State of New Jersey Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) DEC Northern Highlands Regional BOE Street Address Agencies Notified 298 Hillside Ave City, State, Zip Code ASBESTOS CON ROL& ☑ Initial Notification **⊠** EPA ☐ Amended # Allendale, NJ 07401 LICENSIN □ DCA □ Emergency notification (including Telephone Number X DOL Name of Contact justification) 201-327-8700 □ DEP Jamie Atchison ☐ Cancelled **XDOH FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abateme at is Taking Place (3) School (K-12) Northern Highlands Regional High School ☐ Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings., homes, etc.) Street Address 1!) # of Floors: 2 Bldg. Age: Sq. Feet: 100k sf 298 Hillside Ave. Current Use (prior if being demolished): High School County Code (7) Count / (6) City (5) (State Use Only) Bergen Allendale Name of Contractor (9) ASCM No. Name of Monitoring Firm Hired b / Bldg. Owner (8) RK Occupational & Environmental Panoramic Window & Door Systems Inc. Street Address Street Address 712 Sergeantsville Road 401 Saint James Ave. City State, Zip Code City, State, Zip Code Stockton, NJ 08559 Phillipsburg, NJ 08865 License Number Telephone Number Project Manager for Monitoring Firm Telephone Number P (732)926-0900 01237 908-454-6316 Jon Gilbert Name of OSHA Monitor Scheduled Start Date (10) Scheduled Completion Date (11) IAQ GURU LLC 1/5/19 12/19/18 Street Address Occupancy Status During Abate nent (Check only one) 87 Main Street ☐ Facility Closed/Vacated Durin | Entire Period of Abatement □ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe Lincoln Park, NJ 07035 ☑Other - Describe: 12/19 - 12/21 Prep 3-11 pm 12/21 - 1/4 *Removal 7 am - 7 pm* *NO work to be performed Sul days, Christmas, or New Years * Source of Work (Check all that a pply) ⊠ Renovation ■ Mini-Enclosure \geq 3 sf or \geq 3 lf ☐Glovebag Procedure ≥ 160 sf or ≥ 260 if □ Demolition ☑ Non-Friable Procedure Type Description of Asbestos Containing Material Abatem Amount Is Location Normally Location of Asbestos-(Specify SF or (ACM) (i.e. thermal systems insulation, Used Solely by Containing Material (ACM) in Repair Encap Maint./Custodial Staff? surfacing, VAT, or other misc.) LF) Remove Facility (13) Enclose (12)YES NO 412 total X Exterior of 2nd floor rooms XX Brown Window Panels glaze 201 - 250X Window Caulk 6 Panels XX Main Offices and Stairwell 1st X 32 Windows floor X 8 Total XX Brown window panel glaze Math & English Offices 2nd Name of Register Landfill NJDEP Waste Hauler ID # Cubic Yards of Waste Name of Reg. Waste Hauler y Landfill Chrin Brothers San 0036057 Panoramic Window & Dr Sys nc Disposal Date ate Eas

Signaturé

Date

Mark M Jovic

Completed by (Print or Type)

Title

Project Manager

(K#5)) I	DAIN	NOTIF	ICATION C	e of New Je DF ASBEST NJAC 8:60	OS ARAT	EMENT		CE		W	E
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

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Street Address PO Box 354							Street	Addr					_	_	
City, State, Zip Code South Orange, NJ 07	179						City, S	tate,	Zip Code NJ 07205				_	_	
Project Manager for Monito Sarah Calandra	ing Firm				one No. 349-2666		Teleph 844-4	one i	Vo.	100	License N	Vo.	_	-	
Start Date (10) 12/10/2018		Schedu 01/03	uled Co	mpletion	Date (11)		Name	of OS	SHA Monitor		01316		_		
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Other – Describe:						_	South	n Ora	ange, NJ	07079					
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

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Date of Notification (1) 1	/28/18 tification	Name of E	Building Owne	er / Operator (2)	1127 1		Z A NA F			
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Street Address				Subchapter 8 (Oth	ner than K-12\					
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	entropie o		Sc	quare Feet #	of Floors		omes, etc.			
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Name of Monitoring Firm I	ired by Duilding O	upon (0)		esidential						
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64 Broad Street			Str	reet Address						
City, State & Zip Code				3 Schoolhouse R	load					
Matawan, NJ 07747			Cit	y, State & Zip Code						
Project Manager for Marit	de Et	T	Mo	onroe Township,	NJ 08831					
Project Manager for Monit Tom Geiger	ring Firm	Telephone Num	ber Tel	lephone Number	License	e Num	r			
Cohodulad Ct-+ D + (10)		732-290-2217	73:	2-605-9062		(714			
Scheduled Start Date (10)	Scheduled Co	ompletion Date (11) Na	me of OSHA Monitor	г					
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Occupancy Status During	batement (Check of	only one)	Ctr	eet Address						
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Abatement Perform	ed Outside of Norn	nal Facility Hours -	lity Hours - City State & Zin Code							
Describe: Area	solated During A	Abatement								
Other - Describe:	j .		Monroe Township, NJ 08831							
Scope of Work (Check all t	at apply)									
Demolition	X Renova	tion		-						
Large Project	X Actions	ition			ment with Negative	e Pres	re			
X Quantity is ≥ 3 SF	r> 31F ACM			Mini-Enclosu						
Quantity is > 160 G	F or ≥ 260 LF ACM			X Glovebag Pr						
Location	of 2 200 LF ACIVI			Other: Nor	n-friable					
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State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

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Date of Notification (1)					Name of Building Owner	r/Operator (2)	*******		THE TOTAL STREET, SALES
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□ DCA		2 Phase			74 STREET 1603, I	BLDG 411		NGSTON	AMPUS
		☐ Amen	ded Not	tification #	City, State, Zip Code		Ind Ind	DLC	2010
⊠ DOL		☐ Emer	aency ((including	PISCATAWAY, NJ	08854	1		5
DEP- No Longer REQUIRE	D		cation)		Name of Contact	i i	Telen	hone Numb	
☒ DOH					MICHAEL F. SMITI	H ENV	8/18	NAS-9550	ONTROL &
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Name of Facility Where Abateme					Type of Facility (4)				
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					☐Subchapter 8 (other that				
Street Address					Other (i.e. private & co	mes etc.)			
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3 TERRI LANE					Street Address				
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					511 MAIN STREET				
City, State, Zip Code					City State, ZipCode				
BURLINGTON, NJ 08	016				BUTLER, NJ 07405				
Project Manager for Monitoring F	m	Telephone	Number		Telephone Number		Licone	e Number	
BRIAN R. KEARNEY		609-386			Telephone (Valider				
		005-500	-0000		973-492-0477				
Scheduled Start Date (10)		Scheduled	Completic	on Date (11)	Name of OSHA Monitor				
12/7/18		12/17/20		on Date (11)					
					ENVIROVISION, IN				
Occupancy Status During Abat					Street Address				
☐Facility Closed/Vacated Duri	g Entire	e Period of A	batemer	nt	20-21 WARGARAW	ROAD, BL	DG# 3	5E	
☐Abatement Performed Outside	e of No	rmal Facility	Hours -						
Describe:					City, State, Zip Code				-
X Other- Describe: Schedule	5PM -	- 5AM			FAIRLAWN, NJ 074	10			
Phase I 12/7 - 12/9	J	07 1111							
Phase II 12/14 – 12/16/201	,								
(24 HOURS & WEEKENDS	AS N	EEDED)							
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Scope of Work (Check all that ap	ly)				1				
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□≥ 3 sf or >3 lf			1	Renovation		Mini-Enclos			The state of the s
X ≥ 160 sf or ≥ 260	If		100	Demolition	10 <u>-</u>	Glove bag		Iro / Mrss 0	ıt.
				Demondor					ıt
Location of Asbestos-Containing	Let	action No.	ller I Io	I December 11	<u> </u>	Non-Exemp			∋ Procedure
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atona (AON) in Facility (13)	Staff		นรเบนเสเ	VAT, or other mis	al systems insulation, surfac			Remove Re	_Encap Enclose
	YES		NA	VAT, or other mis	ceii.)	or LF)		. tomore ite	EIIOUGE
	1,53	NO	130						
1st Floor (2 Work Areas)		X		VAT		2600	SF	X	
	1		77			12000			+
	-								
	L				<u> </u>				
Name of Reg. Waste Hauler		NJDEP Was		rID#	Cubic Yards of Waste:	of Registered	andfill		
See Hauler Below #1 & 2		See Belov	v			D.W.S. No	Landfill		
Haulan #1) Community	+6			NT 05405			ACTION FOR HOSING VICE		
Hauler #1) Greenwood Abateme	it Const	iitants, Inc	Butler,	NJ 07405		City.	<u>ate</u>		
NJDEP # 12561	N .	L NITO ATOC				100	w Ford Mill		
Hauler #2) Newark Carting, Inc.	Newarl	K, NJ 04509				Rd. I	rrisville, Pa		
NI DED # 4EOO						1906	1.4700		
NJ DEP # 4509									
								215-	3-1700
Completed by (Print or Type)		<u>itle</u>			Signature		Date		
		itle SENIOR P	ROJE	ст		edaline.			
Completed by (Print or Type)	o s			т	Signature Raymond C. Pe	Edalino		ember 28,	

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

t Chark = 1334)

GACTTOJECT# 000-18							The same of the sa	Management of the Park of the		
Date of Notification (1) Novem	20	r 27 '	2018			Name of Building Owner	E C E	IVER		
Agencies Notified	36	1 21, 2	Notification	n Tyne		RUTGERS, THE	STATE UN	IIVER	SITY OF I	
			X Initial		cation -	ENVIRONMENTA	LUEALT		CETY DE	F (DEUG)
□ EPA			4 Phase			74 STREET 1603,	PI DC 44	10 37	CALCAL	r. (REHS)
DCA		- 1			otification #	City, State, Zip Code	DLUG 41	ro, LII	VINGSTO	CAMPUS
X DOL					(including	PISCATAWAY, N.	10054	1_		-Avoir
DEP- No Longer REQUIF	ED			ication		Name of Contact	00034	T-43	ODESTOS	INTROL &
⊠ DOH			Cance)	MICHAEL F. SMIT	LI ENV		3-445-255	ING
			- Carice	ileu		HEALTH & SAFET		040	D-443-203	Name of the Party
					FACILITY IN	IFORMATION				
Name of Facility Where Abaten	<u>ent</u>	is Takir	ng Place (3			Type of Facility (4)				
RWJMS RESEARCH T	OV	VER,	BLDG#	3688		School (K-12)				
Street Address	_					Subchapter 8 (other the				
BUSCH CAMPUS						Other (i.e. private & c	nomes, etc.)			
						Sq. Feet: N/A	# of Floors:	8 Blo	lg. Age: 6	years
<u>City (5)</u>		nty (6)		Count	ty Code (7)					
PISCATAWAY	N	IIDDL	ESEX	(State	Use Only)	Current Use (prior if being	ng demolishe	d): AC	ADEMIC	
Name of Monitoring Firm Hired	y E	Bldg. Ow	vner (8)	ASCN	I No.	Name of Contractor (9)				
ATC				000		- rame or contractor (a)				
24	_					GREENWOOD ABA	ULTANTS	VC.		
Street Address 3 TERRI LANE						Street Address				
3 IERRI LANE						E44 MAIN CEDEET				
City, State, Zip Code	_					511 MAIN STREET				
	80	16				City State, ZipCode				
Project Manager for Monitoring			Telephone	Ni ma la a a		BUTLER, NJ 07405				
BRIAN R. KEARNEY	1111	- 1	609-386			Telephone Number				
			003-300	-0000		973-492-0477				
Scheduled Start Date (10)			Scheduled	Completi	ion Date (11)	Name of OSHA Monitor	-			
12/7/18			2/4/2019			ENVIROVISION, IN				
Occupancy Status During Aba	em	ent (Ch	neck only o	ne)		Street Address				
☐Facility Closed/Vacated Dur	ng	Entire I	Period of A	bateme	nt	20-21 WARGARAW	ROAD, BI	DG#	35E	
Abatement Performed Outs	et	of Norm	nal Facility	Hours -						
Describe:					A12 A248000	City, State, Zip Code				7/1
Other- Describe: Schedule	: 3	PM - :	SAM Daily	/ Multip	ple Phases	FAIRLAWN, NJ 074	10			
I.12/7 -12/24, II. 12/26 – 1/ 2/4/2019 (24 HOURS & W	4/ :EI	19, III.	1/14-1/28	/2019,	IV. 1/28 –					
2/4/2013 (24 1100K3 & W	:Er	VEND	S AS NEE	(טבט						
Scope of Work (Check all that ap	oly')								
		-				Г	Full Contain	mont w	ith Negative	
□≥ 3 sf or >3 If					Renovation	Ī	Mini-Enclos	ninent w	itii Negative	essure
\boxtimes \geq 160 sf or \geq 26) If				Demolition		Glove bag		ure / Wran &	лt
							Non-Exem			e Procedure
Location of Asbestos-Containing Material (ACM) in Facility (13)		Is Local	tion Normal	y Used	Description of Ast	pestos Containing Material	Amount	(/	Abatement	pe
Material (ACM) in Facility (13)		Solely b	y Maint./Cu	istodial	(ACM) (i.e. therm	al systems insulation,	(Specify	SF or	700	20 20 1
		YES	NO NO	NA	surfacing, VAT, or	other miscell.)	LF)		Remove Re	r Encap Enclose
8 th Floor	+		X		MAT					
8 th Floor	+				VAT		18,700		X	
8 th Floor	1		X		BENCHTOPS		800	SF	X	/
			X		TSI (Wrap/Cu	ut)	150	LF	X	
Name of Reg. Waste Hauler See Hauler Below #1 & 2			JDEP Was		r ID #	Cubic Yards of Waste:	of Registere	andfill		
		- 15	See Below				O.W.S. No	Landfill		
Hauler #1) Greenwood Abateme	nt (Consult	ants, Inc	Butler, 1	NJ 07405		City.	ate		
NJDEP # 12561 Hauler #2) Newark Carting, Inc	and Director Meson Consider						100	w Ford Mill		
NJ DEP # 4509	nc , Newark, NJ 04509					-	Rd. 190€	rrisville, Pa		
non medicina e e e							215-	5-1700		
Completed by (Print or Type)	Title					Signature Date				
RAYMOND C. PEDALIN							ember 27	018		
APPLICATION TO BE A STREET OF THE STREET OF			NAGER			Raymond C. Pe	JIIIJOI ZI	310		
-										

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

GAC Project # 060-18 Date of Notification (1) Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF November 27, 2018 Agencies Notified Notification Type Street Address ☐Initial Notification ENVIRONMENTAL HEALTH & SAFETY DI T. (REHS) □ EPA (2 Phases/Work Areas) CAMPUS 74 STREET 1603, BLDG 4116, LIVINGSTO DCA MAmended Notification #1 -City, State, Zip Code X DOL SING new completion date & PISCATAWAY, NJ 08854 DEP- No Longer REQUIRED materials Name of Contact Telephone Nun 31 X DOH ■ Emergency (including MICHAEL F. SMITH, ENV. 848-445-25! justification) **HEALTH & SAFETY** ☐ Cancelled FACILITY INFORMATION Name of Facility Where Abatel pent is Taking Place (3) Type of Facility (4) SCHOOL OF DENTAL MEDICINE, BLDG# 7253 School (K-12) ☐Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) RBHS NEWARK CAMPUS Sq. Feet: N/A # of Floors: 4 Bldg. Age: (+ years City (5) County (6) County Code (7) Current Use (prior if being demolished): ACADEMIC NEWARK **ESSEX** (State Use Only) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 00098 GREENWOOD ABATEMENT CONSULTANT: Street Address Street Address 3 TERRI LANE 511 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 18016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number BRIAN R. KEARNEY 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11/15/18 12/31/18 ENVIROVISION, INC. Occupancy Status During Ab Itement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD, BLDG# 35E Abatement Performed Out ide of Normal Facility Hours -City, State, Zip Code Describe: FAIRLAWN, NJ 07410 X Other- Describe: Schedule: 5PM - 5AM (2 PHASES, 24 HOURS & WEEKENDS AS NEEDE()) Scope of Work (Check all that pply) ☐Full Containment with Negativ Pressure $\square \ge 3 \text{ sf or } > 3 \text{ If}$ Renovation ☐ Mini-Enclosure \boxtimes \geq 160 sf or \geq 230 lf Demolition Glove bag Procedure / Wrap Cui X Non-Exempted (*) and Non-F ble Procedure Location of Asbestos-Containin 1 Is Location Normally Used Description of Asbestos Containing Material Amount Abateme Гуре Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) VAT, or other miscell.) Remove pair Encap Enclose or LF) YES NO NA D-LEVEL 721 SUITES (2 X VAT& MASTIC X 5600 SF PHASES) Name of Reg. Waste Hauler NJDEP Waste Hauler ID # 40 CY Name of Registe Landfill Cubic Yards of Waste: See Hauler Below #1 & See Below th Landfill G.R.O.W.S. N Hauler #1) Greenwood Abater ent Consultants, Inc. - Butler, NJ 07405 Disposal Date <u>Ci</u> State NJDEP # 12561 lew Ford Mill Hauler #2) Newark Carting, I. c., Newark, NJ 04509 R Norrisville, Pa 12/31/2018 NJ DEP# 4509 10 36-1700 Completed by (Print or Type) Signature Date RAYMOND C. PEDAL NO SENIOR PROJECT November 2 2018 Raymond C. Pedatino MANAGER

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7) GAC Project # 060-18 Date of Notification (1) Name of Building Owner/Operator (2) November 5, 2018 RUTGERS, THE STATE UNIVERSITY Agencies Notified Notification Type Street Address Initial Notification ENVIRONMENTAL HEALTH & SAFETY DI T. (REHS) I EPA (2 Phases/Work Areas) 74 STREET 1603, BLDG 4116, LIMINGSTO CAMPUS DCA ☐ Amended Notification # City, State, Zip Code X DOL Emergency (including SING LICE PISCATAWAY, NJ 08854 DEP- No Longer REQUIRED justification) Name of Contact Telephone Nun X DOH □ Cancelled MICHAEL F. SMITH, ENV. 848-445-255 **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abate nent is Taking Place (3) Type of Facility (4) SCHOOL OF DENTAL MEDICINE, BLDG# 7253 School (K-12) Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) RBHS NEWARK CAMPUS Sq. Feet: N/A # of Floors: 4 Bldg. Age: 6 · years City (5) County (6) County Code (7) NEWARK Current Use (prior if being demolished): ACADEMIC ESSEX (State Use Only) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 00098 GREENWOOD ABATEMENT CONSULTANTS Street Address Street Address 3 TERRILANE 511 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 18016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number BRIAN R. KEARNEY 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11/15/18 11/27/18 ENVIROVISION, INC. Occupancy Status During Ab tement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD, BLDG# 35E Abatement Performed Out ide of Normal Facility Hours -City. State, Zip Code Tother- Describe: Schedu :: 5PM - 5AM (2 PHASES, 24 HOURS & FAIRLAWN, NJ 07410 WEEKENDS AS NEEDED) Scope of Work (Check all that a pply) Full Containment with Negative $\square \ge 3$ sf or >3 If Renovation Mini-Enclosure \ge 160 sf or \ge 2 i0 If Demolition Glove bag Procedure / Wrap Cut Non-Exempted (*) and Non-Fi ole Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatemer vpe Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) VAT, or other miscell.) or LF) Remove F air Encap Enclose YES NO NA D-LEVEL 721 SUITES (2 X VAT 5600 SF [30] PHASES) Name of Reg. Waste Hauler NJDEP Waste Hauler ID # 40 CY Name of Registers Cubic Yards of Waste: Landfill See Hauler Below #1 & 2 See Below G.R.O.W.S. No h Landfill Hauler #1) Greenwood Abaten ent Consultants, Inc. - Butler, NJ 07405 Disposal Date City tate NJDEP # 12561 ew Ford Mill 100 Hauler #2) Newark Carting, In ., Newark, NJ 04509 Rd. orrisville, Pa 11/27/2018 NJ DEP # 4509 190 215 16-1700 Completed by (Print or Type) Title Signature Date RAYMOND C. PEDALINO SENIOR PROJECT Raymond C. Pedalino November 5, 018 MANAGER

Checi # 13353

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

GAC Project # 060-18								IWFT		
Date of Notification (1)		ASSESS COM	**********			Name of Building Owner	/Operator (2)	UIT	100	- Land and a second a second and a second and a second and a second and a second an
Novem	er	30, 2	018			RUTGERS, THE S			YOFN	
Agencies Notified			Notificatio	n Type		Street Address	199	1111	2	1 1
			□Initial	Notifica	ation	ENVIRONMENTAL	HEALTH	& SAFE	TO DE	7. (REAS)
□ EPA			☐ Amen	ded No	tification #	74 STREET 1603,				CAMPUS
□ DCA					(including	City, State, Zip Code	DEDG 411	U, LIVIN	33101	MINIFUS
X DOL		- 1					00054	ASI	BESTOS	ONTROL &
☑ DEP- No Longer REQUIR	=D				Work Areas)	PISCATAWAY, NJ	00004	3490000	1100	HNG -
X DOH			□ Cance	lled		Name of Contact			one Numi	And a real
						MICHAEL F. SMITI		848-4	45-2550	
	_					HEALTH & SAFET	Y			
					FACILITY IN	FORMATION				
Name of Facility Where Abatem			g Place (3)			Type of Facility (4)				
PSYCHOLOGY, BLDG	£ 3	757				School (K-12)				
						☐Subchapter 8 (other that				
Street Address						Other (i.e. private & co	oc oto l			
BUSCH CAMPUS						Sq. Feet: N/A #	Age: 60	Moore		
Cit. (5)	_					Sq. reet. N/A	Age. or	years		
City (5)		ty (6)			/ Code (7)	Current Has (prior if hair	ENUO			
PISCATAWAY	IVI	IDDL	ESEX	State	Use Only)	Current Use (prior if bein	EMIC			
Name of Monitoring Firm Hired	v B	Ida Owi	ner (8)	ASCM	No	Name of Contractor (9)				
ATC	7.0	ag. Owi	ner (o)	0009		Name of Contractor (9)				
AIO				0008	90	GREENWOOD ABA	TEMENT	ONCHI	TANTO	10
Street Address	_						IANIS	IC.		
3 TERRI LANE						Street Address				
3 ILIXII LANE						511 MAIN STREET				
	_					SIT WAIN STREET				
City, State, Zip Code						City State, ZipCode				
	30					BUTLER, NJ 07405				
Project Manager for Monitoring	irm	I	Telephone	Number		Telephone Number		License	Number	
BRIAN R. KEARNEY		1 9	609-386	-8800				-		
			District Course			973-492-0477				
Scheduled Start Date (10)		2	Scheduled	Completio	on Date (11)	Name of OSHA Monitor				
11/30/18		1	12/3/201	8		ENVIROVISION, INC	C.			
Occupancy Status During Aba	em	ent (Ch	eck only o	ne)		Street Address	-			
☐Facility Closed/Vacated Dur	na.	Entire P	Period of A	hatomor	nt.	20-21 WARGARAW	DOAD DI	DC# 255	=	
□Abatement Performed Outs					II.	20-21 WARGARAW	ROAD, BL	DG# 33E	_	
Describe:	16 (I INOITH	al Facility	Hours -		City, State, Zip Code				
Other- Describe: Schedule	A	DM E	ABA D-II	. (04.11)	OUDO 0	FAIRLAWN, NJ 074	10			
WEEVENDS AS NEEDED	: 41	- IVI — 5	AWI Dali	y (24 H	OURS &	TAIRLAWN, NO 074				
WEEKENDS AS NEEDED	1									
Scope of Work (Check all that ap	oly)	10	- A-				- A			
							Negative	essure		
□≥ 3 sf or >3 If				ī	Renovation		Mini-Enclos		rroganro	CCCCIO
≥ 160 sf or ≥ 26) If				Demolition		Glove bag P		\A/=== 0	
	2.11				- Demondon					
Location of Asbestos-Containing	-	le I acat	ion Normal	by I local	Description of A.		Non-Exemp			e Procedure
Material (ACM) in Facility (13)			v Maint./Ci			pestos Containing Material al systems insulation,	Amount		batement	<u>pe</u>
material (NOM) III I domity (15)		Staff? (1		ustoulai	surfacing, VAT, or		(Specify	SF or R	emove Re	r Encap Enclose
		YES	NO	NA	Surfacing, VA1, or	other miscen.)	Lr)	_		
and a and Fig.	1			2000						
2 nd & 3 rd Floor			X		VAT		2,000 \$	SF D	K	
	1									+
Name of Reg. Waste Hauler	1	LAI	JDEP Was	to Haul-	- ID #					
See Hauler Below #1 & 2		155	see Belov		110#	Cubic Yards of Waste:	Registere	andfill		
See Haulet Below #1 & 2		13	ee belov	V			N.S. No	Landfill		
Hauler #1) Greenwood Abatem	nt (Consulta	ants, Inc	Butler,	NJ 07405		City	ate		
NJDEP # 12561					-	I	100	w Ford Mill		
Hauler #2) Newark Carting, Inc	, No	wark, N	NJ 04509				12/3/2018	,	Rd.	rrisville, Pa
NJ DEP # 4509							1900	P. Schools		
							215-	5-1700		
Completed by (Print or Type)	-	THE				Signature				
		Hitle								
RAYMOND C. PEDALIN	O	SF		RO.IEC	:T		a,	<u>Date</u>	ho= 20	019
RAYMOND C. PEDALIN	0	SE	NIOR PI		ст	Raymond C. Pe	dalino	Novem	ber 30	018

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

GAC Project # 060-18	D 507000		1		8 0.0041 WIN 12:12U-1	,						
Date of Notification (1)	aber 30	2018			Name of Building Owner RUTGERS, THE S	THE IN	VEDELTY SELLI	2018				
Astrone Notified EPA DCA DOL DEP- No Longer REQU DOH	RED	(E)Emen	Notifica ded No gency atlon- 2	allon disection # (including : Work Areas)	Street Address ENVIRONMENTAL 74 STREET 1603, City. State. Zie Code PIBCATAWAY, NJ Name of Contest	HEALTH BLDG 414	& SAFETY DEPT (RI 6, LIVINGSTON CAM	5775				
					MICHAEL F. SMIT HEALTH & SAFET		848-445-2550					
				FACILITY IN	FORMATION			transaction of				
Name of Facility Winers Aban PSYCHOLOGY, BLD	3# 3757	MING PIECE (S)			Doe of Fedity (4) School (K-12) Subchapter 8 (other the	- 40						
BUSCH CAMPUS					Diffier (J.e. private & co	and let ster (no	dings, homes, etc.) 3 Bido Ade: 60+ years	i				
PISCATAWAY		LESEX		Code (7) Use Only)	Current Use (prior if bair		12 (1.5 cm) - 1 (1.5 cm) - 1 (1.5 cm)					
Name of Hondaring Firm His ATC	ov Side.	Delmir (6)	ASCM GQ DS		Name of Contractor (9)	5" :BEITARY &	ALIALII PALIFA ING	-				
Street Address 3 TERRI LANE					Simel Address	CONBULTANTS, INC.	Divinion in the last of the la					
City, State Zin Code	-	TO PART OF THE PAR			511 MAIN STREET			_				
BURLINGTON, NJ	08015		_		BUTLER, NJ 07405			No.				
Protect Menager for Monitorin BRIAN R. KEARNEY	LEIM.	Telephone 609-286			Telephone Number	Ucense Number						
Scheduled Start Date (1m)				or Dela (11)	Name of OSHA Monitor							
11/30/18 Occupancy Status During A	channal (12/3/201			ENVIROVISION, INC.							
Difacility Closed/Vecated D Dabetement Performed Ou	uring Entire	B Period of A	batemer	7E	Siner Address 20-21 WARDARAW	OAD, BL	DO# 35E					
Describe: Discribe: Bescribe: Behed: WEEKENDS AS NEEDE	6: 4PM -			Durs &	FAIRLAWN, NJ 07411)							
Scope of Work (Check all the	(v)col		-					Distribution				
12 ≥ 3 of or >3 if 122 ≥ 160 of or ≥			1	Renovation Demolition	G E.	Mini-Enclos	ment with Negative Pressura rura rocadura / Wrap & Cut zied (*) and Non-Frieble Pres					
Location of Aspeatos-Comaini Material (ACM) in Facility (13)	Bolei	y by Maini./Q ? (12)	ly Used mtodial NA	Description of Ash (ACM) (i.e. therm suffecing, VAT, or	estos Containing Material al systems insulation,	Amount (Specify	Abatement Type					
2" & 3" Floor		20		VAT		2,000 \$	BF DE T	-				
	-			/-4		1						
Name of Rep Waste Haver		NJDEP Was	la House	ID#	Subject of the control of the contro		Monada					
See Hapler Below #1 &		See Belov	7		Cubic Yards of Weste: 80 CV Name of Redistand L G.R.O.W.5. North							
Hauler #1) Greatwood Abate NJDEP # 12561 Hauler #2) Newark Certing, I NJ DEP # 4808	E. Newari	k, NJ 04509	Buffer, F	NJ 07405	Disposal Date City, State 108 New F-12/3/2018 Red, Morris 19967 215-736-17							
Combined by (Print of Tybe) RAYMOND C. PEDAL	NO S	BENIOR PI MANAGE	ROJEC	T	Signature Playmond & Si Vainc November 30, 20							

Name of Facility Where At Docated Address
Agendes Notified Street Address School (K-12) School (K-12) Subchapter 8 (Other than K-12) Street Address School (K-12) Subchapter 8 (Other than K-12) Street Address School (K-12) Subchapter 8 (Other than K-12) Street Address School (K-12) Subchapter 8 (Other than K-12) Street Address School (K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12
Street Address Str
DEP DOL Amended Amended Amended Amended Amended Amended BDL Amended BDL Amended Ame
Plainsboro, NJ 08536 Name of Contact Telephone Number Taylor of Facility Where At Wicoff House (left of Street Address Taylor of Facility (4) Subchapter 8 (Other than K-12) Other (i.e. private & commercial building) Subchapter 8 (Other than K-12) Other (i.e. private & commercial building) Other (i.e. private & commercial building) Square Feet
Name of Facility Where Ab tement is Taking Place (3) Type of Facility (4) School (K-12)
Name of Facility Where Ab Wicoff House (left of Wicoff House (left of Micoff House (left of House (l
Wicoff House (left of Street Address 641 Plainsboro Road City (5) Plainsboro County (6) Middlesex Name of Monitoring Firm H Environmental Conne Street Address 120 North Warren Str 220 North Warren Str 231 North Warren Str 241 Date (10) 12/15/2018 Start Date (10) 12/15/2018 Coccupancy Status During A During Entire Period of Abatement Abatement Performed X Other - Describe: Bas were was a street address 2512 West Carly State 2516 City, State, Zip Code Harleysville, PA 19438 Facility Closed/Vacate Abatement Performed X Other - Describe: Bas were vacated during entire period of abatement Step 231 Facility Closed (City State, Zip Code Richmond, VA 23220) Scope of Work (Check All T Apply) Renovation Facility Closed North Carles (Street Address 2512 Most Carles) Start Carles (City, State, Zip Code Richmond, VA 23220) Facility Closed/Vacate Abatement Performed X Other - Describe: Bas ment vacated during entire period of abatement Step 238 for 231f Renovation Facility Closed/North Check All T Renovation Facility Closed/North C
Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildisetc.) Other (i.e. private & commercial buildisetc.) Square Feet # of Floors Bik Age County (6) Middlesex Name of Monitoring Firm H end by Building Owner (8) Street Address 120 North Warren Street City, State, Zip Code Trenton, NJ 08608 Project Manager for Monito Steven Mania Street Address 120 North Warren Street City, State, Zip Code Trenton, NJ 08608 Project Manager for Monito Steven Mania Start Date (10) 12/15/2018 Coccupancy Status During A Start Date (10) 12/15/2018 Coccupancy Status During A During Entire Period of Abatement Duside of Normal Facility Hours Menovation Renovation Facility Closed/Vacate Abatement Performed Cother - Describe: Bas Menovation Full Containment with Negative Pressure Full Containment with Negative Pressure
County (6) Middlesex Name of Monitoring Firm H Environmental Conne Street Address 120 North Warren Str City, State, Zip Code Trenton, NJ 08608 Project Manager for Monito Steven Mania Start Date (10) 12/15/2018 Occupancy Status During A Datement Performed County Code (7) (STATE USE ONLY) ASCM No. Name of Abatement Contractor (9) Osiyo Inc Street Address 292 Main Street, #261 City, State, Zip Code Harleysville, PA 19438 Telephone No. 609-392-4200 610-400-8711 Name of OSHA Monitor Schneider Laboratories Global Inc. Street Address 2512 West Cary Street City, State, Zip Code Harleysville, PA 19438 Telephone No. Steven Mania Start Date (10) 12/15/2018 Cocupancy Status During A During Entire Period of Abatement Abatement Performed Other – Describe: Bas Scope of Work (Check All T Exercise Address 292 Main Street, #261 City, State, Zip Code Harleysville, PA 19438 Telephone No. 610-400-8711 Name of OSHA Monitor Schneider Laboratories Global Inc. Street Address 2512 West Cary Street City, State, Zip Code Richmond, VA 23220 Full Containment with Negative Pressure
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Scope of Work (Check All T at Apply)
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Renovation Demolition Full Containment with Negative Pressure Mini-Enclosure
Glovebag Procedure
Is Location Non-Exempted (*) and Non-Friable Proce re
Location of Asbestos-Containing Ma erial (ACM) TO BE ABATE 2 In Facility (13) Yes No N/A Normally Used Solely by Maintenance/ Custodial Staff? (12) Normally Used Solely by Maintenance/ Custodial Staff? (12) Normally Used Solely by Maintenance/ Custodial Staff? (12) Normally Used Solely by Maintenance/ (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Normally Used Solely by Maintenance/ (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
Basement X Pipe Insulation 10LF X
Basement X Elbows (3) 9LF X
Name of Registered Waste F auler NJDEP Waste Cubic Yards Name of Registered Landfill
Century Waste Service: LLC Hauler ID No. of Waste Fairless Landfill
City, State Elizabeth, NJ Disposal Date City, State Morrisville, PA
Completed by Carol Bradford Title President Signature Date 12/04/20

CFRIYTY 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) 12/3/18 NJ Department of Transportation DEC 18 Agencies Notified Type Notification Street Address 110 Wood Street EPA Initial DEP City, State, Zip Code Amended ASSESTOS CO × DOL Amendment #2 LICENSIN Morrisville, PA 19067 Emergency (including DOH Name of Contact justification) Telephone Number DCA Cancellation Chris Harney 267-790-1047 FACILITY INFORMATION Name of Facility Where batement is Taking Place (3) Type of Facility (4) NJDOT Mainline Approach Bridge Street Address School (K-12) Subchapter 8 (Other than K-12) Structure # 1120-1 0 I-95 Over Route 29, D&R Canal, and Route 175 Other (i.e. private & commercial bui × igs, homes. etc.) Square Feet # of Floors J. Age County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Mercer Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health & Safety Ser rices, Inc. Diamond Huntbach Construction Corp. Street Address Street Address PO Box 365 500 E Luzerne Street, Unid D City, State, Zip Code City, State, Zip Code Berlin, NJ 08009 Philadelphia, PA 19124 Project Manager for Moni oring Firm Telephone No. Telephone No. License No. Jim Proctor 609-839-2432 215-739-8166 00646 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12/5/18 10/15/2019 Same as above Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performe | Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Proc ıre Is Location itement Normally Location of Гуре Description of Asbestos-Containing Material (ACM) Used Solely by Asbestos Containing Material (ACM) TO BE ABAT ED Maintenance/ Amount (i.e. thermal systems insulation, Custodial Staff? (Specify Removal In Facility surfacing, VAT, or (13)(12)SF or LF) other miscellaneous)

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

CL. H 1050

Date of Notification (1								(-KF	+17	00		
12/3/18				Name	of Build	ing Owner	/Operato	r (2)	- management			E F	
Agencies Notified	Type Notification					rk Town	Cente	LLC		EC	E	\mathbb{W}	
	Type Notification	п			t Address	54.5		A	1161	THE RELEASE TO SE	A STATE OF THE PARTY OF THE PAR	CHARLES AND ADDRESS OF	11
EPA DEP	X Initial				Passa								AUCTORS.
X DOL	Amended Amendme	nt#			State, Zip				Altalistical agreement agreement and absent	DE	:C 7	018	State of the last
	Emergeno	y (includir	ng .			ew Jerse	у		i in land a	5-			5 -
X DOH DCA	justification			Name	of Conta	act			Te	lephone	Number	***************************************	
LJ DOA	Cancellation	n							6.00	ASBES	STOS CC	TROL	8ı
Name of Facility When	Abatement is Tak	ing Place	(3)	FA	CILITY	NFORMAT	ION	-		and the control of th	HOEHS!	7	
Building # 61	- Satorione is Tan	ing riace	(3)					Type of Facility	y (4)				
Street Address								School (I	<-12)				
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City (5)								Other (i.e etc.)	. private	& comm	ercial built	gs, hor	nes,
East Newark							33	Square Feet	# 0	f Floors	В	. Age	
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County (6)	0.0				y Code (7			Current Use (F	Prior if be	ing demo	olished)		
Essex					E USE ON	LY)		Commercia					
Name of Monitoring Fir	n Hired by Bullding	Owner (8	3)	ASC	M No.		Name	of Abatement C				-	-
n/a				n/a				nony Contra					
Street Address				-			-	Address	3			-	
n/a							360	Palisade Ave					
City, State, Zip Code							1	tate, Zip Code					
n/a								eld, NJ 0702	26				
Project Manager for Mo	iltoring Firm			Teleph	one No.			one No.		License	o No	-	
n/a				n/a			The state of the s	60.6026		0125			
Start Date (10)		Schedu	led Co	mpletion	Date (1	1)	2000000	of OSHA Monito)r	0123			
12/12/18		01/31	/19			,	40.000.000.000.000.000	ony Contrac					
Occupancy Status Durir	g Abatement (Che	ck Only O	ne)					Address					
Facility Closed/Vac	ated During Entire	Period of	Ahate	ment				Palisade Ave					
Apatement Perform	ed Outside of Nor	nal Facility	y Hour	S		-		ate, Zip Code					
Other - Describe:	Scheduled for Demo							eld, NJ 0702	6				
Scope of Work (Check A	Il That Apply)						Odin	010, 140 0702	.0		_		
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TO BE AB	TED	Ma	intena	nce/	Asbe	stos Conta	aining Ma	aterial (ACM) insulation,		nount		т	_
In Faci	ty	Cus	todial		(1.6	surfac	ing, VAT	or		or LF)	Remova	Encapsulate	Enclosure
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		Yes	No	N/A							<u>B</u>	ate	lre
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NEW YORK CONSTRUCTION				TBD					ISEI Landfill				
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Riverdale, NJ					TBD Bethlehem, PA								
Completed by		Title				Sizestan Doubletti, 1 A					Date		
E. Cirovic		Secre	etary			C C: -							
		'		-		12/3/18							

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(V,10)			•	1)					- 8						Wil	5 15-
Date of Notification (1)					Name o	f Buildin	g Owner/	Operator	r (2)		1127	į	-	TO THE STATE OF	THE OLD PROPERTY	7
)3, 2018					SOCIA	TES, LI	LC		1		-			AMAZINA TARIFA
Agencies Notified	Туре	Notification				Address						D	EC	7	118	112
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DEP	X	Amended Amendment	#1			ate, Zip					in the second	ASBE	STO	3.001	ROLA	- i
	П	Emergency (including	_	Wayne						L		LIC	ENSIA	TIVE (准
DOH DCA		justification)		76		of Contac					Tel	ephone	Num	ber	Autorities (
□ DCA	Ш	Cancellation			Project						973	-234-7	7026	3	71.	
Name of Facility Where	Abate	nent is Taking	Place	(3)	FAC	ILITY IN	FORMAT	ION	Тти	pe of Facility	///					
Former K-Mart / Path									, ,	1						
Street Address	man		_						-	School (K- Subchapte		er than	K-12	1		
140 RT 10 W									X						s, hom	es,
City (5)										etc.)	1 41	f Floors			_	
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County (6)	172-355				County	Code (7)			C.	95,000	au if hai	1	-U-L	- 1)	1970	
Morris						USE ONL			CL	rrent Use (Pri	or it be			ea)		
Name of Monitoring Firm	Hired	by Building (Owner (8)	ASCN	1 No		Name	of A	batement Co	ntractor	empty	/			
A.E.S.L.		-,g .		,	7,001	. 110.						(9)				
Street Address								Street		K Group, L	LC.					
2200 Paterson Plank	rd#	7						10000000		MS-7.53	OTE (200				
City, State, Zip Code	10 π	1				-	- <u> </u>			Kings HWY N, STE 209						
North Bergen, NJ 07	047							Chorne Hill N. I. 00024								
Project Manager for Mon		Firm		Telepho	ne No		Cherry Hill, NJ 08034 Telephone No. License No.									
Carmelo Altomonte		0.0000000	201-864													
Start Date (10)			Schedu		npletion			1		SHA Monitor		00781				
11/1/18	3				11/1/1	9.0	,	100000000000000000000000000000000000000		K Group, L						
Occupancy Status During		ment (Check	Only O	ne)	1 1/ 1/ 1/	-		Street			LU.				-	
Facility Closed/Vaca					nont				0000	gs HWY N,	STE	200				
Abatement Perform	ed Out	side of Norma	al Facilit	y Hours	S					, Zip Code	SILZ	.09			-	
Other - Describe:						13-9-1-1119		E		II, NJ 0803	1					
Scope of Work (Check Al	I That	Apply)						Officity	y 1 11	11, 140 0000					-	
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≥160 sf or ≥260 lf				Demolit					X I	Mini-Enclosure	9	iveyativ	/e Fi	essure		
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Location Asbestos-Containing		al (ACM)		ed Sole		Asho		scription		rial (ACM)				T	T	\Box
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In Facili (13)	ty		Cus	(12)	otaii?	8	surfa	cing, VA	Т, о	r		or LF)		Removal	Encapsulate	Enclosure
(13)			-		1		otherr	niscellan	ieou	s)				ova	u a	sure
			Yes	No	N/A									-	6	
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11					pig	e fitting	as			500		$\langle \rangle$	-			
roof						/flashir			2,000 SF							
"			X					oofing				65 SF		$\langle \rangle$	+	
Name of Registered Was	te Hau	er			IJ DEP W		_	Yards		Name of						-
Naviant Osti 10				Н	lauler ID		of Wa									
Newark Carting / Spa	rtan				450)9		793.6		GROWS		RF Lan	dfill			
City, State								sal Date		City, Stat						
Newark, NJ / Donora,	PA							1/1/19								
Completed by		Title					S	Signature Date								
Michael Cooper			Presid			Se since	12/3/18									

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

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Date of Notification (1)				Name	of Building	Owner!	Inorator (2)			E	<u>li</u>	1		7)
	e · 18, 2018								IN					ALTERNACE.	1
Agencies Notified	ype Notification				IKE ASS	SOCIAI	ES, LL	J		DEC	-	7	10	4 1	-
X 500	F 7				/ayne Hi	II Mall				DEC	1	1	18		1
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DOL	Amendmen				NJ 074				F	SBEST	08 C	ON	ROL	8	1
DOH DOH	Emergency		g		of Contact					L.i.(Telephor	DEMS	IN	particular production of	- we come as	-
DCA	justification) Cancellation														
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Name of Facility Where A	batement is Takir	ng Place	(3)			OTTOWN	COR LOCAL	Type of Fac	ility (4)			_			
Former K-Mart							1	School							
Street Address								Subcha	apter 8 (C	Other than	1 K-12)			
140 RT 10 W									i.e. priva	te & com	mercia	al bi	lings	, hom	es,
City (5)								etc.) Square Feet		# of Floor	c	-	ldg.	Δαρ	
RANDOLPH								95,000		1	5				
County (6)				County	Code (7)			Current Use		beina der	nolish	ed)	-	970	
Morris				(STATE	USE ONLY	΄			(00)			
Name of Monitoring Firm	H red by Building	Owner (8)	ASCI	M No.		Name o	f Abatement	Contrac	emp	Ly				
A.E.S.L.								CK Grou							
Street Address							Street A		p, LLC.			_	-		
2200 Paterson Plank	rd # 7						1500 Ki	ngs HWY	N ST	E 200					
City, State, Zip Code	1							ite, Zip Code		L 209			-		
North Bergen, NJ 070	D. 1.7							Hill, NJ 08							
Project Manager for Monit				Telepho	ne No.		Telepho		3004	Licer	nse No			-	
Carmelo Altomonte			2	201-864	4-6583			59 - 5000		0078					
Start Date (10)		Schedu		The second leading to the second lead to the second	Date (11)				OSHA Monitor						
11/1/18				2/28/1	9			CK Group							
Occupancy Status During	A patement (Chec	k Only O	ne)				Street A		o, LLO.			-	-		
Facility Closed/Vacan	e I During Entire	Period of	Abater	nent			1500 Ki	ngs HWY	N STE	= 209					
Abatement Performe	d Dutside of Norm	al Facilit	y Hour	City, State, Zip Code								_	2000		
Other - Describe:				Cherry Hill, NJ 08034											
Scope of Work (Check All	T at Apply)												-		
≥3 sf or ≥3 lf			Renova	ition			\boxtimes	Full Conta	inment w	ith Negat	ive Pr	929	2		
≥160 sf or ≥260 lf		\boxtimes	Demolif	tion			×	Mini-Enclo	sure		10011	636	5		
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		1						NOII-EXCIII	pied () al	na Non-Fi	lable r	100	ure	ement	
Location			s Locat Normal			-	2010	65						ре	4
Asbestos-Containing N		Use	ed Sole	ly by	Asbes		cription o	t terial (ACM)		Amount					
TO BE ABA			aintena itodial S		2000-0-05-00-05-00-0	. thermal	systems i	nsulation,		(Specify		Z	m	Encapsulate	Ē
In Facility (13)	4		(12)				ing, VAT, iscellane			SF or LF)		Removal	Repair	aps	Enclosure
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	-	Yes	No	N/A										Ф	
Inside			X			Floor T	ile & Ma	astic	7	0,500 S	F	X			
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roof		V	/ \	1								\leftarrow	-		
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Newark, NJ / Donora,	P A					10-10-00-00-00-00-00-00-00-00-00-00-00-0	28/19	1	own, P	Δ					
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Michael Cooper		dent			30	Alexander .	1991.			NAME OF THE PARTY					
1.7						10/18/							-		

										Prir	nt Form
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Date of Notification (1)	# 3294			Building Owr		(2)	2. Adillo Sara	Ul DEC	7 ;	18	
	pe Notification		Street Ad				T AND				Accepta
EPA DEP DOL	Initial Amended Amendment	¥		e, Zip Code y, NJ 070	65			ASBEST	OS COA CENSIN	10L 8	
□ DOH	justification)	ncluding	Name of		201 (CA)			Telephone Nu	ımber		
DCA L	Cancellation		The state of the s	ITY INFORM	MATION	05					
Name of Facility Where Ab Juliane Bianculli	tement is Taking	Place (3)				_	Facility (4)				
Street Address						T St	ubchapter 8 (0	Other than K-	12) cial buildin	, home	es,
City (5)						Square 2,000	Feet	# of Floors	Bldg 50	√ge	
County (6)			County C	Code (7)		(0)	t Use (Prior if	being demoli	- 5,5		
UNION Name of Monitoring Firm F	ed by Building (Owner (8)	ASCM	FIRST PROPERTY.		of Abate	ement Contracts S Corporat			-	
N/A Street Address		1900			Street	t Address	3				
City, State, Zip Code				5 X	City, S	State, Zip	Code				
Project Manager for Monit	ing Firm		Telephor	ne No.	Telep	hone No		License			_
Start Date (10)		Scheduled C	ompletion [Date (11)		-295-17 e of OSH	A Monitor	01074	<u> </u>	_	
12/5/2018		12/7/2018		NEV - 8		ne as a	articles and a				
Occupancy Status During					Stree	t Address	5				
Facility Closed/Vacate Abatement Performe Other – Describe: S	 Outside of Norr 	nal Facility Ho	drs		City,	State, Zip	Code				
Scope of Work (Check All ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	hat Apply)		ovation olition			Mini Glov	i-Enclosure vebag Proced	with Negative dure) and Non-Fri	able Proc	ıre	
			cation nally		Description	on of			1	Type	ıt
Location Asbestos-Containing TO BE ABA In Facilit (13)	aterial (ACM) ED	Mainte Custodi	olely by enance/ al Staff? 2)	(i.e. th	s Containing termal system surfacing, V other miscella	Material ms insula /AT, or	(ACM) tion,	Amount (Specify SF or LF)	Removal	Encapsulate	Enclosure
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Real Ro	V 111			2.7.							
			L MINES	N/	Cubic Vasal		Name of Pr	egistered Land	Hill		
Name of Registered Was Tri-State Transfer As			NJDEP V Hauler ID 19551	No.	Cubic Yards of Waste TBD	•	Minerva	Enterprises			
City, State Bronx, NJ					Disposal Da TBD	_	City, State Waynesh	ourg, OH			
Completed by Gina Betances		Title Office	Manager		Signati	ure E	heras		Date 12/3/20	3	

													The report	
Date of Notification (1)	5 I	AI	NO	(Pursua	int to NJA	SBES AC 8:	Jersey STOS ABAT 60 and 12:1	20)		IKI	EC	BI	3.6	Print Fo
12/04/18				SDK	(Apartn	nents	when Operat S	or (2)			DEC	7	18	
Agencies Notified EPA DEP DOL	Type Notification Initial Amended Amendment Emergency	nt#	ıq .	City, S	t Address Box 112 State, Zip ollton, T	2304 Code X 75			The impact of the state of the	L _{AS}	SBESTO LIC	DS COA	30L8	A Company
DOH DCA	justification Cancellation	1)			of Conta						ephone N 1-343-5		02	
Name of Facility Where	Abatement is Taki	ing Place	(3)	FA	CILITY IN	IFOR	MATION	_			1-040-0	133 ex		
101 Prospect Aver	Je	ing i lace	(3)					Ту	pe of Facility					
Street Address 101 Prospect Aven City (5)	1e		- V 102500					×	School (K Subchapte Other (i.e. etc.)	er 8 (Othe	er than K- commer	·12) rcial build	s, hor	nes,
Hackensack								Squ	uare Feet	# of	Floors	BI	Age	
County (6) Bergen				County	Code (7)) .Y)		Cur	rrent Use (P	rior if bein	ng demoli	shed)	_	
Name of Monitoring Firm	Hired by Building													
Street Address							Street	t Addr	ess					
City, State, Zip Code		6 WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701												
Project Manager for Mon	toring Firm			Teleph	one No.		Telepi	hone I			License I	No.		-
Start Date (10) 12/16/18		12/21/	18	mpletion	Date (11)	Name	of OS	SHA Monitor				-	
Occupancy Status During	1.00						Street	Addre	ess				-	
Facility Closed/Vaca Abatement Performed Other – Describe:	ed During Entire I d Outside of Norn	Period of nal Facility	Abate / Hour	ment rs			City, S	tate, 2	DOVE Code					
Scope of Work (Check Al	That Apply)			****			LAN	EVVC	OOD, NJ 0	8701				
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Location	of	1	Locat	lly			Description				101111101	A	emen	t
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		Yes	No	N/A				- 50				<u>'a</u>	ilate	шге
INTERIO	R 					PIPE	INSULA	TIOIT	V	400)LF	x		
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		+		\vdash								+-	-	
Name of Registered Waste	Hauler			IJDEP W			oic Yards		Name of F	Registered	d Landfill			
NEWARK CARTING				lauler ID 4509	No.	of V 12	Vaste		IESI					
City, State NEWARK, NJ							posal Date 21/18		City, State BETHLE		PA		-	
Completed by OSEPH PERLSTEIN		Title OWN	ER				Signature				Dat	te /04/18		\dashv
						_					4 - 1			

NEWARK CARTING City, State NEWARK, NJ Completed by Hauler ID No. 0f Waste 12 Disposal Date 12/19/18 City, State BETHLEHEM PA	CK744	7 PA	ID	NOTII (I	FICATIO	State of No N OF ASE t to NJAC	BESTOS	ABATE	MENT 0)	D)_E	C	EI	V E	
Agencies Notified Pop Pop Notification Street Address Although Agenue Although Agenue Although Agenue City, State, Zip Code Lickwood, NJ 08701									r (2)	1	DEC	7	118	
College Amended Amended College Coll	Agencies Notified	Type Notification					Vonue							- Lemma
Emergency (including) Institution State	DEP	Amended	#		City, St	tate, Zip C	ode	1		AS	0.0000000		ROL	-1 1
Name of Facility Where A patement is Taking Place (3) Tope of Facility (4) School (K-12) Subchapter 8 (Other than K-12) School (K-12) Subchapter 8 (Other than K-12) Other (En) protein & County (5) Other (En) protein & County (6)		Emergency justification)	(including		Name	of Contact							-	
Name of Facility Where A statement is Taking Place (3) Type of Facility (4) School (K-12) Square Feet # of Floors Bill Age County (6) Ocean (7) (Grafie Use Ow.) Name of Monitoring Firm lired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS Street Address Street Address Street Address G WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701 Feliphone No. Telephone No. Telephone No. To School (K-12) To School (K-12) Start Date (10) 12/16/18 12/19/18 School (K-12) Start Date (10) 12/16/18 Street Address G WHITE DOVE COURT Start Date (10) 12/16/18 State Date (11) Abatement Performed Outside of Normal Facility Hours Street Address G WHITE DOVE COURT Start Date (10) Start Date (10) 12/16/18 State Date (11) Abatement Performed Outside of Normal Facility Hours Street Address G WHITE DOVE COURT Start Date (10) Start Date (10) 12/16/18 State Date (11) Abatement Performed Outside of Normal Facility Hours Street Address G WHITE DOVE COURT Abatement Performed Outside of Normal Facility Hours Street Address G WHITE DOVE COURT Abatement Performed Outside of Normal Facility Hours Street Address G WHITE DOVE COURT Abatement Performed Outside of Normal Facility Hours Street Address G WHITE DOVE COURT Abatement (Check All International Material (ACM) (I) State Dove Materi							÷			/32-	719-63	336		
Subchapter 8 (Other Ham K-12)	Name of Facility Where A 1231 Carmel Court	patement is Takin	g Place (3)			J. (11)			Social Miles				
Square Feet # of Floors Bi Age Age County (6)	1231 Carmel Court								Subchap Other (i.e	ter 8 (Other			s, hom	ies,
Name of Monitoring Firm Ifred by Building Owner (8) ASCM No. Name of Abatement Contractor (9)										# of F	loors	BI	Age	
Street Address City, State, Zip Code LAKEWOOD, NJ 08701 Telephone No. Telephone No. Talephone No.)		Current Use (F	Prior if being	demolis	hed)		
City, State, Zip Code City, State, Zip Code City, State, Zip Code LAKEWOOD, NJ 08701 Project Manager for Monit viring Firm Telephone No. Telephone No. Talephone No.		lired by Building (Owner (8)		ASCI	M No.								\neg
Project Manager for Monit oring Firm Telephone No. Telephone No. Talebance No. Taleba									141111 1 1411 1 1 1 1 1 1 1 1 1 1 1 1 1	COURT				
Telephone No. Telephone No. Telephone No. Telephone No. Telephone No. Talephone No	City, State, Zip Code	le e								08701		-		
12/16/18 12/19/18 12/19/18 12/19/18 12/19/18 12/19/18 AAA LEAD PROFESSIONALS AAA LEAD PROFESSIONALS Street Address 6 WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701 Scope of Work (Check All Street Address 6 WHITE DOVE COURT Street Address 6 WHITE Dove Courted Street Address 6 WHITE Dove C		oring Firm			Telepho	one No.		Teleph	one No.	L		lo.		
Screet Address 6 WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701 Scope of Work (Check All Apply) ≥ 3 sf or ≥ 3 if ∑ ≥ 160 sf or ≥ 260 if					mpletion	Date (11)					ALS			
Abatement Performe Outside of Normal Facility Hours	Tables 1							Street	Address				-	
Scope of Work (Check All That Apply) 23 sf or ≥3 lf ≥160 sf or ≥260 lf	Facility Closed/Vacat Abatement Performe Other – Describe:	ed During Entire P Outside of Norm	eriod of A al Facility	Abaten	nent s			City, S	tate, Zip Code					
≥ 160 sf or ≥ 260 lf Demolition Description of Asbestos Containing Material (ACM) Amount (Specify Specify Specif	Scope of Work (Check All	That Apply)						LANE	EWOOD, NJ	08701				
Location of Asbestos-Containing Naterial (ACM) TO BE ABA: In Facility (13) EXTERIC R Name of Registered Waste NEWARK CARTING Name of Registered Waste NEWARK, NJ Completed by Completed by Completed by Completed by Completed by Completed by Containing Naterial (ACM) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) From No N/A SIDING Amount (Specify SF or LF) Rement input Amount (Specify SF or LF) Rement inpu	≥3 sf or ≥3 lf		X C					×	Mini-Enclosu Glovebag Pr	ire ocedure			ıre	
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EXTERIC R SIDING 1500SF x Name of Registered Waste NEWARK CARTING City, State NEWARK, NJ Completed by IOSEPH PERLISTEIN COMMENT.	Asbestos-Containing N <u>TO BE ABA</u> In Facility	aterial (ACM) ED	Use Mai	d Sole intenai odial S	ly by nce/	Asbes (i.e.	tos Cont thermal surfac	aining M systems sing, VA	aterial (ACM) insulation, Γ, or	(Spe	cify	Remova	T	Enclosur
Name of Registered Waste NEWARK CARTING City, State NEWARK, NJ Completed by IOSEPH PERLISTEIN NAME of Registered Landfill Hauler ID No. of Waste 12 Disposal Date 12/19/18 City, State BETHLEHEM PA Signature Date	FXTERIC	R	Yes	No	N/A			IDINIC		4500	05		ate	Ф
NEWARK CARTING City, State NEWARK, NJ Completed by ICOSEPH PERI STEIN Disposal Date 12/19/18 Signature Disposal Date 12/19/18 Date	EXTERIO						5	IDING		1500	ISF	Х		
NEWARK CARTING City, State NEWARK, NJ Completed by ICOSEPH PERI STEIN Disposal Date 12/19/18 Signature Disposal Date 12/19/18 Date														
City, State NEWARK, NJ Completed by IOSEPH PERI STEIN ONAMER Disposal Date 12/19/18 City, State BETHLEHEM PA Signature Date		Hauler		Н	auler ID	1360 (1560 - 1)	of Was		Variation of the second	f Registered	Landfill	L		
Completed by Title Signature Date					. 500		Dispos				Α			
			A CONTRACTOR OF THE PARTY OF TH	ER			Description of the second		1		Dat			

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	Date of Notification (BAAA				7 1	III DE	C	2018	- 4
	Date of Notification (12-4	-12	Name	e of Building Owner			Lad top 1			200
	Agencies Notified	Type Notification	10	Stree	t Address	Jon [Je Ro	1			
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	□ DEP	Initial Amended		City,	State, Zip Code	2 0		Jac		**************************************	HORNANDANIA.
	DOL DOL	Amendment D Emergency	-			red	Banl	< N	TI	170	17
	DOH -	justification)		Name	of Confact	7.		. Telephone	Number	- (40	0
	DCA DCA	☐ Cancellation	1	<u></u>	DON!)èro	Sa	(°	1		_
	Name of Facility Whe	e Abatement is Takin	g Place (3)	FA	CILITY INFORMA		ype of Facilit	. (4)			7
	Kesic	lential ?	Dwell	r'ac						*	
	Street Address		FINCH				Subchap	ter'8 (Other than k	(-12)		
							Other (i.e etc.)	. private & comme	ercial bu	ngs, ho	mes,
	City (5) 2 N	2 1/ 1	1/1	N77	100	· So	quare Feet	# of Floors		g. Age	
Š	County (6)	2an /	<u>VJ</u>	077				3		10 t	-
Ž)	Mann	00 s J.L		(STATE	y Code (7) E USE ONLY	C	urrent Use, (F	rior if being demo	lished)		
	Name of Monitoring Fi	m Hired by Building	Owner (8)	LASC	CM*No.	Nome of	h-4			••	
17	EPC T	challe	sies	1.00	N/A	Name of A	Abatement C			-	
	Street Address	0 9	-		6-10-4	Street Add	iress.	chnole	318	_4	nL
	F.O.	Dox J	57			P.O	. Box	337			
	City, State, Zip Code		TM	AG	533	1 20 5	, Zip Code			-	
-	Project Manager for M	Bill river	MO	Tolonh	one No.	New		M TAN	0	133	15
ļ	Steve S	chenked	2		758-3365	Telephone		License	No.	QU	
1	Start Date (10)	-	Scheduled Co	ompletion	Date (11)	Name of C	8-33	<u>න</u>	U	I	
1	19-	17-18	12-	19-	18			hnologie	c T	m 4	
	Occupancy Status Dur					Street Add	ress	~		•	501
	Facility Closed/Va Abatement Perfor	ated During Entire P	eriod of Abate	ment		6-0	Box	337		ر رونيون دريون ر	Sep &
	☐ Other – Describe:	——————————————————————————————————————	ar radiity riod	15		City, State,		/1~			£ 1
1	Scope of Work (Check	All That Apply)				[400	Egypt	NJ	08:	33	
	□ ≥3 sf or ≥3 lf		☐ Renov	ration			ull Containe	oot with Non-the	2		
-	□ ≥160 sf or ≥260 lf		☐ Demoi				fini-Enclosur		Pressui		
L					61		Slovebag Pro Ion-Exempte	cedure d (*) and Non-Fria	ible Pro	ure	
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	Asbestos-Containin TO BE AB		Maintena	ance/	Asbestos Conta (i.e. thermal	aining Materi	al (ACM)	Amount (Specify	77	m	m l
	in Fac (13)		Custodial (12)		surfac	ing, VAT, or		SF or LF)	Removal	cap	nclo
	(15)	0.00		-	otner m	iscellaneous	•)		lavo	Encapsulate	Enclosure
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1	Name of Registered Wa	te Hauler		JDEP W			Name of	Registered Landfil	1		$\overline{}$
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

CK 4865

Name and the second sec															
Date of Notification (1)	8				of Building	Owner/O	perator (2)	,	7	SIE	C	Ī	n n	(// [E
	Type Notification			-	1S Address	CAIL	nen	Cŧ	1 AMB	EU	D) =	U	F	<u> </u>	y LE
	Initial			ou cot i	, daress					1	1)1				
□ DEP	Amended			City, S	tate, Zip Co	ode				21.6	111	DEC	_	20	18
DOL	Amendment # Emergency (in		-	-	500	147	ORA	10Co	8 1	JJ.	070	79			
DOH DCA	justification) Cancellation			ivanic (n Comaci		*			Te	lephone Nun	ther	ryo	American	ROL
				FAC	S. CH	FORMAT	EUS LION			1			- 10		E sport in terminal
Name of Facility Where Aba								Туре	of Facility (4)			_		
Street Address	· CARME	50 C	-67 4	S M	ERS				School (K-12		20.020				
3330111441033									Subchapter 8 Other (i.e. pr	(Other ivate &	r than K-12) commercial	buildir	ngs	omes, e	etc.)
City (5)	5 (5 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1				1 , 3			Square	e Feet	# o	f Floors	TE	Bld	Age	
St	NO HTC	RANG	9 E					2	100	1.	Z		1	40	8
County (6)					Code (7) USE ONLY	:		Currer			g demolished			-	
Name of Monitoring Firm Hi		ner (8)			M No.		Nama	FALLE	ment Contra		0300	2			
	ou of Dunuing On	1101 (0)		ASC			1 11		noval, Ir)				
Street Address							Street A	ddress			111-111-111-111-111-111-111-111-111-111-111-111-111-111-111-111-11-111-11		_	-	-
C: 0: 2: 0							450) Sou	th River	Stre	eet				
City, State, Zip Code	9-						City, St					C01	_		
Project Manager for Monitor	ıg Firm		Т	Telepho	ne No		Telepho		nsack, N	ew J	ersey 07				
				, e.epiio			7.8		-7444		0038				
Start Date (10)		Scheduled					Name o	f OSHA	Monitor					-	\neg
Occupancy Status During Ab	tomant (Charle Oal		2/1	18/1	8				nvironm	enta	<u> </u>				
☐ Facility Closed/Vacated	West of the second second	REMODERATION					Street A		ler Stree	·t					
Abatement Performed C	tside of Normal Fa	cility Ho	ement	PM		-	City, Sta			-			-		
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Scope of Work (Check All Th	it Apply)												_		
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf		100	enovat emolit						Containmen i-Enclosure	t with l	Negative Pre	ssure			
) -			omone	.0.1			A	Glov	ebag Proced						
		Ι .						Non-	-Exempted (*) and	Non-Friable	Proced	ure		-
Location of			Locati Iormall			Dag		. 6					A	ement pe	
Asbestos-Containing Ma TO BE ABAT			d Solel intenar			stos Conta		terial (A			mount			E	
In Facility	<u>u</u>	Cust	odial S (12)	taff?	(i.e. the	rmal syste	ms insula VAT, or	tion, su	rfacing,		specify or LF)	Removal	undarı	ncap	Encl
(13)					1	other n	niscellane	ous)				oval	111	Encapsulate	Enclosure
م سيد ، ، م	- 1	Yes	No	N/A									_		
BASEMENT BO	ited 1604			U	MEK	HL S	4 3864	18 14	न्त्रा क्षा	2	OLF	×	_		
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Name of Registered Waste Ha	I														
Best Removal, Inc.	ler		H	IDEP Wauler ID	No.	Cubic Y of Wast	Section of the sectio		Name of Re	gistere	d Landfill	in the second	0190		
				17109			20	78		a En	trerprise	s, LI)(
City, State Hackensack, NJ 07	501				#8	Disposa			City, State	1	OII	1460	_		
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ASB-41 (R-06-08)							V * E	o not u	se this form	for asb	estos licensu	re exen	npı	activit	ies.

	State of N	ew Jersey - Notifi	ication of Asbestos A	batement	EGE	WER
CY 12255	PAI	Pursuant to N.J.A.C	C. 8:60-7 and 12:120-7)		h y L	
China	7, 6, 13,23	et-ster				and the second
Date of Notification (1) November 29, 2018			Name of Building Owner/C		DEC 7	2018
Agencies Notified	Notification	Type	The Valley Hospital Street Address	1 10		-
X EPA		Notification	223 North Van Dien	Avenue	00000000	
□ DCA	The state of the s	dment # 1-11/29/18	City, State, Zip Code	Avenue p	SBESTOS CO LICENS	GROLA G
x DOL	100	ncy (including	Ridgewood, NJ 07	7450-2736	A TO TO THE PROPERTY OF THE PARTY OF THE PAR	LANGE CONTRACTOR CONTR
⊠ DEP		cation)	Name of Contact		lephone Numbe	
x DOH	Justini	odiio.i,	William Stasiak		01-447-8141	
		FACILITY IN	FORMATION			
Name of Facility Where Abatem			Type of Facility (4)			
The Valley Hospital Wa	alehouse		School (K-12)			
			Subchapter 8 (other than			
Street Address			Other (i.e. private & c			0
599 Valley Health Plaza	a		Sq. Feet: Unknown	# of Floors: 4	Blag. Age:	0+ years
	County (6)	County Code (7)	Current Use (prior if being	demolished): H	osnital	
Paramus E	∃rgen	(State Use Only)	Outrem osc (prior il bellig	demonstreay. 11	OSPILAI	
Name of Monitoring Firm Hired I	Bldg. Owner (8)	ASCM No.	Name of Contractor (9)	EMENT CONC	NULTANITO I	-
Colden Corporation			GREENWOOD ABAT	EMENT CONS	SULTANTS, I	J.
Street Address			Street Address			
28 Washington Street			511 MAIN STREET			
City, State, Zip Code			City State, ZipCode			
Ballston Spa, NY 1202			Butler, NJ 07405			
Project Manager for Monitoring I			Telephone Number		ense Number	
Jim Miades	347.435		973-492-0477	00	840	
Scheduled Start Date (10)		Completion Date (11)	Name of OSHA Monitor			
December 5, 2018 Occupancy Status During Aba	March 3		EMSL inc.			
✓ Facility Closed/Vacat			Street Address			
Abatement Performed C			1056 Stelton Road			
Describe		,	City, State, Zip Code	1520 Y		
Other - Describe:			Piscataway, NJ 0885	54		
Source of Work (Check all that a	ap oly)		820	E 0 1		
2 2 2 2 2 2 1		☑		Full Containmen	(1) : [[[[[[[[[[[[[[[[[[essure
≥ 3 sf or ≥ 3 lf □≥ 160 sf or ≥ 260		Renova Demolition		Mini-End		
<u>□≥</u> 100 \$1 01 ≥ 200	9	Demonton		Glovebag Proce Non-Exempted		le Procedure
Location of Asbestos-Containing	Is Location	Normally Used Solely	Description of Asbestos	Amount	Abatement	e
Material (ACM) in Facility (13)	CONTRACTOR CONTRACTOR		Containing Material (ACM) (i.e.		Remove Rep	Encap Enclose
	YES		thermal systems insulation, surfacing, VAT, or other miscell	or LF)	TKEINOVE TKEE	Elloap Elloioso
Warehouse	X	1 1 1	TSI VAT & Mastic	400 LF 2,990 sf		
			Concrete Expansion Joint	450 sf	X	
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Glue Daubs	130 sf	X	
			Mechanical Duct Tar	6 sf	X	
Name of Reg. Waste Hauler		ste Hauler ID#	Cubic Yards of Waste:		me of Registered	andfill
See Hauler Below # 1 & 2	See Belov	N	1		eadowfill Land	/GROWS
Hauler #1) Greenwood Al	tement Consult	ants, Inc. – Butler, NJ (07405	Disposal Date	City.	ite
NJ DEP # 1256	31	137		March 31, 20)19 Routi Bridg	, Box 68 ort, WVA
Hauler #2) Newark Cartin	g Inc Newark, N	J 04509, NJ DEP # 19551			304-{	-2784
Completed by (Print or Type)	<u>Title</u>		Signature	Dat	te .	
Marin Graure	SENIOR F		Marin Graure	No	ovember 29,	018
	MANAGE					
GAC # 2018-665 Plea	se Note: Amen	dment #1 - New S	Start Date 12/05/2018	and add as	bestos qua	ities

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) 11/30/2018 Livingston Board of Education Check# 1340 DEC 2018 Agencies Notified ype Notification Street Address 11 Foxcroft Road **EPA** Initial SBESTOS MTROL & X DEP Г Amended City, State, Zip Code VG LICEN DOL X Livingston, New Jersey 07039 Amendment # Emergency (including X DOH Name of Contact justification Telephone Numbe DCA James Perrette Cancellation 973-590-1713 **FACILITY INFORMATION** Name of Facility Where Ab tement is Taking Place (3) Type of Facility (4) Livingston Board of Edu ation School (K-12) Street Address Subchapter 8 (Other than K-12) 11 Foxcroft Road Other (i.e. private & commercial bld homes, etc.) City (5) Square Feet # of Floors dg. Age Livingston, New Jersey (7039) 20,000 55+ County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Essex Board of Education Name of Monitoring Firm Hi ed by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Garden State Environmental Lilich Corporation Street Address Street Address 500 South Broad Street 606 McBride Ave City, State, Zip Code City, State, Zip Code Glen Rock, New Jersey (7452 Woodland Park, New Jersey Project Manager for Monitor ng Firm Telephone No Telephone No. Bruce Wolf License No. 201-652-1119 973-225-8400 01104 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12/10/2018 12/13/2018 Iris Environmental Laboratories, LLC Occupancy Status During Al atement (Check Only One) Street Address 2333 Route 22 West Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: 4 P VI Start Union, NJ 07083 Scope of Work (Check All That Apply) ⊠≥3 sf or ≥3 If X Renovation Full Containment with Negative Pressu □≥160 sf or ≥260 lf Demolition Mini-Enclosure Tent/Glove Bag Procedure □ Non-Exempted (*) and Non-Friable Pro lure Is Location batement Normally Type Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATE Encapsulate (i.e. thermal systems insulation, (Specify Custodial Staff? Enclosure In Facility Repair surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No Garage Pipe w/Assoc Fittings (Wrap&Cut) X 24 LF X Utility Room Next to Garage X Valves (Wrap & Cut) 4 (ea) X

Name of Registered Waste Huler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Lilich Corporation 18724 Fairless Landfill City, State Disposal Date City, State Woodland Park, New Jersey 12/13/201/8 Morrisville PA Completed by Title Signature Date Adriana Oiejarova President 11/30/2 18

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Date of Notification (1) 11-29-18				Name	of Buildin	g Owne	r/Operato	5.	i real	CHECK #	2578 E	ĪĒ	2
Agencies Notified EPA DEP DOL	Type Notification Initial Amended			Stree 1 Jo	t Address hnson & State, Zip (Johns	on Plaz	a		DEC		18	The second secon
☑ DOH □ DCA	Amendmer Emergency justification Cancellatio	(including	g	Name	Brunsw of Contac dita Kam	t idar		Subsection of the subsection o		dephone(N 732) 524		ROL 8	Sentament of
Name of Facility Where Johnson Hall	Abatement is Taki	ng Place ((3)	FA	CILITY INF	FORMA	TION	Type of Facili				A	
Street Address 501 George Street								School (Subchar Other (i.etc.)	ter 8 (Ot	her than K- & commer	12) cial buil	gs, hor	mes,
City (5) New Brunswick County (6)				_				Square Feet 20,000	2	of Floors	E 1	ı. Age yrs.	
Middlesex Name of Monitoring Firm	Hirod by Building	0 /0		(STATE	Code (7) USE ONL	n	_	Current Use (Museum			shed)		
Environmental Hea	th Investigator	S, Inc.)	ASC	M No.		Pinna	of Abatement C acle Environ	contracto mental	r (9) Corp.	7		
655 West Shore Tra	il						200 E	^{Address} Broad Street					
Sparta, NJ 07871 Project Manager for Mon	Oring Firm			T			Carls	tate, Zip Code tadt, NJ 070	72				
Laura Wieczezak Start Date (10)	Omig Film	0.1.1.1		(973)	one No. 651-104		201-9	one No. 939-6565		License I 00756	No.		
12-01-18 Occupancy Status During	Abatament (Chee	12-31-	18	mpletion	Date (11)			of OSHA Monito -Air Inc.	or				
Facility Closed/Vaca Abatement Performe Other – Describe:	ed During Entire	Period of A	hator	ment s			10-59 City, St	Address Jackson Avate, Zip Code	CONTROL OF THE PARTY OF THE PAR				
Scope of Work (Check All ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	That Apply)	-	enova				Long	Full Contains Mini-Enclosu Glovebag Pro	ment with	Negative I	Pressure		
		ls	Locati	ion				Non-Exempte	ed (*) and	Non-Friat	ole Proc	ire temen	t
Location Asbestos-Containing I TO BE ABA In Facility (13)	aterial (ACM) ED	Used Mai	lormal d Sole ntenar odial S (12)	ly by nce/	Asbest (i.e.	os Cont thermal surfac	scription of aining Ma systems sing, VAT niscellane	aterial (ACM) insulation, , or	(S	mount pecify or LF)	Remova	e Encapsulate	Enclosure
1st Floor: L	bby	Yes	No	N/A X		Pine	Insulati	on.		5LF		ate	o)
1st Floor: L	bby			×			VAT	011	10	SSF	x		
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Name of Registered Waste ATC, Inc. / JBT (5007 City, State			Ha	JDEP W auler ID 310	No.	Cubic Y of Was TBD		Present	Register a Enter	ed Landfill prises			
Shirley, NY / Bronx, N	(Title				Disposa TBD		City, Star Wayne		OH 4468			
Richard Doran		Projec	t Mai	nager		510	grature	NAH	5);	Dat 11-	te -29-18		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

	Control of Society and Assessment											Print
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Date of Notification (1) 11-29-18		Parkers to the second		Name	of Building Owne	er/Operator	(2)		CHECK #	6007	5784	
Agencies Notified	Type Notificatio	n		_	Port Authority	of NY &	NJ	1 pe	NE	PI	7 1	VII (
□ EPA	☐ Initial	""		100000000000000000000000000000000000000	ark Liberty Int	ernationa	al Airport, Blo	lg. 125	Central	Termi	ıl Are	<u>:</u>
DEP DOL	Amended Amendme	nt # 1		City, S	State, Zip Code ark, NJ 07114			Charles Charles	116	EC		118
☑ DOH	Emergence justification	y (includir	ng		of Contact			i L			/ 20	10
☐ DCA	Cancellation			- The same	A. Volpe				173) 622 -0		_259	201
Name of Facility Where	batement is Tak	ing Place	(3)	FA	CILITY INFORMA	NOITA	Type of Facilit	1	The harmonian contract	LICE	SING	104
Newark Liberty Inte	national Airpo	ort					School (K	(-12)				
3 Brewster Road							Subchapt Other (i.e	er 8 (Oth	ner than K-1 & commerc	2) ial buik	js, hor	nes,
City (5) Newark							etc.) Square Feet 100,000	# 0	of Floors	B 8	. Age	
County (6) Essex				County (STATE	Code (7)		Current Use (P	rior if be	ing demolis	10000	rs.	
Name of Monitoring Firm	Hired by Building	Owner (8)		M No.	Name	Airport of Abatement Co	ontracts	· (0)			
The Port Authority of	f NY & NJ	-		N/A		Pinna	cle Environr	nental	(9) Corp.			
Street Address 241 Erie Street							Address Broad Street					
City, State, Zip Code Jersey City, NJ 073	0					City, St	ate, Zip Code			-	-	
Project Manager for Moni				Telepho	one No	Telepho	tadt, NJ 0707	72				
Ralph Campione				973-6	22-0800		39-6565		License No 00756	0.		
Start Date (10) 11-19-18		01-30	-19	mpletion	Date (11)		f OSHA Monitor r Technology		onmental	Serviu		
Occupancy Status During						Street A	ddress		- Innontal	OCIVI		
Facility Closed/Vaca Abatement Performe	Outside of Nom	nal Facilit	W Hour	-			Jackson Ave	enue				
Other – Describe: A		onducted	in a res	stricted a	rea.		Island City, N	NY 111	01			
Scope of Work (Check All ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	I пат Арріу)		Renova Demolii				Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				
		Is	s Locati	ion			Non-Exemple	u () and	NOTI-FITADI	A Proce	temen	t
Location (Asbestos-Containing N <u>TO BE ABA</u> In Facility	aterial (ACM) ED	Use Ma	Normal ed Sole aintena stodial S	ly by nce/	Asbestos Cor (i.e. therma	escription o taining Ma I systems i	terial (ACM)		nount	Z	ype	ш
(13)			(12)	1	surfa other	cing, VAT, miscellane	or ous)		or LF)	Removal	Encapsulate	Enclosure
Exterior: Building	100: Doof	Yes	No	N/A						_	ate	9
Exterior: Building 1				X		ACRM		60	00SF	x		
Exterior (On ste				X		k Gaske			2SF	х		
=	- Pipe)			X	Bitume	en Tar Ma	astic	73	0LF	х		
Name of Registered Waste			N.	JDEP W	aste Cubic	Yards	Name of	Register	ed Landfill			
ATC, Inc. / JBT (5007)		H	auler ID 1310			Minerva					
City, State Shirley, NY / Bronx, N	,				Dispos TBD	sal Date	City, State		OH 44688			
Completed by Raymond Kinsella		Title Proje	ct Ma	nager		ignáture	- Jaynes	buig, (Date			_
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Date of Notification (1) 11/24/2018	I. A. Va. 11-			Name PRC	of Buildin	g Owner/	Operato	r (2) ION	El difference and an electric state of the s		DEC	7	18	
	∍ Notification	٦		Street	Address					la la	DEO			
EPA DEP	Initial Amended				AVIS A				19	AS	BESTO		BOL 8	-1
X DOL	Amendmer					J. 07032	2		1		LIQ	ENSIN	TOP HET !	
☑ DOH ☐	Emergency justification	(includin	g		of Contac					Telep	hone Nu	umber	-	
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Name of Facility Where Abate	nent is Taki	ng Place	(3)	FAC	CILITY IN	FORMAT	ION	Type	e of Facility (4	\			-	
PRIVATE			1					T	School (K-12					
Street Address								Н	Subchapter 8	(Other	than K-1	12)		
81 MISSION ST.								X	Other (i.e. pri etc.)	vate & c	commerc	cial build	gs, hor	nes,
City (5) MONTCLAIR NJ. 07042									are Feet 100 SF.	# of F	loors	В	. Age	
County (6)					Code (7)				ent Use (Prior	10000	demolis	shed)		
Name of Manitorina Firm I live	L D 110				USE ONL	Y)			YE	S				
Name of Monitoring Firm Hire	by Building	Owner (8	3)	ASC	M No.				atement Contr EAST ENVI			L		
Street Address	8:						Street 1126							
City, State, Zip Code									Zip Code					
									BERGENJ.	07047				
Project Manager for Monitoring	Firm			Telepho	one No.		Teleph 201		lo. - 0642	1859	icense N	No.	-	
Start Date (10)					Date (11)	110000000000000000000000000000000000000		HA Monitor		1000			
12/03/2018 Occupancy Status During Aba		12/04		3					IRONMEN	TAL LL	C.			
transport of the second of the	22		33633.0500				Street		22W.					
Facility Closed/Vacated D Abatement Performed Out	side of Norn	Period of nal Facilit	Abatei y Hour	ment 's					Zip Code					
Other – Describe:		Burner -			-				J. 07083					
Scope of Work (Check All That	Apply)												-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli				×	Mir Glo	ll Containmen ni-Enclosure ovebag Proced	dure				
		Τ.					×	l No	n-Exempted (*) and N	on-Friab	ole Proc	ure	4
Location of			S Locat Norma			Doc	o nin ti					,	itemer Type	IL
Asbestos-Containing Mater	₃I (ACM)		ed Sole aintena			stos Conta		aterial		Amo	unt		П	
TO BE ABATED In Facility		1 200	todial	Staff?	(i.e	. thermal surface	systems ing, VAT		ation,	(Spec		Ren	nca	Encl
(13)			(12)			other m	niscellan	eous)		0. 0.	,	Removal	Encapsulate	Enclosure
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ROOF			Х			Rofin	g mate	rial		1,500	SF.	х		
Name of Registered Waste Hau														
TRI- STATE - ASSOCC	GI .		H	IJDEP W lauler ID		Cubic \ of Was			Name of Re					
City, State				19951		TBD			MINERVA	A ENTI	=KPRI	SE IN		
BRONX NY.						Disposa TBD	al Date		City, State WAYNES	BURG	. OHIO)		
Completed by		Title	WINE CO.			1	gnature	100	//	196/ 10	Da			
CARLOS ESQUIVEL		SAF	ETY I	MANAC	BER			1	mykaj	400/		/24/20	8	
ASB-41 (R-06-08)						/	* Do not	use tl	his form for as	bestos I	icensure	exemp	d activi	ties.

PAID

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7

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Date of Notification	(1)		(I ONOON	The second second second	D 1111 O 12.120		-	The state of the s	1
11 / 06	/ 18				Building Owner / Op	erator (2)	ME	6611	FIN
	/-10	_		The same of the sa	BOKEN, LLC	- 1	1 11	9 15 11	
Agencies Notified	1	FAL CE C		Street Ac		esale;	3		
	0.0000	Notification		-	IMERCE BLVD				discount of the same of the sa
EPA		Initial			te, Zip Code	alterior	JUI	DEC / 20	11971
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☑ DOH		Amendment	#3	Name of		george (Telephor	ne Number	1
☑ DOL			v/ justification	NICHOLA	AS DINALLO	a e	201-487=	565 TOS CONTI	1 0
		Cancellation				Ī	No.	LICENSING	La
	2		F	ACILITY IN	NFORMATION		- THE PARTY AND ADDRESS OF THE PARTY OF THE	THE CONTRACT OF STREET, STREET	The state of the s
Name of Facility Wh	ere Aba	ement is Taking	Place (3)		Type of Facility (4)				
416 JEFFERSON ST	REET				7.				
					☐ School (I	K-12)			
Street Address						ter 8 (Other	than K-12	2)	
416 JEFFERSON ST	REET					e., private &			
					bldgsh	omes, etc.)	ommer on	41	
City (5)	Count	(6)	County Code	(7)	Square Feet	# Of Floo		Building Age	
HOBOKEN	HUDS			. ,	880	1" 011100	1	Dunuing Age	
	100000000000000000000000000000000000000				Current Use (Prior i	f baing dan	acliched)	40	
					RESIDENCE/HOUSE		ionsileu)	40	
Name of Monitoring	Firm Hi	ed by Bldg Own	or (8)	ASCM NO					
l	111	ou by blug. Own	101 (0)	ASCINI INC	1'				
AET					NODTHETAD CONT	DACTING	ייי אורי	0	
Street Address			-		NORTHSTAR CONT	NACTING (KUUP, IN	U	
907 Doolittle Drive					Street Address				
City, State, Zip Code					00 14555				1
					32 Williams Parkway				
Bridgewater, NJ 0880					City, State, Zip Code	9			
Project Mngr. For Mo	onitorin	J Firm	Telephone Nu	ımber					
Eric Southerland			610-891-0114		East Hanover, NJ 07	936			
Sheduled Start Date	. ,		letetion Date (1	11)	Telephone Number		License I	Number	
12//06	/_ 18	12	/ <u>21</u> /	18					
// /		/	/		973-884-8682			00860	
Occupancy Status D	uring A	atement (Check	Only 1)		Name of OSHA Mon	itor			
☐ Facility CI	osed/Va	cated During En	tire Period of		NORTHSTAR CONT	RACTING G	ROUP, IN	C.	
Abatemen	7.7				Street Address				
☐ Abatemen	t Perfor	ned Outside of N	Normal Facility						
Hours - De	escribe:				32 Williams Parkway				
☑ Other - De	scribe:	7:00AM - 3:30	PM		City, State, Zip Code	•			
	Security Company	MON-FRI			East Hanover, NJ 079				
Scope of Work (Ched	ck All Ti	at Apply)				2.7.72			
		, ,							- 1
☐ Demolition	n	~	Renovation		Full Containment wi	th Negative	Pressure		- 1
	lf				Mini - Enclosure		, , , , , , , , , , , , , , , , , , , ,		- 1
≥160 sf or	≥260 If				Glovebag Procedure	9			- 1
	1.573.			V	Non-Exempted (*) ar		ble Proce	dure	- 1
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Location of	f	ls		Descript	ion of	T	Abatemer	nt Type	
Asbestos Conta	ining	Location	As	bestos - C			R	E	ĮΕ
	n contestión	Normally	1	Material	(ACM)	Amount	E	R N	N
TO BE ABAT	ED	Used	1 0.	e., thermal		(Specify	M	E C	C
in Facility		Solely			facing, VAT,	SF or LF)		P A	ı, ı
(13)		by Main-			ellaneous)	Joi of LP)	v	A P	0
		tenance/	1	111130			A	i s	s
		Custodial					Ĺ	R U	U
		Staff (12)					-	1)	R
		YES NO N/A	 			-		L	Κ
ROOF			ROOF & FLAS	HING		880 SF			
BASEMENT			VAT/MASTIC	ilivo			7		
			VATAWASTIC			700 SF	✓	<u> </u>	
Name of Pogisters 11	Mast- I	aulor.	NUDEDAY	0.11	III				
Name of Registered N	waste F	auler	NJDEP Waste		Name of Registered				
NORTHSTAR CONTR	CACTING	GROUP, INC	Hauler ID No.	Yards	FAIRLESS LANDFILL	-			- 1
City Ct-t-				of Waste					
City, State	0700-			Disposal	City. State			0.000	
EAST HANOVER, NJ	0/936			Date	MORRISVILLE, PA 1	0967			- 1
Campulate II in i							1		
Completed by (Print of	or Type		Title		Signature		11	Date	
Chause CVII			<u></u>		1 / / 1	1	()	- 1
Steve Stiles	1000		Project Manage	er	XX	een L	Lex	/ 1	06/18
ASB-41			via de la companya della companya della companya de la companya della companya de		400	7	The state of the s		

B & G proj. #:

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

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Date of Notification (1)			1	Name of Building Owner/Operator (2)										
1 1 2 1 / 1 0 1 4 1 / 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Marrie Union Link									11	V F F
Agencies Notified Type N tification				Street Address									<u> </u>	V E F
☐ EPA☐ DEP☐	X 1	itial 340 Central Avenue										DEC.	7_20	10
X DOL] A	nendment City, State, Zip Code New Providence, NJ 07974											- 20	0
▼ DOH		Name of Contact							Telephi	one Number	ONTE	ROL &		
DCA L	DCA C ncellation						ahl			908-464-7425				·
				FACILITY INFORMATION										
Name of facility where										Тур	e of Facility			
Morris - Union Jo	elopn	nental L	earning C	Cer	nter (NON :	Sub	8)		=	ool (K - 12)		14.40		
Street Address												hapter 8 (O	r than nercial	
340 Central Avenue									B			./Homes, et		
City (5)			Co	unty (6)				Co	unty Code (7)	Squ	are Feet	# of Floors	E	Bldg. Age
New Providence		М	Morris				(State use only)			Current Use (Prior if being school (non sub 8)			ned)	
Name of Monitoring Fir	rm Hire	by Blo	dg. Ow	ner (8)		T	ASCM No.		Name of Abatemen			Sub 8)		
	12						n/a		B & G Restora					
Street Address						=1_			Street Address 105 Ryerson		10.			
City, State, Zip Code						_		_	City, State, Zip Code				DELL	
								1	Lincoln Park, NJ 07035 Telephone Number License N					
Project Manager for Monitoring Firm				Phone Number									nber	
									(973)696-686		1	003	3	
Scheduled Start Date (10)			Sched. Completion Date (11)						Name of OSHA Monitor B & G Restoration, Inc.					
12/14/2018			01/31/2019						Street Address					
Occupancy Status During Abat ment (Ch									105 Ryerson Road					
Abatement performed ou side of n			normal	facility ho	tement. ours-				City, State, Zip Code					
Other-Describe: Start ti ne: 3:30 p			30 pn	om - 12:00 am					Lincoln Park, NJ 07035					
Scope of Work (check a	all that	pply)												- 3
☐ Demolition		X Re	enovati	on				□ F	ull Containment w/ne	gative p	ressure	Gloveba	roced	ure
>3 sf or >3 lf		_ ≥16	60 sf or	f or ≥260 lf					Mini-enclosure		■ Non-fria	proce	dure	
Location of asbestos-containing		Is	locatio	ion normally used solely ntenance/custodial								- T	R	EL
material to be	3		aff(12)	1	- T	_	Description material (A	ofa	sbestos-containing		Amount (Specify S	E or	e p	n E
abated in facility (13)			Yes	No	N/A		material (Aoi		")		(Specify SF or LF)		a	a C L
Room 139					X	1	VAT & mas	tic		+-	16 sf		15	
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Registered Waste Hauler			INJD	EP Hauler	10# 10		nic Yards of W	acto	INIama of David			[
B & G Restoration, I	Inc.	NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill 19563 1/2 Grand Central Landfill								32 30 30 30 30 30				
y, State incoln Park, NJ					Disposal Dis		e 8 - 01/31/19		City, State Pen Argyle, PA					
Completed by (Print or Type) Title					_	Signature	_			Date		Υ		
Gordana Luna	Se	creta	ry/Treasurer					Gordana Luna			12/04/2	18		
							77.00							