

CHECKE 1025

| Date of Notification (1) | | Name | of Building C | | | Files | 1501 | | | | \neg | | | |
|--|-------------------------|---|--|-------------------------------------|---|--------------------------------|---|------------|----------|--------------|-----------|--|--|--|
| 11/30/17 | | Chan | Bor t Address | Bala | Mc | Cause | NA | G | G | II (| VII 10 | | | |
| Agencies Notified / Type Notification EPA Initial Amended Amendment & Emergency (i justification) | | City, | State, Zip Coo MAN of Contact | | J.J | 0743 | | DEC | <u> </u> | 7 20 |)17 | | | |
| DCA Cancellation | | | SALBAR CILITY INFO | a M | c Cows | COOD | - AS | DESI | OS C | CONI | HOI 8 | | | |
| Name of Facility Where Abatement is Taking | Place (3) | | CILITIMFO | RWATIO | | of Facility (4) | | LI | CENS | SING | 1020 | | | |
| Street Address | | | | | 18/8 | | (Other than K- vate & commerc | | lings, | home | s, | | | |
| City (5) | - | | | | Squar | e Feet | # of Floors | В | ldg. A | T. 12 | | | | |
| County (6) | | | ty Code (7) | | 7 7 | 875 nt Use (Prior | if being demolis | shed) | +5 | 0_ | \dashv | | | |
| BELOW | (0) | | TE USE ONLY) | | | me of Abatement Contractor (9) | | | | | | | | |
| Name of Monitoring Firm Hired by Building C |)wner (8) | AS | CM No. | | A.MAC Co | | | | | | | | | |
| Street Address | | | | | Street Addres 185 Vreela | | | | | | | | | |
| City, State, Zip Code | | | | | City, State, Zi Midland Pa | | 432 | | | | | | | |
| Project Manager for Monitoring Firm | | Telep | hone No. | - 1 | elephone No 201-262-5 | phone No. License No. 00156 | | | | | | | | |
| Start Date (10) 12/12/17 | Scheduled 12 | Completi | on Date (11) | | Name of OSF Omega En | | al Services | Inc | | | | | | |
| Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire F | | atement | | 4.3 | Street Addres 280 Huyler | | | | | | | | | |
| Abatement Performed Outside of Norm Other – Describe: | nal Facility H | ours | City, State, Zip Code Hackensack, NJ 07606 | | | | | | | | | | | |
| Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 if | - | novation nolition | | | Mir | i-Enclosure vebag Proce | nt with Negative dure (*) and Non-Fri | | | e | | | | |
| | 28 | ocation | | | | | | | | ement /pe | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Used Maint Custoo | mally Solely by enance/ dial Staff? 12) | (i.e. | os Contai thermal sy surfacir | ription of ning Material ystems insula ig, VAT, or scellaneous) | | Amount (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure | | | |
| BUSEMENT | | V | 1 7 | IPE IN | SULAT | 100 | 130 € | 25 | | | | | | |
| | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | NJDE | P Waste | Cubic Ya | ards | Name of R | egistered Land | fill | | | | | | |
| Newark Carting Inc, | | | ID No. | of Waste | | | entral Sanita | | ndfill | | 1 | | | |
| City, State Newark, NJ 07105 | | | | Disposa /2/17 | 0 | City, State Pen Argy | /l, PA 08702 | | | | | | | |
| Completed by Joseph Vocaturo | Title Vice Pi | esiden | | | nature | Vandt | THE STEE | Date // | 30 / | (") | | | | |

| Ch 1330 P/ | | NOTI | CATIO | State of New N OF ASBE | ESTOS AF | BATE | MEN | т | | EC | E | | P₁ | int Form |
|---|-----------------------------|-----------------------------|------------------------------|---|--------------------------------|-----------------|---|--|--|------------------------|-----------------|-------------|-------------|----------|
| Date of Notification (1) 12/4/17 | -17 | П " | Name | of Building C | | | | | | DE | C - | 7 2 | 017 | 1 |
| Agencies Notified Type Notification Type Notification Initial Amended Amendment | # | | City, St | Address tate, Zip Cod enfield, No | | | | | | ASBES L | TOS (| CONT | ROL | & |
| DOH justification) DCA Emergency justification) Cancellation | (including | 9 | Name | of Contact I Clark | 07021 | | | | l Tal | enhone N | umber | | | |
| Name of Facility Where Abatement is Takin Residential Home | g Place (| (3) | FAC | ILITY INFO | RMATION | N | Тур | e of Facility (| | | | | | |
| Street Address | | | | | | | × | School (K-1 Subchapter Other (i.e. p etc.) | 8 (Oth | er than K- & commer | 12) cial bui | ldings | , hom | es, |
| City (5) Bergenfield | | | | | | | 189 | are Feet 90 | 2 | f Floors | 1 | Bldg. / | | |
| County (6) Bergen | | | (STATÉ | Code (7) USE ONLY) | | - | Res | sidential H | nt Use (Prior if being demolished) dential Home | | | | | |
| Name of Monitoring Firm Hired by Building of Project Manager Street Address | Owner (8 |) | ASCI | M No. | <i>F</i> | All St | e of Abatement Contractor (9) Stages Abatement | | | | | | | |
| City, State, Zip Code | | | | | 2 | 1 082 | V. M | ddress Midland Ave. | | | | | | |
| Project Manager for Monitoring Firm | | | - | | | Sadd | lle B | | ok, NJ 07663 | | | | | |
| | | | Telepho | | 10.00 | eleph 201-6 | | No. 3184 | | License I 01305 | No. | | | |
| Start Date (10) 12/13/17 | 12/17/ | 17 | npletion | Date (11) | N | lame (| of OS | HA Monitor | | | | | | |
| Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: 8 A.M to 4 P.M | Period of | Abaten | nent | | | ity, St | | ess Zip Code | | | | | | |
| Scope of Work (Check All That Apply) | | | | | - | | - | | | | | | | |
| ≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf | | Renova Demolit | | | | × | Mi Gl | III Containme ni-Enclosure ovebag Proce on-Exempted | edure | | | | | |
| Location of | 1 | Locati Normal ed Sole | ly | | Descri | ption | | - Exempled | () and | TNOII-I IIA | DIETTO | Abate | ement pe | |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | intenar todial S (12) | nce/ | (i.e. th | s Containi nermal sys surfacing other misc | stems g, VAT | insula F, or | ation, | (S | nount pecify or LF) | Remova | Repair | Encapsulate | Enclosure | |
| Basement | No X | N/A | | VA | Λ.T. | | | 0.4 | 1.05 | 1 | | ate | roi | |
| | | ^ | | | V /- | -11 | | | 24 | 4 SF | x | | | |
| | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler All Stages Abatement | | H | JDEP W auler ID 036592 | No. | Cubic Yard of Waste 2 CU | ds | | Name of R Grand C | | | | dfill | | |
| City, State Saddle Brook, NJ | | | | 1 | Disposal D | Date | | City, State Pen Aryo | ıl. PA | | 507 | | | |
| Completed by Richard Cristofol | Title Presi | dent | | | Signa | ature . | 4 | | _ | Da | ate 2/4/17 | , | | |



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

| E | C | | | \mathbb{V} | E | n |
|---|-----|---|---|--------------|---|---|
| | | | | | | |
| | DEC | - | 7 | 2017 | | H |

| Date of Notification (1) | | | Man | (5 11 | | | | | | | - 11 |
|--|-----------------|-----------------|-----------------|-----------------------|--|---|-----------------------------------|--|----------------------|--------------|--------------|
| 40 | 17 | | | | ing Owner/Operator nership, LLC | | DE 0b #1612-2144 | 0.33 | | 2017 #490 | |
| Agencies Notified Type Notif ☐ EPA ☐ Initial ☐ DOLWD ☐ Amend | | | Stre | et Address King St | reet | | ASBES | | CON | TRO | 1 |
| | ment # 4 | | 1.000 | State, Zip | | | | A STATE OF THE PARTY OF THE PAR | Burn Mark Production | | Tathesiation |
| □ DCA □ Emerge | ency (includ | ng | | over, NJ | | | | | | | |
| (NJAC 5:23-8) justifica | | | | e of Conta | | | Telephone Nu | mber | | | |
| ☐ Cancell | ation | | Ki | rk Harpe | ell | | | | | | |
| Name of Facility IAII | | | FA | CILITY | INFORMATION | | | _ | | | |
| Name of Facility Where Abatement is Commercial Property | Taking Pla | ce (3) | | | | Type of Facility | (4) | | | | |
| Street Address | | | | | | School (K-12 | 2) | | | | |
| | | | | | | Subchapter 8 | 8 (Other than K-1 rivate and comm | 2) | | 200-200 | |
| 69 King Street | | | | | | homes, etc.) | rivate and comm | ercial i | ouildir | igs, | |
| City (5) | | | | | | Square Feet | # of Floors | F | Bldg. | Ane | |
| Dover | | | | | | 217,800 | 4 | | 107 | | |
| County (6) | | | Cou | inty Code | (7)(STATE USE ONLY) | | ior if being demo | ished) | | - | |
| Morris | | | | | | Warehouse | | ionica) | | | |
| Name of Monitoring Firm Hired by Bu | lding Owne | r (8) | ASCN | l No. | Name of Abatem | ent Contractor (9) | | | | | |
| Criterion Laboratories | | | | | | d Mold Service | | | | | |
| Street Address | | | | | Street Address | | э, оогр. | | | | |
| 3370 Progress Drive, Suite J | | | | | 3859 Sylon E | Roulevard | | | | | |
| City, State, Zip Code | | | | | City, State, Zip C | | | | | | |
| Bensalem, PA 19020 | | | | | Hainesport, I | | | | | | |
| Project Manager for Monitoring Firm | | Те | lephone | No. | Telephone No. | 10 00000 | Tr: | | | | |
| Mike Panepresso | | | 215-244 | | 609-702-0400 | 1 | License No. | | | | |
| Start Date (10) | Scheduled | | | | Name of OSHA M | 00862 | | | | | |
| 12 /13 /17 | _ 12 | | | | EMSL Analyt | | | | | | |
| Occupancy Status During Abatement | Check only | one) | | | Street Address | | | | | | |
| □ Facility Closed/Vacated During Ent | ire Period o | f Abat | ement | | 200 U.S. Rou | to 120 No | | | | | |
| □ Abatement Performed Outside of N | ormal Facil | tv Ho | ırs - De | scribe | City, State, Zip Co | | | | | | |
| Time of Abatement:AM | PM/ | PN | 1 | _AM | Cinnaminson | | | | | | |
| Scope of Work (Check all that apply) | | | | | ommannison. | 1, 143 00077 | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | enova emolit | | | ☐ Mini-Enc | ainment with Negalosure Procedure mpted (*) and Non | | | | | |
| | 1 | s Loca | ition | | | mpted () and 140h | I-I Hable Frocedu | _ | | - 10.0 | |
| Location of | | Norm | | | Description o | f | | - | | ent T | |
| Asbestos-Containing Material (ACN TO BE ABATED | n) US M: | eu So ainten | ely by ance/ | Asbe | estos Containing Ma | terial (ACM) | Amount | Remova | Repair | Enc | Enclosure |
| IN Facility | Cus | stodial | Staff? | (1.6 | e., thermal systems i surfacing, VAT, | | (Specify | Nou | a. | aps | los |
| (13) | Yes | (12) No | N/A | | other miscellaned | ous) | SF or LF) | <u>a</u> | | Encapsulate | лге |
| 2 nd Floor | Tes | | N/A | Dina In | | | | | | (b) | |
| | | | | ripe in | sulation | | 12 LF | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Name of Registered Waste Hauler | | | | | | | | | \boxtimes | | |
| | | | JDEP V | | Cubic Yards of | Name of Registe | ered Landfill | | | | |
| Waste Management | | | 17273 | | Waste 5 | Grand Cent | ral | | | | |
| City, State | | | | | Disposal Date | City, State | | | | | |
| Lafayette, NJ | | | | | 12/14/17 | Penn Argyle | , PA | | | | |
| Completed By (Print or Type) | Title | | | | Signature / | 37.5 | | ıto. | | | |
| Kimberly A. Trumbetti | Office | Coord | dinator | | 1/4/1 | | Da | | | a seem | |
| SB-41 | | | | | - HX/ 1/ | | | 12. | 4- | 17 | |



| | שונו נו | | (Pt | ırsua | nt to NJA | C 8:60 and 5:16 | 5) | DEC | F | ПП | 7 1 | - F | | |
|-------------------------------------|----------------------------|---|---------------------|-------------------|----------------------|--------------------------------------|-------------------------|---|---------------|-----------|----------|-------------|--|--|
| Date of Notification (1) | | | | Nam | e of Buildir | ng Owner/Operato | r (2) | MEG | 5 | 1 1 | 1 1 | - 1 | | |
| 12/ | 5./2017 | | | | | | ceville | School | | | | \parallel | | |
| Agencies Notified | Type Notifica | tion | | Stree | et Address | | | III DEC | - 7 | 20 | 17 | # | | |
| ⊠ EPA | Initial | | | | | 2500 Ms | in Stree | E DEC | , | 20 | 1 1 | | | |
| DEP DOL | Amended Amendme | nt # | | City, | State, Zip | Code | | | | | | T | | |
| | ☐ Emergenc | y (includin | g | | | Lawrenc | eville N | | | | OL 8 | 2 | | |
| M DOH □ DCA | justification Cancellation | | | Name | e of Conta | ct | | 1 | =NSI | NG | | | | |
| | Cancellatio | ווכ | | | Bob S | mith | | | | | | | | |
| | | | | FA | CILITY IN | FORMATION | | - N | | | | | | |
| Name of Facility Where | | | | | | | Type of Facili | ty (4) | | 310e e x | | \neg | | |
| | Memor | ial H | all | | - | | School (K- | 12) | | | | | | |
| Street Address | | | | | | | Subchapte | r 8 (Other than K-12 private & commercial | 2) al buil | dinas | | | | |
| | 00 Main | Stre | et_ | | | | homes, etc | c.) | ai buii | uniys | • | | | |
| City (5) | xongo | :116 | NT T | 000 | - 4.0 | | Square Feet | # of Floors | | ldg. A | ge | | | |
| | wrencev | iiie, | INU | | | | 15000 | _ 2. | - 1 | 00 | | | | |
| County (6) Merce | er | | | USE | nty Code (FONLY) | 7) (STATE | Current Use (I | Prior if being demolis | shed) | | | | | |
| Name of Monitoring Firm | | ng Owner | T | ASCM | No. | Name of Abater | nent Contractor (| (9) | | | | | | |
| (8) | MECS | | . | | | Ste | vens Environ | mental Service | es, In | ıc. | | | | |
| Street Address | | | | | | Street Address | | | | | | | | |
| | PO Box | 341 | | | | PO Box 322 | | | | | | | | |
| City, State, Zip Code | | 11.0051 | - | | | City, State, Zip Code | | | | | | | | |
| | osswicks, N | NJ U851. | | | | | Allentov | vn, NJ 08501 | | | | | | |
| Project Manager for Mon | | | 0.000 | phone | | Telephone No. License Ne. 00493 | | | | | | | | |
| Start Date (10) | isgarber | abadulad C | | | 8-4070 | | (609) 259-9688 00493 | | | | | | | |
| 12/21/17 | 50 | cheduled C | 10.00 | | ite (11) | Name of OSHA | | AECS. | | | | | | |
| Occupancy Status During | α Abatement (C | | | | | Street Address | IV | MECS | | | | _ | | |
| ☑ Facility Closed/Vacate | | | The Williams | ment | | Street Address | PO | Box 341 | | | | | | |
| ☐ Abatement Performed | | | | | : | City, State, Zip C | | DUX JTI | | | | _ | | |
| Other - Describe: | | | * | | | Ony, Otato, Zip c | | ks, NJ 08515 | | | | | | |
| Scope of Work (Check a | Il that apply) | III SELVEN IN PRES | | | | | 010301110 | 10,113 00313 | | | | - | | |
| ≥3 sf or ≥3 lf | | EZI Da | | | | | | egative Pressure | | | | | | |
| ≥160 sf or ≥260 lf | | | novation | | | ☐ Mini-En | ciosure ag Procedure | | | | | | | |
| | | | | | r | | | on-Friable Procedur | е | | | | | |
| | | | ocatio | | | | | | F | bate | | | | |
| Location of | | Used | Solely | by | | Description of | | | | Тур | e —— | | | |
| Asbestos-Containing M TO BE ABAT | | 100000000000000000000000000000000000000 | ntenano ustodial | (Cec) | | os Containing Mat | | Amount | 2000 | | ш | _ | | |
| IN Facility | | | Staff? | | (1.6., | thermal systems i surfacing, VAT, | | (Specify SF or LF) | Ren | Repair | ncar | ncl | | |
| (13) | (12) | | | other miscellaned | ous) | | Remova | pair | Encapsulate | Enclosure | | | | |
| | Yes | No | N/A | | | | | <u> </u> | | ate | 9 | | | |
| Basement | | _ X | - | | The | rmal Pipe | Insuļ | 6_lf | X | | \dashv | \neg | | |
| Basement | | X | | | The | rmal Pipe | Insul. | _30 lf | | Х | | \neg | | |
| | | | | | | | | | - | | - | \dashv | | |
| | | | | | | | | | - | | - | - | | |
| Name of Registered Was | te Hauler | | I N. | IDEP V | Vaste I | Cubic Yards | Name of Reg | istered Landfill | | | | | | |
| Stevens Environm | nental Servi | ces, Inc | . Ha | auler ID 182 | No. | of Waste 1 | 1 | Fairless Land | fill | | | | | |
| City, State | | | | | | Disposal Date | City, State | | | | -200 | - | | |
| | Allentown | , NJ | | | | 12/28/17 | A N/ | Morrisville, | PA | | | | | |
| Completed By Title Signature Date | | | | | | | | | - | | | | | |
| Mahlon E. Ster | vens | Pr | oject | Man | ager | 11/11 | | | /1 | 7 | | | | |
| CD 44 | | | | | | | | | | | | | | |



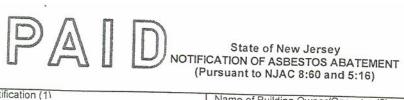
STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NIAC 8:60.7 AND 12:120.7)

| 01 | 11 11 | 2989 |
|-------|--|---------|
| 16/10 | 1 5 | 1 7/2 Y |
| | The state of the s | J 10. |

| | | | PURSUAI | | C 8:60-7 Ar | | | | | | -110 | | | |
|--|----------------------|--------------------|--|---------------------|--|--|-------------|---------------|-------------|--------|--------------|--|--|--|
| Date of Notificati | | | | | Building O | | rator (2) | | | | | | | |
| 12 / 05 | _ /_ 17 | | | CELGEN | E CORPOR | ATION | | | P | @ E | 0 00 0 | | | |
| / | / | | | Street Ac | dress | | | 111 | 7) 5 | 66 | IVE | | | |
| Agencies Notifie | d Type of N | Notification | | 1535 MOR | RIS AVENU | JE | | 111 | | 9 15 | | | | |
| [7] EP. | | Initial | | | e, Zip Code | | | 111 | 51 | | | | | |
| ☐ DE | 200 | Amended | | | NJ 07901 | | | 111 | 11! | | | | | |
| ☑ DO | | Amendment | | Name of | AND THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED ADDRESS OF THE PERSON NAMED ADDRESS OF THE PERSON NAMED AND ADDR | | | TTOTALL | ne Numl | DEC - | 7 2017 | | | |
| ☑ DO | 100000 | | _ v/ justification | | | | | · · citatien | WEX TOTTINE | eet ∩ | , 2017 | | | |
| | | Cancellation | vi justilication | JANOS A | INGELI | | | | | | 1 | | | |
| | | Cancellation | | | | | | | | 000.0 | COLUMN STATE | | | |
| | | | F | ACILITY IN | NFORMATIC | ON | | | ASB | LICEN | ONTROL & | | | |
| Name of Facility | Mhore Abeter | | DI (2) | | Ir cr | .11.4 (4) | | L | | LIOLIV | SING | | | |
| or or actify | vvnere Abater | nent is Taking | Place (3) | | Type of F | acility (4) | | | | | - 1 | | | |
| CELGENE CORP | ORATION - BI | _DG. S-1 | | | 1 _ | | | | | | - 1 | | | |
| | | | | | | School (K | | | | | 1 | | | |
| Street Address | | | | | | | er 8 (Other | | | | - 1 | | | |
| 535 MORRIS AVE | NUE | | | | V | | , private & | commer | cial | | - 1 | | | |
| | | | | | | bldgs., ho | mes, etc.) | | | | | | | |
| City (5) | County (6 | 5) | County Code | (7) | Square Fe | et | # Of Floor | s | Buildir | ng Age | | | | |
| SUMMIT | UNION | | I consequence and accordance | | 60 | ,000 | 3 | 3 | | | - 1 | | | |
| | | | | | Current U | se (Prior if | being dem | olished) | 7 | 40+ | | | | |
| | | | | | OFFICE | | • | | | | - 1 | | | |
| Name of Monitor | na Firm Hired | d by Blda Own | er (8) | ASCM NO | | | | | | | | | | |
| | nig i min i mec | a by blug. Own | C1 (0) | AUGINI NO | 1 | | | | | | 1 | | | |
| WCD GROUP LLO | . / = | WMA | | | NORTHET | AR CONT | RACTING G | ROLID II | NC. | | - 1 | | | |
| Street Address | , , , | . V V IVIA | | L | | | ACTING G | NOUF. II | NC. | | | | | |
| [[일본] [[]] [[] | TE DOC / 4/ | OO MICTALIANIE | | | Street Add | iress | | | | | - 1 | | | |
| 23 RT 31 NORTH, S | 1E B20 / 10 | 00 MISTY LANE | | | 1 | | | | | | - 1 | | | |
| City, State, Zip C | | | | | | s Parkway | | | | | | | | |
| PENNINGTON, NJ | | ARSIPPANY, NJ | THE RESERVE AND THE PERSON NAMED IN COLUMN 1 | | City, State | , Zip Code | | | | | | | | |
| Project Mngr. Fo | Monitoring F | Telephone Nu | mber | | | | | | | - 1 | | | | |
| MIKE GARAMBONE | / Kevin Seise | 609-730-0007 / 973 | 3-560-1400 | East Hano | ver, NJ 070 | 36 | | | | | | | | |
| Sheduled Start D | ate (10) | letetion Date (1 | 1) | Telephone | Number | | License | icense Number | | | | | | |
| 12 // 19 | 12 / 19 / 17 02 / 28 | | | | | | | | | | | | | |
| // | -/ | I - I | | - | 973-88 | 4-8682 | | 00860 | | | | | | |
| Occupancy Statu | s During Abat | tement (Check | Only 1) | | Name of C | SHA Moni | tor | | | | | | | |
| | | ated During En | | | | AR CONTE | ROUP II | VC. | | | | | | |
| Abater | | area a armig Err | | | Street Add | the state of the state of the state of | 0.10111100 | 71001.11 | | | | | | |
| | | ed Outside of N | lormal Facility | | Oli eet Aut | 11033 | | | | | - 1 | | | |
| | | _ 7:00 am to 3:3 | | | 32 William | c Darkway | | | | | 1 | | | |
| | | | о ри | | | | | | | | | | | |
| Other . | Describe: _ | _ MON-FRI | | | | , Zip Code | | | | | | | | |
| Scope of Work (C | back All That | (Apply) | | | East Hallo | ver, NJ 070 | 30 | | | | | | | |
| Scope of work (c | HECK All Illat | . Арріу) | | | | | | | | | - 1 | | | |
| Demol | ition | | Renovation | | Eull Conta | inment wit | h Negative | Droccur | _ | | - 1 | | | |
| >3sf or | | | Renovation | | Mini - Enc | | ii wegative | riessui | e | | - 1 | | | |
| | | | | | | Procedure | | | | | | | | |
| _ ≥100 3 | 1 01 2200 11 | | | ✓ | | | d Non-Frial | blo Droce | adura | | - 1 | | | |
| | | | | | Non-Exem | pieu () an | u Non-Fila | ble Floci | edure | | - 1 | | | |
| Locatio | n of | ls | | Descript | ion of | | | Abateme | ont Tuno | | | | | |
| | | | | | | | | 717-7 | I Type | le. | le l | | | |
| Asbestos Co | maining | Location | AS | bestos - C | | | | R | | E | E | | | |
| 70.05.15 | | Normally | | Material | | | Amount | E | R | N | N | | | |
| TO BE AE | 1.00 mm of the 2.00 | Used | | e., therma | | | (Specify | M | E | С | C | | | |
| in Fac | | Solely | | | facing, VAT | , | SF or LF) | 0 | P | A | L I | | | |
| (13) | | by Main- | or | other misc | ellaneous) | | | V | A | P | 0 | | | |
| | | tenance/ | | | | | | Α | 1 | S | S | | | |
| | | Custodial | | | | | | L | R | U | U | | | |
| | W-11 | Staff (12) | | | | | | | | L | R | | | |
| | | YES NO N/A | | | | | | | | | | | | |
| 1ST, 2ND, 3RD FL | OORS | | PIPE & FITTIN | GS INSUL | ATION | | 1,050 LF | 7 | | | | | | |
| PENTHOUSE | - | | DUCT CALK | | | | 12 LF | 7 | In | TH | | | | |
| 1ST, 2ND, 3RD FL | OORS | | FOAM MASTIC | : | | | 6,255 SF | 7 | 1 1 | H | | | | |
| BSMT HALL B | | | VAT /MASTIC | | | | 1,195 SF | 7 | 1 7 | 1 7 | 1 | | | |
| | ad Masta U- | | | Cubic | Mama of D | ogiotorod I | | - | 1 4 | | | | | |
| Name of Register | | | NJDEP Waste | 100 | Name of R | | _diiuiiii | | | | 1 | | | |
| NORTHSTAR CO | NIKACIING (| SKOUP, INC. | | Yards | PAIKLESS | LANDFILL | | | | | 1 | | | |
| 0 | | | 30534 | of Waste | | | | | | | | | | |
| City, State | | | | Disposal | City. State | | | | | | | | | |
| EAST HANOVER, | NJ | | | Date | MORRISVI | LLE, PA | 1 | | | | | | | |
| | | | | | | 1 | 1/. | | | | | | | |
| Completed by (Pr | int or Type) | | Title | | | Signature | 157 | | | Date | | | | |
| | | | | | | Slee | V/18 | _ | 1 | | | | | |
| Steven Stiles | | | Project Manage | er | | 1 | will | | | 1 12 | /05/17 | | | |

| Location of | ls | Description of | | Abatem | ent Type | | |
|---------------------|------------|-----------------------------|-----------|--------|----------|---|---|
| Asbestos Containing | Location | Asbestos - Containing | | R | 1 | E | E |
| | Normally | Material (ACM) | Amount | E | R | N | N |
| TO BE ABATED | Used | (I.e., thermal systems | (Specify | M | E | С | С |
| in Facility | Solely | insulation, surfacing, VAT, | SF or LF) | 0 | P | Α | L |
| (13) | by Main- | or other miscellaneous) | | V | Α | P | 0 |
| | tenance/ | | | A | 1 | S | S |
| | Custodial | | | L | R | U | U |
| | Staff (12) | | | | | L | R |
| | YES NO N/ | A | | | | | |
| BSMT HALL A | | VAT/MASTIC | 400 SF | 4 | | | |
| BSMT RM 0014 | | VAT/MASTIC | 1,110 SF | 7 | | | |
| BSMT HALL C | | VAT/MASTIC | 265 SF | 7 | | | |
| STAIRWELL | | VAT/MASTIC | 95 SF | 7 | | | |
| | | | | | | | |
| | | | | | | | |
| / | | | | | | | |
| | | | | | | | |
| | | | | П | 1 1 | | |





| Date of Notification (1) | | | | | | | 7.3 | ID E | 2 F | п | חח | | |
|------------------------------------|-----------------------------|---|-----------------|----------|---------------|---|------------------------|-------------------------|----------|--------|-------------|-----------|--|
| | /06/2017 | | | Na | ame of Build | ling Owner/Operat | tor (2) | -INE | C E | - 1 | ₩ | - 5 | |
| Agencies Notified | | | | | | M | cKeehan | .115 | | | | | |
| EPA | Type Notificat | ion | | Str | reet Addres | S | | 4111 | - 0 | | | | |
| DEP | Initial Amended | | | _ | | | | h M | EC - | 1 | 2017 | | |
| ⊠ DOL | Amendmen | nt # | | Cit | y, State, Zip | | | | | | | | |
| ⊠ DOH | ☐ Emergency justificatio | (includ | ing | _ | | Princet | ton, NJ | 08540 ASBES | STOC | 0011 | 700 | - | |
| □ DCA | Cancellatio | | | - 1 | me of Conta | 201 | | Telephone N | Limbek | ISING | HO | L G | |
| | | | | E | ric Fr | anzoni | | | | | | | |
| None of E | | | | F | ACILITY IN | IFORMATION | | | | | | | |
| Name of Facility Where | Abatement is Ta | king Pla | ce (3) | | | | Type of Fac | cility (4) | | | | | |
| Characteristic | Reside | ntal | | | | | ☐ School (| 7 NO. 20 | | | | | |
| Street Address | | | | | | | ☐ Subchap | ter 8 (Other than k | (-12) | | | | |
| 01/ (5) | | | | | | | Other (i.e. | e., private & comme | ercial b | uildin | gs, | | |
| City (5) | • (144) | | | | | | Square Feet | # of Floors | | Dida | A = = | | |
| Pr: | inceton, | NJ | 085 | 40 | | | 35.00 | 2 | | Bldg | - | | |
| County (6) | | | | Co | ounty Code | (7) (STATE | | (Prior if being dem | | _80 | | | |
| Mercer | | | | US | SE ÓNLY) | | 32.70.77.000 | (i flor ii beilig delli | onsnec | 1) | | | |
| Name of Monitoring Firm (8) | | g Owner | | ASC | M No. | Name of Abater | ment Contractor | r (9) | | | | | |
| 1 | MECS | | | | | | | nmental Serv | | Tm o | | | |
| Street Address | | | | | | Street Address | | Amichiai Sciv | ices, | mc. | | | |
| | PO Box 3 | 41 | | | | | PO | Box 322 | | | | | |
| City, State, Zip Code | 10020 20020 | | 18 | | | City, State, Zip C | Code | DOX 322 | | | | _ | |
| Cro | osswicks, NJ | 0851 | 5 | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | wn, NJ 08501 | | | | | |
| Project Manager for Moni | | | | ephone | | Telephone No. | | License Ne- | | | | _ | |
| Bill Wei | | | | | 98-4070 | (609) 25 | 59-9688 | LICE/136 140. | 0040 |)2 | | | |
| Start Date (10) | Sch | eduled (| Compl | etion D | ate (11) | Name of OSHA I | | | | | | | |
| 12/18/17 | | 12/2 | 2/1 | .7 | | | | MECS | | | | | |
| Occupancy Status During | Abatement (Ch | eck only | one) | | | Street Address | 1 | TILCO | | | | _ | |
| Facility Closed/Vacated | d During Entire F | Period of | Abate | ement | | | PO | Box 341 | | | | | |
| Abatement Performed | Outside of Norm | al Facilit | y Hou | ırs | ł | City, State, Zip C | | 200.311 | | | | _ | |
| Other - Describe: | | | | | | | | ks, NJ 08515 | | | | | |
| Scope of Work (Check all | that apply) | | | | | | OX COOK IT | 713, 143 00515 | | | | _ | |
| ≥3 sf or ≥3 lf | | X Re | nova | ion | | Full Con | tainment with N | legative Pressure | | | | | |
| ≥160 sf or ≥260 lf | | De | molitic | on | | Mini-End | closure g Procedure | | | | | | |
| | | | | | , | Non-Exe | empted (*) and N | Non-Friable Proced | ure | | | | |
| | | Is L | ocatio | n | | | | | | Abate | ment | | |
| Location of | | Used | Solel | v bv | | Description of | | | | Ту | | | |
| Asbestos-Containing Ma TO BE ABATE | terial (ACM) | | tenan stodia | | Asbesto | s Containing Mate | erial (ACM) | Amount | | T | | | |
| IN Facility | 2 | *************************************** | taff? | 11 | (i.e., t | hermal systems in | sulation, | (Specify | D | - | Enc | Ш | |
| (13) | | | (12) | | 137 | surfacing, VAT, other miscellaneou | us) | SF or LF) | Remova | Repair | Encapsulate | Enclosure | |
| | | Yes | No | N/A | | | | | Val | ar. | Blus | SUL | |
| 1_1_== | | | | INIM | | | | | | | ē | (D | |
| 1st Floor | | | X | | Duct | insulation | on | _40_1f | | | | | |
| Garage | | | х | | Duct | | | | X | | | | |
| | | | - | | | | 211 | _25_lf | X. | | | | |
| | | | | | - wrai | % Cut) | | | | | | | |
| Name of Registered Waste | Hauler | | I N | JDEP V | Vaste T | Cubic Yards 1 | Name - (D | | | | | | |
| Stevens Environme | | . Inc | 17.000 | auler ID | No. | of Waste | Name of Regi | stered Landfill | | | | | |
| City, State | ital Services | 5, IIIC. | - - | 182 | | 2 | | Fairless Land | dfill | | | | |
| | Allentown, N | II | | | 1 | Disposal Date | City, State | | | | | = | |
| Completed By | Title | V.J | | | | -/-/ | 11/ | Morrisville, | PA | | | | |
| Mahlon E. Steve | ns The | Pro | iect | Mana | ager | Signature | / | Date | | | | = | |
| B-41 | | 110 | Jeer | ivialle | agei | -1 -//-/- | | | /6/1 | 7_ | | _ | |
| D 00 | | | | | | / / | | | | | | | |

State of NJ

Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) B & G proj. #: Check # 8707 Date of Notification (1) Name of Building Owner/Operator (2) 1 | 2 | / | 0 | 4 | / | 1 | 7 | Bob Yankowitz Agencies Notified Type Notification Street Address ☐ EPA Initial DEP City, State, Zip Code Amendment X DOL Millburn, NJ 07041 X DOH Name of Contact Telephonestes CONTROL & Cancellation LICENSING □ DCA Bob Yankowitz **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Bob Yankowitz Subchapter 8 (Other than K-12) Street Address X Other (Private/Commercial Bldgs./Homes, etc. Bldg. Age # of Floors Square Feet County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demolished) Millburn, NJ 07041 Essex residential Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Project Manager for Monitoring Firm Telephone Number Phone Number (973)696-6869 00378 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 12/15/2017 12/16/2017 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: Scope of Work (check all that apply) ☐ Demolition Renovation ☐ Full Containment w/negative pressure ✗ Glovebag procedure >3 sf or >3 lf 2160 sf or ≥260 lf Mini-enclosure Non-friable procedure Is location normally used solely Location of E e by maintenance/custodial n asbestos-containing Amount Description of asbestos-containing m n staff(12) р C (Specify SF or material to be material (ACM) C 0 a a abated in facility (13) LF) Yes No N/A V pipe insulation X laundry room & main room X 86 If Cubic Yards of Waste Registered Waste Hauler Name of Registered Landfill NJDEP Hauler ID# B & G Restoration, Inc. 19563 Tullytown Resource & Recovery Center Disposal Date City, State Lincoln Park, NJ Tullytown, PA 12/18/2017 Signature Completed by (Print or Type) Gordana Luna Gordana Luna Secretary/Treasurer 12/04/2017

| D&S Proj. #: 17-336 | | | | besto | J os Abatement 0 and 12:120) | | B | E C | E | | | |
|---|--|---|------------------------|---------|--|------|--|--|-----------------------|--------|-----------|--|
| Date of Notification (1) 1 2 / 0 1 / 1 7 Agencies Notified Type Notification | irer | e of Building Ow ne o'neill t Address | ner/Operator (2 |) | 2 | | A | DEC | OS CO | ONTE | | |
| □ EPA □ Initial □ DEP □ Amended □ Amendment in □ Emergency □ DOH □ (including justification □ Cancellation) | #: City, where the control of th | State, Zip Code ENDHAM, NJ of Contact | 07945 | | | | Telephor | | er | ING | about the | DATE OF THE STREET, ST |
| | | FAC | CILITY INFORM | ATIO | N | | | | | | | |
| Name of facility where abatement irene o'neill Street Address | is taking place (| 3) | | | | | Subch Other Bldgs. | ol (K - 12 napter 8 ((Private/ (Homes, | Other Comm etc. | ercial | l . | |
| City (5) | County (6 | | | | inty Code (7) ite use only) | - | Square Feet Current Use (P | # of Floo | ****** | | Bldg. A | ge |
| MENDHAM Name of Monitoring Firm Hired by | Bldg. Owner (8) | | ASCM No. | T | Name of Abatemen | | | | | | | |
| Street Address City, State, Zip Code | | | | | Street Address 20 California A City, State, Zip Code | 9 | | | | | | |
| Project Manager for Monitoring Firm | | Phone Numb | | | Paterson, NJ 0 Telephone Number 973-345-8020 Name of OSHA Mo |) | | License (| Num 1169 | | | |
| Start Date (10) 12/15/17 | 01/05/17 | mpletion Date (1 | 1) | | D & S Restorat | | | | | | | |
| Occupancy Status During Abateme Facility closed/vacated during Abatement performed outside Describe: | entire period of of of normal facilit | abatement. | | | 20 California A City, State, Zip Code | | nue | | | | | |
| Other-Describe: NORMAL I | | | | - | Paterson, NJ 0 | 750 |)3 | | | | | |
| Scope of Work (check all that appl | Renovation Demolition | | | | | Mi | II Containment w ni-enclosure ovebag procedur on-Exempted (*) | e | • | | cedure | |
| Location of asbestos-containing material (acm) to be abated in facility (13) | by maintenance staff(12) | mally used solely e/custodial No N/A | | n of as | sbestos-containing | | Amount (Specify S LF) | | R e m o v e | Repair | E n c a p | E n c L |
| garage | | | PIPE INSUI | LATI | ON | | 52 l ft | | × | | | |
| large crawl space | | X | PIPE INSUL | | | | 80 1 ft | | X | | | |
| small crawl space | | X | PIPE INSUL | ATI | ON | | 161ft | | X | | | |
| | | | | | | | | | | | | |
| Registered Waste Hauler D & S RESTORATION, INC. | NJDEP Ha 13506 | | ubic Yards of W yds | aste | Name of Registered TULLYTOWN, | | | COVER | ∐ XY | | | Ш |
| City, State PATERSON, NJ 07503 | | Disposal D | | | City, State | | | | | | | |
| Completed by (Print or Type) BOGDAN JOLDZIC | Title PRESIDENT | 12/16/17 | Signature | _ | TULLYTOWN | , P. | A | Date 12/01 | /2017 | | | |
| ASB-41 | Do not use this | form for asbesto | s licensure exe | mpted | activities. | | | | | - | | |



Check # 25651

| Date of Notification (1) | 6/17 | | | Nam | ne of Buildi | ng Owner/Operato | | MEG | E | | W | E | | |
|--------------------------------------|--------------------|---------------|--------------------|--------------------|--------------|---------------------------------------|-------------------------|------------------------|---------|---------------|-------------|------------------|--|--|
| Agencies Notified | Type Notific | cation | | Stre | et Address | | Park | | | | U | | | |
| ⊠ EPA | IXI Initial | | | 0.10 | ot riddress | | | | | | | - 11 | | |
| DEP | Amende | | | City, | State, Zip | Code | | THE DEC | , | 7 2 | 017 | $=\parallel$ | | |
| ⊠ DOL | Amendri Emerger | | 10 | | | | on, NJ 0 | 1 | | | | 1 | | |
| ⊠ DOH | justifica | tion) | 's | Nam | e of Conta | | 0117 110 0 | Telephone Num | hos - | | | NA AND | | |
| □ DCA | Cancella | ation | | | | Park | | I TOTODIANG MANAGEMENT | #.AU. (| CNU | RO | _& | | |
| | | | | FA | | FORMATION | | | | - | | _ | | |
| Name of Facility Where A | Abatement is | Taking Plac | e (3) | | TOILIT III | - CHARATION | Type of Facil | ity (4) | | | | | | |
| | Resider | | -, | | | | School (K- | | | | | | | |
| Street Address | | | | CTTTTT- | Al Ma | | ☐ Subchapte | er 8 (Other than K-1) | 2) |) | | | | |
| | | | | 50 -1240.51 | | | Other (i.e. | private & commerci | al bui | Idings | s, | | | |
| City (5) | | | | | | | homes, et | (c.) # of Floors | TE | Ildg. / | A.G.O. | | | |
| 8 | Princet | on N | т 0.9 | 2510 | 1 | | 2500 | 2. | 1 | | ige | | | |
| County (6) | | - IV | <u></u> | | | 7) (STATE | | Prior if being demoli | | 5_ | | _ | | |
| Merce | r | | | | E ONLY) | , , , , , , , , | Carrent Ose (| . Not it being demon | sneu) | | | | | |
| Name of Monitoring Firm | Hired by Buil | ding Owner | | ASCN | 1 No. | Name of Abater | nent Contractor | (9) | | | | | | |
| | MECS | • | | | | | | nmental Service | ec I | nc | | | | |
| Street Address | | | | | | Street Address | vens Environ | mileitai oci vici | 03, 11 | iic. | | _ | | |
| | PO Box | x 341 | | | | PO Box 322 | | | | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip Code | | | | | | | | |
| | osswicks, | NJ 0851 | 5 | | | Allentown, NJ 08501 | | | | | | | | |
| Project Manager for Mon | itoring Firm | | Tele | phone | No. | Telephone No. | | License No. | | | | | | |
| Bill Wei | isgarber | | F 52 300 | | 8-4070 | 7/1 | 59-9688 | | 049 | 3 | | | | |
| Start Date (10) | T | Scheduled (| | | | Name of OSHA | | | | | | | | |
| 12/18/2017 | | 12/31 | | | | | | MECS | | | | | | |
| Occupancy Status During | | (Check only | one) | | | Street Address | | | | | | $=$ \downarrow | | |
| ☑ Facility Closed/Vacate | | | | ment | | | PO | Box 341 | | | | | | |
| Abatement Performed | Outside of N | lormal Facili | ty Hour | s | | City, State, Zip C | | _ | | | - | | | |
| Other - Describe: | | | | | | | | ks, NJ 08515 | | | | | | |
| Scope of Work (Check al | I that apply) | | | | | | | 110, 110 00010 | | | | $=$ \downarrow | | |
| D>2 of ac 2 16 | | | | 2020 | | ☑ Full Cor | ntainment with N | egative Pressure | | | | | | |
| 23 sf or ≥3 lf 2160 sf or ≥260 lf | | | enovation | | | ☐ Mini-End | closure ag Procedure | | | | | | | |
| | | | | | | Non-Exe | empted (*) and N | lon-Friable Procedu | re | | | | | |
| | | | Locatio | | | | | | A | bate | ment | | | |
| Location o | f | Used | omally I Solely | bv | | Description of | | | | Typ | e | | | |
| Asbestos-Containing M | | Maii | ntenano | ce/ | | os Containing Mat | erial (ACM) | Amount | | | m | | | |
| TO BE ABATI IN Facility | ED | 100 | ustodia Staff? | | (i.e., | thermal systems in surfacing, VAT, | | (Specify | Re | _{ZD} | nca | E | | |
| (13) | | | (12) | | | other miscellaneo | | SF or LF) | Remova | Repair | Encapsulate | Enclosure | | |
| Yes No | | | | | | | | | /al | 5 | late | ure | | |
| Vitaba | | 103 | | N/A | G1 | | • | | | | - | | | |
| Kitchen_ | | | X | | | et Floor | | -160 SQ | x | | | | | |
| 1st Floo | r | | x | | تمل ا | nt Compoi | ınd | _200_sf | X | | | | | |
| | | | | | | | | | | | | | | |
| N= | | | | | | | | | | | T | | | |
| Name of Registered Wast | | | LI- | JDEP V auler ID | | Cubic Yards of Waste | Name of Reg | istered Landfill | | | | | | |
| Stevens Environm | ental Serv | vices, Inc | - 110 | 182 | 292 | 2. | | Fairless Land | lfill | | | | | |
| City, State | | | | | | Disposal Date | City, State | T ' | | | - 2 | - | | |
| Allentown, NJ | | | | | | 1/2/2018 | Am / | Morrisville, | PA | | | | | |
| Completed By Title | | | | | | Signature/// | 1 7 | Date | | | | | | |
| Mahlon E. Stevens Project I | | | | | ager | | | 12/6 | /20 | 17 | | _ | | |

| PA | | NOTIFICA' | TION OF A | NEW JERSEY SBESTOS ABATEME AC 8:60-7 AND 12:120 | NT (| re ch |) d | 2 | 990 |
|--|--------------------|----------------------------|--|--|------------------|-----------|----------|--------------------|----------|
| Date of Notification (1) | | | Name of | Building Owner / Ope | erator (2) | - | | | |
| $\frac{12}{-12} / \frac{06}{-17} / \frac{17}{-17}$ | | | | MYERS SQUIBB, INC |). | In | FR | | WEI |
| Agencies Notified Type of No | tification | | Street Ad | idress VRENCEVILLE ROAD | | 111) | | <u> </u> | <u> </u> |
| | Initial | | THE RESIDENCE OF THE PARTY OF T | e, Zip Code | | 115 | | | |
| | Amended | | | ON, NJ 08540 | | | l nec | 7 _ 7 | 2017 |
| ☑ DOH | Amendment # | | Name of | Contact | | 1-3-11-11 | · ue | r | 2017 |
| DOL | Emergency w | / justification | NICOLE I | MOSKAL | | | | | |
| | Cancellation | | TA OUL ITTY II | UEODIATION | | - | ASDEST | 100 001 | TROL A |
| | | 1 | -ACILITY II | NFORMATION | | | L | ICENSIN | G |
| Name of Facility Where Abatem BRISTOL MYERS SQUIBB | ent is Taking I | Place (3) | | Type of Facility (4) | (40) | | | | |
| Street Address | | | | School (P | ter 8 (Other t | han K 12\ | | | |
| 3551 LAWRENCEVILLE ROAD | | | | | ., private & c | | | | |
| | | | | | omes, etc.) | mmereiai | | | |
| City (5) County (6) | | County Code | (7) | Square Feet | # Of Floors | | Building | Age | |
| PRINCETON MERCER | | | | 116,850 | 3 | | | | |
| | | | | Current Use (Prior if | being demo | lished) | | 40+ | |
| Name of Monitoring Firm Hired | by Blda Own | er (8) | ASCM NO | OFFICE | | | L | | |
| and the second s | by Diag. Owin | 31 (0) | ASCINI NC | 1' | | | | | |
| EAGLE INDUSTRIAL HYGIENE ASSO | OCIATION, INC. | | | NORTHSTAR CONT | RACTING GR | OUP, INC | | | |
| Street Address | | | | Street Address | | | | | |
| 359 DRESHER ROAD | | | | | | | | | |
| City, State, Zip Code HORSHAM, PA 19044 | | | | 32 Williams Parkway | | | | | |
| Project Mngr. For Monitoring Fir | rm | Telephone Nu | mhor | City, State, Zip Code | • | | | | |
| MARK HAYS | | 215-672-6088 | inbei | East Hanover, NJ 079 | 936 | | | | |
| Sheduled Start Date (10) | Sched. Compl | etetion Date (1 | 1) | Telephone Number | | License | Number | | |
| 12//20/17 | _01/ | 05/ | 18 | | | | | | |
| Occupancy Status During Abata | / | / | | 973-884-8682 | | | 00 | 0860 | |
| Occupancy Status During Abate Facility Closed/Vacate | ment (Cneck (| only 1) ire Period of | | Name of OSHA Mon NORTHSTAR CONTR | | OUD INC | | | |
| Abatement | ou burning End | ire i erioù oi | | Street Address | VACTING GR | OOP, INC | | | |
| Abatement Performed | Outside of N | ormal Facility | | ou out riddrood | | | | | |
| Hours - Describe: | | | | 32 Williams Parkway | | | | | |
| Other - Describe: | | <u>PM</u> | | City, State, Zip Code | | | | | |
| Scope of Work (Check All That A | MON-FRI | | | East Hanover, NJ 079 | 936 | | | | |
| Stope of Work (Sheek All That A | (ppiy) | | | | | | | | |
| Demolition | ~ | Renovation | V | Full Containment wi | th Negative F | ressure | | | |
| ≥3sf or ≥3lf | | | | Mini - Enclosure | · · | | | | |
| ≥160 sf or ≥260 lf | | | | Glovebag Procedure | | | | | |
| | | | | Non-Exempted (*) an | id Non-Friabl | e Proced | ure | | |
| Location of | ls | | Descripti | ion of | | Abateme | nt Type | | |
| Asbestos Containing | Location | As | bestos - C | | 1 1 | R | I | E | E |
| | Normally | | Material (| A CONTRACTOR OF THE PROPERTY O | Amount | E | R | N | N |
| TO BE ABATED | Used | | e., thermal | | (Specify | M | E | С | С |
| in Facility (13) | Solely by Main- | | | facing, VAT, ellaneous) | SF or LF) | 0 | P A | A P | L O |
| (15) | tenance/ | 01 0 | outer miso | enaneous | | A | lî | S | S |
| | Custodial | | | | 1 1 | Ĺ | R | U | Ū |
| | Staff (12) | | | | | | | L | R |
| | YES NO N/A | 01155500111 | 10 II I 201 | | | | | | |
| MOD B, 4TH FL (B-2) MOD B, 3RD FL (B-2) | | SHEETROCK/J | | | 400 SF | V | | | |
| MOD B, 2ND FL (B-2) | | SHEETROCK/J SHEETROCK/J | | | 400 SF 400 SF | ✓ | | | |
| MOD B, 4TH FL (B-3) | | SHEETROCK/J | | A CONTRACTOR OF THE STATE OF TH | 400 SF 400 SF | 7 | | | |
| Name of Registered Waste Haule | er 🗆 | NJDEP Waste | | Name of Registered | | Ľ | | | |
| NORTHSTAR CONTRACTING GF | ROUP INC | | Yards of Waste | WASTE MANAGEME | | SS HILL L | ANDFILL | | |
| City, State EAST HANOVER, NJ | | | Disposal Date | City. State MORRISVILLE, PA | | 0 | | | |

Signature

Date

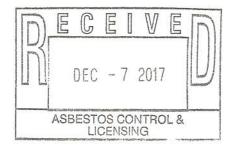
12/06/17

Completed by (Print or Type)

Title

Project Manager

| Location of | Is | Description of | Abatement Type | | | | | |
|---------------------|------------|-----------------------------|-----------------------|---|--|----|------|--|
| Asbestos Containing | Location | Asbestos - Containing | | R | I | ΙE | ΙE | |
| | Normally | Material (ACM) | Amount | E | R | N | N | |
| TO BE ABATED | Used | (I.e., thermal systems | (Specify SF or LF) | M | E | C | C | |
| in Facility | Solely | insulation, surfacing, VAT, | | | P | A | ľ | |
| (13) | by Main- | or other miscellaneous) | J. J. 21 | v | A | P | 0 | |
| *** | tenance/ | , | | A | l'i | S | S | |
| | Custodial | l s | | î | R | Ĭ | li | |
| | Staff (12) | | | _ | " | Ľ | R | |
| | YES NO N/ | A I | | | | | 1 | |
| MOD B, 3RD FL (B-3) | | SHEETROCK/JOINT COMPOUND | 400 SF | V | | T | | |
| MOD B, 2ND FL (B-3) | | SHEETROCK/JOINT COMPOUND | 400 SF | 7 | 1 1 | | T Ti | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |



| Ch5ldeo P | A, | NOT FI | CATION | ate of Nev OF ASBI to NJAC | ESTOS 8:60 and | ABATE! d 12:120 | 0) | | | | C | | | 017 | | |
|--|--|----------------------|---|---|--|--|---|------------------------------|---|--------------------|----|-------------------|--------|-------------|-----------|--|
| Date of Notification (1) December 6, 2017 | | | | Name of Building Owner/Operator (2) Victorian Towers | | | | | | <u> </u> | | | | | | |
| Agencies Notified Type Notification | | | | Street Address | | | | | ASBESTOS CONTROL & LICENSING | | | | | | | |
| EPA Initial DEP Amended Amendment # | | | 608 Washington Street City, State, Zip Code | | | | | | | - | LI | CEN | SINC | <u> </u> | _ | |
| DOL Amendment #_ | | | Cape May, NJ | | | | | | | | | | | | | |
| DOH justification) | The state of the s | | | Name of Contact Mr. Mike Petronaci | | | | | Telenhone Number | | | | | | | |
| | | FACILITY INFORMATION | | | | | | | | | | - | | | | |
| Name of Facility Where Abatement is Taking Place (3) Victorian Towers Type of Facility (4 | | | | | | | 4) | | | | | | | | | |
| Street Address | | | | School (K-1 | | | | | 12) r 8 (Other than K-12) | | | | | | | |
| 608 Washington Street | | | | | | | | | ther (i.e. private & commercial buildings, homes, | | | | | | | |
| City (5) Cape May | | | | | | | | re Feet # of Floors 000 6 | | | | Bldg. Age 50+ | | | | |
| County (6) Cape May | | | | County Code (7) Current Use ((STATE USE ONLY) Residentia | | | | | Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Vertex | | | | I No. | Name of Abatement Contra ecoservices, LLC | | | | | tractor (9) | | | | | | |
| Street Address | | | | Street Address | | | | | | | | | | | | |
| 700 Turner Way City, State, Zip Code | | | | 303 B National Roa | | | | | ad | | | | | | | |
| Aston, PA 19014 | | | | Exton, PA 19341 Telephone No. Telephone No. | | | | | License No. | | | | | | | |
| Dave Turotsy | | | | | | | 34-872-8884 01161 | | | | | | | | | |
| Start Date (10) Scheduled C December 20, 2017 February 2 | | | | | | Name EMS | ne of OSHA Monitor | | | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | | | Street Address | | | | | | | | | | | | |
| Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Work only in segregated, unoccupied areas | | | | | | 200 Route 130 North City, State, Zip Code | | | | | | | | | | |
| Scope of Work (Check All That Apply) Cinnaminson, NJ | | | | | | | | | | | | | _ | | | |
| X ≥3 sf or ≥3 lf X Reno X ≥160 sf or ≥260 lf Demo | | | | lition Mini-Enclosure Glovebag Proc | | | | | | | | | | | | |
| | Locati | | | | | | | | | | | Abatement Type | | | | |
| TO BE ABATED M | | | Walntenance/ (i.e. the | | | | Description of ontaining Material (ACM) all systems insulation, | | | Amount (Specify | | | | | g g | |
| (13) | | (12) | al Stall? surfa | | | acing, VAT, or miscellaneous) | | | SF or LF) | | | Removal | Repair | Encapsulate | Enclosure | |
| | | No | N/A | outer moderations) | | | | | | | | <u>a</u> | | ate | Гe | |
| Handicap Accessible Units (10 ea) | | | Х | Text | extured Ceiling Treatmen | | | nent | 1,000 SF | | | X | | | | |
| Lobby | | | X | Ceiling Stu | | | 1,500 | | | 500 SF | | X | | | | |
| Each window | | | X | Textured Ceiling T | | | Treatn | reatment 600 SF | | | | | | Х | | |
| Name of Basistand Made III | | | | | | | | | | | | | | | | |
| | | | NJDEP Waste Hauler ID No. Cubic Yards of Waste 100 | | | | Name of Registered Landfill GROWS landfill | | | | | | | | | |
| City, State Trenton, NJ | | | | Disposal Date City, State TBD Morrisville, PA | | | | | A | | | | | | | |
| Completed by Jack Bally Title Sr. Project Manager | | | | | 5 | Signature | 1 | Ulu | Date 12/6/17 | | | | | | | |