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Agencies Notified Type Notifi	cation			Address	ulluers	& Deve	elopers		5 9	ا ط	1 12		2			
▼ EPA			September 20	ross Str	eet, Su	ite 301					1000000000		A Mark Colonial Colon			
DEP X Amen				tate, Zip (00.00		111	DEC	1-6	201	9	سرا از از عصداً ا			
Emerg	dment # gency (includin	g		wood, N		01		B.C. et al.	ĺ							
DOH justific	ation) ellation	_		of Contact dy Tend					elephone N			OLA	ń			
				CILITY IN		ION		1	32-941-0	1300	100		Walter Control			
Name of Facility Where Abatement is	Taking Place	(3)			01(1117)	ion	Type of Facility	(4)		-11/0		-				
building Street Address							School (K									
184 Kinderkamack Road							Subchapte Other (i.e.	er 8 (Otl	her than K- & comme	-12)	Idinas	: hom	200			
City (5)							etc.)	2				V.	165,			
Emerson							Square Feet 2000	1	of Floors		3ldg. 33	Age				
County (6) Bergen			County (STATE	Code (7) USE ONL	Y)		Current Use (P building	rior if be	eing demoli	shed)						
Name of Monitoring Firm Hired by Bui	lding Owner (8	3)	ASC	M No.		Name	of Abatement Co	ontracto	r.(9)			-				
Ctroot Add.							Environment			.C						
Street Address						25.125.25	Address Box 483, 4 E	Coto F)rivo							
City, State, Zip Code						City, St	ate, Zip Code		nive							
Project Manager for Monitoring Firm			Talaaha	N-			wood, NJ 07	418								
			Telepho	one No.			one No. 764-2276		License 703	No.						
Start Date (10) 12/19/19	Schedu 1/19/2		mpletion	Date (11))	Name o	of OSHA Monitor									
Occupancy Status During Abatement						Street A	Address									
Facility Closed/Vacated During E	ntire Period of	Abater	ment													
Abatement Performed Outside of Other – Describe: exterior	Normal Facilit	y Hour	S			City, St	ate, Zip Code									
Scope of Work (Check All That Apply)																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli				×	Full Containm Mini-Enclosur Glovebag Pro	e cedure								
	le	Locat	ion				Non-Exempte	a (*) an	d Non-Fria	ble Pro		e emen	t			
Location of	1	Normal	lly		Des	scription of	of					ре	50 			
Asbestos-Containing Material (ACN TO BE ABATED	") Ivis	ed Sole aintena	nce/	Asbes	tos Cont	aining Ma	aterial (ACM)		mount	_		ш	ш			
In Facility	Cus	todial (12)	Staff?	(1.6.	surfac	ing, VAT	insulation, , or		Specify or LF)	Remova	Repair	псар	nclo			
(13)			Τ		other m	niscellane	eous)			oval	air	Encapsulate	Enclosure			
exterior	Yes	No	N/A X			idina			20.05	-		Ф				
roof			1			siding			00 SF	Х						
roof			X			at roof			00 SF	X						
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Name of Registered Waste Hauler		N	JDEP W	aste	Cubic	te caull		1000000	red Landfil	X						
Newark Carting		Н	auler ID 4509		of Was				red Landiii al Sanitai		dfill					
City, State Newark NJ					Dispos	al Date	City, Stat	е								
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A. Scott Higgins	Presi	ident			SI	gnature	Di			ate 2/10/1	19					

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MATE	•			New Jersey		UU NOV	26	2019	
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DBA R	rpe Notification Initial		Street Addre	959 1	BEEC	HAM RI)	H-786-911-12-15	POWN THE PERSONNESS
	Amended Amendment #_	I	City, State, Z		AMSTO	WAN ALT	- /	809	ril
⊠ DOH □ DCA	Emergency (inc justification) Cancellation	accents	Name of Con	lact		Telephone No	mber	no.	
			FACILITY) O N HEORINATION			_		
Name of Facility Where Abate		Place (3)			Type of Fac				
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					homes, e			Eldg. A.g	9
City (5)	an cit	Ý			1500	_ _ 2		50	
County (6) CLAPE	MAY		County Code USE ONLY)	(7) (STATE		(Prior if being denx ACAW T	Alshed)	
Name of Monitoring Firm Hired	and the same of th	ner A	SCM No.	Name of Abates	THE CONTRACTOR	(9)			
(8) N/A		=		Street Address					
Oil Chile Tin Code				City State, Zip (C∞de	RUCE AU	_		
City, State, Zip Code					IPLE SI	LADE N.	0	505 3	<u> </u>
Project Manager for Monitoring	Firm	Teleph	one No.	Telephone No. 856-77	9-0472	License No.	37	1	
Start Date (10)	Schedule	d Completion	Date (11)	Name of OSHA	Monitor A I / II	1		٠.	
Occupancy Status During Abat				Street Address	19/1	`			
Facility Closed/Vacated Duri	ing Entire Period	of Abateme	nt	City, State, Zip C	code	 			
Other - Describe:									
Scope of Work (Check all that a				Full Con		egative Pressure			
≥3 sf or ≥3 H ====================================		Renovation Demorition		Gloveba	g Procedure	lon-Friable Procedu	re		
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Location of	1	Normally ed Solely by aintenance/	Achesi	Description of os Containing Mate	erial (ACM)	Amount	-		n _ m
Asbestos-Containing Material (TO BE ABATED		Custodial Staff?	(i.e.,	thermal systems in surfacing, VAT,	nsulation. or	(Specify SF or LF)	Romova	Repair	Enclosure
IN Facility (13)		(12)	┦.	other miscellaneo	us)		lawo	alr Clare	ure
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SIDING		X		MAZITE					
								+	++
		NIDE	Waste	Cubic Yards	Name of Reg	istered Landfill	لــــا		1
Name of Registered Waste Haufe	r (Hauses	D No.	of Waste		MCMU	A	===	
City. State	111 =			Disposal Date	City. State : WOON Y		.5		
Completed By	W. J.			Signature	7	Dale -	15-	19	
MICHAEL VICUM	PRE	<u> </u>		Mull	/u				

D&S Proj. #: 19-272	07	OD	INC			sbest	to	s Abatement	-	EC	E			
(Kpa10)	,	PA	D (FL	115	dant to NJA	C 8.1	bi	0 and 12:120)		ider (Mer und Salstaur)	enten mine e	en letu's	anneau ann	The state of the s
Date of Notification (1)		Name	of Building	Ov	ner/Operator (2)				DEC	1-6	20	19	11-
1 2 0 9 1 9 Agencies Notified Type Notified	otion		ert Dignazi	io						·	TO COMPANY	man VVC	***************************************	
EPA Initial	ation	Street /	Address							. स्टाइटिटिट । ।	OS C GENS		WI.	ia
☐ DEP ☐ Amended									**************************************	~	Communication (C)			DP_6110
DOL Amendment			ate, Zip Coo											
☑ DOH ☐ Emergency			rison, NJ 0	70	129		-	TO DO SOLUTION OF THE SOLUTION	Train	barra Nissa				
DCA justification									1 elep	hone Num	ber			
Cancellatio	on	Rob	ert Dignaz	zio			_		9			_		
				AC	CILITY INFORM	MATIO	NC	I						
Name of facility where abatement	is taking	place (3)							Type of Faci					
Residential								1	=	hool (K - 1		11. a.a. b	(10)	
Street Address						_				bchapter 8 ner (Private			(-12)	
								9	Blo	gs./Homes	, etc.		I-I A	
City (5)	Co	ounty (6)		=		Co	1111	nty Code (7)	Square Fee	# of Fl	oors	60	ldg. A	ge
				te use only)	Current Use	_	eina de	-	ed)					
Harrison, NJ 07029		udson		1					Residentia					
Name of Monitoring Firm Hired by	Bldg. Ow	ner (8)			ASCM No.			Name of Abatement						
N/A Street Address		-		_		_	-	D & S RESTOR Street Address	ATION, INC.					
oli oci Addiess							1	20 California A	1/0					
City, State, Zip Code				_		-	6	City, State, Zip Code	vc.	-	-		-	
							1	Paterson, NJ 07	503					
Project Manager for Monitoring Firm	1		Phone Nu	mb	er		1	Telephone Number		Licens	se Num			
							L	973-345-8020			01169)		
Start Date (10)	Sche	ed. Comp	letion Date	(11	1)		ľ	Name of OSHA Mon D & S Restorati						
12/11/19		18/2019					1	Street Address	on, me.			-		
Occupancy Status During Abateme		1.02	ē.				-	20 California Av	renue					
Facility closed/vacated during Abatement performed outside	of norma	riod of ab	oatement. nours-				1	City, State, Zip Code						
Describe: Normal hour				-		-		Paterson, NJ 07	502					
Scope of Work (check all that apply						_	1		Full Containmen	st w/nogotiv	10 PF00	21150	_	
≥3 sf or ≥3 lf	Renovat	ion						Sections	Mini-enclosure	n willegan	ve pres	sure		
≥160 sf or ≥260 lf	Demolitic	on							Glovebag proce					
Location of			illy used sol	ely					Non-Exempted	(*) and No	n-triabil	R	Edure	
asbestos-containing	by main staff(12)	tenance/	custodial					bestos-containing	Amoun		e m	e	n	E n
material (acm) to be abated in facility (13)	Yes	No	N/A	_	material (/	ACM)			(Specif	y SF or	0	a	a	C
				_	D' 1 1		_				e	1	p	
basement		LX	4	4	Pipe Insulat	ion			34 LF			닏	빝	1
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Registered Waste Hauler D & S RESTORATION, INC.		EP Haul 506	er ID#		ibic Yards of W yds.	laste	1	Name of Registered TULLYTOWN, I		RECOVE	RY			
City, State PATERSON, NJ 07503			Disposal	D	ate		T	City, State TULLYTOWN,				34	Constitution of the last of th	-
Completed by (Print or Type)	Title		_1	T	Signature		1	T &		Date				
BOGDAN JOLDZIC	PRESI	DENT	m for ashor		e licáneura ava	mpfe	Y	activities		12/09	9/19			

-12-11 15:30 Tov# 1008	O She	ide	Envi	ronment	:al 1 >> 6	09 633 066	4	C	2	2/4
1 tout 1008	50)		Stat	tw of New	Jeresy		ILL		ك س	n L
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12 / 11 / 15		A		Building Ov 180 of Can	vner/Operator (2)	' <u>- 50</u>	L-100	-	ورور در چومده این	Name.
gencies Notified Type Notification		18	Stropt A				1	14	た に NENS	ONLO MO
EPA (nitial DOLWD Amended		-		larket Stre	1.7.1	1 4 1			William Ten	-
Amendment #		1		ile, Zip Çode dan, NJ 08			2	/		
DCA Emergency (I	reluding	7		Contact		MEDE	Telephone Num	BB5, ,		+
Gancalistion			Pat W	Villiams		WAY	868-583-28	57		
			FACI	LTTY INFO	RMATION					-
Takir	g Place (3)				Type of Facility (4)			
Saint Joseph High School						School (K-12) Subchapter B	Other than K-1	2)	\r	
328 Vine Street						Other (i.e., prh homes, etc.)	12te and pomme	aucisi puli	cings,	
Ny (5)			*****			Square Fest	# of Floors). Age	
Hammonton		-	Carre	Cade Into	TATE DOG AW M	49,000 Current Use (Prio	2 >	7	Ų.	
County (6)			County	y Code (7)(8	INIE USE ONLY)	Fieldhouse	r is hellig gettion	ioi7Cu)		
Name of Monitoring Firm Hired by Building	Owner (8	3) A	SCM N	lo. N	lame of Abstome	ini Cantractor (9)		-	-depose	
MDG Environmental, LLC	No.				Shade Enviro	nmental, LLC				
Street Address				8	treet Address					1000
1000 Maplewood Drive, Sulta 207					623 Cutler Av	The state of the s	-			-
City, State, Zip Code Maple Shade, NJ 05052				10	Maple Shade					
Project Manager for Manitoring Firm		Telep	hone N	lo. T	elophone No.		License No.			
Chris Macri			5.755-		856-755-0099		00842			
	aduled Co				izme of OSHA N EMSL Analyt					
12 / 13 / 19 Occupancy Status During Abatement (Chi					Street Address	Act lines			-	
Facility Clessed/Vacated During Entire I	erlad of	Abaten	nent	1	200 Route 13	10 North				
Absternant Performed Outside of Norm	al Pacility DMr	Houn	a - Desc	cribe c	City, State, Zip C					
					Cinnaminson	1, NJ 05077				
Scope of Work (Check all that apply)			24.00		⊠ Full Con	tainment with Neg	ative Pressure			
≥3 st or ≥3 if ≥150 st or ≥260 if		novati molitic				g Procedure empted (*) and No	- F-1-1- C	al imm		
	la la	Locat	IOR	г —	L Non-Ex	Subtee (_) sue Me	U-LIMBIA LIGER	Ab	si eros	nt Type
Location of	1	Norma d Sole	tly	Ravan	Description os Containing M		Amount	-	7	
Asbestos-Containing Material (ACM) TO BE ASATED	Ma	intena	incel	(i.o.,	thormal systems	insulation.	(Specify	Removal	Repair	Encapsatate
IN Facility (13)	- Cus	(12)	orant.	1	purfecting. VAT other miscellan	adns)	ar or Lr)	=		state
	Yes	No	NVA					-	Sparing .	
Fieldhouse Locker Room		X		Pipe Inst	Litation		4 LF		X	
			0				-		旦	
Name of Registered Wasts Heuler Shade Environmental, LLC			UDEP leuler II 3242	Q No.	Cubic Yards of Waste		sterod Landfill ounty Utilitie:	s Autho	rity	
City, State Maple Shade, NJ					Disposal Dato 12/14/2019	City, State	or Township,	МЛ		
Completed By (Print or Type)	Title		_		Signature			Date		
		reald	ent of	Operation		Day		12/	110	3
Christina Fay										

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CK 10270	PA		NO		oursua	ant to NJ	BESTOS ABA AC 8:60 and 5:	16)	EGE				Same of the same o
Date of Notification (1)	11 /	4	0		1		ng Owner/Operator	1 4 2 2 2	_	00		TATALAN TATALA	TOTAL PARTY
	11 /	1			S	oringtield	Township Scho	ool District	DEC	1 6 20	19		31
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☑ EPA ☑ DOLWD	☐ Initial	he					onville-Jobstow	n Road	ASSESTOS	COCRUE	451 S	ز <u>آب</u> د	
☑ DOH	Amendr		¥		93793	State, Zip		1		NSING			-
□ DCA	☐ Emerge	ncy (i	ncludi	ng		bstown,				THE STATE OF THE PARTY OF THE P	-	Laphage and the	h1
(NJAC 5:23-8)	justifica	1.5				e of Contac			Telephone N	Number			
	☐ Cancell	ation				e Knewas			609-417-	0638			
Name of Facility Where A	hatement is	Takin	a Diag	0 (2)	F.A	ACILITY	NFORMATION	T					
Springfield Townsh								Type of Facility (
Street Address	ih riemen	tary .	SCHO	01	55,10-15			School (K-12) (Other than k	(-12)			
2146 Jacksonville-J	lohetown I	Dood						Other (i.e., pr	ivate and com	nmercial b	uildin	gs,	
City (5)	ODSLOWIT	Toau						homes, etc.)					
Jobstown								Square Feet	# of Floors	E	Bldg. A	\ge	
County (6)					Cou	nh. Cada /	7\/OTATE!!!!! ON!! \0	52,000	2		68		
Burlington					000	illy Code (/	(STATE USE ONLY)	Current Use (Prio	or if being den	nolished)			
Name of Monitoring Firm	Hired by Bui	Idina (Owner	(8)	ASCN	l No	Name of Abatem	ent Contractor (9)					
TTI Environmental,		9		(5)	000			onmental, LLC					
Street Address							Street Address	Offinierital, LLC					
1253 N. Church Stre	et						623 Cutler A	venue					
City, State, Zip Code							City, State, Zip C				_	_	
Moorestown, NJ 080)57						Maple Shade						
Project Manager for Monit				Tel	ephone	No	Telephone No.	, NJ 00032	License No				
Jim Guilardi	3				4	0-8800	856-755-0099		00842	•			
Start Date (10)		Sched	duled (ate (11)	Name of OSHA N		00042			_	
12 /30 /				The second second	1 /		EMSL Analyt						
Occupancy Status During			12 St. 12										
☐ Facility Closed/Vacated					ement								
☐ Abatement Performed	Outside of N	ormal	Facilit	у Ноц	rs - Des	scribe	200 Route 13 City, State, Zip Co				70.		
Time of Abatement:	AM	PI	VI/	PM		_AM	Cinnaminsor						
Scope of Work (Check all t	that apply)							.,			3-5-3-0-3		
≥3 sf or ≥3 lf≥160 sf or ≥260 lf				enovat emoliti			☐ Mini-Enc ☐ Gloveba	tainment with Nega losure g Procedure mpted (*) and Non-					
			192	Loca							atem	ent T	ype
Location o Asbestos-Containing M		7)		Norma	ely by	Aabaa	Description o				_	1	_
TO BE ABAT	ED	1)		inten			stos Containing Ma , thermal systems i		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
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(13)			Yes	No	N/A		other miscellane	ous)				ate	(0)
1957 Wing Closet						Floor Ti	le and Mastic		100 SF		П	П	
			П						100 01			_	
					12						Ш	Ш	Ш
Name of Devistant 181.													
Name of Registered Waste Freehold Cartage	Hauler			1000	IJDEP \ lauler ID		Cubic Yards of Waste	Name of Registe					
					15939		1	Fairless Lan	atili				
City, State Freehold, NJ							Disposal Date 12/31/2019	City, State Morrisville, I	ΡΔ				
Completed By (Print or Typ	e)	Title					Signature	, mornio, i		Dati			
Christina Fay	~,			eside	nt of C	Operation	10	1001)		Date 12/1	120	i i	

IN# 10 185

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02622921	PAII		NOI	(Pi	ursu	ON OF A	SBESTOS AI JAC 8:60 and	BATEMENT 5:16)	ME	C	2 2 2		1	
Date of Notification (1)	107				Na	me of Build	ling Owner/Opera	tor (2)			Auntria	- ALIANO	NATURE OF	2000
12 / 12	2/	2019	_		1	andy Ma			ill ill m	En 1	_	000		
Agencies Notified	Type Notific	cation				eet Addres			ial iai u i	EC 1	6	201	9	-
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DCA	☐ Emerger		udina	er i			NJ 07405	3	Service Contract Services	LICEN	US!	10		~
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ii					F.	ACILITY	INFORMATION		1			-		
Name of Facility Where Al	batement is	Taking P	lace	(3)			Ortina riole	Type of Faci	ilib. (4)		7			
Markowitz Residen	ce							School (H						
Street Address								── Subchap	ter 8 (Other than	n K-12)				
								Other (i.e homes, e	., private and co	ommer	cial i	buildir	ngs,	
City (5)								Square Feet			٠,	21.1		-
Kinnelon								2,193	2	118		Bldg.	Age	
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Morris					14	15		Residence	(i noi ii beilig di	emonsi	iea)			
Name of Monitoring Firm H	lired by Build	ding Owr	ner (8) A	SCN	I No.	Name of Abate	ment Contractor				_	-	_
N/A				N	I/A		Acme Profe	essional Ser	vices Corn					
Street Address							Street Address	occional oci	vices corp		_			_
I/A							550 Rifle C	amp Rd						
City, State, Zip Code							City, State, Zip					_		
I/A								Park, NJ 0	7/2/					
roject Manager for Monito	ring Firm			Telepi	hone	No.	Telephone No.	1 and, 140 0	License N	lo.				
I/A				N/A			973-938-52	66	02003	VO.				
tart Date (10)	S	chedule	d Con	npletic	n Da	ate (11)	Name of OSHA		02003					
12 / 23 / 20		12		27	_ / .	2019	Arsenije Ad							
ccupancy Status During A	batement (C	heck on	ly one	e) .			Street Address	anov	-					
Facility Closed/Vacated	During Entire	Period	of Ab	ateme	ent		550 Rifle Ca	amn Rd						
Abatement Performed O	utside of Nor	mal Fac	ility F	lours -	Des	cribe	City, State, Zip (Code			-			
Time of Abatement:		_PIVI/_		РМ		AM		ark, NJ 074	24					
cope of Work (Check all th	at apply)							an, 110 01 4.	27					
≥3 sf or ≥3 lf			Reno	vation			☐ Full Co	ntainment with N	egative Pressur	re				
≥160 sf or ≥260 lf				olition			☑ Mini-En	closure ag Procedure						
			No mar disco				☐ Non-Ex	empted (*) and N	Ion-Friable Proc	cedure				
Location of				cation mally	1					T	Ab	atem	ent T	vp
Asbestos-Containing Mai	terial (ACM)		sed S	Solely		Ashes	Description stos Containing M	of			15-26			-
TO BE ABATE IN Facility	D			enance ial Sta		(i.e.	, thermal systems	insulation.	Amount (Specify		Removal	Repair	nca	
(13)		00		12)	11.5		surfacing, VA7	, or	SF or LF))	oval	Ŧ	Encapsulate	Ti to to dail o
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ne of Registered Waste H	lauler					/aste	Cubic Vardo of	Nome of D						
ne of Registered Waste H] [] NJDE Haule] EP Wer ID	No.	Cubic Yards of Waste		stered Landfill					
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ne of Registered Waste H me Professional Se , State] [] NJDE Haule] EP Wer ID	No.	Waste 2 cubic yards Disposal Date	Fairless La	andfill					
ne of Registered Waste H me Professional Se , State Dodland Park, NJ	ervices C	orp] [] NJDE Haule] EP Wer ID	No.	Waste 2 cubic yards Disposal Date 12-30-19	Fairless La	andfill					
ne of Registered Waste H me Professional Se , State	ervices C] [] NJDE Haule] EP Wer ID	No.	Waste 2 cubic yards Disposal Date 12-30-19 Signature	Fairless La	andfill le PA					

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) 12-//-/9 Agencies Notified JAMES Type Notification Street Address **EPA** Initial DEP Amended ASSESTOS CONTROLA DOL Amendment # MooRESTOWN
Name of Contact LICENSING Emergency (including DOH justification) Telephone Number DCA Cancellation JAMES **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) RESIDENTIAL Street Address School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age MOORESTOWN 1500 County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. 1/45 ENV. INSPECT FRYMAR CONSTRUCTION Street Address City, State, Zip Code 0 BOX . 1158 City, State, Zip Code Project Manager for Monitoring Firm Telephone No. Telephone No. License No. BRIAN 5 Start Date (10) 267-784-4693 Scheduled Completion Date (11) Name of OSHA Monitor Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Normally Type Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED Encapsulat (i.e. thermal systems insulation, (Specify Enclosure Remova Custodial Staff? Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) No N/A BASERIENT PIPE WRAP Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste CONSTRUCTION WESTERN BER City, State Disposal Date City, State

Completed by

Title

Date

Signature

Inv# 11	0781	偽	NO		ATIO		SBES	TOS ABA		France Therese			- Markey	Bur nam.	Non and
UK Udl	<u> </u>			(F				60 and 5:1	,	ME (C		V		[25%.] [14
Date of Notification (1)					1		_	ner/Operator		175			- Annahara	- W. C.	
	10 /	19	<u> </u>		No	orth Hand	over B	Board of Ed	lucation	וח ווו	FC 1	r	വരുക		A CANADA
Agencies Notified EPA	Type Notifi	cation			0.000	et Address				iz til UI	-6-	Ū.	2019		
☑ DOLWD	☐ Initial	ad				1 Monmo		Road			ta in opaș				ĺ
☑ DOH	Amendr					State, Zip			ř.	Addition	TOS	QCA.	THE	Lä	
☑ DCA	☐ Emerge		ncludir	ng		rightstow		08562	T ₁ to the	***************************************	LICEN	- Aller Market	u Marie	-	· i*co·*eto aca
(NJAC 5:23-8)	justifica Cancella					e of Contact elen Payn				Telephone					
						CILITY II		MATION		003-736	0-2000	_			
Name of Facility Where A	batement is	Takin	g Plac	e (3)			0		Type of Facility	(4)					
Clarence B. Lamb E	lementary	Sch	ool				+		School (K-1	2)					
Street Address									☐ Subchapter	8 (Other than	K-12)	h.	.11.211.2.2		
46 Schoolhouse Ro	ad								Other (i.e., phomes, etc.	private and co .)	mmer	cial bi	ullding	JS,	
City (5)									Square Feet	# of Floor	rs	BI	dg. A	ge	
Wrightstown									48,000	2			62		
County (6)					Cou	inty Code (7	7)(STAT	E USE ONLY)	Current Use (P	rior if being de	emolish	ned)			
Burlington								74	School						
Name of Monitoring Firm		lding (Owner	(8)	ASCM	ADPORTMENT	81		ent Contractor (9	5 0)					
RJB Environmental	inc.				001	49			onmental, LLC	:					
Street Address							12000000	et Address							
615 Prospect Avenu	ie							3 Cutler A							
City, State, Zip Code Morrisville, PA 1906	7						1	State, Zip C							
Project Manager for Monit				T-I		Ma	_		, NJ 08052						
Richard J. Beach	oning Finni			1	ephone	NO. 1-9212	4	ohone No. 6-755-009 9		License N	10.				
Start Date (10)		Schen	uled C			ate (11)	2500	e of OSHA N		00842					
12 / 23 /	0.00000					19	10.000.000.000	/ISL Analyt	0.75.00						
Occupancy Status During	Abatement (Jero on				et Address			-	- 12			
☐ Facility Closed/Vacated					ment			0 Route 13	0 North						
☐ Abatement Performed	Outside of N	ormal	Facilit	y Hou	rs - Des	- Describe City, State, Zip Code									_
Time of Abatement:	AM	PN	Λ/	PM		_AM			n, NJ 08077						
Scope of Work (Check all	that apply)					20-2-00-0									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				enovat emoliti				☐ Mini-Enc ☐ Glovebag	tainment with Neg losure g Procedure mpted (*) and No	59 Selek					
				Loca	700							Ab	ateme	ent Ty	уре
Location o Asbestos-Containing M		15		Norma		Asha		Description o			.	R	R.	Щ	щ
TO BE ABAT	ED	')	Ma	intena	ince/	(i.e.	thern	ontaining Ma nal systems i	insulation.	Amount (Specify	-	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)			Cus	todial (12)	Staff?		sur	facing, VAT,	or	SF or LF		val	7	sula	sure
(13)			Yes	No	N/A		otne	r miscellane	ous)					ate	
Corridor A112				\boxtimes		Tar Pap	er/Ma	stic		44 SF		\boxtimes	П	П	
Corridor D125A						Tar Pap	To the same of			81 SF					
						130.130				0101		_			
		-	=			-								늬	
Name of Registered Waste	Haular					Masta	Out:	V1f					Ш	Ц	Ш
Freehold Cartage	Taulei			10000	JDEP \ auler II 15939	O No.	Waste	Yards of	Name of Regis Fairless La						
City, State					. 3500			sal Date	City, State			(<u></u>			
Freehold, NJ							12/3	31/2019	Morrisville	, PA					
Completed By (Print or Typ	e)	Title					S	Signature			Date				
Christina Fay		Vi	ce Pr	eside	nt of (Operation	ns (Auta	Han		12	10	19		

Inv#10598

State of New Jersey Notification of Asbestos Abatement

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UB/200			(Pur	suant to N.J.A.C.	8:60-7 and 12:120-7)	ALTER STATE	DEC	1 0	2046					
Date of Notification (1) 12/9/2019					Name of Building Owne		UEU	<u>I h</u>	2019					
Agencies Notified		Notification	Туре		Assunta& Tony Triscl Street Address		AS COMPA	esseries market	mentahan sisa. Nganggrapa, g					
⊠ EPA □ DCA		□Initial No		1	City, State, Zip Code Fair Lawn NJ 0741	Total Marie Sales	ASSEST Lie	CA CA	HO HEEME	11.4 <u>0</u>	torson material			
⊠ DOL				fication (including	Name of Contact	U	Talash	No						
□ DEP 図DOH		justification □ Cancelle			Andres Ferradans		Teleph	one Nu	mber					
				FACILITY IN	IFORMATION									
Name of Facility Where Abour Private House	atement is	Taking Place (3)		Type of Facility (4)									
Street Address					☐ School (K-12) ☐ Subchapter 8 (other	than K-12)								
					X Other (i.e. private & c	commercial bu	ildings., ho	mes, e	tc.)					
	County (6)			ty Code (7)	Sq. Feet: # 1700 of Flo Current Use (prior if beil	ors:1 Bidg. Ag	e: 59 years	s old						
Fair Lawn NJ 07410	Bergen		(State	Use Only)	Current ose (prior il bell	ng demonshed	і). поше							
Name of Monitoring Firm Hi	ired by Bldg	. Owner	ASCN	/ No.	Name of Contractor (9)						*			
Consulting Services of Ame	erica				BL Contracting Inc.									
Street Address 9 Glenside	Trail				Street Address									
City, State, Zip Code Spa	rta 07871				5 Marguerite Lane City State, Zip Code									
Project Manager for Monitor	ring Eirm	Tolombana	ll.		Towaco NJ 07082									
Mike Chain	ing Film	Telephone 1 732-921-922			Telephone Number 5 Marguerite Lane		License 01265	Numbe	<u> 3E</u>					
Scheduled Start Date (10)		Schodulad (Complet	ion Date (11)			01200							
12/13/ 2019		12/25/2019		ion Date (11)	Name of OSHA Monitori	na								
Occupancy Status During A ☐ Facility Closed/Vacated ☐ ☐Abatement Performed Out	During Entire	Period of Ab	atemen	t	Street Address									
Describe	10,00	mai r domey ri	ours -		City, State, Zip Code									
⊠Other – Describe: Monda	ay-Sunday	7AM-4;30 PM			k 0 2 2 3 3									
Source of Work (Check all the	nat apply)													
≥ 3 sf or ≥	3 If			☑ Renovat	ion \square	Mini-Enclosu	re							
X≥ 160 sf or	≥ 260 If			☐ Demolition	on 🗆	Glove-bag Pro	cedure							
Location of Asbestos-	lelo	cation Normal	he	Description of A	kaataa Caatai in Nilii	Non-Friable I								
Containing Material (ACM) in		Solely by	ıy	(ACM) (i.e. therm	bestos Containing Material nal systems insulation,		nt ify SF or	Abate	ement 1	ype				
Facility (13)	Main, YES	Custodial Sta	ff (12) NA	surfacing, VAT, o	or other misc.)	LF)	y 01 01	Remove	Repair E	Encap En	close			
Basement			×	Floor Tiles	***************************************	680 SI	F	X		Г	Г			
Name of Reg. Waste Hauler		NJDEP Wast	er ID#	Cubic Yards of Waste		Name of	Regist	ered La	andfill					
BL Contracting Inc		0036784		6		T.R.RF	3.34							
				Disposal Da	te	Ci	ty. Stat	e						
			12/25/2019			illy tow								
Completed by (Print or Type)		Title			Signature		Date 12	/9/2019	9					
Nedo Vasilic		Project Mana	ager		Neilo Vasi	lic 1	<u>Date 12/9</u> /2019							

15010 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) 08/09/2019 JOSEPTH. TAFFARO & SON CONTRACTING INC 1 6 Agencies Notified Type Notification Street Address P.O. BOX 1046 **EPA** Initial DEP City, State, Zip Code Amended LICENSING X DOL Amendment # MANAHAWKIN NJ. 08050 Emergency (including Name of Contact DOH justification) Telephone Number DCA Cancellation JOSEPTH TAFFARO 201-388-7272 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) PRIVATE School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, X City (5) Square Feet Bldg. Age # of Floors North Bergen NJ. 07047 1,500 SF. 105 2 County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) HUDSON YES Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A NORTH EAST ENVIRONMENTAL LLC. Street Address Street Address 4919 BERGENLINE AVE City, State, Zip Code City, State, Zip Code WEST NEW YORK NJ. 07093 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 201 776 0642 01300 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 08/10/2019 EMSL ANALITYCAL INC Occupancy Status During Abatement (Check Only One) Street Address 307 W. 38 ST. Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: NEW YORK N.Y. Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure × ≥160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Procedure X Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED Enclosure (i.e. thermal systems insulation, (Specify Remova Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A FRONT PORCH FLAT ROOF X ROOFING MATERIAL 370. SF X

| Yes | No | N/A | | N

TRI- STATE ASSOCC

City, State

NIDEP Waste Hauler ID No. 19951

Name of Registered Landfill of Waste TBD

City, State

BRONX N.Y.

TBD WAYNERBURG OHIO

Completed by Title Signature Date CARLOS ESQUIVEL SAFETY MANAGER

08/09/2019

N# 16782)			State of	New Jersey						
MC) 26229	1109	NC 3/	OTIFIC	CATI Pursu	ON OF A	SBESTOS AE JAC 8:60 and	BATEMENT 5:16)	ME	GE		V	
Date of Notification (1)	100		(_,	Na	me of Build	ling Owner/Opera	tor (2)					21720
12 / 12	/ 2019	9		1 8	nathan l		(2)	ll III n	EC 1	6 2	กาก	
	Votification	n			eet Address			., 13; 89	40 1	0 2	UIJ	
☑ EPA ☑ Init							ŀ		e en armen e tempera y e	THE SELECT	etrone conse	to an a
	ended endment	#		City	, State, Zip	Code	3	Adag	STOS C LICENS	Y HA	RCJ.	14
□ DCA □ Em	ergency	0.55.00	ing	Ma	adison, N	NJ 07940	f- 14	A THE STATE OF THE PROPERTY.	Chilly	31170		
(NJAC 5:23-8) just	tification) ncellation			- 1	me of Conta			Telepho	ne Numb	er		
L Cai	iceliation				nathan k			1				
Name of Facility Where Abateme	-4 i- T-1:	Di	(0)	F	ACILITY	INFORMATION						_
Kozy Residence	nt is Taki	ng Pla	ce (3)				Type of Facil	75. 2005				
Street Address							School (K	-12)	an V 12)			
							☑ Other (i.e.	, private and	commerc	ial bu	ildings	i,
City (5)							homes, et	tc.)			15700	200
Madison							4,000	# of Flo	OUTS	56	ig. Ag	9
County (6)				Co	unty Code	(7) (STATE USE ONL		0.000	demolish			_
Morris				14	17		Residence	e	Jonnollall	ou/		
Name of Monitoring Firm Hired by N/A	Building	Owne	r (8)	ASC	Л No.		ment Contractor	(9)	C	-		_
Street Address				N/A		Acme Profe	essional Serv	rices Corp)			
N/A						Street Address						
City, State, Zip Code						550 Rifle C						
N/A						City, State, Zip		7424				
Project Manager for Monitoring Fire	m		Tel	ephone	No.	Telephone No.	Park, NJ 07	License	No			
N/A			N/A	4		973-938-52	66	02003	50Y000000			
Start Date (10)					ate (11)	Name of OSHA		02000				_
12 / 20 / 2019				/	2019	Arsenije Ad	amov					
Occupancy Status During Abateme	ent (Chec	k only	one)			Street Address						_
☐ Facility Closed/Vacated During ☐ Abatement Performed Outside of	⊏ntire Pe of Normal	riod of	Abate	ment	scribe	550 Rifle Ca						
Time of Abatement:AM-	PI	M/	PM-		_AM	City, State, Zip						
Scope of Work (Check all that apply	v)					vvoodland F	ark, NJ 0742	24				
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			enovati			✓ Mini-Er ☐ Gloveb	ntainment with Ne closure ag Procedure empted (*) and N					
Location of			Locat Norma			6250 25567	6-0			Abat	ement	T
Asbestos-Containing Material (A	CM)	Use	ed Sole	ly by	Asbes	Description stos Containing M	aterial (ACM)	Amou	-			_
TO BE ABATED IN Facility			todial S		(i.e.	, thermal systems surfacing, VA	insulation.	(Speci	fy	Removal	Repair	-
(13)			(12)		1	other miscellan	eous)	SF or L	.F)	<u>a</u>	l d	-
Danassari		Yes	No	N/A							6	ř
Basement				X	9X9 Til	e and Mastic		144sqft		X I	10	
												-
												1
Name of Registered Waste Hauler				JDEP V	Vaste	Cubic Yards of	Name of Regis	stered Landsi			7	1
Acme Professional Service	es Corp)	Ha	auler ID 38176	No.	Waste 2 cubic yards	Fairless La					
Woodland Park, NJ						Disposal Date	City, State	**********				
Completed By (Print or Type)	Title					12/26/19	Morrisville	PA				
Arsenije Adamov	10.000.00	oid -	. 4			Signature	55.0		Date			
SB-41	Fre	sider	IL			Arsen	ize Ada	nov	12/12	2/19		

Date of Notification (1) Name of Building Owner / Operator (2) NOVARTIS PHARMACEUTICALS CORPORATION Street Address Agencies Notified Type of Notification	185 W B I
Street Address	I W IS I
Agencies Notified Type of Notification	(Sheetsheets in the second
THEALTH PLAZA	
☐ Amended ☐ Amended ☐ EAST HANOVER, NJ 07936 ☐ ☐ ☐ ☐	6 2019
DOH Amendment #_2 Name of Contact Telephone Number Emergency w/ justification HASSAN NEKOUI	2010
Cancellation 862-778-8799(-3.778)	WATROLE
FACILITY INFORMATION LIGHT	
Name of Facility Where Abatement is Taking Place (3) NOVARTIS Type of Facility (4)	
Street Address School (K-12) Subchapter 8 (Other than K-12)	
1 HEALTH PLAZA Other (I.e., private & cmmercial bldgs., homes, etc.)	
EAST HANOVER MORPIS County (6) County Code (7) Square Feet # Of Floors Building Age	
N/A N/A Current Use (Prior if being demolished)	
N/A	
HILLMANN ENVIRONMENTAL	
Street Address NORTHSTAR CONTRACTING GROUP, INC	
City State 7 in Code	
Union, NJ 07038-1597	
Project Mingr. For Monitoring Firm Telephone Number	
Sheduled Start Date (10) Sched. Completetion Date (11) Telephone Number License Number	
Occupancy Status During Abatement (Check Only 1) Name of OSHA Monitor	
Abatement Street Address	
Hours - Describe:	
Other - Describe: Friday 7:00AM-Monday 7:AM	-
Scope of Work (Check All That Apply)	
☐ Demolition ☐ Renovation ☐ Full Containment with Negative Pressure	13
≥3sf or ≥3lf Mini - Enclosure	
☐ ≥160 st or ≥260 lf ☐ ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure	
location of	
Asbestos Containing Location Asbestos - Containing R E	ĮΕ
TO BE ABATED Used (I.e., thermal systems (Specify M F	N C
Solely insulation, surfacing, VAT, SF or LF) O P A	L
tenance/	o s
Custodial L R U	U R
EXTERIOR BELOW GRADE DIPE 251 F	K
25LF	
Name of Registered Waste Hauler NJDEP Waste Cubic Name of Registered Landfill Hauler ID No. Yarde	
NORTHSTAR CONTRACTING GROUP, INC 4509 of Waste	
City, State NEWARK N.I. Disposal City. State	
EAST HANOVER, NJ	
Completed by (Print or Type) STEVEN STILES Title PROJECT MANAGER Date	
ASB-41	12/13/19

#110767 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) 1 6 2019 Name of Building Owner/Operator (2) 12/13/2019 Newark Public Schools Agencies Notified Type Notification Street Address 190 Muhammad Ali Avenue LICENSING EPA Initial DEP Amended City, State, Zip Code × DOL Amendment # Newark, NJ 07108 Emergency (including Name of Contact DOH justification) Telephone Number DCA Cancellation Mr.Benjamin Olagadeyo 973-993-7544 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Chancellor Avenue Elementary School School (K-12) Street Address Subchapter 8 (Other than K-12) 321 Chancellor Ave. Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Newark, NJ 67,000 65 County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Essex School Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) TTI Environmental, Inc. Smac Corp. Street Address Street Address 1253 North Church Street 431 North Midland Ave. City, State, Zip Code City, State, Zip Code Moorestown, NJ Saddle Brook, NJ 07663 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Mr.Jim Guilardi 856-840-8800 201-791-6777 01110 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12/13/2019 12/15/2019 EMSL Analitycal, Inc. Occupancy Status During Abatement (Check Only One) Street Address 1056 Shelton Ave. Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Piscataway, NJ 08854 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure

Location of	Is Location Normally Used Solely by Ashestes Containing Metarial (ACM)						Abatement Type					
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole iintenar todial S (12)	nce/	Asbe (i.e	estos Containing Mater e. thermal systems ins surfacing, VAT, or other miscellaneou	ulation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
	Yes	No	N/A					a	7	late	лге	
Room 302		X		Insulation			9 lf	X		X		
Name of Registered Waste Hauler		N.	JDEP W	aste	Cubic Yards	Name of	Registered Landfil					
Smac Corp.			auler ID I 3590	No.	of Waste	1999	Lendfill	•				
City, State Saddle Brook, NJ	16590			Disposal Date 12/15/2019	0.00	City, State Morrisville, PA						
Completed by Borce Gjorsoski	dent			Signature	Di			ate 2/13/2019				
ASR-41 (P-06 00)		gozete)										

Burersteal State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 12 13 DEC Johnson Development Group 1 6 2019 Agencies Notified Type Notification Street Address ☐ EPA ☐ Initial 86 Summit Ave. Suit 201 ASEESTOS CONTROLA □ DOLWD City, State, Zip Code LICERSING ☑ DOH Amendment #1 Summit, NJ 07901 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation James Hamilton 864-415-2036 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) 1239 Broad St. ☐ School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 1239 Broad St. homes, etc.) City (5) Square Feet # of Floors Bldg. Age Newark 47,000 15 100 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Essex Warehouse Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health & Safety Services Inc Highground Industrial LLC Street Address Street Address Po Box 365 12 Industrial Drive City, State, Zip Code City, State, Zip Code Berlin NJ 08009 Florida NY 10921 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 856-452-1311 201-252-8600 01370 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __1__ / __6 _ / _20 2 / 6 / 20 Highground Industrial LLC Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 12 Industrial Drive Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/__PM-Florida NY 10921 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure Renovation ≥160 sf or ≥260 lf □ Demolition Glovebag Procedure ☑ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Repair Asbestos-Containing Material (ACM) Removal Encapsulate Enclosure Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Roof X Roofing Material 14,000 sf X П Misc. Tar 800sf X П П Flashing Material 1700 SF \boxtimes П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Spartan Environmental Inc Waste Minerva Enterprises

Completed By (Print or Type) Jeff Hoffman

900

Disposal Date

various

Signature

City, State

Waynesburg

Date

PA584

Title

Account Rep.

City, State

Donora PA

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

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

				((Pursuant to NJAC 8:60 and 5:16)								
Date of Notification (1)					Na	me of Build	ing Owner/Operato	r (2)		<u>L</u>	[] V	11) =
12/	6	_	19				Development Gre						7
Agencies Notified	Type No	tification	on		Stre	eet Address	3		DEC_	10	2016	2	4
☐ EPA ☑ DOLWD					100		t Ave. Suit 201	Î	1	V	4013	2	į!
☑ DOH	Amen Amen				_	, State, Zip		- j	A Company		= 24 (+ ± 17),	Courte	1
□ DCA	☐ Emerg			ing	100	Summit, N		L.	ASSESTION LICE	C. C	ATTIC	1.4	
(NJAC 5:23-8)	justific	cation)	(III CIGO	n ig		ne of Conta		185	and the same of th	in the same of	No Company		_
	☐ Cance				J	ames Han	nilton		Telephone Nui 864-415-20				
					F	ACILITY	NFORMATION		004-415-20	130			
Name of Facility Where	Abatement	is Tak	ing Pla	ce (3)		NOILIT I	MONWATION	Type of Facility					
1239 Broad St.			8 1					Type of Facilit School (K-					
Street Address								☐ Subchapte	r 8 (Other than K-1	2)			
1239 Broad St.								Other (i.e.,	private and comme	ercial	buildir	igs,	
City (5)			-		-			homes, etc					
Newark								Square Feet	# of Floors		Bldg. /		
County (6)					Col	unty Codo (7)(STATE USE ONLY)	47,000	1.5		100	<u> </u>	
Essex					000	unty Code (I JUSTATE USE UNLY)	The state of the s	Prior if being demol	ished))		
Name of Monitoring Firm	Hired by Br	uilding	Owne	r (8)	ASCN	A No	Manager	Warehous					
Health & Safety Ser			OWN	(0)	ASCI	VI 140.	Name of Abatem	1.7	*				
Street Address			-					Industrial LL	<u> </u>				
Po Box 365							Street Address						
City, State, Zip Code							12 Industrial						
Berlin NJ 08009							City, State, Zip C			1			
Project Manager for Monit	toring Firm			17-1			Florida NY 1	0921					
	toring rinin			100000	ephone		Telephone No.		License No.				
Start Date (10)		Soho	dulad			2-1311	201-252-8600		01370				
12 /16 /	19					ate (11)	Name of OSHA M						
						20	Highground I	ndustrial LLC				2	
Occupancy Status During	Abatement	(Chec	k only	one)			Street Address			-			
☐ Facility Closed/Vacated ☐ Abatement Performed	Outside of t	tire Pe	riod o	Abate	ment		12 Industrial						
Time of Abatement:	AM-	P	i raciii M/	y Hou PM	rs - Des -	SCTDE AM	City, State, Zip Co	de					
			01.00		-	_AIVI	Florida NY 10	921					
Scope of Work (Check all	that apply)							Va					_
] ≥3 sf or ≥3 lf ⊴ ≥160 sf or ≥260 lf			□ R	enovat	ion			osure	gative Pressure				
4 5100 8101 5500 II			⊠ De	emolitic	on		☐ Glovebac	Procedure					
			1	Locat	ion		⊠ Non-Exer	npted (*) and No	n-Friable Procedur	e			
Location o				Norma	lly		Dogarintia			At	ateme	ent T	ур
Asbestos-Containing M		VI)		d Sole		Asbes	Description of stos Containing Mat	erial (ACM)	Amount	Re	Re	9	
TO BE ABAT IN Facility			Cus	intena todial :	nce/ Staff?	(i.e.,	, thermal systems in	sulation,	(Specify	Removal	Repair	cap	
(13)				(12)			surfacing, VAT, other miscellaneo	or ue)	SF or LF)	Val	"	Encapsulate	
			Yes	No	N/A		outer miscellaneo	us)				ate	
oof						Roofing	Material		14 000 -5	N		_	+
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					_	Misc. Ta			800sf				
				Ш		Flashing	Material		1700 SF				
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ame of Registered Waste				1	JDEP V		Cubic Yards of	Name of Regist	tered Landfill		_		_
Spartan Environment	tal Inc				PA584		Waste	Minerva En					
ty, State					MJ04		900 Disposal Date	City, State					
Donora PA						1	various	Waynesbur	ď				
mpleted By (Print or Type	9)	Title					R CONTRACTOR	rvaynesbur					
Jeff Hoffman	er e d		coun	t Ren	2		Signature	14 1	Date		1.	-	
-41				cp			1 76	MIL	a Khurst 1	4/1	-/i	7	

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

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Date of Notification (1)	見別				AC 8:60 a		300 5)	The second	EC	E	1		
10/25/2019			Jill S	of Buildi Sabol	ng Owner	/Operato	or (2)						A CONTRACTOR
Agencies Notified Type Notification	on		Street	Address					DEC	11	20	19	
EPA Initial Amended			City	21-1-2:	2 :					Ling Littley 2.0	Million State	* 5	
X DOL Amendme	ent#		Mad	State, Zip Iison Nu	Code				ASBEST U	OS C CENS	ONTI MIG	ŒL:	A
DOH justificatio	n)	ng		of Conta				T	elephone N	64-94)Lan 701	A11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	W. Lander	and the second
DCA Cancellati	on			Abrahn				1					
Name of Facility Where Abatement is Tak	king Place	(3)	FAC	SILITY IN	IFORMAT	ION	Type of Facilit	y (4)					
Street Address							School (F	(-12)					
							Subchapt Other (i.e	er 8 (Ot	her than K- & commer	12) cial bu	ildina	s hor	mes
City (5) Madison	70						etc.) Square Feet		of Floors		Bldg.		1103,
County (6)							3,596	2			193		
Morris			(STATE	Code (7)) -Y)		Current Use (F residence	rior if be	eing demoli	shed)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASC	M No.		Name Che	of Abatement C Ckmark Indus	ontracto strial	or (9)				
Street Address						100000000000000000000000000000000000000	Address Norgan Dr						
City, State, Zip Code						City, S	tate, Zip Code						
Project Manager for Monitoring Firm			Talaaha	N		Spar	ta NJ 07871						
			Telepho	one No.		Teleph 973-	one No. 570-2645		License I 01334	No.			
Start Date (10) 10/28/2019	11/5/2	2019	mpletion	Date (11)	Name Chec	of OSHA Monito ckmark Indus	r trial					
Occupancy Status During Abatement (Che							Address						
Facility Closed/Vacated During Entire Abatement Performed Outside of Non	Period of	Abater	ment				organ Dr	90 				4	
Other – Describe:							ate, Zip Code ta NJ 07871						
Scope of Work (Check All That Apply)	Property.												
≥3 sf or ≥3 if ≥160 sf or ≥260 if	Partition.	Renova Demoli	1111			×	Full Containm Mini-Enclosus Glovebag Pro	e cedure					
	ls	s Locat	ion		No.		Non-Exempte	d (*) an	d Non-Friab	le Pro	cedur		4
Location of		Norma ed Sole	lly		Des	cription (of					pe	
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	intena todial	nce/	Asbes (i.e.	. thermal	systems	aterial (ACM) insulation,		mount Specify	71		Щ	m
In Facility (13)	·	(12)	otan :		surfac	ing, VAT	. or		or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A		1000000000 1100		.000)			val	¥.	ulate	sure
Basement		Х			Flo	or Tiles	3	17	77 SF	X			
Name of Registered Waste Hauler		N	JDEP Wa	aste	Ch:	(a)				7.4184			
Newark Carting		6000	auler ID I		of Wast				red Landfill al Sanitary	/ Lan	dfill		
City, State Newark NJ					Disposa	al Date	City, State Pen Arg	e avi PA					\dashv
Completed by Corey Stankovic	Title CEO				Sig	nature/		•	Date		040		-
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Date of Notification (1)		NO	(Pursu	TON OF ASBES ant to NJAC 8:6	TOS ABAT 0 and 12:1	20)		C		\mathbb{W}_{-}		
11/8/2019			Nam	ne of Building Ow essa Davis	ner/Operat	or (2)	1111				-	and the same
Agencies Notified Type Notificati	on			et Address				DEC	16	2019	No.	14
EPA Initial							1				1	
DEP Amended Amended Amended			City, We	State, Zip Code st Milford NJ			7.8	JESTO:	S ANGELS Second	TUEL	oments or G	_
DOH Emergence justification	cy (includ	ing	a diameter	e of Contact			k Talangka samakan aktor keta	LICE			LEASE AND A	on the same to
DCA Cancellati				ssa Davis			Tel	ephone N	Numbe	Γ		
Name of Facility Where Abatement is Tal	king Plac	e (3)	FA	CILITY INFORM	TATION							
N/A		0 (0)				Type of Fac						
Street Address						School Subcha	apter 8 (Othe	er than K	-12)			
City (5)						Other (etc.)	i.e. private 8	comme	rcial bu	ildings	s, hor	nes,
West Milford NJ County (6)						Square Feet 696	# of	Floors		Bldg. 1952		
Passaic			Count (STAT)	y Code (7) E USE ONLY)		Current Use	(Prior if beir	ng demoli	shed)			
Name of Monitoring Firm Hired by Building	g Owner	(8)		CM No.	Namo	residence						
Street Address					Che	of Abatement ckmark Indu	Contractor (ustrial	(9)				
ou oct / tudiess						Address Iorgan Dr						
City, State, Zip Code						tate, Zip Code						
Project Manager for Monitoring Firm					Spar	ta NJ 0787	1					
s spect manager for Monitoring Firm			Teleph	one No.	Teleph 973-	one No. 570-2645		License	No.			
Start Date (10) 11/9/2019	Schedi	uled Co	mpletion	Date (11)		of OSHA Monit	1	01334				
Occupancy Status During Abatement (Che	11/18	3/2019	9		Chec	kmark Indu	strial					
Facility Closed/Vacated During Entire Abatement Performed Outside Chie						Address organ Dr						
Abatement Performed Outside of Non Other – Describe:	nal Facili	ty Hou	rs			ate, Zip Code		-	-			
Scope of Work (Check All That Apply)					Spar	ta NJ 07871	1					
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≥160 sf or ≥260 lf	Statement of the last of the l	Demol			Ê	Full Contain Mini-Enclose	ment with Nure	legative F	Pressu	re		
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		s Locat					T Tana I	von-i nau		Abate		
Location of Asbestos-Containing Material (ACM)	Us	Norma ed Sole	ely by	Ashastas Ca	escription of	of			-	Тур	e	
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(13)		(12)		surf	acing, VAT miscellane	, or ous)	SF or		Remova	Repair	Encapsulate	Enclosure
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Name of Registered Waste Hauler										+	+	
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City, State				8		Grand	Central S	Sanitary	/ Lan	dfill		
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Completed by Corey Stankovic	Title				Signature /	. 617	·	Date				_
- J Chairmovic	CEO					Starke	ne		e /8/20	19		

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XX 288	PAI		(Pursuar	nt to NJAC	8:60 a	and 12:12	:N=N :0)			5	CE		W		
Date of Notification (1) 11/12/2019				Name ABB	of Building Supply	Owne	r/Operato	r (2) td.	-	1,50					Mil montaning	
Agencies Notified Type	Notification				Address dquarters	901	Main Ca	ampı	us Drive		D	EC_1	<u>C</u> 2	019	11.	
DEP DOL	Amended Amendment #			City, S Rale	tate, Zip C igh, NC	ode 27606	3				- Adde	STOS (JUN SINE	ACI		
DOH DCA	Emergency (ir justification) Cancellation	ncludin	g	Name Tom	of Contact Vitiello, (Owne	r's Repr	eser	ntative	Te 9	lephone N	lumber		******	Necur	
Name of Facility Where Abater	ment is Taking	Place	(3)	FAC	CILITY INF	ORMA	TION	T	f F 111	(4)						
N/A	g	1 1000	(0)					Тур	e of Facility							
Street Address 1 Esna Drive								×	School (K-Subchapter Other (i.e. p	8 (Oth	er than K & comme	-12) rcial bui	ldings	, hom	ies,	
City (5) Hackettstown NJ			#/						etc.) are Feet 000 SF	#0	f Floors		3ldg. /			
County (6) Warren					Code (7) USE ONLY)		Curr	ent Use (Pri nmercial	or if be	ing demol	ished)				
Name of Monitoring Firm Hired	by Building Ov	vner (8	3)	ASC	M No.		Name Che	of Ab	atement Cor ark Industr	tractor ial	(9)					
Street Address	State, Zip Code						Street 54 N	Addre	ess an Dr							
City, State, Zip Code							City, S Spar	tate, z	Zip Code J 07871						_	
Project Manager for Monitoring	Firm			Telepho	one No.		Teleph 973-		lo. 2645		License 01334	200				
Start Date (10) 11/13/2019	/13/2019 11/3				Date (11)				HA Monitor rk Industr	ial						
Occupancy Status During Abate		1.54	100				Street									
Facility Closed/Vacated Du Abatement Performed Outs Other – Describe:	iring Entire Per side of Normal	riod of Facilit	Abaten y Hours	nent S				tate, Z	ip Code		* 1				19	
Scope of Work (Check All That A	Apply)					 8	Spar	ta N	J 07871							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		December 1	Renova Demolit	CHINESON .			×	Min	Il Containme ni-Enclosure ovebag Proc	edure						
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Location of		1	Normal ed Sole	ly		De	scription	of						ре		
Asbestos-Containing Materia TO BE ABATED In Facility (13)	al (ACM)	Ma Cus	intenar todial S (12)	nce/		therma surfa	taining Mal I systems cing, VAT miscelland	insula , or		(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure	
first floor office are	ea	Yes	No X	N/A		FI	oor Tile:				500			te	Ф	
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Name of Desire 199																
Name of Registered Waste Haul Newark Carting	er		97.3	JDEP W auler ID	77777	Cubic of Wa 25	Yards ste		Name of R				dfill			
City, State Newark NJ						Dispos	sal Date		City, State Pen Arg							
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								Y			1				- 1	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) MERCK SHARP & DOHME CORP. 12 12 /2019 Street Address 18 2019 Agencies Notified Type Notification 126 E. LINCOLN AVENUE **FPA** Initial Notification City, State, Zip Code DEP Amended Notification #2 RAHWAY, NEW JERSEY 07065 ASSESTOS CONTROL & DOL Cancellation DOH On Hold Name of Contact Telephone Number DCA **EMERGENCY NOTIFICATION** KINNARI PATEL 732-594-6352 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) MERCK SHARP & DOHME CORPORATION Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 126 EAST LINCOLN AVENUE - BUILDING 80 N LABS 40.000 57 City (5) County (6) County Code (7) Current Use (Prior if being demolished) RAHWAY UNION RESEARCH LABORATORY AND OFFICE FACILI (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. ENVIRONMETAL HEALTH INVESTIGATIONS, INC. 104 PAR ENVIRONMENTAL CORPORATION Street Address Street Address 655 WEST SHORE TRAIL 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code SPARTA, NEW JERSEY 07871 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number WILLIAM S. KERBEL, CIH 973-729-5649 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 12 / /19 10 / 30 /20 AMERISCI LABORATORIES INC #11480 Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 117 EAST 30TH STREET Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM City, State, Zip Code NEW YORK, NEW YORK 10016 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini Enclo >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount REPAIR ENCAPSU ENCLOSUR RANOMER Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT. SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A 1ST FLOOR ROOM C25, C25A, C25B X VAT & MASTIC 650 SF X 1ST FLOOR ROOM C25 PIPE INSULATION/PIPE SADDLES 5 LF X 1ST FLOOR C25 DUCT MASTIC 2 SF X 1ST FLOOR ROOM B37 VAT & MASTIC 145 SF X 1ST FLOOR ROOM C29 X VAT & MASTIC 80 SF X 1ST FLOOR ROOM C19A VAT & MASTIC 140 SF X 1ST FLOOR ROOM C19 X SOUND PROOFING PAPER BATTING X 100 SF 1ST FLOOR ROOM C19 & C19A X PIPE INSULATION/PIPE SADDLES 9 LF 1ST FLOOR ROOM C25 X BENCH TOP complete 150 SF X 1ST FLOOR ROOM B37 X SINK MASTIC COATING 35 SF X 1ST FLOOR ROOM B37 X PIPE INSULATION 8 LF 1ST FLOOR ROOM C31 PIPE INSULATION/PIPE SADDLES 5 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill FREEHOLD CARTAGE, INC. Hauler ID No. LYCOMING COUNTY RESOURCE MANAGEMENT SE 825 HIGHWAY 33 15939 447 ALEXANDER DRIVE/ROUTE 15 City, State City, State/ MONTGOMERY Disposal Date FREEHOLD, NEW JERSEY 11/25/19-10/30/2020 PA 17752 Completed by (Print or Type) Title Signature BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS

Date of Notification 477 Agancies Notification 177 Agancies Notification	1-389 Inv156	25°	(Pu	rsuant	te of New OF ASBES O NJAC 8	60 and	12,120			D.	E C E		\mathbb{V}		
B PA		18	1	Name of Atlanti	Building Of c Realty	mei/O	perator opmer	(2) nt Co	rporation	The second secon	DEC '	16	2019	B. Francisco	
DEP Amended						Cent	er Driv	/e			A CONTRACTOR OF THE PROPERTY O		UTDO	1 8.	_
Book	DEP Amended		(City, Sta Woodl	te, Zip Code oridge NJ	e I 0709	95			estres cust etti	LICE	ENSI	IG		W-27-11-11-11
Carried Book FACILITY INFORMATION Type of Facility (4) School (K-12) School (K-12) Subchapter 8 (Other than K-12) Start Address Street Address Start And 1978	Emergency (in justification)	cluding				ing									
School (K-12) Subchapter 8 (Other than K-12) Subchapter 9 (Oth	DCA Cancellation						ON								
Street Address 380, 382, 384 Arnwell Road County Code (7) Square Feet # of Floors 12 12 1931/1918/1941 194		Place (3)						Туре	25 0						
City (5) Hillsborough NJ County (6) Somerse County (7) Somerse County (8) Somerse County (9) Somerse County (10) Sometime County (10) Sometime	Street Address							×	Subchapter of Other (i.e. pr	(Othe	r than K-12) commercia) I build	ings, h	nome	s,
County (6) Somerse County Code (7)	City (5)	4							are Feet	100000000000000000000000000000000000000		1923			941
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Street Address Start Date (10) City, State, Zip Code Sparta NJ 07871 Telephone No. 973-570-2645 City State, Zip Code Sparta NJ 07871 Start Date (10) Cocupancy Status During Abatement (Check Only One) Street Address Street								Curr	rent Use (Prio	\$55.00	20 - 20 - 20 - 20 - 20 - 20 - 20 - 20 -	ed)			
Street Address Star Date (10) Project Manager for Monitoring Firm Telephone No. Telephone No. 973-570-2645 O1334 Star Date (10) 10/31/2019 Star Date (10) 11/25/2019 Star Date (11) 10/31/2019 Star Date (10) Star Date (10) 11/25/2019 Star Date (10) Star Date (10) Star Date (10) Star Date (10) Name of SR4h Monitor Checkmark Industrial Name of SR4h Monitor Checkmark Industrial Star Date (10) Star Date (10	Somerse										(0)				
City, State, Zip Code City, State, Zip Code City, State, Zip Code Sparta NJ 07871 Telephone No. 973-570-2645 Start Date (10) 11/25/2019 Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) Safe of 32 of 2260 if City, State, Zip Code Sparta NJ 07871 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Sparta NJ 07871 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Normally Sed Solely by Maintenance/ Custodial Sulf? (12) Yes No N/A Please see attached survey pages X See attached See attached X See attached See attached X Name of Registered Waste Hauler Newark NJ Disposal Date City, State, Zip Code Sparta NJ 07871 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Normally Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, Specify Signature, VAT, or other miscellaneous) Name of Registered Landfill Grand Central Sanitary Landfill City, State Newark NJ Completed by Title Signature City, State Pen Argyl, PA Date Scope of Work (Check All That Apply) State NJOEP Age of Maintenance/ Custodia Sulfry (i.e. thermal systems insulation, Specify Signature, Valve of Waste Pen Argyl, PA Date City, State Pen Argyl, PA Completed by Title Signature City, State Pen Argyl, PA Date Scope of Work (Check All That Apply) Scope of Work (Check All That Apply) State NJOEP Age of Maintenance/ City, State Pen Argyl, PA Completed by Title City, State Pen Argyl, PA Completed by Title City, State Pen Argyl, PA	Name of Monitoring Firm Hired by Building O	wner (8)		ASCN	1 No.		Che	ckm	ark Industri		(9)				
Project Manager for Monitoring Firm	Street Address														
Start Date (10) 10/31/2019 Scheduled Completion Date (11) 11/25/2019 Sch	City, State, Zip Code														
Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City - Describe: Scope of Work (Check All That Apply) Asbestos Containing Material (ACM) In Facility (13) Please see attached survey pages X See attached NUDEP Waste Numer of Registered Waste Hauler Newark Carting City, State Numer of Registered Waste Hauler Newark Carting Title Signature Checkmark Industrial Checkmark Industrial Checkmark Industrial Checkmark Industrial City, State St Morgan Dr City State St	Project Manager for Monitoring Firm			Telepho	ne No.							0.			
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Sparta NJ 07871				mpletion	Date (11)					ial					
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DEC 16 2019

Atlantic Realty Development Corp. 380 Amwell Road, 384 Amwell Road & 384 Amwell Road Hillsborough, New Jersey

September 26 - 27, 2019 EHI Project #: 1005-8279

Pre-Demolition Asbestos & Lead Paint Survey

9. Exterior Window Components Under Vinyl Siding i.e., Sashes, Frames, Aprons, Stool/Sills,

Casings

10. Exterior Painted Concrete Foundation

4.2 Asbestos

An asbestos containing material is one that contains more than one percent (1%) asbestos.

The following is a summary of asbestos containing building materials:

380 Amwell Road

Asbestos Material	Location	Estimated Quantity
Roof Tar - Perimeter Flashing	Exterior Roof Lower Roof Addition West Edge	12 Square Feet
Waterproofing Tar - Penetration Flashing	Exterior Roof at Base of Chimney	5 Square Feet
9" x 9" Tan Floor Tile and Associated Black Mastic	1st Floor Living Room under Carpet	375 Square Feet
	1st Floor Bedroom #1	220 Square Feet
	Total:	595 Square Feet
Flue Packing	Basement Furnace Exhaust into Chimney	2 Square Feet
Cement Board Siding	Exterior Shed Siding	160 Square Feet
Tar Paper	Exterior Shed under Cement Board Siding	160 Square Feet
	Exterior Shed Roof - under Roof Shingles	150 Square Feet
	Total:	310 Square Feet

AREA OF THE

Atlantic Realty Development Corp. 380 Amwell Road, 384 Amwell Road & 384 Amwell Road Hillsborough, New Jersey Pre-Demolition Asbestos & Lead Paint Survey

September 26 - 27, 2019 EHI Project #: 1005-8279

382 Amwell Road:

Asbestos Material	Location	Estimated Quantity
Cement Board Siding	Exterior Main House under Vinyl Siding, Foam Insulation and Wood Paneling	1,800 Square Feet
12" x 12" Green Floor Tile	1 st Floor Office under Carpet and Plywood	145 Square Feet

384 Amwell Road:

Asbestos Material	Location	Estimated Quantity
Thermal System Insulation	On Steam Pipe Lines in House in Basement, 1 st and 2 nd Floors	*Debris on Basement North and West Side Sill Plates = 5 Square Feet
Cementitious Pipe Fittings	On Steam Pipe Lines associated with the Thermal System Insulation	30 in Number

5.0 Conclusion

EHI conducted an XRF lead paint and asbestos testing at the residences located at 380 Amwell Road, 382 Amwell Road and 384 Amwell Road in Hillsborough, New Jersey. As a result of this survey the materials summarized in the tables in Section 4.2 of this report have been identified as being asbestos containing materials. An approximate quantity of each of the identified asbestos containing materials has also been provided.

Any work or activities to be performed at the residences, e.g., demolition or renovation work, that may directly and/or indirectly impact or disturb existing asbestos materials must be

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

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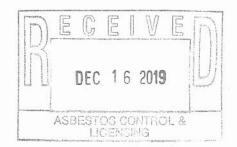
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* Do not use this form for asbestos licensure exempted activities.

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6th Floor - Throughout		Х		ACM Impacted Computer Floor Pedestals	29,000 SF	Х					
6 th Floor - Front East		X		ACM Ceiling Glue Dots	6,000 SF	Х					
7 th Floor - Throughout		Х		ACM Floor Mastic w/ associated asbestos contaminated Floor Tiles	54,000 SF	Х					
7 th Floor - Throughout		X		ACM Impacted Computer Floor Pedestals	29,000 SF	X					
8 th Floor - Throughout		X		ACM Floor Mastic w/ associated asbestos contaminated Floor Tiles	54,000 SF	Х					
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(NJAC 5:23-8)	justificatio	n)	ă		60 00	of Contact	ť			Telephone No. 610-365-1									
	☐ Cancellation	on	- Charle	_		n Krinis	F0F	MATION		610-365-1	040								
A1	batamant in T	alsian Dias	(2)		FAC	ILITYIN	FUR	MATION	Type of Facility	v (4)				100	-				
Name of Facility Where A	batement is 1	aking Piac	e (3)						School (K-										
Vacant Building									Subchapte	r 8 (Other than K	-12)								
Street Address 141 W. Kings Highv	vav.								Other (i.e., homes, etc.	private and com	mercia	bui	aings						
City (5)	ray								Square Feet	# of Floors		Bld	g. Ag	е	\neg				
Bellmawr									10,000	1		5	8						
County (6)					Count	ty Code (7)(STA	TE USE ONLY)	Current Use (F	Prior if being dem	olishe	d)							
Camden									Vacant Co	mmercial Buil	ding								
Name of Monitoring Firm	Hired by Build	ing Owne	r (8)	AS	CM N	No.	Nar	me of Abateme	ent Contractor (9)									
Atlas Environmenta	I Inspection	ıs					S	hade Enviro	onmental, LL	С									
Street Address				77			777	eet Address											
PO Box 11645							-	23 Cutler Av											
City, State, Zip Code							100	, State, Zip Co											
Phialdelphia, PA 19								laple Shade	, NJ 08052	I I I I I I I I I I I I I I I I I I I					-				
Project Manager for Moni	toring Firm			eleph				ephone No.		License No 00842	•								
Jason Dua						4693		56-755-0099 ne of OSHA M		00042					-				
Start Date (10) 		cheduled 01					Tassasa ya	MSL Analyt											
Occupancy Status During	Abatement (C	Check only	one))			Stre	eet Address											
☐ Facility Closed/Vacate							2	00 Route 13	0 North										
Abatement Performed							City	, State, Zip Co	ode										
Time of Abatement: _	AIVI	PIVI/	P	IVI		AM	С	innaminsor	i, NJ 08077										
Scope of Work (Check all ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	that apply)		Renov Demol					☐ Mini-End	losure g Procedure	legative Pressure									
			Is Loc	cation	1							Aba	ateme	nt Ty	ре				
Location		. 11	Norr sed S	mally		0-6-		Description of		Amount		Re	Re	En	En				
Asbestos-Containing TO BE ABA		, V	/lainte	enanc	e/		., the	Containing Ma rmal systems	insulation,	(Specify		Removal	Repair	Encapsulate	Enclosure				
IN Facili	ty	Ci	ıstodi 1)	al Sta 2)	aff?	283		surfacing, VAT her miscellane		SF or LF)		al		sulat	ure				
(13)		Ye		1	N/A		Ot	nei miscenane	ous)					e					
Liquor Storage Room	1		×] [Floor T	ile a	nd Mastic		150 SF		\boxtimes							
Throughout	-		×] [Pipe In	sula	tion		223 LF		\boxtimes							
Main Room] [Ceiling	Tile			3,900 SF	-	\boxtimes							
Vestibule			×	Floor Tile 6								\boxtimes							
Name of Registered Was	te Hauler									gistered Landfill									
Freehold Cartage					ler IE 5939	No.	Wa	ste 0	Fairless	Landfill									
City, State				1 13	J338			posal Date	City, State										
Freehold, NJ							0	1/20/2020	Morrisvi	lle, PA									
Completed By (Print or T	ype)	Title					1	Signature	- 4		Date								
Christina Fav	5-51 P (51-900)	Vice	Presi	ideni	t of (Operatio	ns	(hel	The state of		12	1	10/	10					

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Date of Notification (1)				1					ner/Operator (2)		01	EC '	16	2019		IJ				
/	/	19	_		I N	/lich	nelle Ada	ams			1	Stan .		v. 574.0							
Agencies Notified	500.00	ation			Str	eet /	Address					ASBE	STOS	i CO	TRO	L &					
⊠ EPA ⊠ DOLWD		E									muneus	TO THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED AND ADDRE	LICE	NSII-	<u>IG</u>						
☑ DOLVVD						· (A :	tate, Zip C														
□ DCA			cluding	1					, NJ 07080												
(NJAC 5:23-8)					1000000		of Contact				Telephone Number										
	☐ Cancellat	ion			I N	/lich	nelle Ada	ams													
					F	AC	ILITY IN	FOF	RMATION												
	Abatement is T	aking	Place	(3)						Type of Facility (4)											
										School ((Other than	n K-12	2)							
Street Address										Other (i. homes,	e., pri				uilding	s,					
City (5)								115		Square Fee	t	# of Floo	rs	Е	ldg. A	ge					
South Plainfield	outh Plainfield									2,160		2			65						
County (6)	nty (6))(STA	TE USE ONLY)	Current Use	e (Prio	r if being d	demoli	shed)							
Middlesex	nty (6)									Resider	ice										
Name of Monitoring Firm	Hired by Build	ding O	wner ((8)	ASC	M N	No.	Na	me of Abateme	ent Contracto	or (9)										
Management & Env	riro. Consult	ting S	Servi	ces				S	Shade Enviro	onmental, l	LC										
Street Address	of Notification (1) 12 / 12 / 19 Initial							Str	eet Address												
PO Box 341								6	23 Cutler Av	/enue											
City, State, Zip Code								City	y, State, Zip Ce	ode											
Chesterfield, NJ 08	515							V	/laple Shade	, NJ 08052											
Project Manager for Moni	itoring Firm			Те	lepho	ne N	No.	0.7757515	ephone No.	License No.											
Bill Weisgarber					11 200 0 10 0 0 0 0 0		4070		56-755-0099			00842	2								
Start Date (10)									me of OSHA Monitor EMSL Analytical, Inc.												
				-	30	_	19	E													
	e e management a service servi								eet Address												
							-de-	-	00 Route 13												
			Maria racera					1) 33	y, State, Zip C		20										
75070 150-75-00-00-00-00-00-00-00-00-00-00-00-00-00							11	C	innaminsor	i, NJ 08077											
Scope of Work (Check all	I that apply)								☐ Full Con	tainment with	Nega	ative Press	ure								
≥3 sf or ≥3 lf			⊠ Re						☐ Mini-End	losure	-										
≥160 sf or ≥260 lf			∐ De	moli	tion					g Procedure mpted (*) an	d Non	-Friable Pr	rocedu	ire							
			Is	Loc	ation					, , , , , ,	T				batem	ent T	уре				
	William account a communication and the comm			Norm	nally blely b		10		Description of			//C # 00000000000000	O PROMI	7	Z.	Ш	ш				
)			nance	- 1			Containing Ma ermal systems			Amou (Spec		Remova	Repair	car	iclo				
			Cus		I Staff	?	(1.0	5	surfacing, VAT	, or		SF or I		val	. -	Encapsulate	Enclosure				
(13)			Yes	(12 No		/A		ot	her miscellane	ous)						ate	,,,,,				
Main Level Througho	out						Floor Ti	ile a	nd Mastic			761 S	SF								
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						-								L		Ш	Ш				
Name of Registered Was	te Hauler				NJDE			Cul	bic Yards of			ered Landf	fill								
Freehold Cartage						939	STEELER .	8		Fairles		natill									
City, State								100	posal Date	City, State		D.A.									
Freehold, NJ						1	2/30/2019	Morris	ville,	PA											
Completed By (Print or Ty	ype)	Title						W	Signature	re Date											
Christina Fay		Vi	ce Pr	esio	dent	of Operations (Malor Law								21	12-	19					

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Date of Notification (1)	11 / 19				of Building	g Owner/Operator (2)	ULU TO	77	>	-		
		-			71079754 0000-011	iolition		1.511	2		moraussi —	-	
Agencies Notified ⊠ EPA	Type Notification ⊠ Initial			0.00000000	Address			LICEN			. Čt		
⊠ DOLWD	☐ Amended		-		Box 9	S. I.	Michiga	THE STATE OF THE S	enamental.	THE CONTRACT	BRUNN JANES	mentos	
☑ DOH	Amendment #_			100	tate, Zip (, NJ 08736		-					
□ DCA	☐ Emergency (inc	cluding	1		of Contac	Talanhana Mumba							
(NJAC 5:23-8)	justification)			Line		Telephone Numbe	er.						
	Cancellation					IFORMATION		732-528-3800					
Name of Facility Where Residence Street Address	e Abatement is Taking	Place	(3)	1710		TO STATE OF	Type of Facility School (K-12 Subchapter 8 Other (i.e., p	() 3 (Other than K-12) rivate and commerci	al bui	ilding	s,		
City (5)							Square Feet	# of Floors	Blo	ig. Ag	je		
Manasquan							2000 sf	2	6	55			
County (6)				Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demolishe	ed)				
Monmouth							Residence						
Name of Monitoring Fir	m Hired by Building C)wner	(8)	ASCM I	No.	Name of Abateme							
							ntracting, Inc.						
Street Address						Street Address	Nau samen						
			Esperation.			1889 Route 9	Police Communication State						
City, State, Zip Code						City, State, Zip Ci		755					
Project Manager for Mo	nitoring Eirm		Tolo	phone I	No.	Telephone No.	New Jersey 08	License No.			-	_	
Project Manager for Mic	onitoning rinn		Tele	priorie i	NO.	732-349-9932	,	00624					
Start Date (10)	Sched	uled C	omplet	tion Dat	e (11)	Name of OSHA N		00024					
12 / 20				/	교사를 다하다.	E.M.S.L. Ana							
Occupancy Status Duri						Street Address	± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ±						
☐ Facility Closed/Vaca			9000 COO	nent		1056 Stelton							
☐ Abatement Perform	ed Outside of Normal	Facilit	y Hour	s - Des		City, State, Zip C	ode					-517	
Time of Abatement:	AMPN	Λ/	PM-		AM		New Jersey 08	854					
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	all that apply)		enovatio emolitio			☐ Mini-End ☐ Gloveba	g Procedure	gative Pressure)				
		11000	Locat						Ab	ateme	ent T	уре	
Location Asbestos-Containin TO BE AI IN Fact (13	g Material (ACM) BATED cility	Use Ma				Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF)				Repair	Encapsulate	Enclosure	
	- No. of the Control	Yes	No	N/A									
exterior					asbest	os siding	2000 sf						
	The second secon	L.	L	- L					1	1			

Toms River, New Jersey
Completed By (Print or Type)

Nicholas Fernicola

Name of Registered Waste Hauler

Guardian Contracting, Inc.

Title
Project Manager

NJDEP Waste

Hauler ID No. 20223

Cubic Yards of Waste 3 Name of Registered Landfill T.R.R.F.

Disposal Date City, State

12/22/19 Tullytown, Pennsylvania

Signature

City, State

1/2007	N		CATION		Jersey STOS ABAT 3:60 and 12:			passa	F=3	1 N	E: V		TR Gi	鱼产
Date of Notification (1)	V-7	Т	Name of	Building (Owner/Opera	tor (2)	m	E	R.		1	VP 19	-1
12/12/19	5/			500	nship Pub			1						
Agencies Notified Type Notification			Street Ad						1)EC	16	21	119	
X EPA X Initial				Princetor	20.00			ПГ	7 1	110				in-
EPA Initial Amended Amendment	#			te, Zip Co		ie.				mah-1011/01/97	namen		- CO (O C
Emergency (-	Name of		NJ 08648	•		Tol	ASB ephone	EST	OS C	SING	ROL	Ct.
DOH justification) Cancellation				Alberti				- Contract of the owner contract	9-671	日本の数パイツー 多かり	Manager Land	Minima	FARTHURSTAN	CONTRACTOR OF
Z DOA Cancellation					RMATION			"			_			
Name of Facility Where Abatement is Taking	g Place (3)					Type of Facility (4)						
Lawrence Middle School (LM)							School (K-12							
Street Address							Subchapter 8 Other (i.e. pr				build	ings,	home	s,
2455 Princeton Pike						_	etc.)			eriverens.				
City (5) Lawrenceville							Square Feet 50,000	1	Floors		50	dg. A)	ge	
County (6)		-т	County C	Code (7)		-	Current Use (Prio	1.	na dem	olishe				-
Mercer				JSE ONLY)			school			0110110	-,			
Name of Monitoring Firm Hired by Building (Owner (8)		ASCM	1 No.	Nar	me d	of Abatement Cont	ractor	(9)					
TTI Environmental, Inc.					PI	ym	outh Environm	ental	Co., I	nc.				
Street Address							Address							
1253 North Church St.				<u></u>			Haws Ave.				-9,119-2			
City, State, Zip Code						City, State, Zip Code								
Moorestown, NJ 08057			Talaahaa	N			stown, Pa 1940)	Licens	ao Mo				_
Project Manager for Monitoring Firm Michael Keehn			Telephor	ne No. 36-8800			one No. 239-9920		0398		•			
Start Date (10)	Schedule	ed Cor		Date (11)			of OSHA Monitor			8				_
12/26/19	1/1/20				Pl	Plymouth Environmental Co., Inc.								
Occupancy Status During Abatement (Chec	k Only Or	ne)			Stre	Street Address								
Facility Closed/Vacated During Entire I	Period of A	Abaten	nent				laws Ave.							
Abatement Performed Outside of Norm Other – Describe: 6am-11pm	nal Facility	/ Hours	S		1		ate, Zip Code	0.4						
					— No	orri	tsown, PA 194	01						
Scope of Work (Check All That Apply)	EGI -						I			_				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demoli				×	Full Containme Mini-Enclosure		i Negati	ve Pr	essur	е		
						-	Glovebag Proc Non-Exempted		d Non E	riobl	Dro	odue		
							Non-Exempled	() an	d Non-r	Парк			ement	
Location of		Locat Vorma			December	tion	of					Ту	ре	
Asbestos-Containing Material (ACM)		ed Sole				ng M	aterial (ACM)		mount				ш	
TO BE ABATED In Facility		todial	Staff?	(i.e.	thermal syste surfacing,				Specify F or LF)	y i	Ren	Repair	псар	nclo
(13)		(12)			other misce			,,,,,	o. L. ,		Remova	pair	Encapsulate	Enclosure
	Yes	No	N/A								S-75		lte	(D
1st Floor #2 Main Corridor -		X		W	all Plaster	- T	op Coat	1	9 SF		Х		Х	
Orange Phase														
Name of Registered Waste Hauler		1000	NJDEP W Hauler ID		Cubic Yard of Waste	ds	Name of I			ndfill				
Robinson Waste Disposal		100	17304	, 10.	1		GROW	S Lar	ndfill					
City, State					Disposal D		9 1 839							
Voorhees, NJ 08043	12/30/19 Moorisville, Pa													
Completed by	Signature Date 12/12/1					10								
Matthew Kelly	etary			1110	1/	MUTEL	K		12	1121	19			

A 11) (1/	NOTIFI	CATION	tate of New Jersey NOF ASBESTOS ABA	TEMENT	IIN_E									
Date of Notification (1)	(Pur	suant to	NJAC 8:60-7 and 12: Name of Building OMERCK SHARP & I	Owner/Operator ((2)	0-0	4.0	ODA	0					
12 / 12 /2019			Street Address			UEC	16	201	9					
Agencies Notified Type Notification	on		126 E. LINCOLN AV	/ENUE										
EPA Initial Not	tification d Notification #	# 2	City, State, Zip Cod RAHWAY, NEW JE		AS	ASBESTOS CONTROL LICENSING								
X DOH On Hold	ENCY NOTIFI	CATION	Name of Contact KINNARI PATEL		Telephone Nur 732-594-6352	nber								
			ILITY INFORMATION											
Name of Facility Where Abatement is Ta	aking Place (3	3)		Type of Facilit										
MERCK SHARP & DOHME CORPORATION	ON			Subchapt	er 8 (Other than private & comm		s., hor	nes, e	tc.)					
Street Address				Square Feet	# of Floors	T	Bldg	. Age 7						
126 EAST LINCOLN AVENUE - BUILDING			County Code (7)	40,000	rior if being dem	olished		17						
City (5) County (RAHWAY UNION	(0)		(STATE USE ONLY)	RESEARCH LA	ABORATORY A	ND OFF	ICE F	ACILI						
Name of Monitoring Firm Hired by Build	ding Owner (8	3)	ASCM No.		ement Contractor		ON							
ENVIRONMETAL HEALTH INVESTIGATI Street Address	ONS, INC.		104	Street Address	A LINE COMPANIES CONTRACTOR AND A CONTRA	OHATI	ON							
655 WEST SHORE TRAIL				313 SPOOK R										
City, State, Zip Code	W JEDSEV 0	7071		City, State, Zip	Code W YORK 10901									
SPARTA, NEV Project Manager for Monitoring Firm		hone Nu	ımber	Telephone Nun		cense N	lumbe	r						
WILLIAM S. KERBEL, CIH		29-5649		845-369-7500		01								
Expected State Date (10)	Sched. Co			Name of OSHA		10		1480						
12 / 3 /19 Month Day Year	Month 10		30 /20 Day Year	AMERISCI LA	BORATORIES IN	NC.	# 1	1400						
Occupancy Status During Abatement (Che	eck only one)			Street Address										
X Facility Closed/Vacated During				117 EAST 30T	H STREET									
Abatement Performed Outside X Other - Describe: MONDA	Y -FRIDAY 7		PM		W YORK, NEW	YORK	10016							
X Other - Describe: MONDA		AM-3:30	PM Full Con X Mini End X Gloveba	NE tainment with Neg	W YORK, NEW									
X Other - Describe: MONDA' Scope of Work (Check all that apply) Demolition >3SF OR LF X >160 SF OR 260 LF Location of	Y -FRIDAY 7#	AM-3:30	Full Con X Mini End X Gloveba X Non-Fria Description of A	tainment with Neg blo , g Procedure able Procedure Asbestos-	W YORK, NEW pative Pressure	A	batem	ent Tv						
X Other - Describe: MONDA' Scope of Work (Check all that apply) Demolition >3SF OR LF X >160 SF OR 260 LF Location of Asbestos-containing	Renovation Is Location normally u	AM-3:30 on used	Full Con X Mini End X Gloveba X Non-Fria Description of A Containing Mate	NE tainment with Negolo , g Procedure able Procedure Asbestos-rial (ACM)	W YORK, NEW pative Pressure Amount	A	batem	ent Tv						
X Other - Describe: MONDA' Scope of Work (Check all that apply) Demolition >3SF OR LF X >160 SF OR 260 LF Location of	Y -FRIDAY 7#	AM-3:30	Full Con X Mini End X Gloveba X Non-Fria Description of A	NE tainment with Negolo , g Procedure able Procedure Asbestos-rial (ACM) systems	W YORK, NEW pative Pressure	REMC	batem	ent Tv	ENCLC					
X Other - Describe: MONDA' Scope of Work (Check all that apply) Demolition >3SF OR LF X >160 SF OR 260 LF Location of Asbestos-containing Material (ACM)	Renovation Is Location normally usolely be Maint/Cust Staff (12)	on issed by odial 2)	Full Con X Mini End X Gloveba X Non-Fria Description of A Containing Mate (ie. Thermal s	NE tainment with Negolo , g Procedure able Procedure Asbestos-rial (ACM) systems cing, VAT,	W YORK, NEW pative Pressure Amount (Specify	A	batem	ent Tv	ENCLC					
X Other - Describe: MONDA' Scope of Work (Check all that apply) Demolition >3SF OR LF X >160 SF OR 260 LF Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Renovation Is Location Is I	on ssed by odial 2) N/A	PM Full Con X Mini End X Gloveba X Non-Fria Description of A Containing Mate (ie. Thermal s insulation, surfar or other miscel	NE tainment with Negolo , g Procedure able Procedure Asbestos-rial (ACM) systems cing, VAT,	Amount (Specify SF or LF)	REMOVAL	batem							
X Other - Describe: MONDA' Scope of Work (Check all that apply) Demolition >3SF OR LF X >160 SF OR 260 LF Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) 1ST FLOOR ROOM C25, C25A, C25B	Renovation Is Location ormally usolely be Maint/Cust Staff (12 Yes No	on issed by odial 2) N/A VA	Full Con X Mini End X Gloveba X Non-Fria Description of A Containing Mate (ie. Thermal s insulation, surfac or other miscel	tainment with Neglo , g Procedure able Procedure Asbestos-rial (ACM) systems cing, VAT, laneous)	Amount (Specify SF or LF)	REMOVAL X	batem	ent Tv	ENCLC					
X Other - Describe: MONDA' Scope of Work (Check all that apply) Demolition >3SF OR LF X >160 SF OR 260 LF Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Renovation Is Location Is I	on o	PM Full Con X Mini End X Gloveba Non-Fria Description of A Containing Mate (ie. Thermal s insulation, surfar or other miscel	tainment with Neglo , g Procedure able Procedure Asbestos-rial (ACM) systems cing, VAT, laneous)	Amount (Specify SF or LF)	REMOVAL X	batem	ent Tv	ENCLC					
X Other - Describe: MONDA' Scope of Work (Check all that apply) Demolition >3SF OR LF X >160 SF OR 260 LF Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) 1ST FLOOR ROOM C25, C25A, C25B	Renovation Is Location ormally usolely be Maint/Cust Staff (12 Yes No	on ised by odial 2) N/A X VA X PIF X DL	PM Full Con X Mini End X Gloveba X Non-Fria Containing Mate (ie. Thermal sinsulation, surfactor other miscel AT & MASTIC PE INSULATION/PIPE JCT MASTIC	tainment with Neglo , g Procedure able Procedure Asbestos-rial (ACM) systems cing, VAT, laneous)	Amount (Specify SF or LF) 650 SF 5 LF 2 SF	REMOVAL X X X	batem	ent Tv	ENCLC					
X Other - Describe: MONDA' Scope of Work (Check all that apply) Demolition >3SF OR LF X >160 SF OR 260 LF Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) 1ST FLOOR ROOM C25, C25A, C25B 1ST FLOOR ROOM C25	Renovation Is Location ormally usolely be Maint/Cust Staff (12 Yes No	on ised by odial 2) N/A X VA X PIF X DL	PM Full Con X Mini End X Gloveba Non-Fria Description of A Containing Mate (ie. Thermal s insulation, surfar or other miscel	tainment with Neglo , g Procedure able Procedure Asbestos-rial (ACM) systems cing, VAT, llaneous)	Amount (Specify SF or LF) 650 SF 5 LF 2 SF 145 SF	REMOVAL X X X X	batem	ent Tv	ENCLC					
X Other - Describe: MONDA' Scope of Work (Check all that apply) Demolition >3SF OR LF X >160 SF OR 260 LF Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) 1ST FLOOR ROOM C25, C25A, C25B 1ST FLOOR C25	Renovation Is Location ormally usolely be Maint/Cust Staff (12 Yes No	on issed by odial 2) N/A VA X PIF X DL X VA	PM Full Con X Mini End X Gloveba X Non-Fria Containing Mate (ie. Thermal sinsulation, surfactor other miscel AT & MASTIC PE INSULATION/PIPE JCT MASTIC	tainment with Neglo , g Procedure able Procedure Asbestos-rial (ACM) systems cing, VAT, llaneous)	Amount (Specify SF or LF) 650 SF 5 LF 2 SF	REMOVAL X X X X X	batem	ent Tv	ENCLC					
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	Cancellation		Matthey	v Kamine				-	I							
				FAC	ILITY INFORM	IATIO	V									
Name of facility where a	batement is to	aking pla	ce (3)		-			Type of Facility (4)								
Residential									I (K - 12)		12.41					
Street Address						=	THE TRANSPORT TO THE PARTY OF	apter 8 (Oti (Private/Co			()					
									Bldgs./	Homes, etc	j		A==			
City (5)		Coun	h. (6)			1 000	unty Code (7)	=		# of Floors 02	17	Bldg.	Age			
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westfield, nj 07090		unio							Residential							
Name of Monitoring Firm	n Hired by Bld	g. Owne	r (8)		ASCM No.		Name of Abatem		Contractor (9)							
N/A	~			l			KLOMAX, L									
Street Address							309 W. End	Ave								
City, State, Zip Code						-	City, State, Zip Co	-								
							Hopatcong, 1		7843							
Project Manager for Mon	itoring Firm		Ph	none Numb	er		Telephone Numb			License N	lumber					
							833-455-662 Name of OSHA	_	tor	02007						
Start Date (10)	V	Sched.	Completi	on Date (1	1)		KLOMAX, I									
12/13/19		12/18					Street Address									
Occupancy Status During Facility closed/vaca				ment			309 W. End	-								
Abatement perform							City, State, Zip C	oge								
Describe:	ORMAL HOU	JRS				_	Hopatcong, 1	NJ 0	7843							
Scope of Work (check a									ull Containment v	v/negative p	ressure	9				
≥ 3 sf or >3 If	⊠ R	enovation	n						Mini-enclosure Glovebag procedu							
≥160 sf or ≥260 if	☐ D	emolition							Non-Exempted (*)		iable pr	oced	ure			
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asbestos-containin material (acm) to b	9 1	taff(12)			Descript material		asbestos-containin	g	(Specify S	SF or	m	2 1 1	c n			
abated in facility (1	3)	Yes	No	N/A					LF)		v i		p L			
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Registered Waste Hauler	ا	INJDE	P Hauler	ID# I C	ubic Yards of	Waste	Name of Registe	ered	Landfill			1 [<u> </u>			
KLOMAX, LLC			8241	l yds		TULLYTOW		RESOURCE RI	ECOVER'	Y						
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Hopatcong, NJ 0784 Completed by (Print or Ty		itle		100	Signature		I TOLLITON	Y IN,	1.17	Date						
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ASB-41	* D	o not use	this form	for asbest	os licensure e	xempte	ed activities.	V 43- V								

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) 11/25/19 _ 12/11 Tonelli Development Corp. Agencies Notified Type Notification Street Address 2019 44 Highland Road 16 EPA Initial DEP Amended City, State, Zip Code × DOL Amendment # Montvale, NJ 07645 ASBESTOS CONTROL & Emergency (including DOH Name of Contact justification) Telephone Number DCA Cancellation Rob Tonelli 201-321-1745 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) home School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Norwood 1600 2 73 County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Bergen home Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ABS Environmental Services, LLC Street Address Street Address PO Box 483, 4 E Gate Drive City, State, Zip Code City, State, Zip Code Glenwood, NJ 07418 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-764-2276 703 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12/9/19 12/16/19 Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: exterior 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 Procedure Is Location Abatement Normally Type Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Maintenance/ Amount TO BE ABATED Encapsulate (i.e. thermal systems insulation, Custodial Staff? (Specify Enclosure In Facility Remova Repair surfacing, VAT, or (12)SF or LF) (13)other miscellaneous) Yes No N/A exterior X siding 2,000 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Tony's Cleanup & Hauling Chrin Brothers Sanitary Landfill 17787 TBD City, State Disposal Date City, State Bridgewater, NJ TBD Easton, PA Completed by Title Signature Date A. Scott Higgins President 11/25/19 & 12/4/

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

Date of Notification (1)	914		Ton	elli De	ling Owner velopmer		(2)	100	nec 1	6 20	119				
Agencies Notified	Type Notification			t Addres Highlar	s nd Road			1-1-1	500						
EPA DEP X DOL	Initial Amended Amendment #			State, Z ntvale,	ip Code NJ 0764	5			ASBESTOS LIGE	CONT NSING	ROL	8.			
DOL DOH DCA	Emergency (inclujustification)	ıding	Nam	e of Cor	itact			1	Telephone Numb 201-321-1745						
DCA	Cancellation		11.4.4 10.0017		INFORMA	TION							\exists		
Name of Facility When home Street Address	e Abatement is Taking Pl	ace (3)		AOILITI	IIII GIGIN		Subo	ool (K-12) chapter 8 (er (i.e. priva	Other than K-12) ate & commercial	building	js, ho	mes,			
City (5)	4)			69			Square F		# of Floors	Bldg 73	, Age				
Norwood County (6)		.,	Cou (ST)	inty Cod ATE USE	e (7) ONLY)		Current Use (Prior if being demolished) home								
Bergen Name of Monitoring F	Firm Hired by Building Ow	ner (8)	P	ASCM N	0.	Nam AB:	e of Abatem S Environ	ent Contra mental S	actor (9) Services, LLC						
Street Address						PO	Box 483		te Drive						
City, State, Zip Code				7		Gle	State, Zip (enwood, N						_		
Project Manager for				lephone		.97	phone No. 3-764-22	703							
Start Date (10) 12/9/19	1 22	Scheduled 12/16/19		etion Da	ite (11)		Name of OSHA Monitor								
	During Abatement (Check			nt		Stre	et Address								
Facility Closed Abatement Pe Other – Descri	Nacated During Entire Performed Outside of Normalibe: exterior	I Facility H	lours			City	, State, Zip	Code							
Scope of Work (Ch ≥3 sf or ≥3 lf ≥160 sf or ≥26		Accepted	novatio molitio			ā	Mini-	Enclosure				9			
		T		Т			Frank 19011	-Exciliptos			Abate	ment			
Asbestos-Cont	ocation of taining Material (ACM) BE ABATED n Facility (13)	Used Mair	ocation ormally solely of tenan odial S	y by ce/	(i.e. th	ermal sys	otion of ng Material tems insula , VAT, or cellaneous)	(ACM)	Amount (Specify SF or LF)	Removal	Repair	e Encapsulate	Eliciosure		
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				LIDED !!	Vanta	Cubic V-	ards	Name	f Registered Land	Ifill			1		
Name of Registered Waste Hauler Tony's Cleanup & Hauling			1	NJDEP V Hauler IC 7787	20 (00 L/M - 1	of Waste TBD Name of Registered Landfill Chrin Brothers Sanitary Landfill				11					
City, State Bridgewater, NJ						Disposal TBD	Date	City, State Easton, PA							
Completed by A. Scott Higgi	Title	siden	t		Sig	Signature Date 11/25/19									

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

V) C/L		(P		t to NJAC 8:60 a				,CI	IECK#	26760	, 2,68	107	(=)			
Date of Notification (1) 12-10-19				of Building Owner on Communic		r (2)		10	[F] (\mathbb{V}				
Agencies Notified Type Notification	n			Address	2004				-	EC 1	c	2010	1			
EPA Initial Amended		-		lidden Ridge I ate, Zip Code	Road				J D	EU	O	2013	1			
X DOL Amendme				, TX 75038							100	TO	2 12			
■ Emergence justification	n)	7		of Contact					ASBE phone N		NSI	IG.	JE 00			
DCA Cancellation	on		600000000000000000000000000000000000000	S E. Thomson				(732) 740-8588								
Name of Facility Where Abatement is Tak	ing Place (3)	TAG	ILIT INFORMA	4)											
Ctrant Address					School (K-1											
Street Address 28 3rd Avenue						×	Subchapter Other (i.e. p etc.)				ldings	, hom	ies,			
City (5) Long Branch						Square Feet										
County (6) Monmouth			County (STATE	Code (7) USE ONLY)			ent Use (Prid nmercial	or if bein	g demoli:	shed)						
Name of Monitoring Firm Hired by Building TTI Environmental, Inc.	g Owner (8)	ASC	M No.	100000000000000000000000000000000000000		atement Con Environme		70.00							
Street Address 1253 North Church Street						Addre Broad	ss d Street					20				
City, State, Zip Code Moorestown, NJ 08057						City, State, Zip Code Carlstadt, NJ 07072										
Project Manager for Monitoring Firm Kris Smith			Telepho (609)	ne No. 313-8218	0.0000000000000000000000000000000000000	hone N 939-6		100	License	No.						
Start Date (10) 12-02-19	Schedul 06-30-		npletion	Date (11)	2000	Name of OSHA Monitor Even-Air Inc.										
Occupancy Status During Abatement (Che	eck Only O	ne)				Addre										
Facility Closed/Vacated During Entire Abatement Performed Outside of Not Other – Describe:	Period of rmal Facilit	Abatem y Hours	nent		City, S	State, Z	kson Ave				, Y.,, ,					
Scope of Work (Check All That Apply)				**************************************	Long	ısıar	nd City, N	Y 1110	17							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoliti	맛 하였다.		×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure										
	1000	Locati									Abate	ement	t			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Use Ma	Normall ed Solel intenar todial S	ly by nce/	Asbestos Cor (i.e. therma		Material s insula		(Sp	ount ecify or LF)	Remova	Repair	e Encapsulate	Enclosure			
(13)	Vaa	(12)	N//A	other	miscellar	neous)			,	oval	bair	sulate	sure			
Basement: AC Room	Yes	No	N/A X	Duc	t Insula	tion		30	00SF	x						
Basement: AC Room			X		Insula				OLF	x	-		\vdash			
Basement: AC Room		X		loor Til				0SF	x							
1st Floor		x		AT/Mas	,		- 38	OSF	x			\vdash				
Name of Registered Waste Hauler Newark Carting, Inc.	H	JDEP W	/aste Cubic	Yards			tegistered Landfill V.S. North Landfill									
City, State Newark, NJ 07105	Disposal Date City, St					te										
Completed by Joseph Patrick	ct Ma	TBD Morrisville, PA 19067 Signature Date 12-10							19							

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Date of Notification (1)					SHARP & [OOHM	E CORP.		D	EC	16	2019	
Agencies Notified Type Notificati	on			Street A	ddress	/ENI 15	. D.O. DOX	(0000 5000	ļ., _				11
EPA Initial No			-	City Sta	ate, Zip Code	ENUE	:, P.O. BOX	(2000, RY28-	4 ASBE	STO	S CO	VTROI	&
DEP X Amended	Notificati	on #7		orty, ott	Y, NEW JE			M-Surround Admin		LIC	ENSIN	IG	-
X DOL Cancella X DOH On Hold	tion		- 1			SSSENIES-CO.							
	NCY NOT	TIFICA"			f Contact IA JOHNSO	N		Telephone N 732-594-225					
	VI-COV				RMATION			102 00+ 220					-
Name of Facility Where Abatement is Ta	king Plac	e (3)				Туре	of Facility		The Section				
MERCK SHARP & DOHME CORPORATION	ON					-	School (K	-12) er 8 (Other tha	n K 10)				
Ctroot Address		202-1-				X	Other (ie.	private & com	mcl. bld	gs., h	omes,	etc.)	
Street Address 126 EAST LINCOLN AVENUE - BUILDING	3 60						uare Feet	# of Floor:	S		dg. Ag		
City (5) County (T 0	County C	Code (7)		89,717 ent Use (Pr	5 ior if being der	molieho	4)	82		
RAHWAY UNION				TATE US	SE ONLY)	RES	EARCH LA	BORATORY A	AND OF	FICE	FACII	LI	
Name of Monitoring Firm Hired by Build ENVIRONMETAL HEALTH INVESTIGATION	Ing Owne	r (8)		,	ASCM No. 104	Nam	e of Abate	ment Contrac	tor (9)	CIONI			
Street Address					104		et Address	VIENTAL COP	TORA	ION			
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SPARTA, NEW							State, Zip (FERN, NEV	Jode V YORK 1090	1				
Project Manager for Monitoring Firm			Numb	er			hone Num		icense	Numb	er		
WILLIAM S. KERBEL, CIH Expected State Date (10)	Sched. 0	3-729-5		oto (11)			369-7500		101				
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X >160 SF OR 260 LF					Non-Friabl	e Prod	cedure	M-61-120-25					
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SPAR	TA, NE	W JE	RSE	Y 0787	71			City, State, Zip	Code				
Troject Manager for Monitoring Fir	m		Te	lepho	ne Number			SUFFERN, NEV	V YORK 1090	1			
WILLIAM S. KERBEL, CIH			97	3-720	E640				ber L	icense	Num	ber	
Date of Notification (1) 9			(44)		845-369-7500	1							
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Date of Notification (1) Part of Notification (1) Dep													
Agencies Notified Type Notification Type Notification Type Notification DEP Amended Notification DEP Amended Notification DEP Amended Notification Tope Notification DEP Amended Notification Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION Street Address 126 EAST LINCOLN AVENUE - BUILDING 60 City (5) City (5) City (6) CITY (6) CITY (7) RAHWAY Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC. Street Address 655 WEST SHORE TRAIL City, State, Zip Code SPARTA, NEW JERSEY 07871 Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH Expected State Date (10) 7 / 25 / 19 Month Day Year Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describ Cother - Describe: MONDAY - FRIDAY 7AM-3:30 PM Scope of Work (Check all that apply) Demolition Asbestos-containing Material (ACM) TO BE ABATED In Facility (13) SASTED RESEARCY NOTIFICATION ADDITION TO SCOPE: 1st FLOOR NORTH WEST CORNER Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. SEN IMMUN SANNER Name of Registered Waste Hauler FREEHOLD NEW JERSEY Completed by (Print or Type) Title Sincation Title Title					Me	NITGOMERY P	PA 17752						
ENJAMIN SANCHEZ		CTOB	OF	חבר	ATIONS S	ignature	11	V	Date	0	- 1	7 1	

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EPA Ir	itial Noti	ification	1	12	C. LINCOLN	AVENUE, P.O.	BOX 2000, RY28	3-414			
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EI	MERGE	NCY N	OTIFIC	CATION PA	TRICIA JOHN	SON	Telephone N 732-594-225	Vumbe	r		
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Name of Facility Where Abatemen	nt is Tak	king PI	ace (3))		Type of Fa	cility (4)				
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	5.155.c.					City, State, 2	ROCK ROAD				
SPARTA Project Manager for Monitoring Firm	, NEW .					SUFFERN I	NEW YORK 1090				
WILLIAM S. KERBEL, CIH				ne Number		Telephone N			N.I.		
Expected State Date (10)		97	73-729-	-5649		845-369-750		icense	Num	ber	
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) MERCK SHARP & DOHME CORP. /2019 Street Address Agencies Notified Type Notification 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 EPA Initial Notification City, State, Zip Code DEP Amended Notification RAHWAY, NEW JERSEY 07065 DOL Cancellation DOH On Hold Name of Contact Telephone Number DCA **EMERGENCY NOTIFICATION** PATRICIA JOHNSON 732-594-2257 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) MERCK SHARP & DOHME CORPORATION Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet 126 EAST LINCOLN AVENUE - BUILDING 60 # of Floors Bldg. Age 89,717 City (5) 5 82 County (6) County Code (7) Current Use (Prior if being demolished) RAHWAY UNION (STATE USE ONLY) RESEARCH LABORATORY AND OFFICE FACILI Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ENVIRONMETAL HEALTH INVESTIGATIONS, INC. PAR ENVIRONMENTAL CORPORATION 104 Street Address 655 WEST SHORE TRAIL Street Address 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code SPARTA, NEW JERSEY 07871 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number WILLIAM S. KERBEL, CIH License Number 973-729-5649 Expected State Date (10) 845-369-7500 1101 Sched. Completion Date (11) Name of OSHA Monitor 7/ AMERISCI LABORATORIES INC Month Day Year #11480 Month Day Occupancy Status During Abatement (Check only one) Year Facility Closed/Vacated During Entire Period of Abatement Street Address 117 EAST 30TH STREET Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM City, State, Zip Code Scope of Work (Check all that apply) NEW YORK, NEW YORK 10016 Full Containment with Negative Pressure Demolition Renovation Mini Enclo. >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Asbestos-containing Abatement Type normally used Containing Material (ACM) Material (ACM) Amount REMOVAL REPAIR ENCAPSUL ENCLOSUR solely by (ie. Thermal systems TO BE ABATED (Specify Maint/Custodial insulation, surfacing, VAT, in Facility (13) SF or LF) Staff (12) or other miscellaneous) Yes No N/A BASEMENT-SOUTHWEST CORNER PIPE INSULATION & PIPE FITTINGS 1,180 LF Х Name of Registered Waste Hauler NJDEP Waste FREEHOLD CARTAGE, INC. Cubic Yards of Waste Name of Registered Landfill Hauler ID No. 825 HIGHWAY 33 LYCOMING COUNTY RESOURCE MANAGEMENT SE 40 15939 City, State 447 ALEXANDER DRIVE/ROUTE 15 FREEHOLD, NEW JERSEY Disposal Date City, State

07/25-12/01/2019

DIRECTOR OF OPERATIONS

MONTGOMERY , PA 17752

Completed by (Print or Type)

BENJAMIN SANCHEZ

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NOTIFICATION OF ASSESTOR ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) RIVERVIEW MEDICAL CENTER Type Notification Name of Contact Telephone Number Type of Facility (4) School (K-12) School (K-1																			
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) RIVERVIEW MEDICAL CENTER /19 Street Address Agencies Notified Type Notification 1 RIVERVIEW PLAZA DEC 16 2019 **EPA** Initial Notification City, State, Zip Code DEP RED BANK, NEW JERSEY 07701 Amended Notification DOL Cancellation CONTROL 8 DOH On Hold Name of Contact Telephone Number IGENSING DCA **EMERGENCY NOTIFICATION ERIC MATTSON** 732-450-2689 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) RIVERVIEW MEDICAL CENTER School (K-12) Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 1 RIVERVIEW PLAZA-2ND FLOOR 250,000 6 65 City (5) County (6) County Code (7) Current Use (Prior if being demolished) Pharm. Lab. RED BANK MONMOUTH (STATE USE ONLY) HOSPITAL Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **ENVIRONMENTAL TACTICS** PAR ENVIRONMENTAL CORPORATION 17 Street Address Street Address 64 BROAD STREET 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code MATAWAN, NEW JERSEY 07747 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number THOMAS GEIGER 732-290-2236 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 12 / 03/ 1/ 30/ /20 QUALITY ENVIRONMENTAL Day Month Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1376 ROUTE 9 Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM City, State, Zip Code WAPPINGERS FALLS, NEW YORK 12590 Scope of Work (Check all that apply) Criticals with Negative Pressure Demolition Renovation Mini-Enclo. >3SF OR LF Glovebag Procedure >160 SF OR Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount ENCAPSUL **ENCLOSUR** REPAIR REMOVAL Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No IN/A 2ND FLOOR SOUTHWEST CORRIDOR X VAT & MASTIC 776 SF X 2ND FLOOR SOUTHWEST CORRIDOR PIPE INSULATION 32 LF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill NEWARK CARTING Hauler ID No. 120 GRAND CENTRAL SANITARY LANDFILL 913 City, State City State PLAINE ELD TOWNSHIP, PA Disposal Date NEWARK, NJ 07105 11/25/19-01/30/2020 Completed by (Print or Type) Signature

DIRECTOR OF OPERATIONS

BENJAMIN SANCHEZ

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) RIVERVIEW MEDICAL CENTER 11 /19 Street Address Agencies Notified Type Notification 1 RIVERVIEW PLAZA DEC 16 2019 **EPA** Initial Notification City, State, Zip Code DEP Amended Notification RED BANK, NEW JERSEY 07701 DOL Cancellation DOH On Hold Name of Contact Telephone NumberLICENSING DCA **EMERGENCY NOTIFICATION ERIC MATTSON** 732-450-2689 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) RIVERVIEW MEDICAL CENTER School (K-12) Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 1 RIVERVIEW PLAZA-2ND FLOOR 250,000 6 65 City (5) County (6) County Code (7) Current Use (Prior if being demolished) Pharm. Lab. RED BANK MONMOUTH (STATE USE ONLY) HOSPITAL Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **ENVIRONMENTAL TACTICS** PAR ENVIRONMENTAL CORPORATION 17 Street Address Street Address 64 BROAD STREET 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code MATAWAN, NEW JERSEY 07747 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number THOMAS GEIGER 732-290-2236 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 12 / 02/ 30/ /20 QUALITY ENVIRONMENTAL Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1376 ROUTE 9 Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM City, State, Zip Code WAPPINGERS FALLS, NEW YORK 12590 Scope of Work (Check all that apply) Criticals with Negative Pressure Demolition Renovation Mini-Enclo >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing Containing Material (ACM) normally used Amount REPAIR ENCLOS REMOVAI ENCAPS Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No IN/A 2ND FLOOR SOUTHWEST CORRIDOR X VAT & MASTIC 776 SF X 2ND FLOOR SOUTHWEST CORRIDOR PIPE INSULATION 32 LF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill **NEWARK CARTING** Hauler ID No. GRAND CENTRAL SANITARY LANDFILL 120 913 City, State Disposal Date City. State NEWARK, NJ 07105 PLAINFLE TOWNSHIP, PA 11/25/19-01/30/2020 Completed by (Print or Type) Signature Date BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS

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

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MCK		1	NOTIF (Pi	FICAT	t to NJAC	SBES 8:60-	STOS ABAT -7 and 12:1	20-7	")		E	C	E	<u> </u>	
Date of Notification (1)					100		Building O SHARP & D		er/Operator (ME CORP.	2)		DEC	1 6	20	19
12 / 10	/2019				Stre	et Ad	dress								
Agencies Notified Typ	e Notificati	on			126	E. LIN	NCOLN AV	ENL	IE		100		20.0	on the second	
EPA	Initial No	tificatio	n		City,	State	e, Zip Code)			ASA		OS C CENS	A	40L 8
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X DOH DCA	On Hold EMERGE	ENCY N	NOTIF	ICATI	100000		Contact PATEL			Telephone 732-594-22		oer			
					ACILITY II	VFOF	RMATION								
Name of Facility Where Abate			lace	(3)				Ту	pe of Facility School (K	-12)					
MERCK SHARP & DOHME CO	RPORATI	NO						V		er 8 (Other th			- 6-		٠,٠٠٠
Street Address								X	Square Feet	private & cor # of Floo		. Diag		nes, e	
126 EAST LINCOLN AVENUE	- BUILDIN	G 80 N	EXTE	RIOR	WINDOV	VS		"	40,000	1 1	113			, Age 57	
City (5)	County (March 18	Service Service	145900			ode (7)	Cu	rrent Use (Pr		emoli	shed			
RAHWAY	UNION	-1					E ONLY)		SEARCH LA					ACIL	
Name of Monitoring Firm Hire				(8)			SCM No.	Na	me of Abate	ment Contra	actor	(9)			
ENVIRONMETAL HEALTH INV				0.3550			104	PA	R ENVIRON				ON		
Street Address								100000	eet Address						
655 WEST SHORE TRAIL									3 SPOOK RC						
City, State, Zip Code	ADTA NEV	M IED	SEV 0	7071					y, State, Zip (IFFERN, NE\		001				
Project Manager for Monitoring	ARTA, NEV	VJENS			Number				lephone Num			neo N	lumbe	r	
WILLIAM S. KERBEL, CIH	1 11111			729-56				10000	5-369-7500	ibei	110		vuilibe	•	
Expected State Date (10)		ISche			tion Date	/11\			me of OSHA	Monitor	110	-			_
12 / 6	/19	Come	12		10		/20	1000	MERISCI LAB		S INC)	#	11480	
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Other - Describe.	MONDA	1 -30N	DAI	/ AIVI-G	.30 F W			I Cit	y, State, Zip NFV	V YORK, NE	W Y	ORK	10016		
Scope of Work (Check all that a	apply)						Full Conta	ainm	ent with Nega				7		
Demolition	X	Rend	ovation	n			Mini Enclo	ο,					7		
x >3SF OR LF							Glovebag			/E) ====10.					
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Material (ACM) TO BE ABATED			olely b	todial	14-		Thermal sy: ion, surfacii			(Specif SF or L	E/ 5	BEMOVAL	REPAIR	ENCAPSUL	15
in Facility (13)			taff (1	2.1.5			ner miscella			3F UI L	7 5	\leq	B	Sc	OSUR
do, (10)		Yes		N/A		0, 0			/	1	[-	교
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		+										\vdash	+		
Name of David 194	1	N. In	- D. W.		O.L. V	J	10/	Is:							
Name of Registered Waste Hau FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	ner	Haul	EP Wa er ID I 15939	No.	Cubic Yar	ds of 40		LY	me of Regist COMING CO 7 ALEXANDE	OUNTY RESC	DURC		ANAG	EME	NT SE
City, State			10938		Disposal [Cit	y, State			_ 15			
FREEHOLD, NEW JERSEY					12/6/19-03			MS	ONGOMER	Y , PA 17752	2		,	+	
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIF		R OF	OPEF	RATIONS	Sign	nature /	4	∞		Date	12	10	115	,

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Date of Notification (1)					1	Nam MER	e of Building O CK SHARP & D	wner OHM	/Operator E CORP.	(2)	-15		J	
	019				15	Stree	t Address							
Agencies Notified Type No	otificatio	n			-	126 E	E. LINCOLN AV	ENUE	Ξ			IEC 1	6 8	2019
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	i Hold IERGEI	NCY	тои	IFICA	TION K	Vame (INN	of Contact ARI PATEL			Telephone I 732-594-22		r	April 100 and	Top off to the
N					FACILIT	Y IN	FORMATION							
Name of Facility Where Abatemen	it is Tak	king l	Plac	e (3)				Туре	of Facilit	y (4)				- 60
MERCK SHARP & DOHME CORPC	PRATIO	N							School (K Subchapt	er 8 (Other th	an K-12	2)		
Street Address								X	Other (ie. uare Feet	private & con	nmcl. b			
126 EAST LINCOLN AVENUE - BU	ILDING	80 N	EX.	TERIC	R WIND	oow	S		40,000	# of Floo	rs	Bio	lg. Ag 57	е
City (5)	unty (6))			C	ount	y Code (7)			rior if being de	molich	od)	31	
RAHWAY UN	IION						USE ONLY)	RES	EARCH LA	BORATORY	AND)FFICE	FACII	1
Name of Monitoring Firm Hired by	Buildir	ng O	wne	r (8)		T	ASCM No.	Nam	e of Abate	ment Contra	ctor (9)	AOII	-1
ENVIRONMETAL HEALTH INVEST	IGATIO	NS, I	NC.				104	PAR	ENVIRON	MENTAL CO	RPOR	ATION		
STEET Address S55 WEST SHORE TRAIL									et Address					
City, State, Zip Code	100 Table 100									OCK ROAD				
SPARTA	NEW	IFR	SEV	07871				City,	State, Zip	Code	271			
Project Manager for Monitoring Firm	ι, πιΣνν	OLIN		_	e Numbe	or.			phone Num	W YORK 109		NI I		
VILLIAM S. KERBEL, CIH	-		1	-729-5		-	1			1		e Numb	er	
xpected State Date (10)		Sche			etion Da	ato (1	11)		369-7500	-	1101			
12 / 6 /19 Month Day Year		Mo	nth :	3 /	Dav	30	/20 Year		e of OSHA RISCI LAB	ORATORIES	INC	ŧ	11480)
Occupancy Status During Abatemen	t (Check	k only	/ one	9)				Stree	t Address					-
X Facility Closed/Vacated D Abatement Performed Ou X Other - Describe: MO	itside of	Norr	nal F	acility	Hours -	Des	cribe:	117 E	EAST 30TH					
Other - Describe. MO	INDAY -	SUN	DAY	/AM-	3:30 PM	1		City,	State, Zip (
Scope of Work (Check all that apply)						Г	— Eull Contai	nmon	NEV	V YORK, NEV ative Pressure	V YOR	K 1001	6	
Demolition		Reno	vatio	on		H	Mini Enclo	mnen	it with nega	alive Pressure				
× >3SF OR LF						-	Glovebag F	roce	dure					
>160 SF OR 260 LF						>	Non-Friable	e Proc	cedure	(EXTERIOR)				
Location of			Loca			De	escription of Asb	estos	}-			Abaten	nent T	vpe
Asbestos-containing			*	used			ntaining Materia		M)	Amount	B			
Material (ACM) TO BE ABATED			olely				ie. Thermal syst			(Specify		REP/	ENC/	ENCI
in Facility (13)	- 1		t/Cus	stodial			ulation, surfacing			SF or LF)	OVAL	AIR	15	0
mr domity (10)	-	Yes		N/A	1	Of	other miscellan	eous))		P		APSUL	LOSUR
XTERIOR WEST SIDE		100	110	X	WINDO	NV G	LAZING /CAUL	V		15 SF	- Iv	+	+	سرا
XTERIOR NORTH SIDE				X			LAZING /CAUL			5 SF	X	-	-	
							ENEMA TOROL			3 3 1	X			
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ame of Registered Waste Hauler			D.:									-	-	
REEHOLD CARTAGE, INC.		NJDE Haule		Sall Stranger	Cubic Y		of Waste	Name YCO	of Registe	red Landfill JNTY RESOL	IBCE N	JANAG	EMEN	IT O
25 HIGHWAY 33		1	593	9			4	447 A	LEXANDE	R DRIVE/ROU	JTE 15	ininad	CIVIC!	11 30
ity, State			VI. 7		Disposa		te 🔏	City. 2	State/			j		(3)
REEHOLD, NEW JERSEY completed by (Print or Type)	ITH-				12/6/19-		0/2020	THON	GOMERY	, PA 17752)
BENJAMIN SANCHEZ	Title DIREC	CTOF	ROF	OPER	RATIONS	s	ignature /	71>	$\langle \rangle$		ate //	1/-	71	-, 1

						I E	P 1	T 1	NI	re.r			
no de		ate of New Jersey I OF ASBESTOS ABATEMENT NJAC 8:60-7 and 12:120-7)			DEGETVE								
Date of Notification (1)			Name of Buil	ding O	wner/Operator	(2)	DEC	16	2019	Na Ademin			
10.00		7	MERCK SHARP & DOHME CORP.					-0.0	1000				
12 / 10 /2019 Agencies Notified Type Notificati	on		Street Address 126 E. LINCOLN AVENUE			ASBESTOS CONTROL &							
EPA Initial No	tification	City, State, Zi	City, State, Zip Code				LIGENSING						
	d Notificat	tion	RAHWAY, NE	RAHWAY, NEW JERSEY 07065				transport and require to be considered to depresent on absolute order of suph conduction and suph order of public order.					
X DOH x On Hold		Name of Contact			Telephone Number								
DCA EMERGE	ENCY NO		A CONTRACTOR OF THE PROPERTY O			732-594-6352							
Name of Facility Where Abatement is Ta	aking Pla		ACILITY INFORMA	TION	Type of Facilit	v (4)				_			
Name of Lability Where Addenies to 10	aning i iu	(0)			School (K	-12)							
MERCK SHARP & DOHME CORPORATION	ON							ter 8 (Other than K-12) private & commcl. bldgs., homes, etc.) # of Floors Bldg. Age					
Street Address 126 EAST LINCOLN AVENUE - BUILDIN	Street Address 126 EAST LINCOLN AVENUE - BUILDING 80 N LABS							100000000000000000000000000000000000000	g. Age 57				
City (5) County (County Code	(7)		(Prior if being demolished)							
RAHWAY UNION Name of Monitoring Firm Hired by Build	dina Own	er (8)	(STATE USE OF			ABORATORY A ement Contract		-ICE I	-ACIL	-			
ENVIRONMETAL HEALTH INVESTIGATI	ONS, INC	D.	5.55	104 PAR ENVIRONMENTAL CORPORATION									
Street Address 655 WEST SHORE TRAIL					Street Address 313 SPOOK ROCK ROAD								
City, State, Zip Code			The second secon		City, State, Zip Code								
SPARTA, NEV			Number		SUFFERN, NEW YORK 10901 Telephone Number License Number					_			
WILLIAM S. KERBEL, CIH							845-369-7500 1101						
Expected State Date (10) Sched. Completion Date (11) Nam						Name of OSHA Monitor AMERISCI LABORATORIES INC #11480							
12 / 3 /19 10 / 30 /20 AMERISCI LABORATORI Month Day Year Month Day Year								NIES INC #11400					
Occupancy Status During Abatement (Che X Facility Closed/Vacated During	hatamant	Street Address 117 EAST 30TH STREET											
Abatement Performed Outside	of Norma	Hours - Describe:			Commission and Commis								
X Other - Describe: MONDA	Y -FRIDA	Y 7AM-3	:30 PM		City, State, Zip	Code W YORK, NEW	YORK	10016	6				
Scope of Work (Check all that apply)					inment with Neg				500				
Demolition X >3SF OR LF	Renova	ation		ni Enclo), Procedure								
X >160 SF OR 260 LF					le Procedure								
Location of Asbestos-containing		ocation ally used	Description Containing			Amount		baten		m			
Material (ACM)	(ie. The		1999 Bright Wat 198	(Specify	REM	REP,	ENC,	NC					
TO BE ABATED Maint/Cus						SF or LF)	IOVAL	AIR	APSUL	OSUR			
in Facility (13)		ff (12) lo N/A	or other r	niscella	neous)		F		F	딞			
1ST FLOOR ROOM C25, C25A, C25B		x	VAT & MASTIC		650 SF								
1ST FLOOR ROOM C25		Х	PIPE INSULATION	PIPE INSULATION/PIPE SADDLES			X			Ш			
1ST FLOOR C25		X	DUCT MASTIC			2 SF	X						
1ST FLOOR ROOM B37		X	VAT & MASTIC			145 SF	×						
1ST FLOOR ROOM C29		X	VAT & MASTIC			80 SF	X						
1ST FLOOR ROOM C19A		X	VAT & MASTIC			140 SF	X						
1ST FLOOR ROOM C19		X	SOUND PROOFIN	G PAPI	ER BATTING	100 SF	X						
1ST FLOOR ROOM C19 & C19A		x	PIPE INSULATION			9 LF	X						
1ST FLOOR ROOM C19 & C19A	++	x			plete	150 SF	X	1		\Box			
1ST FLOOR ROOM B37		X	SINK MASTIC COA		·Picio	35 SF	X						
1ST FLOOR ROOM B37		X	PIPE INSULATION			8 LF	X						
1ST FLOOR ROOM C31		X	PIPE INSULATION		SADDLES	5 LF	Х						
Name of Registered Waste Hauler	Registered Waste Hauler NJDEP Waste Cubic Yards of Waste					tered Landfill		100100	CLIC	NT OF			
FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	Hauler 15	30			DUNTY RESOU ER DRIVE/ROU		ANAC	a EIVIEI	AI SE				
City, State			Disposal Date	20	City, State								
FREEHOLD, NEW JERSEY Completed by (Print or Type) Titl	le		11/25/19-10/30/202 Signatu		MONT COMER		ate , .	2/	2/1				
		OF OPE	RATIONS	10			1-	71	0/19	7			
				1 /	/ //				I .				

(Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP. Date of Notification (1) 19 /2019 Street Address Agencies Notified Type Notification 126 E. LINCOLN AVENUE nec 16 2019 Initial Notification City, State, Zip Code DEP Amended Notification RAHWAY, NEW JERSEY 07065 DOL Cancellation Telephone Number LIGENSING DOH On Hold Name of Contact **EMERGENCY NOTIFICATION** KINNARI PATEL 732-594-6352 DCA FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) MERCK SHARP & DOHME CORPORATION Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 126 EAST LINCOLN AVENUE - BUILDING 80 N LABS 40.000 City (5) Current Use (Prior if being demolished) County (6) County Code (7) (STATE USE ONLY) RESEARCH LABORATORY AND OFFICE FACILI RAHWAY UNION Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ENVIRONMETAL HEALTH INVESTIGATIONS, INC. PAR ENVIRONMENTAL CORPORATION 104 Street Address Street Address 655 WEST SHORE TRAIL 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code SPARTA, NEW JERSEY 07871 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number WILLIAM S. KERBEL, CIH 973-729-5649 845-369-7500 1101 Sched. Completion Date (11) Expected State Date (10) Name of OSHA Monitor 12/ /19 10 / 30 AMERISCI LABORATORIES INC #11480 Month Month Day Year Day Year Occupancy Status During Abatement (Check only one) Street Address 117 EAST 30TH STREET Facility Closed/Vacated 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 Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini Enclo, Demolition Renovation >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type normally used Containing Material (ACM) Asbestos-containing Amount REMOVAL ENCLOSUR REPAIR ENCAPSUL (ie. Thermal systems solely by (Specify Material (ACM) TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A VAT & MASTIC 650 SF X 1ST FLOOR ROOM C25, C25A, C25B PIPE INSULATION/PIPE SADDLES 5 LF X 1ST FLOOR ROOM C25 DUCT MASTIC Χ 1ST FLOOR C25 2 SF VAT & MASTIC 145 SF 1ST FLOOR ROOM B37 X 1ST FLOOR ROOM C29 VAT & MASTIC 80 SF X Х 1ST FLOOR ROOM C19A VAT & MASTIC 140 SF Χ Х 1ST FLOOR ROOM C19 SOUND PROOFING PAPER BATTING 100 SF Χ 9 LF X 1ST FLOOR ROOM C19 & C19A PIPE INSULATION/PIPE SADDLES X X **BENCH TOP** 150 SF 1ST FLOOR ROOM C25 X Х 35 SF 1ST FLOOR ROOM B37 SINK MASTIC COATING X PIPE INSULATION 8 LF X 1ST FLOOR ROOM B37 1ST FLOOR ROOM C31 PIPE INSULATION/PIPE SADDLES 5 LF NJDEP Waste Name of Registered Waste Hauler Cubic Yards of Waste Name of Registered Landfill FREEHOLD CARTAGE, INC. Hauler ID No. 30 LYCOMING COUNTY RESOURCE MANAGEMENT SE 825 HIGHWAY 33 447 ALEXANDER DRIVE/ROUTE 15 15939 Disposal Date City, State City, State MÓNTGOMERY, PA 17752 FREEHOLD, NEW JERSEY 11/25/19-10/30/2020 Completed by (Print or Type) Signature Title Date DIRECTOR OF OPERATIONS BENJAMIN SANCHEZ

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Inv-16e94



DEC 16 2019 Federal Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification				Name	of Building	Owne	r/Operator			anneng di Lanto	egyerinen egyst kansansystementeter			
							RE SYSTEMS		ASBESTOS CONTROL &					
										LICE	KSING			
Agencies Notified	Type o	of Notificatio	n	Street	Address									
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X DEP		Amended		The state of the s										
X DOL	1	Amendmen	#1	City, State, Zip Code										
		Emergency	,	SUMMIT, NJ 07901										
X DOH		Cancelation	n											
DCA				Name of Contact Telephone Number										
			- 1											
				Miche	lle Gomez				908-522-2195					
				FACIL	ITY INFORM	MATIC	N							
Name of Facility Where	e Abate	ment is Tak	ing Pla	ce			Type of Facility							
	,						() School (K-12)							
OVERLOOK HOSPITAL					() Sub-Chapter 8 (Other than K-12)									
Street Address						(X) Other (I.e. private & Commercial								
							buildings, hon	nes, etc.)						
99 BEAUVOIR AVENU	JE					SF c	f Bldg.		# Floor		Age of Bldg.			
City		County	(County Code		10000 3								
12	į.			State us	e Only	Curr	ent Use (prior if be	ing demol	ished)	With East				
SUMMIT, NJ		UNION												
Name of Monitoring Fir	m Hire	d by Building	g Owne	r	ASCM No.	Nam	e of Abatment Cor	ntractor						
Partner Engineering &	Science	е				ACN	CONSULTING C	ORP.						
Street Address						Stre	et Address							
611 Industrial Way We	st					2150 STANLEY TERRACE								
City, State, Zip Code						City, State, Zip Code								
Eatontown, NJ 07724						UNIC	ON, NJ 07083							
Project Manager for Monitoring Firm Telephone No.						Telephone Number License Number								
				35			12							
					TERMINED 908-687-1008				00575					
Scheduled Start Date		Scheduled	Comple	etion Da	te	Nam	e of OSHA Monito	r	***************************************					
	1													
12 19	2019 1 1 2020 EMSL ANALYTICAL													
Month Day		Month	Day	Year		Stre	et Address							
Occupancy Status Dur														
Facility Closed/Vacated During Entire Period of Abatement					atement	307 WEST 38TH STREET								
Abatement Outsi			Hours			City, State, Zip Code								
X Describe: 9:30PM TO 6:30AM														
Other - Describe	:					NEV	/ YORK, NY 1011	8						
Scope of Work (Checl	Only O	ne)			Abatement			60 7.588 800						
Demolition							Containment with N	Negative F	ressure					
>3sf or >3lf							Enclosure							
X ≥ 160sf or ≥ 260	lf				X	2000	Procedures							
Renovation						_	Friable Procedure							
N 1945-1947-1950 1 14-11					on Normally		Describtion of		Amount to be	Abat	ement Type			
Location of ACM Facili	ty		L		Custodial S		ACM to be		Removed	_				
				Yes	NO	N/A	Removed		(Specify SF/LF)		Rep.			
7th Floor Mechanical F	Room B	y Stair 11					Duct Insulation		8SF	X				
				W										
			d in the colonial of											
Name of Registered W	aste Ha	auler		NJDF	P Waste ID	No.	Cubic Yds waste		Name of Register	red La	ndfill			
TRI-STATE TRANSFE					SW1896	Samile .	TBD		MINERVA ENTE					
City, State		,,	120	Dispo	sal Date		City, State of Reg	istered La						
BRONX, NY			TBD		WAYNESBURG, OHIO									
Completed By (Print or	Type)			Title							Date			
Gina Smolar					RAI MANA	GER								