NI

State of New Jersey

hous			NOT	IFICA Pursu	ATION OF A	ASBESTOS ABA 8:60-7 and 12:	TEME	NT	and of the second	1	E ((D E	U \
Date of Notification (1)					Nar	ne of Building RCK SHARP &	Owner	Operator	(2)		garage	1020-	
8 / 13 /1	R					et Address	DOI 1111	L OOK .	<u> </u>		_ A	10 1	7.2
Agencies Notified Type No		ion				E. LINCOLN A	VENUE	PO BO	X 2000 RY28-	414			
DEP x Ar		tificati		n #9	City	, State, Zip Cod HWAY, NEW JE	е		, ,	-114	- fi	1.14	
X DOH X Or	Hold				Nan	ne of Contact			Telephone N	lumber		2	
DCA EN	/IERG	ENCY	NOT	IFICA	TION PAT	RICIA JOHNS	NC		732-594-225				
N					FACILITY I	NFORMATION							
Name of Facility Where Abatement MERCK SHARP & DOHME CORPO			Place	e (3)			Тур	School (K	(-12)				
	JINATI	OIN					X	Other (ie.	er 8 (Other that private & com	an K-12) mcl. bld	as h	nmes	etc.)
Street Address 126 EAST LINCOLN AVENUE - BU	ILDIN	G 80N					5550	uare Feet 40,000	# of Floor			lg. Ag	
	unty	6)				nty Code (7)	Curr	ent Use (P	rior if being de	molishe	d)		\neg
Name of Monitoring Firm Hired by	IION Build	ling C	wner	(8)	(STAT	ASCM No.		MERCIAL	ement Contrac	nto = (0)			
ENVIRONMETAL HEALTH INVEST	IGATI	ONS,	INC.	(0)		104	PAR	ENVIRON	IMENTAL COR	Ctor (9)	TION		
Street Address						-	Stree	et Address		0101	11011		\neg
655 WEST SHORE TRAIL City, State, Zip Code		2202						SPOOK RO State, Zip	OCK ROAD				
SPARTA		V JER	SEY	0787	1		1		Code W YORK 1090	11			
Project Manager for Monitoring Firm		-		e Number			phone Num		icense	Numb	er		
WILLIAM S. KERBEL, CIH Expected State Date (10)	IC-I		-729-		///		369-7500		1101				
7 / 16 /18	Ė	Scn		ompi	etion Date 15	Programme and the second	32000	e of OSHA	Monitor ORATORIES	INIC	4	11480	
Month Day Year		M	onth		Day	Year		MOOI LAD	ONATORIES	IIVC	Ħ	11400	
Occupancy Status During Abatemer X Facility Closed/Vacated I Abatement Performed Ou X Other - Describe: FR	Ouring utside	Entire	Perio	od of	Abatement Hours - De	escribe:	117		H STREET				
SA	TURD	AY 7A		30 PI	Л		City,	State, Zip	Code V YORK, NEW	/ VORK	10016		
Scope of Work (Check all that apply Demolition >3SF OR LF X >160 SF OR 260 LF	X		ovatio			X Mini Encl X Glovebag	o , Proce	it with Nega	ative Pressure	ronic	10010	,	
Location of	- 10.10	Is	Loca	tion	Г г	X Non-Friat Description of As			I				
Asbestos-containing			mally		c	ontaining Materi	ial (AC	M)	Amount		Abaten		
Material (ACM)		11/2/17/17	olely			(ie. Thermal sy	stems		(Specify	REMOV	REPAIR	ENCAP	ENCLO
TO BE ABATED in Facility (13)		100000000000000000000000000000000000000	nt/Cus itaff (*			sulation, surfaci or other miscella			SF or LF)	18	Ħ	PS	SO
		Yes		N/A	1	or other miscens	neous	,		PA.		SUL	SUR
1ST FLOOR CORRIDOR				х	ACM MAS	TIC	comp	lete	5,720 SF	Х			
1ST FLOOR CORRIDOR			_	X	PIPE FITT	INGS	comp	lete	489 LF	×			
1ST FLOOR CORRIDOR				Х	DUCT INS	ULATION	comp	lete	400 SF	×			
1ST FLOOR CORRIDOR				X	PIPE SAD	DLES	comp	lete	6 LF	X			
1ST FLOOR CORRIDOR					DUCT SEA	AM MASTIC	comp	lete	12 SF	X			
1ST FLOOR CORRIDOR				X	PIPE INSU	JLATION	comp	lete	250 LF	X			
1ST FLOOR CORRIDOR									800 SF	X			
ADDITION TO SCOPE:									1		1		
1ST FLOOR	1ST FLOOR X								55 SF	×			
Name of Registered Waste Hauler		V2.05.52.517.35	P W	aste	FLOOR MA	ls of Waste	Name	of Registe	ered Landfill			1	
FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State			er ID 15939			130	447 A	LEXANDE	UNTY RESOU R DRIVE/ROL		ANAG	EMEN	IT SE
FREEHOLD, NEW JERSEY					Disposal D 11/29/17-1		MON	State /	, PA 17752		3	7	1
Completed by (Print or Type) BENJAMIN SANCHEZ	Title		R OF	OPE		Signature	4	X		ate C		13	1

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

CK 32405

Date of Notification (1)							ner/Operator (: HME CORP.	2)		E	C	E		W E
7 / 12 /18					et Address			0000 BV0		(1		1.0		1
Agencies Notified Type Notif				126	E. LINCOLN	AVE	NUE, P.O. BOX	. 2000, RY2	8-414		Ait	1 1	7 0	113
DEP x Ame	l Notificat nded Not cellation		n #8		, State, Zip Collins NEW .		EY 07065		The Part of the Pa	Memory	nu	2 1	¥ £	1/10
X DOH On H	lold RGENCY	NOT	IFICAT		ne of Contact RICIA JOHN			Telephone 732-594-22	Numb 257	erAS	35.67 L	IOS (IGEN	DIN SINC	FIOL 8
				ACILITY I	NFORMATIO									
Name of Facility Where Abatement	is Taking	Plac	e (3)			1	Type of Facility							
MERCK SHARP & DOHME CORPOR	ATION							er 8 (Other to private & co			s hor	mes.	etc.)	
Street Address						Ť	Square Feet	# of Flo		I		. Age		1
126 EAST LINCOLN AVENUE - BUIL	DING 801	4					40,000	1				65		
RAHWAY UNIC					nty Code (7) E USE ONLY	()	Current Use (Pr COMMERCIAL							
Name of Monitoring Firm Hired by E ENVIRONMETAL HEALTH INVESTIG			r (8)		ASCM No 104		Name of Abate PAR ENVIRON				ON			
Street Address	1 1 1040-07-07-07-07-07-07-07-07-07-07-07-07-07				ne de la composition	1.7	Street Address	OV DOAD						
655 WEST SHORE TRAIL City, State, Zip Code							313 SPOOK RC							-
SPARTA,	NEW JE	RSEY	07871				SUFFERN, NEV		901					
Project Manager for Monitoring Firm				Number			Telephone Num			nse N	umbe	r		1
WILLIAM S. KERBEL, CIH		973	3-729-5	649		8	845-369-7500		110	I				
Expected State Date (10)	Sc			etion Date		- 1	Name of OSHA							
7 / 16 /18 Month Day Year	1	ا Nonth	1 /	15 Day	5 /18 Yea		AMERISCI LAB	UKATUKIE	:5 INC	•	#	11480		
Occupancy Status During Abatement	(Check o	nly on			100	_	Street Address							1
X Facility Closed/Vacated Du						1	117 EAST 30TH	STREET						
Abatement Performed Outs X Other - Describe: FRID	SIDE OF NO DAY 5PM		-acility	Hours - De	escribe:	(City, State, Zip	Code						-
The second secon	URDAY 7		:30 PN	1		1		V YORK, NE	EW YO	DRK 1	0016			
Scope of Work (Check all that apply)		 					nment with Nega	ative Pressu	ıre					
Demolition >3SF OR LF	X Re	novati	on		X Mini E		rocedure							
X >160 SF OR 260 LF							Procedure							
Location of		s Loc	ation		Description o					At	atem	ent T	уре	1
Asbestos-containing	no		y used		Containing Ma		AND AND AND ADDRESS OF THE PARTY OF THE PART	Amou		R	R	E	E	1
Material (ACM)		solely			(ie, Therma			(Speci		REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR	
TO BE ABATED in Facility (13)	IVIE	Staff	ıstodial (12)	"	nsulation, sur or other misc			SF or L	_୮)	Š	코	PSI	SC	
33 (13)	Ye	s No	-									JL	ֹאַ	
1ST FLOOR CORRIDOR			х	ACM MAS	STIC	(complete	5,720 SF		X				
1ST FLOOR CORRIDOR			X	PIPE FIT	TINGS	(complete	489 LF		X				
1ST FLOOR CORRIDOR		1	X	DUCT IN:	SULATION	(complete	400 SF		X		_		
1ST FLOOR CORRIDOR			X	PIPE SAD	DDLES	(complete	6 LF		X				
1ST FLOOR CORRIDOR		-		DUCT SE	AM MASTIC	(complete	12 SF		X			_	1
1ST FLOOR CORRIDOR			X	PIPE INS	ULATION	(complete	250 LF		X		-	_	-
1ST FLOOR CORRIDOR	FIRE DO	ORS (40)			800 SF		X							
ADDITION TO SCOPE:														
1ST FLOOR			X	FLOOR N	MASTIC	Ċ	complete	55 SF		X				
Name of Registered Waste Hauler							Name of Regist	ered Landfil				•		1
FREEHOLD CARTAGE, INC.	Ha) No.		130		LYCOMING CO				NAG	EME	NT SE	=
825 HIGHWAY 33 City, State		159	39	Disposal	Date		447 ALEXANDE City, State	R DRIVE/F	NOU II	_ 15				-
FREEHOLD, NEW JERSEY	g //			11/29/17-	11/15/18		MONTGOMER	Y PA 1775	2					
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECT	OR O	F OPE	RATIONS	Signature	/			Date	7	-13	2-18	31	

Date of Notification (1)		Name of Building MERCK SHARP 8		(2)	E (, E	
6 / 27 /18 Agencies Notified Type Notification		Street Address		1111			
		126 E. LINCOLN A		X 2000, RY28-41	4	110 1	7. 2015
DEP X Amended X DOL Cancellat	Notification #7	City, State, Zip Co RAHWAY, NEW J	de ERSEY 07065		P	00 1	7
X DOH X On Hold EMERGE	ENCY NOTIFICA	Name of Contact ATION PATRICIA JOHNS	ON	Telephone Nun 732-594-2257	ber		LINVER EARLE
		FACILITY INFORMATION		1.00.00.000		1.152-1	
Name of Facility Where Abatement is Ta	aking Place (3)		Type of Facili	ty (4)			-
MERCK SHARP & DOHME CORPORATION	NC		School (F	ter 8 (Other than I	K-12)		MO 100
Street Address 126 EAST LINCOLN AVENUE - BUILDING	2.001		Square Feet	# of Floors	l. bldgs	Bldg. Ag	, etc.) ge
at (a)		County Code (7)	40,000	1		65	
RAHWAY UNION	•	County Code (7) (STATE USE ONLY)	COMMERCIAL				
Name of Monitoring Firm Hired by Build ENVIRONMETAL HEALTH INVESTIGATION	ling Owner (8) ONS, INC.	ASCM No.		ement Contracto	o <mark>r (9)</mark> ORATIO	ON	
Street Address 655 WEST SHORE TRAIL			Street Address				
City, State, Zip Code			313 SPOOK R City, State, Zip				
SPARTA, NEV	V JERSEY 0787	1		W YORK 10901			
Project Manager for Monitoring Firm		e Number	Telephone Nur		ense Nu	ımber	
WILLIAM S. KERBEL, CIH Expected State Date (10)	973-729-		845-369-7500	110)1		
6 / 22 /18	11 /	letion Date (11) 15 /18	Name of OSHA	A Monitor BORATORIES IN		#1148	20
Month Day Year	Month	Day Year		BOIGHT OINES IN	C	#1140	0
Occupancy Status During Abatement (Che X Facility Closed/Vacated During	ck only one)	Abatamant	Street Address				
Abatement Performed Outside of	of Normal Facility	Hours - Describe:	117 EAST 30T	HSIREEI			
X Other - Describe: FRIDAY 5	5PM-1AM		City, State, Zip				
Scope of Work (Check all that apply)	AY 7AM -3:30 PI			W YORK, NEW Y	ORK 10	0016	
Demolition X	Renovation	X Full Cor X Mini En	ntainment with Neg clo.	gative Pressure			
>3SF OR LF		X Gloveba	g Procedure				
X >160 SF OR 260 LF Location of	T		able Procedure				
Asbestos-containing	Is Location normally used	Description of A Containing Mate		Amount		atement	
Material (ACM)	solely by	(ie. Thermal s	systems	(Specify	REMOVAL	REPAIR	NO I
TO BE ABATED	Maint/Custodia			SF or LF)	100	AR P	5
in Facility (13)	Staff (12) Yes No N/A	or other miscel	laneous)		A	ENCAPSUL	ENCLOSUR
1ST FLOOR CORRIDOR	x	ACM MASTIC	complete	5,720 SF	Х	-	
1ST FLOOR CORRIDOR	X	PIPE FITTINGS	complete	489 LF	X		
1ST FLOOR CORRIDOR	X	DUCT INSULATION	complete	400 SF	X		
1ST FLOOR CORRIDOR	X	PIPE SADDLES	complete	6 LF	X		
1ST FLOOR CORRIDOR		DUCT SEAM MASTIC	complete	12 SF	X		
1ST FLOOR CORRIDOR	X	PIPE INSULATION	complete	250 LF	X		
1ST FLOOR CORRIDOR		FIRE DOORS (40)		800 SF	X		
ADDITION TO SCOPE:							
1ST FLOOR	x	FLOOR MASTIC	complete	55 SF	X		
Name of Registered Waste Hauler	NJDEP Waste	Cubic Yards of Waste	Name of Regist	tered Landfill			
FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	Hauler ID No. 15939	130	LYCOMING CO	DUNTY RESOUR ER DRIVE/ROUT	CE MAI	NAGEME	NT SE
City, State FREEHOLD, NEW JERSEY	10000	Disposal Date	City, State//		;		
Completed by (Print or Type) Title		11/29/17-11/15/18 Signature /	MONTGOMER	Y , PA 17752 Dafi	_/_	11	
	ECTOR OF OPE	RATIONS		10	2/1	111	V

Date of Notification (1)						ne of Buildir RCK SHARP	_			(2)	ţumannuq		er and take to the face o			- David State Control of	erto au-
6 / 15	/18				10000000	et Address	Q D	OI IIVIE GC	ixr.		1-1	Ę	<u></u>	E	1 7	W	E
	Notification	n	-				i ave	NUF PC	BOX	(2000, RY28-4	114	Lto.	- 65	1225		L.J	
ПЕРА	Initial Notif		n			State, Zip C					Hel	-			-		
DEP X	Amended	Notifi		#6		WAY, NEW		SEY 0706	5				AUG	1	7 20	718	
X DOL	Cancellation On Hold	on			Nom	e of Contact				IT-Ib N	1 4 1-2		es name ou		_		
DCA		NCY I	NOTIF	FICAT		RICIA JOHN		1		Telephone No 732-594-2257					-		um Nacht one)
				F	Contract Section 19	NFORMATIC	250000000				+	ASI			IDNTI SING		. &
Name of Facility Where Abater	ment is Tak	ing F	Place	(3)				Type of F							-	Kindonson	
MERCK SHARP & DOHME COR	DODATIO	N.I							ool (K-								
WERCK SHARF & DONIVE COP	RPURATIO	IN						X Oth	cnapte er (ie	er 8 (Other that private & comr	n K-12) ncl. bldd	is hr	mes	etc)			
Street Address								Square	Feet	# of Floors			g. Age		7		
126 EAST LINCOLN AVENUE -					,			40,00		1			65				
City (5) RAHWAY	County (6) UNION)				ty Code (7)		Current U COMMER		ior if being der	nolished	1)					
Name of Monitoring Firm Hired	by Buildin	ng Ov	vner	(8)	1 (01)	ASCM N				ment Contrac	tor (9)			-	\dashv		
ENVIRONMETAL HEALTH INVE	STIGATIO	NS, I	NC.	2000 P.A.		104				MENTAL COR	PORÁT	ION					
Street Address 655 WEST SHORE TRAIL								Street Ad		OCK ROAD							
City, State, Zip Code						ennesser		City, State	Charles of the Control of the Contro	The state of the s					-		
	RTA, NEW	JERS		100000000000000000000000000000000000000						V YORK 1090							
Project Manager for Monitoring F WILLIAM S. KERBEL, CIH	-Irm			onone 729-5	Number			Telephon		- and a second	icense N	Vumb	er				
Expected State Date (10)		Sche			etion Date	(11)		845-369-7 Name of (101				-		
6 / 22	/18		11		15	/18				ORATORIES	NC	#	11480				
Month Day Ye Occupancy Status During Abate	ear ment (Chec		nth (one)		Day	Yea	ar	Street Ad	drace						4		
X Facility Closed/Vacate	ed During E	ntire	Perio	d of A	batement					STREET							
Abatement Performed X Other - Describe:				acility	Hours - De	scribe:		0.1 0.1									
Other - Describe:	FRIDAY 5F SATURDA			30 PN	1			City, State		Code V YORK, NEW	YORK	10016					
Scope of Work (Check all that ap	oply)					X Full C	ontai	nment wit		ative Pressure	10111	10010	1				
Demolition >3SF OR LF	X	Reno	vatio	n		X Mini E											
X >160 SF OR 260 I	_F							Procedure e Procedu									
Location of		ls	Locat	ion	[Description o	1717				A	baten	nent T	vpe	1		
Asbestos-containing			nally		С	ontaining Ma				Amount					1		
Material (ACM) TO BE ABATED			olely l t/Cus		in	(ie. Therma sulation, sur				(Specify SF or LF)	MO	REPAIR	CA	S			
in Facility (13)			taff (1			or other misc				31 01 217	REMOVAL	R	ENCAPSUL	ENCLOSUR			
		Yes	No	N/A								1	-	Ä			
1ST FLOOR CORRIDOR				Х	ACM MAS	TIC		complete		5,720 SF	X						
1ST FLOOR CORRIDOR				X	PIPE FITT	INGS				489 LF	X						
1ST FLOOR CORRIDOR				X	DUCT INS	ULATION				400 SF	X						
1ST FLOOR CORRIDOR				X	PIPE SAD	DLES		complete		6 LF	X						
1ST FLOOR CORRIDOR					DUCT SEA	AM MASTIC		complete		12 SF	X						
1ST FLOOR CORRIDOR				X	PIPE INSU	JLATION				250 LF	X						
1ST FLOOR CORRIDOR	1ST FLOOR CORRIDOR							7		800 SF	X						
ADDITION TO SCOPE:																	
1ST FLOOR										55 SF	x						
Name of Registered Waste Haule FREEHOLD CARTAGE, INC.										ered Landfill							
825 HIGHWAY 33			ו עו זפּ 15939	Section 1		130				UNTY RESOL R DRIVE/ROL		ANAG	EIVIE	NI SI	7		
City, State					Disposal D			City State	9/	/	10				1		
FREEHOLD, NEW JERSEY Completed by (Print or Type)	Title				11/29/17-1	1/15/18 Signature	_	MONTSO	MERY	, PA 17752	ate /	-/	1	1	4_		
BENJAMIN SANCHEZ	1 (0.00) (0.00)	CTO	ROF	OPE	RATIONS	oignature /	11	NX	X		6	//	5/	18	1		

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

ROL &

Date of Notification (1)					Na	me o	f Building	Owner	/Operator	(2)		7	IE. I	7	= n
	140				_		SHARP &	DOHM	E CORP.			11.			3
	/18 ype Notificat	ion					ddress		420,020 0000			3			
TEPA T	_								, P.O. BC	X 2000, R	Y28-41	4	1		d 179
DEP	Initial No Amende			45			te, Zip Coo		e wesses i wordt in i		1.50	4	1. 1.	e 6	7
X DOL A	Cancella		псап	on #5	IRA	HWA	Y, NEW JE	ERSEY	07065		1	Į.			
X DOH x	On Hold				Nar	me of	Contact			Tolophor	- NI		000	1700	72.12
DCA	EMERG	ENCY	NO	TIFIC			IA JOHNS	ON		Telephor 732-594-	10:INUM	nber		LICH.	VSIN
					FACILITY					1.02.004	2201				
Name of Facility Where Aba	tement is T	aking	Plac	e (3)	THOLEIT		TUVITION		of Facili	tv (4)					
11001								176	School (H						
MERCK SHARP & DOHME C	ORPORATI	ON								ter 8 (Other	r than k	(-12)			
Street Address								X	Other (ie.	private & o	commo	l. bld	gs., h	omes,	etc.)
126 EAST LINCOLN AVENUE	- BIIII DIN	C SUN	E						uare Feet	# of F		T		lg. Ag	
City (5)	County				Cou	200	'- d- (7)		40,000	1				65	
RAHWAY	UNION	,					ode (7) E ONLY)		ent Use (P MERCIAL	rior if being	demo	lishe	d)		
Name of Monitoring Firm Hi	red by Build	ding C	wne	r (8)	(OTA)	_	ASCM No.	200	Charles and the second second	ement Con	A	- (0)			
ENVIRONMETAL HEALTH IN	VESTIGATI	ONS,	INC.	3.5			104	PAR	ENVIRON	MENTAL (CORPO	r (a) JB Vi	ION		
Street Address								-1	t Address		30111	JIVAI	ION		200
655 WEST SHORE TRAIL City, State, Zip Code								313 5	SPOOK R	OCK ROAD)				
	PARTA, NEV	V IED	CEV	0707					State, Zip						
Project Manager for Monitoring	Firm	VJER			ie Number					W YORK 1					
WILLIAM S. KERBEL, CIH	,		7	-729-				Consumer Con-	hone Nun	nber	1000000		Vumb	er	
Expected State Date (10)		Sch		0.00	letion Date	(11)			69-7500 of OSHA	Manifes	110	1			
1/ 5	/18			1 /	15	10	/18			Nionitor BORATORII	ES INC		4	44400	Y.
	Year	Mo	onth		Day		Year		WOOT LA	ONTONI	LO INC	,	#	11480	E
Occupancy Status During Aba X Facility Closed/Vac	tement (Une ated During	CK onl	y one	e)	A h = t = t				Address						
Abatement Perform	ed Outside	of Nor	nal F	acilit	Abatement / Hours - Do	corib	0:	117 E	AST 30Th	H STREET					
X Other - Describe:	MONDAY	-FRI	DAY	5PM-	1AM	SCH	e.	City 9	State, Zip	Codo					
•	SATURD	AY 7A	M-3:	30 PN	1			Joney, C		V YORK, N	FW YO)RK	10016		
Scope of Work (Check all that Demolition		7-				X	Full Conta	ainment	with Neg	ative Press	ure		.0010		
>3SF OR LF	X	Rend	ovatio	n		X	Mini Encl								
) LF					X	Glovebag Non-Friab	Proced	lure						
Location of		Is	Loca	tion	T -)escr	iption of As					Τ.			
Asbestos-containin	9			used			ning Materi			Amou	ınt	R	batem	lent I	
Material (ACM) TO BE ABATED			olely			(ie.	Thermal sy	stems		(Spec		REMOVAL	EP	NC	NO
in Facility (13)			t/Cus taff (*	todia	42719	sulati	on, surfacii	ng, VAT	,	SF or L	LF)	8	AR	AP	0
		Yes		N/A		JI OHI	er miscella	neous)				2	REPAIR	Ĕ	ENCLOSURE
1ST FLOOR CORRIDOR				х	ACM MAS	TIC		comple	ato.	5,720 SF			-	m	m
1ST FLOOR CORRIDOR				X	PIPE FITT			Compi	SIC .	489 LF		X			
1ST FLOOR CORRIDOR				X	DUCT INS			Ć.		400 SF		X		-	
1ST FLOOR CORRIDOR				X	PIPE SADI			comple	ete	6 LF		X			
1ST FLOOR CORRIDOR					DUCT SEA			comple		12 SF		X			
1ST FLOOR CORRIDOR				X	PIPE INSU			Johnson	,,,,					_	
1ST FLOOR CORRIDOR					FIRE DOO					250 LF		X	-		-
						101	10)			800 SF		X			-
Name of Registered Waste Hau	ler	NJDE	PW	aste	Cubic Yard	s of V	Vaste	Name	of Pegiata	red Landfill					
FREEHOLD CARTAGE, INC.		Haule	r ID	No.		120	74010			JNTY RES		= 1.40	NIACI		TOF
325 HIGHWAY 33		1	5939)				447 AL	EXANDE	R DRIVE/R	OUTF	15	IVAGE	_IVIE(\	I SE
City, State FREEHOLD, NEW JERSEY					Disposal Da		_	City, S	fater						-
Completed by (Print or Type)	Title	-			11/29/17-11		18	NONZ	SOMERY	, PA 17752	2		1	_/	
BENJAMIN SANCHEZ	4	CTOR	OF	OPER	RATIONS	Signa	lure	X	X		Date	3/	179	9/1	1
		AND DESCRIPTION OF THE PARTY OF	-				1	11) 2)			11	-	11	0

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Date of Notification (1)							Building C			(2)					
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3 / 26 /18 Agencies Notified Type Not		n					idress NCOLN AV	'ENUE	, P.O. BO	X 2000, RY2	8-414	1	ŋ [i	a 11	W
DEP x Am	ial Noti ended ncellation	Notific	n cation #	‡4	100		te, Zip Code Y, NEW JEF		07065			Al	J6	17	2018
	Hold ERGEI	NCY N	NOTIFI	CAT			Contact A JOHNSO	N		Telephone 732-594-22				1771	TINO
		-			ACILITY II	NEOF	RMATION			1777 00,122		- L.	Lie	NGH	10
Name of Facility Where Abatement	t is Tal	king P	Place (3	3)	AOILITT II	41 01	WATION	Туре	of Facilit	y (4)			a sa age o		
MERCK SHARP & DOHME CORPO	RATIO	N								er 8 (Other th					
Street Address								X	uare Feet	private & cor		bldg		mes, g. Age	
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	inty (6 ON)			The second of the second of		ode (7)			rior if being d	emolis	hed))		
Name of Monitoring Firm Hired by		na Ov	vner (8)	(STAT	_	SCM No.		MERCIAL	ment Contra	actor (0)			
ENVIRONMETAL HEALTH INVESTI	GATIO	NS, II	VC.	,		'	104			MENTAL CO			ON		
Street Address								-	et Address				27.7.1		
655 WEST SHORE TRAIL City, State, Zip Code								-		OCK ROAD					
SPARTA	, NEW	JERS	EY 07	871					State, Zip FERN. NEV	Code V YORK 109	901				
Project Manager for Monitoring Firm			Teleph	one	Number			_	hone Num		Licens	se N	umbe	er	
WILLIAM S. KERBEL, CIH			973-72	10/100				845-	369-7500		1101				
Expected State Date (10) 1 / 5 /18		Sche			etion Date	32 50	(4.0	1	e of OSHA				7.10	00000000	
Month Day Year		Moi			15 Day		/18 Year	AME	RISCI LAB	ORATORIES	SINC		#	11480	
Occupancy Status During Abatement	(Chec	k only	one)					Stree	t Address					- 100	
X Facility Closed/Vacated D	uring E	ntire F	Period	of A	batement			117 E	EAST 30TH	STREET					
	NDAY .	-FRID	AY 5PI	VI-1.	AM	scrib	e:	City,	State, Zip	Code	*****				
	URDA	Y 7AN	<i>A</i> -3:30	РМ			-		NEV	V YORK, NE		RK 1	0016		- 1
Scope of Work (Check all that apply) Demolition	X	Pono	vation			X			t with Nega	ative Pressur	e				1
>3SF OR LF		rteno	valion			X	Mini Enclo Glovebag		dure						-
X >160 SF OR 260 LF						X	Non-Friab								
Location of			ocation				iption of As					Ab	atem	ent T	уре
Asbestos-containing Material (ACM)			ally us lely by	- 1	C		ning Materia Thermal sys		M)	Amount	t	REMOVAL	RE	EN	m Z
TO BE ABATED			/Custo		in		ion, surfacir		т.	(Specify SF or LF)	5	IIAc	CAF	[은]
in Facility (13)			aff (12)	_	(or oth	ner miscella	neous)		' i	A	REPAIR	IUS	ENCLOSURE
1ST ELOOP CORRIDOR		Yes		/A							-			m	m m
1ST FLOOR CORRIDOR		-	X	. 1	ACM MAS					5,720 SF	- >	(
1ST FLOOR CORRIDOR		-	X		PIPE FITT				¥	489 LF	>			_	\square
1ST FLOOR CORRIDOR		-	X		DUCT INS					400 SF	- >				
1ST FLOOR CORRIDOR		+	×		PIPE SAD			-		6 LF	<u> </u>				
1ST FLOOR CORRIDOR		-			DUCT SEA					12 SF	- >	(
1ST FLOOR CORRIDOR		\dashv	X		PIPE INSU				e e	250 LF	>	(
1ST FLOOR CORRIDOR	-	\dashv		\dashv	FIRE DOO	RS (40)	100	· ` 3	800 SF	>	(
Name of Registered Waste Hauler		NJDE	P Was	te l	Cubic Yard	ls of	Waste	Name	of Pogiete	ered Landfill					
FREEHOLD CARTAGE, INC.			r ID No	- I	Subio Fait	120				UNTY RESO	URCE	MA	NAG	EMEN	IT SF
825 HIGHWAY 33		1	5939					447 A	LEXANDE	R DRIVE/RC			,0		
City, State FREEHOLD, NEW JERSEY				- 1	Disposal D		10 1	City	State						
Completed by (Print or Type)	Title				11/29/17-1		ature	(X	JGOMERY	, PA 17752	Data				
BENJAMIN SANCHEZ	DIRE	CTOR	OF OF	PER	RATIONS	3.1	110	X	2		Date	- 2	16	-1 j	

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Date of Notification (1)							OWNer/Operato OOHME CORP.			(6)		
3 / 5 /18				Stre	et Ac	ddress		11.	47		de Artes	
Agencies Notified Type Notif	ication			126	E. LI	NCOLN AV	ENUE, P.O. BO	X 2000, RY2	8-414			2 FF0.5
DEP X Amer X DOL	l Notifica nded No cellation		on #3			te, Zip Code Y, NEW JEF	RSEY 07065		1:1	4111	- .	<u> </u>
X DOH X On H	lold RGENC	Y NOT	IFICA			Contact A JOHNSO	N	Telephone 732-594-22				n F
				FACILITY II	NFO	RMATION						
Name of Facility Where Abatement i	s Takin	g Plac	e (3)				Type of Facil					
MERCK SHARP & DOHME CORPOR	ATION							K-12) iter 8 (Other ti private & co			homes	etc \
Street Address							Square Feet				ldg. Ag	
126 EAST LINCOLN AVENUE - BUILI		N		,			40,000	1			65	
City (5) Cour	nty (6)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ode (7)	Current Use (f		demolish	ed)	12 - L W.Y. R.	
Name of Monitoring Firm Hired by B		Owne	(8)	(SIAII	_	SCM No.	Name of Abar	-	cotor 10	1		
ENVIRONMETAL HEALTH INVESTIG			(0)		'	104	PAR ENVIRO				1	
Street Address							Street Address		3111 0111	11101		
655 WEST SHORE TRAIL							313 SPOOK F	OCK ROAD				
City, State, Zip Code SPARTA,	NEW JE	RSEY	07871				City, State, Zip SUFFERN, NE		901			
Project Manager for Monitoring Firm		_		e Number			Telephone Nu	mber	License	Num	ber	
WILLIAM S. KERBEL, CIH	-729-5				845-369-7500		1101					
Expected State Date (10) 1 / 5 /18	So		ompl	etion Date	8 8	/18	Name of OSH		0.11.0			
Month Day Year		Month		Day		Year	AMERISCI LA	BORATORIE	SINC		#1148	0
Occupancy Status During Abatement (X Facility Closed/Vacated Dur	ring Enti	re Peri	od of A				Street Address					
	DAY -FF	RIDAY	5PM-1	AM	scrib	e:	City, State, Zip					
Scope of Work (Check all that apply)	JRDAY 7	7AM-3:	30 PM		V	75.400-4-		W YORK, NE		< 100	16	
	X Re	novatio	on		X	Mini Enclo	inment with Ne	gative Pressu	re			
>3SF OR LF					X		Procedure					
X >160 SF OR 260 LF					X		le Procedure					
Location of Asbestos-containing		Is Loca				iption of As					ement '	Гуре
Material (ACM)	110	ormally solely				ning Materia Thermal sys		Amoun (Specif	100	쥬	EN	EN
TO BE ABATED	Ma	aint/Cu		ins		ion, surfacir		SF or LI) F) S	EPAIR	NCAPSULE	ICLOSURE
in Facility (13)		Staff (or oth	ner miscella	neous)		AL AL	1	US	US
	Ye	s No	N/A							1	m	R
1ST FLOOR CORRIDOR			Х	ACM MAS	TIC			5,720 SF	X			
1ST FLOOR CORRIDOR			Х	PIPE FITT	INGS	3		489 LF	X			
1ST FLOOR CORRIDOR			Х	DUCT INS	ULA	TION		400 SF	X			
1ST FLOOR CORRIDOR			X	PIPE SADI	DLES	3	F	6 LF	X			
1ST FLOOR CORRIDOR				DUCT SEA	AM M	IASTIC		12 SF	X			
1ST FLOOR CORRIDOR			X	PIPE INSU	JLAT	ION		250 LF	X			
1ST FLOOR CORRIDOR				FIRE DOO	RS (40)		800 SF	X			
N												
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.	100000	DEP W		Cubic Yard			Name of Regis					
825 HIGHWAY 33	Па	uler ID 1593			120		LYCOMING CO				GEME	NT SE
City, State		1000		Disposal D	ate		447 ALEXAND City, State	EK DKIVE/RO	JUIE 15)		-
FREEHOLD, NEW JERSEY	154			11/29/17-1		18	MONTGOMER	Y , PA 17752		,		
	Title DIRECT	OR OF	OPE	RATIONS	Sign	ature	K		Date 2	/1	1/19	7

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Date of Notification (1)					Na	ame o	f Building	Owner/Operato	r (2)	and the state of t	ay manadi gyaradi		n (
100 (42) 12 (2)								DOHME CORP.		A FE		E	
	18 Votification	20					ddress			IJŢ.			
					_			VENUE, P.O. BO	X 2000, RY28-4	114			
DEP X A	nitial Not mended ancellat	Noti		on #2	RA	AWHX		de ERSEY 07065		1	AU	G	7 4
	n Hold	NOV	NOT	-1-10			Contact	126 V	Telephoné Nu	ımber	SBE	1100	CCN
	MERGE	INCY	NOI	IFIC/			IA JOHNS	NC	732-594-2257				USANC
Name of Facility Where Abateme	nt is Ta	kina	Diag	0 (2)	FACILITY	INFO	RMATION						
The control of the co	iii is Ta	KIIIG	riac	e (3)				Type of Facili					
MERCK SHARP & DOHME CORP	ORATIC	N						School (I	ter 8 (Other than	K-12)		
Street Address									private & comm				
126 EAST LINCOLN AVENUE - BI	JILDING	80N	1					Square Feet 40,000	# of Floors		Blo	dg. Ag	е
City (5)	ounty (6	5)			Cou	inty C	ode (7)	A STATE OF THE PARTY OF THE PAR	Prior if being dem	olicho	4/	65	
RAHWAY	NION						E ONLY)	COMMERCIAL		ionsne	a)		
Name of Monitoring Firm Hired b	y Buildi	ng C	wne	r (8)		_	ASCM No.	The state of the s	ement Contract	or (9)			
ENVIRONMETAL HEALTH INVES	TIGATIC	NS,	INC.				104	PAR ENVIROR	MENTAL COR	PORA	TION		
Street Address 655 WEST SHORE TRAIL								Street Address					
City, State, Zip Code								313 SPOOK R					
	A, NEW	IED	CEV	0707	4			City, State, Zip					
Project Manager for Monitoring Firm	n, 14L VV	JLI	_		ne Number	_			W YORK 10901				
WILLIAM S. KERBEL, CIH			-	-729-				Telephone Nur	1	cense	Numb	er	
Expected State Date (10)		Sch		-41-4 - 141-2 A.V.	letion Date	(11)		845-369-7500		01			
1 / 5 /1	8			1 /	15	20 20	/18	Name of OSHA	Monitor BORATORIES IN	10			
Month Day Year		Mo	onth		Day		Year	I WERGOT EAL	JONAT ONIES II	VC	Ŧ	11480)
Occupancy Status During Abateme	nt (Chec	k onl	y one	∍)				Street Address					
X Facility Closed/Vacated Abatement Performed O	During E	ntire	Perio	to bo	Abatement			117 EAST 30T	H STREET				
	ONDAY -					escrib	e:	City Ct-ty 7	 				
SA	TURDA							City, State, Zip	Code V YORK, NEW '	/ODV	10010		
Scope of Work (Check all that apply)					X	Full Conta	ainment with Neg	ative Pressure	IORK	10016)	
Demolition	X	Rend	ovatio	n		X	Mini Encl	Ο,					
>3SF OR LF X >160 SF OR 260 LF						X	Glovebag	Procedure					
						X		le Procedure					
Location of Asbestos-containing			Loca	tion used		Descri	iption of As	sbestos-		A	baten	nent T	уре
Material (ACM)			olely			(ie T	ning Materi Thermal sy	ai (ACIVI) stams	Amount	ᇛ	R	E	E
TO BE ABATED				todia	l in	sulati	on, surfaci	na. VAT.	(Specify SF or LF)	l S	PAI	8	든
in Facility (13)	1		taff (_		or oth	er miscella	neous)	01 01 21)	\\E	R	Sc	SC
- ALEXANDER CONTRACTOR OF THE		Yes	No	N/A						Ľ	REPAIR	Ē	교
1ST FLOOR CORRIDOR	· ·			Х	ACM MAS				5,720 SF	X			
1ST FLOOR CORRIDOR			-	X	PIPE FITT	INGS			489 LF	X			
1ST FLOOR CORRIDOR				X	DUCT INS		(1)		400 SF	Х			
1ST FLOOR CORRIDOR		_		X	PIPE SAD	DLES	5		6 LF	X			
1ST FLOOR CORRIDOR					DUCT SE	AM MA	ASTIC		12 SF	X			
1ST FLOOR CORRIDOR				X	PIPE INSU	JLATI	ON		250 LF	X			\vdash
1ST FLOOR CORRIDOR					FIRE DOC				800 SF	+	+		\vdash
							-2/		000 SF	X	+-	-	\vdash
Name of Registered Waste Hauler		NJDF	P W	aste	Cubic Yard	ds of V	Naste	Name of Basist	read Lander			<u></u>	
FREEHOLD CARTAGE, INC.	1		r ID I		- Sio Tale	120	,4516	Name of Registe LYCOMING CO		CENA	NAC		IT OF
825 HIGHWAY 33		1	5939	9		10 10.5 6		447 ALEXANDE	R DRIVE/ROUT	CE IVIA F 15	NIVAG		II SE
City, State					Disposal D			City, State		0			-
FREEHOLD, NEW JERSEY Completed by (Print or Type)	T:0-	_			11/29/17-1			MONTGOMERY	, PA 17752		1.1	/	
BENJAMIN SANCHEZ	Title	TOP	0	OPE	RATIONS	Signa	iture //	400	Dat	e//	4	//	
- The state of the	DINEC	7100	UF	OPE	MIIONS			1100		//	//	17	7 1

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Op

Date of Notification (1)							SHARP &		r/Operator IE CORP.	(2)		E 17	o IE	
11 / 28 /						ddress			- 11		E ((ii .	
Agencies Notified Type I	Notification	on					year the second	VENUE	E, P.O. BO	X 2000, RY28	-414			
DEP X DOL	nitial Not Amended Cancellat	d Noti	ficatio	on	City	y, Sta HWA	ite, Zip Coo Y, NEW JE	de		and the same		F.	50	7 8
	On Hold EMERGE	ENCY	#1 NOT	TFIC/			Contact IA JOHNS	NC		Telephone N 732-594-225		1525.	STE S	CR and Alchaean
Name of Facility 186					FACILITY	INFO	RMATION				***************************************			
Name of Facility Where Abatem MERCK SHARP & DOHME CORP			Plac	e (3)				Х	School (K	(-12) er 8 (Other tha	an K-12	2)		×
Street Address								100	uare Feet	private & com			nomes ldg. Ag	
126 EAST LINCOLN AVENUE - B	UILDING	3 80N	I						40,000	1	3	Ы	65	U
1 A A A A A A A A A A A A A A A A A A A	ounty (6	6)					ode (7)	Curr	ent Use (Pr	rior if being de	molish	ed)		
Name of Monitoring Firm Hired I	INION	: 0		(0)	(STAT	_	E ONLY)	COV	MERCIAL			- 86		
ENVIRONMETAL HEALTH INVES	TIGATIO	Ing C	INIC	r (8)		1	ASCM No. 104	Nam	e of Abate	ment Contra	ctor (9)		
Street Address		3,10,		-			104		et Address	MENTAL CO	RPORA	NOITA		
655 WEST SHORE TRAIL										OCK ROAD				
City, State, Zip Code	EA NIEW	/ ICD	CEV	0707				City,	State, Zip	Code				
Project Manager for Monitoring Fire	rA, NEW	JER			e Number					N YORK 1090				
WILLIAM S. KERBEL, CIH	11		-	-729-					phone Num	1	License	Numb	per	
Expected State Date (10)		Sch		100000000000000000000000000000000000000	etion Date	(11)			369-7500 e of OSHA	1	1101			
11 / 29 /1	7			1 /	15		/18			ORATORIES	INC		#1148	0
Month Day Year			onth		Day		Year			OTOTTOTALO	IIVO		#1140	J
Occupancy Status During Abatemes X Facility Closed/Vacated Abatement Performed C	During E	Entire	Perio	od of	Abatement				et Address EAST 30TH	STREET				
X Other - Describe: M	ONDAY	-FRI	YAC:	5PM-	1AM	escrib	e:	City,	State, Zip					
Scope of Work (Check all that apply	ATURDA v)	AT /A	IVI-3:	30 PN	1	X	75 Cant		NEV	YORK, NEW	/ YOR	(1001	6	
Demolition	X	Rend	ovatio	n		x	Mini Encl	ainmen o	it with Nega	ative Pressure				
>3SF OR LF						X	Glovebag		dure					
X >160 SF OR 260 LF						X	Non-Friat							
Location of Asbestos-containing			Loca	200000000			iption of As			M382 55		Abater	ment T	ype
Material (ACM)			nally olely				ning Materi Thermal sy		VI)	Amount	RE	RE	E	E
TO BE ABATED		New controls		todia	in	sulati	ion, surfaci	na. VA	т.	(Specify SF or LF)	EMOVAL	EPAIR	ENCAPSULE	NCLOSURE
in Facility (13)		S	taff (er miscella			01 01 11)	A	72	JSc	SC
107.51.6.5		Yes	No	N/A	-								F	교
1ST FLOOR CORRIDOR				Х	ACM MAS	TIC				5,720 SF	X			
1ST FLOOR CORRIDOR				X	PIPE FITT	INGS	3	1		489 LF	X			
1ST FLOOR CORRIDOR				X	DUCT INS					400 SF	X			
1ST FLOOR CORRIDOR				X	PIPE SAD	DLES	3			6 LF	X			
1ST FLOOR CORRIDOR					DUCT SEA	AM M	ASTIC			12 SF	X			
1ST FLOOR CORRIDOR				X	PIPE INSU	JLATI	ION			250 LF	X	T		
1ST FLOOR CORRIDOR					FIRE DOO	RS (4	40)			800 SF	X			
Name of Registered Waste Hauler		NIDE	D 141	2015	Cuki- V	1	A/	1						
FREEHOLD CARTAGE, INC.		NJDE Haule			Cubic Yard	1s of \ 120	vvaste			red Landfill				
825 HIGHWAY 33			15939			120		447 A	I FXANDE	JNTY RESOU R DRIVE/ROL	RCE N	IANAC	SEME	IT SE
City, State					Disposal D				State/	V DIVIVE/KUL	11 15			
FREEHOLD, NEW JERSEY Completed by (Print or Type)					11/29/17-1			Mon	GOMERY	, PA 17752		1		
BENJAMIN SANCHEZ	Title DIRE	CTOF	ROF	OPER	RATIONS	Signa	ature //	XX		D	ate //	12	XII	F

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

			1. 0.0	uant to	NJAC 8:	60-7 and 12	. 120-/)			-	2	1	,
Date of Notification (1)					Name	of Building K SHARP &	Owner	Operator	r (2)	EC	E		V
	/17				Street A	Address							_
Agencies Notified Type	Notificatio	on			126 E.	LINCOLN A	VENUE	. P.O. BC	X 2000, RY2	28-414	10 .		
EPA X	Initial Noti	ification	n		City St	ate, Zip Coo	io.		10.0	AL	16 1	7 2	018
	Amended		ation			AY, NEW JE		07065					
14 1-011	Cancellati	ion						0,000	1	ACDEC	TOC	2015	FD/
	On Hold				Name o	f Contact			Telephone	ASBES Number	rICEN	SING	H
DCA E	EMERGE	NCY N	IOTIFIC	ATION	PATRIC	CIA JOHNS	NC		732-594-2	257	LIOLI	Olive	-
N				FACILI	TY INFO	DRMATION							_
Name of Facility Where Abatem	ent is Tal	king P	lace (3)				Туре	of Facili	tv (4)				
MEDON CHARD & DOUBLE CO.		55.50						School (H					
MERCK SHARP & DOHME CORP	PORATIO	N						Subchap	ter 8 (Other t	han K-1:	2)		
Street Address							X	Other (ie.	private & co	mmcl. b	ldgs., I	nomes	, е
126 EAST LINCOLN AVENUE - B	BUIL DING	RON					Squ	are Feet	# of Flo	ors		dg. Ag	
011 (m)	County (6)							10,000	1			65	
	UNION	,				Code (7) SE ONLY)	Curre	nt Use (P	rior if being o	lemolish	ed)		
Name of Monitoring Firm Hired I		na Ow	ner (8)	(3		ASCM No.	_	MERCIAL					
ENVIRONMETAL HEALTH INVES	STIGATIO	NS. IN	IC.		1	104	Name	of Abate	ement Contr	actor (9)		
Street Address						104		t Address	IMENTAL CO	DRPORA	NOITA		
55 WEST SHORE TRAIL									OCK ROAD				
City, State, Zip Code								State, Zip					
SPART	TA, NEW	JERSE	Y 0787	1					W YORK 109	01			
roject Manager for Monitoring Fire	m		elephor		er			hone Num		License	Numb	ner .	
VILLIAM S. KERBEL, CIH			73-729-					69-7500		1101	- rading	001	
expected State Date (10)		Sched		letion D	ate (11)		Name	of OSHA	Monitor	11101			-
11 / 29 /1 Month Day Year	17	Mon	11 /		15	/18			ORATORIES	SINC		#1148	0
Occupancy Status During Abateme		conly	ne)	Da	У	Year	-						
X Facility Closed/Vacated	During Er	ntire P	eriod of	Ahatema	ent			Address					
Abatement Performed C	Outside of	Norma	I Facility	Hours	- Describ	Je.	111/ 5	451 3011	STREET				
X Other - Describe: M	ONDAY -	FRIDA	V SPM	IAM			0	h-1- 7'					
0		THOM	1 01 101-	5.5.000			ICity, S	itate /in	Code				-
cope of World (Observe all III)	ATURDAY	Y 7AM	-3:30 PN	1			City, S	tate, Zip NEV		N YORK	(1001)	6	
cope of Work (Check all that apply	ATURDAY	Y 7AM-	-3:30 PN	1	Х	Full Conta	inment	NEV	V YORK, NEV	W YORK	(1001	6	
cope of Work (Check all that apply Demolition	ATURDAY	Y 7AM- Renova	-3:30 PN	1	X	Mini Enclo	inment	NEV with Nega		W YORk e	(1001)	6	
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cope of Work (Check all that apply Demolition >3SF OR LF	ATURDAY	Y 7AM- Renova	-3:30 PN		X	Mini Enclo Glovebag Non-Friab	inment , Proced le Proce	NEV with Nega ure	V YORK, NEV	e			
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CK34675

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)			Na	me of	Building (Owner/Ope	erator (2)	. 111	1110	-		
08/14/	18		2	Zarrill	i Homes	5		. AUG 1 5	***** > HI				
Agencies Notified Type Notification	n		Str	reet Ad	Idress		1	7,000 T	6.00 Lun	7			
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☑ DOLWD ☐ Amended ☑ DOH Amendment			Cit	ty, Stat	te, Zip Co	de	1.	ASBEDIUS CU LICETASI					
☑ DOH Amendment ☐ DCA ☐ Emergency		- Ia	1	Brick,	NJ 087	23			Research				_
(NJAC 5:23-8) justification		9	1,0128		Contact				Telephone Num				
☐ Cancellation	1		1	Patric	k Botta	zzi			732-232-235	8			_
				FACIL	LITY INF	ORMATI	ION						
Name of Facility Where Abatement is Tak	ing Plac	e (3)						Type of Facility (4					
Residence								☐ School (K-12) ☐ Subchapter 8		2)			
Street Address								Other (i.e., pri	vate and comme	ercial build	lings,		
								homes, etc.)	1	DI-I-	Λ		_
City (5)								Square Feet	# of Floors	65 65	. Age		
Bradley Beach								1200	1)		_
County (6)			(County	Code (7)((STATE USE	ONLY)	Current Use (Price	or if being demol	isnea)			
Monmouth								Residence			_		
Name of Monitoring Firm Hired by Buildin	g Owne	r (8)	AS	CM No	0.			ent Contractor (9)					
Guardian Contracting, Inc.						25 30 35 33		ntracting, Inc.					
Street Address						Street Ad							
1889 Route 9, Unit 61						2323		, Unit 61					_
City, State, Zip Code						City, State			755				
Toms River, NJ 08755							(5)	New Jersey 087	License No.				\dashv
Project Manager for Monitoring Firm		-		one N		Telephon	ie No. 49-9932		00624				
Nicholas Fernicola				-349-9		Name of		6	00024				
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08/28/18			0	- ' -	10			- Iyucui	2 = 1/2				-
Occupancy Status During Abatement (C						Street Ac	aress Stelton						
 ☐ Facility Closed/Vacated During Entire ☐ Abatement Performed Outside of No. 	Period (of Abat	ure .	- Desc	rihe								
Time of Abatement:AM	_PM/_	P	VI	A	M	City, Stat		New Jersey 08	854				
Scope of Work (Check all that apply)								tainment with Neg					
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≥ 160 sf or ≥260 lf		Demoli					Gloveba	ig Procedure empted (*) and No	n Eriable Proces	dure			
						. 🖂	Non-Exe	empted (*) and No	III-FIIADIE FIOCEC	Δh	teme	ent Ty	vne.
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Location of Asbestos-Containing Material (ACM)	2 2 2 2 2	Jsed S	olely	by		stos Conta	aining M	aterial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
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City, State			-			Disposa	I Date	City, State	Plants on a track of states and a survey				
Toms River, New Jersey						08/30)/18	Tullytown	, Pennsylvani	ia		j	
Completed By (Print or Type)	Title					Sig	gnature			Date	111	1.	,
Nicholas Fernicola	Proj	ect M	ana	ger			1	rite	1	9 /	14	1/8	10

ASB-41 JAN 13

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

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Date of Notification (1) 8/15/18				f Building Ridge at			r (2)			The state of the state of					
Agencies Notified Type Notification		\dashv	Street A	ddress						ASBE	370	3 CC	NTH	OL 8	ernel A
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Emergency justification)	including	T	Name o	f Contact				-	Te	lephone	e Nun	nber			
DCA Cancellation			Roche	elle Sletv	/old				700	32-350					
			FACI	LITY INF	ORMAT	TION									
Name of Facility Where Abatement is Takin	g Place (3)						Туре	of Facility (4)				1000		
								School (K-1	2)						
Street Address								Subchapter					.14	100000000	
								Other (i.e. p etc.)	rivate	& comn	nercia	al buil	dings,	home	es,
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Whiting							100							37:00:00	
County (6)				Code (7)			Curre	ent Use (Prid	or if be	ing dem	nolish	ed)			
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Name of Monitoring Firm Hired by Building (Owner (8)		ASCN	ΛNo.		Name	of Aba	atement Cor	ntracto	r (9)					-
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Street Address				70		Street	Addre	ss							
						6 W	HITE	DOVE CO	DURT	Г					
City, State, Zip Code						City, S	State, Z	ip Code							-
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Project Manager for Monitoring Firm		T	Telepho	ne No.			none N			Licen	se No).			_
						31 YOSHOUTHS	668-9			1200					
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8/26/18	9/7/18		V#000-0000-0000					PROFE	SSIC	NALS	ì				
Occupancy Status During Abatement (Chec	k Only One)					Street	Addre	SS							
Facility Closed/Vacated During Entire F	Period of Ah	atem	ent			6 WH	HITE	DOVE CO	DURT	9					
Abatement Performed Outside of Norrr	al Facility H	ours	CIT			City, S	tate, Z	ip Code							
X Other – Describe:					_			OD, NJ 08	8701						
Scope of Work (Check All That Apply)														-	
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Completed by JOSEPH PERLSTEIN	Title OWNEI	0			5	Signature	1				Dat	е			
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Print Form

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Street Address						Street	Add	ress							
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Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 732-6		No. -9078		Licer 120	nse N	lo.			
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Facility Closed/Vacated During Entire Abatement Performed Outside of Norr	Period of A	Abaten	nent					Zip Code	COUR	T				-	
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City, State NEWARK, NJ						ai Date		City, Sta		М РА					
Completed by JOSEPH PERLSTEIN	Title OWN	ER				ignature					Da	te			

State of New Jersey



	RALD		NOTI (FICATIO	ON OF ASI	BESTOS	ABATE	MENT D)		C	E I	W	B	PC+1039)
Date of Notification (1) 8/15/18					of Building Contracti		Operator	(2)				1./	15	
Agencies Notified	Type Notification	1111-01		Street	Address			*		AUC	17	8102	1	
EPA	× Initial			011 0					1				1	
DEP X DOL	Amended Amendment	#		Lake	state, Zip C wood, N	ode J 0870	1		430	FSTOS Lice	Dom	DON		
× DOH	Emergency justification)		g		of Contact		•			lephone I			4	
DCA	Cancellation			David	d Hertzka	а			34	17-993-9	9444			
Name of Facility Where	Abatement is Takin	n Place	(3)	FAC	CILITY INF	ORMAT	ION	T						
	Todament to Tukin	9 1 1000	(5)					Type of Fac						
Street Address								School Subcha Other ((K-12) apter 8 (Oth i.e. private	ner than K & comme	-12) rcial bui	ildings	, hom	nes,
City (5) Hillsborough								Square Feet	# 0	f Floors		Bldg.	Age	
County (6) Somerset					Code (7)	0		Current Use	(Prior if be	ing demo	lished)			
Name of Monitoring Firm	Hired by Building	Owner (8	3)	ASC	M No.			of Abatement						
Street Address	=						Street	Address						
City, State, Zip Code							City, St	ate, Zip Code)					
Project Manager for Mon	itoring Firm			Telepho	one No.		Teleph	one No. 668-9078	3 00/01	License	No.			
Start Date (10) 8/26/18		Schedu 9/7/18		mpletion	Date (11))	Name o	of OSHA Mon						
Occupancy Status During	Abatement (Check							LEAD PRO)FESSIO	NALS				
Facility Closed/Vaca	ated During Entire F	eriod of	Abaten	nent			1	ITE DOVE	COURT					
Abatement Perform Other – Describe:	ed Outside of Norm	al Facilit	y Hours	S		_		ate, Zip Code						
Scope of Work (Check A	That Apply)							*			1			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Delining	Renova Demolit	0.000			×	Full Conta Mini-Enclo Glovebag Non-Exem	sure Procedure				ο.	
			Locati								1	Abate	ement	t
Location Asbestos-Containing		Use	Normal ed Sole	ly by	Ashaa	Des	scription	of				Ту	ре	
TO BE ABA In Facilii (13)	TED		intenar todial S (12)		(i.e.	thermal surface	aining Ma systems cing, VAT niscellane		(S	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A							_		ate	Ö
INTERIO	22.4000					FLC	OORING	3	50	0 SF	x			
EXTERIO	OR					RC	OFING		100	00 SF	X			
Name of David Link														
Name of Registered Wast NEWARK CARTING	e Hauler		H	JDEP W auler ID 1509		Cubic of Was		Name IESI	of Register	red Landfi	II			
City, State NEWARK, NJ						Disposi 9/7/18		City, S	tate HLEHEM	PA				
Completed by JOSEPH PERLSTEIN	١	Title OWN	IER			Si	gnature				ate			

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PAID		NOT	IFICATI	State of N ON OF AS int to NJA	BESTO	S ABATE	EMEN 20)	NT H) E	C E		W. [
Date of Notification (1) 8/15/18			Name	of Buildin Ridge a	g Owne at Cres	r/Operato	r (2)			AUG 1	7 2	018	-	
Agencies Notified Type Notification EPA X Initial	n		-	t Address									1	
DEP Initial Amended Amendmer Emergency				State, Zip (ing NJ 0						<u>uranio</u> ur <u>a</u> ni			. 8	
DOH justification Cancellation)	ig		of Contac nelle Sle						elephone N 32-350-9				
Name of Facility Where Abatement is Taki	ng Place	(3)	FA	CILITY IN	FORMA	TION	L			,				
Street Address City (5)							×	School (K Subchapt Other (i.e. etc.)	-12) er 8 (Oti private	& comme	-12) rcial bu	uilding	s, hor	nes,
Whiting							Squ	are Feet	# (of Floors		Bldg.	Age	
County (6) Ocean			County (STATE	Code (7) USE ONL	y)		Cur	rent Use (P bile home	rior if be	ing demol	ished)			
Name of Monitoring Firm Hired by Building	Owner (3)	ASC	M No.		Name AAA	of At	atement Co	entractor	(9) NALS				
Street Address						Street	Addr			W155 1.46 344 3				
City, State, Zip Code						City, S	tate,	Zip Code OOD, NJ (-	-		
Project Manager for Monitoring Firm			Telepho	one No.		Teleph	one I	No.	30701	License	No.			
Start Date (10) 8/26/18	Schedu 9/7/18		mpletion	Date (11)			of OS	HA Monitor		1200				
Occupancy Status During Abatement (Chec						AAA Street		D PROFI	ESSIO	NALS				
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm	Period of nal Facilit	Abater y Hour	ment s					DOVE C	OURT					
Scope of Work (Check All That Apply)					_			OD, NJ (8701					
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	Commission	Renova Demolii	3070 7 1333			×	Mi Gl	III Containm ni-Enclosur ovebag Pro n-Exempte	e cedure				e	
Location of		Locat Normal	ly		De	scription (Abate	ement pe	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole iintenai todial S (12)	nce/	Asbesi (i.e.	tos Cont thermal surfa	taining Ma systems cing, VAT niscellane	ateria insula , or	I (ACM) ation,	(S	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
EXTERIOR	Yes	No	N/A		Doofin	- / Fl l	£ •						ate	e
En West (The Control of Control o					KOOIII	ig/ Flasi	ning		67	5SF	X			
Name of Registered Waste Hauler		N	JDEP W	acte	Collin	Vand								
NEWARK CARTING		H	auier ID 509	and the second second	Oubic of Was			Name of I	Register	ed Landfill				
City, State NEWARK, NJ					Dispos 9/7/18			City, State		PΔ				
Completed by OSEPH PERLSTEIN	Title OWN	ER		1		gnature			-1 1-11	Da	te			

				1		CATION	OF ASBE to NJAC 8	STO	ABATE		IT	100	1	-1-		E	=======================================	1
	f Notification (1)						Building C		/Operator	(2)		56	5		# (7	
8/14/							ra Gullet	te								- 11		
	ies Notified	Тур	e Notification			Street A	ddress					AU	G 17	7 2	018	-	IJ	-
M D	PA EP	H	Initial Amended			City, Sta	te, Zip Co	de								1		1
× D	OL		Amendment ?			Linder	n NJ					DODE ST	1000	CART	POI	2		
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	CA		Cancellation			Rhea	Formisa	no										_
				51 11		FACI	LITY INFO	RMA	TION	1 -	pe of Facility (· A \						
home	of Facility Where	Abate	ment is Taking	Place (3	5)					1 9								
	·									H	School (K-1 Subchapter		ar than l	K-12				
Street	Address		544							×						lings,	home	∌S,
City (5)	- 77.7.1								Sq	uare Feet	# of	Floors		В	dg. A	ge	
Linde										19	900	2			7	2		
County						County (Code (7) USE ONLY)			1000	rrent Use (Pri ome	or if bein	ng demo	olishe	ed)		A CONTRACTOR	
AT (5.7 (5.94)	of Monitoring Firm	n Hiro	d by Building (Juner (8)		ASCN	1 No		Name	71.50	batement Cor	ntractor	(9)					_
ivaine	of Monitoring 1 in	111110	a by Ballating C	zwiiei (o)		Acciv	1110.				vironmenta			LC				
Street	Address								Street		iress : 483, 4 E G	Sate Di	rive					
City, S	tate, Zip Code										, Zip Code							
									95393		od, NJ 074	118						
Projec	t Manager for Mor	nitorin	g Firm			Telepho	ne No.		Telepi 973-		No. 3-8500 Sco	tt cell	Licens	se No				
Start D	Date (10)			Schedul	ed Con	pletion	Date (11)		9000		SHA Monitor			117315				
8/23				8/31/1														
Occup	ancy Status Durin	g Aba	tement (Check	k Only O	ne)				Street	t Add	iress							
	acility Closed/Vac								City. 5	State	, Zip Code							
× C	other - Describe:	baser	nent		1000 0000						,							
Scope	of Work (Check A	All Tha	at Apply)						-	-								
Management .	3 sf or ≥3 lf			-	Renova					200	Full Containm Mini-Enclosur		Negati	ve Pr	essu	e		
× ≥	160 sf or ≥260 lf				Demolit	1011					Glovebag Pro	cedure						
				-1			I				Non-Exempte	d (*) and	d Non-F	riabl		1974		
				0.000	Locati												ement pe	
	Location		-1-1 (4.004)		Normal ed Sole		Action		Description		rial (ACM)		mount					
AS	bestos-Containing TO BE AB	A CONTRACTOR		10000	aintenar				al system			(S	specify		Re	æ	Enca	Eng
	In Faci			Cus	todial S (12)	otan?	40		facing, VA r miscella			SF	or LF)		Remova	Repair	Encapsulate	Enclosure
	(13)			Yes	No	N/A		Olife	i illiscella	neoc	15)				/al	===	late	ıre
	basem	ent				×			floor tile	e		32	23 SF		X			
												,						
Name	of Registered Wa	ste H	auler			JDEP W		0.000	ic Yards		Name of	Registe	red Lar	ndfill				
Tony'	s Cleanup & H	łaulir	ng .		1,000	auler ID 7787	No.	of W	Vaste O		Chrin E		rs San	nitar	/ Lar	ndfill		
City, S Brida	state ewater NJ				***			Disp TBI	oosal Date	е	City, Sta Eastor							
	eted by			Title					Signatur	e	11,	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		Dat	е			
17	ott Higgins			Pres	ident				35755		lh			8/	4/18	3	2	



PA		N		CATION	OF ASBE	STOS	ABATE		NT (山周	MI	2	10	9	2	2
Date of Notification (1) 8/14/18			1 32		Building C Young C		and a realizable transfer.	(2)					1			1
Agencies Notified	Type Notification		- 1	Street Ac 460 Be	ddress ergen Bly	vd #2	02				AUG	1	1 2	018		-
EPA DEP DOL	Initial Amended Amendment #			Contract of the second	te, Zip Coo des Park		7650		,	AS	SBESTY	s, C	ON Rini	TRO	. &	
DOH DCA	Emergency (ir justification) Cancellation	cluding		Name of Sujin L	Contact ee				1		phone No.	umb	er	A)	
					LITY INFO	RMAT	ION									
Name of Facility Where home	Abatement is Taking	Place (3)					Ty	ype of Facility (School (K-1	12)	one various en a					
Street Address								×	Subchapter Other (i.e. p				build	ings,	nome	ıs,
City (5) Paramus									quare Feet 000	# of 2	Floors		BI 68	dg. A	ge	
County (6) Bergen			(County C	Code (7) USE ONLY)			С	urrent Use (Pri	or if bei	ng demoli	ishe	d)			
Name of Monitoring Firm	n Hired by Building O	wner (8)		ASCN	No.				Abatement Co nvironmenta			.C				
Street Address							Street PO I		dress x 483, 4 E 0	Sate D	rive					
City, State, Zip Code							City, S	State	e, Zip Code	2 - 4 200						
Project Manager for Mo	nitoring Firm			Telephor	ne No.		Telepi	hon	SOCIAL TRANSPORT	700	License	No.				
Start Date (10) 8/23/18		Schedule		pletion I	Date (11)		Name	of	OSHA Monitor							
Occupancy Status Durin	ng Abatement (Check		0.60	7			Street	t Ad	dress							
	cated During Entire P ned Outside of Norma exterior						City, S	Stat	e, Zip Code							
Scope of Work (Check /	All That Apply)				***	-										
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			Renovat Demoliti					×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure					e	
			Location											Abate Ty	ment	
Locatio Asbestos-Containing TO BE AE In Fac (13)	g Material (ACM) B <u>ATED</u> ility	Use Ma	Normall ed Solel intenar todial S (12)	ly by nce/	Asbest (i.e.	therm surf	escription ntaining Mal system facing, VA miscella	Matens in AT,	erial (ACM) nsulation, or	(5	mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A								4			(b	
exter	ior			X			siding			1,2	200 SF	-	X			
Name of Desistered Wa	ata Uaular		N	JDEP W	lanto	Cub	ic Yards		Name of	Paniete	ered Land	Ifill				
Name of Registered Wa Tony's Cleanup & F			Н	auler ID 7787			aste			8250	rs Sanit		Lar	ndfill		
City, State Bridgewater NJ						Disp TBI	osal Date	Э	City, Sta Eastor							
Completed by A. Scott Higgins		Title Pres	ident				Signatur	e	R		1.00	Date 8/1	4/18	3		

			(Pu	rsuant i	to NJAC 8	8:60 and	12:120))	CKG	, OE	LHV		n	A CONTRACTOR OF THE PARTY OF TH	
Date of Notification (1) 8/13/18					Building (Haun F			Contract of the contract of th				The state of the s		OCCUPATION AND ADDRESS OF THE PARTY OF THE P	
X EPA DEP DOL	Notification Initial Amended Amendment # Emergency (ir			Willing	te, Zip Co Iboro NJ		6		ASBES	TOS C	SING	OL&	had f	State Springer (Springer)	
☑ DOH ☐	justification) Cancellation	icidality			Contact 609-685-	-7094		****	The second of the second	Tele	phone N	umber		4,1	
Name of Facility Where Abater Nicole Haun Private Ho		Place (3)	FACII	LITY INFO	ORMATI	ON	Тур	e of Facility (4						
Street Address			9						School (K-12 Subchapter & Other (i.e. pr	(Othe			ldings	s, hom	ies,
City (5) Willingboro NJ 08046		-						S 333 18	etc.) are Feet 00+	# of 2	Floors	100	31dg. 35+	Age	7
County (6) Burlington			(STATÉ U	Code (7) JSE ONLY)		_	Но	rent Use (Prio			ished)			
Name of Monitoring Firm Hired	by Building O	wner (8)		ASCM	l No.		Perr	naco	VESTIZES	ractor	(9)				
Street Address								Вох	329						
City, State, Zip Code	Cierra			Telephoi	no No			st Be	Zip Code rlin NJ 080	91	License	No			
Project Manager for Monitoring Start Date (10)	7	Schodule			Date (11)		856-	-753	-9800 SHA Monitor		00727				
8/14/18		8/17/1	8	ipietion	Date (11)		San	ne							
Occupancy Status During Abat Facility Closed/Vacated D Abatement Performed Ou Other – Describe:	uring Entire Po	eriod of A	Abatem			_	Street City, S		Zip Code	•)					
Scope of Work (Check All That ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Apply)		Renova Demoliti				2	N G	ull Containme fini-Enclosure Glovebag Proci Ion-Exempted	edure				ıre	
Location of Asbestos-Containing Mater	rial (ACM)	1	Location Loc	У	Achas		scription		ial (ACM)	Ár	mount		00144372	ype	it
TO BE ABATED In Facility (13)	iai (rioin)	Cus	intenar todial S (12)	staff?		thermal surfa	l system icing, VA miscella	s insu AT, or	ulation,		pecify or LF)	Removal	Repair	Encapsulate	Enclosure
living Rm, Foyer, Din	ing Rm	Yes	No	N/A X		Floo	or tile (Only		58	6 SF	X	-		
Name of Registered Waste Ha United Roll Off	uler		Н	JDEP W auler ID 2459		of Wa			Name of F	N.S.	red Land	lfill			
City, State Elm NJ		NA				1	sal Date 18)	City, State Morrisv		19067	7			
Completed by Anthony T Perna	leted by Title Signature Dat								Date 8/1:	3/18	-				

		NC			to NJAC 8:		112:120)		\ E	CE	I W	E	m
Date of Notification (1) 08/13/2018			1	Name of Union C	Building Ov County Voc	wner/O cationa	perator (2) al-Technical S	School	15	ck# 1221		^	
Agencies Notified Type Notific	ation			Street A	ddress aritan Roa	d		14		HUO I	f 195	۵	
	ment #		0	City, Sta Scotch	te, Zip Code Plains, Ne	e w Jers	sey 07042		ASB	ESTUS C LICEN	LUNTP SING	iOL 8	
☐ Emerguing DOH justific ☐ DCA ☐ Cancel		ig .			f Contact Sehrmann,	Busin	ess Administr	ator		ohone Nur 889-8288	mber		
			_	FACI	LITY INFOR	RMATIO	ON						
Name of Facility Where Abatement Union County Vocational-Techn	is Taking Pla nical School	ce (3)					Type of Faci	7008 (8					
Street Address 1776 Raritan Road							☐ Subchar				ngs, ho	mes, e	tc.)
City (5) Scotch Plains, New Jersey 0704	2						Square Feet 20,000		# of I	Floors		ldg. Ag)+	е
County (6) Union					Code (7) USE ONLY)		Current Use V	(Prior if be ocational	ing demo	olished) chool			
Name of Monitoring Firm Hired by E T & M Associates	Building Owne	er (8)		ASCN	/I No.		Name of Aba Lilich Corpo		ntractor (9)	0-77-		
Street Address 40 Monmouth Park Highway, S	uite 2						Street Addres						
City, State, Zip Code West Long Branch, New Jersey	07764						City, State, Z Woodland F	ip Code Park, New	Jersey				
Project Manager for Monitoring Firm 732-676-4000 X 3328	n			Telepho 609-65	ne No 2-1833		Telephone No. 973-225-84			License N 01104	10.		
Start Date (10) 08/22/2018		eduleo 24/20		pletion	Date (11)		Name of OSH Iris Environ			es, LLC			
Occupancy Status During Abateme	nt (Check On	ly One	e)				Street Address 2333 Route						
□ Facility Closed/Vacated Durin □ Abatement Performed Outsic □ Other - Describe:	ng Entire Peri de of Normal I	od of <i>F</i> Facility	Abater Hour	ment s 7am-	-3pm		City, State, Z Union, NJ 0	ip Code					
Scope of Work (Check All That App	oly)												
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			enovat emoliti				☐ Mir	l Containm ni-Enclosur ove Bag Pr n-Exempte	re ocedure	Limited C	Contain	ment &	Tent
			_ocati ormal									Abater Typ	
Location of Asbestos-Containing Material (A TO BE ABATED In Facility (13)		Used	Sole ntenar odial S (12)	ly by nce/	(i.e. t	os Cont hermal surfa	scription of taining Materia systems insula cing, VAT, or niscellaneous)		(Sp	nount ecify or LF)	Removal	Repair	Enclosure
Orașa Hausa		162	X	INA	Transite F	Panale			155 SF		X		
Green House			^		Transite P	aricis			100 01				
				IDEE	Vanto	C. L.	Vords	Nome	F Dogisto	ed Landfil	1		
Name of Registered Waste Hauler Lilich Corporation			Н	JDEP Wauler ID 18724	2.305.25	of Wa		year even	s Landfi		и		
City, State Woodland Park, New Jersey							sal Date 2/2018	City, Sta Morrisv					
Completed by Adriana Olejarova	Т	itle Pres	siden	t		18	ignature (Cad			ate 08/13/	2018	

CK7010 PAUD

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

		.,,			o NJAC 8:			•	IIT						
Date of Notification (1)			1	Name of	Building O	wner/O	perator (2)			AUS	# #	401	ď.		1)
8/14/18			130			mmun	ity Capita	al (C	Communit	y Asset Pr	eserv	atio	n)		
	e Notification			Street Ad 108 Ch	idress iurch St.	3rd FI	oor			ASBESTO			POL	l 3:	
EPA X	Initial Amended		1		te, Zip Cod		78454			Lici	EMSIV	IG.			
X DOL	Amendment #		_ 1	New Br	runswick	, NJ 0	8901								
≥ DOH	Emergency (ir justification)	iciualing	7.00	Name of	Contact pher Gia	motta				Telephone 973.841.			334		
DCA L	Cancellation			and the second	ITY INFO	50 M (373.041.	2014	CAL		7	
Name of Facility Where Abate	ement is Taking	Place (3)	1 AOIL	-111 1141 0	TOWN TO		pe of	f Facility (4)						
									chool (K-12)		K 40)				
Street Address							×	Ot	ther (i.e. pri	(Other than vate & comm		ouildi	ings,	home	s,
City (5)							_	et	c.) Feet	# of Floors		Blo	dg. A	qe .	
Hillside							87			William William				7	
County (6) Union				County C STATE U	Code (7) ISE ONLY)		10.75	rrent		if being dem	olished	1)			
Name of Monitoring Firm Hire	ed by Building O	wner (8)		ASCM	No.			Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS							
Street Address							Street Address 6 WHITE DOVE COURT							-	
City, State, Zip Code							City, State								
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							LAKEW	00	D, NJ 08	701					
Project Manager for Monitorin	ng Firm	70.27		Telephor	ne No.		Telephone 732-668			1200					
Start Date (10) 8/24/18		Schedule 8/30/18		pletion [Date (11)		Name of C			SIONALS					
Occupancy Status During Ab	atement (Check	Only Or	ne)	8 9			Street Add								
Facility Closed/Vacated Abatement Performed C	During Entire Poutside of Norma	eriod of a	Abatem / Hours	ent			6 WHITE		OVE CO	JRT					
X Other - Describe:						_	LAKEW	00	D, NJ 08	701					
Scope of Work (Check All The	at Apply)	_													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		executive.	Renova Demoliti				×	Mini- Glov	-Enclosure rebag Proce						
		Τ .						Non-	-Exempted	(*) and Non-F	-nable		Abate		
Location of		11	Locati Normal	E STATE OF THE STA		Des	scription of						Ту	ре	
Asbestos-Containing Mate TO BE ABATEI In Facility (13)		Ma	ed Sole iintenar todial S (12)	nce/		os Cont thermal surfac	aining Mate systems ins cing, VAT, o niscellaneou	sulat or		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A		-				45015					
INTERIOR	<u> </u>	-				Pipe	Insulation	n		150LF	2	ζ			
							f 2.	-							
							%		= 11						
Name of Registered Waste H	lauler		559	JDEP W	100 (100 (100 (100 (100 (100 (100 (100	Cubic			Name of R	egistered La	ndfill	2000	-		
NEWARK CARTING		er o		auler ID 4509	INO.	of Was			IESI					25	- 10
City, State NEWARK, NJ						Dispos 8/30/	sal Date 18		City, State BETHLE	НЕМ РА					
Completed by JOSEPH PERLSTEIN		Title OWN	NER			S	ignature		0		Date				

Print Form

K1222 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) Bloomfield Board of Education Check No. 1222 08/14/2018 Street Address AUG Agencies Notified Type Notification 155 Broad Street □ EPA Initial City, State, Zip Code ☑ DEP Amended ASBESTOS CONTROL & Bloomfield, New Jersey 07003 X DOL Amendment # LICENSING Emergency (including Name of Contact Telephone Number X DOH iustification) 973-680-8501 x2018 Bert Petrik Cancellation ☑ DCA FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Demarest Elementary School School (K-12) Street Address Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.) 465 Broughton Avenue Square Feet # of Floors Bldg. Age City (5) 50+ 50,000 Bloomfield, New Jersey 07003 Current Use (Prior if being demolished) County Code (7) County (6) School (STATE USE ONLY) Essex Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Lilich Corporation **Briggs Associates** Street Address Street Address 3 Crosswicks Street 606 McBride Ave City, State, Zip Code City, State, Zip Code Woodland Park, New Jersey Bordentown, New Jersey 08505 Telephone No Telephone No. License No. Project Manager for Monitoring Firm 973-225-8400 01104 609-298-5520 Michael Hoodak Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Iris Environmental Laboratories, LLC 08/31/2018 08/27/2018 Occupancy Status During Abatement (Check Only One) Street Address 2333 Route 22 West Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Union, NJ 07083 ☑ Other - Describe: 7am-3:30pm Unoccupied Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation □ ≥3 sf or ≥3 lf Mini-Enclosure Demolition ≥ 160 sf or ≥ 260 lf Glove Bag Procedure / Limited Containment & Tent Non-Exempted (*) and Non-Friable Procedure П

Amount Abatement Is Location (Specify Type Normally SF of LF) Location of Description of Used Solely by Asbestos Containing Material (ACM) (i.e. Asbestos-Containing Material (ACM) Encapsulate Maintenance/ Enclosure thermal systems insulation, surfacing, VAT, Remova TO BE ABATED Repair Custodial Staff? or In Facility (12)other miscellaneous) (13)No N/A Yes Pipe Insulation (Tent/Glovebag Procedure) 20 LF X Basement Hallway Cubic Yards Name of Registered Landfill NJDEP Waste Name of Registered Waste Hauler

Hauler ID No. of Waste 18724 5 Fairless Landfill Lilich Corporation

Disposal Date City, State City, State Morrisville, PA 08/31/2018 Woodland Park, New Jersey

Date Signature Completed by Title A 08/14/2018 President Adriana Olejarova

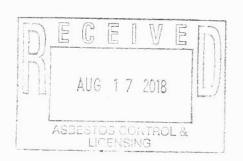
ASB-41 (R-06-08)

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

CK013028
STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

						W/ 15	
Date of Notification (1)	P.		Name of Building Owner/Operator	(2)	12 (V 15	
08/14/2018			Said Mohammed	II II AU	G 17	2018	
Agencies Notified	Type of Notific	ation	Street Address				
() EPA (X) NJDEP	(X) Initial N	Notification	City, State, Zip Code	ASBEST LI	OS ODN CENSINO	TROL &	1
(X) NJ DOL	Amend	Iment # ency (including					<i>j</i>
(X)DOH ()DCA	justific	ation)	Name of Contact	Tel. Numb	per		
	() Cancel	lation	Said Mohammed	1		_	
		FA	ACILITY INFORMATION				
Name of Facility Where Abatemic	ent is Taking Place	(3)	Type of Facility (4) () School (K-12)				
Street Address			() Subchapter 8 (other than K-1 (X) Other (i.e. private & commer	(2) cial bldgs., homes	, etc.		
1			Entire Building: Sq. Feet: ~ 2800		ldg. Age	80_	
City (5)	County (6)	County Code (7 (State Use Only		1):			
Jersey City	HUDSON			***************************************			
Name of Monitoring Firm Hired to (8)	oy Bldg, Owner	ASCM No. N/A	Name of Contractor (9) Industrial Safety & Enviror	nmental Solutio	ns. Inc.		
N/A Street Address			Street Address			-1	
N/A			3300 Hudson Avenue				
City, State, Zip Code N/A			City State, Zip Code Union City, NJ 07087				
Project Manager for Monitoring N/A	Firm Telephone N	Number	Telephone Number (201)325-0055		Licer 011	nse Numb 24	<u>er</u>
Scheduled Start Date (10) 08/15/2018	Scheduled (11) 08/20/20	Completion Date	Name of OSHA Monitor ISES, Inc.				
Occupancy Status During Abate () Facility Closed/Vacated Di () Abatement Performed Out	uring Entire Period	of Abatement	Street Address 3300 Hudson Avenue				
(X) Other - Describe: Work			City, State, Zip Code Union City, NJ 07087				
Source of Work (Check all that a	apply) () Demolition	(X) Renovation				
() Minor Project (< 25 S (X) Small Project (>25 <1 () Large Project (>160 S	60 SF or >10 <2	60 LF ACM)	(X) Full Containment w () Mini-Enclosure (X) Glove-bag Procedu () Non-Exempted (*)	ure			
Location of Asbestos- Containing Material (ACM)	Is Location No Solely by Mair		Description of ACM (i.e. thermal systems insulation,	Amount (Specify SF or LF)	Aba	atement T	уре
To be Abated in Facility (13)	Custodial S	taff? (12)	surfacing, VAT, or other miscellaneous.)	01 01 21 7	Rem I oval	Rep End	ila clo
	YES NO	N/A					e
Basement/crawl space	×		TSI on pipes	~ 160 L FT	Х		
				1			

Name of Reg. Waste Hauler Newark Carting	NJDEP Waste Haul 04509	er ID #	Cubic Yards of Waste 10	Name of Reg. Landfill Grand Central Sanitation 1963 Pen Argyl Road
City, State 369 Raymond Blvd, Newa	rk, NJ 07105	Disp. Date 08/14/2018	2	City, State Pen Argyl, PA 18072
Completed by (Print or Type)	Title	Signature) 0	Date
David Camacho	Project Supervisor	CE		08/14/2018



CK 4796

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		AUG	1	7	2018		

Date of Notification (1)	17-18			Name			er/Operator	(2)	Le Passagne	008	TOC	11 0	1
Agencies Notified	Type Notification	-		Stree	t Address				LICEN				
D BPA	[X] Initial				70		Hau	KN P	WE	-			_
DEP	Amended Amendment		_	City, S	State, Zip	Code EXI		TY A	1.T 08	22	6		
₩ DOH	Emergency (i	ncludin	g	Name	of Conta		4 0		Telephone Numb			-3-	_
□ DCA	Cancellation			1 Gairie	SA								
				FA	CILITY IN	FORMA	TION						
Name of Facility Where	Abatement is Takir	ng Plac	e (3)					Type of Facility					
RE	SIDENCE							☐ School (K-1	8 (Other than K-12)	ľ			
Street Address								Other (i.e., phomes, etc.	orivate & commercia .)	l build			
City (5)						S		Square Feet	# of Floors	1	dg. A		
	CAN C	114		T 0	nty Code ((7) (CT	ATE	Current Use (P	rior if being demolis	1	00		_
County (6)	E MA			USE	ONLY)			NACE	ANT				_
Name of Monitoring Firm	Hired by Building	Owner		ASCM	No.			ent Contractor (S					
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Street Address	1						95	. SPRIX	E AUE				_
City, State, Zip Code							State, Zip C		W.J 08		フ		
0.17, 0.210, 0.7							MPCE	SHAPE	W.J 08 License No.	05	_	_	=
Project Manager for Mo	nitoring Firm		Tele	ephone	No.	85	thone No.		013	71			_
Start Date (10)		duled C	comple	tion Da	te (11)	Name	e of OSHA N	Monitor NJA.					
9-6-1 Occupancy Status Durin		1 -	(orie)		0	Stree	t Address	N IP.					
Occupancy Status Duffi ✓ Facility Closed/Vacat	ed During Entire Pe	eriod of	Abate	ment									_
Abatement Performer Other - Describe:	d Qutside of Norma	y Fac≇i	ty Hou	rs		City,	State, Zip C	ode	· .				
Scope of Work (Check a	il that apoly)					1		i i i de b Klo	antivo Pressure				
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≥160 sf or ≥260 lf		Ø De	emotitic	NT .			Non-Exe	empted (*) and N	on-Friable Procedur				
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TO BE ABAT IN Facility			Staff?		ţ	surfa	icing, VAT, miscellaneo	or	SF or LF)	Removal	Repair	Encapsulate	Enclosure
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	IWC,		_ 1	798) (Dispo	sal Date	City, State					
City, State	HADE N	J						Woo	DBINE			_	
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Date of Notification (1)	13-18		N	lame of Build	ing Owner/Operator	(2) CIAM	V C Dia Takes				_
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Name of Facility Where	Abatement is Takir	ng Place (3	3)		(4)	Type of Facility					
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Street Address .			ıl			Other (i.e., p	orivate & commercia	build	ings,		
						homes, etc.) # of Floors	TRIC	ig. Ag	ne .	\dashv
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Name of Monitoring Firm	Hired by Building	Owner	AS	SCM No.	Marine of Abater	(FMCO	INC				
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Street Address					34.0	7 S. SPW	RUCE HIE				
					City, State, Zip C					_	
City, State, Zip Code					IMU	IPCE SH	ADE N.J	080	25	_	_]
			Talenh	one No.	Telephone No.		License No.	- /		(5)	
Project Manager for Mon	nitoring Firm		i eicpi	One ive.	856-77	9-0472	# 013	71			_
	T 0-1-		nolatio	n Date (11)	Name of OSHA						
Start Date (10)	Sche	9-1	17	-18		NIA					_
9-4-1	8	1		10	Street Address						
Occupancy Status Durin	ng Abatement (Circ	eriod of Ab	pateme	ent						_	=
Abatement Performe	d Outside of Norma	al Facility h	Hours		City, State, Zip C	Code	į.				
Other - Describe:									_	_	=
Scope of Work (Check a	all that apoly)		100000			ntainment with Ne	anative Pressure				
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≥160 sf or ≥260 lf		43			Non-E	cempted (*) and is	on-Friable Procedur		bater	nent	
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Date of Notification (1)	13-18		Name of B		g Owner/Operator		EXCAUA	12 71N	018	1	L,
Agencies Notified	Type Notification		Street Add		2 0		L	-		-	=
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⊠ DOH	Emergency (i	ncluding	Name of C	Contac	t		Telephone Numb	er	201		
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Name of Facility Where	Abatement is Takir	ng Place (3)				Type of Facility School (K-1	2)				
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County (6)		V (W D)	County C	ode (7) (STATE		rior if being demolis	hed)			
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Street Address	1				Street Address	. SPRU	XE ALE			56-12-D	
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				_	MAPL Telephone No.	E SHAV	License No.	٥٥	0)	_	=
Project Manager for Mon	itoring Firm	Tele	phone No.		856-77			71			_
Start Date (10)		duled Comple		1)	Name of OSHA N	Vonitor					
S − Z S − I Occupancy Status Durin	()	9-6-	18		Street Address						-
M Facility ClosedVacate	ed During Entire Pe	eriod of Abate	ment		-		150				=
Abatement Performed	Outside of Norma	l Facility Hou	rs		City, State, Zip C	ode	5,				
Other - Describe:											-
Scope of Work (Check a	II that apply)				Full Cor		egative Pressure				
≥3 sf or ≥3 lf ∠≥160 sf or ≥260 lf	P.	☐ Renovati		1.55	Gloveha	an Procedure	on-Friable Procedu	re			
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		Normally			Description of			_	Typ	e	_
Location of Asbestos-Containing M	of Naterial (ACM)	Used Solel Maintenan	œ/ A	sbes	tos Containing Mat thermal systems in	erial (ACM)	Amount (Specify	R	_	Enc	En
TO BE ABAT IN Facility	ED	Custodia Staff?	11	(I.e.,	surfacing, VAT,	or	SF or LF)	Remova	Repair	Encapsulate	Enclosure
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City. State	0	A1 7		_	Disposal Date	City, State	OBINE				
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

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Date of Notification (1)	-	4.5		1		ing Owner/Operator	(2)	All The				111
	7 /	18		Th	e Colleg	e of New Jersey		la Lij AUG	17	201	8	111
Agencies Notified	Type Notifi	cation	72	Stree	t Address	;	1				-	
⊠ EPA				20	00 Penn	ington Rd.		ASPESTUS	7	The	-	1
☑ DOLWD ☑ DHSS		ea nent # 3-8/1	3/12	City,	State, Zip	Code			SIN	G	11 0	
□ DCA		ncy (includir		Ew	ring, NJ	08628						
(NJAC 5:23-8)	justifica		ig	Name	e of Conta	ict		Telephone Num	ber			-
	☐ Cancella	ation		An	nanda Ra	adosti		609-771-288				
			5-20-30-	FA	CILITY	NFORMATION	and the second second					
Name of Facility Where A	batement is	Taking Place	e (3)				Type of Facility	(4)		-		
TCNJ-Green Hall			300				School (K-1					
Street Address							☐ Subchapter	8 (Other than K-12	?)			
2000 Pennington Ro	oad						Other (i.e., p homes, etc.)	private and comme	rcial b	uildin	gs,	
City (5)			-				Square Feet	# of Floors	Tp	ld- /		
Ewing							Oquale Feet	# 01 110015		ldg. A	ige	
County (6)				Cou	nty Code	(7)(STATE USE ONLY)	Current Use /D	rior if being demolis	abod\			
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Name of Monitoring Firm I	Hired by Bui	lding Owner	(8)	ASCM	No	Name of Abateme	ant Contractor (0	\				
AET, Inc	,	ionig Omnor	(0)	710011	140.		VIRONMENTA	· .				
Street Address						Street Address	VIIVOIVIENTA	L, INC.				
28 Pennell Road						1123 BEAVE	OCTOCCT					
City, State, Zip Code		-										
Media, PA 19063						City, State, Zip Co						
Project Manager for Monit	orina Firm		Tal	ephone	No	BRISTOL, PA	19007					
Roy Mosicant	oning i iiiii		1	10-891		Telephone No.		License No.				
Start Date (10)		Scheduled (215-788-6040		00509				
5 / 21 /	18	8		7 /	32	Name of OSHA M						
ON 5277E	8/13/18		-		10		VIRONMENTA	L, INC.				
Occupancy Status During						Street Address						
Facility Closed/Vacated	During Ent	ire Period of	Abate	ment		1123 BEAVER	RSTREET					
Abatement Performed (Time of Abatement:	Outside of N	ormal Facili	DM-3	rs - Des	scribe	City, State, Zip Co	de					
			<u> </u>	.30AW		BRISTOL, PA	19007					
Scope of Work (Check all t	that apply)						12	947 5				-
≥3 sf or ≥3 lf		⊠ Re	enovat	ion			ainment with Neg	gative Pressure				
≥ 160 sf or ≥260 If			emoliti			☐ Glovebag	Procedure					
						Non-Exer	npted (*) and No	n-Friable Procedur	е			
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Asbestos-Containing M		and the constraint	ed Sol		Ashe	Description of estos Containing Mat		Amount	R	R	Ш	m
TO BE ABAT	ED	Ma	intena			e., thermal systems in	nsulation.	(Specify	Remova	Repair	пса	nclo
IN Facility (13)		Cus	(12)	Staff?		surfacing, VAT,		SF or LF)	Val	_	Encapsulate	Enclosure
(15)		Yes	No	N/A		other miscellaned	ous)				ate	(D)
Suite 218					Floor T	ile.		400 SF	F2			
Attic				1-						Ш	Ш	Ш
Attic				Ш	Rooting	g debris and batt	insulation	22,600 SF				
Name of Registered Waste			1 200	JDEP V		Cubic Yards of	Name of Regis	tered Landfill				
BRISTOL ENVIRONM	IENTAL, IN	NC.	H	18706		Waste	FAIRLESS	LANDFILL				
City, State				10700		Disposal Date	City, State					
BRISTOL, PA 19007						· workers and order to		HILLS, PA 1904	7			
Completed By (Print or Typ	e)	Title	-			Signature						
Brian Scafiro	-cef	Estima	tor			Bir	Lul	Dat	5/1	2/)	8	

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

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Date of Notification (1) 5 /	7 /	40				ng Owner/Operator ((2)	IIIIII AII	0 1	7 :	018	
	7 /	10		117	e College	e of New Jersey		11 11 10	- E	7. 5	1 1 5	
Agencies Notified	Type Notification	n		100000000000000000000000000000000000000	et Address	(1						
☑ EPA ☑ DOLWD	☐ Initial ☐ Amended			20	00 Pennii	ngton Rd.		ASBES	105/	SON	THO	L
☑ DHSS	Amendment	#2-6/2	9/18	City,	State, Zip	Code						
□ DCA	☐ Emergency			Ev	ving, NJ 0	8628	W					
(NJAC 5:23-8)	justification)		.3	Nam	e of Contac	ot		Telephone Nun	nber			_
	☐ Cancellation			An	nanda Ra	dosti		609-771-28	81			
	All the second s			FA	CILITY IN	NFORMATION					- 700	= 1.0
Name of Facility Where A	Abatement is Tak	ing Plac	e (3)				Type of Facility	(4)				
TCNJ-Green Hall							School (K-1					
Street Address							☐ Subchapter	8 (Other than K-12	2)			
2000 Pennington R	oad						homes, etc.	orivate and comme	rcial b	uildin	gs,	
City (5)							Square Feet	# of Floors	TR	idg. A	000	-
Ewing							oqualo i ool	W 01110013		nay. r	ige	
County (6)				Соц	ntv Code (7)(STATE USE ONLY)	Current Use (P	rior if being demoli	(chod)	LE CONT		
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Name of Monitoring Firm	Hired by Building	Owner	(8)	ASCM	No	Name of Abateme	ent Contractor (0	\		-		
AET, Inc	,	,	(-)				VIRONMENTA	5				
Street Address						Street Address	AUCHAIRICIAIA	IL, INC.				
28 Pennell Road						1123 BEAVER	OCTOEET					
City, State, Zip Code			osikuse.									
Media, PA 19063						City, State, Zip Co						
Project Manager for Moni	toring Firm		Tal		Ma	BRISTOL, PA	19007	1				
Roy Mosicant	toring Firm		23	ephone 10-891		Telephone No.		License No.				
Start Date (10)	Coh	مطررامط (- 100			215-788-6040		00509				
5 /21 /		eduled (H	O Jak))	Name of OSHA M BRISTOL ENV		L. INC.				
Occupancy Status During	Abatement (Che					Street Address						
☐ Facility Closed/Vacate				ment		1123 BEAVER	STREET					
Abatement Performed					cribe	City, State, Zip Co	Contribution - Contribution of the				_	-
Time of Abatement:	AM	PM/ <u>7:00</u>	PM-7	:00AM		BRISTOL, PA						
Scope of Work (Check all			-			,						
coope of Front Concon an	that apply)					F7	alamant with Na	2427				
□ >3 sf or >3 lf		⊠ Re	enovat	ion				gative Pressure				
□ >3 sf or >3 lf			enovat emoliti			☐ Mini-Encl ☐ Glovebag	osure Procedure					
□ >3 sf or >3 lf		□ De	emoliti	on		☐ Mini-Encl ☐ Glovebag	osure Procedure	gative Pressure on-Friable Procedu	re			
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		De De	emoliti	tion		☐ Mini-Encl ☐ Glovebag ☑ Non-Exer	osure Procedure npted (*) and No		1	atem	ent T	уре
□ >3 sf or >3 lf	of	Is Use	Loca Norma	tion ally ely by	Asbes	☐ Mini-Encl ☐ Glovebag ☑ Non-Exer	osure Procedure ppted (*) and No	n-Friable Procedu	Ab	_	1	T
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≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Management TO BE ABA IN Facility (13) Attic Name of Registered Waste BRISTOL ENVIRONM	of Material (ACM) FED Hauler MENTAL, INC.	Use Ma Cus	S Loca Norma Norma ed Sold intena todial (12) No	tion ally by ance/ Staff? N/A	Roofing Waste	☐ Mini-Encl☐ Glovebag ☐ Non-Exer Description of stos Containing Mat., thermal systems in surfacing, VAT, other miscellaned ☐ debris and batt Cubic Yards of Waste	osure Procedure Procedure mpted (*) and No erial (ACM) nsulation, or ous) Insulation Name of Regis FAIRLESS City, State	Amount (Specify SF or LF) 22,600 SF	Ab Removal	_	1	T

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Date of Notification (1) 5 / 7	1	18				ing Owner/Operator ge of New Jersey	(2)					
Agencies Notified Type	Notificati	on		Stre	et Address	3	1 4	AIC AIC	1.7	2018	1	-
1900 No. 190	nended					ington Rd.						- Trade
	nendmer	t #1-6/	5/18		, State, Zip			ASSESTOS)L &	92
□ DCA □ Er	nergency	(includ			wing, NJ			LICE	HSIN	13		
	stification			Nar	ne of Conta	act		Telephone Nu	mber			
L Ca	ncellatio	n		A	manda R	adosti		609-771-28	81			
				F	ACILITY	INFORMATION						
Name of Facility Where Abatem	ent is Ta	king Pla	ice (3)				Type of Facility	918 (5)				
TCNJ-Green Hall							School (K-1	2)	nou-n			
Street Address							Other (i.e., r	8 (Other than K-1 private and comm	2) ercial l	huildi	200	
2000 Pennington Road						ă	homes, etc.)	orolar i	bullul	nys,	
City (5)							Square Feet	# of Floors	I	Bldg.	Age	
Ewing									1			
County (6)				Co	unty Code	(7)(STATE USE ONLY)	Current Use (Pr	ior if being demo	lished)			
Mercer												
Name of Monitoring Firm Hired b	y Buildin	g Owne	r (8)	ASCI	√l No.	Name of Abateme	ent Contractor (9)		-			
AET, Inc						BRISTOL EN	VIRONMENTA	L, INC.				
Street Address						Street Address					-	
28 Pennell Road						1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip Co	ode					
Media, PA 19063						BRISTOL, PA						
Project Manager for Monitoring F	irm		Te	lephone	₹ No.	Telephone No.		License No.				
Roy Mosicant					1-0114	215-788-6040		00509				
Start Date (10)5 / 21 / 18	Sch				ate (11) 18	Name of OSHA M	onitor /IRONMENTAI					-00
Occupancy Status During Abaten	nent (Che					Street Address	TRONWENTAL	_, INC.				
☐ Facility Closed/Vacated During				ement		1123 BEAVER	CTDEET					
Abatement Performed Outside	of Norm	al Facil	ity Hou	rs - De	scribe	City, State, Zip Co						
Time of Abatement:AN	1	PM/ <u>7:0</u>	0PM-7	:00AN		BRISTOL, PA						
Scope of Work (Check all that app	olv)					BRISTOL, PA	19007					100
	.27					□ Full Conta	ainment with Neg	ative Pressure				
⊇3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emoliti			☐ Mini-Encl	osure Procedure					
		1	s Loca	tion	T	M Non-Exen	npted (*) and Nor	n-Friable Procedu				
Location of			Norma	ally		Description of			At	atem	ent 7	Ту
Asbestos-Containing Material (TO BE ABATED	ACM)		ed Sole aintena		Asbe	stos Containing Mate	erial (ACM)	Amount	Re	Repair	En	
IN Facility		Cus	stodial	Staff?	(i.e	 thermal systems in surfacing, VAT, 	sulation,	(Specify	Remova	pair	cap	
(13)			(12)	_	-	other miscellaneo	us)	SF or LF)	'al		Encapsulate	
		Yes	No	N/A							te	1
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ttic					Roofing	debris and batt	insulation	22,600 SF			П	t
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me of Registered Waste Hauler			N	JDEP \	Vaste	Cubic Yards of	Name of Registe	ered Landfill			Ш	
RDICTOL ENVIDONMENTAL	., INC.		H	auler II		Waste	FAIRLESS I					
DING FOL ENVIRONMENTAL	-			18706		Disposal Date	City, State					_
y, State					1	1						
BRISTOL ENVIRONMENTAL ty, State BRISTOL, PA 19007							FAIRLESS H	HLLS, PA 1904	7			
ty, State	Titl	е				Signature	FAIRLESS H	/a Dai				

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Ch	AL	A	5	S	5	0

	7 /	18				ling Owner/Operator ge of New Jersey		III AUS	1.7	2018	}	-
⊠ EPA 913.5 D	Type Notifi ⊠ Initial	cation	4		eet Addres	s nington Rd.		AGBESTO LICE	S COM	JT5e) n	1
	Amende			No. of the last	y, State, Zip	•		LICE	IVSIN	G	/L Ct	
Ø DHSS 9104	Amendn			200	y, State, Zip Ewing, NJ						-	
DCA (NJAC 5:23-8)	☐ Emerge justificat	ncy (includation)	ding		me of Conta							
	☐ Cancella				manda R			Telephone No		10		
			-					609-771-2	881	25.00		
Name of Facility Where Aba	atement is	Taking Pla	ace (3)	Г	ACILITY	INFORMATION	T=					
TCNJ-Green Hall		raining i ii	200 (5)				Type of Facili				715	
Street Address							School (K-	-12) er 8 _. (Other than K-	12)			
2000 Pennington Roa	d						Other (i.e.,	, private and comp	nercial	buildi	nas.	
City (5)							monnes, et	C.)			90,	
Ewing							Square Feet	# of Floors		Bldg.	Age	
County (6)			-	I Co	unty Code	TAVETATE LISE ONLY			- 1			
Mercer				00	only bode ((7)(STATE USE ONLY)	Current Use (Prior if being demo	olished)		
Name of Monitoring Firm Hir	ed by Build	dina Own	er (8)	ASCI	Vi No.	Name of Abeta	mt Ca-tt	101				
AET, Inc	,		(0)	1,001	vi 140.	Name of Abateme				6.075	3500	
Street Address	2:		-	L		BRISTOL EN	VIRONMENT	AL, INC.				
28 Pennell Road						Street Address	CTDEET					
City, State, Zip Code						1123 BEAVER						
Media, PA 19063						City, State, Zip Co						
Project Manager for Monitoring	ng Firm		Te	ephone	- No	BRISTOL, PA	19007	7				
Roy Mosicant					1-0114	215-788-6040		License No.	19			
24-4 D. L. ((6)					1 Total 1 Total							
start Date (10)	S	cheduled						00509				
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5 / 21 / 1 Decupancy Status During Aba Facility Closed/Vacated Du Abatement Performed Out Time of Abatement: cope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Mater TO BE ABATED IN Facility (13) com 204 ctic	atement (Curing Entire side of NoAM		Compi / 2 one) f Abate ity Hou OPM-7 enovat emolitie s Locat Norma ed Sole intena itodial (12) No	etion D 9 / ement rs - De :00AM ion on clion liy ely by nce/ Staff?	ate (11) 18 scribe Asbes (i.e. Plaster Roofing	Name of OSHA MI BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Coo BRISTOL, PA Full Conta Mini-Enclo Glovebag Non-Exem Description of stos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous debris and batt in Cubic Yards of	conitor //RONMENTA I STREET de 19007 coniment with Necessure Procedure Pr	AL, INC. egative Pressure on-Friable Procedu Amount (Specify SF or LF) 22 SF 22,600 SF	Removal 🛛			-
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5 / 21 / 1 Decupancy Status During Aba Facility Closed/Vacated Du Abatement Performed Out Time of Abatement: cope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Mater TO BE ABATED IN Facility (13) Doom 204 tic	atement (Curing Entire side of NoAM		compi / 2 one) f Abate ity Hou OPM-7 enovat emolitic s Locat Norma ed Sole aintena itodial (12) No	etion D 9 / ement rs - De :00AM ion on clion liy ely by nce/ Staff?	Asbes (i.e. Plaster Roofing	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cor BRISTOL, PA Full Conta Mini-Enclo Glovebag Non-Exem Description of stos Containing Mate thermal systems in surfacing, VAT, o other miscellaneou	conitor //RONMENTA I STREET de 19007 coniment with Necessure Procedure Pr	AL, INC. egative Pressure on-Friable Procedu Amount (Specify SF or LF) 22 SF 22,600 SF	Removal 🛛			-
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Date of Notification (1)					me of Building (RIZON	Owner/Operator	(2)), [5]		5 U	V
							1	()		7650	
Agencies Notified Type No	tification				eet Address /ERIZON WAY			1 4	UG	1 7	2018
DEP X An X DOL Ca	tial Notificat nended Noti ncellation Hold	ficatio	152.110.7	B.A. Na	y, State, Zip Code SKING RIDGE, N		7920 Telephone	ASSE	STOS	s CO	NTRO
DCA EN	MERGENCY	NOT			NNOR BURD		732-336-12	:05			
Name of Facility Where Abatemer	nt is Taking	Plac		FACILITY	INFORMATION	Type of Facili	tv (4)				
VERIZON						School (F Subchap	<-12) ter 8 (Other th				NATE - NO.
Street Address 1196 EAST GRAND STREET						Square Feet				g. Ag	
	unty (6)		-	Cor	unty Code (7)	93,730 Current Use (F	7rior if being d	emolishe	d)	97	
Name of Monitoring Firm Hired by	IION)	~ /O\		TE USE ONLY) ASCM No.	COMMUNICA:	TIONS				
ESIS	Bullaing C	Jwne	r (8)		ASCM No.	Name of Abat PAR ENVIRON			TION		
Street Address 10 EXCHANGE PLACE						Street Address					
City, State, Zip Code		_				313 SPOOK R City, State, Zip					
	ITY, NEW J					SUFFERN, NE		901			
Project Manager for Monitoring Firm			25	e Number		Telephone Nur	mber	License	Numb	er	
BRIAN KINGSBURY Expected State Date (10)	Isch		-388-C	620 etion Dat	2 (11)	845-369-7500 Name of OSHA	A Monitor	1101			
### / 4 /18 Month Day Year			8 /		3 /18 Year	QUEST ENVIR					
Occupancy Status During Abatemer Facility Closed/Vacated D	t (Check or	ly one	e)			Street Address					
Abatement Performed Ou	utside of No	rmal F	acility	Hours - D		1376 ROUTE 9					
	NDAY - FR NDAY -(2N					City, State, Zip	Code IGERS FALLS	NEWY	ORK	12590	i.
Scope of Work (Check all that apply)				Full Conta	ainment with Neg			Ortiv	12000	
Demolition >3SF OR LF	X Rer	novatio	on		Mini-Encl	o, g Procedure					
x >160 SF OR 260 LF						le Procedure	(EXTERIOR	()			
Location of Asbestos-containing		Loca	ation used		Description of As Containing Materi		Amoun		Abaten		
Material (ACM)		solely			(ie. Thermal sy		(Specify	[17]	REPAIR	ENCAPSUL	N
TO BE ABATED	100		stodial		nsulation, surfaci	ng, VAT,	SF or LF) 0	AR	AP.	0
in Facility (13)		Staff (12) N/A		or other miscella	ineous)		P		SUL	ENCLOSUR
NORTH ELEVATION			X	CAULK		COMPLETE	30 SF	X			
EAST ELEVATION			X	CAULK		COMPLETE	9 SF	×			
SOUTH ELEVATION			X	CAULK		COMPLETE	25 SF	X			
WEST ELEVATION			X	CAULK		COMPLETE	10 SF	X			
POWER BLDG. RISING WALL		-	X	ACM PA	NT	COMPLETE	150 SF	X	_		_
		-	-						-	-	-
		-	-						-		
		\vdash	+						+-	-	-
	INJU	EP W	/aste	Cubic Ya	rds of Waste	Name of Regist	ered Landfill				-
Name of Registered Waste Hauler				a							
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD	Hau				30	GRAND CENT	KAL SANITAF	KY			
	Hau	913		Disposal		City, State	RAL SANITAF	RY			

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

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Date of Notification (1)			(Puisu	Na		0-7 and 12: Building			r (2)				0 0
	14.0										Hİ	AII	2 1	7 9016
	/18 e Notificati	on					ddress			100	Mod		8 1	/ LUIC
TEPA T	Initial No					1.211000000000	ON WAY							
DEP X	Amende	d Notif		n #5			te, Zip Cod G RIDGE, 1		ERSEY 0	7920	A8	BEST L	OS O	ONTRO
X DOH	On Hold	35.75°15'31.			Nar	ne of	Contact			Telephone	Numbe		•	
DCA]EMERGE	ENCY	NOT	IFICA	TION CO	NNOF	RBURD			732-336-1				
Name of Equility M/harm Alasta					FACILITY	INFO	RMATION							
Name of Facility Where Abate	ment is 18	iking	Place	e (3)				Тур	e of Facil	ity (4)				
VERIZON									School (Subchap	ter 8 (Other t	han K-1	2)		
Street Address								X	uare Feet	private & co	ommol. I		homes ldg. A	
1196 EAST GRAND STREET									93,730	5	1013		97	ge
City (5) ELIZABETH	County (UNION	0.5					ode (7) E ONLY)	Curr	ent Use (F IMUNICA	Prior if being o	demolisi	ned)	300	
Name of Monitoring Firm Hire ESIS	d by Build	ing O	wner	(8)			SCM No.	Nam	e of Abat	ement Contr	ractor (9)		
Street Address				115-5-5			17		ENVIROR et Address	NMENTAL CO	ORPOR	ATION		
10 EXCHANGE PLACE										OCK ROAD				
City, State, Zip Code	V 0/=V V					72.0		City,	State, Zip	Code				
Project Manager for Monitoring F	Y CITY, N	EW JE			302 Number			SUF	FERN, NE	W YORK 10				
BRIAN KINGSBURY	mm			:pnom -388-0				100000000000000000000000000000000000000	ohone Nur	mber	Licens	e Num	ber	
Expected State Date (10)		Sch			etion Date	(11)			369-7500 e of OSH	A Monitor	1101			
### / 4	/18		12		30		/18			RONMENTAL				- 1
Month Day Ye Occupancy Status During Abater	ear ment (Che	k onl	onth v one	1	Day		Year	Ctro	+ A -l -l				24945	
Facility Closed/Vacate	ed Durina I	Entire	Perio	d of A	batement				t Address ROUTE 9					
Abatement Performed	Outside o	f Norr	mal F	acility	Hours - De	escrib	e:							
	MONDAY MONDAY	- FRI	DAY) SHI	7AM-;	3:30 PM PM-1 AM			City,	State, Zip	Code				
Scope of Work (Check all that ap	ply)				M-1 MM		Full Conta	 ainmen	t with Nec	GERS FALLS	S, NEW re	YORK	12590)
Demolition >3SF OR LF	X	Rend	ovatio	n			Mini-Enclo	ο,		Juli V G T T C 3 3 U				
× >160 SF OR 260 L	F					X	Glovebag Non-Friab	Proc	edure					
Location of		Is	Locat	tion	Г	1.000	ption of As			(EXTERIOR	()	**		
Asbestos-containing			nally				ning Materia			Amoun	t la		ment 7	
Material (ACM) TO BE ABATED			olely I			(ie. 7	hermal sys	stems		(Specif	t ZEME	REPA	ENCAPSUL	ENCL
in Facility (13)			t/Cus taff (1	todial		sulation	on, surfacir er miscellar	ng, VA	Τ,	SF or LF	F) SVA		APS	16
		Yes		N/A		ו וויט זכ	ei illiscellal	neous,			F	2	<u>E</u>	.OSUR
NORTH ELEVATION -				X	CAULK					30 SF	×			
EAST ELEVATION				X	CAULK		8	COM	PLETE	9 SF	X			
SOUTH ELEVATION				X	CAULK			СОМ	PLETE	25 SF	X			
WEST ELEVATION				Х	CAULK			COM	PLETE	10 SF	X			
POWER BLDG. RISING WALL				Х	ACM PAIN	Т			PLETE	150 SF	X			
=											1	-	+-	
											_	+	-	+
												-	+	
												+	1	
Name of Registered Waste Haule NEWARK CARTING		NJDE			Cubic Yard			Name	of Registe	ered Landfill			-	
369 RAYMOND BLVD.		Haule	r ID N 913	١٥.		30		GRAN	D CENTR	RAL SANITAF	ΥY			
City, State			210	-	Disposal Da	ate		City, S	state					
NEWARK, NEW JERSEY Completed by (Print or Type)	TT:AL				5/24/18-12/	-		PLAIN	FIELD TO	WNSHIP, PA	4	1	1	
BENJAMIN SANCHEZ	Title DIRE	CTOR	OF	OPER	ATIONS	Signa	ture /	1	\times_{\times}		Date C	1/2	3//	1

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Date of Notification (1)						Name of Building Owner/Operator (2) VERIZON												
7 / 24 /18					Stre	et Addre	ess				TAIL.							
Agencies Notified Type N	Type Notification					1 VERIZON WAY												
DEP X A	DEP x Amended Notification #4						City, State, Zip Code BASKING RIDGE, NEW JERSEY 07920											
X DOH O	N CON	Name of Contact Telephone Number 732-336-1205									NS.							
N	-4 !- T-1:	D	1/		CILITY II	VFORM	ATION	17	e of Facilit				-1000					
Name of Facility Where Abateme	nt is Takii	ng P	iace ((3)				Туре	School (K									
VERIZON								X	Other (ie.	ter 8 (Other the private & co			., hor	nes,	etc.)			
Street Address 1196 EAST GRAND STREET								Square Feet # of Floors Bldg. Age 93.730 5 97										
The second secon							unty Code (7) Current Use (Prior if being demolished					ed)						
	NION	- 0		0)	(STAT	ATE USE ONLY) COMMUNICATIONS						(0)						
Name of Monitoring Firm Hired b	y Buildin	g Ow	/ner (8)		ASC	CM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION										
Street Address									et Address									
10 EXCHANGE PLACE City, State, Zip Code									State, Zip	OCK ROAD Code								
JERSEY (SUFFERN, NEW YORK 10901										
Project Manager for Monitoring Firm Telephone Number								Telephone Number License Number										
BRIAN KINGSBURY 201-388-0620 Expected State Date (10) Sched. Completion Date (11)								845-369-7500 1101 Name of OSHA Monitor										
6 / 4 /18 12 / 30 /18								QUEST ENVIRONMENTAL										
Month Day Year Month Day Year Occupancy Status During Abatement (Check only one)								Street Address										
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describ						1376 ROUTE 9 escribe:												
X Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM								City, State, Zip Code WAPPINGERS FALLS, NEW YORK 12590										
Scope of Work (Check all that appl		_								gative Pressu								
Demolition >3SF OR LF x >160 SF OR 260 LF		Keno	vatior	1			Aini-Enclo Glovebaç Non-Friab	Proc		(EXTERIOR	R)							
Location of		Is L	ocati	on		Description of As				LXTERIOR	1	Abatement Ty						
Asbestos-containing			ally u	20 mm - 1		Containing Material			M)	Amount	nt 7		R E					
Material (ACM) TO BE ABATED	į,		lely b /Cust		ir	(ie. Thermal system				(Speci	fy 3	5	REPAIR	ENCAPSUL	ENCLOSUR			
in Facility (13)	1		aff (12	3391000		Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF)					꼬	JSc	JSC					
		/es	No	N/A		HEE CHARLES								=	Ä			
NORTH ELEVATION				x c	AULK					30 SF	×							
EAST ELEVATION				x c	AULK			CON	MPLETE	9 SF	X							
SOUTH ELEVATION				x c	AULK	ILK			/PLETE	25 SF	X							
WEST ELEVATION				x c	AULK	JLK			/PLETE	10 SF	X							
POWER BLDG. RISING WALL	-			X A	CM PAII	M PAINT			IPLETE	150 SF	×							
			-	-	-							-						
Name of Registered Waste Hauler	-	LIDE	P Wa	este Io	uhic Vor	ds of M	asta	Mam	e of Regio	tered Landfill								
NEWARK CARTING			r ID N	200	ubic i di	ic Yards of Waste 30			Name of Registered Landfill GRAND CENTRAL SANITARY									
369 RAYMOND BLVD. City, State			913		isposal [Date		City	State	/								
NEWARK, NEW JERSEY	19.				/24/18-12	2/30/18		PLA	INPLELE	OWNSHIP, F	PA							
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIREC	CTOF	ROF	OPERA	TIONS	Signat	ure //	X	X		Date -) –	2	4-	-18			

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Date <u>of Notifi</u> çation (1)	·		Name of Building Owner/Operator (2) VERIZON										
Agencies Notified Type Notification	·		Street Address 1 VERIZON WAY										
EPA Initial No	ification Notification	City,	City, State, Zip Code BASKING RIDGE, NEW JERSEY 07920										
X DOH X On Hold EMERGE			Name of Contact Telephone Number 732-336-1205										
Name of Facility Where Abatement is Ta	king Place (2)	FACILITY IN	ITY INFORMATION										
VERIZON	iking Place (3)		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) X Other (ie. private & commol. bldgs., homes, etc.)										
Street Address 1196 EAST GRAND STREET	Square Feet # of Floors Bldg. Age 93,730 5 97												
City (5) County (ELIZABETH UNION	6)	Coun (STATE	ty Code (7) E USE ONLY)	Current Use (Prior if being demolished) COMMUNICATIONS									
Name of Monitoring Firm Hired by Build ESIS	ing Owner (8)	ASCM No.	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION										
Street Address 10 EXCHANGE PLACE		-		Street Address			1011						
City, State, Zip Code	=::====:=			313 SPOOK ROCK ROAD City, State, Zip Code									
JERSEY CITY, N Project Manager for Monitoring Firm		302 ne Number		SUFFERN, NEW YORK 10901 Telephone Number License Number									
BRIAN KINGSBURY		845-369-7500 1101											
Expected State Date (10) 6 / 4 /18 Month Day Year	Name of OSHA Monitor QUEST ENVIRONMENTAL												
Occupancy Status During Abatement (Che	Street Address												
Facility Closed/Vacated During Abatement Performed Outside of	scribe:	1376 ROUTE 9											
X Other - Describe: MONDAY		City, State, Zip Code WAPPINGERS FALLS, NEW YORK 12590											
Scope of Work (Check all that apply) Demolition	Full Conta	ntainment with Negative Pressure											
>3SF OR LF x >160 SF OR 260 LF	Renovation		Glovebag	ag Procedure able Procedure (EXTERIOR)									
Location of	Is Location		escription of As		Abatement Type								
Asbestos-containing Material (ACM)	normally used	Co	ontaining Materia		Amount				1				
TO BE ABATED	solely by Maint/Custodia	in:	ie. Thermal sys) sulation, surfacir		(Specify SF or LF		REPAIR	CAF	CLC				
in Facility (13)	Staff (12)		or other miscellaneous)					ENCAPSUL	ENCLOSUR				
NORTH ELEVATION	Yes No N/A	CAULK			20.05	- V	+	1	120				
EAST ELEVATION	X	CAULK		COMPLETE	30 SF 9 SF	X	+	+					
SOUTH ELEVATION	1 X	CAULK		COMPLETE	25 SF	X	+	1	\vdash				
WEST ELEVATION	T X	CAULK		COMPLETE	10 SF	X	+	+					
POWER BLDG. RISING WALL							1	\vdash					
				COMPLETE	150 SF	X							
Name of Registered Waste Hauler	INUDER W	O. His Vass	6 \\\ 1	N (5)									
NEWARK CARTING 369 RAYMOND BLVD.	NJDEP Waste Hauler ID No. 913	Cubic Yard	c Yards of Waste Name of Registered Landfill GRAND CENTRAL SANITARY						Н				
City, State NEWARK, NEW JERSEY		Disposal D 5/24/18-12/	ate	City, State PLAIMFIELD TO	NANICULE D.								
Completed by (Print or Type) Title	ECTOR OF OPE		Signature	LAIDELE	DVINSHIP, PA		16	-/					
DIRECTION OF WATER OF THE PARTY	LOTOR OF OPE	CHIOHAL	1	AX			/	11					

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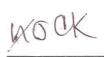
Date of Notification (1)					Name of Building Owner/Operator (2) VERIZON											
5 / 30 /18					Street Address AUG 17 200											
Agencies Notified Type Notifica	ation			1 VE	1 VERIZON WAY							100				
DEP ★ Amend	DEP ✓ Amended Notification ✓ Cancellation															
X DOH : On Holi	LION COV	Name of Contact Telephone Number 732-336-1205														
No. of Earlie Man.	T-1:			ACILITY IN	NFORMATION	TT.		(4)								
Name of Facility Where Abatement is	i aking i	Place	(3)			Туре	of Facility School (K-	/ (4) -12)								
VERIZON							Subchapte	er 8 (Other than private & comm		is ho	mes	etc.)				
Street Address			are Feet	# of Floors			g. Age									
1196 EAST GRAND STREET		93,730 5 unty Code (7) Current Use (Prior if being demolished)						97								
ELIZABETH UNION	City (5) County (6) SELIZABETH UNION (S						Current Use (Prior if being demolished) COMMUNICATIONS									
Name of Monitoring Firm Hired by Bui	ilding O	wner	(8)		ASCM No.	Name of Abatement Contractor (9)										
ESIS Street Address		5 - 5 - 5			17 PAR ENVIRONMENTAL CORPORATION Street Address											
10 EXCHANGE PLACE						100000000000000000000000000000000000000		CK ROAD								
City, State, Zip Code							State, Zip		397-100-							
JERSEY CITY,	NEW JE					SUFFERN, NEW YORK 10901										
Project Manager for Monitoring Firm				e Number		Telephone Number License Number										
BRIAN KINGSBURY Expected State Date (10)	Sch		388-0	etion Date	(11)	845-369-7500 1101 Name of OSHA Monitor										
6 / 4 /18 Month Day Year	/18 Year	QUEST ENVIRONMENTAL														
Month Day Year Month Day Year Occupancy Status During Abatement (Check only one)							Street Address									
Facility Closed/Vacated During Entire Period of Abatement						1376	ROUTE 9									
Abatement Performed Outsid X Other - Describe: MOND	e of Non AY - FRI				scribe:	City, State, Zip Code WAPPINGERS FALLS, NEW YORK 12590										
Scope of Work (Check all that apply)					Full Contr			3ERS FALLS, I ative Pressure	VEW Y	JRK 1	2590					
Demolition X	Ren	ovatio	n		Mini-Encl		with Nega	alive Flessule								
>3SF OR LF x >160 SF OR 260 LF					Glovebag	Proce		(EVTEDIOD)								
x >160 SF OR 260 LF Location of	Lio	Locat	lion	Т ,	X Non-Friab Description of As			(EXTERIOR)	Т.	Abatement Type						
Asbestos-containing	100	mally			ontaining Materi			Amount								
Material (ACM)		olely		1	(ie. Thermal systems			(Specify	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR				
TO BE ABATED			todial		insulation, surfacing, VAT, SF or LF)					A R	AP.	5				
in Facility (13)	_	taff (1	(2) N/A	-	or other miscellaneous)						II S	SUF				
NORTH SUSTAIN	Yes	INO							-	+	Ψ.	1~				
NORTH ELEVATION	-		X	CAULK				30 SF	X	-	+	+				
EAST ELEVATION	_		X	CAULK			-	9 SF	X	-	-	\vdash				
SOUTH ELEVATION			X	CAULK				25 SF	X	_						
WEST ELEVATION			X	CAULK	1)			10 SF	X							
POWER BLDG. RISING WALL			X	ACM PAIN	IT		150 SF									
										T		\Box				
	+								+	+	+	\vdash				
	+		-	-					-	+	-					
Name of Registered Waste Hauler	NID	EP W	acto	Cubic Var	ds of Waste	Mama	of Pogieto	ered Landfill		1		\vdash				
NEWARK CARTING 369 RAYMOND BLVD.		er ID 913	No.	Cubic Tare	30			AL SANITARY								
City, State		010	1	Disposal D	ate	City, S	tale	<u> </u>		-						
NEWARK, NEW JERSEY	5/24/18-12	/30/18 /	PLAIN	FIELD TO	WNSHIP, PA	ate 🗸	1		1							
	tle IRECTO	R OF	OPE	RATIONS	Signature Signature					15	0/	18				

hock

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)					ZON	whenoperator	(2)	1							
5 / 23 /18					t Address		1 11				-				
Agencies Notified Type Notification	1 VE	RIZON WAY					7	7716							
EPA Initial No DEP Amended X DOL Cancella	Notifi		i		City, State, Zip Code BASKING RIDGE, NEW JERSEY 07920										
X DOH X On Hold EMERGE	of Contact NOR BURD		Telephone Num 732-336-1205	nber											
			ACILITY IN	FORMATION											
Name of Facility Where Abatement is Ta			Type of Facilit												
VERIZON		Subchapter 8 (Other than K-12) X Other (ie. private & commcl. bldgs., homes, etc.)													
Street Address 1196 EAST GRAND STREET		Square Feet 93,730	# of Floors 5			g. Age 97	;								
City (5) County (ELIZABETH UNION		ty Code (7) USE ONLY)	Current Use (Prior if being demolished) COMMUNICATIONS												
Name of Monitoring Firm Hired by Build		ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION												
Street Address						Street Address									
10 EXCHANGE PLACE City, State, Zip Code		-				313 SPOOK R	-11-11-11-11-11-11-11-11-11-11-11-11-11								
JERSEY CITY, N	EW JE	ERSE	Y 073	302		SUFFERN, NEW YORK 10901									
Project Manager for Monitoring Firm		Telephone Number License Number													
BRIAN KINGSBURY	440	845-369-7500 1101													
Expected State Date (10) 5 / 24 /18	Sche	ea. Co 12		etion Date (30	/18	Name of OSHA Monitor QUEST ENVIRONMENTAL									
Month Day Year															
Occupancy Status During Abatement (Che Facility Closed/Vacated During Abatement Performed Outside	scribe:	Street Address 1376 ROUTE 9													
X Other - Describe: MONDAY		City, State, Zip Code WAPPINGERS FALLS, NEW YORK 12590													
Scope of Work (Check all that apply) Demolition	}	Full Containment with Negative Pressure Mini-Enclo,													
>3SF OR LF x >160 SF OR 260 LF		Glovebag	Glovebag Procedure Non-Friable Procedure (EXTERIOR)												
Location of	Is	Locat	tion		escription of As			I A	batem	ent T	vpe				
Asbestos-containing		mally			ntaining Materi		Amount		REPAIR		1				
Material (ACM) TO BE ABATED		olely	by todial		(ie. Thermal sy	rial (ACM) ystems (Specify sing, VAT, laneous) Amount (Specify SF or LF)				ENCAPSUL	ENCLOSUR				
in Facility (13)	11/2/2017	taff (1		0.000	ulation, surfaci	Iding, VAT, SF or LF)									
Zoniy (10)	Yes		N/A	1	. ou or miocond					1	고				
NORTH ELEVATION			X	CAULK			30 SF	X							
EAST ELEVATION	T		X	CAULK			9 SF	X							
SOUTH ELEVATION			X	CAULK			25 SF	×							
WEST ELEVATION			X	CAULK			10 SF	×							
POWER BLDG. RISING WALL			X	ACM PAIN	Т		150 SF	X							
TOWER DEDOCTION OF WILE				7.000177014			150 01								
								+							
Name of Registered Waste Hauler		EP W		Cubic Yard	s of Waste	Name of Regist	ered Landfill		1	1					
NEWARK CARTING	Haul	er ID	No.		30		RAL SANITARY								
369 RAYMOND BLVD. City, State		913		Disposal Da	ato	City Stad	7								
NEWARK, NEW JERSEY				5/24/18-12/		City, State PLANFIELD T	OWNSHIP. PA		1	1					
Completed by (Print or Type) Title		R OF	OPE		Signature /	3//	Dat	e 5,	1	5/1	F				



CK# 32178

Date of Notification (1)					e of Building C IZON	wner/Operator	(2)			E	l W
5 / 14 /18	20				et Address		III-N		-		
Agencies Notified Type Notification		Fig.		100	RIZON WAY		11 11		AUC	1 7	550
EPA X Initial No.	Notifi	my de la	1		State, Zip Code KING RIDGE, N	EW JERSEY 07					N-V 1.
X DOH On Hold EMERGE	NCY	NOTII	FICA		e of Contact NOR BURD		Telephone Nun 732-336-1205	nber		S CL ENDI	uta: Na
				FACILITY IN	FORMATION						
Name of Facility Where Abatement is Ta	iking i	Place	(3)			Type of Facilit					
VERIZON						Subchapt	er 8 (Other than private & commo	K-12)	ıs ho	mes.	etc.)
Street Address 1196 EAST GRAND STREET					***************************************	Square Feet 93,730	# of Floors 5	T	Bldg	g. Age 97	
City (5) County (ELIZABETH UNION	6)				ty Code (7) USE ONLY)	Current Use (P	rior if being demo	lished)		
Name of Monitoring Firm Hired by Build	ling O	wner	(8)	,	ASCM No.	Name of Abate	ment Contracto	or (9) ORAT	ION		
Street Address 10 EXCHANGE PLACE						Street Address 313 SPOOK RO				-,510	
City, State, Zip Code JERSEY CITY, N	FW.JF	ERSE	Y 073	302		City, State, Zip					
Project Manager for Monitoring Firm				e Number		Telephone Num		ense N	Vumbe	er	_
BRIAN KINGSBURY			388-0		<u> </u>	845-369-7500	110)1			
Expected State Date (10) 5 / 24 /18	Sch	ed. Co		etion Date (30	(11) /18	Name of OSHA QUEST ENVIR				er conte	
Month Day Year		onth		Day	Year	QUEST ENVIK	ONWENTAL				
Occupancy Status During Abatement (Che Facility Closed/Vacated During				Ahatement		Street Address 1376 ROUTE 9					
Abatement Performed Outside	of Norr	mal F	acility	Hours - De	scribe:						
X Other - Describe: MONDAY	- FRI	DAY '	7AM-	3:30 PM		City, State, Zip	Code GERS FALLS, N	FW/Y	ORK 1	2590	
Scope of Work (Check all that apply)	_					inment with Neg		_ , , ,	J1 (1) (1	2000	
Demolition X >3SF OR LF	_Rend	ovatio	n			Procedure					
x >160 SF OR 260 LF Location of	La	Locat	ion			le Procedure	(EXTERIOR)	T .	I		
Asbestos-containing		mally			escription of As ontaining Materia		Amount		batem z		
Material (ACM)	- 1	olely			(ie. Thermal sys	stems	(Specify	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
TO BE ABATED in Facility (13)	100000000000000000000000000000000000000	nt/Cus taff (1			sulation, surfacir or other miscella		SF or LF)	100	\frac{1}{2}	PS	SO
The admity (10)	Yes		N/A	1	or other miscena	rieous)		1		=	l R
NORTH ELEVATION			Х	CAULK			30 SF	×			
EAST ELEVATION			X	CAULK			9 SF	X			
SOUTH ELEVATION			Х	CAULK			25 SF	X			
WEST ELEVATION			Х	CAULK			10 SF	X			
POWER BLDG. RISING WALL			X	ACM PAIN	Т		150 SF	X			
	-	-		ļ		7233722722323311	6	-	-		
A.						-		-			\vdash
Name of Registered Waste Hauler		EP W		Cubic Yard	s of Waste	Name of Regist	ered Landfill			-	
NEWARK CARTING 369 RAYMOND BLVD.	Haul	er ID 913	No.		30	GRAND CENTE	RAL SANITARY				
City, State	1	010		Disposal D		City, State					-
NEWARK, NEW JERSEY				5/24/18-12		PLAINPIELD IC			1	1	
Completed by (Print or Type) Title BENJAMIN SANCHEZ DIR		R OF	OPE	RATIONS	Signature	$\langle \times \times \rangle$	Dat	e S	14	1/8	



			(Pur	suant to	NJAC 8:6	0 and	12:120)		1						
Date of Notification (1)	+		-		Building Ov	vner/C	perator	(2)		11	A110 1	7.	into			
8/14/18					ger Inc.				311 -	+!	AUG 1	1 .	VO	- 1		
Agencies Notified	Type Notification		4 5	treet Ad	aress Iarne Hig	hwa	V		4							
EPA DEED	✓ Initial				e, Zip Code		.y			1000	ALCOUNT		1110	- d	-	
L DEP	Amended Amendment	£	1 0 0		port NJ (6						3			
⊠ DOL	Emergency (i			ame of	•					Teler	phone Nur	nber				
DOH DOA	justification)			Pat °						Contractor (-381-05					
☐ DCA	Caricenation				ITY INFOR	MAT	ION									
Name of Facility Where	Abatement is Taking	Place (3)		TAGIL				Туре	of Facility (4))						
Vacant House (Glo	ucester County	Improve	ment	Autho	rity)				School (K-12)						
Street Address									Subchapter 8 Other (i.e. pri	(Othe	r than K-12	2) al build	linge	home		
	13								otte: (i.e. pii etc.)	vale a	Commerci	ai buile	iii igo,	TOTTIC	٥,	
City (5)					VIII.			Squar	re Feet	100000000000000000000000000000000000000	Floors	100000	dg. A	ge		
Paulsboro NJ 0806	66							1000) +	2		5	0+			
County (6)				County C				I)	nt Use (Prior	r if bein	g demolish	ned)				
Gloucester			(STATE USE ONLY) — House ASCM No. Name of Abatement Contractor (9)													
Name of Monitoring Firm	n Hired by Building (Owner (8)		ASCM	No.		10000000			ractor ((9)					
N/A								naco I								
Street Address								Addres	7.70					m.		
					PO Box 329 City, State, Zip Code											
City, State, Zip Code				City, State, Zip Code West Berlin NJ 0						01					1	
										91	License N	lo				
Project Manager for Mo	nitoring Firm		Telephone No. Telephone No. 856-753-9800								00727	NO.				
				856-753-9800							00727		_			
Start Date (10)		Schedule	d Com	pletion L	Jate (11)		San		TA MONITO							
8/24/18		9/2/18	-1					t Addre	ee						-	
Occupancy Status Durin							00000	. /	00							
Facility Closed/Va	cated During Entire I med Outside of Norm	Period of A	batem	ent			City.	State, Z	ip Code							
Other – Describe:	ned Odiside of North	nai i dointy	110010						•							
Scope of Work (Check						-										
	All Triacrapping	Пв	enovai	tion			[□ Fu	II Containme	ent with	Negative	Pressu	re			
≥3 sf or ≥3 if ≥160 sf or ≥260 if			emoliti					Mi	ni-Enclosure							
Z -100 01 01	VI	_						GIO NIC	ovebag Proc on-Exempted	edure l (*) and	d Non-Fria	ble Pro	cedur	е		
		T		1004			•							ement		
	(%)	250	Location Location Location			_		n of					T	rpe		
Location Asbestos-Containing		Use	d Sole	ly by	Asbest	os Co	escription ntaining	n oi Materia	I (ACM)		mount			m	m	
Aspestos-Containing			intenar todial S		(i.e.	therm	al syster	ns insul	ation,		Specify For LF)	Ren	Re	ncap	incl	
In Fac		- Cus.	(12)				facing, V r miscella)	- Oi	. Or Er /	Remova	Repair	Encapsulate	Enclosure	
(15	71	Yes	No	N/A	1							_		ate	е	
		res	INO	INIA							00 SF	-	1	-		
Exterior	1	X		EX	terior S	laing		10	000 23 /	X	-	+-				
												-				
Name of Registered W	asta Hautar	-	N.IDEP Waste					ered Landf	ill		1					
	Havier ID No. of Waste				GRO	ame of Registered Landini										
United Roll Off	2	2459		4												
City, State			Disposal Date City, State													
Elm NJ	9/3/18 Morrisville PA 1960				Data											
Completed by		Title		Ti-			Signatu	ire	Date 8/14/18							
Anthony T Perna		Pres	sident					~				0/14/	.0			



		(Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2)						10]]]						
Date of Notification (1)			100			wner/0	Operator	(2)						1	7	
8/14/18			1	Winzin	ger Inc.					-				1_	- 1	
Agencies Notified	Type Notification		1 3	treet Ad	dress //arne Hi	ahwa	ev.		1	ASBE	STOS (LIGEN	CONTR	POL	\$		
EPA DEP	Initial Initial		100		e, Zip Cod	70	-7						-			
DEP DOL	Amended Amendment	#	100	William Control of the Control of th	port NJ		6									
	Emergency (including		ame of						Tele	ephone N	umber				
DOH DCA	justification) Cancellation			Pat						60	9-381-0	563				
				FACIL	ITY INFO	RMAT	ION	_194								
Name of Facility Where								Тур	e of Facility (4)						
Vacant House (G	loucester County	Improve	ment	Autho	rity)				School (K-12 Subchapter 8	(Oth	or than K-	12)				
Street Address								K	Other (i.e. pr	ivate 8	commer	cial buil	dings,	home	s,	
									etc.)	T # 0	Floors	TF	Ida A	ge	_	
City (5)	200							Square Feet								
Paulsboro NJ 080	700		10	County C	ode (7)			1000 + 2 50+ Current Use (Prior if being demolished)								
County (6) Gloucester			10	STATE U	SE ONLY)			1	ouse							
Name of Monitoring Fi	rm Hired by Building	Owner (8)		ASCM	No.		Name	of A	batement Cont	ractor	(9)					
N/A	in thick by banding	oo. (=)		1002-2000			Perr	naco	o Inc							
Street Address							Street	Add	ress							
							PO	Box	329							
City, State, Zip Code		NV-				City, State, Zip Code West Berlin NJ 08091										
				West Berlin NJ 08091						91						
Project Manager for M	onitoring Firm		Telephone No. Telephone No. 856-753-													
			L								00727					
Start Date (10)		Schedule 9/2/18	d Com	pletion L	Date (11)		San		SHA Monitor							
8/24/18	· Abstract (Cho	11/10/12/11/11/11/11	2)				Street		ress				V/77-5-1			
Occupancy Status Du				751		9	Olico	crad		· ·						
Abatement Perfo	acated During Entire rmed Outside of Nor	Period of A mal Facility	batem Hours	ent			City, S	State	, Zip Code							
Other - Describe						_										
Scope of Work (Check	(All That Apply)						924									
≥3 sf or ≥3 lf		☐ R	enova	tion			-	Full Containment with Negative Pressure Mini-Enclosure								
≥160 sf or ≥260 l	f	X D	emoliti	on			ť		Mini-Enclosure Glovebag Proc							
	5								Non-Exempted			able Pro				
		ls	Locati	on										ement		
Locat	tion of		ormal				escriptio					-	T .	7		
Asbestos-Containi	ing Material (ACM)		d Sole ntenar				ntaining al systen		rial (ACM)		Amount Specify	R		Enc	m	
	ABATED acility	Cust	odial S	Staff?	(1.6.	sur	facing, V	AT, o	or		F or LF)	Remova	Repair	aps	Enclosure	
(1	3)		(12)	_		other	r miscella	aneou	ıs)			\ <u>\{\a}\</u>	=	Encapsulate	ure	
		Yes	No	N/A										10		
base	ement			х		duc	ck insul	atio	n		10 LF	x				
base	ement			х		72	Transit	te			10 SF	x				
2.300	basement															
Name of Registered V	N	JDEP W	/aste	120000	ic Yards	-	Name of	Regist	ered Land	dfill	1					
United Roll Off	1,6350	lauler ID	No.	1.000	/aste											
	22459 2															
City, State Elm NJ	Disposal Date City, State 9/3/18 Morrisville PA 1960															
Completed by	9/3/18 Signature				re	Morrisville PA 1960										
Anthony T Perna		Title Pres	sident Signature 8/14/18						18							
/ tridiony i i oma							(_		_						



Date of Notification (1)		Name of Build	ing Owner/Operator	(2)	TO: ACT. A							
8-14-	18		EARTHIE	ECH CO	UTRIACTIM	10		_	_			
Agencies Notified Type N	lotification	Street Addres					130	IL &				
□ BPA 🔯 Initia	al		155 RT	70	Litari	V - 13 V	_		=			
	ended	City, State, Zip	Code	0 "11"	- 0000	2						
	endment # ergency (including	JG	RELIMFIE	D MI	5 2 30 7				_			
₩ DOH just	dification)	Name of Conta			Telephone Numb	er						
□ DCA □ Can	cellation	BR	LUCE						_			
		FACILITY IN	FORMATION									
Name of Facility Where Abateme	nt is Taking Place (3)			Type of Facility	/ (4)							
RESID	taic E			School (K-1								
	CIOCC				8 (Other than K-12		Enge					
Street Address				homes, etc	orivate & commercia .)	si Dunio	ariys,					
2: (5)				Square Feet	# of Floors	Bio	ig. A	ge				
City (5)	AN CITY			2000	12		50	+				
	and Clip	I County Code	(7) (STATE		nor if being demolis	hed)		_				
County (6)	,	County Code (7) (STATE										
CAPE MAY		ASCM No.	Name of Ahatem	ent Contractor (9								
Name of Monitoring Firm Hired by	Building Owner	ASON NO.										
(8) NA		Street Address										
Street Address			369	S 5 12121	ICE ALE							
					a mu				=			
City, State, Zip Code		City, State, Zip Code MAPLE SHADE NL. J 08052										
				COHAD	License No.	200		_	=			
Project Manager for Monitoring Fil	rm Te	elephone No.	Telephone No.	9-0472	013	71						
WX 52					-013	11			-			
Start Date (10)	Scheduled Comp	eletion Date (11)	Name of OSHA	MONITOR I I IN								
9-7-18	9-15	7-18		NIA					=			
Occupancy Status During Abatem	nent (Check only one)	Street Address									
150 Facility Closed/Vacated During	Entire Period of Aba	tement						_	=			
Abatement Performed Outside	of Normal Facility Ho	ours	City, State, Zip C	ode	200							
Other - Describe:									=			
Scope of Work (Check all that app	yr)				estiva Dragovira							
Scope of Work (official and 12)		N.	☐ Full Cor	ntainment with Ne	egative Pressure							
≥3 sf or ≥3 lf	☐ Renov		☐ Gloveba	a Procedure								
∑≥160 sf or ≥260 lf	- 0		Non-Exe	empted (*) and N	on-Friable Procedur				-			
	Is Loca					A	bater Typ					
	Noma	5 A N	Description of			-	7.	-	-			
Location of	CM) Used Sol Maintena	ance/ Asbe	stos Containing Mat	erial (ACM)	Amount			E	ш			
Asbestos-Containing Material (A TO BE ABATED	Custoo	tial (i.e	., thermal systems in	nsulation,	(Specify SF or LF)	Rer	Ra	Car	nck			
IN Facility	Staff	33	surfacing, VAT, other miscellaned	, or ,	31 01 21)	Removal	Repair	Encapsulate	Enclosure			
(13)	(12)		00101 111000			al		ate	9			
	Yes No	N/A				1						
612.111		Y	TRANSIT	E	7750 SF	X						
SIDING		1/	TRANSTIL									
	-											
		NIDER Waste Cubic Yards Name of Registered Landfill										
Name of Registered Waste Hauler		NUDEP Waste	Cubic Yards of Waste	Name of Reg	istered Landilli	1.4						
	u C	Hauter ID No.	4						_			
	<u>u C</u>	1/10/	Disposal Date City, State 5									
City, State	141 T		WOODBINE									
MAPLE SHADE	<u>W.)</u>		Signature Date -14-18									
Completed By	Title SUB											
MICHAL MOMM			1-12/11									



Date of Notification (1)		Na	ame of Buildi	ng Owner/Operator	(2)	TO ACTUA	11		1.50			
8-14-18					ECH CO	MITRIACTIM	سالة			=		
Agencies Notified Type Notification	n	St	reet Address	ISS RT	50							
☐ EPA	120	Cit	ty, State, Zip						-	_		
DOL Amendment			G-1	RELIMFIE	LO ML	530 T	30					
☐ Emergency justification		Na	me of Conta			Telephone Numb	er					
DCA Cancellation			BR	UCE								
			FACILITY IN	FORMATION								
Name of Facility Where Abatement is Tak	ing Place (3)				Type of Facilit	y (4)						
RESIDENC	Ė				School (K-							
Street Address			67			r 8 (Other than K-12 private & commercia		dings	he:			
					homes, etc	2.)				_		
City (5)	4.55.				Square Feet	# of Floors	, B	ldg. A				
OCTAN (117	1.0		(7) (CTATE	2000	Prior if being demotis	hed)	50) .	_		
County (6)		County Code (7) (STATE Current Use (Prior if being demolished) USE ONLY) Current Use (Prior if being demolished)										
CAPE MAY	· .		M No.	Name of Abatem						_		
Name of Monitoring Firm Hired by Building (8)	Owner	1	AVI INO.		EMCO I							
Street Address		_		Street Address		100				_		
Street Address			369 S SPIEUCE ALE									
City, State, Zip Code				City, State, Zip C	ode		0: 130	55/525	_			
Oity, Sizite, 21p Goods			MAPLE SHADE M. J 08052									
Project Manager for Monitoring Firm	Te	elepho	ne No.	Telephone No.	0 .1122	License No.	7.1					
					9-0472	_013	11		_	_		
Didit Date () o	eduled Comp	letion		Name of OSHA N	Monitor I A							
9-6-18	9-13) _	18		NA				=			
Occupancy Status During Abatement (Che	eck only one)		Street Address	4,							
Facility Closed/Vacated During Entire P	eriod of Aba	temen urs	t.	City, State, Zip C	ode					_		
☐ Abatement Performed Outside of Norm. ☐ Other - Describe:	at Facility inc	uis		Oity, obte, 2p o	000							
Scope of Work (Check all that apply)	201 <u>0</u> 200					egative Pressure						
≥3 sf or ≥3 lf	☐ Renova			☐ Mini-End ☐ Gloveba	a Procedure							
∑≥160 sf or ≥260 lf	()			Non-Exe	empted (*) and N	on-Friable Procedur		Y 1-				
	ls Loca Norma					-	"	bater Typ				
Location of	Used Sole	(C) (C)		Description of			-					
Asbestos-Containing Material (ACM)	Maintena Custod		Asbes	tos Containing Mate thermal systems in	erial (ACM)	Amount (Specify	R	_	Enc	En		
TO BE ABATED IN Facility	Staff		(1.6.,	surfacing, VAT,	or	SF or LF)	Removal	Repair	aps	Enclosure		
(13)	(12)			other miscellaneo	us)		val	#	Encapsulate	ure		
	Yes No	N/A	Α									
£ 1/0.1.4//		TY	7	RANSIT	E	1500 SF	X					
SIDING		10	1	TICAN STIC TOOM IN								
		+-										
		NJDEP Waste Cubic Yards Name of Registered Landfill										
Name of Registered Waste Hauler		Hauter ID No. of Waste C. M.C. M.U.A										
KITMIO INC		1)	104	Disposal Date City, State*, *								
City, State				WOODBINE								
MAPLE SHADE IN		Signature Date										
Completed By MICHALL CLCMM	SUF											
MICHALL CHALL												

PAID

Date of Notification (1)	Name of Buildi	ing Owner/Operator EARTHTE	(2) ECH (0)	ATRIACTIN	11-					
	Street Address			ALL CALLET	AU.		_	=		
Agencies Notified Type Notification Type Notification I initial	Street Address		50	ear and a	_					
☐ DEP ☐ Amended	City, State, Zip	Code	^ "'	- 0000						
Amendment # Emergency (including		RELIMFIEL	D KL	7 0823				_		
DCA justification justification	Name of Conta	UCE		Telephone Numb	er					
				L ====						
	FACILITY IN	FORMATION	Type of Facility	v (4)			_1,			
Name of Facility Where Abatement is Taking Place (3)			School (K-1							
Street Address			Subchapter	8 (Other than K-12 private & commercia		-Enge				
5.001.700.000			homes, etc	.)						
City (5)			Square Feet	# of Floors	. BI	dg. A				
OCTAN CITY	10-10-1	(7) (STATE	2000	rior if being demolis	hed)	20	50+			
CAPE MAY	County Code (7) (STATE Current Use (Prior if being demolished) USE ONLY) Current Use (Prior if being demolished)									
Name of Monitoring Firm Hired by Building Owner	ASCM No.	Name of Abatem								
(8) KIL		KLE	MCO I	NC				_		
Street Address		Street Address	C 5.00							
		369	S SPIEL	CE ALE	_	_	_	-		
City, State, Zip Code		City, State, Zip C	ODE ESHAD	E M.J	280	376)			
	ephone No.	Telephone No.	C JHAD	License No.				_		
Project Manager for Monitoring Firm Tel	ергюле но.	856-77	9-0472	_013	71			_		
Start Date (10) Scheduled Compl		Name of OSHA N	Monitor I I M							
9-6-18 9-13	-18	Street Address	NIA				_	=		
Occupancy Status During Abatement (Check only one)	oman!	Street Address	9877. 2 5							
Facility Closed/Vacated During Entire Period of Abate Abatement Performed Outside of Normal Facility Hou	irs	City, State, Zip Co	ode							
Other - Describe:	2.000		occord-ev.					_		
Scope of Work (Check all that apply)			tainment with Ne	antiva Proceura						
	ion	☐ Mini-End	losure	gaive Fressure						
≥3 sf or ≥3 lf		Gloveba	g Procedure	on-Friable Procedur	е					
is Locati	m	1 North	inpled () dire :			bater				
Normali	y	5		*		Typ	е			
Location of Used Sole Maintenac	nce/ Asbes	Description of tos Containing Mate	erial (ACM)	Amount			Ф	m		
Aspestos-Containing Material (ACM) Custodi	al (i.e.	, thermal systems in surfacing, VAT,	sulation,	(Specify SF or LF)	Ren	Repair	Icap	nclo		
IN Facility Staff?		other miscellaneo	us)	0. 0. 2.)	Removal	pair	Encapsulate	Enclosure		
(13) (12) Yes No	N/A				-		te	ш		
		TRANSITE 1500 3F X								
SIDING		INCHIN STIL		1,100	/\					
,										
	UDEP Waste	aste Cubic Yards Name of Registered Landfill								
Name of Registered Waste Hadre	tauter ID No.	of Waste	() IA.	1 C IM 11	A					
ICITIMO INC	7904	Disposal Date	City, State*, *							
City, State WIGOI (SLIGHT IN .)		WOODBINE								
Title		Signature Date S-14-18								
Michael Comme SUP	18. Mull 2 - 14-18									

CK 6114

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

	TAIL			FICATIO	State of N N OF AS It to NJA	BESTOS	ABATE		[]		E (a [E [$\overline{\mathbb{W}}$	E	
Date of Notification (1) 8/16/18					of Building		Operator	r (2)			Al	JG	1 7	2018	Maria Company	
Agencies Notified	Type Notification	ı			Address Vashing	ton Str	eet	100	And the same	1-4					1000	
DEP DOL	Initial Amended Amendmen	nt #		City, St	tate, Zip C	Code			1		SPE	STOS LICE	COI NSIN	itno G	1. &	1000
DOH DCA	Emergency justificationCancellatio	(including)		Name (of Contac	t					Teleph 908-6		Numbe	r		- Contraction of the Contraction
Name of English Whore	Abata	D (6		FAC	ILITY IN	FORMAT	ION									
Name of Facility Where A Victorian Towers	Abatement is Taki	ng Place (3	3)					Тур	of Facilit School (F	3 P.S.						
Street Address 608 Washington Str	reet							×	Subchap Other (i.e etc.)	ter 8 (Other tate & co	han k omme	(-12) ercial b	uilding	js, hor	nes,
City (5) Cape May									are Feet	- 1	# of Flo	oors		Bldg 50+	. Age	
County (6) Cape May				County (STATE	Code (7) USE ONL	Y)			ent Use (F sidential		being	demo	lished)			
Name of Monitoring Firm Vertex	Hired by Building	Owner (8)		ASCI	M No.				atement C		ctor (9)			-11-		
Street Address 700 Turner Way							Street	Addre								
City, State, Zip Code Aston, PA 19014				City, State, Zip Code Exton, PA 19341												
Project Manager for Moni Dave Turotsy	toring Firm		Exton, PA 19 Telephone No. 610-558-8902 Telephone No. 484-872-8884						License No. 01161							
Start Date (10) 8/20/18		Schedule 8/31/18	ed Cor	610-558-8902 484-872-8884 01161 Completion Date (11) Name of OSHA Monitor EMSL												
Occupancy Status During	Abatement (Chec	ck Only On	e)		SS											
Facility Closed/Vaca Abatement Performe Other – Describe: W	ed Outside of Norn	nal Facility	Hours	S			City, St	tate, Z	ip Code	orth						
Scope of Work (Check All		2100 01000	(torito	,			Cinna	amin	son, NJ							
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		the same of the sa	enova emolit	ition Mini-End Glovebad						ntainment with Negative Pressure closure ig Procedure empted (*) and Non-Friable Procedure						
Location	of		Locati			5-			ri-Exempt	led ()	and ive	JI 1-1- []	able P	Aba	temen ype	it
Asbestos-Containing N <u>TO BE ABA</u> In Facilit (13)	Material (ACM) TED	Maii	d Sole ntena odial S (12)	nce/		tos Cont thermal surfac	escription of Intaining Material (ACM) Intaini					Kemova	Repair	Encapsulate	Enclosure	
0 "	No	N/A N/A							ate	Ге						
See attack																
	<u> </u>									-						
				×												
Name of Registered Waste Vaste Management	100 (100)	IJDEP Waste lauler ID No. Cubic Yards of Waste Cape May County Landfill Cape May County Landfill														
City, State renton, NJ	Disposal Date City, State															
Completed by ack Bally	TBD Woodbine, NJ Signature Project Manager Signature Project Manager															

Location of	Is location normally				Abatem	Abatement Type	
Asbestos Containing Material (ACM)	used solely by						
To Be Abated	Maintenance/	Description of Asbestos Containing Material (ACM) (i.e.	Amount				
In Facility	Custodial Staff?	thermal systems insulation, surfacing, VAT, or other	(Specify SF or LF)				
	Yes No N/A	miscellaneous)		Removal	Repair	Encap	Enclosure
Hallway near A605	OU	popcorn ceiling treatment	3 SF	×			
Hallway near B610	ou	popcorn ceiling treatment	2 SF	×			
Hallway near 6th floor Tenant storage	ou	popcorn ceiling treatment	2 SF	×			
Hallway near Elevator P1, 6th Fl	ou	popcorn ceiling treatment	6 SF	×			
Hallway near A518	ou	popcorn ceiling treatment	4 SF	×			
Hallway near A503	ou	popcorn ceiling treatment	3 SF	×			
Hallway near B505	ou	popcorn ceiling treatment	1 SF	×			
Hallway near B519	ou	popcorn ceiling treatment	1 SF	×			
Hallway near B521	ou	popcorn ceiling treatment	2 SF	×			
Hallway near Center Elevator4th Fl	ou	popcorn ceiling treatment	2 SF	×			
Hallway near B405	ou	popcorn ceiling treatment	5 SF	×			
Hallway near A417	ou	popcorn ceiling treatment	5 SF	×			
Hallway near A416	ou	popcorn ceiling treatment	2 SF	×			
Hallway near A317-320	ou	popcorn ceiling treatment	5 SF	×			
Hallway near Center Elevator 2nd Fl	ou	popcorn ceiling treatment	3 SF	×			



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 8 13 / 18 Verizon Communications Type Notification Agencies Notified Street Address AUG 1 7 2018 ☐ EPA 90 West Milton Avenue □ DOLWD ☐ Amended City, State, Zip Code **⊠** DOH Amendment #_ Rahway, NJ, 07065 ASBESTOS CONTROL & ☐ Emergency (including ☐ DCA Name of Contact (NJAC 5:23-8) justification) Telephone Number Cancellation Brian Kingsbury 201-356-5166 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Verizon - Rahway Central Office School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 90 West Milton Avenue homes, etc.) City (5) Square Feet # of Floors Bldg. Age Rahway 40,730 3 +- 50 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Union Verizon Communications Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Environmental Health Investigations, Inc. BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 655 West Shore Trail 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Sparta, NJ 07871 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Tom Januszeski 973.729.5649 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 8 / 28 / 18 9 / 7 / 18 BRISTOL ENVIRONMENTAL, INC Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/5:00PM-2:00AM BRISTOL, PA 19007

Scope of vvork (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		□ Renovation □ Demolition Is Location				 ✓ Full Containment with Negative Pressure ✓ Mini-Enclosure ✓ Glovebag Procedure ✓ Non-Exempted (*) and Non-Friable Procedure 							
									Ab	atem	ent Ty	уре	
Location of Asbestos-Containing Material (ACN TO BE ABATED IN Facility (13)	"	Jsec Mai	lorma d Sole ntena odial ((12)	ely by		Description of estos Containing Ma e., thermal systems surfacing, VAT other miscellane	iterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Liciosuie	
	Ye	es	No	N/A							O		
Basement Mech. Equip. Room					Glue S	Support Pins		5 SF					
Basement Mech. Equip. Room				\boxtimes	Vibrati	on Damper Cloth	1	10 SF					
Basement Mech. Equip. Room					Pipe Ir	sulation		70 LF					
Basement Mech. Equip. Room					Fitting	s		20 LF				Г	
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP	P, INC.		1 3533	JDEP V lauler ID	No.	Cubic Yards of Waste	Name of Regis						
City, State NEW CASTLE, DE	20990				Disposal Date TBD	City, State WAYNESBURG, OH							
Completed By (Print or Type) Dillan DeCaro	Signature Ollam Delano / TV							8-1	3-	-18	/		
ASB-41 JAN 13 PD 8065 * Do no				is form	for asbes	stos licensure exemp	oted activities.	()					

Pg. 2	PA		пот		CATIO	N OF AS	lew Jersey BESTOS ABAT AC 8:60 and 5:1		ECEI	St.	34. E	18	Posenta	
Date of Notification (1)	40				908		ng Owner/Operator (2)	- Andrews	1.7	5			
8 /	13 /	18			Ve	rizon Co	mmunications	H = H	AUG 17	2010	Cheminal Control		P P	
	Type Notific	ation			Stree	et Address				2018	-11	11		
☐ EPA					90	West Mi	Iton Avenue	1 1_			-	1		
⊠ DOLWD	☐ Amende				City,	State, Zip	Code	- AS	BESTOS CONT	TROIL	0			
⊠ DOH	Amendm			•		hway, N.		-	LICENSING	1 102	Ct	4		
☐ DCA (NJAC 5:23-8)	Emergen justificati		cludin	g		e of Contac	78		Telephone Num	hor		1		
	☐ Cancella				.00.00000000	ian Kings			201-356-516					
		- 22	a 7.73		FA	CILITY II	NFORMATION		1		-			
Name of Facility Where At	patement is	Taking	Place	(3)				Type of Facility	(4)				-	
Verizon - Rahway Ce		10.00		4 6				School (K-12	er ver					
Street Address								☐ Subchapter 8	apter 8 (Other than K-12)					
90 West Milton Aver	IIIE								rivate and comme	rcial bu	uilding	gs,		
City (5)								homes, etc.)		15				
Rahway								Square Feet	# of Floors		dg. A	500		
County (6)					100	-h. C-d- /	TVOTATE LIGE ON IN	40,730	3		+- 50	,		
Union					Cot	nty Code (7)(STATE USE ONLY)		or if being demolis	shed)				
	Basel by Doll	-l' O		(0)	1000		1		nmunications					
Name of Monitoring Firm F					ASCN	l No.	Name of Abateme							
Environmental Healt	n Investig	ation	s, Inc					VIRONMENTA	L, INC.					
Street Address	-11						Street Address							
655 West Shore Trai	l .						1123 BEAVE							
City, State, Zip Code							City, State, Zip Co	ode						
Sparta, NJ 07871							BRISTOL, PA							
Project Manager for Monito	oring Firm			Te	elephone	No.	Telephone No.		License No.					
Tom Januszeski					973.72	9.5649	215-788-6040							
Start Date (10)		Sched	uled C	omp	letion D	ate (11)	Name of OSHA M							
8 / 28 /	18	9	/		7 /	18	BRISTOL EN	VIRONMENTAL	_, INC					
Occupancy Status During	Abatement (Check	only	one)			Street Address				30 July 10	-50-11		
☐ Facility Closed/Vacated	During Enti	re Peri	iod of	Abat	tement		1123 BEAVER	R STREET						
	Outside of No	ormal l	Facilit	у Но	urs - De	scribe	City, State, Zip Co							
Time of Abatement:	AM	PN	1/5:00	PM-	2:00AN		BRISTOL, PA							
Scope of Work (Check all t	hat apply)						21.101.02,174	10007						
								ainment with Neg	ative Pressure					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			⊠ Re				Mini-Enc							
			□ ре	HIOH	uon		☐ Glovebag		n-Friable Procedu	re				
		T	Is	Loc	ation	T		1			atem	ent T	vne	
Location o	f			Norm			Description of	f			_		T	
Asbestos-Containing M		1)			olely by nance/	Asbe	estos Containing Ma	terial (ACM)	Amount	Rem	Repair	inc	nc	
TO BE ABAT IN Facility					I Staff?	(1.6	e., thermal systems i surfacing, VAT,		(Specify SF or LF)	Removal	ai-	Encapsulate	Enclosure	
(13)				(12	2)		other miscellane		SF OI LF)	1 2		ulat	le le	
			Yes	No	N/A							Ф		
1st Floor South					\boxtimes	Vibratio	on Damper Cloth		5 SF					
					\boxtimes									
										$d = \frac{1}{2}$		П		
						Waste	Cubic Yards of	Name of Regio	tered Landfill				Г	
SERVICE TRANSPORT GROUP, INC.						NJDEP Waste Cubic Yards of Hauler ID No. Waste Name of Registered Landfill								
City, State		A			20990 WINERVA LANDFILL									
NEW CASTLE, DE							Disposal Date	City, State	UDO OU					
		1			TBD WAYNESBURG, OH									
Completed By (Print or Typ Dillan DeCaro	e)	Title					Signature	Dolana	/ On Da	ite	10	11	-	
Dillali DeCaro		ES	tima	or			1):11/100	1 101 00	3/ 1/4	11	16 -	-1 X	0.000	

D&S Proj. #: 18-166

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

, 101		(disc		0.0	o and 12.120)	THE PERSON NAMED IN		6]	\mathbb{W}	E	M			
Date of Notification (1)	- 11	of Building Ow	ner/Operator (2)				AUG 1	7 2	2018	* In Contact and and				
Agencies Notified Type Notifical	ian	e battist Address				+	- i				-				
☐ EPA ☐ Initial	Olicet	/ ladicss					ASB	ESTOS	COM	Thai		Mr. Production			
DEP Amended Amendment #:	City S	tate, Zip Code				L		LICEA	SIME	HOI	- &	-			
DOL Emergency			7002							grantenes of a	***************************************				
DOH (including	Name	omfield, nj 0°	7003	- 1/4/			Tolophor	ne Numbe							
justification)							Telephor	ie ivuitibe	I						
Cancellation	n Vin	ce battist													
		1-0/1-0/19/1	CILITY INFORM	IATIO	N										
Name of facility where abatement i	s taking place (3)				Туре	of Facility	(4) ol (K - 12)							
vince battist						L	=	apter 8 (0		han k	(-12)				
Street Address						i		(Private/C							
							Bldgs.	Homes, e							
City (5)	County (6)			Co	unty Code (7)	Squa	re Feet	# of Floo	rs	В	ldg. A	ge			
					County Code (7) (State use only) Current Use (Prior if being demolished)										
bloomfield	essex						(2)		9 40						
Name of Monitoring Firm Hired by	Bldg. Owner (8)		ASCM No.		Name of Abatement C	ontrac	tor (9)	200 L28000-1900							
0, 1411					D & S RESTORA	TION	, INC.								
Street Address					Street Address										
City, State, Zip Code				_	20 California Ave City, State, Zip Code	e					THE REAL PROPERTY.				
					Paterson, NJ 075	02									
Project Manager for Monitoring Firm		Phone Numb	per	-	Telephone Number	03		License	Numb	er					
					973-345-8020				1169						
Start Date (10)	Sched. Com	pletion Date (1	1)	_	Name of OSHA Monito										
08/21/18	08/31/18		5		D & S Restoratio	n, Inc.		4							
Occupancy Status During Abatemen		e)			Street Address										
Facility closed/vacated during	entire period of a	abatement.			20 California Ave City, State, Zip Code	nue									
Abatement performed outside Describe:	of normal facility	hours-			only, oraco, zip oddo										
Other-Describe: NORMAL H	OURS				Paterson, NJ 075	03		32 to 12 12 12 12 12 12 12 12 12 12 12 12 12							
Scope of Work (check all that apply)				Fi	ıll Con	tainment w	/negative	press	ure					
\boxtimes >3 sf or >3 lf	Renovation					ini-enc									
☐ ≥160 sf or ≥260 lf	Demolition						g procedur empted (*)		friable	proc	edure				
Location of	Is location norm		/			T			R	R	Е	Е			
asbestos-containing material (acm) to be	staff(12)	e/custodiai			sbestos-containing		Amount (Specify S	For	e m	e p	n	n			
abated in facility (13)	Yes N	o N/A	material (ACM)			LF)	F 01	0 V	a	а	L			
basement		7 1	DIDE DICH	T A TO	10)	1			е	r	р				
Vasciliciti			PIPE INSU	LAI	ION	14	It		X	무	片	ዙ			
						-			#	片	H	#			
				-	Water and the control of the control of the control	-			H	井	片	H			
						1			H	片	H	一			
Registered Waste Hauler	NJDEP Hai	200 CO	ubic Yards of V	Vaste	Name of Registered L		00000000000000000000000000000000000000								
D & S RESTORATION, INC. City, State	13506		yd		TULLYTOWN, R	ESOL	JRCE RE	COVER	Y	1215.					
PATERSON, NJ 07503		Disposal D 08/22/1			City, State TULLYTOWN, F	Δ									
Completed by (Print or Type)	Title		Signature		TOLLT TOWN, I	71		Date							
BOGDAN JOLDZIC	PRESIDENT		197					08/10	2018						



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

 The state of the s

D&S Proj. #: 18-144						60 and 12:120)		R	G	5 [\mathbb{V}					
Date of Notification (1) 10 17 1 16 1/1 8		Name of E		ner/Operator (2)		-		The state of the s	AUG	17	2018	No. of Street,				
Agencies Notified Type Notification Initial Initial Amended Amendment #		Street Add						ASI	BESTOS LICE	S COI	VTRO IG)L &				
□ DCA □ Emergency (including justification □ DCA □ Cancellatio	,	Newto Name of C	XX.1032.750	360				Telephor	ne Numbe	er						
			FAC	ILITY INFORMA	ATIO	N										
Name of facility where abatement	is taking p	ace (3)						Type of Facility ((4) ol (K - 12)						
tim haas Street Address							4		apter 8 ((-12)				
Substitudiess								Bldgs./	(Private/0/Homes,	etc.		Ida A				
City (5)	Cou	nty (6)				unty Code (7)	1 L		# of Floo		_	ldg. A	ige			
newton	sus	(State use only) Current Use (Prior if being descriptions)														
Name of Monitoring Firm Hired by	Bldg. Own	er (8)		ASCM No.		Name of Abateme		, ,								
Street Address					=	D & S RESTO Street Address	RAT	TION, INC.								
						20 California	Ave.									
City, State, Zip Code					_	City, State, Zip Coo				-	-					
		7.5			_	Paterson, NJ		3								
Project Manager for Monitoring Firm	1		hone Numb	er		Telephone Numbe 973-345-802			License	Num 1169						
Start Date (10)	Sched. Completion Date (11) Sched. Completion Date (11) Name of OSHA Monitor										01107					
07/18/18	08/1	•				D & S Restora	ation,	Inc.								
Occupancy Status During Abatemen			IIII III III III III III III III III I		-	Street Address	A									
Facility closed/vacated during Abatement performed outside Describe:	entire peri of normal	od of abat facility hou	ement. urs-			20 California A		ue								
Other-Describe: NORMAL H	OURS				-	Paterson, NJ (07503	3								
Scope of Work (check all that apply	Renovation	1					Min Glo	Containment w. i-enclosure vebag procedur n-Exempted (*) a	е			edure				
Location of asbestos-containing material (acm) to be		n normally enance/cus	used solely stodial	Description		asbestos-containing	Amount		R e m	R e p	E n c	E n				
abated in facility (13)	Yes	No	N/A	material (A	(CIVI)			(Specify SI LF)	01	o v e	a i	a p	L			
basement		X		PIPE INSUL				62 1 ft		Ø						
basement		LX		bare heating	pipe	es		70 l ft		X						
			-		-					唱		F				
										片	片	片	1			
Registered Waste Hauler D & S RESTORATION, INC.	NJDE 135	P Hauler 06	MORPHY I	Lubic Yards of W yds.	aste	Name of Registere			COVE	V V		Ш				
City, State PATERSON, NJ 07503			Disposal Da 07/19/18	ate		City, State			COVER	1						
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESID	ENT	01/19/10	Signature	_	TULLYTOWN	N, PA	1	Date							
			for scheeto	e licaneura avar	mnto	d activities			07/16/	2018						

hock

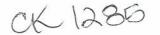
Ν

lotification of Asbestos Abatement Pursuant to NJAC 8:60 and 12:120)	DECEIV
Owner/Operator (2)	ALIC 1.7 COLO

D&S Proj. #: 18-144			(Purs	uant to NJAC	8:6	0 and 12:120)		10)。追	CE		\mathbb{V}	E	M
Date of Notification (1) 0 8 / 1 3 / 1 8				ner/Operator (2))				AUG 1	7 2	018	Parishment interesting	
	of Notification (1)												
DOL Emergency (including justification)		Newton	, NJ 078	360				Telephor	ne Numbe	er			
DCA Cancellation	1	tim haa	S					*					
			FAC	ILITY INFORM	ATIO	N							
Name of facility where abatement i	s taking pl	ace (3)					T			· · · · · ·			
tim haas								=	200		than I	<-12)	
Street Address								Other	(Private/C	omm		`,	
City (5)	Cou	nty (6)			Cou	unty Code (7)		Square Feet	# of Floo	rs	E	ldg. A	ge
newton					(Sta	ate use only)		Current Use (P	rior if beir	ig der	nolish	ed)	
Name of Monitoring Firm Hired by I	Bldg. Own	er (8)		ASCM No.	1	1							
Street Address					=		RAT	ION, INC.					
							Λνα						
City, State, Zip Code					-		Name and Address of the Owner, where					Bon even	
						Paterson, NJ	07503	3					
Project Manager for Monitoring Firm		Ph	one Numb	er									
Start Data (10)	In-t-									1169			
to the control of the		V.	on Date (1	1)				Inc.					
08/20/18						Street Address					77-1		
Facility closed/vacated during Abatement performed outside	entire peri	od of abate	ment.					ıe	-				
Other-Describe: NORMAL Ho	OURS				-	Paterson, NJ (7503						
Scope of Work (check all that apply)						Full	Containment w	/negative	press	ure		
	Demolition	1					Glov	ebag procedur		friable	proc	edure	
Location of asbestos-containing material (acm) to be	by mainte			Description		sbestos-containing			F or	m	R e p	n c	
	Yes	No	N/A					LF)		v	i i	1888	Ĺ
basement		X								-			
basement		X			pipe	8							
bathroom/kitchen/hallway/stairs		X		plaster lath	-			450 sq ft					
							-			片	井	ዙ	1
Registered Waste Hauler D & S RESTORATION, INC.			3000		aste				COVER	v v	<u> </u>	Ш	<u> </u>
City, State PATERSON, NJ 07503			Disposal Da	ate		City, State			COVER				_
Completed by (Print or Type)	Title PRESIDI	ENT			=	I TOPPLIONE	, FA		Date 08/13/	18			



			NOT		ATION	OF AS	BESTOS ABA AC 8:60 and 5:1		(D),E	C E		M	E			
Date of Notification (1)	15 /	18		55-35HH		e of Buildir 5 Willia m	ng Owner/Operator	(2)	A	UG 1	7	2018				
⊠ EPA ⊠ DOLWD ⊠ DOH	Type Notific Initial Amended Amendm	d ent # <u>*</u>			49: City,	Street Address 492-C Cedar Lane, Suite 310 ASBESTOS City, State, Zip Code Teaneck, NJ 07666										
(NJAC 5:23-8)	☐ Emergen justificati ☐ Cancella	ion)	cluding	g	Name	of Contac	et	Telephone Number 201-918-4848								
					FΔ	CILITY	NFORMATION		20.010 40							
Name of Facility Where At Commercial Street Address 475 William Street	patement is 1	Taking	Place	e (3)			OKIMATION		2) 8 (Other than K-1 private and comm		uildinį	gs,				
City (5)								Square Feet	# of Floors	В	dg. A	ge				
East Orange County (6)					Cour	nty Code (7)(STATE USE ONLY)	Current Use (P	(Prior if being demolished)							
Essex Name of Monitoring Firm F	liend by Duile	dina C	\	(0)	10014	N										
Bio Terra Solutions	nired by Build	aing C	wner	(8)	ASCM	No.										
Street Address						ALL PRO MANAGEMENT LLC										
P.O. Box 1224						Street Address 27 Outwater Lane										
City, State, Zip Code						City, State, Zip Code										
Union, NJ							Garfield, NJ 07026									
Project Manager for Monito	oring Firm			Tele	ephone	No.	Telephone No.	0.020	License No.				_			
Rick Estaquio					73-494		973-928-488	1188								
Start Date (10)08 /16 /					etion Date (11) Name of OSHA Monitor 1 / 18 ALL PRO MANAGEMENT LLC											
Occupancy Status During A Facility Closed/Vacated Abatement Performed (Time of Abatement:	During Entir Dutside of No AM	re Per ormal	iod of	Abate y Hou	rs - Des	scribe AM	Street Address 27 Outwater City, State, Zip C Garfield, NJ	ode								
Scope of Work (Check all t □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf	hat apply)		⊠ Re				☐ Mini-End ☐ Gloveba	egative Pressure on-Friable Procedure								
				Loca					Triable Freed		atem	ent T	vpe			
Location of Asbestos-Containing M TO BE ABAT IN Facility (13)	1)	Use Ma Cus	intena todial (12)	ely by ince/ Staff?		Description estos Containing Ma e., thermal systems surfacing, VAT other miscelland	aterial (ACM) insulation, , or	sulation, (Specify SF or LF)		Repair	Encapsulate	Enclosure				
Exterior			Yes	No	N/A	Wet De		Annew 2 000 C								
LACTION				_		Wet De	mo		Approx 2,000 S							
	PRI-200										П	Ш	Ш			
Name of Registered Waste Century Waste, LLC	Hauler			100.0	IJDEP I lauler II 32797	O No.	Cubic Yards of Waste As Needed	pistered Landfill North Landfill / Fairless Landfill								
City, State Elizabeth, NJ							Disposal Date TBD	City, State Morrisville	, PA							
Completed By (Print or Typ	e)	Title	oject	Man	ager		Signature	Monchik	Date							



þ	AID	1	NOTI					TOS ABAT :60 and 5:16		[] []	C	E	7	V/	EI			
Date of Notification (1)					Name	e of Buildir	ng Ow	ner/Operator (2)									
08/	01 /	18	_		47	475 Williams LLC AUG 1 7 2018												
Agencies Notified	Type Notifica	ation			Stree	Street Address												
⊠ EPA	☐ Initial				49	492-C Cedar Lane Suite 310												
⊠ DOLWD	☐ Amended	200			City,	City State Zin Code ASSESTOS CONTROL &												
⊠ DOH	Amendm		to caltina as	3	The second second	Teaneck, NJ 07666												
DCA (NJAC 5:23-8)			luding	J		Name of Contact Telephone Number												
(110/10 0.20-0)	☐ Cancellat	1980				Emanuel Klein 201-918-4848												
								RMATION		201-310-4	040							
Name of Facility Where A	sbatement is T	Taking	Place	(3)	IA	CILITI	VI-OI	KINIATION	Type of Facility	(4)					\dashv			
Commercial	ibatorriorit io i	diting	1 1000	(0)					School (K-12									
Street Address									Subchapter 8		-12)							
475 William Street									Other (i.e., p		nercia	al bui	Iding	s,				
City (5)									homes, etc.)	11		I DI		WW				
East Orange									Square Feet	# of Floors		Bld	g. Ag	je				
County (6)					10-	nh. 0 - 1 - "	71/07	TE 1105 05" \ "	0									
					Cou	nty Code (1)(STA	TE USE ONLY)	Current Use (Pri	or if being dem	olishe	ed)						
Essex Name of Monitoring Firm	Hirad by Built	ding O	MDOT ((Ω)	ACCN	No	NI-	mo of Abeter	nt Contract - (2)									
Name of Monitoring Firm Bio Terra Solutions	wner ((0)	ASCM	NO.				Contractor (9)										
							200	STREET, MARKETON	NAGEMENT L	FLLC								
Street Address								Street Address										
P.O. Box 1224							27 Outwater Lane											
City, State, Zip Code						City, State, Zip Code												
Union, NJ							Garfield, NJ 07026											
Project Manager for Moni	toring Firm			1	lephone		Tel	ephone No.										
Rick Estaquio					73-494		9	973-928-4888 1188										
Start Date (10)				20	etion Da													
08 /02 /	18	08	3_/	_1	7_/	18	A	LL PRO MA	NAGEMENT L	LC								
Occupancy Status During	Abatement (0	Check	only o	ne)			Stre	eet Address										
□ Facility Closed/Vacate							2	7 Outwater I	_ane									
Abatement Performed																		
Time of Abatement: _	AM	PM	/	_PN	1	_AM	G	arfield, NJ	07026									
Scope of Work (Check all	that apply)							04-1-0000000000000000000000000000000000		38 5-22								
≥3 sf or ≥3 lf		r	ПР	novo	tion			Full Cont	ainment with Neg	gative Pressure					- 1			
≥160 sf or ≥260 lf			☑ Dei					☐ Mini-Encl										
								Non-Exer Non-Exer	mpted (*) and No	n-Friable Proce	dure							
				Loca				222 to 7 to 300000				Aba	ateme	ent Ty	/pe			
Location Asbestos-Containing I		10			lely by	Ashe	etoe	Description of Containing Mar		Amount					Щ			
TO BE ABA		"			ance/			rmal systems i		(Specify		Removal	Repair	cap	clo			
IN Facilit	y		Cust	todiai (12	Staff?			surfacing, VAT,		SF or LF)		val	7	Encapsulate	Enclosure			
(13)			Yes	No		1	ot	her miscellane	ous)					ate	w			
Exterior					110000000000000000000000000000000000000	Wet De	mo			Approx 2,000	SF							
						AAGT DE	1110								Ш			
											\dashv		П	П	П			
Name of Registered Wast	te Hauler				NJDEP	Waste	Cut	oic Yards of	Name of Regis	stered Landfill	1	_	_		_			
Century Waste, LLC				10.00	Hauler I	D No.	Wa	ste		orth Landfill	/ Fair	rles	s La	ndfil	1			
City, State					3279	7		s Needed posal Date	City, State									
Elizabeth, NJ							1	BD	Morrisville	DA								
The transfer of the second sec	,	Tiv							MOLLISVIIIE	, FA	_							
Completed By (Print or Ty	/pe)	Title	_!	B.F				Signature	-	,	Date							
Allen Monchik		Pro	oject	Mai	nager			Allen	1 Monchik 8/1/18									