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					1	2) (_		- /	/ /	U

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP. Date of Notification (1) Street Address /18 19 118 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28 414 DEC /pe Notification Agencies Notified City, State, Zip Code Initial Notification EPA RAHWAY, NEW JERSEY 07065 DEP Amended Notification ASSESTOS CO DOL Cancellation Telephone Number Name of Contact On Hold 特1 DOH EMERGENCY NOTIFICATION 732-594-7746 PATRICIA JOHNSON DCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Ab Itement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) MERCK SHARP & DOHME CORPORATION Other (ie. private & commcl. bldgs., home etc.) Bldg. A # of Floors Square Feet Street Address 54 39,400 126 EAST LINCOLN AVENUE - BUILDING 80 M Current Use (Prior if being demolished) County (6) County Code (7) City (5) RESEARCH LABORATORY AND OFFICE FAC (STATE USE ONLY) UNION RAHWAY ASCM No. Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH VVESTIGATIONS, INC. 104 PAR ENVIRONMENTAL CORPORATION Street Address Street Address 313 SPOOK ROCK ROAD 655 WEST SHORE TRAIL City, State, Zip Code City, State, Zip Code SUFFERN, NEW YORK 10901 PARTA, NEW JERSEY 07871 License Number Telephone Number Telephone Number Project Manager for Monitoring Firm 845-369-7500 1101 973-729-5649 WILLIAM S. KERBEL, CIH Name of OSHA Monitor Sched. Completion Date (11) Expected State Date (10) #114 AMERISCI LABORATORIES INC /19 /18 5 / 30 10 / Year Day Day Year Month Month Street Address Occupancy Status During A atement (Check only one) 117 EAST 30TH STREET Facility Closed/Vicated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: MONDAY -FRIDAY 7AM-3:30 PM City, State, Zip Code Other - Describe: NEW YORK, NEW YORK 10016 Full Containment with Negative Pressure Scope of Work (Check all that apply) Mini Enclo, Demolition Renovation Glovebag Procedure >3SF OR LF Non-Friable Procedure >160 SF OR 60 LF Abatemer Description of Asbestosype Is Location Location of Amount ENCLOSUR Containing Material (ACM) normally used Asbestos-contai ing REPAIR REMOVAL (Specify (ie. Thermal systems solely by Material (ACN) insulation, surfacing, VAT, SF or LF) TO BE ABATI D Maint/Custodial or other miscellaneous) Staff (12) in Facility (13) Yes No N/A ROOR TAR & FLASHING 1,100 SF X ROOF LOWER EAST/WES I SIDE NJDEP Waste Cubic Yards of Waste Name of Registered Landfill Name of Registered Waste Hauler LYCOMING COUNTY RESOURCE MANAGE INT SE FREEHOLD CARTAGE, INC. Hauler ID No. 447 ALEXANDER DRIVE/ROUTE 15 15939 825 HIGHWAY 33 City/State/ Disposal Date City, State MONTGOMERY , PA 17752 10/22-5/30/19 FREEHOLD, NEW JERSE Signature Date Completed by (Print or Typ):) DIRECTOR OF OPERATIONS

BENJAMIN SANCHEZ

State of New Jersey

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Sr.		11 en	ephon	6 140	mber	0	45-369-7500	1101			
Project Manager for Monitoring WILLIAM S. KERBEL, CIH	,,,,,,,	973	3-729-	5649	n Date (11)	-1.	I of OSHA M	onitor		#1148	
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SP	ARTA, NEW J	ITolon	none N	umber		Tel	ephone Nu	mber	Licer	nse Nu	mber		
Project Manager for Monitoring	Firm		29-564			845	5-369-7500		1101			-	-
WILLIAM S. KERBEL, CIH		ched. Co	mpletio	on Date (11	1)	Na	me of OSH. MERISCI LA	A Monitor	RIES INC		#1148	3	
Expected State Date (10)	/18	1		5	/19	AM	MERISCI LA	BUNATU	HILO IIVO	i terini		_	_
Dov	Vear	Month		Day	Year	Str	reet Addres	S					
Occupancy Status During Aba	ement (Check	only one)	of Aha	atement		11	7 EAST 30	TH STREE	ΞT				1
Occupancy Status During Aba X Facility Closed/Vac Abatement Perform	ad Outside of	Normal Fa	cility H		cribe:		ty, State, Zi	n Code				-	
	FRIDAY -SI	UNDAY 7	M-12A	M		Ci	ty, State, Zi	EW YORK	, NEW Y	ORK 1	0016		
				15	Full Cor	ntainn	nent with Ne	egative Pr	essure				
Scope of Work (Check all tha	apply)	Renovatio	n	ŕ	Mini En	clo,							
Demolition	X	nellovallo			Gloveba	ag Pro	ocedure						
>3SF OR LF X >160 SF OR 2	io LF						Procedure	T		Al	oatemen	t ype	
Location of		Is Loca		Di	escription of ntaining Mat	Asbe erial (ACM)	A	mount	REM	REP/	ENCL	1
Asbestos-contain	ng	normally		Co	(ie. Thermal	syste	ems		Specify	× ×	REPAIR	3 5	2
Material (ACM		solely Maint/Cus		ins	ulation, surfa	acing.	, VAT,	SF	or LF)	IOVAL	AIR I	CSUR	0
TO BE ABATE		Staff (12)	O	r other misce	ellane	eous)			1=	1 112	= =	ā
in Facility (13)		Yes No	N/A					_		1		1	
				DUCT INS	ULATION			3,600	SF	X	++	+	\neg
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		NJDEP	Macta	Cubic Yar	ds of Waste		Name of Re	egistered l	andfill	IDCE N	IANAGE	= =N	TSE
Name of Registered Waste	Hauler	Hauler I		Cubic rai	80		LYCOMING	COLINITY	Y RESOL	ITE 15	MAINAGE	-14	
FREEHOLD CARTAGE, IN	U.	159					City State	111	/	, _ , 0	1		1
825 HIGHWAY 33 City, State				Disposal 10/5 - 1/5	Date		MONT GO	MERY P	17752		111	i —	110
FREEHOLD, NEW JERSE	Y	02.0		10/5 - 1/5	Signature	-/	1	5		ate	U / U	1	11
Completed by (Print or Type		e RECTOR (OF OPE	ERATIONS		/	11	11	\mathcal{I}	-		• +	(1)
BENJAMIN SANCHEZ	IDIE	1201011				1		_			/	,	
											1		

/		NOTIFICATION	State of N	BESTOS ABATE	EMENT	٥	326 }	7
		(Pursuant	to NJAC 8	e of Building Ow CK SHARP & DC	0-7) /ner/Operator (2)	CE	VE
Date of Notification (1)	14.0		Street	Address				- Am
Agencies Notified Ty	/18 be Notification		126 E	. LINCOLN AVE	NUE, P.O. BOX	(2000, RY28-414	DEC 10	2018
EPA X	Initial Notifica	ation otification	City, S	State, Zip Code WAY, NEW JERS	SEY 07065	de la constante de la constant		o de la companya de l
X DOH	Cancellation On Hold			e of Contact RICIA JOHNSON	ı	Telephone Number	DESTUS U LICENS	VIROL &
DCA	LEMERGENC	Y NOTIFICATI		FORMATION				
Name of Facility Where Aba	tement is Takir		NOILITT III	iii Ortavii (1752)	Type of Facilit			
MERCK SHARP & DOHME (School (K Subchapt X Other (ie.	ter 8 (Other than K-1 private & commcl.	bldgs., homes	etc.)
Oi I Address					Square Feet	# of Floors	Bldg. A 53	
Street Address 126 EAST LINCOLN AVENU	E - BUILDING 8	0 L			15,000	2	1,000	
City (5)	County (6)		Cour	ty Code (7)	Current Use (F	Prior if being demolis ABORATORY AND	OFFICE FAC	1
DALIMAY	UNION	- O	(STATI	ASCM No.	Name of Abat	ement Contractor	(9)	
Name of Monitoring Firm H ENVIRONMETAL HEALTH I	JVESTIGATION	IS. INC.		104	PAR ENVIRO	NMENTAL CORPO	RATION	
Street Address	102011011111				Street Address 313 SPOOK F	SOCK ROAD		
655 WEST SHORE TRAIL					City, State, Zir	Code		
City, State, Zip Code	PARTA, NEW	JERSEY 07871			SUFFERN, NE	EW YORK 10901	nse Number	_
Project Manager for Monitor		Telephone			Telephone Nu			
WILLIAM S. KERBEL, CIH		973-729-5	649	(11)	845-369-7500 Name of OSH	A218010		
Expected State Date (10)	2012	Sched. Comple	etion Date	(11) 5 /19	AMERISCI LA	ABORATORIES INC	#114)
10 / 5 Month Day	/18 Year	Month	Day	Year				
Ct-t During A	atament (Chec	k only one)			Street Addres	S TH STREET		
X Facility Closed/V Abatement Perfo	reated Hiring F	DULE PHILOGOLA	Abatement Hours - D	escribe:				
X Other - Describe	FRIDAY -S	SUNDAY 7AM-1	2AM			EW YORK, NEW YO	ORK 10016	
Scope of Work (Check all the	at apply)			X Full Cont		egative Pressure		
Demolition	[X	Renovation		X Gloveba	g Procedure			
>3SF OR LF X >160 SF OR	260 LF				ble Procedure		Abateme	Туре
Location of		Is Location		Description of A Containing Mate	Asbestos-	Amount		T T
Asbestos-conta		normally used solely by	1	(ie. Thermal s	systems	(Specify	REPAIR	ENCLO
Material (AC TO BE ABAT	1) =D	Maint/Custodia	al	insulation, surface	cing, VAT,	SF or LF)	OVAL	SO
in Facility (1		Staff (12)		or other miscel	llaneous)		F	SUR
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		+++	1					
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Name of Registered Wast FREEHOLD CARTAGE, I	Hauler NC.	NJDEP Wast Hauler ID No 15939	100	80	LYCOMING 447 ALEXA	COUNTY RESOUR	RCE MANAG TE 15	IENT SE
825 HIGHWAY 33		1 13838	Dispos	al Date	City State	12		/
City, State FREEHOLD, NEW JERS	ΞΥ		10/5 - 1	1/5/2019	IMONTGON	NERY , PA 17752	ate 91	2//10
Completed by (Print or T) BENJAMIN SANCHEZ	20)	e RECTOR OF O	PERATION	Signature IS	AX		1/	110



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

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Company of the control of the contro	DEC	0 2018
hercoling	CK:#	1257

	23. 25. 25.27.52.5			(Pursu	ant to NJAC 8:60 ar	nd 12:120)	Ī	LCK:#	12	15	7	2 2 2	
Date of Notification (1) 12/01/18			1000		ng Owner/Operator (2)		Ž.	ASBEST	CC	MTE	301	- S	
Agencies Notified Type Not	if :ation		_	nond S	Salerno		!	LIC	NSI	NG		. S.1	
□ EPA ⊠	Litial		Street	Address					*********		Juli burrija	Contrad and a	muow
□ DEP □	Amended		City, St	ate, Zip C	ode		-						_
⊠ DOL	Amendment #		1000		ve, NJ 07009								
	E nergency (including			of Contac			Telephone Number	or.				_	_
⊠ DOH	stification)				Salerno		Trefebriorie Multiple	ei					
□ DCA □	Cancelation						ľ						
				F	ACILITY INFORMAT	ION			_				
Name of Facility Where Abaten	nt is Taking Place (3)					Type of Facility (4)					VIII III		
Residence						☐ School (K-12	2)						
Street Address					3.	☐ Subchapter	8 (Other than K	(-12)					
						Other (i.e. p	rivate & Comm	ercial building	hon	nes, e	tc.)		
City (5)						S	u - 6 53	Terri i		-			-
Cedar Grove NJ 07512						Square Feet	# of Floors	Bldg. Age					
County (6)			. 20.00	County	Code (7)	Current Use (Prior if be	ing demolished)	190+	-				
Essex					USE ONLY)	Home	ing demanding						
Name of Monitoring Firm Hired	b Building Owner (8)				ASCM No.	Name of Abatement Co	entractor (9)				7,111	_	-
	5555 (555)				Thousand.	Unicorn Contract							
Street Address						Street Address	mg corp.		_	_			
						32 Willow Way							
City, State, Zip Code						City, State, Zip Code						_	
						Woodland Park, I	NJ 07424						
Project Manager fo Monitoring	Fi <mark>l</mark> m			Telepho	one No.	Telephone No.		License No.	2				
				1		973-333-9176		01331					
Start Date (10)			Schedul	ed Compl	letion Date (11)	Name of OSHA Monitor							
12/11/18			12/11	/18		Envirovision Cons	sultants, Inc.						
Occupancy Status During Abate	100000 000 000 000 000					Street Address							
	a ed During Entire Per			it		20-21 Wagaraw R	Rd., Bldg. 35-E						
	n ed Outside of Norma	Facility	Hours			City, State, Zip Code							
	7 AM					Fair Lawn, NJ 074	110						
4 <u></u>	PI 19)												
≥3 sf or ≥3 lf			\boxtimes	Renov		The second secon	nent with Nega	tive Pressure					
≥160 sf or ≥260 lf				Demol	ition	☑ Mini-Enclosu							
						⊠ Glovebag Pro							
		_	le Loestia		T	□ Non-Exempt	ed (*) and Non-	Friable Proce	re		Abata	ment	
Locatio	n of		Is Locatio Normally		15	Description of					Туј		Š
Asbestos-Containing	Contract to the contract of th	U	sed Solely	by	Asbesto	os Containing Material (AC	CM)	Amour					П
TO BE A		100000	laintenan		(i.e. ti	hermal systems insulation	1,	(Specit			- 1	m	
In Faci	A 200		stodial St (12)	dili		surfacing, VAT, or		SF or LF		Re		ncap	Enc
(15)		Yes	No	N/A	1	other miscellaneous)				Remova	Repair	Encapsulate	Enclosure
Basem	ne nt	1	X	1771	Ashestos	containing Pipe Ins	ulation	110 L		X	5	e	e
2nd		1	X			containing Pipe Inst		8 LF		X	\dashv	\dashv	
		1				ortaning ripe inst	0.00.011	0 21	_	1	+	\neg	
									-		1		
Name of Registered Waste Haule	er		NJDEP W	aste Hau	ler ID No.	Cubic Yards of Waste		Name of Regu	red La	andfill			
Unicorn Contracting Cor	F		00358	44		2		Fairless Hil	Lan				
City, State						Disposal Date	1	City, State					
Woodland Park, New Je	rs <mark>ey</mark>					TBD		Morrisville	Α				
Completed by		Title				Signature	/	•		Date		C-BIRS	
Zhivko Nikolov		Presid	ent			1 /2		1		12/0	1/1	8	

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12) Date of Notification (1) Name of Building Owner/Operator (2) Paulsboro Refining Company 11/29/18 Agencies Notified Notification Type Street Address 800 Billingsport Rd ASBESTOS C STROL & (X) EPA (X) Initial Notification () DEP () Amended Certification City, State, Zip Code (X) DOL () Cancelled Paulsboro, NJ 08066 (X) DOH (X) Emergency () DCA Name of Contact Tel. Number Ravi Jarecha 856-224-4444 **FACILITY INFORMATION** Name of Facility Where Abatem int is Taking Place (3) Type of Facility (4) Paulsboro Refining Company () School (K-12) () Subchapter 8 (other than K-12) Street Address (X) Other (i.e. private & commercial bldgs., homes, etc. 800 Billingsport Rd Sq. Feet N/A ____ # of Floors N/A Cour :y (6) City (5) County Code (7) Paulsboro Glou :ester (State Use Only) Bldg. Age N/A Current Use (prior if being demolished) Oil Refinery Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) Mansfield Industrial, Inc Street Address Street Address 26 Colonial Ave City State, ZipCode Woodbury NJ 08096 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 856-224-4392 00857 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12/3/18 Mansfield Industrial, Inc. Occupancy Status During Abate nent (Check only one) Street Address () Facility Closed/Vacated During Entire Period of Abatement 26 Colonial Avenue () Abatement Performed Outsid > of Normal Facility Hours -City, State, Zip Code (X) Other - Describe - Removal of ACM within restricted work area in outside Woodbury NJ 08096 area Source of Work (Check all that a ply) () Demolition (X) Renovation () Large Proj. (160 SF or >260 L = ACM) (X) SM Proj. >25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure - CU7 () Mini-Enclosure (X) Glovebag Procedure Location of Asbestoss Location Normally Used Description of ACM (i.e. Amount (Specify SF or LF) Abateme Type Containing Material (ACM) in Solely by Maint./Custodial thermal systems insulation, Facility (13) Staff? (12) surfacing, VAT, or other NO Rem. R . Encap Enclose YES NA misc.) Pipe Insulation Fuel Gas Line X TSI - Glovebag Approx 25 SF Name of Reg. Lar Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste fill Waste Management, Inc. 17273 <3 CY Gloucester Count _andfill Disp. Date City, State City tate South Harrison, NJ Harrison, NJ Various Sou Completed by (Print or Type) Signature Title Date ANDREW GREEN 11-29-18 MANAGER - Mansfield Industrial, Inc.

Mail to: NJDEP-DSHW-BRRTI

401 E. State St., PO 4 4 Trenton, NJ 08625-04-4

Telephone 609-984-6620

C:\WORD\MYDO(\ASBESTOS 9/18/00

Site Operations Supervisor

CK 1938	PA	DD		ICATIO	tate of Nev N OF ASBI t to NJAC	ESTOS	BABATE					C	E	Voted T	V 1	
Date of Notification (1) 12/03/2018					of Building ns Institu					X		. = 0	1.0	-		Total California and Street
Agencies Notified	Type Notification				Address stle Point	on H	udeon				t)EC	1-6	20	118	The second secon
× EPA × DEP × DOL	Initial Amended Amendment #			City, St	ate, Zip Co ken, NJ (de					ASBI		OS CO	VT IG	ROL	8
X DOH X DCA	Emergency (in justification) Cancellation	ncluding		Name o	of Contact Klich						phone			emeg	Tuber merce	HARACAPPIA TO A T
				FAC	ILITY INFO	ORMA"	TION							1925		
Name of Facility Where A Griffith Building (Wa	batement is Taking rehouse)	Place ((3)						of Facility (4 School (K-1							
Street Address 600 Frank Sinatra D	rive								Subchapter Other (i.e. p	8 (Othe			build	js,	home	es,
City (5) Hoboken									re Feet	# of N/A	Floors		BI N	. A	ge	
County (6) Hudson					Code (7) USE ONLY)				nt Use (Pric ith Buildir				d)	8		
Name of Monitoring Firm Briggs Associates	Hired by Building O	wner (8)	ASCN 0004					tement Con ement, In		9)			2011		
Street Address 3 Crosswicks Street	t							Addres	s gren Aver	nue						
City, State, Zip Code Bordentown, NJ 08	05								p Code J 07512							
Project Manager for Mon Michael Hoodak	i oring Firm			Telepho 609-29	ne No. 98-5520			one No 345-8			Licens					
Start Date (10) 12/14/2018		Schedu 12/16/		mpletion	Date (11)		100000000000000000000000000000000000000		IA Monitor ement, Inc	C.				30-		
Occupancy Status During	Abatement (Check	Only O	ne)				Street	Addres	s							
Facility Closed/Vaca Abatement Performed Other – Describe: Co	ed During Entire Pe	eriod of Il Facilit	Abaten y Hours	nent S			City, S	tate, Zi	ren Aven p Code	iue				SEATTLE SEATTLE		
Scope of Work (Check Al							Toto	wa, N	J 07512	_						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	тпас Арріу)	Section 19	Renova Demolit				×	Min Glo	Containme i-Enclosure vebag Proc i-Exempted	edure				ure	9	
Location	of		s Locat Normal	ly		De	escription	of					,	Ty	ment pe	
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Griffith Building Vare			X			10	e Insula				LF		X	-		
our Dananig vvar	- Iouse Itili 141					ASDI		auik		20	LF	\dashv	X	+		-
Name of Desire	4 11- 1															
Name of Registered Was D&S Abatement, Inc.	0 - 30 the 200 the 200		H	IJDEP W lauler ID 0996		of Wa	: Yards iste		Name of F Waste N				PA			
City, State Totowa, NJ						Dispo	sal Date	1.	City, State Morrisvil		76					
Completed by Oliver Hegedis		Title Project Manager						W	/	the state of the s	era,	Date 12/0)3/2	8		

Print Form

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Date of Notification (1	5+ P	AI) NC	(Fuisi	IION OF ant to N	JAC 8:60	OS ABATI and 12:12	20)	D	EGE		7		Secretaria de la constitución de
12/03/2018				Th	omas B	aing Own arfoed	er/Operato	r (2)	A COLUMNIA DE LA COLUMNIA DEL COLUMNIA DE LA COLUMNIA DEL COLUMNIA DE LA COLUMNIA	DEC	100	10	-	
Agencies Notified	Type Notifica	ition			et Addres			1000		DEC	102	18	4	Laming
× EPA × DEP	X Initial Amende			011				Ì].		ang samulagaping—d	- negliginaries	marie e	
× DOL	Amenda	nent #		Ma.	State, Zi	p Code d, NJ 07	7040			ASDESTOR	S CON ENSIN	30	1.8.	
X DOH	Emerger justificati	ncy (includion)	ding		e of Cont		040		To NEW MEAN	arantari destributati	TEST SERVICES	all months in	etinologia et	nentament.
DCA	Cancella	ition			mas Ba					Telephone	Numbe			
Name of Facility Wher	: Abatement is Ta	aking Plac	ce (3)	F	ACILITY	NFORMA	ATION					-		
House			(0)					Type of Fa						
Street Address								School Subch	ol (K-12)	(Other than I	Z 10\			
City (5)				-327				Other etc.)	(i.e. priv	rate & commi	ercial bu	ling	s, ho	mes,
Maplewood								Square Fee	et	# of Floors		da.	Age	101
County (6)				Coun	ty Code (7)		N/A		N/A		/A	3.	
Essex				(STAT	E USE ON	LY)		Current Use House	Prior i	f being demo	lished)			
Name of Monitoring Fire N/A	1 Hired by Buildir	ng Owner	(8)	AS	CM No.		Name	of Abatemen	t Contra	ctor (9)				
Street Address							D&S	Abatemen	t, Inc.	-10. (0)				
								Address sengren A	1			_		
City, State, Zip Code								ate, Zip Code						
Project Manager for Moi	itoring Firm						Totow	a, NJ 075	12					
,ager for Mor	noming rinn			Teleph	one No.		Telepho	ne No.		License	No.	-		
Start Date (10)		Sched	uled Co	mpletion	Date (11	1)		45-8685		01311				
12/13/2018		1 12/14	/2018	}	· Date (1	')	D&S A	OSHA Mon batement	itor					277.17
Occupancy Status Durin							Street A		, 1110.					
Facility Closed/Vac Abatement Perform Other – Describe: (Period o	f Abate	ment				sengren A						
	ocapied	mai i aciii	ty Hour	S			City, Sta	te, Zip Code						
Scope of Work (Check A	That Apply)						TOLOW	a, NJ 075	12					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		×	Renova Demoli	ation tion			×	Glovebag F	sure Procedur	rith Negative				
			s Locat					. TOTT EXCHIP	ned () a	and Non-Fria	ble Proc	lure	ment	
Location Asbestos-Containing I	laterial (ACM)	Use	Normal ed Sole	ly by	Asha	Des	cription of					Тур		
TO BE ABA In Facilit	ED		aintenai todial S		(i.e	tnermal s	systems in	erial (ACM) sulation,		Amount (Specify	77		Щ	Е
(13)			(12)			surfaci	ing, VAT, o	or		SF or LF)	Removal	1	caps	Enclosure
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Baseme	nt		X			Duct I	nsulatio	n	-	18 SF	7	+		
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mo of Da '									-					
me of Registered Waste S Abatement, Inc.	Hauler		N.	DEP Wa	ste	Cubic Ya		Name o	f Registr	ered Landfill				
~ Augustinent Inc				uler ID 1 996	NO.	of Waste	9	1		gement of	РΔ			
						Disposal	Date	City, Sta		J =O. IL OI	1.7			
y, State						TBD		Morris		Δ				
y, State towa, NJ		Title			1	3000 -80	11	14101113	ville, r					1
y, State towa, NJ		Title Projec	ct Mar	nager		3000 -80	nature	/ Worlds	ville, r	Dat	e /03/20	_		_

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

CHECK #176

Date of Notification (1) 12/04/2018			Name of IRCC	of Building COMM	Owner/0	Operator FEDE	r (2) ERAL	CREDIT L	IOINU	可且	C	51		
Agencies Notified EPA DEP DOL	ype Notification Initial Amended		450 F	Address HILLCRE ate, Zip Co	de				S MARTINE A PART PROPERTY OF THE PARTY OF TH		EC	10	2018	
DOL DOH DCA	Amendment Emergency justification) Cancellation	(including	Name of JACA	LIPSBUF of Contact ALYN FR	EY)	-		phorie Nur 8-859-18		260		JL &
Name of Facility Where Ab IRCO COMMUNITY	itement is Takir EDERAL C	ig Place (3) REDIT UN		SECTION SECTION		ION		of Facility (4						
Street Address 450 HILLCREST BO	JLEVARD			11				Subchapter 8 Other (i.e. pr etc.)	3 (Othe			dings	, home	es,
City (5) PHILLIPSBURG							Squa 1,50	re Feet 00	# of 1	Floors		ldg. <i>A</i> 30+	Age	
County (6) WARREN				Code (7) USE ONLY)			Curre	nt Use (Prio MMERCIA	r if beir L	ng demolish	ned)			
Name of Monitoring Firm H CONNELL-GREENE	red by Building CONSULTIN	Owner (8) IG	ASCI	M No.		Name ASS	of Aba UREI	tement Cont D ENVIRC	ractor NME	(9) ENTAL SE	ER\	CES	INC	
Street Address 904 KINGS ARM DR	VE						Addres CLEN	ss //S RUN						
City, State, Zip Code DOWNINGTOWN PA	19335					City, S MUL	state, Z LICA	ip Code HILL NJ (08062	2				
Project Manager for Monitor	ing Firm		Telepho 484-4	ne No. 32-9363			none No 304-4			License N 01145	0.			
Start Date (10) 12/05/2018		Scheduled (12/14/20	Completion 18	Date (11)		Name EMS		A Monitor						
Occupancy Status During A	patement (Chec	k Only One)			-	Street	Addres	SS				-		
Facility Closed/Vacate Abatement Performed Other – Describe:	I During Entire I Outside of Norn	Period of Aba	tement ours			City, S	tate, Zi	DOME THE POST OF T		7				
Scope of Work (Check All 7	nat Apply)													-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			ovation olition			✓	Min Glo	Containmenti-Enclosure vebag Procest-Exempted	dure			e cedur	e	
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City, State HATFIELD, PA						al Date 7/2018	$\overline{}$	City, State BIRDSB	ORO	PA				
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12/04/2018 01:19PM 18562248799 ASSURED SERVICES 04/05 State of New Jersey NOTIFICATION OF ASSECTOS ABATEMENT (Pursuant to NJAC 9:50 and 12:120) AREA # 2 DESIGNATION OF THE PARTY OF THE Date of Notification (1) CHECK #15064 12/04/2018 Name of Building Owner/Operator (2)
IRCO COMMUNITY FEDERAL PREDIT UNION 2018 Agancies Notifier Type Natification Street Address EPA 450 HILLCREST BOULEVARD Initial DEP Amended IG 7 City, State, Zie Code PHILLIPSBURG NJ 08865 DOL Amandment # Emergency (including DOH wethcation) Name of Contact JACALYN FREY DCA Cancellation Telephone Number Name of Facility V here Abatement is Taking Place (3)
IRCO COMMINITY FEDERAL CREDIT UNION(OLD SECTION) 908-859-1811 X26 FACILITY INFORMATION Type of Paulity (4) 450 HILLCRE IT BOULEVARD | shool (K-12) Ubchapter 8 (Other than K-12) than (i.e. private & commercial building PHILLIPSBUR 3 1 hames. Squai i Feet County (6) WARREN S of Floors 1,50) Bldg County Code (7) (STATE USE ONLY) 604 CUTE (Prior if being demolished) Name of Monitoring Firm Hisred by Building Owner (8) CONNELL-GRI ENE CONSULTING ASCM NO. Name of Aba: The 12 Contractor (9)
ASSURE: ENVIRONMENTAL SERVICES Straet Address 904 KINGS ARI I DRIVE NC. Street Address City, State, Zip Code DOWNING TOW N PA 19335 570 CLEM'S FUN City, Stato, Z.; Coda MULLICA IIILL NJ 08082 Project Managar for I locatoring Firm RICK PELLISSI R Telaphone No. Telephone No Start Date (10) 12/05/2018 484-432-9383 License No. 610-304-41 76 Scheduled Completion Date (11) 01145 Name of OSF Montor 12/14/2018 Occupancy Status Du ing Abatemant (Chack Only One) EMSL Facility Closed/V cated During Entire Period of Absternant Street Address Absternant Parlo med Outside of Normal Facility Hours 200 RT. 13 | NORTH Other - Describe City, State, Ziji Jods Scope of Work (Check All That Apply) CINNAMIN BON NJ 08077 23 af or 23 if ≥160 af or ≥280 M Renovetion Full (antainment with Negative Pressure Demotton Mint nciasure Glovi sag Procedure Non- genipted (") and Non-Frieble Procedure Is Location Locatio 1 of Asbestos-Containing Material (ACM)
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^{*} Do not use this I am for asbastes licensure exempted activit

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Name of Monitoring Firm BEM Systems, Inc.	Hired by Building	Owner (8))	ASC	M No.				atement Cor Environm						
Street Address 100 Passaic Ave							Street 200 E		ess d Street						
City, State, Zip Code Chatham, NJ 07928									Zip Code NJ 0707	2					
Project Manager for Mon Venkat Balasubram	oring Firm anian			Telepho (908)	ne No. 598-260	00	Teleph 201-9	one N	lo.	Li	cense No	*:			
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Street Address 904 KINGS ARM DR	VE						Street 570		ess EMS RUN						
City, State, Zip Code DOWNINGTOWN PA	19335						City, S MUL	tate,	Zip Code A HILL NJ	08062					
Project Manager for Monito RICK PELLISSIER	ing Firm			Telepho 484-4	one No.	3	Teleph	one		Lic	ense N	io.			
Start Date (10) 12/05/2018		Schedu 12/14			Date (11)		Name EMS		SHA Monitor						
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City, State HATFIELD, PA					,	Disposi		_	City, State	BORO PA					-
Completed by RON SWANSON		Title GEN	IERA	L MANA	AGER	Si	gnature	Kas	echi	CWDON	Dat 12	e 2/04	2018	-	
SB-41 (R-06-08)							* Do not	use	this form for	asbestos lic	ensure	exe	pted	activit	ies.

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Agencies Noti	Name of Building Owner/Operator (2)	1 A 72018 1],
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DOH DOA	Emergency (including PHILLIPS BURG NJ 08865	7
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IRCO COLO	Where Absternant is Taking Place (3) PACILITY INFORMATION 908-859-1811	
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CONNELL-GI	EENE COMEDIA Owner (8)	
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City, Blate, Zip Coo DOWNINGTO	VN PA 19395	INC.
Project Manager for RICK PELLISS	Sinds 1	
NICK PELLISS	ER Telephone No. MULLICA HILL NU 08082	
Start Cate (10) 12/05/2018	934-432-9363 G10-304-1520 Licerca No.	
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Other - Describe	Street Addres: Street Addres: Prod Outside of Normal Feeling Hours Street Addres: 200 RT. 1: 0 NORTH	
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City, State HATFIELD, PA	Plauler ID No. Of Whole Strip of Registered Landin WESTERN BERKS LANDFILL	-
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RON SWANSON	TRIA ISTORDANCE	-
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Date of Notification (1) 12/03/2018					Nam	e of Buildir rview Tov	ng Owner	Operator	(2) Corp		Che	k# 132	DEC 1)	2018	
Agencies Notified □ EPA □ DEP □ DOL □ DOH	T	200 200	nt # ' (includin	g	Stree 28 R City, Red	et Address liverside A State, Zip Bank, Ne	Ave Code w Jerse	y 07701			To		ESTOS LICEI	O!	JTRO	A CONTRACTOR OF SERVICE
□ DCA		Cancellatio			ì	el Fitzhar			torati	ons Inc (GC) 9	73-338-6				
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County (6) Monmouth					Count (STATI	y Code (7) E USE ONL	Y)		Curr	ent Use (P	rior if be	ing demol	lished)	-		
Name of Monitoring Firm H Hillman Environmental	-lir	ed by Building	Owner (8	3)		CM No.	.,	Name of Lilich (of Aba	atement C	ail Bldg ontractor	(9)		-		
Street Address 1600 Route 22 East, Su	uit	÷ 107						Street A	Addre	·SS				-		
City, State, Zip Code Union, New Jersey 070	83							City, Sta	ate, Z	Zip Code Park, Nev	w Jersey	,		-		
Project Manager for Monito Mike Nehlsen	огі	ng Firm		1		one No 18-7800		Telepho 973-22	one N	0.	v ocise;	License	No.	-		
Start Date (10) 12/13/2018			Schedu	led Cor		n Date (11))	Name o	f OSI	HA Monito	r	01104				
Occupancy Status During A	Αb	atement (Chec	k Only O					Street A	-	mental La	aborator	ies, LLC				
 ✓ Facility Closed/Vacate ☐ Abatement Performed ☐ Other – Describe: 	ed I C	During Entire utside of Norm	Period of nal Facilit	Abater y Hours	ment				loute ate, Z	22 West						
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DOH DCA	Emergency (justification) Cancellation			Bill C					ε.	Tel	ephone	Nun	ber			
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Name of Monitoring Firm Hire Competent Supervisor		Owner (8)		ASC	M No.				tement Con Construc					37		
Street Address							205		e 46 Suite	14						
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Project Manager for Monitorin	3 Firm		T	Telepho	ne No.		Teleph	none N 832 4	lo.		Licens		i.	-		
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Completed by Filip Geleski		Title Supe	erviso	r		S	Signature	Fil	p Dele	shi		Dat	e /4/18	-		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP. Date of Notification (1) Street Address /18 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28 414 12 Typ > Notification Agencies Notified City, State, Zip Code Initial Notification EPA RAHWAY, NEW JERSEY 07065 Amended Notification #2 DEP Cancellation Telephone Number DOL Name of Contact RO STOS On Hold 732-594-7746 DOH EMERGENCY NOTIFICATION PATRICIA JOHNSON DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abat ment is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) MERCK SHARP & DOHME C)RPORATION Other (ie. private & commcl. bldgs., homes, Bldg. Ag # of Floors Square Feet Street Address 8.900 126 EAST LINCOLN AVENUE - BUILDING 80 ADD Current Use (Prior if being demolished) County Code (7) RESEARCH LABORATORY AND OFFICE FACI County (6) City (5) (STATE USE ONLY) Name of Abatement Contractor (9) UNION RAHWAY Name of Monitoring Firm Hi ed by Building Owner (8) ASCM No. PAR ENVIRONMENTAL CORPORATION 104 ENVIRONMETAL HEALTH IN VESTIGATIONS, INC. Street Address 313 SPOOK ROCK ROAD Street Address 655 WEST SHORE TRAIL City, State, Zip Code SUFFERN, NEW YORK 10901 City, State, Zip Code SPARTA, NEW JERSEY 07871 License Number Telephone Number Telephone Number Project Manager for Monitoring Firm 1101 845-369-7500 973-729-5649 WILLIAM S. KERBEL, CIH Name of OSHA Monitor Sched. Completion Date (11) #114 AMERISCI LABORATORIES INC Expected State Date (10) 5 / Year Day Month Year Day Street Address Month Occupancy Status During At atement (Check only one) 117 EAST 30TH STREET Facility Closed/V₂ cated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: City, State, Zip Code MONDAY -FRIDAY 7AM-3:30 PM NEW YORK, NEW YORK 10016 Other - Describe: Full Containment with Negative Pressure Scope of Work (Check all that apply) Mini Enclo, Renovation Glovebag Procedure Demolition >3SF OR LF Non-Friable Procedure Гуре :60 LF >160 SF OR Abatemer Description of Asbestos-ENCLOSUR REPAIR Is Location Amount Location of Containing Material (ACM) REMOVAL normally used Asbestos-contai ing (Specify (ie. Thermal systems solely by Material (ACNI) SF or LF) insulation, surfacing, VAT, Maint/Custodial TO BE ABATI D or other miscellaneous) Staff (12) in Facility (13) N/A Yes No

ROOFING TAR

Cubic Yards of Waste

10/2018-05/30/2019

Signature

Disposal Date

NJDEP Waste

Hauler ID No.

15939

DIRECTOR OF OPERATIONS

ROOF PERIMETER & PEN ETRATIONS

Name of Registered Wast Hauler

FREEHOLD CARTAGE, I IC.

FREEHOLD, NEW JERS! Y

Completed by (Print or Type)

BENJAMIN SANCHEZ

825 HIGHWAY 33

City, State

935 SF

Name of Registered Landfill

MONTGOMERY , PA 17752

City, State

LYCOMING COUNTY RESOURCE MANAGE

Date

447 ALEXANDER DRIVE/ROUTE 15

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☑ DOH	Amenda					State, Zip							
	Emerge		uding				e, NJ 07727						
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Name of Facility Where Aba	ement is	Taking P	lace	(3)			47	Type of Facility	NO. OF LOWER				
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Street Address								☐ Subchapter ☐ Other (i.e., homes, etc	8 (Other than K private and com	(-12) imercial bu	ing	ļS,	
City (5)								Square Feet	# of Floors	Blo	A	ge	-
Wall								1800	1	6			
County (6)		Telephone N Scheduled Completion Date 12 / 18 /				nty Code (7	7)(STATE USE ONLY)	Current Use (P	rior if being dem	nolished)	1000		
Monmouth							•	Residence		3			
Name of Monitoring Firm Hi	ed by Buil	lding Owi	ner (8	3)	ASCM	No.	Name of Abateme	ent Contractor (9	9)		-		
N/A	355						Guardian Co	ntracting, Inc.					
Street Address							Street Address				100		
							1889 Route 9), Unit 61					
City, State, Zip Code							City, State, Zip Co				-		
								New Jersey 0	8755				
Project Manager for Monitor	ng Firm			Tele	phone	No.	Telephone No.		License No		-		
*					**********		732-349-9932	?	00624	•			
Start Date (10)							Name of OSHA M	Nonitor			_	201200	
12 /17 /	8	12	_ /	18	_ /	18	E.M.S.L. Ana	lytical					
Occupancy Status During A	atement (Check or	nly or	ie)			Street Address				-		
□ Facility Closed/Vacated I	uring Enti	ire Period	d of A	bater	ment		1056 Stelton						
Abatement Performed O	tside of N	lormal Fa	cility	Hour	s - Des	cribe	City, State, Zip Co	ode			-	05000	
Time of Abatement:	_AM	PM/_		_PM-		AM		New Jersey 08	3854				
Scope of Work (Check all th	t apply)						,,,					-	
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			Ren Dem		700		☐ Mini-Enc ☐ Gloveba	tainment with Ne losure g Procedure mpted (*) and Ne					
			ls L	ocat	ion		Z Non-Exc	impled () and N	Triable Floce	0-00		T	
Location of				rma			Description of	f		Aba	-	ent T	
Asbestos-Containing Ma		Л)	Used Main			Asbe	stos Containing Ma	terial (ACM)	Amount	Remova	0	Encapsulate	Enclosure
TO BE ABATE IN Facility	7	(Staff?	(I.e	., thermal systems surfacing, VAT,	insulation,	(Specify SF or LF)	SVOI	3.	apsı	uso
(13)				(12)			other miscellane		31 01 11)	=		ulate	ē
		Y	es	No	N/A							O	
exterior				\boxtimes		asbesto	os siding		1350 sf]	П	П
			7 1	П							-		
			_]	Ц	
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											7	П	
Name of Registered Waste I	auler				JDEP \		Cubic Yards of	Name of Regi	stered Landfill				_
Guardian Contracting	Inc.			207	auler II		Waste	T.R.R.F.					
City, State					20223)	3 Disposal Date	City, State					
Toms River, New Jers	у						12/18/18	and the state of t	, Pennsylvani	ia			
Completed By (Print or Type	1	Title					1	A	, i cillisylvall		-		
Nicholas Fernicola	1	Proj	ect II	land	nor		Signature			Date	1		
ASB-41		FIO	GOL II	naile	yer		M-		1	12/5	1 8	3	
ASB-41		* 0 -	4.,	44	·- r	£ t		2 2 33 33		1			

										-		rint Form
NOCK		И	(Pt	CATIO Irsuan	State of New Jers N OF ASBESTO It to NJAC 8:80 a	S ABATI and 12:1:	20)	DEC	E			A L L L
Date of Notification (1) 11-26-18	*** You state ***********************************				of Building Owne ga Environme			∐	1 0	20	18	TU
Agencies Notified	Type Notification	1	1		Address luyler St		77					
EPA DEP X DOL	Initial Amended Amendmen	nt #1		City, S	tate, Zip Code n Hackensack,	M.I 07	505	ASBEST!	OS CO CENS			8:
DOH DCA	I Emergency justification Cancellatio	(including)	h	Name (of Contact			Telephone N 201-489-8				
	=		1_		ILITY INFORMA	TION		1201.000				
Name of Facility Where A Willowbrook Mall	alement is Tald	ng Place (3)					Type of Facility School (K					
Street Address 50 Route 46							Subchapt	er 8 (Other than K- . private & commer	12) cial bu	ilding	s, h	ies,
City (5) Wayne							Square Feet N/A	# of Floors N/A		Bldg. N/A	Age	
County (6) Passaic					Code (7) USE ONLY)		Current Use (P Parking Lot	rior if being demoli	shed)			
Name of Monitoring Firm I N/A	ired by Building	Owner (8)		ASCI N/A	M No.		of Abatement C Environmen	ontractor (9) ital Services, In	c.	######################################		
Street Address N/A							Address Vid Dock Rd				2000	
City, State, Zip Code N/A							State, Zip Code nank, NY 119	80				
Project Manager for Monit N/A	ring Firm			elepho VA	ne No.		none No. 924-8111	License i 01136	No.			
Start Date (10) 11-28-18 - ON I	OLD	Scheduled 12-27-18		oletion	Date (11)		of OSHA Monito Environmen	r tal Services, Inc).			
Occupancy Status During	10 -00 -00						Address Id Dock Rd					
Facility Closed/Vacate Abatement Performed Other – Describe: Ex	Outside of Nom	nal Facility F	ateme łours	int 		City, S	tate, Zip Code nank, NY 119	30				
Scope of Work (Check All	hat Apply)					1					-	
≥3 sf or ≥3 if ≥160 sf or ≥260 if		PEANE	novatio molitic				Mini-Endosu Glovebag Pro					TO BE CONTINUE OF STREET
***************************************		l Isl	ocation	1		Lan.	2 Normanning	O () and Noti-File	JIQ P10	Abat	-	
Location of Asbestos-Containing M		No	mally Solely		De Asbestos Con	scription		Amount		T	ype	
TO BE ABAT In Facility (13)	<u>:D</u> ` ´	Custos	lenano diai Sta (12)		(Le. therma surfa		insulation, T, or	(Specify SF or LF)	Remova	Repair	споарѕинате	Enclosure
		Yes	No	N/A							are	6
Parking lo	t			Х	Tra	nsite pi	pe	100 lf	X			
Name of Registered Waste ATC	lauler		Hau	DEP Wiler ID	No. of Wa	Yards ste	1	Registered Landfill nd Company	1		1	
City, State Shirley, NY			.1		Dispos TBD	sal Date	City, Stat Melville					
Completed by Raymond Tutiven		Title Superv	isor			gnature &YNv	and Ti	triv 11	te -26-1	18		
						-	100					

			S	state of New J	ersev		-				Р	rint Fo
MO CIC		N	OTIFICATIO	N OF ASBES t to NJAC 8:6	TOS ABATI	EMENT 20)	A CONTRACTOR OF THE PARTY OF TH	n) E C	E	tour.	\mathbb{V}	
Date of Notification (1) 11/30/2018				of Building Ow Evolution, L		or (2)	en la campana) DE	r 1	1 2	018	And the state of t
Agencies Notified X EPA DEP DOL	Type Notification Initial Amended Amendmer Emergency	nt #1	310 A	Address Asbury Ave ate, Zip Code n City, NJ 0	8226		Statement of the state of the s	ASBES	The second second second	N	TROL	8.
DOH DCA	justification Cancellatio)		of Contact ard Bernardi	ni			Telephone No 609-866-8		11 3000		
Name of Facility Where A Former Store Front Street Address	patement is Taki Frame Sho	ng Place (3)	FAC	ILITY INFORI	MATION	Sch Sub	Facility (4) nool (K-12) ochapter 8	(Other than K-	12)			
312 Asbury Ave. City (5) Ocean City, NJ 0822	6					Square F)	# of Floors	E	j.	Age	es,
County (6) Cape May			County	Code (7) USE ONLY)			Jse (Prior i	1 f being demolis		5 F		
Name of Monitoring Firm Health & Safety Sen	lired by Building ices	Owner (8)	ASCI 117	M No.			nent Contra vironmer	ctor (9) Ital Services	s, Inc			
Street Address PO BOX 365 City, State, Zip Code					135		Road Si	uite 102				
Berlin, NJ 08009 Project Manager for Monit	ring Firm		1 = 1		Kinn	State, Zip C elon, NJ						
Jim Proctor Start Date (10)		Cobodulad		52-1311	908-	hone No. 218-0880		License 1 01228	No.			
12/14/2018 Occupancy Status During	hatement (Cha	12/18/20	0.000	Date (11)	Yanr			tal Services	s, Inc.			
Facility Closed/Vacat Abatement Performe Other – Describe:	d During Entire	Period of Aba	atement		135 City, S	Address Kinnelon State, Zip C elon, NJ		uite 102				
Scope of Work (Check All ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	That Apply)		novation nolition		×	Full Co Mini-Er Gloveb	ntainment	with Negative I ure and Non-Friat			re	
Location		Nor	ocation mally Solely by		Description	of					ement /pe	
Asbestos-Containing N <u>TO BE ABAT</u> In Facility (13)	ΞD	Mainte Custodi (1	enance/ ial Staff? 12)	(i.e. then	Containing N mal systems urfacing, VA er miscellan	s insulation T, or	CM)	Amount (Specify SF or LF)	Removal	Danair	Encapsulate	Enclosure
Flooring throu	ghout		X		VAT			1000 SF	X			
										-		
Name of Registered Waste Yannuzzi Group, Inc.	Hauler		NJDEP W Hauler ID 17467		bic Yards Waste			istered Landfill orth/Fairles		_		
City, State					posal Date	Cit	v. State					

Charlie Imbimbo ASB-41 (R-06-08)

Kinnelon, NJ

Completed by

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

Morrisville, PA

City, State

Disposal Date

12/18/2018

Project Manager

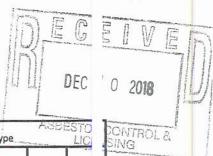
Signature

Date

11/30/21 8

KILM	2 P	State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)													
Date of Notification (1)				N				Operator (2)		A SE	DEC	0 1 0	2018		
12 /	5 /	18	_		Muhle	enberg L	Jrban	Renewal,	LLC		1000000		-010		
Agencies Notified	ype Notific	ation		S	treet A	ddress				L	On man	0.003	-		
] Initial				2 Bro	ad Stree	t, Sui	te 400			SBES1	IOS U	JTRO		
	Amende			C	ity, Sta	te, Zip Co	de			Long - Source of the State of	American Company	-everywork	ind management		
⊠ DOH	Amendm] Emerger		udina		Bloom	nfield, N	J 070	03							
DCA (NJAC 5:23-8)	justificati		uumig	N	lame of	Contact				Telephone					
	Cancella	tion			Warre	en Sprak	(e			908-670	-5711		_		
					FACI	LITY INF	ORM	ATION			.,				
Name of Facility Where Al	atement is	Taking I	Place (3)					Type of Facility	(4)					
Commercial									School (K-1		17 40)				
Street Address									☐ Subchapter☑ Other (i.e.,	orivate and co	mmercia	al buildir	1,		
1200 Randolph Road	- Building	2-3							homes, etc						
City (5)				119-77					Square Feet	# of Floor	rs	Bldg.	е		
Plainfield															
County (6)					County	Code (7)	STATE	USE ONLY)	Current Use (F	Prior if being de	emolishe	ed)			
Union															
Name of Monitoring Firm	ired by Bui	Idina Ov	vner (8) A	SCM N	0.	Name	of Abateme	nt Contractor (9)			23-23-23-23		
Bio Terra Solutions	1 T. T. O. O. P. (100 100	•	•			1	ALI	PRO MA	NAGEMENT	LLC					
Street Address			_				Street	Address			77 H- 32				
P.O. Box 1224							27	Outwater L	_ane						
City, State, Zip Code						-	City. S	State, Zip Co	ode						
								rfield, NJ							
Union, NJ	sing Firm			Tolon	hone N	_		hone No.		License	No.				
Project Manager for Moni	ming Film				3-494-	1		3-928-4888		1188					
Rick Eustaquio		Schedu	rlad Co				-	of OSHA M	4				-		
Start Date (10)	10				/ _	100000000000000000000000000000000000000			NAGEMENT	HC					
09 /17 /						10			MACLINEIT						
Occupancy Status During							500,000	t Address							
☐ Facility Closed/Vacate						rib o		Outwater					-		
☐ Abatement Performed Time of Abatement: _	Dutside of I	Normal PM	Facility	Hours PM-	- Desc	M		State, Zip Co							
Time of Abatement		F tV	u	_,			Ga	rfield, NJ	07026				_		
Scope of Work (Check al	that apply)	7						□ Eull Con	tainment with N	Jenative Press	ure				
≥3 sf or ≥3 lf			ПRe	novatio	n			☐ Mini-End		acgative i resc	Juic				
≥160 sf or ≥260 lf				molitio				⊠ Gloveba	g Procedure	N Frieble D	ra a a di ire				
								⊠ Non-Exe	empted (*) and	Non-Friable P	rocedure		T		
			1857	Locati iormal	135 (100)			Description of	of			Abate	ent Ty		
Location Asbestos-Containing	5.50	CM)	Use	d Sole	ly by	Asbe			aterial (ACM)	Amou		Remova	Encapsulate		
TO BE ABA		/		intena		(i.e	., then	nal systems	insulation,	(Spec		NOL	aps		
IN Facil	y		Cus	(12)	otali :			rfacing, VAT er miscellane		SF 01	LIF	1 2	llat		
(13)			Yes	No	N/A		0		,				0		
1st Floor- Building 2						VAT		-12-110-12-12-12-12-12-12-12-12-12-12-12-12-12-		400	SF	× I			
2 nd Floor- Building 2					×	VAT				100	SF				
2nd Floor- Ceiling- E		_				-	sulat	on- Wrap	and Cut	238	LF				
2nd Floor- Celling- E	muning 2			1		TBD	Julius	oii iiiap		ТВ	D				
Decement Duilding	,			14		Waste	Cub	c Yards of	Name of Ro	egistered Land	dfill				
Basement- Building				1 1			I Jun		1				dfill		
Name of Registered Wa	te Hauler	lejale -	Γrucki	1.	lauler II	D No.	Was		Minerva E	nterprises/ G	ROWS	North L	unn		
Name of Registered Wa	te Hauler	/eigle	Trucki	1.	lauler II		9 A	Needed		nterprises/ G	ROWS	North L			
Name of Registered Wa ATC/ Century Was City, State	te Hauler e, LLC/ W			1.	lauler II	D No.	9 As	Needed osal Date	City, State						
Name of Registered Wa ATC/ Century Was City, State Shirley, NY/ Elizab	te Hauler e, LLC/ W	inden,	PA	1.	lauler II	D No.	9 As	Needed osal Date 3D	City, State	sburg, OH/	Morrisv	ille, P/			
Name of Registered Wa ATC/ Century Was City, State Shirley, NY/ Elizab Completed By (Print or	te Hauler e, LLC/ W	inden,	PA e	ing H	Hauler II W-23410/	D No.	9 As	Needed osal Date BD Signature	City, State Waynes	sburg, OH/ I	Morrisv	rille, P/			
Name of Registered Wa ATC/ Century Was City, State Shirley, NY/ Elizab	te Hauler e, LLC/ W	inden,	PA	ing H	Hauler II W-23410/	D No.	9 As	Needed osal Date BD Signature	City, State	sburg, OH/ I	Morrisv	ille, P/			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8-60-7 AND 12:1207) CONTINUATION SHEET



	T			-	,		-		ASB	STO
	L				1200 Randolph Rd, Plainfield, NJ		Abatemer	nt Type		LIC
Location of Asbestos-Containinլ Material (ACM) TO BE ABATED I Faculty (13)	N	Nor S Naint	Locati mally Solely I tenanc al Staff	Used by :e/Cust	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a l	R e p a i r	E n c a p s u	E n c l o s u r e
	1	res .	No	N/A						
Building 3- 1st Floor				Х	VAT	18,000 SF	Х			
Building 3- 1st Floor				X	Pipe Insulation- Wrap and Cut	1,160 LF	Х			
Building 3- 1st Floor	L			Х	Elbows	47	Х			
Building 3- Basement				Х	TBD	TBD	Х			
Building 3- Exterior	Τ			X	Weather Proofing	1,000 SF	Х			
	T									
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Completed by: (Print or type) Allen Monchik	Title:	Project Manager	Signature: Allan Monchik	Date: 12/5/18
			NYWWW ITWING	12/0/10

Jub C	gno	el	MOT	Pursu	ION OF A	New Jers ASBESTO AC 8:60 a	SARATE	EMENT	/	148				57.4
Date of Notification (1) 11/20/18	NO			Nam Mei	ne of Build rck US	ing Owner	r/Operato	r (2)				6		
Agencies Notified Ty	e Motificatio	n			et Addres E Linco					Marie Commission	- E	DEC	10	201
DEP DOL	Amended Amendmer				State, Zip way, NJ							-		401
DOH DCA	justification Cancellation	1)	g		e of Conta elo Picc					Telephone N 732-423-42	umbe	ESTC or LIC	NSI NSI	NTR VG
Name of Facility Where Abat Merck US	ment is Tak	ng Place	(3)	F,	ACILITY I	NFORMA	TION	Type of Facil	ity (4)					
Street Address 126 E Lincoln Ave								Other (i.	oter 8 (C	Other than K- te & commer	12) cial b	uildin	, hor	nes,
City (5) Rahway								etc.) Square Feet NA	11000	of Floors		Bldg NA	∖ge	
County (6) Union					ty Code (7 E USE ON			Current Use (Outdoor Pip	Prior if berack	peing demolis	shed)		APART PO	0.00 11 70
Name of Monitoring Firm Hire NA	l by Building	Owner (8)	ASO	CM No.	,		of Abatement (s, L	LC	<u> </u>	
Street Address	Street Address 2400 Main Street Extension, Suite 10 City, State, Zip Code												-	
City, State, Zip Code								ate, Zip Code eville, NJ 08	3872	19			Malka	11601-201-
Project Manager for Monitoring	Firm			Teleph	none No.		Telepho	one No.		License N	10.		-	
Start Date (10) 12/10/18	Scheduled Completion Date (11) 12/14/18 Name of OSHA Monitor Environmental Tactics											-		
Occupancy Status During Aba	ırina Entire I	Period of A	Ahator	ment				/ Desktop.scf oad St	Street /	Address				
Facility Closed/Vacated D Abatement Performed Ou Other – Describe:	-DOGR	nal Facility Wool	Hour	S				ate, Zip Code van, NJ 0774	7				-	
Scope of Work (Check All That ≥3 sf or ≥3 If ≥160 sf or ≥260 If	Apply)		enova emolit					Full Containr Mini-Enclosu Glovebag Pr Non-Exempte	re ocedure	ı				
Location of		N	Locati ormal	ly		Dec	cription o					-	nent e	
Asbestos-Containing Materi TO BE ABATED In Facility (13)	I (ACM)	Mai	d Sole ntenar odial S (12)	nce/	Asbe: (i.e	stos Conta . thermal s surfaci	ining Ma	terial (ACM) nsulation, or	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
East west Pipe rack near Bld	; 28	Yes	No	N/A X	Therma	l Insulati	on Rem	oval	15 LF				ite	е
								014.	13 61		X		-	
										(6				
Name of Registered Waste Haul Freehold Cartage Inc.	r	·	Ha	IDEP Waller ID		Cubic Your of Waste		Name of G.R.O.V		red Landfill				
City, State Freehold, NJ						Disposal 12/14/1		City, Stat Morrisv		1				
Completed by Michael Migliore		Title Sr Acco	ount N	Manage	er		nature In sela	I Mr.	1.	Date	20/18	}		
.SB-41 (R-06-08)						1: 1:	0 000	7	our La					

se Place on	hold u	ntil												Pri	nt l
1/28/2012 Thankfor	< Nr	7(Vn		CATION	te of New OF ASBE o NJAC 8	STOS A	BATE			D	EC	E		\mathbb{V}	
Date of Notification (1) 10/11/2018	1				Building (DE	C 1	2	018	
Agencies Notified EPA	ype Notification			Street Ad 1020 K	dress ing Geo	rge Po	st Ro	ad			ASBES	TOS	DAI	TRO	1 ,
x DOL	Amended / Amendment				e, Zip Coo NJ 0886		 					LICEN	INC		
X DOH	Emergency (justification)Cancellation		- 11	Name of Lisa Da							ohone Nui -306-49				
NI		51 (0)		FACIL	ITY INFO	RMATIC	NC							H	
Name of Facility Where At LANXESS Solutions		g Place (3))						f Facility (4						
Street Address 1020 King George Po	ıst Road							□ Si	chool (K-1) ubchapter ther (i.e. p	8 (Other			gs,	home	es,
Gity (5) Fords	***************************************		CARLINIPUR.					Square		# of I	Floors	В	j. A	ge	
County (6) Middlesex	CONTRACTOR OF THE PROPERTY OF			County C (STATE U	ode (7) SE ONLY)				t Use (Pric ge tanks				-	***************************************	
Name of Monitoring Firm F Emilcott Associates,		Owner (8)		ASCM	No.				ment Con nolition (al Se	ice	s, Ll	LC
Street Address 190 Park Avenue			markin Maria Languaga an	-4.>				Address Old Ea	gle Scho	ool Roa	ad, STE	910			
City, State, Zip Code Morristown, NJ 0796)							state, Zip ne, PA	Code 19087						
Project Manager for Monitor Jason Busacco	ring Firm			Telephon 973-53			1000	none No. 581-74			License N 01286	lo.		-	
Start Date (10) 7/16/2018		Schedule 12/28/2		npletion [Date (11)				A Monitor nolition &	& Envi	ronmen	tal Se	ice	s, Ll	L
Occupancy Status During	20	1000						Address	gle Scho	nol Ros	ad STE	910			
Facility Closed/Vacat Abatement Performe Other – Describe: Iso	Outside of Norm	Period of A nal Facility	Abaten Hours	nent S			City, S	State, Zip					2020		
Scope of Work (Check All	Γhat Apply)					1							-		-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		CONTRACTO .	Renova Demolit				>	Mini Glov	Containme Enclosure ebag Proc Exempted	e cedure	#F		dur	e	
Location	f	I N	Locati	lly		Des	scription	n of						emen pe	t
Asbestos-Containing N <u>TO BE ABA</u> In Facilit (13)		Mai	d Sole intena todial ((12)	nce/		thermal surface				(S	nount pecify or LF)	Removal	Repair	Encapsulate	
Pipe Insula	tion	Yes	No	N/A		Dina Inc	culatio	n (TSI		134	50 LF	X	-	0	+
Oil/Ester Tanks	~~~~		X					n (TSI) LF	X			+
Oil Tank Surfacing		+	X	-				rfacing			31 SF	X	-		+
Oil Tank Inst		-	X				ation (/		6 SF	X		-	+
Name of Registered Wast Horwith Trucks, Inc.			I h	JDEP W Hauler ID SW-1998	No.	Cubic of Was	Yards	(, 3,)	Name of Cumbe	Registe		11			1
City, State Northampton, PA			3	744-1330		Dispos	sal Date 5/2018		City, Stat		ı, PA		-		
Completed by		Title				Is	ignatur	e	10		To	ate	territories.		-

MOCK	State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2)																									
Date of Notification (1)					Name	e of Buildir	g Owner/Operator (2)	Im		-	-		1000												
10 /	24 /	18	3		Ca	pe May C	County Chosen F	reeholders		DEC	1	2	018													
Agencies Notified	ype Notif	ication			Stree	t Address			-				15/45/55/2	9.2												
] Initial				4 N	loore Ro	ad, DN 149			10000	-00	221														
⊠ DOLWD	Amend	7.70			_	State, Zip	The state of the s	ASBEST	CEN	NO	TROL	. &														
□ DOH □ DCA	Amend		-				ourt House, NJ	08210	The state of the state of			Pomone	A Statutement	-												
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Name of Facility Where Ab	atement is	Takin	a Place	(2)	FA	CILITYIN	FORMATION	- :- :	of Facility (4)																	
Cape May County Co								Type of Facility (
Street Address	Trection	ai III5	ututio	11				☐ School (K-12) ☐ Subchapter 8																		
Crest Haven Comple	. 425 C-	4 1.1-	F					Other (i.e., pr	cial b	ding	JS,															
City (5)	- 125 Cr	est Ha	iven r	Ka .				homes, etc.)	homes, etc.)																	
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Cape May Court Hou	se, NJ 0	8210				15																				
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Cape May																										
Name of Monitoring Firm H	red by Bu	ilding (Owner	(8)	ASCM	No.	Name of Abateme					-														
N/A/ Demolition							Yannuzzi Env	vironmental Se	rvices																	
Street Address							Street Address	1																		
							135 Kinnelon	Road, Suite 10)2																	
City, State, Zip Code							City, State, Zip Co	ode																		
							Kinnelon, NJ	07405																		
Project Manager for Monito	ing Firm			Tele	phone	No.	Telephone No.		Licens	se No.		-														
							908-218-0800		012	28																
Start Date (10)		Sched	luled C	omple	tion Da	te (11)	Name of OSHA M	onitor			_		1111-1111													
10 /12 /	18	C)1/	_ 31	1	19	Yannuzzi Gro	up. Inc.																		
Occupancy Status During A	batement	(Check	c only o	ne)			Street Address																			
☐ Facility Closed/Vacated					nent		135 Kinnelon	Pand	*																	
☐ Abatement Performed C						cribe																				
Time of Abatement:	AM	P	Λ/	_PM-		AM	City, State, Zip Co Kinnelon, NJ																			
Scope of Work (Check all the	at annly)						Killileioli, NJ	07405																		
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	ас арріу)		-	novatio molitio	2-27		☐ Mini-Encl	ainment with Nega osure Procedure	ative Pre	ssure																
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Location of Asbestos-Containing Ma		<i>A</i> 1		lormal d Sole			Description of	and the second s	7,839		R	-														
TO BE ABATE		VI)	Ma	intena	nce/		stos Containing Mat , thermal systems in			ount ecify	Removal	Repair	Encapsulate	Enclosure												
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(13)			Yes	No	N/A		other miscellaneo	ous)					ate	w												
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Interview Room						VAT & I	Mastic, Non-Friat	ole	110	SF																
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Yannuzzi Group Inc.							40	Waste Mana	agemen	it																
City, State							Disposal Date	City, State				8-9-2														
Kinnelon, NJ 07405							12/30/2018	Fairless Hill	s																	
Completed By (Print or Type)	Title					Signature	m 1		Date	9	1)													
John Mucha		Pr	oject	Mana	ger		Da	10/ash			1:	14	ho													
SB-41		1				100 Million	The second	1 100 1017/18																		
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check # 2574

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Date of Notification (1) 12/03	2018			Name o	f Building	Owner/0		(2) Valley Golf	Club) E C	E		\mathbb{W}_{-}	E
Agencies Notified	Type Notification			Street A	ddress					51			- 1115-5	1
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DEP	Amended			City, Sta	ate, Zip Co	ode				U DE	-		UIO	1
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⊠ DOH	Emergency justification)			Name o	f Contact				Te	lephone Nur	nber: (3/10	TRO	1.2
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Name of Facility Where		ng Place (3)						Type of Facili	ty (4)					1 1 2 2
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Street Address						- V		Subchar	ter 8 (Oth	ner than K-12				
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City (5)								Square Feet	# 0	of Floors	ВІ	. A	ae	_
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Camden					USE ONLY			(ing domonoi	,00,			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	1 No		Name	of Abatement (Contracto	r (Q)	_	-		
MEC		········ (0)		/ 10011				ens Environ			Inc			
Street Address								Address				-		
PO Box	141							Box 322						
City, State, Zip Code												_		
17시간	cks, NJ 08515							tate, Zip Code						
	18			T - 1 1			Allentown, NJ 08501 Telephone No. License No.							
Project Manager for Mor Bill Weisgarber	toring Firm			Telepho	ne No. 298-407	70		License N	0.					
						U		259-9688		00493		_		
Start Date (10) 12/18/2018		Scheduled		ipletion l 019	Date (11)			of OSHA Monit	tor					
				.019			MEC							
Occupancy Status Durin	Abatement (Ched	ck Only One)						Address						
Facility Closed/Vac	ted During Entire	Period of Ab	atem	ent			PO Box 341							
Abatement Perform Other – Describe:	d Outside of Norn	nal Facility H	lours		City, State, Zip Code							-		
							Ches	Chesterfield, NJ 08515						
Scope of Work (Check A	That Apply)					H -0==010								
≥3 sf or ≥3 lf		× Rer	novat	tion				Full Contain	Full Containment with Negative Pressure					
2160 sf or ≥260 lf		☐ Der	noliti	on			-	Mini-Enclos	sure					
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Date of Notification (1				Name	ame of Building Owner/Operator (2)								$\underline{\mathbb{W}}$	E	
12/06/2018				DBI	Projec	ts		(-)		III					or company
Agencies Notified	Type Notificatio	n			t Address						DEC	1	n	018	
EPA EPA	Initial			126	1201 Broadway								U	UFO	Section 2
✓ DEP	Amended	-4-44		City,	City, State, Zip Code									_	- 10
	Amendment Emergency	nt #	na .	New York, NY 10001							ASBEST			TROL	- &
DOH DCA	justification)	.5	Name of Contact							SIA	Witness			
L SON	Cancellation	n		Chri	s Toml	an & E	Brian B	n Bennington Telephone Number 215-533-1200							
Name of Facility When	Abatement is Taki	na Place	(3)	FA	CILITY IN	FORMA	TION								
Former Henry E	onsall Eleme	ntary S	Scho	ol	Type of Facil					y (4)					
Street Address		rear y c	30110	01					School (K	(-12)					
1575 Mt. Ephr	aim Ave							H	Subchapt	er 8 (Oth	ner than K-	12)		20	
City (5)								П	etc.)	. private	& commer	cial bi	IIIQII	s, hon	ies,
Camden, NJ									are Feet	# 0	f Floors		Bld	Age	
County (6)				Count	.0-1-7				,000		3		7	+	
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Name of Monitoring Fir	n Hired by Building	Owner /s	3)		M No.			sch							
Whitman	- J January	Swiller (C	-)	001			Name	ne of Abatement Contractor (9)						-	
Street Address				100	110		Asso	ociated Specialty Contracting							
7 Pleasant Hill F	d.							t Address							
City, State, Zip Code							98 La	Lacrue Ave, Suite 110 State, Zip Code							
Cranbury, NJ 08	512														
Project Manager for Mo	itorina Firm			Tolerk			Glen	Mills	s, PA 1	19342					
Kevin T. Lovely			- 1		one No.	F 0	Teleph				License	No.	_		
Start Date (10)		Schodu	lad Cor	7 JZ-C	390-58 Date (11	58	610-3				011	03			
12/17/2018		1/31/2	2010	npietion	Date (11)			HA Monitor						
Occupancy Status Durin	Abatement (Chec	k Only O	ne)				Criter								
	ated During Entire						Street		-						
ADDITION TO A TO	ed Outside of Norm	enod of	Abaten v Hours	nent			3370	Prog	gress D	rive					
Other - Describe:			,				City, St						12.20		
Scope of Work (Check A	That Apply)	1911					Dens	alem	m, PA 19020						
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Location Asbestos-Containing	Of Material (ACM)	Use	Normal ed Sole	ly Iv hv		Des	scription of	of						ре	
TO BE AB	TED	Ma	intenar	nce/	Asbes	stos Conta	aining Ma	aterial	(ACM)		nount			m	
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ASB-41 (R-06-08)	-					70	, ,,,,,	***************************************							
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CK 148	3 P	State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2)													
Date of Notification (1) 12 /	06 /	′ 1	18			ne of Build			(2)	D	EC	10	21	8	Mary Mary Mary
Agencies Notified ☑ EPA ☑ DOLWD ☑ DOH	Type Not Initial Amend	ded			Stre	et Address , State, Zip	s o Co	ode	CLUMAT OF CIT. DESCRIPTION	ASBE		S CC ENSI		OL.	8.
☐ DCA (NJAC 5:23-8)	☐ Emerg justific ☐ Cance	ation)	includir	ng	Nan	ne of Conta	act	NJ 08882 ns POA Manuel	Martins	Telephone	e Num	ber	_		
N .=					F	ACILITY	INF	ORMATION					-		
Name of Facility Where A Residential Street Address	batement i	s Takir	ng Plac	e (3)				32	Type of Facility School (K-1 Subchapter Other (i.e., homes, etc.	2) 8 (Other than private and co	n K-12 ommer) rcial b	uilc	gs,	
South River									Square Feet	# of Floor	rs	В	ldg	ge	
County (6) Middlesex Name of Monitoring Firm	Hirad by R	County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) lired by Building Owner (8) ASCM No. Name of Abatement Contractor (9)													
Bio Terra Solutions	med by bu	or indicated (9)													
Street Address		ALL PRO MANAGEMENT LLC													
P.O. Box 1224		Street Address													
City, State, Zip Code	7						1	27 Outwater I							
Union, NJ							10	City, State, Zip Co							
Project Manager for Moni	oring Firm			1			1	Garfield, NJ	07026						
Rick Estaquio	String Fillin	oring Firm Telephone No. Telephone No. Licens 973-494-3762 973-928-4888 118									lo.				
Start Date (10)		Sahar	dulad C					1188							
12 /15 /	18					ate (11)	lame of OSHA Mo								
						18		ALL PRO MAI	NAGEMENT L	LC					
Occupancy Status During	Abatement	(Chec	k only	one)			S	treet Address					-		
☐ Abatement Performed	During En	tire Pe	riod of	Abate	ment			27 Outwater L	ane						
Time of Abatement:	AM-	Pi	raciii:	y Hou PM	rs - Des -	AM	C	ity, State, Zip Coo	de				_		
Scope of Work (Check all			-		-	-Alvi		Garfield, NJ 0	7026						
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf	пас арріу)		⊠ Re						ninment with Neg osure Procedure opted (*) and No			a			
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Asbestos-Containing N TO BE ABAT IN Facility (13)	aterial (ACI ED	M)	Use Ma	d Sole intena odial (12)	ely by nce/	Asbe (i.e	e., th	Description of s Containing Mate nermal systems in surfacing, VAT, of other miscellaneon	erial (ACM) sulation, or	Amount (Specify SF or LF	,	Removal	Kepair	Encapsulate	Enclosure
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Name of Registered Waste Newark Carting City, State Newark, NJ	Hauler			N	JDEP V auler ID 0283		W: Dis	ubic Yards of aste As Needed sposal Date	Name of Regist IESI Bethle City, State	hem Landfi	II		<u>L</u>		
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Allen Monchik	=)	Title Pr	oject	Mana	iger			Signature	Monchik	6	Date				
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80.00 ATA		L	JO FIOR U	ise th	s torm	tor asbesto	os li	icensure exempte	d activities.						

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) 614 Name of Building Owner/Operator (2) Date of Notification (1) 12/6/2018 2019 Mountain Scotch Plains LLC Agencies Notified Type Notification Street Address 194 Mt. Airy Road DEC 2018 EPA Initial City, State, Zip Code DEP Amended × DOL Amendment # Basking Ridge Emergency (including Name of Contact Telephone IN Imb NTROL & × DOH justification) 973-747-9576 VG Suzanne Henderson DCA Cancellation FACILITY INFORMATION Name of Facility Where A patement is Taking Place (3) Type of Facility (4) ERA Queen City Realty School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial t 310 Park Ave X Idings, homes, etc. City (5) # of Floors Bldg. Age Square Feet Scotch Plains, NJ 0 '076 5,000 60+ County (6) County Code (7) Current Use (Prior if being demolished (STATE USE ONLY) Union Commercial Property Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Hazmat Diagnostic LLC Street Address Street Address 16 Glenwild Ave City, State, Zip Code City, State, Zip Code Bloomingdale, NJ 07403 Project Manager for Moni oring Firm Telephone No. Telephone No. License No. 973-928-3995 01181 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12/17/2018 Hazmat Diagnostic LLC 12/31/2018 Occupancy Status During Abatement (Check Only One) Street Address 16 Glenwild Ave Facility Closed/Vaca ed During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Bloomingdale, NJ 07403 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pre ure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable ocedure Abatement Is Location Туре Normally Location of Description of Used Solely by Ascestos-Containing (1aterial (ACM) TO BE ABA FED Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate Enclosure (i.e. thermal systems insulation, (Specify Repair Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No NI/A Roof Top Chimney X Tar at Base Chimney 12 LF NJDEP Waste Name of Registered Wast > Hauler Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Hazmat Diagnostic L_C/Newark Carting,Inc

0035440/4509

Newark, NJ

Title

COO

City, State

Completed by

Tatiana Rotaru

Bloomingdale, NJ

TBD

TBD

Disposal Date

Signature

Fairless Landfill

Morrisville, PA

Date

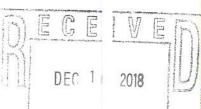
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12/€ 2018

City, State

CYMOU	State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)												<u> </u>	EIT		
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Agencies Notified	Type Notific	ation			Stree	t Address							-) know	
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□ DOLWD □ □ □ □ □ □ □ □ □	☐ Amende					State, Zip (8.	
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										111-911-	3054		_,	-		
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Commercial	batement is	ı akıng	Place	(3)					Type of Facility	5 50						
La constitución de la constituci									School (K-12							
Street Address									Other (i.e., pr	ldi	IS,					
811 Rattlesnake Bri	ige Road	48							homes, etc.)					88		
City (5)									Square Feet	# of Floors	Bldg.			ge		
Bedminster																
County (6)					Cour	nty Code (7	7)(STA	TE USE ONLY)	Current Use (Pri	or if being den	nolishe	d)				
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Name of Monitoring Firm	lired by Build	ding O	wner ((8)	ASCM	No.	ent Contractor (9)					-				
Bio Terra Solutions							1	ALL PRO MA	NAGEMENT L	LC					- 1	
Street Address							Str	eet Address		_	-					
P.O. Box 1224							2	7 Outwater	Lane							
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Union, NJ							1	Barfield, NJ								
Project Manager for Monit	oring Firm			Tele	phone	No.	_	ephone No.		License No).		-	-		
Rick Eustaquio				97	73-494	-3762	1000	73-928-4888		1188	•					
Start Date (10)	- 5	Schedu	ıled C	omple	tion Da	ite (11)	-	me of OSHA M	·	1100			-			
10	_18	_ 0	1_ /	18		19			ANAGEMENT LLC							
Occupancy Status During							Str	eet Address								
☐ Facility Closed/Vacate							2	7 Outwater I	Lane							
Abatement Performed Time of Abatement:							City	ty, State, Zip Code								
	II Make					AW	Garfield, NJ 07026									
Scope of Work (Check all	hat apply)															
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			☐ Re ☑ De													
		T		Locat	33737.73							Aba	te	ent T	vne	
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Asbestos-Containing N TO BE ABA	aterial (ACM	1)		d Sole intena				Containing Ma		Amount		Removal	Vehall	Encapsulate	Enclosure	
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(13)		-		(12)		-		her miscellane		01 01 11)		=		ulat	le	
Exterior		-	Yes	No	N/A	Gray Tr	one	ito		220.05			_	_		
		_					UNITED STATES			630 Sf	_			Ш	Ш	
Exterior- Windows		_				Gray Ca				4 Window	-	-				
Exterior- Roof						Black F	Roof	ing Material		600 SF						
Exterior- Roof					\boxtimes	Black F	lash	ing		140 SF			Е			
Name of Registered Wast				12.0	JDEP \		200	oic Yards of	Name of Regis					50		
All Pro Management	LLC/ New	ark C	artin	g F	auler II 989/ 0		Wa	ste s Needed	GROWS North IESI Bethlehem		ess La	ndfil	1			
City, State				-	2301			posal Date	City, State	Lanunn			-	-	-	
Garfield, NJ / Newar	i, NJ						- 12	BD		PA/ Bethle	hem.	PA				
Completed By (Print or Ty	e)	Title					_	Signature			Date		_	-		
Allen Monchik	d .	2000.0	oject	Man	ager				n Monchik 12/7/18							
								1.0000	,		1 12/1	110)			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8-60-7 AND 12:1207) CONTINUATION SHEET



C NTROLA

									COIUS			
	-			811 Rattlesnake Bridge Road		Abatement Type						
Location of Asbestos-Containing Material (ACM) TO BE ABATED Ir Faculty (13)	No Main	s Locatormally Solely Stenantial Staf	Used by ce/Cust	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a I	e R m e o p v a a i		E n c l o s u r e			
	Yes	No	N/A					1				
1st Floor- Kitchen above												
Ceiling Tile by Rear Cooler			Х	White/Grey Pipe Insulation	2 LF & 6 Fittings	Х						
1st Floor- Kitchen Block above												
Stove Burner & Exhaust			Х	Insulation	480 SF	х						
		_										
	_											
	_	\vdash										
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Completed by: (Print or type) Allen Monchik	Title:	Project Manager	Signature: Allan Monchik	Date: 12/7/18
and the second s				

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

	PAID (Pursuant to NJAC 8:60 and 5:16)												78	2
Date of Notification (1)		461375			Nan	ne of Build	ina (ng Owner/Operator (2)					70	
12 /	4 /	1	18			erizon	9	o men operator	(2)	ME	GE		M	E
Agencies Notified	Type Noti	ficatio	n		Stre	et Address	3			HUH	9 5	L	IJ	
⊠ EPA					15	East Mo	onto	omery Place,	Lower Level					
☑ DOLWD ☑ DHSS	Amend					State, Zip							2018	_
□ DCA	Amend			-	110000000000000000000000000000000000000	ttsburgh				H W DI	-1.		.010	
(NJAC 5:23-8)	☐ Emergi justifica	ency (ation)	inciuai	ng		ne of Conta		02.12						
(☐ Cancel					nthony P		1		Telephone Nu 412-633-40	DA	TRO	11 8	
		- 10						ORMATION	RELEV	INC	7.			
Name of Facility Where A	atement is	s Taki	na Plac	e (3)	17	ACILITY I	IALC	DRIVIATION			_			
Verizon Whippany C			5	- (-)					Type of Facility (4 ☐ School (K-12)					
Street Address									Subchapter 8	(Other than K-1	12)			
330 Rt 10										vate and comm	ercial b	din	as.	
City (5)									homes, etc.)				J -,	
Whippany									Square Feet	# of Floors	В	g. A	Age	
County (6)					Ta									
Morris					Cou	inty Code	(7)(S	TATE USE ONLY)	Current Use (Price	r if being demo	lished)			
									Office					
Name of Monitoring Firm I			Owner	(8)	ASCN	No.	N	ame of Abateme	ent Contractor (9)					
USA Environmental	lanagen	nent						BRISTOL EN	VIRONMENTAL					
Street Address						- 5 17	S	treet Address		-				
8436 Enterprise Ave							2	1123 BEAVE	R STREET					
City, State, Zip Code							C	ity, State, Zip Co	ode			-		
Philadelphia, PA 191								BRISTOL, PA	19007					
Project Manager for Monito	ing Firm			Tel	ephone	No.	-	elephone No.		License No.		_		-
Mark Jenkins				2	15-36	5-5810	1 9	215-788-6040		00509				
Start Date (10)		Sche	duled (ompl	etion Da	ate (11)	Na	ame of OSHA M	onitor	00000				
12 /26 / _	18				5_/		1		/IRONMENTAL,	INC				
Occupancy Status During A	batement						-	reet Address	ORIIILITAL,	1110.				
☐ Facility Closed/Vacated	During En	tire Pe	riod of	Abate	ement		1 .		OTDEET					
☐ Abatement Performed C	Itside of N	Norma	I Facilit	v Hou	rs - Des	scribe	_	1123 BEAVER		-				
Time of Abatement:	AM	P	M/ <u>5:00</u>	PM-1	:30AM		1	ty, State, Zip Co	STOL, PA 19007					
Scope of Work (Check all the	at anniv)							BRISTOL, PA	19007					
	at apply)						☑ Full Containment with Negative Pressure							
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			⊠ Re						osure	live Pressure				
△ ≥100 SI 01 ≥200 II			∐ De	moliti	on			Glovebag	Procedure					
			Is	Loca	tion			□ Non-Exer	npted (*) and Non-	Friable Procedu	ıre	_		
Location of			86	Vorma	27/75/200			Description of	a		Ab	eme	ent T	ype
Asbestos-Containing Ma	erial (ACN	VI)		d Sol	ely by	Asbe	stos	Containing Mat	erial (ACM)	Amount	Re	Re	Ш	m
TO BE ABATE IN Facility	Ē				Staff?	(i.e	., the	ermal systems in	sulation.	(Specify	Removal	Renair	cap	Clo
(13)				(12)			of.	surfacing, VAT, ther miscellaneo	or us)	SF or LF)	val	7	Encapsulate	Enclosure
0. 24			Yes	No	N/A		O.	mer miscenaneo	us)				ate	(D
Basement AC Equipme	ıt Room	1				Floor ti	le a	nd mastic		412 SF		7	П	П
Basement AC Equipme	ıt Room	1	\boxtimes			Duct In	sula	ation		240 SF				
Basement AC Equipme	it Room	\boxtimes			Pipe Ins	sula	tion		80 LF		7			
2 nd Fl. AC Equipment R	om 4		\boxtimes			Pipe Ins				35 LF		=		
Name of Registered Waste	auler			N	JDEP V		100000	bic Yards of	Name of Register				ш	Ш
SERVICE TRANSPOR	GROUF	P, INC	: .		20990	No.	Wa		MINERVA LA					
City, State					20000		Dis	posal Date	City, State	ate				
YARDLEY, PA 19067									WAYNESBU	RG OH MAGO	2			
Completed By (Print or Type		Title					-	Signature						
Brian Scafiro	Estimator							Buan	Scefins,	Mar Da	ite 12 -	1-	-/0	P

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

ASB-41 B518161