B & G proj. #: 2016-159A

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

*** SUB 8 ***

	E	C		\mathbb{V}	E	
Check	# 81	400	_	2016		

					*** SU	B 8 .		Check	- 0 DEC -	5 20	10		
Date of Notification	(1)	Nar	me of Buil	ding Own	er/Operator (2))		100			-		
1 12 1/10 12	1/1161	1			ollege-Elizak		Campus	A	SBESTOS (CONTI	ROL &		
Agencies Notified	Type Notificat	ion Stre	eet Addres	SS				1	LICEN				
☐ EPA	X Initial		2 West	Jersey	Street								
DEP DOL	☐ Amendr	accessory	, State, Z		7001								
	L Amend		Elizabet		201			I Telephon	e Number		-		
▼ DOH	Cancella	ation			D:		No.	Tolophor.	0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
DCA			Robert I		Director of F								
				FAC	ILITY INFORM	AOITAI		T=					
Name of facility wh	nere abatement i	s taking place	e (3)					Type of Facility (4) School (K - 12)					
Union County	College Les	sner Buildi	ng (Sub	8)				X Subcha	apter 8 (Other t	than K-1	2)		
Street Address							92	ercial					
12 West Jerse	ey Street							Bldgs./Homes, etc. Square Feet # of Floors Bldg. Ag					
City (5)		County	(6)				inty Code (7)						
Elizabeth		Unio	n			(Sta	te use only)	Current Use (Pr Sub 8	nor if being der	nolished)		
Name of Monitorin	g Firm Hired by	Bldg. Owner	(8)		ASCM No.	+	Sub 8 Name of Abatement Contractor (9)						
The Whitmar	n Companies				110		B & G Restorat	tion, Inc.					
Street Address							Street Address 105 Ryerson F	Road					
7 Pleasant H							City, State, Zip Code						
City, State, Zip Cod Cranbury, N.							Lincoln Park,						
Project Manager for	r Monitoring Firm	1	Pho	one Numb	er	_	Telephone Number	20	License Num				
Kevin Lovely	/		732	2-390-58	858		(973)696-686 Name of OSHA Mon		00378				
Scheduled Start Da	te (10)	Sched.	Completio	n Date (1	1)		B & G Restorat						
12/12/2016		12/21	/2016				Street Address						
Occupancy Status I							105 Ryerson R						
Facility closed	d/vacated during erformed outside						City, State, Zip Code						
Doscribe:	be: occupied				n	-	LincolnPark, N	J 07035			16		
Scope of Work (ch	Walter and the same of the sam												
✗ Demolition	X	Renovation				X F	full Containment w/ne	gative pressure [Glovebag p	rocedure	a		
\times >3 sf or >3 If		≥160 sf or ≥2	260 If				Mini-enclosure	[Non-friable	procedu	ıre		
Location of		Is location in			У				R	1 .	E E		
asbestos-con material to be	(C)	staff(12)	ancercust		Descripti material		sbestos-containing	Amount (Specify S	F or o	p	c n		
abated in fac		Yes	No	N/A	material	(, (0,(,)		LF)	v e		a L		
Northern Colum	nns			X	fireproofir	ng ma	terial	100 sf	X				
Southern Colum				X	transit pa			40 sf	X				
]					191			
											러는		
Desistand Wasta L	auler	INIDE	D Hauler II	D# 10	Subic Yards of	Waste	Name of Registered	i Landfill					
Registered Waste Hauler B & G Restoration, Inc. NJDEP Hauler ID# 19563					3		Tullytown	Resource & Re	covery Cer	iter			
City, State Lincoln Park, NJ					Date 2/16 - 12/22	City, State 2/22/16 Tullytown, PA				<u> </u>			
Completed by (Pring Gordana Luna	/Treasu	rer	Signature		Gordana Luna		Date 12/02/20	16					

2016-171

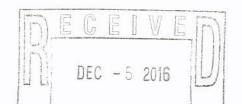
State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

(n)	E	C	E		W	E	F
Check	k#8	141	_	5	atno	THE PERSON NAMED IN	And investory of the second
		2 2 0		0	LUIC	-	E
A	SBE	STO)SC	01	ITRO	11 8	

В & G proj. #:			(r ursu	ant to NJAC	0.00	-7 alia 12.120-7)	115	eck # 814	14	_		111111111111111111111111111111111111111
Date of Notification (1)		LLN		10			- 18	CCK # QJE	<u> </u>	5	2016	
1 12 1/10 12 1/11 16	l	1.1	Sabates	vner/Operator (2)							
Agencies Notified Type Not	32	Street A	200-200 mm (C. 1010)					ASBES"	TOS	CON	ITRO	3 JC
☐ EPA 🕱 Ini	tial		7777777				-		10(-1)	1:3114	<u>u</u>	
L DEP			ite, Zip Code									
	endment	Ced	ar Grove, I	NJ 07009								
▼ DOH ☐ Car	cellation	Name of	Contact				Telep	hone Num	ber			
DCA Car	- Condition	John	1 Sabates				le					
			FA	CILITY INFORM	ЛАТІС	N						
Name of facility where abatem	ent is takir	g place (3)					Type of Faci					
John Sabates						1		hool (K - 1				
Street Address								bchapter 8 er (Private				Î
							Bld	gs./Homes	etc.			
City (5)	T	County (6)			Co	unty Code (7)	Square Fee	# of Flo	ors		3ldg. A	Age
Cedar Grove, NJ 0700	9	Essex			1/100	ate use only)	Current Use	(Prior if be	ing de	-l - molisi	ned)	
Name of Monitoring Firm Hired	by Bldg. C	Owner (8)		ASCM No.	<u></u>	Name of Abatement	residentia	l				
				n/a		B & G Restorati	A STORY BASE					
Street Address				L	-	Street Address				_		
City, State, Zip Code						105 Ryerson R	load					
ony, onto, hip obde						City, State, Zip Code Lincoln Park, I	V.I 07035					
Project Manager for Monitoring F	irm		Phone Numb	per	-	Telephone Number		Licens	e Num	ber		
						(973)696-6869		0	0378			
Scheduled Start Date (10)	Sc	hed. Compl	etion Date (1	1)		Name of OSHA Monit B & G Restorati						
12/12/2016		2/13/2016	3			Street Address	011, 1110.			-		
Occupancy Status During Abaten Facility closed/vacated duri						105 Ryerson Ro	oad					
Abatement performed outsi	de of norn	nal facility he	urs-			City, State, Zip Code						
Describe: Other-Describe:					-	LincolnPark, NJ	07035					
Scope of Work (check all that ap	ply)					200						
☐ Demolition	Renov	ation			□ F	ull Containment w/nega	ative pressure	X Glove	bag pr	ocedi	ıre	
<u>X</u> > <u>3</u> sf or > <u>3</u> lf		or ≥260 lf			X N	lini-enclosure		☐ Non-f	riable	огосе	dure	
Location of asbestos-containing	by mai	intenance/cu	y used solely istodial				A		R	R	E n	E
material to be abated in facility (13)	staff(1		т—	material (A		sbestos-containing	Amount (Specify		m o	p a	С	n
Signates a verification and a very series.	Yes	No	N/A				LF)		v e	i	a p	L
t fl coat closet & basement			X	pipe insula	tion		36 lf		X			
boiler room		-										
1									ዙ	님		H
									H	H	님	
Registered Waste Hauler B & G Restoration, Inc.	NJ	DEP Hauler 19563	ID# Ci	ibic Yards of W	aste	Name of Registered L						_
City, State			Disposal Da		_	City, State	esource & R	ecovery	Cent	er		_
Lincoln Park, NJ Completed by (Print or Type)	T		12/1:	3/2016		Tullytown, P.	Α				v	
Gordana Luna	Title Secret	ary/Treas	urer	Signature	9	Gordana Luna		Date 12/02	/201	6		10
	_							1		-		

Ch 181	7	NC			ON OF A	New Jersey SBESTOS ABA JAC 8:60 and 5:			D		\mathbb{V}	E
Date of Notification (1) 12 / 01	/	16				ing Owner/Operator almolive Compar	And the second s	11 10	:C -	- 5	2016	
⊠ EPA	mended mendment	#		1 City	, State, Zip	over Avenue		ASBES	TOS			OL 8
(NJAC 5:23-8) ju	mergency stification) ancellation	l .	ing	Nan	ne of Conta evin Moo	10m0		Telephone Nur	mber			
				F	ACILITY I	NFORMATION						
Name of Facility Where Abatem Commercial Street Address 191 E. Hanover Avenue City (5)	nent is Tak	ing Pla	ce (3)				Type of Facility School (K-1 Subchapter Other (i.e.,	2) 8 (Other than K-1) private and comme	2) ercial l	buildi	ngs,	
Morristown, NJ							Square Feet	# of Floors	E	3ldg.	Age	- 5
County (6) Morris				Cor	unty Code	(7)(STATE USE ONLY)	Current Use (P	rior if being demoli	ished)	0 -		S.
Name of Monitoring Firm Hired I Bio Terra Solutions Street Address	oy Building	Owne	r (8)	ASCN	M No.	Name of Abatem ALL PRO MA	ent Contractor (9 NAGEMENT L			31 - 1 mile 34 - 1	L.	
P.O. Box 1224						Street Address						
City, State, Zip Code			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	(F) (F)	11.7	27 Outwater City, State, Zip Co						
Union, NJ						Garfield, NJ						
Project Manager for Monitoring F	irm		Te	lephone	e No.	Telephone No.	01020	License No.				
Rick Eustaquio					4-3762	973-928-4888		1188				
Start Date (10)/	- _	03_	/ _3		ate (11) 16	Name of OSHA M ALL PRO MA	lonitor NAGEMENT L	LC			Y _e	
Occupancy Status During Abater Facility Closed/Vacated Durin Abatement Performed Outside Time of Abatement:Af	g Entire Pe e of Norma MP	eriod of	Abate tv Hou	ırs - De	scribe _AM	Street Address 27 Outwater I City, State, Zip Co	de					
Scope of Work (Check all that ap ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ply)	⊠ De	enova emoliti	on	to the		Procedure	native Pressure	e			
Location of			S Loca Norma						1	atem	ent T	ype
Asbestos-Containing Material TO BE ABATED IN Facility (13)	(ACM)	Use Ma	ed Sol	ely by ance/ Staff?	Asbe: (i.e	Description of stos Containing Mat , thermal systems in surfacing, VAT, other miscellaneo	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Boiler Room		Yes	No	N/A	Durat Vil						te	
Central Core of Bldg. E & W	Mingo					bration Cloths		2 Units				
First Fl. Offices-Comp. Sub-					Pipe Ins			20 LF				
First Fl. Offices-Within Pipe					VAT/Ma			3,600 SF				
Name of Registered Waste Hauler ATC			023	IJDEP V lauler IC	Vaste	d Paper Pipe Cubic Yards of Waste	Name of Regist					
City, State Shirley, NY				SW-24	4310	As Needed Disposal Date TBD	Minerva En City, State Waynesbur					
Completed By (Print or Type) Allen Monchik	Title	roject	Mana	ager		Signature		Date 12	e/	1/1	1	

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



				7) CONTINUATION SHEET			<u></u>			
			191 E. Hanover Avenue, Morristown		Abateme	nt Type	SESTO LIC	S CON ENSIN	ROL &	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	Solely by Maintenance/Cust odial Staff (12) Yes No N/A		Used by ce/Cust f (12)	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a I	R e p a i r	E n c a p s u	E n c l o s u r e	
First Fl. Offices- Women's Rest								-	-	
Room			X	VAT/Mastic	400 SF	Х		1		
Roof			X	Built-up Roofing & Flashing	80,000 SF	X		-		
2nd Fl Exec. Office Behind Elevator			Х	Safe Insulation	1 Safe	X				
Warehouse A- at 2 ceiling			Х	Duct Vibration Cloth	2 Units	Х				
Warehouse A- Boiler Room			Х	VAT/Mastic	400 SF	X				
Warehouse A- Stairwell			X	VAT/Mastic	344 SF	X				
Warehouse A- Machine Shop Office & Outside			Х	VAT/Mastic	300 SF	х				6
Warehouse A- NW Corner, Oil						_^_			-	
Rm & Warehouse			Х	Fire doors	3 Doors	Х			\dashv	
	1	1								
	\dashv	\dashv								
	1	1				_		_		
	1	1						_		
							CONTRACTOR OF THE	and the second second		

Completed by: (Print or type) Allen Monchik	Title:	Project Manager	Signarure:	Date:
				1.11.

D&S Proj. #: 16-357

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

E	C	E		\mathbb{V}	E	M
	DEC	_	5	2016		
		<u> </u>	<u> </u>			

									NFC	- 5	20	16	
Date of Notification (1)		Name of B	uilding Owr	ner/Operator (2)								
1 1 / 2 9 / 1 6		phil cara	amico					AS	SBESTO	OS C	ONT	ROL	. &
Agencies Notified Type Notifica	tion	Street Add							SHI MACHED SHI SEL	/EIVO			
☐ EPA ☐ Initial ☐ Amended													
Amendment #	: 11	City, State,	Zip Code										
DOL Emergency		Fair La	wn, NJ 07	410									
DOH (including	11	Name of Co						Telephon	e Numbe				
□ DCA justification	11	NINA	COLLIGA	N				L					
- Carrochatto				ILITY INFORM	IATIOI	N		_					_
Name of facility where abatement	is taking pl	lace (3)					Ту	pe of Facility (
phil caramico								=	I (K - 12)		12	40)	
Street Address							-		apter 8 (C Private/C			-12)	
Otreet Address									Homes, e		lolai		
							S	quare Feet	# of Floor	s	BI	dg. Ag	ge
City (5)	Cou	nty (6)				unty Code (7)	_				_		
Fair Lawn	BF	RGEN			(Sta	ate use only)	0	current Use (Pr	rior if bein	g dem	olish	ed)	
Name of Monitoring Firm Hired by				ASCM No.	Н	Name of Abaten	nent Cont	tractor (9)					_
						D & S REST	ORATI	ON. INC.					
Street Address			l		-	Street Address	Oldill	011, 1110.					_
						20 Californi	a Ave.						
City, State, Zip Code					_	City, State, Zip C	ode						
						Paterson, N	J 07503						
Project Manager for Monitoring Firm	1	P	hone Numb	er		Telephone Numb			License		er		
						973-345-8			0	1169			
Start Date (10)	Sched	d. Complet	ion Date (1	1)	_	Name of OSHA		r					
12/12/16	12/3	0/16				D & S Resto	ration, I	inc.					
Occupancy Status During Abatemen		E			-	20 California	Avenu	ρ					
Facility closed/vacated during						City, State, Zip C							
Abatement performed outside Describe:	of normal	facility hou	ırs-										
Other-Describe: NORMAL F	OURS				_	Paterson, N	J 07503						
Scope of Work (check all that apply	/)						Full (Containment w	/negative	press	ure		
\boxtimes >3 sf or >3 lf	Renovation	on						enclosure					
≥160 sf or ≥260 lf	Demolitio	n						ebag procedur -Exempted (*)		friahle	nroc	adure	
Location of			used solely	/				Exempted ()	arra rron	R	R	E	$\overline{}$
asbestos-containing	by mainte staff(12)	enance/cu	stodial	Description	on of a	asbestos-containin	g	Amount	_	e m	e	n c	E n
material (acm) to be abated in facility (13)	270,000	N-	1	material (ACM)		28	(Specify S LF)	F or	0	a	a	C
90000000000000000000000000000000000000	Yes	No	N/A					100 A		v e	r	р	
1st floor		X		PIPE INSU	LAT	ION		48 L FT					
					in the second	200 - 200 - 100 -							
													닏
Posistavad Westa Hawley				l Varianti	Maste	TN 75		1611			Ш	Ш	
Registered Waste Hauler D & S RESTORATION, INC.	NJD 135	EP Hauler 506	17722 E 15	ubic Yards of V yd.	vaste	Name of Register TULLYTOW			COVER	Y			
City, State			Disposal D			City, State	, , , , , ,						
PATERSON, NJ 07503			12/13/1	6		TULLYTO	VN, PA						
Completed by (Print or Type)	Title	F13.10T		Signature					Date				
BOGDAN JOLDZIC	PRESID		for oak aak	a liananira arr		d activities			11/29	16			

Check # 9286

12/02/16				Name	Sauder		((2) KER.)],造	t		
Agencies Notified	Type Notificati	ion		Stree	Address	213	wek.	11/2	{ }		-	
I EPA	⊠ Initial							A Politica among a Color and a		DE	C -	- 5
X DEP X DOL	Amended Amendm			City, 5	State, Zip Code				las i			
~	[Emergen	cy (includ	ing	-	Maplew	V (000	J.J 07	040				
N DOH DCA	Cancellat				of Contact .	D		Telephon	ASE	ES	TOS	CO
				A	CILITY INFORM	DIJ KEY	<u>. </u>			-		NSI
ame of Facility Where	Abatement is Ta	king Place	3 (3)	***************************************		PETTON	Type of Facility	y (4)				
RESID	ENCE						☐ School (K	-12)				
reet Address							Subchapt	er 8 (Other than	K-12)			
ty (5)							etc.)	private & contr	nercial c	ercial buildings, h		
Maplew	lan!						Square Feet	# of Floors			J. Age	
ounty (6)	2000			Coulob	Code (7)		1,850	1 3			50	
ESSEX				(STATE	USE ONLY)		Current Use (P	nor if being den	olished			
ame of Monitoring Firm	Hired by Buildin	g Owner ((8)	LASO	M No.	Name	of Abatement Co	DENTIAL				
			200				o Abatement Ci C Contractin					
reet Address	-		The first of the f		www.wicecontrol.org.org.org.org.org.org.org.org.org.org			~				
	-						Street Address 185 Vreeland Ave.					
ty. State, Zip Code							tate, Zip Code					
oject Manager for Mon	Harris China						nd Park, NJ					
sect manages for reutil	rosaid Latii		9	Telepho	one No.	Telepho		Licens			2.0000000000000000000000000000000000000	The to toward on
rt Date (10)		Cohadi	dad Ca	was la File	Dale (11)		262-5841	00156				
12/13/16			12.13	0/16	Late (11)	Name of OSHA Monitor						
cupadou Status Durine	2 / 13 / 16 12 partry Status During Abatement (Check Only One)					Omega Environmental Services Street Address						
Shares along mound	Ambienien fruis	ECK CHILL F	one)	1		Street &	Iddress.				-	
Facility Closed/Vaca	ted During Entire	Pariod of	Shatas	nent			Address luyler St	907 - 407 10 744 - 10 7 107 107 107 107 107 107 107 107 107 10				
Facility Glosed/Vaca Abatement Performe	ted During Entire	Pariod of	Shatas	nent s		280 H						
Facility Glosed/Vaca Abatement Performs Other – Describe:	ted During Entire d Outside of Nor	Pariod of	Shatas	nent		280 H	luyler St.	7606			-	
Facility Closed/Vaca Abatement Performs Other – Describe: ppe of Work (Check All	ted During Entire d Outside of Nor	Pariod of	Shatas	nent s		280 H	luyler St. ate, Zip Code	7606		***		
Facility Closed/Vaca Abatement Performs Other – Describe:	ted During Entire d Outside of Nor	Period of mal Facili	Abater ly Hour: Renova	s Hon		280 H	luyler St. ate, Zip Code ansack, NJ 01	ent with Negativ	e Press	ure		
Facility Closed/Vaca Abatement Performe Other – Describe: pe of Work (Check All ≥3 sf or ≥3 lf	ted During Entire d Outside of Nor	Period of mal Facili	Abater ty Hour	s Hon		280 H	luyler St. ate, Zip Code ansack, NJ 0: Full Containm Mini-Enclosure	ent with Negativ	e Press	ure		
Facility Closed/Vaca Abatement Performe Other – Describe: ope of Work (Check All 23 sf or 23 lf	ted During Entire d Outside of Nor	Period of mal Facili	Abater ly Hour: Renova	s Hon		280 H	luyler St. ate, Zip Code ensack, NJ 01 Full Containm Mini-Enclosure Glovebag Pro	ent with Negativ			#e	
Facility Closed/Vaca Abatement Performe Other – Describe: ope of Work (Check All ≥3 sf or ≥3 lf ≥150 sf or ≥260 lf	ted During Entire d Outside of Nor That Apply)	Period of mal Facili	Abater ly Hours Renova Demolit	stion ion		280 H	luyler St. ate, Zip Code ensack, NJ 01 Full Containm Mini-Enclosure Glovebag Pro	ent with Negative		ocedu Aba	temen	
Facility Closed/Vaca Abatement Performe Other – Describe: Ope of Work (Check All ≥3 sf or ≥3 lf ≥150 sf or ≥250 lf	ted During Entire d Outside of Nor That Apply)	Period of mal Facili	Renova Demoks Locati Normali ed Solei	stian ion	D	280 H City. Sta Hacke	Full Containm Mini-Enclosur Glovebag Pro- Non-Exempte	ent with Negative codure d (*) and Non-Fr		ocedu Aba	***************************************	\$8
Facility Closed/Vaca Abatement Performe Other – Describe: ppe of Work (Check All ≥3 sf or ≥3 lf ≥150 sf or ≥250 lf Location of Asbestos-Containing N	ted During Entire d Outside of Nor That Apply) of faterial (ACM)	Period of mal Facili	Renova Demolit S Locati Normali ed Solei sintenar	itian ion on ly by	Asbestos Cor	280 H City. Sta Hacke	Full Containm Mini-Enclosur Glovebag Pro- Non-Exempter	ent with Negative codure d (*) and Non-Fr	iable Pr	ocedu Aba	temer ype	
Facility Closed/Vaca Abatement Performe Other – Describe: ope of Work (Check All ≥3 sf or ≥3 lf ≥150 sf or ≥250 lf Location of Asbestos-Containing N	ted During Entire d Outside of Nor That Apply) of faterial (ACM)	Period of mal Facili	Renova Demoks Locati Normali ed Solei	itian ion on ly by	Asbestos Cor (i.e. therma surfi	280 H City. Sta Hacke escription ontaining Mail systems in acing. VAT.	Luyler St. ate, Zip Code ensack, NJ 0: Full Containm Mini-Enclosur Glovebag Proc Non-Exempter f tenial (ACM) nsulation, or	ent with Negative codure d (*) and Non-Fr	iable Pr	Aba	temer ype	
Facility Closed/Vaca Abatement Performe Other – Describe: ope of Work (Check All ≥3 sf or ≥3 lf ≥150 sf or ≥260 lf Location of Asbestos-Containing & TO BE ABAT In Facility	ted During Entire d Outside of Nor That Apply) of faterial (ACM)	Period of mal Facility Use Mac Cus	Renova Demolit s Locati Normall ed Solel sintenar todial S (12)	stion ion on fy fy fy by fyce/ taff?	Asbestos Cor (i.e. therma surfi	280 H City. Sta Hacke Hacke escription ontaining Mail systems in	Luyler St. ate, Zip Code ensack, NJ 0: Full Containm Mini-Enclosur Glovebag Proc Non-Exempter f tenial (ACM) nsulation, or	ent with Negative e bedure d (*) and Non-Fr Amount (Specify		ocedu Aba	temer ype	Endosure
Facility Closed/Vaca Abatement Performe Other – Describe: Ope of Work (Check All 23 sf or 23 lf 2150 sf or 2260 lf Location of Asbestos-Containing h TO BE ABAT In Facility (13)	ted During Entire d Outside of Nor That Apply) of faterial (ACM)	Period of mal Facili	Renova Demolit S Locati Normali ed Solei sintenar todial S	itian ion on ly by	Asbestos Cor (i.e. therma surfi other	escription on training Mala systems in acing. VAT, miscellaneo	Luyler St. ate, Zip Code ensack, NJ 0: Full Containm Mini-Enclosure Glovebag Pro Non-Exempter I terial (ACM) insulation, or pus)	ent with Negative e bedure d (*) and Non-Fr Amount (Specify	iable Pr	Aba	temen	
Facility Closed/Vaca Abatement Performe Other – Describe: ppe of Work (Check All 23 sf or 23 lf 2150 sf or 2260 lf Location of Asbestos-Containing & TO BE ABAT In Facility (13)	ted During Entire d Outside of Nor That Apply) of faterial (ACM)	Period of mal Facility Use Mac Cus	Renova Demolit s Locati Normall ed Solel sintenar todial S (12)	stion ion on fy fy fy by fyce/ taff?	Asbestos Cor (i.e. therma surfi other	escription on training Mala systems in acing. VAT, miscellaneo	Luyler St. ate, Zip Code ensack, NJ 0: Full Containm Mini-Enclosur Glovebag Proc Non-Exempter f tenial (ACM) nsulation, or	ent with Negative e bedure d (*) and Non-Fr Amount (Specify	iable Pr	Aba	temer ype	
Facility Closed/Vaca Abatement Performs Other – Describe: pe of Work (Check All 23 sf or 23 lf 2150 sf or 2250 lf Location of Asbestos-Containing & TO BE ABA1 In Facility (13)	ted During Entire d Outside of Nor That Apply) of faterial (ACM)	Period of mal Facility Use Mac Cus	Renova Demolit s Locati Normall ed Solel sintenar todial S (12)	stian ion on ly by by loce/ laft?	Asbestos Cor (i.e. therms surf other	escription on nataring Malal systems is acing. VAT. miscellaneo	Luyler St. ate, Zip Code ensack, NJ 0: Full Containm Mini-Enclosure Glovebag Pro Non-Exempter I terial (ACM) insulation, or pus)	ent with Negative codure d (*) and Non-Fr Amount (Specify SF or LF)	iable Pr Removal	Aba	temer ype	
Facility Closed/Vaca Abatement Performe Other – Describe: ppe of Work (Check All 23 sf or 23 lf 2150 sf or 2260 lf Location of Asbestos-Containing & TO BE ABAT In Facility (13)	ted During Entire d Outside of Nor That Apply) of faterial (ACM)	Period of mal Facility Use Mac Cus	Renova Demolit s Locati Normall ed Solel sintenar todial S (12)	stion on by by by ice/ taff?	Asbestos Cor (i.e. therma surfi other	escription on nataring Malal systems is acing. VAT. miscellaneo	Luyler St. ate, Zip Code ensack, NJ 0: Full Containm Mini-Enclosure Glovebag Pro Non-Exempter I terial (ACM) insulation, or pus)	ent with Negative codure of (*) and Non-Front (Specify SF or LF)	iable Pr Removal	Aba	temer ype	
Facility Closed/Vaca Abatement Performe Other – Describe: ppe of Work (Check All 23 sf or 23 lf 2150 sf or 2260 lf Location of Asbestos-Containing & TO BE ABAT In Facility (13) ASEMBIT	ted During Entire d Outside of Nor That Apply) of (aterial (ACM)) ED	Period of mal Facility Use Mac Cus	Renova Demolit s Locati Normall ed Solel sintenar todial S (12)	stion on by by by ice/ taff?	Asbestos Cor (i.e. therms surf other	escription on nataring Malal systems is acing. VAT. miscellaneo	Luyler St. ate, Zip Code ensack, NJ 0: Full Containm Mini-Enclosure Glovebag Pro Non-Exempter I terial (ACM) insulation, or pus)	ent with Negative codure d (*) and Non-Fr Amount (Specify SF or LF)	iable Pr Removal	Aba	temer ype	
Facility Closed/Vaca Abatement Performe Other – Describe: ope of Work (Check All 23 sf or 23 lf 2150 sf or 2250 lf Location of Asbestos-Containing & TO BE ABAT In Facility (13) ASEMBIT ASEMBIT CS EMBIT OF Registered Waste	ted During Entire d Outside of Nor That Apply) of (aterial (ACM)) ED	Period of mal Facility Use Mac Cus	Renova Demolit S Locati Normall ed Sole eintenar todial S (12)	an y ly by loce/ ltaff?	Asbestos Cor (i.e. therms surfi other	escription on nataring Mail systems in acing, VAT, miscellaneo	Luyler St. ate, Zip Code ensack, NJ 0: Full Containm Mini-Enclosuri Glovebag Pro Non-Exempter I terial (ACM) neulation, or ous)	ent with Negative cadure of (*) and Non-From (Specify SF or LF)	Removal	Aba	temer ype	
Facility Closed/Vaca Abatement Performe Other – Describe: ope of Work (Check All 23 sf or 23 lf 2150 sf or 2250 lf Location of Asbestos-Containing & TO BE ABAT In Facility (13) ASEMBIT ASEMBIT CS EMBIT OF Registered Waste	ted During Entire d Outside of Nor That Apply) of (aterial (ACM)) ED	Period of mal Facility Use Mac Cus	Renova Demolit s Locati Normall ed Sole eintenar todial S (12) No	an y y by nce/ nce/ nce/	Asbestos Cor (i.e. therms surfi other	escription on nataring Mail systems in acing, VAT, miscellaneo	luyler St. ate, Zip Code ensack, NJ 0: Full Containm Mini-Enclosum Glovebag Pro Non-Exempter I terial (ACM) risulation, or pus) ULANOA Name of R	ent with Negative codure d (*) and Non-Fr Amount (Specify SF or LF)	iable Pr Removal	Aba T Repair	temer ype Encapsulate	
Facility Closed/Vaca Abatement Performe Other – Describe: pe of Work (Check All ≥3 sf or ≥3 lf ≥150 sf or ≥250 lf Location of Asbestos-Containing N TO BE ABAT In Facility (13) ASEMBLY ASEMBLY of Registered Waste ark Carting , Inc. State	ted During Entire d Outside of Nor That Apply) of (aterial (ACM)) ED	Period of mal Facility Use Mac Cus	Renova Demolit s Locati Normall ed Sole eintenar todial S (12) No	an y ly by loce/ ltaff?	Asbestos Cor (i.e. therms surfi other PIPE VA ste Cubro of Wa	280 H City. Sta Hacke Backer esscription ontaining Malal systems in acing. VAT, miscellaneous VAT Yards Ste Yards	Luyler St. ate, Zip Code ensack, NJ 0: Full Containm Mini-Enclosum Glovebag Proc Non-Exempter I terial (ACM) nesulation, or pus) Vianow Name of R IESI PA	ent with Negative bedure d (*) and Non-Fring Amount (Specify SF or LF)	iable Pr Removal	Aba T Repair	temer ype Encapsulate	
Facility Closed/Vaca Abatement Performe Other – Describe: Spe of Work (Check All 23 sf or 23 lf 2150 sf or 2260 lf Location of Asbestos-Containing N TO BE ABAT In Facility (13) ASEMBLY as of Registered Waste ark Carting , Inc. State ark, NJ	ted During Entire d Outside of Nor That Apply) of (aterial (ACM)) ED	Period of mal Facility Use Mac Cus	Renova Demolit s Locati Normall ed Sole eintenar todial S (12) No	an y y by nce/ nce/ nce/	Asbestos Cor (i.e. therms surficother PIPE VA ste Cubro of Wa Dispos	escription on training Malal systems in Indicating VAT, miscellaneous VAT, miscellaneous Stephen Steph	Luyler St. ate, Zip Code ensack, NJ 0: Full Containm Mini-Enclosur Glovebag Pro Non-Exempte: (ferial (ACM) nsulation, or ous) Name of R IESI PA City, State	ent with Negative electure defure defure defure defunded for and Non-From Landing Specify SF or LF)	iable Pr Removal	Aba T Repair	temer ype Encapsulate	
Facility Closed/Vaca Abatement Performe Other - Describe: ope of Work (Check All ≥3 sf or ≥3 lf ≥150 sf or ≥260 lf Location of Asbestos-Containing N TO BE ABAT In Facility (13) ASEMBAT ASE MONT e of Registered Waste ark Carting , Inc. State ark, NJ Ideted by	ted During Entire d Outside of Nor That Apply) of (aterial (ACM)) ED	Period of mai Facili Use Ma Cus Yes	Renova Demolit s Locati Normalled Solel eintenar todial S (12) No No	stion ion on ly ly by loce/ laft?	Asbestos Cor (i.e. therms surfi other PIPE VA ste Cebro of Wa Dispos /2	280 H City. Sta Hacke Backer escription of the standard systems in acing. VAT, miscellaned Yards Stal Date 13/16	Luyler St. ate, Zip Code ensack, NJ 0: Full Containm Mini-Enclosum Glovebag Proc Non-Exempter I terial (ACM) nesulation, or pus) Vianow Name of R IESI PA	ent with Negative codure of (*) and Non-From Amount (Specify SF or LF) 75CF 24SF registered Lands Bethlehem L	iable Pr. Removal	Aba T Repair	temer ype Encapsulate	
Facility Closed/Vaca Abatement Performe Other – Describe: Ope of Work (Check All ≥3 sf or ≥3 lf ≥150 sf or ≥260 lf Location of Asbestos-Containing & TO BE ABAT In Facility	ted During Entire d Outside of Nor That Apply) of (aterial (ACM)) ED	Period of mai Facili Use Ma Cus Yes	Renova Demolit s Locati Normalled Solel eintenar todial S (12) No No	stion ion on ly ly by loce/ laft?	Asbestos Cor (i.e. therms surfi other PIPE VA ste Cebro of Wa Dispos /2	escription on training Malal systems in Indicating VAT, miscellaneous VAT, miscellaneous Stephen Steph	Luyler St. ate, Zip Code ensack, NJ 0: Full Containm Mini-Enclosur Glovebag Pro Non-Exempte: (ferial (ACM) nsulation, or ous) Name of R IESI PA City, State	ent with Negative bedure d (*) and Non-Fr (Specify SF or LF) 75CF 27SP egistered Landt Bethlehem L	iable Pr Removal	Aba T Repair	temer ype Encapsulate	

Pane 1 of 2

State of New Jersey

Yane 1 0+2		NOT		ATIO	N OF AS	New Jersey SBESTOS ABA AC 8:60 and 5:1		回唱	GE		W	E	
Date of Notification (1)				Nam	e of Buildir	ng Owner/Operator	(2)		EC -	5 4	2016	3	
12 /1	/1	6				ner, LLC & Baile							
Agencies Notified Type No	tificatio	n		Stree	et Address								
⊠ EPA ⊠ Initia	1					4 Rockland Ridg	е	ASBE	STOS LICEN			OL 8	
□ DOLWD □ Ame		ш			State, Zip		2	1	LIVE	4-311 A	<u> </u>		
□ DHSS Ame □ DCA □ Eme	ndment		_	Ro	ckland, I	DE 19732							
	ication)	irciuuii	g	Nam	e of Contac	ct		Telephone Nu	mber				
☐ Cano				Ric	chard J.	Gessner, Jr.							
				FA	CILITY II	NFORMATION							
Name of Facility Where Abatemen	t is Taki	ng Plac	e (3)	(40.7679.)			Type of Facility	(4)					
Former Acme & Hess Build	ings						School (K-12	303					
Street Address							☐ Subchapter 8	(Other than K-					
1007-1013 US 40 Harding H	ighwa	У					Other (i.e., property) homes, etc.)		nercial b	uildin	gs,		
City (5)							Square Feet	# of Floors Bldg. Ag					
Pilesgrove							16,800&800	1.5 & 1		56 +	/-		
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demo	lished)				
Salem						Vacant							
Name of Monitoring Firm Hired by	Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9)							
Criterion Laboratories					Asbestos an	d Mold Service	s, Corp.						
Street Address						Street Address					_	-37-	
3370 Progress Drive, Suite	J					3859 Sylon E	Boulevard						
City, State, Zip Code						City, State, Zip C	ode						
Bensalem, PA 19020						Hainesport,	NJ 08036						
Project Manager for Monitoring Fire	n		Te	lephone	No.	Telephone No.	License No.						
Mike Panepresso			2	215-244	I-1300	609-702-0400		00862					
Start Date (10)	Sche	duled C	ompl	etion Da	ate (11)	Name of OSHA N	Monitor				-		
12 /14 /16	234			0_/	16	EMSL Analyt	tical, Inc.						
Occupancy Status During Abateme						Street Address							
☐ Facility Closed/Vacated During	Entire P	eriod of	Abate	ement		200 U.S. Rou	te 130 North						
Abatement Performed Outside of	of Norma	al Facilit	у Ног	ırs - Des	scribe	City, State, Zip C	ode						
Time of Abatement:AM-		/IVI/	PIV	I	_AM	Cinnaminsor	n, NJ 08077						
Scope of Work (Check all that apply	/)					575.00							
≥3 sf or ≥3 If		⊠ R€	nova	tion		Mini-End Mini-End	tainment with Neg	ative Pressure i	ENALD	EUVE			
≥160 sf or ≥260 lf		□ D∈	molit	ion			a Procedure W(ap and cut	mi tho d	11			
		1 .				Non-Exe	mpted (*) and Nor	n-Friable Proced	ure			M2	
Location of			Loca Norma			8 83			Ab	atem	ent T	ype	
Asbestos-Containing Material (A	CM)	Use	d So	lely by	Asbe	Description of stos Containing Ma		Amount	Re	Re	En	En	
TO BE ABATED	1000 A	10000		ance/ Staff?	(i.e	., thermal systems	insulation,	(Specify	Removal	Repair	Encapsulate	Enclosure	
IN Facility (13)		Ous	(12			surfacing, VAT other miscellane		SF or LF)	la la		sula	ure	
· · · · · ·		Yes	No	N/A		other miscellane	ous)				te		
SEE ATTACHED SCOPE OF V	VORK				ATTAC	HED				П	П	П	
			П										
		1			-								
				1						Ш	Ц	Ш	
Name of Pegistered Wasta Haular					01	10 11 W 1 6							
Waste Management Ha				NJDEP \ Hauler II 17273	No.	Cubic Yards of Waste 5	Name of Registe Grand Cent						
City, State				11210		Disposal Date	City, State						
Lafayette, NJ						12/30/16	Penn Argyle	e, PA					
Completed By (Print or Type)	Titl	e				Signature	1		ate				
Kimberly A. Trumbetti	Coor	dinator	18				12-1	-20	16				

ASB-41 MAY 11



Page 2 of 2

Notification - Former Acme & Hess Building

Job Number: 1612-2138

Check # 4528

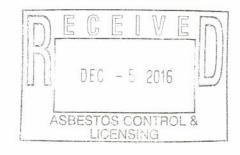
Date of Initial Notification: 12.01.2016

Hess Building;

- Removal and disposal of approximately 15 SF of floor tile from Middle Room Closet
- Removal and disposal of approximately 30 LF of roof flashing from Lower Roof
- Removal and disposal of approximately 100 LF of roof flashing from Upper Roof

Former Acme Building:

- Removal and disposal of approximately 530 SF of mastic associated with floor tile from front of store
- Removal and disposal of approximately 70 SF of floor tile with black mastic from front of store
- Removal and disposal of approximately 8,400 SF of black mastic associated with floor tile from front of store (floor tile has been removed)
- Removal and disposal of approximately 36 LF of pipe insulation (assumed ACM) from first floor side storage
- · Removal and disposal of approximately 18 LF of pipe insulation from first floor side storage
- Removal and disposal of approximately 2 SF of pipe insulation debris from front of store, towards rear
- Removal and disposal of approximately 20 LF of pipe insulation from 2nd floor front rooms
- Removal and disposal of approximately 20 SF of pipe debris from 2nd floor hallway
- Removal and disposal of approximately 100 LF of pipe insulation throughout the front of the store, above drop ceiling
- Removal and disposal of approximately 10 SF of floor tile with black mastic debris from 2nd floor, throughout.
- Removal and disposal of approximately 800 SF of black mastic associated with floor tile from 2nd floor throughout (floor tile has been removed)
- Removal and disposal of approximately 15 SF of compressed pipe insulation debris from 2nd floor pipe chase
- Removal and disposal of approximately 15 SF of corrugated pipe insulation debris from 2nd floor women's bathroom
- Removal and disposal of approximately 10 SF of corrugated pipe insulation debris from 2nd floor room next to women's bathroom
- Removal and disposal of approximately 20 SF of compressed pipe insulation debris from 2nd floor large open area
- Removal and disposal of approximately 18 SF of compressed pipe insulation debris from the 2nd floor hallway
- Removal and disposal of approximately 10 LF of roof flashing from main roof
- Removal and disposal of approximately 60 SF of transite roof from lower rear roof



Date of Notification (1)			Nan	ne of Ruildi	ng Owner/Operator	(3)	0.003	. 11			
9 / 20 /	16				Storage Wood R		C - 5 201	1 -	hk.	44E2	C
Agencies Notified ☐ Type Notified ☐ Initial ☐ DOLWD ☐ Amend			Stre	et Address 3528 Wes	t Boulton Boule	ASBES1	OS CONTE		TUX.	7732	O.
	ment #3		1000000	State, Zip							
	ency (includ	ing	La	ake Fores	t, Illinois 60045						
(NJAC 5:23-8) justifica				ne of Conta			Telephone N	umber		11-5115-0	
☐ Cancel	lation			m Frasei							
Name of Facility Where Abatement is	Takina Di	(0)	FA	ACILITY II	NFORMATION						19000
Rudox	s raking Pla	ce (3)				Type of Facility					
Street Address						School (K-12	() (Other than 16	40)			
765 Route 17 North					rivate and com	han K-12) d commercial buildings,					
City (5)						homes, etc.)				-50 1	
Carlstadt						Square Feet	# of Floors	E	Bldg.		
County (6)			Cor	inty Code (7)(STATE USE ONLY)	56,221	2		50 -	F.	
Bergen				my oode (INGTATE OSE ONET)	Current Use (Pri	or if being dem	olished)			
Name of Monitoring Firm Hired by Bu	ilding Owne	r (8)	ASCN	1 No	Name of Ahatem	ent Contractor (9)					
Horizon Environmental	orezonen - o vertainen	, ,				d Mold Service					
Street Address					Street Address	a Mola Service	s, corp.				
PO Box 316					3859 Sylon B	Culevard					
City, State, Zip Code					City, State, Zip Co						
Thorofare, NJ 08086					Hainesport, N						
Project Manager for Monitoring Firm		Tel	ephone	No.	Telephone No.		License No.				
Dave or Steve Flanigan		8	56-848	3-0800	609-702-0400		00862				
Start Date (10)	Scheduled				Name of OSHA M	Ionitor					
	1_1		1	17 🖣	EMSL Analyti	ical, Inc.					
Occupancy Status During Abatement	(Check only	one)			Street Address						
☐ Facility Closed/Vacated During Ent	ire Period o	f Abate	ment		200 U.S. Rout	te 130 North					
Abatement Performed Outside of N Time of Abatement:AM	ormal Facil PM/	ity Hou PM	rs - Des -	scribe AM	City, State, Zip Co						
Scope of Work (Check all that apply)					Cinnaminson	, NJ 08077					
ILA 532					⊠ Full Conta	ainment with Nega	ative Proceure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		enovati emolitio				osure Procedure npted (*) and Non-		lura			
		s Locat				. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			atem	ont T	V/DO
Location of Asbestos-Containing Material (ACN		Norma ed Sole	lly elv bv		Description of				_		
TO BE ABATED	M	aintena	nce/	Asbes	stos Containing Mat , thermal systems in	erial (ACM)	Amount	em	Repair	nce	ncl
IN Facility (13)	Cus	stodial (12)	Staff?	(surfacing, VAT,	or	(Specify SF or LF)	Remova	=	Encapsulate	Enclosure
(13)	Yes	No	N/A		other miscellaneo	ous)	53 V 78 SATHT-201	-		late	ſe
Exterior Main Building				Transite	Roof Panels		18,000 SF				
Exterior Shed				Transite	200		2,400 SF				
Exterior Main Building				Transite			2,800 SF				H
Hallway					mpound			-	-		
Name of Registered Waste Hauler		N.	JDEP V		Cubic Yards of	Name of Registe	3,500 SF		Ш	Ц	Ш
Waste Management, Inc.		H	auler ID 17273	No.	Waste 30	Grand Centr					
City, State			11213		Disposal Date	City, State	anorare.				
Lafayette, NJ			1/9/17	Penn Argyl,	PA						
Completed By (Print or Type)			Signature			ate	-				
Kimberly A. Trumbetti	Office	Coord	inator		CXII			11-2	3-2	016	9



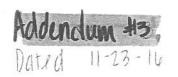
Date of Notification (1)				1								
9 /	20 /	4.0		Nan	ne of Buildi	ng Owner/Operator	(2)	ERE	0.00	F	hann	7
	-	16	i.	IVI	etro Self	Storage Wood R	idge, LLC /	Job #1609-2	122 🗸	Chk. #	4452	6
Agencies Notified EPA	Type Notifica	ation		Stre	et Address		Im				#	17
☑ DOLWD	☐ Initial ☐ Amended	2000 M		13	3528 Wes	t Boulton Bouley	ard	DEC -	5 2010	. !		
⊠ DHSS	Amendm			City,	State, Zip	Code	1 100 100	ULU	J 2011	1	-	+
DCA	☐ Emergen		ina	La	ke Fores	t, Illinois 60045	Out of the second					
(NJAC 5:23-8)	justification	on)	9	Nam	e of Conta	ct	T A	SETelephone	Number	01.8		+
	☐ Cancellat	tion		To	m Fraser	r		- TICEN	CIVIC	0		
		N. 14. — No	7 (1-12 - 17 to	F/	CILITY	NFORMATION						_
Name of Facility Where A	batement is T	aking Pla	ce (3)			III ORMATION	Type of Facility	, (A)				
Rudox							School (K-1					
Street Address							☐ Subchapter	8 (Other than	K-12)			
765 Route 17 North							Other (i.e.,	private and co	mmercial	buildir	igs,	
City (5)							homes, etc					
Carlstadt							Square Feet 56,221	# of Floor	S	Bldg. /		
County (6)			-	Cou	nty Code (7)(STATE USE ONLY)		2		50 +	+	
Bergen				000	inty code (I NOTATE OSE ONLY)		rior if being de	emolished)		
Name of Monitoring Firm I	Hired by Build	ina Owne	r (8)	ASCN	l No	Name of Abstance	Vacant	3				
Horizon Environmen		mig Omic	. (0)	AGGIV	1140.	Name of Abateme		(*)				
Street Address							d Mold Servic	es, Corp.				
PO Box 316						Street Address						
City, State, Zip Code						3859 Sylon B						
Thorofare, NJ 08086						City, State, Zip Co						
Project Manager for Monito			T-		A1.	Hainesport, N	IJ 08036					
Dave or Steve Flanig			1	ephone		Telephone No.		License N	0.			
Start Date (10)		ahadulad		56-848		609-702-0400		00862				
10 / _5_ /	16	cheduled				Name of OSHA M						
						EMSL Analyti	cal, inc.					
Occupancy Status During	Abatement (C	neck only	one)			Street Address						
☐ Abatement Performed (During Entire	Period o	f Abate	ement		200 U.S. Rout	te 130 North					
Time of Abatement:	AM-	PM/	PM	irs - Des I-	AM	City, State, Zip Co						
					, un	Cinnaminson	, NJ 08077					
Scope of Work (Check all t	nat apply)					N - 110 - 1						
≥3 sf or ≥3 lf			enovat			☐ Mini-Encl	ainment with Neg	gative Pressur	е			
≥160 sf or ≥260 lf		\boxtimes D	emoliti	on		⊠ Glovebag	Procedure					
			-1	· ·	T	⊠ Non-Exen	npted (*) and No	n-Friable Proc	edure			
Location of			s Loca Norma			5			A	batem	ent T	уре
Asbestos-Containing Ma	aterial (ACM)		ed Sol	ely by	Ashes	Description of stos Containing Mat	erial (ACM)	Amount	R	Re	ш	Ш
TO BE ABAT	ED		aintena stodial		(i.e.	., thermal systems in	nsulation,	(Specify		Repair	icap	ıclo
IN Facility (13)		00	(12)			surfacing, VAT,	or	SF or LF) <u> va</u>	7	Encapsulate	Enclosure
(8) 7/		Yes	No	N/A	Ī	other miscellaneo	us)				ate	
Shop & Locker Room V	Vindows				Glazing	y		4 000 1 5	.	+-	_	\vdash
1 st Floor Hall Closet				-				4,000 LF			Ш	Ш
2 nd Floor Hallway & Off	40					& Fittings w Insu	ılation	2 LF				
					Floor Til	le		350 SF				
1 st Floor Hallway & Offi						le & Mastic		1,450 SF				
Name of Registered Waste Waste Management, I				IJDEP V lauler ID	0.00000000000	Cubic Yards of Waste	Name of Regis			-		
City, State	IIG.			17273		30	Grand Cen	tral				
Lafayette, NJ						Disposal Date	City, State					
						1/9/17	Penn Argyl	, PA				
Completed By (Print or Type	1.00	Γitle				Signature			Date			
Kimberly A. Trumbett	ı	Office	Coord	linator		(XII)		~	1132	3-2	Oil	600
SB-41					-	MIN I				-	-	WE 28

ASB-41 MAY 11



Date of Notification (1)				Nom	o of Duile	lina Our	-10	(0)					
	20/	16					er/Operato e Wood I	r (2) Ridge, LLC / Jo	b #1609-212	2 V	hk. #	452	6
⊠ EPA □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	ype Notifica Initial			Stree	et Addres	s st Boult	on Boule		DEC -				1
□ DHSS	Amendme	ent #3		La	ke Fore	st, Illino	is 60045				-		1
(NJAC 5:23-8)	justification	on)	ng	_	e of Cont			A	SBESTOS (ROL	2	-
	Cancellati	ion		То	m Frase	er		<u> </u>	- Tolopilone 14	UI TIDEL			
				FA	CILITY	INFORM	IATION						
Name of Facility Where Aba	tement is T	aking Plac	ce (3)			iiii Oitii	ATION	Type of Facility (4)				
Rudox								School (K-12)					
Street Address								─ ☐ Subchapter 8	(Other than K	-12)			
765 Route 17 North								Other (i.e., pri	vate and com	mercial I	ouildin	gs,	
City (5)								Square Feet	# of Floors	F	3ldg. A	Age	
Carlstadt								56,221	2		50 +	7.5	
County (6)				Cou	nty Code	(7)(STATE	USE ONLY)	Current Use (Pric	r if being dem	olished)			
Bergen								Vacant	10 10 10 10 10 10 10 10 10 10 10 10 10 1				
Name of Monitoring Firm Hir		ing Owner	(8)	ASCM	No.	Name	of Abatem	nent Contractor (9)					
Horizon Environmenta	al					Ast	estos ar	nd Mold Services	, Corp.				
Street Address PO Box 316							Address						
City, State, Zip Code								Boulevard					
Thorofare, NJ 08086							tate, Zip C						
Project Manager for Monitori	na Eirm		IT.	la a la a a a		_		NJ 08036					
Dave or Steve Flaniga	. 5		10000	elephone 856-84 8			one No.	-	License No.				
Start Date (10)		cheduled (1				-702-040		00862				
10/_5_/_1	16	1	/ <u> </u>	9/			of OSHA I	vionitor tical, Inc.					
Occupancy Status During Ab						Street	Address						-
☐ Abatement Performed Ou	uring Entire	Period of	Abat	ement		200	U.S. Rou	ite 130 North					
Time of Abatement:	_AM	_PM/	PN	urs - Des //	AM	The state of the s	tate, Zip C	ode n, NJ 08077					
Scope of Work (Check all tha	t apply)												_
☐ ≥3 sf or ≥3 If ☑ ≥160 sf or ≥260 If		□ Re	enova	ation tion		L	」Mini-End ☑ Gloveba	tainment with Negar closure g Procedure empted (*) and Non-		dure			
		100	Loc								atem	ent T	vpe
Location of Asbestos-Containing Mate	erial (ACM)		Normed So	ally lely by	Ach	De	scription o	of .	V1440.50000000000		1		T
TO BE ABATED				ance/	(i.e	esios Con e., therma	il systems	iterial (ACM) insulation,	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)		Cus	(12	Staff?		surfa	cing, VAT	, or	SF or LF)	Va.	=	Insc	sure
		Yes	No	N/A		other	miscellane	ous)				ate	
For Additional SCOPE O	F WORK			×								П	
Please see Page 4 of 4 at	tached			\boxtimes									H
Executive Summary?				\boxtimes									
			П							-] [
Name of Registered Waste Ha	auler			NJDEP V	Vaste	Cubic Y	ards of	Name of Position	od Landell			Ш	Ш
Waste Management, Inc			1.50	Hauler ID	No.	Waste	arus UI	Name of Register Grand Centra					
City, State				17273		30 Dispose	I Data		21				
Lafayette, NJ						Disposa 1/9/1		City, State Penn Argyl, I	PA				
Completed By (Print or Type)	T	itle				Sid	ınature	1		Date			
Kimberly A. Trumbetti		Office C	Coor	dinator		H	XI	1		11-2	2-	n:1	
SR-41						LU	X	(/		11 %	0 0	UIL	-

MAY 11





bye 4 of 4.
CHIM #4526

DEC - 5 2016

On November 11, 2016, Neil Wendt of LEW Corporation performed a limited survey for asbestos containing materials at 765 Rt 17 N. Based on the laboratory analysis, building components. CONTROL & considered to be asbestos containing materials (ACM) are listed in Table 1 below. The locations listed included all those locations where the material is found along with the total approximate quantity for all those areas.

		Table 1	: Asbestos Cor	ntaining I	Vlaterials		
HA#	Sample #	Material	Location(s)	Friable	Asbestos Content %	Condition	Approximate Quantities
3	765-05 765-06	Joint Compound	3 rd floor offices – all rooms	Yes	2.0	Good	1400 SF
4	765-07 765-08	Floor Tile	3 rd Floor office #2	No	24.5	Good	150 SF
4	765-07 765-08	Mastic	3 rd Floor office #2	No	1.1	Good	150 SF
7	765-13 765-14	Floor Tile	2 nd Floor offices 1,2,3,4	No	24.4	Good	600 SF
7	765-13 765-14	Mastic	2 nd Floor offices 1,2,3,4	No	1.4	Good	600 SF
8	765-15 765 - 16	Ceiling Tile	2 nd floor offices ceiling tile	Yes	2.0	Good	800 SF
9	765-17 765-18	Joint compound	2 nd floor offices all walls	Yes	2.0	Damaged	2000 SF
17	765-33 765-34	Window glaze	Bld 5 offices	No	7.5	Good	300 LF
19	765-37 765-38	Window glaze	Bld 5 wall D windows above locker room	No	3.4	Good	150 LF
20	765-39 765-40	Window glaze	Bld 5 wall D lower windows	No	1.3	Damaged	50 LF
21	765-41 765-42	Transite (corrugated cement board)	Bld 5 office ceilings, ext office walls, office roof, back stairwall; Bld 4 wall A; Bld 3 roof; Bld 2 Tunnel & roof & walls; Outside mechanical rm,	No	35.0	Damaged	16,700 SF
26	765-51	Window glaze	Bld 2 walls	No	6.7	Good	2200 LF

Blackstone - 765 Rt 17 N, Carlstadt NJ – Asbestos Sampling L:Jobs 2016/160960/Blackstone 765 Rt 17 Carlstadt Asb NW 11-21-16.doc Prepared by: LEW Corporation Project # 160960 11/22/16

X XI

Office Coordinator

11-23-2010 .

	E	C	L		\mathbb{V}	E	M
M		DEC		5	2016)	IJ
	#16	312-2	139	Ch	nk. #4	532	

				CO.				- 11		DEC		2016	- 1	111
Date of Notification (1)					Name	of Building	g Owner/Operator (2	2)	1 1	l ULU		2010	i	امسا
12 /	1 /	16			Jan	nes Guili	ano	Market Construction		#1612-2				
Agencies Notified	Type Notifica	tion			Street	Address				ASBESTO			DL 8	ž.
☐ EPA								<u> </u>		LIC	ENSI	4G		
□ DOLWD	☐ Amended				City, S	tate, Zip C	Code							
□ DHSS	Amendme					nford, N								
DCA	☐ Emergend justification		luding			of Contac	-0.0-0.00000000000000000000000000000000		Te	lephone Nur	nber			
(NJAC 5:23-8)	☐ Cancellat				Jim	Trieble b				100110110110				
					857000000		FORMATION		L					
Name of Facility Where A	hatament is T	akina	Dlaca	(3)	FAC	JILII I IIV	IFORMATION	Type of Facility (4)					-
Residential Propert		akiliy	riace	(3)				School (K-12)						
	r.y							☐ Subchapter 8	(Ot	her than K-1	2)			
Street Address								Other (i.e., pr homes, etc.)		e and comm	ercial bu	ilding	S,	
City (5)								Square Feet		of Floors	BI	dg. Ag	10	
City (5) Cranford								1400	177	2		1950		
(4-04)444140474047					Cour	tu Codo (7)(STATE USE ONLY)	Current Use (Pri	or if			1550		
County (6)					Cour	ity Code (7	NOTATE OSE ONLT)	Residential	OI II	being demo	iisiieu)			
Union			,	0) [10011		N							
Name of Monitoring Firm				8)	ASCM	No.	Name of Abateme							
Partner Engineering	g & Science	, Inc.						d Mold Service	s, c	orp.				
Street Address							Street Address							
611 Industrial Way	West						3859 Sylon B							
City, State, Zip Code							City, State, Zip Co							
Eatontown, NJ 077	24						Hainesport, N	1J 08036						
Project Manager for Moni	itoring Firm			Tele	phone	No.	Telephone No.		L	icense No.				
Brian Nemetz				7	32 904	9565	609-702-0400			00862				
Start Date (10)					tion Da		Name of OSHA M	lonitor						
12 /13 /	16	12	2_ /	14	_ / _	16	EMSL Analyt	ical, Inc.						
Occupancy Status During	Abatement (0	Check	only o	ne)			Street Address					- A		-
☐ Facility Closed/Vacate	ed During Entir	e Peri	iod of	Abate	ment		200 U.S. Rou	te 130 North						
☐ Abatement Performed			_				City, State, Zip Co	ode						
Time of Abatement: _	AM	PN	1/	_PM		AM	Cinnaminson	n, NJ 08077						
Scope of Work (Check al	I that apply)						A STATE OF THE STA							
5								tainment with Neg	ative	e Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			⊠ Re	novat moliti			☐ Mini-Enc	losure g Procedure						
			_ 50	i i i o i i c				mpted (*) and No	n-Fr	iable Proced	ure			
				Loca							At	ateme	ent T	уре
Location				Norma	lly ely by		Description of			12	Z,	D.	Ш	Ш
Asbestos-Containing TO BE ABA		1)		intena			stos Containing Ma ., thermal systems			Amount (Specify	Removal	Repair	ıca	nclo
IN Facili				todial	Staff?	(1.6	surfacing, VAT			SF or LF)	oval	=	Encapsulate	Enclosure
(13)	2			(12)	Transmission		other miscellane						late	(D)
			Yes	No	N/A						1			
Basement					\boxtimes	Pipe In	sulation			80 LF				
			П								П	П	П	П
			$\frac{\Box}{\Box}$			1				-		П	$\overline{\Box}$	
Name of Registered Was	te Hauler		Ц		JDEP I	Naste	Cubic Yards of	Name of Regis	tere	d Landfill				
Waste Management				7.1	lauler II		Waste	Grand Cen						
					17273	3	5		. c. ui				_	
City, State							Disposal Date	City, State						
Lafayette, NJ							12/15/16	Penn Argy	ie, F	A				
Completed By (Print or Ty		Title			-		Signature]	Date			
Kimberly A. Trumbe	etti	Of	ffice (Coor	dinato	r	MAN				12-	1-2	110	

Date of Notification (1)					Name	of Buildin	g Owner/Operator (2)	IIII DE	C -	5 2	016	
11 /3	80 / _	16	_		Sta	te of Juv	enile Justice Co	mmission	led los				
Agencies Notified T	ype Notifica	ation			Street	Address			ASBEST	OSC	CON	TRO	1 8
	☑ Initial				100	1 Spruce	Street, Suite 20	2 2 nd FL		IČEN			
	Amended				City, S	State, Zip C	Code						
☑ DHSS ☐ DCA ☐	Amendme Emergen		luding		Tre	nton, NJ	08625						
(NJAC 5:23-8)	justification		idding		Name	of Contac	t		Telephone Num	ber			
	Cancellat	tion			Mik	e Preisig	J						
					FAG	CILITY IN	IFORMATION						
Name of Facility Where Aba	atement is T	Γaking	Place	(3)				Type of Facility (4)				
Johnstone Correction	nal Facilit	y - Ric	ce Bu	ildin	g			School (K-12)					
Street Address									(Other than K-12 ivate and comme		uilding	IS.	
West Burlington Street	et							homes, etc.)				191	
City (5)								Square Feet	# of Floors	В	dg. A	ge	
Bordentown								45000	3		60+		
County (6)					Cour	ity Code (7)(STATE USE ONLY)	Current Use (Price	or if being demoli	shed)			
Burlington								Admin Build	ing				
Name of Monitoring Firm His	red by Build	ding Ov	wner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Environmental Conne	ection						BRISTOL EN	VIRONMENTAL	., INC.				
Street Address							Street Address						
120 North Warren Stre	eet						1123 BEAVE	R STREET					
City, State, Zip Code							City, State, Zip Co	ode					
Trenton, NJ 08010							BRISTOL, PA	19007					
Project Manager for Monitor	ing Firm			Tele	phone	No.	Telephone No.		License No.				
Rollie Jones				60	9-392	-4200	215-788-6040		00509				
Start Date (10)	S	Schedu	led Co	mple	tion Da	te (11)	Name of OSHA N	lonitor					
12 /14 /	16	12	2_ /	14	_ / _	16	BRISTOL EN	VIRONMENTAL	., INC.				
Occupancy Status During Al	batement (0	Check	only o	ne)			Street Address						
☐ Facility Closed/Vacated [1123 BEAVE	R STREET					
Abatement Performed Ou						cribe	City, State, Zip Co	ode					
Time of Abatement: 7:00	JAM- <u>4:00</u> P	*IVI/	PI	/1	AIVI		BRISTOL, PA	19007					
Scope of Work (Check all the	at apply)							V 2 2 30 30 30 30					
≥3 sf or ≥3 lf		F	⊠ Rer	novati	on		☐ Full Cont	ainment with Neg	ative Pressure				
\(\geq \geq 160 \text{ sf or \geq 260 lf} \)			Der					g Procedure					
50.000							☐ Non-Exe	mpted (*) and Nor	n-Friable Procedu	re			
20000002.0000.2				Locat Iorma						Ab	atem	ent T	уре
Location of Asbestos-Containing Ma	terial (ACM	n		d Sole		Ashe	Description o stos Containing Ma		Amount	Re	Re	En	En
TO BE ABATE		'	Mai	ntena	nce/		., thermal systems	insulation,	(Specify	Removal	Repair	cap	Enclosure
IN Facility			Cust	odial ((12)	Staff?		surfacing, VAT,		SF or LF)	la la		Encapsulate	ure
(13)		-	Yes	No	N/A		other miscellane	ous)				te	
Basement			П	\boxtimes		Pipe Ins	sulation		9 LF				
Basement			П			Pipe Ins	sulation		25 LF				
						· ·					П	П	
										+=			H
Name of Desistent Allesta	laulaa		ш		IDED	Masta	Cubia Varda of	Nome of Regist	ered Landfill				
Name of Registered Waste H SERVICE TRANSPOR		, INC.	6	1,033.00	JDEP V	No.	Cubic Yards of Waste 1 C/Y	Name of Regist					
City, State					20990		Disposal Date	City, State					
NEW CASTLE, DE 197	20						12/14/16	WAYNESBU	URG, OH				
Completed By (Print or Type	:)	Title					Signature	0 -	. / \ Da	ate	7	1	
Gino Pizzigoni		Es	timat	or			DinA	mospy	/ We	111	30	/10	,

CK18	3	NO		CATIO	N OF AS	New Jersey SBESTOS ABA AC 8:60 and 5:1		DE G		W	E	To part on the part of the par
Date of Notification (1)	02 /	16		100000	e of Buildi	ng Owner/Operator	(2)	THE DEC	-5	201	6	Automi Automi
Agencies Notified ☑ EPA ☑ DOLWD	Type Notific			Stree 53	et Address 37 Totowa	a Road		ASBESTO	OS CO CENS	ONTI ING	ROL	8
☑ DOH	Amenda	nent #		00000	State, Zip							
DCA	⊠ Emerge		ing		otowa, NJ ne of Conta			TT L L L	1			
(NJAC 5:23-8)	justificat				len DelVe			Telephone Nun	nber			
				F.A	ACILITY I	NFORMATION						
Name of Facility Where Residential	e Abatement is	Taking Pla	ce (3)	-			Type of Facility ☐ School (K-1)				17	
Street Address							☐ Subchapter	8 (Other than K-1: private and comme		uildin	gs,	
City (5) Totowa, NJ							Square Feet	# of Floors	В	ldg. A	\ge	
County (6)				Cou	inty Code (7)(STATE USE ONLY)	Current Use (F	rior if being demol	ished)	-		-
Passaic								e h out e \$				
Name of Monitoring Fir Bio Terra Solution		ding Owne	er (8)	ASCM	1 No.	Name of Abatem	ent Contractor (9					
Street Address	ON 25 11 11	4 2	2. 2.			Street Address						
P.O. Box 1224						27 Outwater	Lane					
City, State, Zip Code Union, NJ		e' gwe'	ng vil.			City, State, Zip Co Garfield, NJ						
Project Manager for Mo	nitorina Firm		TTe	lephone	No	Telephone No.	07020	License No.		-	-11	
Rick Eustaquio	3			973-494		973-928-4888	- Table 1	1188				
Start Date (10)	1.	Scheduled	-		ITO A STATE OF THE	Name of OSHA M		1100				
	/ _16_			26 /	Carrier Contract		NAGEMENT I	LLC				
Occupancy Status Duri		and the second s	4.0000000000000000000000000000000000000	ement		Street Address 27 Outwater	Lane					
☐ Abatement Performe						City, State, Zip Co					51	
Time of Abatement:		PM/	PN	Л	_AM	Garfield, NJ						
Scope of Work (Check at ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	all that apply)		Renova Demoli				Procedure	gative Pressure on-Friable Procedu	ıre			
			ls Loc						Ab	atem	ent T	уре
Locatio Asbestos-Containing TO BE AB IN Fac (13)	g Material (ACM <u>ATED</u> ility	., N	lainter	lely by ance/ I Staff?		Description o estos Containing Ma e., thermal systems i surfacing, VAT, other miscellane	terial (ACM) insulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Throughout		Yes	-	N/A		oted Deney Dine	luovileti on	40515			0	
			10	-		ated Paper Pipe	Insulation	185 LF				닏
Garage Window Par	nels				Windov	v Glazing		40 LF				
						9						
Name of Registered Wa	sta Hauler		ᆜ	NJDEP	Wasto	Cubic Yards of	Name of Regi	stored Landfill	\Box		Ш	
ATC ATC	ste i laulei			Hauler I SW-2	D No.	Waste As Needed		nterprises				
City, State Shirley, NY						Disposal Date TBD	City, State Waynesbu	ırg, OH				
Completed By (Print or 7	Гуре)	Title Office	Mana	ager		Signature	Molor	Da	ate	101	1,	

ASB-41 JAN 13

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

D	E	C	E		\mathbb{V}	E	M
		DEC	_	5	2016)	
A	SBE	STO	OS C	100	VTRO	& JC	

Date of Notification (1)	20 / 16	,				Owner/Operator (2	2)		EC -	- 5	2016)
/	30 / 16	<u> </u>				ors nousing	The same and the s					
Agencies Notified	Type Notification				Address	2 22	124 507 70121	ASBES	TOS LICEI			OL 8
☐ EPA ☑ DOLWD	☐ Initial ☐ Amended					ermantown Pike,	Suite 400		LICE	1211/	<u>u</u>	
☑ DOLWD	Amendment #	2			tate, Zip C		_					
□ DCA	☐ Emergency (in	_				eeting, PA 19462	2					
(NJAC 5:23-8)	justification)	- 52			of Contact			Telephone Numl	per			
	☐ Cancellation			Circ	Gambo	ne (Owners Age	ent)		Trea.			
				FAC	ILITY IN	FORMATION						
Name of Facility Where A	batement is Takin	g Place	(3)				Type of Facility (4)	- 3			
Former Colonial Int	n Banquet Hall						School (K-12)					
Street Address							☐ Subchapter 8	(Other than K-12) ivate and commer) cial bu	ildina	S.	
545 Tappan Road							homes, etc.)					
City (5)							Square Feet	# of Floors	BI	dg. Ag	je .	
Norwood							23,000	2		70 yr	s.	
County (6)				Coun	ty Code (7))(STATE USE ONLY)	Current Use (Price	or if being demolis	hed)			
Bergen							Former Band	quest Hall				
Name of Monitoring Firm	Hired by Building	Owner (8	3)	ASCM	No.	Name of Abateme	ent Contractor (9)					
N/A				N/A		East Coast H	az Mat Remova	al, Inc.				
Street Address						Street Address		80				
						494 East 41st	t Street					
City, State, Zip Code						City, State, Zip Co	ode					
**************************************						Paterson, NJ	07504					
Project Manager for Moni	toring Firm		Tele	phone I	Vo.	Telephone No.		License No.				
•			Not and 1			973-345-0022		00507				
Start Date (10)	Sche	duled Co	mplet	tion Dat	e (11)	Name of OSHA M	Ionitor					
12 /2 /	4-04000000			_ / _		Same as abo	ve					
Occupancy Status During	Abatement (Chec	k only o	ne)			Street Address						
□ Facility Closed/Vacate	A STATE OF THE PARTY OF THE PAR											
Abatement Performed Time of Abatement: _						City, State, Zip Co	ode					
Scope of Work (Check all	that apply)					14				10 Pg 20 P		
D - 2 - 5 - 5 - 2 5		Rer	. avati	22		☐ Full Cont ☐ Mini-Enc	ainment with Neg	ative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		☐ Nei	nolitio	n		☐ Glovebag	g Procedure					
						⊠ Non-Exe	mpted (*) and Nor	n-Friable Procedu	re			
		100	Locat						Ab	atem	ent Ty	уре
Location	Tally sand our more and a		ormal Sole		Acho	Description o stos Containing Ma		Amount	Re	Re	En	E
Asbestos-Containing I TO BE ABA		Mai	ntena	nce/		., thermal systems		(Specify	Remova	Repair	cap	Enclosure
IN Facilit		Cust	odial 8 (12)	Staff?	8	surfacing, VAT	, or	SF or LF)	/al		Encapsulate	ure
(13)		Yes	No No	N/A		other miscellane	ous)				ite	
Front & Rear Roof Ar	ea			N/A	Roof Ta	ar/Flashing		800 SF				
						.						
1 1/2 20				J.C 28								
									Ш	Ш	Ц	Ш
							The Hall					
Name of Registered Was	te Hauler		N	JDEP V	Vaste	Cubic Yards of	Name of Regist	tered Landfill				
East Coast Haz Mat			3,000	auler IE		Waste 5		, North W/M of	PA			
City, State				419		Disposal Date	City, State					$\overline{}$
Paterson, NJ						12-8-16	Morrisville,	PA				
Completed By (Print or Ty	/pe) Titl	e				Signature	1/11		ate			
James Unger			mato	r/Proie	ect Mgr.		6 14		/	311.	/	/
ASB-41					-	Julio	1 you	_ /	1	,,,	1 8	2

MAY 11

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

ICATION	UF	ASBES	3105	ABA	TEME
(Pursuant	to	NJAC 8	:60 ai	nd 5:1	6)

								,	DE	0	00	200	
Date of Notification (1)	2 ,	40					ng Owner/Operator	(2)	II L UE		- (1	110	1
/		16			C	apitoi Sei	niors Housing						
Agencies Notified EPA	Type Notifi					et Address 00 West G	ermantown Pike	e, Suite 400	ASBES L	TOS C ICENS			L &
☑ DOLWD ☑ DHSS			1		City	State, Zip	Code				77		
□ DCA	☐ Emerge		_	ıa	P	ymouth N	leeting, PA 1946	2					
(NJAC 5:23-8)	justifica			3	Nam	ne of Conta	ct		Telephone N	umber			
	☐ Cancella	ation			C	ro Gambo	one (Owners Ag	ent)	4				
					F	ACILITY II	NFORMATION						
Name of Facility Where A	batement is	Taking	g Plac	e (3))			Type of Facility	y (4)				
Former Colonial Inn	n Banquet	Hall						School (K-1		4.50			
Street Address									8 (Other than Ka private and com		uildin	as.	
545 Tappan Road								homes, etc				J - 1	
City (5)								Square Feet	# of Floors	E	Bldg. A	\ge	
Norwood								23,000	2		70 y	rs.	
County (6)					Cou	inty Code (7)(STATE USE ONLY)	The state of the s	rior if being dem	olished)		21,0/-	
Bergen								Former Ba	nquest Hall				
Name of Monitoring Firm	Hired by Buil	lding C	Owner	(8)	ASCN	No.	Name of Abateme	장마시아 없는 아이를 하는데 그래요	25.00 may 20.00 m				
N/A					N/A	١	East Coast H	az Mat Remo	val, Inc.		-2-0-22		
Street Address							Street Address	stranderski eri i telasa					
							494 East 41st						
City, State, Zip Code							City, State, Zip Co						
				-			Paterson, NJ	07504					
Project Manager for Monit	oring Firm			16	elephone	No.	Telephone No.		License No.				
01-4 D-4- (40)		Cabad			Jakian D	-1- (44)	973-345-0022		00507				
Start Date (10) TBD / /					oletion D		Name of OSHA M						
1							Same as above	ve					
Occupancy Status During							Street Address						
□ Facility Closed/Vacated □ Abatement Performed 0						scribe	01. 04.4. 71. 0	-					
Time of Abatement:							City, State, Zip Co	de					
Scope of Work (Check all t	that apply)						☐ E!! Cook	sisses and with No.	ti D				
≥3 sf or ≥3 lf			☐ Re	nova	ation		☐ Mini-Encl	ainment with Neg osure	gative Pressure				
≥160 sf or ≥260 lf			⊠ De				☐ Glovebag	Procedure		l			
			le	1.00	ation	T	⊠ Non-Exer	npted (*) and No	n-Friable Proced	1 000		T	
Location o	ıf				nally		Description of			1000	atem		
Asbestos-Containing M	laterial (ACM	1)			olely by		stos Containing Mat	erial (ACM)	Amount	den	Repair	Enca	ncl
TO BE ABAT IN Facility					nance/	(i.e.	 thermal systems in surfacing, VAT, 		(Specify SF or LF)	Remova	ai-	Encapsulate	Enclosure
(13)				(12	2)	1	other miscellaneo		0. 0. 1.)	-		ilate	e e
1000 - 000 s			Yes	No	N/A								
Front & Rear Roof Are	а					Roof Ta	r/Flashing		800 SF				
			П	П							П	П	
										 		_	
		-								ᆜ	ᆜ		
Name of Registered Waste				100	NJDEP I Hauler II		Cubic Yards of Waste	Name of Regis					
East Coast Haz Mat F	Removal, li	nc.			419	- 110.	5		., North W/M o	TPA			
City, State							Disposal Date	City, State	7202				
Paterson, NJ							11-15-16	Morrisville	PA				
Completed By (Print or Typ	e)	Title					Signature	1 1/1		ate		37	
James Unger		Sr.	Estir	mat	or/Proje	ect Mgr.	Show	1 %		11:	3-	16	2
CD 41								70		-		_	

ASB-41 MAY 11

Check # Jf95

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

	E C	E		\mathbb{V}		M
 ×	DE(S -	5	2016		
I AS	SBEST	OS ()L 8	

Date of Notification (1)	24 /	16		(Tenna 1-12		ing Owner/Operator niors Housing	(2)		EC	- 5	201	6
Agencies Notified	Type Notification			1	eet Address		0.11.400	ASBES	TO	000	Kirre	01.0
L / .	☑ Initial☑ AmendedAmendment	t#		City	, State, Zip			1		NSI		IUL d
	☐ Emergency		ng		•	Meeting, PA 1946	52	Telephone Nu	mher		_	
(NJAC 5:23-8)	justification)				ne of Conta			relephone Nu	IIIDEI			
L	Cancellation	ı				one (Owners Ag	jerit)		EN PARE	,		-
				F.	ACILITY I	NFORMATION	TT of Facility (·4\				
Name of Facility Where Aba			ce (3)				Type of Facility (School (K-12)					
Former Colonial Inn I	Banquet Hal	l					Subchapter 8	(Other than K-1	(2)			
Street Address							Other (i.e., pr	ivate and comm	ercial	buildi	ngs,	
545 Tappan Road							homes, etc.)	T# -4 FI		Bldg.	Λσο	
City (5)							Square Feet	# of Floors			yrs.	
Norwood							23,000		li-b		y 1 S.	
County (6)				Co	inty Code (7)(STATE USE ONLY)			nsneo)		
Bergen							Former Band	quest naii				
Name of Monitoring Firm His	red by Building	Owner	(8)	ASC	/ No.	Name of Abateme		• FT • Incoming				
N/A				N/A	١	East Coast H	az Mat Remova	I, Inc.				
Street Address						Street Address						
						494 East 41st		- 31-0				
City, State, Zip Code						City, State, Zip Co	ode					
						Paterson, NJ	07504					
Project Manager for Monitori	ng Firm		Tele	ephone	No.	Telephone No.		License No.				
7779-005-00000000-00000-000000-000000-000000						973-345-0022		00507				
Start Date (10)					ate (11)	Name of OSHA M	onitor					
11 / _3_ / _1	16	11_)_/	16	Same as above	ve					
Occupancy Status During Ab	atement (Che	ck only	one)			Street Address						
☐ Facility Closed/Vacated D				ment								
Abatement Performed Ou Time of Abatement:	tside of Norma	I Facilit	y Hou	s - De	scribe _AM	City, State, Zip Co	de					
Scope of Work (Check all tha	t anniv)											
	(apply)	1222000					ainment with Negat	tive Pressure				
≥3 sf or ≥3 lf ≥3 sf or ≥3 lf			novati molitic			☐ Mini-Enclo						
≥160 sf or ≥260 lf			an iontro	,,,			npted (*) and Non-	Friable Procedu	re			
		Is	Locat	ion					A	batem	ent T	уре
Location of			Vorma			Description of			R	Re	ш	m
Asbestos-Containing Mate			d Sole intena			stos Containing Mate , thermal systems in		Amount (Specify	Remova	Repair	Encapsulate	Enclosure
TO BE ABATED IN Facility	2	Cus	todial S	Staff?	(1.0.	surfacing, VAT,		SF or LF)	\sigma	-	Sula	sure
(13)			(12)	T	-	other miscellaneo	us)				te	558
		Yes	No	N/A					-	-	_	
Front & Rear Roof Area					Roof Ta	r/Flashing		800 SF		Ш		Ш
										П	П	П
									+=	=		
					1 122						Ш	
Name of Registered Waste Ha	ıuler		1000	IDEP V		Cubic Yards of	Name of Register					
East Coast Haz Mat Ren				uler ID 419	NO.	Waste 5	G.R.O.W.S., N	lorth W/M of	PA			
City, State						Disposal Date	City, State					
Paterson, NJ						11-15-16	Morrisville, P.	A				
Completed By (Print or Type)	Title	V.				Signature	1 111	Dat	e			
James Unger	V 2000		nator	/Proie	ct Mgr.	1	19	/	0-	24	. /	6
James onger	0.		un una feculia.			porter !				1	1 1	

OD CK				State of New Jerse FICATION OF ASBESTOS	ABATEMENT			To Land	1	I I		F		W	E
Date of Notification (1)			(F	Name of Building Ov MERCK SHARP & Do	wner/Operator (1		3 0	L	- i		1-2
50551 SA 5255 DE				Street Address	011112 00111 01	.,,,,,,,	_			1	DE(· _	5	2016	
Agencies Notified Type Notificat	on			2000 GALLOPING HI	ILL ROAD				III L	1	ULI		Ψ.	2010	1
EPA Initial No		on		City, State, Zip Code						Ť					
DEP X Amende			#4	KENILWORTH, NEW	JERSEY 07033					AS	BEST	OS	CO	NTR	OL &
X DOL Cancella	tion					I=					- 1	CE	ISI	₫G_	
X DOH On Hold	ENICY	NOTE	EICAT	Name of Contact ON STEPHEN RUPPRE	СНТ	Telephone Num	nber	2							
DCAEMERG	LINGT	NOTII	ICAT	FACILITY INFORMAT		1		- 17							
Name of Facility Where Abatement is Ta	aking F	Place	(3)	FACILITY INFORMAT	Type of Facility	(4)									
name of racing representations			(-)		School (K			9							
MERCK SHARP & DOHME CORPORATI	ON					er 8 (Other than h				1					
					X Other (ie. Square Feet	private & commo # of Floors	l, bldg	s., hon		c.) . Age	č	_			
Street Address 2000 GALLOPING HILL ROAD - BUILDIN	G K6 I	OWE	RLEV	EL	225,000	3				. Age 4					
City (5) County				County Code (7)	0.00	ior if being demo	lished)							
KENILWORTH UNION	1991			(STATE USE ONLY)							1150				
Name of Monitoring Firm Hired by Build				ASCM No.		ment Contracto		ION							
ENVIRONMENTAL HEALTH INVIESTIGA	TIONS	s, INC	8	104	Street Address	MENTAL CORP	URAT	ION							
Street Address 655 WEST SHORE TRAIL					313 SPOOK RO	OCK ROAD									
City, State, Zip Code					City, State, Zip										
SPARTA, NE	W JER				SUFFERN, NE										
Project Manager for Monitoring Firm				Number	Telephone Num		nse Ni	umber							
WILLIAM KERBEL	Icah	1	729-5		845-369-7500 Name of OSHA	Monitor 1101	1					_			
Expected State Date (10) 11 / 14/ 16	Sch	ea. Co	10.7	tion Date (11) 30 /16		RONMENTAL S	OLUTI	ONS 8	k TEC	Н.					
Month Day Year		onth	N#8	Day Year											
Occupancy Status During Abatement (/20		Daria	al a.f A.l	atamant	Street Address 1376 ROUTE 9										
X Facility Closed/Vacated During Abatement Performed Outside					1376 ROUTE 9										
X Other - Describe: MONDA					City, State, Zip	Code		23 100				- 200			
						WAPPINGERS	S FALL	S, NY	12590)					
Scope of Work (Check all that apply) Demolition X	¬ _{Por}	ovatio		Mini-Enclo	inment with Neg	ative Pressure									
>3SF OR LF	Ive	ovalio	11		Procedure										
X >160 SF OR 260 LF				X Non-Friab	le Procedure										
Location of	11 252	Loca		Description of As			_		batem		ype		į.		
Asbestos-containing Material (ACM)	10000	rmally solely		Containing Materia (ie. Thermal sys		Amount (Specify	REMOVAL	REPAIR	ENCAPSU	ENCLOSURE					
TO BE ABATED	- 1	nt/Cus		insulation, surfacing		SF or LF)	10/	AIR	APS	000					
in Facility (13)	_	Staff (-	or other miscella	neous)		AL.								
	Yes	No	N/A						m f	П			B		
LOWER LEVEL-MER ACS 1 & 2	-	-	Х	ACM MASTIC		1900 SF	X		-+			_			
LOWER LEVEL-MER ACS 1 & 2	+	+-	X	ACM CAULK		275 SF	X		-						
LOWER LEVEL-MER ACS 1 & 2	-	+	X	ACM SEAM MASTIC		47 LF	X	\vdash	-						
LOWER LEVEL-MER ACS 1	-	-	X	ACM ADHESIVE		100 SF	X	\vdash	+			_			
LOWER LEVEL-MER ACS 1 & 2		_	X	ACM PUTTY		240 SF	X		-						
LOWER LEVEL MER CORRIDOR		_	X	PIPE SADDLES		630 LF	X		_						
LOWER LEVEL MER ACS 1 & 2			X	SEAM CAULK		1900 SF	_		X	-					
LOWER LEVEL WEST AIR INTAKE ROO	M		Х	WATERPROOFING MAST	TIC	1100 SF	_		X						
ADDITION TO SCOPE:									_						
EXTERIOR TRENCH			x	TAR & MASTIC		30 LF	Х								
Name of Registered Waste Hauler	_	EP W		Cubic Yards of Waste	Name of Regist			A N 1 . C		IT OF	DVIOL				
FREEHOLD CARTAGE, INC.	Hau	iler ID 1593		80		OUNTY RESOUR		ANAG	EMEN	11 55	KVICE	3			
825 HIGHWAY 33 City, State	_1	1593	J	Disposal Date	City, State	LIVERIVER	10			AC.					
FREEHOLD , NEW JERSEY	i.			10/17 - 10/01/2017	MONTGOMER			_/_		1,	,				
Completed by (Print or Type)	23 Town 100 100	ND 05	000	Signature	XX	Date	11	12	30/	1/1	6				
BENJAMIN SANCHEZ DI	KEC1(JK UF	UPE	RATIONS /	11 × ^		11	1 -	-/	1	-		1		

NO C.	6			State of New Jerse FICATION OF ASBESTOS ursuant to NJAC 8:60-7 an	ABATEMENT				1	NE C	0	= [W/	E
Date of Notification (1)	1		(P	Name of Building O	wner/Operator (2				1	机		2 0		
				Street Address						lii DE	0	- 5	201	6
10 / 31 16 Agencies Notified Type Notific	ation			2000 GALLOPING H	ILL ROAD				L	III UE	.0.	U	201	J 1
	Votifica	tion		City, State, Zip Code					-					ĺ
		tification	#3	KENILWORTH, NEV					-	ASBES	TOS	CC	ONTE	IOL &
X DOL Cance						I= 1 - 1 N	h		1		JOE			
X DOH On Ho		Y NOTI	EICATI	Name of Contact ON STEPHEN RUPPRE	CHT	Telephone Num	ner							
DCA EMER	GENC	TNOTI	FICATI	FACILITY INFORMAT			*				_			
Name of Facility Where Abatement is	Taking	Place	(3)	FACILITY INFORMA	Type of Facility	(4)								
Ivalie of Facility Where Platement is		,	(-)		School (K-	12)								
MERCK SHARP & DOHME CORPORA	TION					er 8 (Other than K		en 4 0000						
					X Other (ie. Square Feet	private & commol # of Floors	, bldg	s., hom		tc.) g. Age	\dashv			
Street Address 2000 GALLOPING HILL ROAD - BUILD	ING KE	SLOWE	RIFV	'FI	225,000	3			XX-230342	44				
City (5) Count		LOVIE	.,	County Code (7)		ior if being demol	ished)						
KENILWORTH UNION	5000			(STATE USE ONLY)		3.								
Name of Monitoring Firm Hired by Bu				ASCM No.		ment Contracto		1011						
ENVIRONMENTAL HEALTH INVIESTIG	GATION	NS, INC		104	Street Address	MENTAL CORPO	JRAI	ION			-			
Street Address 655 WEST SHORE TRAIL					313 SPOOK ROCK ROAD									
City, State, Zip Code					City, State, Zip						\neg			
SPARTA, N	IEW JE	RSEY	07871		SUFFERN, NEV									
Project Manager for Monitoring Firm		Tele	phone	Number	Telephone Num			umber				Î		
WILLIAM KERBEL		100000	-729-5		845-369-7500	1101								
Expected State Date (10)	So			tion Date (11)	Name of OSHA	Monitor RONMENTAL SO	דווור	IONS 8	TEC	CH C				
11 / 14/ 16 Month Day Year		Month) /	1 /17 Day Year	QUALITY ENVI	KONWENTALO	JEO I	10110						
Occupancy Status During Abatement (/	2016				Street Address	905								
X Facility Closed/Vacated Duri					1376 ROUTE 9									
Abatement Performed Outsid X Other - Describe: MONI				Hours - Describe: 8:30 PM	City, State, Zip	Code	0.00							
X Other - Describe. Work	J/(1 - 1	NIDAT	1 Alvi-C		0.13, 0.2.0, 2.5	WAPPINGERS	FALI	LS, NY	1259	90				
Scope of Work (Check all that apply)					ainment with Neg	ative Pressure								
	X R	enovati	on	Mini-Encl	o , g Procedure									
>3SF OR LF X >160 SF OR 260 LF					ole Procedure									
Location of	T	Is Loca	ation	Description of A				Al	baten	nent Type				
Asbestos-containing	r	normally		Containing Mater		Amount	굡	REPAIR	ENCAPSULE	E				
Material (ACM)		solely		(ie. Thermal sy insulation, surface		(Specify SF or LF)	REMOVAL	PAII	CAF	5				
TO BE ABATED in Facility (13)	IV.	laint/Cu Staff (or other miscell		01 01 21 7	AL	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	US	SU				
	Y	es No							m	200		1		
LOWER LEVEL-MER ACS 1 & 2			X	ACM MASTIC		1900 SF	Х							
LOWER LEVEL-MER ACS 1 & 2			X	ACM CAULK		275 SF	X							
LOWER LEVEL-MER ACS 1 & 2			X	ACM SEAM MASTIC		47 LF	X							
LOWER LEVEL-MER ACS 1			X	ACM ADHESIVE		. 100 SF	X	9						
LOWER LEVEL-MER ACS 1 & 2			×	ACM PUTTY		240 SF	X							
LOWER LEVEL MER CORRIDOR			×	PIPE SADDLES		630 LF	X							
			X	SEAM CAULK		1900 SF			Х					
LOWER LEVEL MER ACS 1 & 2	2011	-	X	WATERPROOFING MAS	TIC	1100 SF		1	Х			1		
LOWER LEVEL WEST AIR INTAKE R	- T	+	^	WATERPROOFING WAS	illo	1100 01						1		
ADDITION TO SCOPE: -	-	+	1.,			30 LF	X					1		
EXTERIOR TRENCH	-	+	X	TAR & MASTIC		30 LF	^					1		
D	-	-	-				+					1		
		IIDED :	1/	Cubia Vasda of Mast-	Name of Regis	tered Landfill						1		
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.	_	IJDEP \ lauler I0		Cubic Yards of Waste 80		OUNTY RESOUP	RCEN	MANAG	EME	NT SERVICE	S	1		
825 HIGHWAY 33	- 10	159			447 ALEXAND	ER DRIVE/ROU								
City, State Disposal Date				City, State				1	ſ					
FREEHOLD , NEW JERSEY	Title			10/17 - 10/01/2017	MONTGOMER	Y, PA 17752	Δ	1/ /	11	117		1		
Completed by (Print or Type) BENJAMIN SANCHEZ	TOR O	F OPE	RATIONS Signature	1/1/2 8) Dat	_	/1/	11	116]			

		TIFICA (Pursua	Name of Building Ow	ner/Operator (2)			1		66		\mathbb{W}
e of Notification (1)			MERCK SHARP & DC	HME CORPORAT	ION		-			200000000000000000000000000000000000000	
. 24 16			Street Address				1		250	-	001
ncies Notified Type Notification			2000 GALLOPING HIL	L ROAD			1 1		DEC	- 5	201
EPA Initial Notific	cation		City, State, Zip Code								
DEP Amended N	lotification		KENILWORTH, NEW	JERSEY 07033			of the second	ĺ	ASDEST(18.00	MITT
X DOL Cancellation	n		Name of Contact	Т	elephone Numbe			-	LIC	ENSI	NG
X DOH X On Hold	CY NOTIFIC	ATION	STEPHEN RUPPREC		1		ļ.		L15		
DCA EMERGEN	01 11011110	.,,,,,,,	FACILITY INFORMAT	ION						-	
me of Facility Where Abatement is Taki	ng Place (3)			Type of Facility (
me of Facility White Fine				School (K-12	2) 8 (Other than K-1	2)				1	
RCK SHARP & DOHME CORPORATION	1			X Other (ie. pri	ivate & commcl. b	ldgs., h	nomes, e	tc.)		1	
				Square Feet	# of Floors	3171	Bldg	g. Age	2		
reet Address 00 GALLOPING HILL ROAD - BUILDING	K6 LOWER	LEVEL		225,000	3		-	44		-	
County (6)	1		County Code (7)	Current Use (Prio	r if being demolis	ned)					
NII WORTH UNION			(STATE USE ONLY)	Name of Abatem	ent Contractor (9)				1	
ame of Monitoring Firm Hired by Buildin	ig Owner (8)		ASCM No.	PAR ENVIRONM	ENTAL CORPOR	MOITAS	1			4	
NVIRONMENTAL HEALTH INVIESTIGATI	UNS, INC.		104	Street Address							
reet Address 55 WEST SHORE TRAIL				313 SPOOK ROO						-	
ity State 7in Code				City, State, Zip C SUFFERN, NEW	ode YORK 10901						
SPARTA, NEW	JERSEY 07	871	h o c	Telephone Numb		e Num	ber				
roject Manager for Monitoring Firm	(COSS 10.00 COSS 10.00 COSS 10.00 COSS 10.00 COSS COS	none Nu 29-5649		845-369-7500	1101					4	
VILLIAM KERBEL	Sched. Cor			Name of OSHA	Monitor			011			
xpected State Date (10)	12		16	QUALITY ENVIR	RONMENTAL SO	LUTION	NS & TE	CH.			
Month Day Year	Month		Day Year	Street Address							
Occupancy Status During Abatement (/201	6 Entire Period	of Ahate	ement	1376 ROUTE 9							
Abatement Performed Outside of	of Normal Far	cility Hou	urs - Describe:							\dashv	
X Other - Describe: MONDAY	- FRIDAY 7	AM-3:30) PM	City, State, Zip C	WAPPINGERS	FALLS	NY 125	90			
			Full Cont	I ainment with Nega							
Scope of Work (Check all that apply) Demolition X	Renovation	1	Mini-Enc	lo,							
>3SF OR LF	_		X Gloveba	g Procedure ble Procedure							
X >160 SF OR 260 LF	T		X Non-Fria					-	Туре	1	
Location of Asbestos-containing	Is Locat	20	Containing Mate	rial (ACM)	Amount	RE	ENCAPSULE	ENCLOSU			
Material (ACM)	solely l	by	(ie. Thermal s		(Specify SF or LF)	REMOVA	AP	5			
TO BE ABATED	Maint/Cus Staff (1	2223	insulation, surfa- or other miscel		0.0.2.7	AL	SUL	SUR			
	Yes No			1.			m	굒			
in Facility (13)			CM MASTIC		1900 SF	X		-		\dashv	
in Facility (13)	100 110	V 10			075.05	X		-		-	
in Facility (13) LOWER LEVEL-MER ACS 1 & 2	100 110	1	CM CAULK		275 SF			1			
in Facility (13) LOWER LEVEL-MER ACS 1 & 2 LOWER LEVEL-MER ACS 1 & 2	155 115	X A	CM CAULK		275 SF 47 LF	Х		+			
in Facility (13) LOWER LEVEL-MER ACS 1 & 2 LOWER LEVEL-MER ACS 1 & 2 LOWER LEVEL-MER ACS 1 & 2	100 110	X A	CM SEAM MASTIC			X X					
in Facility (13) LOWER LEVEL-MER ACS 1 & 2 LOWER LEVEL-MER ACS 1 & 2 LOWER LEVEL-MER ACS 1 & 2 LOWER LEVEL-MER ACS 1 & 1		X A X A	CM SEAM MASTIC		47 LF					_	
in Facility (13) LOWER LEVEL-MER ACS 1 & 2		X A X A X A	CM SEAM MASTIC CM ADHESIVE ACM PUTTY		47 LF 100 SF	Х					
in Facility (13) LOWER LEVEL-MER ACS 1 & 2		X A X A X A X A X F	CM SEAM MASTIC CM ADHESIVE CM PUTTY PIPE SADDLES		47 LF 100 SF 240 SF	X X	X				
in Facility (13) LOWER LEVEL-MER ACS 1 & 2 LOWER LEVEL MER ACS 1 & 2 LOWER LEVEL MER CORRIDOR LOWER LEVEL MER ACS 1 & 2		X A X A X A X A X A X F X S	CM SEAM MASTIC CM ADHESIVE CM PUTTY PIPE SADDLES SEAM CAULK	STIC	47 LF 100 SF 240 SF 630 LF	X X	X				
in Facility (13) LOWER LEVEL-MER ACS 1 & 2		X A X A X A X A X A X F X S	CM SEAM MASTIC CM ADHESIVE CM PUTTY PIPE SADDLES	STIC	47 LF 100 SF 240 SF 630 LF 1900 SF	X X					
in Facility (13) LOWER LEVEL-MER ACS 1 & 2 LOWER LEVEL MER CORRIDOR LOWER LEVEL MER ACS 1 & 2		X A X A X A X A X A X F X S	CM SEAM MASTIC CM ADHESIVE CM PUTTY PIPE SADDLES SEAM CAULK	STIC	47 LF 100 SF 240 SF 630 LF 1900 SF	X X					
in Facility (13) LOWER LEVEL-MER ACS 1 & 2 LOWER LEVEL MER ACS 1 & 2 LOWER LEVEL MER CORRIDOR LOWER LEVEL MER ACS 1 & 2		X A X A X A X A X A X F X S	CM SEAM MASTIC CM ADHESIVE CM PUTTY PIPE SADDLES SEAM CAULK	STIC	47 LF 100 SF 240 SF 630 LF 1900 SF	X X					
in Facility (13) LOWER LEVEL-MER ACS 1 & 2 LOWER LEVEL MER ACS 1 & 2 LOWER LEVEL MER CORRIDOR LOWER LEVEL MER ACS 1 & 2		X A X A X A X A X A X F X S	CM SEAM MASTIC CM ADHESIVE CM PUTTY PIPE SADDLES SEAM CAULK	STIC	47 LF 100 SF 240 SF 630 LF 1900 SF	X X					
in Facility (13) LOWER LEVEL-MER ACS 1 & 2 LOWER LEVEL MER CORRIDOR LOWER LEVEL MER ACS 1 & 2 LOWER LEVEL MER ACS 1 & 2	DM	X A X A X A X A X A X A X A X A X A X A	CM SEAM MASTIC CM ADHESIVE ACM PUTTY PIPE SADDLES SEAM CAULK NATERPROOFING MA	IN of Pogi	47 LF 100 SF 240 SF 630 LF 1900 SF 1100 SF	X X X	X				
in Facility (13) LOWER LEVEL-MER ACS 1 & 2 LOWER LEVEL MER CORRIDOR LOWER LEVEL MER ACS 1 & 2 LOWER LEVEL WEST AIR INTAKE ROC Name of Registered Waste Hauler	DM NJDEP V	X A X A X A X A X A X A X A X A X A X A	CM SEAM MASTIC CM ADHESIVE CM PUTTY PIPE SADDLES SEAM CAULK	Name of Regin	47 LF 100 SF 240 SF 630 LF 1900 SF 1100 SF	X X X X X X X X X X X X X X X X X X X	X	MENT	SERVICES		
in Facility (13) LOWER LEVEL-MER ACS 1 & 2 LOWER LEVEL MER CORRIDOR LOWER LEVEL MER ACS 1 & 2 LOWER LEVEL WEST AIR INTAKE ROO Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.	DM	X A X A X A X A X A X A X A X A X A X A	CM SEAM MASTIC CM ADHESIVE CM PUTTY PIPE SADDLES SEAM CAULK NATERPROOFING MA Cubic Yards of Waste	Name of Regis LYCOMING C 447 ALEXANI	47 LF 100 SF 240 SF 630 LF 1900 SF 1100 SF	X X X X X X X X X X X X X X X X X X X	X	MENT	SERVICES		
in Facility (13) LOWER LEVEL-MER ACS 1 & 2 LOWER LEVEL MER CORRIDOR LOWER LEVEL MER ACS 1 & 2 LOWER LEVEL WEST AIR INTAKE ROC Name of Registered Waste Hauler	DM NJDEP V	X A X A X A X A X A X A X A X A X A X A	CM SEAM MASTIC CM ADHESIVE CM PUTTY PIPE SADDLES SEAM CAULK WATERPROOFING MA	Name of Regis LYCOMING C 447 ALEXANI	47 LF 100 SF 240 SF 630 LF 1900 SF 1100 SF	X X X X X X X X X X X X X X X X X X X	X	L	SERVICES		

no CK	NOTIFIC	State of New Jersey CATION OF ASBESTOS suant to NJAC 8:60-7 and	ABATEMENT 12:120-7)			The second second	D.E	GI		V	E
		Name of Building Ow MERCK SHARP & DO	mer/Operator (2	!) ATION		7,540	mi.		r	201	6
Date of Notification (1)		Street Address	27			100		jty	- 5	201	0
10 / 3 16 Agencies Notified Type Notification		2000 GALLOPING HI	LL ROAD			population					
EPA X Initial Notification		City, State, Zip Code				No.	ASBE	ESTO)S C	ONTI	30L8
DEP Amended Notification	n	KENILWORTH, NEW	JERSEY 07033			7	Acres	LIC	ENS	SING	a commence de la comm
X DOL Cancellation X DOH On Hold		Name of Contact		Telephone Numb	er						
X DOH On Hold EMERGENCY NOT	TFICATIO		снт 1	1							
		FACILITY INFORMAT	ION								
Name of Facility Where Abatement is Taking Place	e (3)		Type of Facility School (K-								
A DOUBLE CORROBATION			Subchapte	er 8 (Other than K-	12)						
MERCK SHARP & DOHME CORPORATION			X Other (ie.	private & commcl.	bldgs., ho	mes, e	etc.)				
Street Address		A	Square Feet 225,000	# of Floors		ыа	g. Age 44				
2000 GALLOPING HILL ROAD - BUILDING K6 LOW	ER LEVE	County Code (7)		rior if being demoli	shed)						
City (5) County (6) UNION		(STATE USE ONLY)									
Name of Monitoring Firm Hired by Building Owne	r (8)	ASCM No.	Name of Abate	ment Contractor	(9)						
ENVIRONMENTAL HEALTH INVIESTIGATIONS, IN	C.	104	PAR ENVIRON Street Address	INIENTAL CURPC	MONTON						
Street Address 655 WEST SHORE TRAIL			313 SPOOK R								
City, State, Zip Code			City, State, Zip	Code							
SPARTA, NEW JERSE			SUFFERN, NE Telephone Nun	W YORK 10901	se Numb	er					
Project Manager for Monager	lephone N 3-729-56		845-369-7500	1101	.00 1 1 1						
		on Date (11)	Name of OSHA	Monitor							
10 / 17/ 16	12/ 3	30/ 16	QUALITY ENV	IRONMENTAL SC	DLUTIONS	S & TE	CH.				
Month Day Year Month Occupancy Status During Abatement (/2016	n	Day Year	Street Address								
X Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal	riod of Aba Facility H	atement ours - Describe:	1376 ROUTE 9								
X Other - Describe: MONDAY - FRIDA	Y 7AM-3:	30 PM	City, State, Zip	WAPPINGERS	FALLS, I	NY 125	90				
Scope of Work (Check all that apply)	S14.10.00	Full Cont Mini-Enc	ainment with Neg	gative Pressure							
Demolition X Renova	ation		g Procedure								
X >160 SF OR 260 LF			ble Procedure			Abata	ement Type				
Eddation of	cation ally used	Description of A Containing Mater	sbestos- rial (ACM)	Amount	교교		0.000		1		
Aspested containing	ely by	(ie. Thermal s	ystems	(Specify	REMOVA	ENCAPSU	ENCLOSU				
TO BE ABATED Maint/	Custodial	insulation, surfactor or other miscell		SF or LF)	NAL R	PSU	USC				
in Facility (13) Sta	ff (12) lo N/A	or other miscen	arieous)			E	R		i		
LOWER LEVEL-MER ACS 1 & 2		ACM MASTIC		1900 SF	Х						
LOWER LEVEL-MER ACS 1 & 2		ACM CAULK		275 SF	X	-			-		
LOWER LEVEL-MER ACS 1 & 2	X	ACM SEAM MASTIC		47 LF	X				-		
LOWER LEVEL-MER ACS 1 LOWER LEVEL-MER ACS 1	X	ACM ADHESIVE		100 SF	X I						
LOWER LEVEL-MER ACS 1 & 2	X	ACM PUTTY		240 SF	X		-		+		
LOWER LEVEL MER CORRIDOR	X	PIPE SADDLES		630 LF	X	+			+		
LOWER LEVEL MER ACS 1 & 2	×	SEAM CAULK		1900 SF	1	X			+		
LOWER LEVEL WEST AIR INTAKE ROOM	X	WATERPROOFING MAS	STIC	1100 SF	+-	X			1		
					++	-			+		
					++	+			1		
						+	1		1		
									+		
Maille of Registered Waste Flavor	P Waste	Cubic Yards of Waste 80	Name of Reg	istered Landfill COUNTY RESOU	RCE MAN	IAGEN	MENT SERVIC	ES	1		
PREEMOLD GARTINGE, IIVO	r ID No. 5939	00	447 ALEXAN	IDER DRIVE/ROL	ITE 15				4		
825 HIGHWAY 33 City, State	3000	Disposal Date	CVEV State	RY PA 17752		1	ī				
FREEHOLD , NEW JERSEY		10/17 - 13/30/16 Signature	MONINGOME	RY PA 17752	te 💅	1	2/11		1		
Completed by (Print or Type) Title BENJAMIN SANCHEZ DIRECTOR	R OF OPE		MA)	/()/	3/16		_		

		-00
	1/-	MYMI
(1)/) /
()	1	000

Print Form

Dota -5 N-4/5 - 4/- (4)		,		t to NOAO (E #		-	0011	,
Date of Notification (1) 12/1/16				of Building (Monaco					i loud	lead.	UL	9 -	- 0	CUIT	à
	Votification			Address	riivale	HOIII	e		-	-					
	itial		51.00()	1001000						ASB					OL 8
□ DEP □ A	mended		City, St	ate, Zip Coo	de				1			OE.	MSI	VG_	
	mendment #_		Long	Beach T	wp NJ	08008	3								
	mergency (including stification)	3	Name o	of Contact					Tel	ephone	Num	ber		-	
	ancellation		Bob												
Name of Facility Where Abateme	nt is Taking Place	(3)	FAC	ILITY INFO	RMATIC	NC	-	- (F : 12) (1							
Mike Monaco Private Hon		(3)					Тур	e of Facility (4							
Street Address							H	School (K-12 Subchapter 8	!) ? (Oth	or than	K 10				
							X	Other (i.e. pri	ivate 8	& comm	nercia	l buil	dings	, hom	es,
City (5)							Squ	are Feet	# 0	Floors		E	Bldg. A	Age	
Long Beach Twp NJ 0800	8						100	00+	1				35+	Ü	
County (6)				Code (7)			Curr	rent Use (Prior	if bei	ng dem	olishe	ed)			
Ocean	4			USE ONLY)											
Name of Monitoring Firm Hired by N/A	/ Building Owner (8)	ASCN	VI No.				atement Contr	ractor	(9)				8.000	
						Pern									
Street Address						Street		303							
City, State, Zip Code						PO E		Zip Code							
ony, orato, 2.p oode						7.0		zip Code rlin NJ 0809	11						
Project Manager for Monitoring Fi	rm		Telepho	ne No		Teleph			71	Licens	o No				
,			101010110					9800		0072		•			
Start Date (10)	Schedul	ed Cor	npletion l	Date (11)				HA Monitor							
12/12/16	12/21					Sam									
Occupancy Status During Abatem	ent (Check Only O	ne)				Street /	Addre	ess							
Facility Closed/Vacated Durin	ng Entire Period of	Abaten	nent												
Abatement Performed Outsic Other – Describe: Home ow	le of Normal Facility	y Hours	3			City, St	ate, Z	Zip Code							
Scope of Work (Check All That Ap	157														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				-		ill Containmen ni-Enclosure	t with	Negativ	ve Pre	essui	e		
	ш.	zemom	1011			-	GI	ovebag Proce	dure						
						X	No	on-Exempted (*) and	Non-F	riable				
	1//	Locati												ement pe	
Location of Asbestos-Containing Material (Llas	d Sole		Asbesto		ription		1/0010			ŀ		.,	PC	
TO BE ABATED	` / Ma	intena todial S			nermal s	ystems	insul		0.855	nount pecify		R	71	Enc	四
In Facility (13)	J	(12)			surfacir other mis				SF	or LF)		Remova	Repair	apsı	Enclosure
7	Vaa	No	TAUA	553	outer till	occian	cous					val	Ŧ	Encapsulate	ure
	Yes	NO	N/A								_				
Shed			Х		Exteri	or sidi	ing		20	0 SF		x			
											1				
Name of Registered Waste Hauler		N	JDEP W	aste	Cubic Ya	ards		Name of Re	gister	ed Land	dfill				
United Roll Off		1.332	auler ID I 2459	36000	of Waste	9		G.R.O.W			111270				
City, State					Disposal	I Date	-	City, State							
Elm NJ								Morrisville	e PA	1906	7				
Completed by	Title				mature	?				Date		-			
Anthony T Perna	ident			1	L	NO COMMISSION OF THE PERSON OF				12/	1/16	i			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 79-16 MAY HINE SSBE MEW Agencies Notified Type Notification Street Address FREMONE 225 M Initial Amended City, State, Zip Code DOL. Amendment # WOOD BINE Emergency (including DCA iustification) Name of Contact Cancellation -12A FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) ESIDENCE School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age MION 1000 50+ County Code (7) (STATE Current Use (Prior if being demolished) County (6) USE ONLY) AP1-VACANT ASCM No. Name of Monitoring Firm Hired by Building Owner Name of Abatement Contractor (9) KLEMCO Street Address Street Address 369 City, State, Zip Code City, State, Zip Code Project Manager for Monitoring Firm Telephone No. Telephone No 856 -7 Name of OSHA Monitor Start Date (10) Scheduled Completion Date (11) 17-17-16 7-19-16 Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure Renovation Mini-Enclosure]≥3 sf or ≥3 lf Demolition ∑≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Normally Type Used Solely by Description of Location of Maintenance/ Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Custodial TO BE ABATED (i.e., thermal systems insulation, (Specify Remova Staff? surfacing, VAT, or SF or LF) IN Facility (12)other miscellaneous) (13)N/A Yes No SID INIG 7000 SE Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Cubic Yards Hauler ID No Disposal Date City, State City, State WOODBINE Signature Completed By 79-16

CK 4 4108

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

In),	Ŀ	<u></u>	E		\mathbb{W}	E	In
M							
		DEC	-	5	2016		U

							(0)		_			
Date of Notification (1)	29-16			Name	of Buildin	ng Owner/Operator	-(2) -(H (O)	NTRASBER	108	00	NITE	301
-	Type Notificatio	en .	-	Street	t Address				JOE			=
Agencies Notified	Initial			0000	(/ laai 555	155 RT	50		_	_		
	Amended		-	City S	State, Zip	Code			-	-		
₩ DOL	Amendment		-	, -	GH	CELMFIE	LO KL	5 30 7	30			
⊠ DOH	Emergency justification		9 F	Name	of Conta			Telephone Numb	er			
□ DCA	Cancellation				BR	UCE						_
		_		FAC		ORMATION						
Name of Facility Where	Abatement is Taki	ing Place	2 (3)				Type of Facility	y (4)				
	ESIDENC		N-7				School (K-1	12)				
Street Address	COTO					_	Subchapter	r 8 (Other than K-12 private & commercia	?)	dinaa		
Sirect Address							homes, etc		ai buile	ungs		
City (5)							Square Feet	# of Floors	BI	dg. A	ge	
City (5)	Ct AU	CIT	4				2000		. _	50	+	
County (6)	J. 17-1					7) (STATE		rior if being demolis	shed)			
CAPE	MAY	¥		USE	ONLY)			CANT				_
Name of Monitoring Firm		Owner	TA	ASCM	No.	Name of Abaten	nent Contractor (9)				
(8)	VIA					-	EMCO I	NC			_	_
Street Address						Street Address	0 0	10- 161 -				
						369		ICE ALE				_
City, State, Zip Code						City, State, Zip C		15 AL T	10	~c ·		
							E SHAD		000	٥	=	=
Project Manager for Mo	nitoring Firm		Telep	phone I	No.	Telephone No.	6 01172	License No.	IU			
							9-0472	_00 4	4 7		_	=
Start Date (10)		eduled Co				Name of OSHA	Monitor					
12-9-16		12-		-16			NIA					=
Occupancy Status Durin						Street Address						
K Facility Closed/Vacat	ed During Entire P	eriod of	Abatem	nent		0: 0: 1 7: 0						=
Abatement Performe	d Outside of Norm	al Facility	y Hours	3		City, State, Zip C	ode					
Other - Describe:										-		=
Scope of Work (Check a	all that apply)					☐ Full Cor	ntainment with Ne	egative Pressure				
≥3 sf or ≥3 lf			novatio			Mini-En	closure ag Procedure					
∑≥160 sf or ≥260 lf		Der Der	molition			Non-Ex	empted (*) and N	on-Friable Procedu	re			
		IsL	ocation	1							ment	
		No	amally			Description of	F		_	Ту	ж Т	
Location Asbestos-Containing N			Solely itenano		Asbes	tos Containing Mat	terial (ACM)	Amount			ш	m
Asbestos-Containing F	TED	Cu	stodial		(i.e.,	thermal systems i	nsulation,	(Specify SF or LF)	Remova	Re	Encapsulate	Enclosure
IN Facility		1	staff? (12)			surfacing, VAT, other miscellaned		SF G LF)	Vou	Repair	lusc	nso
(13)		-					•		a		ale	е
		Yes	No	N/A					1	_		
SIDIN	6			X	1	RANSIT	E	175086	X			
				-								
		1	\dashv	-								
		+-+	\dashv	-								
- (D. 111711)	ata Harrios		INI	DEP W	/aste	Cubic Yards	Name of Reg	istered Landfill				
Name of Registered Was	_			uler ID	No.	of Waste	CIM		14			
- KLTMCO	INC		-11	790	24_	Diagonal Data	City, State	1. (, 04.0-		-		
City, State	7.5					Disposal Date		DBINE				
MAPLE SE	LADE IN					Signature	1	Date				=
Completed By	Titk	CI	JP.			Signature	102	11	-2	9 -	16	
MinHAE K	(Aldu	21	00.									_

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

E.	C	E		\mathbb{V}	(n)
Į	DEC	_ [5 7	2016	

(P	ursuant to NJA	C 8:60 and 12:12	0)	<u>l</u> i Ut	16 - 5	20	lb	L	וצ
Date of Notification (1)	Name of Build	ling Owner/Operator	(2) H (0)	MSERG	AOE OF	(6)	ROL	8	
Agencies Notified Type Notification	Street Addres		- 50		JOEMS:	NG			_
☐ BPA DEP Initial ☐ Amended	City, State, Zip	, , ,		===		_	-	-	=
Amendment # Emergency (including		eten FIE	LD N	T	082	30			
DOH justification)	Name of Conta	act		Telepi	hone Num	ber			
☐ DCA ☐ Cancellation	<u> </u>	RUCE							
	FACILITY IN	FORMATION							
Name of Facility Where Abatement is Taking Place (3)			Type of Facili						
RESIDENCE			☐ School (K-		than K-12	2)			
Street Address			Other (i.e.,	private &			ldings	5 ,	
City (5)			homes, et Square Feet		Floors	В	ldg. A	\ge	
MARGATE CIT	4		1500	_ _ 2	>		50	+	(1)
County (6) ATC AUTIC	County Code USE ONLY)			CAM	ng demolis	shed)			
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatem	ent Contractor ((9)	,				
Street Address		Street Address 369	5. SP	RUCE	AL	 F			
City, State, Zip Code		City, State, Zip C	ode _	ADE	آ، ا۸		80		
Project Manager for Monitoring Firm Tel	ephone No.	Telephone No.	<u>Le 311</u>		ise No.		00	, _	=
		856-77		2 _	0041	44			
Start Date (10) Scheduled Comple 17 - 9 - 16 12 - 16		Name of OSHA N		4					
Occupancy Status During Abatement (Check only one)		Street Address	-17/-	<u> </u>					_
Facility Closed/Vacated During Entire Period of Abate	ment	-						_	
Abatement Performed Outside of Normal Facility Hou Other - Describe:	rs 	City, State, Zip Co	∞de						
Scope of Work (Check all that apply)		□ Full Con	tainment with Ne	egative Pr	PSCUIFA				
☐≥3 sf or ≥3 lf		Mini-Enc	losure	ogative i i	Coourc				
Demolition ≥260 If	NT.		g Procedure mpted (*) and N	on-Friable	Procedur	е			
Is Location	22.07	7				7	bater		
Location of Used Soleh	**************************************	Description of					Тур	e	
Asbestos-Containing Material (ACM) Maintenan	ce/ Asbest	tos Containing Mate		Amo (Spe				E.	Е
TO BE ABATED Staff?	" (I.e.,	thermal systems in surfacing, VAT, of	or	SF or	50.00 p. = 10	Remova	Repair	caps	Enclosure
(13)		other miscellaneou	(a.			oval	air	Encapsulate	sure
Yes No	N/A							е	
SIDING	X	TRANSIT	E	1500	0 SE	X			
	JDEP Waste	Cubic Yards of Waste	Name of Reg	istered La	ndfill A				
	7 9 0 Y		A (LUK	+				_
City, State MAPLE SHADE NI, T		Disposal Date	City, State	+S Hal	TVIL	LE			_
Completed By WICHAEL KLEUM Title SUP.		Signature ·	Un		Date	-Z°	7-1	6	

Print Form: State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 11/30/16 Federal National Mortgage Corporation Agencies Notified Type Notification Street Address ASBESTOS CONTROL 14221 Dallas Parkway Suite 100 LICENSING EPA Initial City, State, Zip Code DEP Amended × DOL Amendment # Dallas Tx 75254 Emergency (including Name of Contact Telephone Number DOH justification) Joan Olympio DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Abandoned Building Imminent Hazard School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, 110 12th Ave City (5) # of Floors Square Feet Bldg. Age Paterson 3000 2 50+ County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Passaic Abandoned Imminent Hazard Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Yannuzzi Environmental Services Street Address Street Address 135 Kinnelon Rd suite 102 City, State, Zip Code City, State, Zip Code Kinnelon, NJ 07405 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 908-218-0880 01228 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12/14/16 Yannuzzi Environmental Services Occupancy Status During Abatement (Check Only One) Street Address 135 Kinnelon Rd suite 102 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Kinnelon, NJ 07405 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (Specify (i.e. thermal systems insulation, Enclosure Remova Repair Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A

				STR	RUCTURE	
Name of Registered Waste Hauler Yannuzzi Group		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 200	Name of Regist	tered Landfill	
City, State Kinnelon NJ		1	Disposal Date 12/27/16	City, State Morrisville P	'A	
Completed by John Mucha	Title Projec	et Mang	Signature	Mush	Date 11/30/16	

UNKNOWN

X

UNKNOWN

ENTIRE

X

									Chic	ck#	- /	2490			
Date of Notification (1) November 29, 2016	Name of Building Owner/Operator (2) CELGENE CORPORATION E C E V E														
Agencies Notified I EPA DCA DOL DEP- No Longer REQUI DOH	RED	Notification Initial N Amend Emerg justific Cance	lotificat ed Noti ency (i ation)	fication ncluding	cation City, State, Zip Code SUMMIT, NJ 07901						Number ROL &				
				FACILITY INF											
Name of Facility Where Abate CELGENE CORPORATI Street Address 86 MORRIS AVENUE	Type of Facility (4) School (K-12) Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings, homes, etc.)														
City (5) SUMMIT	City (5) County (6)				Sq. Feet: 33,000 # of Floors: 2 Bldg. Age: ~50+ years Current Use (prior if being demolished): ADMINISTRATIVE OFFICES										
				No. 8	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.										
Street Address 464 VALLEY BROOK	Street Address 268 MAIN STREET														
City, State, Zip Code LYNDHURST, NJ 07071 Project Manager for Monitoring Firm Telephone Number					City State, ZipCode BUTLER, NJ 07405 Telephone Number License Number										
JOHN CHIAVELLO	732-438-4839			973-492-0477 00840											
Scheduled Start Date (10) 12/09/16		Scheduled 0 06/30/17		n Date (11)	Name of OSHA Monitor ENVIROVISION, INC.										
Occupancy Status During Al Facility Closed/Vacated I Abatement Performed Occupance Facility Occupied During (NOT SUB 8 – PHASE Subsequent Phases	Street Address 20-21 WARGARAW ROAD City, State, Zip Code FAIRLAWN, NJ 07410														
7am – 4 pm (24 hrs & Source of Work (Check all tha		ius as nee	ueu)						V						
□≥ 3 sf or ≥ 3 lf 図 ≥ 160 sf or ≥	Full Containment with Negative Pressure Mini-Enclosure (Tent) Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure														
Location of Asbestos-Containing Material (ACM) in Facility (13) Material (ACM) in Facility (13) Custodial Staff? (12) YES NO NA				Description of Asl (ACM) (i.e. therm VAT, or other mis	bestos Containing Material al systems insulation, surfaci cell.)	Amoun (Specif or LF)	cify SF Rem		ove Repair Encap Enclose						
Various Locations		X		Fireproofing			200	23000							
Various Locations		X		TSI (pipe, duct,	etc. insulation)		50	LF	X						
Name of Reg. Waste Hauler Newark Carting, Inc. Newark, NJ 04509		NJ DEP			Cubic Yards of Waste:	40 C		G.R.	of Regis	North	Landf	ill			
Notes: None		Disposal Date City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700						0.0000000000000000000000000000000000000							
Completed by (Print or Type) RAYMOND C. PEDAL	Signature Raymond C. Peda	alino November 29, 2016													