CH88	148)	P		CATION Insuant PAL I	OF ASB to NJAC	ESTOS 8 60 and 8 23 / 17	ABATEN d 12:120 -1723) Add M	Material				3	<u> W</u>		
Date of Notifice 12/11/2017	and the second second					Building , Inc. S&			(2)	with the last of t	ЦЦ	D	EC	1 8	20	17	
Agencies Notif	fied	Type Notification	1	- 1	Street Ad 148 Pr	ddress inceton	-Hights	stown F	Road			ASBE				ROL	&
EPA DEP DOL		Initial Amended	74 W. W			te, Zip Co							LICE	NS	N3		
		Amendmer Emergency			200000000000000000000000000000000000000	Vindsor,	NJ 08	520			Tot		N.L. sad				
X DOH X DCA		justification Cancellatio		- 1		sco Lint	on				1 Tel	enhone	Num	er			
<u></u>					FACI	LITY INFO	ORMATI	ON								-	
Name of Facili	ty Where A	Abatement is Taki	ng Place (3)					Туре	of Facility (4)						
Street Address		tstown Road							×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Oth			build	lings,	home	es,
City (5) East Winds	or, NJ 0	8520								re Feet	# o	f Floors	Š.	189.60	dg. A	ge	
County (6) Mercer			X-3-1		County (Code (7) USE ONLY)		Curre	ent Use (Prices	or if bei	ng dem	olishe	d)			
		Hired by Building	Owner (8)		ASCN N/A	1 No.			of Aba	tement Cor conmental							
Street Address 470 Sevent	3	21.01			IN/A			Street	Addre								
City, State, Zip	Code							City, S	tate, Z	ip Code							
New York, Project Manag					Telephor	ne No		Teleph	and the same of the same	nd City, N	1 11		se No.				
William Loc	h	itoring i iiii			212-94	4-4615		718-3	349-0	900			675	-			
Start Date (10) 09/22/2017			12/18/2	2017	npletion l	Date (11)		Marti		HA Monitor Rea							
-		Abatement (Che						Street 714 k		ss edy Blvd.							
	nt Perform	ated During Entire ed Outside of Nor						City, S	tate, Z	ip Code NJ 07002							
Scope of Work	(Check Al	Il That Apply)															
≥3 sf or ≥ × ≥160 sf o			Transport .	enova emolit				×	Mir Glo	II Containme ni-Enclosure ovebag Prod n-Exempted	e cedure					e	
			ls	Locati	on										Abate	ement	t
	Location		1	lormal d Sole	ly	88 84		scription					-		<u>Ty</u>	pe	
	Containing FO BE ABA In Facili (13)		Ma	intenar odial S (12)	nce/	Asbes (i.e.	thermal surfa	taining M I systems cing, VA miscellan	s insula T, or	I (ACM) ation,	(5	mount Specify or LF)		Removal	Nepair	Encapsulate	Enclosure
			Yes	No	N/A											ite	Ф
	Baseme			X				Insula	-			20 LF		Х			
Pei	nthouse	MER 3		X			Pipe	Insula	tion		3	0 LF		Х			
Name of Regis	stered Was	te Hauler		Н	IJDEP W lauler ID 4310		of Wa	ards		Name of Minerva	a Ente						
City, State Shirley, NY	11967						09/25	sal Date 5/2017	M	City, State Waynes		OH 4	14688	3			
Completed by Ann A. Ali			Title Comp	oliano	e Adm	in	5	Signature	A	/			Date 12/		0.7		
ASB-41 (R-06-08	3)							* De no	ot use	this form for	asbest	os licer	nsure e	xem	pted	activi	ties.

Print Form

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

Date of Notification (1)				ATTACABLE ASSA	Building O	TORY NAMED I	AL SAUNTHURS	V 11-4.00 (C. C. C	M		4.0	004	7	
09/13/2017				CBRE,	Inc. S&I			- (ACC)		DEC	1 8	201	1	14
Agencies Notified	Type Notification		- 1	Street Ac	ddress inceton-l	Highte	town F	Road				toricke state		
EPA DEP DOL	Initial Amended		- 1		te, Zip Cod					ASBEST(OS CC	NC NC	OL 8	
▼ DOL	Amendment		-	East W	/indsor, I		520		L					
X DOH X DCA	Emergency justification)		- 1	Name of	Contact sco Linto	n			Te	lenhone Nii	mhor			
X DCA	Cancellation			75.0-0.501.1-0.000.0	LITY INFO	75-7-52	ON		-					
Name of Facility Where A	Abatement is Takin	g Place (3)		1 AOIL		I CHIATI	011	Type of Facility	(4)					
								School (K-			2)			
Street Address 148 Princeton-Hight	tstown Road							Other (i.e. etc.)		ner than K-1 & commerc		dings,	home	es,
City (5) East Windsor, NJ 08	8520							Square Feet 10,000	3	of Floors		Bldg A	ge	
County (6) Mercer				County C	Code (7) JSE ONLY)			Current Use (P Office Space		eing demolis	hed)			
Name of Monitoring Firm Ambient Group, Inc.		Owner (8)		ASCM N/A	l No.			of Abatement Co Environment		2. 1.				
Street Address 470 Seventh Avenu								Address 2 Queens Pla	za So	uth				
City, State, Zip Code New York, NY 1001	8		V. 92 · · ·					State, Zip Code	VY 11	101				
Project Manager for Mon William Loch				Telephor	ne No. 4-4615		Teleph	none No. 349-0900		License N				
Start Date (10)		Scheduled	d Con	50.003525-005.0000			Name	of OSHA Monito	г		·			
09/22/2017 Occupancy Status During	Ahatement (Cher	12/18/20						Address						
Facility Closed/Vaca				nent				Kennedy Blvc	l.					
Abatement Performe Other – Describe:	ed Outside of Norr	nal Facility	Hours	3		_	2000	State, Zip Code onne, NJ 0700	02					
Scope of Work (Check A	II That Apply)													
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf		-	enova					Glovebag Pr	ire ocedure	;				
		la l	ocati						eu () a	IIU NOII-FIIA	DIE PIC	18755	ement	
Location	of .	N	ormal	lly		De:	scription	n of					ре	
Asbestos-Containing TO BE ABA	Material (ACM)	Mair	l Sole ntena	nce/				Material (ACM) is insulation,	22	Amount (Specify	D		Enc	m m
In Facili		Custo	dial (12)	Staff?	(,,,,,	surfa	cing, VA	AT, or		SF or LF)	Remova	Cpair	Encapsulate	Enclosure
(13)		Yes	No	N/A		oulei i	iliscella	neous)			/al	=1	ılate	ле
Baseme	ent		X	INA		Pipe	Insula	ation	-	120 LF	X	+-		
		豆				1 152						-		
Name of Registered Was	ste Hauler		50	IJDEP W lauler ID		Cubic of Wa	Yards ste		-	tered Landfi	1			
ATC			2	4310		30 Ya				erprises				
City, State Shirley, NY 11967				7411		09/25	sal Date 5/2017	Wayn		g, OH 446	886			
Completed by Ann A. Ali		Title Comp	liano	ce Adm	nin	S	Signatur	e			ate 9/13/:	20 17		
								1/4						

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

			- 60		OB#17-1523			Ш	11	1)+(5 6	111		11-
Date of Notification (1) 09/05/2017					Building Owner, Inc. S&P Glo		(2)	L					-		
Agencies Notified	Type Notification		1,100	Street Ad	ldress nceton-Hight	tstown F	Road		AS	BEST L	TOS C			OL 8	
EPA DEP DOL	Initial Amended Amendment	#	0	City, Stat	e, Zip Code Indsor, NJ 0			Infrascour					GOV MINE	Hotorictur	
X DOH	Emergency (justification)	including	_ N	Name of	Contact			Τ.	Telepi	hone N	lumber				
▼ DCA	Cancellation	8	'		co Linton	TION									
Name of Facility Where Street Address	Abatement is Takin	g Place (3)		FACIL	ITT INFORMA	IION	Type of Facil School (Subcha	(K-12) pter 8 (
148 Princeton-High	tstown Road						Other (i. etc.)	e. priv	ate & c	comme	rcial bu		_		5,
City (5) East Windsor, NJ (8520	AND TO SERVICE					Square Feet 10,000		# of F	loors		Bldg 50+	g. Ag	е	
County (6) Mercer				County C	Code (7) ISE ONLY)		Current Use Office Spa		f being	demoi	ished)				
Name of Monitoring Firm Ambient Group, Inc		Owner (8)		ASCM N/A	No.		of Abatement Environmen							,	
Street Address 470 Seventh Avenu							Address 2 Queens P	laza	South	1					
City, State, Zip Code New York, NY 100	18						State, Zip Code Island City		1110)1			_		
Project Manager for Mo William Loch			- 1	Telephor 212-94	ne No. 4-4615		hone No. 349-0900		T	icense					
Start Date (10) 09/18/2017		Schedule		pletion [Date (11)		of OSHA Mon in McRea	itor							
Occupancy Status Durin	ng Abatement (Chec	ck Only On	e)			Street	Address							-200-7	
	cated During Entire ned Outside of Norr						Kennedy Bl State, Zip Code								
Other – Describe:						Bay	onne, NJ 07	002							
Scope of Work (Check / ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	All That Apply)	Description 1	enovat emoliti	T-1000 T-100			Full Conta Mini-Enclo Glovebag Non-Exem	sure Proced	dure	•			dure		
		Is	Locati	on								Al	bate	ment	
Locatic Asbestos-Containin <u>TO BE Al</u> In Fac (13	g Material (ACM) BATED ility	Use Mai	lormall d Sole intenar odial S (12)	ly by nce/	Asbestos Co (i.e. therm sur		Material (ACM) ns insulation, AT, or		(Sp	ount ecify or LF)	Nemova		Repair	Encapsulate	Enclosure
Basen	nent		X	1	Pir	e Insula	ation	+	120) LF	X	+	-+		
Basen	TOTAL	1						+				+	-+		
				1055		1-37- 1		-(5	-7.7		IEII				
Name of Registered Wa	aste Hauler		Н	JDEP W auler ID 4310	No. of V	ic Yards /aste Yards	1		-	ed Land Orises					
City, State Shirley, NY 11967						osal Date 20/2017		State /nesb	urg, (OH 4	4688	1			
Completed by Ann A. Ali		Title Comj	pliano	e Adm	nin	Signatur	е				Date 09/05	5/20	17	-	
The second secon			e pro-site about			100000000000000000000000000000000000000	111/6/								

PA		100 Tabasa	NOT		ATIO		BEST	rsey OS ABA 0 and 5:1		NT			C		\mathbb{V}		In
Date of Notification (1) 12 /	12 /	17			The second of	e of Buildir enzi Deve		r/Operator , LLC	(2)				EC 3	18	21)17	3	世
Agencies Notified EPA DOLWD	Type Notific	d			8 E	et Address Buttel Av State, Zip	enue					ASBE	STOS	CON		L &	
☑ DOH ☐ DCA (NJAC 5:23-8)	Amendm Emerger justificat Cancella	ncy (indi	-	9	La	kewood, e of Conta	NJ 087				T,	elephone	e Numl	per			
					FΑ	CILITY	NEORM	ΙΔΤΙΟΝ							-		
Name of Facility Where A Building Street Address 725 East State Stree		Taking	Place	(3)					□ Sc □ Sc ⊠ Of	of Facili chool (K- ubchapte ther (i.e. omes, et	-12) er 8 (C , priva	Other tha	n K-12 ommer) cial bu	onit liu	JS,	
City (5) Trenton					7486280				Squa	re Feet		# of Floo	rs	BI	dgi. A	ge	
County (6) Mercer								USE ONLY)	Curre	ent Use (if being d	lemolis	hed)			
Name of Monitoring Firm Guardian Contracti Street Address		ding O	wner ((8)	ASCM	No.	Gua	of Abatem ardian Co Address			5090						
1889 Rte. 9, Unit 61 City, State, Zip Code					12 to 70 pt		188	9 Route 9	25.000	61							
Toms River, New Jo Project Manager for Mon		5		1			Ton	ns River,		Jersey (·		4555			
Nicholas Fernicola				7		9-9932		none No. -349-9932	2			License 00624					
Start Date (10)12 /13 /				. 85		17		of OSHA N		I	-						
Occupancy Status During Facility Closed/Vacate Abatement Performed Time of Abatement:	ed During Enti Outside of No AM	ire Peri ormal F	od of a	Abate y Hou	rs - Des	scribe _AM	105 City, S	Address 6 Stelton State, Zip C cataway,	ode	ersey (08854	1					
Scope of Work (Check all ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	that apply)		⊠ Re □ De	novat moliti			[☐ Full Con ☐ Mini-End ☑ Gloveba ☐ Non-Exe	closure	edure				e			
				Loca							T			_	ateme	ent Ty	уре
Location Asbestos-Containing I TO BE ABA IN Facilit (13)	Material (ACN TED	1)	Use Ma	d Sol	ely by ince/ Staff?		estos Cor e., therm surf	escription on ntaining Ma al systems facing, VAT miscellane	aterial (/ insulati , or			Amou (Speci SF or L	fy	Removal	Repair	Encapsulate	Enclosure
garage						asbest	os pipe	insulatio	on			50 If	:				
Name of Registered Wast	e Hauler				JDEP '	Waste	Cubic '	Yards of	Nam	ne of Red	gistere	ed Landfi	II				
Guardian Contraction	ng, Inc.			H	lauler II 2022		Waste 3			R.R.F.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ou Euriuri					
City, State Toms River, New Je								4/17	1,000,000,000	State	n, Pe	nnsylva	ania				
Completed By (Print or Ty Nicholas Fernicola	rpe)	Title Pro	oject	Man	ager		S	ignature	n-	1	7 ,	1	Dat	te /	1.	7	

Ch 1505 P/			CATION	OF ASE	w Jersey BESTOS A 8:60 and	ABATEN) _[E	C		\mathbb{V}'		150	5
Date of Notification (1)			Name of	Building	Owner/O	perator	(2)			DEO 1	0 0	04.	,	$\parallel \parallel$	Ш
December 12, 2017		1	K. Hovn	anian a	at GTIS-	HOV,	Reside	ences a	Colu	mbla P	ark L4	C	1	IL	
Agencies Notified Type Notification			Street A	ddress										1	
EPA Initial			110 Fiel	ldcrest	Avenue				ASE	BESTOS	CONT	R	21 8	_	\dashv
DEP Amended			City, Sta	te, Zip C	ode					BESTOS LICE	NSING	115	21		
DOL Amendment		— li	Edison,	NJ 088	318						C STATE OF THE PARTY OF THE PAR	SCHOOL S	The street of	DE STREET STATES	amental .
DOH Emergency (ii	ncluding	T		Contact					Te	lephonel	Number				00000000000
DCA Cancellation		F	Project	Manage	er										
					ORMATIC	NC			_						
Name of Facility Where Abatement is Taking	Place (3	;)					Type of	Facility ((4)						
Residences at Columbia Park - Prev	ious Ho	oneyv	well loca	ation			☐ So	chool (K-	12)						
Street Address								ubchapte						to a second	
101 Columbia Road								ther (i.e. c.)	orivate	& comme	erciai bi	HIC	ngs,	nome	3S,
City (5)							Square		# 0	f Floors		В	dg. A	ge	
Morristown							Т	BD		TBD			Т	BD	
County (6)			County C				Current	Use (Pri	or if be	ing demo	lished)				
Morris			(STATE U	JSE ONLY)				H	loneyw	ell				
Name of Monitoring Firm Hired by Building C	wner (8)		ASCM	No.		Name	of Abate	ment Cor	-						
AET, Inc.					1	The M	ACK G	Broup, L	LC.						
Street Address							Address								
907 Doolittle Drive						1500 k	Kinas H	WY N,	STE	209					
City, State, Zip Code							tate, Zip								
Bridgewater, NJ 08807						Cherry	Hill, N	J 0803	4						
Project Manager for Monitoring Firm			Telephor	ne No.			one No.			Licens	e No.				
Eric Houseknecht		(908) 21	18-1108	3	(973) 7	759 - 5	000		00781					
Start Date (10)	Schedule		mpletion [Name	of OSHA	Monitor				17			
12-27-17			3/31/18	3		The M	ACK G	Group, L	LC.						
Occupancy Status During Abatement (Check	Only Or	ne)					Address					_			
Facility Closed/Vacated During Entire P	eriod of	Abater	ment			1500 k	Kings H	WY N,	STE	209					
Abatement Performed Outside of Norma Other - Describe:						City, S	tate, Zip		2154						
Scope of Work (Check All That Apply)						Officity	11111, 11	.0000	-			-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ALCOHOLD !	Renova Demoli					Mini- Glov	Containm Enclosur ebag Pro Exempted	e cedure						
	Is	Locat	ion									1		ement	t
Location of		Norma			Des	scription	of				-	-	lу	pe	_
Asbestos-Containing Material (ACM)	1000000	d Sole		1,000	stos Conta					Amount				m	Ш
TO BE ABATED In Facility	Cus		Staff?	(1.e	thermal: surfac	systems cing, VA		on,		Specify F or LF)	Kemova	,	Repair	Encapsulate	Enclosure
(13)		(12)				niscellan					Q		pai	Sula	Sur
											5	-	_	ate	0
M4 Penthouse	Yes	No	N/A		Glass	Block	Caulk			100 l/f	>	<			
M5 R&D		X			1/4	T/Mas	tic		7	700 s/f	5	1	00000		
		\Diamond	+			e/Fittin				600 l/f	5	>	100		
						essels/				16 s/f	<	>			
Name of Registered Waste Hauler			NJ DEP W	/aste	Cubic		5	Name of			dfill	/			
		- 2	Hauler ID		of Was						2000E0				
Newark Carting			450	09		TBD	(GROWS	S/TR	RF Lar	dfill				
City, State					Dispos	al Date		City, Sta	te						
Newark, NJ						/31/18		Tullytow	n, PA		9 24 Who - 6 W				
Completed by	Title				Ş	ignature	1	7/	1		Date				
Michael Cooper	Presid	dent			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1/12					12/12/	17			

Location of		Location Normall	у	Description of				ement /pe	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Solel iintenan todial S (12)	ice/	Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Eliciosule
	Yes	No	N/A			<u>=</u>		te	, a
M5 R&D		X		Transite Lab Hoods	4,500 s/f	X			
_"-		X		Wallboard compound	27,000 s/f	X			
_"-		X		Roofing	1,200 s/f	X			
0		X		Flashing	450 s/f	X			
_"-		X		Caulk	25 s/f	X			
Contractor Maintenance Building	X			wallboard compound	800 s/f	X			
"	X			roofing	1,200 s/f	X			
					EGEI	W	EI		
						10			
					DEC 18	2017		IJ	
				-	ASRESTOS CON	TROI	0		
				and the second s	ASBESTOS CON LICENSIN	G	. Čt		

			Pomone		/ c	tate of A	Town	lorcov								
Ch 4484	2			FIC	ATION	OF AS	BES	STOS ABAT		D	EGE		\ <u>\</u>	7 [=		
Date of Notification (1) 12 /	12 /	17			(Company)	of Buildir M Prope		ner/Operator (2)		DEC	1 8	2(1	17		1
Agencies Notified	Type Notific	ration				t Address									+	
⊠ EPA	⊠ Initial	Jation				N. 12 th		et			ASBESTO	S CON	ITF	ROL	&	
□ DOLWD □	☐ Amende					State, Zip	EUROS.	363			LICE	AISNE	G	-		
☑ DOH	Amendm		1 11			nilworth										
☐ DCA (NJAC 5:23-8)	☐ Emerger justificat		cluding	9		of Conta	·			1-	Telephone Ni	ımher	-			
(110/10 0.20 0)	☐ Cancella				Bil	Zeus				1/						
					FA	CILITYII	NFOI	RMATION								
Name of Facility Where A	batement is	Taking	Place	(3)		· · · · · · ·			Type of Fac	cility (4)						
NTM Properties									School							
Street Address											Other than K-		L.			
100 N. 12th Street									homes,	0.000	ate and comr	nerciai	DIII	ilaing:	S,	
City (5)		-			11		3		Square Fee	et	# of Floors		Bld	lg. Ag	je	
Kenilworth									10,000		2		7	0		
County (6)					Cou	nty Code ((7)(STA	ATE USE ONLY)	Current Use	e (Prior	if being dem	olished)			
Union									Comme	rcial						
Name of Monitoring Firm	Hired by Buil	lding C)wner	(8)	ASCM	No.	Na	me of Abatem	ent Contracto	or (9)						1147
Management & Env	iro. Consu	lting :	Servi	ces			5	Shade Enviro	onmental, l	LLC						
Street Address							Str	eet Address								
PO Box 341							6	23 Cutler A	venue							
City, State, Zip Code						E.	Cit	y, State, Zip C	ode							
Chesterfield, NJ 085	515						P.	/laple Shade	, NJ 08052							
Project Manager for Moni	toring Firm			Te	lephone	No.	Tel	lephone No.			License No.					
Bill Weisgarber				(609-298	-4070	8	356-755-0099)		00842					
Start Date (10)					letion Da		Na	me of OSHA N	Monitor .							
12 / 21 /	17	1	2 /	2	22_ /	17	E	MSL Analyt	ical, Inc.							
Occupancy Status During	Abatement ((Check	only	ne)			Str	eet Address								
☐ Facility Closed/Vacate							2	00 Route 13	0 North		->	- 6				
Abatement Performed Time of Abatement:							City	y, State, Zip Co	ode							
		' "		' ''		Zivi	C	innaminsor	i, NJ 08077							
Scope of Work (Check all	that apply)							M Full Con	tainment with	Negat	ive Pressure					
\boxtimes \geq 3 sf or \geq 3 lf \square \geq 160 sf or \geq 260 lf			⊠ Re □ De	nova molit				☐ Mini-End	losure g Procedure		Friable Proce	dure				
	- V		Is	Loca	ation	T			mptod () dii	11011-1	nabio i 1000		Aha	iteme	nt Ty	/ne
Location	of	- 1	1	Norm	ally			Description of	of -							0.0000
Asbestos-Containing N		Л)			olely by nance/			Containing Ma			Amount	1	Demoval	Repair	Encapsulate	Enclosure
TO BE ABA				todia	I Staff?	(1.6		ermal systems surfacing, VAT			(Specify SF or LF)	1	2	Ŧ.	psu	osur
(13)	*			(12	2)	-		her miscellane			3. 3. 4. 7				late	.e
			Yes	No	N/A											
Storage Room						Pipe In	nsula	tion			45 LF					
								8								
Name of Registered Wast	e Hauler				NJDEP		14 (1993)	oic Yards of	Name of F	Register	ed Landfill					
Freehold Cartage					Hauler II 15939		Wa 1		GROW	S Nor	th Landfill					
City, State							-	posal Date	City, State							
Freehold, NJ							1	2/22/2017	Morris	ville, P	PΑ					
Completed By (Print or Ty	pe)	Title			7			Signature	10			Date	,			
Christina Lynch		Vi	ce Pr	esid	lent of	Operatio	ns	1 m x be	a) X)		12	11	1/	1	

1/3/10/10 D/	7 1	TIFIC/	VIO	ate of New Jersey NOF ASBESTOS ABATEN NJAC 8:60-7 and 12:120-	MENT -7)			; E	, []	M	
, Colored F	12	Pursu	U	Name of Building Ow SETON HALL UNIVE	vner/Operator (2)					V	
te of Notification (1)				Street Address	1970/03		DE	C	8	2017	110
12 / 11 /17 encies Notified Type Notification				400 SOUTH ORANGE	E AVENUE	ПП	υL	. 0			
				City, State, Zip Code	FW IEDSEV 070	70	DEG	2TO	00	MI'RO	OL &
DEP Amended Notification X DOL Cancellation				SOUTH ORANGE, N	EW JERSET 070	A	DE	LICE	NSI	1Ci	
X DOH On Hold X DCA EMERGENCY NOTIFIC.	ATION			Name of Contact VICTORIA PIVOVAR	NICK						
A DEA	100000000000000000000000000000000000000		FAC	ILITY INFORMATION							
me of Facility Where Abatement is Taking Place (3)				Type of Facility School (K-						
TON HALL UNIVERSITY					X Subchapte	r 8 (Other than K- private & commcl.	-12) bldgs	., hom	es, et	c.)	
reet Address					Square Feet	# of Floors			_	Aije)+	
0 SOUTH ORANGE AVENUE - UNIVERSITY CENT	ER			County Code (7)	99,300	3 or if being demoli	shed)		40	,,,	
ty (5) County (6) DUTH ORANGE ESSEX				(STATE USE ONLY)	UNIVERSITY						
ame of Monitoring Firm Hired by Building Owner (8)			ASCM No.	Name of Abate	ment Contractor	(9)	ON			
I ENVIRONMENTAL INC.				3	Street Address	MENTAL CORPC	INATI	OIN			
reet Address 153 NORTH CHURCH STREET					313 SPOOK RO	CK ROAD					
tv. State, Zip Code					City, State, Zip						
MOORESTOWN, NEV	W JERSEY			I de la companya de	SUFFERN, NEV		se Ni	ımber			
oject Manager for Monitoring Firm		Teleph 856-84		lumber	845-369-7500	1101					
M GUILARDI KPECTED START DATE (10): (RESTART)	Sched	120012	72.7. 20.2.	Date (11)	Name of OSHA	Monitor					
1 / 2 /18		7		30/ /18	QUALITY ENVI	RONMENTAL SO	DLUTI	ONS 8	K TEC	H.	
Month Day Year ccupancy Status During Abatement (Check only one)	Mo	nth		Day Year	Street Address						
Facility Closed/Vacated During Entire Perio	d of Abate	ment			1376 ROUTE 9						
1. Comby Civil		_			1						
Abatement Performed Outside of Normal Fa	acility Hou	rs - Des	cribe:		City State Zin	Code					
Abatement Performed Outside of Normal Fi X Other - Describe: MON FRI. 7AM	acility Hou -3:30PM	rs - Des	cribe:		City, State, Zip	WAPPINGERS	FALI	S, NY	1259	0	
Abatement Performed Outside of Normal F	acility Hou -3:30PM	rs - Des	cribe:	X Full Conta	ainment with Neg	WAPPINGERS	FALI	S, NY	1259	0	
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Abatement Performed Outside of Normal Fix Other - Describe: MON FRI. 7AM cope of Work (Check all that apply) Demolition >3SF OR LF X >160 SF OR 260 LF	-3:30PM Renova	ation Location	n	X Full Cont. X Mini-Encl. X Glovebag Non-Frial	ainment with Neg lo , g Procedure ble Procedure sbestos-	WAPPINGERS ative Pressure		A	baten	ner t Ty	<i>r</i> pe
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encies Notified Type Notification		73	7 }	IDINE S	st. 1	, Shit		LICEN	SING	-	+
EPA Initial Amended Amendment #	(City, St	ate, Zip	+ Pleix	SOM	HINI	1 80	12 lephone Number			-
DOL Emergency (includi justification)	ng	Name	of Conta	act			1 10	ерпопо та			_
DOH Cancellation		FAG	CILITY	INFORMATIO	ON	Type of Faci	lity (4)				
ame of Facility Where Abatement is Taking Plac	e (3)					☐ School	(K-12)	hor than K-12)			
						Other (apter 8 (Ot i.e. private	her than K-12) & commercial b	uildings,	homes	
treet Address 545 East A	ver	UR				Square Fee	t #	of Floors	Bldg. F		
Sity (5) DD 1 1 1 0 0 0						3228	e (Prior if b	eing demolished		1	
County (6)		Coun (STA	ty Code	(7) ONLY)		1 U.DI	ne				-
Name of Monitoring Firm Hired by Building Owner	er (8)	AS	SCM No).	Name	e of Abatemen	nt Contract s Inc.	tor (9)			
Name of Monitoring Firm Filed by ballang	27.02				Stree	et Address					
Street Address						State, Zip Co	nde				
City, State, Zip Code			Car (Fue) (Sur)		Bri	ck, New Je	rsey 087	723 License No			
		Tele	phone	No.	Tele	ephone No. 32)899-749	9	01196	•		
Project Manager for Monitoring Firm	cheduled (Comple	tion Da	te (11)	Nan	ne of OSHA N	Monitor				
Start Date (10) 2 [1] So Occupancy Status During Abatement (Check Co	1	11	18		Stre	eet Address					
Facility Closed/Vacated During Entire Per			t		Cit	y, State, Zip C	ode				
Other – Describe: Scope of Work (Check All That Apply)		novatio	n			Full C	ontainmer Enclosure	nt with Negative F	ressure		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	De De	molitio	n			Glove	ebag Proce	dure (*) and Non-Frial	ole Proc	dure	nt.
L	1								<i>F</i>	Type	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Used Mair	ocation ormally Solely otenan odial Si (12)	by cel	(i.e. the	Contain ermal sy	iption of ing Material (stems insulati g, VAT, or cellaneous)	ACM)	Amount (Specify SF or LF)	Removal	Repair	Encansulate
(13)	Yes	No	N/A				01:01:0	43(7) SF	1		
				asbestos (iontain	ng interior	YWHE	255 LF	8		_
				DSHESTES !	Dige 10	roulation packing-	+ in Mishar	225 LF	8	1	-
	-			ashesho	1 floo	or Hile		ZIOSF Registered Land	afill 8		
Name of Registered Waste Hauler		1	NJDEP I	Waste	Cubic Y of Wasi	arus		VS Inc.			
Name of Registered Waste Hauton Brick Industries Inc.			1602	D IVO.		al Date	City, Sta				
					Dishos	11/18	PA		Date	1.	
City, State				1			1 0	- 1			
City, State Brick, New Jersey Completed by	Title	siden			S	ignature 4	Ne		121	11/17	1

42851 PL	Z/No[FICAT	Ot OF	of New Jersey ASBESTOS NJAC 8:60 and	ABATEN d 12:120)		DEC DEC	182	<u>₩</u> [
Date of Notification (1)			et Addr	ilding Owner/C	HM	<u> </u>		ASBESTOS	S CON	TFIOI	- &	+
Agencies Notified Type Notification Tepa Initial								LICE	ENSING	G		+
DEP DOL Amended Amendment #_ Emergency (incligation) Cancellation	uding	Nan Eri	ne of Co	kis	. Pag	K, N	50	Telephone Numl	per			
Name of Facility Where Abatement is Taking Pl	ace (3)	F	ACILIT	Y INFORMAT	ION	Type of F	acility (4)					
Street Address		1	1-			Sub Oth	er (i.e. priv	(Other than K-12) vate & commercia	l buildin	gs, ho	mes,	
City (5)	N					Square F		# of Floors	Bldg	g. /\ge		
County (6) 7 (000	10	Cou	unty Co	de (7) E ONLY)			Use (Prior	if being demolish	ed)			
Name of Monitoring Firm Hired by Building Ow	ner (8)	1	ASCM N	No.		e of Abaten	nent Contr	ractor (9)				
Street Address						t Address), Box 91	5					
City, State, Zip Code					City, Brid	State, Zip	Code Jersey 0					
Project Manager for Monitoring Firm		Te	lephone	e No.	(73	ohone No. 2)899-74		License N 01196	0.			
Start Date (10) 17 8 7	cheduled	Compl	etion D	ate (11)	Nam	e of OSHA	Monitor					
Occupancy Status During Abatement (Check	Only One)	. 5	1	•	Stree	et Address						
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	riod of Ab I Facility H	atemei lours	nt		City,	State, Zip	Code		39.380			
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novatio molitio				Mini-	-Enclosure	ent with Negative bedure d (*) and Non-Fria				
		ocatio					LACITIFICA			At ate Ty	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair Custo	ormally Solely ntenano odial St (12)	by ce/	S	mal syste urfacing.	g Material ems insulat	(ACM) tion,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
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City, State Brick, New Jersey	1 7'0				Signal	111	PA		Date ₇	101	7	
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ASBESTOS ABATEMENT 1 8 2017 ursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) Matrix Burlington River Road North Urban Renewal **DECEMBER 11,2017** ASBESTOS CONTROL & LICENSING Agencies Notified Type Notification Street Address CN 4000 FORSGATE DRIVE × **EPA** Initial × City, State, Zip Code DEP Amended CRANBURY, NJ 08512 Amendment # DOL Emergency (including Telephone Number Name of Contact DOH justification) JAIME LOPEZ DCA Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) FORMER PIPE MFG. COMPANY WAREHOUSES Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, 1101 E. PEARL STREET × etc.) Bldg. Age 40 YEARS # of Floors Square Feet City (5) BURLINGTON 35.000 SF Current Use (Prior if being demolished) County (6) County Code (7) WAREHOUSE (STATE USE ONLY) BURLINGTON ASCM No. Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) Finishing Touch Asbestos Abatement Corp., inc. N/A Street Address Street Address 17 Thompson Street City, State, Zip Code City, State, Zip Code West Long Branch, NJ 07764 Telephone No. License No. Project Manager for Monitoring Firm Telephone No. 00040 732.222.8372 N/A Scheduled Completion Date (11) JAN. 21, 2018 Start Date (10) DEC. 21, 2017 Name of OSHA Monitor N/A Street Address Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) ××× Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 If Demolition Mini-Enclosure ≥160 sf or ≥260 If Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Tyre Normally Location of Description of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Encapsulate Maintenance/ (i.e. thermal systems insulation, (Specify TO BE ABATED Remova Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) (13)Yes No N/A 12x12 VAT 4,695 SF Bldg. 12: offices X X 36 SF Roof X Roof vent flashing X 12X12 VAT 375 SF X Bldg. 6 X TRANSITE PANEL 60 SF X Bldg 6. X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste 33 CY FAIRLESS LANDFILL Finishing Touch Asbestos Abatement Corp., i City, State WEST LONG BRANCH, NJ 07764 Disposal Date City, State MORRISVILLE, PA 1/30/18 Completed by JOSEPH P. MILLER Date Sidhatur 12/11/17 PRESIDENT

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Do not use this form for asbestos licensure exempted activities.

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Project Manager for Monitoring Firm		T	Telepho	ne No.	Telep	hone	No.	Lic	ense N	lo.				
Rick Eustaquio			973-4	94-3762	973	-450	9500	01	036					
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Boy's Bathroom		Х		Pi	oe Insul	ation			6 LF		Χ		
Name of Registered Waste Hauler		100000	JDEP W		oic Yards		Name of	Regist	ered Landfi	1			
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Agencies Notified						on Avenue		ASBESTO	OS CON CENSIN		L &	
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EHS Environmental, Inc.	uliding Ov	viici (c	,	100111		Shade Envir						
Street Address						Street Address						
411 Southgate Court, Suite I	=					623 Cutler A	venue					
City, State, Zip Code						City, State, Zip C	ode					
Mickleton, NJ 08056						Maple Shade						
Project Manager for Monitoring Firm	1		Tele	phone N	lo.	Telephone No.		License No.				
Jack Carney				6-224-		856-755-009	9	00842				
Start Date (10) 12 / 18 / 17	Schedu 12				- 1	Name of OSHA i						
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Scope of Work (Check all that apply	y)				181	⊠ Full Co.	atainment with	Negative Pressure				
 ≥3 sf or ≥3 if ≥160 sf or ≥260 if 		⊠ Re ☐ De	novat moliti			☐ Mini-En	closure an Procedure	d Non-Friable Proces	dure		ī	
		ls	Loca	tion		1 =	Ey av		Ab	atem	ent T	уре
Location of Asbestos-Containing Material (A TO BE ABATED IN Facility (13)	ACM)	Use Ma Cust	intena todial (12)	ely by ance/ Staff?	Asbes (i.e.	Description stos Containing N , thermal system surfacing, VA other miscellar	laterial (ACM) s insulation, T, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A	D' La	latian		10 LF				П
Basement						sulation	6.6	2 SF		-		
Basement					Flue Pa					-	H	H
Exterior				\boxtimes	Windov	v Caulk		330 LF			H	
						17		- 11 - 2511				
Name of Registered Waste Hauler Freehold Cartage				NJDEP Hauler I 1593	D No.	Cubic Yards of Waste	GROW	Registered Landfill /S North Landfill				
City, State Freehold, NJ						Disposal Date 12/22/2017	City, State Morris	ville, PA	Deta			
Completed By (Print or Type) Christina Lynch	Title		resid	lent of	Operatio	ns Signature			Date 2/	7/1	7	

	11	m	/,				ew Jersey	Γ		7 1	ПП	F	
4482)		L'				BESTOS ABAT AC 8:60 and 5:16		DE G	<u> </u>	$\underline{\mathbb{V}}$	<u>E</u>	
Date of Notification (1)	/				Name	of Buildin	g Owner/Operator (2	2)	111 250	10	1047		
12/	06 /	17	_		Na	ncy Levy			∐ ∐ _, DEC	10 (:01/		9
Agencies Notified	Type Notifica	ation			Street	Address							
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☑ DOLWD	Amended				City, S	State, Zip	Code	L	LIU	ENSIN	7	**********	
☑ DOH ☐ DCA	Amendm		luding		Ru	mson, N	J 07760						
(NJAC 5:23-8)	justificati		, a a ii i g		Name	of Contac	ot		Telephone Nun	nber			
	☐ Cancellat	tion			Na	ncy Levy			* *				
					FA	CILITY II	NFORMATION						
Name of Facility Where A	Abatement is 1	Taking	Place	(3)				Type of Facility	(4)				
Levy Residence								School (K-1		2)			
Street Address									 8 (Other than K-1) private and commend. 		ilding	s,	
City (5)								Square Feet	# of Floors	BI	dg. A	ge	
Rumson								3,000	3		70		
County (6)		-22			Cou	nty Code (7)(STATE USE ONLY)	Current Use (P	Prior if being demol	ished)			
Monmouth								Residence					
Name of Monitoring Firm	Hired by Build	ding O	wner ((8)	ASCM	No.	Name of Abateme	ent Contractor (9	9)				
Management & Env	iro. Consul	ting S	Servi	ces			Shade Enviro	onmental, LLC	3				
Street Address							Street Address						
PO Box 341							623 Cutler Av						
City, State, Zip Code							City, State, Zip Co						
Chesterfield, NJ 08						10.00	Maple Shade	, NJ 08052					
Project Manager for Moni	itoring Firm			p-10-20-5	ephone		Telephone No.		License No.				
Bill Weisgarber					09-298		856-755-0099		00842				
Start Date (10)/	Security Co.					ate (11) 17	Name of OSHA M EMSL Analyt						
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Completed By (Print or Ty	ype)	Title					Signature	\ \	[Date		_	
Christina Lynch		Vi	ce Pr	esid	ent of	Operation	ons / /) hay	0)		12/	01	1	

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Date of Noti 12/07/17	fication (1)					of Building ((2)		m	DEC	1.8	 2017		
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DEP		Amended				ate, Zip Co					Α	SBESTO LIC	S CON ENSIN		L&	
DOL		Amendment Emergency		$ \lfloor$		Berlin, NJ	08091					Continue de la contraction de	Conditional Paul Name	mose stresses		
DOH		justification)				f Contact					Tel	ephone Nu	mber			
DCA		Cancellation				Gottlieb			-11111111111							
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County (6) Camden						Code (7) USE ONLY)		_		nt Use (P ehouse	rior if bei	ng demolis	shed)			
	nitoring Firm	Hired by Building	Owner (8))	ASCN n/a	M No.			of Aba	tement Co	ontractor	(9)				
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PO Box 36										ral Stree	t					
City, State, 2	Zip Code							City, S	State, Z	ip Code						
Berlin NJ (08009							Cam	den, N	J 08105						
Project Mana	ager for Mon	itoring Firm			Telepho	ne No.		Teleph	none No	0.		License l	No.			
Jim Procto	or					52 1311			630 32			01303				
Start Date (1 12/18/201			Schedul 02/28/2		pletion	Date (11)			of OSI monito	HA Monito or	r					
		g Abatement (Chec	k Only O	ne)			-	Street	Addres	ss						-
Facility	Closed/Vac	ated During Entire I	Period of	Abatem	ent											
Abatem	ent Perform Describe:	ed Outside of Norm	nal Facility	y Hours			_	City, S	itate, Zi	ip Code						
Scope of Wo	ork (Check A	II That Apply)														
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	TO BE AB		Cus	todial S	taff?	(i.e.	thermal s	ing, VA		tion,		Specify or LF)	Remova	Repair	Encapsulate	Enclosure
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Completed b	-		Title Own	or			Sig	gnature	1	1			ate 2/07/2	0.17		
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12.00,201, 17,15 9/3	3399747		UNICORN CONTRACTING		
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$N \cap N \setminus V$		State of No	w Jarrey	ASBES	STOS CONTRO LICENSING
	N	OTIFICATION OF ASE	BESTOS ABATEMENT	(LICENSING
Dete of Notification (1)		(Pursuant to NJAC		1014	1000
12/05/17	Nam	af Ruilding Dwner/Operat	er (2)		1/08
Agrician Notified Type Notification	Stree	st Main St. Urban I	Renewal LLC		7
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Emergency (inclusion		okus, NJ, 07423	<u> </u>		era e e e e e e e e e e e e e e e e e e
DDM justification)		Aponte	74/gahona	NI III	
Name of Pacificy Whore Abatement is Taking Place (3)		FACILITY INFO			
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Streat Address 7 West Moin St.			School (K-12) Disubchapter # (Other ti	V 18-	
2500			Other (i.e. private & Co	nan K-12)	
Gity (s) Bound Brook					nomes, etc.)
			1,200 7	älde. Age	
Somerset	7-65 × 20-7-03	County Code (7) (274TE USE ONLY)	Current Dag (Prior II being demolish)	291G	
Name of Michitaring Firm Nired by Sullding Owner (8)			Residential		
		ASCM No.	Hama of Absternent Contractor (8)		
Street Address			Unicorn Contracting Corp.		
City, State, Alp Code			32 Willow Way		
- 11, 31-33, Ap. 1-32			City, State, 2ip Code		
Project Manager to Meditoring Fired		1-1-1	Woodland Park, NJ 07424		
		Telephona No.	Telephone No.	Mente No.	
Scart Date (10)	Schedul	of Completion Date (11)	973-333-9176 Name of QSHA Monkton	01331	
12/11/17 Oceusanty Show Curing Abengament (Check Only Can)	12/22	/17	Envirovision Consultants, In		
Facility Closed/Vacated During Engire	Saul-11-8 au		Street Address	16.	
I Apprement Performed Outside of Non	mai Facility Bours	t .	20-21 Wagaraw Rd., Bldg. 3	5-E	
Other - Describe: D8:00 - 15:00 feest of Worl (Chrok All Ther Apply)			City, State, Zia Code Pair Lawn, NJ 07410		
☐ ≥3 sf or ≥3 f			1-Bir Lawn, NJ 07410		
ED 2150 sf or 2260 lf	_	Renovation	☐ Full Containment with N	SHETTUR DEACH IN	
	E	Demolition	☐ Mint-Enclosure	againe (tassale	
			☐ Glovebag Procedure		
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(11)	(12)	**	surfacing, VAT, at	(Spacety SF or Le)	1- 1 2 -
Bank, Chimanala	Yes No	N/A	other miscellaneous)	200000000	Eachesure Encapsulate Repair
Roof - Chimney/ Pareple Wall Roof	X		Black Flashing	365 SF	
	X		Black/Silver Roof	1,200 SF	X
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eme of Registered Waste Hairle:	NIDEPWA	ste Houser ID Na.			1
Inlearn Contracting Corp.	003584	4	Cubic Yard: of Waste	Name of Regulsory	Landfill
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lma Golsev	General Manag		Meson of the	PA BIOLITANIE	Dare
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Dec 07 2017 17:24 NJ Asbestos Control 609.633.0664 page 2 12/07/2017 17:15 9733399747 UNICORN CONTRACTING PAGE 84 DEC 18 2017 ASBESTOS CONTFOL & State of New Jersey LICENSING NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) FOURTHEAN IO STEE Name of Building Owner/Operator (2) 12/05/17 West Main St. Urban Renewal LLC Agencies Notified Type Notification Street Addres: TRI EPA X Ir (la 188 E. Franklin Turnpike DEP Amended City, Slate, Zip Code Ø DOL Amendment # Hahakus, NJ, 97423 Emergency (including Name of Contact HOO X Talophane Number Justification! Rev Aponte DCA Cancelation FACILITY INFORMATION Marmo of Facility Where Abatement is Taking Place (3) Type af Fa: laty (4) Commarcial Property School (K-12) Stiget Addiess Subchapter 8 (Other than K-12) 9 West Main St. Other (i.e. private & Commercial buildings, homes, etc.) City (5) Bound Brook Square Feet DIME ASE 600 2910 County (6) County Code 17) Eurrant Use (Frior if being samplished) Spmerset (STATE USE ONLY) Residential Name of Mentioring firm Hired by Building Owner (a) ASEM No. NAME of Abstement Contractor (2) Unicorn Contracting Corp. Street Address SPINAL Address 32 Willow Way City, State, 21s Code City, State, 21p Code Woodland Park, NJ 07424 Project Manager to Monitoring Firm TRIADEDE NO. rephare No Jonnie No. 973-333-9176 Start Dale (10) 01331 Acheduled Completion Date (31) HETTE OF OTHE MORRES 12/11/17 Envirovision Consultants, Inc. Occupancy Status During Akatement (Quack Only One) ▼ Facility Closed/Vacated During Entire Period of Abetement 20-21 Wagaraw Ad., Bldg. 35-E ☐ Abatement Performed Gutside of Normal Pacility Hours City, State, Zip Code Other - Describe: 08:00 - 15:00 Feir Lawn, NJ 07410 Scope of Work (Check All That Adays) D ha sformali 0 Renovation Full Containment with Nogative Pressure E 21.50 sf or \$260 IF A Demoltion Mini-Enclosure Glovebag Procedure Nen-Exempted (") and Non-Friz bis Procedure Is Location Legation of Abstract Normaly Asbestos-Containing Material (ACM) Oraprios of Used Solely by Type Arbestos Containing Material (ACM) IQ SE ABATEO Maletanance/ Amount. (i.e. therms) systems insulation, In Facility Currectal Steff? (Sonety surfacing, VAT. or (23) ST or LF) Eng hon. other miscallantous) No N/A Roof Black/Silver Roof Flashing Main Area 100 58 X × Off White Floor Tils 600 SF X Name of Registered Waste Hauser NIOIP Waste Hauter 10 No. Cutic Yards of Waste Unicom Contracting Corp. Name of Requisiered Landfill 0035844 10 fity, Szota Fairless Hills Landfill Disposal Date Woodland Park, New Jersey BADY, STATE TED Gorrisville, PA Completed by Dimo Galcev General Manager 0250 12/05/17

Dec 07 2017 17:24 NJ Asbestos Control 609,633,0664 page 3 12/07/2017 17:15 9733399747 UNICORN CONTRACTING PAGE 05/07 DEC 18 2017 **ASBESTOS CONTROL &** State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT LICENSING (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Bullding Duner/Operator (2) 12/05/17 West Main St. Urban Renewal LLC Agentina Northed Type Natification Street Address X EPA Œ Initial 188 E. Franklin Turnpike 0 DEP Amended City, State, Zip Code 3 DOL Amendmentu Hohokus, NJ, 07423 Emergency (including Yame of Costall X Telephone Kumber DOH Justification) Rey Adonta DCA Concelation FACILITY INFORMATION Name of Facility Where Abstement is Taking Piece (8) Residential Property Yac of Facility (4) Street Address Schoo! (K-12) Subchapter 8 (Other than K-12) XI Other (I.e. private & Commercial buildings, homes, etc.) CICY (\$) Bound Brook Equare Fest # of Fleors Bldg, Aga 1,309 County (6) 2 1910 County Dade (1) Current Ups | Prior if teing demolished) Somerset STATE USE ONLY) Residential Name of Mentioring firm Himd by suiting Owner (5) ALCM NO Name of Absternant Contractor (2) Unicorn Contracting Corp. Street Andreas Street Addmit 32 Willow Way City, Stets, Ele Code City, State, Zia Code Woodland Park, NJ 07424 Project Manager fo Manitoring Firm Taleshone Na. Telephone Na. U rense No 973-333-9175 Start Date (30) 01331 Scheduled Completion Date (12) Name of OFHA Maniter 12/11/17 12/22/17 Occupancy Status During Abstrant (Check Only One) Envirovision Consultants, Inc. Fadility Closed/Vacated During Entire Period of Abatement Irrest Address 20-21 Wagarew Rd., Bldg. 35-8 Abotement Performed Outside of Normal Racility Hours Dther - Describe: 08:00 - 15:00 City, State, 21s Code Fair Lawn, NJ 07410 □ ≥3 tfora3 H Renovation Full Containment with Negative Pressure E ≥160 sfor ≥260 % Demailtion Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure la Cocatian Lacation of Askestos-Containing Matchal (ACM) Description of was saisty by Type TO BE ASATED Albestos Conteining Material (ACM) Maintenante/ Amount (i.e. thermal systems insulation, In Paddicy Custodisi Reff? (Specify (3.2) sutfacing VAT, or (121) SF or 18) other miscalianopus Yes No N/A Rear Roof X Roof Material Black/silver 2nd Floor beardom 384 SF X X Brown Floor Tile/mastic 1st Floor Living Room 120 SF X X White & Black Floor Tile Stairp 300 50 X X Brown Linoleum Name of Registered Waste Houler 40 SQ × NOEP Waste Hauler ID No. Unicorn Contracting Corp. Cubic Yards of Waste Name of Regulatoral Landon 0035844 10 dity, home Fairless Hills Landfill Woodland Park, New Jersey Disposal Dave čley, State TBD Completed by Morrisville, PA Dimo Golsav General Manager Sute 12/05/17





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

Check # 4060

Date of Notification (1)			- 1		Building							E	C	E		V
12/08/2017	Notification			Street A		voou (3011001			-	14)			-	-	
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Fair Lawn							Julius 1788		h NJ 078	69						
Project Manager for Monitoring	Firm			Telepho	ne No		Teleph				Licer	nse No	8		-	
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Abatement Performed Ou	tside of Norn	nal Facility	/ Hour	s					, Zip Code							
Other - Describe: 3pm	0			=			Union	1, N	J 07083							
Scope of Work (Check All That	t Apply)			2807.110											(Q)	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demoli						Full Containm Mini-Enclosure Glovebag Pro	e cedure						
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City, State				3.02			osal Date		City, Stat	te						
Randolph, NJ	07869					TBD			Tullytov		Д					
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Street Address							Other (i.e., priv	ate and comme	rcial bui	ldings	5,	
							homes		# of Floors	DIA	g Ag	0	_
City (5)	-						Square Fe	et	1		9 79 5	0	
Spring Lake Height County (6)	is			Coun	ty Code (7)	(STATE USE ONLY)		se (Prior	r if being demoli			-	-
Monmouth				Journ	ty oode (i)	(OTTIL OOL OTTE)	Reside						
Name of Monitoring Firm	Hired by Buildin	g Owner	(8)	ASCM I	No.	Name of Abateme	ent Contrac	tor (9)					
N/A	299 28 0 5 0 3	-				Guardian Co	ntracting,	Inc.					
Street Address						Street Address							
						1889 Route 9	9, Unit 61						
City, State, Zip Code						City, State, Zip C							
						Toms River,	New Jers	ey 087					
Project Manager for Mon	itoring Firm		Tele	ephone I	No.	Telephone No. 732-349-9932	2		License No. 00624				
Ct - + D - t - (40)	22	heduled (Comple	ation Da	to (11)	Name of OSHA N			00024				-
Start Date (10) 12 / 19 /	m			0 /		E.M.S.L. Ana							
Occupancy Status Durin						Street Address							
☐ Facility Closed/Vacat				ement		1056 Stelton							
☐ Abatement Performed	d Outside of Nor	mal Facili	ty Hou	rs - Des		City, State, Zip C	ode						
Time of Abatement:	AM	_PM/	PM		AM	Piscataway,	New Jers	ey 088	54				l\(\frac{1}{2}\)
Scope of Work (Check a	II that apply)					T Full Con	stainmont w	ith Noge	ative Pressure				
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf			enova emolit			☐ Mini-En☐ Gloveba	closure ag Procedur	re	-Friable Proced	ure			
			s Loca							Ab	a:em	ent T	уре
Location		He	Norm ed So	ally lely by		Description		A)	Amount	Re	Re	En	En
Asbestos-Containing TO BE AB		M	ainten	ance/	Asbe (i.e	stos Containing M e., thermal systems	s insulation,	vi)	(Specify	Removal	Repair	Encapsulate	Enclosure
IN Faci		Cu	stodia (12	Staff?		surfacing, VA other miscellan			SF or LF)	<u>a</u>		sulat	иге
(13)		Yes				other miscenari	eous)			i,		Ф	
exterior					asbest	os siding			1000 sf	\boxtimes			
			П	П									
Name of Registered Wa	ste Hauler		H	NJDEP	Waste	Cubic Yards of	Name o	of Regist	tered Landfill		1	1	_
Guardian Contract				Hauler I 2022		Waste 3	T.R.I	R.F.					
City, State				2022		Disposal Date	City, St						
Toms River, New	Jersey					12/21/17	Tully	ytown,	Pennsylvania	1			
Completed By (Print or	Type)	Title	77		V 00-2011 00-100-0	Signature	//	/		Date /	1	VOSTRAL	

Nicholas Fernicola

Project Manager

	REC	EIVED 12/08/	2017 11:	:24AM 20132	297440		BEST REMO	OVAL	INC		
Dec	08 2017 11:00 NJ Asbestos				age 1		ME	C			VE I
	12/08/2017 10:45AM 20	13297440			EMOVAL INC		IN _	P	AGE	02/	94
			Conta	LK4375	- w)EC.	1.8	20)17 <u> </u>
		NOTIF	TCATION O	F ASSERT DS ABO NJAC 8:60 and 12:	120)	F.'	ASB				POL &
	Dute of Nottlieston (1)		Name of But	Iding Owner Dees	BOT (2) ZLASA	1)		LIC	CENS	IN Ca	
	Agentains Notified Type Noti	ricetion	Street Addre	23	ì		ASW	1)		
	And	Secon (jucjedniš krajukur _k rugaj		M AIGG	5.076		ephone Number			<u>J</u> .	
	DOH just	ficación) celletión	Name of Co		Α .	184	shume umnder	-	À.	el	
Č.			10 00 00 00 00	TY INFORMATIO	~	eadity (4)					\exists
	Name of Facility Where Abstract is	Taking Place (3) EC 52LASA		•	D Sah	ool (K-12)					
	Street Address	**			Sub Oth	impter 8 (Othe er (i.e. private 8	r than K-12) E commercial bu	uld inga	, homes,	etc.)	
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	County (6))	COUNTY CO	5 0MLY)	-	JOENOR	שיייייי				
	Name of Manhoring Firm Hired by fi	uliding Owner (8)	ASCM		Name of Abstorn		*				
	Street Address				Street Address 450 Sout			t			
	City, State, Zip Code				City, State, Zip C	cde				100	
	Project Manager for Monitoring Flori		Telephone	-	Hackensa Telephone No.	ck. NJ	License No.				1
	Project Parage			- (11)	201 = 329 = Name of OSHA	7444	0038	8	-	-	
	9art Date (10)	12	io 17	.,,,,	Omesa En		entel			_	_
	Company Status During Absternant Facility Closed/Vension During		ent		280 Huyl	er Str	eet				
	Other - Describe: 240 AA	of Normal Facility House	4		City, State, 2ip C	ode		0.76	06		
	Scope of Work (Check All That App	Ren	ovacon relition		Mini	Enclosure	th Negative Pres	SOLUTE			
	□ ≥160 of at ≥260 lf		raisauri	100	JEST CTON	thee Procedure	nd Non-Frisble	Proceed			_
			ocation weeky						Abster Typ		
	Loration of Asheros-Containing Muturial TO BE ABAISD	(ACM) Used 1	Salely by	Ashastos Conf.	moription of mining Maracial (A arms insulation, su	CM)	Amoust (Specify	2	20	Bac	M.
	In Facility (13)		lind Staff? (12)	1.00	VAT, or miscellaneous)		SF or LP)	Removal	Repair	Encapaniase	Enclosure
	BASEMENT	Yes	No N/A	THERMAN S.	~ शासका क्यांक	لده،بي	ZELF	74	++		
	DADS! CON.			18-m	,			I			
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	Name of the latest and the latest an		NJDEP W	Panta Cubia	Yarda	Name of Regi	stered Landfill				-
	Name of Registered Wasse Hauler		Hauter ID	No. of We			e Enter	pri	800	ī	I.C
	Best Removal Inc		1 1711	Dispo	out Date	City, State	4,000-000				
	Harkensack, N.I. I	17601 Title			2 11 17 Signature	Waynes	2,10	in.to	168		
	J. Maiorano	Est	imator		- VC	الموليد		13	18/	1	
					Po no	t use tale formi	for asbames licer	latina es	care ptod	attir	diss.



U L		1							C	heck #	876	69	
Date of Notification (1)						r/Operator (2)							
12/8 Agencies Notified	Type of Notifica			Unive	isity				EGE	1	<i>V</i> /	F	F
[] EPA	Type of Notifica	1000 S000 S000 S000 S000 S000 S000 S000		Morris	Ave			117					7
V-451 2000-000	[x] Initial		000	11101110	, , , , ,			IIU).					
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[X] DOL	[] Amended		Jnior	n, NJ 0	7083								-
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[] DCA	[] Cancellation	100		nne Ku					ASSESTUS (ING	KUI	L &	20
				100000 10000		TY INFORMATION		1			THE PARTY OF		
Name of Facility When	e Abatement is T	aking Pla	ce (3)		i i ioili	TT IIII OIIIII TIOI	Type of Faci	lity (4)		-		-	
Kean University			(-/				[] Sch	nool (K-12) ochapter 8 (Other	than K-12)				
Street Address							7 [] Oth	er (i.e. private an mes, etc.)	d commercial b	uilding	js,		
1000 Morris Ave	i.												
Oth. (E)		County	/C)			ounty Code (7)	Square Feet 20000	# of Floo	rs Bldg ~80	. Age			
City (5) Union		Unior				ounty Code (7) TATE USE ONLY)		(Prior if being de					-
						Weigens Sense Property	college						
Name of Monitoring Fin		ing Own		ASCM No).	Name of Abatem		\ /	onicos In				
TTI Environment	lai			0003		Street Address	iupiter Env	ironmental S	ervices, inc	·		_	
9 East Stow Roa	nd.						223 Chang	ebridge Road	N Suita 100	1			
City, State, Zip Code	au					City, State, Zip C		ebilage itoat	a, Guite 100	·		-	
Marlton, NJ 080	53							, NJ 07058					
Project Manager for M		Tele	phone	Number		Telephone Numb			License Nu	mber			
Jim Guilardi				5-8800			973-575-8	700		00	85	2	
Scheduled Start Date		ed. Comp)	Name of OSHA							
12/18/1			/31/1	10.75.7	_	Street Address	Iris Enviror	nmental Labo	ratories, L	-0			
Occupancy Status Dur [] Facility Close	d/Vacated During				nent	- Companies and Companies and Companies	2333 Route	22 West					
	rformed Outside	of Norma	l Facil	ity Hours	-	City, State, Zip C		22 11001					
Desci [x] Other - Desc	ribe: ribe: <u>partially vac</u>	ated					Union, NJ	07083					
Scope of Work (Check	all that apply)										-		
[] Demolition				[]	Renov	ration		Full Containment Mini – Enclosure	with Negative I	ressu	re		
[] Demolition [x] ≥3 sf or ≥3 lf				1.1	Kellov	ation		Glovebag Proced	ure				
[] ≥160 sf or ≥26	60 If						[x]	Non – Friable Pro	ocedure				
			s Loca							Aba	tem	nent	1
Location	n of		rmally Solely				ription of – Containing		Amount	R		E	E
Asbestos - C	ontaining	Mair	tenan	ce/Cus		Materi	ial (ACM)		(Specify	E	Е	N	N
Material (/ TO BE AB		tod	ial Stat	ff (12)			mal systems surfacing, VAT,		SF or LF)	M	8.1	C	C
In Facil	AND ASSESSMENT OF THE PARTY OF		T				iscellaneous)	6		V		A P	0
(13)		Yes	No	N/A			######################################			Α	R	S	S
Rooms B117, B119,	B121	-	X	-	V/ΔT.	– to be done as no	n_friable		2500 SF	L	-	U	U
Rooms B117, B119,		-	X			and glue dabs	THIADIC		120 SF	X		-	-
		l-gg											
Name of Registered W		1 60	JDEP ' auler I	Waste	2.77	Cubic Yards Of Waste		egistered Landfill					
Jupiter Environm	nental Servic	es n	04782			10	Alliance	Landilli					
City, State						Disposal Date	City, State						
Pine Brook, NJ						1/4/18 +	Taylor, I	PA					
Completed By (Print or	Type)	Title		N 4 -		Signature	7		Date	7			
Pane Repic		Ger	ieral	Mana	ger	K	- C		12/8/1	1			
100 444			7577							-	-	_	

		50	- Processor	_			Г	beenser			- I	7 7	Pri	nt F
Ch 1554		иотн	CATION	ate of New Jo LOF ASBEST to NJAC 8:60	OS ABATE	MENT				C E	1 0	<u> </u>		
Date of Notification (1) 12/08/2017				f Building Owr Ganlin	ner/Operator	(2)		Ш	U	EC :	1 8	20	1/	L
Agencies Notified Type Notifica	ition		Street A	ddress					ASBE	STOS	S CC	ONTE	ROL	&
X EPA X Initial Amende Amendr	ment #			ate, Zip Code Arlington, N	NJ 07031					LICE	140	ING		
▼ DOH		Ī		f Contact Ganlin				Tel	ephone	Numb	er			
N			FACI	LITY INFORM	MATION			1						
Name of Facility Where Abatement is T House	aking Place (3)					of Facility (4							
Street Address						×	School (K-1: Subchapter Other (i.e. p	8 (Oth			build	lings,	home	es,
City (5) North Arlington							etc.) ire Feet	# o	f Floors A			ldς. Α	ge	
County (6) Bergen				Code (7) USE ONLY)		Curre	ent Use (Pric	or if bei	ng dem	olished	4)			
Name of Monitoring Firm Hired by Build N/A	ling Owner (8)		ASCN	1 No.			tement Con ement, Inc		(9)					
Street Address						Addre	ss gren Aven	nue				100		
City, State, Zip Code					100000000		ip Code IJ 07512							
Project Manager for Monitoring Firm			Telepho	ne No.		none N 345-8			Licens 0131					
Start Date (10) 12/19/2017	Schedul 12/20/2		npletion I	Date (11)			HA Monitor ement, Inc	C.						
Occupancy Status During Abatement (0	Check Only Or	ne)			77.77	Addre	ss gren Aven							
Facility Closed/Vacated During En Abatement Performed Outside of I Other – Describe: Occupied	tire Period of A Normal Facility	Abatem / Hours	ent		City, S	State, Z	ip Code IJ 07512	iue						
Scope of Work (Check All That Apply)					Toto		10 07012							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit			×	Mir Glo	Il Containme ni-Enclosure ovebag Proc n-Exempted	edure					۵	
Location of	1000	Locati			Description	- 1900	- Actinples	() ()	<u> </u>	TIGOTO .		Abate	ement pe	
Asbestos-Containing Material (ACM TO BE ABATED In Facility (13)	Ma	ed Sole intenar todial S (12)	nce/	(i.e. the	Description Containing Normal systems Surfacing, VA	Material s insula T, or		(S	mount Specify For LF)		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A	_									ate	e e
Basement		X		Р	Pipe Insula	ation		7	5 LF		X			
Name of Registered Waste Hauler		11.0	JDEP W		ubic Yards		Name of F	Registe	red Lar	ndfill				
D&S Abatement, Inc.			auler ID 1996	TE	Waste BD		Waste N	0.75	gemer	nt of F	PA		<u></u>	<u>y</u> 115
City, State Гоtowa, NJ				11 0 12 0 23	isposal Date BD	1.	City, State Morrisvi		Ą					
Completed by Oliver Hegedis	Title Proje	ct Ma	nager		Signature	111				Date _12/0	8/2	017		

		. 2	half lann					57						Pr	int F	orr
Ch 1555 F		NOTIF (P		ate of Nev OF ASBI to NJAC					200		C	E		\mathbb{V}		
Date of Notification (1) 11/29/17				of Building on Signification							DEC	1	8 2	:017		L
Agencies Notified Type Notification			Street A	Address tle point	On Hu	dson				ASE	BEST	OS (CON	TRO	L&	+
X EPA X Initial Amended Amendment			City, Sta	ate, Zip Co	de				-		LIC	CEN	SING	<u> </u>	en Carrock	-
Emergency				cen, NJ (07030				Tele	phone	Numb	er			_	-
DOH justification) DCA Cancellation				Fernanc					1 3							
Name of Facility Where Abatement is Takin	g Place (3)	FACI	ILITY INFO	ORMATIO	NC	Туре	of Facility (4)							
School (Burchard Building)		70157.					×	School (K-12								
Street Address 1 Castle Point On Hudson							Ī	Subchapter 8 Other (i.e. pri etc.)				build	ings,	home	es,	
City (5) Hoboken							Squa N/A	re Feet # of Floors Bldg. Age N/A N/A								
County (6) Hudson			County (STATE	Code (7) USE ONLY)			Current Use (Prior if being demolished) School (Burchard Building)									
Name of Monitoring Firm Hired by Building (Briggs Associates	Owner (8)	ASCN 0004				ame of Abatement Contractor (9) &S Abatement, Inc.									
Street Address 3 Crosswicks Street						Street Address 11 Rosengren Avenue								1		
City, State, Zip Code Bordentown, NJ 08505						100000		ip Code IJ 07512								1
Project Manager for Monitoring Firm Michael Hoodak			Telepho 609-29	ne No. 98-5520			none N 345-8			Licen:	se No.		de			
Start Date (10) 12/22/17	Schedul 01/15/		npletion	Date (11)				HA Monitor ement, Inc								
Occupancy Status During Abatement (Chec	k Only O	ne)				Street	treet Address									
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: Occupied	Period of nal Facility	Abaten y Hours	nent S		26	11 Rosengren Avenue City, State, Zip Code Totowa, NJ 07512										
Scope of Work (Check All That Apply)						1010	wa, iv	13 0/512								-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolii				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
Location of		Locat Normal	ly		Des	cription							Abate	ement pe		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole sintena todial ((12)	nce/		os Conta thermal:	aining N systems ing, VA	Material s insula T, or		(Sp	nount pecify or LF)		Remova	Repair	Encapsulate	Enclosure	
	Yes													ate	е	
Boiler Room (Full Containment)		Х				Insula			271231	0 LF		Х				
Boiler Room (Full Containment)		X			Tank					SF	-	Х	_			
Machine Shop (Glovebag)	-	X			Pipe	Insula	tion		45	0 LF	-	Х				
Name of Registered Waste Hauler D&S Abatement, Inc.		-	NJDEP Waste Cubic Ya Hauler ID No. of Waste 20996 TBD			Vaste Mana						PA				
City, State Totowa, NJ			Disposal Date				Jn	City, State Moorisvil	le, PA	Ą						
Completed by Oliver Hegedis	ect Ma	Manager Signatu					Signature Da					7				

			0 /	7 П	(m)							Pri	nt Fo	
4004153	Ν	IO FI	CATION ursuant	ale of New TOTASBES to NJAC 8:	3 8 9 8	EMEN 20)	Т		I C			\mathbb{V}	5	
Date of Notification (1) 12/08/2017				f Building O	wner/Operate Mary	or (2)			DEC	1	13	201	7	
Agencies Notified Type Notification X EPA X Initial		100	Street A 91 Ho	ddress me Avenu	ıe			AS	SBEST		C:O		S JC	
DEP Amended DOL Amendment				ate, Zip Code rford, NJ (BH-GATALANIA COM	The state of the state of	-	Proper marsus	40		
Emergency (justification) DCA Cancellation				f Contact e Moran				Telephone	Numbe	r				
			FACI	LITY INFOR	RMATION									
Name of Facility Where Abatement is Takin House (Church Property)	g Place (3)				Тур	be of Facility (4) School (K-12)							
Street Address 99 Home Avenue						×	Subchapter 8 Other (i.e. privetc.)			uild	ings,	home	∋s,	
City (5) Rutherford						Squ N/A	uare Feet	# of Floors N/A		Ble N/	dg. A	ge		
County (6) Bergen				Code (7) USE ONLY)		Ho	rrent Use (Prior ouse (Church	Property)						
Name of Monitoring Firm Hired by Building $^{\circ}$ N/A	Owner (8)		ASCN	/ No.	0.00000000		batement Contra atement, Inc.	atement Contractor (9) tement, Inc.						
Street Address						et Addi Rose	ress ngren Avenu	е						
City, State, Zip Code					100000000000		Zip Code NJ 07512							
Project Manager for Monitoring Firm			Telepho	ne No.		phone 3-345	No. -8685	Licens 0131						
Start Date (10) 12/21/2017	Schedule 12/22/2		npletion	Date (11)			SHA Monitor atement, Inc.							
Occupancy Status During Abatement (Chec	k Only On	ie)				et Addi	ress ngren Avenu	0						
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norn Other – Describe: Occupied					City,	State,	Zip Code NJ 07512							
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
Location of	1000	Locati	177.		Description		Non-Exempled () and Non-r	-Hable P		Abate	ement pe		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Sole intenar todial S (12)	nce/	(i.e. th	s Containing nermal system surfacing, \ other miscell	Mater ms ins /AT, or	ulation,	Amount (Specify SF or LF)	Noniova	Remova	Nepair	Encapsulate	Enclosure	
	Yes	No	N/A			20 1020		20200				ate	Ф	
Basement		X			Pipe Insu	lation	1	90 LF	X	2				
Name of Registered Waste Hauler		I N	IJDEP W	Vaste	Cubic Yards		Name of Re	egistered Lar	ndfill					
D&S Abatement, Inc.		Н	Hauler ID No. of Waste TBD				Waste Management of							
City, State Fotowa, NJ		Disposal Dat TBD				te ///	City, State Morrisvill	e, PA						
Completed by Oliver Hegedis	Title Proje	ct Ma	anager	7	Signatu	ire#	1/_		Date 12/08	3/2	017	9.		

H98150	016131			State of New Uetsey IFICATION OF ASBESTOS ABATEMENT (Parsuanto NAC 8:50 and 12:120)								; <u>E</u>		₩ E			
Date of Notification (1) 12/08/2017					Building C Lypen)wner/O	perator	(2)			l DL	C I	UL	017	H		
Agencies Notified	Type Notification		Ş	Street Ad	dress						ASBES				&		
× EPA × DEP × DOL	X Initial Amended				e, Zip Coo							LICEN	SING	z			
	Amendment Emergency		200	Staten Name of	Island, N	NY 103	304			Tele	ephone Nu	ımher					
DOH DCA	justification) Cancellation		1 3		Lypen					-	priorie re	imboi					
Name of Facility Where	Abatement is Takin	g Place (3))	FACIL	ITY INFO	RMATIC	NC	Туре	of Facility (4	4)							
House			,						School (K-1	12) er 8 (Other than K-12)							
Street Address								×	Other (i.e. p	rivate 8	k commerc	cial build	10777		s,		
City (5) Jersey City								Squar N/A	e Feet	# of Floors Blo				\ge			
County (6) Hudson				County C (STATE U	ode (7) ISE ONLY)	80		Curren		rior if being demolished)							
Name of Monitoring Fir N/A	m Hired by Building	Owner (8)		ASCM No. Name of Abatement Co D&S Abatement, Ir													
Street Address								Addres	s gren Aver	enue							
City, State, Zip Code							City, State, Zip Code Totowa, NJ 07512										
Project Manager for Me	onitoring Firm			Telephor	ne No.		100000000000000000000000000000000000000	none No 345-8			License 01311	No.					
Start Date (10) 12/18/2017		Schedule 12/20/2		7 Name of OSHA Monitor D&S Abatement, Ir													
Occupancy Status Dur	ing Abatement (Che	ck Only Or	ne)	Street Address 11 Rosengren Aver													
Facility Closed/Va Abatement Perfor Other – Describe:	rmed Outside of Norr Occupied	Period of A mal Facility	Abatem Hours	ement													
Scope of Work (Check																	
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf			Renova Demolit				>	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure					re				
		Is	Locati	ion				1 1401	II-LXeIIIpte	u () an	u Non-i in	abic i ic	Ata	emen	t		
Locati Asbestos-Containi TO BE A	ng Material (ACM)	Use Ma	Normal ed Sole aintena	lly ely by nce/		De tos Cont thermal		Material			amount Specify	R		ype Enc	Ē		
In Fa (1	cility	Cus	todial 9 (12)	Staff?		surfa	cing, VA niscella	AT, or		S	F or LF)	Removal	Donair	Encapsulate	Enclosure		
		Yes	No	N/A					-		2015	-		Ф			
Base	ment		X			Pipe	Insula	ation		4	80 LF	X	-				
													1				
Name of Registered VIIID&S Abatement, I			H	JDEP W lauler ID 0996		Cubic of Wa TBD	Yards ste				ered Land gement						
City, State Totowa, NJ						Dispo TBD	sal Date	9 /1	City, Sta Morris		PA						
Completed by Oliver Hegedis	anager		5	Signatur		1			Date 12/08/	201	7						
Oliver Hegedis Project Manager																	

MO Q41 037 Date of Notification (1)	lat !)n "	IOTIF (P	ursuant Name of	of New OF ASSI to NJAC	-				8 - 2	₩ 017							
12/08/2017	e Notification		_		a Kohle	r						SA THERE SHOW	PROFES INSERT					
,				Street A	aaress						ASBES	TOS	CON	TROL	_ &_			
X EPA X DEP X DOL	Initial Amended	ii.	ľ		ite, Zip Co				-				-					
	Amendment Emergency (-		a, NJ 07	044				Тъ	enhone Nu	nhor						
DOH DCA	justification) Cancellation				a Kohle	r				Telephone Number								
				FACI	LITY INFO	ORMATI	ON			(4)								
Name of Facility Where Abate House	ement is Takin	g Place (3)					Туре	e of Facility (4)									
Street Address									School (K-12) Subchapter 8	(Oth			•• 071 000	*************				
								×	Other (i.e. pri etc.)						es,			
City (5) Verona								Squ N/A	are Feet	# o N//	f Floors A	Bldg. Age N/A.						
County (6)			T	County (Code (7)			20,000		Prior if being demolished)								
Essex				3.	JSE ONLY)	11 To 10 To	_	Ho	use									
Name of Monitoring Firm Hire N/A	ed by Building (Owner (8)		ASCN	l No.	atement Contr		(9)										
Street Address				D&S Abatement, Inc							1C.							
									ngren Avenu									
City, State, Zip Code							100 CO. 100 CO		Zip Code NJ 07512									
Project Manager for Monitorin		Telephor	ne No.		Teleph 973-				License N 01311	0.								
Start Date (10) 12/20/2017		Schedule		mpletion (Date (11)				SHA Monitor tement, Inc			88						
Occupancy Status During Aba	atement (Chec			Street Address									_					
Facility Closed/Vacated																		
Abatement Performed O Other – Describe: Occup	pied of North	iai Facility	Hours	S		_			Zip Code NJ 07512									
Scope of Work (Check All Tha	at Apply)										COCHETA_0CT43614.03				- 3			
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		⊠ R	enova	ation tion			Full Containment with Negative Pressur Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Proc						e					
		Is	Locat	ion						,		Ī	At at	ement				
Location of			lorma d Sole				scription				- 9	-	13	ре				
Asbestos-Containing Mate		Mai	intena			thermal	system	s insu	al (ACM) lation,	(8	mount Specify	Re	;0	Enca	Enc			
In Facility (13)		Cast	(12)	otan:			cing, VA niscellar)	SI	or LF)	Remova	Copair	Encapsulate	Enclosure			
80 10		Yes	No	N/A								<u>a</u>		ate	Ге			
Basement		X			Pipe	Insula	ation		7	0 LF	Х							
Name of Registered Waste Hard D&S Abatement, Inc.	auler			NJDEP W Hauler ID 0996		of Maste			THE CONTROL OF THE PARTY OF THE	e of Registered Landfill ste Management of PA								
City, State						110000000000000000000000000000000000000	oosal Date City, State											
Totowa, NJ Completed by		Title	4	TBD si				D Morrisvill			Date							
Oliver Hegedis	ct Ma	anager			Signature				12/08/2017									

Ch 3746	P		State of New Jersey IFICATION OF ASBESTOS ABATEMENT —(Pursuant to NJAC 8:60 and 12:120)										\mathbb{V}		
Date of Notification (1) 12/7/17				of Building of Trento		Operator	r (2))EC	1	8 2	017	THE PERSON NAMED IN
Agencies Notified Type Notification				Address . State	St.					The sales in the s		-			
DEP X Amended Amendment				ate, Zip C						ASBI	ESTO LIC		SING		. &
DOH justification) DCA Cancellatior				of Contact Guarnie					Те	lephone I	Numbe	er			
Name of Facility Where Abatement is Takir	- DI /		FAC	ILITY INF	ORMAT	ION			1						
ABANDONED HOUSE	ig Place (3)					-	of Facility (4							
Street Address 1026-28 Stuyvesant Ave.							×	School (K-12 Subchapter 8 Other (i.e. pr etc.)	(Oth	er than k & comme	(-12) ercial b	ouile	dings	hom	es,
City (5) Trenton							Square Feet 3000			# of Floors			Eldg. Age 50+		
County (6) Mercer				Code (7) USE ONL)		Current Use (Prior if being demolished) ABANDONED								
Name of Monitoring Firm Hired by Building	Owner (8)		ASC	M No.			Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.								
Street Address						7.00	Addre Kinne	lon Rd Suite 102							
City, State, Zip Code						City, State, Zip Code Kinnelon, NJ 07405									
Project Manager for Monitoring Firm		Telepho	ne No.		Teleph 908-2				License 01228						
Start Date (10) 12/8/17	Schedule 12/13/1		npletion	Date (11)				HA Monitor Environme	ntal	Service	es, In	C.			
Occupancy Status During Abatement (Chec		200				Street			to 10	12					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of A nal Facility	baten	ment rs 135 Kinnelon Rd Su City, State, Zip Code Kinnelon, NJ 07405						ie it						
Scope of Work (Check All That Apply)						KIIIII	eion,	NJ 07405				_		3	_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	enova emolit				X	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
Location of	100	Locati ormal	500 500		D				,					ment	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Sole ntenar odial S (12)	nce/		tos Cont thermal surfac		laterial s insula T, or		Amount (Specify SF or LF)		IXCIIIOVA	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A											ate	Ф
RACM		X		F	RACM			3	,000	X	-				
												+			
Name of Registered Waste Hauler		N1	JDEP W	lasta	Cubic	Vard-		Non	a ta t		£11				
Yannuzzi Group, Inc.		H	auler ID 467	of Was	ic Yards Name of Reviews Name of Name			Janes .							
City, State Kinnelon, NJ							City, State Fairless H	Hills	Pa						
Completed by John Mucha	siger	Si	Signature			Date 12/7/17									

Ch 303		State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Pursuant to NJAC 8:60 and 12:120)									EG	E			
Date of Notification (1) Dec 7-2017	Check # 310	03	J		Building (Trovini	Owner/C	perator	r (2))		li nec	1 8	20	17	
Agencies Notified	Type Notification			Street A	ddress					1 100 10			-		1
EPA	☑ Initial		-	City Cto	4- 7:- C-	4.					ASBEST			ROL	&
DEP DOL	Amended Amendment	#		High properties.	ite, Zip Co ⁄Iilford, N		16				L	ICEN:	ING		
□ DOH	Emergency (i	ncluding	F		f Contact					Tele	ephone Nu	nber			
☐ DCA	Cancellation				Trovini					i de la composición dela composición de la composición de la composición de la composición dela composición dela composición dela composición de la composición de la composición dela composición de la composición dela c					
Name of Facility Where	Abatement is Taking	Place (3	3)	FACI	LITY INFO	RMATI	ON	T	ype of Facility (4)					
Maria Trovini Resid								Е	School (K-1						
Street Address	I								Subchapter	8 (Othe			rinas	home	96
City (E)									etc.)		Floors	XXX.111 () 233 7 (X			,0,
City (5) New Milford, NJ 07	7646							1000	quare Feet ,000	2	FIOORS	77.5	dg. A	ge	
County (6)	September Manager				Code (7)			Current Use (Prior if being demolished)							
BERGEN					JSE ONLY)			Residence							
Name of Monitoring Firm	n Hired by Building C	Owner (8)							Abatement Cor rvices Corpo						
Street Address									ddress 9th Street						
City, State, Zip Code				City, State, Zip Code						NUMBER OF THE PERSON NAMED IN					
Decient Manager for Man				Gutenberg, NJ Telephone No. Telephone No.						93	Linnan				
Project Manager for Mor	nitoring Firm			i elepno	201295-1700						License N 01074	10.			
Start Date (10)				npletion l	Date (11)				OSHA Monitor						
12/18/17 Occupancy Status Durin	a Ahatement (Check	12/21/							as above						
	ated During Entire P			Street Address ement											
	ned Outside of Norm					_	City, S	Stat	e, Zip Code						
Scope of Work (Check A	All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit					X	Full Containme Mini-Enclosure Glovebag Prod	e edure					
		lo	Locati	on				의_	Non-Exempted	ı () anı	u Non-Friat	T Pro	3808 70	ement	ă
Location	n of	1	Normal	ly		Des	scription	n of					Ту	ре	
Asbestos-Containing TO BE AB			ed Sole intena						erial (ACM) insulation,		mount Specify	77		Enc	ш
In Faci	lity	Cus	todial 8 (12)	Staff?	(1.0.	surfac	cing, VA	AΤ,	or		or LF)	Remova	Repair	Encapsulate	Enclosure
(13)				NI/A		otner n	niscellar	nec	ous)			val	Ŧ	ulate	ure
Danam		Yes	No	N/A		loor til	o ond		ootio	5.0	00 SF	x			
Basem	lent	-	X		Г	1001 111	e anu	111	asuc	50	JU 31	^			
			+								-	-			
Name of Registered Wa	ste Hauler		100000	JDEP W		Cubic			Name of	Registe	ered Landfil				
Tri-Stare Transfer A	SSOC		11020	Hauler ID No. of Waste 19551 tbd Minerva Ent					va Enterprises						
City, State Bronx. NY						Dispos	sal Date	9	City, Stat		, OH				
Completed by		Title		ergeneral in me		3786585	ignature	e/	BI	1		ate			
Gina Betances									Vueas	1	D	ec 7/	2017	7.5	

Date of Notification (1) 12-8-2017	O F		1	Nan	ant to live	AC 8:60	OS ABATE and 12:12	20)	ΙΤ		G DEC	[]	201	7 P@		
☐ EPA	Type Notification	n		Stree	et Addres	S	uite 201	1		AS	BESTO	S CC	NTR	OL &		
DEP DOL	Amended Amendmen	nt #		City,	State, Zip						LIU	CIVCI	IVG			
DOH DCA	Emergency justification Cancellation)	ing	Name	e of Conta	act	77002			Telephor	ne Numb	er				
Name of Facility Whore Ah				_		NFORMA	TION									
Name of Facility Where Ab Commercial	atement is Takir	ng Place	9 (3)					Тур	e of Facility	ty (4)						
Street Address			2 - 10 - 10 - 10 - 10						School (K-	-12)						
121 34th Street		460						×	Other (i.e.	er 8 (Other that private & com	n K-12) mercial b	uildin	gs, ho	mes.		
Union City, NJ 07087								Squi 100	are Feet	# of Floor		Blog	. Age			
County (6) Hudson				Count (STAT	y Code (7 E USE ON	') / Y)		Current Use (Prior if being demolished)								
Name of Monitoring Firm H	ired by Buildina	Owner ((8)		CM No.		_									
Street Address	,		(30)	ASI	JIVI INO,		Gree	of Aba	atement Co vironmen	ntractor (9) Ital Services	3					
							Street	Addre	SS							
City, State, Zip Code									nia Avenu ip Code	e						
Project Manager for Monitor	ing Eir				20.50		Jerse	y Cit	y, NJ 073	304						
	ilig Firm		Teleph	one No.	1	Telepho	one N	0.	Licen	se No.		_				
Start Date (10)		Schedu	uled Co	mpletion	Date (11)	201-3			0117	4					
12-18-2017 Occupancy Status During At	natament (O)	12-21	-2017		Pletion Date (11) Name of OSHA Monitor Same as above											
× Facility Closed/Vacated Abatement Performed (Other - Describe:	During Entire P Outside of Norma	oried -		nent s			Street A									
Scope of Work (Check All Th	nat Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				×	Glo	I-Enclosure vebag Proc	ent with Negative edure (*) and Non-F						
Location of			s Locati Normali							1,011	Tuble 11		emen	t		
Asbestos-Containing Mate	erial (ACM)	Use	ed Sole	ly by	Asbes	Des	cription of aining Mat	f torint	(0.000)	(m)(55)(a=1/2-to4/0	-		ype			
TO BE ABATE! In Facility	2		todial S		(i.e	. thermal:	systems in	nsulat	tion,	Amount (Specify	Z.	_	Enc	ш		
(13)			(12)	,		other m	ing, VAT, iscellaned	or ous)		SF or LF)	Removal	Repair	Encapsulate	Enclosure		
Roof		Yes	No	N/A							/al	7	ılate	ure		
2nd Floor storage	room		X				Flashin	ng		1475 SF	х					
otorage	,3011		X				VAT			270 SF	х					
ame of Registered Waste Ha			NJ	DEP W	aste	Cubic Y			Name of Pa	edistered Land	fill					
een Environmental Se	rvices		00	uler ID 1 34889	of Wast	Waste Name of Registered Landfill G.R.O.W.S. North Landfill										
ry, State rsey City, NJ				Disposal Date City, Stat					City, State							
mpleted by		Title							Morrisville	e, PA						
iana Serrano		Mana	nager Signature					o Jon a		Date 12-8-20)17					

AU NIT	2/1	NOT	IFIC			lew Jersey BESTOS ABAT	EMENT i					
('th Wols	X	19)	AC 8:60 and 5:10		MEG		V	E	F			
Date of Notification (1)	-	U L		Name	o Buildin	g Owner/Operator (2)	K				7 -
12 /	7/	17		Cit	y of Tren	ton		IIII DEC	18	274.	7	
Agencies Notified	Type Notific	ation		Street	Address			U U UEC	10	C11	Ĺ	1
⊠ EPA				319	E State	Street	1		The Shall had to consider		Name of Control	
⊠ DOLWD	☐ Amende			City. S	State, Zip (Code		ASBEST	OS CO	NIR	DL &	
☑ DHSS □ DCA	Amendm Emerger	-		Tre	nton NJ.	08609	L	LI	CENSI	4G		-
(NJAC 5:23-8)	justificati		y	Name	of Contac	rt .		Telephone Nu	mber			
	☐ Cancella	tion		Har	nk Guane	erri						
				FA	CILITY IN	FORMATION						
Name of Facility Where A			e (3)				Type of Facility	(4)				
Residence (Abando	ned Prope	rty)					School (K-1		0.			
Street Address						19	Other (i.e., p	8 (Other than K-1 private and comm	(2) ercial bu	ildind	is.	
213 Hamilton Avenu	ue 08609				i.		homes, etc.			3	(2)	
City (5)							Square Feet	# of Floors	BI	dg Ag	ge	
Trenton							2500	2		+/- 70	0	
County (6)				Cour	nty Code (7	()(STATE USE ONLY)	Current Use (Pr	rior if being demo	lished)			
Mercer							Vacant					
Name of Monitoring Firm		ding Owner	(8)	ASCM	No.	Name of Abateme		6				
Health & Safety Ser	vices						mental Manag	gement, Inc.				
Street Address						Street Address						
PO Box 365						8436 Enterpri						
City, State, Zip Code Berlin, NJ 08009						City, State, Zip Co						
Project Manager for Monit	orina Eirm		Tal		Nie	Philadelphia,	PA 19153	Transac Na				
James Proctor	oning Firm			ephone 56-452		Telephone No. 215-365-5810		License No. 1156				
Start Date (10)		Scheduled C				Name of OSHA M		1130				
12 /08 /	20000	12 /					mental Manag	ement, Inc				
Occupancy Status During	Abatement (Check only	one)		1	Street Address						
☐ Facility Closed/Vacate						8436 Enterpri	se Avenue					
Abatement Performed Time of Abatement: 7:						City, State, Zip Co	ode					
		1 100/	101)	Philadelphia,	PA 19153					
Scope of Work (Check all	that apply)					□ Eull Cont	ainment with No.	active Proceure				
≥3 sf or ≥3 lf		☐ Re	nova	tion		☐ Mini-Encl	ainment with Ne losure	gative Pressure				
≥160 sf or ≥260 If		⊠ De	moliti	on		Glovebag	Procedure	on-Friable Proced				
		le	Loca	tion		☐ NOII-EXE	mpted () and No	III-FIIADIE PIOCEO		nt	T	1000000
Location of	of		Vorm:	ally		Description of	f			ateme		
Asbestos-Containing N			ed Sol	ely by		stos Containing Ma	terial (ACM)	Amount	Removal	Repair	nca	Enclosure
TO BE ABAT		4		Staff?	(i.e	 thermal systems i surfacing, VAT, 		(Specify SF or LF)	SVOI	12	apsı	uso
(13)	t:		(12			other miscellane		SF ULLT)	=		Encapsulate	re
		Yes	No	N/A							CD	
Yard				\boxtimes	Cleanu	p Pipe and Fiitin	g Insulation	4 LF	\boxtimes			
Yard				\boxtimes	Clean L	Jp Roofing & Pla	ster	10 SF				
					*** AS F	PER KURT NJ. D).O.L					
									$\exists \Box$		П	
Name of Registered Waste	e Hauler	_		NJDEP V		Cubic Yards of	Name of Regis	L stered Landfill				
USA Environmental		ent, Inc	1	Hauler ID		Waste	Waste Ma					
City, State		32610		2 Disposal Date	City, State							
Philadelphia, PA				12/19/17	Tullytown	Pa.						
Completed By (Print or Ty	pe)	Title				Signatúre			Date		-	
Kevin Meldrum	and the second	Project	Mar	ager		Ken	Mild		12	17	-1-	7

42/1724	OUF	ICA (Pur	TION C	OF ASB	W Jarsey ESTOS ABATI 78:80 and 8:18	EMENT)	APPRO	VE	Б 2)17	
Date of Notification (1))		f Building of Trents	Owner/Operator (2)	ASBES:	TOS C			<u></u>
Apendes Noviled Type Notification. EPA Similar DOLWD Amended Amendment #_			City, Sta	ddress E State S ale, Zlp Co ton NJ. 0	ida	ASE	DEPT. OF	CMD	LICE	निहा ।	V
DCA (NJA¢ 6:23-8) DCA Demorphic (Inc. Dem	luding		Han)	Contact			Telephone Numb	er -			
			FAC	ILITY IN	ORMATION						_
Name of Facility Where Abalement is Taking Residence (Abandoned Property) Street Address	Place	3)				Type of Facility School (K-1; Subchapter Other (I.e., p	2) B (Other than K-12) rivate and commen	cial bulk	qinga	i	
213 Hamilton Avenue Q8609	_			 i		Square Faet	# of Floors	Blog	. Ag	,	-
City (5) Trenton		i.		:		2500	2	1	- 70		_
County (8) Marcer			Count	y Code (7)	(STATE USE ONLY)	Vacant	rior il baing demolis	had)			
Name of Monitoring Firm Hired by Building O Health & Safety Services	wner (8	3)	ASCM N	10.		montal Manag					
Street Address PO Box 365					Street Address 8436 Enterpr City, State, Zip Co						_
City, State, Zip Code Berlin, NJ 08909					Philadelphia,						
Project Manager for Monitoring Firm		Tgle	phone N	٧٥.	Telephone No.		Licanse No.				
James Proctor		1000	56-452-		215-365-5810		1158				
			ilion Dat		Name of OSHAN USA Environ	tonitor mental Manaj	gement, Inc				_
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Pe Abatement Performed Dutable of Normal Time of Abatement: 7:30 AM-5:30 PM	rlod of	Abate	ment m - Desi	cribə	Street Address 8436 Enterpr City, State, Zip O Philadelphia	pde				,	_
Scope of Work (Check all that apply) 3.st or >3 f	☐ Re ⊠ De	novel	llon		Full Con	iteloment With Ni doshire an Procedure	egative Pressure				
	1 10	Loca	llon		U Non-Exi	Hubien () and L	ON PARAMETER PROCESSES		atemi	ni T	y
Location of Asbastos-Containing Majorial (ACM) TO BE ABATED (N Facility (13)	Use	Normal de Sol inten- todial (12	elly by lely by ance/ Statt?	Aaba (l.s	Description stoc Containing M themsel systeme surfading, VA themsellan	aterial (ACM) Insulation, T, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	
Yard	Y See	.No	N/A	Cleany	p Pipe and Flit	ng Insulation	4 LF				1
	1	П	×	Clash	Up Roofing & Pi	aster	10 SF				1
Yard		10	N N		PER KURT NJ.			10	0		1
	님	분		HO	EN GALL MA		+	1			1
Name of Registered Waste Hauter USA Environmental Management,	1=		NJDEP Hauter I	D Np.	Cubic Yards of Waste	Wasta M	aubament Spipisq reuglij			_	
City, State Philadelphia, PA					Disposal Date 12/19/17	Tullytow		not=	,	_	
Chilibrated of the way to be a	Projec	ot Ma	nager	105	Signalur	- Mec	1	12/	7/	17	7

Project #	- Z		ATION	OF ASBE to NJAC 8	STOS	ABATE		Check # 40	58			
Confidence (1)	1		lame of	Building C)wner/(Operator	(2)	FE	P [37	7\/7	同
Date of Notification (1) 12/08/2017				n Day			(2)	IIn) E	6 L	5 1	\mathbb{V}	
1,004,000,000,000,000			Street Ac		School	71		115			11100	\neg
, , , , , , , , , , , , , , , , , , , ,				at Rd				11111	150	4 0	004	7
EPA Initial				te, Zip Coo	de			- U - U !	JEC-	1.8	201	+
DEP Amended Amendment	#	1000	Salar Salar Control	n, NJ 0								
Emergency (i				Contact	0340			elephones	mbero	900	NITR	OL S
DOH justification)			eve S					1 Iambine MOB	2010		NG	JL 9
DCA Cancellation		Pi		LITY INFO	DAMAT	ION		1			-	-
Name of Facility Where Abatement is Taking	Place (3)	FACI	LITTINFC	INIMA	ION	Type of Facility	(4)				
Princeton Day School	,	r.:										
Street Address			-				Subchapte	r 8 (Other than K-1	2)			
650 Great Rd							Other (i.e.	private & commerc	ial build	lings,	homes	S,
	-						etc.) Square Feet	# of Floors	ТВ	ldg. A	ge	_
City (5) Princeton, NJ											*	
County (6)				Code (7) USE ONLY)			Current Use (Pr	ior if being demolis	hed)			
Mercer County Name of Monitoring Firm Hired by Building C	Numor 101		ASCN	4 No		Name	of Abatement Co	ntractor (9)				-
	Jwner (o)		ASCIN	A INO.			Restoration L					
RAMM			1		-		Address	LC		_		_
Street Address							ookside Rd					
77 Nottingham Rd						1000	State, Zip Code				-	
City, State, Zip Code						100000000000000000000000000000000000000		50				
Fair Lawn			T-1b-	N-		1	lph NJ 0786 hone No.	License	No			
Project Manager for Monitoring Firm		1	Telepho			1		01133	10.			
Rodger Headrick	0 1 1 1	- 1		5-9880			33-2550 of OSHA Monito					-
Start Date (10)			pletion	Date (11)		IRIS	OI OSHA WOIIIO					
2.10.2017	12/20/20						A d-d			_		
Occupancy Status During Abatement (Chec	k Only Or	ie)					Address RT 22					
Facility Closed/Vacated During Entire F	Period of A	Abatem	ent									_
Abatement Performed Outside of Norm Other – Describe: 4pm	nai Facility	Hours	-		_	3 6	State, Zip Code , NJ 07083					
Scope of Work (Check All That Apply)						1						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	photograph 1	Renova Demoliti					Mini-Enclosu Glovebag Pro				e e	
	1	Locati	on.	T						Abat	ement	
	1	Vormal			D	escriptio	n of			T	/pe	
Location of Asbestos-Containing Material (ACM)		d Sole		Asbes	tos Cor	ntaining I	Material (ACM) as insulation,	Amount (Specify	70		En	Ш
TO BE ABATED In Facility	Cus	todial S	Staff?	(i.e.	unerma	acing, V	AT, or	SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		(12)			other	miscella	neous)		ova	a-	sula	sure
	Yes	No	N/A	1							le l	CO.
Attic entrance Room 201		×		TSI				< 9 LF	×			
										_		
						in the same			-	-		
Name of Registered Waste Hauler		IN	JDEP V	Vaste	Cubi	c Yards	Name o	f Registered Landi	lli Ili			
Nick Restoration LLC		388	lauler ID 782	No.	of W		G.R.O.					
City, State Randolph, NJ 07869					Disp TBD	osal Date	1	own, PA				
Completed by	Title				ТТ	Signatu			Date			
Elvira Mrda	Presid	ent				6	luia l	là:	12/08/	2017	8	





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

$ D\rangle$	E	b	E	U	\mathbb{V}		
	3	DES	1	8	2017		
	ASE	BEST LI	OS (DL &	

Date of Notification (1)				Nam	e of Buildir	na Ow	ner/Operator ((2)	+		TIFI	1	{ }	2017	
12 /	07 / _	17				_	Company	-)	1	1 4	5	50	28	4	7
Agencies Notified ⊠ EPA ⊠ DOLWD	Type Notificat ☐ Initial ☐ Amended	tion			et Address 1 Central		nue			A	SBES		CON		DL &
☑ DOH	Amendme	nt#			State, Zip										
	☐ Emergency		g	_	estfield, N		7090								
(NJAC 5:23-8)	justification			20,000	e of Contac	(2.0)			Tele	ephone	Numb	er			
	☐ Cancellation	on		Ro	b Whale	У			! _						
				FA	CILITY	NFOF	RMATION								
Name of Facility Where At	atement is Ta	aking Plac	e (3)					Type of Facility	(4)						
Former Restaurant								School (K-12							
Street Address								☐ Subchapter 8 ☐ Other (i.e., pr	3 (Oth	er than	K-12)	ial h	ildin	30	
154 Bonnie Burn Ro	ad							homes, etc.)		and cc	mmerc	iai D	uncini	J S,	
City (5)								Square Feet	# 0	of Floor	s	В	ldg. A	ge	
Watchung								10,000 sf		1			80		
County (6)				Cou	nty Code ((7)(STA	TE USE ONLY)	Current Use (Pri	or if b	eing de	emolish	ed)			
Union								Former Res	taura	ant					
Name of Monitoring Firm F		ng Owner	(8)	ASCM	No.	Nar	me of Abateme	ent Contractor (9)							
Guardian Contractin	g, Inc.					G	Guardian Co	ntracting, Inc.							
Street Address				-		Stre	eet Address								
1889 Rte. 9, Unit 61						1	889 Route 9	, Unit 61							
City, State, Zip Code						City	, State, Zip Co	ode							
Toms River, New Jer	7					T	oms River, I	New Jersey 087	755						
Project Manager for Monito	oring Firm		Те	lephone	No.	Tele	ephone No.		Lic	cense N	lo.				
Nicholas Fernicola				32-349		7:	32-349-9932		(00624					
Start Date (10)	20000000	heduled C				Nan	ne of OSHA M	onitor							
12 /18 / _		01/		4_/	18	E	.M.S.L. Anal	ytical							
Occupancy Status During A						Stre	et Address								
☐ Facility Closed/Vacated	During Entire	Period of	Abate	ement		10	056 Stelton		87						
Abatement Performed (Time of Abatement:	Outside of Norr	mal Facilit	y Hou	ırs - Des	scribe	City	, State, Zip Co	de							-
		_PIVI/	_PIV	l	AIVI	Pi	iscataway, N	lew Jersey 088	354						
Scope of Work (Check all t	nat apply)								10000	-0100					
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		□ Re ⊠ De					☐ Mini-Encl ☐ Glovebag								
		Is	Loca	ation									atem	ent T	vne
Location of		100	Norm	ally lely by			Description of								Ť
Asbestos-Containing Ma TO BE ABATI				ance/	Asbe	estos C	Containing Mat rmal systems i	terial (ACM)		Amoun		(em	Repair	nce	ncl
IN Facility		Cus		Staff?	(1.6		urfacing, VAT,			(Specif SF or LF		Remova	15	Encapsulate	Enclosure
(13)		Yes	(12 No			oth	er miscellaned	ous)			,			late	œ'
coat room front dining	area				texture	d cei	ling			1540 s	f	\boxtimes			
interior			\boxtimes		asbesto	os flo	or tile		7	7150 s	f	\boxtimes			
kitchen			\boxtimes		transite	e pan	els		1	1050 s	f	\boxtimes			
exterior			\boxtimes		asbesto	os ro	ofing		2	2409 s	f			П	П
Name of Registered Waste	Hauler		1	VJDEP V	Waste	Cubi	ic Yards of	Name of Regist				_			
Guardian Contracting	ı, Inc.		ŀ	Hauler II		Was		T.R.R.F.							
City, State				20223)	30 Disp	osal Date	City, State					-11/2		
Toms River, New Jers	sey					1	7/13/17	Tullytown, I	Penr	sylva	nia				
Completed By (Print or Type	e) T	Γitle				1177	Signature	1	- /)	_				
Nicholas Fernicola		Project	Man	ager			Dignature		//		Date		_ /	-	
SR-41		,000		-901			-	12	-		19	-1	1/1	フ	



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

				1,	ursuur	it to Nor	10 0.00 and 5.1	0)					
Date of Notification (1) 12 /	07 /	17	_		10000000	of Buildin Smith	g Owner/Operator ((2)		EC 1	8 2	8	3
Agencies Notified	Type Notific	cation			Stree	Address			ASRE	STOS	CON	TROI	0.
					c				AGBL	LICEN			- a
□ DOLWD	☐ Amende				City. S	State, Zip (Code			March Company of the	THE PARTY		
□ DOH	Amendm		_				, NJ 08753						
DCA	☐ Emerger justificat		iding		months to the same	of Contac		T	Telenhone Nur				
(NJAC 5:23-8)	☐ Cancella				(60000000000000000000000000000000000000	Smith	A	4	relemmne Nur	nber			
					FA	CILITY IN	FORMATION						
Name of Facility Where	Abatement is	Taking P	lace	(3)				Type of Facility (4)				
Residence				2.4050				School (K-12)					
Street Address								Subchapter 8					
								Other (i.e., priv homes, etc.)	vate and comm	ercial bu	uilcling	js,	
City (5)								Square Feet	# of Floors	DI	de A	~~	
Toms River								1600 sf	1		dg. A	ge	
County (6)			_		Cour	tu Codo /)(STATE USE ONLY)			1100	65		
County (c)					Cour	ity Code (/)(STATE USE ONLY)	Current Use (Prior	r ir being demo	iisnea)			
Name of Monitoring Firm	Hired by Buil	lding Owi	ner (8	3)	ASCM	No.	Name of Abateme	ent Contractor (9)					
N/A							Guardian Co	ntracting, Inc.					
Street Address							Street Address	٠,		2,51			
							1889 Route 9	. Unit 61					
City, State, Zip Code							City, State, Zip Co						
ATTENUE OF BUILDING								New Jersey 087	55				
Project Manager for Mon	itorina Firm			Tele	ephone	No	Telephone No.		License No.		_		
	9					,,,,,	732-349-9932	•	00624				
Start Date (10)		Schedule	ed Co	mnle	etion Da	te (11)	Name of OSHA M		00024				
12 /18 /				(a)	9 /		E.M.S.L. Ana	20002-M 15-07					
							3000 March 1000 March	iyucai					
Occupancy Status During				- 27			Street Address						
□ Facility Closed/Vacate □ Abatement Performed						oribo	1056 Stelton		241				
Time of Abatement: _							City, State, Zip Co						
							Piscataway, I	New Jersey 0885	54				
Scope of Work (Check al	I that apply)						□ Full Cont	tainment with Nega	tivo Propouro				
≥3 sf or ≥3 lf			Ren	ovat	ion		☐ Mini-Enc	losure	live Pressure				
≥160 sf or ≥260 lf		\boxtimes	Den	noliti	on		☐ Glovebac	Procedure					
					*****			mpted (*) and Non-	Friable Proced				
1				Loca orma			-	_		Ab	atem	ent Ty	/pe
Location Asbestos-Containing		A)			ely by	Ashe	Description o stos Containing Ma		Amount	Re	D	E	E
TO BE ABA	TED	1.05	900	5.50	ance/		., thermal systems		(Specify	Remova	Repair	cap	Enclosure
IN Facili (13)	ty		Gusto	(12)	Staff?		surfacing, VAT,		SF or LF)	<u>a</u>		Encapsulate	ure
(13)		Y	es	No	N/A		other miscellane	ous)				te	
exterior				\boxtimes		asbesto	os siding		1600 sf				
											[]		
										_ ⊔		Ш	Ш
]			La la su con							
Name of Registered Was	te Hauler			1.00	NJDEP N		Cubic Yards of	Name of Registe	red Landfill				
Guardian Contraction	ng, Inc.			1	lauler II		Waste 3	T.R.R.F.					
City, State					20223	,	Disposal Date	City, State				45-	
Toms River, New Je	ersey						12/19/17	Tullytown, P	ennsylvania				
Completed By (Print or Ty		Title						1				1	
Nicholas Fernicola	(P-)	A1965 A1	ect l	Man	aner		Signature	7 / L	1	Date	_	1	

Ch 11007 PZ			CATIO	tate of Ne N OF ASB t to NJAC	ESTOS	ABATE		г			3 E	8 2	WI	int Fe
Date of Notification (1) 12/4/2017		ene 2	Name o	of Building ence	Owner/C	perator	(2)			Ut	EC_1	<u>0_</u> 2	UI./	
Agencies Notified Type Notification	1		Street A	Address						ASBE	STOS	CON	TROL	. &
X EPA X Initial Amended Amendmen	.+ #	-		ate, Zip Co		1000					PRODUCTION OF THE PROPERTY OF	rannerinda se	**************************************	anagram r
▼ DOH ■ Emergency justification	(including	_	Name o	of Contact	012				Tele	phone i	Number			
DCA Cancellatio	n			Wonski										
Name of Facility Where Abatement is Taki	ng Place (3)	FAC	ILITY INF	ORMATI	ON	Туре	e of Facility (4)					-
Residence Street Address							H	School (K-1 Subchapter		r than K	(-12)			
out out / lad root							×	Other (i.e. p				ilding	s, hom	es,
City (5) Clifton							Squa 149	are Feet	# of 2	Floors		Bldg. 1926		
County (6) Passaic				Code (7) USE ONLY)		Curr	ent Use (Pri	or if bein	g demo	lished)			
Name of Monitoring Firm Hired by Building A. Seine Lighthouse Solutions	Owner (8)	ASCI	M No.				atement Cor ink Service		9)				
Street Address PO Box 354				10		Street 1256		ess erty Avenu	е					
City, State, Zip Code South Orange, NJ 07079								Zip Code NJ 07205						
Project Manager for Monitoring Firm Sarah Calandra			Telepho 201-34	ne No. 49-2666		Teleph 844-4				License				
Start Date (10) 12/18/17	Schedul 12/22/		npletion	Date (11)				HA Monitor Lighthouse	e Solut	ions				
Occupancy Status During Abatement (Che	ck Only O	ne)				Street	Addre	ess				-		
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe:	Period of mal Facility	Abaten Hours	nent			Company of the same of the sam	tate, Z	Zip Code						
Scope of Work (Check All That Apply)						Sout	h Ora	ange, NJ (07079					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demolit				×	Mi Gl	ull Containme ini-Enclosure ovebag Proc on-Exempted	edure				re	
Location of		Locati Normal			Des	11			()			Aba	temen ype	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole iintenar todial S (12)	nce/		tos Conta thermal:	systems ing, VA	lateria s insul T, or	ation,	(Sp	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A										ate	o.
Basement Area	-	X			Pip	e Wra	р		30) LF	X	+		
							1							
Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic \	/ards		Name of I	Reaister	ed Land	ifili			
Newark Carting		Н	auler ID 4509		of Was			Waste N				ill		
City, State East Orange, NJ					Dispos	al Date		City, State		PA			i	
Completed by Alison Lamers	Title	e Mar	nager		Si	ghature	m	(ONS			Date	(3)		

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

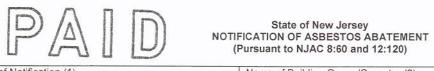
CHECK # 24815

	1	115	/ "					- /		CHECI	N # 240	13		
Date of Notification (1) 12-05-17	~~~~~	2				g Owner/C America		Contract.			E	2 [\mathbb{V}
□ EPA □	ype Notification			1025	medika di sadika	Oak Roa	ad				DF	·	13 0	017
DEP DOL	Amended Amendment				ate, Zip C iees, N	J 08043				14 1	UL	. 0 1	0 2	UII
□ DOH □ DCA	justification)				of Contac					Telephon	e Numb	er		ΓROL
DCA _	Cancellation	1			ardo Nit	FORMATI	ON			L	- New Teaching	LIULI	UVIICA	
Name of Facility Where Aba	tement is Takir	ng Place (3)	1740		ORMATI		Туре	e of Facility (4)	6				
Street Address Route 206 & Buckingh	nam Way								School (K-12) Subchapter 8 Other (i.e. pri	(Other than	n K-12) mercial l	ouildin	gs hon	nes,
City (5) Montgomery Township	p							Squa	etc.) are Feet	# of Floors	S	Bldg	. Age	
County (6) Sommerset				(STATE		η		Exte	ent Use (Prior erior	1/38	nolished)	_	
Name of Monitoring Firm Hill Hillmann Environment		Owner (8)		ASC	И No.		Pinna	acle l	atement Contr Environmer					
Street Address 1600 Route 22 East							Street 200 E		ess d Street					
City, State, Zip Code Union, NJ 07083									Zip Code NJ 07072					
Project Manager for Monitor Craig Abrams	ing Firm			Telepho (908) (ne No. 388-780	00	Teleph 201-9			Licen 0075	ise No. 56			
Start Date (10) 12-07-17		Schedule 12-31-1		npletion	Date (11))			HA Monitor chnologies					
Occupancy Status During At							Street /		ss kson Avenu	10				
Facility Closed/Vacated Abatement Performed (Other – Describe:	During Entire I Outside of Norm	Period of A nal Facility	baten Hours	nent			City, St	tate, Z	ip Code nd City, NY			11:		
Scope of Work (Check All Th	nat Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova	(4.6)(T.6) V				Mir Glo	Il Containment ni-Enclosure ovebag Proced n-Exempted (*	dure			IILS	
	18	ls l	ocat	ion				110	Tr-Exempted () and INOIT-	TIADIC I	Ab	atemer	it
Location of Asbestos-Containing Mai	torial (ACM)	Used	ormal I Sole		Asha	Des stos Conta	cription				-	_	Туре	
TO BE ABATE In Facility (13)		Mair Custo Yes	ntena odial S (12) No			thermal s. surfac		insula T, or		Amount (Specify SF or LF)		Removal	Encapsulate	Enclosure
Dirt Road		163	140	X		Tran	site Pi	ре		12LF	2	2		
	2													
Name of Registered Waste F	lauler		LN	JDEP W	asta	Cubic Y	/ordo		Nome of De	-:	- 4EII			
Newark Carting, Inc.			Н	auler ID 1509		of Wast			Name of Re Grand Ce	7 (48) ON HO		andfil	I	
City, State Newark, NJ 07105						Disposa	al Date	Δ	City, State Pen Argyl	, PA 1807	72			
Completed by Joseph Patrick		Title Projec	t Ma	nager		Sig	gnature	1	4)	×	Date 12-05	5-17		
							7 1	1 7						

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

CHECK # 2466

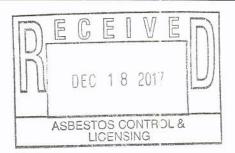
Date of Notification (1) 11/15/2017	Stepuld Step			f Building Road A		perator (2) up			E (D	5		
Agencies Notified Type Notification X EPA			CHAIL DONN	Address Route 22 ate, Zip Co	700				DE	C	1-8	20	17
X DEP				ewater, N)7				74			
DOH justification DCA Emergency			Mr. La		Name of the Control o	struction	Director	Telephone	ANUMB	eto.	2.0	TNC F	ROL
Name of Facility Where Abatement is Takir	ng Place (3)	FAC	ILITY INFO	ORMATIC		e of Facility (4	4)					
Mixed Use Multi-Building							School (K-1						
Street Address 19 East Side Avenue						×		8 (Other than rivate & comm		uildi	ngs,	home	es,
City (5) Edison						Sq: 3,0	uare Feet	# of Floors	3	Blo 70	lg. A	ge	
County (6) Middlesex				Code (7) USE ONLY)		rent Use (Pric	or if being den	nolished)			
Name of Monitoring Firm Hired by Building TBD	Owner (8)	ASCN	ЛNo.			patement Con tracting, LL						
Street Address			-			Street Add	ress lley Road, S	Suite K		T			
City, State, Zip Code						City, State, Wayne,	Zip Code New Jersey	7 07470					
Project Manager for Monitoring Firm			Telepho	ne No.		Telephone (973) 92		Licen 0087	se No.				
Start Date (10) 11/28/2017	Schedul 1/31/2		npletion	Date (11)			SHA Monitor tracting, LL	С					
Occupancy Status During Abatement (Chec	ck Only O	ne)				Street Add							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of an all Facility	Abatem y Hours	ent			City, State,							
Scope of Work (Check All That Apply)						Wayne,	New Jersey	/ 07470	*				
23 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoliti				×	full Containme fini-Enclosure Glovebag Proc Ion-Exempted	edure				1	
	Is	Locati	on					()		25.0	bate	ment	
Location of		Normall ed Solel				cription of		•	-		- yı	oe T	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	iMa	todial S (12)	rce/		thermal s surfaci	ining Mater systems insi ng, VAT, or iscellaneous	ulation,	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
House - Basement	100	X	10075	Floor 7	Files & :	associate	d mastic	750 SF		+		-	\dashv
Garage Building - Closet		X				associate		25 SF	2			-	-
Motel Building - Attic		X		11001		nsulation		180 LF	- 3	-			
Motel Building - Throughout		×		Trans		ing Board		800 SF		-	-		
Name of Registered Waste Hauler			JDEP W	100000000000000000000000000000000000000	Cubic Y			Registered Lar	187				
Service Transport Group, Inc.		100,000	auler ID 1990	No.	of Wast 20	e	DAVI NO	Enterprise		ì			
City, State New Castle, Delaware					Disposa TBD	al Date	City, State Waynes	burg, Ohio					
Completed by Predrag Sarcev	Title Vice	Presid	dent		Sig	nature			Date 11/1:	5/20	17		



CHECK # 2465

Date of Notification (1) 11/15/2017					f Building (Road Au			(2)) [\mathbb{V}
Agencies Notified EPA	Type Notification			101510000000000000000000000000000000000	Route 22								חבי	2	0 0	047
X DEP X DOL	Amended Amendment Emergency		_	Bridge	ite, Zip Co water, N		807				Ш	4	DET		8 2	.01/
DOH DCA	justification) Cancellation			Mr. La	f Contact rry Style			ion Di	rector	Tel	ephon	ie iyu	mber-	TOS DEN	CON	TROL
Name of Facility Where	Abatement is Takir	ng Place (3)	FACI	LITY INFO	ORMA'	TION	Туре	of Facility (4))				CHORDIN CO		ACCOUNTS TO
Multi-Unit Commerc	cial Building								School (K-12							
Street Address 712 US Highway 1								×	Subchapter 8 Other (i.e. pri etc.)					dings	, home	es,
City (5) Edison								Squa 12,0	re Feet 00	# o	f Floor	rs		Bldg A	Age	
County (6) Middlesex				County (Code (7) JSE ONLY)	-			ent Use (Prior nmercial	if bei	ng de	molis	hed)			
Name of Monitoring Firm TBD	Hired by Building	Owner (8)		ASCM	1 No.				tement Contracting, LL0		(9)					
Street Address					11			Addres Valle	ss ey Road, S	uite	K					
City, State, Zip Code							7000		ip Code ew Jersey	074	70					
Project Manager for Mon	itoring Firm			Telepho	ne No.		F 000000000000000000000000000000000000	none N) 928-			Lice 008	nse N 74	lo.			
Start Date (10) 12/4/2017		Schedule 1/31/20		npletion I	Date (11)				HA Monitor acting, LLC							
Occupancy Status During	g Abatement (Ched	ck Only On	e)					Addres								
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire ed Outside of Norr	Period of A nal Facility	baten Hours	nent S			City, S	tate, Z	ey Road, S ip Code	2000000						
Scope of Work (Check A	II That Apply)						Way	ne, N	ew Jersey	074	70					_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	іі тпас друу)	promong.	enova emolit				×	Mir Glo	l Containmer ni-Enclosure ovebag Proce n-Exempted	dure						
		Is	Locati	on				1 140	II-Excilipted	() (1)	3 14011	Tital	1	Abat	ement	
Location		1112	ormal Sole				escription						-	Ty	/pe	
Asbestos-Containing TO BE AB/ In Facili (13)	ATED	Mai	ntenar odial S (12)	nce/		therma surf	ntaining M al systems acing, VA miscellar	s insula T, or		(8	moun Specify or LF	1	Removal	кераіг	Encapsulate	Enclosure
See Attac	ched	100	110	107									х			
	70.															
Name of Registered Was	te Hauler		N	JDEP W	aste	Cubi	c Yards		Name of R	enista	red I :	andfill				
Service Transport Gr			Н	lauler ID 0990	0.000	of W			Minerva							
City, State New Castle, Delawa	re					1000000	osal Date		City, State Waynesh	oura.	Ohio					
Completed by Predrag Sarcev		Title Vice F	Presi	dent			Signature		<u> </u>			Da	ite 1/15/2	2017	0 3 3 3	

Location of	1	Location Normall	у	Description of			Abate	emen pe	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Solel intenan todial S (12)	ice/	Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A			=		ate	.e
Basement		Х		Pipe Insulation	800 LF	X			
2 nd Floor Office Area		Х		Grey & Red Vinyl Floor Tiles	250 SF	X			
Gadget Shop (South Side)		X		Red Vinyl Floor Tiles	400 SF	×			
1 st & 2 nd Floor Areas		Х		Trasnite Ceiling Panels	600 SF	X			
Exterior		Х		Transite Siding	1,200 SF	X			
Roof		Х		Asphalt Roofing Material	4,450 SF	X			



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

11 / - \ 11 11	<i>)</i>		uisuuii	t to NJAC 8:60	anu 12.12	U)		(CHEC	K # 2	4819			
Date of Notification (1) 12-06-17			Name PSE8	of Building Owne	r/Operator	r (2)		Γ	5	E	C	E	П	W
Agencies Notified Type Notifica	tion			Address ark Plaza							U		U	U
EPA X Initial DEP Amende	ed			tate, Zip Code				-	H		DE(7 /	8 7	2017
X DOL Amenda	nent # ncy (including	_		ark, NJ 07102				_	ЦЦ	1				_011
DOH justificat				of Contact Pullara				Tel	ephon	ne Nur	nber		1901	ITRO
Name of Equility Where Abstract is 7	-Line Dinner	0)	FAC	ILITY INFORMA	TION			<u> </u>	SICH Y		L	IGE!	NISP	
Name of Facility Where Abatement is T	aking Place (3)				Тур	oe of Facility (4	500						
Street Address						Н	School (K-12 Subchapter 8	(Oth	er thai	n K-12	2)	ense en		
430 Market Street						X	Other (i.e. pr etc.)					803		ies,
City (5) Newark						Squ	uare Feet	# 01	f Floor	rs		Bldg	Age	
County (6) Essex				Code (7) USE ONLY)			rent Use (Prior	if bei	ng dei	molish	ned)			
Name of Monitoring Firm Hired by Build AET	ing Owner (8))	ASCI	M No.			eatement Cont Environme			.5				
Street Address 28 North Pennell Road					Street 200 E		ess d Street							
City, State, Zip Code Media, PA 19063							Zip Code , NJ 07072							
Project Manager for Monitoring Firm Eric Houseknecht			Telepho (610)	ne No. 891-0114	Teleph 201-9				Licer 007	nse No 56	0.			
Start Date (10) 12-20-17	03-31-	18	mpletion	Date (11)			SHA Monitor nalytical, Inc							
Occupancy Status During Abatement (C					Street	100000	ess t 38th Stree				8			
Facility Closed/Vacated During Ent Abatement Performed Outside of N Other – Describe:	ire Period of A lormal Facility	Abaten / Hours	nent s		City, St	tate,	Zip Code k, NY 10018							
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Name of Registered Waste Hauler ATC, Inc. / JBT (50071)		Н	JDEP W auler ID 1310				Name of Re Minerva I							
City, State Shirley, NY / Bronx, NY					sal Date	7	City, State Waynesb	urg,	OH 4	14688	3			
Completed by Kevin Moriarty	Title Projec	ct Ma	nager		Signature	1	GRA	1		Date		17		

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Project Manager for Monitoring Firm Sarah Calandra			Telepho			Teleph	one l	No.	1.70	icense N	No.			
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completed By	/ Title	0		100		Signature		Date	1	-		-7

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

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	DEC	1	5	2017		

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Date of Notification (1)			Nam		ng Owner/Operator	EXCAUA	TIASE	ESTOS	CON	ITRO	DL &	_
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			FA	CILITY IN	FORMATION	7/1						
Name of Facility Where Abatement is Tak	ng Plac	e (3)				Type of Facility	(4)					
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Street Address						Other (i.e.,) homes, etc	orivate & ca	ommercia	l build) 	
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County (6)			T Cou	nty Code	7) (STATE	Current Use (P	rior if being	demolis				=
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Name of Monitoring Firm Hired by Building	Owner	T	ASCIV	No.	Name of Abatem		9)					
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Project Manager for Monitoring Firm		Tele	phone	No.	Telephone No.	9-0472	Licens	se No.	14			
Start Date (10) Sche	eduled C	Comple	tion Da	ete (11)	Name of OSHA							
17-18-17	7 -	-76	,-1	7		WK						
Occupancy Status During Abatement (Che					Street Address							
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KLEMCO INC			auter IC	5 ¹ 4	of Waste	C. M	<u>. C.</u>	M.L	1. #	7		_
City, State	1 7				Disposal Date	City, State	1 Riai	I U	1 7	-		
	N(.)				Signature	1 4000	DIN	Date	٠. ١	_	_	
MicHael Klean		UP.			14.70	<u></u>		12-	8-	17		_

IOTIFICATION OF ASBESTOS ABATEMENT PURSUANT TO NJAC 8:60-7 AND 12:120-7 Date of Notification (1) Name of Building Owner / Operator (2) 05 17 12 CELGENE CORPORATION Street Address Agencies Notified Type of Notification 535 MORRIS AVENUE **EPA** 1 Initial City, State, Zip Code DEP 7 Amended SUMMIT, NJ 07901 1 DOH Amendment _1 Name of Contact Melephone Number 8 DOL П Emergency w/ justification JANOS ANGELI Cancellation FACILITY INFORMATION ASBESTOS CONTROL & LICENSING Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) CELGENE CORPORATION - BLDG. S-1 School (K-12) Street Address Subchapter 8 (Other than K-12) 535 MORRIS AVENUE 1 Other (I.e., private & commercial bldgs., homes, etc.) City (5) County (6) County Code (7) Square Feet # Of Floors **Building Age** SUMMIT UNION 60,000 Current Use (Prior if being demolished) 4C+ OFFICE Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM NO WCD GROUP LLC / EWMA NORTHSTAR CONTRACTING GROUP, INC. Street Address Street Address 23 RT 31 NORTH, STE B26 / 100 MISTY LANE City, State, Zip Code 32 Williams Parkway PENNINGTON, NJ 08534 / PARSIPPANY, NJ 07054 City, State, Zip Code Project Mngr. For Monitoring Firm Telephone Number MIKE GARAMBONE / Kevin Seise 609-730-0007 / 973-560-1400 East Hanover, NJ 07036 Sheduled Start Date (10) Sched. Completetion Date (11) Telephone Number License Number 12 // _26_ 02 18 973-884-8682 00860 Occupancy Status During Abatement (Check Only 1) Name of OSHA Monitor Facility Closed/Vacated During Entire Period of NORTHSTAR CONTRACTING GROUP, INC. Abatement Street Address Abatement Performed Outside of Normal Facility Hours - Describe: __ 7:00 am to 3:30 pm 32 Williams Parkway J Other - Describe: __ MON-FRI City, State, Zip Code East Hanover, NJ 07036 Scope of Work (Check All That Apply) Demolition Renovation Full Containment with Negative Pressure >3sf or >3lf Mini - Enclosure V ≥160 sf or ≥260 If Glovebag Procedure 1 Non-Exempted (*) and Non-Friable Procedure Location of Is Description of Abatement Type Asbestos Containing Location Asbestos - Containing R Normally Material (ACM) Amount E R N TO BE ABATED Used (I.e., thermal systems (Specify M E C C in Facility Solely insulation, surfacing, VAT, SF or LF) 0 P A L (13)by Mainor other miscellaneous) V P 0 A tenance/ A S S Custodial R П U Staff (12) R YES NO N/A 1ST, 2ND, 3RD FLOORS PIPE & FITTINGS INSULATION 1,050 LF PENTHOUSE DUCT CALK 1 12 LF 1 1ST, 2ND, 3RD FLOORS FOAM MASTIC 6,255 SF BSMT HALL B VAT /MASTIC 1,195 SF NJDEP Waste Cubic Name of Registered Waste Hauler Name of Registered Landfill NORTHSTAR CONTRACTING GROUP, INC. Hauler ID No. Yards FAIRLESS LANDFILL 30534 of Waste City, State Disposal City. State EAST HANOVER, NJ Date MORRISVILLE, PA Completed by (Print or Type) Title Signature Date Steven Stiles Project Manager 12/15/17

ASB-41

STATE OF NEW JERSEY

Location of		ls		Description of		Abatem	ent Type	1000	
Asbestos Containing	L	oca	tion	Asbestos - Containing		R	1	ΙE	E
	N	orm	ally	Material (ACM)	Amount	E	R	N	N
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in Facility		Sol		insulation, surfacing, VAT,	SF or LF)	0	P	Α	L
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BSMT RM 0014		4		VAT/MASTIC	1,110 SF	V			
BSMT HALL C		1		VAT/MASTIC	265 SF	7			
STAIRWELL		1		VAT/MASTIC	95 SF	J	10		
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D&S Proj. #: 17-342	<u> </u>			cation of As		J s Abatement 0 and 12:120)			EC 18	<u>[] [v</u>			
Date of Notification (1)		lame of B	Building Own	ner/Operator (2	2)								
Agencies Notified Type Notifica	17	rebecca	matrobert	0				ASBES	STOS C		ROL	Š.	
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		union, 1	nj 07083										
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DCA Cancellatio	n	rebecca	a matrober	to									
			FAC	ILITY INFORM	OITA	1							
Name of facility where abatement	is taking pla	ice (3)					1-	Type of Facility (4)				
rebecca matroberto								=	l (K - 12				
Street Address									apter 8 (Private/0			(-12)	
							L	Bldgs./	Homes,	etc.			
City (5)	Coun	ity (6)			Cou	inty Code (7)		Square Feet	# of Floo	ors	В	ldg. A	∖ge
	50053,01140					te use only)	-	Current Use (Pr	rior if bei	ng der	nolish	ed)	_
union Name of Monitoring Firm Hired by	unic				L,		<u> </u>						
Name of Monitoring Fill Hilled by	blug. Owne	1 (0)		ASCM No.		Name of Abatemen		AVALUATION AND A					
Street Address					\dashv	D & S RESTOR	(A I	ION, INC.					
						20 California A	ve.						
City, State, Zip Code						City, State, Zip Code	9				10000		
Project Manager for Monitoring Firm		15				Paterson, NJ 0	750	3					
Project Manager for Monitoring Pills	I.	P	hone Numb	er		Telephone Number 973-345-8020)		License (Nuni 1169			
Start Date (10)	ISched.	Complet	ion Date (1	1)	_	Name of OSHA Mor							
12/15/17	12/29		,	,		D & S Restorat	ion.	, Inc.					
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Other-Describe: NORMAL F					-	Paterson, NJ 0				_			
Scope of Work (check all that apply ≥3 sf or >3 If ≥160 sf or ≥260 If	Renovation Demolition						Mir Glo	I Containment was ni-enclosure ovebag procedure n-Exempted (*)	е			edure	e
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PATERSON, NJ 07503			12/16/1			TULLYTOWN	, PA	A .					
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDE	0.0000000000000000000000000000000000000		Signature					Date 12/12/	17	173,10		
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Date of Notification (1)	Name o	of Building Ow	ner/Operator (2	2)			144	JEG T	8 2	U17		3
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Street Address						11		Private/C		ercial		
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Project Manager for Monitoring Firm		Phone Numb	per	_	Telephone Number			License	Numl	oer =		
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12/14/17	12/28/17				D & S Restora	ation,	Inc.			_		
Occupancy Status During Abatement		2)		-	Street Address	١						
Facility closed/vacated during e	.0	15		- 1	20 California A		1e					
Abatement performed outside of Describe:	of normal facility	hours-			0.13, 0.10.10, 2.15 000							
Other-Describe: NORMAL HO	OURS			_	Paterson, NJ (7503	3					
Scope of Work (check all that apply)						Full	Containment w.	/negative	press	ure		
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abated in facility (13)	Yes No	N/A	material ((ACM)).		(Specify SI LF)	F 01	0 V	a	а	C
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D & S RESTORATION, INC.	13506		l yd		TULLYTOWN			COVER	Y			CHARLES OF STREET
City, State PATERSON, NJ 07503		Disposal D 12/15/1			City, State	I D						
	Title	12/13/1	Signature		TULLYTOWN	N, PA		Date				
	PRESIDENT		2.5.10.010					12/07/	2017			
	Do not use this fo	orm for asbesto	os licensure ex	empte	ed activities.	-					-	

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(NJAC 5:23-8)	justifica					of Contact			Telenhone Numbe	ar.			
	☐ Cancell	ation				nolas D'A					-	_	
					FAC	CILITY IN	FORMATION						_
Name of Facility Where A	Abatement is	Taking	Place	(3)				Type of Facility (
Commercial								☐ School (K-12 ☐ Subchapter 8) 3 (Other than K-12)				
Street Address								Other (i.e., pr	ivate and commerc	ial bui	ildings	S,	
543 Springfield Ave	enue							homes, etc.) Square Feet	# of Floors	Die	la Aa	•	_
City (5) Summit								Square Feet	# Of Floors	BIC	lg. Ag	е	
County (6)					Coun	ty Code (7	(STATE USE ONLY)	Current Use /Pri	or if being demolish	ed)			
Union					Court	ty Code (/	(STATE USE ONET)	Current Ose (Fil	of it being demonstr	cuj			
Name of Monitoring Firm	Hired by Ru	ilding C	Numer (8)	ASCM I	No	Name of Abateme	ent Contractor (9)					-
Bio Terra Solutions		manig C	willer (°,	0011			NAGEMENT L	LC				
Street Address					-		Street Address						\dashv
P.O. Box 1224							27 Outwater	Lane					
City, State, Zip Code							City, State, Zip Co						
Union, NJ							Garfield, NJ						
Project Manager for Mon	itoring Firm			Tele	phone I	No.	Telephone No.		License No.		_		
Rick Eustaquio	2			97	3-494	-3762	973-928-4888		1188				
Start Date (10)		Sched	uled C	omple	tion Dat	te (11)	Name of OSHA M	Ionitor					
12 /26 /	17		1 /	26	_ / _	18	ALL PRO MA	NAGEMENT L	LC				
Occupancy Status During	Abatement	(Check	only o	ne)			Street Address						
□ Facility Closed/Vacate	ed During Er	ntire Per	riod of	Abater	nent		27 Outwater	Lane					
Abatement Performed							City, State, Zip Co	ode					
Time of Abatement: _	AM	PN	Λ/	_РМ-		AM	Garfield, NJ	07026					
Scope of Work (Check at ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	I that apply)		⊠ Re				☐ Mini-End ☐ Gloveba	g Procedure	native Pressure	•			
				Locat						Ab	atenie	nt Ty	ре
Location Asbestos-Containing TO BE ABA IN Facili (13)	Material (AC	CM)	Use Ma	Norma d Sole intena todial (12) No	ly by		Description of stos Containing Ma ., thermal systems surfacing, VAT other miscellane	iterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Parlor Room					\boxtimes	VAT			200 SF				
Parlor Wall and Ceili	ng					Off Whi	te Stucco		1,000 SF	\boxtimes			
Parlor Wall and Ceili	ng (East)					Off Whi	te Stucco		1,000 SF				
Name of Registered Was	ste Hauler			IN	JDEP \		Cubic Yards of	Name of Regis	stered Landfill				- T
ATC				H	lauler II		Waste	Minerva E					
City, State					SW-2	4310	As Needed Disposal Date	City, State	5887			-	-

Shirley, NY

Allen Monchik

Completed By (Print or Type)

Project Manager

TBD

Signature

Waynesburg, OH

Allen Monchik

Date

12/14/17

nd Cl		N	(Pi	CATION ursuant t	te of New OF ASBE o NJAC 8	STOS :60 an	ABATE! d 12:120	0)	т			7.50	<u>G</u>			
Date of Notification (1) December 12, 2017				Name of Rivera	Building C)wner/(Operator	(2)			1	JEC	1 (5 2)17	
(1)	Notification			Street Ad	Idress						ASB				ROL	&
X DEP	nitial Amended Amendment #		_		e, Zip Coo le, NJ 0								CEN	SILIC	1	
X DOH _ ji	Emergency (in ustification) Cancellation	ncluaing		Name of Scott L	Contact ieberma	ın				Tel	ennhae	Num	har			
Name of Facility Where Abatem	ent is Taking	Place (3)	FACIL	ITY INFO	RMAT	ION	Тур	e of Facility (4)	1					
Residence		S 5000							School (K-12		or than	V 12\				
Street Address								×	Subchapter 8 Other (i.e. pr etc.)	ivate	comm	ercia	build	ings,	home	s,
City (5) Belleville								Sqi 16	uare Feet	# o 2	f Floors		BI 60	dg. A	ge	
County (6) Essex				County C	Code (7) ISE ONLY)			1830835	rrent Use (Prioresidence	r if bei	ng dem	olishe	ed)			
Name of Monitoring Firm Hired I Omega Environmental	by Building C	wner (8)		ASCM 00120			7 A - 10		batement Cont Environment							
Street Address 280 Huyler Street							Street 6 Be		ress w Road							
City, State, Zip Code So. Hackensack, NJ 0760	06								Zip Code , NJ 07733							
Project Manager for Monitoring Geiser Fajardo	Firm			Telephor 201-48	ne No. 9-8700		Teleph 718-		No. -1122		Licens 0132					
Start Date (10) 12/22/2017		Schedule 12/23/2		mpletion [Date (11)		100000000000000000000000000000000000000		SHA Monitor Invironment	al LL	.C					
Occupancy Status During Abate	ement (Check	c Only On	ie)				Street 6 Re		ress w Road							
Facility Closed/Vacated Du Abatement Performed Out X Other – Describe: vacant of	side of Norm	al Facility	Abaten	nent s		<u> </u>	City, S	State	Zip Code I, NJ 07733							
Scope of Work (Check All That	Apply)	V						_	action to the contract of the contract					**		
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf			Renova Demoli				,	} ;	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure					2	
		ls	Locat	ion					VOII-EXEMPLES	() 41	u 11011 1	nabi		Abate	ement	
Location of Asbestos-Containing Materi TO BE ABATED In Facility (13)	al (ACM)	Use Ma	Norma d Sole intena todial (12)	lly ely by ince/ Staff?	Asbest (i.e.	tos Cor therma surf	escription ntaining I al system acing, VA miscella	Mate is ins AT, o	r	(amount Specify F or LF))	Removal	Nepail	e Encapsulate	Enclosure
		Yes	No	N/A											е	
1st Floor Kitcher	n		Х			VA	T & Ma	astic			90 sf		Х			
Name of Registered Waste Hau ATC	ıler		H	NJDEP W Hauler ID SW2105	No.	Cubi of W 3	c Yards aste		Name of F Minerva	Ente						
City, State Shirley, NY 11967							osal Date 27/2017		City, State Waynes		, OH 4	1468	8			
Completed by Raymond Blum		Title Oper	ation	ıs Mana	iger		Signatur	1 1		\		Dat	te	ber	12, 2	017

2K014254	P	Purs	State of Ne TION DF AS Januto NJAC	Jersey BESTOS ABAT 860 and 12:1	TEM 120	MENT			G DEC	E 1 8	<u> </u>	U I	Prt Fo
Date of Notification (1) 12/12/17			ne of Building E&G	Owner/Opera	tor	(2)						2.1.7	Irgania
Agencies Notified Type Notification		1,550	eet Address	20				ASB	ESTOS LICE	NS	TAC	ROL	&
EPA Initial Amended			WEBRO R		10-					No. of Lot		2 de unione	CONTINUES.
DOL Amendment #			IFTON, NJ	OUD PART TO A PLONG DEPOSION				1					
DOH justification) DCA Cancellation	5		ne of Contact IARON BU					Telephon	ne Numb	er			
Name of Facility Where Abatement is Taking	Place (3)	F	ACILITY INF	ORMATION		Type	of Facility (4	()					
PSE&G HILLSDALE SUBSTATION							School (K-12	2)	52 .27				
Street Address 81 LAKE DRIVE						×	Subchapter Other (i.e. pretc.)			build	dinçıs,	home	es,
City (5) HILLSDALE, NJ							are Feet	# of Floor N/A	rs	3333	ldg A	ge	
County (6) BERGEN			inty Code (7) ATE USE ONLY	0			ent Use (Prio E&G FACII		molished	1)			
Name of Monitoring Firm Hired by Building O N/A	wner (8)		SCM No. I/A				atement Cont /IRONME		RVICE	S, I	NC.		
Street Address N/A						Addre _D D	ss OCK ROA	\D					
City, State, Zip Code N/A				289185AM2			Zip Code K, NY 119	80					
Project Manager for Monitoring Firm N/A		Tele N/A	phone No.			one N 124-8		Licer 011	nse No. 36				
TO THE PROPERTY OF THE PROPERT	Scheduled		tion Date (11)				HA Monitor /IRONMEI	NTAL SEF	RVICE	S, I	NC.		
Occupancy Status During Abatement (Check	Only One)	Street Address					Б					
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe: ELECTRIC CONTROL	al Facility H	atement Hours	ment rs										
Scope of Work (Check All That Apply)							, , , , , , , , , , , , , , , , , , , ,			10/523	- 17		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	100	novation molition				Mir	Il Containme ni-Enclosure ovebag Proce	edure				2	
	ls L	ocation				INO	n-Exempted	() and Non-	-Filable		Abate	ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	ormally Solely by tenance/ dial Staff? (12)	Asbes	Descripti stos Containing thermal syste surfacing, \ other miscell	Ma ms VAT	aterial insula , or		Amount (Specify SF or LF		Remova	Kepair	e Encapsulate	Enclosure	
26 - 525	No N	I/A							9		ate	re	
PSE&G HILLSDALE SUBSTATION		X		TRANSITE	PA	NEL	S	100 SF	= X				
Name of Registered Waste Hauler WASTE MANAGEMENT		P Waste or ID No. 3	Cubic Yards of Waste TBD	3		2.0000000000000000000000000000000000000	egistered La SS LANDI						
City, State ELIZABETH, NJ		Disposal Date City, State TBD MORRISVILLE, PA 19067											
Completed by AMANDA VALLONE	Title ADMIN	IIN OPS MANAGER Signature Jal Date 12/12/17											

GL16-004 Cypress



check # 3373 Page 1 of 1

Date of Notification (1) 12/12/2017				of Building						m	E	G	E		\mathbb{V}
Agencies Notified Type Notification I linitial Amended Amendment Emergency (City, Sta Mahw	amapo \ate, Zip Co rah, NJ 0	ode	Road				M		DE(2017
DOH justification Cancellation		,		of Contact Mayer-C	osta				Tel	dohone	Num	Themo:	- つミ . JE	CON	TRO G
Name of Facility Where Abatement is Taking Cypress Building College Park Apa Street Address 505 Ramapo Valley Road City (5)			FAC	ILITY INFO	ORMAT	ION	×	s of Facility (School (K-1 Subchapter Other (i.e. p etc.)	2) 8 (Oth private 8		nercia	al build	dings		es,
Mahwah County (6)				Code (7)	23		21,0 Curre	954 ent Use (Prid	3 or if bei	ng dem		4	7	nge	
Bergen Name of Monitoring Firm Hired by Building Output USA Environmental Management,)	ASCN 0011)			ege Apar							
Street Address 344 West State Street	IIIO		10011			Street	Addre	Wagerster/	pike						
City, State, Zip Code Trenton, New Jersey 08618						City, S	state, Z	ip Code dale, NJ 0							
Project Manager for Monitoring Firm William Weisgarber, Jr.			56.8101			710-9	725		Licen 0108).				
Start Date (10) 1-8-2018	7-27-1	8	npletion	Date (11)		GL G	Proup	***************************************							
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of	Abaten													
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	DATE OF THE PARTY	Renova Demolit				Mir Glo	ll Containme ni-Enclosure ovebag Prod n-Exempted	edure					e		
Location of		s Locati Normal	ly		De	scription	of							ement /pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Solely by As			tos Cont thermal surfa	aining M systems cing, VA niscellan	faterial s insula T, or	(ACM) ation,	(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure	
Apartments A-V & Mechanical Rm		X		Dryw	all and	Joint (Comp	oound	73,7	799 S	F	X			
Apartments A-V & Mechanical Rm	X		5	Stud/Jo	oist Adl	hesiv	е	36,8	346 LI	F	X				
Apartments A-V		Х		Resilient Floor Coverings					5,9	07 SF	=	Х			
Name of Registered Waste Hauler GL Group, Inc City, State		Н	JDEP Wauler ID	No.	Cubic of Was			Name of I Minerva	1	red Lar	ndfill				
Bloomingdale, NJ					TBD	ai Date		Waynes		ОН					
Completed by Elena Solakov	Title Pres	ident			S	ignature	E	leru Sto	lla		Date 12-	e -12-2	2017		

EDS17-288-1

M	State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT
	AND IT I WATER TO ASBEST OS ABATEMENT
	(Pursuant to NJAC 8:60 and 12:120)

Page 1 of 1 Check # 3372

Date of Notification (1)	- lad	-	Name o	of Building C	Owner/Operato	r (2)					
12/11/17			Cress	kill Public	Schools	(c. x . a f //	ME	2 [W	E
Agencies Notified Type Notification			Street A	Address coln Drive				ا ك	L L	U	
EPA Initial Amended		}		ate, Zip Cod					_	00:-	
DOL Amendmen				kill, NJ 07			III III DE	C 1	8	2017	
Emergency justification)		9	Name o	of Contact			Telephone Nu	mber			
DOH justification) Cancellation				Steward				Llam		RO	_&
Name of Facility Where Abatement is Takir	ng Place ((3)	FAC	ILITY INFO	RMATION	Type of Facility (4	AND DESCRIPTION OF THE PERSON	LICE	VOIIV	G	-
Residential	5					School (K-1)	55) 115				
Street Address						Subchapter	8 (Other than K-1				08%
						Other (i.e. p etc.)	rivate & commerc	ial bui	dings	, home	es,
City (5) Cresskill						Square Feet 1,000 +	# of Floors		Bldg /	\ge	
County (6)			County	Code (7)		Current Use (Price	10 56				
Bergen				USE ONLY)		Residential	i ii beilig demons	neu)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASC	Л No.		of Abatement Con	tractor (9)	-0.1			
Karl & Associates						Group, Inc					
Street Address 20 Lauck Road						Address Hamburg Tpke					
City, State, Zip Code					the state of the s	State, Zip Code				-1011-	
Mohnton, PA 19540						mingdale, NJ 0	7403				
Project Manager for Monitoring Firm		Т	Telepho			none No.	License N	lo.		-	
Michael Krischer			70	223-1832)710-9725	01084				
Start Date (10) 12/12/2017	Schedu 12/18/		mpletion	Date (11)	The I have been a second	of OSHA Monitor Group, Inc					
Occupancy Status During Abatement (Chec	1,000					Address					
	Period of	Abaten	nent		140	Hamburg Tpke					
Facility Closed/Vacated During Entire Abatement Performed Outside of Norn Other – Describe:	nal Facilit	y Hours	S		100	tate, Zip Code					
Scope of Work (Check All That Apply)		-11			– Bloo	mingdale, NJ 0	7403				
≥3 sf or ≥3 lf	I⊽I				D	7					
≥3 sf or ≥3 if ≥160 sf or ≥260 if	-	Renova Demolit				Full Containme Mini-Enclosure	nt with Negative I	ressu	re		
						Glovebag Proce	edure (*) and Non-Frial	ole Pro	cedur	Α.	
	Is	Locat	ion		- Dates		() and Horri man	1	120	ement	
Location of		Normal	lly		Description	of			7	ре	
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	ed Sole aintena	nce/		s Containing Mermal systems		Amount (Specify	ZI ZI		Ē	Ш
In Facility	Cus	todial 8 (12)	Staff?		surfacing, VA	T, or	SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)	Van		NI/A		other miscellar	leous)		val	#	ulate	ure
1st floor throughout	Yes	No X	N/A	coilin-	tile dedtil	a alua data	1 400 05	17			
	-				tile 1x1 with		1,400 SF	X	<u> </u>		
Exterior windows	-	X		а	sbestos cau	JIKING	300 If	X			
	-										
Name of Registered Waste Hauler		820	IJDEP W lauler ID	503.00 mm	Cubic Yards of Waste	1000	egistered Landfill				
GL Group, Inc		00	0033034 TBD Grows								
City, State Bloomingdale, NJ					Disposal Date TBD	City, State Morrisvil					
Completed by	Title				Signature		Da	ite			
Elena Solakov	Pres	ident				Elan St.		2/11/1	7		

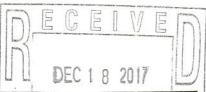
PA		TCATION OF	of New Jersey ASBESTOS ABATE JAC 8:60 and 12:12		DEC 1 8	2017	P				
Date of Notification (1)		1	Name of Building Owner/Operator (2) HACIDAY E CONTRO								
Agencies Notified Type Notificat	Street Add	Street Address 700 Haven Ave LICENSING									
□ BPA X Initial Amended Amendmer	nt#	City, State,	Zip Code	. +	N.J 082.26						
Emergency justification	y (including	Name of Co	OCEAN C	Telephone Number							
DCA Cancellatio	n		AME		<u> </u>	==			_		
Name of Facility Where Abatement is Ta	king Place (3)	FACILITY	INFORMATION	Type of Facilit	y (4)						
RESIDENC				School (K-	r 8 (Other than K-12)					
Street Address				homes, etc							
City (5)	TY			Square Feet	# of Floors		idg. A				
County (6)		County Co	de (7) (STATE	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Buildin	g Owner	ASCM No.		nent Contractor (9)	==			=		
(8) N/A Street Address			Street Address					_	_		
			369 S City, State, Zip C	SPRIX	E AUE	==	_	_	=		
City, State, Zip Code			MAPCE	SHAPE	M.J 08	05	2		_		
Project Manager for Monitoring Firm	Tel	ephone No.	phone No. Telephone No. S56-779-0472 License No. 00445						_		
	neduled Comple	500 Q2000	Name of OSHA	A Monitor							
0ccupancy Status During Abatement (Ch	heck only one)		Street Address	N. J. P.		==					
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other - Describe:	Period of Abate nal Facility Hou	ement rs	City, State, Zip C	code	·	===			_		
Scope of Work (Check all that apply)	Renovat	per control	☐ Mini-En	ntainment with Ne closure ag Procedure	Ĭ	e					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Demotitio	A1	Non-Ex	empted (*) and N	on-Friable Procedur			Abatement Type			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Is Location	on	Non-Ex	empted (*) and N	on-Friable Procedur	1		æ			
≥3 sf or ≥3 ff ≥160 sf or ≥260 ff Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	-,	on y y by nce/ As	Description of bestos Containing Mati.e., thermal systems is surfacing, VAT, other miscellaneous	empted (*) and N retrial (ACM) nsulation, or	Amount (Specify SF or LF)	1		Encapsulate	1		
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solet Maintenan Custodia Staff?	y by hoe/ Asial (Description of bestos Containing Mati.e., thermal systems i surfacing, VAT, other miscellaneo	empted (*) and N ferial (ACM) nsulation, or ous)	Amount (Specify SF or LF)	Removal	Тур		THE COURT		
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility	Is Location Normally Used Solel Maintenan Custodia Staff?	on y y by kee/ As	Description of bestos Containing Mati.e., thermal systems is surfacing, VAT,	empted (*) and N ferial (ACM) nsulation, or ous)	Amount (Specify	A	Тур		1		
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solel Maintenan Custodia Staff?	y by hoe/ Asial (Description of bestos Containing Mati.e., thermal systems i surfacing, VAT, other miscellaneo	empted (*) and N ferial (ACM) nsulation, or ous)	Amount (Specify SF or LF)	Removal	Тур				
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) SIDINC-	Is Location Normally Used Solet Maintenan Custodia Staff? (12)	y by hoe/ Asial (Description of bestos Containing Mati.e., thermal systems i surfacing, VAT, other miscellaneo	empted (*) and N	Amount (Specify SF or LF)	Removal	Тур				
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solet Maintenan Custodia Staff? (12) Yes No	on y by by koel As al (Description of bestos Containing Mati, e., thermal systems i surfacing, VAT, other miscellaneo	empted (*) and N	Amount (Specify SF or LF)	Removal	Тур				

MICHAEL

SUP.

CK4 4391





Date of Notification (1)				Name of Building Owner/Operator (2) TRAN SEORMATION ABANTOS CONTROL S											
Agencies Notified	Type Notificatio	en .		Street A			Armon	LICEN	SHAG	1301	- &	=			
□ EPA	X Initial				60	21 W. C	LARKSI	AMOMG	RO	-	AG WELLO	DOMESTIC OF			
DEP	Amended Amendment	#		City, Sta	ite, Zip	Code GG HAR	NAD	T 14	08	7	18				
⊠ DOH	☐ Emergency iustification	including	9	Name of			DUYC	Telephone Numb		2	10	=			
□ DCA	☐ Cancellation			I Name of	_	OM		-							
	ORMATION														
Name of Facility Where	batement is Taki	ng Place	e (3)				Type of Facilit	\$ _ 00000 C							
RESIDENCE							☐ School (K- ☐ Subchapte	12) r 8 (Other than K-12	?)						
Street Address		Other (i.e., homes, etc	private & commercia :.)	al buik	dings										
City (5)							Square Feet	# of Floors		dg. A					
	RIG ANTI	ME		0	Cado (7) /STATE	Current like (F	Prior if being demolis	-	0.5	_	=			
County (6)	ANITIC			USE OF	County Code (7) (STATE Current Use (Prior if being der VSE OWLY)						iolistieu)				
Name of Monitoring Firm	Hired by Building	Owner	7	SCM No. Name of Abatement Contractor (9)											
(8)	/A					Street Address	uco 3	LUIC.		==		-			
Street Address	7					369	S. Spri	ICE AUE							
City, State, Zip Code						City, State, Zip C	ode		^ -						
City, State, 2p occe						MAPLE SHAPE NI. J 08252									
Project Manager for Monitoring Firm Telephone No.						Telephone No. License No. 400 44 4									
0) 4 Data (10)	Start Date (10) Scheduled Completion Date (11)					Name of OSHA Monitor									
Start Date (10) Scheduled Completion Date (11) 12 - 28 - 17						N A									
Occupancy Status During	Abatement (Che	ck only	one)			Street Address									
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours					1	City, State, Zip Code									
Other - Describe:	Outside of North	a 00mit)										_			
Scope of Work (Check all	that apply)					☐ Full Con	tainment with Ne	egative Pressure							
Renovation															
≥ 160 sf or ≥260 lf						Non-Exe	empted (*) and N	on-Friable Procedu	1			_			
. Is Location									At atement Type						
Location of Used Solety b				- 11-1-1/1/01			Amount	-							
Asbestos-Containing Material (ACM) Maintenant				(i.e., thermal systems insu			enai (ACM) Isulation,	(Specify		D	Enca	Enc			
TO BE ABATED Staff?				surfacing, VAT, other miscellaneou			or	SF or LF)		Repair	Encapsulate	Enclosure			
(13)			(12)			0010111113001101130	/	*			ate	9			
		Yes	No	N/A		- A . C . >	·-	1500:	X						
510 IW	·			X	I	RAWSIT		1700 SE'	^						
									-						
									1						
			TNI	DEP Was	te T	Cubic Yards	Name of Reg	istered Landfill							
Name of Registered Waştı				19 %		of Waste	1	CUA							
KLEMCO	TVIC		-1-	190	7	Disposal Date	City, State	-5 securios	920	. 1	-				
City, State MAPLE S	HANF	W.	3.				PLEM	SANITUIZLI	_	7.	7	_			
Completed By KLEWW SUPERUISOR					0	Signature Date Date									
	TMW S	2096	EASP	11001	_	- Mie	~ ~ ~								

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) DEC 18 2017													
Date of Notification (1)		Name	Name of Building Owner/Operator (2) EARTHTECH CONTRIACTING ASBESTOS CONTROL &										
Agencies Notified	ation	Street	Street Address SS RT SD LICENSING										
DEP ST DOL	Initial Amended Amendma	ent #	City, S	City, State, Zip Code GREENIFIELD N.T 08230									
DOH DCA	☐ Emergen justificati ☐ Cancellat	on)	Name	of Contac	ot		Telephone Numb	er					
		4			ORMATION								
Name of Facility Where Abatement is Taking Place (3) RESIDENCE Street Address						Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, homes, etc.)							
City (5)			-			Square Feet	# of Floors		g. Ag				
00	LAW	(ITY	Cour	ity Code (7) (STATE	2000 Current Use (Pr	ior if being demolis		50	-	=		
CAPE N	144	Ø		ONLY)	DALY) VACAUT						_		
Name of Monitoring Firm Hired by Building Owner ASCN					Name of Abatement Contractor (9)								
Street Address	14			Street Address									
City, State, Zip Code		City, State, Zip Code											
				MAPLE SHADE M. J 08052 Telephone No. License No.									
Project Manager for Monito	Telephone	856-779-0472 00444											
Start Date (10)	S	cheduled Co	mpletion Da	te (11)	Name of OSHA Monitor								
0ccupancy Status During	Abatement (Check only o	nė)		Street Address								
Facility Closed/Vacated Abatement Performed C	During Entir	e Period of A	City, State, Zip Code										
Other - Describe:													
Scope of Work (Check all 3 sf or >3 lf 15160 sf or >260 lf	that apply)	☐ Ren	ovation notition		☐ Mini-En	ad Procedure		~					
₩ 2180 St 01 2200 tt		ecation		Non-Ex	empted (*) and No	on-Friable Procedur	Apatement Type						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Norm Used Sc Mainter Custo Stat (12			mally Solely by enance/ stodial aff?	Asbes (i.e.,	Description of tos Containing Mar thermal systems in surfacing, VAT, other miscellane	terial (ACM) insulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
			No N/A		D.A.ICIT	-15	1750sc	X	-				
SIDING	7		X		RANSIT		1()031	//					
			-										
							istered Landfill						
Name of Registered Waste	100		NUDEP V Hauler ID	No.	Cubic Yards of Waste	Name of Reg	d.C.M.U-	A					
City, State					Disposal Date	City, State	DBINE		-				
WILLIAM T							UDINE		_	_			

WAPLE Completed By

MICHAU

Title

SUP.

SHADE

KLOMM

Signature

Date 2-8-17