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

		(Pursua	ant t	o NJAC	8:60-	7 and 12:120-7	)					
Date of Notification		200	of Bui		Owner/Operator	(2)		C		W	E	
4/18/2017												
Agencies Notified	Type Notifica	tion	Stree	t Addr	ess							
[ ]EPA	[X]Initial								APR	24 2	2017	1
[ ]DEP		tion	City,	State	, Zip	Code		1				
[X]DOL	[ ]Amended Notifica	tion	Ve	rona	,NJ,	07044			0.0000			
[X]DOH	NOCILIGO	0.0000000000000000000000000000000000000	Name	of Con	tact		Telepho	ne Number	BESTOS	S COP ENSIN	VIK	ULA
[ ]DCA	[ ]EMERGENCY		Jo	shua	Jac	obs		1	LIUC		9	
	[ ]Cancellat	ion								*		
				FACI	LITY	INFORMATION						
Name of Facility Who	ere Abatement	s Takir	ng Pla	ace (3)	)		Type of Facil	Lity (4)			_	
Genevieve Ramm							[ ]School	(K-12)				
Charact 2.11								ter 8 (Oth	er than	K-12)		
Street Address							1007.5 00000000000	(i.e., priv		ommer	cial	8
								homes, et				
City (5)	k	county (	(6)		Con	inty Code (7)	Square Feet	# of Flo	ors Bl	dg. A	ge	
Verona	L	Essex	,		- 1	TATE USE ONLY)	2	(D. :			- 11	
							Current Use	Prior ii b	eing der	NOLLSI	ned)	
Name of Monitoring I	Firm hired by F	brilding	r AS	CM No.		Name of Abata	ment Contracto	r (9)				
Owner (8)	TIEM HILLOW DY L	, and a dame	, ,,,,,,	011 110.			ANAGEMENT					
N/A								, 110.		11227		
Street Address						Street Address						
						86 Chris	topher St	•				
City, State, Zip Coo	de					City, State,	Zip Code					
						Montclai	r, NJ 070	42				
Project Manager for	Monitoring Fir	m Tel	ephor	ne Numb	er	Telephone Numb	per		License	Numbe	er	
		N/	A			(973) 744	-8800		0037	1		
Scheduled Start Date	e (10) Sched	. Compl	etion	Date	(11)	Name of OSHA 1	Monitor					
4-27-1	2500	4-28				N/A						
	ear Mon		ay	Year								
Occupancy Status Dur [X] Facility Clo	sed/Vacated Du	(Check ring En	only tire	one) Period		Street Address	3					
of Abatemen []Abatement Pe		e of No	rmal	Facili	tv	City, State, 2	7in Codo					
Hours - Desc	ribe: «OffHours	Descrip	ot»		-1	City, State, 2	arp code					
[ ]other - Desc	ribe: «Other Oc	cupancy	Desc	ript»								
Scope of Work (Check	k all that appl	Y)										
[X]>3 sf or	>3 1f	ΓX	71 Rone	ovation	,		Containment wi Enclosure	th Negativ	e Pressu	ıre		
[]\(\frac{1}{2}\)	(1)			olition	70.0		-bag Procedure	1				
					-	[ ]Non-F	riable Procedu	re				
Location	of		Is ocati			Descriptio	n of		Aba	temen	E	ype E
Asbestos-Cor		No	Used			Asbestos-Cont		Amount	R	R	N	N
Material			Solel	У .		Material (		(Specif	1.7	E	CA	C
TO BE AB In Facil		Cu	stodi			(i.e., thermal sulation, surfa		SF or LF)	0	PA	PS	0
(13)		Yes	No	12) N/A		or other miscel		1.5)	A	IR	U	U
		res	MO	N/A								R E
Basement			N N	X	Wash	and Clean	n	60LF				
Name of Registered V	Waste Hauler	NJ	DEP W	aste	Cul	bic Yards	Name of Regi	stered Land	ifill			
AZTECH MANAG		На	uler	ID No.	0.1	Waste 0.5	Minerva			INC		
	-,,	1.	7040	)		1 n-/		Р				
City, State Montalair N.T	07042					sposal Date	City, State	11 mar Ob	io 44	600		
Montclair, NJ	0/042				5	5-1-17	Waynesb	arg, on	10 44	000		
Completed By (Print	or Type) Titl	.e				Signature	1	7	Date			
Constantine V	Strain Strain - Strai	side	nt			1/ 4	7.//	/		/2017		
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

### Initial Friable Notification Check #: 6896

Date of Notification	(1)		Na	ne of B	uildi	ing (	)wner/Operat	or (2)	Paternas	PC	o R	П	7\//
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Agencies Notified T	pe Notif	ication	11	reet Ad			0010		1 1				-
(X)EPA			1121	Cedar S	Street				A STATE OF THE STA	AP	R 2	4	2017
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(×) DOH		ication	1	me of C				Tele	phone Numb	er	JUE	VS	₹G
⋉]DCA	[ ]Cance	llation	ll Re	niamin	Olag	ades	<b>10</b>	1					
			De	enjamin									_
Name of Facility When	re Abatem	ent is T	aking			TME	ORMATION	Type of Facili	Ity (4)			-	
					,-,			X1School					
Barringer High School								[ ]Subcha	i.e., pri	her th	an K-	12) er-	S
Serece Madress								cial l	buildings.	homes,	etc.	)	_
90 Parker Street			- 77		10.			60000	2		50 50		
City (5)		Count	Ā (6)				y Code (7) E USE ONLY)	Current Use (1				hed	()
Newark, NJ 07104		Essex				1157200000		School				85	
Name of Monitoring F: Owner (8)	irm Hired	by Buil	ding	ASCM N	lo.	N.	ame of Abute	ement Contractor	r (9)				
Omega Environmental	Services.	Inc.		00120		F	our Strong B	uilders, Inc.					
Street Address				100 120		-     5	treet Addies	s				-	
280 Huyler Street							80 Sargeant						
City, State, Zip Code	e					_   c	ity, State,	Zip Code					
South Hackensack, NJ	outh Hackensack, NJ 07606 roject Manager for Monitoring Fire						lifton, NJ (170						
Project Manager for I	Mourcorru	d Frem	Telep	hone Nu	ımber	T	elephone Num	ber		nse Nu	mber		
Rey Montes De Oca	(10)  s	ched.Com		89-8700		117	73-614-0377 ame of OSIA		0080	7		1004-	
0   5   / 0   4   / 1 Month / Day / Your Occupancy Status Duri	ear	0   6   /   Month /	0 1 Day	/ 1  Yes	7		our Strong B						
[ ]Facility Closed of Abatement [ ]Abatement Perfo Hours - Describe	rmed Outs	ide of N					80 Sargeant						
X]Other - Describ	e: Occupied						lifton, NJ (170	013					
Scope of Work (Check [ ]Demolition [ ]>3 sf or	n	apply)	   	Renovat	ion		[ ]Mi.ni	. Containment w Enclosure rebag Procedure	ith Negativ	e Pres	sure		•
∑160 sf o								-Friable Proced	ure				
2882				Is ation						Abate	E	3	E
Location Asbestos-Con				mally sed		A	Description sbestos-Cont		Amount	RE	R	1	N C
Material TO BE AB	(ACM)		So	lely Main-			Material (A	ACM)	(Specify SF or	M	E F	1	T.
in Facil			ten	ance/	:	insu	lation, surf	acing, VAT,	LF)	V	A		o s U
. (25)			Sta	ff(12)	-	-					RI		Ř E
First Floor Boiler Roon	n		X	NO N/F	_	se se	e the attached	list for quantities		X	7	+	<u>-E-</u>
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					1							+	_
Name of Registered W	aste Haul	er		DEP Was			bic Yards Waste	Name of Regis	tered Landf	in			_
Four Strong Builders, I	nc.			609				G.R.O.W.S., In	C.				
City. State					-	Di	sposal Date						
Clifton, NJ								Tullytown, PA					
Completed By (Print or Type) Title							Signature			Dat	e		
Bilyana Kulakovska	8888	Office A	dmini	etrator			P	DIN-		414	7147		
ASB-41		Office A	amini	Stratul				$\sim$		14/1	7/17	SER	
JUN 95													

NOTIFICATION OF ASBESTOS ABATEMENT Initial Friable N
(Pursuant to NJAC 8:60-7 and 12:120-7)
Check #: 6896

Initial Friable Notification

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Date of Notification		. 7 .	Nai	me or B	uildi	ing Owner	:/Operat	or (2)	$  \bigcup _{\Gamma}$	<u>L</u>	9 1	<u> </u>	W.
0 4 / 1						Schools		•	Hr				
Agencies Notified T	ype Notif	ication	St	reet Ad	dress	3				A	PR	2 4	2017
[X] EPA	[X]Initi	al	2	Cedar S	treet				***		•		
[X] DEP	Notif.	ication	CI	ty. Sta	te, 2	Zip Code				CDEC	TO	700	NTRO
⊠1por	[ ]Amend	ed ication	Ne	ewark, N	J 07	107						ENSI	
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⋉]DCA	[ ]Cance.	Liation	II Re	enjamin	Olan	adevo		L		_			
			1100			INFORMA	PTON					-	
Name of Facility Whe	re Abatem	ent is T	aking			INFORM	110%	Type of Faci	lity (4)			-	
Barringer High School		4						X]Scho	ol (K-12)	a <b>s</b> tromosti i	120 <b>4</b> (1204 (120) (1204 (1204 (120) (1204 (120) (1204 (120) (1204 (120) (1204 (120) (1204 (120) (1204 (120) (120) (120) (1204 (120)		0.0
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90 Parker Street		Count	v (6)		ICC	ounty Co	A (7)	60000	2		50		
AND THE PERSON OF THE PERSON O						STATÉ USI		Current Use	(Prior if be	eing	demo	lishe	d)
Newark, NJ 07104		Essex		1 8 6 6 11 11		-/ 134	-	School	785			**	
Owner (8)	irm mired	by Bull	aing	ASCM N	0.	Name	or Abate	ment Contract	or (9)				
Omega Environmental	Services,	Inc.		00120		Four S	Strong B	uilders, Inc.					
Street Address						Street	Add res	S					
280 Huyler Street	e		-			180 S	argeant State.	Avenue Zip Code					
South Hackensack, N.	07606					Cliftor	12/2/12/18/2005	)13-1935					
Project Manager for	Monitorin	g Firm	Telep	hone Nu	mber	Telep	none Num		Lice	ense	Numbe	er	-
Rey Montes De Oca Scheduled Start Date	(10)   5	ched.Com		89-8700 on Date			14-0377 of OSITA	Monitor	0080	07			
Occupancy Status Dur	7         ear   ing Abate	0   6   /   Month /	0   1 Day eck o	1   7   Yea	<u>r</u>		Strong B	uilders, Inc.					
[ ]Facility Closed of Abatement [ ]Abatement Ferfo Hours - Describ	/Vacated   rmed Outs	Ouring E	ntire	Period			argeant.	Avenue Zip Code			-		
X]Other - Describ					_	Clifton	, NJ 070	13					
Scope of Work (Check	all that	apply)				11-			-1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	-			
[ ]Demolitio [ ]>3 sf or [X]\(\overline{2}\)160 sf o	>3 If		X)	Renovat	ion		[ ]Mini [ ]Glov	Containment   -Enclosure ebag Procedure Friable Proce	<b>a</b>	re Pr	essu	.e	
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Locatio Asbestos-Co Material TO BE AB in Facil (13)	ntaining (ACM) ATED		Norm Use So by ten Cus Sta	mally sed lely Main- ance/ todial ff(12) No N/A		Asbest Mate (i.e., t insulation	scription tos-Cont erial (A thermal on. surf ter misc	aining CM)	Amount (Specify SF or LF)	REMOVAL	R E P A I R	NCAPSUL	NCI OSURE
First Floor Boiler Roon	n		X		_	se see the	attached	list for quantities		X			
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Name of Registered W	aste Haule	er		DEP Was uler ID		of Wast		Name of Regis	stered Landi	111			
Four Strong Builders, City. State	nc.		12	609		0.	N-K-1	G.R.O.W.S., I	nc.				
orcă, grace						nrsposa	il Date	City. State					
Clifton, NJ								Tullytown, PA					
Completed By (Print or Type) Title						Si	gnature			D.	ate		
Bilyana Kulakovska		Office A	dminis	strator			£ 0	en		4	/17/1	7	
ASB-41 JUN 95			TO THE SECOND							1 "			i i

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Date of Notification (1)				Name o	of Building	g Owner/	Operator	r (2)	1 1 1	1-	100	0 : 0	047	100	-111
Apri	1 19, 2017			Ortho (	Clinical	Diagno	stics			L.	APR	242	U1/	L	2
Agencies Notified	Type Notification				Address	go		-		-				-	-
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DEP	Amended				tate, Zip C	Code						EMSIN			
DOL	Amendment			L	n, NJ, 08							-			
DOH	Emergency justification)		g	And the second second	of Contac					Te	lephonel	Number			
DCA	Cancellation			Lead F	ngineer	r					орионе	rambor			
					ILITY INF		ION			-					
Name of Facility Where		g Place	(3)					Туре	of Facility	(4)					
Ortho Clinical Diagno	ostics							П	School (K-	12)					
Street Address									Subchapte	r 8 (Oth	er than k	(-12)			
1001 Route 202								$\boxtimes$	Other (i.e.	private	& comme	ercial bu	ldings	, hom	ies,
City (5)								Saua	etc.) re Feet	# 0	f Floors		Bldg.	Δαρ	
Raritan, NJ									7.		3		Diag.	, igo	
County (6)				County	Code (7)			Curre	ent Use (Pr	ior if be	ina demo	lished)	_		
Somerset					USE ONLY						Facility				
Name of Monitoring Firm	Hired by Building	Owner (8	)	ASCN	M No.		Name	of Aba	tement Co	ntractor					
AET, Inc.									Group, L		(0)				
Street Address							Street			LU.		-			-
222 Church Road									HWY N,	STE	200				
City, State, Zip Code							100000000000000000000000000000000000000		ip Code	SIL	209				
Bridgewater, NJ 0880	)7								NJ 0803	1					
Project Manager for Moni				Telepho	ne No.	S0 - 1000	Teleph			4	License	a No			
Eric Houseknecht			1		18-1108	3	(973)					5 140.			
Start Date (10)		Schedu			Date (11)				HA Monitor		00781				
6/25/16				6/25/1	18 10				Group, L						
Occupancy Status During		k Only O	ne)	0/20/1	1		Street			LC.					
Facility Closed/Vaca										CTE	200				
Abatement Performe	d Outside of Norm	al Facilit	y Hour	nent s					HWY N, ip Code	SIE	209				
Other - Describe:										,					
Scope of Work (Check All	That Apply)						Cherry	riiii,	NJ 0803	4					
≥3 sf or ≥3 If		$\nabla$	Renova	41			F	<b>7</b>							
≥160 sf or ≥260 lf		District Co.	Demoli				Š	Ful Mir	l Containm	ent with	Negative	e Pressu	re		
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		T						Nor	n-Exempted	(*) and	Non-Friat	ole Proce	dure		
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Location Asbestos-Containing N		110000000	Norma ed Sole				cription					-	1	уре	_
TO BE ABA			intena		The state of the s	tos Conta . thermal			198 (1970) Paris Land		mount	_		Щ	m
In Facilit		Cus	todial (	Staff?	(1.0	surfac	ing, VA	T, or	illon,	0.00	pecify or LF)	Remova	Repair	Encapsulate	Enclosure
(13)			(12)			other m	iscellan	eous)		) (Table	oπ.com#o#c	VOU	pai	Sul	unsc
		Yes	No	N/A	S I							<u>a</u>	¬	ate	o,
OCD Building	A-096	103	X	IN/A		VA	T/IVIast	ic		1	17 s/f	X			
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OCD G129			$\langle \rangle$				& mas					$\neg \Diamond$			
OCD Bld 7 Pe			$\Diamond$								00 s/f	$\rightarrow \bigcirc$	-		
Name of Registered Wast			$\triangle$	I DED W	bik	oe insul		& fittin			0 I/f	X			
or registered wast	o maurel		74 (97)	J DEP W		Cubic \ of Was			Name of F	Register	ed Landf	ill			
lewark Carting				222:			11.7		BFI Impe	erial La	andfill				
City, State						Dispos			City, State		aridill			11-5-1-5	
lewark, NJ						- Serverinister	25/17		Imperial,		5126				
Completed by Title						1	gnature			1		Date			
fichael Cooper President							1	1		====	1 .	/19/17			

Location of	Is Location Normally Used Solely by			Description of			Abate Ty	emen	t
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Ma	ed Solel intenan todial S (12)	y by ice/	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					te	(0
OCD G003		X		Steam Pipe Insulation	6 l/f	X			
				province.					
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Date of Notification (1)									E	G	5	$\mathbb{W}$	E	m
A 22	63		Market No.		ng Owner/0		(2)				And are not interested to the	Maria April 1 April 1	1	
March 02, 2017 Agencies Notified Type Notification	A Commence of the Commence of				Diagnos	stics				00		~~-	-	
	30011			Address			1	UU	A	PR	24	2017	i	
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The state of the s	ment #2			ate, Zip			Andre Land	Î	SRE	STOS	S COI	VTRO	DL 8	
Emerge	ency (includin	g		n, NJ, 0						LICE	MSIA	iG .		
DOH justifica	-14 - 13 ( <b>*</b> 77)								Геlерh	oneN	umber			
Cancen	ation			nginee		011								- 1
Name of Facility Where Abatement is	Taking Place	(3)	FAC	ILITY IN	FORMATI	UN	Type of Facility	(4)						
Ortho Clinical Diagnostics							_							
Street Address						_	School (K Subchapt		ther th	an K-	12)			
1001 Route 202							Other (i.e	. privat	e & co	mmer	cial bui	ldings	, hom	ies,
City (5)							etc.) Square Feet	1 4				21.1		
Raritan, NJ							Square reet	#	of Flo	ors		Bldg.	Age	
County (6)			County	Code (7)	Υ	_	Current Hea /D	nine if I		3	1 - 15		-	
Somerset				USE ONL			Current Use (P	HOL II I			snea)			
Name of Monitoring Firm Hired by Build	dina Owner (8	3)	ASC	A No		Vame	of Abatement C	ontroot		cility				
AET, Inc.			7.00						01 (9)					
Street Address							ACK Group,	LLC.						
222 Church Road					9				- 000					
City, State, Zip Code						Kings HWY N	i, Sie	209						
ridgewater, NJ 08807							tate, Zip Code	o 4						
Project Manager for Monitoring Firm		Telepho	ne No			Hill, NJ 080	34	17-						
Eric Houseknecht		1		18-110	0				1000	ense f	NO.			
Start Date (10)	Schedu			Date (11		-	759 - 5000 of OSHA Monito	-	007	81				-00
6/25/16			6/25/1		***									
Occupancy Status During Abatement (0	Check Only C		0/20/1	1	-	Street	ACK Group,  Address	LLC.						
Facility Closed/Vacated During En			nont				lings HWY N	STE	200					
Abatement Performed Outside of I	Normal Facilit	ty Hours	S			THE RESERVE OF THE PARTY OF THE	ate, Zip Code	, OIL	. 209		10-10/120	_	-	
Other - Describe:							Hill, NJ 0803	2./						
Scope of Work (Check All That Apply)					- 1	Oldiny	11111, 140 0000	J-4						
≥3 sf or ≥3 If	$\boxtimes$	Renova	ition			5	Full Containn		41= NI==		0			
≥160 sf or ≥260 lf		Demolit					Mini-Enclosu	re		ative	Pressu	re		
						R		ocedur	е		7520			
							Non-Exempte	d (^) an	a Non-	Friable	Proce	2000		
1		s Locati Normal											emen pe	L
Location of Asbestos-Containing Material (ACM	Us	ed Sole	ly by	Ashe		cription	of aterial (ACM)		۸			Γ.		
TO BE ABATED	Ma	aintenai stodial S			e. thermal s	systems	insulation,		Amour (Special		R	_	Enc	Щ
In Facility (13)	Cus	(12)	otanr	30 10		ing, VAT			SF or L		Remova	Repair	Encapsulate	Enclosure
(10)	(13)				other m	iscellan	eous)				ova	air	ulat	sure
Yes			N/A								_		Ю	
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JCO OCD J-30		X			VAT	Γ/ Mast	ic		495 s.	200	$\Diamond$			
OCD G129,143		X				& mas			500 s		$\Diamond$			
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Name of Registered Waste Hauler		N	J DEP W	aste	Cubic Y	/a ·de	Name of	Pogial	orad I	and fill				
		11 (0.000)	auler ID		of Wast		Name of	Regist	ereu L	anonn				
Newark Carting			222	53	1	1 1	BFI Imp	erial l	Landf	ill				
City, State					Disposa	al Date	City, Sta							
Newark, NJ					6/	25/17	Imperial	, PA	15126	3				
Completed by Title					Sjig	gnature	1001	1		Da	ite		-112	
Michael Cooper President						1/2m				3/2	/17			

Date of Notification (1)				Name	of Buildin	g Owner/Opera	ator (2)	- 11	A E F	n F	A W	7 17	-
Nover	mber 28, 2016			Makes search		Diagnostics		116		2 6	II V	E	11
Agencies Notified	Type Notification	1			Address	Diagnostics	)						111
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	-					FORMATION						-	
Name of Facility Where	Abatement is Taki	ng Place	(3)	iA	JILITI IIV	ONWATION	Type of	Facility (4)					110
Ortho Clinical Diagn	ostics							hool (K-12)					
Street Address							Sul	bchapter 8	Other than	K-12)			
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City (5)							Square	-francisco de la constantina della constantina d	# of Floors		Dide	A	
Raritan, NJ							Oquare	i eet	# of Floors	•	Blag	Age	
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Somerset					USE ONL	r)	Current	ose (Filol I			).		
Name of Monitoring Firm	n Hired by Building	Owner (8	3)	ASC	M No.	Nar	me of Abatem	nent Contro	Facili	ty			
AET, Inc.	S ST		· ·			No.							
Street Address							MACK Gr	oup, LLC	·.				
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City, State, Zip Code							O Kings H\  , State, Zip (		E 209				
Bridgewater, NJ 088	07												
Project Manager for Mon				Telepho	one No		rry Hill, Nu	08034	Linns	N-			
Eric Houseknecht	c Houseknecht				18-1108	ta Parasa tan		00	150.00000000	se No.			
Start Date (10) Schedule							3) 759 - 50 ne of OSHA I		0078	1			
6/25/16	3			6/25/1				0-0-20					
Occupancy Status Durin	g Abatement (Chec	ck Only C	ne)	0/20/1	-		MACK Greet Address	oup, LLC	•				
Facility Closed/Vac	ated During Entire	Period of	Abatas	ment			Kings HV	NV N ST	E 200				
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Other - Describe:						Lanca Rich	rry Hill, NJ						
Scope of Work (Check A	I That Apply)					Onc	iry riiii, 140	00034					
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≥160 sf or ≥260 lf		- Constitution of	Demoli				Mini-Er	ontainment v	with Negati	ve Pres	sure		
							Gloveb	ag Procedu	ıre				
		T					Non-Ex	cempted (*) a	and Non-Fria	able Pro			
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(13)				1	-	other miscell	aneous)			ove	pair	sula	Sur
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Completed by Title			Signatu	6//	7/1		Date						
Michael Cooper President					-///			11/28/	16				

Date of Notification (1)			Name o	of Building	Owner/Ope	erator (2	2)						111	
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Name of Facility Where	Abatement is Taking	Place (3	3)					Type of Facility (	4)					
Ortho Clinical Diagno	ostics						I	School (K-1	2)					
Street Address								Subchapter					ē.	
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County (6)				County	Code (7)		(	Current Use (Price	or if bein		ished)			
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Name of Monitoring Firm	Hired by Building (	wner (8)		ASC	Л No.	1	Name of	Abatement Con						
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Eric Houseknecht	• Control of • Par								00781	110.				
Start Date (10)		Schedul	(973) 759 - 5000 eduled Completion Date (11) Name of OSHA Monito							00701				
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Abatement Perform								te, Zip Code	OILZ	.09				
Other - Describe:						10000		Hill, NJ 08034	1					
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TOTAL	economico de arcoloció			lauler ID		of Waste		Tiumo of t	.ogioloi	Ju Lanul				
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				Sigr	nature	1171	0		Date					
Michael Cooper President				The second			6	/23/16						

CK 30 /8 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:12C-7) Name of Building Owner/Operator (2) Date of Notification (1) MERCK SHARP & DOHME CORP. 19 /17 Street Address Agencies Notified Type Notification 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 EPA Initial Notification City, State, Zip Code APR 24 DEP Amended Notification RAHWAY, NEW JERSEY 07065 DOL Cancellation Telephone Number SBESTOS CONTROL & DOH On Hold Name of Contact DCA **EMERGENCY NOTIFICATION** Sandra M. Schenk LICENSING **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) MERCK SHARP & DOHME CORPORATION Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 126 EAST LINCOLN AVENUE - BUILDING 80N 40,000 65 City (5) County (6) County Code (7) Current Use (Prior if being demolished) RAHWAY UNION (STATE USE ONLY) VACANT Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ENVIRONMETAL HEALTH INVESTIGATIONS, INC. 104 PAR ENVIRONMENTAL CORPORATION Street Address Street Address 313 SPOOK ROCK ROAD 655 WEST SHORE TRAIL City, State, Zip Code City, State, Zip Code SPARTA, NEW JERSEY 07871 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number WILLIAM S. KERBEL, CIH 973-729-5649 845-369-7500 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor /17 AMERISCI LABORATORIES INC /17 #11480 Month Year Day Day Year Occupancy Status During Abatement (Check only one) Street Address 117 EAST 30TH STREET Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY-FRIDAY 7AM-4PM City, State, Zip Code NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply) Full Containment with Negative Pressure Renovation Demolition Mini Enclo, >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount **ENCLOSURE** REMOVAL REPAIR ENCAPSULE Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A TELECOMMUNICATION CLOSET-X **GROUND FLOOR** X VAT & MASTIC 10 SQ. ST TELECOMMUNICATION CLOSET-**GROUND FLOOR** X ACM DOORS 40 SQ. FT X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill FREEHOLD CARTAGE, INC. Hauler ID No. LYCOMING COUNTY RESOURCE MANAGEMENT SE 5 825 HIGHWAY 33 15939 447 ALEXANDER DRIVE/ROUTE 15 City, State Disposal Date City, State FREEHOLD, NEW JERSEY MONTGOMERY, PA 17752 5/6/2017 Completed by (Print or Type) Title Signature Date BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS

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State of New Jersey NOTIFICATION OF ASBESTOS	BATE		Γ			****	q
(Pursuant to NJAC 8:60 and	12:12	0)	APR	2	4.	2017	1

Date of Notification (1)	1-7	Name o	of Building Owner	/Operator (2)		7 1 1	-			
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Agencies Notified Type Notification	S.	Street A	Address	) 1	LER	SING NA	11		,	1
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DDEP	‡	City, St	Pom t	noting	٨)^	J 080	-0			
El Emergency (i	ncluding	Name o	f Contact	R.K.10/1	10	1 0000	00	,		
DOH justification DCA DCA Cancellation		125	, , , -	9,0,8		E Company				à.
		FAC	ILITY INFORMA							-
Name of Facility Where Abatement is Taking				Туре	e of Facility	(4)				
	ant)				School (K-	12)				
Street Address	,	Da	ı	128	Subchapte Other (i.e.	r 8 (Other than K-1 private & commerc	(2) Sal build	dinas	ham	ec.
42 Juliuste	)WA	Koa	U		etc.)					
City (5) Bonnas Mi	lls 1	TIN	MANI	Z- Squa	are Feet	# of Floors	8	Bldg. /	-	
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. Kuplington			USE ONLY)			Beauty/	1	ind	200	510
Name of Monitoring Firm Hires by Building O	wner (8)	ASCN	l No.	Name of Aba	/		Luc	UU	Ty C	,
EPC Technolo	Lies		N/IL	EP		chnolog	ie.	<b>S</b> .	Ir	9.4
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F.O. Box 53	) T			<b>P.O.</b>	SOK	33 +				
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Project Manager for Monit ril gl Firm		Telepho	758-3365	Telephone N	Mb 0	License N	10.	LO		
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May 1 2017		ં જે	2017	- (1) - (1) 1 (1) (1) (1) (1) (1) (1) (1) (1) (		hnologies	T	~~		
Occupancy Status During Abatement (Check				Street Addres		7.00				
Facility Closed/Vacated During Entire Pe	eriod of Abaten	nent		P.O.	Box	337				
☐ Abatement Performed Outside of Normal ☐ Other – Describe:	I Facility Hours	<b>.</b>	•	City, State, Z						
				New	Egypt	NJ	280	53	3	
Scope of Work (Check All That Apply)		63		<b>►</b> 0.00 ± 0.00	(,					
23 sf or ≥3 lf ≥160 sf or ≥260 lf	Renova  Demolit			ZSC Ful	II Containm	ent with Negative F	Pressur	e		
A 1.00 3 01 1200 II	7 Demone	1011		.□ Glo	ovebag Pro	cedure				
				No.	n-Exempted	d (*) and Non-Friat				
**	is Locati Normal							Abate Ty	ment pe	
Location of Asbestos-Containing Material (ACM)	Used Sole			escription of staining Material	(ACM)	Amount				
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in Facility (13)	(12)	Julia:		cing, VAT, or miscellaneous)	.	SF or LF)	Remova	Repair	Encapsulate	Enclosure
(10)	No. 1 No.	TNIA					/0	=	ilate	ure
	Yes No	N/A	Black	Destic 9	nd		-			
Stores Floor Affect	X		4"x9"+	2x2	iles"	6000 SF	-			_
Deli + Beauty Shop	X		Joint (	ondown		90000 SF	X			
				1						- Contraction
Name of Registered Waste Hauler		JIDEP W		Yards	Name of	Registered Landfill	-			
EPC Technologies		auler ID	[레틴] :	Ste 24	Wast	e Manage	n. 1		P	A
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	15			6-2-17		isville F	A			
Completed by	Title			Signature	~ n	Da Da	te		,	
Steve Schenker	Preside	ent		Sleeges)	Delle	she "	4-2	1-	17	-

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Date of Notification (1) 4-18-2017	1			Name of Jhon M	Building ( lelone	Owner/C	perator	(2)				APR	2	4 20	017
	Notification Initial		Ì	Street Ad	ddress						ASE	EST(		ON	
DEP × DOL	Amended Amendment : Emergency (		- L	Jersey	city, N		4			(4.0)				+	
	justification) Cancellation			Name of Jhon M						Telep	hone Nur	mber			
Name of Facility Where Abaten	nent is Taking	Place (3)	)	FACIL	ITY INFO	RMATI	ON	Type	of Facility (4	4)					
Residential Street Address									School (K-1: Subchapter	2)	than K-1	2)			
					-			×	Other (i.e. p etc.)	rivate & c	commerci	al build	1055 ( 37		S,
City (5) Jersey City, NJ 07304								Squa 2000	re Feet )	# of F	loors		dg. A 7+	ge	
County (6) Hudson				County C	ode (7) ISE ONLY)			Curre	ent Use (Pric	or if being	demolisi	ned)			
Name of Monitoring Firm Hired	by Building (	Owner (8)		ASCM	No.				tement Con vironment						
Street Address				1			Street 2:35		ss ia Avenue	e					
City, State, Zip Code								ip Code y, NJ 073	04						
Project Manager for Monitoring	roject Manager for Monitoring Firm						Teleph 201-	none N 333-8		1000	icense N 1174	lo.		3	
Start Date (10) 4-28-2017		Schedule 4-28-20		pletion [	Date (11)				HA Monitor above						
Occupancy Status During Abat	ement (Chec	k Only On	e)				Street	Addre	ss						
Facility Closed/Vacated D Abatement Performed Ou Other – Describe:						_	Ciry, S	state, Z	ip Code						
Scope of Work (Check All That	Apply)						L								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		processed.	tenova Jemoliti				2	Mi Gl	II Containme ni-Enclosure ovebag Prod n-Exempted	e cedure				0	
		Is	Locati	on				_ INC	ni-Exemple	() and	NUII-FIIdi	1	Abate	ement	
Location of Asbestos-Containing Mater	sict (ACM)		Normall d Solei		Ashos	1017017	scription		I (ACM)	Λm	ount	-	1 9	pe	
TO BE ABATED In Facility (13)			intenar todial S (12)	10************************************		therma surfa	system cing, VA miscella	s insul AT, or	ation,	(Sp	ecify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A		D:				400		-		б	
Basement			X			Pipe	insula	ation		120	) LF	X			
					PR CHILDREN										
Name of Registered Waste Hauler Green Environmental Services				JDEP Wauler ID	No.	Cubic of Wa 2	: Yards iste		Name of Green				ces		
City, State Jersey City, NJ						Dispo	sal Date	)	City, Stat						
Completed by Liliana Serrano	e mar	nager			Signatur	e (a.1.)	13 COKA	2.1.45	, D	ate -18-2	017				

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#2762 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 18 / 17 04 / Gelin Concort LLC Type Notification Agencies Notified Street Address ASPESTOS CONTROL & X Initial X EPA LICENSING **⋈** DOLWD Amended City, State, Zip Code Amendment # X DHSS Paramus, NJ 07652 Emergency (including □ DCA Name of Contact Telephone Number (NJAC 5:23-8) justification) Cancellation Sam Gelin **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Private house Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) Paramus, NJ 07652 County Code (7) (STATE USE (WLY) | Current Use (Prior if being demolished) County (6) Bergen Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, N. 07470 Project Manager for Monitoring Firm Telephone No. License No. Telephone No. 01127 973-638-1777 Scheduled Completion Date (11) Start Date (10) Name of OSHA Monitor 04 / 27 / 17 04 / 28 / 17 Envirovision Consultants, Inc Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: AM- PM/ PM\_ Fair Lawn. NJ 07410. Scope of Work (Check all that apply) C ean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 If > 160 sf or >260 If Renovation Mini-Enclosure Glovebag Procedure Tent with Negative Pressure ☑ Demolition Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Remova Encapsulate Enclosure Used Solely by Asbestos-Containing Material (ACM) Asbestos Contain ng Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A $\boxtimes$ $\boxtimes$ Exterior siding Transite siding 650 SF П П П Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signa ure / Date Tewic Wenad N.Jevtic 04/18/17 Owner ASB-41

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#2765 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 04 19 / 17 Demarest Property LLC" Agencies Notified Type Notification Street Address ☐ EPA ✓ Initial ASBESTOS CONTROL & 70 Demarest Drive □ DOLWD Amended LICENSING City, State, Zip Code X DHSS Amendment # Emergency (including ☐ DCA Wayne, NJ 07470 (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Rick Eustaquio FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Office building-unoccupied School (K-12) Street Address Subchapter 8 (Other than K-1 2) Other (i.e., private and commercial buildings, 70 Demarest Drive homes, etc.) City (5) Square Feet # of Floors Bldg. Age Wayne, NJ 07470 County (6) County Code (7) (STATE USE ()NLY) | Current Use (Prior if being demolished) Passaic Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, N. 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 29 / 17 05 / 01 / 17 Envirovision Consultants.Inc. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_\_AM-\_ PM/ Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 If 160 sf or >260 If Renovation X Mini-Enclosure Demolition Glovebag Procedure Tent with Negative Pressure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Encapsulate Asbestos Containing Material (ACM) Remova Repair Amount TO BE ABATED Maintenance/ (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A First floor $\boxtimes$ Elbows-wrap&cut 20 elbows X Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date N.Jevtic Owner ewic 04/19/17 ASB-41 \* Do not use this form for asbestos licensure exempted activities.

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ame of Registered Waste ervice Transport Gro ty, State	Ha	IDEP Wa Juler ID N V2117		Cubic Ya of Waste TBD			Registered l a Enterpri							
Otore		X		M	astic		24000	SF	х					
Store		X		Floor t	ile/mas	stic	3000	SF	х					
Storage		Yes	No	N/A							12		ate	Ге
Asbestos-Containing N TO BE ABA	Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Is Loc Norr Used S Mainte Custodia (1.1)					estos Conta e. thermal s	ystems nc, VAT	iterial (ACM) insulation, or	Amou (Spec SF or	cify	Removal		eme Encapsulate	Enclosure
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	тпат Арріу)		Renova Pemolii	tion			×	Full Contain Mini-Enclose Glovebag Pr Non-Exempt	rocedure				re	
Facility Closed/Vaca Abatement Performe Other – Describe:	cupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Lives						Street	Address ate, Zip Code						
Start Date (10) 05/01/2017		2017	mpletion				of OSHA Monit		)1225					
Project Manager for Mon Eric M. Telemaque	itoring Firm				one No.		Was Feleph	hington Cro one No. 313-7427	ssing, PA	icense N	10.			
1350 Broadway, St City, State, Zip Code New York, NY	ite 1904						150	Address Glenwood [ tate, Zip Code						
Name of Monitoring Firm WCD Group LLC Street Address	THIEG BY Buildi	ng Owner (8	3)	ASC	M No.		ELC	of Abatement ON Environ	Contractor (9	9)				
County (6) Bergen	11: 11 3 3			County (STATE	y Code ( E USE O	(7) NLY)		Current Use RETAL	(Prior if being	g demolis	shed)	うし	)+	
City (5) Paramus					- TE - XV-EI II			Square Feet		Floors	cial bi	Bldg	. Age	
Burlington Coat Fa Street Address 651 Route 17 Suite		# 6 						School Subcha	(K-12)	r than K-	12)			
Name of Facility Where	Abatement is T	aking Place	(3)	FA	CILITY	INFORMAT	TION	Type of Fac	ility (A)					
☐ DCA	justifica Cancell	ation		Mike		ds (Pr. Ex		/e)	Tele	phone N	umbe	er		
X DOL	Amendo Amendo Emerge	ment #_ ncy (includi	ng	Burl	lington	ip Code , NJ 0801	16		22-62		to the second second	*******		-
X EPA DEP	Type Notifica			183		Route 130	0 North	1		ASBI	EST(	OS C	SING	TRO
Agencies Notified		otion		0.			ctory		1	1				

	Date of Notification (1)	1171	1-	7	Na	ame of Building Ov	vner/Operator	(2)	2011	-			
· Compa	Agencies Notified	7 -c(/	17				1	BESTE	CONTINE	Pol	1000 to		
	□ EPA		ion		Str	eet Address		110	TO THOU	7.00	-		
	□ DEP	Initial Amended			Cit	y, State, Zip Cou							
-	DOL	Amendm II Emergen	ent#	A.	_ \	,, oa.e., 2p ccae	Mood	D	7C-1	7 )T	- 1	01	AL
1	DOH :	justification	n)	aing	Nar	me of Contact	MACDI	1 Del	ITTORD	10	0	30	86
:		[] Cancellati				PL Cli	FFORC	X	Telepho	ne Num	ber	-	
ſ	Name of Facility Where	Abatement is Tal	king Plac	æ (3)	F	ACILITY INFORM							
,	Street Address	tamily			elli	inc	1	Type of Fac	u (#45)				
	Offeet Address/							☐ Subch	l (K-12) apter 8 (Other tha	n K-12)			
-	City (5) 1 / /						1	Other etc.)	(i.e. private & com	mercial	buildir	ngs, h	iomes,
	West	Denth	200		1.1.	3080 Z	1	Square Fee				g. Age	
	County (6)	achi	COACC	۸	Cour	1 UCIUE (7)	16		12			3-1-13-1	
-	: 6100	cesta	R		(STA	TE USE ONLY)		Surrent Use	(Prior if being der	nolished	4	1	1
1	Name of Monitoring Firm	Hired by Building	Owner	(8)	AS	CM No.	Name of	Abatement	Contractor (9)	14.	Du	Pli	ins
18	Street Address	mo				MIN	1 100	PCT	tchnol	and i	0 \$	9	y
		L xor	3				Street A	n. 64	oun air air	7	P.A	The state of	A. C.
10	City, State, Zip Code	in the same of the	B A	piline p	IN I	A MARIE GIL GILL	City Stat	e, Zip Code	11 23 7				
P	roject Manager for Monit	MAT.	N				Neu		was Al	T	20		27
	and declaration of	1.40	dh			hone No.	Telephon	e No.	Licen	e No.	10	1	
S	tart Date (10)	FIRM KR		ıleci Co	moletio	758-3369 n Date (11)	5 609 73	58-33	365	20	3	14	
1	11144	2017	M.		124	2017	Name of	OSHA Moni	tor	IN-JR-	- ABINE		-
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6	Facility Closed/Vacate Abatement Performed Other - Describe	d During Entire F	Period of	Abate	ment		P-C	· Bo	r 337				
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So	ope of Work (Check All T	hat Apply)					[ [Acm	Egyp	- NI	08	53	33	
2	≥3 sf or ≥3 if ≥160 sf or ≥260 if			Renova	ation								
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	I accest			Locat			55.		To the same same same same same same same sam	T T		emen	ıt.
	Location of Asbestos-Containing Mat	terial (ACM)	Use	Normal d Sole	ly by	Ashartas Si-	scription of					ype	
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	(13)			(12)		surfa	cing, VAT, or niscellaneous		SF or LF)	Remova	Repair	cap	Enclosure
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Nam	e of Registered Waste Ha	auler		- NJ	DEP W	aste Cubic	Yards	I Namo of	Registered Landfi				
Į	EPC Techn	ologies		Ha	uler ID I	No. of V/as	te 1 )						.
City,	State	O			700	Dispose	al Date	City, State	e Manage	rient	06	P	A
Come	New Egys	ot 1	15	١.		1	-12-17	-inf, with	•	PA			
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Date of Notification 4/20/17	on (1)						Building C			(2)	ľ						l .	
Agencies Notified	d	Туре	Notification		15	Street Ad	ddress					m	EG		3	W	TF	-
X EPA		×	Initial			237 No	orth 20th	Stree	et		1	1111					L	Pro-
× EPA DEP		Ä	Amended			City, Sta	te, Zip Coo	ie				m		310-		77		
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▼ DOH			Emergency (justification)	including		Name of	Contact				24.5	Tel	ephone N	lumb	per	42-0-1	-	lasares
DOH DCA			Cancellation		9 .	Joe Ri	ZZO				THE PERSON NAMED IN COLUMN 1							
						FACI	LITY INFO	RMATI	ON				IODEO I				POL	0
Name of Facility	Where A	Abate	ment is Takin	g Place (3	()					Ту	pe of Facility (	4)	L	ICE	NSI	NG.		
House								05.00/52			School (K-1				3000			
Street Address										Щ	Subchapter Other (i.e. p				huild	inas	home	
										×	etc.)	nivate	a comme	ioiai	Dulla	ings,	Home	3,
City (5)											uare Feet	1000000	f Floors		1,323	dg. A	ge	
Westfield							2010				200	2			7	0		
County (6) Union							Code (7) JSE ONLY)			Cu	rrent Use (Pri	or if be	ing demo	lishe	d)			
Name of Monitor	ring Firm	Hired	by Building	Owner (8)		ASCN	1 No.		Name	of A	batement Cor	ntractor	(9)					
				tannest (Charles - Problem					ABS	En	vironmenta	al Sen	vices, L	LC				
Street Address									Sireet	t Add	dress							
									4 E	Gat	e Drive, PC	Box	483					
City, State, Zip C	Code								C ty, S	State	, Zip Code							
									Gler	nwo	od, NJ 074	118						
Project Manager	for Mon	itoring	g Firm		Π.	Telepho	ne No.		Telepi	hone	No.		License	e No				
									973-	-764	4-2276		703					
Start Date (10)				Schedul	ed Com	pletion	Date (11)		Name	of C	OSHA Monitor		1		-			
4/29/17				5/29/1	7													
Occupancy Statu	us During	g Aba	tement (Ched	ck Only Or	ne)				Street	t Ado	dress			-12/-12				
× Facility Clos	sed/Vaca	ated [	During Entire	Period of	Abatem	ent												
Abatement Other – Des	Perform	ed O	utside of Norr	nal Facility	y Hours			_	City, S	State	, Zip Code							
Scope of Work (	Check A	II Tha	t Apply)	,	A-104													
≥3 sf or ≥3 × ≥160 sf or ≥				The same of the sa	Renova Demolit						Full Containm Mini-Enclosur Glovebag Pro	e		re Pr	essur	e e		
										×	Non-Exempte	d (*) ar	nd Non-Fr	riable	-			
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	Location		700000000000000000000000000000000000000		Normal ed Sole				scription				. 0				-	
Asbestos-Co	ontaining DBE AB			Ma	aintenar	nce/					erial (ACM) sulation,		Amount Specify		Z	_	Encapsulate	m
1.0	In Facil			Cus	todial S (12)	Staff?	(	surfa	cing, VA	AT, c	or		F or LF)		Remova	Repair	aps	Enclosure
	(13)				(12)	,		other	miscella	neou	us)				val	읔	ulai	sure
				Yes	No	N/A											e	
exterior						х		alum	inum s	sidir	ng	2,	000 SF		х			
Name of Registe	ered Was	ste Ha	auler		100	JDEP W		100000000000000000000000000000000000000	Yards		Name of	Regist	ered Lan	dfill				
Freehold Car	tage			YE	77.970	auler ID 5939	No.	of Wa					Landfil	II				
City, State									sal Date	е	City, Sta		^					
Freehold								TBD			Newbu	arg, Pa	4	_				
Completed by	i.			Title	14 - 1				Signatur	re	A			Dat		7		
A. Scott Higg	ins			Pres	sident					1	W/			4/2	20/1			

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CK140	88	N	101					STOS ABAT :60 and 5:1		ME	CE	1		
Date of Notification (1)					Name	of Duildin	~ O:	mariOns ratas (	2)					
	18 /	17					T	ner/Operator ( search and E	33.50	A	PR 2	/ 2C	17	The state of the s
Agencies Notified	Type Notific	ation			Stree	t Address				1		, 20	1.7	1
⊠ EPA					600	Billings	port	Rd.						
☑ DOLWD	☐ Amended					State, Zip (	-			2 0 10 10 10 10 10 10 10 10 10 10 10 10 1	STOS C		ROL	٤.
□ DHSS	Amendm				110-1713-1-11	ulsboro,				1	LICEN	SING		
DCA (NJAC 5:23-8)	☐ Emergen justification		uding			of Contac				Telephone N	umher		-	
(10/10 0.20 0)	☐ Cancellat	(3)40 <b>.0</b> 0				il Szymc				- Tolophone IV	- arribor			
					FA	CILITY IN	IFOF	RMATION						
Name of Facility Where A	batement is 7	Taking F	Place	(3)	2.50				Type of Facility	(4)				
Outside Bldg. 46									School (K-1					
Street Address						100			☐ Subchapter	8 (Other than K				
600 Billingsport Rd									Other (i.e., p     homes, etc.)	orivate and com	mercial b	uilding	js,	
City (5)			= 0.97						Square Feet	# of Floors	E	Bldg. A	ge	
Paulsboro, NJ 0806	6								N/A	N/A		40+		
County (6)					Cour	nty Code (7	)(STA	TE USE ()NLY)	Current Use (P	rior if being dem	olished)			
Gloucester								(i)	Research					
Name of Monitoring Firm	Hired by Build	ding Ow	ner (	8)	ASCM	No.	Nar	me of Atrateme	ent Contractor (9	)				
Environmental Man	agement In	ternati	onal	1	NA		A	Iliance Envi	ronmental Sy	stems				
Street Address							Stre	eet Address						
34 E. Germantown I	Pike #204						5	50 East Unio	on St.					
City, State, Zip Code							City	, State, Zip Co	ode	*				
E. Norriton, PA 1940	01						٧	Vest Chester	, PA 19382					
Project Manager for Monit	toring Firm			Tele	phone	No.	Tel	ephone No.		License No.				
Ray Giordano				61	0-277	-0405	6	10-701-9000		00508				
Start Date (10)		chedule	ed Co	mple	tion Da	te (11)	Nar	ne of OSHA M	onitor					
_5 / _3 / .	17	5	_ /	5	_ / _	17	E	MI						
Occupancy Status During	Abatement (0	Check o	nly o	ne)			Stre	eet Address						
☐ Facility Closed/Vacate							3	4 E. German	town Pike					
Abatement Performed						cribe	City	, State, Zip Co	de	11				
Time of Abatement: 7/		1/ <u>3:30</u> P	IVI		AIVI		E	. Norrington	, PA 19401					
Scope of Work (Check all	that apply)							□ FI Cant		ti D				
≥3 sf or ≥3 lf			Rer	novati	on			☐ Full Cont	ainment with Ne osure	gative Pressure				
☐ ≥160 sf or ≥260 lf			] Der	nolitic	n			☐ Glovebag	Procedure		19			
			le	Locat	ion	_		□ Non-Exer	mpted (*) and No	n-Friable Proce	1	•		
Location	of			lorma				Description of	f		A	batem		
Asbestos-Containing N	Material (ACM	)		d Sole		Asbe	stos	Containing Mat		Amount	Removal	Repair	Enc	Enclosure
TO BE ABA				ntena odial :	Staff?	(i.e		rmal systems i		(Specify	Von	air.	aps	losı
(13)	y			(12)	a commence			urfacing, VAT, ner miscellaned		SF or LF)	<u> </u>		Encapsulate	лге
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Outside Bldg. 46					$\boxtimes$	Mastic	Pipe	Coating		6 SF				
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Name of Registered Wast		JDEP V	Monto	Cub	is Vards of	Name of Desi	stand Landell	L		Ш	П			
Waste Management				183	auler II	O No.	Wa:	oic Yards of ste	Name of Regi					
City, State					MODU	806313	-	posal Date	City, State					
Paulsboro, NJ							Т	BD	Swedesbo	ro, NJ				
Completed By (Print or Ty	rpe)	Title						Signature	and		Date	4	A	
Mark Griffin	#mm5.€	Contraction (Contractor)	ject	Man	ager			2.3.100.110	18##—		21	10	1,-	
			•		J -				1111111		1/	0	11	1

### State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2017-51

Check # 8347 Date of Notification (1) Name of Building Owner/Operator (2) 10 |4 |/|2 |1 |/|1 |7 | Lori Milnes Agencies Notified Type Notification Street Address ☐ EPA APR 24 2017 Initial DEP City, State, Zip Code X DOL Amendment ASBESTOS CONTROL & Maplewood, NJ 07040 X DOH Name of Contact Telephone-Number Cancellation DCA Lori Milnes **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Lori Milnes Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Bldg. Age Square Feet # of Floors City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Maplewood, NJ 07040 Essex residential Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Phone Number Telerihone Number License Number (973)696-6869 00378 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 05/01/2017 05/02/2017 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: Scope of Work (check all that apply) ☐ Demolition X Renovation Full Containment w/negative pressure ✗ Glovebag procedure X >3 sf or >3 if Mini-er closure ≥160 sf or ≥260 lf Non-friable procedure Is location normally used solely F Location of E е by maintenance/custodial е n asbestos-containing Amount Description of asbestos-containing m n staff(12) p C material to be (Specify SF or material (ACM) 0 a a abated in facility (13) Yes No N/A V p basement pipe insulation 120 If X NJDEP Hauler ID# 19563 Registered Waste Hauler Cubic Yards of Waste Name of Registered Landfill B & G Restoration, Inc. 2 Tullytown Resource & Recovery Center Disposal Date City State Lincoln Park, NJ 05/02/2017 Tullytown, PA Signature Completed by (Print or Type) Date Gora'ına Luna Gordana Luna Secretary/Treasurer 04/21/2017

1/10 CH			(Pursi	lant to	NJAC 8:60 and	12:120)			- 1	- 17	_!Ь
Date of Notification (1	) February 24, 201	7	Nam	ne of Build	ding Owner / Operation	tor (2)	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Check	# 115	64	
F	ebruary 1, 2017		Atla	ntiCare F	Regional Medical	enter – Mainland D	Division	APR 2	24	201	7
Agencies Notified	Type Notification		Stre	et Addres	S		1				
EPA			65 V	Vest lim	nie Leeds Road		1	7 777 70 700		er draw	
DEP			100 1	vest onin	me Leeus Road		ASE	ESTOS	COA	TR	OLE
DOL	Initial		City,	State & 2	Zip Code		American de la companya del la companya de la compa	LICE	1011	, Z	
⊠рон	Amended			ona, NJ							
DCA	Amendmen Cancellation								31.7		
	Cancellation	1.	INam	e of Cont	act			Telepi	none N	lumb	er
			F	ACILITY	/ INFORMATIO	N		-			
Name of Facility When	e Abatement is Taki	ng Place (3)			Type of F						
AtlantiCare Regional	Medical Center - N	lainland Div	ision			ool (K-12)					
Street Address					Subje	chapter 8 (Other tha	n K-12)				
65 West Jimmie Leed	is Road				Other     Other     In the control of the	er (i.e., private & c	commercial bu	ildings, h	ome,	etc.)	)
City (5)					Square F	eet # of Flo	oors	Bldg. A	ge		- 17-5
Pomona, NJ					Current	on /Delea if haire d			42 Ye	ars	
					Hospital	se (Prior if being de	molished)				
County (6)		County Coo	le (7)		riospitai					_	
Atlantic		USE ONLY									
Name of Monitoring Fit Hillmann Consulting,	m Hired by Building	Owner (8)		ASCN		Abatement Contracto	or (9)				
Street Address					Synatech Street Acc						
1600 Route 22 East, S	Ste 107				829 Radio						
City, State & Zip Code					City, State	& Zip Code			_		_
Union, NJ 07083 Project Manager for Mo	nitorina Eirm	I+	11		Little Egg	Harbor, NJ 08087					
Stephen Cherepany	Amornig Film		elepnone 18-688-78	Number	Telephone 609-296-6		License	Number			
Scheduled Start Date (	10) Schedu	iled Complet				OSHA Monitor		008	317		
February 13, 2	2017	Apr	il 10, 201		Synatech,	Inc.					
	I/Vacated During Ent	ire Period of		ent	Street Add 829 Radio						
Abatement Pe	rformed Outside of N	lormal Hour	S		City, State	& Zip Code			77		
Other – Descr	ibe: ied During Abatemer	at.			Little Egg	Harbor, NJ 08087					
Scope of Work (Check											
					I	Full Containmen	t with Negative	Draceura			
≥3 sf or ≥ 50 lf			Renovati	ion	İ	Mini-Enclosure	it mar negative	1 1033010			
≥160 sf or ≥260	lf		Demolition	on	Ī	Glovebag Proce					
						Non-Exempted(		ble Proced	ure		
Locat Asbestos-Contain	ion of	Is Locati	on Norma	ally Used	Descr	iption of		A	batem	ent 7	Гуре
	ABATED		y Maintei dial Staff	nance or		-Containing al (ACM)	Amount (Spe	ecify			1/2/0
	acility			1 (12)		nal systems	SF or LF	' <b>├</b> ─			1
(1	3)				insulation, s	urfacing, VAT		70		En	m
					or other mi	scellaneous)		em	Rep	cap	l CC
		Yes	No	N/A				Removal	Repair	Encapsulate	Enclosure
First Floor										ite	0
Endo Suite				X	RE-CENTRE	or Tile	1,600 SF				
		+		^	Floo	r Tile	4,000 SF	X			
Name of Registered Wa	ste Hauler	NJDEP V Hauler ID		Cubic \	ards of Waste	Name of Registe	ered Landfill		4		
Synatech, Inc.			429	30		Fairless Hills					
City, State				Dispos	al Date	City, State	100000000000000000000000000000000000000				
Little Egg Harbor, NJ	08087			April 4	1 2017	Manufactura					
Completed By	Title			April 1		Morrisville, PA	Date		-		
Dione Al-!-	1500452	La comitacoporte			1 /11	,	February	24, 2017			
Diane Aloia	Execu	tive Adminis	strator	11/1	an all	(   F	ebruary 1, 201	7			

			NOI			ASBESTOS A		File Co. I				
NO Ch						IJAC 8:60 and		Che	ck#	1156	64	1
Date of Notification (1	) February 2 ebruary 1, 20					ng Owner / Operator egional Medical Ce		Distrib				n
Agencies Notified	Type Notifica				t Address		nter – Wainland	Division APP	2. 9	201	7	
□EPA □DEP				65 W	est Jimm	ie Leeds Road		ASBESTOS	603	173	ŌL.	Na Pro
⊠DOL	Initia				State & Zi	Access to the control of the control						
⊠рон		nded ndment#	1	Pom	ona, NJ (	08240						
DCA		cellation		Name	e of Conta	ct		Te	elepho	ne N	ımbe	r
				F/	CILITY	INFORMATION	l					
Name of Facility Wher AtlantiCare Regional	re Abatement Medical Cen	is Taking	Place (3)	ision		Type of Fac	cility (4) ol (K-12)					
Street Address	medical och	ici – man	mand Div	151011			n (N-12) napter 8 (Other th	an K-12\				
5 West Jimmie Leed	ds Road							commercial building	s hor	ne e	etc )	
						Square Foe			lg. Age		, (0.)	-
City (5)							A. (1.23-5.741)			2 Yea	ars	
omona, NJ						Current Use Hospital	e (Prior if being d	emolished)				
County (6)			County Cod									
lame of Monitoring Fi	rm Hired by B				ASCM	No. Name of At	patement Contrac	ctor (9)				
illmann Consulting, treet Address	Inc.		## 75 			Synatech,	Inc.					
600 Route 22 East, \$	Ste 107					Street Addr 829 Radio	577 8					
ity, State & Zip Code						City, State	ACCRECATION OF THE PARTY OF THE					
nion, NJ 07083 oject Manager for Me	onitorina Firm		IT.	elephone	Mumbas	Little Egg I	Harbor, NJ 0808					
ephen Cherepany	·			)8-688-78		Telephon∈ 609-296-69		License Num	0081	7		
cheduled Start Date ( February 13, 2		Schedule	d Complet	ion Date il 10, 201		Name of OS Synatech	SHA Monitor	1				
ccupancy Status Dur	ing Abatemer	t (Check	only one)			Street Addr	ess			-		
Facility Closed Abatement Pe					ent	829 Radio	25707000				III-16-	
Other - Descr		ide of 1401	mai noui	5		City, State &	x zip Gode Harbor, NJ 0808	7				
Facility Occup	ied During Ab	atement				Little Lgg I	iai boi, 145 0000	,				
cope of Work (Check	30.50										-	-
						ĵ.	7 Full Containme	ent with Negative Press	ure			
≥3 sf or ≥ 50 lf				Renovati	ion	Σ	Mini-Enclosure					
≥160 sf or ≥260	If			Demolitie	on		Glovebag Proc					
							Non-Exempted	d(*) and Non-Friable Pr	ocedu	re		
Asbestos-Contain	tion of ing Material ()	ACM)			ally Used	Descrip Asbestos-		Amount (Specify	Ab	atem	ent T	ype
TO BE	ABATED	,		odial Staff		Materia		SF or LF)				
	acility (3)					(i.e., therm					ш	A200.43
7.	10)					insulation, su or other m s			Re	Ŗ	nca	Enc
					10070000				Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A				a	7	ate	ē
st Floor do Suite					Х	Floor Tile a		1,600 SF	X		П	
ido suite					X	Floor	Tile	4,000 SF	X			
ame of Registered Wa	aste Hauler		NJDEP \		Cubic Y	'ards of Waste	Name of Regi	stered Landfill				
natech, Inc.			Hauler II	D No. 7429	30		Fairless Hills					
ty, State					Disposa	al Date	City, State	75 5011110 - X				
tle Egg Harbor, NJ	08087				A == 11.6	5 2047	-					
ompleted By	10001	Title			April 11		Morrisville, P	A Date				
0.0000000000			19580 10000		1	iane allow		February 22, 2	017			
iane Aloia		Executiv	ve Admini	strator	10	cane allo		February 1, 2017				

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

NOCK			(	Pursua	nt to N	JAC 8:60	and	12:120)		Che	ck # 1	150	V	
Date of Notification (1)	) ebruary 1, 201	7				ng Owner /			and Divisio	1-, 1	UN II I	100	1	
Agencies Notified	Type Notificat			_	Address	gioriai wec	ilcai CE	nter – Mainl	and Divisio	AF	98 2	- 2	017	
□EPA □DEP				65 We	st Jimm	ie Leeds R	oad		to the first of the second second	L	Tosic	.ON	TRO	
⊠DOL				City, S	tate & Zi	o Code			L		JOEN.			
⊠рон	Amen			Pomo	na, NJ 0	8240								
DCA		dment #_ ellation		Name	of Conta	ct				lт	elephor	ne Nu	mbe	г
				FA	CILITY	INFORM	ATIOI	V						
Name of Facility When AtlantiCare Regional				sion		Туј		cility (4) ol (K-12)		7				
Street Address						——  <u> </u>	. SOMETHICS	hapter 8 (Oth	ner than K-1	2)				
65 West Jimmie Leed	ds Road					I⊳	_			nercial building	gs, hon	ne, e	tc.)	
	nerven and respect to the second						uare Fe		# of Floors		dg. Age			
City (5)					//						4	2 Yea	rs	
Pomona, NJ							rrent Us spital	e (Prior if be	ing demolis	hed)				
County (6) Atlantic			unty Code											
Name of Monitoring Fi		ilding Owr	ner (8)		ASCM			batement Co	ontractor (9)		WW			
Hillmann Consulting, Street Address	Inc.						natech, eet Ado							
1600 Route 22 East, S	Ste 107					1 (100.000)	Radio							
City, State & Zip Code								& Zip Code						
Union, NJ 07083	anitarina Firm		IT.	lashasa N	lumah an			Harbor, NJ	08087	Il issues Nou				
Project Manager for Mo Stephen Cherepany	onitoning Firm			lephone N 8-688-780			epnone 3-296-6	Number 916		License Nur	0081	7		
Scheduled Start Date (	(10)	Scheduled						SHA Monito	ſ					
February 13, 2 Occupancy Status Dur	2017		Marc	h 13, 201			natech, eet Add							
Facility Close	d/Vacated Duri	ng Entire	Period of		nt	829	Radio	Road						
Abatement Pe	erformed Outsi	de of Norn	nal Hours	i				& Zip Code Harbor, NJ	00007					
	oied During Aba	atement				-"	ie Lyg	Harbor, No	00001					
Scope of Work (Check	all that apply)										110			
D >2 of o+> 50 lf				Renovatio						n Negative Pres	ssure			
≥3 sf or ≥ 50 lf ≥160 sf or ≥260	If		=	Demolitio				Mini-Encl						
EZ 5100 31 01 5200				Demonito	···				Procedure	d Non-Friable F	Drocedu	re		
Loca	tion of		Is Locati	on Norma	Ilv Used			iption of	mpted( ) an	d Hon-i Hable i		atem	ent T	vpe
Asbestos-Contain		CM)	Solely b	y Mainten	ance or		sbestos	-Containing	A	mount (Specify				
	ABATED acility		Custo	dial Staff	? (12)	6.		ial (ACM) nal systems		SF or LF)	-			
	13)					insu	lation, s	urfacing, VA					Enc	ш
						ore	other m	scellaneous)			em	Repair	aps	clo
			Yes	No	N/A						Removal	air	Encapsulate	Enclosure
First Floor				Х	Flo	or Tile	and Mastic		1,600 SF	X				
											4			
	W						1000							
Name of Registered W	aste Hauler		NJDEP \ Hauler IE	No.		Yards of Wa	aste		f Registered	Landfill				
Synatech, Inc.			27	429	12	al Data		Fairless						
City, State					Dispos	al Date		City, Sta	ite					
Little Egg Harbor, NJ	08087					14, 2017		Morrisv	ille, PA					
Completed By		Title			Signate	ire .	110		Date				YES THE	
Diane Aloia		Executiv	e Admini	strator	1	Mul	Mo	~	Febr	uary 1, 2017				

APR 2.4 2017		01#	1000	654	9	
000000000000000000000000000000000000000	Cond. No.	APR	2.4	2017		-
ASBESTOS CONTROLIA LICENSING	LOUIS CONTRACTOR OF THE PARTY O	L ASBESTO L1	OS CC JENSI	NTR NG_	ol a	

DEP DOL	Amendment #_ Emergency (in	cluding	Name	of Conf	, NJ 0745 tact			T	elephone Numbe	er _			
DOH DCA	justification) Cancellation				Semera INFORMA								-
ame of Facility Where Residential treet Address	Abatement is Taking	Place (3)		OLLIT				ool (K-12)	other than K-12) te & commercial	buildings	s, hon	nes,	
							etc.) Square F 2,000 +	eet 7	# of Floors	Bldg. 50 +			
city (5) Franklin			Cou	nty Code	e (7)		Current L Reside	Jse (Prior if	being demolishe	d)			
County (6) Sussex	rm Hired by Building C	Owner (8)		SCM No		Name		1.O-atro	ctor (9) vironmental C	onsult	ing,	lnc.	
	III Filled by Bullang					Street	Address						
Street Address						Ci.v.	1 Route :	Code					
City, State, Zip Code			Tel	ephone	No.	Telep	yne, NJ (ohone No.		License No	).			
Project Manager for N	Monitoring Firm	Scheduled				Nam	-628-920 e of OSHA	Monitor					
Start Date (10) 04/28/17		04/29/17				Chron	ot Address		tants, Inc.			-	
	uring Abatement (Che Vacated During Entire ormed Outside of Nor e:	Pariod of Ab	atemer	nt		City.	State, Zip		d, Bldg. #35E				
Scope of Work (Che	ck All That Apply)		novatio molitio				Mini	-Enclosure	nt with Negative edure (*) and Non-Fria	ble Proc	edure	)	
		ls l	_ocatio	n			181				Abate Ty	ment	
Asbestos-Conta	cation of ining Material (ACM) E ABATED Facility (13)	Used Mai	ormally I Solely ntenan odial Si (12)	y by ce/	(i.e. th	Descrip s Containing ermal syst surfacing, other misce	ng Material ems insula VAT, or	(ACM)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Ligitation
		Yes	No	N/A X	Pipe	Insulation	on & Fitti	ngs	23 LF	X			
Ва	sement												-
										1611			
				JDEP V		Cubic Ya			Registered Land				
Name of Registers	ed Waste Hauler	al Consul	Inc	Hauler ID	) NO.	2							_
Name of Registere J.R. Contractin City, State	ed Waste Hauler g & Environmenta	al Consul.,	Inc 1	Hauler ID 7819	) No.	2 Disposal	Date	City, Sta	rgyl, Pennsyl	vania			

Date of Notification (1) 4/19/2017			of Building (	7.2 V	- 2	2)		1	Λ	PR 2	<u>ノ</u>	2017	100
Agencies Notified Type Notification			Address		- P.			IU L	1	1111 2		LUII	
V-10			W. Passai	c Street, S	Suite	11							
EPA Initial Amended			State, Zip Co						ASBES				)L &
DOL Amendment #_	li relia er	May	wood, NJ	07607					-	LICE	1511	4	-
Emergency (inc justification)  DCA  Emergency (inc justification)  Cancellation	auding	100000000000000000000000000000000000000	of Contact					Tele	nhono N	(I,h = -	,	#	
DCA Cancellation			k Belgiovii	<u> </u>									
Name of Facility Where Abatement is Taking P	lace (3)	FA	CILITY INFO	RMATION		Type o	of Facility (4	1)			_		-
Oak Tree School	1400 (0)				- I		school (K-1						
Street Address						S	ubchapter	8 (Othe					
45 Wilus Way					ļ	ECC. 10-10	other (i.e. p tc.)	rivate 8	comme	ercial bu	lding	s, hom	es,
City (5)					+		e Feet	# of	Floors		Bldg.	Age	
Iselin						30,00	)0+		2	E3	195	0's	
County (6) Middlesex County			y Code (7) E USE ONLY)			Curren Scho	nt Use (Pric	or if beir	ng demo	olished)			
Name of Monitoring Firm Hired by Building Ow		75350000	CM No.				ement Con						
McCabe Environmental Services, LL	C	00.	118		Western	TANK THE STATE OF	ontracting	Corp	).				
Street Address 464 Valley Brook Avenue, #3A						Address Ilow V							
City, State, Zip Code							Code	0746					
Lyndhurst, NJ 07071				X		100000000000000000000000000000000000000	Park, NJ	0742					
Project Manager for Monitoring Firm  John H. Chiaviello/Jarred Panecki			hone No. 438-4839			one No 33-91			License 01331				1
	ahadulad C		on Date (11)				A Monitor		01001				
	/2/2017	ompletic	in Date (11)	100000			n Consul	ltants,	Inc.				
Occupancy Status During Abatement (Check C	Only One)			Str	eet A	Address	S						
Facility Closed/Vacated During Entire Per		ement		20	)-21	Wag	araw Rd	., Bldg	g. 35-E				
Abatement Performed Outside of Normal					7000	100	Code						
Other – Describe:				—   F	air L	awn,	NJ 074	10					
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf		vation olition			×		Containme i-Enclosure		Negativ	e Press	ure		1
x ≥160 sf or ≥260 lf	☐ Demi	DIILIOIT			×	Glov	vebag Proc	edure					
		-			×	Non	i-Exempted	d (*) and	d Non-Fr	riable Pr	50757		
	Is Loc											temen ype	it
Location of	Norn Used So		Achaet	Descrip tos Containii			(ACM)	Α	mount		T	T	
Asbestos-Containing Material (ACM)  TO BE ABATED	Maintei Custodia			thermal syst	ems	insulat		(8	pecify	70	7	Encapsulate	Enc
In Facility (13)	(1:			surracing other misco				SF	or LF)	Remova	Repair	psu	Enclosure
(13)	Yes N	o N/A	_	0010111100	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					<u>ai</u>	-	late	lre
" Di C Attach . d "	165 14	0 14/7		lease See	Λ ++	oobo	d "				+	+	1
" Please See Attached "			P	lease set	; All	acrie	u				+-	-	-
									TA THE PERSON				
Name of Registered Waste Hauler			Waste	Cubic Yard	is		Name of I						
Unicorn Contracting Corp.		Hauler 00358		of Waste 30+			Fairless	Hills	Landfi	II			
City, State				Disposal C	ate	2	City, State						
Woodland Park, New Jersey				TBD	4	17	Morrisv	ille,/P	4 1				
Completed by	Title			Signa	iture	1/.	11/	, L	4	Date 4/40/	047		
Dimo Golcev	General	Manag	ger		4	W	4 9	/		4/19/2	:01/		
ASB-41 (R-06-08)				Q	o not	t use th	nis form for	asbest	os licens	sure exe	mpte	d activ	ities.



### State of New Jersey Notification of Asbestos Abatement Continuation Sheet

	Is	Loca	tion					ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	intena	ely by ance/ Staff:	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						
Ground Floor and First Floor Offices, Classrooms and Storage Rooms			x	9"X9" Floor Tile - Gray and Black	6,030 SF	xx			
Boiler Room			Х	Boiler Insulation	440 SF	XX			
Boiler Room			Х	Boiler Breaching Insulation	250 SF	XX			
Boiler Room			Х	Boiler Expansion Tank Insulation	75 SF	XX			
Throughout Building - Exposed Within Chases, Above Ceilings			Х	Mudded Elbows	246 Fittings	xx			
Throughout Building - Exposed Within Chases, Above Ceilings			х	Aircell Pipe Insulation	4,560 LF	хх			Total Control of the
Consession Area			Х	Sink Undercoating	4 SF	XX		7	$\neg$
Gym and Copy Room			Х	Acoustic Ceiling Plaster	6,679 SF	XX			- Control of the Cont
Copy Room			Х	Tan 12"x12" Floor Tile & Mastic	884 SF	XX	7		1
Interior Boiler Room Door			X	Boiler Room Door Frame Caulk	1 Door (18 LF)	ХХ			-
Exterior of Gym Windows			Х	Window Frame Caulk Window Glazing Compound	990 LF	xx			_
Loading Dock Roof			X	Gray Roof Sealant	175 SF	XX	$\top$		1
Main Roof (High Roof)			х	Main Roof Flashing Remnant	30 SF	xx			-
									The second
		-	-						ANALYSIS IN THE
	-	-				_			The same of the sa
	-	-	_						
	+	-							-
									Se same

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

	NO	(Pursi	ant to	NJAC 8:6	60 and 1	12:120)	_,,,			CK:	# C	26	54	F
Date of Notification (1) 04/19/17				uilding Ov Construc			(2)		Jona .	A	PR 2	4 6	2017	
Agencies Notified Type Notification	on		eet Add		and	5.				ACREC	TOO	001		
X EPA X Initial				stown R						ASBES	JCEN	<u>CUN</u> ISIN	<u> </u>	) L &
EPA Initial Amended Amendment	ent#			ck, NJ 0										
Emergend	cy (including	Na	me of C	ontact					Telep	hone Num	her			
DOH justification Cancellation		10000000		ald Sem										_
and the state of t	king Place (3)		FACILI	TY INFOR	RMATIO	N_	Type o	f Facility (4	)					$\dashv$
Name of Facility Where Abatement is Ta Residential	king Place (3)						Пѕ	chool (K-12	.)					
Street Address							S	ubchapter 8 ther (i.e. pr	(Other	than K-12	) I buildi	nas h	omes	
							e	c.)						
City (5)							Square 2,000		# of F	loors	50	ig. Ag	е	
Franklin		1.00	unty Co	nde (7)			75 Sept. March 2000 Co.	t Use (Prio	572	demolish	ed)			$\dashv$
County (6) Sussex				SE ONLY)		_	Resid	dence				-01		
Name of Monitoring Firm Hired by Buildin	ng Owner (8)		ASCM	No.		Name J.R.	of Abate Contra	ement Cont acting & E	ractor (9 Enviror	e) nmental (	Consu	ulting	, Inc	
Street Address						Street	Addres	S						
6.000							Route							
City, State, Zip Code							state, Zij ne, NJ	07470						
Project Manager for Monitoring Firm		Te	lephon	e No.	-		none No			License N	0.			
, rojost managar							628-9			00408				
Start Date (10) 04/28/17	Scheduled 04/30/17		letion D	ate (11)				A Monitor on Const	ultants	, Inc.				
Occupancy Status During Abatement (C						Street	Addres	s						
Facility Closed/Vacated During Ent			nt					garaw Ro	ad, Blo	dg. #35E				
Abatement Performed Outside of N	lormal Facility I	Hours			-			p Code , NJ 0741	0					
Scope of Work (Check All That Apply)							-			Ig.T				
X ≥3 sf or ≥3 lf	Parties 1	enovatio						l Containm		Negative I	ressur	e		
≥160 sf or ≥260 lf	X De	emolitio	n				X GI	vebag Pro	cedure	l Non Erial	de Pro	cedur	2	
							_1 NO	n-Exemple	J ( ) allo	I NOTI-I TIES		Abate	ment	
_		_ocation ormally			Das	scr ptio	n of				-	Ту	ре	
Location of Asbestos-Containing Material (ACM		Solely			os Cont	air ing	Materia			mount specify	D Z	_	Enc	Щ
TO BE ABATED In Facility	ivian	odial St		(i.e.		cing, V.	AT, or	ation,		or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		(12)			other n	niscella	neous)				val	- Fi	ulate	ure
	Yes	No	N/A				0 5:44		4.	17 LF	x			
Basement			Х	Pip	e Insu			ngs		SF	X	-		
Basement			X		Br	reechi	ng			) 31	1	$\vdash$		
											-	-	-	-
				14	0	Vosto		Nama	Registe	ered Landf				
Name of Registered Waste Hauler	-10	Lie	IDEP Wauler ID		of Wa	: Yards iste:				al Landfi				
J.R. Contracting & Environment	ai Consul., Il	17	819		10	D		City, Sta						
City, State Wayne, New Jersey					Dispo	sa Da	le	Pen A	gyl, P	ennsylva	nia			
Completed by	Title	20				Signatu	ire	0	/		ate	17		
L Dilleria	Droin	ot Ma	nager					(1)		1 (	4/19/	1/		

Project Manager

Jerry Bijelonic

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

			(1	Purs	uant	IO NJAC	0.00	anu J. 10	,		115				
Date of Notification (1)	19 /	17		N		f Building (		Operator (2	2)		III ZAP	7 2 A	20	17	
Agencies Notified	ype Notificati			S	treet A	ddress Chadwi		reet			ASBEST	TOS CI IOENS			8
The state of the s	Amended			C	ity, Sta	ate, Zip Co	de						27 - London		
⊠ DOH	Amendmer	Contract Contract	-		Patte	rson, NJ	0750	3							
DCA (NJAC 5:23-8)	Emergency justification		iy	N	lame o	f Contact					Telephone Num	ber			
	☐ Cancellation	n			Frank	k Gaul									_
					FACI	LITY INF	ORM	ATION							_
Name of Facility Where Ab	atement is Ta	king Plac	ce (3	)					Type of F						
Former Diner									☐ Schoo	l (K-12) apter 8	(Other than K-12	2)			
Street Address									Other	(i.e., pri	vate and comme	rcial bui	ldings	5,	
272 Route 22 W										s, etc.)	# of Floors	RIC	g. Ag	Α	
City (5)									Square F N/A	eet	N/A		y. ∧y NA	C	
Springfield					0 1	O - d - (7)	CTATE	LICE ON! V	42.000	lee (Prin	or if being demoli				
County (6)					Count	y Code (/)	(STATE	USE ON'_Y)		r Dine		51100)			
Union	5 77		- (0)		SCM N	lo.	Name	of Aba:eme							
Name of Monitoring Firm H	fired by Buildi	ing Owne	r (8)	A	SCIVI IN	10.		ardian Co							
N/A								Address							
Street Address							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9 Route 9	9, Unit 61						
City State 7in Code							0.000	State, Z p C	200						
City, State, Zip Code								ns River,		sey 087	755				
Project Manager for Monit	oring Firm		1	Telep	hone N	No.	Telepl	hone No.			License No.				
1 Tojoot Manager ter men							732	2-349-9932	2		00624				
Start Date (10)	S	cheduled	Cor	nplet	on Dat	e (11)	Name	of OSHA	Monitor						
04 / 20 /	17	04	1	21	_ / _	17	E.N	I.S.L. Ana	alytical						
Occupancy Status During	Abatement (0	Check on	y on	e)			Street	t Address							
☐ Facility Closed/Vacate	d During Entir	e Period	of Al	baten	nent			56 Stelton							
☐ Abatement Performed	Outside of No	rmal Fac	ility l	Hours	s - Desc	cribe	CALCO BOX	State, Zip C							
Time of Abatement: _	AIVI	PIVI/		PIVI-		-1VI	Pis	cataway,	New Jer	sey 08	854				_
Scope of Work (Check all  >3 sf or >3 lf  >160 sf or >260 lf	that apply)			ovatio nolitio				☐ Mini-En	closure ag Procedu	ıre	gative Pressure	dure			
			Is L	ocat	ion								atem	ent T	уре
Location	of			ormal I Sole				Description			Amount	Re	Re	En	En
Asbestos-Containing I		1)		ntena		Asbe (i.e	e., thern	ontainir g M nal systems	s insulatior	ivi)	(Specify	Remova	Repair	Encapsulate	Enclosure
IN Facilit		0	Custo	dial (12)	Staff?		SU	rfacing, VA	T, or		SF or LF)	<u>n</u>		ulat	ıге
(13)		Y	es	No	N/A		Othe	er misochian	ieous)					0	
exterior			-			wrap p	ipe th	at's on gr	ound		75 lf	×			
			1	П	П										
			-	_											
			_	<u> </u>		4						$\neg$	T	П	П
		L		Ц.		ļ.,	O. hi	- Varde of	Namo	of Pegi	stered Landfill				
Name of Registered Was Guardian Contracti				1 20	IJDEP I lauler I 2022:	D No.	Wast	c Yards of te	100000000000000000000000000000000000000	.R.F.	Stored Landini				
City, State			-2 C 11					osal Date	City, S		_ 2 %				
Toms River, New J	ersey						04	/24/17	Tul	lytown	, Pennsylvani			1	
Completed By (Print or T	ype)	Title						Signature	~ /			Date	10	1,-	,
Nicholas Fernicola		Proj	ect	Man	ager			)	1 Jan	te	1	4/	19	111	

02				11.5	arric or Dull	ding Owner/Operato						
03/	17 /	17			Verizon C	Communications	r (2)		APR	2	4 2	n'
Agencies Notified	Type Notificat	ion		9	treet Addres						, L	U
⊠ EPA	Initial				95 Willian			1 10	in marin		-	
⊠ DOLWD				10		Explored the second second		_ / 40	BESTO	18.0	OM	1
⊠ DOH	Amendmer	nt # <u>1-4</u>	/19/1	/	ity, State, Zi		The second second			1 61	1	
DCA (NJAC 5:23-8)	<ul><li>Emergency justification</li></ul>	(inclu	ding	-	Newark, N							
A STATE OF THE STA	☐ Cancellatio			-	ame of Con	57.55.50	Telephone	Number	,			
		11			Alex Bayl							
Name of Facility Where Aba	atement is Tal	kina DI	200 /2	Λ.	FACILITY	INFORMATION						
Market Central Office		ing i i	ace (c	1).			Type of Faci	Z. 3030				
Street Address							School (K	(-12)				
95 William Street							Subchapt	ter 8 (Other than ., private and co	K-12)			
City (5)							homes, e	etc.)	mmercia	l builc	lings,	1
Newark							Square Feet		3	Rida	٨٥٥	_
							425,442	12	,		. Age	-
County (6)				C	ounty Code	(7)(STATE USE O.VLY)		(Prior if being de			- 50	
Essex						t n		(Frior it being de	molished	1)		
Name of Monitoring Firm Hir	ed by Building	g Owne	er (8)	ASC	M No.	Name of Abutan		Communicatio	n			
USA Environmental M	anagement	Inc	(-/	1100		Name of Abatem						
Street Address	J					BRISTOL EN	IVIRONMENT	ΓAL, INC.				
8346 Enterprise Avenu	10					Street Address					-	
City, State, Zip Code	16				1123 BEAVER STREET							
	•				City, State, Zip Code							
Philadelphia, Pa, 1915						BRISTOL, PA	19007					
Project Manager for Monitorin	ng Firm		Te	elephor	e No.	Telephone No.	License No.					_
Mark Jenkins				21536	55810	215-788-6040		00509				
Start Date (10)	Sche	eduled	Comp	letion [	Date (11)	Name of OSHA M		00509				_
04 /06 /1	7	05	/ (	05 /	17	BRISTOL EN		AL INO				
Coupancy Status During At							A THE CHAIR PARTY	AL, INC				
Appending Status During App	atement (Che	ck only	(one)									_
☐ Facility Closed/Vacated Di	urina Entire P	eriod o	f Ahat	omont		Street Address						
☐ Facility Closed/Vacated Dia ☐ Abatement Performed Out	uring Entire Paside of Norma	eriod o	f Abat	ement	escribo	Street Address 1123 BEAVR	STREET					
☐ Facility Closed/Vacated Dia ☐ Abatement Performed Out	uring Entire Paside of Norma	eriod o	f Abat	ement	escribe	Street Address 1123 BEAVR City, State, Zip Co	STREET de					
Decupancy Status During Aba Facility Closed/Vacated Di Abatement Performed Out Time of Abatement:	uring Entire Poside of Norma _AMF	eriod o	f Abat	ement	escribe //	Street Address 1123 BEAVR	STREET de					
☐ Facility Closed/Vacated Di ☐ Abatement Performed Out ☐ Time of Abatement: ☐ Cope of Work (Check all that	uring Entire Poside of Norma _AMF	eriod o	f Abat	ement	escribe //	Street Address 1123 BEAVR City, State, Zip Co BRISTOL, PA	STREET de 19007					
☐ Facility Closed/Vacated Do ☐ Abatement Performed Out ☐ Time of Abatement: ☐ Cope of Work (Check all that ☐ ≥3 sf or >3 If	uring Entire Poside of Norma _AMF	eriod o al Facil PM/ <u>5:0</u>	ity Ho OPM-	ement urs - De 1:30AM	escribe //	Street Address 1123 BEAVR City, State, Zip Co BRISTOL, PA	STREET  de  19007	egative Pressure		-		
☐ Facility Closed/Vacated Di ☐ Abatement Performed Out ☐ Time of Abatement: ☐ Cope of Work (Check all that	uring Entire Poside of Norma _AMF	eriod o al Facil PM/ <u>5:0</u>	f Abat	ement urs - De 1:30AM	escribe 1	Street Address 1123 BEAVR City, State, Zip Co BRISTOL, PA	STREET  de 19007  ainment with Ne					
Abatement Performed Out Time of Abatement:  cope of Work (Check all that	uring Entire Poside of Norma _AMF	eriod o al Facil PM/ <u>5:0</u>	ity Ho OPM-	ement urs - De 1:30AM	escribe 1	Street Address 1123 BEAVR City, State, Zij) Co BRISTOL, PA   Full Conta Mini-Iencla Glove bag	STREET  de 19007  ainment with Necessure Procedure	egative Pressure				
☐ Facility Closed/Vacated Did ☐ Abatement Performed Out ☐ Time of Abatement: ☐ Facility Closed/Vacated Did ☐ Abatement Performed Out ☐ Time of Abatement: ☐ Scope of Work (Check all that ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf	uring Entire Poside of Norma _AMF	eriod of al Facility RM/5:0	f Abatity Ho OPM- enova emolit	ement urs - De 1:30AM tion ion	escribe	Street Address 1123 BEAVR City, State, Zij) Co BRISTOL, PA   Full Conta Mini-Iencla Glove bag	STREET  de 19007  ainment with Necessure Procedure		dure			
☐ Facility Closed/Vacated Did ☐ Abatement Performed Out ☐ Time of Abatement: ☐ Cope of Work (Check all that ☐ ≥3 sf or ≥3 If ☐ ≥160 sf or ≥260 If ☐ Location of	uring Entire Poside of Norma _AMF	eriod of al Facility Representation of the seriod of the s	of Abatity Ho OPM- enova emolit s Loca Norm	ement urs - De 1:30AM tion ion	Л	Street Address  1123 BEAVR City, State, Zip Co BRISTOL, PA  Structure of Full Conta Mini-Encla Glove bag Non-Exen	STREET  de 19007  ainment with Necesure Procedure Procedure Inpled (*) and Necesure	egative Pressure	dure	patem	7	
J Facility Closed/Vacated Did Abatement Performed Out Time of Abatement:  cope of Work (Check all that  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	uring Entire Poside of Norma _AMF	eriod of all Facility PM/5:0	enova emolit s Loca Normaled Solainten	ement urs - De 1:30AM tion ion ation ally ely by	Asbe	Street Address  1123 BEAVR City, State, Zip Co BRISTOL, PA  Full Conta Mini-Encla Glove bag Non-Exen  Description of stos Containing Mate	STREET  de 19007  ainment with Necessure Procedure Inpled (*) and Necessure	egative Pressure	dure	7	7	-
Facility Closed/Vacated Did Abatement Performed Out Time of Abatement:  cope of Work (Check all that  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mater TO BE ABATED IN Facility	uring Entire Poside of Norma _AMF	eriod of all Facility PM/5:0	enova emolit s Loca Norma ed So aintenational	ement urs - De 1:30AM tion ion ally ely by ance/ Staff?	Asbe	Street Address  1123 BEAVR City, State, Zip Co BRISTOL, PA  Full Conta Mini-Encla Glove bag Non-Exen  Description of stos Containing Mate, thermal systems in	STREET  de 19007  ainment with Necesure Procedure Inpted (*) and Necesial (ACM) Sullation,	egative Pressure on-Friable Proce Amount (Specify	dure	7	7	-
Facility Closed/Vacated Did Abatement Performed Out Time of Abatement:  cope of Work (Check all that  ≥3 sf or ≥3 If ≥160 sf or ≥260 If  Location of Asbestos-Containing Mater TO BE ABATED	uring Entire Poside of Norma _AMF	eriod of all Facility PM/5:0	enova emolit s Loca Norma ed Solaintena stodial	ement urs - De 1:30AM tion ion ally ely by ance/ Staff?	Asbe	Street Address  1123 BEAVR City, State, Zip Co BRISTOL, PA  Full Conta Mini-Encla Glove bag Non-Exen  Description of stos Containing Mate, thermal systems in surfacing, VAT, of	STREET  de 19007  ainment with Necessure Procedure Inpted (*) and Necessure  erial (ACM) sulation, or	egative Pressure on-Friable Proce Amount	dure	Repair	7	-
J Facility Closed/Vacated Did Abatement Performed Out Time of Abatement:  cope of Work (Check all that  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mater TO BE ABATED IN Facility (13)	uring Entire Poside of Norma _AMF	eriod of all Facility PM/5:0	enova emolit s Loca Norma ed So aintenational	ement urs - De 1:30AM tion ion ally ely by ance/ Staff?	Asbe	Street Address  1123 BEAVR City, State, Zip Co BRISTOL, PA  Full Conta Mini-Encla Glove bag Non-Exen  Description of stos Containing Mate, thermal systems in	STREET  de 19007  ainment with Necessure Procedure Inpted (*) and Necessure  erial (ACM) sulation, or	egative Pressure on-Friable Proce Amount (Specify	dure	7	t Encapsulate	-
J Facility Closed/Vacated Did Abatement Performed Out Time of Abatement:  cope of Work (Check all that  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mater TO BE ABATED IN Facility (13)	uring Entire Poside of Norma _AMF	eriod of all Facility PM/5:0	enova emolit s Loca Norma ed Solaintena stodial	tion ally ely by ance/ Staff?	Asbe:	Street Address  1123 BEAVR City, State, Zip Co BRISTOL, PA  Full Conta Mini-Encla Glove bag Non-Exen  Description of stos Containing Mate thermal systems in surfacing, VAT, of other miscellaneon	STREET  de 19007  ainment with Necessure Procedure Inpted (*) and Necessure  erial (ACM) sulation, or	egative Pressure on-Friable Proce Amount (Specify SF or LF)	Al	7	7	-
J Facility Closed/Vacated Did Abatement Performed Out Time of Abatement:  cope of Work (Check all that  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mater TO BE ABATED IN Facility (13)	uring Entire Poside of Norma _AMF	eriod de la Facil PM/5:0  R D Use	enova emolit s Loca Norm ed Solainten stodial (12)	tion ally ely by ance/ N/A	Asbe:	Street Address  1123 BEAVR City, State, Zip Co BRISTOL, PA  Full Conta Mini-Encla Glove bag Non-Exen  Description of stos Containing Mate, thermal systems in surfacing, VAT, of	STREET  de 19007  ainment with Necessure Procedure Inpted (*) and Necessure  erial (ACM) sulation, or	egative Pressure on-Friable Proce Amount (Specify	dure	7	7	
Abatement Performed Out Time of Abatement:  cope of Work (Check all that  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mater TO BE ABATED IN Facility (13)	uring Entire Poside of Norma _AMF	eriod of all Facility PM/5:0	enova emolit s Loca Norma ed Solaintena stodial	tion ally ely by ance/ Staff?	Asbe:	Street Address  1123 BEAVR City, State, Zip Co BRISTOL, PA  Full Conta Mini-Encla Glove bag Non-Exen  Description of stos Containing Mate thermal systems in surfacing, VAT, of other miscellaneon	STREET  de 19007  ainment with Necessure Procedure Inpted (*) and Necessure  erial (ACM) sulation, or	egative Pressure on-Friable Proce Amount (Specify SF or LF)	Al	7	7	
Abatement Performed Out Time of Abatement:  cope of Work (Check all that  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mater TO BE ABATED IN Facility (13)	uring Entire Poside of Norma _AMF	eriod of all Facility PM/5:0	enova emolit s Loca Norm ed Solainten stodial (12)	tion ally ely by ance/ N/A	Asbe:	Street Address  1123 BEAVR City, State, Zip Co BRISTOL, PA  Full Conta Mini-Encla Glove bag Non-Exen  Description of stos Containing Mate thermal systems in surfacing, VAT, of other miscellaneon	STREET  de 19007  ainment with Necessure Procedure Inpted (*) and Necessure  erial (ACM) sulation, or	egative Pressure on-Friable Proce Amount (Specify SF or LF)	Al	7	7	
Abatement Performed Out Time of Abatement:    Cope of Work (Check all that)   ≥3 sf or ≥3 lf   ≥160 sf or ≥260 lf    Location of Asbestos-Containing Mater   TO BE ABATED     IN Facility (13)   Assement Hallway H	uring Entire Poside of Norma AMF apply)	eriod of all Facility PM/5:0	enova emoliti s s Loca Norm: ed So ainten. stodial (12)	tion ally ely by ance/	Asbe:	Street Address  1123 BEAVR City, State, Zip Co BRISTOL, PA  Full Conta Mini-Encla Glove bag Non-Exen  Description of stos Containing Mate thermal systems in surfacing, VAT, of other miscellaneon	STREET  de 19007  ainment with Necessure Procedure Inpted (*) and Necessure  erial (ACM) sulation, or	egative Pressure on-Friable Proce Amount (Specify SF or LF)	Al	7	7	-
J Facility Closed/Vacated Did Abatement Performed Out Time of Abatement:  cope of Work (Check all that  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mater TO BE ABATED IN Facility (13)  asement Hallway H	uring Entire Poside of Norma AMF apply)	eriod of all Facility PM/5:0	enova emoliti s Local Norm. ed Solainten todial (12)	tion ally ely by ance/ Staff?	Asbee (i.e. 9"x9" V	Street Address  1123 BEAVR City, State, Zip Co BRISTOL, PA    Full Conta   Mini-lenck   Glove bag   Non-Exen    Description of stos Containing Mate   thermal systems in surfacing, VAT, other miscellaneous	STREET  de 19007  ainment with Ne posure Procedure Inpted (*) and Ne erial (ACM) Insulation, Insulatio	egative Pressure on-Friable Proce Amount (Specify SF or LF) 708 SF	Al	7	7	
J Facility Closed/Vacated Did Abatement Performed Out Time of Abatement:  cope of Work (Check all that  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mater TO BE ABATED IN Facility (13)  seement Hallway H  me of Registered Waste Hall	uring Entire Poside of Norma _AMF apply)  rial (ACM)	eriod of all Facility M/5:0  R R D D  Using Market Custom	enova emoliti s Local Norm. ed Solainten todial (12)	tion ally ely by ance/	Asber (i.e. 9"x9" V	Street Address  1123 BEAVR City, State, Zip Co BRISTOL, PA    Full Conta   Mini-lenck   Glove bag   Non-Exen    Description of stos Containing Mate   thermal systems in surfacing, VAT, co   other miscellaneous	STREET  de 19007  ainment with Nepsure Procedure Inpted (*) and Nepsulation, or Justin Market of Regis	egative Pressure on-Friable Proce Amount (Specify SF or LF) 708 SF	Al	7	7	
Abatement Performed Out Time of Abatement:  cope of Work (Check all that  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mater TO BE ABATED IN Facility (13)  asement Hallway H  me of Registered Waste Hause ERVICE TRANSPORT Company (1)	uring Entire Poside of Norma _AMF apply)  rial (ACM)	eriod of all Facility M/5:0  R R D D  Using Market Custom	enova emoliti s Local Norm. ed Solainten todial (12)	tion ally ely by ance/ Staff?	Asber (i.e. 9"x9" V	Street Address  1123 BEAVR City, State, Zip Co BRISTOL, PA    Full Conta   Mini-lench   Glove bag   Non-Exen    Description of stos Containing Mate   thermal systems in surfacing, VAT, of other miscellaneous   AT/Mastic    Cubic Yards of Waste 49	STREET  de 19007  ainment with Ne posure Procedure Inpted (*) and Ne erial (ACM) Insulation, Insulatio	egative Pressure on-Friable Proce Amount (Specify SF or LF) 708 SF	Al	7	7	-
Abatement Performed Out Time of Abatement:  Cope of Work (Check all that  3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mater TO BE ABATED IN Facility (13)  Assement Hallway H  Me of Registered Waste Haus ERVICE TRANSPORT Copy, State	uring Entire Poside of Norma _AMF apply)  rial (ACM)	eriod of all Facility M/5:0  R R D D  Using Market Custom	enova emoliti s Local Norm. ed Solainten todial (12)	tion ally ely by ance/ Staff?	Asber (i.e. 9"x9" V	Street Address  1123 BEAVR City, State, Zip Co BRISTOL, PA    Full Conta   Mini-lenck   Glove bag   Non-Exen    Description of stos Containing Mate   , thermal systems in surfacing, VAT, other miscellaneon   AT/Mastic    Cubic Yards of Waste 49   Disposal Date	STREET  de 19007  ainment with Nepsure Procedure Inpted (*) and Nepsulation, or Justin Street  Name of Regis  MINERVA I	egative Pressure on-Friable Proce Amount (Specify SF or LF) 708 SF	Al	7	7	-
Abatement Performed Out Time of Abatement:  cope of Work (Check all that  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mater TO BE ABATED IN Facility (13)  asement Hallway H  me of Registered Waste Hau SERVICE TRANSPORT Out  y, State IEW CASTLE, DE	uring Entire Poside of Norma AMF apply)  rial (ACM)	eriod of all Facility M/5:0  R R D D  Using Market Custom	enova emoliti s Local Norm. ed Solainten todial (12)	tion ally ely by ance/ Staff?	Asber (i.e. 9"x9" V	Street Address  1123 BEAVR City, State, Zip Co BRISTOL, PA    Full Conta   Mini-lenck   Glove bag   Non-Exen    Description of stos Containing Mate   thermal systems in surfacing, VAT, other miscellaneous   AT/Mastic    Cubic Yards of Waste 49	STREET  de 19007  ainment with Ne posure Procedure Inpted (*) and Ne perial (ACM) Insulation, Dr Insulation, Dr Insulation Insulatio	egative Pressure on-Friable Proce Amount (Specify SF or LF) 708 SF	Al	7	7	
Abatement Performed Out Time of Abatement:  cope of Work (Check all that  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mater TO BE ABATED IN Facility (13)  asement Hallway H  me of Registered Waste Hat BERVICE TRANSPORT Of The State IEW CASTLE, DE Impleted By (Print or Type)	uring Entire Poside of Norma AMF apply)  rial (ACM)	eriod of all Facili PM/5:0  R Cus  Yes	enova enova enova emoliti s Loca Norm ed So ainten. No	tion ally ely by ance/ Staff?	Asber (i.e. 9"x9" V	Street Address  1123 BEAVR City, State, Zip Co BRISTOL, PA    Full Conta   Mini-lanck   Glove bag   Non-Exen    Description of stos Containing Mate   thermal systems in surfacing, VAT, other miscellaneous   AT/Mastic    Cubic Yards of Waste 49   Disposal Date   TBD	STREET  de 19007  ainment with Nepsure Procedure Inpted (*) and Nepsulation, or Justin Street  Name of Regis  MINERVA I  City, State  WAYNESB	Amount (Specify SF or LF)  708 SF	Removal 🔲	7	7	
Abatement Performed Out Time of Abatement:  cope of Work (Check all that  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mater TO BE ABATED IN Facility (13)  asement Hallway H  me of Registered Waste Hau SERVICE TRANSPORT G  7, State IEW CASTLE, DE	uring Entire Poside of Norma AMF apply)  rial (ACM)	eriod of all Facility M/5:0  R R D D  Using Market Custom	enova enova enova emoliti s Loca Norm ed So ainten. No	tion ally ely by ance/ Staff?	Asber (i.e. 9"x9" V	Street Address  1123 BEAVR City, State, Zip Co BRISTOL, PA    Full Conta   Mini-lanck   Glove bag   Non-Exen    Description of stos Containing Mate   thermal systems in surfacing, VAT, other miscellaneous   AT/Mastic    Cubic Yards of Waste 49   Disposal Date   TBD	STREET  de 19007  ainment with Nepsure Procedure Inpted (*) and Nepsulation, or Justin Street  Name of Regis  MINERVA I	Amount (Specify SF or LF)  708 SF	Al	7	7	

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) \_ / \_\_17\_\_ / \_\_17 03 Verizon Communications

Agencies Notified	Type Notif	ication			DCV-50075-0	et Address			L				
⊠ EPA ⊠ DOLWD	☐ Initial				95	William	Street		ASSES	TOS	CO	MITE	OL.
⊠ DOLWD		ed ment # <u>1-</u> 4	1/40	147	City,	State, Zip	Code			LIGI	10.	47.3	
□ DCA	☐ Emerge			_	Ne	ewark, N	J, 07102						. 4.55
(NJAC 5:23-8)	justifica		iuiiig	8	Nam	e of Conta	act		Telephone Nun	nher	-		-
	☐ Cancell	lation			Al	ex Baylo	r		, , , , , , , , , , , , , , , , , , , ,	1001			
					F.A	CILITY	NFORMATION					-	
Name of Facility Whe		Taking P	lace	(3)				Type of Facility (	4)				
Market Central C	Office							School (K-12)	)				
Street Address								Subchapter 8 Other (i.e., pri	(Other than K-12	2)			
95 William Stree	t							homes, etc.)	ivate and comme	rciai i	oullair	gs,	
City (5)					200111011111111111111111111111111111111			Square Feet	# of Floors	E	Bldg. /	Age	
Newark								425,442	12		+ - !	50	
County (6)					Cou	inty Code	(7)(STATE USE ONLY)	Current Use (Price	or if being demoli	shed)		-	
Essex			22000					Verizon Com	munication				
Name of Monitoring Fi			ner (8	8)	ASCM	l No.	Name of Abatem	ent Contractor (9)					
USA Environmer	ntal Managem	nent Inc					BRISTOL EN	VIRONMENTAL	, INC.				
Street Address							Street Address						
8346 Enterprise	Avenue						1123 BEAVE	R STREET					
City, State, Zip Code							City, State, Zip C	ode					
Philadelphia, Pa,							BRISTOL, PA	19007					
Project Manager for M	onitoring Firm			Tele	phone	No.	Telephone No.		License No.				
Mark Jenkins		Low this section		2	15365	5810	215-788-6040	Í	00509				
Start Date (10)		Schedule					Name of OSHA N	lonitor					
04 /06					/	17	BRISTOL EN	VIRONMENTAL,	, INC				
Occupancy Status Dur							Street Address						
☐ Facility Closed/Vac	ated During Ent	ire Period	of A	bate	ment		1123 BEAVR	STREET					
Abatement Perform	ed Outside of N	lormal Fac	cility	Hour	s - Des	scribe	City, State, Zip Co	ode					
Time of Abatement		PIVI/ <u>5</u>	<u>00</u> P	'M- <u>1</u>	30AM		BRISTOL PA	19007					
Scope of Work (Check	all that apply)						No. of the second						-
☐ >3 sf or >3 lf		M	Ren	ovati	on		☐ Full Cont	ainment with Nega	tive Pressure				
≥160 sf or ≥260 lf	1000	nolitic	200										
							☐ Non-Exer	mpted (*) and Non-	Friable Procedu	re			
ř.				ocat						Ab	atem	ent T	уре
Locatio Asbestos-Containin		n l			ly by	Aaba	Description of	f		R	Z.	Ш	Ш
TO BE A	BATED	.,	Main	tena	nce/		estos Containing Mat e., thermal systems i		Amount (Specify	Remova	Repair	nca	nclo
IN Fac (13)				dial 8 (12)	Staff?	,	surfacing, VAT,	or	SF or LF)	oval	=	Encapsulate	Enclosure
(13,	,	Ye	-	No	N/A	1	other miscellaned	ous)				ate	(D)
5 <sup>th</sup> /8 <sup>th</sup> /9 <sup>th</sup> Floor Hally	wavs				$\boxtimes$	VAT/Ma	estic		2200.05	<b>F</b> 3			
Basement G Stairwa									3200 SF			Ш	Ш
Basement G Chiller			1			VAT/Ma			110 SF				
		oom 🔲	L			VAT/Ma			270 SF				
Name of Registered Wa	•					VAT/Ma			280 SF				
SERVICE TRANSF		O INIC		1000	JDEP V auler ID		Cubic Yards of Waste	Name of Register					
	OKT GROUP	, INC.		1000	20990	The reserve	49	MINERVA LA	NDFILL				
City, State							Disposal Date	City, State				11111111	
NEW CASTLE, DE							TBD	WAYNESBU	RG, OH				
Completed By (Print or	Type)	Title					Signature	2 4	Dat	e /	,		
Dillan DeCaro		Estim	ato	r			Dillen.	De Caro /gl	24	/19	11	7	
ASB-41 0 0 1	M		-				10000	0,00		/			

JAN 13 P D 17007

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

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

Date of Notification (1)				Na	me of Buil	ding Owner/Op∈rato	r (2)	7.0	9				
	17 /	17				Communications	(2)		APR	2 /	20	017	
Agencies Notified	Type Notifica	ation		Sti	eet Addres	ss							
⊠ EPA				11	5 Willian								
⊠ DOLWD				014	y, State, Z		ASE	ESTO	SO	ONT	ACI		
☐ DCA	Amendme	ent # <u>1-4/</u>	19/17			NJ, 07102	1	L. 10	ELL	1.1.3			
(NJAC 5:23-8)	☐ Emergend justification	cy (includ	ling		me of Con			<u> </u>					
(**************************************	☐ Cancellati				lex Bayl			Telephone N	Number				
				F		INFORMATION							
Name of Facility Where A	batement is T	aking Pla	ace (3)			Ortination	Type of Facility	(4)					
Market Central Offic	e		(05)				School (K-12						
Street Address							Subchapter 8	) I (Other than k	′-12\				
95 William Street							Other (i.e., pr	ivate and com	mercia	build	inas.		
City (5)							nomes, etc.)				3-,		
Newark							Square Feet	# of Floors		Bldg.	Age		
County (6)							425,442	12		+ -	50		
Essex				Co	unty Code	(7)(STATE USE ONLY)	Current Use (Prid	or if being dem	olished	1)			
							Verizon Com			,			
Name of Monitoring Firm F	lired by Buildi	ing Owne	r (8)	ASC	M No.	Name of Abatem	ent Contractor (9)						
USA Environmental	Managemer	nt Inc					VIRONMENTAL	INC					
Street Address						Street Address	VIICONIILINIAL	, INC.			7.55		
8346 Enterprise Aver	nue					1123 BEAVE	D CTDEET						
City, State, Zip Code													
Philadelphia, Pa, 191	53					City, State, Zip Co							
Project Manager for Monito			To	lonhaa	- NI-	BRISTOL, PA	19007						
Mark Jenkins	9		- 1	ephone		Telephone No.		License No.					
Start Date (10)	0-	h - 1 1 1		15365		215-788-6040	30303						
04 /06 /	17	heduled 05			ate (11) 17	Name of OSHA M							
Occupancy Status During A	hatement (Ch						VIRONMENTAL,	INC					
☐ Facility Closed/Vacated	During Entire	Poriod of	one)			Street Address							
Abatement Performed O	utside of Norn	nal Facili	ty Hay	ment	a a wife -	1123 BEAVR							
Time of Abatement:	AM-	PM/5:0	0PM-1	:30AM	scribe I	· City, State, Zip Co					-		
Scope of Work (Check all th						BRISTOL, PA	19007						
	at apply)					M Full Contr							
☐ ≥3 sf or ≥3 lf		⊠ Re	enovat	ion		⊠ Full Conta	ainment with Negat	ive Pressure					
≥160 sf or ≥260 lf			emoliti	on			Procedure						
						☐ Non-lExen	npted (*) and Non-l	riable Proced	lure				
1 - "			Loca						1	patem	ant 7	Cyno	
Location of Asbestos-Containing Mat	erial (ACM)		Norma ed Sole			Description of					T	T	
TO BE ABATE		Ma	intena	nce/	Asbe	stos Containing Mate	erial (ACM)	Amount	Ren	Repair	Enc	Enc	
IN Facility	20/	Cus	todial	Staff?	(1.6	., thermal systems in surfacing, VAT, of	sulation,	(Specify	Removal	<u>a</u> .	aps	Enclosure	
(13)			(12)			other miscella neo	us)	SF or LF)	<u>a</u>		Encapsulate	ure	
Boiler Room Water Pum	ne	Yes	No	N/A	D: =:						ē		
Boiler Room Condensat	3)					ting Insulation		40 LF					
Boiler Room Tank Area	CTAIK	-				sulation & Fitting		45 LF					
Boiler Room Adjacent B	oiler					ting Insulation		4 LF	$\boxtimes$				
Name of Registered Waste H						ting Insulation		5 LF					
			1 2000	JDEP V	100000000	Cubic Yards of	Name of Registere	ed Landfill					
SERVICE TRANSPORT	GROUP, IN	vC.	03 2552	auler ID <b>20990</b>		Waste 49	MINERVA LA						
City, State				_0000		D.	City, State						
NEW CASTLE, DE						TBD	WAYNESBUR	G OH					
Completed By (Print or Type)	Tit	le		100		Signature							
Dillan DeCaro	1 1000	Estimat	or				1010 1	. Da	ate //	. /	_		
SR-41		- cannat	J.			Dellan	De Cars/	el	4/1	9/1	7		

Date of Notification (1)					No	mo of Build	line O	, J			7 7	-		
03/	17	/	17				ling Owner/Operator ommunications	(2)		IPR	20	20	17	
Agencies Notified  EPA 2083  DOLWD 2076	Type Not  ☑ Initial  ☐ Amen		n		9	eet Address 5 William	Street							
Ø DOH 2069		dment	#			y, State, Zip			ASBESTOS CONTROL LICENSIMA					
□ DCA	☐ Emerg	gency	(includ	ing	-	lewark, N								
(NJAC 5:23-8)	1	cation)				me of Conta	7.7		Telephone Nu	ımber				
	☐ Cance	eliation				lex Baylo			-					
						ACILITY I	NFORMATION							
Name of Facility Where A		is Taki	ing Pla	ce (3)				Type of Facility ☐ School (K-12						
Street Address								☐ Subchapter 8	(Other than K-	12)				
95 William Street	5- L1							Other (i.e., pr homes, etc.)	ivate and comm	nercial	build	ings,		
City (5)								Square Feet	# of Floors	7	Bldg.	Age	110	
Newark								425,442	12			50		
County (6)					Co	unty Code (	(7)(STATE USE ONLY)	Current Use (Prid	or if being demo	lished	)			
Essex								Verizon Com			50			
Name of Monitoring Firm I	Hired by Bu	uilding	Owne	r (8)	ASCI	И No.	Name of Abateme	ent Contractor (9)						
USA Environmental	Manager	ment	Inc				BRISTOL IEN	VIRONMENTAL	, INC.					
Street Address							Street Address						-	
8346 Enterprise Ave	nue						1123 BEAVE	R STREET						
City, State, Zip Code							City, State, Zip Co	ode						
Philadelphia, Pa, 191	153						BRISTOL, PA	19007						
Project Manager for Monito	oring Firm			Te	lephone	No.	Telephone No.		License No.					
Mark Jenkins					215365	5810	215-788-6040		00509					
Start Date (10)		Sche	duled (	Comp	letion D	ate (11)	Name of OSHA M	onitor						
04 /06 /					28_ /	17	BRISTOL ENV	/IRONMENTAL,	INC					
Occupancy Status During A				100000000000000000000000000000000000000			Street Address							
☐ Facility Closed/Vacated ☒ Abatement Performed C	During En	tire Pe	riod of	Abat	ement	9. 9.	1123 BEAVR	STREET						
Time of Abatement:	AM-	Norma Pl	M/5:00	DPM-	irs - De 1:30AM	scribe	City, State, Zip Co.							
Scope of Work (Check all the	X-2012 1817-						BRISTOL, F'A	19007			22.53			
≥3 sf or ≥3 lf ⊠ ≥160 sf or ≥260 lf			⊠ Re	enova emolit			Mini-Enclo     Glovebag			re				
			1	Loca							patem	ent T	vne	
Location of		<b>6</b> \		Norma	ally ely by		Description of					1	T	
Asbestos-Containing Ma TO BE ABATE		VI)		inten		Asbes	stos Containing Nate , thermal systems in	erial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure	
IN Facility			Cus		Staff?	(1.0.	surfacing, VAT, o	or	(Specify SF or LF)	ova	=	psu	Insc	
(13)			Yes	(12) No	N/A	1	other miscellaneou	ıs)	# %			late	e)	
th/8th/9th Floor Hallways	S					VAT/Mas	stic		3200 SF					
asement G Stairway L	anding/H	lall				VAT/Mas	stic		110 SF					
asement G Chiller plan	nt storer	oom				VAT/Mas	stic		270 SF					
asement H Stairway La	anding					VAT/Mas	stic		280 SF		П			
ame of Registered Waste H	Hauler			N	JDEP V	Vaste	Cubic Yards of	Name of Register		1			_	
SERVICE TRANSPORT	r group	, INC		Н	auler ID 20990		Waste 49	MINERVA LA						
ty, State								City, State						
NEW CASTLE, DE							TBD	WAYNESBUR	G, OH					
ompleted By (Print or Type)		Title	3000-20-0-2				Signature		Dat	е,	,	200	-	
Dillan DeCaro		Es	timat	or			Dilla.	De Casta	2	3/10	7/10	7		

ASB-41 JAN 13 DD 17067

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

Date of Notification (1)									1					
03/	17			<u>-</u> 8			ding Owner/Operato ommunications	r (2)	APPLICATION OF THE PERSONS ASSESSMENT	lad ba	A	PR	2.4	20
⊠ EPA	Type No ☐ Initial ☐ Amer	I	on		1,100,00	reet Address 95 William	T			ASi	3E5	STOS	3 C(	DNTI ING
⊠ DOH		naea ndmen	t #		Ci	ty, State, Zip	Code					-: -:	1 65,21	1113
	☐ Emer			ding		Newark, N	J, 07102							
(NJAC 5:23-8)	justifi	cation	)		Na	me of Conta	act		Teleph	one Num	ber			
	☐ Cano	ellatio	n		/	Alex Baylo	or							
				iki trazi uz	1	FACILITY	INFORMATION							
Name of Facility Where Ab		is Tak	ing Pla	ace (3)				Type of Facility	(4)					
Market Central Office	)							School (K-12	)					
Street Address 95 William Street								Subchapter 8	ivate and	han K-12 d comme	?) rcial	build	ings,	
City (5)				-				homes, etc.)						
Newark								Square Feet	# of F	loors		Bldg.		
County (6)					C.	ounty Code	TVOTATE LIGE ON NO	425,442	12				50	
Essex						diffy Code (	(7)(STATE USE ONLY)	Current Use (Pric			shed	)		
Name of Monitoring Firm Hi				er (8)	ASC	M No.	Name of Abatem	ent Contractor (9)	3.00					
USA Environmental N	lanage	ment	Inc				1	VIRONMENTAL	. INC.					
Street Address				1-11			Street Address							
8346 Enterprise Aven	ue						1123 BEAVE	R STREET						
City, State, Zip Code							City, State, Zip C	ode						
Philadelphia, Pa, 1915							BRISTOL, PA	19007						
Project Manager for Monitori	ing Firm			Te	lephon	e No.	Telephone No.		License	e No.				
Mark Jenkins				1 2	21536	55810	215-788-6040		0050	9				
Start Date (10)		Sche	duled	Comp	etion D	Pate (11)	Name of OSIIA M	lonitor						
04 /06 /^					8 /	17	BRISTOL EN	VIRONMENTAL,	INC					
Occupancy Status During Ab						Street Address								
☐ Facility Closed/Vacated D	uring Er	ntire Pe	eriod o	f Abate	ement		1123 BEAVR	STREET						
Abatement Performed Ou Time of Abatement:	tside of I _AM	Norma P	M/ <u>5:0</u>	ity Hou <u>0</u> PM- <u>1</u>	rs - De :30AN	scribe 1	City, State, Zip Co BRISTOL, PA				- 20 (20)			
Scope of Work (Check all tha	t apply)													
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			- Constant	enovat emoliti			Mini-Encl     Glovebag							
			222	s Loca								atem	ent T	Vne
Location of	-:-! /^ 0!	. 45		Norma ed Sol			Description of				_	1		T_
Asbestos-Containing Mate TO BE ABATED	nai (ACI	VI)		aintena		Asbes	tos Containing Mate , thermal systems in	erial (ACM)	Amou	1000	Rem	Repair	nce	ncl
IN Facility			Cus	todial	Staff?	(1.0.	surfacing, VAT, o	or	(Spec		Removal	=	ıpsu	Enclosure
(13)			Yes	(12) No	N/A		other miscellaneo	us)		,	_		Encapsulate	ře
Boiler Room Water Pump	s					Pipe Fitt	ing Insulation		40 L	F	$\boxtimes$	П		П
oiler Room Condensate	Tank					Pipe Insi	ulation & Fitting		45 LI	_				
Boiler Room Tank Area						Pipe Fitt	ing Insulation		4 LF		$\boxtimes$			
oiler Room Adjacent Bo	ler Room Adjacent Boiler						ing Insulation		5 LF			П		$\Box$
ame of Registered Waste Ha					JDEP V	Vaste (	Cubic Yards of	Name of Registere	B. T. Carrier	18				_
SERVICE TRANSPORT	GROUP	P, INC			auler II <b>2099</b> 0		Waste 49	MINERVA LAI						
ity, State NEW CASTLE, DE							Disposal Date TBD	City, State WAYNESBUR	G Ou			ACREAN LAND		
ompleted By (Print or Type)		Title						TIA I II LODUK	3, UH	1-				
Dillan DeCaro			timat	or			Signature Dillan	De Caro 1	jel	Date	117	//	7	

ASB-41 JAN 13 DP 17007

		NO	ודדדכ	ATTON (	אר אכסי	ESTOS ABATEMENT		The state of the s	E	(A)	F	пп
Date of Notification	72.	(Pur	suant	to NJ	AC 8:60	0-7 and 12:120-	7)			G	E	
						g Owner/Operat.c	or (2)	10				-
4/20/2017			1	inda	Kow	•		The state of the s	1	IPR	2 /	204
Agencies Notified	Type Notific	ation	St	reet Ad	dress						4. 4	201
[ ]EPA	[X] Initial								2000			
[ ]DEP	Notific	cation		y, Sta		A:	SBE	STOS	00	NTR		
[X]DOL	[ ]Amended Notific	ration	M	fonta	lair	,NJ,07042				LICE	NSII	VG_
[X]DOH			Nan	ne of Co	ontact		mo l amb					
[ ]DCA	[ ]EMERGENO	EY	1.1	inda			lierebi	none Number				
	[ ]Cancella	tion										
V				FA	CILITY	INFORMATION						
Name of Facility Wh Linda Kow	ere Abatement	is Tak	ing 1	Place (	3)		Type of Fac	ility (4)			in the	
DINGA NOW							[ ]Schoo	l (K-12)				
Street Address							[ ]Subcha	apter 8 (Othe	r tha	an K-	12)	
							[X]Other	(i.e., priva	te &	COMM	erci	al
0:1- (5)							Square Feet			n1 .1	-	
City (5) Montclair		County				unty Code (7)	1	# OI F100.	LS	Bldg.	Age	•
MONICCIAIL		Esse:	X		(S	TATE USE ONLY)	Current Use	(Prior if be:	ing c	lemol	ishe	d)
Name of Monitoning	74 14 - 17											۵,
Name of Monitoring E Owner (8)	eirm nired by	Buildi	ng Z	SCM No	•	Name of Abate						
N/A						AZTECH N	ANAGEMEN'	T, Inc.				
Street Address						Street Addres					Time to the	
						86 Chris	stopher S	t.				
City, State, Zip Cod	le					City, State,	Zip Code					1000
						Montclai	r, NJ 070	042				
Project Manager for	Monitoring Fir			one Num	ber	Telephone Numb	ber	Li	cens	e Nur	mber	
		1	/A			(973) 744	-8800		003			
Scheduled Start Date	(10) Sched	i. Comp	letic	on Date	(11)	Name of OSHA 1	Monitor			-		-
4-29-17 Month Day Ye	ear Mon		1-1	7		N/A						
ccupancy Status Dur	ing Abatement	(Check	Day	Yea:	100	Street Address						
[X] Facility Clos of Abatement	sed/Vacated Du:	ring Er	ntire	Period	i	Street Address	3					
[ ]Abatement Per	formed Outside	e of No	ormal	Facili	tv	City City						
Hours - Descr	ibe: «OffHours	Descri	ptw		. cy	City, State, 2	ip Code		0140)			
[ ]other - Descr			Des	cript»								
cope of Work (Check	all that appl	A)										
[X]≥3 sf or		[	X] Rer	ovatio	n	[ ]Full (	Containment w Enclosure	ith Negative :	Press	sure		
[ ] <u>&gt;</u> 160 sf o	r ≥260 lf	1	] Der	olitio	n	[X]Glove-	-bag Procedure					
		T	Is			[ ]Non-F'r	riable Procedu	ire				
Location Asbestos-Cont			ocat:			Description	n of		Ab	ateme	E E	Ype
Material (			Used	1 -		Asbestos-Cont		Amount	RE	K	N	N
TO BE ABA		By Ma		nance/		Material (A		(Specify	M	E	A	L
In Facili (13)	.ty	St	aff	(12)	in	sulation, surfa	cing, VAT,	LF)	V	A	S	O S
Manufacture Co.		Yes	No	N/A	(	or other miscel	laneous)		A L	R	U	U R
asement				X	Pip	e insulati	on	75LF	X	+	•	E
							CONTRACTOR OF THE PROPERTY OF			+		
									+-	-		
me of Registered Wa		NJ		Vaste		ic Yards	Name of Regi	stered Landfi	11			
AZTECH MANAGE	MENT, INC	. Ha	uler	ID No.	of	Waste 1.0	10000	Enterpri		INC		
ty, State	-				Dis	posal Date	City, State	*				
ontclair, NJ	07042					-2-17		urg, Ohio	4/	1622	2	
mpleted By (Print or	r (Trme) mili											
onstantine Vi		side	n +			Signature	1-1-		ate			-
	· - and File	arde)	IIC			1000	Manke.	100	4/20	/2017		
		3,000				100	0. 00000	10000				