GAC Project # 000-14											
Date of Notification (1) August 5,	2014				Name of Building Owner/O RUTGERS, THE STA		VERSITY	OF I	N.J		
Agencies Notified EPA DCA DOL	N		Notifica ed Not	ification #1 –	Street Address ENVIRONMENTAL H 27 ROAD 1, BLDG 40	9n EALTH	& SAFET	ry de	EPT.	s	
☑ DEP- No Longer REQUIRED	OC. (4) CO.10	xtend con I Emerg		on date including	City, State, Zip Code PISCATAWAY, NJ 08	3854		4:	is		
⊠ DOH		justific I Cance			Name of Contact MICHAEL SMITH, EN HEALTH & SAFETY	IV.	Telephor	ie Num	<u>ıber</u>	1	
N				FACILITY IN					7/12/2	120	tracket and test at the
Name of Facility Where Abatement MILLEDOLER HALL, BLI	is Taking OG# 30'	Place (3) 10			Type of Facility (4) School (K-12) Subchapter 8 (other than	- K 12)					
Street Address COLLEGE AVENUE CAM	PUS				Other (i.e. private & com	mercial buil	dings, home BIdg. Ac			ars	
10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	nty (6) /IIDDLE	SEX		y Code (7) Use Only)	Current Use (prior if being of				,		
Name of Monitoring Firm Hired by E Cardno ATC	Bldg. Own	er (8)	ASCM 009		Name of Contractor (9)						
			2000		GREENWOOD ABATE	MENT C	ONSULT	ANTS	, INC) .	
Street Address 3 TERRI LANE					Street Address						
City, State, Zip Code					268 MAIN STREET					1	
BURLINGTON, NJ 08016					City State, ZipCode BUTLER, NJ 07405				211		
Project Manager for Monitoring Firm BRIAN KEARNY		109-386-			Telephone Number		License N	lumber			
					973-492-0477		00840		ನೌ		
Scheduled Start Date (10) 08/04/14		heduled C 3/11/14	completion	on Date (11)	Name of OSHA Monitor 1		1	is is	 \$		
0	- 1				ENVIROVISION, INC.		i	4.		***	
Occupancy Status During Abatem Facility Closed/Vacated During					Street Address						
□ Abatement Performed Outside				11.	20-21 WARGARAW R	DAD			J	- •	
Describe					City, State, Zip Code			-		Č,	
Other - Describe: Shift Hou	rs: 3:00	0 PM -	5:00 A	M						-	
					FAIRLAWN, NJ						
Scope of Work (Check all that apply)							7.000.00			
≥ 3 sf or ≥ 3 lf						full Contain fini-Enclos	ment with N	Negativ	e Pres	ssure	
	If			☐ Demolition		Glovebag F					
							ed (*) and N	lon-Fria	able P	rocedi	ire
Location of Asbestos-Containing Material (ACM) in Facility (13)		on Normali		Description of Asb	estos Containing Material	Amour	it Ab	atemen			
Material (ACM) III Facility (13)	Staff? (12			VAT, or other miss	al systems insulation, surfacing cell.)	, (Specit or LF)	y SF Rer	move R	Repair F	Encap	Enclose
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Name of Reg. Waste Hauler	NJ	DEP Wast	e Hauler	r ID#	Cubic Yards of Waste: 10	CY	Name of R	 Register	ed Lar	ndfill	
See Hauler Below #1 & 2		e Below				-	G.R.O.W				ill
Hauler #1) Greenwood Abatement	Consultar	nts, Inc. –	Butler, I	NJ 07405		isposal Da	te		y, State		
NJDEP # 28969 Hauler #2) S TG – 58 Pyles Lane, N NJ DEP # 20990	lew Castle	e, De 1972	0			8/11/14		Rd. 190	. Morri 067	Ford Misville,	P. 100 (1)
Completed by (Print or Type)							Date	215	5-736-1	700	
RAYMOND C. PEDALINO	100000000000000000000000000000000000000	IIOR PE		T	<u>Signature</u> Raymand C. Peda	lino		ust 5	, 201	4	

GAC Project # 060-14 Date of Notification (1) Name of Building Owner/Operator (2) July 25, 2014 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address **DEPA** ☑ Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. D DCA ☐ Amended Notification 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS X DOL ■ Emergency (including) City, State, Zip Code ■ DEP- No Longer REQUIRED PISCATAWAY, NJ 08854 justification) X DOH □ Cancelled Name of Contact Telephone Number MICHAEL SMITH, ENV. **HEALTH & SAFETY FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) MILLEDOLER HALL, BLDG# 3010 ☐ School (K-12) ☐ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) COLLEGE AVENUE CAMPUS Sq. Feet: N/A # of Floors: 3 Bldg. Age: 80+ years City (5) County (6) County Code (7) **NEW BRUNSWICK MIDDLESEX** (State Use Only) Current Use (prior if being demolished): ACADEMIC Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) Cardno ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **268 MAIN STREET** City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number BRIAN KEARNY 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 08/04/14 08/08/14 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD ☐ Abatement Performed Outside of Normal Facility Hours -Describe City, State, Zip Code ☑Other - Describe: Shift Hours: 3:00 PM - 5:00 AM FAIRLAWN, NJ Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥ 3 sf or ≥ 3 lf ⊠Renovation Mini-Enclosure ≥ 160 sf or ≥ 260 lf ■ Demolition Glovebag Procedure ■ Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) or LF) YES NO Room 010 X VAT 650SF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste: 10 CY Name of Registered Landfill See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 28969 100 New Ford Mill 08/08/14 Hauler #2) STG - 58 Pyles Lane, New Castle, De 19720 Rd. Morrisville, Pa NJ DEP # 20990 19067 215-736-1700 Completed by (Print or Type) Date RAYMOND C. PEDALINO SENIOR PROJECT Raymand C. Pedalino July 25, 2014

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

MANAGER

NO CH

Date of Notification				Name	of Bu	ilding (Owner / Operato	or (2)							
	4/11/14						of Education								
Agencies Notified	Type Notifica	ation	1		Addre				2914 AUG	14 4	1 4:	19			
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Grace Dunn MS									NON SUBCHA	APTER 8	3				
Street Address		2°=30.	7//	Vere sem			Subchap	oter 8 (Other than K-	12)					
401 Dayton Stree	et						Other (i.e	e. priva	ate & commerc	cial build	lings,	hom	ies, e	etc.)	
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City (5)		County (6)	Co	unty (Code (7)	7								
Trenton		Mercer					Current Use	(Prior i	f being demoli	ished)	1				-
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Name of Monitoring	Firm Hired b	y Building Ow	ner (8)		ASC	M No.		temen	t Contractor (9	9)				-	
Environmental C			8.4				Bristol Env			.,					
Street Address							Street Addres		,			200			
120 North Warren	COLUMN TO SERVICE STATE OF THE SERVICE STATE						1123 Beave	er Stre	eet						
City, State & Zip Co							City, State &	Zip Co	ode						
Trenton, NJ 0801							Bristol, PA						0.00		
Project Manager for	Monitoring F	irm			Numb	er	Telephone N			License	Num	ber			
Steven Fairess				392-4			(215)788-60			00509					
Scheduled Start Date Back on site -		Scheduled Co	mpletic 8/13		e (11)		Name of OSI Bristol Env								
Occupancy Status D	Ouring Abaten	nent (Check o					Street Address		ionical mor				-		
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Date of Notification	of Notification (1) 4/11/14					f Bu	ilding	Owner / Operato	or (2)		-			- (3)	_	
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Trenton, NJ 0801	State & Zip Code nton, NJ 08010 cot Manager for Monitoring Firm ren Fairess				A.			Bristol, PA								
	ect Manager for Monitoring Firm een Fairess duled Start Date (10) Scheduled C					umb	рег	Telephone N				Numbe	r		attents.	
					-42			(215)788-60			00509					
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Date of Notification (1) 4/11/14		Name	of Buildin	g Owner / Opera	ator (2)						
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Name of Facility Where Abatem	ont in Table - Di	FA	CILITY IN	FORMATION							
Grace Dunn MS	ent is Taking Place	e (3)		Type of Fa	cility (4)						
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401 Dayton Street						Other than K-					
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Street Address				Street Addr	ess					-	
120 North Warren Street				1123 Beav							
City, State & Zip Code Trenton, NJ 08010				City, State						****	
Project Manager for Monitoring F	irm To	lanhone	Number	Bristol, PA							
Steven Fairess	1 15120	9-392-4		Telephone			License	Numbe	r		
	Scheduled Comple			(215)788-6 Name of OS		itor	00509				
4/23/14	ON	HOLD	- ()	Bristol En							
Occupancy Status During Abater	nent (Check only o	one)		Street Addre							
Facility Closed/Vacated I			tement	1123 Beav	er Stree	et					
Abatement Performed O		Hours		City, State 8	Zip Coo	de					_
Describe: 4:00 PM -				Bristol, PA	19007						
Facility Occupied During Scope of Work (Check all that ap											
Scope of Work (Check all that ap	piy)				_ ,	O					
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≥160 sf ≥260 lf	Ē		olition		_	Glove Bag Pr	1.7				
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Date of Notification (1) 4/11/14		Name	of Buildin	g Owner / Opera	tor (2)					_	
Agencies Notified Type Notific	ation	Street	Address	d of Education	1						
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Name of Facility Where Abatemo Grace Dunn MS	ent is Taking Place	€ (3)		Type of Fa	cility (4)					_	
Street Address					(K-12) NON						
401 Dayton Street				Subch	apter 8 (Other	r than K-12)					
		13		Square Fee	i.e. private &	commercial				tc.)	
City (5)	County (6)	County C	ode (7)	Square Fee	t # of	Floors	В	ldg. A	ge		
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Street Address					vironmenta	al, Inc.					
120 North Warren Street				Street Addr 1123 Bear	~ ~ ~						
City, State & Zip Code				City, State &							
Trenton, NJ 08010				Bristol, PA							
Project Manager for Monitoring F Steven Fairess		lephone 1 9-392-4		Telephone I	Number	Lic	ense Nu	umber			-
	Scheduled Comple			(215)788-6		00	509				
4/23/14	4/23/14				SHA Monitor vironmenta	Line					
Occupancy Status During Abatem	nent (Check only o	ne)	-	Street Addre		i iiic.					
Facility Closed/Vacated D	ouring Entire Perio	d of Abate	ement	1123 Beav							
Abatement Performed Out Describe:	itside of Normal F	lours - 4F	PM:12:30/	,,					-		
Facility Occupied During	Abatement 7 AM to	0.3:30 PM	A	Bristol, PA	19007						
Scope of Work (Check all that app		0 0.00 1 10	•								_
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≥ 160 sf ≥ 260 If	L	Demo	olition			Bag Proce					
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TO BE ABATED in Facility	Ma	intenance stodial Sta	or	(i.e., thermal s	ystems		/	Rer	אַ	nca	
(13)	Cus	(12)	all !	insulation, surfa or other miscel	cing, VAT			Remova	Repair	Encapsulate	
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ristol Environmental Inc		1870	6	10 Cu yd	GROWS L	andfill					
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empleted By (Print or Type)		Title		4/30/14	Morrisville	, PA	ļ.,				
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				1-1/	XX			/	11		

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

Date of Notification (1)		Owner / Operator (2)		20
7/8/14 Agencies Notified Type Notification	VERIZON COM Street Address	MUNICATIONS		
EPA	15 E. MONTGO	MERYPLACE 9814	AUG 14 AN 4	: 22
☐ DEP ☐ Initial	City, State & Zip C		7.9 17 E.C.	
	PITTSBURGH,			
□ DOH □ Emergency	Name of Contact		Te	elephone Number
DCA Cancellation	ANTHONY POR	RTA	s, Litte (3 ¹¹⁶	· · ·
	FACILITY INF	ORMATION	<u>_</u>	
Name of Facility Where Abatement is Taking Place		Type of Facility (4)		
VERIZON JERSEY CITY CENTRAL OFFICE		School (K-12)		
Street Address		Subchapter 8 (Other that		
773 SUMMIT AVE		Other (i.e. private & con		
		Square Feet # of Flo	ors Blo	dg. Age
	County Code (7)	8000	3	90+/-
JERSEY CITY HUDSON		Current Use (Prior if being d	emolished)	
		COMMUNICATIONS		
Name of Monitoring Firm Hired by Building Owner (8 USA ENVIRONMENTAL MANAGEMENT INC		Name of Abatement Contract BRISTOL ENVIRONMEN		
Street Address		Street Address		
8436 ENTERPRISE AVENUE		1123 BEAVER STREET		
City, State & Zip Code PHILADELPHIA, PA 19153		City, State & Zip Code BRISTOL, PA 19007		
	ephone Number 5-365-5810	Telephone Number 2157886040	License Nu	mber 00509
Scheduled Start Date (10) Scheduled Comple		Name of OSHA Monitor		00303
	HOLD	BRISTOL ENVIRONMEN	ITAL INC	
Occupancy Status During Abatement (Check only o Facility Closed/Vacated During Entire Period		Street Address		
Abatement Performed Outside of Normal H		City, State & Zip Code		
Describe: 5:00 PM – 1:30 AM	iours – rain to spin	BRISTOL, PA 19007		
Facility Occupied During Abatement		BRISTOL, FA 19007		
Scope of Work (Check all that apply)				
		-	ntainment with Ne	gative Pressure
≥3 sf or ≥3 lf	Renovation	Mini-En		
≥160 sf ≥260 lf	Demolition	Eq. 4	ag Procedures	
				Friable Procedure
	s Location ormally Used	Description of Asbestos-Containing	Amount (Specify	Abatement Type
	Solely by	Material (ACM)	SF or LF)	m _
	intenance or	(i.e., thermal systems	0. 0. 1. /	Rer Rer
		insulation, surfacing, VAT		Enclsoure Encapsulate Repair Removal
(13)	(12) s No N/A	or other miscellaneous)		al r late
Basement Storage Rm & BMS Office		VAT/Mastic	390 SF	
3 rd Floor AC Room		Pipe Fittings	8 LF	
2 nd Floor Storage Room		lue Daubs & Ceiling Tile	350 SF	
2 nd Fl Locker Rm,Super Office,Hallway		AT/Mastic & Ceiling Tile	780 SF	
Name of Registered Waste Hauler	NJDEP Waste	그리다 아이를 하는 것이다. 그렇지 않아 있는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하	istered Landfill	
SERVICE TRANSPORT GROUP, INC.	Hauler ID No. 20990	of Waste MINERVA L	ANDFILL	
City, State		Disposal Date City, State		
NEW CASTLE, DE 19720	1		JRG, OH 44688	
Completed By (Print or Type) PATRICK T. DeCARO	Title PROJ. MGR	Signature	r	Date 7/8/14
ATRION I. DEGARO	I NOJ. WIGK	Fatrick J. De Ca	ro/el	170/14

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

Ch# 2656

Date of Notification (1)			Nam	e o	f Bu	ilding	Owner / Operato	r (2)	<u></u>						
7/8/14 Agencies Notified Type Notifica	tion						MUNICATIONS	<u> </u>							
EPA 9999	uon		Stree				MERY PLACE								
☐ DEP ☐ Initial						Zip C				-					
DOL 8958 Amen	ded						PA 15212								
☑ DOH 9990 ☐ Emerg	gency					ntact					Tel	epho	ne N	umb	er
	ellation		ANT	THO	YNC	POR	TA				1.0.	орс			٠.
				ACI	LIT	Y INF	ORMATION							-	
Name of Facility Where Abateme			3)				Type of Facili							1.5-52.00	
VERIZON JERSEY CITY CEN	TRAL OFFI	CE					School (I								
Street Address								ter 8 (Other				22			
773 SUMMIT AVE							Other (i.e			al bui				tc.)	
City (5)	County (6)	10-			-l- (71	Square Feet	# of	Floors		Bldg	g. Ag			
	County (6)	100	unty		oae (/)	8000	70 :- : : : :	3				90+/	<u>- </u>	
JERSEY CITY	HUDSON						Current Use (g demolis	ned)					
Name of Monitoring Firm Hired by	Building Own	ner (8)			ASC	M No.			tractor (9)						-
USA ENVIRONMENTAL MAN	AGEMENT	INC					BRISTOL E	NVIRONM							
Street Address 8436 ENTERPRISE AVENUE							Street Addres		T						
City, State & Zip Code	·			-			City, State & 2		· ·						
PHILADELPHIA, PA 19153							BRISTOL, P		189						
Project Manager for Monitoring Fi	rm	Telep 215-				er	Telephone Nu		L	icens	se Nun				
	NECT Manager for Monitoring Firm NEK JENKINS The duled Start Date (10) Scheduled Control						2157886040 Name of OSH					0050	9		
7/31/14	circuaica ooi	8/14		aic	(11)		BRISTOL E		ENTAL I	NC					
Occupancy Status During Abatem							Street Addres								
Facility Closed/Vacated D Abatement Performed Ou							City, State & 2		I				-		
Describe: 5:00 PM - 1		ai i io	urs -	- 10	111111	John	BRISTOL, P	177							
Facility Occupied During							DRISTOL, F	A 19007							
Scope of Work (Check all that app															
A SECOND CONTRACTOR OF THE CON			_						Containme		th Neg	ative	Pres	sure	6
≥3 sf or ≥3 lf		\bowtie			vatio				Enclosure						
≥160 sf ≥260 lf		Ш	De	emo	litior	1			e Bag Pro				-		
Location of		lo.	Loca	.ti			Description		Exempted						
Asbestos-Containing		Norn					Description Asbestos-Cont	aining		mour		ADa	teme	ent T	ype
Material (ACM)			olely				Material (AC			or L		_		Ш	m
TO BE ABATED		Main					(i.e., thermal sy					Ren	Re	ica	incl
in Facility (13)		Custo	odiai (12)		аπ?	1	nsulation, surfac or other miscella					Removal	Repair	Encapsulate	Enclsoure
(13)		Yes	No	_	N/A		or other miscens	arieous)				THE STATE OF THE S		ate	l e
Basement Storage Rm & BM	S Office						VAT/Mast	tic	3	90 SI	F	M	П	П	П
3 rd Floor AC Room		\boxtimes					Pipe Fittin	gs		8 LF		\boxtimes	Ħ	Ī	Ī
2 nd Floor Storage Room		\boxtimes				GI	ue Daubs & Co	eiling Tile	3	50 SI	F	X			
2 nd FI Locker Rm, Super Offic	e,Hallway	\boxtimes				VA	AT/Mastic & Ce	eiling Tile	7	80 SI	F	\boxtimes			
	1	닏	닏	1	Щ										
Name of Registered Waste Haule			IN	IDI	=P V	Vasta	Cubic Yards	Name of R	egistered	land	fill	Ш	Ш	Ш	Ш
Traile of Registered Traste Fladic	S 20					No.	of Waste	Traine or re	egistered	Land	*****				
SERVICE TRANSPORT GROU	JP, INC.		2	099	90			MINERVA	LANDF	ILL					
City, State NEW CASTLE, DE 19720							Disposal Date	City, State WAYNES	BURG. 0)H 44	4688				
	Completed By (Print or Type) Title										1	Date			
PATRICK T. DeCARO					J. N	IGR.	Signature Patrick	1 19	Casal	- ر ب	0 7	18/1	4		
			· ance	1 .10		1									

NO CK

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

RECEIVED

Date of Notification (1) 06/20/2014					Building Ov Novo Gr		Operator	(2)	2014 AU	C II.	АМ	c. e	:0			
	Type Notifica	fion		treet Add		oup			LUIT AU	5 14	An	O • €	-			-
Agencies Notified	PROF.	10011			est Ran	dolph	Street		ASSES	Tes	CO.	ITPI	71			
EPA DEP DOL	Initial Amende	ed ment # 2			e, Zip Code		70		& [İČÈ	HSIN	G				
DOH	Emerge justifica	ency (including		_	Contact						phone N	iumbe	r	-		
DCA	Cancell		Т	odd K	ing					, · · ·				Po-		
		F 1: B/ (0)		FACIL	ITY INFO	RMAT	ION	Tuna	f Facility (4)		_			N'A		-
Name of Facility Where A DeNovo New Bruns		aking Place (3)														
Street Address	Jillon, ELG					- 270		Si Si	chool (K-12) ubchapter 8	(Othe	r than K-	-12)				
760 Jersey Ave									ther (i.e. privic.)	vate &	comme	rcial b	uildii	ngs, i	nome	S,
City (5)								Square	Feet		Floors			g. Ag	je	
New Brunswick								310,0		1			200	yrs		
County (6) Middlesex				ounty C	ode (7) SE ONLY)				t Use (Prior strial Ware			lished))			
Name of Monitoring Firm Amereco Engineeri	7	ding Owner (8)		ASCM	No.		The Control of the Co		ement Contr Contracts	M. P. Barrens	(9)					
Street Address	119							Address								-
204 E. Jefferson St	reet							ero Ro state, Zip						711:		_
City, State, Zip Code Valparaiso, Indiana	46383								NJ 07072							
Project Manager for Mor John Blosky	oject Manager for Monitoring Firm ohn Blosky				ie No. 31-0531		200000000000000000000000000000000000000	none No) 933-0			License 01230					
Start Date (10)	tart Date (10) Sched				Date (11)		100000000000000000000000000000000000000		A Monitor Nichalik							
Occupancy Status Durin	a Abatamant	09/30/20	200					Address				-		-	-	
- A - 150	B			nnt.				ero Ro								
X Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of	f Normal Facility F	Hours	=111		·		State, Zip stadt. 1	Code New Jerse	ev 07	072					
Scope of Work (Check A	All That Apply)		-							,						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Re	novat moliti		0e) 1	Mini Glov	Containmer i-Enclosure vebag Proce	edure						
						-	L	_ Non	n-Exempted	(*) and	Non-Fr	riable			ement	
		0.250	ocatio	3988									,	Ту		
Locatio Asbestos-Containin TO BE AB In Fac (13)	g Material (AC BATED ility	M) Used	Solel itenan dial S (12)	y by ce/ taff?		os Co therm: surf	escription ntaining la al system facing, V/ miscella	Material as insula AT, or		(S	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A		1/4	T []	Tile		10.	000 85	-				
office/mezza		X	2				T Floor			100000	000 SF	_	-			
	office/mezzanine area x						insite P	0.4000000		-	00 SF		2			_
office/mezzanine area x office Area x				-		Pip	e Insul				3500	-				
	CONTRACTOR .	X	N	JDEP W	/acto	Cub	ic Yards	,	Name of R			22 - 23 X				
Name of Registered Waste Hauler Asbestos Transportation Company, INC.			2000	auler ID		52.50	/aste		Cycle C							
City, State Shirley, NY						0.000000	osal Dat 30/2014		City, State Elizabet		l					
Completed by Michael Colman		Title Presid	dent				Signatu	- /	all	20		Date 08/0		014		
Wildiad Collitati		1 10310					nece	_								_

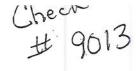
NO CK

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

Check # 9013

Date of Notification (1)	8-10	1	lame of B	uilding Owner/C	perator (2	onstanc		:) —
1	otification		Street Add	lress 2 K	elly	Court	2014 AUG 1	+ AF	1 6	50
D DEP An	tial nended nendment #_ =	1)	City, State	, Zip Code	000	BROOK	ASSESTE.	&G0	HT	ROL
DOH jus	nergency (inclustification)	iding	lame of C	Contact		<i>D</i> ACK,	Telephone Num	per 31	FIG	
	ncellation	•	Mik FACILI	e 11) war ty informati	ION(
Name of Facility Where Abateme		300 (3) Shaze	hoi	ise		Type of Facility (4) ☐ School (K-12))			•
Street Address 35 Was	shingto				5		(Other than K-12) (vate & commercial		gs, h	omes
City (5)	J	72			•	Square Feet	# of Floors		Ag. Ag	
County (6)	un i	(County Co			Current Use (Prior	if being demolished		الا	11124-7-24
Name of Monitoring Firm Hired by	y Building Own		ASCM	2 5 5 5	Name o	f Abatement Cont	ractor (9)			
EPC Tech	neles	ies		NA	Street A	Address	hoolog	ies	7	in
Street Address Ro. Bo	× 33	7			P	O. Box	337			
City, State, Zip Code	+ 1	12	083	533	Ne	ate, Zip Code	0+ NJ	08	15	33
School School	im Kee	1.0	Telephon	e No. 7 <i>58-33</i> 65	Telepho	one No. 37 0 758-336	License No	3	9	4
Start Date (10)	Sc	heduled Com		ate (11)		PC Tech	mologies	In		-0
Occupancy Status During Abater		nly One)		<u> </u>	Street A		2			MESSE
Facility Closed/Vacated Dur Abatement Performed Outs Other – Describe:	ing Entire Peri ide of Normal I	od of Abatem Facility Hours	ent		City, St	ate, Zip Code	20 PART 1 2			·
Other – Describe: Scope of Work (Check All That A	oply)				[AS	w Egypt	NJ C	185	-2	2
Abatement Performed Outs Other – Describe: Scope of Work (Check All That All ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	,	☐ Renova Demolit			امامار	Mini-Enclosure Glovebag Prod				
3		Is Locati	ion			Non-Exemples	() and Honer has			ment
Location of Asbestos-Containing Materia	I (ACM)	Normal Used Sole	ly by		escription ntaining M	of aterial (ACM)	Amount			
Asbestos-Containing Materia TO BE ABATED In Facility (13)	. ((())	Maintena Custodial (12)	**************************************	surf	al systems acing, VAT miscelland		(Specify SF or LF)	Removal	Repair	Encapsulate
Š		Yes No	N/A	- · 1 ·		- loc	740,00			-
J exterior	17.4	_	×	Sidia	901	ring.ES	2000 SF	×		
			JDEP W	aste Cubi	ic Yards	Name of	Registered Landfill			
Name of Registered Waste Hau	ologies		lauler ID	No. of W	laste 17		e.Manage		· o (: P
City, State New Equip	+ 1	15		DISSO O	osal Date	14 Morn	isville i	A		
Completed by	2	Title Presid	20+		Signature	Sel	h Da	ete 2 - 4	8-	14





Date of Notification (1)		<u>·</u>	- Na	me of E	Building Owner/Op	perator (2)	1		-			
Date of Notification (1)	1-28-	14			Kel	. / 1	onst	Ruction				
Agencies Notified	Type Notification		St	reet Ado		Kelly	0	+				
□ EPA .	Initial .		Ci	ty, State	e, Zip Code_					_		\dashv
DEP DOL	Amendment #		_	• • • • • • • • • • • • • • • • • • • •	GR	een Br	00 K.	NJC	8	81	2	
≥ DOH	 Emergency (in justification) 	ncluding	Na	ame of	Contact			Telephone Num	ber			
DOA DCA	☐ Cancellation				1110 .	reay			×∓•.			1
		51 (0)		FACIL	ITY INFORMATIO	ON /	of Facility (4)				
Name of Facility Where			1	tou	40			2000 2000				
Single to	mily 2	hore		100	<u> </u>		School (K-1 Subchapter	8 (Other than K-12),			
18:	35 Was	ningt	$\cap \sigma$				Other (i.e. p tc.)	rivate & commercia	al build	ings, I	nomes	s,
City (5)	0	, J	NIT	,		Squar	e Feet	# of Floors	BI	dg. Ag	ge) / -	
URT	ley Deac	<u>n</u>	[77	ounty C	ode (7)	Сипте	nt Use (Pri	or if being demolish	ed)	20) (\dashv
County (6)	20				SE ONLY)			House				
Name of Monitoring Firm	Hired by Building C	wner (8)		ASCM	No.	Name of Abat		A	200		7_	
Street Address	ennala	2068			MA	Street Address		<u>throlog</u>	169) 9	In	6
P.O.	Box 3	37				P.O.	Box	337				
City, State, Zip Code	101	7.1A	- (19	5.33	City State, Zi		EU to	0	25	13	3
Project Manager for Mor	eit ri o Firm	Vio	T	elephor	ne No.	Telephone No		License N	0.		A A	
Steve S	chen Ker	2	6	1900	758-3365	609 758	3-334	5 0	36	11	7	
Start Date (10)		Schedule	d Comp	oletion [Date (11)	Name of OSI						
8	-7-14		8 -	14		Street Addres		hnologies		nc_		
Occupancy Status Durin								337				
Facility Closed/Vac	cated During Entire F ned Outside of Norm	enod of A al Facility	bateme Hours	ent		City, State, Z	ip Code					
☐ Other – Describe:		• •				New 1	Egypt	LU	285	5.3	3_	
Scope of Work (Check /	All That Apply)		- 100110-	345.00			1)					
□ ≥3 sf or ≥3 lf		31 - CO - C	enovati					ent with Negative F	ressu	re		
≥160 sf or ≥260 ff		D D	emolitic	n		☐ Glo	ni-Enclosur ovebag Pro	cedure				
						No No	n-Exempte	ed (*) and Non-Friat	ole Pro			
		ls	Locatio	n		125	•				ement pe	
Locatio			lormally Solely			scription of taining Materia	I (ACM)	Amount			m	
Asbestos-Containin TO BE AB	g Material (ACM)	Mai	ntenan	œ/		l systems insul		(Specify	70	20	Encapsulate	Enc
In Fac		Cust	odial S (12)	tatt?		cing, VAT, or miscellaneous)		SF or LF)	Remova	Repair	psu	Enclosure
(13)	1-			outer	miscellarieous)			8	-	late	l e
		Yes	No	N/A	Cili	Cl- :	1	2000		-		-
exterior		4		X	Siding	Shins	les	20005	FX	+-		-
									+	-	-	
						•			-	-		
			LNI	JDEP V	Vacto Cubic	Yards	Name o	f Registered Landfi	11			
Name of Registered W	. /	7.		auler ID		[일본] [[전 (March 1) : 1] - 1. (2)	and the second			1	^ I	2iC
EPC Te	chnologie	\$		170		osal Date	City, Sta	ste Manage		6 0	<u>c 1</u>	4.
City, State · New E	0	NJ.				-8-14		nisville	PA			
Completed by	21/pr	Title			and the second s	Signature	CA		ate	0	11	,
Steve Sch	en Kee	Pre	sid	ent		Due	NOCK	when	7-6	10.	1-	

QEC Check 6787

Date of Notification (1) August 09, 2014					Building (Owner/Ope	erator	(2)	340.4-3.000				<u> </u>	ز
Agencies Notified	Type Notification			Street A	estate hade					2014 AU	G 14	//k	1 5.	20
EPA	-			730 H	addon A	venue			A	E 1 -		• • • •	0.	62
DEP DOL	Amended Amendmen				ite, Zip Co gswood,	de New Jei	rsey	08108		SSES & L	TOS	CON	∜TR	OŁ
▼ DOH ▼ DCA	Emergency justification Cancellation		- 1		f Contact leen Du	dek			Tele	phone Nu	mher	.015		
			1	FACI	LITY INFO	ORMATIO	N				8			
Name of Facility Where Residential Dwellin		ng Place (3)						Type of Facility (School (K-1	038					
Street Address 217 Bradley Avenu	e							Subchapter Other (i.e. p				dings,	home	es,
City (5) Haddon Township								Square Feet 1150	# of	Floors		ildg. A		old
County (6) Camden County				County (Code (7) USE ONLY))		Current Use (Prio			hed)			
Name of Monitoring Firm Quality Environmer		Owner (8)		ASCN		5.0		of Abatement Cor ity Environmer	ntractor (9)		(0		
Street Address 1053 North Tuckah				THOME			Street	Address North Tuckah						
City, State, Zip Code			4				City, S	tate, Zip Code					-	
Williamstown, New				Talaaba	na Na			amstown, New	Jersey		la			
Project Manager for Mor Ed Knorr	ntoring Firm	Jr			29-1166		856-	none No. 629-1166		License I 01086	NO.			
Start Date (10) August 19, 2014		Schedule August			Date (11)	94 5		of OSHA Monitor ity Environmer	ntal Co	ncepts				
Occupancy Status Durin						81 2		Address North Tuckah	oe Roa	ad		16		
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Nor	mal Facility	Hours			-	City, S	tate, Zip Code						-
Scope of Work (Check A							VVIIII	amstown, New	Jersey	y 00094		-	1982-1995	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	(- Contraction of the Contraction	enova emoliti				×	Mini-Enclosure Glovebag Prod	e cedure					
					Г			│ Non-Exempted	d (*) and	Non-Fria	ble Pro		e ement	
1			Locati omali										ре	
Location Asbestos-Containing TO BE AB In Faci	Material (ACM) ATED	Maii	d Solei ntenar odial S	ice/		tos Contai	ystem:	flaterial (ACM) s insulation,	(S	nount pecify or LF)	Remova	Re	Encapsulate	Encl
(13)	570. * 00	Yes	(12) No	N/A		other mis				o. L. ,	ioval	Repair	sulate	Enclosure
Crawlspac	e Area	163	140	X	Ashesto	os cloth	insul	ation wrap en	12	25 sf	X	+		
oramopas 			7.02001		ctwor	- 22								
											-			
Name of Registered Wa	ste Hauler		IN	JDEP W	/aste	Cubic Y	ards	Name of	Register	red Landfi	1	<u></u>		
Robinson Waste Dis			Н	auler ID 78951		of Waste 30cy		G.R.O.						
City, State Bellmawr, New Jers	ey					Disposa o/a 8-2		. 170 H (170		risville,	PA			
Completed by Edward J. Knorr		Title Vice F	Presi	dent		Sig	nature	would	Kn		ate lugus	t 09,	2014	1

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

					SCAU	\$ 0	47	02	
Date of Notification (1) August 11, 201	4	Name of Buildir		Construction Corp.	RECE		- 1-		
	l Notification	Street Address	49 Lii		014 AUG 14				
[x] DOL Amer	nded Notification ndment # gency (including	City, State, Zip		a, NJ 08051	SEESTOS (& LICEN	COMI	[ROL		
I DCA	ication) ellation	Name of Contac Nick		Т	elephone Number				
	FA	CILITY INFOR	MATION						
Name of Facility Where Abatement is Takin Residence	g Place (3)			Type of Facility (4)	School (k-12) Subchapter 8 (ot	har the	a le12)		
Street Address 237 13 th Avenue			1.4	[x]	Other (i.e., prival homes, etc.)			ial buil	dings,
City	County (6)	County Code (7) (STATE USE ON	π γ)	Square feet 400 sf	# of Floors	Bld	g. Age	0	
Seaside Park	Ocean	(STATE OSE OF	CI)	Current Use (Prior in Resider				0	
Name of Monitoring Firm Hired by Building	Owner (8)	ASCM No.	Name of	f Abatement Contractor	(9)	T a			
N/A Street Address			Street A	ddress	an Contracting, oute 9, Unit 61	Inc.			
City, State, Zip Code		100-100-100-100-100-100-100-100-100-100	City, Sta	ate, Zip Code					
D : N : 5	T T 1 1 1 1		Talanha	Toms F	Liver, New Jers		755-12	271	
Project Manager for Monitoring Firm	Telephone Numbe	er		19-9932	00624	unnoci			
Scheduled Start Date (10) 08/12/2014	Scheduled Comple 08/13/2014	etion Date (11)	Name o	f OSHA Monitor E.M.S.	L. Analytical				
Occupancy Status During Abatement (Check		11-44	Street A		telton Road				
	ed During Entire Period of A Outside of Normal Facility								
Other – Describe			City, St	ate, Zip Code Piscata	way, New Jerse	y 088	54		
Scope of Work (Check all that apply)			[]	Parada and the state of the sta	with Negative Pre	ssure			
[] >3 sf or ≥3 lf	[] Peno	vation	L r	Mini-Enclosure Glovebag Proced	ure				
[x] ≥160 sf or ≥260 lf	5 5	olition	[x		and Non-Friable	Proced	ıre		
						Abai	ement	Type	
	Is Location		Description	on of				T	E
Location of	Normally used	I A	Asbestos-Co	ntaining	Amount	R E	R E	E N	N
Asbestos-Containing Material (ACM)	Solely by Maintenance/Custodia		Material (A		(Specify SF or LF)	M	P	CA	C
TO BE ABATED in facility	Staff		nsulation, su		Of Lift	0	A I	P	O
(13)	(12)		VAT,	or		V	R	S	S
			ther miscel	laneous)		A		U L	U R
	YES NO N/A					L		Е	Е
Exterior	X	Asbestos sid	ling		880 sf	X			
									-
									-
Name of Registered Waste Hauler	NJDEP Waste Haul	er ID No. Cubic	Yards of Was	ste Name of Registe	red Landfill				
Guardian Contracting, Inc.	20223	2		T.R.R.F.					
City, State		oosal Date 14/2014	City, S	^{tate} town, Pennsylvania					
Toms River, New Jersey Completed by (Print or Type)	Title U8/	Signature	1 L	/ /	1	Date			
Nicholas Fernicola	Project Manager	1 VIc	hot	tel		8/1	1/14		

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

		(1	ursuan	it to NJA	C 8:60 a	ind 12:12	20)	170	Clet	# フ	40	103					
Date of Notification (1)				Name of	Building (Owner/Ope		REC	server & F A parties family		-						
August 11, 2014	1							ction Corp.									
	Notifica	ation ification		Street A					4 AM 6: i								
[X] DOL Amen	dment#			City, Sta	ite, Zip Cod	le Mantu	a, NJ 0	155EST (8051& LIC	S CONTRO	H.							
[] DCA justifi	cation) ellation			Name of	Contact Nick	-	*	Te	elephone Number								
			FAC	ILITY I	NFORM	ATION							2.77 2.77 11.05				
Name of Facility Where Abatement is Taking Residence	Place (3)					Type o	f Facility (4)	School (k-12)								
Street Address 239 13 th Avenue					- 12			[] [x]	Subchapter 8 (of Other (i.e., priva			ial buil	dings,				
City	Count	y (6)		County C			Square		homes, etc.) # of Floors	Bld	g. Age						
Seaside Park	Ocea	n		(STATE	USE ONLY	Y)			l l being demolshed)		8	4					
Name of Monitoring Firm Hired by Building	Owner ((8)		ASCM N	o.	Name of	Abateme	Residen	(9)								
N/A Street Address						Street Ac	idress			Contracting, Inc.							
City, State, Zip Code	22.00					City, Sta	te, Zip Co	ode	oute 9, Unit 61	or, 00'	755 1	271					
Project Manager for Monitoring Firm		Telephone 1	Number				ne Numbe		iver, New Jers License N 00624			2/1					
Scheduled Start Date (10)	+	Scheduled		ion Date (11)		9-9932 OSHA N		L. Analytical								
08/12/2014 Occupancy Status During Abatement (Check						Street A	ddress		elton Road								
[X] Facility Closed/Vacate [] Abatement Performed	400 000 000 000 000 000 000					City, Sta	te, Zip C										
Other – Describe								Piscatav	way, New Jerse	y 088	354						
Scope of Work (Check all that apply)						[]		Containment ii-Enclosure	with Negative Pre	essure							
[] >3 sf or ≥3 lf [X] ≥160 sf or ≥260 lf		[] [x]	Renova Demoli			[] [x]		vebag Procedi i-Exempted (*	ure) and Non-Friable	Proced	ure						
	6			T						Aba	tement	Type					
Location of Asbestos-Containing Material (ACM) TO BE ABATED		Is Location Normally us Solely by tenance/Cu	sed		Ast N	Description Destos-Con Material (A , thermal	ntaining ACM)		Amount (Specify SF or LF)	R E M	R E P	E N C	E N C L				
in facility (13)	YES	Staff (12) NO	N/A		insı	VAT, o er miscell	rfacing, or			O V A L	I R	P S U L E	O S U R				
Entonion		X		Achai	stos sidin	α			1200 sf	X		-	12				
Exterior		X		Asbe	Stos sidili	ıg			1200 51	Α.	-						
				-													
Name of Registered Waste Hauler Guardian Contracting, Inc.	1	JDEP Wast	te Hauler 0223	· ID No.	Cubic Ya	ards of Was		me of Registe T.R.R.F.	red Landfill		-						
City, State			Dispos	sal Date		City, St	ate	20 200				ō					
Toms River, New Jersey	Title		08/14	4/2014 Signat	ure	Tullyt	own, Pe	ennsylvania	L	Date							
Completed by (Print or Type) Nicholas Fernicola	100000000000000000000000000000000000000	ct Manage	er	Signat		X-	t _	1			1/14						

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

RECEIVED

Cate of Notification (1)	/11/1V		Nam	e of Buildir	ng Owner/Operator	CONTRICT	2014 AUG 14	AM	S: 1	à
Agencies Notified	Type Notification		Stre	et Address			1 60 F 0 T -		9-1	Z
EPA	(X) Initial			155	Rr. 50		ASBESTOS C	OH	10	
, xe	Amended Amendment #		Слу,	State. Zip			& LICEN	SING		_
DOL	Emergency (in		_		REEN FIG	- D N 12	Telephone Number			===
∑ 00H	justification) Cancellation		Nam	ne of Conta	ULE BREL	1416	TOTOPI OTT		- /	
	<u> </u>		<u></u>		FORMATION				==	=-
	Table	Diago (3)		CILITIN	PORMATION	Type of Facility ((4)			
Name of Facility Where A	Abatement is Taking	y Place (3,	,			School (K-12)			i
Street Address 23		141TIT	ıΔ			Subchapter 8 Other (i.e., pr homes, etc.)	(Other than K-12) evate & commercial	buildir	igs	1
	CPICA	M 10				Square Feet	# of Floors	Bidg	A.gc	
	LGATE		1.0-	- Codo	(7) (STATE	Current Use (Pri	or if being demolish	edi	===	
	BATIC		- US	E ONLY)			or if being demolish			
name of Moniforing Firm)wner	ASC	d No.	Carlotte and the second of the	ment Contractor (9)				
	/A				STROOL Address					
Street Address					369	S, S Pruc	モ 刈して・			
Cr. State Zip Code					Cm. Sinia Zin (ade		irá.	()	
, State Zip Code						PLE SHAT	DE N.J.			<u></u>
Froject Manager for Mor	nitoring Firm		r,elephon	e No	Telephone No.	9-0472	License No	44		
tian Date (10)		duled Corr	npletion (Date (11)	Name of OSHA	Monitor SEPH KL	EMM			
8/25/	14 8	1/5	/	4	Street Address			1,	===	
Occupancy Status Durin	ng Abalement (Che	ck only on	atement		369		.va= 2 vc.			
☐ Abatement Performer	ed Dunng Entire Pe d Outside of Norma	I Facility h	Hours		Слу, State, Zip	Code		,		٠.,
Other - Describe _		VIII.			M.	APLE SI	10DE, N.	ر ر. ——		
Scope of Work (Check a	all that apply)				□ Eull Co	ontainment with Ne	gative Pressure			
		Reno	valion.		Min-Ei	nciosure	-			
1 25 51 27 25 11 2160 51 01 <u>2</u> 260 11		Demo	notik		Glovet Non-E	pag Procedure xempted (*) and No	on-Friable Procedui	r		-
		Is Loc	cation	1					ua:en ≺n:	
• • • • • • • • • • • • • • • • • • •		Nom			Description	of		-		
Location Asbestos-Containing I	of Matenal (ACM)	Mainte	nance/	Asbe	sios Containing M	aterial (ACM)	Amoun' (Specify	12	7-	3 . 5
TO BE ABA	TED		iodial aff?	(1 6	: Inermal systems surfacing, VA	T, or	SF or LF)	עייווסאיו	Raport	Table 1
IN Facility	Y	(1	2)		other miscellan	eous)		٧. ٤		
		Yes	No NI	A				-		
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5 i D I	Na		-+^	+==						
		-		+==						
		+-+		+						
name of Registered Wa	rete Hautler		TNIDE	P Waste	Cubic Yards	Name of Reg	gistered Landfill			
. /	- T.,		Haule	90 W	of Waste	A.(2,0,1		==	
K LEMOU	FNC ,			17	Disposal Date	City, State	OSANTVILL	=	11	-7.
KA ADLIF	SHADE	, N ,	2				Oslo Colo		N	<u>=</u> =
Jompieren By	Tib		10		Signature	as ICen	m Oale	11/	/11	L
JOSEPH	LEMM_	V	11		-1-4	7 00 7 00 7				

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					o NJAC 8:60					RF	CE	111		
Date of Notification (1) 8/11/2014				Name of GREA	Building Own TER BERG	er/Operator EN COM	(2) MU	NITY ACTI	0N, I	IC.	UL	1 \$	EL)
	ype Notification			Street Ad 241 M	idress OORE STR	EET			6	#14 AU(3 4	AM	6:	66
EPA DEP DOL	Initial Amended Amendment	#			te, Zip Code ENSACK, N	NJ 07601			A	& L	TOS I	COL	ITRI	01
X DOH DCA	Emergency justification) Cancellation			Name of						ephone No	umber	SIN	G	
	J Galloonation				ITY INFORM	1000								
Name of Facility Where Aba MULTI-FAMILY BUIL		ig Place (3)				Тур	oe of Facility (School (K-1	335					
Street Address 148 OAKWOOD AVE	NUE						×	Subchapter Other (i.e. p etc.)	8 (Otherivate 8	er than K- k commer	12) cial buil	dings	home	es,
City (5) CLIFFSIDE PARK							Sq	uare Feet	# of	Floors	E	Bldg. A	ge	
County (6) BERGEN				County C	Code (7) ISE ONLY) _		Cu	rrent Use (Pri	or if bei	ng demoli	shed)			
Name of Monitoring Firm H	ired by Building	Owner (8)		ASCM	No.			batement Cor ROTHERS			VG, IN	IC.		
Street Address						Street 250		ress THERFOR	D BL\	/D.				
City, State, Zip Code						City, S	State,	Zip Code N, NJ 070	992 939999					
Project Manager for Monito	ring Firm		T	Telephor	ne No.	Telepl	none			License 00494	No.			
Start Date (10)		Schodul	ad Com	nolation [Date (11)			SHA Monitor		00434				_
8/21/2014		9/5/20		ipietion t	Jale (11)			AS (9) ABO	VE					
Occupancy Status During A	batement (Che	ck Only Or	ne)	Shirt Sandan		Street	Add	ress						
Facility Closed/Vacate Abatement Performed Other – Describe: VA	Outside of Norr				750	City, S	State,	Zip Code						
Scope of Work (Check All T	hat Apply)									-				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	1,570%	erecond.	Renova Demolit			> >		Full Containmonioni- Mini-Enclosure Glovebag Prod Non-Exempted	e cedure				e	
		Is	Locati	on									ement rpe	t
Location of Asbestos-Containing M <u>TO BE ABAT</u> In Facility (13)	aterial (ACM)	Use Ma	Normali ed Sole iintenar todial S (12)	ly by nce/	(i.e. the	Description Containing Mal system urfacing, VA ner miscellar	Mater s ins AT, o	ulation,	(5	mount Specify For LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A									ō	
BASEMEN	IT		X		PIP	E INSUL	ATIÓ	NC	20	00 LF	X			
2ND FLOC)R		X			FLOOR T	ILE		76	60 SF	Х			
EXTERIO	R		Х		RC	OF SHIN	GLE	ES	34	56 SF	Х			
Name of Registered Waste TWO BROTHERS CO		3	Н	JDEP W auler ID 8743		ubic Yards Waste 0		0.0000000000000000000000000000000000000		red Landf NAGEM		G.R.().W.	S.
City, State CLIFTON, NJ		2002	-			sposal Date /5/2014		City, Stat MORR		LE, PA				
Completed by VIVECA RAMOS		Title PRO	JECT	COOF	RDINATOR	Signatur	e V	es K	an.	1 2	Date 3/11/2	014		

Date of Notification (1)	Name of Building	Owner/Operator	(2) LAMS	CAPEINIG	-	
Agencies Notified	Street Address	5U7.A	MNI: AI	JE ZUM AUG	4 1	3 4: 10
☐ ○ Amended	City State Zin C	Me	MAY	* *		
Ø DOL Amendment # ☐ Emergency (including justification)	Name of Contact		MAT	Telephone Number	i Projecti	
Cancellation	JOHN					
	FACILITY INF	ORMATION	Type of Facility (4)		
Name of Facility Where Abatement is Taking Place (3)			C School (K-12)			
Street Address 413 ZOTH ST.			Other (I.e., pri	vate & commercial bu		
City (5)			Square Feet	of Floors.	Blog A	·
AUALON County (6)	County Code (?) (STATE	Current Use (Price	or If being demolished	()	
CAPE MAY	USE OWLY)	Name of Abatem	eni Contractor (9)	DNT NO	0.5	770
Name of Maritoring Firm Hired by Building Owner (8)	ASCM NO.	KLGM	co IN	C/ = =		
Street Address		369	S. SPRUC			
City State. Zip Code		Ciry, State, Zip C	Code LO SHAD	i NJ 08	05	
	lephone No.	Telephone No.		License No		
Project Manager to motivious 7		836-7	79-0472	- 0077		
Stan Date (10) Scheduled Comp	detion Date (11)	JOSE	PKALEM	M		
Occupanty Status During Abatement (Check only one)	Sueel Address	SPILUCE	=105,		
Facility Closed/Vacated During Entire Period of Aba Abatement Performed Outside of Normal Facility Ho	tement		0	a l	C	-
Other - Describe:				E, N, 5, 00	305	2
Scope of Work (Check all that apply)		Mini-F	ontainment with Ne nclosure.	gabye Pressure		
23 s1 or 23 tf Renov	ition .		D	on-Friable Procedure		ilemer.
Is Loca Norm			24.0 955.			Troe
Used So	olely by	Description stos Containing M	aterial (ACM)	Amount (Specify	æ	
Aspesios-Containing Material (ACM) TO BE ABATED IN Facility Mainten Custo	21000 11 11 11 11 11 11 11 11 11 11 11 11	surfacing. VA other miscellan	T, or	SF & LF)	Removal	Encapsolate Encapsolate
(13)					2	5 -
TRANSITE YES	10 N/A	SIDING	Σ	7,500 SF.	X	
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					+-+	+
	NOEP Waste	Cubic Yards	Name of Re	gistered Landfill	٨,	,
Name of Registered Waste Hauler KLEMED INC.	Hauler D No.	01 Waste		1, C, M, U,	=	
City State		Disposal Date	Ciry. State	DBINE, K	٠,٦,	
Tide		Signatur	e , 1C 1	Date 8	(0-14
10361 K K WIII	NER		osiph I Se			
AS8-11 Do not use	this form for asoc	sios licensure e.	xempled activities			

Date of Notification (1)		Name of B	Building Owner/Operator EARTHTE	(2) - (H 60)	NTRACTIN	16	
Agencies Nouned Type Notificat	on	Street Add			120 TH ALL H		
□ BA □ Ariended □ Ariended □ Ariended □ Ariended □ Ariended □ Ariended		City, State	Zip Code	- 1 + 7	J 0823		
© DOH justification © Cancellato	۱)	Name of G	Contact	eunic	Telephone Number		
		FACILIT	TY INFORMATION				
Name of Facility Where Abatement is Ya しどら1カビルぐご	king Place (3)			Type of Facility (School (K-12) Subchapter 8	(Other than K-12)		
376 MOUTG	MURY	AVE		homes, etc.) Square Feet	vale & commercial to	Blog Age	-
City (5) WILDWOOD				1000_	. 2	401	
County (6)		USE ON	ALCOHOLOGICA CONTRACTOR CONTRACTO	VAC	or If being demolished	·	
Name of Movitoring Firm Hired by Buildin	ng Owner	ASCM No.	Name of Abater	neni Convactor (9)	c,		
Street Adoress			Sveel Address	3. SPRUC	E Ave.		
Cu, State Zip C∞de			Ciry State Zip		- 2	835 =	
Project Manager for Monitoring Firm	. Te	lephone No.	Telegrape No.	79-0472	License No	4	
	reduled Comp	letion Date (Name of OSHA			-	
Occupancy Status During Abatement (Check only one)	Sueet Address	- 6%		Z	
Facility Closed/Vacated During Entire Abatement Performed Outside of No	Period of Aba	tement	369 S City, State, Xip		1-4 4	:	
Other - Describe:	.)				E, N, J, 0	1000	
Scope of Work (Check all that apply)	Renov	ation .	☐ Mini-E	ontainment with Ne nclosure bag Procedure	gabve Pressure	e	
2160 st or 2260 II	Is Loca		□ Non-t	-xempled () si z		ADare	erner Se
Location of Aspessos Containing Material (ACM) TO BE ABATED IN Facility	Used So Mainten Custo Stat (12	lely by lance/ idial	Description Asbestos Containing h (i.e., thermal system sudading, VA other rivscella	daterial (ACM) is insulation. AT, or	Amount (Specify SF & LF)	Копоча	Enclosura Enclosura
Siding	Yes N	IO NIA	-0.445	TE	7300 Se	X	
JIDIO		X	TRANSI	16			
						++	
Name of Registered Waste Hauler		NOEP W	Vase · Cubic Yards	Name of Re	opistered Landfill	, 1.	
KLÉMICO INC.		1790	Disposal Dal	e City State		J.J.	
MAPLE SHADE, N	1,5,08	052	Signatur	e , 10 1	DBINE Daie	- 7-	14
Completed By KEMM		NER		osiph I St			
A5841	· Do not use	this form f	or asbesios licensure e	xempled activities			

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									ntseason of the	DEC	17		tions or		
Date of Notification (1)			- 1		Building Owr	774			- 40	REC	/ C	W)	
	y 18, 2014		ŀ		apitol Part	ners, LLC			ពិក	1 2	2000				
Agencies Notified	Type Notification			Street Ad	A. 25				201	4 AUG	14	AH	9:	51	
EPA	Initial		5		d Avenue										
I I DEP	Amended			City, State	e, Zip Code				45	& LIC	as c	file	TE	0.1	
DOL	Amendment Emergency (STATE OF THE STATE	— E	Englewo	od, NJ 07	631				8110	ENS	7	10	UL.	
DOH	justification)	including		Name of	Contact				Tele	ephoneNi	umber	111	· Q		
DCA	Cancellation		(Owner							15th =				
				FACIL	ITY INFORM	MATION									
Name of Facility Where	Abatement is Taking	Place (3))				Type o	of Facility (4	+)						
Building								School (K-12							
Street Address				904 (F-90) (C	1,1982-4-1			Subchapter				. امان		hama	
41 Slater								Other (i.e. p etc.)	rivate d	x commer	ciai bu	IIIQII	igs,	nome	5,
City (5)		-						e Feet	# 01	Floors		Bld	lg. A	ge	
Elmwood Park, NJ															
County (6)			T	County C	ode (7)		Curre	nt Use (Pric	r if bei	ng demoli	ished)			1000	
					SE ONLY) _		277.7700.074			ınknowr					
Bergen Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No	Name	e of Abat	ement Con							
	in timed by bollaing	Owner (o)		0021	140.	200000 000				(-)					
AET		~		0021			t Addres	Group, L	_0.			_	_		-
Street Address									CTE	200					
222 Church Road								HWY N,	SIE	209					
City, State, Zip Code							State, Zi								
Bridgewater, NJ 088							-	NJ 08034	4						
Project Manager for Mon	nitoring Firm			Telephon	ne No.	100000000000000000000000000000000000000	ohone No			License	No.				
Eric Houseknecht				908-296	-1132	(877)	759 -	MACK		00781					
Start Date (10)		Schedule	ed Co	mpletion E	Date (11)	Name	e of OSF	A Monitor							
8-5-14	4			9-30-14	4	The N	MACK	Group, L	LC.						
Occupancy Status Durin	ng Abatement (Chec	k Only Or	ne)		11	Stree	et Addres	SS							
Facility Closed/Vac	cated During Entire	Period of	Abate	ment		1500	Kings	HWY N,	STE	209					
	ned Outside of Norm					City,	State, Z	ip Code							
Other - Describe:						Cher	rv Hill,	NJ 0803	4						
Scope of Work (Check /	All That Apply)			PM-			,								
≥3 sf or ≥3 lf			Renov	etion				I Containme	ant witl	Negative	Pres	SHE	2		
≥160 sf or ≥260 lf			Demol					ni-Enclosure		rivegative	. 1103	Suit	•		
		ш						vebag Pro							
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Locatio	on of	50.000	Norma	5 15 65		Description	on of	Andre water our					.,,		T
Asbestos-Containing	[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	13		lely by ance/		Containing			- 5	Amount				E	m
TO BE A			Secretary Secretary	Staff?	(i.e. th	ermal syster surfacing, V		ation,		Specify F or LF)	<u> 6</u>	0	Re	cap	nclo
In Fac	2000/10/12	-	(12))	0	ther miscella				,	TO VO	2	Repair	Encapsulate	Enclosure
V	,										2	0	=	ate	0
		Yes	No	N/A								,			
Insid	de		\times			transite p	anels		2,	950 s/f					
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		_	/			oor the a	madad			00 0,1	/	_			1
										- Interes	+				-
					17.										
Name of Registered Wa	aste Hauler		- 1	NJ DEP W	100000000	Cubic Yards		Name of	Regist	ered Land	Ifill	11.00			
English and the second				Hauler ID		of Waste			page 1 ···			_			0-
Newark Carting				450		33.5		Cumber		Jo./ BFI	/ GR	OV	VS.	IR	KF
City, State						Disposal Dat		City, Stat		172 (100)		4 0	227 103		
Newark, NJ	200-201			22		9-30-1		Newburg	g / Im	perial /		svi	lle,	PA	
Completed by		Title				Signatu	fre///	1			Date				
Mike Cooper		Presid	dent			fee	///		_	. 7	7/18/1	14			

Name of Monitoring Firm Hired by Building Owner (8)	Date of Notification (1)	REC	EIV!	$\equiv D$	Name of	Building (Owner/Oper	rator (2)							
Part		3, 2014		F	rism C	apitoi Pa	artners, L	LC								
Amended County Code (Property III) All States (Property III) (Property III) All States (Property IIII) All States (Property IIIII) All States (Property IIII) All States (Property IIII) All States (Property IIII) All States (Property IIII) All States (Prope	Agencies Notified T	ype Notification	II. AM	0.	Street Ac	idress										
DOL Canadistrian			14 80													
DOH	DEP	Amended	410 00	475	City, Stat	te, Zip Co	de									
DCA		Temergency (Melading I	TI UE			07631									
Name of Facility Where Abatement is Taking Place (3) Building Street Address 1 Second (K-12) Subchapter 8 (Other than K-12) Subchapter 9 (Other than K-12			ICEMOI	NG	Name of	Contact				100,000,000,000	Teleph	oneNu	mber			
Name of Facility (Where Abatement is Taking Place (3) Type of Facility (Where Abatement is Taking Place (3) School (K-12) Subchapter 9 (Other than K-12) Other (in. private & commercial buildings, homes, with the private of	L DCA L	Cancellation	The state of the s	C							•		12/20/20			
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City, State, Zip Code Cherry Hill, NJ 08034 Project Manager for Monitoring Firm Telephone No. Telephone No. Start Date (10) Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor The MACK Group, LLC. Start Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other. Describe: Cherry Hill, NJ 08034 The MACK Group, LLC. Scheduled Completion Date (11) Name of OSHA Monitor The MACK Group, LLC. Start Address 1500 Kings HWY N, STE 209 City, State, Zip Code Cherry Hill, NJ 08034 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other. Describe: Check All That Apply) Scope of Work (Check All That Apply) Scope of Work (Check All That Apply) Scope of Work (Check All That Apply) Abatement Performed Outside of Normal Facility Location of Asbestos-Containing Material (ACM) To BE ABATED In Facility (13) Renovation Demolition Normally See Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Inside Inside NABestos Containing Material (ACM) Abestos Containing Material (ACM) (i.e. thermal systems insulation, Specify Surfacing, VAT, or other miscellaneous) Properties of Waste Name of Registered Waste Hauler Name of Registered Waste Hauler Name of Registered Waste Hauler Name of Registered Landfill Name of	Street Address						S	treet A	ddress	3						
Bridgewater, NJ 08807 Project Manager for Monitoring Firm Project Manager for Monitoring Firm Start Date (10) Scheduled Completion Date (11) 8/7/14 10-7-14 Name of OSHA Monitor The MACK Group, LLC. Street Address 1500 Kings HWY N, STE 209 City, State, Zip Code Cherry Hill, NJ 08034 Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Other - Describe: Demolition Renovation Demolition Pull Containment with Negative Pressure City, State, Zip Code Cherry Hill, NJ 08034 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Ves No N/A Inside N/A Inside N/A N/A N/A N/A N/A N/A N/A N/	222 Church Road						15	00 Ki	ngs F	HWY N, S	TE 209	9				
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Street Address Street Address	Eric Houseknecht										00	781				
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Inside			(12)						-	0. 0.	/	VOU	pai	sula	Sur	
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W. A 1/1-	Newark, NJ						The state of the s			Newburg /	Imper	ial / M	Iorrisv	ille,	PA	
Mike Cooper President 7/23/14	Completed by		Title				Sign	ature	11	2			ate	4	(%)	
	Mike Cooper		Preside	ent			19.0	21/	/-			7/	23/14			

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

Name of Monitoring Firm Hired by Building Owner (8) ASCM No. O021 The MACK Group, LLC. Street Address 222 Church Road City, State, Zip Code ASCM No. Name of Abatement Contractor (9) The MACK Group, LLC. Street Address 1500 Kings HWY N, STE 209 City, State, Zip Code
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Name of Facility Where Abatement is Taking Place (3) Building Street Address 41 Slater City (5) Elmwood Park, NJ County (6) Bergen Name of Monitoring Firm Hired by Building Owner (8) AET Street Address ASCM No. Name of Abatement Contractor (9) Street Address ASCM No. Name of Abatement Contractor (9) Street Address Street Address 222 Church Road City, State, Zip Code Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes etc.) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) unknown Name of Abatement Contractor (9) The MACK Group, LLC. Street Address 222 Church Road City, State, Zip Code
Name of Facility Where Abatement is Taking Place (3) Building Street Address 41 Slater City (5) Elmwood Park, NJ County (6) Bergen Name of Monitoring Firm Hired by Building Owner (8) AET Street Address 22 Church Road City, State, Zip Code Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes etc.) County Code (7) (STATE USE ONLY) County Code (7) (STATE USE ONLY) Description Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes etc.) Current Use (Prior if being demolished) Unknown Name of Abatement Contractor (9) The MACK Group, LLC. Street Address 222 Church Road City, State, Zip Code
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Street Address 41 Slater City (5) Elmwood Park, NJ County (6) Bergen Name of Monitoring Firm Hired by Building Owner (8) AET Street Address 222 Church Road City, State, Zip Code Square Feet Square Feet # of Floors Bldg. Age County Code (7) (STATE USE ONLY) County Code (7) (STATE USE ONLY) Name of Abatement Contractor (9) The MACK Group, LLC. Street Address 1500 Kings HWY N, STE 209 City, State, Zip Code
Other (i.e. private & commercial buildings, homes etc.) City (5) Elmwood Park, NJ County (6) Bergen Name of Monitoring Firm Hired by Building Owner (8) AET Street Address 222 Church Road City, State, Zip Code Other (i.e. private & commercial buildings, homes etc.) Square Feet # of Floors Bldg. Age Current Use (Prior if being demolished) unknown Name of Abatement Contractor (9) The MACK Group, LLC. Street Address 1500 Kings HWY N, STE 209 City, State, Zip Code
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County (6) Bergen Name of Monitoring Firm Hired by Building Owner (8) AET Street Address 222 Church Road City, State, Zip Code Current Use (Prior if being demolished) unknown Name of Abatement Contractor (9) The MACK Group, LLC. Street Address 1500 Kings HWY N, STE 209 City, State, Zip Code
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Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) The MACK Group, LLC. Street Address 222 Church Road City, State, Zip Code UNKNOWN Name of Abatement Contractor (9) The MACK Group, LLC. Street Address 1500 Kings HWY N, STE 209 City, State, Zip Code
AET 0021 The MACK Group, LLC. Street Address Street Address 222 Church Road 1500 Kings HWY N, STE 209 City, State, Zip Code City, State, Zip Code
Street Address 222 Church Road City, State, Zip Code Street Address 1500 Kings HWY N, STE 209 City, State, Zip Code
222 Church Road 1500 Kings HWY N, STE 209 City, State, Zip Code City, State, Zip Code
City, State, Zip Code City, State, Zip Code
Bridgewater, NJ 08807 Cherry Hill, NJ 08034
Project Manager for Monitoring Firm Telephone No. Telephone No. License No.
Eric Houseknecht 908-296-1132 (877) 759 - MACK 00781
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor
8/14/14 The MACK Group, LLC.
Occupancy Status During Abatement (Check Only One) Street Address
Facility Closed/Vacated During Entire Period of Abatement 1500 Kings HWY N, STE 209
Abatement Performed Outside of Normal Facility Hours City, State, Zip Code
Other - Describe: Cherry Hill, NJ 08034
Scope of Work (Check All That Apply)
≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure
≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure
Non-Exempted (*) and Non-Friable Procedure
Is Location Abatement
Normally
Achastas Cantaining Material (ACM) Used Solely by Ashastas Cantaining Material (ACM) Amount
Maintenance/ Custodial Staff? Maintenance/ (i.e. thermal systems insulation, (Specify
Maintenance/ Custodial Staff? (13) Maintenance/ Custodial Staff? (12) Maintenance/ Custodial Staff? Other miscellaneous) Maintenance/ Custodial Staff? Other miscellaneous) Maintenance/ Custodial Staff? Other miscellaneous)
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Yes No N/A
Inside X transite panels 2,950 s/f X
-"- floor tile & mastic 400 s/f
Name of Registered Waste Hauler NJ DEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste
Hauler ID No. of Waste
Newark Carting Hauler ID No. of Waste Cumberland Co./ BFI / GROWS / TRR
Newark Carting 4509 of Waste City, State Disposal Date City, State Hauler ID No. of Waste 4509 33.5 Cumberland Co./ BFI / GROWS / TRR
Newark Carting Hauler ID No. of Waste Cumberland Co./ BFI / GROWS / TRR

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

Date of Notification (1)			l N	lame of E	Building O	wner/Operator	(2)	KECE	IVE	()		
Augu	ıst 13, 2014		Pi	rism Ca	pitol Pa	rtners, LLC						
Agencies Notified	Type Notification		5	Street Add	dress		1	2014 AUG 14	AM O			
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DEP	Amended			City, State	e, Zip Cod	е		ASSECTOR	0.5115			
DOL	Amendment #	3	- E	nalewo	od, NJ 0	7631		ASSESTOS	CUNTI	ROL		
DOH	Emergency (in	cluding		Name of (Telephone	Numbel			
DOH DCA	justification) Cancellation		0	wner								
					ITY INFO	RMATION			1,000	182		
Name of Facility Where	Abatement is Taking	Place (3)					Type of Fac	ility (4)				
Building							School	I (K-12)				1
Street Address							Subch	apter 8 (Other than I				
44.01-4								(i.e. private & comm	ercial build	lings,	home	s,
41 Slater							etc.) Square Fee	t # of Floors	B	ldg. A	ne	
City (5)			1,1510				Square ree	# 01110013		icg. A	gc	
Elmwood Park, NJ		175.00						(D.) (C.)	-11-1		2000	
County (6)				County C	ode (/) SE ONLY)		Current Use	e (Prior if being dem				
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Name of Monitoring Firr	n Hired by Building O	wner (8)		ASCM	No.	Name	e of Abatemen	t Contractor (9)				
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Street Address						Stree	t Address					
222 Church Road						1500	Kings HW	Y N, STE 209				
City, State, Zip Code						City,	State, Zip Cod	de				
Bridgewater, NJ 088	307					Cher	ry Hill, NJ 0	8034				
Project Manager for Mo				Telephon	e No.		phone No.		se No.			
Eric Houseknecht	J			08-296		0.0000000000000000000000000000000000000	759 - MAC	K 0078	1			
Start Date (10)		Schedule		pletion D	ACTOR CONTROL	1	e of OSHA Mo					
8/15/1		01100010		0-15-1		100000000000000000000000000000000000000	MACK Grou					
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Facility Closed/Va	cated During Entire Po ned Outside of Norma	eriod of A	Abatem	ent			State, Zip Coo			4)/		-
Other - Describe:	ned Outside of Norma	racility	Hours									
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Scope of Work (Check	All That Apply)	_										
≥3 sf or ≥3 lf		272	Renova					tainment with Negat	ive Pressu	re		
≥160 sf or ≥260 lf	-		emolit	on			Mini-Enc	g Procedure				
							Non-Exe	mpted (*) and Non-Fr	iable Proce	dure		
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Name of Registered W	aste Hauler		100	IJ DEP W lauler ID		Cubic Yards of Waste	i Na	ille of Registered La	HUHH			
Newark Carting	30			45(33.5	Cur	mberland Co./ B	FI/GRO	WS	/TR	RF
City, State				.50		Disposal Da		y, State				
Newark, NJ						10-15-		wburg / Imperial	/ Morris	/ille	РΑ	
Completed by		Title				Signate	- 10 HAVY - 1 TO THE PARTY OF T	,	Date			
		Presid	dont			The	19/-	- /	8/13/14			
Mike Cooper		riesio	Jent				-/-		0/ 10/ 14	-		

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

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT

(PURSUANT TO NJAC 8:60-7 AND 12:120-7 Name of Building Owner / Operator (2) Date of Notification (1) HOFFMAN LAROCHE 14 13 80 Street Address 340 KINGSLAND AVENUE Type of Notification Agencies Notified City, State, Zip Code **EPA** Initial 4 NUTLEY, NJ 07110 Amended П DEP A Telephone Number Name of Contact Amendment # DOH 1 JATROL Emergency w/ justification BILL LICHTENAU DOL 1 Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) HOFFMAN LAROCHE School (K-12) Subchapter 8 (Other than K-12) Street Address Other (I.e., private & cmmercial 340 KINGSLAND AVENUE bldgs., homes, etc.) **Building Age** # Of Floors County Code (7) Square Feet City (5) County (6) 40+ 80,000 **ESSEX** NUTLEY Current Use (Prior if being demolished) VACANT/WAREHOUSE ASCM NO Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) NORTHSTAR CONTRACTING GROUP, INC. Street Address Street Address 655 WEST SHORE TRAIL 32 WILLIAMS PARKWAY City, State, Zip Code City, State, Zip Code SPARTA, NJ 07871 Telephone Number Project Mngr. For Monitoring Firm EAST HANOVER, NJ 07936 973-729-5649 BILL KIRBIL License Number Telephone Number Sched. Completetion Date (11) 14 10 00860 973-884-8682 Name of OSHA Monitor Occupancy Status During Abatement (Check Only 1) NORTHSTAR CONTRACTING GROUP, INC. Facility Closed/Vacated During Entire Period of Street Address Abatement Abatement Performed Outside of Normal Facility 32 WILLIAMS PARKWAY Hours - Describe: City, State, Zip Code MON-FRI Other - Describe: 1 EAST HANOVER, NJ 07936 7:00AM-3:00PM Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation 4 Demolition 1 Mini - Enclosure 4 >3sf or >3lf Glovebag Procedure ~ >160 sf or >260 lf Non-Exempted (*) and Non-Friable Procedure 1 Abatement Type Description of Is Location of Asbestos - Containing Asbestos Containing Location N E Amount Material (ACM) Normally Material (ACM) C C (Specify M E (I.e., thermal systems Used TO BE ABATED 0 P insulation, surfacing, VAT, SF or LF) Solely in Facility 0 V A or other miscellaneous) by Main-(13)s S Α tenance/ U R Custodial R Staff (12) YES NO N/A SEE ATTACHED **BUILDING 103** Name of Registered Landfill NJDEP Waste Cubic Name of Registered Waste Hauler WASTE MANAGEMENT Hauler ID No. Yards LVI DEMOLITION SERVICES INC. of Waste NJ-750 City. State Disposal City, State TULLYTOWN, PA Date EAST HANOVER, NJ Date Signature Completed by (Print or Type) PROJECT MANAGER STEVEN STILES 08/13/14

ASB-41

Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13)	N ₀	ls ocation orma Used Solel y Ma	illy d y in-	Description of Asbestos - Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	V	R E P A	E N C A P S	E N C L O S
	C	enand ustod taff (*	dial			A L	R R	U L	U R
	YE	S NO	N/A						
1ST FLOOR		1		PIPE & FITTINGS	1450 LF	7			
1ST FLOOR		1		VAT & MASTIC	600 SF	7			
2ND FLOOR		V		PIPE & FITTINGS	1750 LF	7			
2ND FLOOR		V		VAT & MASTIC	4500SF	7			
2ND FLOOR		1		DUCT INSULATION	150 SF	V			
BUILDING 103		7		FIRE DOORS	57 EA.	V			
ROOF		V		PITCH POCKETS	35 SF	V			
ROOF		7		ROOFING & FLASHING	16000 SF	V			
BUILDING 103/EXTERIOR		V		CAULK	1650 LF	7			
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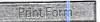
Date of Notification (1)							Owner/Operator (2		RECE	=11	/ =	n			
8/	11 / _	14	_		Trus	tees of F	Princeton Unive	rsity		-19	_	U			
Agencies Notified	Type Notificat	ion			Street A	Address			2014 8110 11						
☐ EPA					E.A	MacMilla	n Building		2014 AUG 14	I Al	9	: 59)		
□ DOLWD	☐ Amended				City, St	ate, Zip Co	ode					200			
☑ DHSS	Amendme		ludin a		Prin	ceton, N	J 08544		ASSESTES	CO	HT	109			
DCA (NJAC 5:23-8)	☐ Emergenc justificatio		luaing		Name o	of Contact			Telephone Number	X31	HG				
(160/10/0.20-0)	☐ Cancellation				Rob	ert Orteg	a								
		-	2		FAC	II ITY INI	FORMATION			\$0 2					
Name of Facility Where	Abatement is T	aking	Place (3)	170	12111111	ORMATION	Type of Facility (4	1)			-			
Princeton Universi		aking	i lacc (٥,				☐ School (K-12)							
Street Address	cy							Subchapter 8	(Other than K-12)	e voe n	2002				
5 Ivy Lane								Other (i.e., pri homes, etc.)	vate and commerc	ial bui	lding	S,			
				-				Square Feet	# of Floors	Bid	g. Ag	ie			
City (5) Princeton								oquare r cor	# G1 1 10010						
					Count	ty Code (7)	(STATE USE ONLY)	Current Use (Price	or if being demolish	ed)			-		
County (6)					Couri	ty Code (7)	(STATE OSE ONET)	Current Ose (1 11c	of it being demonstr	iou)					
MERCER	6			· T	ACCIAL	1-	Name of Abatom	ent Contractor (9)		-	-				
Name of Monitoring Firm	Hired by Build	ing O	wner (8)	ASCM N	NO.		VIRONMENTAL	INC						
Cardno ATC								VIRONIVIENTAL	., 1140.		-				
Street Address							Street Address	DOTOCCT							
Bromley Corporate	e Center, 3 Te	erri L	ane, S	ite.	12		1123 BEAVE								
City, State, Zip Code							City, State, Zip C								
Burlington							BRISTOL, PA	19007	Triange Ma						
Project Manager for Mor	nitoring Firm				phone I		Telephone No.		License No.						
Mike Keehn				0.70	09-386-		215-788-6040		00509						
Start Date (10)				11.00	tion Dat		Name of OSHA		INIO						
8 / 21 /	_14_		/	4	_ / -	14	BRISTOL EN	IVIRONMENTAL	., INC.						
Occupancy Status Durin	Stratus During Abatement (Check only one) osed/Vacated During Entire Period of Abatement at Performed Outside of Normal Facility Hours - Describe batement: 7:00AM-3:30PM/PMAM BRISTOL, PA 19007														
							ALCOHOLOGICA MENDINAMENTAL	And the second s							
						cribe									
Scope of Work (Check a	Il that apply)										N -				
Sale adaption and the	iii chac appiyy		П-	0.00000000	•			tainment with Neg	ative Pressure						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			☐ Rei				☐ Mini-En	ag Procedure							
			_ 50.				☐ Non-Ex	empted (*) and Nor	n-Friable Procedur	e					
				Loca						Ab	atem	ent T	ype		
Location		01		orma	ally ely by		Description		A	Re	Re	m	En		
Asbestos-Containing)			ance/		stos Containing M ., thermal systems		Amount (Specify	Removal	Repair	cap	clos		
TO BE AB			Cust		Staff?	(1.6	surfacing, VA7	Γ, or	SF or LF)	Va.	7	Encapsulate	Enclosure		
(13)	0.000			(12)		-	other miscellan	eous)				ate			
	*		Yes	No	N/A					1_	_	_	_		
No. Side Rear Ext R	oof Parapet \	Nall	\boxtimes			Stucco	on Roof		150 SF		Ш	Ш	Ш		
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Name of Registered Wa	ste Hauler				NJDEP !		Cubic Yards of	Name of Regis							
BRISTOL ENVIRO	NMENTAL, II	NC.		1	18706 Hauler		Waste	G.R.O.W.S	NORTH LAND	FILL					
City, State		- 1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,		-	.0700		Disposal Date	City, State							
BRISTOL, PA 1900)7							MORRISVI	LLE, PA 19067						
Completed By (Print or		Title	•	_			Signature	2	Da	te ,	1				
Brian Scafiro	. , , , ,	40,000,00	stima	or			him	Scolino	1:0	8/11	1/4	[
Dilan Scalls							prim	pagero	ye -	1.	///				

ASB-41 MAY 11 B S 14078

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

CK 4566

Date of Notification (1) 08/11/2014	Name of Farleigh	Building Owner/ h Dickinson U	Operator (2) Iniversity		R	EC	EI	V E	ED
Agencies Notified Type Notification	Street Ad 1000 R	ldress Liver Rd			2014 A	lUG	14	AM	9:
DEP Initial Amended Amendment # Emergency (in justification) Cancellation	cluding Teaned	e, Zip Code ck, NJ 07666 Contact Gorczyca			A 335	ST erl I	⊕S CEN	COA	ITR IG
		LITY INFORMAT	TION	of Facility (4)			· i · ;		-
Name of Facility Where Abatement is Taking BECTON HA Street Address 1000 River Road					(Other than K-12) vate & commercial	buildir	ngs, h	omes	
City (5) Teaneck			S	quare Feet	# of Floors	Blo	lg. Ag	е	
County (6) Bergen	- County (Code (7) USE ONLY)	C	urrent Use (Prior	if being demolished	d)			
Name of Monitoring Firm Hired by Building O	wner (8) ASCN	Λ No.		Abatement Control	ractor (9)				
Street Address 5434 King Ave			Street Ac	idress aget Ave					
City, State, Zip Code Pennsauken,NJ 08109			City, Sta	te, Zip Code , NJ 07011					
Project Manager for Monitoring Firm Tom Pruno	7 Telepho	one No. 06-4545	Telephor		License No 00704				
Start Date (10) 08 (21 2014	Scheduled Completion	Date (11)	Name of	OSHA Monitor Company, Inc.					
Occupancy Status During Abatement (Chec		719	Street A						
Pacility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	al Facility Hours		City, Sta	te, Zip Code					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovation Demolition			Mini-Enclosure Glovebag Proc				e	
	Is Location			THOSE CALIFORNIA		1	Abate	ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Normally Used Solely by Maintenance/ Custodial Staff? (12)	Asbestos C (i.e. there su oth	Description of containing Ma mal systems urfacing, VAT er miscelland	aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	e Encapsulate	Enclosure
CRAWLSPACE	Yes No N/A		(M) 77)	S-INSUL.	100 LF		X		
				÷.					
Name of Registered Waste Hauler	NJDEP		ubic Yards	Name of	Registered Landfill		1		
Newark Carting, Inc.	05409	ID No. of	Waste	GROW					
City, State Newark, NJ		Di	sposal Date	City, Stat Morris	te ⁄ille, PA				
Completed by Voytek Roszkowski	Title President		Signature.	Rosila	1	ate 7/22/	/14		



			No	me of Bu	ildina Own	er/Operator	(2)							0
Pate of Notification (1) 8/1/2014					alkarran		1 1	9	F14 F	iir 14	EM	L: :	12	
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Agencies Notified Ty	pe Nouncation		-	4-11 7t					3				4	
I EPA	00/00/00/00/00/00/00/00/00/00/00/00/00/		Ci	tv. State.	Zip Code					1 125 115	1-1	4 T L =	1	
DEP DOL	Amended Amendment #	‡			ainfield,	NJ	F FIREMENAS						latina il mana	
	Emergency (i	ncluding	Na	ame of Co	ontact				Teleph	one Numb	er	T		
DOH DCA	justification) Cancellation		N	laren B	alkarran									
] DCA	Carloonadon			FACILIT	Y INFORM	MATION								
Name of Facility Where Aba	atement is Taking	Place (3)					Type of	Facility (4)						
House								nool (K-12)	72500 B					
Street Address							Greenen	bchapter 8 (ner (i.e. priva	Other t	nan K-12)	huildir	nas. h	omes	
14-11 7th St							Ott etc		ale a o	Jimilor Giai		8-2-2		•
City (5)		-					Square	Feet	# of Fl	oors		g. Ag	е	
South Plainfield											50	+		
County (6)			С	ounty Co	de (7)		Current	Use (Prior i	if being	demolishe	d)			
Middlesex			(5	STATE US	E ONLY)		House	9						
Name of Monitoring Firm H	ired by Building (Owner (8)		ASCM N	No.	Name	of Abate	ment Contra	actor (9))				-0.07240
	ned by building (n/a		Loz	nica Ma	nagemen	nt Corp)				
n/a						Street	t Address							
Street Address						22	Troy Lar	ne :						
n/a						The state of the s	State, Zip							
City, State, Zip Code								k, NJ 070	35			£3		
n/a			17	elephone	a No		hone No.			icense No				1/1-
Project Manager for Monito	oring Firm		1	n/a	3140.		3-706-79		1	01193		2		
n/a		Scheduled			ato (11)	1	e of OSHA					1		
Start Date (10)		13		pieuon D	ate (11)			anagemer	nt Con	o				
8/11/2014		8/12/20					et Address							
Occupancy Status During							Troy La							
Facility Closed/Vacat	ed During Entire	Period of A	batem	ent			State, Zip							_
Facility Closed/Vacat Abatement Performe Other – Describe: 9	d Outside of Non	mal Facility	Hours					rk, NJ 07	035					
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Scope of Work (Check All	That Apply)	19.044				1	П		4	In matinus D	rocciii			
≥3 sf or ≥3 lf			enova					Containmer -Enclosure	nt with i	vegauve F	essui	C		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		L D	emolit	ion			X Glov	vehag Proce	edure	200 200 200	12			
W.							Non	-Exempted	(*) and	Non-Friab				4
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Location Asbestos-Containing			d Sole ntena		Asbesto	os Containing	Material	(ACM)		nount pecify	70	_	Encapsulate	п
TO BE ABA	TED		odial S		(i.e. t	hermal syste surfacing, \		uon,		or LF)	Remova	Repair	aps	CO
In Facili (13)	ty	See	(12)			other miscel					ova	air	ula	Enclosure
(13)		V	No	N/A							1	1	6	-
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Name of Registered Was	te Hauler			NJDEP W Hauler ID	17.000	Cubic Yard of Waste	15	100000000000000000000000000000000000000			700			
Loznica Manageme			100	003313		TBD		GROW	IS Lar	atill				
			1			Disposal D	ate	City, Stat		100				
City, State							Morrisville PA 19067							
Lincoln Park, NJ 07035				Signature/)			_	Date						
Completed by			+			10	1',5	700	20	8	3/1/20	014		
E. Cirovic		Sec	rerar	V			. \ \ \	N) U	-	1 1				

Check# Z763

GAC Project # 451-14						Asia Lou					
Date of Notification (1)	2044				Name of Building Owner/C						
August 5, Agencies Notified	2014	Notification		7000			-				
□ EPA	JE	□Initial N		Control of the contro	86 MORRIS AVENUI City, State, Zip Code	=6.06 1 <u>u</u>	AM	4: 64			
DDCA	1	new comp		fication #2 –	SUMMIT, NJ 07901			- 27			
X DOL		materials	letion d	ate & add	Name of Contact		Telep	hone N	umber		
☑ DEP- No Longer REQUIRED		□ Emerg	ency (ir	ncluding	MS. KIM HOPF -	d. LIGE					
⊠ DOH	100	justific		io.daii.g	Environmental Heal	th &					
		☐ Cancel			Safety						
				FACILITY INF							
Name of Facility Where Abatemen CELGENE CORPORATION		ng Place (3)			Type of Facility (4) ☐ School (K-12)						
Street Address					Subchapter 8 (other than						
86 MORRIS AVENUE					Sq. Feet: 50,000 # c	mercial buildi of Floors: 3	ngs, ho Bldg.	mes, etc Age:	≥.) ~60+	years	
	unty (6)			Code (7)							
SUMMIT	MOI	RRIS	(State I	Use Only)	Current Use (prior if being RESEARCH FACILITIES	demolished)	: ADN	MINIST	RATIVE	OFFIC	CES/
Name of Monitoring Firm Hired by		wner (8)	ASCM		Name of Contractor (9)					-	
McCABE ENVIRONMENT SERVICES, LLC	TAL		0011	8	GREENWOOD ABAT	EMENT CO	DNSU	LTAN	TS, IN	IC.	
Street Address					Street Address						
464 VALLEY BROOK AVE	NUE	#3A			268 MAIN STREET				2[
City, State, Zip Code					City State, ZipCode	3//-	75-001	· · · · · · · · · · · · · · · · · · ·	2014	7.	
LYNDHURST, NJ Project Manager for Monitoring Fir	m	Telephone N	Jumber		BUTLER, NJ 07405 Telephone Number	- 300 00 000	Licen	se Numl	400		335
JOHN CHIAVELLO	"	732-438					1				
				5	973-492-0477		0084	10	4-		
Scheduled Start Date (10) 06/27/14		Scheduled 0 09/30/14		n Date (11)	Name of OSHA Monitor		-0	- (-	-		
					ENVIROVISION, INC		- 4	AT			
Occupancy Status During Abate				- (NOT CUD 8)	Street Address		1	٠٤ <u>-</u> .	77.		
▼ Facility Closed/Vacated Duri Abatement Performed Outside				ent (NOT SUB 6)	20-21 WARGARAW F	ROAD		5.	3		
Describe	JE OI IV	illiai i aciiity	riours		City, State, Zip Code						
☐ Facility Occupied During Ent	ire Perio	od of Abatem	nent								
Hours 5PM - 5AM M-F		- /			FAIRLAWN, NJ						
And 24 Hours on WEEK Scope of Work (Check all that app		s (as need	ded)								
Scope of Work (Check all that app	лүд				X	Full Contain	ment w	ith Neg	ative F	ressure	•
□≥ 3 sf or ≥ 3 lf				■ Renovation	X	Mini-Enclos			ap)		
⊠ ≥ 160 sf or ≥ 260	lf			Demolition	X	Glovebag P Non-Exempt			Falabi	- D	
Location of Asbestos-Containing	Lie Lo	cation Norma	lly I lsed	Description of As	bestos Containing Material	Amour	- \ /		ment T		edure
Material (ACM) in Facility (13)	Solel	y by Maint./C ? (12)			nal systems insulation, surfaci	ng, (Specir or LF)		Remov	e Repa	r Encap	Enclose
	YES	Control of the Contro	NA	FIDEDDOOF	NC.	500	e E	X			end School
Various Areas	100	X	203	TSI - PIPE IN		500 g L	3000000	X		- 12.00	and the second
Various Areas					SULATION ADHESIVE	150 L		X		+	+
Various Areas	-	X	-		E(panels & exterior	5,000		X		_	
Various Areas		X			TOPS, FIRE DOORS (~1)	8 40		7			
Name of Reg. Waste Hauler	1-	NJDEP Was	te Haule			60 CY				Landfill	
Newark Carting, Inc.		NJ DEP			Subject to the subjec		G.R.	O.W.S	. Nort	h Land	dfill
Newark, NJ 04509											
Notes Nov-					50	Disposal Da 09/30/14	ate .		City, 5 100 N		Mill Rd.
Notes: None						30,00114				ville, Pa 36-1700	
Completed by (Print or Type)	T	itle			Signature		Date				
RAYMOND C. PEDALIN	0 3	SENIOR P		CT	Raymand C. Per	lalino	Aug	just 5	, 2014	4	

GAC Project # 451-14 Name of Building Owner/Operator (2) Date of Notification (1) CELGENE CORPORATION June 26, 2014 Street Address AM L: 05 Agencies Notified Notification Type □Initial Notification **86 MORRIS AVENUE** ☐ EPA ★ Amended Notification #1 – City, State, Zip Code **□**DCA SUMMIT, NJ 07901 new completion date & add X DOL Name of Contact Telephone Number method (Full Containment & ☑ DEP- No Longer REQUIRED MS. KIM HOPF -Glovebag) X DOH Environmental Health & ■ Emergency (including) Safety justification) □ Cancelled FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) CELGENE CORPORATION ☐ School (K-12) ☐Subchapter 8 (other than K-12) Street Address ☑ Other (i.e. private & commercial buildings, homes, etc.) 86 MORRIS AVENUE Sq. Feet: 50,000 # of Floors: 3 Bldg. Age: ~60+ years City (5) County (6) County Code (7) SUMMIT **MORRIS** (State Use Only) Current Use (prior if being demolished): ADMINISTRATIVE OFFICES/ RESEARCH FACILITIES Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) McCabe environmental 00118 GREENWOOD ABATEMENT CONSULTANTS, INC. SERVICES, LLC Street Address Street Address 464 VALLEY BROOK AVENUE #3A **268 MAIN STREET** City, State, Zip Code City State, ZipCode LYNDHURST, NJ BUTLER, NJ 07405 Project Manager for Monitoring Firm License Number Telephone Number Telephone Number JOHN CHIAVELLO 732-438-4839 973-492-0477 00840 Scheduled Completion Date (11) Scheduled Start Date (10) Name of OSHA Monitor 06/27/14 08/31/14 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement (NOT SUB 8) 20-21 WARGARAW ROAD ■ Abatement Performed Outside of Normal Facility Hours City, State, Zip Code □ Facility Occupied During Entire Period of Abatement Hours 5PM - 5AM M-F FAIRLAWN, NJ And 24 Hours on WEEKENDS (as needed) Scope of Work (Check all that apply) Full Containment with Negative Pressure $\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$ X Renovation Mini-Enclosure (Cut & Wrap) X> 160 sf or > 260 lf Demolition X Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type (Specify SF Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, Remove Repair Encap Enclose or LF) Staff? (12) VAT, or other miscell.) NO YES NA Various Areas X TSI - PIPE INSULATION 9 LF X X X TSI - DUCT INSULATION 150 LF Various Areas ADHESIVE X VAT, TRANSITE, BENCH TOPS, 5,000 SF Various Areas X FIRE DOORS (~18 total) NJDEP Waste Hauler ID # Name of Registered Landfill Name of Reg. Waste Hauler 60 CY Cubic Yards of Waste: G.R.O.W.S. North Landfill Newark Carting, Inc. NJ DEP # 4509 Newark, NJ 04509 Disposal Date City, State 100 New Ford Mill Rd. 08/31/14 Notes: None Morrisville, Pa 19067 215-736-1700 Completed by (Print or Type) Date Raymand C. Pedalino SENIOR PROJECT June 26, 2014 RAYMOND C. PEDALINO MANAGER

GAC 110Ject # 451-14						45.5									
Date of Notification (1) June 18	2014					Name of Building Owner CELGENE CORPOR									
Agencies Notified	3, 2017	No	tification		ion	Street Address					-				
□ EPA		1 According	Amende		SECRETARY.	City, State, Zip Code	, <u>, , , , , , , , , , , , , , , , , , </u>	# 1 4:	184						
□DCA		W. 1990			constitution of the consti	SUMMIT, NJ 07901			* 3	E.					
⊠ DOL		"			ncluding	Name of Contact	180357		Telen	hone N	ımber				
☑ DEP- No Longer REQUIR	RED	_	justific	Service Management		MS. KIM HOPF -	- Art	100	TCICP	HOHE I	ATTIDOT .				
X DOH	LLD		Cancel	led		Environmental Hea	alth 8	1.1							
		1 2				Safety	aitii o	•							
						Salety									
Name of Facility Miles Abeter		1: 5	DI (0)		FACILITY INF				3110.						
Name of Facility Where Abaten CELGENE CORPORATION		King r	riace (3)			Type of Facility (4) ☐ School (K-12)									
						Subchapter 8 (other tha	n K-12)							
Street Address									nas. ho	mes. etc	:.)				
86 MORRIS AVENUE						Sq. Feet: 50,000 # of Floors: 3 Bldg. Age: ~60+ years									
LA CONTRACTOR CONTRACTOR	County (Code (7)			0. %	1222						
SUMMIT	MC	DRR	IRRIS (State Use Only)			Current Use (prior if bein RESEARCH FACILITIES	g dem S	olished)	: ADN	IINISTF	RATIVE	OFFIC	ES/		
Name of Monitoring Firm Hired		Owne	er (8)	ASCM		Name of Contractor (9)									
McCABE ENVIRONME	NTAL			0011	8	CDEENWOOD ADA		-NIT 0	201011		-C IN	_			
SERVICES, LLC						GREENWOOD ABA	IEME	ENIC	JNSU	LIAN	15, IN	٠.			
Street Address 464 VALLEY BROOK A	164 VALLEY BROOK AVENUE #3A					Street Address									
01. 01. 7. 0						268 MAIN STREET									
City, State, Zip Code LYNDHURST, NJ						City State. ZipCode BUTLER, NJ 07405									
The second secon			lephone N	lumber		Telephone Number			Licens	se Numb	er				
JOHN CHIAVELLO			32-438-			973-492-0477			0084	101-0					
Scheduled Start Date (10)	2002	Scl	Scheduled Completion Date (11)			Name of OSHA Monitor			000		-				
06/27/14		07	07/31/14			ENVIROVISION, IN	C.								
Occupancy Status During Ab	atement	(Che	ck only or	ne)		Street Address									
▼ Facility Closed/Vacated D					nt (NOT SUB 8)	OO OA MADOADAM	DOA	D							
Abatement Performed Out	tside of N	Norma	al Facility	Hours		20-21 WARGARAW City, State, Zip Code	KUA	.U	_		_				
Describe						City, State, Zip Code									
Facility Occupied During B		riod o	of Abatem	ent											
Hours 5PM - 5AM M- And 24 Hours on WE)S (=	e neer	led)		FAIRLAWN, NJ									
Source of Work (Check all that		70 (0	1000	, cu		200				248					
								Containr				ssure			
$\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$					■ Renovation	×		-Enclos			p)				
⊠ ≥ 160 sf or ≥ 2	60 If				■ Demolition			vebag P				<u> </u>			
Location of Asbestos-Containing	0 101	costic	on Normal	ly Head	Description of Ask	pestos Containing Material	Non-	Exempte			Friable		ure		
Material (ACM) in Facility (13)			Maint./Cu		(ACM) (i.e. therm	al systems insulation, surfac	ing,	(Specif							
		ff? (12			VAT, or other mis	cell.)		or LF)	50.000E	Remove	Repair	Encap	Enclose		
Various Areas	YE	S	NO	NA	TOL DIDE IN	ICIII ATION		9 L	_	X	-	_			
Various Areas	-+	-	X		TSI - PIPE IN	INSULATION		150 L		X		+-	-		
Valious Areas			<u> </u>		ADHESIVE	NSULATION		130 L		ı					
Various Areas			X			ITE, BENCH TOPS,		5,000	SF	X					
					FIRE DOORS						1				
Name of Reg. Waste Hauler			DEP Was		ID#	Cubic Yards of Waste:	60 C	Y		of Regi			cu		
	Newark Carting, Inc. NJ DEP # 450			4509			G.R.			G.R.O.W.S. North Landfill					
Newark, NJ 04509							I Dian	osal Da	to		City, Sla	oto.			
Notes: None								31/14	ic.		100 Nev		Mill Rd.		
TIOLES. TIOME							""	1		Morrisville, Pa 19067					
Completed by (Brist or Tree)		Title				Signature			Data		215-736	-1700			
Completed by (Print or Type) RAYMOND C. PEDALI	INO I	SEN	NOR PI	RO IEC	T.	Signature Date June 18, 2014									
I TO I WORD G. PEDALI			NAGER			Raymand C. Fe	dali	no	Juil	. 10, 2	017				

Chack # 2762

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

GAC Project # 060-14 Name of Building Owner/Operator (2) Date of Notification (1) RUTGERS, THE STATE UNIVERSITY OF NJ August 5, 2014 Agencies Notified Notification Type Street Address **ENVIRONMENTAL HEALTH & SAFETY DEPT.** HERAG 14 AM 4: 84 ☑ Initial Notification 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS DCA ☐ Amended Notification # X DOL ■ Emergency (including City, State, Zip Code PISCATAWAY, NJ 08854 DEP- No Longer REQUIRED justification) Name of Contact Telephone Number X DOH □ Cancelled MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) OLSON HALL, BLDG# 7229 School (K-12) ☐ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) **NEWARK CAMPUS** # of Floors: 4 Bldg. Age: 60+ years Sq. Feet: N/A County Code (7) City (5) County (6) Current Use (prior if being demolished): ACADEMIC **NEWARK ESSEX** (State Use Only) Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Contractor (9) ASCM No. 0098 Cardno ATC GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE -**268 MAIN STREET** City State, ZipCode City, State, Zip Code BUTLER, NJ 07405 BURLINGTON, NJ 08016 License Number Project Manager for Monitoring Firm Telephone Number Telephone Number **BRIAN KEARNY** 609-386-8800 00840-973-492-0477 Name of OSHA Monitor Scheduled Start Date (10) Scheduled Completion Date (11) 08/18/14 ENVIROVISION, INC. 08/15/14 Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD □ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe ☑Other - Describe: Shift Hours: 5:00 PM - 5:00 AM (24 hours as needed) FAIRLAWN, NJ Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure Mini-Enclosure \ge 3 sf or \ge 3 lf **X**Renovation ≥ 160 sf or ≥ 260 ■ Demolition Non-Exempted (*) and Non-Friable Procedure Abatement Type Is Location Normally Used Description of Asbestos Containing Material Amount Location of Asbestos-Containing Solely by Maint./Custodial (Specify SF (ACM) (i.e. thermal systems insulation, surfacing, Material (ACM) in Facility (13) Remove Repair Encap Enclose or LF) VAT, or other miscell.) Staff? (12) NO YES NA X Room 102 X TSI <9LF Name of Registered Landfill NJDEP Waste Hauler ID # Name of Reg. Waste Hauler Cubic Yards of Waste: 5 CY G.R.O.W.S. North Landfill See Below See Hauler Below #1 & 2 City, State Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405, Disposal Date 100 New Ford Mill 08/18/14 Rd. Morrisville, Pa Hauler #2) STG - P.O. 2132, Bristol, Pa 19007, & 58 Pyles Lane, New Castle, De 19720 19067 NJ DEP # 20990 215-736-1700 Date Completed by (Print or Type) Signature SENIOR PROJECT August 5, 2014 RAYMOND C. PEDALINO Reymand C. Pedalino MANAGER

Check#1968

NOTI	State of New Jersey FICATION OF ASBESTOS ABATEMENT	
	(Pursuant to NJAC 8:60 and 5:16)	p.p
4	Name of Building Owner/Operator (2) Lou Feuerstein	OP18 1:102 51 22
1	Street Address	2814 (1.16 1 - 2.1

Date of Notification (1)				Name	of Buildin	g Owner/Operator (7	2)	2				
	11	14		Lou F	euerstein	0044	7.1.1					
Agencies Notified	Type Notific	cation		Street	Address				2014	1	7	Ē.
	Initial .	on.		304 F	orest Ave	enue						
DOLWD DHSS	Amende Amenda			City, S	State, Zip	Code		-			7.3	T 6
		nent # ncy (including	-	Glen l	Ridge, N.	J 07028				1. [ide	N.
(NJAC 5:23-8)	justifical		8		of Contac			Telephone N				
	Cancella	ation		Lon F	euerstein			1	-			
				Committee of the Commit		NFORMATION						
Name of Facility Where At	natement is	Taking Dlags	. /3\	1 14	CILITI	ALOKMA HOM	Tuna of Facility	. (2)				
	Jaconient is	raking riace	3 (3)				Type of Facility					
Private home Street Address							School (K-1	8 (Other than K-	1 2)			
							Other (i.e.,	private and comr	nercial bu	ulldin	gs.	
304 Forest Avenue							homes, etc			-		
City (5)							Square Feet	# of Floors	В	ldg. 🗚	(ge	
Glen Ridge, NJ 07028												
County (6)				Coun	ty Code (7)	(STATE USE ONLY)	Current Use (F	rior if being dem	olished)			
Essex												
Name of Monitoring Firm I	Hired by Bui	ilding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9	9)				
						Gr Tech LLC						
Street Address		7				Street Address						
						576 Valley Rd #	‡283					
City, State, Zip Code						City, State, Zip Co	- 0.00000 - 0.000					PROF. 1988
						Wayne, NJ 0747	70					
Project Manager for Monit	oring Firm		Tele	phone	No.	Telephone No		License No.				
						973-638-1777		01127				
Start Date (10)		Scheduled (Comple	tion Da	te (11)	Name of OSHA M	Monitor	01127				
08 / 24 /	14			5 /		CONTRACTOR OF CONSTRUCTOR						
Occupancy Status During	Abatament					Envirovision Co	onsultants, Inc					
Facility Closed/Vacated				mont		Street Address						
Abatement Performed	Outside of N	dormal Facili	Apale N Hali	re - Doe	criba	20-21 Wagaraw		35 E				11000000
Time of Abatement:	AM-	PM/	PM_	3 - DC3	AM	City, State, Zip Co	ode					
					•	Fair Lawn, NJ 0	500000000					
Scope of Work (Check all I	that apply)							ination with nega egative Pressure		sure		-
≥ 3 sf or >3 lf ≥ 160 sf or ≥260 lf		X Re	enovati	on		Mini-Enc	tamment with Ne losure	agative Pressure				
≥ 160 sf or ≥260 lf			emolitic	n			g Procedure	Tent with Nega		sure		
					-	☐ Non-Exe	mpted (*) and N	on-Friable Proce	dure	1		
Location of	į.		s Locat Norma						Ab	aten	ent Ty	ype
Asbestos-Containing M			ed Sole		Asha	Description of estos Containing Ma		Amount	R	R	m	m
TO BE ABAT	ED	Ma	aintena		(i.e	e., thermal systems	insulation,	(Specify	me	Repair	cap	iclo
N Facility	f.	Cus	todial (12)	Staff?		surfacing, VAT	or or	SIF or LF)	Remova	=	Encapsulate	Enclosure
(13)			T	T	1	other miscellane	ous)				ate	10
		Yes	No	N/A	-					_	1	-
Basement				\boxtimes	Pipe ins	ulation		165 LF	X			
												-
		Tim							ᅥᆖ		-	
			1	1								\sqcup
	0											
Name of Registered Waste	e Hauler		NJI	EP Wasti	Hauler ID No	. Cubic Yards of Wast	e Name of Reg	istered Landfill				2945
Gr Tech LLC			(03378	35	TBD	T.R.R.F. Inc					
City, State				,03310	,,,	Disposal Date	City, State					r- 100
Wayne, NJ 07470		17				TBD	Tullytown, I	PA				
Completed By (Print or Typ	oe)	Title				Signature	7	A.	Date			
N.Jevtic		Owner				401	to ile	120	08/11/20)14		
SB-41 AAY 11		* Pro mo	n nea t	his form	i for achai	itos licensure ademo	used activities					
m i 14		WO HE	S 11.76 (1	110 /1/11	JUI LISUES	HUS THE HARRY CONTENTO	rect cicilities.					

B & G proj. #: 2014-138B

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

*** E M E R G E N C Y ***

Check # 6681

Date of Notification (1) District Dist	Date of Notification (1)	Nar	ne of Buildin	g Owner/	Operator (2)			2014 (110)	. E		_		
DEP Sinitial DEP DEP Sinitial DEP DEP Sinitial DEP D	0 8 / 1 1 / 1 4	C	ity Of Pat	erson					7 Fin S	: 18			
DEP DEP Department City, State, Zip Code Paterson, NJ 07305	Agencies Notified Type Notification								j (if L			
Paterson, N. 0.7305 Paterson, V. 0.7305	X Initial	A						c: 1 10%	(Ulling	_	_		-
Name of Contact Brian J McDermott, Battalion Chief/Fire Official Type of Facility (4) School (N-12) Sub-appear (9) (- G Amandan				05								
Cancellation Brian J McDermott, Battalion Chief/Fire Official	<u> </u>	11 -						Telephone	Number				
Name of facility where abstrament is taking place (3) Cause (3) School (K - 12) School (K - 12	Cancellat				tt Rattalion	Chief/	Fire Official						_
Residential Home - Burned out Type Sachol (K - 12) Subchapter 8 (Other than K-12) Street Address T Hillman Street County (6) County (7) State use only) County (8) Co	DCA		Dilaii J W									200-07	
School (K-12) School (K-12				FACIL	ITY INFORMA	ATION		Type of Facility (4)				
Street Address 17 Hillman Street City (5) Paterson Passaic Name of Monitoring Firm Hired by Bidg. Owner (8) Street Address 17 Hillman Street County (6) Paterson Name of Monitoring Firm Hired by Bidg. Owner (8) Street Address 18 G Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number 107 (3996-8889 Name of Abstement Contractor (9) B & G Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number 197 (3996-8889 Name of OSHA Monitor 198 (3 Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number 197 (3996-8889 Name of OSHA Monitor 198 (3 Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number 197 (3996-889) Name of OSHA Monitor 198 (3 Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number 198 (3 Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number 198 (3 Restoration, Inc.) Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number 198 (3 Restoration, Inc.) Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number 198 (3 Restoration, Inc.) Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number 198 (3 Restoration, Inc.) Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number 198 (3 Restoration, Inc.) Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number 108 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number 109 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number 109 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number 109 Ryerson Road City, State, Zip Cod	Name of facility where abatement is	taking plac	e (3)				2 H	Schoo	I (K - 12)				
Street Address Thillman Street County (6) County (7) (State use only) Current Use (Prior if being demolished) Passaic Street Address Street A	Residential Home - Burned	out										2)	
City (5) Paterson Passaic County Code (7) (State use only) Passaic Name of Monitoring Firm Hired by Bidg. Owner (8) ASCM No. Street Address City, State, Zip Code City, State, Zip Code Project Manager for Monitoring Firm Phone Number City, State, Zip Code City, State	Street Address							Bldgs./	Homes, etc				
Paterson Passaic Current Use (Prior if being demolished) recircular Passaic Current Use (Prior if being demolished) recircular Passaic Pas	17 Hillman Street							Square Feet	# of Floors				3
Name of Monitoring Firm Hired by Bidg. Owner (8) ASCM No. Street Address Street Address B & G Restoration, Inc.	City (5)	Count	y (6)	Current Use (P	rior if being	derno	olished	i)					
Name of Monitoring Firm Hired by Bidg. Owner (8) Street Address City, State, Zip Code City, State, Zip Code Project Manager for Monitoring Firm Phone Number (97/3)696-6869 Name of OSHA Monitor B & G Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Location of park of the containment wine with acm containment address using wet methods under containment winegative pressure or non-riable procedure Non-friable procedure Non-friable procedure Non-friable procedure Is location normally used solely by maintenance/custodial staff[12] material to be abated in facility (13) Throughout structure Number Hauler ID# Cubic Yards of Waste Riverdale, NJ Place Riverdale, NJ Completed Verific or Type) Title Signature Completed Verific Ascertain, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 License Number (973)696-6869 Rame of SSHA Monitor B & G Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 License Number (973)696-6869 Rame of SSHA Monitor B & G Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 License Number (973)696-6869 Rame of SSHA Monitor B & G Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 License Number (973)696-6869 Rame of SSHA Monitor Rame of Registered Landfill License Number 10	Paterson .	Pas	saic	residential							197		_
Street Address City, State, Zip Code Project Manager for Monitoring Firm Phone Number Scheduled Start Date (10) 08/12/2014 Occupancy Status During Abatement (Check only one) Abatement performed outside of normal facility hours- Describe: Other-Describe: Other-Describe: Other-Describe: Scope of Work (check all that apply) Demoition Renovation controlled conditions Solution of abatemost of abatemost of abatemost on state with acm containing material to be abated in facility (13) Solution of abatemost of the procedure of abatemost one of the procedure of abatemost one of the procedure of abatemost one of the procedure of the procedur	, , , , , , , , , , , , , , , , , , , ,	Bldg. Owner	(8)		ASCM No.	IN	lame of Abatement	Contractor (9)					
Street Address City, State, Zip Code City, State	, tallo o							ion, Inc.					
City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035	Street Address					S		load					
City, State, Zip Code						_ c							
Project Manager for Monitoring Firm	City, State, Zip Code							NJ 07035					
Scheduled Start Date (10) 08/12/2014 Oscupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement.	Project Manager for Monitoring Firm		Pho	ne Numbe	er	— _T		0			er		
Scheduled Start Date (10) 08/12/2014 Occupancy Status During Abatement (Check only one) Facility closed/wacated during entire period of abatement. Abatement performed outside of normal facility hours- Describe: Other-Describe: Scope of Work (check all that apply) Momoliston of burned-out nouse with som	Project Managor for message					1			1	370			
Street Address 105 Ryerson Road	Scheduled Start Date (10)	Sched	Completion	Date (11)								89
City, State, Zip Code LincolnPark, NJ 07035		08/1	5/2014			5		Neu Neu					
City, State, Zip Code LincoInPark, NJ 07035	Occupancy Status During Abatemen	nt (Check o	nly one)										
Describe: City, State Riverdale, NJ Completed by (Print or Type) Completed by (Print o	Facility closed/vacated during	entire perio	od of abaten	nent.			City, State, Zip Code						
Scope of Work (check all that apply) Demolition	Describe:	Of Hoffman	adding fred to			-11	LincolnPark, N	J 07035					
Some procedure Som		v) T	V S-mellilian a	of humod out	house with acm								
Sample	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)				g wet methods un	der Fu	ill Containment w/ne	egative pressure					
Location of asbestos-containing material to be abated in facility (13) throughout structure Si location normally used solely by maintenance/custodial staff(12) Yes No N/A Description of asbestos-containing material (ACM) Description of asbestos-containing material (ACM) Amount (Specify SF or LF) Description of asbestos-containing material (ACM) Description o				Ji lattoris		☐ M	ini-enclosure		☐ Non-fri			_	
asbestos-containing, material to be abated in facility (13) Throughout structure		Is locatio	n normally u	sed solely						180,000	9359 3		1
throughout structure No N/A Assumed asbestos debris Signature P F	asbestos-containing		enance/cust	odial			bestos-containing	(Specify	SF or			10000	3900
Registered Waste Hauler Rovic Transport City, State Riverdale, NJ Completed by (Print or Type) Title Assumed asbestos debtis Assumed asbestos debtis Assumed asbestos debtis Cubic Yards of Waste Cubic Yards of Waste Cubic Yards of Waste Cobic Yards of Waste Cobic Yards of Waste City, State Bethlehem, PA Date O8/12/14 - 08/15/14 Completed by (Print or Type) Title Signature Coordana Suna Date O8/11/2014	material to be abated in facility (13)	Yes	No	N/A	Inatoria	(, , , , , , , , , , , , , , , , , , ,		LF)			i	р	
Registered Waste Hauler Rovic Transport City, State Riverdale, NJ Completed by (Print or Type) Title NJDEP Hauler ID# Cubic Yards of Waste Registered Landfill I.E.S.I. City, State Bethlehem, PA Completed by (Print or Type) Title Signature Cubic Yards of Waste Name of Registered Landfill I.E.S.I. City, State Bethlehem, PA Date 08/11/2014	1 1 1 1 1 1 1		<u></u>	X	1 Assu	med as	sbestos debris	estimated	5,000 sf	X			口
Registered Waste Hauler Rovic Transport City, State Riverdale, NJ Completed by (Print or Type) Title NJDEP Hauler 107 60 I.E.S.I. City, State 08/12/14 - 08/15/14 Bethlehem, PA Date 08/11/2014	throughout structure	-								뜌	븼	님	뷰
Registered Waste Hauler Rovic Transport City, State Riverdale, NJ Completed by (Print or Type) Title NJDEP Hauler 107 60 I.E.S.I. City, State 08/12/14 - 08/15/14 Bethlehem, PA Date 08/11/2014										井	片	片	片
Registered Waste Hauler Rovic Transport City, State Riverdale, NJ Completed by (Print or Type) Title NJDEP Hauler 107 60 I.E.S.I. City, State 08/12/14 - 08/15/14 Bethlehem, PA Date 08/11/2014					<u> </u>					卌	片	片	怙
Registered Waste Hauler Rovic Transport City, State Riverdale, NJ Completed by (Print or Type) Title NJDEP Hauler 107 60 I.E.S.I. City, State 08/12/14 - 08/15/14 Bethlehem, PA Date 08/11/2014			ED Hauler I	D# 10	Cubic Yards o	f Waste	Name of Registere	ed Landfill		-1			
City, State Riverdale, NJ Completed by (Print or Type) Title Disposal Date 08/12/14 - 08/15/14 Signature City, State Bethlehem, PA Date 08/11/2014	Registered Waste Hauler Rovic Transport	NJL	20785		60		I.E.S.I.						
Riverdale, NJ Completed by (Print or Type) Title Signature Cordana Luna Date 08/11/2014	City, State					14	City, State Bethlehe	m, PA					v
Completed by (Print or Type) Title Gordana Zuna 08/11/2014	Niverdale, 140									4 10 0			
			ary/Treasi	urer			Gordana Luna		08/1	1/20	14	_	

B&G proj.#: 2014-138B	/Poresignt t	ONJAC 8:60- EMERGE	7 and 12:120-7)	Check # 66	81	==	=	•
Date of Notification (1)	Name of Building Owner	Operator (2)	APPI	ROVED AUG 14	AH 4: (G G		_
Agencies Notified Type Notification	City Of Paterson Street Address		THOUSE CO	S Conier Servises	www.h.	,		
Agencies Notified EPA Initial	111 Broadway			inafure)	PM	-	-	_
□ DEP . Initial	City, State, Zlp Code		Date: 2 [[] [Time: 13:42	1. 1.34			
		305		Telephone N	lumber			
EI \	Name of Contact	100						
DCA Cancellation			Chief/Fire Official					_
	FACI	LITY INFORMAT	ION	Type of Facility (4)				-
Name of facility where abatement is tal	king place (3)		1	School	K = 12)			
Residential Home - Burned or		······································		TST Other (Pr	ter 8 (Other th	robil	-)	
Street Address			1		of Floors	Bldg	. Ago	
17 Hillman Street			County Code (7)	Square 1 ass				_
City (5)	County (6)		(State use only)	Current Use (Prioresidential	or if being den	nol shed) 	_
Paterson ·	Passaic	ASCM No.	Name of Abatemet	nt Contractor (9)				•
Name of Monitoring Firm Hired by Bio	ig. Owner (8)	ASCINI NO.	B & G Restor					_
	101000000000000000000000000000000000000		Street Address				2	
Street Address			105 Ryerson City, State, Zip Coo	The second secon	-5			_
City, Suite, Zip Code			Lincoln Par	k, NJ 07035	-	G?		- 154
Project Manager for Monitoring Firm	Phone Nur	nber	Telephone Number (973)696-6	er	License Nun			
Project Midneyer for reserved			Name of OSHA N	Aonitor				
Schoduled Start Date (10)	Sched. Completion Date	(11)	B & G Resto	ration, inc.				
08/12/2014	08/15/2014		Street Address 105 Ryerson	n Road		. (ಾ	
Occupancy Status During Abatement	t (Check only one)		City, State, Zip C					
Facility closed/vacuted during Abstement performed outside	SHULE DRIVE OF STATEMENT		LincolnPark					
Other-Describe;								
Scope of Work (check all that apply	() Complition of burners	DRING MOT HIGH INCOME.	der Containment v	winegative pressure	Glovebag			
☑ Demolition □	Renovation controlled conditions		Mini-enclosure		☐ Non-friat	ple blace	adure	
□ >3 sf or >3 lf	≥160 af or ≥260 lf	-tabel				R	E	E
s occation of	la location normally used a by maintenance/custodial	Descrip	tion of asbestos-containi	Amount (Specify	1.	пр	2	n
asbestos-containing.	stoff(12)	- Descrip	(ACM)	(Specify	OF UI	v i	a	I.
shated in facility (13)	Yes No N	/A					-	1
The same of the sa		Assu	med asbestos debr	is estimated	5,000 51	3#	計	T
throughout structure							TH	
						F	IT	10
		Cuble Yards	Mosta Noma of Regi	stered Landfill				
Registered Waste Hauler Rovic Transport	NJDEP Hauter ID# 20785	60 Sal Date	City. State	.!.				
City, State Riverdale, NJ	08	112/14 - 08/15	/14 Bethle	ehem, PA	Date			·Y
Completed by (Print or Type)	Title	Signature	Gordona D	dono.		/2014		
Gordana Luna	Secretary/Treasurer							

B & G proj. #: 2014-138A

B & G proj. #:	2014 1007	-	(,	**	*EMER	3 E N	C Y ***	Check	# 6680)				
Date of Notification	(1)	N	ame of Build	ding Owne	r/Operator (2)			2014 AUG	11					
0 8 1/11			City Of Pa	aterson					14 1	M 4:	17			
Agencies Notified	Type Notification	on Si	treet Addres	s				1 , 2	K 2 .					
LI EPA	X Initial		111 Broa	dway				411	44.5	11 /	i.	-		
DEP		March 1997	ity, State, Zi			- 141-00-0-0-00								
⋉ DOL	Amendn		Patersor		305								-	
▼ DOH	Cancella	1 1	ame of Cont	act				Telepho	ne Numb	er				
☐ DCA	L Cancella		Brian J I	McDerm	ott, Battalio	n Chie	f/Fire Official							
				FACI	LITY INFORM	ATION								
Name of facility who	ere abatement is	taking pla	ice (3)					Type of Facility	(4)	2)				
Residential Ho								1 =	ol (K - 1		on V	12)		
Street Address	THE BUTTOO							90-23E	hapter 8 (Private			12)		
15 Hillman Str	-eet						1	Bldgs	./Homes	, etc.		l - A -		
		T 0	County (6)				h. Co-do (7)	Square Feet	# of Flo	oors	BIO	ig. Ag	e	
City (5)		Cour	ity (6)			70.5-5	ty Code (7) e use only)	Current Use (Prior if be	eing dem	olishe	d)		
Paterson		Pas	ssaic					residential						
Name of Monitoring	Firm Hired by I	3ldg. Owne	er (8)		ASCM No.		Name of Abatement	Contractor (9)						
93	12						B & G Restorat	tion, Inc.						
Street Address							Street Address 105 Ryerson F	Road						
City, State, Zip Code							City, State, Zip Code						_	
City, State, Zip Cour							Lincoln Park,							
Project Manager for	Monitoring Firm		Pho	one Numb	er		Telephone Number (973)696-686	20		se Numb	er		-	
				200		_	Name of OSHA Mor			00378		_	-	
Scheduled Start Dat	te (10)	Sched	d. Completio	n Date (1	1)		B & G Restora							
08/12/2014		08/	15/2014			-	Street Address							
Occupancy Status I							105 Ryerson F						7/2	
Facility closed Abatement pe	I/vacated during erformed outside	entire peri of normal	iod of abater facility hour	ment. s-			City, State, Zip Code							
Describe: Other-Describ	oe:					-11	LincolnPark, N	IJ 07035						
Scope of Work (ch		0	X Demolition	of burned-out	house with acm									
▼ Demolition		Renovation	on controlled o		g wet methods und	der F	ull Containment w/ne	gative pressure	Glo	vebag pr	ocedu	ıre		
$\square > \underline{3} \text{ sf or } > \underline{3} \text{ If}$	X	≥160 sf or	≥260 If			N	lini-enclosure		☐ Nor	n-friable	ргосес	dure		
Location of			n normally u		y					e	R	E n	E	
asbestos-con material to be		staff(12)	enance/cust	oulai	Descript material		bestos-containing	Amount (Specify		m	p a	С	n	
abated in faci		Yes	No	N/A	Material	(, (0,0)		LF)		V	i	a p	L	
throughout struct	ure		-	X	1 Assur	med as	sbestos debris	estimated	5.000	sf [X]				
- incugnout struct	uic	-			1									
]					4	ᆜ		닏	
					Cubic Yards of	Manta	INome of Desistan	d Landfill		_ L_	Ш	Ш,	Ш	
Registered Waste H Rovic Transpor	auler t	NJD	EP Hauler I 20785	U# C	Subject Yards of 60	vvaste	Name of Registere I.E.S.I.	u Lanum						
City, State Riverdale, NJ		.—.l.—=		Disposal Dis	Date 14 - 08/15/1	14	City, State Bethleher	n, PA					8	
Completed by (Print	t or Type)	Title			Signature				Date					
Gordana Luna	, r - /		ary/Treasu	ırer			Gordana Luna		08	/11/20	14			

Check # 6680

B & G proj. #: 2014-138A

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)
*** E M E R G E N C Y ***

			FRENERG	ENGI						-
rate of Notification (1)	: H Name	of Bullding Own	er/Operator (2)							
0 18 1/111/1141		Of Paterson			APPROVE		1			
gencies Notified Type Notifica	tion Street	Address	1	INT	pept. of Health AVS	enior Services	•			
EPA R Initial	111	Broadway		17	MALL TO TOTAL	JAN L				_
☐ DEP	City, S	tate, Zlp Code		-	te: 8 11 14 T	12:47	PM			
☑ DOL ☐ Amend	iment Pa	terson, NJ 0	7305	Da	te: E III I		1			-
MOD E	Name	of Contact				Telephone	(APHING)			
Cancel	liation Br	ian J McDen	nott, Battalio	n Chief/F	Ire Official	i				
			CILITY INFORM						1992	
	1 to the selection of					Type of Facility (4)			
Name of facility where abetement		(2)				School		, Id	470	
Residential Home - Burne	ed out						pter 8 (Other t Privato/Commo		114)	
Street Address					.	Bldgs./h	lomes, atc.			
15 Hillman Street						Square Feet	of Floors	Eli	dg. Ag	Ê
City (5)	County (6)			Cade (7)			nolis bu	3d\	-
	Passa	nio.		(State II	ise anly)	· Current Use (Pri residential	iot il bislili cen	Honzare	suj	
Paterson -	and the second		ASCM No.	INE	ime of Absternent C		3CM************************************	- Li		
Name of Monitoring Firm Hired	y Blog, Owner (c	3)	Macini Iva.	11	B & G Restoration					
					real Address			3		-
Street Address					105 Ryerson Ro	oad		, <u> </u>		
ity, State, Zip Code				Cit	y, State, Zip Code					
NA OMIC, MIP TOTAL					Lincoln Park, N	J 07035	License Nur	on and		<u> </u>
roject Manager for Monitoring P	Tem	Phone Nu	mber	Te	(973)696-6869	i	0037			
100					ame of OSHA Monit	- Landers Co.	1	= 17		
Scheduled Start Date (10)	Sched. C	ompletion Date	(11)		B & G Restorati					_
08/12/2014	08/15/	/2014		3	reef Address	- An	1 7-1	-		
Occupancy Status During Abatel	ment (Check only	у оле)	""		105 Ryerson Ro	pad			J.	
IXI Esciliby clased/vertated du	ring entire period	of abetement.			ity, State, Zip Code					
Abatement performed outs	side of normal fac	any nours-			LincolnPark, NJ	07035				2000
Other-Describe:				$ \perp$						
Scope of Work (check all that a	Taxaban Santanan	Demolition of burner		ndari su	Containment whee	ative pressure	Glovebag	proce	dure	
E Demosition		consolled conditions	3	-	ni-enclosure		Non-friab	le prod	edure	į.
☐ >3 sf or >3 lf	<u>¥</u> ≥160 sf or ≥2	normally used a	Makel				F	R	E	E
Location of asbestos-containing	by mainten	ance/custodial		ntion of ask	estos-containing	Amount	- · · · · ·		n	r
material to be	staff(12)		— materia	al (ACM)		(Specify LF)	Sir-or	a	a	1
obated in facility (13)	Yes	No N	/A .						P	-
throughout structure			Assı	umed as	bestos debris	estimated	5,000 sf	=	┼┼	4
								4	##	1
			_					╡╂≣	ᆉ	17
								THE	忙	iti
1200 mm 100	TAI 1015	P Hauler ID#	Cubic Yards	of Waste	Name of Registered	Landfill		-		تبد
Registered Wasto Hauter Rovic Transport		0785	60		I.E.S.I.			ک ا کامپیانا،	-	<u>.</u>
City. State			sal Date	114	City, State Bethlehem	. PA				
Riverdale, NJ		08/	12/14 - 08/15 Signature			7.7.	Date			Ė
Completed by (Print or Type)	Title Secretar	v/Treasurer	- Gillian	9	Gordona Luna		08/11/2	2014		_

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1) Aug	. 6, 2014		Name of E	Building Ov	wner/Operator (2)	South Bruns	wick Board	of Educat	ion			
	ation Type		Street Add	dress	4 Executive Drive	7914	FELIG 14	. AM L	: 16			
	ended Cert	ification	City, State	, Zip Code	Monmouth Juncti	tion, NJ 08852						
()DCA (X)E	mergency		Name of C	Contact John Bruff Tel. Number								
10	************		F <i>F</i>	ACILITY IN	NFORMATION				e adeque son tres es cel se			
Name of Facility Where Abate	ment is Tak	ing Place (3	5)	Tyr	be of Facility (4)							
Crossroads Middle School				(X)	School (K-12) Subchapter 8 (other t	han K-12)						
Street Address 635 George	s Road			Sq.	Other (i.e. private & c Feet30,000 # of F	loors 3 Bldg.A	ge 70	_				
City (5) County (Monmouth Junction	(6)	County C (State Us		E 400000	rrent Use (prior if bei School	ng demolished)	_ Municipa	I office				
Name of Monitoring Firm Hired Owner (8) Briggs Associate		ASCM No	00004		COLONIA THE ZOLONIA DE LA CAMPINA	Name of Co Academy			;			
Street Address 3 Crosswick	s Street					Street Add	ress: 205 F	Rt 46W,	Suite 14			
City, State, Zip Code Borde	ntown, Ne	w Jersey	08505			City State, Totowa, N	<u>Zip Code</u> NJ 07512			1 m m # 4 10 m		
Project Manager for Monitoring Mike Hoodak	g Firm	Telepho	one Number	609-29	98-5520	Number: 244		License 01155	Number			
Scheduled Start Date Aug.	8, 2014	Schedu	iled Complet	ion Date	Aug 14, 2014	or: none		and the second				
Occupancy Status During Aba (X) Facility Closed/Vacated D () Abatement Performed Outs	uring Entire	Period of A	batement	Marine Marine Property	and a substitution of the							
Source of Work (Check all that () Demolition (X) Renovation () Large Proj. (>160 SF or >26 (X) Minor Proj. (<25 SF or < () Full Containment with Neg	n 60 LF ACM 10 LF ACM)			10 <260 LF ACM) vebag Procedure (X)) Intact Remov	al: Wrap & (Cut				
Location of Asbestos- Containing Material (ACM) in Facility (13)		tion Normall by Maint./Cu 12)		thermal	tion of ACM (i.e. systems on, surfacing, VAT, miscell.)	Amount (Spe LF)	ecify SF or	Abater	ment Type	20 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -		
The same of the sa	YES	NO	NA	i i			Rem.	Rep.	Encap	Enclose		
C Hall Men's' Rm	X			Pipe fitt	ings Insulation	Glovebag	3 LF	T. C.				
Mech. Room & C Hall, Dishwashing Rm	X			Pipe fitt	ings Insulation	Encap.			6 LF			
Kitchen Service Room	i x		A	Pipe fitt	ings Insulation	Wrap & Cut	14 LF					
Name of Reg. Waste Hauler Academy Construc	tion	NJDEF	Waste Haul	ler ID#; 0	034422	Cubic Yards Waste 1		me of Re	g. Landfill			
City, State: Totowa, New J	ersey		77.0	<u>Disp. Date</u> : 7/30/14 <u>City. Stat</u> Morrisvill				State: sville, PA				
									a because our	The second second second		

MO#21901446821

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Date of Notification (1)			1	Name o	of Buildina	Owner/Operator (2)		-			
08	11 /	14			27.97		5					1000
					Summer			DESA ELLO	h + -1			
Agencies Notified	Type Notificat Initial	tion		8 8	Address			2 914 f.U.C	1 1	111	i: į	9
☑ DOLWD	Amended				th Cresce							-
X DHSS	Amendme	nt #	_ 1		tate, Zip Co							
DGA	☐ Emergenc		g		wood, NJ	07040		Telephone Num	MEN.	111	O .	
(NJAC 5:23-8)	justificatio		403		of Contact			l relaphone Num	ibei .			
	Cancellati	оп			Summer							
				FAC	ILITY IN	FORMATION				-		
Name of Facility Where	Abatement is T	aking Plac	⊖ (3)				Type of Facility					
Private home							School (K-12) I (Other than K-1 2	21			
Street Address			×					rivate and comme		ldings	5,	
26 South Crescent							homes, etc.)					
City (5)							Square Feet	# of Floors	Bid	g. Ag	e	
Maplewood, NJ 0704	10											
County (6)				Count	y Code (7) (STATE USE ONLY)	Current Use (Pr	ior if being demol	ished)			
Essex												
Name of Monitoring Fir	m Hired by Build	ding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
						Gr Tech LLC						
Street Address						Street Address						
						576 Valley Rd #	283					
City, State, Zip Code						City, State, Zip C	ode					
						Wayne, NJ 0747	70					
Project Manager for Mo	onitoring Firm		Tel	ephone	No.	Telephone No		License No.				
			- 1			973-638-1777		01127			2000 000	
Start Date (10)		Scheduled				Name of OSHA N	Monitor -					
	/	08	/ _2	9_/.	14	Envirovision Co	nsultants,Inc					
Occupancy Status Dur	ing Abatement (Check only	one)			Street Address						
	a national fraction of the same of the sam					20-21 Wagaraw	Road, Bldg .#	35 E				
Abatement Perform	ed Outside of No	ormal Faci	lity Hou	rs - Des	cribe	City, State, Zip C						
Time of Abatement	VIAL-	PIVI/	FIV!		AM	Fair Lawn, NJ 0	7410					
Scope of Work (Check	all that apply)							nation with negati	ve press	ure		
		∇	Renova	lion		Full Con Mini-End	tainment with Ne	gative Pressure				
> 160 sf or >260 lf			Demolit	ion		Gloveba	g Procedure	Tent with Negative	ve Press	ure		
						☐ Non-Exe	empted (*) and No	n-Friable Proced	lure			
			Is Loca Norm			20 0 0	2		Ab	atem	ent Ty	ype
Locati Asbestos-Containir		4) U	sed So		Ashe	Description stos Containing Ma		Amount	Re	7.0	En	En
TO BE A		A	lainten			., thermal systems		(Specify	Removal	Repair	caps	Enclosure
IN Fa			istodiai 12)	Staff?		surfacing, VAT other miscellant		SIF or LF)	Val	-	Encapsulate	n.e
(13	9)	Vo		- Inches		Other Inscending	5005)				le .	
		Ye	S INC	X				11015	X			
Basement					Pipe ins	ulation		110 LF				
									ᆜᆜ	Ш	نا	_
		П										
				T					П	П	П	
Name of Desisters 2 th	Vento Herrior				e Hauler ID No	Cubic Yards of Was	stel Name of Rec	stered Landfill				200.00
Name of Registered V	vaste nauter		ľ									
Gr Tech LLC				00337	85	TBD	T.R.R.F. Inc			-		
City, State						Disposal Date	City, State					
Wayne, NJ 07470						TBD	Tullytown, F					
Completed By (Print o	r Type)	Title				Signature	01 .	, A.	Date			
N.Jevtic		Owner				*	a he wer	rad (08/11/20	14		
ASB-41		3 TV.	mat 2000	this for	m for acha	stas licensure egem	nted activities					
MAY 11		LIO	eren une	inis jur	m Jun tisites	in the manie egen	P					

Check#1967

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Date of Notification (1)		essex.		Nam	e of Buildin	ng Owner/Operator ((2)					
	11			Loui	s F. Vinc	i		DESA FILE	ra r	514	, ,	~
A 45% (CASE) AND CASES	Type Notificat	ion	-	_	et Address			2914 / HG	115		1: 1	3.
press.	X Initial			30 Pe	ershing St	treet						
	Amended				State, Zip					- 1		
☑ DHSS	Amendmer		-	4	ield, NJ 0			ta i	CAR			
(NJAC 5:23-8)	Emergency	y (includir n)	g		e of Conta			Telephone Nu	mhar			
	Cancellatio	700			s F. Vinci			relepitorie Mu	mbei			
				4								
Name of Facility Where Ab	stament is To	king Dlag	~ (2)	7.4	ACILITY	NFORMATION	T= .=					
Private home	atement is 18	iking Plac	e (3)				Type of Facility					
Street Address				55			School (K-1)	2) 8 (Other than K-1	21			
							Other (i.e., p	private and comm	ercial b	uıldin	gs,	
30 Pershing Street City (5)							homes, etc.)				
							Square Feet	# of Floors	В	idg.	Age .	S/
Garfield, NJ 07026 County (8)				T 0		(07)						
2				Cou	nty Code (7)	(STATE USE ONLY)	Current Use (Pr	ior if being demo	lished)			
Bergen Name of Monitoring Firm H	ired by Dealer	0	(6)									
Hamie of Monitoring Litm H	nea by Buildi	ng Owner	(8)	ASCM	l No.	Name of Abateme	ent Contractor (9					175
Stract Address						Gr Tech LLC						
Street Address						Street Address						
01111 01111 71 0						576 Valley Rd #						
City, State, Zip Code						City, State, Zip Co	ode					
5 111						Wayne, NJ 0747	70					
Project Manager for Monito	ring Firm		Tel	ephone	No.	Telephone No.		License No.		-		_
				200000		973-638-1777		01127				
Start Date (10)		heduled (Name of OSHA M	1onitor					_
				4_/	14	Envirovision Co	nsultants Inc					
Occupancy Status During A						Street Address						
Facility Closed/Vacated	During Entire	Period of	Abate	ement		20-21 Wagaraw	Road Bldg #	35 F				
Abatement Performed C Time of Abatement:	outside of Nor	mal Facili	ty Hou	rs - De	scribe	City, State, Zip Co		33 L				-
		_PM/	PWI		_AM	Fair Lawn, NJ 0	7410					
Scope of Work (Check all th	nat apply)						and decontamin	ation with negati	ve pres	Sure	-	
		N D		144		☐ Full Cont	tainment with Neg	gative Pressure	10 pioo	00.0		
2 160 sf or >260 lf			enovat emoliti			Mini-Encl	losure g Procedure	Tent with Negation	o Drace	curo		
		_				Non-Exer	mpted (*) and No	n-Friable Proced	ure	suie		
(6)			s Loca						-	aten	ent T	VDE
Location of Asbestos-Containing Ma			Norma ed Sole			Description o				1	T	1
TO BE ABATE			inten		Asbe	estos Containing Mat e., thermal systems i	terial (ACM)	Amount	Remova	Repair	ince	Enclosure
IN Facility		Cus		Staff?	(1.1	surfacing, VAT,		(Specify SIF or LF)	JOV	<u>a</u> .	psu	osu
(13)		-	(12)	_	-	other miscellaned	ous)		<u>m</u>		Encapsulate	6
		Yes	No	N/A	-							
Basement				\boxtimes	Pipe ins	ulation		150 LF	X		IC	
		! 🗆							TIT	ī		-
1									ᅱᆜ		H	- internal
				+	-				لال	Ш		
												П
Name of Registered Waste	Hauler		NJ	DEP Wast	e Hauler ID No.	Cubic Yards of Waste	Name of Regis	tered Landfill		-		S
r Tech LLC			1	003378	85	TBD	T.R.R.F. Inc					
City, State			- 1 '	.0001	-	Disposal Date	City, State					
Vayne, NJ 07470												
vayne, NJ 07470 Completed By (Print or Type	,	Title				TBD	Tullytown, PA					
- The local of the or Type	,	1110				Signature	18 . 1	1	ate			
	1					1 4						
l.Jevtic	C)wner				#	to ver	rad 0	8/11/20)14		

Check#1970

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Date of Notification (1)				1 No		of Building Over		Danasta 1						4				
	11 _ /	14				of Building Owi ce Bisbal	ner/C	perator (2	2)		ansono o							
Agencies Notified	Type Nati	fication		17.00	-	Address				2014	1.00	1 5	13	1:	10			
≟ □ EPA	✓ Initial																	
⊠ DOLWD	Amen	ded				iney Avenue tate, Zip Code				7					-			
X DHSS	Amend	dment #				7/					; : !	1: - 1			~ 1.			
☐ DCA		gency (includ	ling			set, NJ 08873	;											
(NJAC 5:23-8)	justific			Na	ame	of Contact				Telephone	Numb	ег						
	Cance	llation		Pre	entic	e Bisbal												
		to the last			FAC	ILITY INFOR	AMS	TION										
Name of Facility Where	Abatement i	is Taking Pla	ace (3)		-				Type of Facility	(4)				_				
Private home			, ,						School (K-12									
Street Address				7//					Subchapter	(Other than	K-1 2)							
									Other (i.e., p	rivate and co	mmerc	ial bu	ilding	S.				
74 Rodney Avenue		-							homes, etc.									
City (5)								1	Square Feet	# of Floor	rs .	BI	dg. A	gē				
Somerset, NJ 08873																		
County (6)				0	ount	y Code (7) (STAT	TE US	SE ONLY)	Current Use (Pr	ior if being d	emolish	ned)						
Somerset																		
Name of Monitoring Firm	n Hired by B	uilding Own	er (8)	AS	CM I	No. Nai	me o	f Abateme	nt Contractor (9		_							
						Gr.	Tecl	LLC	2.00									
Street Address								ddress					400					
						1 102.012			202									
City, State, Zip Code				-				lley Rd #										
ong. Oldie, zip 5000								ate, Zip Co										
Project Manager for Man	rite are a Piles		-					NJ 0747	0									
Project Manager for Mor	nitoring Firm	1	- 17	elepho	ne f	No. Tel	epho	ne No.		License I	Vo.							
			!					3-1777		01127								
Start Date (10)		Schedule				CONTRACTOR CONTRACTOR	me o	f OSHA M	onitor									
	14	08	i _	30	1_	14 Env	irov	rision Co	nsultants,Inc									
Occupancy Status Durin	g Abatemen	it (Check on	y one)				ddress	insurtaints, tire		-	-		-				
X Facility Closed/Vacat					nt	20.3	21 17	Jacarow	Dood Dide #	25 0								
Abatement Performe	d Outside of	f Normal Fac	cility H	ours -	Desc	cribe C:+		te, Zip Co	Road, Bldg .#	33 E								
Time of Abatement:	AM	PM/_	F	M	/	AM I												
Scope of Work (Check a	Il that anniv			-		rair	Lav	wn, NJ 0'		-17					London			
	ii tilot apply	Į.					Н	Full Cont	and decontaminal	ation with ne	gative	press	ure					
>3 sf or >3 if 2 160 sf or >260 if		\boxtimes	Renov					Mini-Enc	osure									
☐ ≥ 160 sf or ≥260 lf			Demo	lition			\bowtie	Glovebag	Procedure [Tent with Ne	gative	Press	ure					
	- WELL						Ц_	Non-Exe	mpted (*) and No	n-Friable Pri	ocedure	3						
7				cation mally								Ab	ateme	ent T	ype			
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TO BE AB				enance					erial (ACM) nsulation,	Amour (Speci		Remova	Repair	nca	Ericlosure			
IN Facil				al Staf	f?			sing, VAT,		SIF or L		OV.		psu	nsc			
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First floor			IF		2			***************************************						=	-			
r irst floor					7	Pipe insulation	on			30 LF		X	لبا	L				
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Name of Medistalan Mass	ste nauter			NUUEP	18815	nauler ID No. Cup	ic Yai	rds of yvast	Name of Regis	stered Landfi	ll.							
Gr Tech LLC				003	378.	5	TBI		T.R.R.F. Inc									
City. State						Dis	posa	I Date	City, State						N ATM			
Wayne, NJ 07470						9.0	TBI)	Tullytown, P.	Δ								
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N.Jevtic		Owner						7/2	In he wer	raor	08/	1/20	14					
ASB-41 WAY 11		* Do	not no	e this	Corm	for asbestos lie	CSH ST	ure examp	lad activities									
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MO#21901446832

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

There is a recommendation											-	-
Date of Notification (1)		102 - 101		Na	me of Build	ing Owner/Operator	(2)					
08/	11	14		Jes	se Mc Cro	etie						
Agencies Notified	Type Notifi	cation			eet Addres			781a				
■ EPA	✓ Initia			i e				2914 //	Jb 13	ħ.	1:	9
□ DOLWD	☐ Amenda				Kennedy I							•••
DHSS	Amendr	nent#		4	y. State, Zip			1 -				
1] DCA	☐ Emerge	ncy (inclu	ding	Мо	rris Plains	, NJ 07950		4.	IOTA:	1.		
(NJAC 5:23-8)	justifica	tion)	-5	Na	me of Conta	act		Telephone			· -	
	Cancella	ation		Jess	se Mc Cro	stie		I management				
						INFORMATION		-				
Name of Facility Where	Abatement is	Taking DI	200 (3)		MUILITI	INFORMATION						
Private home	7 100(0)11(1)13	Takiliy FI	ace (3)				Type of Facili					
Street Address							School (K-	12)				
Water and the second second							Subchapte	r 8 (Other than	K-1 2)			
37 Kennedy Road							homes, et	private and co	mmercial	buildi	ngs.	
City (5)							Square Feet					
Morris Plains, NJ 079:	50						Oquale 1 eat	# of Floors		Bidg.	Age	
County (6)				Co	unty Code () (STATE USE ONLY)						
Morris				00	unty code (/) (STATE USE ONLY)	Current Use (Prior if being de	molished)		
Name of Monitoring Firm	Hirad by Dui	idles O										
The or Montolling , in	i i iii ed by bui	iding UWN	er(8)	ASC	M No.	Name of Abateme	ent Contractor (9)				_
				1.		Gr Tech LLC						
Street Address				8		Street Address						
							10.00					
City, State, Zip Code						576 Valley Rd #						
						City, State, Zip Co					200 1200	
Project Manager for Mon	Marina Files					Wayne, NJ 0747	70					
, roject wanager tot Worl	itoring Firm		Te	lephon	e No.	Telephone No		License No	Ď.	-		-
			i			973-638-1777		01127				
Start Date (10)	18	Scheduled	Comp	etion D	Date (11)	Name of OSHA M	lonitor	01127				
	_14	08	. /2	28	14							
Occupancy Status During	Abatement /					Envirovision Co	nsultants,Inc					
Facility Closed/Vacate	d During Enti	se Desired	y one)			Street Address						
Abatement Performed	Outside of M	ormal Fac	or Abat	ement		20-21 Wagaraw	Road, Bldg #	35 E				
Time of Abatement:	AM-	omai rac PM	IIITY HOL	urs - De	escribe	City, State, Zip Co	ode					
					_AM	Fair Lawn, NJ 07	7410					
Scope of Work (Check all	that apply)				-			nation with neg				
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\boxtimes >3 sf or >3 if \boxtimes \ge 160 sf or \ge 260 if			Renova			Mini-Encl	osure					
		Ц	Demolit	ion		Glovebag Non-Exer	Procedure [Tent with Nega	ative Pres	sure		
Commence of the Commence of th			In ! soo		T	Non-Exer	npted (*) and N	on-Friable Proc	edure	1		
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TO BE ABA		1	<i>l</i> iainten	ance/	ASDE	stos Containing Mate	erial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
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vame of Registered Waste	Hauler		NJ	DEP Wasi	e Hauler ID No	Cubic Yards of Waste	Name of Da	tored in the				
r Tech LLC			46				Service of the servic	stered Landfill				- 1
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						Disposal Date	City, State			in Printing	-	
'ayne, NJ 07470						TBD	Tullyton B	Λ.				1
ompleted By (Print or Typ	oe)	Title				Signature 🔿	Tullytown, P.	4				
Jevtic	50.15					Oignature /	A . n	1	Date			
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500 MM		DO H	or mac 12	us Jorn	s for asbest	os licensure frempie	d activities.					

NO

MO#21901446854

State of New Jersey	
OTIFICATION OF ASBESTOS ABATEMENT	
(Pursuant to NJAC 8:60 and 5:16)	1-

Street Address Stre	Date of Notification (1)					Name o	of Building	Owner/O	perator (2)					- 1
□ EPA □ DOLMO □ Amended Amended Poly State Dover, NJ 07801 Name of Facility (Niner Abetement is Taking Place (3) Dover, NJ 07801 Name of Facility (Niner Abetement is Taking Place (3) Dover, NJ 07801 Name of Facility (Niner Abetement is Taking Place (3) Dover, NJ 07801 Schwarz FACILITY INFORMATION Type of Facility (4) School (M-12) School (_11	14	-	,	'Podbe	r Estate"				2014 1110 11	M = x	,		
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DOVER, N. J. ASUIT Scheduled Completion Date (11) Occupancy Status During Absternant (Check only one) State (10) Oscipancy Status During Absternant (Check only one) Aspendition Date (11) Occupancy Status During Absternant (Check only one) Aspendition Date (11) Aspendition Containing Material (ACM) School (K-12)															
Name of Contact Telephone Number Telephone Nu		4			h	Dover	NJ 0780	1			6 - 14 Main #	A Prop	*		
Cancellation Robert G. Schwarz Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Subchaptes (9) Su				iuaing	1						Telephone Numb	er			
FACILITY INFORMATION Type of Facility (4) School (K-12) School	(NOAG 0.20-0)				1	Robert	G Schw	217			1				
Name of Facility Where Abatement is Taking Place (3) Private home Street Address 64 Myrtle Avenue (5h) 15 Dover, NJ 07801 County (5) County (5) County (6) County (7) County (7) County (8) County (8) County (8) County (8) County (9) County (9) County (16) County (17) County (16) County (16) County (17) County (16) County (18) Count									TION				-		
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Street Address 64 Myrtle Avenue 65 Yet (a), private and commercial buildings. 64 Myrtle Avenue 65 Yet (b) 65 Dover, NJ 07801 65 County (5) 66 Morris 66 Name of Monitoring Firm Hired by Building Owner (6) 67 Street Address 68 Street Address 69 Street Address 60 Street	Name of Facility Where	Abatement i	s laking	Place	(3)										
Street Address	Private home									Subchapter 8) I (Other than K-1 2)				
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Dover, NJ 07801 County (6) Morris Name of Monitoring Firm Hired by Building Owner (5) Street Address Size Add	64 Myrtle Avenue														
County (6) County Code (7) (STATE USE OMLY) Current Use (Prior if being demolished)	City (5)									Square Feet	# of Floors	Bid	g. Ag	e	
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Name of Monitoring Firm Hired by Building Owner (\$) ASCM No. Street Address	County (6)					Count	y Code (7) (STATE U	SE ONLY)	Current Use (Pr	ior if being demolis	hed)			
Street Address City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. 973-638-1777 Start Date (10) 08 / 27 / 14 08 / 28 / 14 Cocupancy Status During Abstement (Check only one) Facility Closed/Vacated During Entire Period of Abstement Abstement Performed Outside of Normal Facility Hours - Describe Time of Abstement — AM — PM — AM — PM — AM — Facility Closed (Containing Material (ACM) — PM — Am — Facility Closed (Containing Material (ACM) — Status Staff Custodial	Morris														
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Street Address Stre					-			Gr Tec	h LLC						
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City, State, Zip Code Wayne, NJ 07470 City, State, Zip Code Wayne, NJ 07470 City, State, Zip Code Wayne, NJ 07470 City, State, Zip Code Wayne, NJ 07470 City, State, Zip Code Wayne, NJ 07470 City, State, Zip Code Wayne, NJ 07470 City, State, Zip Code Wayne, NJ 07470 City, State, Zip Code Wayne, NJ 07470 City, State, Zip Code Wayne, NJ 07470 City, State, Zip Code Wayne, NJ 07470 City, State, Zip Code Wayne, NJ 07470 City, State, Zip Code Wayne, NJ 07470 City, State, Zip Code Wayne, NJ 07470 Completed By (Print or Type) Title Overage of Manual Firm Telephone No. Telephon								576 Va	llev Rd #	283					
Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. O73-638-1777 O1127	City State Zip Code				-								-		
Telephone No. Telephone Telephone No. Telephone Telephone No. Telephone Telephon	0.17. 0.10.0, 2.19 0000							30-530-							
Start Date (10)	Project Manager for Mo	aitorina Firn	,		Tale	nhone	No			70	License No.				***
Start Date (10) 08 / 27 / 14 08 / 28 / 14 Cocupancy Status During Abatement (Check orly one) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/ PM_ AM X Renovation Demolition Asbestos-Containing Material (ACM) TO SE ABATED IN Facility (13) Resolution Asbestos-Containing Material (ACM) TO SE ABATED IN Facility (13) Pipe insulation Normally Secret Address 20-21 Wagaraw Road, Bldg # 35 E City, State, Zip Code Fair Lawn, NJ 07410 Clean up and decontamination with negative pressure Mini-Enclosure Glovebag Procedure Moni-Eriable Procedure Abatement Type Asbestos-Containing Material (ACM) (1a) Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Pipe insulation 110 LF X I I I I I I I I I I I I I I I I I I	- Troject manager for the	morning i iii				prioric		8 89 7			01127				
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Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement AM- PM/ PM AM PM AM PM PM PM AM PM PM PM PM PM AM PM	Occupancy Status Durin	ig Abateme	nt (Check	only o	one)			-				1000			_
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Saf or >3 If	Scope of Work (Check a	all that apply	·)			- AND WEST					nation with negative	press	u e	=	
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Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Normally Used Solely by Maintenance Custodial Staff? (12) Yes No N/A	>3 sf or >3 lf							\forall	Mini-End	closure	Tent with Negative	Press	ure		
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Per No N/A Basement Custodial Staff? (12) Yes No N/A Pipe insulation Pipe insul	☐ ≥ 100 St Ot ≥200 II				HIOHER	311		<u> </u>	Non-Exe	empted (*) and No	n-Friable Procedu	re			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Basement Description of Asbestos Containing Material (ACM) Secondary Asbestos Containing Material (ACM) Asbestos Containing Material (ACM) Amount (Specify Custodial Staff? (12) Yes No N/A N/				ls.	Locat	tion							atema	ent Ty	SQ/
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Basement Asbestos Containing Material (ACM) Maintenance/ Custodial Staff? (12) Yes No N/A Pipe insulation In Facility (13) Pipe insulation In Facility (13) Pipe insulation In I	Locatio	n of			Norma	lly		De	escription	of					
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Basement				Yes	No	N/A	1			**************************************				· O	
Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Gr Tech LLC City. State Wayne, NJ 07470 Completed By (Print or Type) NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill T.R.R.F. Inc Disposal Date City, State TBD Tullytown, PA Signature Date N.Jevtic Owner ASB-41						-	nii	.1-41		200	11015	IXI		1	-
Name of Registered Waste Hauler Output Output NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Output O	Basement			1		-	Pipe ins	ulation			TIULF	1			
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Wayne, NJ 07470 Completed By (Print or Type) N.Jevtic Owner TBD Tullytown, PA Signature Owner 08/11/2014	Company of the Compan							(100,000)		City, State					-
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			4	Do n	n use .	this for	n for asbe	sios licen	sure exem	pted activities.					

MO#21901446843

Date of Notification (1)	W.				Name	of Building	Owner/	Operator (2	2)					
08/	11	1 14			"Podb	er Estate'				2014 / US	14 /	1 6	50	
Agencies Notified	Type N	otification	-		Street	Address						-		
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□ DOLWD	☐ Ame					State, Zip (1			
X DHSS		endment #			1					V. (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
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(NJAC 5:23-8)	200	fication)			Name	of Contac	t			Telephone N	lumber			
	∐ Can	cellation			Rober	t G. Schv	varz							
					FA	CILITY IN	FORMA	TION						
Name of Facility Where A	batemer	nt is Takin	g Place	(3)					Type of Facility	(4)				
Private home									School (K-12	2)				
Street Address	ar a								Subchapter 8	(Other than K	-1 2)			
66 Murtle Avenue									Other (i.e., p		mercial b	uilding	js.	
66 Myrtle Avenue City (5)			-						homes, etc.)					
Inches a service of the control of t									Square Feet	# of Floors	8	idg. A	ge	
Dover, NJ 07801														
County (6)					Cour	ty Code (7)	(STATE U	SE ONLY)	Current Use (Pr	ior if being den	nolished)			
Morris			_								_			
Name of Monitoring Firm	Hired by	Building	Owner	(8)	ASCM	No.	Name o	of Abateme	ent Contractor (9)					
+							Gr Tec	h LLC						
Street Address							Street	Address						
							576 Va	Iley Rd#	283					
City, State, Zip Code								ate, Zip Co						
							15.000							
Project Manager for Monit	oring Fi	rm		Tal	cahana	No		, NJ 0747	70	111				
1 10jour manager for thospic	ornig i ii	1111		1 51	ephone	NO.	Telepho			License No	tit.			
Sand Date 2401				10			973-63			01127				
Start Date (10) 08 / 27 /	1.4				etion Da		Name o	of OSHA M	lonitor					
	14	_ _	08		8_ / .	14	Enviro	vision Co	nsultants,Inc					
Occupancy Status During						***		Address				-		
Facility Closed/Vacated	d During	Entire Pe	eriod of	Abate	ment		20-21 \	Vagaraw	Road, Bldg .# :	35 F				
Abatement Performed	Outside	of Norma	l Facilit	y Hou	rs - Des	scribe	City. St	ate, Zip Co	nde	33 L			5_760	
Time of Abatement:	AM	⁻ P	M/	PM		_AM	Non-sec-							
Scope of Work (Check all	that app	lv)					raii La	wn, NJ 0	and decontamin	otion with noon	ativo prop			
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>3 sf or >3 lf > 160 sf or >260 lf				enovat				Mini-Encl	losure	6				
☐ ≥ 150 ST OF ≥250 H			∐ De	emoliti	on		\bowtie	Glovebag	Procedure	Tent with Nega	ative Pres	sure		
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Location of	of.			Norma			5				A	atem	ent Ty	/pe
Asbestos-Containing M		(ACM)	10/20/2		ely by	Ashe		scription o	terial (ACM)	Amount	₽ Z	ZD.	Ē	g
TO BE ABAT	TED		4	inten				systems i		(Specify	l m	Repair	cap	clo
IN Facility	ŕ		Cus	todial (12)	Staff?		surfa	cing, VAT,	or	SIF or LF)	Removal	=	Encapsulate	Enclosure
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			Yes	No	N/A									
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Name of Registered Waste	e Hauler		100000	NJ	DEP Waste	Hauler ID No.	Cubic Ya	rds of Waste	e Name of Regis	tered Landfill				
							201200000000000000000000000000000000000			COCCO LENGTH				
Gr Tech LLC City, State					003378	55	TBI		T.R.R.F. Inc					
30000							Disposa	II Date	City, State					
Wayne, NJ 07470							TBI)	Tullytown, Pa	4				
Completed By (Print or Type	oe)	Titi	е				Sig	nature	7		Date			
N.Jevtic		Ow	ner					10	11 .	1	00/11/0	214		
ASB-41		Ow	HOL					- 7/è	arc New	rao	08/11/2	114	- ,	-
MAY 11		ħ	Do no	1 113e 1	his forn	i for asbesi	tos licens	ure exfanpi	ted activities.					

Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Cubic Yards Hauler ID No. 17040 of Waste 1.5 G.R.O.W.S. AZTECH MANAGEMENT, INC. Disposal Date City, State City, State 8-16-14 Morrisville, PA 19067 Montclair, NJ 07042 Signature Date Completed By (Print or Type) 8-1-14 Constantine Vivian President

Earn	
Form	
1 1 1 1 1 1 1 1	

Date of Notification (1) 07/18/2014				Name of Building Owner/Operator (2) KOCHER CONSTRUCTION												
Agencies Notified	Type No			6		ISADE A		NUE		L • 17.				,)		
DEP DOL	Am	ended endment#		C	ity, State, INION C	Zip Code CITY.NJ	0708	B7								
☑ DOH DCA	just	ergency (in ification) ncellation	ncluding	1	ame of Co	ontact AXTENS	3		A - 414		Telep	hone Num	l l		8	
					FACILIT	Y INFOR	MATI	ON								\dashv
Name of Facility Where PRIVATE	Abatemen	t is Taking	Place (3)			- 1000 00 00			☐ Sc	Facility (4 hool (K-12 bchapter (2) R (Other	than K-12	!)	5 65		
Street Address 251 - NEWARK A	∕E.								Square			commercia -loors		ngs, l		-
City (5) JERSEY CITY N.J.			8 5						20,000		2	•		97		\dashv
County (6) HUDSON		-			County Co STATE US	de (7) E ONLY)				,	YES					
Name of Monitoring Firm BIO - TERRA SOI	n Hired by UTION	Building C	Owner (8)		ASCM N	No.		Name SHA	of Abate RON C	ment Con QUALITY	tractor (CON	9) STRUC	ΓΙΟΝ	LC.		
Street Address 1130 W. CHESTN									Address AN OR	RDEN PL						
City, State, Zip Code UNION N.J. 07083								City, S	State, Zip	Code ACK N.J	. 0760	11				
Project Manager for Mo	nitoring F	m			Telephone	No. 94 - 376	2	** 0.935 S025 700	hone No. - 708-			License N 011				
Start Date (10)			Scheduled 08/04/20	led Completion Date (11)				Name	of OSH	A Monitor ECHNO	LOGIE	S LAB,	INC.			
07/28/2014 Occupancy Status Duri	ng Abater	nent (Chec						Stree	Address							
X Facility Closed/Va	cated Dur	ina Entire	Period of Al	batem	ent				State, Zij	BRIDGE	DK. 8	OITED				
Abatement Perfor	med Outsi	de of Norr	nal Facility	Hours			_			AN VA. 2	23139					
Scope of Work (Check	All That A	pply)	<u> </u>					-								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf				enova emolit				1	≚ Min	Containm i-Enclosur vebag Pro i-Exempte	e cedure				e	
	<u></u>		1 .						INUI	-Exemple	() dis	3110111110		Abat	ement	t
Locati Asbestos-Containii TO BE A In Fa	ng Materia BATED cility	I (ACM)	Used Mai	Locati lormal d Sole ntena odial ((12)	lly ely by	Asbest (i.e.	tos Co therm surf	escription ntaining al system facing, V r miscell	Material ns insula 'AT, or	(ACM) tion,	(5	mount Specify f or LF)	Removal	Repair	e Encapsulate	Enclosure
			Yes	No	N/A			777	40742		2	60 SF.	X	-	-	-
2nd. floor S		part.		X	-	4		Flashi	12X12			200 SF.	X	-	-	\vdash
Gar		Deef		X	-	R	SIL TO		rial AC	M.		68 SF>	x		+	\vdash
High Roof, uppe		er Rooi			+	- 10			lu pipe		1	16 LF	x	T	\top	\top
	Floor				NJDEP W	laste.		ic Yards		Name o	f Regist	ered Land				
Name of Registered V ROVIC A RUBBIS			0.		Hauler ID		of V	Vaste BD				HLEME	N LA	IDF	ILL C	OR
City, State RIVERDALE, N.J.	07457			TB			posal Da TBD		City, Sta BETH	LEME	N, PA. 1					
Completed by CARLOS ESQUIV	ÆL.		Title SAFI	Title S SAFETY MANGER				Signat	TOE	grun	fry		Date 07/18	201	4	
100 1/ 70 00 00							54	/* Do	not use	this form f	for asbe	stos licens	ure exe	mpte	d activ	vities

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Date of Notification (1) August 11, 2014				Name o Honey	f Building Own	ner/Operator	(2)	6				4- 0	
1 -	Type Notification			Street A	ddress olumbia Ro	ad		- COLUMN ATTER	AND SHAPE OF STREET	- HOUSE	ecocous i cosc.		RANGE TO SERVICE STREET
EPA DEP DOL	Initial Amended Amendment	#			te, Zip Code town, New	Jersev 07	962						-
	Emergency justification) Cancellation				Contact			Tel	ephone Nu	ımber		acutalism and	
					LITY INFORM	MATION			-				
Name of Facility Where Ab Honeywell SA6 Site		g Place (3)				Type of Facility School (K-	****					
Street Address 60 Kellogg Street							Subchapte Other (i.e. etc.)				dings	, hom	es,
City (5) Jersey City							Square Feet	# 01	Floors		3ldg. /	Age	
County (6) Hudson				County (Code (7) USE ONLY) _		Current Use (Pri Empty Lot	or if bei	ng demolis	shed)			
Name of Monitoring Firm F Emilcott	lired by Building	Owner (8)		ASCN	No.		of Abatement Co co Constructio		(9)	**************************************			
Street Address 190 Park Ave.						711675	Address Getty Ave.						
City, State, Zip Code Morristown, NJ 0796	0						State, Zip Code on, New Jersey	7 0701	1-1802	46.67,6			
Project Manager for Monitor Dave Tomsey	oring Firm		- 1	Telephoi	ne No. 38-1110	Telepi	none No. 478-4848		License I	No.	-		
Start Date (10) August 13, 2014		Schedule			Date (11)		of OSHA Monitor						
Occupancy Status During	Abatement (Chec						Address						
Facility Closed/Vacate Abatement Performed	ed During Entire F	Period of A	baterr Hours	ent			Getty Ave.			17			
X Other - Describe: Mo		am-3:30pm				100000000000000000000000000000000000000	on, New Jersey	9 0701	1-1802				
Scope of Work (Check All	That Apply)						7						
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf			enova emoliti			-	Full Containm Mini-Enclosure Glovebag Pro- Non-Exempte	e cedure	-			·0	
		Is	Locati	on			2 Horr Exemple	a () ain	THOIL-I Ha	T	Abat	emen	t
Location o		N	ormali Solei	у		Description				-	Ty	/pe	-
Asbestos-Containing M <u>TO BE ABAT</u> In Facility (13)	ED	Mai	ntenar odial S (12)	ice/	(i.e. the			(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
South Side of Ke	elloga St	+ + +		×	1	2"transite	nine	10	OOLF	X	-		\vdash
South Side of Ke			x		? Transite			OLF	X				
	0		x		· · · · · · · · · · · · · · · · · · · ·	Pipo	.,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	x	-			
				x						x	-		
Name of Registered Waste	Hauler	-		JDEP W		ubic Yards	Name of	Registe	red Landfi				Щ
Slavco Construction Ir	ic.			auler ID 3508	TE	Waste BD	G.R.O.		andfill				
City, State Clifton, New Jersey 07	011-1802				5.00	sposal Date BD	Morrisv						
Completed by Vivian D. Jurcevic		Title Office	Man	ager		Signature	17 1	иси		ate .ugust	11,	2014	4

State of New Jersey

Check # 10354

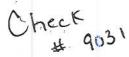
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification	N			2222		Operator	(2)								
8-7-14				Lor	etta	Sm	ith			D	-0	~ .			
Agencies Notified	Type Notif	icatio	on S	treet	Addre	ss		CF3/15			EC.	=/1	/F	n	
[]EPA	[X] Initia	al		406	S.	Cent	ter :	Street	:	2014 AU			_		
[]DEP	Noti	ficati	on	ity,	State,	Zip	Code			CUIA AU	G 14	8	4 6		
[X]DOL	[]Amende			Ora	inge,	NJ	070	50		A 45.00 m.		ורי	10	. 16	3
[X] DOH	Noti	ficati		Iamo (of Cont	act			Telepho	ASEFS ne Number	TAR	ro	EIT	-	
	[]EMERG	ENCY			etta		i t.h		rezepiio	iic iidaas	_0	¥511	ווח	KOL	
[]DCA	[]Cance:	Llatio	n			-			ĭ			1011	4(3		
					FACII	LITY I	NFORMA	ATION							17- 8-8
Name of Facility Wh	nere Abateme	nt is	Takin	g Pla	.ce (3)				Type of Facil	Lity (4)					
Same as above	€							1	[]School	(K-12)					
Street Addres					-					oter 8 (Oth (i.e., priv					
Street Addres										ouildings,					
									Square Feet	# of Flo	ors	Blo	lg.	Age	
City (5		Cou	inty (6) Ess	ex	100000000000000000000000000000000000000		de (7)							
						(ST	ATE US	E ONLY)	Current Use	(Prior if b	eing	dem	olis	hed)	
		34 23													
Name of Monitoring Owner (8)	Firm hired	by Bui	lding	ASC	M No.				ment Contracto						
N/A							AZ:	TECH N	ianagement	, Inc.		-			100
Street Address								t Addres	_						
							86	Chris	topher St		4.070		355		
City, State, Zip Co	ity, State, Zip Code						11	1 25	Zip Code						
					Mo	ntclai	r, NJ 070	142							
Project Manager for	r Monitoring	Firm	100000000000000000000000000000000000000		e Numb	er		hone Num			Lice			er	
			N/	A			(9,	73) 744	1-8800		00	37:	1		
Scheduled Start Dat	te (10) S	ched.	Compl	etion	Date	(11)		of OSHA	Monitor						
8-19-14		8-	-20-	14			N/A								
Month Day Occupancy Status Di	Year	Month		ay	Year		Stroo	t Addres							
[X]Facility Cl	osed/Vacated						Scree	t Addres	3						
of Abateme []Abatement P		-side	of Nor	rmal 1	Facilit	·v	Ci tre	Ctata	Zip Code						
Hours - Des	cribe: «OffH	ours D	escrip	ot»		-1	CILY,	state,	Zip Code						
[]other - Des	cribe: «Othe:	Occu	pancy	Desc	ript»										
Scope of Work (Chec	ck all that	apply)						.r 15511	Containment w	ith Negatia	ro Pr	A 2 2 1 1	ra		
[X]>3 sf o	r ≥3 lf		[X	[]Reno	vation	110			Enclosure	IUI Negati	VC II	essu	- XII		
[]≥160 sf	or ≥260 lf		1] Demo	olition				bag Procedure						
			-	Is				[]NOII-E	riable Proced	T		Aba	teme	nt I	Туре
Locatio				ocation or mal				escription				R	1	E	E
Asbestos-Co Material	3.79		9	Used				stos-Con aterial		Amoun (Speci	200	E	IR IE	CA	C
TO BE A			B	Mai	n-		(i.e.	, therma	l systems	SF or		0 0	12 A	P	os
In Fact			Cu	stodi	al			2.5	acing, VAT,	LF)		A	I	U	U
(15	Yes	No.	N/A		or our	ici misce	zzaneous,			L		L	R E		
Basement					X	Pip	e II	nsulat	ion	30 lf		X			
									4-01-27						
Name of Registered	Waste Haule	r	100000	DEP W		1 5000	bic Ya		Name of Reg	istered La	ndfil	1			
AZTECH MANA	GEMENT,	INC.		uler 7040	ID No.	of	Waste	1.5	G.R.O.W	.S.					
City, State				Di	sposal	Date	City, State								
Montclair, NJ 07042						8	3-21	-14	Morrisv	ille, P	A 1	906	7		
												_			
Completed By (Print	않다. 시장하다 다양 (1987년 1987년 1	Title Pres		~ +			8	Signature				ate 3-7-1	4		
Constantine '	ATATGU	o T de	116				(1 V)	iam		1 6		1.50			

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Date of Notification (1)	14 .	N	lame of	Building (Owner/Opera	tor (2)	()	fauctio		LI	. C	
Agencies Notified AM Orype Statifica	ation	S	treet Ac	idress	1271	2	11-	A	21.		_	
ASSESTOS CONTOR OAmend	ed "		ity, Sta	te, Zip Co	de	<u> </u>	140c	AUZ				_
CENSING Amend			-		Scotch	n Pl	ر قدانه	N2	070	170	e	
DOH justifica	tion)		lame of	Contact	lillår		•	Telephone N	Number			
			FACIL		RMATION		· · · · · · · · · · · · · · · · · · ·				-	
Name of Facility Where Abatement is	~		i'15			1 ype	of Facility (School (K-1				:	
Street Address	_	1	4.)			Subchapter	8 (Other than K private & comme		linas	home	ac .
City (5)	estfield		AU 6	£			etc.)	# of Floors		idg. A		.5,
Westfield	NJ	- :	0	7090	C	Oqua	are reet	# Q) %-	_
County (6)				Code (7) ISE ONLY)		10		or if being demo	lished)		2	
Name of Monitoring Firm Hired by Buil	ding Owner (8)		ASCM				atement Cor		14 F	u	llin	5
EPC Techno	legics	b		NA		EP		chnole	gie) ,	In	16
Street Address Box	337				Str	P.O.	Box	337	9			9.9
City, State, Zip Code	7.14		19	53		State, 2	Zip Code	0 000	70	24	7.2	2
Project Manager for Movid right Firm	, 140	1	elephor	ne No.		ephone N	Egy No.	License	e No.		44	
Steve Schen	ea	6	,600	758-			8-336	5 (0	74	7	
Start Date (10) 8-22-14	Schedule	d Com	3-	Date (11)	Nai		C Tec	hnologie	SI	20		
Occupancy Status During Abatement (Check Only On	-	×		Stre	eet Addre	ess	~		-		
Facility Closed/Vacated During E Abatement Performed Outside of	ntire Period of A Normal Facility	bateme Hours	ent		City		Box.	33 t	1110 <u>2</u> - 111-1110			
☐ Other – Describe:			-				Egypt	TU	08	53	3_	
Scope of Work (Check All That Apply)	٠.					y ≘ Fi	- (,	ant with Noneth	Dec			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	₩ P	enovati emolitic				′□ M	ini-Enclosur		e Pressu	е		
						N N	lovebag Pro on-Exempte	d (*) and Non-Fr	riable Pro	the latest the		
		Locatio	20						1	100000000000000000000000000000000000000	ement rpe	
Location of . Asbestos-Containing Material (ACI	Use	d Solely	by by	Asbes	Descrip tos Containin	ng Materia	al (ACM)	Amount	-		Ē	m
TO BE ABATED In Facility		odial Si (12)		(i.e.	thermal syst surfacing,	VAT, or		(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)					other misce	ellaneous)		val	#	ulate	ure
	Yes	No	N/A	-1	3	٠,				-		
Basement 1	X	_		P	our Ti	les Ni n	1					
1" +1002		X		rape	200 1	HIV D	·					
Name of Registered Waste Hauler			IDEP Wauler ID		Cubic Yard of Waste	is		Registered Lan			_	۸.۲
EPC Technolog	ries		170	00	Disposal D	ate	City, Sta	te Manag		- 0	e t	M
City, State New Equpt	N5	``			Dispusai D	ale		u'syille	PA			
Completed by	Title	- , N	4		Signa	ture	550		Date		5.17=0.550E	
Steve Schenker	1 MRe	side	nI			KERAP	مان صور	SR.				

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Date of Notification (1)	14	N	lame of	Building Own	er/Operator	(2) V	ما ل	<	Ch	/ A		
Agencies Notified Type Notification	1 1	5	Street Ad	idress / / .	S & 1.	Kenn			311			
- ANSESTOS DENTROL			it. Ctot	4//	O No	orth Ha	rri's	೨೧	74	nee	+	
DEP & LICEN SI Amended Amendment #	. 3	_	ny, stat	e, Zip Code	Prince	too 1	ZU	08	350	10		
DOH Emergency (in justification)	cluding	1	lame of	Contact	<	21		none Nu	nber			
□ DCA □ Cancellation				ITY INFORM	ATION)hu						
Name of Facility Where Abatement is Taking			PACIL	ITT ME ORDE	Allon	Type of Facility	(4)				6	
Dingle tamily	D	سوا	line	1		☐ School (K- ☐ Subchapte		than K-1	2)			
Street Address 410 North b	lina	. <	_ <	theo t		Other (i.e.	private & c	ommerci	ial build	ings, l	nome	s,
City (5)						Square Feet	# of F	loors	В	dg. Ag		
Princeton	NZ		Sounty C			Current Use (Pr	ior if boing	domelic	hod)	60	4 -	
County (6) Mercer				ISE ONLY) _		Current Ose (Pi	ioi ii beirig	demois	ileu)			
Name of Monitoring Firm Hired by Building Ov	vner (8)		ASCM	No.	Name	of Abatement Co		1 1	2-4	9	-	
Street Address	316			MA	Street	Address.		Oles	106) =	In	6
Ro. Box 33	57				P	O. Box	337	}				
City, State, Zip Code	X/1	- (19	533	City S	tate, Zip Code	SAS	ALT	'A	15	12	3
Project Manager for Monitorial of Firm	46		elephor	ne No.	Teleph	none No.	PT	icense N	lo.			
Steve Schenken				758-33		758-33		O	03	14	7	
Start Date (10)	Schedule		pletion [Date (11)	Name	of OSHA Monitor	hnole	301.00	7		•	
Occupancy Status During Abatement (Check	Only On			9		Address	ű.	2	, 4	ıc		
Facility Closed/Vacated During Entire Pe						LO BOX	33	<u> </u>				
☐ Abatement Performed Outside of Norma ☐ Other – Describe:	l Facility	Hours	••			tate, Zip Code	- 41	T	785	33	3	
Scope of Work (Check All That Apply)						- J.P.			200			
≥3 sf or ≥3 if	2010	enovat emoliti			2	Full Containn Mini-Enclosu		legative	Pressur	е		
≥160 sf or ≥260 lf	ů o	emona	UII		2	Glovebag Pro	ocedure	Von Erial	hle Pro	sodure.		
	la	Locatio	n l			Non-Exemple	Janu I	NOTE HA		Abate	ment	
Location of	N	lomali	y		Description	of				Ty	oe	
Asbestos-Containing Material (ACM) TO BE ABATED	Mai	d Solel intenan	ce/			Naterial (ACM) s insulation,	6,000,00	ount ecify	Z.	T	Enc	Ē
In Facility	Cust	odial S (12)	taff?	s	urfacing, VA ner miscellar	T, or	SF	or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	Yes	No	N/A						a		ate	Ге
Back garage Bathroom	1,500	X		Pion	Insul	c tion	30	LF	×			
	×			Transit	e Pane	<u>uks</u>	120	SF	K			
garage	-			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
			ti									
Name of Registered Waste Hauler	٠.	100000	JDEP W auler ID		ubic Yards Waste	4	f Registere			,	C	λ.Λ
EPC Technologies			1700		isposal Date	City, Sta	ste Ma	lnage	men	0 (= 1	1
City, State	VJ.	χ.			3-32-1		nisyill	و	PA			
Completed by	Title	^			Signatur				ate	,, .	. ,	
Steve Schenker	HRe	sid	ent		Jole	are Dock	when		8-	11-1	Y	

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

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												23	o NJ	-14
Date of Notification (3/11/201	4			of Buil	ding Owne	er/Operator (2	2)	2014 A	UG 14	AM	6.5	·
Agencies Notified	Notif	ication -	Гуре		Stree	t Addres	ss					nii	٥٠٧	Z
W CMMONOPhys	() Ir	nitial No	tification		75 M	aiden l	Lane - Su	uite 509		A dies c	OTOO	0.544		10000
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() DEP	1 1	Amendm					NY 10038	13		č	LICE	4SIH	G	
(x) DOL			cy (inclu	dina	New	TOIK, I	NT 10030	0					<u> </u>	
(x) DOH		ustificati		ung	Name	of Con	ntact				Tel. Nu	mber		
() DCA		ancella			Mike	Denne	ehy							
	1 ()	uncona					Marin Said			1			-	
					The state of the s	ITY INF	ORMATIC							
Name of Facility Whe	ere Aba	atement	is Taking	Place	(3)			Type o	of Facility (4)				
								() Scl	nool (K-12)	i i				
Rockaway Project									ochapter 8		han K-1	2)		
Street Address								(x) Oth	er (i.e. pri	vate & c	ommerc	al buil	dinas	
63 E Main Street									mes, etc.				9	***
O:t (5)										# of F	-10000	Dida		
City (5)								Square	reet	# 01 F	loors	blug	. Age)
Rockaway														
County (6)							(7) (STAT	E Currer	t Use (Prid	or if bein	ng demol	ished)		
Morris					USE	ONLY)								
Name of Monitoring	Firm H	red by F	Sida Owi	ner (8)	ASC	/ No	Na	me of Contra	ctor (9)					
I value of worthorning		iled by t	Jug. Ow	ilei (o)	7001	VI INO.		d & Sons, Ll						
								0.115.0007.5000.015.05.05.05.07						
Street Address							Str	eet Address						
							36	5 River Driv	е					
City, State, Zip Code							Cit	y State, Zip C	ode					
Oity, Otato, Zip Godo	ty, otato, zip oode							arfield, NJ 07						
	oject Manager for Monitoring Firm Te									· · · ·				
Project Manager for	roject Manager for Monitoring Firm Tele					Ē.		lephone Num			License		er	
							(9)	73)685-9791			01191	A		
Scheduled Start Date	e (10)		Sch	eduled C	ompletio	n Date (11) Na	me of OSHA	Monitor					
08/12/2					/12/20			stor Tech						
			1 (0)	- 1717										7777.1 47
Occupancy Status D	uring A	bateme	nt (Chec	k only of	ne)		2000000	eet Address	۸ـ					
(v) Engility Classed ()		During	-ntire De	riad of A	hatama	+	10	-59 Jacksor	Avenue					
(x) Facility Closed/Va () Abatement Perform						ent	Cit	y, State, Zip (Code					-
() Other – Describe		outside (n Norma	racility	nours			ng Island Ci		101				
() Other – Describe								ing roland of	.,,,,,,,,,					
Source of Work (Che	eck ali t	hat app	y)											
							() Full Contai		Negati	ve Press	ure		
$(x) \ge 3 \text{ sf or } \ge 3 \text{ lf}$			1.1	Renovati			() Mini-Enclos						
(x) ≥ 160 sf or ≥ 260	lf		()	Demoliti	on		() Glove bag	Procedure					
							(x	Non-Exemp	oted (*) and	Non-F	nable Pr	ocedu	e	
35			1	s Locati	on						At	ateme	nt Ty	ре
Location	n of		No	rmally L	Jsed								T	
Asbestos-Contair	ning Ma	aterial		Solely b	y	100		of Asbestos	Δ,	mount	-		m	
(ACM			M	aintenar	nce/		•	erial (ACM) (i.	e. (S	pecify	R _e	70	100	nc
TO BE AB			Cu	stodial S	Staff?			ms insulation,		or LF)	Remova	Repair	Encapsulate	Enclosure
in Facil				(12)		Su		AT, or other		J ,	Va	≌.	드	Sur.
(13)			V	NI.	NI/A		miscella	ineous)					e	(D)
			Yes	No	N/A							. Kana		
Basement					X	VAT			1,7	732 SF	X			
1 st Floor				1	X	VAT			2.	70 SF	X			
1 11001	-		VAI				0 01		-					
	1	1	J				1.							
Name of Reg. Waste Hauler NJDEP						r ID#	1	ards of Waste		of Reg.				22
Cid & Sons, LLC					905			TBD	G.R.O	.W.S.,	Waste I	vlanag	eme	nt
City, State							Disposa	Date	City, St	ate				
Garfield, NJ								TBD		ville, P	Α			
Completed by Title						Sign	ature			1	Date			
			roject M	lanager	,	Julian	1) OAD	dim			3/11/2	014	
Troque Scriipilliti J	Roque Schipilliti Jr. Project Manag						- 1	ove With	HAIR		U	-1 112	J 1-T	

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Date of Notification (1)			Building C			(2)		RE	CE	11	/ F	n				
08/08/14	Tv == 1	atifiaction			Street Ac	n Kanty	Churc	<i>ا</i> ا							permiss.	-
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er says		nergency (Name of						STES elep@one	MICORDA	Cil	H	RO	\vdash
DOH		stification) ancellation				y Wrigh	t				eleh o	Mr. Mal	30	I ES		
DCA DCA		ancellation				ITY INFO		ON		3 to					-	
Name of Facility Where	Abateme	nt is Takin	g Place (3)	FACIL	TIT INCO	KINAII	ON	Type of I	acility (4)				-		
St.John Kanty Scho			•	*.					-	iool (K-12)						
Street Address									Sub	chapter 8 (O						
37 Speer Ave.										er (i.e. privat	e & comm	ercial b	uild	ings,	home	es,
City (5)				_				-	etc. Square F		of Floors		BI	dg. A	ge	
Clifton									20,240				1000	5+	3-	
County (6)	-				County C	ode (7)				Jse (Prior if b	eina demo	olished)			
Passaic					(STATE L	SE ONLY)			Schoo	ÿ.	og = o					
Name of Monitoring Firm	Hired b	v Building	Owner (8)		ASCM	No		Name	of Abatem	nent Contract	or (9)					-
Environmental Tac			OWNER (0)		0045				o Service		J. (J)					
Street Address					1			Street	Address							
64 Broad St.								156	Maple A	ve.						
City, State, Zip Code	-			-				City, S	State, Zip C	Code						
Matawan, NJ 07747	7					Panta and	Wall	ington, N	NJ 07057							
Project Manager for Mor	oject Manager for Monitoring Firm								none No.		Licens					
Thomas Geiger					732-29	0-2217		973-	406-734	-1	0110	7				
Start Date (10)			Schedule	ed Cor	npletion [Date (11)			of OSHA		-					
08-18-14			09-15-	14				Lesla	aw Nalo	dka						
Occupancy Status Durin	g Abater	nent (Chec	k Only On	ne)					Address							
➤ Facility Closed/Vac	ated Dur	ing Entire	Period of A	Abaten	nent				Maple A	1 222						
Abatement Perform		de of Norn	nal Facility	Hours	3			1000	tate, Zip 0							
Other – Describe:								Wall	ington, I	NJ 07057						
Scope of Work (Check A	II That A	pply)				1,1,7,7,7,1		MILLIANDER DE	_							
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× ≥160 sf or ≥260 lf)emolit	ion			-		nclosure bag Procedu						
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TO BE AB				intena todial S		(i.e.			s insulatio		(Specify	1	Rer	Re	nca	inc
In Facil				(12)				cing, VA niscellar			SF or LF)		Remova	Repair	Encapsulate	Enclosure
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4-1-5-			163	*	INIA		1/4	T/Mas	tio		5,532 sf.	*	33			
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1 st floor					-			ng Pla			3927 227097	-	-		-	
2 nd floor							VA	T/ Mas	stic		5,532 sf.	*				
		Section 1			UDEDW		Cubia	Yards		lame of Regi	atorod I or	oden.				
Name of Registered Waste Hauler					IJDEP W lauler ID	2000 CO 10 P.	of Was		1/2000		stereu Lai	ioiiii				
Atlantic Carting LLC.					6085		50			ESI						
City, State							Dispos	sal Date	1000	City, State	78-07-00					
Wayne, NJ							09-16	5-14	E	Bethlehem	,PA					
Completed by	oleted by Title						S	Signature				Date	388 2			-
Leslaw Nalodka			Pres	ident				/	Noh	-		08-0	8-	14		

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

RECEIVED Name of Building Owner/Operator (2) Date of Notification (1) **PSEG** AUG 11, 2014 2014 AUG 14 AM 6: 17 Street Address Notification Type Agencies Notified 80 Park Plaza ASSESTOS CONTROL (X) Initial Notification (X) EPA & LICENSING City, State, Zip Code (X) DEP) Amended Certification Newark, NJ 07102-4109 () Cancelled (X) DOL (X) DOH Tel Number (X) DCA Name of Contact THOMAS COATES **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) () School (K-12) BLC-BER-DEM PIPEFITTERS HALL) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc. Street Address 1000 HENDRICKS CAUSEWAY Sq. Feet 100000- of Floors 2 Bldg. Age 45 County Code (7) City (5) County (6) Current Use (prior if being demolished) UNION HALL (State Use Only) RIDGEFIELD BERGEN Name of Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Absolut Ace Inc. Street Address Street Address PO BOX 295 City State, ZipCode City, State, Zip Code Florham Park, NJ 07932 License Number Telephone Number Project Manager for Monitoring Firm Telephone Number 00225 (973) 410-9217 Scheduled Completion Date (11) Name of OSHA Monitor Scheduled Start Date (10) MECS NOV 1, 2014 SEPT 2, 2014 Street Address Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement 5 Linwood Ct () Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Hamilton, NJ 08690 Describe Other - Describe Source of Work (Check all that apply) () Demolition (X) Renovation () Minor Proj. (<25 SF or <10 LF ACM) (X) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure Amount (Specify SF or LF) Abatement Type Description of ACM (i.e. Is Location Normally Used Location of Asbestos-Solely by Maint./Custodial thermal systems insulation, Containing Material (ACM) in surfacing, VAT, or other Staff? (12) Facility (13) Encap Enclose Rep. Rem. NA miscell.) YES NO Pipe Insulation, VAT & 10,000 square feet Floors 1-2 MASTIC Name of Reg. Landfill Cubic Yards of Waste Name of Reg. Waste Hauler NJDEP Waste Hauler ID # 60 BY OWNER City, State Disp. Date City. State Date Signatúre Completed by (Print or Type) Title 8/11/14 VP ROBERT GROGAN

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

RECEIVED

Date of Notification (1) 08/12/14				Name of NICK	f Building	Owner/	Operator	(2)		20	14 AUG	314	A	ы	۲۰ :	
Agencies Notified Typ	Notification Initial			Street A 14 ALF	ddress PINE ST	· n										
DEP DOL	Amended Amendment				ite, Zip Co IELD N						皇EST & L	ICEN	51	A G	RO	L.
▼ DOH .	Emergency (i justification) Cancellation	including	1110	Name of NICK	f Contact					Tol	onher-					
				FACI	LITY INFO	DRMAT	ION		-			- 20-0180 <u>-0</u>				
Name of Facility Where Abate Street Address	ment is Taking	Place (3)							of Facility (4) School (K-12) Subchapter 8)		(40)				
14 ALPINE ST								X e	Other (i.e. prietc.)	vate 8	& comme		uildi	ngs,	home	es,
City (5) GARFIELD								Squar 1200	e Feet	# of 2	f Floors		Blo	lg. 🕰	ige	
County (6) PASSAIC					Code (7) USE ONLY			Currer HOM	nt Use (Prior 1E	if bei	ng demo	olished)				
Name of Monitoring Firm Hire	by Building C	Owner (8)		ASCN	I No.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ement Contr PROFES							
Street Address								Addres	s DOVE CO	JRT	6					
City, State, Zip Code								State, Zip EWOC	p Code DD, NJ 087	701						
Project Manager for Monitorin	j Firm			Telepho	ne No.		100000000000000000000000000000000000000	none No 668-90			License 1200	e No.				
Start Date (10) 08/22/14		Scheduled 08/22/14		npletion I	Date (11)				A Monitor PROFES	SIO	NALS	V - 80 H, WOOD				
Occupancy Status During Aba	tement (Check	Only One	2)				Street	Addres	s	-						
Facility Closed/Vacated I Abatement Performed On	ouring Entire P	eriod of Al	oatem	nent				HITE D	OOVE COL	JRT						
Other – Describe: Scope of Work (Check All Tha	t Apply)					_			DD, NJ 08	701		-				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	4	-	enova emolit				×	Mini Glov	Containmen i-Enclosure vebag Proce i-Exempted (dure					e	
		ls L	ocati	on										batt	ement	
Location of		1	ormal	5 1/2 mm		De	scription	of				-		Ту	pe	
Asbestos-Containing Mate TO BE ABATED In Facility (13)	rial (ACM)		Sole itenar idial S (12) No	nce/		therma surfa	taining M I systems acing, VA miscellar	s insulat T, or		(8	mount Specify or LF)	removal	Domoual	Repair	Encapsulate	Enclosure
BASEMENT	BASEMENT						TSI			1	0LF	X	1			
Name of Registered Waste Ha NEWARK CARTING	uier		Н	JDEP W auler ID 4509		of Wa	: Yards iste		Name of Re	egiste	red Lan	dfill				
City, State NEWARK, NJ						Dispo 08/22	sal Date 2/14		City, State BETHLE	HEN	1 PA					
Completed by JOSEPH PERLSTEIN		Title OWNE	ER			5	Signature	;				Date				

CHECK # 12023 [FT9PV 5735		CHECK	# Rof C#19PV5725	L
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Date of Notification (1) 08-07-14			Building Owr			2014 Aug		to the second		
Agencies Notified Type Notification		Street A 581 M	ddress ain Street			1645	4 A	H 6	: 27	7
EPA Initial DEP Amended DOL Amendmen			ite, Zip Code oridge, NJ	07095	11	2014 AUG ASSESTO & LIC	S CO	HII	ROL	
DOH justification DCA Cancellatio)		Contact			Telephone No	mha-	VO		
		FACI	LITY INFORM	MATION		1				
Name of Facility Where Abatement is Taki NJ Turnpike Pump House at Pier Street Address Pump House at Pier 52 Beneath I	52	between	Exits 15X	& 15W				lings	home	es,
City (5) Secaucus		Van 94			Square Feet 5,915	# of Floors	200000	ldg. A		
County (6) Hudson			Code (7) USE ONLY) _		Current Use (Prio Station	r if being demolis	hed)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASCN	Л No.	(I) VY3.543775 (IV)	of Abatement Con acle Environme					
Street Address					Address Broad Street					
City, State, Zip Code					State, Zip Code stadt, NJ 07072				4	
Project Manager for Monitoring Firm		Telepho	ne No.	Telep	hone No. 939-6565	License 00756	No.			
Start Date (10) (2)08-06-14	Scheduled (2)10-01-		Date (11)	Name	of OSHA Monitor					
Occupancy Status During Abatement (Che		17			Address					
N 97% 200 200 200 200 200 200 200 200 200 20					9 Jackson Ave	nue				
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:					State, Zip Code g Island City, N	Y 11101				
Scope of Work (Check All That Apply)					5					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	ovation nolition			Mini-Enclosure Glovebag Prod				e	
	lalla					\ / \ \ / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			emen	t
1		cation mally		Descriptio	n of			Ту	/ре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mainte Custod (*	Solely by enance/ ial Staff? 12)	(i.e. the	Containing	Material (ACM) ns insulation, AT, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Roof	100	x	Ro	oofing & T	ransite	600SF	x			
Interior		X		Gasket	ts	12LF	x			
Interior		х		Wire Wr	ар	200LF	х			
				0						
Name of Registered Waste Hauler ATC, Inc.		NJDEP V Hauler ID 24310	No. c	Cubic Yards of Waste BD	N 00 000 000	Registered Landi nd Company	ill			
City, State Shirley, NY 11967		1		Disposal Date		e abylon, NY		-		
Completed by Joseph Patrick	Title Project	Manager		Signatu) 8-07-	14		

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			(P		to NJAC			191	ECE	ME	- D					
Date of Notification (1) 06/20/2014					f Building (eNovo G		Operator (2)	-0-	8 W L	• is-					
Agencies Notified	Type Notification			Street A	ddress West Ra	ndolp	h Street	014 A	UG 14	AH	6: 28				-242 (1)	
EPA DEP DOL	Initial Amended Amendment				ate, Zip Co go, IL 60		Δ	STE 2	STOS LICE	CON	TROL					
DOH DCA	Emergency (justification) Cancellation	including		Name o	f Contact King					tel	ephone N	lumb	er			
Lad .			_	FACI	LITY INFO	RMAT										
Name of Facility Where A DeNovo New Bruns Street Address		g Place (3)					Sc Si	f Facility (chool (K-1 ubchapter ther (i.e. p	2) 8 (Oth			uild	inas.	home	25.
760 Jersey Ave								et et	c.)			0.001071				
City (5) New Brunswick								Square 310,0	00	1	f Floors		68	dg. A gyrs		
County (6) Middlesex					Code (7) USE ONLY)				t Use (Prid trial Wa			lished)			
Name of Monitoring Firm Amereco Engineering		Owner (8))	ASCN	И No.		Shore	line C	ment Con contracts		(9)					
Street Address 204 E. Jefferson Str	reet						Street A 85 Ke						V			
City, State, Zip Code Valparaiso, Indiana	46383						City, Sta Carlst		Code IJ 07072	2	- 67					
Project Manager for Mon John Blosky	itoring Firm			Telepho (219) 5	ne No. 531-053	1	Telepho (201)				License 01230					
Start Date (10) 06/30/2014		Schedul 09/30/		npletion	Date (11)				A Monitor lichalik							
Occupancy Status During	Abatement (Chec	k Only O	ne)	-	ZHEKITE		Street A									
Facility Closed/Vaca Abatement Perform Other – Describe: _	ated During Entire F ed Outside of Norm	Period of all Facility	Abaten y Hours	nent			85 Ke City, Sta Carlst	ate, Zip		sey 07	7072					
Scope of Work (Check Al	li That Apply)														10010	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Contract Contract	Renova Demolit				×	Mini- Glov	Containme Enclosure ebag Prod Exempted	e cedure					e	
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office/mezzan	ino oros	Yes	140	IN/A		\/Δ	T Floor T	Tile	-	12	000 SF	,	-			
office/mezzan				SIRVE CSV	nsite Pa				00 SF	,						
office/mezzan		X		-		The House	e Insulat	798911			00 LF	,	\dashv	-		
office Ar		X				ille	Mastic		S		3500	,				
Name of Registered Wast			I N	JDEP W	/aste	Cubir	Yards		Name of							-
Asbestos Transporta		INC.	0.000	auler ID	77.50	of Wa	aste		Cycle C							
City, State Shirley, NY							osal Date 0/2014		City, Stat Elizabe		J					
Completed by Michael Colman		Title Presi	ident				Signature	0	W	a		Date 08/0		014		



	e of Notification (1) 8/08/2014					Name of Wood	Building Obridge V	Owner/C F, LLC	perator c/o V	(2) ornad	o Realty	Trust	8110	₩.	₹¥	E)	
Age	ncies Notified	Type N	otification			Street A	ddress					2019	AUG	14	AH	6:	20	
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×××	DEP DOL	_ Ar	nended nendment #		_	3500	ite, Zip Co nus, NJ (0910			A 55	EST ELI	@S CEN	COA	TR	01.	
×	DOH DCA	jus	nergency (i stification) ancellation	ncluding			Contact D. Knop	. P.E.				Tele	phone	e Numi	oer ff	ti		
						311-05-770-770-77	LITY INFO		ON				-				-	
Security Control of the Control	ne of Facility Where a			Place (3)					PROPER	of Facility (4					-0.0-2		
	et Address	unig c	pace o			9				fireground.	School (K-12 Subchapter (er than	K-12)				
	5 King Georges	Road								×	Other (i.e. pretc.)					ngs,	home	ıs,
City	(5)										re Feet	# of	Floor	S	Bi	dg. A	ge	
Wo	oodbridge Towns	ship								20,0		1			50)		
100000000000000000000000000000000000000	inty (6)						Code (7) USE ONLY)			Curre	nt Use (Prio	r if beir	ng den	nolishe	d)			
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Stre	et Address								Street	Addres	SS	27.20				-		
100	Broad Street										on Avenue	e, Uni	t 365	5				
2.4000	, State, Zip Code atawan, NJ 0774	7									ip Code J 07012							
100	ect Manager for Mor omas Geiger			Telepho (732)	ne No. 290-221	7		none No) 450-			Licer 010	nse No 36						
	t Date (10) 18/2014	Schedule 9/8/201		mpletion	Date (11)				HA Monitor ntracting,	Inc.								
Occ	upancy Status Durin	g Abaten	nent (Check	Only On	e)		-		Street	Addres	ss							
×	Facility Closed/Vac	ated Duri	ng Entire F	eriod of A	bater	ment			1360) Clift	on Avenue	e, Uni	t 365	5				
H	Abatement Perform Other – Describe:	ed Outsi	de of Norm	al Facility	Hour	S					ip Code							
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	TO BE AB In Facil		25	Cust		Staff?	(1.6.		cing, VA		auon,		or LF		Remova	Repair	cap	nclo
	(13)				(12)			other r	miscella	neous)					oval	<u> </u>	Encapsulate	Enclosure
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	Ground Level					X		Vinyl	Floor	Tiles		36,0	000 5	SF	Х			
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Atlantic Carting					ŀ	Hauler ID		of Wa	ste	(8)	IESI PA	8773			dfill	Cor	n	
70					١	NJ-641		40 Y					iici iei	ii Ldl	iuill	-01	۲.	
	, State yne, NJ 07470			mana / #46-com -t. / 100 ft. €				Dispo TBD	sal Date		City, State Bethleh		PA					
in a commence of	Completed by Title								Signature	1/1	11	, -		Dat	e	41-		-
	ena Zoric			utive	Direct	or		V	V	2	_			/08/2	014			