street			LC					,	-
Facility Closed/Vacate Abatement Performed Other – Describe:	ed During Entire	Period of A nal Facility	baten Hours	nent s			City, S	State,	Zip Code		1					
Scope of Work (Check All	That Apply)						LINC	OIN	Park , NJ 0	/035						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit						ull Containme lini-Enclosure lovebag Proc lon-Exempted	edure						
			_ocati						ion Exchipted	( ) am	1 14011-1	Habit	: 110	Abate	ement	
Location o Asbestos-Containing M	aterial (ACM)	Used	ormal Sole	ly by	Asbest	De tos Con	scription	of Nateri	al (ACM)	٨	marint			Ту	ре	-
TO BE ABAT In Facility (13)		Custo	(12)	Staff?	(i.e.	thermal surfa	system cing, VA niscellar	s insu	lation,	(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
Basemer	No	N/A X		Pine	insula	tion		4.5	0015							
		^		ripe	IIISUIA	ILIOIT		73	6 LF		х		Х			
		+ +														
Name of Registered Waste	Hauler			JDEP W auler ID		Cubic			Name of R	legiste	ed Lan	dfill				$\dashv$
Nari Construction LLC				37535		of Was	ste		G.R.O.V	V.S						
City, State .incoln Park, NJ						Dispos TBD	al Date		City, State Morrisvil		١					
Completed by Igor Jezdimirovi	С	Title Pro	ject	Manag	jer	S	ignature					Date 04-		2018		

	PAID	) }	(P	ursuant	OF ASB to NJAC	8:60 an	d 12:12	0)		E	nterior const	13 13 13 13 13 13 13 13 13 13 13 13 13 1		·	- 1
Date of Notification (1) 04/13/2018					f Building el Padilla		Operator	(2)		-					
Agencies Notified	Type Notification			Street A	ddress				711.11	A	PC 20	2018	}		11
EPA DEP DOL	Initial Amended Amendment #				ate, Zip Co				2	<i>p</i> .		#!		I HAND!	· management.
X DOH	Emergency (in justification)	ncluding	Ī		f Contact					Tele	ephone Ni	umber			
☐ DCA	Cancellation			nesetting:	el Padilla	100						.)			
Name of Facility Where	Ahatement is Taking	Place (3	3)	FACI	LITY INF	ORMATI	ON	Type	of Facility	(4)				7	
House	i batement to Taking	. 1400 (	-/					П	2						
Street Address								×	School (K- Subchapte Other (i.e.   etc.)	r 8 (Othe			dings,	home	es,
City (5) Nutley						Sec. 1880		Squa N/A	are Feet	# of N/A	Floors		ldg. A I/A	ge	
County (6) Essex					Code (7) USE ONLY	)		Curr	ent Use (Pri JSE	ior if bei	ng demolis	shed)			
Name of Monitoring Firm	Hired by Building O	wner (8)		ASCN	M No.				atement Co tement, Ir		(9)				
Street Address							Street 11 R		ess gren Ave	nue					
City, State, Zip Code	11								Zip Code NJ 07512						
Project Manager for Mor	nitoring Firm		T	Telepho	ne No.		Teleph 973-				License 01311	No.			
Start Date (10) 04/18/2018		Schedul		npletion	Date (11)				HA Monitor tement, Ir						
Occupancy Status Durin	g Abatement (Check	Only Or	ne)				Street	110000000						<u> </u>	
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire Pened Outside of Norma Occupied	eriod of A	Abatem / Hours	ent			City, S	state, 2	gren Ave Zip Code NJ 07512						
Scope of Work (Check A	II That Apply)						1010	vva, i	10 07012				-		
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	11-77		Renova Demolit				×	Mi Gl	ull Containm ini-Enclosur ovebag Pro on-Exempte	e cedure				e	
		Is	Locati	on								T	Abate	ement	
Location Asbestos-Containing <u>TO BE AB</u> In Faci (13)	Material (ACM) <u>ATED</u> lity	Use Ma	Normalled Sole iintenar todial S (12)	ly ly by nce/		tos Cont thermal surfa		Materia s insul T, or		(S	mount Specify or LF)	Removal	Repair	e Encapsulate	Enclosure
		Yes	No	N/A										(D	
→ st-flo	or BASELLENT	X			Flo	oor Tile	es		50	00 SF	X				
												Х			
	, *v					<u> </u>									
Name of Registered Wa				JDEP Wauler ID		Cubic of Wa	Yards ste		11	B'	red Landf	ill			
D&S Abatement, Inc	). 			0996		TBD		3 1/9	Fairles		itill			44-76	
City, State Totowa, NJ						Dispos TBD	sal Date	h z	City, Star Morisvi						
Completed by Oliver Hegedis		Title	ect Ma	nager		S	Signature	11/	/		-	oate 04/13/2	2010	ě	
c logodio		1 , 10,0	OL IVIC	ugci			11	U	/			, TI 131,	_010		

mo 2505 lelel4007

Date of Notification (1)	S. S. S. S. S. S. S. S. S. S. S. S. S. S	-					L HOW					111	111
04/13/2018				of Building DeSier		/Operator	(2)		APR 2	) 20	112	1 1 1 1 1	111
Agencies Notified Type N	otification		Street	Address							10	- 1	1
∑ EPA ∑ Ini	itial							İ.,				.,	district
	mended mendment #			tate, Zip C		40			10				-
	nergency (including			ewood, I		40							
	stification) ancellation			Spangl				Te	lephone N	umber			
				ILITY INF		ION		Ľ					
Name of Facility Where Abatemen	nt is Taking Place (3	3)					Type of Facility	(4)			-		
Street Address							School (K-	12)					
							Subchapter Other (i.e. )	r 8 (Oth orivate	ner than K-	12) cial bu	ildinas	hom	168
City (5)							etc.) Square Feet						
Maplewood							N/A	# 0   N/	of Floors A		Bldg. N/A	Age	
County (6)			County	Code (7)	VII.		Current Use (Pri	or if be	ina demolis				-
Essex			(STATE	USE ONLY	)	-	House		•				
Name of Monitoring Firm Hired by	Building Owner (8)		ASC	M No.		Name o	of Abatement Cor	ntractor	(9)		- F-25-0		
Street Address							Abatement, Ir	1C.					
							Address osengren Aver	nue					
City, State, Zip Code							ate, Zip Code						
		3	_				/a, NJ 07512						
Project Manager for Monitoring Fir	m		Telepho	ne No.		Telepho			License 1	No.			
Start Date (10)	Schedule	d Cor	nnlotion	Date (11)			45-8685		01311	642.00	-1519		
04/26/2018	04/27/2		ripieuori	Date (11)			of OSHA Monitor Abatement, In	C.					
Occupancy Status During Abateme	ent (Check Only On	e)				Street A	Contract the contract of the						
Facility Closed/Vacated Durin	g Entire Period of A	baten	nent				sengren Aver	nue					
Abatement Performed Outside Other – Describe: Occupied	e of Normal Facility	Hours	3				ate, Zip Code						
Scope of Work (Check All That App	ply)					TOLOW	/a, NJ 07512						
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>	F221	enova	tion			П	Full Contains						
≥160 sf or ≥260 lf	permanen	emolit				×	Full Containme Mini-Enclosure		Negative I	ressu	ıre		
							Glovebag Proc Non-Exempted	edure	d Non-Friak	le Pro	redur	A	
	Is	Locati	on					( ) ( ) (	a rion i nai	T		ement	
Location of		ormali Sole				scription o					Ту	ре	
Asbestos-Containing Material (A TO BE ABATED	iviali	ntenar	nce/	Asbes (i.e.	tos Conta	aining Ma	terial (ACM) nsulation,		mount Specify			Ш	Е
In Facility (13)	Custo	dial S (12)	staff?	\$	surfac	cing, VAT,	, or		or LF)	Remova	Repair	caps	Enclosure
(.0)	Van	Na	N//0		otner m	niscellane	ous)			oval	air	Encapsulate	sure
Basement	Yes	No	N/A									е	(SEO)
Dasement		X			Pipe	Insulation	on	60	0 LF	Х			
								1515					
Name of Degister- 1141 4 4 4													
Name of Registered Waste Hauler D&S Abatement, Inc.		(50,00)	JDEP W auler ID	25000000000000000000000000000000000000	Cubic \ of Was		I was a second		red Landfill				
			996	- will #16	TBD		Fairless	Land	fill				
City, State Totowa, NJ	<del>-</del>				Dispos	al Date	City, State						
Completed by	Title				TBD	/	Morisvill	e, PA					
Oliver Hegedis	Projec	t Ma	nager		Si	gnature//	///	and the second second second	Da		2018		
			32.			1 1	47		04	113/2	010		

PA	其意		NOTI (	FICATIO Pursuar	ON OF AS	BESTOS C 8:60 a	BABATE	EMENT (0)			Ē	:: i		AB ALA 11 ;		
Date of Notification (1) 04/13/2018	<del></del>				of Buildin	g Owner	/Operator	r (2)	6 ·		<b></b>				1 11	111
Agencies Notified	Type Notification		-		Address						Apr	3 9	Ŋ	201	3	
₩ EPA	× Initial			Olicet	Address					, i	est :		Š			losed
EPA DEP DOL	Amended Amendmen				tate, Zip ( off, NJ								+			-
DOH DCA	Emergency justification) Cancellation		g		of Contac n Lee	t				_Te	lephone	Numb	er			
Nome of Facility 146				FAC	CILITY IN	FORMAT	TION						_		Huis es	
Name of Facility Where A House	Abatement is Takir	ng Place	(3)						of Facility School (K-	3005						
Street Address								X C	Subchapte Other (i.e.	er 8 (Oth	er than I & comm	K-12) ercial	buile	dings	, hom	ies,
City (5)			-						etc.) re Feet	# c	f Floors		В	lldg. /	Aae	
Wyckoff County (6)								N/A		N/	A			I/A	3-	
Bergen				County (STATE	Code (7) USE ONL	n		Curre	nt Use (Pr se	ior if be	ing demo	olished	i)			
Name of Monitoring Firm	Hired by Building	Owner (8	3)	ASC	M No.		Name D&S	of Abate	ement Co ement, I	ntractor	(9)					
Street Address						75.77	Street	Addres								
City, State, Zip Code							City, S	tate, Zi								
Project Manager for Monit	toring Firm			Telepho	one No.		Teleph	none No	١,		License		_	-		
Start Date (10)		Schedu	led Cor	npletion	Date (11)	)	1	345-86	A Monitor		01311					
04/25/2018		04/26/	2018		1000	93			ment, Ir							
Occupancy Status During		10000	100000	27				Address								
Abatement Performe  Other – Describe: Other	d Outside of Norm	Period of al Facilit	Abaten y Hours	nent S			City, St		ren Ave	nue						
Scope of Work (Check All							Totov	va, N.	J 07512							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	тпас Арріу)	0.000	Renova Demolit				×	Mini- Glov	Containm -Enclosure rebag Prod -Exempted	e cedure				<b>33</b>	8	
			Locati											Abate	ment	
Location of Asbestos-Containing Machine Asbestos-Containin	Material (ACM) TED	Use Ma	Normal ed Sole iintenai todial S (12)	lý by nce/		stos Cont thermal surfac		aterial ( insulati Γ, or		(S	mount pecify or LF)	INCHIOVE	Domo	Repair	e Encapsulate	Enclosure
227 9K		Yes	No	N/A		00.00111		0003)				2	5	÷	ulate	ure
Baseme	nt		Х			Pipe	Insulat	ion		98	5 LF	Х				
													1			
Name of Registered Waste	e Hauler		l NI	JDEP W	laste	Cubic	Vard-		Name							
D&S Abatement, Inc.			Н	auler ID 1996		of Was		1	Name of F Fairless	1-17-FE 11-15-15-15-15-15-15-15-15-15-15-15-15-1		till				
City, State Totowa, NJ						A CONTRACTOR OF	al Date		City, State Morisvill							-
Completed by Oliver Hegedis		Title	ct Ma	nager			gnature/	El el	, iviorisvill	ic, PA		Date				
-350.0		1 10,0	ot ivia	nayer			-111	(11)	And the second second second			04/13	/20	118		



CHECK #5989

Date of Notification (1) 04-09-18			Name	of Buildin	g Owner	/Operator	(2)	- A200 - 3000000 - 1	5			100	
Agencies Notified Type Notification	n			Address	in Solut	ions, In	c. (dba Exp	ess Scripts	)				
EPA DEP DOL Amended Amendmer Emergency	nt #		City, S	Parsons State, Zip ( klin Lake	Code		70			<del>7</del>		Trans	17
DOH justification Cancellatio	)	g	Mace	of Contac e Bell				Telepho (201)	one Nur 269-2	nbe	[20	20	118
Name of Facility Where Abatement is Taki	ng Place	(3)	FA	CILITY IN	FORMAT	ION	Type of Facilit	ty (4)					
Street Address 100 Parsons Pond Road City (5)							School (I Subchap Other (i.e etc.)	<-12) ter 8 (Other the private & cor	mmercia	al bu	ilding		mes,
Franklin Lakes							Square Feet 87,000	# of Floo	ors		Bldg. 48 y	Age ears	
County (6) Bergen			County (STATE	Code (7)	n		Current Use (F		emolish		-		
Name of Monitoring Firm Hired by Building BEM Systems, Inc.	Owner (8	)	ASC	M No.		Name o	of Abatement Cacle Environ	contractor (9) mental Corp	).				
Street Address 100 Passaic Ave			'			Street	Address Broad Street						
City, State, Zip Code Chatham, NJ 07928							ate, Zip Code tadt, NJ 070	72					
Project Manager for Monitoring Firm Venkat Balasubramanian	nkat Balasubramanian						one No. 39-6565		ense No				
Start Date (10) 04-24-18	Schedul 06-30-	ed Cor	mpletion	Date (11)			f OSHA Monito Air Inc.						
Occupancy Status During Abatement (Chec		V. 55.70				Street A					-		
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of a	Abaten y Hours	nent S				Jackson Av	enue					
Scope of Work (Check All That Apply)						Long	Island City, I	NY 11101					
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	-	Renova Demolit				×	Mini-Enclosu Glovebag Pro					0	
		Locati						7 4.1011	THADIC	1 10	Abate	emen	ıt
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Use Ma	Normall d Solel intenar todial S	ly by nce/	Asbesi (i.e.	tos Conta thermal s	cription on aining Massystems in ing, VAT,	terial (ACM) nsulation,	Amount (Specify		Re		pe Enc	<u> </u>
(13)	Yes	(12) No	N/A			ing, vA1, iscellane		SF or LF	)	Removal	Repair	Encapsulate	Enclosure
3A: Gym	103	140	X		Fire	proofing	,	6 50001	_	200		(D	
3A: Corridor Wall	3A: Corridor Wall					k Comp	<u> </u>	6,500SF		x			
2A: Kitchen Prep Area			X			proofing		1,000SF	-	x			
Name of Registered Waste Hauler		l N	JDEP W	aste	Cubic Y	'arde	Name of	Registered La	n deu				
ATC, Inc. / JBT (50071)		Ha	auler ID 310		of Wast		Marian series	a Enterprise					
City, State Shirley, NY / Bronx, NY					Disposa TBD	I Date	City, Stat	e sburg, OH 4	14688				
Completed by Kevin Moriarty	Title Projec	ct Mar	nager		Sig	nature	(1.71)	4	Date 04-0	9-1	8		

#### New Jersey Department of Health Consumer, Environmental and Occupational Health Service PO Box 369

Trenton, NJ 08625-0369 Telephone: 609-826-4950 Fax: 60

Fax: 609-826-4975

### NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

I. NOTIF	FICATION INFORMA	ATION	API 7 0 2018
Date of Notification: 04 / 17 / 2018  ☑ Initial ☐ Amended ☐ Cancellation ☐  Type of Work: ☐ Demolition ☑ Renovation	- □ Emergency (must	include justification)	
II. BUI	LDING INFORMATI	ON	
Name of Building Owner/Operator:	Ma	ark Guinan	
Street Address: City	Collingswood	State: NJ Z	ip: 08108
Name of Contact: Mark Guinan		Telephone No.	
III. FAC	CILITY INFORMATION	ON	
Name of Facility Where Work Activity is to Take Place:		Guinan Residence	
Describe Facility Use:	Resider		
Street Address: City:	Collingswood	State: NJ Zi	p: 08108
County Name: Camden	County Code (	State Use only):	
Scheduled Start Date: 04 / 26 / 2018			27 / 2018
Occupancy Status During Activity (check only one):	8	2 (8 1)	
□ Facility Closed/Vacated During Entire Activity			
Activity Performed Outside Normal Facility Hours—Des	scribe:		
Other—Describe:	**		1 0
Scope of Work (check all that apply):			
	120 SF	Percentage Asbestos:	%
	120 SF	Percentage Asbestos:	
IV. CONTR	RACTOR INFORMAT	TION	
Company Name: Shade Environmental		- A	
Street Address: 623 Cutler Avenue City:		_ Telephone No.: 856-	
New Jersey Asbestos License Number (if applicable):		State: NJ Zip	08052
Monitoring Firm (if applicable): Mgmt. & Enviro. Cons		Telephone No.: 609-2	298-4070
V	SIGNATURE		
Completed By			
(type or print legibly): Christina Lynch	Title:	Vice President of Ope	erations
Signature:		Date: April 17, 20	

Completed By

Wm. Minnick

ASB-41



### State of New Jersey

NOTIFICATION ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 4/13/2018 Borough Of Linenwold Agencies Notified Type Notification Street Address 15 N. White Horse Pike Initial DEP Amended City, State, Zip Code X DOL Amendment # Lindenwold, NJ 08021 Emergency (including ☑ DOH ☐ DCA justification) Name of Contact Telephone Number Cancellation Derek Leary 856-783-2121 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Commercial Building School (K-12) Street Address Subchapter 8 (Other than K-12) 419 N. White Horse Pike Other (i.e., private 8 commercial buildings, homes, etc. Square Feet City (s) # of Floors Bldg. Age Lindenwold, NJ 2500 SF 50 yrs County (6) County Code(7) (STATE USE ONLY) Current Use (Prior if being demolished) Camden Retail Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) AEi2, LLC Street Address Street Address 361 E. Fleming Pike City, State, Zip Code City, State, Zip Code Hammonton, NJ 08037 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 609-481-2122 00689 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 4/22/18 4/28/18 AEi2, LLC Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 361 E. Fleming Pike Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Hammonton, NJ 08037 Other - Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure  $\ge$  3 sf or  $\ge$  3 If \_\_ Mini-Enclosure Renovation Demolition >160 sf or >260 lf Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Normally Type Location of Used Solely by Description of Asbestos-Containing Material (ACM) Maintenance/ Asbestos Containing Material (ACM) Amount TO BE ABATED IN Facility Custodial (i.e., thermal systems insulation, (Specify e m o b Staff? surfacing, VAT, or SF or LF) p a i (13)(12)other miscellaneous) a 1 r Yes N/A No Roof Flashing 100 SF X X Window 56 SF Transite Window Panels X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste AEi2, LLC ACUA 21376 City, State Disposal Date City, State Hammonton, NJ TBD TBD

Signature

Date

4/13/18

Title

Program Mgr.

NOTIFICATION OF ASBESTOS ARATEMENT

Date of Notification	10000000000000000000000000000000000000	(Pursuant	to NJAC 8:60-7 and 12	2:120-7)					
Date of Notification	on (1)		Building Owner/Operat		· A label of commentation of the label of the lab	et ar anderstein	PP - min -		
		II Je	4f Capone		i E		11 1	 	
Agencies Notified	Type Notificatio	n Street Ad	9 - 1			11-1	- 74	1.12	
[ ]EPA	[X] Initial				1				
[ ]DEP	Notificatio	City, Sta	te, Zip Code	* ***	APR.	20	2018		
[X] DOL	[ ]Amended Notificatio	· I Lindt	en, NJ, 07036 ontact ff Capone	, ;	ŀ		***	-	
[X] DOH		Name of C	ontact	To l'on	hone Number			ئ	
[ ]DCA	[ ]EMERGENCY	II TA	ff Canone	le Tep	none Number	b	-,4	1	20
	[ ]Cancellation			1.1					
Name of Facility Who	ere Abatement is T	FA	CILITY INFORMATION						
· TAFE CO	pone	axing Flace (	3)	Type of Fac	cility (4)				
Street Address	puric			[ ]Schoo	ol (K-12)				
Jozeet Address				[x]Other	apter 8 (Oth	er tha	an K-	-12)	
				cial	buildings,	homes,	eto	:.)	
City (5)	Count	y (6)	County Code (7)	Square Feet	# of Flo	ors	Bldg	. Ag	e
Linden	: 14	0.750	(STATE USE ONLY)	Current W.	<u> </u>				
		nion		Resider	(Prior if b	eing d	lemol	ishe	d)
Name of Monitoring F. Owner (8)	irm hired by Build	ling ASCM No.	Name of Abate						
N/A		67	AZTECH M	ANAGEMEN	T, Inc.				
Street Address			Street Address						- 12
Oit at			86 Chris	topher S	t.				
City, State, Zip Code	9	19	City, State,	Zip Code	7.00		-		
- Project 1			Montclai	r, NJ 07	042				
Project Manager for M		Telephone Numb	The state of the s		þ	Licens	e Nu	mber	
Scheduled Start Date		N/A	(973) 744			003	71		
DA - 27 - 19	(10) Sched. Con	apletion Date		Monitor					
Month Day Yea	Month	Day Year	N/A						
Occupancy Status Duri. [X] Facility Close	ng Abatement (Check d/Vacated During	ck only one)	Street Address						
or Abatement			- 1						
nours - Descri	ormed Outside of Describe:	ript»	City, State, Z.	ip Code					
[ ]other - Descri	ba: Other Occupance	cy Descript»							
Scope of Work (Check	all that apply)								
[X]≥3 sf or ¿	° lf	Renovation	[ ]Full C [%]Mini-E	containment w	ith Negative	Press	sure		
[ ]≥160 sf or	>260 lf	[ ]Demolition	[XiGloveb	ag Procedure					
		Is	[ ]Non-Fr	iable Procedu	ure ·	1			
Location o	31	Location Normally	Description	oż		Aba	teme	E E	E
Asbestos-Conta Material (A	aining	Used Solely	Asbestog-Conta Material (Ad		Amount	R	R	C	N C
TO BE ABAT		By Main- tenance/	(i.e., thermal s	systems	(Specify SF or	M	P	A P	L
In Facilit	-Ā	Custodial taff (12)	insulation, surfac or other miscell	ing, VAT,	LF)	VA	A	S	S
	Yes	No N/A	or other misceri	aneous)		L	R	L	R E
_ Basement		l X	Dipe insula-	tion	110 LF	X			
			1 200.110		, , , ,				
						1			
						+			
Name of Registered Was		JDEP Waste		Name of Regis	stered Landf:	ill			
AZTECH MANAGEM	ENT, INC. H	auler ID No.	of Waste (5	Minary	10 Ente	CON	(0	IA	50
.ity, State			Disposal Date	City, State	a grill	MI	76	[]	4
Montclair, NJ (	37042		1 4/2/118	10 Va 10 20 N	landa R		. ·	11 1	1.00
Completed By (Print or	Type) Title		Signature,	Waynes	verg, t	1111	U <sub>1_</sub> .	+4	1000
Constantine Viv	ian Preside	ent	Pagnature /	/ /		Date	, /	0	
		100 (1977)	PACTON	-17.18 611	G:	411	611	6	



Check 11 1065

Date of Notification	1(1)		Tu-		and to take 0.00 a	1110 12	.120)		he CK	$\Box$	= 1	10	6	
4/16/18			Name of Building Owner/Operator (2)  Bergen County Department of Building Avenue of Building Owner (2)											
Agencies Notified	Type Notification	Bergen County Department of Public Works Street Address												
⊠ EPA	⊠ Initial													
☐ DEP	☐ Amended			State, Zip	County Plaza	<u> </u>								
⊠ DOL	Amendment #				ck, NJ, 07601									
	☐ Emergency (includin	g		e of Conta		Telephone Number / 2 0 2018								
⊠ DOH	justification)						201	ď	1	gen,				
⊠ DCA	☐ Cancelation			tt Luna				201-336-68	104			all many		
				FA	CILITY INFORMAT	TION			· · · · · ·	-				
Name of Facility Wh	ere Abatement is Taking Place (3)		:::90,U,N,C				e of Facility (4)					N		
	y Justice Center Courthor	ıse					School (K-12	2)		-		CIL S	27	
Street Address				11		☑ Subchapter 8 (Other than K-12)								
10 Main St.									ercial buildings	hor	nac	ata l		
City (5)						-			Total Bullangs	, 1101	1103,	- 10.7		
Hackensack							are Feet	# of Floors	Bldg. Age					
County (6)				County	Code (7)		2,797 ent Use (Prior if bei	5	1957					
Bergen			<		USE ONLY)	Col	arthouse	ng demolished)						
	Firm Hired by Building Owner (8)				Ticoniu									
Omega Enviro	nmental Services, Inc				ASCM No. 00120		e of Abatement Co							
Street Address					100120		corn Contracti	ng Corp.						
280 Huyler Stre	et			Street Address										
City, State, Zip Code							Willow Way							
South Hackensa	ock NI 07606					City, State, Zip Code								
Project Manager for N				T=			odland Park, N	J 07424					Accession to the	
Alex Palets	Alouroung Film			Telepho			hone No.		License No.					
Start Date (10)			T	201-4	81-6209	973	973-333-9176 01331							
Pending Approval	of Asbestos Permit From Bldg	ζ.	Schedu	iled Compl	letion Date (11)	Name	of OSHA Monitor							
Dept.				0/2018		Envirovision Consultants, Inc.								
Occupancy Status Dur	ing Abatement (Check Only One)						t Address	arcarres, me.			-			
	sed/Vacated During Entire Pe			nt			20-21 Wagaraw Rd., Bldg. 35-E							
Abatement	t Performed Outside of Norma	I Facility	Hours			City, State, Zip Code								
☐ Other - Des		30am	Fair Lawn, NJ 07410											
cope of Work (Check	All That Apply)										-			
≥3 sf or ≥3			X	Renova	ition	X	Full Containm	ent with Nega	tive Pressure					
≥160 If or ≥	260 If			Demoli	tion	<ul> <li>         ⊠ Full Containment with Negative Pressure     </li> <li>         ⊠ Mini-Enclosure     </li> </ul>								
						☑ Glovebag Procedure								
						X	Non-Exempted		Friable Procedu	ro				
			Is Location	n				a ( ) and reon-	Table Procedu	T	Abat	emen	t	
Ashansa (	Location of	1	Normall				ription of		1	Туре				
	Containing Material (ACM) TO BE ABATED		sed Solely laintenan	20.00			ining Material (ACN	1)	Amount					
	In Facility	1	stodial St	10000	(i.e. ti		systems insulation, ing, VAT, or		(Specity	- 1		E.		
	(13)		(12)				iscellaneous)		SF or LF)	Rer	277	cap	Encl	
***		Yes	No	N/A						Remova	Repair	Encapsulate	Enclosure	
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nian C				44		20+ 0		Name of Regustered Landfill Fairless Hills Landfill						
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#### State of New Jersey Notification of Asbestos Abatement Continuation Sheet



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Location of	1	Loca Norma	lly	Denovisher of		Abatement Type				
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Ma	intena todial (12)	ince/	Description of 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							
Gorund Floor Boiler Room				Interior Transite Windows	220 SF	X				
1st Floor Admin Bldg Main Lobby		Х		TSI/Fittings	50 LF	X				
2nd Floor Admin Bldg Office Space		Х		TSI/Fittings	525 LF	X				
2nd Floor Admin Men's & Women's  Restrooms 2nd Floor Admin Men's & Women's		Х		TSI/Fittings & Debris	50 LF	Х				
2nd Floor Admin Men's & Women's Restrooms		Х		Wire Insulation	10 LF	X				
2nd Floor S. Annex Office Space		Х		TSI/Fittings	270 LF	X		$\neg$		
2nd Floor S.Annex Men's & Women's Restrooms		Х		TSI/Fittings & Debris	120 LF	X				
2nd Floor Room 213 Offices & Corridor		X		TSI/Fittings & Debris	2,500 SF	Х		_		
3rd Floor N. Annex Men's & Women's Restrooms		Х		TSI/Fittings	50 LF	Х	7	+	-	
3rd Floor Admin Bldg Corridor		X		TSI/Fittings	15 LF	X	$\dashv$	$\dashv$	-	
3rd Floor Admin Bldg Elevator Lobby		Х	7	TSI/Fittings	15 LF	X	7	+		
4th Floor Admin Bldg Elevator Lobby		Х		TSI/Fittings	15 LF	X	+	+	$\dashv$	
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT Mid-Walton Arts (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 03/26/2018 Keith Geter Check# Using Credit for Check No. 1040 Agencies Notified Type Notification h ÉPA Initial 区 DEP Amended Π, City, State, Zip Code 10 Amendment # South Orange, New Jersey 07079 Emergency (including DOH: justification) Name of Contact DCA Telephone Number Keith Geter Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Private Residence Type of Facility (4) Street Address П School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) South Orange, New Jersey 07079 Square Feet # of Floors Bldg. Age 2,500 County (6) 50+ County Code (7) Essex plily Glosed A grand Current Use (Prior if being demolished) (STATE USE ONLY) entween Perlacers Private Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Lilich Corporation Street Address ld Attendant Street Address id af oraș 606 McBride Ave City, State, Zip Code City, State, Zip Code Woodland Park, New Jersey that nature Project Manager for Monitoring Firm read the l Telephone No Telephone No. License No. 973-225-8400 be 01104 Start Date (10) delianon Scheduled Completion Date (11) CiCa) . 04/18/2018 TO UE ASAT Name of OSHA Monitor 04/19/2018 Iris Environmental Laboratories, LLC Occupancy Status During Abatement (Check Only One) Street Address [8] ... Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West Abatement Performed Outside of Normal Facility Hours Other - Describe: City, State, Zip Code Union, NJ 07083 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation ≥160 sf or ≥260 lf [] Full Containment with Negative Pressure Demolition Mini-Enclosure X Glove Bag Procedure / Limited Containment & Tent. Non-Exempted (\*) and Non-Friable Procedure Harry of Registered Waste Houle Is Location Amount\_ ··· Abatement Location of Normally (Specify Asbestos-Containing Material (ACM) Type Used Solely by Description of SF of LF) Asbestos Containing Material (ACM) TO BE ABATED Maintenance/ (i.e. thermal systems insulation, Encapsulate Moduland Packin Facility Custodial Staff? Enclosure Removal surfacing, VAT, or Repair Overpleted by (13) (12)other miscellaneous) Waliana Olejarova Yes No N/A Basement X TSI 150 LF X. 100 Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Lilich Corporation 18724 3 Fairless Landfill City, State Woodland Park, New Jersey Disposal Date City, State 04/19/2018 Morrisville, PA Completed by Adriana Olejarova President Date 03/26/2018 ASB-41 (R-06-08) not use this form for asbestos licensure exempted activities

Name of Facility synery act. Ligarete Roadonso NOCL

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) 04/16/2018 Keith Geter Check# Using Credit for Check No. 1081 Agencies Notified Type Notification Street Address □ EPA Initial ⊠ DEP City, State, Zip Code Amended XI DOL Amendment # 1. South Orange, New Jersey 07079 Emergency (including ☑ DOH Name of Contact justification) Telenhone Number ☐ DCA Keith Geter Cancellation or wastered a single state of the FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private Residence Street Address ☐ School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Cily (5) South Orange, New Jersey 07079 Square Feet # of Floors Bldg. Age 2,500 2 50+ County (6) County Code (7) Current Use (Prior if being demolished) Essex (STATE USE ONLY) Private Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Lilich Corporation Street Address Street Address B-00A 606 McBride Ave City, State, Zip Code City, State, Zip Code Privata Res Woodland Park, New Jersey Project Manager for Monitoring Firm Telephone No Telephone No. License No. 264 Walten 7 John 973-225-8400 01104 Start Date (10) s humas ata j Scheduled Completion Date (11) 04/25/2018 Name of OSHA Monitor 04/26/2018 Iris Environmental Laboratories, LLC Occupancy Status During Abatement (Check Only One) Street Address 2333 Route 22 West 医元氏acility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Union, NJ 07083 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 П Demolition Olas Par Mini-Enclosure Glove Bag Procedure / Limited Containment & Tent X Non-Exempted (\*) and Non-Friable Procedure Esploit i sarar . . . Amount Is Location Abatement  $\langle a \rangle \cdot \langle b \rangle = 0$ Normally (Specify Location of Type Description of Used Solely by SF of LF) St. Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) TO BE ABATED
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BEST REMOVAL INC

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