#### PAID

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

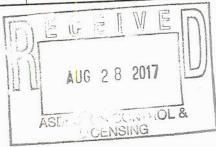
CHECK # 5967

Agencies Notified   PA	Date of Notification (1) 08-22-17		1	Name of Medco	Building C Health S	wner/O Solutio	perator ns, Ind	(2) c. (dba	a Express	Scri	ots)	] (J	ip.		V/	
DEP   Amended	_	_		100			ond Di	r.			1,71	1				
DOH	DEP	Amended Amendment						7417			Control of the Contro		AUG	2	8 21	)17
Street Address   Stre			including	1000							TAL	nhada-M	le s			HOI
Type of Facility (4)	DCA		<u> </u>													
School (K-12)   School (K-12	Name of Escility Macro A	hatement is Takin	n Place (3)		FACIL	ITY INFO	RMATI	ON	Type	of Facility (4)	)					
Steet Address 100 Parsons Pond Road    County (6)	Name of Facility Where A	Datement is Takin	g i lace (5)						_							
Square Feet		Road								Subchapter 8 Other (i.e. pri	(Othe			dings	, home	es,
Sergen									Squar	e Feet	100	Floors			0.000	
Name of Monitoring Firm Hired by Building Owner (8)  BEM Systems, Inc.  Street Address 100 Passaic Ave  City, State, Zip Code Chatham, NJ 07928  Project Manager for Monitoring Firm Venkat Balasubramanian  Telephone No. (908) 598-2600  Start Date (10) 09-04-17  O3-01-18  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Offer — Describe:  Street Address 200 Broad Street City, State, Zip Code Carlstadt, NJ 07072  Telephone No. (908) 598-2600  Zo1-399-6565  O0756  Street Address 200 Broad Street City, State, Zip Code Carlstadt, NJ 07072  Telephone No. (201-399-6565  O0756  Street Address 200 Broad Street Carlstadt, NJ 07072  Telephone No. (201-399-6565  O0756  Street Address 200 Broad Street Carlstadt, NJ 07072  Telephone No. (201-399-6565  O0756  Street Address 200 Broad Street Carlstadt, NJ 07072  Telephone No. (201-399-6565  O0756  Street Address 200 Broad Street Carlstadt, NJ 07072  Telephone No. (201-399-6565  O0756  Street Address 200 Broad Street Carlstadt, NJ 07072  Telephone No. (201-399-6565  O0756  Street Address 200 Broad Street Carlstadt, NJ 07072  Telephone No. (201-399-6565  O0756  Street Address 3070 West 38th Street City, State, Zip Code New York, NY 10018  Street Address 200 Broad Street Carlstadt, NJ 07072  Telephone No. (201-399-6565  O0756  Street Address 200 Broad Street Carlstadt, NJ 07072  Telephone No. (201-399-6565  O0756  Street Address 200 Broad Street City, State, Zip Code New York, NY 10018  Telephone No. (210-399-6565  O0756  Street Address 200 Broad Street City, State Telephone No. (210-399-6565  O0756  Street Address 200 Broad Street City, State							-				if bei	ng demol	lished)			
Street Address   200 Broad Street   201 Broad St	•	Hired by Building	Owner (8)		ASCM	No.										
City, State, Zip Code   Carlstadt, NJ 07072	BEM Systems, Inc.							2010			ntal (	Corp.				
Carlstadt, NJ 07072    Carlstadt, NJ 07072   Carlstadt, NJ 07075   Carlstadtess 3074 Asserting NJ 07075   Car								200	Broad	Street						
Venkat Balasubramanian    Scheduled Completion Date (11)   O3-01-18   O3-01-1		3						Committee and the								
Scope of Work (Check All That Apply)   Scope of Work (							)					( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )				
Street Address 307 West 38th Street    Facility Closed/Vacated During Entire Period of Abatement Abatement Period Other – Describe:   Street Address 307 West 38th Street					npletion [	Date (11)					<b>5</b> .					
Facility Closed/Vacated During Entire Period of Abatement Abatement Period of Normal Facility Hours Other – Describe:    Scope of Work (Check All That Apply)	Discount of the control of the contr	g Abatement (Che	ck Only One	:)												
Abatement Performed Outside of Normal Facility Hours Other - Describe:    Scope of Work (Check All That Apply)   ≥3 sf or ≥3 lf   ≥160 sf or ≥260 lf   Demolition   Personal Mini-Enclosure   Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Friable Procedure   Abatement Type   Abatement Type   The Non-Exempted (*) and Non-Friable Procedure   Abatement Type   Abatement Type   Specify (specify (		ated During Entire	Period of Al	oatem	nent						et					
≥3 sf or ≥3 lf	Abatement Perform	ed Outside of Norr	mal Facility I	Hours	3		_	A CONTRACTOR OF THE CO			8					
Demolition   De	Scope of Work (Check A	II That Apply)							7							
Secretarion of Asbestos-Containing Material (ACM)   Used Solely by Maintenance/ Custodial Staff? (12)   Yes   No   N/A								Ė	Mir	ni-Enclosure ovebag Proc	edure				ıre	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  B1: Entire Beams & Columns  B1: Columns  B2: Entire Beams & Columns  B2: Entire Beams & Columns  Completed by  Name of Registered Waste Hauler ATC, Inc. / JBT (50071)  Completed by  Completed by  Completed by  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Fireproofing  Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Fireproofing  22,400SF  X  Fireproofing  22,400SF  X  Joint Compound  800SF  X  Joint Compound  800SF  X  Disposal Date TBD  City, State Shirley, NY / Bronx, NY  Completed by  Title  Signatúre  Date  20, 23, 17									140	n-Exempled	() ai	IU INOTI-T	lable i i			t
Location of Asbestos-Containing Material (ACM)   Location of Asbestos-Containing Material (ACM)   Location of Asbestos-Containing Material (ACM)   Location of Maintenance/ Custodial Staff?   Location of Custodial St	8	623		7 - 7 - 10	355		D-		- of					_ 1	уре	
Yes   No   N/A	Asbestos-Containing TO BE AB In Faci	Material (ACM) <u>ATED</u> lity	Used Mair	Sole otena odial S	ely by nce/		tos Con therma surfa	taining I I system icing, V	Materia is insula AT, or		(	Specify	Removal	Repair	Encapsulat	Enclosure
B1: Columns  B2: Entire Beams & Columns  X  B2: Entire Beams & Columns  X  B2: Columns  X  B2: Columns  X  Doint Compound  B00SF  X  B2: Columns  X  Joint Compound  B00SF  X  Doint Compound  B00SF  X  Name of Registered Waste Hauler  NJDEP Waste Hauler ID No. 24310  City, State Shirley, NY / Bronx, NY  Completed by  Title  Signature  Date Date Date Date Date Date Date Da			Yes	No	N/A										· ·	_
B2: Entire Beams & Columns  B2: Columns  X  Fireproofing  22,400SF  X  Joint Compound  800SF  X  Name of Registered Waste Hauler  ATC, Inc. / JBT (50071)  City, State Shirley, NY / Bronx, NY  Completed by  Title  Signature  Date One 23,400SF  X  Joint Compound  800SF  X  Joint Compound  800SF  X  Disposal Date TBD  Date One 23,217	B1: Entire Beam	s & Columns			X		Fir	eproof	ing		22	,400SF	x			
B2: Columns	B1: Colu	ımns			х		Joint	Comp	ound							
Name of Registered Waste Hauler ATC, Inc. / JBT (50071)  City, State Shirley, NY / Bronx, NY  Name of Registered Landfill Hauler ID No. 24310  Disposal Date TBD  Disposal Date TBD  City, State Signature  Signature  Date Date Date Date Date Date Date Da	B2: Entire Beam		х		Fir	eproof	ing		22	,400SF	x					
ATC, Inc. / JBT (50071)  City, State Shirley, NY / Bronx, NY  Completed by  Hauler ID No. 24310  Of Waste TBD  Disposal Date City, State Waynesburg, OH 44688  Date OB 23 17	B2: Colu	ımns			х		Joint	Comp	ound				10000			
ATC, Inc. / JBT (50071)  24310  TBD  Wilnerva Enterprises  City, State Shirley, NY / Bronx, NY  Completed by  Title  Signature  Disposal Date TBD  Waynesburg, OH 44688  Date OB 23 17	Name of Registered Wa	ste Hauler		1000			200000000000000000000000000000000000000			1						
Shirley, NY / Bronx, NY  TBD Waynesburg, OH 44688  Completed by Title Signature Date	ATC, Inc. / JBT (500	071)		1000		INU.	TBD					erprises	3			
Completed by		NY							e // 7			j, OH 4	4688			
			ct M	anager			Signatúi	re / /	(18.K	7			-17			

#### Title Of Project: 100 Parson Pond Rd., Franklin Lakes, NJ Additional Materials / Floors

Pg. 2

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Pipe Fittings	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)  Removal
B2: Bathroom	N/A	Fireproofing	2,000SF	Removal
B2: Breezeway	N/A N/A	Fireproofing	20,000SF	Removal
B3: Beams & Columns	N/A	Fireproofing	2,400SF	Removal Removal
B3: Columns	N/A	Joint Compound	800SF	Removal
3: Columns 3: Columns 3: Drain Pipe	N/A	Elbow Insulation	40LF	Kemeva
			- Carrier	IWEM



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

GAC Project # 060-17 W Date of Notification (1) Name of Building Owner/Operator (2) August 21, 2017 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address ☑Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPTS 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS 2017 ☐ EPA ☐ Amended Notification # D DCA □ Emergency (including City, State, Zip Code X DOL justification) PISCATAWAY, NJ 08854 ASE ☑ DEP- No Longer REQUIRED Name of Contact □ Cancelled Telephone Number X DOH MICHAEL SMITH, ENV. **HEALTH & SAFETY FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) LOREE GYM, BLDG# 8321 School (K-12) ☐Subchapter 8 (other than K-12) Street Address X Other (i.e. private & commercial buildings, homes, etc.) DOUGLASS CAMPUS Sq. Feet: N/A # of Floors: 3 Bldg. Age: 80+ years County (6) County Code (7) Current Use (prior if being demolished): ACADEMIC NEW BRUNSWICK (State Use Only) MIDDLESEX Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 268 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 09/01/17 09/05/17 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement ☐Abatement Performed Outside of Normal Facility Hours -20-21 WARGARAW ROAD Describe City, State, Zip Code XOther - Describe: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED) FAIRLAWN, NJ Scope of Work (Check all that apply) ☐Full Containment with Negative Pressure  $\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$ ☐ Mini-Enclosure ▼ Renovation X ≥ 160 sf or ≥ 260 lf ☐ Demolition ☐ Glove bag Procedure / Wrap & Cut ■ Non-Exempted (\*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) VAT, or other miscell.) Remove Repair Encap Enclose or LF) YES NO NA 049 CORRIDOR X VAT 475 SF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste: 10 CY Name of Registered Landfill See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City. State NJDEP # 12561 100 New Ford Mill Hauler #2) Newark Carting, Inc., Newark, NJ 04509 Rd. Morrisville, Pa 09/05/2017 NJ DEP # 4509 19067 215-736-1700 Completed by (Print or Type) Title Signature Date RAYMOND C. PEDALINO SENIOR PROJECT Raymond C. Pedalino August 21,2017 MANAGER

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Date of Notification (1) 08-19-17					f Building ont Passa		r/Operator e	r (2)	)					care.	American	1	A CONTRACTOR OF THE PARTY OF TH
Agencies Notified	Type Notification			Street A	ddress							AUG	2	8	2017		旦
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and the same of th	Emergency (in justification)	ncluding			Contact			-		1	Feleph	: 16	7 C A	14312	IG_	district College	and the same of th
DOH DCA	Cancellation			Vincer	nt Passa	fium	е						-				1
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Private Home	Abatement is Taking	riace (.	)					-	ype of Facili								
Street Address								lE	School (	ter 8 (C							
								E	Other (i.e etc.)	e. priva	te & co	mme	rcial	build	lings,	home	s,
City (5) Rahway								S	quare Feet	7	of Flo	oors		В	dg. A	ge	
County (6) Union				County (	Code (7) USE ONLY)			С	urrent Use (	Prior if	being (	demol	ishe	d)			
Name of Monitoring Firm	Hired by Building O	wner (8)		ASCN	1 No.		Name	of	Abatement (	Contrac	tor (9)						
N/A									Contracting								
Street Address						10-7-12-2	Street 522										
City, State, Zip Code							1		e, Zip Code City NJ 07	097							
Project Manager for Mor	nitoring Firm	1	Telephor	ne No.		Teleph				Li	cense	No.					
									6-9603		0,	1206					
Start Date (10) 08-30-17		Schedul 08-31-		mpletion l	Date (11)				OSHA Monit								
Occupancy Status Durin	g Abatement (Check	Only Or	ne)				Street	Ad	dress								
	ated During Entire Pe						522										
Abatement Perform Other – Describe:	ed Outside of Norma 7:00am - 5:00pm	al Facility	/ Hour	S		_			e, Zip Code City NJ 07	087							
Scope of Work (Check A	II That Apply)	TIPLE TOTAL						_									
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		Ι.							Non-Exemp	ted (*)	and N	on-Fn	able		Abate		
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Asbestos-Containing TO BE AB	Material (ACM)		ed Sole		Asbes	tos C		Vlate	erial (ACM)		Amo			77		Ш	ш
In Facil	ity	Cus	todial (12)	Staff?	(i.e.	su	rfacing, VA	AT,	or		(Spe	LF)		Remova	Repair	caps	Enclosure
(13)				_		othe	er miscellar	neo	ous)					oval	air	Encapsulate	sure
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Name of Registered Was	ste Hauler		1.000	NJDEP W		- V252 (32)	oic Yards		Name	of Reg	istered	Land	fill				
Delfa Contracting LL	.C			Hauler ID 35240			Vaste 1			town I	Reso	urce	Red	COV	ery F	acilit	y
City, State Union City, NJ							posal Date 9-02-17		City, S Tully	tate town,	PA						
Completed by			1			Signature	е	6	/			Date					
Jaime Delgado		roj. IV	lanager	•				14		1002		08-	19-	1/			

				,	State of I	New Jersey		PAID				
OK#328	14	NO		CATIO	N OF AS	SBESTOS ABA AC 8:60 and 5:1		m E u	1:3	<u>li</u>	7 [	
Date of Notification (1)  08 /	23 /	17				ng Owner/Operator	(2)			1	1-/	The of Contract
Agencies Notified						acting Services		III III AUG	328	520	17	-
□ EPA	Type Notifica	ation			et Address			- Allender				the same
□ DOLWD	☐ Amended	t			Condit State, Zip			ASE	15. 5	اندن	HOL	. &
☑ DOH	Amendme		-			a, NJ 07876			CENS	HING	-	-
☐ DCA (NJAC 5:23-8)	☐ Emergene justification		ng	_	e of Conta			Telephone Num				
	☐ Cancellat	200		Mi	ke			relephone Num	ibei			
				FA	CILITY	NFORMATION						
Name of Facility Where A	batement is T	aking Plac	ce (3)			- CHAINTHON	Type of Facility	(4)				
Residence							School (K-1		340			
Street Address							☐ Subchapter	8 (Other than K-12	2)			
							homes, etc	private and comme	ercial b	uildin	gs,	
City (5)							Square Feet	# of Floors	В	ldg. A	ge	
Livingston							2000	2		65		
County (6)				Cou	nty Code (	7)(STATE USE ONLY)	Current Use (P	rior if being demoli	shed)			
Essex							Residence					
Name of Monitoring Firm Guardian Contracting		ling Owner	(8)	ASCM	No.	Name of Abateme						
Street Address	ig, inc.						ntracting, Inc	ir				
1889 Rte. 9, Unit 61						Street Address	11 1/ 04					
City, State, Zip Code						1889 Route 9						
Toms River, New Je	rsev 08755					City, State, Zip Co	ode New Jersey 0	755				
Project Manager for Monit			Te	lephone	No	Telephone No.	ivew Jersey U					
Nicholas Fernicola			170,000	732-349		732-349-9932	r.	License No. 00624				
Start Date (10)	S	cheduled (				Name of OSHA M		00024				
09 /05 /				7 /		E.M.S.L. Ana						
Occupancy Status During	Abatement (C	heck only	one)			Street Address					A-0-0	
□ Facility Closed/Vacated	During Entire	e Period of	Abate	ement		1056 Stelton						
Abatement Performed Time of Abatement:	Outside of No	rmal Facili		23		City, State, Zip Co	ode	- National Control of the Control of				
		PIVI/	PN	1	AM.	Piscataway, N	New Jersey 08	8854				
Scope of Work (Check all	that apply)					<b>5</b> 7 - 4 - 4						
≥3 sf or ≥3 lf		□ Re	enova	tion			ainment with Ne	gative Pressure				
_ ≥160 sf or ≥260 lf		⊠ De	emolit	ion		☐ Glovebag	Procedure					
		Ic	s Loca	tion	T	☐ Non-Exer	mpted (*) and No	on-Friable Procedu				
Location o	f		Norma	ally		Description of	f			atem		
Asbestos-Containing M TO BE ABAT	Use	ed So ainten	lely by	Asbe	stos Containing Mai	terial (ACM)	Amount	Removal	Repair	Enc	Enclosure	
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(13)		(12)		-	other miscellaned	ous)	01 01 21 7	=		Encapsulate	ē	
	Yes	No	1,000							· to		
nechanical room					asbesto	os containing sh	eetrock	120 sf				
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lame of Registered Waste	Hauler		_	NJDEP V	Vaste	Cubic Yards of	Name of Regis	stered Landfill		Ш	Ш	Ц
Guardian Contractin				Hauler ID		Waste	T D D E	Stered Landfill				

20223

Title

Project Manager

Waste

Disposal Date

09/08/17

Signature

T.R.R.F.

Tullytown, Pennsylvania

Date

City, State

City, State

Guardian Contracting, Inc.

Toms River, New Jersey

Completed By (Print or Type)

Nicholas Fernicola

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

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DOH DCA	justification) Cancellation			Moha	of Contact					Tel	ephone			Per unit complicate	- THE PERSON NAMED IN	
L DON	Cancellation				ILITY INFO	DMAT	ION	5000-0		- '			- National			
Name of Facility Where	Abatement is Taking	Place (	3)	I'AU	ILIT INFO	KINA	ION	Ty	pe of Facility	(4)	a da -				_	
Mohamed Gouda (	Private Home)								School (K-	12)						
Street Address									Subchapter	r 8 (Oth	er than	K-12)				
								X	Other (i.e. petc.)	private	& comn	nercia	build	dings	hom	es,
City (5)		,						Sq	uare Feet	# 0	f Floors	;	В	ldg. A	ge	
Farmingdale NJ 07	727							10	+000	2			3	35+	8	
County (6) Monmouth				County	Code (7) USE ONLY)			Cu	rrent Use (Pri	or if bei	ng dem	nolishe	ed)			
Name of Monitoring Firm	Hirad by Building C	umor (0													10000	
N/A	Triffed by Building C	wilei (o	)	ASC	VI INO.		10000000		batement Cor Inc.	ntractor	(9)					
Street Address					-		Street	one loss	SZOWYY W				-			
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City, State, Zip Code									Zip Code							
						Wes	st Be	erlin NJ 080	091							
Project Manager for Mon	itoring Firm		Telepho	ne No.		Teleph				Licens						
Start Date (10)		0-11	-10	1.0	D 1 (11)				3-9800		0072	27				
9/7/17		9/15/1		npietion	Date (11)		Name Sam		SHA Monitor							
Occupancy Status During	Abatement (Check						Street		2297						_	
_	ated During Entire Po			ont			Olicci	nuui	C33	4						
Abatement Perform	ed Outside of Norma	al Facility	y Hours	ient			City, S	state.	Zip Code		distance -	A = 0.1-0.	_		_	
Other – Describe:				1					A 85 ROSES							1
Scope of Work (Check A	ll That Apply)										-					$\neg$
23 sf or ≥3 lf		_	Renova				X	F	full Containme	ent with	Negati	ve Pre	essur	e		
≥160 sf or ≥260 lf			Demolit	ion			×	1 0	Mini-Enclosure Blovebag Prod							İ
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In Facili	ty	Cus	todial S (12)	staff?		surfa	cing, VA	T, or			or LF)	- 1	Remova	Repair	Encapsulate	Enclosure
(13)		-			'	other n	niscellan	neous	3)				oval	air	sula	sure
		Yes	No	N/A											e	
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Name of Registered Was	100	JDEP W		Cubic			Name of F	Registe	red Lan	dfill						
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City, State			1 24			-	sal Date		City, State	SANACTERS.			an ionic			
Elm NJ						9/15	117		Morrisv		1906	67				
Completed by		Title					ignature	7				Date				-
Anthony T Perna		ident					-				8	23	17			

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Date of Notification (1)			Name o	of Building	Ownerll	Operator	(2)			Ur	13		W	54
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Agencies Notified Type Notification			Street A			,		11		AUG	2	2 2	017	111
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DOH justification)	. Tordan ig	'		f Contact				lan	Telephon	NI-	-	10	1	
DCA Cancellation			Bill						B-scale					
Name of Facility Where Abatement is Taking	Place (	3)	FAC	ILITY INF	ORMAT	ION	Type of Fa	acility (4)			_			
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Street Address							☐ Subc	hapter 8 (0	Other than	K-12)				
						120	Othe etc.)	r (i.e. priva	te & comr	nercial	build	lings,	home	es,
City (5)							Square Fe	et i	# of Floors	3	B	ldg. A	ge	
Manahawkin NJ 08050							1000+		2		0.000	5+	•	
County (6)				Code (7) USE ONLY	,		Current Us	se (Prior if	being den	nolished	1)			
Ocean														
Name of Monitoring Firm Hired by Building O N/A	wner (8	)	ASCN	A No.			of Abateme	nt Contrac	tor (9)					
Street Address							Address		·					
							Box 329							
City, State, Zip Code							tate, Zip Co	de						_
						17.50.0	t Berlin N							
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	none No.		Licer	se No.				
						856-	753-9800	)	007	27				
			npletion	Date (11)			of OSHA M	onitor						
9/1/17	9/7/17					Sam								
Occupancy Status During Abatement (Check	- 23	22				Street	Address		4.					
Facility Closed/Vacated During Entire Policy Abatement Performed Outside of Normal Other – Describe:	eriod of al Facility	Abatem y Hours	ient			City, S	tate, Zip Co	de			-			
Scope of Work (Check All That Apply)														
☐ ≥3 sf or ≥3 lf	П	Renova	tion			Г	] [		. :41- b.l			Section 1		-
≥ 160 sf or ≥260 lf	general control of	Demoliti					Mini-En	tainment v closure	with Negai	ive Pre	ssur	е		
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Asbestos-Containing Material (ACM)		ed Solel		Asbes	tos Cont	aining N	laterial (ACI	VI)	Amount				Е	
TO BE ABATED In Facility		todial S		(i.e.		systems cing, VA	s insulation,		(Specify SF or LF)	.	Ren	Re	ncal	Encl
(13)		(12)				niscellan			OI OI LI		Remova	Repair	Encapsulate	Enclosure
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Name of Registered Waste Hauler			JDEP W		Cubic		Nai	ne of Regi	stered La	ndfill				-
United Roll Off	1 1 2/80	auler ID 2459	No.	of Was	ste		R.O.W.S							
City, State			2409		4 Disnos	al Date				<del>-</del>				
Elm NJ					9/7/1			, State orrisville	PA 190	67				
Completed by					ignature			771100	Date	-			_	
Anthony T Perna	Pres	ident				( )	0			8/23	3/17			

Initial (

Check#2857

Date of Notification (1)

Agencies Notified

(NJAC 5:23-8)

Private house Street Address

County (8)

Street Address

Start Date (10)

City, State, Zip Code

08 / 23 / 17

TO BE ABATED

(13)

Time of Abatement: \_\_\_

>3 af or >3 if > 160 af or >280 if

N.Jevtic

North Plainfield, NJ 07063

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08

page 1 AUG 28 2017 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:69 and 6:16) HILL YAYCENSING Name of Building Owner/Operator (2) Diane Tevlin Type Natification Street Address Amended City, State, Zip Code Amendment # North Plainfield, NJ 07063 Emergency (including Name of Contact (ustification) Cancellation Diane Tevlin FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abstement is Taking Piece (3) School (K-12)
Subchapter 8 (Other than K-1 2)
Other (r.e., private and commercial buildings, homes, stc.) Square Feet # of Floors Blog. Age County Cade (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Name of Abatement Contractor (9) Name of Monitoring Firm Hirad by Building Owner (8) ASEM No. Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zio Coda Wayne, NJ 07470 Froject Manager for Monstoring Firm Talephone No. Telephone No. License No. 01127 973-638-1777 Scheduled Completion Date (11) Name of OSHA Monitor 08 / 24 / 17 Envirovision Consultants, Inc Occupancy Status During Abatement (Check only one) Street Address Tacility Clased/Vacated During Entire Par.od of Abetement 20-21 Wagaraw Road, Bldg # 35B Abetement Performed Outside of Normal Pacility Hours - Describe
Time of Abstement:

AM- PM PM\_ AM City, State. Zip Code PM Fair Lawn, NJ 07410 Clean up and decentamination with negative pressure Scope of Work (Check all that apply) Full Containment with Negative Pressure Renovation Demolition Mini-Enclosure Glovebeg Procedure Tent with Negative Pressure Non-Exempted (\*) and Non-Frieble Procedure » Location Normally Abatement Type Location of Asbestos-Containing Material (ACM) Description of Removal Encapeulat Enclosure Used Solely by Asbestos Containing Material (ACM) Amount Maintenance. (i.e., thermal systems insulation, (Spacify Custodial Staff? auriaging, VAT, or SIF or LF) (12)other miscallaneous)

08/22/17

74 WE SEE 1997	Yes	No	NA	1						
asement			×	Pipe insu	lation		85 LF	X		
1					· ·					
Name of Registered Waste Hauter		N.J	DEP Yest	e Haules IC No.	Cubic Yards of Was	Name of Reg	istered Landfill			00000
Gr Tech LLC		1	00337	85	TBD	T.R.R.F. Inc	3			
City, State					Disposal Data	City. State			 	
Wayne, NJ 07470					TBD	Tullytown, l	PA			
Completed By (Print or Type)	Title				Signature	Λ		Date		

\* Do not use this form for asbestos licensure exempted activities. MAY 11

Owner

## Ox#4913

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

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Date of Notification (1) 08/23/2017	``		Name	of Building clair State	Owner	r/Operato	r (2)		4 4004						
Agencies Notified	Type Notificatio	n			Address				CHECK	4904	(Lr.	K#Z	<del>-49</del> 1	<b>W</b> -	
□ EPA	☐ Initial			10 400355	mal Ave		6			K					7
IXI DEP	Amended Amendmen	nt #_1	_	City, S Monto	state, Zip Co clair, NJ 0	ode 7043			Contraction of the contraction o		AUG	2	8 2	017	
☑ DOH ☐ DCA	Emergency justification)  □ Cancellation				of Contact Fernande	z			II	elebhone	Num	har			
				FAC	CILITY INF	ORMA	TION		1		+ <sup>1</sup> C	-N	SINC	10	_ &
Name of Facility Where College Hall-Main Ha	Abatement is Tak	ing Place (3)						Type of Facilit	y (4)	CONTRACTOR OF THE PARTY OF				Carretten .	elleranearin
Street Address 1 Normal Ave								☐ School ☐ Subchap ☑ Other (i.e	ter 8 (Otl	ner than & comn	K-12) nercia	ı ıl bui	ldings	S,	
City (5) Montclair								homes etc.) Square Feet		of Floors			Bldg.	-	
County (6) Essex					Code (7) USE ONLY	)		Current*Use (Feducational	Prior if be	ing dem	olishe	ed)			
Name of Monitoring Firm Detail Associates, Inc	Hired by Building	Owner (8)		ASC	M No.		Name Lilich	of Abatement C Corporation	ontracto	r (9)					
Street Address 300 Grand Ave						4		Address IcBride Ave							
City, State, Zip Code Englewood, NJ 07631							City, S Wood	tate, Zip Code land Park, Ne	w Jerse	у	1				
Project Manager for Mon Anthony Valentine	itoring Firm			Telepho 201-56	one No 89-6708		Teleph 973-2	one No. 25-8400		Licens 01104					
Start Date (10) 09-05-2017		Scheduled 09-06-20	Cor 17	mpletion	Date (11)		Name Iris Er	of OSHA Monito	or aborato	ries, LL	.C	A41 240			
Occupancy Status During	g Abatement (Che	ck Only One	)					Address							***
Facility Closed/Vaca Abatement Performation Other – Describe: _s	ed Outside of Non	Period of Atmal Facility F	ater	ment			City, S	Route 22 Wes tate, Zip Code on, NJ 07083	t						
Scope of Work (Check Al	Il That Apply)						Onic	71, 143 07003							
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Name of Paristand III											+				
Name of Registered Wast Lilich Corporation	e riauler		Н	JDEP W auler ID	N595355	Cubic of Wa	Yards ste	Name o	f Registe	red Land	dfill				
City, State				18724		Diam			V.S Land	fill					
Woodland Park, Ne	w Jersey					Dispos	sal Date	City, Sta		isville,	PA				
Completed by Momo Glavatovic	ct m	anager		S	Signature			>	Date	23/2	2017		1		
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator, (2) Agency Notified Type Notification Street Address ASE CONTROL & 1 Initial O EPA DEP ☐ Amended D DOL Amendment # ☐ Emergency (including Name of Contact DOH justification) Telephone M. □ DCA ☐ Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) (ESIDENTIAL ☐ School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age 600 Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) 7060 Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) FRYMAR Street Address Street Address OBOX City, State, Zip Code City, State, Zip Code Project Manager for Monitoring Firm Telephone No. Telephone No. TASON 267-784-4693 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours State, Zip Code ☐ Other - Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure □ ≥ 3 sf or ≥ 3 lf Renovation ☐ Mini-Enclosure □ ≥ 160 sf or ≥ 260 lf ☐ Demolition ☐ Glovebag Procedure ☐ Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Used Solely by Description of Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Maintenance/ Amount Encapsulate Enclosure TO BE ABATED (i.e., thermal systems insulation, Remova Repair Custodial (Specify **IN Facility** surfacing, VAT, or Staff? SF or LF) (13)(12)other miscellaneous) No N/A Name of Registered Waste Hauler NJDEP Waste Hauler Cubic Yards of Name of Registered Landfill Waste City, State Disposal Date City, State 9-8-Completed by Date \* Do not use this form for asbestos ligensure exempted activities.

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

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Date of Notification (1) 8/23/17	*	Name of	Building O		10 YAN	HED		) <u> </u>			1-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2	
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DOH justificati		I Us.	J04	QUA.	HS		84					
D Date			LITY INFO		ON			-				$\dashv$
Name of Facility Where Abatement is Takin					Type	of Facility (4	)					- 1
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		County (	Code (7)		Curre	it Use (Prior	if being	demolished)		S		
County (6)  BERGEN			SE ONLY)		_   <	RESil						-
Name of Monitoring Firm Hired by Buildin	~ (P)	ASCN	í No		Name of Aba			THE RESERVE THE PERSON NAMED IN		1186		$\neg$
Name of Monitoring Pilm Pilled by Building	R OMERS (0)	ADCI	1140.	-		moval I						
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Street Address			- 5	1			- Cu-	-				l
					City, State, Zi	uth Rive	Suc	71				$\dashv$
City, State, Zip Code				.			07601					
					Committee of the commit	ack, NJ	0/001	License No.				$\dashv$
Project Manager for Monitoring Firm		Telephon	e No.		Telephone No	329-7444	. 1	003				1
								00.	000			$\dashv$
Start Date (10)	Scheduled Co				Name of OSH					16	20	İ
9/7/17	1 9	18/17	V.	Ť.		Environ	ment	Ц				-
Occupancy Status During Abatement (Chec	ak Only One)	-	- /,		Street Address				•			.
☐ Facility Closed/Vacated During Entire	e Period of Abateme	mi		- 1		uyler Str	et					
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D Other - Describe 7:30 AK T	0 5:0047			— <u> </u>	South	Hackens	ack, f	(1) (1) (0) (0)				
Scope of Work (Check All That Apply)				1.0			-		-			
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TO BE ABATED In Facility		al Staff?	. (LC un-		VAT, or		SF	or LF)	Removal	Repair	nsds	Enclosure
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	11											
Name of Registered Waste Hauler		NUDEP W	l laste	Cubic	Yards	Name of	Register	d Landfill				
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Best Removal Inc		171	09	1	6 cys			va Enter	prise	3, L	الم	
City, State					al Date	City, State	2			•		
Hackensack, NJ 07601	2			9	8/17	Way	nesbu	rg, OH 4	4088			
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Completed By (Print or Type) Mr. Brian Haney

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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Date of Notification (1)	Variety desired			Na	ame	of E	Building	g Ow	ner / Operat	or (2)		1 /	3				
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Agencies Notified Typ	oe Notific	ation		- 1			iress			2011 N		12	lat A	UU - C 1		2 8 8	1
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Street Address	ospital-L	7. Dauolatos	OIII	ce_				-	School				Name of the last o				
18 E. Laurel Road									Subcha	pter 8	Other tha	n K-	12)	ware agreement			
								- 1	Courses Front	e. priv	ate & com					etc.)	
City (5)		County (6)		OUD	ty C	odo	(7)	-	Square Feet		# of Floo	ors	1	Bldg. Ag			
Stratford, NJ 08084		Camden		ouri	ity C	oue	(1)	-	250,00			2			52		
									Current Use Hospital	(Prior	it being de	emoli	sned)				
Name of Monitoring Firm	n Hired b	y Building Ow	ner (8	3)		AS	CM No		Name of Aba	temen	t Contract	tor (S	))	-			
Criterion Laboratori	ies, Inc.								Resource M	lanag	ement Gr	roup	LLC				
Street Address									Street Addre								
3370 Progress Drive	e, Suite	J							2115 Hamilt	ton Av	e, Ste 20	)2					
City, State & Zip Code									City, State &				-				
Bensalem, Pa. 1902	0								Trenton, NJ								
Project Manager for Mor		irm	Tele	pho	ne N	Num	ber	-	Telephone N	umber			License N	lumber			
Mr. Mike Panepress			215	-24	14-1	300	0		609-977-61					0118	5		
Scheduled Start Date (1 09-8-2017	0) 5	cheduled Co	mplet 09-21			(11	1)		Name of OSH			torio	o luo				
Occupancy Status Durin	g Abaten				111	-			J&S Enviror Street Addres		ai Labora	TONE	es inc			-	
☐ Facility Closed/\	/acated D	uring Entire F	Period	of /	Abat	eme	ent		2333 Route		oct						
Abatement Perfo	ormed Ou	tside of Norm	al Ho	urs					City, State &								
Describe: Wk	days 6p	m to 2:30am	Wkr	nds	10a	m-6	maß		Jnion, NJ 0		40						
Facility Occupied	d During A	Abatement					10000										
Scope of Work (Check a	all that ap	oly)															
≥3 sf or ≥3 lf			5-3							$\boxtimes$			ent with N	legative	Pres	sure	
≥3 sf or ≥3 lf ≥160 sf ≥260 lf					Reno						Mini-Encl						
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Name of Registered Was	ste Haule								oic Yards	Name	of Regist	tered	Landfill				<u> </u>
Robinson Waste Dispo	sal Serv	ice, Inc.			Haul		O No.	of V	Vaste D		s Landfill						
City, State									oosal Date	City, S	AND THE PROPERTY OF THE PARTY O						
Voorhees, NJ				TBI			sville, PA										

Title

President

Signature

Date

08/25/2017

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



CK#1419

Date of Notification (1)				Name	of Building	g Owner/Op	perator	(2)						
Augu	ıst 18, 2017			Pretty	Brook T	ennis Cli	ub	12.12	1	114	65	n r	// [r	= F
Agencies Notified	Type Notification				Address						10	1	¥/[	= 1
EPA EPA	Initial			229 Pr	etty Bro	ok Road			1					
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X  DOL	Amendment		_	Princet	ton, Nev	w Jersey	0854	0	12 1	HUC	) (	) (	110	
DOH	justification)		1		of Contact				Te	elephoneNu	ımber			
☐ DCA	Cancellation	1		Project	t Manag	jer			1			į, i	OL	. &
Name of Engility Whee	Ab -1	5.				FORMATIO	N		-				Annual Principles	processor
Name of Facility Where	Abatement is Takir	ig Place (	3)					Type of Facility	(4)					
Clubhouse Street Address								School (K-						
									r 8 (Oth	ner than K-	12)			
229 Pretty Brook Ro	ad							Other (i.e. etc.)	private	& commerc	ciai bui	laings	, nom	es,
City (5)								Square Feet	# 0	of Floors		Bldg.	Age	
Princeton										2			88	
County (6)					Code (7)			Current Use (Pr	ior if be	ing demolis	shed)			
Mercer				(SIAIR	USE ONLY	·/			C	lubhouse	Э			
Name of Monitoring Firm	Hired by Building	Owner (8	)	ASCI	M No.		Name	of Abatement Co	ntracto	(9)				
AET, Inc.				1		T	he M	ACK Group, L	LC.					
Street Address							Street	Address ·						05 5
907 Doolittle Drive						1	500 H	Kings HWY N,	STE	209				
City, State, Zip Code								tate, Zip Code						
Bridgewater, NJ 0880	0.00					C	herry	Hill, NJ 0803	4					
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph	one No.		License I	Vo.			
Eric Houseknecht					18-1108	1.4		759 - 5000		00781				
Start Date (10)		Schedul	ed Cor	npletion	Date (11)		Name	of OSHA Monitor						
9/11/17				12/31/1	17	T	he M	ACK Group, L	LC.					
Occupancy Status During							Street	Address						
Facility Closed/Vaca	ated During Entire I	Period of	Abater	nent		1:	500 k	Kings HWY N,	STE	209				
Abatement Performe Other - Describe:	ed Outside of Norm	al Facility	/ Hours	5		(	City, S	tate, Zip Code						
						_  C	herry	Hill, NJ 0803	4					
Scope of Work (Check Al	That Apply)	_						_						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		( Committee of the Comm	Renova				2	Full Containm	ent with	Negative I	Pressu	re		
2100 SI 01 2200 II			Demolit	ion			8	Mini-Enclosure	9					
		_					Ž	Glovebag Prod Non-Exempted	(*) and	Non-Friable	Proce	dure		
		Is	Locati	on		1				-			emen	t
Location		100	Vormal			Descr	ription	of				T	ре	
Asbestos-Containing			d Sole intena		Asbes	tos Contair	ning M	aterial (ACM)	Α	mount			m	
TO BE ABA		10000	odial S		(i.e.	thermal sy, surfacin		insulation,		Specify	Re	R	Encapsulate	Enclosure
(13)	*		(12)			other mis			51	or LF)	Remova	Repair	psu	losu
			2000								\alpha	₹.	late	Iге
01		Yes	No	N/A								-		
Crawlspa					as	bestos pi	ipe ir	sulation	1	00 l/f	X			
Basement Mecha	nical Room	X				ta	ank		6	5 s/f	X			
_"-		X			as	bestos pi	ine in	sulation		50 <mark>l</mark> /f	$\langle \rangle$			
Kitchen/I o	ungo		V								$\langle \rangle$			
Kitchen/Lo Name of Registered Wast			/ NI	J DEP W		Vat/Carpe				00 s/f	X			
	- riduidi		227	auler ID		Cubic Ya of Waste		Name of I	Registe	red Landfill				
reehold Carting							5.2	Cumberl	and C	o./ BFI /	GRO	NS	TRE	₹F
City, State						Disposal		City, State			20	/		
reehold, NJ						12/3	31/17	Newburg	/ Imn	erial / Mo	orrisv	ille I	РΑ	
Completed by		Title					rature	11771	0		ite	-1		
Aichael Cooper	New York Control of the Control of t	Presid	ent					7//-	-	8/1	8/17			

Location of		s Locati Normall ed Sole	ly	Description of			Abat Ty	emer /pe	nt
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	aintenar stodial S (12)	nce/	Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	
	Yes	No	N/A			'al	=	ate	
Kitchen/Lounge		X		DryWall joint compound	100 s/f	X			1
_11_		X		cove base & mastic	30 l/f	X			1
Mens' Locker Room		X		linoleum	60 <mark>0</mark> s/f	X			
_"_		X		vapor barrier under quarry tile	18 <mark>0</mark> s/f	X			
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		V.							-
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PAID

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

N'SH KITS	NOTIF	ICAT	ON OF A	ASBESTOS ABA AC 8:60 and 12	TEME: 120)	INT	To	Į.	, 11-	-	ĪW	7 [		1
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of Notification (1)	Control of		Tremce		-510(F). <b>Y</b> 7	N. P.	1.5	M-COURSE					5	-
-21-2017		12000	et Addres				1111	A. Curr	AUG	28	20	117	IL	11
ncies Notified Type Notification		Stre	et Addres	55			164 6	200	NUV	_ 0	20		Longo	
IVI 1-itial				Code				1		V/CV - 6400	00-00-00-00-00			
DEP Amended		City	, State, Z	ip Code				ASI	II. ( )	6.0	Casi	HOL	. &	
Amendment #	oludina			ck NJ 07440			TT	elepl	none Nún	ibers	ING			Jam.
Emergency (in justification)	ciuding	1997/02	ne of Cor				Economic Services	games of .		1 IV				
DOH DCA Cancellation			Tremo				1							1
		2000	FACILITY	INFORMATION	1	Type of Fac	lity (4)							1
me of Facility Where Abatement is Taking	Place (3)					. 1775								
rivate Dwelling						School	1010	other	than K-1	2)				
reet Address						× Other	apter o (C (i.e. privat	te & c	commerci	ial bui	Idings	s, hom	ies,	
eet Address						etc.)					Bldg.			1
						Square Fee			loors	1	n/a	9-		
ty (5)						n/a	1000	n/a			1174			+
equannock NJ 07440		TCo	ounty Cod	e (7)		Current Use	e (Prior if	being	g demolis	snea)				1
ounty (6)		(S	TATE USE	ONLY)	- 1	Private D								-
Morris	(0)	1	ASCM N		Name	of Abatemen	nt Contrac	ctor (	9)					
ame of Monitoring Firm Hired by Building C	)wner (8)		ASCIVI N	0.	Ama	x Contrac	ting LL(	0						_
Standard Environmental						Address		7.0						
treet Address						BOX 734								
2108 Fulton Street, Suite 2A						State, Zip Co	de							
ity, State, Zip Code				1	Moo	odland Par	k NJ 07	7424	1					
Brooklyn NY 11233						100000000000000000000000000000000000000	10.10		License	No.				
roject Manager for Monitoring Firm		T	elephone	No.		hone No. -692-6298	E		01266					
Kayode Adefisoye		(3)	347-241								-			
	Scheduled	Com	pletion Da	ate (11)	Name	e of OSHA N	oting 1 1	C						
Start Date (10)	09-09-2					ax Contra	curiy LL							
09-05-2017	1					et Address								
Occupancy Status During Abatement (Che			ont			BOX 734								- 50
Facility Closed/Vacated During Entire	Period of At	Hours	em		City,	State, Zip C	ode							
Abatement Performed Outside of Non- Other – Describe:	mai i domey .	100000			Wo	odland Pa	ark NJ (	)742	24					_
Scope of Work (Check All That Apply)			229			Full Co	ontainmer	nt wit	h Negativ	ve Pre	ssure	•		
≥3 sf or ≥3 lf		enova emolit				Mini-E	nclosure							
× ≥160 sf or ≥260 lf		emoni	1011			X Non-E	oag Proce xempted	(*) a	nd Non-F	riable	Proc	edure		
=						INOTI-L	Xemptou.	1/-			1	Abate	nem	
	le	Locat	ion				1			1		Тур	е	
	N	lorma	lly	De	escript	ion of			Amount				m	-
Location of			ely by	Asbestos Cor	ntainin	g Material (A ems insulation	CM)		(Specify	- 1	Re	D	Encapsulate	Elicioadio
Asbestos-Containing Material (ACM) TO BE ABATED		intena Indial	Staff?	curf	acing.	VAI, or		5	SF or LF)		Remova	Repair	psu	000
In Facility		(12)		other	misce	llaneous)	1				val	=	late	Č
(13)	-	T	T NI/A											
	Yes	No	N/A			- OIDINIO			1200 SF	=	Х			
EXTERIOR			X	TRAN	ISITE	SIDING			1200 01		-			
EXTERIOR	_	1									-	-	-	-
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			NJDEP \	vasic	oic Yar	ds	Name of							
Name of Registered Waste Hauler			NJDEP I	No. of V	Vaste	ds	Name of Fairles							
			3,4717	Ng. 4 of V	Vaste CY		Fairles	s H						_
Amax Contracting LLC			3,4717	0 Ng. of V 17 4 12 Dis	Vaste CY posal I	Date	Fairles	ss H	ills					_
Amax Contracting LLC			3,4717	0 Ng. of V 17 4 12 Dis	Vaste CY posal I -14-2	Date 017	Fairles	ss H	ills					_
Amax Contracting LLC	Title		3,4717	0 Ng. of V 17 4 12 Dis	Vaste CY posal I -14-2	Date	Fairles	ss H	ills	Da	ate	-201	7	_

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

NO Or.				to NJAC				0	000		1	6	77	5/	
Date of Notification (1) 8/23/17				of Building Excava		r/Operator	r (2)		Tools,	774 5	0 1	- 1	1 17		) lon
Agencies Notified Type Notification	ecs are in	-	Street A		9				$\mathbb{D}_r$	13 11	r	20	I IV	1 12	
EPA Initial				ligh Stre											CHARLES OF
DEP Amended Amendment #				ate, Zip Co ood, NJ		18				Al	JG	28	20	17	L
		-		f Contact	010	+0			Tele	enhone	Num	har			
DCA   Cancellation			Tom L	ocovare	1										8
Name of Facility (Miles of Advantage)	DI		FACI	ILITY INFO	DRMA	TION			Addition to the second	MINISTER DEPRENDENCE PERSON		GVI	IIVO	-	permonent
Name of Facility Where Abatement is Taking Associated with Apartment Complex		5)					Type	e of Facility (							
Street Address							H	School (K-1 Subchapter		er than I	K-12)				
203 Faller Drive							×	Other (i.e. petc.)	orivate 8	comm	ercia	build	dings,	home	es,
City (5) New Milford							Squa 300	are Feet	# of 2	Floors		1	ldg. A	ge	
County (6)				Code (7)			Curr	ent Use (Pri	or if beir	ng demo	olishe	ed)			
Bergen				USE ONLY)			1000000	ler room c			com	plex	<		
Name of Monitoring Firm Hired by Building O	wner (8)		ASCN	Л No.				atement Cor ironmenta			LC				
Street Address						Street									
City, State, Zip Code								183, 4 E G	Sate Dr	rive					
City, State, Zip Code								Zip Code d, NJ 074	118						
Project Manager for Monitoring Firm		- 1-	Telepho	ne No.		Teleph				Licens	e No				
						973-	764-	2276		703					
	Schedul 9/29/1		pletion	Date (11)		Name	of OS	HA Monitor		,					
Occupancy Status During Abatement (Check	Only Or	ne)				Street	Addre	SS							
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other – Describe: basement	eriod of A	Abatem Hours	ent			City, S	State, 2	Zip Code							
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	and the same of th	Renovat Demoliti				×	Mi GI	ull Containme ini-Enclosure ovebag Proc on-Exempted	e cedure					е	
	Is	Location	on										Abate	ement	
Location of		Normalled Solel				escription							Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cus	intenan todial S (12)	taff?		therm sur	ntaining M al system: facing, VA r miscellar	s insul T, or	ation,	(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A											CD.	
Boiler room behind 203 Faller Dr			Х			iling plas	200000		24	0 LF		х			
			Х		pip	e insula	tion		60	) LF		x			
			Х		boil	er insula	ation		15	0 SF		Х			
Name of Decistored Wests Live		1 3.	IDEE II	/a a b	0.1	- V 1	1				1500				
Name of Registered Waste Hauler		100,000	JDEP W auler ID	183000000	of W	ic Yards /aste		Name of	, E		dfill				
ABS Environmental Services, LLC		10	)4248		TBE			Minerva		TIII					
City, State Glenwood, NJ					Disp TBE	osal Date		City, State Wayne		ОН					
Completed by	Title					Signature	)	/	obuig,	T	Date	)	-	-	
A. Scott Higgins	Pres	dent					_/	un	_			3/17	,		

石业类	3 1	1	13.	123	83
5.5	1	35	83	103	FU
11	1	No.	101		3.1

# of Floors

License No.

703

Current Use (Prior if being demolished)

Bldg. Age

80

Square Feet

single family home

Name of Abatement Contractor (9) ABS Environmental Services, LLC

PO Box 483, 4 E Gate Drive

2000

Street Address

Telephone No.

Street Address

973-764-2276

Name of OSHA Monitor

City, State, Zip Code Glenwood, NJ 07418

ac#169	834 NO.	State of New Jersey TIFICATION OF ASBESTOS ABA (Pursuant to NJAC 8:60 and 12	ATEMENT	PAND Print
Date of Notification (1) 8/23/17	)	Name of Building Owner/Oper Joe Campenella	ator (2)	TO E USE WE
Agencies Notified  EPA DEP DOL	Type Notification  Initial Amended Amendment #	Street Address  City, State, Zip Code  Caldwell, NJ 07006		AUG 2 8 2017
DOH DCA	Emergency (including justification) Cancellation	Name of Contact Joe Campanella		Telephone Number AISING
Name of Facility When home Street Address	e Abatement is Taking Place (3)	FACILITY INFORMATION		

County Code (7) (STATE USE ONLY)

ASCM No.

Telephone No.

Scheduled Completion Date (11)

Other – Describe: basement	imai r aciiit	y Hours			—— City, Sta	te, ZIP Code					
Scope of Work (Check All That Apply)								-			
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demolit	7.7		×	Mini-Enclosure Glovebag Pro				e	
Location of		s Locati Normal	ly		Description of					ement pe	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	ed Sole aintena todial S (12)	nce/		estos Containing Mat e. thermal systems ir surfacing, VAT, other miscellaneo	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A					=		ate	e,
Basement			×		Pipe insulation	on	125 LF	×			
Name of Registered Waste Hauler		N	JDEP W	aste	Cubic Yards	Name of	Registered Landfill				
Freehold Cartage		1 2000	auler ID 5939	No.	of Waste TBD	24040440 441	n Berks Landfill				
City, State					Disposal Date	City, State	9				
Freehold, NJ					TBD	Wayne	sburg OH				

Signature

A. Scott Higgins

Completed by

City (5)

Caldwell

County (6)

Street Address

Start Date (10)

9/11/17

City, State, Zip Code

Project Manager for Monitoring Firm

Name of Monitoring Firm Hired by Building Owner (8)

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Equility He

Title

President

Essex

Date

8/23/17

Waynesburg, OH

Check # 9059

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

11 Date of Notification (1) Name of Building Owner/Operator (2) 80 22 Gene Kurish 28 2017 Type Notification Agencies Notified Street Address ☐ EPA P.O. Box 159 ☑ DOLWD ☐ Amended City, State, Zip Code UB CONTROL & Amendment # □ DHSS L'CENSING. Franklin, NJ 07416 ☐ Emergency (including ☐ DCA justification) Name of Contact (NJAC 5:23-8) Tolonhana Number ☐ Cancellation Gene Kurish **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence ☐ School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Franklin 2,200 2 80 yrs. County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Sussex House Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A N/A East Coast Haz Mat Removal, Inc. Street Address Street Address 494 East 41st Street City, State, Zip Code City, State, Zip Code Paterson, NJ 07504 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-345-0022 00507 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 9 / 2 / 17 9 / 6 / 17 Same as above Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/\_\_\_PM-\_\_\_AM Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure □ Renovation ☐ Mini-Enclosure ≥160 sf or >260 lf ☐ Demolition ☐ Glovebag Procedure ■ Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Repair Remova Encapsulate Asbestos-Containing Material (ACM) Enclosure Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Basement Pipe Insulation 180 LF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste East Coast Haz Mat Removal, Inc. G.R.O.W.S., North W/M of PA 419 2 City, State Disposal Date City, State Paterson, NJ 9-6-17 Morrisville, PA Completed By (Print or Type) Title Signature James Unger Sr. Estimator/Project Mgr. -22-1

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

													Р	rint l
		NOTI	FICATIO	State of New ON OF ASBE nt to NJAC 8	ESTOS A	BATE	MENT	r	PAI		1/	16	34	
Date of Notification (1)				of Building C		erator	(2)	T <sub>I</sub>				1 00		
8/24/17			0.0000000000000000000000000000000000000	Lesvosgo	;			* Profitant		ľζ	7	I W	5	1
Agencies Notified Type Notificati	on		Street	Address				at longs	3					
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X DOL Amendme	ent#		Unio		ue			150		100	C 0	201	d	
➤ DOH Emergence justification	cy (includin	g	Name	of Contact					Tatant	-				<u> </u>
DCA Cancellati			Nick									-	had been	A
Name of Facility Where Abatement is Tal	king Place	(2)	FAC	CILITY INFO	RMATIO	N		Fotocas	-		min i minus		-	
home	Killy Flace	(3)					Туре	e of Facility (	200					
Street Address							H	School (K-1 Subchapter		an K-1	2)			
							×	Other (i.e. p	rivate & co	mmerc	ial bu	ldings	, hom	ies,
City (5)			En vacanteen				Squa	etc.) are Feet	# of Flo	ors		Bldg. ,	Age	
Union							220	0	2			80	3	
County (6) Union				Code (7)				ent Use (Pri		emolis	hed)			-
Name of Monitoring Firm Hired by Buildin	a Oumar (6							gle family						
Time of Monitoring Firm Filled by Bulldin	g Owner (8	)	ASC	M No.				atement Cor ronmenta		0 117	_			
Street Address						Street	-		Service:	5, LL(		-		
					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			83, 4 E G	ate Drive					
City, State, Zip Code								ip Code						- 11 10
						Glen	wood	d, NJ 074	18					
Project Manager for Monitoring Firm			Telepho	one No.	- 1	eleph			14	ense N	lo.		-	-
Start Date (10)	Schedu	led Co	moletion	Date (11)		973-7		150 6	70	3				
9/9/17	9/30/1		npietion	Date (11)	l N	Name (	of OSI	HA Monitor						
Occupancy Status During Abatement (Che	eck Only O	ne)			S	Street	Addres	SS						
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe: basement	e Period of rmal Facilit	Abater y Hour	ment s		С	City, St	ate, Z	ip Code						
Scope of Work (Check All That Apply)														
23 sf or ≥3 If		Renova												
≥160 sf or ≥260 lf		Demoli	tion				Ful Mir	l Containme ni-Enclosure	nt with Neg	ative F	ressu	re		
						×	Glo	ovebag Proc n-Exempted	edure	o Frieb	I- D		120	
	Is	Locat	ion				140	II-Exempled	( ) and No	II-FIIAU	T		ement	
Location of		Normal	lly		Descri	iption (	of					Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED		ed Sole aintena		Asbestos	s Contain ermal sys	ing Ma	aterial	(ACM)	Amour	5.5	227		ш	rm
In Facility	Cus	todial 9 (12)	Staff?		surfacing	g, VAT	, or	luon,	(Speci SF or L		Remova	Repair	Encapsulate	Enclosure
(13)	-	74. 1		0	other misc	cellane	eous)				ova	pair	sula	Sure
	Yes	No	N/A						NAME OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER O				ë	(D)
Basement		X		pipe ins	sulati	on		65 LF	7	х				
										-22				
ame of Registered Waste Hauler		101 0000	JDEP W	0.00	Cubic Yar	rds		Name of R	egistered L	andfill				
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ity, State					Disposal [	Date		City, State						
reehold, NJ				54	ΓBD	2000 B		Birdsbor	o, PA					
ompleted by	Title				Signa	ature		h		Dat	e			
. Scott Higgins	Pres	ident						de-	_	8/2	24/17	7		

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

				ICATIO	N OF ASB t to NJAC	ESTOS	ABATE		(	THE	M	ĺ	(0)	20	11
Date of Notification (1) 8/24/17					of Building DiPasqu		2.0	(15 FE)	IT		<u>الم</u> المالية	3 1	$\overline{\mathbb{W}}$		M
Agencies Notified	Type Notification				Address	auto, 11	10 L O	гоар	- 11		3 10	-			
X EPA	× Initial			534 B	roadwa	У			and the same of			0 1		THE OF THE PARTY O	A TRANSPORT
DEP	Amended	507			ate, Zip Co						AUG	28	2017		7
X DOL	Amendment :		_		nne NJ	07002			1	- Company				-	
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Name of Facility Where A	Abatement is Taking	Place (	3)	FAC	ILITY INF	ORMATI	ION	Type	of Facility	(4)					
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Street Address								×	Subchapt	er 8 (Oth	er than K- & commer		ldings	hom	es,
City (5) Bayonne									re Feet	# 0	f Floors		3ldg. <i>F</i> 75	\ge	
County (6)				County	Code (7)						ing demoli				
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Name of Monitoring Firm	Hired by Building C	wner (8)		ASC	M No.				atement C ronmen		(9) vices, LL	.C			
Street Address								Addre	ss 83, 4 E	Gate D	rivo				
City, State, Zip Code									ip Code	Outo D	1110				
									d, NJ 07	418					
Project Manager for Moni	itoring Firm			Telepho	ne No.		Teleph 973-	none N 764-2			License 703	No.			
Start Date (10) 9/15/17		Schedul 10/15/		npletion	Date (11)		Name	of OSI	HA Monito	r					
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Facility Closed/Vaca	ited During Entire P	eriod of	Abatem	ent			Oit. O	1-1- 7	- 0 - 1						
X Other – Describe: b	asement	ai i aciiity	riours	<u></u>			City, S	iale, Z	ip Code						
Scope of Work (Check Al	l That Apply)														
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Asbestos-Containing TO BE ABA In Facilit	TED	Ma	intenar todial S	ice/		thermal	systems	s insula		(5	mount Specify	Re	ZD.	Encapsulate	Enc
(13)	. y		(12)				cing, VA niscellan			51	or LF)	Remova	Repair	psul	Enclosure
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Name of Registered Wast	to Hauler		l NI	JDEP W	lasta	Cubia	Varda		Name	f D					
Freehold Cartage	. iddici		Н	auler ID 5939		of Was			l.	207.00	ered Landf ks Landf				
City, State Freehold, NJ						Dispos	sal Date		City, Sta	ite oro, P	Δ				
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A. Scott Higgins		Pres	ident						11/	~	100	3/24/1	7		



State of New Jersey
NOTIFICATION OF ASSESTOS ABATEMENT

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Building # 3, Pert	n Ampoy	1180, LLC.		_		_	Scho	101 (K-1)	3	1	AUG 4	- 0 6	.VII		-
1160 State Street							☐ Subc	hapter	6 (Other	than K	-12)				
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City (5)		County (6)	75			7	Square F	981	4 01	eicol	LICE	PIGNIX	Anne	OTO.	<u></u>
Perth Amboy		Middlesex			Cod	e (7)	N	A	_	-NA	NAME AND ADDRESS OF THE OWNER, OF TAXABLE PARTY.	NA	194		
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Name of Monitoring I	Im Hitad b	y Building Our	OF CRY	_	TA	CÓSAN	None								
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Street Address							Enterpris	16N B	work Re	solut	юля Со	ntracti	ng, L	LC.	,
City, State & Zip Cod							874 Pine	11678							
JIN, JUSTE & LIP COO	e						City, State	& Zio C	M PLOB	a, PU	HOY TO		-	_	_
roject Manager for A	d= -0==l= =						Winslow	Now.	larent i	BBBBB					
- Jose Mar 1884 (O) M	HENRIPPINE F	rm [	Telep	hon	e Nur	nber	Talephone	Numbe	00	NBRAD	Licerae	V		_	
cheduled Start Date	(10)	Inhadulad Ca-	-1-17				609-557-	9090			SIVE NE	012			
8-17-17		s-31-17			ate (1	1)	Name of C	SHA M	notino		-		-		-
CEUPANCY Status Du	Ing Abatem	ant ICharles	y nne	1	-	-	EMSL An	alytic:	I, Inc.	-					
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TO BE	ABATED		Meinte	חפח	10 92	1	Material ( (i.e., thermal	ACM)	_	3	For LF)	- 20		m	677
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v. State	118, 1116,			210	35		50	Sale	n Coun	ty Las	nefftll				
riin, NJ							Disposal Date	City.	State				_	_	_
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sodors S. Budzyn	ski			Thie		_ ]	Signature					Dete	_	_	_
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#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)				Nome	of Building	0	2	(0)		NU	Ch	1	1	20	) (	7
8/24/17					DiPasqu				Tr	rn, jii			П	7\/7	C	1
Agencies Notified	Type Notification			Street A	Address Broadway				10 mm		llr.	- 3	11	/Al		
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× DOL	Amendment		_		nne NJ				14	Ш	AUG	2 8	6	2017	Ì	
▼ DOH	Emergency justification)				of Contact				Without	Tel	ephone	Numh	er			
DCA	Cancellation	<u> </u>		John							-		*****		L &	
Name of Facility Where	Abatement is Takin	g Place (3	3)	FAC	ILITY INFO	DRMAT	ION	Type	of Facility (	4)		EN	VIIC	<u>J</u>	A STATE OF THE PARTY OF THE PAR	
home		,						-	School (K-1	81						
Street Address								×	Subchapter Other (i.e. petc.)	8 (Othe			build	dings,	hom	es,
City (5)									re Feet	# of	Floors		В	ldg. A	ge	
Bayonne								2300		2			7	2		
County (6) Hudson					Code (7) USE ONLY				ent Use (Pri		ng demo	olished	1)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASC	M No.				tement Cor ronmenta			LC				
Street Address								Addres	ss 83, 4 E G	ate D	rive				0035-3110	
City, State, Zip Code								-	ip Code	atc D	100		-			
									, NJ 074	18						
Project Manager for Mon	itoring Firm			Telepho	ne No.		100000000000000000000000000000000000000	none N 764-2			Licens 703	e No.				
Start Date (10) 9/15/17	.35	Schedule 10/15/		npletion	Date (11)		Name	of OSI	HA Monitor				-02.511			
Occupancy Status During	Abatement (Chec	k Only Or	ie)				Street	Addres	SS					-	-	
X Facility Closed/Vaca Abatement Perform X Other – Describe:	ed Outside of Norm	Period of A nal Facility	Abatem	nent		_	City, S	tate, Z	ip Code							
Scope of Work (Check A	I That Apply)															
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	,,,,,	processing.	lenova emolit				×	Mir Glo	I Containment- ni-Enclosure ovebag Prod n-Exempted	e cedure					,	
		le	Locati	on				110	LXCIIIptot	- Contract	140111	Idalic		Abate	10000	
Location		1	lormal	ly		De	scription	of						Ту	эе	
Asbestos-Containing TO BE ABA In Facili (13)	ATED	Ma	d Sole intenar odial S (12)	nce/		thermal surfa	taining M systems cing, VA niscellan	s insula T, or		(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
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baseme				X		18	insula				LF	- x				
				-		Pipo	cuid				less I					
Name of Registered Was	te Hauler		N	JDEP W	/aste	Cubic	Yards		Name of	Register	red Lan	dfill				
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City, State Freehold, NJ						Dispos	sal Date		City, State		(					
Completed by		Title					ignature					Date	-		-	
A. Scott Higgins		Presi	dent						A	_		8/24	1/17			

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			NOTI	FICATIO	tate of N N OF AS t to NJA	BESTOS	ABATE	MENT 0)	r _([	) or	AI	D	fx	1-3	2
Date of Notification (1) 8/24/17 PAGE 1 OF 2					of Building Water F			(2)		<u>Ul-C</u>		100	J		)
Agencies Notified Type	e Notification				Address	UIN LI	it. LLO					0.0	7-3	lm-r-way	-
				CONTRACTOR :	Comme	rcial Av	enue		Tin)	15 (U	9	\W/		In	M
EPA DEP	Initial Amended				ate, Zip C		Ondo		— !!! <i>.</i>	1	u i i i i i i i i i i i i i i i i i i i	e			
☑ DOL ☐	Amendment #				ades Pa		07650		1.01						
X DOH	Emergency (in justification)	ncluding	1		of Contac		01000			A)	phone Nu	201	7	111	4
DCA DCA	Cancellation			Samu	ıel Kim	3				1 1010	sprione inc	лпоег			and the same
Name of F. William Co.				FAC	ILITY IN	ORMAT	ION		- A					ę,	-
Name of Facility Where Abater vacant building	ment is Taking	Place (3	3)					Туре	e of Facility (	), į	CENSI	NG			
Street Address									School (K-1	12)	NAMES OF TAXABLE PARTY OF TAXABLE PARTY.	and the same of th	Minneson		
319 Commercial Avenue								×	Subchapter Other (i.e. p	8 (Othe	er than K-1	12)	Idinas	hon	
City (5)	J								etc.)	nivate o	Commen	Jai Dui	iuiligs	, non	ies,
Palisades Park							0	Squa 350	are Feet		Floors		Bldg.	Age	
County (6)				County	Code (7)				100 m	2			80		
Bergen					USE ONL	Y)			ent Use (Pric		ng demolis	ined)			
Name of Monitoring Firm Hired	by Building O	wner (8)	)	ASCI	M No.		Name		atement Con	~	(9)				
									ironmenta			С			
Street Address							Street	1198			•				0.7.
							POE	Box 4	83, 4 E G	ate Dr	rive				
City, State, Zip Code									Zip Code						
Decient Manager Control of the control	,								d, NJ 074	18					
Project Manager for Monitoring	Firm			Telepho	ne No.		Teleph				License N	Vo.			
Start Date (10)	- 1	` a la a al l .	10.		D		973-7	7 501,000			703				
9-16-17		cnedule			Date (11)		Name	of OS	HA Monitor						
Occupancy Status During Abate	ement (Check	Only On	1 C	30	F. I		Street /	A ddro	20						
Facility Closed/Vacated Du							Oli eet 7	nuuie	55						
Abatement Performed Out Other – Describe:	side of Norma	Facility	Hours	nent S			City, St	ate, Z	ip Code						
Scope of Work (Check All That	Apply)					-									
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			tenova emolit				×	Mir Glo	Il Containme ni-Enclosure ovebag Proc n-Exempted	edure				e.	
			Locati										Abate	emen	t
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Asbestos-Containing Materia TO BE ABATED	al (ACM)	Mai	intena	nce/			aining Ma systems				nount			m	ITT
In Facility		Cust	odial 5 (12)	staff?	(1.0.	surfac	cing, VAT	, or			ecify or LF)	Rem	Repair	cap	ncic
(13)		Т	\'-/			other n	niscellane	eous)				Removal	bair	Encapsulate	Enclosure
		Yes	No	N/A										te	0
Northwest Upper Ware	ehouse			х		CC	oncrete			400	) SF	x			
North roof				х		fl	ashing			100	0 SF	x			
Upper West roof	f			х		fl	ashing			130	0 SF	х			
Lower north wareho				х		floor ti	le & ma	astic		600	SF	x			
Name of Registered Waste Haul	ler		1000	JDEP W		Cubic			Name of R						
reehold Cartage			5000	auler ID 5939	No.	of Was	ste		Western	Berks	s Landfil	1			

Disposal Date

Signature

TBD

Title

President

City, State

Freehold, NJ

Completed by

A. Scott Higgins

Date

8/24/17

City, State

Birdsboro, NJ

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

			NOTII	FICATIO Pursuan	N OF AS	BESTOS	ABATE	EMENT	1	1,	á.	į	1.	20.	17	
Date of Notification (1)					of Building				-	4-6		$\pm$			3	-
8/24/17 PAGE 2 C	F 2				Water F					15	lly :		[ //		-11	111
Agencies Notified	Type Notification	1			Address				×	The state of the s					A CONTRACTOR OF THE PERSON NAMED IN CONT	#
× EPA DEP	× Initial			The state of the s	Comme		enue		Andreas of the state of the sta		AUG :	28	20	17		]][
X DOL	Amended Amendmen	t #			tate, Zip C ades Pa		07650	)	Name of the last	T-T-Long					1	
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DCA	Cancellation			Sami	uel Kim											-
Name of Facility Where A	hatament is Taki	an Diago	(2)	FAC	ILITY INF	FORMAT	ION			_		7	· .	quan	NANO-DEAL	Вария
vacant building	toatement is Takir	ig Place	(3)					Processor .	of Facility	**************************************						
Street Address									School (K- Subchapte		er than	K-12	0			
319 Commercial Av	enue							×	Other (i.e. p	private	& comn	nercia	al bui	dings	, hom	ies,
City (5)									etc.) re Feet	# 0	f Floors	;	1 8	Bldg.	Aae	
Palisades Park								3500	0	2				30	3-	
County (6) Bergen					Code (7)	VI			ent Use (Pri		ing dem	nolish	ed)			
Name of Monitoring Firm	Hired by Building	Owner /0	$\perp$			' <i>'</i>			ant buildi							
Traine or Montoning Firm	r med by building	Owner (o	)	ASCI	M No.				tement Cor ronmenta							
Street Address						-1020-	-	Addres		1 001	vices,	LLC	1001100			
							POE	Box 48	83, 4 E G	Sate D	rive					
City, State, Zip Code	"								ip Code							
Project Manager for Moni	toring Firm			Talaaha	- NI-				, NJ 074	118						
i rojest manager for morn	onig i iiii			Telepho	one No.		100	none No 764-2			Licens 703	se No	).			
Start Date (10)		Schedul	ed Cor	npletion	Date (11)				A Monitor		100		101111			
9-110-1		1	0:2	30-1	7		100000000000000000000000000000000000000									
Occupancy Status During			0.000				Street	Addres	is					1000		
× Facility Closed/Vaca Abatement Performe	ted During Entire I	Period of	Abaten	nent												
Other – Describe:	d Outside of North	iai raciiii	y Hours	·			City, S	tate, Zi	p Code							
Scope of Work (Check All	That Apply)															
≥3 sf or ≥3 lf		☐ F	Renova	tion			×	] Full	Containme	ent with	Negati	vo Dr	00011			
× ≥160 sf or ≥260 lf		× [	Demolit	ion			×	J Min	i-Enclosure	9	rivegati	ve ri	essu	i e		
							×	Nor	vebag Prod n-Exempted		d Non-F	riable	e Pro	cedur	e	
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Location of Asbestos-Containing N			Normal d Sole			De	scription	of						17	ре Г	Γ
TO BE ABA	TED	Ma	intenar todial S	nce/	Asbes (i.e.	tos Cont thermal	aining M systems	laterial s insula	(ACM) tion,		mount Specify		Z	220	Ē	m
In Facility (13)	(	Ous	(12)	naii :			cing, VA				or LF)		Remova	Repair	caps	Enclosure
		Yes	No	N/A		outer it	noccian	cous					val	=	Encapsulate	ure
Northwest Upper	Narehouse	-		X		nino	insulat	lion		0	0.1.5					
		+									0 LF		X			
		-		X		pip	e fitting	js			20		Х			
		-														
Name of Registered Waste	Hauler		1 61	IDEE												
Freehold Cartage	i idulej			JDEP W auler ID		Cubic of Was			Name of F							
			15	5939		TBD			Westerr	n Berk	s Lan	dfill				
City, State Freehold, NJ						Dispos TBD	al Date		City, State							
Completed by		Title				1000000	ignature		Birdsbo	ro, NJ		-				
A. Scott Higgins		Presi	dent			3	gnature	24	1/-	-		Date 8/2	4/17			
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### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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Elwir.	7%	- 572	- 85	65
110	Jane 1	- 81	183	203

OK# (35)				N OF ASBESTOS t to NJAC 8:60 ar	ABATE			The second second	I d	L	IJ	
Date of Notification (1) 8/23/2017				of Building Owner dence	Operato	r (2)			<u></u>		<u> </u>	E
Agencies Notified Type Notification	ST		Street	Address			- Lan					
X EPA X Initial Amended Amendment				tate, Zip Code				LI A	UG :	2 8	201	7
X DOL Amendment Emergency		<u> </u>		peth, NJ 07202	2			ASC		347.		C1 P
DOH justification) DCA Cancellation		5		of Contact ny Martinangel	2		Tele	nharia Nia	mhár'	٠٠,١٠,	iG	UL 6
Cancellation				ILITY INFORMAT							- Interest of the last of the	Mentione
Name of Facility Where Abatement is Takin	g Place	(3)		TELL THE OTHER	1014	Type of Fac	cility (4)	3, <del>2</del>				
Residence Street Address							l (K-12)					
Street Address							apter 8 (Othe (i.e. private &			dings	hom	es,
City (5) Elizabeth						Square Fee	# of 2	Floors	1 1	3ldg. <i>A</i>	\ge	
County (6) Union				Code (7) USE ONLY)		Current Use	e (Prior if bein	g demolisi	ned)			
Name of Monitoring Firm Hired by Building A. Seine Lighthouse Solutions	Owner (8	3)	ASCI	M No.		of Abatemer	t Contractor (	9)				
Street Address PO Box 354					100000000000000000000000000000000000000	Address Liberty Av	/enue					
City, State, Zip Code South Orange, NJ 07079					City, S	tate, Zip Coo	le					
Project Manager for Monitoring Firm Sarah Calandra			Telepho 201-3	one No. 49-2666	Telepi	none No. 462-7465		License N	0.			
Start Date (10) 9/6/2017	Schedu 9/20/2		mpletion	Date (11)		of OSHA Mo	nitor ouse Solut	ions			337	
Occupancy Status During Abatement (Chec	k Only O	ne)			Street	Address		-				
Facility Closed/Vacated During Entire F	Period of	Abater	ment			354 3ox						
Abatement Performed Outside of Norm Other – Describe:	al Facilit	y Houn	S			tate, Zip Cod h Orange,						
Scope of Work (Check All That Apply)					_	_						
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demoli			×	Mini-Encl Glovebag	ainment with Nosure Procedure npted (*) and				۵	
	Is	s Locat	ion							Abate	ment	
Location of Asbestos-Containing Material (ACM)		Norma ed Sole			scription				_	l y	ре	
TO BE ABATED In Facility (13)	Ma	aintena stodial ( (12)	nce/			insulation, T, or	(Sp	ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A								ē.	
Basement		X		Pi	pe Wra	р	60	LF	Х			
Name of Registered Waste Hauler		N	JDEP W	aste Cubic	Yards	Nam	e of Registere	d Landell				
Newark Carting		Н	lauler ID 4509			1	e of Registere ste Manage		andfil	l		
City, State East Orange, NJ				Dispos	sal Date	30000	State n Argyle, P	PA PA				
Completed by Alison Lamers	Title Offic	e Mar	nager	S	gnature	W		Dat 8/2	te 23/20	17		

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



(1x # 3/5)	4:38			(Pu	ırsuar	nt to NJA	C 8	:60 and 5:16	6)	January .	- , ; -	1 1/1	P	-	7
Date of Notification (1)  08 /	25 /	17	_			of Building		ner/Operator (	2)		- U	! W/			The state of the s
Agencies Notified	Type Notific	ation	7,000		Street	Address			-		AUG 28	2017	2	U)	
□ EPA					108	Church	Stre	et, 3 <sup>rd</sup> Floor	í	(with least)			Ì	and the same of	
⊠ DOLWD	Amended Amendm				City, S	State, Zip C	ode							770	1
☑ DHSS □ DCA	Emergen		luding		Nev	w Brunsw	ick,	NJ 08901	1	AS	Grand A.C.		)L &		1
(NJAC 5:23-8)	justificati		luumig		Name	of Contact			L	Marian and Arrian and	Telephone Nur	nher		opplie/2s/A	usiā.
200	☐ Cancella	tion			Dar	niel Karbo	own	ik							
				// // // // // // // // // // // // //	FAG	CILITY IN	FOR	RMATION							
Name of Facility Where A		the state of the s	Place	(3)					Type of I	acility (4	)				
Single Family Resid	dential Stru	cture							School		Oth th 1/ 4	٥١			
Street Address									Other		Other than K-1 ate and comm		ilding	IS,	
City (5)									Square F	eet	# of Floors	BI	dg. A	ge	
Fords									1,000		1		92		
County (6)					Cour	nty Code (7	(STA	TE USE ONLY)	Current l	Jse (Prio	if being demo	lished)			
Middlesex									Vacar	nt					
Name of Monitoring Firm	Hired by Build	ding Ov	vner (8	3)	ASCM	No.	Nar	ne of Abateme	ent Contra	ctor (9)	and the same of th				
Health and Safety S	ervices, Ind	c.			0011	17	S	uperior Aba	tement	nc					
Street Address							Stre	eet Address							
PO Box 365							2	Henderson	Drive						
City, State, Zip Code							City	, State, Zip Co	ode						
Berlin, NJ 08009							V	lest Caldwe	II, NJ 07	006					
Project Manager for Moni	toring Firm			11000000	phone		Tele	ephone No.			License No.				111111111111111111111111111111111111111
Jim Proctor					6-452		(9	973) 808-161	6		00411				
Start Date (10)					tion Da	8.80 0.00		ne of OSHA M	2000 States						
09 /05 /		09	_ /	06	_ / _	17	S	uperior Aba	tement l	nc					
Occupancy Status During							Stre	eet Address							
☐ Facility Closed/Vacate							2	Henderson	Drive						
Abatement Performed							City	, State, Zip Co	ode						7
Time of Abatement: _						AIVI	W	lest Caldwe	II, NJ 07	006					
Scope of Work (Check all  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	that apply)	[	⊠ Rer □ Der	novati nolitic					losure g Procedu	re	tive Pressure	ure			
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City, State					31121			oosal Date	City, St	ate					
New Castle, DE							09	9/06/17	Way	nesburg	jh, OH				
Completed By (Print or Ty	rpe)	Title						Signature		21	, [	Date /		<i>i</i>	
Mary Petrovski	81105	Pre	eside	nt				Mull	16	tol	2	8/2	5/	17	

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#### Great # 9587

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

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Date of Notification (1)			Name	of Building Owner			~0		ان ال	F			5
Agencies Notified Type Notification	1		Street	WEDE Address	MUE	ill		111	_		-		-111
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DOH justification		g		of Contact		,,,,	<u> </u>	Tel	ephone N	mber	ING	OL	×,
DCA Cancellatio	n		Jo	imes Vito	KE			Rest.					7
Name of Facility Where Abatement is Taki	na Diana	(3)	FAC	LITY INFORMAT	TON								
		(9)					of Facility						
Street Address	<u>&amp;</u>	D=					School (K		5% 10	4-0)			
personal property of the control of				(**)		<b>X</b>	Subchapte Other (i.e.	private i	e own r- L commen	ızı cial bui	ldings	, hom	es,
City (5)							etc.) are Feet	45.00	Floors	- 1 2	Tiefe.	ā	
OakLAND				-54		1	150	-//	2	1	3ldg. ↓ <	The second second	
County (6)			County	Code (7)			ent Use (Pr	rior if bei	no demolis	hed)		, 0	
BEKKEN		and the same	(STATE	USE ONLY)		and the state of t	-		NIAL	0.0000000000000000000000000000000000000			
Name of Monitoring Firm Hired by Building	Owner (8	3)	ASC	M No.	Name	of Aba	atement Co						
early and the second se				***	AM	AC C	ontractin	g Inc.					
Street Address					1	Addre				2-13-1-1 xill.			
					185	Vreel	and Ave						
City, State, Zip Code			w = A**	-			lip Code						_
D. i. dM				-	2		ark, NJ (	07432	ii.	No.	3		
Project Manager for Monitoring Firm		and the same of th	Telepho	one No.		none N )262-			License I 00156	No.			
Start Date (10)	Schedu	led,Cor	mpletion	Date (11)			HA Monitor						
9/04/17		1/2	4/17	111	Ome	ga Er	nvironme	ental Se	ervices li	nc.		7-2	
Occupancy Status During Abatement (Chec					Street		Name (						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm	Period of	Abaten	nent				r Street						
Other - Describe:	iai Faciliț	y Hour	S				ip Code	7000					
Scope of Work (Check All That Apply)					nack	ensa	ck, NJ 0	7000					
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≥160 sf or ≥260 lf	DESCRIPTION	Renova Demolil	0.0				l Containm ii-Enclosur		Negative i	ressu	re		
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	anger Common Com					i No	n-Exemple	d (*) and	Non-Frial	le Pro			
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Newark, NJ 07105					al Date	On	City, State Pen Arg		08702				Depletion
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### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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Date of Notification (1) 8/24/17			Name o	f Building Sirello	Owner/	Operator	(2)	5	))_	<u> </u>		W		
Agencies Notified  Type Notification  Type Notification  Initial  DEP  Amended				ate, Zip Co				A STATE OF THE STA	A Commence of the Commence of	AUG	2 8	2017	and the second	世
DOH Justification Cancellation	(including		Name o	Brook, f Contact aluszka		805			TAS	T			OL 8	Ž.
Cancellatio	131			LITY INFO		1011		pidens	1					
Name of Facility Where Abatement is Takin Residential Home Street Address	ng Place (3	3)	TACI	LITTINE	JRMAT	ION		of Facility (4 School (K-12 Subchapter	2) 8 (Oth					
City (5)					W-32-7 ( 195 )		Squa	Other (i.e. pr etc.) re Feet		& commerc		dings Bldg. /		es,
Bound Brook County (6)			0 1	2 1 (70)	11892 - 1973		1900		2		- 1-7	5+/-	0.000	
Somerset			(STATE I	Code (7) USE ONLY			Res	ent Use (Prio idential Ho	ome		hed)			
Name of Monitoring Firm Hired by Building Project Manager	Owner (8)		ASCN	l No.				tement Cont Abateme		(9)				
Street Address						100000000000000000000000000000000000000	Addre N. Mi	ss dland Ave						
City, State, Zip Code								ip Code ook, NJ 07	7663					
Project Manager for Monitoring Firm			Telepho	ne No.			none N 600-3			License N 01305	lo.			
Start Date (10) 9/5/17	Schedule 9/7/17	ed Con	npletion I	Date (11)		Name	of OSI	HA Monitor						
Occupancy Status During Abatement (Che	Vi 53 555	9.00		-		Street	Addre	ss						
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe: 8 A.M to 4 P.M	nal Facility	Hours	nent			City, S	tate, Z	ip Code						
Scope of Work (Check All That Apply)									-					
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Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma Cust	d Sole intenar odial S (12)	nce/ Staff?		tos Cont thermal surfa	taining M systems cing, VA miscellan	faterial s insula T, or		(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
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Name of Registered Waste Hauler All Stages Abatement		Н	JDEP W	No.	of Wa					red Landfil al Sanitar		dfill		
City, State Saddle Brook, NJ		100	036592		3 CU Dispos	sal Date		City, State Pen Argy			,			
Completed by Richard Cristofol	Title Presi	dent			STATE OF STA	Signature		1 STAIG	/	Da	ite 24/17	7	-	



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	DOH	Emergency (i	ncluding	9		of Contact				*	1.		1.1	CEA	MISI	G_	
	DCA	Cancellation			Nuti II											al .	
		Abatement is Taking	Place (	(3)	FAC	ILITY INF	ORMAT	TION	Ту	pe of Facility (4	.)						
	sidential Home			5076						School (K-12	*						
	et Address								×	Subchapter 8	3 (Oth	er than & comn	K-12) nercia	l build	dings,	home	es,
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Name		Hired by Building C	wner (8	)	ASCI	M No.			of A	batement Cont es Abatemei	ractor	(9)					
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Proje	et Managar for Man	itarian Circ			=					Brook, NJ 07	7663						
	ct Manager for Mon				Telepho	300		Teleph 201-		No. -3184		Licens 0130		•			
Start 8/28	Date (10) 3/17		Schedu 8/31/1		npletion	Date (11)		Name	of O	SHA Monitor							
Occu	pancy Status During	Abatement (Check	Only O	ne)				Street	Add	ress				-			
	Facility Closed/Vaca Abatement Perform Other – Describe: 8	ated During Entire P ed Outside of Norma B A.M to 4 P.M	eriod of al Facilit	Abatem y Hours	nent			City, S	State,	, Zip Code		1		-			
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Second Second	le Brook, NJ						Dispo TBD	sal Date		City, State Pen Argy	/I, PA	1807	72				
	leted by ard Cristofol		Title Pres	ident			8	Signature	lite	11/		2	Date 8/24	4/17			

Print Form

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

CC#1224	1	NOTIF (P	ICATIO	State of No N OF ASI It to NJAC	BESTOS	ABATE	MENT 0)	г	[p-	Manage 1		II.	£10.	100	
Date of Notification (1) 8/25/17				of Building Astorin		Operator	(2)			沪苣	3 11	- 1		- W/	5
Agencies Notified Type Notification  EPA Initial	on		Street	Address					Andrew Control	The second second	AL	IG 2	8 9	201	7
DEP Amended Amendment Emergence		_ [	Lodi,	tate, Zip C NJ 0764	14					ASI		10.5	2.51	1 7	01.8
DOH justification DCA Cancellation	n)		7.5	of Contact Astorin			000107725-		- 11	, 10.	- 11	nKaf.	NSII	VG_	OL 8
			HISTORY CONTROLLS	ILITY INF		ION								107	
Name of Facility Where Abatement is Tal Residential Home	king Place (3	)			Oldina	ION	Тур	e of Facility (4		-					
Street Address							×	School (K-12 Subchapter of Other (i.e. pretc.)	8 (Oth	er than & comn	K-12 nerci	?) al buil	dings	, hom	es,
City (5) Lodi		9.20					Squa 212	are Feet	# 0	f Floors	3		3ldg. /		
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Name of Monitoring Firm Hired by Buildin Project Manager	g Owner (8)		ASCI	M No.		Name All S	of Ab	atement Cont S Abateme	ractor	(9)					
Street Address						Street	Addre								
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Project Manager for Monitoring Firm		T	Telepho	ne No.	-	Teleph 201-6	one N	lo.		Licens 0130		o.	<del></del>		
Start Date (10) 9/7/17	Schedule 9/12/17	d Con	npletion	Date (11)				HA Monitor		0130	-		-		
Occupancy Status During Abatement (Ch			_			Street	Addre	ss							
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe: 8 A.M to 4 P.M	e Period of A rmal Facility	batem Hours	nent			City, St	tate, Z	Zip Code		-					
Scope of Work (Check All That Apply)									_						
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City, State Saddle Brook, NJ					Dispos TBD	al Date		City, State Pen Argy	I, PA	1807	2				
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						1/1/2	27				0/2	3/1/			

State of N.J. Notification of Asbestos Abatement D&S Proj. #: 17-228 « (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 0 8 1/12 2 1/11 7 AUG 28 2017 carol hudson & steven kay Agencies Notified Type Notification Street Address ☐ EPA Initial 10L & Amended DEP CENSING City, State, Zip Code Amendment #: DOL M Emergency chatham boro, nj 07928 DOH (including Name of Contact justification) Telephone Number DCA Cancellation michael cardone **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) carol hudson & steven kay Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) chatham boro MORRIS Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 01169 Start Date (10) Name of OSHA Monitor Sched. Completion Date (11) D & S Restoration, Inc. 08/25/17 09/15/17 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure  $\times$  >3 sf or >3 If Renovation Mini-enclosure Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (\*) and Non-friable procedure Is location normally used solely Location of Ε by maintenance/custodial E asbestos-containing е Description of asbestos-containing n staff(12) Amount material (acm) to be n m p material (ACM) (Specify SF or C abated in facility (13) 0 a Yes а No N/A LF) V р basement pipe insulation 193 lft Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 2 yd TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 08/28/17 TULLYTOWN, PA Completed by (Print or Type) Title Signature **BOGDAN JOLDZIC** PRESIDENT 08/22/2017 Do not use this form for asbestos licensure exempted activities. ASB-41

#### 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) 08 25 / 17 Township of Branchburg AUG 28 2017 Agencies Notified Type Notification Street Address **⊠** EPA 1077 U.S. Highway 202 CESTAGE & ASI ☑ DOLWD ☐ Amended City, State, Zip Code LICENSING **⊠** DOH Amendment # Branchburg, NJ 08876 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Denise Piszkowski **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Commercial School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 650 Case Road homes, etc.) City (5) Square Feet # of Floors Bldg. Age Branchburg, NJ County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Somerset Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Brinkerhoff Environmental Services, Inc. ALL PRO MANAGEMENT LLC Street Address Street Address 1805 Atlantic Avenue 27 Outwater Lane City, State, Zip Code City, State, Zip Code Manasquan, NJ 08736 Garfield, NJ 07026 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Jason Hooper 732-223-2225 973-928-4888 1188 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor \_\_09 / 06 / 17 09 / 22 / 17 ALL PRO MANAGEMENT LLC Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 27 Outwater Lane Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_ AM- PM/ PM-Garfield, NJ 07026 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ >3 sf or >3 lf ☐ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf □ Demolition ☐ Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Used Solely by Enclosure Asbestos-Containing Material (ACM) Removal Encapsulate Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Cow Barn (Partial) П $\boxtimes$ Asphalt Roofing 700 SF X Cow Barn (by Silo) П П X Asphalt Roofing Debris 40 SF X Chicken Coop X Asphalt Roofing 240 SF П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Newark Carting/ Century Waste, LLC Blueridge Landfill/ IESI Bethlehem Landfill 04509/3797 As Needed City, State Disposal Date City, State

TBD

\$ignature

Chamberburg, PA/ Bethlehem, PA

Newark, NJ / Elizabeth, NJ

Completed By (Print or Type)

Allen Monchik

**Project Manager** 

Title

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



Date of Notification (1)				Nar	ne of Ruildi	ng Owner/Operator	(2)					
8/	25 /	17					(2) any / Job #1170	8-5205 Check	#947	71		
Agencies Notified	Type Notificat	ion		Stre	et Address					Ti .	TIT	F
⊠ EPA	☑ Initial	.011				Place- Building		III E U		11	\\/	13
□ DOLWD	Amended				State, Zip		Α					
☑ DHSS	Amendmer	nt #	_	1000					0 0	0 (	0049	Climan
□ DCA	☐ Emergency		ng			ı, NJ 07960			G 2	8 6	201/	
(NJAC 5:23-8)	justification			1 1	e of Conta		-	Telephone N				-
	☐ Cancellatio	n		Jo	hn Greco	)				*****		1 8
N ( 5 100 140				F/	ACILITY II	NFORMATION			CEN	SIN		/L OI
Name of Facility Where At	patement is Tal	king Plac	e (3)				Type of Facility (4	4)				
JCP&L							School (K-12)					
Street Address							Subchapter 8 Other (i.e., pri	(Other than K-1	2) arcial I	wildin	nae	
150 Ridgedale Avenu	ue						homes, etc.)	vatis and commit	il Clair L	Juliuli	ys,	
City (5)							Square Feet	# of Floors	E	Bldg. A	\ge	
Whippany, NJ										i i		
County (6)				Cou	inty Code (7	7)(STATE USE ONLY)	Current Use (Prio	r if being demol	shed)			
Morris							Substation					
Name of Monitoring Firm H		g Owner	(8)	ASCN	No.	Name of Abatem	ent Contractor (9)		- 12	77.5		
1 Source Safety & He	ealth, Inc.					AbateTech, I	nc.					
Street Address						Street Address						
140 S. Village Ave., S	uite 130					30 Maple Ave	e. PO Box 25					
City, State, Zip Code						City, State, Zip C						
Exton, PA 19341						Lumberton, I						
Project Manager for Monito	ring Firm		Tele	ephone	No.	Telephone No.	10 000,0	License No.				
Brian Hovendon					-5525	609-265-2107		00529				
Start Date (10)	Sch	eduled C				Name of OSHA M		00323				
9 / 5 /					17	EMSL Analyt						
Occupancy Status During A							icai					
☐ Facility Closed/Vacated				mont		Street Address						
☐ Abatement Performed O	utside of Norm	al Facilit	v Hou	meni re - Dac	cribe	200 Route 13						
Time of Abatement:	AM	PM/_	PM-		AM	City, State, Zip Co						
Scope of Work (Check all th						Cinnaminson	, NJ 08077					
	ас арріу)					☐ Full Cont	ainment with Negat	ive Pressure				
<ul> <li>≥3 sf or ≥3 if</li> <li>≥160 sf or ≥260 if</li> </ul>		☑ Re				☐ Mini-Enc	losure	ave i ressure				
≥ 160 sf or ≥260 lf		☐ De	molitic	on		Glovebag	Procedure					- 1
		lo	Locat	ion	Γ	⊠ Non-Exe	mpted (*) and Non-	Friable Procedu	1			
Location of			Vorma			Description of			Ab	_	ent Ty	уре
Asbestos-Containing Ma	terial (ACM)	Use	d Sole	ly by	Asbes	tos Containing Ma		Amount	Re	Repair	Ē	ᄪ
TO BE ABATE	D	Ma	intena odial	nce/		, thermal systems i	nsulation,	(Specify	Remova	pair	cap	Enclosure
IN Facility (13)		Ous	(12)	Juli :		surfacing, VAT, other miscellaned	or or	SF or LF)	<u>a</u>		Encapsulate	ure
V 7		Yes	No	N/A	1	other miscellanet	Jusy				te	
Control Room					Floor tile	e & Mastic		300 SF		П		П
Basement					Duct Wo	ork		25 SF				
								· ·				
Name of Registered Waste H	lauler			JDEP V	Vacto	Cubic Yards of	Name of Bosister	and I and fill		Ш	ш	ш
AbateTech, Inc.	iddioi		- PHS	auler ID		Waste	Name of Register G.R.O.W.S. L					
City, State				18750		20		anuill				
Lumberton, NJ						Disposal Date	City, State	2				
		-				9/8/17	Tullytown, P	Ą				
Completed By (Print or Type)						Signature	AA	Da	te.	1		$\neg$
Gwen Trumbetti		Operation	ons C	oordi	nator	$-1$ ( $\Lambda$ )	MI		613	5		

## 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) 25 1 17 PSE&G / Job #1708-5195 Check #9472 Agencies Notified Type Notification Street Address EPA ☐ Initial 4000 Hadley Road **⊠** DOLWD □ Amended City, State, Zip Code **⊠** DHSS Amendment #2 South Plainfield, NJ ☐ Emergency (including □ DCA (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Joe Spinola **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) PSE&G- Riverside School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 30 North fairview Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Riverside, NJ County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Burlington Substation Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) AbateTech, Inc. Street Address Street Address 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 8 / 17 / 17 8 / 31 / 17 **EMSL Analytical** Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/\_\_\_PM-\_\_\_AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ >3 sf or >3 If □ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf ☐ Demolition Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Encapsulate Asbestos-Containing Material (ACM) Removal Repair Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Exterior П M Transite Conduit П 1,164 SF X Exterior  $\boxtimes$ Window Cailk 20 LF X Exterior X П Transite 60 SF X Exterior X Insulated Wire 10 LF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Waste Management G.R.O.W.S. Landfill 12 City, State Disposal Date City, State Camden, NJ 8/31/17 Tullytown, PA Completed By (Print or Type) Title Signature Gwendolyn Trumbetti **Operations Coordinator** 

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

NOCK		NC						ESTOS ABA 8:60 and 5:		Sec. 20.				
Date of Notification (1)  8 / 24	/	17		N				Owner/Operato # 1705-5144		RTESY NOTIFIC	CATIO	N ,		) [
☐ EPA ☐ Ini ☐ DOLWD ☐ An ☐ DHSS ☐ An ☐ DCA ☐ Em ☐ (NJAC 5:23-8) ☐ jus	nended nendment nergency stification)	# (includ	ing	C	400 city, S Sou ame	Address O Hadle State, Zip of Conta	Coonfie	de	the site of marines and a site of	Telephone Nu	mher	Á	UG	28
L Ca	ncellation					g Maror		ORMATION		_		-	. Ct	NSII
Name of Facility Where Abateme PSE&G- Lake Nelson Street Address 1177 Centennial Road	ent is Tak	ing Pla	ce (3	)	FAU	JIL11 T II	NFC	DRWATION	Other (i.e.,	2) 8 (Other than K- private and comm	12) ercial t	ouildir	ngs,	
City (5)									homes, etc.	# of Floors	E	Bldg. /	Age	
Piscataway, NJ County (6) Middlesex Name of Monitoring Firm Hired by	, Duilding	Ouma	- (0)		CM N			TATE USE ONLY)	Control Ho		lished)			
NA Street Address	y building	Owner	(0)	ASC	CIVI N	NO.		AbateTech, Itreet Address	ent Contractor (9	)				
City, State, Zip Code							Ci	30 Maple Ave ity, State, Zip C Lumberton,						
Project Manager for Monitoring Fi	rm		Te	elepho	ne No	0.	100000	elephone No. 609-265-2107	,	License No.				
Start Date (10) 9 / 5 / 17		duled (					1 2 2	ame of OSHA N EMSL Analyt	\$201\$221c					
Occupancy Status During Abatem  Facility Closed/Vacated During  Abatement Performed Outside  Time of Abatement:AM	Entire Pe of Norma	eriod of	Aba ty Ho	tement urs - D	Descri	ribe M	Cit	reet Address 200 Route 13 ty, State, Zip Co Cinnaminsor	ode					
Scope of Work (Check all that app ≥3 sf or ≥3 If ≥160 sf or ≥260 If	iy)	□ Re	enova emoli						Procedure	gative Pressure	ure			
Location of			S Loc	ation								atem	ent T	уре
Asbestos-Containing Material (  TO BE ABATED IN Facility (13)	ACM)	Use Ma	ed So ainter	olely by nance/ I Staff?	?		, the	Description on Containing Matermal systems in Surfacing, VAT, ther miscellane	terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Wall						Plaster				1 SF		П		П
Window					V	Vindow	Ca	ıulk		1 SF				
V- (5 );														
Name of Registered Waste Hauler Waste Management			100	NJDEF Hauler	ID N	The state of the s	Wa		Name of Regis					
City, State Camden, NJ				187	50			posal Date	City, State	DA				
Completed By (Print or Type)  Gwendolyn Trumbetti	Title		one	Coo-	dine	tor	9/	/6/17 Signature	Tullytown,		te la	) L	1,-	7
Owendoryn Trumbetti	0	perati	ons	Coor	aina	ior		1 ( No	RAA		010	17	11	Ű .

ASB-41 **MAY 11** 

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

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

MOCY			(F	ursu	ant to NJ	AC	8:60 and 5:	16)						
Date of Notification (1)  8 / 24	/17	- 12				-	wner/Operator #1708-5204		ck		<del>-</del>	W		-
Agencies Notified  ☐ Type No ☐ Initial ☐ DOLWD ☐ Amer				40	et Address 000 Hadle	y R		di Paradian (America)		AUG	2 8	201	7	
	dment #1		and the	1	State, Zip			a constitution of the cons					/h.I	1
	gency (inc	ludin	ıg		outh Plair		d, NJ			ASE	s CL	118	iOL	. či
	cation)			1	e of Conta	· .			_ 1	elephone Núm	ber	IIVG	-	epiteniae in the
Canc	ellation				nristina M	0.00			-			-		
Nome of Facility VAII.		D:	(0)	F/	CILITY II	NFC	RMATION							
Name of Facility Where Abatement PSE&G- South 5 <sup>th</sup> Street Su			e (3)					Type of Facility	2007 100					
Street Address	ostation							School (K-1	2) 8 (C	ther than K-12	)			
								Other (i.e.,	priva	e and comme	rcial b	ouildir	gs,	
501-511 Bergen Street City (5)								homes, etc	-	( = 1	15	M. I.		
Harrison, NJ 07029								Square Feet	1	of Floors	E	Bldg. A	lge	
County (6)				Cou	nhy Codo /	7\/07	ATE LISE ON! VI	Current Line /D	rior i	f baing damalia	hod\			
Hudson				Cou	my code (	1)(31.	ATE USE ONLY)	Current Use (P Substation		i being demoils	inea)			
Name of Monitoring Firm Hired by B	uilding Ou	vnor	/g)	ASCM	I No.	I NIe	ma of Abotom	ent Contractor (9		-				
Health & Safety Services	dilding Ov	VIICI	(0)	ASCIV	INO.	1 .	AbateTech, I	3.53	)					
Street Address						-	reet Address	110.						
PO Box 365						1	30 Maple Ave	PO Box 25						
City, State, Zip Code			-			_	y, State, Zip Co							
Berlin, NJ 08009						1000000	_umberton, N							
Project Manager for Monitoring Firm			Tele	phone	No.		lephone No.		Ti	icense No.				1111
Jim Proctor			1 1000	I. a a a maria a sa	-2431	1 00	09-265-2107			00529				
Start Date (10)	Schedul	ed C	omple	tion Da	ite (11)	Na	me of OSHA M	lonitor					100	
8 /30 /17	9					E	EMSL Analyti	ical						
Occupancy Status During Abatemen	t (Check o	only c	ne)			Str	eet Address							
☐ Facility Closed/Vacated During E						2	00 Route 13	0 North						
Abatement Performed Outside of	Normal Fa	acility	/ Hour	s - Des	scribe	City	y, State, Zip Co	de						
Time of Abatement:AM			PM-		AM	C	innaminson	, NJ 08077						
Scope of Work (Check all that apply)			novati molitic				☐ Mini-Encl	ainment with Ne osure   Procedure npted (*) and No			е			
			Locat								Ab	atem	ent T	уре
Location of Asbestos-Containing Material (AC	100		lormal d Sole		Achor	toc	Description of Containing Mat			Amount	Re	Re	Ш	Ш
TO BE ABATED			ntena			, the	rmal systems in	nsulation,		(Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)		Cust	(12)	olali r			urfacing, VAT, ner miscellaned			SF or LF)	'al		sula	ure
(10)	Y	'es	No	N/A	1	Oti	iei illiscellariec	ous)					te	
Exterior Roof			$\boxtimes$		Roofing	Ma	terial			12,000 SF				
Exterior Roof	Г	-			Flashing	ı Pa	rapet			660 SF			П	
Exterior Roof		1				5//	t Flashing			290 SF		П	П	П
1st Floor					Floor tile				1	2,000 SF		П	П	
Name of Registered Waste Hauler			N.	JDEP V	Vaste	Cub	ic Yards of	Name of Regis	tered	Landfill				
ETGI			10000	auler ID 00069	2061	Was	2	G.R.O.W.S	. No	th				
City, State Flanders, NJ 07836							oosal Date 20/17	City, State Morrisville	PΔ	19067				
Completed By (Print or Type)	Title					31		monisvine	,					
Gwendolyn Trumbetti	V35-A7 (19982)	ratio	ons C	oordi	nator		Signature	AA		Date		24	1	7
							L /V M/	UII			3	n.	1 6	1

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) 24 PSE&G / Job #1708-5204 Pg.2 Check # AUG 28 2017 Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial 4000 Hadley Road OL & **⊠** DOLWD City, State, Zip Code CENSING **⊠** DHSS Amendment #1 South Plainfield, NJ ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Tilenhone Number ☐ Cancellation Christina Meerloo **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) PSE&G- South 5th Street Substation ☐ School (K-12) ☐ Subchapter 8 (O her than K-12) Street Address Other (i.e., prival ≥ and commercial buildings, 501-511 Bergen Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Harrison, NJ 07029 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Hudson Substation Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health & Safety Services AbateTech, Inc. Street Address Street Address PO Box 365 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Berlin, NJ 08009 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. L cense No. Jim Proctor 609-839-2431 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 8 / 30 / 17 9 / 20 / 17 **EMSL Analytical** Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_PM/ PM-\_\_AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or >3 lf ☐ Mini-Enclosure ≥160 sf or ≥260 lf □ Demolition ☐ Glovebag Procedure Non-Exempted (\*) and Non-Fri ible Procedure Is Location Abatement Type Normally Location of Description of Repair Used Solely by Removal Encapsulate Enclosure Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or 3F or LF) (12)(13)other miscellaneous) Yes No N/A 2<sup>nd</sup> Floor  $\boxtimes$ Floor tile & Mastic 12,000 SF X 2<sup>nd</sup> Floor X Black Tar on Columns 48 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill

ASB-41 MAY 11

**ETGI** 

City, State

Flanders, NJ 07836

Completed By (Print or Type)

Gwendolyn Trumbetti

Waste

12

Disposal Date

Signature

9/20/17

G.R.O.W.S. North Landfill

Date

MOrrisville, PA 19067

City, State

Hauler ID No.

**Operations Coordinator** 

Title

000692061

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

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

		(	Pursu	iant to NJ	JAC 8:60 and 5:	16)					
Date of Notification (1)			Na	me of Buildi	ing Owner/Operator	(2)					
8 / 25 /	17				stEnergy Compa		08-5138 Check #	£9407	7 2 9 2	101	
Agencies Notified Type Not	ification					y 7 005 # 17		-3401	u.s-	101	
☑ EPA ☐ Initial	- CHT 1202 C		100	eet Address	-,	-	of lating			F 6	
☑ DOLWD ☑ Amen		,	3		Place- Building A	Α		, II	=	W	E
	dment #1		4	, State, Zip					~~~	- vilan	-
☐ DCA ☐ Emerg	ency (includ	ling.	N.	lorristowr	n, NJ 07960						
(NJAC 5:23-8) justific	ation)		Nar	ne of Conta	ct		Tie Indiana Aldeb	har C	אנ	201	7
Cance	llation		J	ohn Greco	0						
				ACILITY II	NFORMATION		1 1				
Name of Facility Where Abatement i						Type of Facili	ASF	CE			OL.
JCP&L- Legion Place Compl	ex- Buildir	ng D				School (K-	Service - 14	CE	11011	VO	annication.
Street Address						☐ Subchapte	r 8 (Other than K-12	2)			
10 Legion Place						Other (i.e., homes, etc	private and comme	rcial b	ouildir	ıgs,	
City (5)						Square Feet		Te	11-		
Morristown, NJ 07960						Square Feet	# of Floors		Bldg. A	Age	
County (6)			Col	unty Codo /	7\/CTATE LICE ONLY	0 111 /	31 16 1 1 1				
Morris			001	unity Code (	7)(STATE USE ONLY)	N.	Prior if being demolis	shed)			
Name of Monitoring Firm Hired by Bu	ildina O	- (0)	1 4001		1	Substation					
		r (8)	ASC	л No.	Name of Abateme		9)				
1 Source Safety & Health, Inc	•				AbateTech, I	nc.					
Street Address					Street Address						
140 S. Village Ave., Suite 130				Nation of the last	30 Maple Ave	. PO Box 25					
City, State, Zip Code	And the same of th			-	City, State, Zip Co	ode					
Exton, PA 19341					Lumberton, N	J 08048					
Project Manager for Monitoring Firm	1	Tel	ephone	No.	Telephone No.		Li :ense No.				
Brian Hovendon	part	6	10-52	4-5525	609-265-2107		00529				
Start Date (10)	Scheduled	Compl	etion Da	ate (11)	Name of OSHA M	onitor					
_8 / _23 / _17 /	9	/ 2	9 /	17	EMSL Analyti	cal					
Occupancy Status During Abatement	(Check only	one)::	- 123 C 2.23 Co.	The state of the second	Street Address						
☐ Facility Closed/Vacated During En	ire Period of	Abate	ement		200 Route 130	North					
Abatement Performed Outside of N	lormal Facili	ty Hou	rs - De	scribe		- 200 (2) (200 (200 (200 (200 (200 (200 (					
Time of Abatement:AM	PM/	РМ	determination of the last	_AM	City, State, Zip Co						
Scope of Work (Check all that apply)	1				Cinnaminson,	, NJ 08077					
coope of Work (offect all that apply)					☐ Full Conta	ainment with No	gative Pressure				
≥3 sf or ≥3 lf		enovat			☐ Mini-Encl		gative Pressure				
≥160 sf or ≥260 If		emoliti	on		☐ Glovebag	Procedure					
	1 .			T	Non-Exen	npted (*) and No	on-Fria ole Procedure	е			
Location of		s Loca Norma						Ab	atem	ent T	уре
Asbestos-Containing Material (ACN	2.20	ed Sole		Ashes	Description of tos Containing Mate		Amount	Re	Re	Щ	亞
TO BE ABATED	Ma	intena			, thermal systems in		Amount Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility	Cus	todial (12)			surfacing, VAT,	or	EF or LF)	val	-	nsc	sur
(13)	Vac	T		-	other miscellaneo	us)				late	0
Reader Meters Office Area	Yes	No	N/A	2	FI 4'' 0 11		1 196 SF	-	_		_
					Floor tile & Mas		1 190 3F		П	Ш	
Supervisor's Office				2x layer	Floor tile & Mass	tic	221 SF				
							5=				
ame of Registered Waste Hauler		100000	JDEP V		Cubic Yards of	Name of Regis	stered andfill				
AbateTech, Inc.		Н	auler IE 18750	Mark Control	Waste 20	G.R.O.W.S	. Lan Ifill				
ity, State			10100		Disposal Date	City, State				22	-
Lumberton, NJ					9/29/17	Tullytown,	PA				
ompleted By (Print or Type)	Title				Signature	100					
Gwen Trumbetti	Operati	ons (	Coordi	nator	/ A	A AX	Date	e }		-	7
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ASB-41 MAY 11

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

#### PAID

(IV # HID)		N				60 and 12:12		-		D.C.			
Date of Notification (1)					of Building O	wner/Operator	r (2)		-	W	5	M	
Agencies Notified Type Notification			Street Address 4514 Cole Ave  AUG 2 8 2017					A COLOR SERVICE	UII				
DEP [	Initial Amended City, State, Zip Code						-		-	1			
DOL [	Amendment # Emergency (i		Dallas, TX 75205					ASELS ON	Ö(,,,	HO	-&		
DOH DCA	justification) Cancellation	.57.7.			of Contact Nisdom		B.co.	elephoreith	inhhèi(	E	and the same of th		
Name of Facility Where Ah	-11'- T-1'-	DI (0)		FAC	ILITY INFOR	MATION					_		
Name of Facility Where Ab FMC Corporation Pilo		Place (3)					Type of Facilit						
Street Address 1 Plainsboro Rd Bloc	k 1703 Lot 3.0	1/3.02/3	.03				School (K-12) Subchapter 8 (C ther than K-12) Other (i.e. privat a & commercial buildings, homes, etc.)						
City (5) Plainsboro				Squ			Square Feet	# of Floors		3ldg. A	ge		
County (6) Middlesex County					Code (7) USE ONLY)		Current Use (I Abandoned	Prior if I eing demolis	hed)				
Name of Monitoring Firm H		wner (8)		ASC	M No.	Name	of Abatement C	29 (2)		/	`		
Street Address	npanits					Street	SCE Environmental Coup						
City, State, Zip Code	1004 ?	Suste	1	55						rd			
City, State, Zip Code					City, State, Zip Code								
-Project Manager for Monito	ring Firm		-	Telepho	phone No. Telephone No. License No.								
Day, & Tur	154		1	610-558-8902 570 383 4151									
Start Date (10)	2)	Scheduled		pletion	Date (11)	Name	of OSHA Monite	or	0	.0	0		
Occupancy Status During A	Abatement (Check	Only One	15			Street	Address	WITCHM	ent		U)	CU	
Facility Closed/Vacate	d During Entire Pe	eriod of Ab	atem	ent				Clobb Rd					
Abatement Performed Other – Describe:	Outside of Norma	I Facility F	lours			City, S	City, State, Zip Code Lace Arrel PA 18436						
Scope of Work (Check All T	hat Apply)						CKCE VAI	rep ph	34	de			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		In approprie	novat moliti			<u> </u>	Mini-Enclose Glovebag P				÷		
		100000000000000000000000000000000000000	ocatio							Abate Ty			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility  Norma Used Sole Maintena Custodial				y by ice/	(i.e. the	Description Containing Mermal systems surfacing, VA	laterial (ACM) insulation,	Amount (Specify	Rer		Encapsulate	Enc	
(13)		(	(12)	,		ther miscellan		SF or LF)	Remova	Repair	psula	Enclosure	
		Yes	No	N/A							te	ω	
Mease See AL	Julied.				Tras	e See	Affectived						
									-			$\neg$	
									1				
Name of Registered Waste	Hauler	4	90900	JDEP W auler ID	42.0	Subic Yards f Waste	Name of IE	of Registered Landfill SI Bethle Bethlehe	her	77 l	ani 180	d 611	
City, State	, point (1 y	j			С	Disposal Date	City, St	ate	- 17 1				
Completed by	ý	Title				Signature		/] Da	ite	1	N. C		
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State of New Jersey

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## SECTION 02291- REMOVAL OF ASBESTOS CONTAINING MATERIAL AND EXAUST HOOD DUCTS

Princeton NO

#### 2.2 DESCRIPTION OF WORK

AUG 28 2017

ASEC CENSING

	Building 30	ASL	
Location(s)	Material Description	Estimated Quantit	
Throughout	Pink 12x12 Floor Tile Mastic (4.1% Chrysotile)	1,800 SF	
Throughout	Beige 12x12 Floor Tile (2.2% Chrysotile)	13, 00 SF	
Throughout	Beige 12x12 Floor Tile Mastic (4.4% Chrysotile)		
Entrance Stairwell Landings	12x12 Stairwell Floor Tile (1.3% Chrysotile)	180 SF	
Entrance Vestibule & Curtain Walls	MO Caulk (1.6% Chrysotile)	25) LF	
Throughout Laboratories	Gray Tabletop Mastic (1.6% Chrysotile)		
Throughout Laboratories	Black Tabletop (10% Chrysotile)	1,3(0 SF	
Throughout Laboratories	Black Tabletop Mastic (3.3% Chrysotile)		
Throughout Laboratories	Counter Hood Lining (25% Chrysotile)	90( SF	
Throughout Laboratories	Floor Hood Lining (35% Chrysotile)	1,400 SF	
Restrooms & Closets	Tile Mortar Bed (1.25% Chrysotile)	1,60) SF	
Stairwells	Door Caulks (15.5% Chrysotile)	150 LF	
Stairwells	Masonry Caulk (2.2% Chrysotile)	600 LF	
Men's Restroom	Pipe Packing (50% Chrysotile)	15 LF	
Room #123	Jacket on FG (1.8% Chrysotile)	150 LF (1-2' Diameter)	
Second Floor	End Capping on FG (2.8% Chrysotile)	15 000 Y P	
Third Floor	End Capping on FG (2.25% Chrysotile)	15,000 LF	
Dust Collection Duct; Third Floor	Caulk (1.4% Chrysotile)	150 LF	
Lab Exhaust Duct; Third Floor	Duct Coating (7.0% Chrysotile)	200 FF	
Building 30	Exterior Duct Jacket (4.3% Chrysotile)	100 LF (1-2' Dia neter)	

## SECTION 02291- REMOVAL OF ASBESTOS CONTAINING MATERIAL AND EXAUST HOOD DUCTS

	Building 30	The continue of the continue o	4110 0 0 0047
Location(s)	Material Description	Estimated Quantity	AUG 28 2017
Upper Roof	Capstone Caulk (1.9% Chrysotile)	50 LF ASE	LICENSING
Upper Roof Field	B.U.R. (22.8% Chrysotile)	20,500 SF	and account of the second of t
Low Roof - North	Duct Tar (4.7% Chrysotile)	40 SF	TO THE TAX AND THE
Low Roof Field	B.U.R. (1.7% Chrysotile)		
Low Roof Perimeter	B.U.R. (19.2% Chrysotile)	12,5 )0 SF	
Throughout	Fire Doors (Assume ACM)	110 Doors	
Throughout	Electric Panel Materials	TIED	

	Building 31	
Location(s)	Material Description	Estimated Quantity
Throughout	End Cap on Fiberglass (10.7% Chrysotile)	38 SF
Exterior Cooling Unit	Jacket on Fiberglass (15.1% Chrysotile)	100 LF (1-2' Diameter
Exterior Cooling Unit	Caulk at Unit Top (4.9% Chrysotile)	20 LF
Exterior Cooling Unit	Transite Vents & Panels (30% Chrysotile)	200 SF
Throughout	Fire Doors (Assume ACM)	5 Doors
Roof	Roofing Materials (Assume ACM)	5,400 SF
Throughout	Electric Panel Materials	TBO

	Building 32		
Location(s)	Material Description	Estimated Quantity	
Labs	Hood Lining (20% Chrysotile)	25 S F	
Throughout	Tabletop (25% Chrysotile)		
Throughout	Tabletop Mastic (1.8% Chrysotile)	40 SF	

### SECTION 02291- REMOVAL OF ASBESTOS CONTAINING MATERIAL AND EXAUST HOOD DUCTS

	AUG 28 2017		
Location(s) Material Description Estimates			
Tank Area	Black Jacket on Fittings & Pipes	60 SF	ASE SECULO SENSING
Tank Area: lark Tank w/ Aluminum Covering	Black Insulation Covering (16.7% Chrysotile)	1: 0 SF	
West Pipe-Building Penetration	Caulk (1.2% Chrysotile)	25 SF	
T512 & T511, Large Tank w/ Aluminum Siding	Tar at Hatch and Roof (18.7% Chrysotile)	240 SF	
Windows Throughout	MO Caulk (2.0% Chrysotile)	3() LF	
West Elevation Side Vent	Caulk (6.6% Chrysotile)	3() SF	
Roof Vent Penetrations	Flashing (26.5% Chrysotile)	30) SF	
Roof Field	B.U.R (26.3% Chrysotile)		
Roof Perimeter	B.U.R (3.7% Chrysotile)	6,800 SF	
Throughout	Fire Doors	13 Doors	
Throughout	Electric Panel Materials	TBD	

It is however the Contractor's responsibility to remove, treat and dispose of all asbestos-containing, and/or contaminated, materials from each and every property and structure as identified above. All materials either identified as asbestos containing material (ACM), and/or Presumed Asbestos Containing Material (PACM), and/or considered a suspect asbestos-containing material, and/or asbestos contaminated material is to be treated as asbestos containing and is part of the Contractors scope of work for this project. The Contractor shall remove, treat and dispose of all mercury-containing thermostats and PCB assumed ballasts from each property and structured as identified above. This asbestos abatement project will involve the removal of the materials from each of the locations identified in Attachment No. 1 – Universal Waste, Asbestos, and LBP Invent bry Report, dated April 7, 2010

- A. Contractors should note that the quantities of materials are approximate. All prospective bidders are encouraged to visit the site to confirm quantities prior to submitting their bids.
  - There will be no unauthorized persons allowed in the Building or structures during this project.
    Access to the work areas shall be restricted to the abatement contractor, the C wner, the Owner's
    Environmental Monitor, and authorized visitors.
  - 2. All work will occur, during times described in the General Conditions, Supplementary Conditions and Division 1-General Requirements unless authorized by the Owners representative responsible for this project. Each building will be unoccupied throughout the abatement period.