	Print Form
Check #	-21036

Date of Notification (1) 08/01/2016			Name	of Buildi	ng Owner	r/Operator	(2)	processor (		7 11	15-2	Company of the Company	VI I
Agencies Notified Type Notificatio	n			Irenia G				- 100	11-1-			U I	J .
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Name of Facility Where Abatement is Taki Street Address  City (5)	ng Place (3	3)					Type of Fac School Subcha Other ( etc.)	7/2/2/2	ther thar	n K-12) mercial l	ouildin	gs, ho	mes,
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Name of Monitoring Firm Hired by Building	Owner (8)		ASC	M No.			of Abatement Enterprises		or (9)				
Street Address						Street A							
City, State, Zip Code						City, St	ate, Zip Code	7110					
Project Manager for Monitoring Firm			Telepho	one No.		Telepho			Licen	se No.	0.70		
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City, State 211 East Essex Ave. Linwood, NJ 0	8221				Disposa 08/02		City, St Bristo						
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Date of Notification (1)				Nam	ne of Bui	lding Owne	r/Operat	or (2)						
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Street Address							_		orises, Inc.					
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City, State, Zip Code			0.00											
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Date of Notification (1) 7/29/2016						Operator s, Inc. (d	(2) owner's rep)	ID) E		5 1	W	E I		
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No. of Control of Cont			FAC	ILITY INF	ORMAT	ION								
Name of Facility Where Abatement is Ta Residential	king Place	(3)					Type of Facility  School (K-	#100#20 11:10=0						
Street Address							Subchapte	r 8 (Other than k private & comme	(-12) ercial bu	uilding	s, hon	nes,		
City (5) Randolph						1.0	Square Feet 2,000	# of Floors 2		Bldg. 85	Age			
County (6) Morris				Code (7) USE ONL	y)		Current Use (Pri Residential	or if being demo	lished)					
Name of Monitoring Firm Hired by Buildir TBD	ng Owner (8	3)	ASCI	M No.			of Abatement Cor Contracting, LI							
Street Address						Street A								
City, State, Zip Code	, State, Zip Code					City, Sta	ate, Zip Code e, New Jerse							
Project Manager for Monitoring Firm	ct Manager for Monitoring Firm					Telepho		License 00874						
Start Date (10) 8/10/2016	Schedu 8/25/2		mpletion	Date (11)		Name o	f OSHA Monitor							
Occupancy Status During Abatement (Ch						Sky C Street A	ontracting, LL	.C						
Facility Closed/Vacated During Entir     Abatement Performed Outside of No.	e Period of	Abater	ment			1385 \	Valley Road,	Suite K						
Other – Describe:	nmai raciii	y Hour	S			1000 1000 100 months	ite, Zip Code e, New Jerse	y 07470						
Scope of Work (Check All That Apply)	Prome.													
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Location of		Norma ed Sole				scription o				T	уре			
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	aintena stodial ( (12)	nce/ Staff?		thermal surface			Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure		
	Yes	No	N/A								te	(0)		
Kitchen	×		Lin	oleum	Floor &	Mastic	220 SF	×						
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Name of Registered Waste Hauler Service Transport Group, Inc.		Н	IJDEP W		Cubic of Was			Registered Land						
City, State					The state of the Assessment of the state of	al Date	City, State	1			35,4124			
New Castle, Delaware  Completed by	Title				TBD	1	Waynes	burg, Ohio						
Predrag Sarcev	e Signature Date 7/29/20						016							

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

GAC Project # 060-15 Date of Notification (1) Name of Building Owner/Operator (2) August 2, 2016 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address **□**EPA ENVIRONMENTAL HEALTH & SAFETY DEPT. ☑Initial Notification ☐ DCA □Amended Notification # 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS X DOL ■ Emergency (including City, State, Zip Code ■ DEP- No Longer REQUIRED PISCATAWAY, NJ 08854 justification) X DOH Name of Contact Telephone Number □ Cancelled MICHAEL SMITH, ENV. 1 8 **HEALTH & SAFETY** LICENSING FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) UNIVERSITY BEHAVIORAL HEALTH CTR. BLDG# 3688 ☐ School (K-12) ■ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) RBHS CENTRAL CAMPUS Sq. Feet: N/A # of Floors: 4 Bldg. Age: 60+ years County Code (7) **PISCATAWAY** (State Use Only) MIDDLESEX Current Use (prior if being demolished): ACADEMIC 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 511 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 08/12/16 08/15/16 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD ☐ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe ☑Other - Describe: Shift Hours: 5:00 PM - 5:00 AM Daily (24 hours as needed) FAIRLAWN, NJ Scope of Work (Check all that apply) П Full Containment with Negative Pressure ≥ 3 sf or ≥ 3 lf **X**Renovation ■ Mini-Enclosure ≥ 160 sf or ≥ 260 lf ☐ Demolition Glovebag Procedure X 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) Remove Repair Encap Enclose VAT, or other miscell.) or LF) YES NO NA Room C131, C241 X VAT & MASTIC 180 SF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill 5 CY Cubic Yards of Waste: See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 28969 100 New Ford Mill 08/15/16 Rd. Morrisville, Pa Hauler #2) Newark Carting, Inc., Newark, NJ NJ DEP # 04509 215-736-1700 Completed by (Print or Type) Date RAYMOND C. PEDALINO SENIOR PROJECT Raymand C. Pedalino August 2, 2016 MANAGER

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

Nr # 1924			OF ASBES o NJAC 8:6				irenous.		anera	Access Local	- + ~ 	5654545 \$1.00	v. I		
Date of Notification (1)			Building Ov		erator (	(2)			5 U	U	المحاد				
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X DOL Amendment #		Glen R	idge, NJ	07028	3		Pr. pp. short	ASBESTOS	S 001	NTF	OL 8				
	iing	Name of						Telephone N	lumbe	łG	and development of the state of	C. acres (4.1)			
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Name of Facility Where Abatement is Taking Place	ce (3)	FACIL	ITY INFOR	RMATIO	N	Туре	of Facility (4)								
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County (6) Essex		County C (STATE U	SE ONLY)		_		•		listieu	,					
Name of Monitoring Firm Hired by Building Owne	r (8)	ASCM	No.	Name of Abatement Contractor (9) Academy Construction Inc.											
Competent Supervisor					Street		Same and the second second	on inc.							
Street Address					100000000000000000000000000000000000000		ss 6 West Sui	te 14							
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Project Manager for Monitoring Firm		Telephor	ne No.		Teleph			License							
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08/13/16 08/ Occupancy Status During Abatement (Check Onl	20/16				Street	5196									
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Scope of Work (Check All That Apply)															
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City, State Totowa, NJ	1			Dispos TBD			City, State Tullytov								
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Date of Notification (1) 08/02/16			Nan		ding Own	er/Operato				TE VE	J.	<i>5</i>	P	140
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							ate, Zip Co /a, NJ 07							
Project Manager for Monitoring Firm			Teleph	one No.		Telepho	ne No.		Licens	se No				
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Project Manager for Monitoring Firm			Telepho	one No.		Teleph 732-6		No. -9078		Licen 1200	se No					
Start Date (10) 08/14/16	Schedule 8/15/16		npletion	Date (11)				SHA Monitor AD PROFES	SSIO	NALS	3					
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City, State NEWARK, NJ					Dispo 08/1:	sal Date 5/16		City, State BETHLE	HEM	I PA						
Completed by JOSEPH PERLSTEIN	Title OWN	ER				Signature					Date	9	700000			

Date of Notification (1)			Name	o of Buildi		-10			4	1		1	1			
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Name of Facility Ma				CILITY IN		TION		- 2.04	Omit has	-	-	1102	C,			
Name of Facility Where Abatement is Tal	king Place	(3)					Type of Facility	(4)				Carried Mary	William Pro-			
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City (5)							etc.) Square Feet	# of FI				00103/12/41				
SOUTH AMBOY							100	2	0018	-	Bldg.	Age				
County (6) MIDDLESEX			County	y Code (7	)		Current Use (Pr	rior if being	demolis	hed)						
Name of Monitoring Firm Hired by Building				E USE ONL	-Y)		HOME			100.0						
Marie of Monitoring Firm Hired by Building	) Owner (	3)	ASC	CM No.		Name	of Abatement Co	ontractor (9)								
Street Address							LEAD PROFI	ESSIONA	ALS							
							Address HITE DOVE C	E COURT								
City, State, Zip Code							tate, Zip Code									
Decises Many 6 14 1							EWOOD, NJ 0	8701								
Project Manager for Monitoring Firm			Teleph	one No.		The second second	one No.	100000	cense N	0.						
Start Date (10)	Schedu	led Co	mpletion	Date (11			668-9078	1 33	200							
08/05/2016	08/05/	2016	inpietioi	Date (11	)		of OSHA Monitor LEAD PROFE		15							
Occupancy Status During Abatement (Che	ck Only O	ne)					Address									
Facility Closed/Vacated During Entire	Period of	Abate	ment			6 WH	ITE DOVE CO	OURT								
Abatement Performed Outside of Non Other – Describe:	mal Facilit	y Hou	'S				ate, Zip Code			-						
Scope of Work (Check All That Apply)						LAKE	EWOOD, NJ 0	8701								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	П	Renov	ation				F # 0	TO 100/01/20								
× ≥160 sf or ≥260 lf	processor and the same of the	Demoli					Full Containme Mini-Enclosure	ent with Ne	gative P	ressu	re					
·						×	Glovebag Proc Non-Exempted	cedure	n Eriabl	- 0						
-	Is	Locat	ion				Tron Exemples	( ) and 140	II-FIIADI	PIO	77.77	ement				
Location of Asbestos-Containing Material (ACM)		Norma ed Sole			De	scription of	DŤ TO					ре				
TO BE ABATED	Ma	intena	nce/	Asbes (i.e	stos Con therma	taining Ma Lsystems	aterial (ACM) insulation,	Amou (Speci				Щ	П			
In Facility (13)	Cus	todial ( (12)	Starr?		surfa	cing, VAT	, or	SF or L		Removal	Repair	cap	nclo			
	Yes	No	N/A		otheri	miscellane	eous)			oval	air	Encapsulate	Enclosure			
EXTERIOR	100	X	IN//A			NDING.		77 400 400				Ф				
-//ICINON		^				SIDING		1200 8	SF	X		1				
	-															
Name of Registered Waste Hauler		1 2 -	IDEE													
IEWARK CARTING		201	JDEP W auler ID		Cubic of Was			Registered L	andfill.							
to and will con-		04	1509		300.000	rv87:	IESI									
City, State IEWARK, NJ						al Date	City, State									
Completed by	Title	-				/2016	RETHLE	HEM PA								
OSEPH PERLSTEIN	OWN	ER			S	ignature			Date 08/	03/2	016					
									00/0	13/2	010					

## UC# 4808

Date of Notification (1) 08/04/16				of Building ERLAND	Owner/Opera	itor (2)						11/	E	
Agencies Notified  Type Notificatio  EPA DEP Amended Amendmen				ate, Zip Co				A Charle of Contemporary, A charle	AU	G	8 2	2016	and the same of the same of	
X DOL Amendmen Emergency justification Cancellation	(including			WOOD N	NJ			Teleph	none Nur	nber	BON	TRUI	- 3	
Name of Facility Where Abatement is Tak Street Address	ing Place (	3)	FAC	ILITY INFO	DRMATION	Type	School (K-1; Subchapter Other (i.e. p	2) 8 (Other t			dings,	home	s,	
City (5) LAKEWOOD						Squa 200	are Feet	# of FI	oors	В	ldg. A	.ge		
County (6) OCEAN				Code (7) USE ONLY)		Curr	ent Use (Pric	or if being	demolisi	ned)				
Name of Monitoring Firm Hired by Building	Owner (8)	)	ASC	И No.	100000000000000000000000000000000000000		atement Con D PROFE							
Street Address					1	eet Addre	DOVE CC	URT						
City, State, Zip Code					Zip Code OD, NJ 08	08701								
Project Manager for Monitoring Firm			Telepho							ense No. 00				
Start Date (10) 08/15/16	Schedul 08/15/		npletion	Date (11)	Nar AA	SSIONA	ALS							
Occupancy Status During Abatement (Che  Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of	Abaten			6 V City	, State, Z	DOVE CO					10-4-To-		
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	and the same of th	Renova Demolit				× GI	III Containme ni-Enclosure ovebag Proco n-Exempted	edure	š.	le Pro	cedur			
Location of		Locati Normal ed Sole	lly		Descripti					-	Abate Ty	ement pe		
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma Cus	intena todial ( (12)	nce/ Staff?		os Containing thermal syste surfacing, ' other miscel	ms insul VAT, or	ation,	(Spec SF or	cify	Removal	Repair	Encapsulate	Enclosure	
BASEMENT	Yes	No	N/A		TSI			80L	.F	X			_	
BASEMENT		VAT			3503		Х							
					TVI									
Name of Registered Waste Hauler NEWARK CARTING		H	J JDEP W lauler ID 4509	0.000	Cubic Yards of Waste 7	· · · · · · · · · · · · · · · · · · ·	Name of R	Registered	Landfill					
City, State NEWARK, NJ					Disposal Da 08/15/16	ite	City, State BETHLE		A					
Completed by Title Signature Date  JOSEPH PERLSTEIN OWNER														

#### State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

x .		(Pursu	ant to NJAC 8:6	50 and 12:1	20)		1 [	W// I	2 1			
Date of Notification (1)			Name of Buildi	ng Owner/Ope	erator (2)	HE WE	1 11	W	511	1		
August 3, 20 Agencies Notified Type of Notifi					Demolition		3.	00	3	8		
[ X ] EPA [ ] Init	ial Notification ended Notificat	ion	Street Address  City, State, Zip		Camplain Road	AUG	8 2	2010	The state of the s	The state of the s		
[X] DOH [X] Em	ergency (includ	ing	City, State, Zip		orough, NJ 0884	ASBESTOS LICE	NSINC NSINC		&	Downward State		
I DCA	tification) ncellation		Name of Contac Ant	t onio Dimu:	zio	Telephone Numbe	r			500		
		FA	CILITY INFOR	MATION								
Name of Facility Where Abatement is Takin Residence	g Place (3)				Type of Facility (4)							
Street Address					[ ] [ ] [x ]	School (k-12) Subchapter 8 (o						
G::					[ \	Other (i.e., privalent homes, etc.)	ate & co	ommero	ial bui	ldings,		
City	County (6)		County Code (7) (STATE USE ON	ILY)	Square feet 1200 sf	# of Floors	Bld	g. Age	80			
Madison	Morris				Current Use (Prior Reside		1)					
Name of Monitoring Firm Hired by Building Guardian Contrac			ASCM No.	Name of		ing Inc						
Street Address 1889 Route 9, Ur				Street Ac	idress							
City, State, Zip Code Toms River, NJ (				1889 Route 9, Unit 61 City, State, Zip Code								
Project Manager for Monitoring Firm	Telep	hone Number		Telephon	Toms I	River, New Jers		755-1	271			
Nicholas Fernicola Scheduled Start Date (10)		-349-9932 Juled Complet	tion Date (11)	732-34 Name of	9-9932 OSHA Monitor	00624						
8/3/16 Occupancy Status During Abatement (Check	only one)	3/5/16		Street Ad		L. Analytical						
[ X ] Facility Closed/Vacate [ ] Abatement Performed	d During Entire	Period of Aba	atement	Street Ad		telton Road						
Other – Describe	Outside of fvor	nai racinty H	ours	City, Stat	e, Zip Code Piscata	way, New Jerse	ey 088	54				
Scope of Work (Check all that apply)				[ ]		with Negative Pres	ssure					
[ X ] >3 sf or ≥3 lf [ ] ≥160 sf or ≥260 lf	[ [ x	Renova		[ x]	Mini-Enclosure Glovebag Procedo Non-Exempted (*	ire i) and Non-Friable	Procedu	re				
			T									
	Is Lo	cation		Description	n of			ement '		Т		
Location of Asbestos-Containing Material (ACM)		lly used	A	sbestos-Con	taining	Amount	R E	R E	E	E		
TO BE ABATED		ly by ce/Custodial	Gi.	Material (A e., thermal s		(Specify SF or LF)	М	P	C	C		
in facility	17.00	aff		sulation, sur	facing,	0.21)	0	A I	A P	O		
(13)	(1	2)		VAT, or her miscella			V	R	S U	S		
	YES N	O N/A	01	nei iiiscena	neous)		A L		L	R		
Basement Garage	X		Duct insulation	on		20 lf	X		Е	E		
1												
Name of Registered Waste Hauler	MIDED	Waste Hauler	ID No.   Cubic V	1CW/	Tay on .							
Guardian Contracting, Inc.	NUCLE	20223	3	ards of Waste	Name of Register T.R.R.F.	ed Landfill						
City, State Toms River, New Jersey		Dispos 8/8/1	al Date	City, Stat		1						
Completed by (Print or Type)	Title		Signature	1 Tullyto	wa, i cillisyivania	1	Date					
Nicholas Fernicola	Project Ma	nager		8/3/2016								

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

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X.	DESCRIPTION OF PLANNED DEMOLITION C	R RENOVATION W	ORK, AND METHOD(S)	TO BE USED	
xi.	DESCRIPTION OF WORK PRACTICES AND E AND RENOVATION SITE:	NGINEERING CON	TROLS TO BE USED TO F	PREVENT EMISSIONS OF	ASBESTOS AT THE DEMOLITION
	I to take place using negative pressure glove-bag method. Prio nt/water mix. All waste to be double bagged, sealed and affixe ce. All materials to be kept wet during the entire operation. Fi				nsulation will be saturated with a apsulation of all surfaces where removal
xii.	WASTE TRANSPORTER #1 Name: Gua	rdian Contracting	g, Inc.		
	Address: 1889	9 Route 9, Unit 6	1		
	City: Toms River	State:	New Jersey	Zip:	08755
	Contact Person: Nich	nolas Fernicola			00,00
	WASTE TRANSPORTER #2 Name:				
	Address:	15			
	City:	State:		Zip:	
	Contact Person:				
xiii.	WASTE DISPOSAL SITE Name: T.R.	R.F.			
		lentown Road			
	City: Tullytown	State:	Pennsylvania	Zip:	19007
	Telephone: 215-943-9732			101494	19007
xiv.	IF DEMOLITION ORDERED BY A GOVERNME	ENT AGENCY, PLEA			H COPY OF ORDER
	Name:		Title:		TO T
	Authority:				
	Date of Order (MM/DD/YY):		Date Ordered to Begin	(MM/DD/YY):	
XV.	FOR EMERGENCY RENOVATIONS				
	Date and Hour of Emergency (MM/DD/YY):				
	Description of the Sudden, Unexpected Event:				
	Explanation of how the event caused unsafe condition	ons or would cause eq	uipment damage or an unrea	sonable financial burden:	
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLO ASBESTOS MATERIAL BECOMES CRUMBLED	OWED IN THE EVE D, PULVERIZED, OR	NT THAT UNEXPECTED . REDUCED TO POWDER	ASBESTOS IS FOUND OR	PREVIOUSLY NONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE DEMOLITION OR RENOVATION AND EV AVAILABLE FOR INSPECTION DURING NORM	IDENCE THAT THE	REOUIRED TRAINING H	IAS BEEN ACCOMPLISHE	T M) WILL BE ONSITE DURING D BY THIS PERSON WILL BE
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Owner/C	perator)	August 3, 2016 (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATION	IS CORRECT.	/		
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Owner/C	Operator)	August 3, 2016 (Date)

Print	Form
I THILL	1.01111

1 # U8(10			ICATION		Jersey ESTOS ABATE 3:60 and 12:12			EC		-	V		The same of the sa
Date of Notification (1) 085/04/16			Name o	of Building C	Owner/Operato	or (2)					2016		
Agencies Notified Type Notification			Street A	Address			Section 1	AU	G	8	2016	)	Lone
DEP Amended  Amended  Amendment				ate, Zip Coo MFIELD			and registers at 1000.	ASBES	STOS	CO	NTR NG	UL 8	
<ul> <li>✓ DOH justification)</li> <li>✓ DCA Cancellation</li> </ul>			Name o	of Contact			To the second second	Telephone	Numb	er			
Name of Facility Where Abatement is Takir	ig Place (	3)	FAC	ILITY INFO	RMATION	Туре	of Facility (4)			2022			
Street Address						×	School (K-12) Subchapter 8 Other (i.e. pridetc.)	(Other than		build	dings.	home	es.
City (5) BLOOMFIELD NJ						Squa 2000	re Feet )	# of Floors	;	В	ldg. A	ge	
County (6)			County (STATE	Code (7) USE ONLY)		Curre	ent Use (Prior ME	if being dem	nolished	5)			
Name of Monitoring Firm Hired by Building	Owner (8	)	ASC	M No.			tement Contr D PROFES		)				
Street Address						t Addre	ss DOVE COU	JRT					
City, State, Zip Code							ip Code OD, NJ 087	701					
Project Manager for Monitoring Firm		- 1	Telepho	ne No.		hone N -668-9	0.	Licen 1200	se No.				
Start Date (10) 08/16/16	Schedul 08/16/		npletion	Date (11)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		HA Monitor D PROFES	SIONALS					
Occupancy Status During Abatement (Chec	100	100			4	Addres	SS DOVE COL	JRT					
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:	Period of nal Facility	Abatem y Hours	ent :	to the second se	City, 8	State, Z	ip Code OD, NJ 087		-				
Scope of Work (Check All That Apply)			-										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demoliti				Mir Glo	Containment i-Enclosure ivebag Proced n-Exempted (*)	dure				2	
1		Locati Normali				1 91					Abate Ty	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Sole intenar todial S (12)	ly by nce/	(i.e. tl	Description os Containing N hermal system surfacing, VA other miscellar	Material is insula AT, or	(ACM)	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
BASEMENT	Yes	No	N/A		TSI			15LF	X			Ф	
					1	7 to 10		1021					
					11-7-	- 1	11.17						
Name of Registered Waste Hauler		l N	JDEP W	/aste	Cubic Yards	1 1 1 1	Name of Re	nistared Lar	dfill				
NEWARK CARTING		H	auler ID 1509	No.	of Waste		IESI	giotoreu Lai	ranill				
City, State NEWARK, NJ				100	Disposal Date 08/16/16	12-11	City, State BETHLEH	HEM PA					
Completed by JOSEPH PERLSTEIN	Title OWN	IER			Signature	9			Date			112250	

CHECK # 2036

Date of Notification (1) 8/10/2016				of Building	g Owner	/Operato	r (2)		EC	1		tr	3	
Agencies Notified  EPA  DEP  DOL  DOL  Initial  Amended  Amendmer  Emergency  justification	nt #_1 (includin	g	City, S Nutle	Address State, Zip Cey, NJ 07 of Contact	7110			***************************************	AUG	()	Et	116	To an annual section of the section	A CONTRACTOR OF THE PROPERTY O
DCA Cancellatio	n			Carol Me				The state of the s	ASPENIC	15'00	PCI	HOL.	Či.	S Security Consumers
Name of Facility Where Abatement is Taki Residential	ng Place	(3)	FAC	CILITY INF	ORMAT	ION		Facility (4	0500					
Street Address							Sub	er (i.e. pr	2) 8 (Other that rivate & com	n K-12) mercia	l bu	ildings	, hon	nes,
City (5) PS Nutley							Square F 2,500	eet	# of Floor	S		Bldg. 30	Age	
County (6) PS Essex			County (STATE	Code (7) USE ONLY	n		Current l Reside		r if being der	nolishe	d)			
Name of Monitoring Firm Hired by Building TBD	Owner (8	)	ASC	M No.		Name Sky (	of Abatem Contract	ent Cont	ractor (9)	7				
Street Address						Street	Address Valley F				_			
City, State, Zip Code						City, S	tate, Zip C	ode						
Project Manager for Monitoring Firm		Telepho	one No.		Teleph	one No. 928-504			ise No.					
Start Date (10) 6/20/2016		mpletion	Date (11)		Name o	of OSHA N	Monitor		7					
➤ Facility Closed/Vacated During Entire	Dccupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Aba Abatement Performed Outside of Normal Facility Ho Other – Describe:						Address Valley F ate, Zip Co ie, New	Road, S	uite K					
≥3 sf or ≥3 If  ≥160 sf or ≥260 If	_	Renova Demolit				×	Mini-En Gloveba	closure ag Proce	it with Negat dure *) and Non-F					
Location of	1	Locati Iormal	ly		Des	scription (			,	TIGO!O		Abate Ty	ment	1
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Mai Cust	d Sole intenar odial S (12)	nce/		tos Conta thermal surfac	aining Ma	aterial (AC insulation, , or		Amount (Specify SF or LF)		Remova	Repair	Encapsulate	Enclosure
Attic (partial)	Yes	No X	N/A	Ve	ermicul	lite Insu	lation		~ 220 SF				te	Ф
							nation		~ 220 5F		X X			
Name of Registered Waste Hauler	and the transfer of the second and t						Na	me of Re	gistered Lan	dfill				
Service Transport Group, Inc.		Ha	auler ID 1990	7377	Cubic Y of Wast 5				Enterprises		;			
City, State New Castle, Delaware					Disposa TBD	al Date		v, State	urg, Ohio					
Completed by Predrag Sarcev	oleted by Title							>		Date 8/3/2	01	6		

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) MERCK SHARP & DOHME CORP. /16 Street Address Agencies Notified Type Notification 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 EPA Initial Notification City, State, Zip Code DEP Amended Notification RAHWAY, NEW JERSEY 07065 DOL Cancellation DOH On Hold Name of Contact Telephone Number DCA **EMERGENCY NOTIFICATION** Sandra M. Schenk **FACILITY INFORMATION** ASBESTOS CONTROL Name of Facility Where Abatement is Taking Place (3) LICENSING Type of Facility (4) School (K-12) MERCK SHARP & DOHME CORPORATION Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 126 EAST LINCOLN AVENUE - BUILDING 60 89,717 City (5) County (6) Current Use (Prior if being demolished) County Code (7) RAHWAY UNION (STATE USE ONLY) VACANT Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ENVIRONMETAL HEALTH INVESTIGATIONS, INC. 104 PAR ENVIRONMENTAL CORPORATION Street Address Street Address 655 WEST SHORE TRAIL 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code SPARTA, NEW JERSEY 07871 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number WILLIAM S. KERBEL, CIH 973-729-5649 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 7/ /16 11 9/ 15 /16 AMERISCI LABORATORIES INC #11480 Month Day Year Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 117 EAST 30TH STREET Abatement Performed Outside of Normal Facility Hours - Describe: MONDAY-FRIDAY 7AM-3 PM Other - Describe: City, State, Zip Code NEW YORK, NEW YORK 10016 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini-Enclo. >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount REPAIR ENCAPSULE **ENCLOSURE** REMOVAL Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A BASEMENT SOUTH EAST & NORTHWEST X VAT & MASTIC 110 SF 1ST FLOOR -ENTIRE VAT & MASTIC 5.125 SF X 2ND FLOOR-NORTHEAST CORNER X VAT & MASTIC 765 SF 3RD FLOOR VAULT AREA X ACM FILE CABINETS 95 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill FREEHOLD CARTAGE, INC. Hauler ID No. LYCOMING COUNTY RESOURCE MANAGEMENT SE

447 ALEXANDER DRIVE/ROUTE 15

Date

MONTGOMERY, PA 17752

City, State

15939

DIRECTOR OF OPERATIONS

Disposal Date

3/14-4/30/2016

Signature,

825 HIGHWAY 33

FREEHOLD, NEW JERSEY

Completed by (Print or Type)

BENJAMIN SANCHEZ

City, State

Date of Notification (1)						uilding C		Operator E CORP.	(2)					
6 / 27 /16				Stre	et Addi	ress								
Agencies Notified Type Not	ification	n		126	E. LIN	COLN AV	ENUE	, P.O. BO	X 2000, RY2	8-414				
DEP Ame		ication Notification	n			Zip Code NEW JEF		07065						
	Hold ERGEN	NCY NOT	IFICA <sup>-</sup>	Nam FION San	ne of Co dra M.				Telephone	Numb	er			
				FACILITY II	NFORM	MATION	4-14-17							
Name of Facility Where Abatement	is Tak	ing Plac	e (3)				Туре	of Facilit						
MERCK SHARP & DOHME CORPOR	RATIO	N					X		er 8 (Other the private & con			s., ho	mes,	etc.)
Street Address								uare Feet	110.000.000.000	ors			g. Age	9
126 EAST LINCOLN AVENUE - BUIL				T 0		=:	N	89,717	5				82	
City (5) Cou	inty (6)	1.		600 A CO S CO	nty Coo	de (7) ONLY)	VAC	The state of the s	rior if being d	emoli	shed)	)		
Name of Monitoring Firm Hired by		na Owne	(8)	(SIAI		CM No.			ement Contr	actor	(9)		-	
ENVIRONMETAL HEALTH INVESTIG			(-)		120,5000	104			IMENTAL CO			ON		
Street Address					-		Stree	et Address						
655 WEST SHORE TRAIL				-		OCK ROAD								
City, State, Zip Code SPARTA,					State, Zip		204							
Project Manager for Monitoring Firm	Number			-	hone Num	W YORK 109		aco M	umbe	\F				
WILLIAM S. KERBEL. CIH	649				369-7500	ibei	1101		umbe	1				
Expected State Date (10)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		etion Date	(11)	3-3		e of OSHA	Monitor	1101				
7 / 11 /16 Month Day Year		Month	9 /	15 Day	5 /	16 Year	AME	RISCI LAE	BORATORIES	S INC		#	11480	)
Occupancy Status During Abatement  X Facility Closed/Vacated Du Abatement Performed Out X Other - Describe: MON	uring E side of	ntire Peri	od of A acility	Hours - De	escribe:		117 E		H STREET					
Scope of Work (Check all that apply)  Demolition  >3SF OR LF  X >160 SF OR 260 LF		Renovation		PIVI		Full Conta Mini-Enclo Glovebag Non-Friab	inmen , Proce	t with Neg edure	V YORK, NE ative Pressur		RK 1	0016		
Location of Asbestos-containing		Is Loca normally				tion of As							ent T	_
Material (ACM) TO BE ABATED in Facility (13)		solely Maint/Cu: Staff (	by stodial	in	ie. Th sulation	ng Materia nermal sys n, surfacir r miscella	stems ng, VA	т,	Amoun (Specify SF or LF	у	REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
BASEMENT SOUTH EAST & NORTH	WEST		X	VAT & MA	STIC				110 SF		X			
1ST FLOOR -ENTIRE			X	VAT & MA					5,125 SF		X			
2ND FLOOR-NORTHEAST CORNER	2		X	VAT & MA	STIC				765 SF		X			
3RD FLOOR VAULT AREA									95 SF		X			
		_	-											
Name of Registered Waste Hauler		NJDEP W Hauler ID		Cubic Yard	(1)	aste			ered Landfill					
FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		80				UNTY RESC R DRIVE/RO			NAG	EMEN	√T SE			
City, State		1593	J	Disposal D	Date			State 2	K DKIVE/KC	JUIE	10			
FREEHOLD, NEW JERSEY	3/14-4/30/2					Y , PA 17752			^	1				
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIREC	CTOR OF	OPE	RATIONS	Signat	ure	18	$\leq$		Date	6/	27	1/1	1

	NO	Pursi	uant to	NJAC 8:60	-7 and 12:12	0-7)	(0)					1
		Name of	Building Ow SHARP & DO	vner/C	Operator (2) CORP.	and the second s			in in			
ate of Notification (1)								TIME	11	E U	W	
2 /16				Street Ad	inicol N AVE	NUE,	P.O. BOX 20	00, RY28-414		particular Service	and the second	
gencies Notified Type Notification				1								7
EPA X Initial Notifi	cation Jotificat	ion		RAHWA	te, Zip Code Y, NEW JER	SEY 0	7065	The state of the s	AUG	8	2018	)
Cancellatio							Te	elephone Number				
X DOL On Hold					Contact		1,0	steptione regime of	3EST	15 00	INTR	OI.
X DOH DCA EMERGEN	ICY NO	TIFIC	CATION	1 12 12 12 12 12 12 12 12 12 12 12 12 12	M. Schenk			1,00	LIC	JENS	MG	1
BOOK			FACI	LITY INFO	RMATION	_		1	A 17 18/3/M	magnet trapping of		7
lame of Facility Where Abatement is Tak	ing Pla	ace (3	3)			Туре	of Facility (4	+) >\				
lame of Facility Where Abatement						-	School (K-12	-) 8 (Other than K-1	2)			
MERCK SHARP & DOHME CORPORATIO	N					X	Other (ie pri	vate & commcl. b	oldgs.,	homes	s, etc.)	
MERCK SHARF & BOTTIVE SO							uare Feet	# of Floors	В	ldg. A	ge	
Street Address		-22				1 34	6.500	1		49		-
Street Address 126 EAST LINCOLN AVENUE - BUILDING	89 CH	ILLEF	RBUILD	DING	0 1: (7)	Curr	rent Use (Prio	r if being demolis	hed)			
City (5)	5)				Code (7) JSE ONLY)		CANT					_
JUNION				(STATE C	ASCM No.	Man	ne of Abatem	ent Contractor	(9)			-
	ing Ow	ner (	8)		104	PAF	RENVIRONM	ENTAL CORPOR	RATIO	N		_
ENVIRONMETAL HEALTH INVESTIGATION	NS, IN	1C.			104		eet Address					- 1
Street Address						313	SPOOK ROO	CK ROAD				
655 WEST SHORE TRAIL						City	, State, Zip C	ode				
au Otata Zin Code			7074			SU	FFERN, NEW	YORK 10901				_
SPARTA, NEV	V JERS	EYU	hone N	lumber		Tel	ephone Numb	oer Licer	nse Nu	mber		
Project Manager for Monitoring Firm			729-564				5-369-7500	1101				_
WILLIAM S. KERBEL, CIH	To 1	9/3-	/29-504	on Date (1	1)	Na	me of OSHA	Monitor		41.4.4	400	
Expected State Date (10)	Sche	10		30	/16	AM	MERISCI LABO	ORATORIES INC	;	#11	480	
8 / 15 /16	Mo	onth	1	Day	Year	/						
Month Day Year Occupancy Status During Abatement (Ch	eck onl	v one	)			Str	eet Address	CTDEET				
				atement		111	7 EAST 30TH	ISIREEI				
At -temont Performed Outside	of Nor	mai r	acility i	10013 000	scribe:	0:	ty, State, Zip	Code				
X Other - Describe: Monday	-Friday	7am	-3:30 pr	m		C	NEV	V YORK, NEW Y	ORK 1	0016		
X Other Doors				1	Full Col	l ntainn	nent with Neg	ative Pressure				
Scope of Work (Check all that apply)			9723		Mini-En							
Demolition	Ren	ovatio	on		Gloveb	ag Pi	rocedure					
>3SF OR LF					Non-Fr	iable l	Procedure		1 41		ent Ty	no
X >160 SF OR 260 LF	1	s Loca	ation		Description of	Asbe	stos-	Amount		-		
Location of			used	С	ontaining Mat	terial (	(ACM)	(Specify	REMOVAL	REPAIR	NO I	ENCLOSURE
Asbestos-containing Material (ACM)		solely			(ie. Thermal	syste	ms	SF or LF)	Þ	A I	AP	0
TO BE ABATED	Ма	int/Cu	ustodial	ir	sulation, surf	acing,	, VAI,	0, 0, 2, 7	P	~	ENCAPSULE	SE SE
in Facility (13)		Staff			or other misc	enane	:003)				m	m
	Ye	s No	N/A					50 LF	×			
ANA CORNERISE CORNER			X	PIPE INS	ULATION				-			
GROUND -NW CORNER/SE CORNER			X	PIPE INS	ULATION			200 LF		-	-	+
EXTERIOR-PIPE RACK		+	- ^-	FILETINO	02 11.0							_
								1				T
								-	-	+		+
	-	-	-							+		+
		-		-								
					1 1		Name of Reni	istered Landfill				L
Name of Registered Waste Hauler			Waste	Cubic Ya	ards of Waste		LYCOMING (	COUNTY RESOL	JRCE N	MANA	GEME	NT
FREEHOLD CARTAGE, INC.	Н		ID No.		30		447 ALEXAN	DER DRIVE/ROL	JTE 15			
825 HIGHWAY 33		15	939	Disposa	I Date		City State					
City, State				8/15-10/	20/2016		MONTGOME	RY, PA 17752		1	i	
FREEHOLD, NEW JERSEY				10/10-10/	Signature	11	1		Date	17	114	5
Completed by (Print or Type)	Title	TOP	OF OR	ERATIONS		1)	$\langle \wedge \rangle$		0	-	//	-
BENJAMIN SANCHEZ	DIKEC	TUR	01 01	LIVITION	17	1			1	,		

CK 1325

Date of N	otification (	1) 8/3/16		- In	lama of	Duilding O		- / 0 (2)		15	E		117 - 19
Date of IV		e Notific			vame of <b>-Eleve</b>		wne	r / Operator (2)			<u></u>	/ L5 []	學馬
Agencies			mergency Notif	5	Street A	ddress		···ita 4000			i Al	10 0	0010
	DEP		itial Notification	_		te & Zip Co		uite 1000		14 11	AAU	IG 8	2046 11
X	DOL		mended Notifica			TX 75201			*	All Controls			
X	DOH	C	ancellation			Contact			- i		ASBES	Talabh	one Numb
	DCA			100	ric Ro				f.	Legender		TUTE ISBU	MIC MOUNT
					FACI	LITY INFO	DRIV	IATION					
Name of F	acility Whe	ere Abate	ement is Taking	Place (3)		2.2 2-131 15- CLIVIC CHOCK 15- (MARKA AN AN-		pe of Facility (4)	)				
Street Add	d====	Va	acant Buildin	g				School (K-12)					
Street Add	iress	02	Llauréhanna A				1	Subchapter 8					
		93	Hawthorne A	ve				Other (i.e., pri			cial build		
City (5)			County (6)	Cou	inty Cod	In (7)	Sq	uare Feet	# of FI			Bldg. Ag	
	ast Oran	10	Essex	Cou	inty Cod	ie (7)	C	3000	:(1 :	1.5	1 0		60
	.uot Orani	30	LOSEX					rrent Use (Prior	it being	demolis	sned)		
Name of M	Monitorina F	irm Hire	d by Building O	wner (8)	Λ	SCM No.		me of Abatemer	ot Contr-	oter (C	\		
Environn	nental Ta	ctics, Ir	ic		1	JOIN NO.		obal Abatemer					
Street Add	Iress	,						eet Address	THE OCIV	1003,	LLU		
	Broad Street State & Zip Code						1000	3 Schoolhous	e Road	ı			
							, State & Zip Co						
	, NJ 0774						nroe Townsh		08831				
Tom Gei	oject Manager for Monitoring Firm m Geiger					mber 7		ephone Number 2-605-9062	r		License	Number 007	
Scheduled	Start Date 8/15/16	(10)	Scheduled C	ompletion 8/18/		11)		me of OSHA Mo bal Abateme		icae I	110		
X Fa	cility Close atement Pe	d/Vacate rformed rea Iso	tement (Check d During Entire Outside of Nord lated During	Period of mal Facilit	Abatenty Hours	nent s -	443 City	eet Address B Schoolhous , State & Zip Connoe Townsh	ode				
Cope of W De Lar X Qu	Vork (Check molition ge Project antity is ≥ 3	all that	apply)  X Renov  3 LF ACM  or ≥ 260 LF ACM					Full Con Mini-End Gloveba X Other:	closure ag Proce	dure	Vegative	Pressure	9
					ocation			escription of		_	ount	Abate	ement Type
	Material (ACM) TO BE ABATED				ally Used ely by nance d lial Staff 12)	or (	Mi.e., ulatio	estos-Containing aterial (ACM) thermal systems on, surfacing, V er miscellaneous	s AT	Squar	ecify re Feet or r Feet)	(Speci Repair,	fy: Remova Encapsulat Enclosure)
Re	oof			N	l/A			Flashing		10	SF	Re	emoval
me of Registered Waste Hauler NJE Freehold Carting				NJDEP	Waste I	Hauler ID #		Cu. Yds. of Wa	aste	Name TRRF		stered La	ndfill
ty, State Trenton, NJ								Disposal Date 8/18/16		City, S	tate	20	
	mpleted By (Print or Type) Title							Signature	0	lully	own, F	d	Date
THE RESERVE THE PERSON NAMED IN	By (Print or	1 V 1 3 1					LARGINE HITE					111216	

				60-7 and 12:120-7	)		TO THE OF BUILDING	agency character.	THE STATE OF	-
Date of Notification	(1)	(Fursus	Name of Build	ing Owner/Operato:	(2)	E C E		/ E	No.	16
8/2/2016			Michael	Mattevi			L		111	1
Agencies Notified	Type Notificat	tion	Street Addres	s		4110	0 001	0		Vondansk
[X] EPA	[X]Initial				ļu u	AUG	8 201	6	-	1
[ ]DEP	Notifica	tion	City, State,	Zip Code	- Anna				*Colores	7 6 9 0
	[]Amended		Verona, C		and the state of t	ASBESTOS C	ONTR	01.8	, t	mapana
[X]DOL	Notifica	tion	Name of Conta	ot-	Telephon	Number CENS		W 60 VA		1
[X]DOH	[ ]EMERGENCY		And a second control of the second control o	rabedian	-			Carolina Co.		-CA
[ ]DCA	[]Cancellat	ion	Danny Co	22000						
	[ ]oundalia		FACILI	TY INFORMATION						
Name of Facility Whe	ere Abatement :	is Taki	ng Place (3)		Type of Facili	Lty (4)				
Same as above					[ ]School	(K-12)				
					[ ]Subchapt	er 8 (Other .e., private	than i	nmer-		
Street Addres					cial bu	ildings, hom	es, e	cc.)		
					Square Feet	# of Floors	Bld	lg. A	ge	
City (5	K	County	(6) Essex	County Code (7)	2100	2		0		
acceptal ** Control				(STATE USE ONLY)	Current Use (	Prior if bein	g dem	olish	ned)	
					1	(0)				
Name of Monitoring	Firm hired by	Buildir	ng ASCM No.		ement Contracto					
Owner (8) N/A					MANAGEMENT	, IIIC.				
Street Address				Street Addre						
					stopher St	•				
City, State, Zip Co	de			City, State,	Zip Code	12				
				- 11	ir, NJ 070					
Project Manager for	Monitoring Fi	rm Te	elephone Numbe	Telephone Nu (973) 74			cense		er	
		N	/A				,00,1	_	Sallente	
Scheduled Start Dat		N. 17	oletion Date (		Monitor					
8/16/16		30/1		N/A						
Occupancy Status Du	ring Abatement	nth (Check	c only one)	Street Addre	ess					
[X]Facility Clo	osed/Vacated Di	uring E	ntire Period							
of Abatemer [ ]Abatement Pe	nt erformed Outsid	de of N	formal Facility	City, State,	Zip Code					
Hours - Desc	cribe: «OffHour	s Descr	:ipt»							
[ ]other - Desc			y Descript»						-	
Scope of Work (Chec	k all that app	oTA)			L Containment wi	th Negative 1	Pressu	ire		
[X]≥3 sf or			[ ]Renovation	[ ]Min:	i-Enclosure					
[ ]≥160 sf	or ≥260 lf		[X]Demolition		vebag Procedure -Friable Procedu	ire				
			Is				Aba	teme	nt I	Type
Locatio	The state of the s		Location Normally	Descript Asbestos-Co	ion of	Amount	R	R	N	N
Asbestos-Co Material	5		Used Solely	Material		(Specify	E	EP	C A	CFO
TO BE A			By Main- tenance/	(i.e., therm	al systems	SF or	O V	A	PS	0
In Faci			Custodial	insulation, sur or other miso		LF)	A	IR	U	UR
(13	)	Yes	Staff (12) No N/A	Of Other mis	Jerraneous,		L			E
Attic			X	Plaster Wa	lls	110	X			
2 <sup>nd</sup> Floor			X	Plaster Wa	alls	850				
1st Floor			X	Plaster Wa	ills	725				
Name of Registered	Waste Hauler	1	NJDEP Waste	Cubic Yards		istered Landf			1	
AZTECH MANA	GEMENT, IN	TC.	Hauler ID No. 17040	of Waste 35	Grand C	Central L	andı	111.	<u>.</u>	
City, State				Disposal Date	City, State	/	0000			
Montclair, No	J 07042			8/31/16	Pen Arg	y1, PA/1	80.15	1		
	m. \ h.	+1-		Signatu	re /	1 1/	Date			
Completed By (Print Constantine		tle resid	lent	//	et of	1/4	1 7 5 6 6	2016		
COILS CALL CTILE	ATATOM E.			V	1411 101.41	U 11/1/11/1	1			

CHECK# 2042

Date of Notification (1) 7/29/2016					of Building Valley S			(2) owner's rep	[ [ [ ]	3 @	17.3	1.7		Total Control
Agencies Notified	Type Notification				Address achtree	Aveni	ue	Villegia de para de la composição de la	KI	- 11.17		Charles and	12.	
DEP DOL	Amended Amendmen				ate, Zip C Hanover		7936	THE STATE OF THE S		AUG	8 2	2016	The second secon	
DOH DCA	Emergency justification) Cancellation		'		of Contact atthew F		si	The state of the s	i Te	elephone		57		
				FAC	ILITY INF	ORMAT	TION	Low	Charles and the second second	LICE	NSING			
Name of Facility Where Commercial Street Address	Abatement is Takir	ig Place (	3)					Type of Facili	K-12)	ner than F	( <sub>-</sub> 12)		Secretary law	الريب معادلات
505 Route 10								Other (i.e etc.)	e. private	& comme	ercial bu			ies,
City (5) Randolph								Square Feet 5,000	1	of Floors		Bldg. 80	Age	
County (6) Morris					Code (7) USE ONLY	)		Current Use ( Commercia		eing demo	olished)			
Name of Monitoring Firm TBD	Hired by Building	Owner (8)	)	ASCN	И No.			of Abatement ( Contracting,		r (9)				
Street Address								Address Valley Road	d, Suite	K				
City, State, Zip Code								tate, Zip Code ne, New Jers	sey 074	70				
Project Manager for Mon	itoring Firm			Telepho	ne No.		200.00000000000000000000000000000000000	one No. 928-5040		License 00874				
Start Date (10) 8/10/2016		Schedul 8/25/2		npletion	Date (11)			of OSHA Monit Contracting,	7.76					
Occupancy Status During	g Abatement (Chec	k Only Or	ne)					Address	to 0985 10514	Witchest				
Facility Closed/Vaca Abatement Perform	ated During Entire I ed Outside of Norm	Period of a	Abatem / Hours	nent				Valley Road ate, Zip Code	d, Suite	K				
Other – Describe: _							Wayr	ne, New Jers	sey 074	70				
Scope of Work (Check A	ll That Apply)						_	1						
≥3 sf or ≥3 lf  x ≥160 sf or ≥260 lf			Renova Demolit				×	Full Contair Mini-Enclos Glovebag P Non-Exemp	ure rocedure				re	
		Is	Locati	on				1 WOII-EXCITIP	Ted ( ) ai	Id NOTE I	iable i i		emen	t
Location		1	Normal ed Sole	ly		De	escription	of				T	уре	
Asbestos-Containing TO BE ABA In Facili (13)	ATED	intenar todial S (12)	nce/		therma surfa			(	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure	
Roof			X			Roc	of Flash	ina	4	00 SF	×	+		
Gym			X				oor Tile		-	000 SF	x			
Name of Registered Was	te Hauler		IN	JDEP W	/aste	Cubic	Yards	Name	of Regist	ered Land	ifill			$\vdash$
Service Transport Gr			Н	auler ID 1990		of Wa		200000000000000000000000000000000000000		erprises				
City, State New Castle, Delawar	re					Dispo TBD	sal Date	City, Si Wayn	tate esburg	, Ohio				
Completed by Predrag Sarcev		Title Vice	Presid	dent			Signature				Date 7/29/2	016		

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

Data of Notice at (4)	71				lir			
Date of Notification (1) 08/02/16	ck	#26026		Name of Building Owner/O Pascack Regional High S	perator (2)	AUG	8 2016	
Agencies Notified		Notification	Type	Street Address 46 Akers Avenue	1	Laucau	OII	
☑ EPA □ DCA ☑ DOL		☑ Initial No ☐ Amende		City, State, Zip Code Montvale, NJ 07645	TO COMPANY AND A STATE OF THE S		OS CONTRO	Har Ex
□ DEP 図DOH		justification  □ Cancelle	)	Name of Contact Mr. Jeffrey Steinfeld Board President		Telephone	Number	
			FACILITY I	NFORMATION				
Name of Facility Where A Pascack Hills High	School	Taking Place	(3)	Type of Facility (4)  School (K-12)				
Street Address				■ Subchapter 8 (other that	an K-12)	S		
225 W Grand Ave				Other (i.e. private & comme Sq. Feet: # of Floors: Bld	g. Age:	1960's		
City (5)	County (6)	MENTAL PROPERTY.	County Code (7)	Current Use (prior if being d	lemolished)	: High Schoo	d	
Montvale	Ber	gen	(State Use Only)					
Name of Monitoring Firm Health & Safety Service	Hired by Bldg	g. Owner (8)	ASCM No.	Name of Contractor (9)				
400 000 mg/s an	5, 1110.			Panoramic Window & Doo	r Systems	Inc.		
Street Address 318 12th Street				Street Address 712 Sergeantsville Road				
City, State, Zip Code Hammonton, NJ 08037				City State, ZipCode			-	
Project Manager for Monit	oring Firm	Telephone N	lumber	Stockton, NJ 08559 Telephone Number		License Num	a la sia	
Mr Jim Proctor		(609) 704-85	550	P (732)926-0900 x102		License Num 01237	iber	
Scheduled Start Date (10) 08/08/16		Scheduled 0 08/12/16	Completion Date (11)	Name of OSHA Monitor				
Occupancy Status During  ☐ Facility Closed/Vacated  ☐ Abatement Performed C  Describe	During Entire	e Period of Ab	atement	Street Address 87 Main Street				
				City, State, Zip Code				
□Other – Describe:				Lincoln Park, NJ 07035				
Source of Work (Check all	that apply)							
≥ 3 sf or	≥ 3 If		⊠ Renov	ration	ini-Enclosu	re		
⊠ ≥ 160 sf	Dr ≥ 260 lf		□ Dem		Glovebag F			
Location of Asbestos-		cation Normal	,	sbestos Containing Material	Amount	5100000000000	atement Type	
Containing Material (ACM) Facility (13)	Maint	Solely by :./Custodial St	aff? (ACM) (i.e. the surfacing, VAT,	rmal systems insulation, or other misc.)	(Specify LF)	y SF or	ove Repair Encap E	Enclose
	(12) YES	NO	NA					
Exterior of Building				Vindow Caulking	410 If	X		
Name of Reg. Waste Haule	er	NJDEP Wast	e Hauler ID #	Cubic Yards of Waste		Name of Regi	istered Landfill	
Panoramic Window & Dr	Sys Inc	0036057				Chrin Landfill		
				Dis	sposal Dat		City, State Easton, PA	
Completed by (Print or Type		Title		Signature/ A /		Date		
Mark M Jovic		Project Mana	iger	Mhen		08/02/16		
				/ //				

CK#25219

FICENSING

						52		A RIOHT	NOS	50	EST	88V
Date of Notification (1)				Name	e of Buildir	g Owner/Operator	- C-84006-					
(Polantia dan)	7/22/16						Ryan	1/211 910	7 5		119	
Agencies Notified	Type Notification	1		Stree	et Address	ŝ			-		1114	
EPA	☐ Initial☐ Amended			Ciby	State, Zip (	Codo		11 11	CR VACCION	The car has per-		_
<b>⊠</b> DOL	Amendment #		_	City,	State, Zip t		st Orange, N	107052	1	7	9	7
<b>⊠</b> DOH	Emergency (i justification)	ncludin	g	Name	e of Contac		or Orange, IV.	Telephone Num	25.00			To person a
□ DCA	Cancellation			ivallic	o Contac	Bill Ryan		relephone Num	Dei			
					OU 1777 / 1117							_
None of Facility Michael	Ab atamant in Tallin	- DI	- (0)	FA	CILITY IN	FORMATION	I =	-,,,				
Name of Facility Where		identi	20000				Type of Facility					
Street Address	NCS.	idein.	lai				School (K-1	12) <sup>-</sup> 8 (Other than K-1)	2)			
Street Address							Other (i.e.,	private & commerci	al buil	dings	,	
City (5)				_			homes, etc	:.) # of Floors	ID	lda /		
City (5)	West Oran	oo N	11.07	052			1800	# 01 F1001S		ldg. A	138 Fine	
County (6)	West Ofai	ige, r	13 07		nti Cada /	7) (STATE		rior if being demali	- <u>-</u>	/2	i+/-	_
	Essex			USE	nty Code ( EONLY)	I) (SIAIE	Current Use (F	rior if being demoli	silea)			
Name of Monitoring Fire		Owner		ASCM	No.	Name of Abatem	ent Contractor (	9)	-	_		_
(8)	MECS							mental Service	es. In	ıc.		
Street Address						Street Address						
	PO Box 34	1					PO I	Box 322				
City, State, Zip Code						City, State, Zip C				-		_
C	crosswicks, NJ	0851	5					n, NJ 08501				
Project Manager for Mo	onitoring Firm		Tele	ephone	No.	Telephone No.		License N <del>o.</del>				_
Bill W	eisgarber		(60	09) 29	8-4070	(609) 25	59-9688	(	049	3		
Start Date (10)	Sche	duled (	Comple	etion Da	ate (11)	Name of OSHA	Monitor					
7/23/16			7/25/	16			DB Env	rironmental				
Occupancy Status Duri	ing Abatement (Che	ck only	one)			Street Address	10.0000	200				
☐ Facility Closed/Vaca							4 Berk	eley Place				
Abatement Performe		al Facili	ty Hou	rs		City, State, Zip C						
Other - Describe:							Freehold	d, NJ 07728				_
Scope of Work (Check	all that apply)				***************************************	□ Eull Cor	stainmant with No	antivo Pronouro				
<b>x</b> ≥3 sf or ≥3 lf		R	enovat	ion		Mini-End	ntainment with Ne closure	egative Fressure				
≥160 sf or ≥260 lf			emolitic	on		Gloveba	ag Procedure	an Esiable Dragody				
		le	Location	on.	I	Non-Exe	empted (") and N	on-Friable Procedu	T	bate	mont	e e
		N	ormally	/					1	Typ		
Location Asbestos-Containing			d Solel ntenar		٨٥١٠٠٠	Description of tos Containing Mat		Amazint				
TO BE ABA	4. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	200000	ustodia			thermal systems in		Amount (Specify	R		Enc	m
IN Facilit	y		Staff?			surfacing, VAT,	or	SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)			(12)	т		other miscellaned	ous)		oval	왕	ulat	sure
		Yes	No	N/A							œ.	
Basem	ent		×		Th	ermal Pipe Ins	sulation	6 lf	×			
								( <u> </u>				
								**************************************				
Name of Registered Wa	aste Hauler		IN	JDEP \	Vaste I	Cubic Yards	Name of Reg	istered Landfill				
		o Inc		lauler ID	No.	of Waste	1		1C11			
Stevens Environ	memai Service	s, inc	<u> </u>	182	292	1 CU	City Ct-t-	GROWS Lan	uIIII			
City <del>,</del> State	Allentown, N	JT		Disposal Date	City, State	Ja	D A					
Completed Pre		7/26/16	Van/	Morrisville,	ľΑ			_				
Completed By Mahlon E. Sto	Title		oiec	t Mar	ager	Signature	11//	Date	7/22	2/16		
Iviailion L. St	C V C113	1.1	OJEC	ivial	iagei	$- \mathcal{A} $	1 //		11.44	/ 10		_

07/22/2016 12:24PN FAX

CK# 25219

Date of Notification (1)		_	_	Nar	ne of Buildi	ng Ownar/Operate	(2)				_	
Agencies Notified	22/16						Ryan			51 T-50	- 33	
D BPA	Type Notificatio	1		_	senbbA fee			الألم	L '	۸,	٠.:	J
E DOL	Amendment		_	City	, State, Zp			07042-115	2	7.	271	(m)
DOH CA	Emergency ((ustification)	Includi	ng	Nar	ne of Conta		st Orange. N	A 01025 11	-	1-		4
LICCA	☐ Cancellation				III OI OOIIEE	Bill Ryan		Telephone Nur	136r			٠
		11/2-1		5	ACILITY IN	FORMATION			_	_	-	-
Name of Facility Where A							Type of Facili	ly (4)				_
Street Address	Kes	ident	jal				School (K-	12)				
							Other (i.s.,	r 8 (Other than K-1 private & comman	2) dal bu	ilding	١.	
City (8)			-			110	Square Feet	e)		aldg. /		
	West Orar	ge, I	11 0°	7052			1800	2		75	5+/-	
	ssex			US	unty Code ( E ONLY)	T) (STATE	Current Usa ()	rior if being asmai	shed			
Name of Monitoring Firm (8)		Owner		ASC	M No.	Name of Abatem	ent Contractor	8)		_		
Street Address	MECS			-	-	Stev	ens Enviror	mental Service	es, I	nc.		
Pilet Venics	PO Box 34	1				Street Address	DO	200				
City, State, Zip Code	- Charles	-				City, State, Zp C	PU	Box 322	_			
	osswicks, NJ	0851	5					n, NJ 08501				
Project Manager for Monitorial Bill Wei				ephone		Talaphore No.		License Ne.				
Start Date (10)		dulari (			98-4070 Ala (11)	(609) 25 Name of OSHA N			049	3		
7/23/16	1		7/25	16	AIR (11)	Numa of OSPA N		rironmental		i		
Occupancy Status During	Abatement (Che	ck anh	one)	1000		Street Address						-
Facility Closed/Vacated  Abatement Performed	d During Entire Pe Outside of Norma	riod of	Abel	ment				eley Place				
Other - Describe: 8	am - 4 pm	, agai	C) : 150	173		City, State, Zip Co		i. NJ 07728				
Scope of Work (Check all	that apply)								_			
23 sfor ≥3 lf 2160 sfor ≥280 lf		Re	enova Milloma	ion on		Mini-End	losura o Procodura	gative Prassure on-Friable Procedu	æ			
			Locati							batar		
Location of Asbestos-Containing Ma	iteral (ACSA)	Used	1 Sole	y by	A-1	Description of			-	Тур	40	
TO BE ABATE	P	C	uslodu Staff?		(l.s.,	os Containing Mats thermal systems in	sulation.	Amount (Specify	2	-	5	g
(13)		,	(12)			aurlacing, VAT. other miscellaneou	or 15)	SF or LF)	Remo	Repa	Encaps	Endos
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The state of the s					1	-Low -Low -Low -Low -Low -Low -Low -Low	-	- Real David	-		-	
									Berry Co.	-	-	_
Name of Registered Waste				UDEP		Cubic Yards	Name of Reg	zared Landfill				
Stevens Environme	ental Services	, Inc	-[	auter it	292	of Waste I CU		GROWS Lan	dfill			
City; State	Allentown, N	1				Disposal Date	City, State	200	B .			
Completed By	Title	- HOLLING CO.	- N		- CHICAGONIA - CHI	7/26/16 /	1	Morrisville,	A		Carrier State	
Mahlon E. Steve	903	Pr	oject	Mar	nager	_///	1//		7/22	/16		
3-4				-		The same of the sa	THE RESERVE AND ADDRESS OF THE PARTY OF THE					

Chalt III	I		CATION	ate of New I OF ASBES to NJAC 8:	STOS A	BATE		T	- Section -	E	P	Œ	n n	7 TE	- Annual Control	
Date of Notification (1) 08-02-2016				f Building O Property		perator	(2)	Per proprieta de la composición della composició	KI	<u> </u>	<u>U</u>	<u> </u>	<u>U U</u>	// E		
Agencies Notified Type Notification			Street A 18 Be	address achmont	Terrac	ce		MARY AV SER SERVICE		,	AUG	Š	3 20	16		11
EPA Initial  Amended Amendment # Emergency (in justification)  DCA Initial  Amended Amendment # Cancellation		_	Caldw Name o	ate, Zip Cod vell NJ 07 f Contact ej Kapitul	006			Control of the state of the sta	1		ESTO LIC phone	CALO	DIAL	ROL 8	- No autori	Grantletty State, ser
Name of Facility Where Abatement is Taking	Place (	3)	FACI	LITY INFO	RMATIC	NC	Tyn	e of Facili	by (4)							
Private Dwelling  Street Address	1 1000 (1			31100.00			×	School (I Subchap Other (i.e etc.)	<-12) ter 8 (				l builc			es,
City (5) Clifton NJ 07013							Squ n/a	uare Feet		# of F	-loors oor			dg. A /a	ge	
County (6) Passaic				Code (7) USE ONLY)			Cur	rent Use ( ivate Dw		f being		olish				
Name of Monitoring Firm Hired by Building Ov Bioterra Solution	vner (8)		ASCN	Л No.			of Ab	patement ( ontractin	Contra	ctor (	9)					
Street Address 1130 W Chestnut Street	W Chestnut Street															
City, State, Zip Code Union NJ 07083			7.00		Zip Code nd Park N	NJ 07	7424									
Project Manager for Monitoring Firm Rick Eustaquio		100	Telepho 973-49	ne No. 94-3762		Teleph 973-6		No. -6298		18	Licens 0126		).			
08-04-2016	08-06-	2016	pletion	Date (11)				SHA Monit ontractin		С						
Occupancy Status During Abatement (Check  Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma	riod of	Abatem	ent			Street 24 M	lorle		-							
Other – Describe:					100			nd Park i	VJ 07	7424	i i					
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		Renova Demoliti				×	M G	ull Contair Iini-Enclos Ilovebag P Ion-Exemp	ure roced	ure					)	
Location of		Location			Dee	a da tia a							7.	Abate Ty		
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)	Use Ma Cus	d Solel intenar todial S (12)	y by nce/ taff?	(i.e. th	s Conta nermal s surfac	cription aining M systems ing, VA iscellan	Materi s insu T, or			(Sp	ount ecify or LF)		Removal	Repair	Encapsulate	Enclosure
Exterior	Yes	No	N/A X		Transi	ite Sid	lidno	]	-	220	0 SF		Х			
Name of Registered Waste Hauler		N.	JDEP W	/aste	Cubic \	Yards		Name	of Reg	gistere	ed Lar	ndfill				
Amax Contracting LLC		1000000	auler ID 036184	(NY 10 TANKS)	of Was 10 CY			GRO	and the same of th			erested				
City, State Woodland Park NJ 07424		1			Disposa 08-14		//	City, S Morri		PA						
Completed by Tome Maslarkov	pleted by Title											Dat 08	e -02-2	2016		

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

Date of Notification	on (1)		Name of Buil	ding	Owner/Operator	(2)		Make section 1977			
8/2/2016			Asia Gi	les	3	and the same of th	MEC		η n	AD.	
Agencies Notified	Type Notific	ation	Street Addre	ess			Ult	-	-	-	41
[ ]EPA	[X]Initial					9000	<b>D</b> )				
[ ]DEP	Notifie	cation	City, State,	Zip	Code	1	AU	9 - 9	201	6	$+$ $\!$
[X]DOL	[ ]Amended			3773	e,NJ,07052	2					1
[X]DOH	Notific	cation	Name of Cont	act		Telepho	ne Number S	TOP OF	351755	F 1 1	
[ ]DCA	[ ]EMERGENO	CY	Asia Gi		:	rereption	ne Number:	1036	JIN LTS	ULY	
Extraction and the second	[ ]Cancella	ation								-10001404	* 1946 N. L. L. N. L.
				JITY	INFORMATION						
Name of Facility Wh Same as above		is Taki	ng Place (3)			Type of Facil					
Ctroot Address							ter 8 (Othe	r than	K-1	2)	
Street Addres							i.e., priva puildings, h				
G: h /5		L				Square Feet	# of Floo	rs B	ldg.	Age	
City (5		County	(6)Essex	10000000	inty Code (7)	2600	2		86		
					002 0027	Current Use (	Prior if be	ing de	moli	shed	)
Name of Monitoring	Firm hired by	Buildin	g ASCM No.		Name of Abates	ment Contracto	~ (0)				
Owner (8) N/A			g Floor No.			ANAGEMENT	0.000				
Street Address					Street Address						
	MACRO CONTRACTOR CONTR				86 Chris	topher St	•				
City, State, Zip Coo	de				City, State, 2		40.				
						r, NJ 070	42				
Project Manager for	Monitoring Fi	rm Tel	lephone Numbe 'A	r	Telephone Numb		T.	icense		oer	
Scheduled Start Date	e (10) Sche	d. Compl	Letion Date (	11)	Name of OSHA M	fonitor					0
8/11/16		12/16			N/A						
Month Day Y Occupancy Status Dur		nth I	only one)		Character 2 11						
[X] Facility Clo	sed/Vacated Du	ring En	tire Period		Street Address	<b>1</b>					
of Abatemen [ ]Abatement Pe		de of No	rmal Facility	7	City Chata B	i- 0-1-					
Hours - Desc	ribe: «OffHours	s Descri	pt»	ε	City, State, Z	ip Code					
[]other - Desc		- 200	Descript»								
Scope of Work (Check	all that app	ly)			[ Imail o	Containment wi	th Noostine	D			
[X]≥3 sf or			X]Renovation			Containment wi Enclosure	un Negative	Press	ire		
[ ]≥160 sf o	or >260 lf	[	]Demolition			pag Procedure	<b>~</b> 0				
1227-070-0-12-12-12-12-12-12-12-12-12-12-12-12-12-		7	Is		į juon 11	Table Floced		Aba	teme	nt T	ype
Location Asbestos-Con			ocation ormally		Description Asbestos-Cont		2	R		E	E
Material	그러지는 한 일반이다면서 (#1)		Used Solely		Material (A		Amount (Specify	E	R	CA	C
TO BE ABI		t	y Main- enance/		(i.e., thermal		SF or	0	P A I	P	0
(13)	c y		stodial		sulation, surfa or other miscel	22 E33 AV 33	LF)	A	I R	U	S U
Basement		Yes	No N/A	ine	insulation	\n_	165 lf			L	R E
			25 1	The	: Insulatio	711	163 11				
Name of Registered W			DEP Waste	- 1	oic Yards	Name of Regis	stered Landi	ill			
AZTECH MANAGI	EMENT, IN	C. Ha	uler ID No. 7040	of	Waste 1.5	Minerva	Enterpr	ise	INC	3	
City, State				1	sposal Date	City, State	7				
Montclair, NJ	07042			8	/15/16	Waynesbu	ırg, Ohi	0 44	688	3	
Completed By (Print	or Type) Tit	le			Si/m = 1	1 /	1/	Ь.			
Constantine V:	Salar and the sa	eside:	nt		Signature	Solla ol	11.	Date 8/2/2	2016		
						WHILM 118	Hum	1			

NOTIFICATION OF ASBESTOS ABATEMENT

	(	Pursua	ent to No	TAC 8:6	0-7 and 12:120-7	)				NAMES OF THE PARTY
Date of Notification	1 (1)				ng Owner/Operator		TENTE	10	L I	W E
8/2/2016			Olive	er D.	Mills		10) <u>E</u>	<u>U</u>	L- L	W E
Agencies Notified	Type Notificati	on	Street A	ddress						
[ ]EPA	[X]Initial							AUG	3 1	2016
[ ]DEP	Notificati	on	City, St	ate. Zi	p Code		A Land Load			
[X]DOL	[ ]Amended				NJ,07040		THE REAL PROPERTY.	- AND DESCRIPTION	of the last of the property	
[X]DOH	Notificati		22.7		a con a con			BESTO	S CON	TROL 8
[ ]DCA	[ ]EMERGENCY	l Î	Name of (		Mills	Telepho	one Number	1-10	ENSIN	<u>U</u>
[ ]box	[ ]Cancellatio	n	OTTAC	-L D.	MILIS					
			F	ACILITY	INFORMATION					
Name of Facility Whe	re Abatement is	Takin	g Place	(3)		Type of Faci	lity (4)			
Same as above						[]School				
Street Addres							pter 8 (Other	than	K-12)	
ocreec addres						[X]Other	(i.e., privat	e & c	commer-	
							buildings, ho			
City (5	Cou	nty (	6) Essex	C	ounty Code (7)	Square Feet 2500	# of Floor	s B	ldg. Ag	ge
				(:	STATE USE ONLY)	Current Use		na do	89	0 41
				1		Carrent ose	(FIIOI II Dei	ng de	morish	ea)
Name of Monitoring F.	irm hired by Bui	lding	ASCM N	0.	Name of Abater	ment Contracto	or (9)			
Owner (8) N/A					AZTECH M	Anagement	, Inc.			
Street Address			10		Street Address	3	8		-	
					86 Chris	topher St				
City, State, Zip Code	a				City, State, Z					
					그리다 그 그리 [2011] 그 그 그 그리고 그리고 그리고 그리고 그리고 그리고 그리고 그리고 그	r, NJ 070	42 -			
Project Manager for N	Monitoring Firm	Tele	phone Nu	mber	Telephone Numb	er	h.i	canca	Number	
		N/Z	Ā		(973) 744			0037		_
Scheduled Start Date	(10) Sched.	Comple	tion Dat	e (11)	Name of OSHA M	fonitor				
8/11/16	8/12			,	N/A	.0112 002				
Month Day Ye		Da	y Ye	ar						
Occupancy Status Duri [X] Facility Close of Abatement	ed/Vacated Durin	g Ent:	ire Perio	od	Street Address					
[ ]Abatement Per	formed Outside o ibe: «OffHours De	f Nor	mal Facil	Lity	City, State, Z	ip Code				
[ ]other - Descri	ibe: «Other Occup	ancy I	<u>c»</u> Descript»	>	The state of the s					
Scope of Work (Check			_							
		25000			[ ]Full C	ontainment wi	th Negative 1	Pressu	ire	
[X]≥3 sf or ≥ [ ]≥160 sf or		31 8	Renovati Demoliti		[ ]Mini-E	nclosure				
_			Demoti ci	OII		ag Procedure iable Procedu	re			
Location	of	Loc	Is cation		NEWSCHOOLSTEN AMERICAN CONCE			Aba	tement	Type
Asbestos-Cont			mally Jsed		Description Asbestos-Conta		Amount	R	D N	
Material (A TO BE ABAT	ACCOUNTY IN	So	lely Main-		Material (A	CM)	(Specify	E	E C	:   C
In Facili		ten	ance/	1,	(i.e., thermal nsulation, surface		SF or	0	AP	0
(13)	_		todial f (12)		or other miscell		LF)	A	P U	U
Basement		res	No N/A	1000				L	L	R
Dasement			X	PID	e insulatio	n	40 lf	X		
Nome of Design										
Name of Registered Was AZTECH MANAGEI		Haul	EP Waste Ler ID No 040	1000	bic Yards Waste 1.5	Name of Regis	stered Landfi Enterpri		INC	
City, State				Di	sposal Date	City, State				
Montclair, NJ (	07042				8/15/16		irg, Ohio	44	688	
Completed By (Print or	- m									
Constantine Vi		den	-		Signature	+++1		ate		
		- C-11			1 Pin	bull /		8/2/2	016	
					1 0	1 1 7				

### State of New Jersey

		f		CATION OF	f New Jersey ASBESTOS ABATE IAC 8:60 and 12:1		DEC		North man makes a	and others	2
Date of Notification (1)	3 15			Name of Bu	ilding Owner/Operati	or (2) ALE 0	REDGETAL		2016	-	III.
Agencies Notified  BA  DBP	Type Notificati	ion		Street Addr	S CLTR	ń	O ASBESTOS		ITRC	L &	
N DOH	Amendmer  Emergency justification	(includin	<b>19</b>	City, State, 2	CLERM	ONT. M	J 08	71	0		Tairin.
	Cancellation				JIM		Telephone Nu	mber			
Name of Facility Where Ab			e (3)	FAÇILITY	INFORMATION	Type of Faci	ility (4)				
Street Address	ESIOT	MUC	<u> </u>			School (In Subchape Other (i.e. homes, e	ter 8 (Other than K- ., private & commer	12) cial bu	iilding	s,	
	a som (	CV	CtS:	T		Square Feet	# of Floors			Age O+	
	MAY			County Cod USE ONLY)		L VA	(Prior if being demo	lished	)		
Name of Monitoring Firm Hi	red by Building	Owner	_ A	SCM No.		nent Contractor	(9) [N(C		*		
Street Address /					Street Address		PRUE	ΔUt	<u> </u>		
City, State, Zip Code					City, State, Zip C	ide ILE St	LADE N	7	08	305	2
Project Manager for Monitor				none No.	Telephone No. 856 - 27		Z License No.	44			
Start Date (10)   16		8 12	2/1	n Date (11)		Monitor SEP14	KLEMM				
Occupancy Status During A    Facility Closed/Vacated D	uring Entire Po	eriod of A	bateme	ent		369 5.	SPRUCE	A	Œ		
Abatement Performed Ou Other - Describe:		и гасицу	Hours		City, State, Zip C		HADE UID	0	101	2	,
Scope of Work (Check all the ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	at apply)	Ren	ovation nolition		☐ Mini-End ☐ Gloveba	dosure g Procedure	legative Pressure	ıre			
35) —		Non	cation mally					1	Abates Typ		
Location of Asbestos-Containing Mater TO BE ABATED IN Facility (13)	ial (ACM)	Mainte Cusi Sta (1	Solely brenance/ todial aff?	Asbe: (i.e	Description of stos Containing Mate , thermal systems in surfacing, VAT, other miscellaneou	sulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
SIDNAG		Yes	No N	(/A	TRAWSIT	<del></del>	500035	X	-	-	$\dashv$
	·		$\perp$								
Name of Registered Waste Ha	LN C		Haule	P Waste or ID No.	Cubic Yards of Waste	C.M	istered Landfill	) IA	T :		
City, State WAPLE	SHADE	·	U J		Disposal Date	City, State	MODINE	W	7		
Completed By	Title	1.1	10		Signature	000/	Date	131	110		1

ASB-41

Date of Notification (1) / 3 / 16	Name of Build	ling Owner/Operato		ISTRUCTIO	041			
Agencies Notified Type Notification	Street Addres	S	I' ST.					
DOP - Amended Amendment # Emergency (including	City, State, Zip		SLE (1	TY N.J.	(	98	71	13
DOH justification justification	Name of Conta			Telephone Num		0	-11	
		FORMATION	30 P(VCI3)		-	_		
Name of Facility Where Abatement is Taking Place (3)	-		Type of Facilit					
Street Address			☐ Subchapte	r 8 (Other than K-1 private & commerc	2) ial bu	ilding	s,	
City (5) OCEAN CITY			Square Feet	# of Floors	E	3ldg.	Age O +	
County (6) APE MAY	County Code USE ONLY)	(7) (STATE		Prior if being demoli:				
Name of Monitoring Firm Hired by Building Owner (8)  N/A	ASCM No.	Name of Abatem	ent Contractor (S	The second second				
Street Address		Street Address	s. Spri					
City, State, Zip Code		City, State, Zip Co			0	803	52	
Project Manager for Monitoring Firm Telep	phone No.	Telephone No.	79-047	License No.				
Start Date (10) Scheduled Completi	onitor DSEP1+	KLEMM						
Occupancy Status During Abatement (Check only one)  Sacility Closed/Vacated During Entire Period of Abatem	nent	Street Address		RUCE AVE				
Abatement Performed Outside of Normal Facility Hours  Other - Describe:		City, State, Zip Co	de	mawn:		30	52	_
Scope of Work (Check all that apply)			ainment with Ne					_
≥3 sf or ≥3 lf       Renovation         ≥160 sf or ≥260 lf       Demotition		☐ Mini-Enck ☐ Glovebag	osure Procedure	on-Friable Procedur	e			
Is Location Normally						bater Typ		
Location of Used Solely I Maintenance TO BE ABATED Custodial	e/ Asbesto	Description of os Containing Mater		Amount (Specific			m m	ш
TO BE ABATED IN Facility (13)  Custodial Staff? (12)	(1.e.,	thermal systems ins surfacing, VAT, o other miscellaneous	r	(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
Yes No	N/A						ate	18
SI'DING :	×	RANSIT	E	352020	X	-	-	$\dashv$
Name of Registered Waste Hauler NDD	EP Waste	Cubic Yards	Name of Regis	tered Landfill				
KLTMCO INC 13	904	of Waste	C.M	. C. M. U	)_	4		_
City, State MAPLE SHADE . N. J		Disposal Date	City, State W001	OBINE !	4.	T		
MiCHAEL COM Title VIP		Signature.	Oxu		3	111	0	

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

		1				8:60 and 12:12						
Date of Notification (1	1/3/16		20	Nam	e of Buildin	ng Owner/Operator	(2) (ON	STRUCTION	U			
Agencies Notified	Type Notificatio	n				00 771	4 ST.					_
⊠ DOL	Amended Amendment Emergency		ng	City,	State, Zip	SEA IS	SLE CI			87	24	3
DCA DCA	justification)  Cancellation		872.51	Nam	e of Conta	CANK E	DUARDI	Telenhone Numh	er			15
	1 .		•	, FA	CILITY IN	FORMATION						
Name of Facility When	RES IN	ng Ptac	æ (3) <sup>*</sup>					12) r 8 (Other than K-12				_
Street Address							homes, etc Square Feet	private & commercia :) - # of Floors		dings,	in 	
City (5)	STONIE 1	+40	213	DR			1000	Prior if being demolis	_		) +	=
County (6) APE				USE	E ONLY)	7) (STATE		A CANT	ned)			_
Name of Monitoring Fig. (8)	m Hired by Building	Owner		ASCM	l No.		nent Contractor (					
Street Address						Street Address	S. Spri	UCE AVE				
City, State, Zip Code						City, State, Zip C		E N.J.	08	TOS	52	_
Project Manager for M	onitoring Firm		Tel	ephone	No.	Telephone No. 856 -7	79-047	Z	4			_
Start Date (10) 9 / 6 /	16	9	13	etion Da	ate (11)	Name of OSHA N	Monitor OSEP14	(CLEMM				_
Occupancy Status Du	ated During Entire Pe	eriod o	f Abate	ement		369		RUCE AVE				_
☐ Abatement Perform ☐ Other - Describe:	ed Outside of Norma	al Facil	ity Hou	ırs		City, State, Zip C		DE N.J	08	30	52	
Scope of Work (Check	(all that apply)						ntainment with Ne	egative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emolitik			☐ Mini-End ☐ Gloveba	an Procedure	on-Friable Procedur	е			
		10000	Locati						A	bater Typ		
Location Asbestos-Containing TO BE AB IN Facili (13)	Material (ACM) ATED	Mai C	d Sole ntenar ustodia Staff? (12)	nce/ al	Asbes (i.e.,	Description of tos Containing Mat thermal systems in surfacing, VAT, other miscellaneo	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
64011	C	Yes	No	X	-	TRANSI	TE	2500sE	X			
SIDIN				/								
									-	-		-
Name of Registered W	aste Hauler		1	NDEP /		Cubic Yards	Name of Reg	istered Landfill				
KLTMCO				7 9	04	of Waste  Disposal Date	City, State	1. C. M. 1	),	4	_	
City, State - MAPLE			NI.	J.			1 100	DBINE	Μ.	7	_	_
Completed By  MiCHAEL	acnin Title	V	P			Signature.	lelya	Date /	3	11	6	_

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AREA1

BEST REMOVAL INC

CKBZ85 State of New Jerbay NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:128) KENHOTH ADAMS Date of Notification (1) 8/2/16 Type Notification Agency Netfield Carlotte Value Q EPA City, State, Zip Codu E DOL Assertantiad いてい Arrestation of PLIDGE WOOD 07450 D'Emergency discluding Telephone NumberSTUS CONTR DE BOA Name of Cortact justification)

Conceletion MR ADAMS FACILITY IN PORMATION Type of Pacifity (4) Hame of Facility Whore Abassment is Taking Plain (3) MR. K. ADAMS School (K-12)
 Substantian & (Other than K-12)
 Coher (Le. private & corresponds to Street Address Remes, the )
Square Feet | # of Floars
| 2200 | Z CEY (5) GOOWSOO ST 1940 Competition (Prior II being demolstred) County Coch (7) (STATE USE County (6) BERGEN Name of Ahatamant Contractor (8) Marrie of Monitoring Pirm Hired by Building Owner. ASCAL No (8) Best Removal Inc Street Address 450 South River St Cay, Sime, Zip Code Hackensack, N.J. 07601 Telephone No. Project learnings for kinedio Film 201-329-7444 00388 8/6/11 letton Date (11) referent AF BO to espet 18/16 Omega Environmental Occupancy Busins Others Absternant (Check only ene) Direct Address □ Facility Closed/Vecated During Entire Period of Absternant
□ Abstanrant Performed Orbids of Housel Facility House
□ Other - December: 18 ; 00 000 110 110 5.PM 280 Huyler St Chy. States, Zip Code S. Hackensack , N.J. 07606 thappe of Work (Chock as that a peny) O Sull Containment with Magazine Pressure A Renevetori O Demostice -El bijoù-Erokoure Li Giovebag Procedure BE180238 C 2 140 m er 2 260 H G Non-Exampled (\*) and Non-Printe Prospers les Locatilion Nermally and Selety by Department of shortest (ACM) (Lo., Spartest systems; breakfor, Lorentian of priministing Matherini (ACM) Amount (Specify TO BE ASATED euroriga, VST. or other mispointments) Small? (E.F) (12) No NA 140 4 BUSSMENT THERMAL SYSTEM I USU WYALL Harris of Registered Visite Hause NUSEF Words Hands Name of Registered Landie Cabio Yasahi ed ID No. Best Removal Inc Minerva Enterprises .LLC 17109 20/243 8/8/14 Hackensack , N.J. 07601 Waynesburg, Oh, 44688 8 2 Consisted by عسمم 16 J. Maiorano Estimator D.

" Do not use this form for asbestoe boottell

CK 4022

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)		P	ng Owner/Operator		STRUCTION	<u></u>			
Agencies Notified Type Notification	St	reet Address	500 771	4 ST.					_
DEP - Amended Amendment #	Cit	ty, State, Zip	Çode	SLE CI	TY NJ.	0	87	24	3
☐ Emergency (including justification) ☐ DCA ☐ Cancellation		me of Conta	CHANK E	DUARDI	Telephone Numb	er			
			FORMATION						
Name of Facility Where Abatement is Taking Pt	ace (3)			Type of Facility					
RES IDEN	CE			School (K-1	r 8 (Other than K-12)	)	r		
Street Address				homes, etc					
City (5) STONIE 1+A	RBOR	_		Square Feet	# of Floors	1_	dg. A	ge +	
County (6) APE MAY	IC	ounty Code ( SE ONLY)	7) (STATE		Prior if being demolish	hed)			
Name of Monitoring Firm Hired by Building Own	er ASC	CM No.	Name of Abatem						
(8) N/A			Street Address	LEMCC	INC.				=
Street Address			369	S. Spri	JCE AVE				
City, State. Zip Code				SHAD		08	05	2	
Project Manager for Monitoring Firm	Telepho	ne No.	Telephone No. 856 -7	79-047	Z	4			_
Oldit Ball 1	Completion		Name of OSHA N		KLOMM				
Occupancy Status During Abatement (Check or		2	Street Address						
Facility Closed/Vacated During Entire Period	of Abatemen	t	369 City, State, Zip C		RUCE AVE			_	_
☐ Abatement Performed Outside of Normal Fac ☐ Other - Describe:	ality Hours		MAP		DE N.J	08	0	52	
Scope of Work (Check all that apply)			☐ Full Con	tainment with Ne	egative Pressure				
	Renovation Demolition		☐ Mini-End	dosure a Procedure	on-Friable Procedur	е			
	s Location		-				bates Typ		
1 OCAHOLUI	Normally ed Solely by		Description of	arial (ACM)	Amount				
Ashestos-Containing Material (ACM) M	aintenance/ Custodial	Asbes (i.e.,	tos Containing Mate thermal systems in	nsulation,	(Specify SF or LF)	Rer	Re	incap	Enclo
IN Facility (13)	Staff? (12)		surfacing, VAT, other miscellaneo	or us)	SFG LF)	Removal	Repair	Encapsulate	Enclosure
Yes	No N/	A						е	
SIOING	X		TRANSI	TE	2500sE	X			
								_	
	$\bot$	-					_		
Name of Registered Waste Hauler	NUDE	P Waste	Cubic Yards	Name of Reg	istered Landfill		_		
KLTMCO INC	Hauler	904	of Waste	C, h	1. C. M. 1	),	1		_
City. State MAPLE SHADE .	N.J.		Disposal Date	City, State	DBINE	N.	T	_	
Completed By Title	1/10		Signature_	0,0 K	Date /	3	1	6	
MicHATL Mann / V	IF			~ / -				-	

		NOT	IFICATIO (Pursuar	ON OF AS	BESTO C 8:60 a	S ABATE nd 12:12	MEN (0)	IT			(	1	4	42
Date of Notification (1) 08/02/16		40014	Name Interi	of Buildin national	g Owner Flavor	/Operato	r (2) Iranc	ces,Inc	J			<u></u>		
Agencies Notified Type Notification  EPA Initial			100000000000000000000000000000000000000	Address Highwa	ay #36			į	AU	G s	3 2	2016	) )	U
X DEP	#			itate, Zip ( n Beach		7735		1						Library C
Emergency justification)	(includin	g		of Contac		1133			Telephon	OS CO	IM	7247	1 3	
DCA Cancellation			100000000000000000000000000000000000000	Stappe	-	/Constr	.Mng	gr.	relephon	e rantité	er <sub>l</sub> :			
Name of Facility Where Abatement is Takin	a Dlaca	(2)	FAC	CILITY IN	FORMA	TION								
International Flavors&Fragrances,	Inc	(3)					Тур	e of Facility						
Street Address 1515 Highway #36							×	Other (i.e.	-12) er 8 (Other thar private & comr	n K-12) mercial t	ouild	ings	, hon	105,
City (5) Union Beach							Squ	etc.) Jare Feet	# of Floors	S	BI	dg. A	Age	
County (6) Monmouth			County (STATE	Code (7)	y)			rent Use (Pi	rior if being den	nolished	)			
Name of Monitoring Firm Hired by Building ( Garden State Environmental	Owner (8	3)	ASC	M No.				patement Co rporation	entractor (9)					
Street Address 555 S. Broad Street	55 S. Broad Street ty, State, Zip Code						Addr McB	ess ride Ave						
Glen Rock, NJ 07452 Project Manager for Monitoring Firm					Woo	dlan	Zip Code d Park, N	J 07424					i i	
Bruce Wolf Start Date (10)			52-1119		Teleph 973-2			Licen 0110	se No. )4					
08/15/16	08/19/	led Co '16	mpletion	Date (11)				SHA Monitor	Laboratories					
Occupancy Status During Abatement (Check						Street			Laboratories	s,LLC				
× Facility Closed/Vacated During Entire P	eriod of	Abate	ment					ite 22 We	st					
Abatement Performed Outside of Norm Other – Describe:	al Facilit	y Hou	rs		_			Zip Code J 07083						
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	The same of	Renov Demol				×	Mi GI	ini-Enclosur ovebag Pro	ent with Negati e cedure / Ten d (*) and Non-F	Т			3	
		Loca Vorma										bate	men	i
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)	Use Ma	ed Sole intena	ely by ince/ Staff?	Asbes (i.e.	tos Con thermal surfa	scription taining M systems cing, VAT niscelland	ateria insul r, or	ation,	Amount (Specify SF or LF)	Kemova	,	Ty	Encapsulate	Enclosure
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nigh pressure boiler room-room526		X	the	rmal sy	/stem ir	nsula	ation	120 LF	×					
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Name of Registered Waste Hauler		- 1 -	LIDES				-9000)					5		
ilich Corporation		F	IJDEP W lauler ID 8724		Oubic of Was			A STATE OF THE STA	Registered Lan S, Landfill	dfill			-	
ity, State /oodland Park, New Jersey				Dispos	al Date		City, State Morrisvi							
ompleted by omo Glavatovic	resid	ient		S	gnature		3		Date 08/02/	20	16			

CX 6288

			'I Na	mo of	Rudding	Owner/Operator	(2)	SIE ME	fi N	П	Œ	Seren .	-
Date of Notification (1)				345					II W	1		1	1
0/0/	Type Notification		-				115		1.		1	11	T
Agency Notified	type nouscauon		3	C	M.D.	NIESE'X E	ESSEY	URNPINE	0 001	10	and well day	11	
□ EPA	- Initial		-	-			1	store g	- 201	Ū	1	100	Ħ
D DEP	Amended Amendment#		CA	y, 303	ee, 210 C	7 NJ	2883	30			N. COLLEGE		
ZI DOL	☐ Emergency (includir	ıg	-	126		. 100	. 0 0 0 0	Telephone Numi	oef	The Notice of Street	-000		$\dashv$
<b>№</b> бон	justification)				Contac		2	120000001000	TWINIP	16.11	Đ		-
□ DCA	☐ Cancellation					suey	German.			-	V-property	AL PERSON	ESCO.
			F	ACILI	TY INFO	DRMATION .						_	4
Name of Facility Where	Abatement is Taking Pla	ce (3)			ň.		Type of Facility	(4)					
BA	SF						School (K-12	2)					1
Street Address					<del>-</del>	+1	☐ Subchapter	8 (Other than K-12)	المستقدمة				
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City (5)							Square Feet	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Bidg. A	_	-		
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County (6)			T Co	ember (	Code (7)	(STATE USE	Current Use (P	rior if being demolis	shed)	100			
MIDDLES	:=X			VLY)			RAD	OFFICE/	LAG.	S			
Name of Monitoring Firm		- LAS	CM No			Name of Abaten						100	
	II filled by bollowing Owin	.  ~	- No. 141	٠.	87		noval In						
(8) EH /		L_				Street Address	HOVAL III	<u>c</u>			•		一
Street Address	13 La						. 1. D:	0.4					
	T SHORE -TR	ALC					th River	SE			-		$\dashv$
City, State, Zip Code	272	2.4				City, State, Zip C	ack, N.J	07601					
	NJ. 0.78°						ack, N.J	License No.		_		_	$\dashv$
Project Manager for Mo			phone		B	Telephone No. 201-329	71.1.1.	00388					
J.P. VONDO EH		973			697			00300		-		-	-
Start Date (10)	Scheduled Co			(11)		Name of OSHA	Monwor Environm	ontol					
8/13/6	1 /1 -	aji k	> .			Street Address	PILATION	ental				-	$\dashv$
Occupancy Status Duris	ng Abatement (Check onl	y one)				5.00	1 C.						-
☐ Facility Closed/Vacat	ed During Entire Period	Abatem	nent			City, State, Zip	uyler St					_	$\dashv$
☐ Abatement Performer ☐ Other – Describe: <	d Outside of Normal Faci	lity Hours	: - 20	· C.	M			,N.J. 07	606				
Scope of Work (Check a								Negative Pressure					
□≥3sfor≥3#			8	Renn	vation		Contaminent was Enclosure	1 Negative i resour					
22 160 sf or ≥ 260 lf				Demo		☐ Glov	ebag Procedure	I SI C. Michie Bern	a de sea				
						2 Non	Exempted (") ar	d Non-Friable Proc	1	Ab	ater	ner	t
			ocation	.					1		Тур	e	
Locat	ion of		mally Solely	hu		Description	of ·	x 1 x 1.	ļ			_	
Asbestos-Containi	ng Material (ACM)	The state of the s	enanc		Asbe	stos Containing M	aterial (ACM)	Amount (Specify		7	2	E	9
TO BE A	ABATED INCIDENT		stocial		(t.e	_ thermal systems surfacing, VA	insulation,	SF or LF)		Removal	00	808	clos
	3)	0.00	12)	1	*	other miscellan	eous)			8	Repair		ure
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		Yes	No	N/A			1	16001	=	X	+	+	-
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Name of Registered Wa	aste Hauler	NJD	EP Wa	ste H	auler	Cubic Yards of	The company of the co	istered Landfill					2010918
Best Remo		ID N				Waste 1	Minerv	a Enterpr	ises	,	LL	C	
			171	09		AOC 7	1					_	
City, State						Disposal Date	City, State	,	110	0.0			
Hackensad	ck , N.J. 07	601				9/24/10	Wayne	sburg, Oh	, 446	88			
Completed by	Title					Signature	2	. 3	Date 81	2	11	4	T.
J.Maiorano		imat				1 1	امرونه		0 1	2	1,	10	
ASB-41	* Do no	t use this	form f	for ast	pestos li	censure exempted	activities.						

Date of Notification (1)					Name	of Building	Owr	ner/Operator (2	2)					
8 /	3 / _	16			Gen	eral Gro	wth	Properties	hidesal	NECE	1    2	W	F	100
Agencies Notified	Type Notifica	tion			Street	Address			2			OKON WILLIAM	ATTENDED	1111
⊠ EPA					110	N. Whac	ker	Drive	real section of the s	151				
□ DOLWD	☐ Amended				City. S	tate, Zip C	ode		1	IIII AUG	8	2016		HU
□ DOH	Amendme	1				cago, IL		16	And a second	11 11 400	Ü	2010		-
☐ DCA	Emergend		uding		177	of Contact			Contract	Telephone Numb	er		-	
(NJAC 5:23-8)	justificatio					y Webb			CAC) WEEK	, olopiiono mamo	-	NTRO	3.10	
	☐ Cancellati						FOR	MATION	192	LICE	NSIN	G	namen and North con-	mt out of the R
Name of Facility Where A	hatamant is T	akina I	Diago	(2)	FAC	ILIIY IN	FUR	IVIATION	Type of Facility	(4)				
Name of Facility Where A		aking i	lace	(3)					School (K-1					
Woodbridge Center	riviali									8 (Other than K-12)				
Street Address									Other (i.e.,	private and commerc	ial bu	ilding	s,	3
250 Woodbridge Ce	enter Drive								homes, etc				704	
City (5)									Square Feet	# of Floors		dg. Ag	je	
Woodbridge, NJ 07	095			25-5-					1,633,000	2		45		
County (6)					Coun	ty Code (7	)(STA	TE USE ONLY)		rior if being demolish	ned)			
Middlesex									Commerci	al				
Name of Monitoring Firm	Hired by Build	ing Ov	vner (8	3)	ASCM	No.	Nar	ne of Abateme	ent Contractor (9	9)				
Criterion Laborator	ies, Inc.						S	hade Enviro	nmental, LLC					
Street Address							Stre	eet Address						
3370 Progress Drive	e, Suite J						6	23 Cutler Av	renue					
City, State, Zip Code								, State, Zip Co	ode					
Bensalem, PA 1902					- No Call No.		150	laple Shade,	NJ 08052					
Project Manager for Moni	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				phone I		1000	ephone No.		License No.				
Michael Panepresso				- 27	15-244			56-755-0099		00842				
Start Date (10) 					tion Da		0.00000000	ne of OSHA M riterion Lab	oratories, Inc					
Occupancy Status During			7772					et Address		-	V			
☐ Facility Closed/Vacate					ment				s Drive, Suite	ا. د				
						cribe		, State, Zip Co			1000			_
Time of Abatement: _								ensalem, PA						
Scope of Work (Check all	that apply)							M Full Cont	alamant with No	agativa Prossura			1	
		D	⊠ Rer	novati	ion			☐ Mini-Enc		egative Pressure				
≥160 sf or ≥260 lf			] Der					Glovebag	Procedure	las Friabla Dragodus	_			
								Non-Exer	mpted (*) and iv	Ion-Friable Procedur	1	-1	ant Ti	10.0
1.4100000000000000000000000000000000000	,			Locat				Description o	£		-	atem		
Location Asbestos-Containing I		,			ely by	Asbe	stos (	Containing Ma		Amount	Removal	Repair	Enc	Enclosure
TO BE ABA		/			ince/		., the	rmal systems i	insulation,	(Specify	Nou	air.	aps	los
IN Facilit	ty		Cust	odiai (12)	Staff?	115332		urfacing, VAT, ner miscellane		SF or LF)	<u>n</u>		Encapsulate	Jre
(13)		-	Yes	No	N/A		OU	ner miscellane	ous)				te	
Tenant Space 1470	-		П			Wall Ca	ulk			10 LF				
Tenant Space 2035						Carpet	Mas	tic		100 SF	$\boxtimes$			
Tenant Space 2080			Floor T				345 SF							
					1-			Mastic/Wal	l Caulk	609 SF/20 LF		П		П
Tenant Space 2360	to Unular				JDEP /	1.5	-	oic Yards of		istered Landfill		_		_
Name of Registered Was	te nauier			200	lauler II		Was		1	and County Land	Fill			
Freehold Cartage					02265	i	1	The state of the s		a county Land				
City, State							a secondaria	oosal Date 9/02/2016	City, State Newburg	ΡΔ				
Freehold, NJ		net : ·					U	All and the second seco	110110019		to.	_	1	
Completed By (Print or Ty	ype)	Title	l					Signature	77	Da	8	/2	/11	,
Bill Lynch		Sa	les M	ana	yer			w	12 II			0	112	

Date of Notification (1) 08/02/16					Building				s,Inc		1			1111	101
Agencies Notified	Type Notification			Street A 1515 H	ddress Highway	#36					A	UG	8	201	6
× DEP	Amended Amendment		_		ite, Zip Co Beach,		735				885	STO	3 00	NTR	Že i
X DOH □ DCA	Emergency justification) Cancellation				f Contact Stapperf	enne/C	Constr.	Mngr		Teleph	one Nur	nber	:14511	Vid.	
Name of Facility Where			)	FACI	LITY INFO	ORMATI	ION	Туре	of Facility (4	)					
International Flavor Street Address 1515 Highway #36	rs&Fragrances,	inc						×	School (K-12 Subchapter & Other (i.e. pr	Other to	han K-1: ommerci	2) al buil	dings,	home	es,
City (5) Union Beach									etc.) re Feet	# of Flo	oors	E	Bldg. A	ige	
County (6) Monmouth				County (	Code (7) USE ONLY,	,		Curre	ent Use (Prior	r if being	demolish	ned)			
Name of Monitoring Firm Garden State Envir		Owner (8)		ASCM	No.		N 4004 (1907)		itement Cont poration	ractor (9)					
Street Address 555 S. Broad Stree	t						Street 606 I		ss ide Ave						oranner in the wa
City, State, Zip Code Glen Rock, NJ 074	52								ip Code Park, NJ	07424					BC 540 1. 1
Project Manager for Mor Bruce Wolf	nitoring Firm		Telephoi 201-65	ne No. 52-1119		Teleph 973-2			1	cense N 1104	0.				
Start Date (10) 08/22/16		ed Con	npletion (	Date (11)				HA Monitor nmental L	aborato	ries,LL	.C				
Occupancy Status Durin  X Facility Closed/Vac				nent .			Street 2333		ss te 22 Wes	t					
Abatement Perform Other – Describe:	ed Outside of Norr	nal Facility	Hours	5		_			ip Code 07083						
Scope of Work (Check A  × ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ll That Apply)	property and the same of the s	enova				×××	Ful	Il Containmer	nt with Ne	egative F	ressu	re		
		<u></u>					×		ovebag Proce n-Exempted	edure / TA (*) and N	2NT on-Friab	le Pro	cedur	e	
Location	ı of		Locati Iormal	ly		De	scription	of						ement pe	l 
Asbestos-Containing TO BE ABA In Facil (13)	Material (ACM) ATED	Mai	d Sole intenar odial S (12)	nce/		tos Cont thermal surfa	taining N systems cing, VA niscellan	faterial s insula T, or		Amo (Spe SF or	cify	Remova	Repair	Encapsulate	Enclosure
	100	Yes	No	N/A								Ĺ		ite	Ф.
boiler room-r	oom162	-		X	the		ystem i elbows		ition	32 L 25 /		x			
					BIDOWS			25 //	ea ————	X					
Name of Registered Was						Cubic of Was	Yards ste		Name of R	Ti					
City, State Woodland Park, Nev	v Jersey					Dispos	sal Date		City, State Morrisvil						
Completed by Momo Glavatovic		presic	lent		S	Signature	6	25		Da 08	te 3/02/2	2016			

State of New Jersey APPROVED : TOM VOORHEES, NJPOL

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

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

Cl# 3072

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Date of Notification (1)					wner / Operator	r (2)	Andrew Control			10.00	-	
8/2/2016					iship BOE			145	W E	725	1	
Agencies Notified Type Notificati	ion	Street				4				-11		
□ EPA □		4207								111	Ш	
☐ DEP ☐ Initial				Zip Co			IIIII AII	0 0	2016		11	
□ DOL    □ Amend				NJ 077	47	-	IIII AU		2016	11-	11	
□ DOH    □ Emerge		Name	of Co	ntact				[	Telepho	ne N	umb	er
☐ DCA ☐ Cancel	llation	Mr. Fr	rank	Frazitt	а							
		EAC	TI II	VINEC	RMATION	-		TOS CON ICENSIN				
Name of Facility Where Abatemen	t in Taking Place		/ILII	TINFC	Type of Facility	h. (A)		-NOENON4	1			
l to the second	it is raking Place	(3)					ON SUB-CHA	ADTED 8				
Salk Middle School												
Street Address						20	Other than K-1		1000 Mr. 011 May			
155 West Greystone Road							te & commerc				tc.)	
					Square Feet		# of Floors	E	Bldg. Ag	е		
City (5)	County (6) C	ounty C	ode (	7)	70,000		1			60+		
Old Bridge	Middlesex				Current Use (	Prior if	being demolis	shed)				
J					School		- <del> </del>	(6)				
Name of Monitoring Firm Hired by	Building Owner /8	2)	TASC	M No.	Name of Abat	ement	Contractor (9	1				
Environmental Connection	bullaring Owner (c	')	1	AVI INO.	Bristol Envi			/				
Street Address		-1112			Street Addres	and the second second second	ciitai, iiio.					
120 North Warren Street					1123 Beave		of					
City, State & Zip Code					City, State & 2							
Trenton, NJ 08010					Bristol, PA		ie.					
	Tolo	phone	Niconale		Telephone Nu			License N	lumbor			
Project Manager for Monitoring Fire		-392-4		ei				00509	uniber			
Roland Jones					(215)788-60			00303			_	
	cheduled Complet		e (11)		Name of OSH							
8/3/2016		2016			Bristol Envi		ental inc.				in the	
Occupancy Status During Abateme				545	Street Addres	ATTA	6					
Facility Closed/Vacated Du	: 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		teme	nt	1123 Beave							
Abatement Performed Outs	side of Normal Ho	ours -			City, State & Z		de					
Describe: 8 AM - 3:30	0 PM				Bristol, PA	19007						
Facility Occupied During A	batement											
Scope of Work (Check all that app	ily)					21-1-20	N. S.	1W 200W 690				
1/4/2							Full Containm		legative	Pres	sure	Į.
≥3 sf or ≥3 lf	$\boxtimes$	Rend	ovatio	n			Mini-Enclosur	е				
≥160 sf ≥260 lf		Dem	olition	1			Glove Bag Pro	ocedures				
_							Non-Exempte	d and Nor	n-Friable	Pro	cedu	re
Location of	Is	Location	on		Description	of	/	Amount	Aba	ateme	ent T	уре
Asbestos-Containing	Nor	mally U	Ised		Asbestos-Cont	aining		Specify				Г
Material (ACM)		Solely b			Material (AC			F or LF)	77		E	ш
TO BE ABATED	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ntenano			(i.e., thermal sy				Remova	Repair	Encapsulate	Enclosure
in Facility	Cus	todial S	taff?		sulation, surfac				lov	pair	Ins	nsc
(13)		(12)	N1/A		or other miscella	aneous	)		<u>n</u>	'	ate	ਰ
	Yes	No	N/A									
Boiler Room				P	ipe fitting Ins	ulatio	n	9LF	$\boxtimes$		Ш	Ш
		T						In	П			
		171	Ħ						TH	F	T	IT
Name of Registered Waste Hauler		N.II	)FP \	Vaste 0	Cubic Yards	Name	of Registered	d Landfill				
Traine of registered vvaste flauler		11000000	ıler IC	1 10000	of Waste	1.01110						
Service Transport Inc.		1.00	2099	Militares Na	1	Mine	rva Landfill					
City, State					Disposal Date	City, S						
New Castle, DE					8/4/2016		nesburg, OH	i				
1		1				wayi	iosburg, Or		D-4-	(0)		
Completed By (Print or Type)		Title		15	Signature		, .		Date	/	/	
Gino Pizzigoni			oject		Him Ve	1 -	- · / pl	1	8/	2/	11	
		Ma	nage	r	jours & i	greg	one of		1/	7	4	2

Check# 0343

Date of Notification (1)		23			of Building			(2)	product		mintario e		,		erior and	
8/3/16					he Coli	Group	Ltd	r	100	3 1		10		W		
Agencies Notified T	Type Notification				Address					リー		article committees	NOT THE OWNER.			
I Marie	Initial		-		ars Drive ate, Zip C	33				11			- 0	010	-	
DEP X DOL	Amended Amendment	#			nus, NJ				4	Ш	AU(	5	8 2	016	To the same	Ind I
□ DOH	Emergency (	(including	_		of Contact				0.00	1	elepho	ne Nu	mber		- 1	
DCA DCA	justification) Cancellation			Jan C						-				31		1
				FAC	ILITY INF	ORMAT	ION					ICEN	SINC	4	er og det de	
Name of Facility Where Ab		g Place (3)						Туре	of Facility	(4)		eeww.		2234		
Abandoned Warehou Street Address	ise 								School (K-		4141	- 1/ 1	٥١			
960 Belmont Ave								×	Subchapte Other (i.e.					ldings	hom	es,
City (5)			-						etc.) are Feet	- 4	of Floo	***	- 1	Olda I	\ ~ ~	
Haledon					¥				000	2		15		31dg. A 50+	Age .	
County (6)			T	County	Code (7)				ent Use (Pr	-		molis		001		
Passaic					USE ONLY	)			rehouse		3		/			
Name of Monitoring Firm Hi	ired by Building (	Owner (8)		ASCN	√l No.		Name	of Aba	atement Co	ntracto	or (9)					
n/a·				n/a			Harr	nony	Contract	ting l	nc					
Street Address							Street									
n/a City, State, Zip Code									ade Ave							
n/a									ip Code NJ 07026	3						
Project Manager for Monitor	ring Firm		Telepho	ne No.		Teleph					nse N	0.				
n/a				n/a				460.6			012	255				
Start Date (10) 8/15/16		Scheduled 8/31/16		npletion	Date (11)				HA Monitor Contract		nc					
Occupancy Status During A	batement (Check	k Only One	)				Street									
Facility Closed/Vacated	d During Entire P	eriod of Al	atem	ent					ade Ave							
Abatement Performed Other – Describe:	Outside of Norm	al Facility I	Hours			10	The second second		ip Code	•						
Scope of Work (Check All T	hat Apply)						Gan	ieia,	NJ 07026	0						
≥3 sf or ≥3 lf	, (pp.)/	Пв	nova	tion			×	1	II Caataiaaa		ah Nasa	r		220		
≥160 sf or ≥260 lf		THE REAL PROPERTY.	moliti						ll Containm ni-Enclosur		tn Nega	auve F	ressu	re		
							×		ovebag Pro n-Exempte			Eriah	la Dro	codur	_	
		lel	ocoti	20			Inco	140	ii-Exemple	u ( ) a	III INOII	-i Hab	16 110		ement	t
Location of		No	ocation ormall	у		Des	scription	of							ре	
Asbestos-Containing Ma	aterial (ACM)	Used	Sole! tenar			tos Cont	aining M	lateria			Amoun				Ш	_
TO BE ABATE In Facility	<u>:U</u>	Custo	dial S		- (i.e.	thermal surface	systems cing, VA		ation,		(Specify SF or LF		Remova	Repair	сар	inclo
(13)			(12)				niscellan					,	ova	oair	Encapsulate	Enclosure
		Yes	No	N/A				o a deservation of the second							ite	Ф
Exterior				Х		Roofin	ng Mat	erial		13	3,000	SF	K			
Ground Floor (		x			VAT			1	150 SI	=	×					
Ground Floo		Х		Tran	site Bo	ard		2	200 SF	=	K					
Ground Floo	or			х		Pipe	Insula	tion			50 LF		K			
Name of Registered Waste H	0.000	DEP W		Cubic			Name of	Regis	tered La	andfill						
Rovic Transport	П	auler ID	NO.	of Was			TBD									
City, State Riverdale, NJ						Dispos TBD	al Date		City, Stat	e						
Completed by					ignature		IDD			Da	te					
Tina Caporino		Title Secret	ary			- 2	ma (	700	2 100			7/ 200	3/16			
		L					a. or	+11-0	110							



Date of Notification (1) 8/2/16  Type Notification		Name of Building Owner / Operator (2) Steve and Stephanie Manley								
gencies Notified EPA Emergency Notification		Street Add							70	
DEP X Initial Notification X DOL Amended Notification		City, State & Zip Code Somerset, NJ 08873				ALIO	0 0010	111 //1		
			Name of Contact			154 54	AUG	8 2016 Tolophon	e Number	
DCA		Steve Manley			LT-TATA		Telephon	iể Mattibet		
	RM/	ATION	I A	SBESTOS C						
Name of Facility Where Abatement is Taking Place (3)  Residence				Type of Facility (4)						
Street Address				School (K-12) Subchapter 8 (Other than K-12)						
				X Other (i.e., private & commercial buildings, homes, etc.						
						# of Floor		Bldg. Age		
City (5) County (6)		County Code (7)			3000	2		60		
Somerset So	merset	Current Use (Prior								
				Residential						
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.				Name of Abatement Contractor (9)						
Environmental Tactics, Inc				Global Abatement Services, LLC						
Street Address				Street Address						
64 Broad Street				443 Schoolhouse Road						
City, State & Zip Code Matawan, NJ 07747				City, State & Zip Code Monroe Township, NJ 08831						
				Telephone Number License Number						
				732-605-9062 00714						
Scheduled Start Date (10) 8/13/16 Scheduled Completion Date (11) 8/18/16				Name of OSHA Monitor Global Abatement Services, LLC						
				Street Address 443 Schoolhouse Road						
				City, State & Zip Code						
Describe: Area Isolated During Abatement Other - Describe:					Monroe Township, NJ 08831					
Scope of Work (Check all that apply)										
Demolition X Renovation					Full Containment with Negative Pressure					
Large Project				Mini-Enclosure						
Quantity is ≥ 3 SF or ≥ 3 LF ACM				Glovebag Procedure						
X Quantity is ≥ 160 SF or ≥ 260 LF ACM					X Other: Non-friable					
Location of Asbestos-Containing				Description of		Amount				
Material (ACM)	INC	Normally Used A Solely by			Asbestos-Containing Material (ACM)		(Specify quare Feet	(Specify: Removal, et Repair, Encapsulation		
TO BE ABATED	Ma				(i.e., thermal systems		or	or Enclosure)		
in Facility					sulation, surfacing, VAT		near Feet)		oloca, c <sub>j</sub>	
(13)		(12) or		other miscellaneous)		)	850			
Exterior		N/A		Siding			360 SF	Removal		
· · · · · · · · · · · · · · · · · · ·										
Name of Registered Waste Hauler Freehold Carting				Cu. Yds. of Was		Name of Registered Landfill				
City, State				-	Disposal Date		City, State			
Trenton, NJ					8/18/16		Tullytown, Pa			
Completed By (Print or Type)				Signature			Date			
Dominick Tringali Pres.					Dominick Tringali 8/2/16					