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Date of Notification (1)	1			Name	of Buildir	ng Ow	mer/Operator	(2)		DEC	1	9-	201	7	
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Agencies Notified	Type Notifica	ation		Stree	t Address				AS	BEST	OS	CO	VITR	01 8	
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	Amended				State, Zip							Contract Street			
☑ DOH ☐ DCA	Amendme Emergen		na .	Blo	omfield	NJ (07003								
(NJAC 5:23-8)	justification		ng	Name	of Conta	ct			Telephone N	umber					
[☐ Cancellat	ion		Wa	rren Spr	ake									
				FA	CILITY II	NFOF	RMATION								
Name of Facility Where Ab	atement is T	aking Pla	ce (3)					Type of Facility ((4)					\neg	
Commercial								School (K-12		2020					
Street Address								Subchapter 8			huil	dina			
600 S. White Horse P	ike							homes, etc.)	rvate and com	ricidia	Duii	unig.	٥,		
City (5) Hammonton					20.00			Square Feet	# of Floors		Bld	g. Ag	je		
County (6)				Coun	ati Cada /	7\/OTA	TE HOE ON NO	O	151-1-1	Pol	n				
Atlantic				Cour	nty Code (1)(S1A	(IE USE ONLY)	Current Use (Pri	or if being dem	olished	1)				
Name of Monitoring Firm H	ired by Build	ding Owne	r (8)	ASCM	No.	Nai	me of Abatem	ent Contractor (9)				-		\dashv	
Bio Terra Solutions	5	, C				10000		MANAGEMENT LLC							
Street Address						Str	eet Address								
P.O. Box 1224							7 Outwater								
City, State, Zip Code	77.470						y, State, Zip C								
Union, NJ							arfield, NJ								
Project Manager for Monito	ring Firm		Tele	ephone	No.		ephone No.		License No.					-	
Rick Eustaquio	•			73-494			73-928-4888	3	1188	•					
Start Date (10)	S	Scheduled	Comple	etion Da	ite (11)	Nai	me of OSHA N	Monitor	1				_	-	
12 /16 /			/ 29			A	LL PRO MA	NAGEMENT LI	_C						
Occupancy Status During A	Abatement (0	Check only	v one)			Stre	eet Address							-	
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Scope of Work (Check all the	nat apply)											_			
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DOH justification) DCA Cancellation					xecutive	**			1 1010	spriorio ivai	11001			
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Name of Facility Where Abatement is Taking	Place (3)	.,,,,,,,,				Туре	of Facility (4)					
Estate Of MaryMackels								School (K-12)					
Street Address	ss 🔲 S							Subchapter 8				linaa	homo	
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Linden, NJ 07036														
County (6) Union			County C (STATE U	code (7) ISE ONLY)		_	Curr	ent Use (Prior	r if beir	ng demolish	ned)			
Name of Monitoring Firm Hired by Building Ov	vner (8)		ASCM	No.				atement Cont Safety LL((9)				
Street Address						Street								
								Ave						
City, State, Zip Code						A COLUMN TOWN		Zip Code , NJ 07502	,					
Project Manager for Monitoring Firm			Telephor	no No		eleph				License N	10			
Project Manager for Monitoring 1 min			relepiloi	16 140.	1	and the same of		8711		01332				
Start Date (10)	Schedule	ed Con	pletion [Date (11)		A315007	20000000	SHA Monitor						
	12/29/		1	, ,				Safety LL0	0					
Occupancy Status During Abatement (Check	Only On	ne)			S	Street	Addre	ess						
Facility Closed/Vacated During Entire Pe	riod of A	Abatem	ent		1	8 Cr	osby	Ave						
Abatement Performed Outside of Norma Other – Describe: 8:00AM -5:00PM	l Facility	/ Hours						Zip Code n, NJ 07502	2					
Scope of Work (Check All That Apply)				- NC		Pale	91501	I, INJ 07502	-					
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Location of Asbestos-Containing Material (ACM)	Use	ed Sole	ly by	Asbest	Descr os Contair			al (ACM)	А	mount			m	A Delicario
TO BE ABATED		intena todial S		(i.e.	thermal sy			lation,		Specify or LF)	Rer	Re	ncal	Encl
In Facility (13)		(12)			surfacin other mis			s)	Si	OI LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A								a		ate	Ге
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Basement			^		1 1po 11	10010					+	-		
			-				-				+	-		
Name of Registered Waste Hauler			JDEP W	/aste	Cubic Ya	ards		Name of F	Registe	ered Landfil	1			
Removal Safety, LLC			lauler ID	No.	of Waste			Grows						
City, State		10	00700	′	Disposal	l Date		City, State						
Paterson, NJ					TBT		**	Morrisv		PA				
Completed by	Title		11-11-1-1-1-1		Sign	natur	3/	1/	1		ate			
Lasko Veskov	Pres	sident		17/7	De	D	lio	120sh	er	/ 1	2/16	2017	7	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check # 1094

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N		DEC	1	9	2017	_	

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Date of Notification (1)					Name of Buil	ding Owr	ner/Operator (2)						
12/15/2017					CARRIER (CLINIC			AS	REST	OS	CONT	DOI 9
Agencies Notified	Type Notifica	ition			STREET AD	DRESS			AU	L	ICEN	ISING	0000
□ EPA	77 Initial				252 ROUTE	601		,		NO COMMON AND	Principles ou	-	ATS CONTY OFFICE
☐ DEP	Amende	ed Ame	endmer	nt #	City, State, Z	ip Code							
□ DOL	☐ Emerge	ncy (in	cluding	ı	BELLE ME	AD, NJ	08502		3				
□ DOH	justificat	tion)			Name of Con	tact				Tele	phone	e Numb	per
□ DCA	☐ Cancella	ation			DAVID D'A	NDREA				1		_	
				F	ACILITY IN	FORMA	TION						
Name of Facility Where At	atement is Ta	aking P	lace (3)				Type of Faci	lity (4)				
CARRIER CLINIC/KIN	DRED HAL	L						☐ School	(K-12)				
Street Address								☐ Subcha	pter 8 (Oth	er tha	n K-1	2)	
252 ROUTE 601								Other (i.	e., private	& con	nmer	cial buil	dings)
City (5)								Square Feet		# of	Flocis	s Bldg.	Age
BELLE MEAD, NJ								50					255
County					County Code	(7) (STA	ATE USE ONLY)	Current Use	(Prior if be	ing de	molis	shed)	
MERCER													
Name of Monitoring Firm H	lired by Buildi	ng Owr	ner (8)		ASCM No.	Name o	f Abatement Cont	ractor (9)					
83						CREAN	M RIDGE ENVI	RONMENTA	AL INC.				
Street Address						Street A							
\$500 A C 900 A C 900 A C 900 A C 900 A G 900 A						15 BLA	CK FOREST R	OAD					
City, State, Zip Code						City, Sta	ate, Zip Code						
7.	o, zip dead						on, NJ 08691						
Project Manager for Monito	oring Firm	Telep	hone N	lo.		Telepho				Licer	ise V	0.	
						609-890	-7110			0067	6		
Start Date (10)		Sched	duled C	omplet	on Date (11)	Name o	f OSHA Monitor						
12/18/2017		1/2/20	018			MECS							
Occupancy Status During	Abatement (C	heck o	nly one)		Street A	ddress						
Facility Closed/Vacate	ed During Enti	ire Peri	od of A	bateme	ent	P.O. BO	OX 341						
Abatement Performed	d Outside of N	ormal l	Facility	Hours		City, Sta	ate, Zip Code						
ESSENTIAL PERSONNEL	/EVENING 4F	PM-12/	MA			CROSS	WICKS, NJ 08:	515					
Scope of Work (Check all t	that apply)							☐ Full Con	tainment w	rith Ne	egat v	e Pres	sure
≥ 3 sf or ≥ 3 lf					Renovat	tion		☐ Mini-End	closure				
≥ 160 sf or ≥ 260 lf					Demoliti	on		☐ Gloveba	g Procedu	re			
			11,000					☐ Non-Exe	empted (*)	& Non	-Frial	ole Pro	cedure
			Locat			12 St 50	S 2 5 5 5 5			Abat	emen	t Type	
Location of Asbestos-C	Containing		mally I				stos Containing hermal systems	A === == + (C==	- 16: CF	71		En	Ш
Material (ACM) TO BE A	ABATED In	1	Solely I	e/Custo			, VAT, or other	Amount (Spe		Remova	Repair	Encapsulate	Enclosure
Facility (13)		0.000	Staff?			niscellan			′	ova	air	sula	sur
		Yes	No	N/A						_		ate	G.
THROUGHOUT			X		NFVAT			1000 S.F.		X			
PIPE INSULATION			X		WRAP & C	UT		45 L.F.		X			
Name of Registered Waste	Hauler				NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Reg	gistered La	ndfill			
CHAMPION DISPOSAL	SEDVICES	6						GROWS					
	JUNTICES				32707		20 YDS						
City, State							Disposal Date	City, State	III D				
HAINESPORT,NJ		Title				I Cionati d	1/6/2018	MORRISV	ILLE, PA.	Date			
Completed By		NEW STREET	11212	ar.		Signatur	1 1	1 (//.	dea			7	
DAVID D'ANDREA		PRES	SIDEN	1		1/1/	aved !	Nun	colo	12/1:	5/201	1	

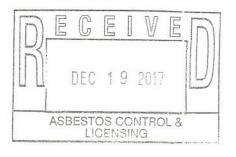
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Date of Notification (1) 12/13/2017	Kun Jan 13.		Name of Sandra	Building a Docar		Operator	(2)				DEC	1 :	3 21)17	L
Agencies Notified Type Notification EPA Initial DEP Amended			Street Ad		ode					ASB	EST C		ONT		&
X DOL Amendment: X Emergency (justification) DCA Cancellation		-	South Name of	Orange	, NJ 07	7079			Tel	ephone	Numb	er			
Name of Facility Where Abatement is Taking Sandra's Residental Street Address	Place (3)		FACIL	ITY INFO	ORMATI	ON		of Facility (4) School (K-12 Subchapter 8 Other (i.e. prietc.)	!) 3 (Oth	er than l	K-12) nercial	build	lings,	home	es,
City (5) South Orange								re Feet	# 01	f Floors		В	cg. A	ge	
County (6) Essex			County C)		Curre	nt Use (Prior	r if bei	ng dem	olishe	d)			
Name of Monitoring Firm Hired by Building C	Owner (8)		ASCM	No.				tement Control			.C	est en du le			
Street Address							Addres	ss Riper Ave							
City, State, Zip Code						City, S	state, Z	ip Code J 07011							
Project Manager for Monitoring Firm			Telephon	e No.		1	none N 899-9			Licens 0133		8			
Start Date (10) 12/14/2017	Scheduled 1/14/201		npletion D	Date (11)		Name	of OSI	HA Monitor						71-9.1	
Occupancy Status During Abatement (Check	k Only One)				Street	Addres	SS							
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:						City, S	state, Z	ip Code							
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		nova molit				×	Mir	Il Containmen ni-Enclosure ovebag Proce n-Exempted	edure	200				e	
Location of	No	ocati irmal	ly		De	scription	of							ement pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	tenai	nce/		tos Con thermal surfa	taining N system cing, VA niscellar	Material s insula T, or		(8	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
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Dasement					1 ipe	insula				0 LI		^			
Name of Registered Waste Hauler TBD		Н	JDEP Walauler ID I		Cubic of Wa			Name of R				<u> </u>			
City, State					Dispo	sal Date		City, State Melville,		11747					
Completed by Darko Raloski	Title	le Signature								Date		2017			

Print Form

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Date of Notification (1)	17				Building O	wner / Ope	rator (2)	11 ,) E C 1	0 00			II
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		Cancellation											
			F	ACILITY II	NFORMAT	ION							
Name of Facility When		nt is Taking I	Place (3)		Type of F	acility (4)		/4					
FORMER MERCE UNIC	JIN					School (K	(-12)						
Street Address					1 🗇		er 8 (Other ti	nan K-12)					
1011 MORRIS AVE					V		, private & c	mmercial					
0:4 (5)							mes, etc.)						
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						PRODUCTI		iistieu)		40			
Name of Monitoring Fi	rm Hired b	y Bldg. Own	er (8)	ASCM NO	1								_
EHI				<u></u>	and the same of th		RACTING GR	OUP, INC	i .				
Street Address 655 WEST SHORE TRA	111				Street Ad	dress							
City, State, Zip Code	Code 871				32 William	ns Parkway							
SPARTA, NJ 07871				e, Zip Code							_		
Project Mngr. For Mon	973-729-5			mber	, ,,, , ,,,,	-,,							
WILLIAM KIERBIL	973-729-				East Hand	over, NJ 079	36	Andrew Control					
Sheduled Start Date (1	The second secon		/	, .	Telephon	e Number		License	Number				
$\frac{07}{05} / \frac{05}{05} / \frac{1}{05}$			/ <u>30</u> /	17	072.0	04.0000			0	0000			
Occupancy Status Dur	ing Abaten	nent (Check)	Only 1)			84-8682 OSHA Moni	tor		0	0860			_
Facility Clos	ed/Vacate	d During Ent	ire Period of				RACTING GR	OUP. INC					
Abatement					Street Ad								_
		Outside of N	ormal Facility										
Hours - Des						ns Parkway							
Other - Desc	:ribe: <u>/</u>	:00 AM-3:30 F	<u>-M</u>			e, Zip Code over, NJ 079							
Scope of Work (Check	All That Ap	pply)			•	ti 835 A							
☐ Demolition		7	Renovation		Full Cont	ainment wit	h Negative F	ressure					
≥3sf or≥3lf					Mini - End		ar recgative r	1033410					
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(13)		by Main-	ord	other misc	ellaneous)			V	A	P	0		
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NEWARK CARTING	Joe Haulel		Hauler ID No.	All the second s	I.E.S.I.	registered t	_diiuliii						
				of Waste									
City, State				Disposal									٦
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Completed by (Print Or	(ype)		Title			Signature	(/			Date			
Steve Stiles			Project Manage	r		Hee	x Xl	le		(9/20/	17	-
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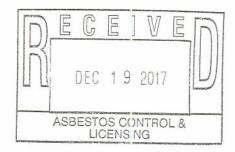
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		Cario	enation	F	ACILITY I	NFORMAT	ION					Name and Address of the Owner, where	
		nent is	Taking	Place (3)		Type of F	acility (4)					i	
FORMER MERCK UNI	ON						School (K	-12)					
Street Address							Subchapt	er 8 (Other t					
1011 MORRIS AVE									mmercial				
)		County Code	(7)		eet	# Of Floors		Buildin	g Age		
						Current L	Jse (Prior if	being demo		†	40	+	
Name of Monitoring F	irm Hired	by Bl	da. Own	er (8)	IASCM NO		WAREHOU	ISE					
		-,	-g	o. (o)	1.00								
EHI Street Address						-		RACTING GR	OUP, INC).			
655 WEST SHORE TR	AIL												
City, State, Zip Code SPARTA, NJ 07871													
Project Mngr. For Mor	nitoring F	irm			mber	1							
WILLIAM KIERBIL Sheduled Start Date (10)	Sche	d Comp		(1)			36	Licanea	Number			
· ·	, .	_		/	, '				Licerise				
Occupancy Status Du	ring Abate	ement	(Check	Only 1)				tor		0	0860		
☐ Facility Clo	sed/Vaca					NORTHS	TAR CONTE		OUP, INC) .		December 1	
		d Outs	side of N	lormal Facility		Street Ad	dress						
Hours - Des	scribe:												
Other - Des	cribe:	7:00 A	AM-3:30	<u>PM</u>									
Scope of Work (Check	All That	Apply)			-							
☐ Demolition			V	Renovation				th Negative F	ressure				
						_			le Proced	ure			
Location of			İs	T	Descript	ion of			Abateme	nt Type			
Asbestos Contai	ning			As	bestos - C	ontaining			R				
TO BE ABATE	D			a.							1		
in Facility	_				A TOTAL STATE OF THE PARTY OF T		Т,	A CONTRACTOR OF THE CONTRACTOR	46344	1.00	100		
(13)		000		ore	other misc	ellaneous)					100		
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U 13		_	THE REAL PROPERTY.	DUCT MASTIC				500 SF					
Name of Registered W	aste Hau			NJDEP Waste	Cubic	Name of F	Registered	andfill	V				
			RACTING	Hauler ID No.	Yards			_2.141111					
City, State				L 4509		City, State	9						
NEWARK, NJ								TOWN, PA					
Completed by (Print or	r Type)			Title			Signature	77			Date	-	
Steve Stiles	es 6						VHO	en VI				7/00:	_
ASB-41	-			roject ivianage	21		1 pec.	Cherry Contraction	THE REAL PROPERTY.		1 (1//03/1	1

Location of		Is		Description of		Abateme	nt Type		
Asbestos Containing	Lo	ocati	on	Asbestos - Containing		R	1	ĮΕ	ΙE
	0.000	orma	100000	Material (ACM)	Amount	E	R	N	N
TO BE ABATED	200.00	Use		(I.e., thermal systems	(Specify	M	E	C	C
in Facility		Sole	lv	insulation, surfacing, VAT,	SF or LF)	0	P	A	L
(13)		y Ma		or other miscellaneous)	/	V	A	P	0
8 2		nan		,		A	li	s	s
	Cu	ısto	dial			L	R	U	U
	St	aff (12)					L	R
	YES	NO	N/A						
1.40		N.			338	7			
J 13	┝	-	Ц	WINDOW GLAZING	WINDOWS	- 7-	<u> </u>	₩ ;;	<u> </u>
J 13	1	V	Щ.	ROOFING	89,000 SF				
J 13	1	V		ROOF FLASHING	5,100 SF	V			
1 13 SOUTH LAB STAIR 1-4	-	4		PIPE & FITTING	16 LF	V			
J 13 TRASH ROOM		1		PIPE & FITTING	4 LF	1			
13 ROOM 1104-1112		4		PIPE & FITTING	200 LF	V		[.]	
13 ROOM 1153		1		PIPE & FITTING	20 LF	V			
13 MAILROOM COORIDOR		1		PIPE & FITTING	250 LF	V			
13 WAREHOUSE 8		1		PIPE & FITTING	30 LF	4			
13 WAREHOUSE 9		1		PIPE & FITTING	30 LF	7			
13 STORAGE AREA		J		PIPE & FITTING	210 LF	V			
13 COOL ROOM		1		PIPE & FITTING	110 LF	7			
13 N. EAST WAREHOUSE		J		PIPE & FITTING	500 LF	V			T T
13 ROOM 1174		1	Ħ	PIPE & FITTING	40 LF	7	l ii	1 7 5	H
13 LD BATHROOM	T	1	Ī	PIPE & FITTING	10 LF	7		1 7 7	H
13 LOCKER ROOMS				PIPE & FITTING	130 LF				-
13 STAIR 1, 3 & 4		J		PIPE FITTINGS	15 EA	V			
13 WATER ROOM		1	H	PIPE FITTINGS	4 EA	7		+++	H
13 LAB 1209	1	1	H	PIPE FITTINGS	2 EA	7			-
13 COORIDOR 1205		[J]		PIPE FITTINGS	6 EA	[7]			-
13 MEZZANINE		7	H	PIPE FITTINGS	4 EA	-		-	
13 EQUIP ROOM	H	7	-	PIPE FITTINGS		✓ ✓			
13 ROOM 1101					2 EA				
	4	1	-	PIPE FITTINGS	8 EA	V			
13 ROOMS 1105, 1106 & 1114		7	-	PIPE FITTINGS	15 EA	V			
13 MAILROOM COORIDOR	Ш	1		PIPE FITTINGS	2 EA	V			
13 STORAGE ROOM		1		PIPE FITTINGS	30 EA	V			
13 SAMPLE STORAGE		4		PIPE FITTINGS	25 EA	4			
13 WAREHOUSE 2		4		PIPE FITTINGS	155 EA	4			
13 WAREHOUSE BATHROOM		4		PIPE FITTINGS	25 EA	V			
13 NORTHEAST BATHROOMS		4		PIPE FITTINGS	45 EA	7			
13 LOCKER ROOMS		1		PIPE FITTINGS	75 EA	J			
13 COFFEE ROOM		1		PIPE FITTINGS	2 EA	7			
13 1ST FL S. LAB STAIR		1		VAT/MASTIC	880 SF	V			П
13 SHIPPING OFFICE		1	d	VAT/MASTIC	1200 SF	J			
13 WAREHOUSE 8		1		VAT/MASTIC	700 SF	V			
13 COFFEE ROOM		J	n	VAT/MASTIC	1225 SF	1			
13 LOADING DOCK ROOM	П	N	H	VAT/MASTIC	320 SF	7		Ti	
13 WAREHOUSE 8	T	J	Ū	TRANSITE	1500 SF	7			
13 S. LABS		1	Ū	FIREPROOFING DEBRIS	1800 SF	<i>V</i>			
13 1ST FLR RESTROOM & CLOSET	Ħ	7		FIREPROOFING	200 SF	[J]		1 7	
2000	Ħ	1	H		200 01	7			
	Т	1	-			<i>J</i>		╂	



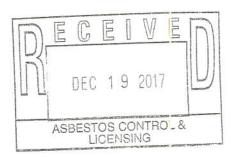
	10 (Ch	NOTIFICA	TION OF A		ABATEMEN		IID)-	EG		$-\mathbb{V}$	
Date of Notification0620	(1)		NOTIFICATION OF AS (PURSUANT TO NJAME) LETED Name of ERUSSO DISTREET AND STREET AND ST	DEVELOPM	wner / Ope ENT INC.	rator (2)		DEC	19	2017		
Agencies Notified	Type of N	JOB COMPLE lotification	TED			VD			3.00	(8) E		
☑ EPA		Initial		-					ODEOT	20.00	NITOO	
☐ DEP	V	Amended		CARLSTA	ADT, NJ 070					CENISI		L&
☑ DOH ☑ DOL		Amendment a						Telephor	ne Numb	er	tonen puomi una	and the same of th
		Cancellation	// Justilication	DOMINIC	K TUCCI		14	L				
				ACILITY II	NFORMATI	ON						
Name of Facility Wh FORMER MERCK UN		nent is Taking	Place (3)		Type of F	acility (4)						
Street Address			-			School (K	500	K 40)				
1011 MORRIS AVE	-				☐ ☑	Other (I.e.	er 8 (Other th , private & comes, etc.)					
City (5) UNION	County (6 UNION	i)	County Code	(7)	Square Fe	eet .000	# Of Floors		Building	g Age		
					Current U	se (Prior if	being demo	lished)	İ	40	+	
Name of Monitoring	Firm Hired	l hy Blda Own	er (8)	IASCM NO		PRODUCTI	ON					
_	i iiiii iiiieu	by blug. Own	ei (o)	ASCIVI NO								
EHI Street Address					NORTHST Street Ad		RACTING GR	OUP, INC	í.			
655 WEST SHORE T	RAIL				Street Ad	uress						
City, State, Zip Code						s Parkway						
SPARTA, NJ 07871 Project Mngr. For Mo	onitoring F	irm	Telenhone Nu	mher	City, State	e, Zip Code						
WILLIAM KIERBIL			973-729-5649	20,0,1	East Hand	ver, NJ 079	36					
Sheduled Start Date	','	The second secon	/		Telephone	e Number		License	Number			
	$-\frac{17}{}$		/	1/	973-88	34-8682			0	0860		
Occupancy Status D	uring Abat	ement (Check	Only 1)			OSHA Moni						
Facility Cl		ted During Ent	ire Period of		NORTHST Street Add		RACTING GR	OUP, INC	ě			
☐ Abatemen	t Performe	ed Outside of N	lormal Facility		Street Aut	u1655						
Hours - De		7:00 AM-3:30 I	D14			s Parkway						
Other - De	escribe:	7:00 AIVI-3:30	<u>PIVI</u>			e, Zip Code ver, NJ 079						
Scope of Work (Che	ck All That	Apply)			-							
☐ Demolitio	n	7	Renovation		Full Conta	ainment wit	h Negative F	ressure				
☐ ≥3sf or ≥3		_			Mini - End	losure	_					
	≥260 If					Procedure	d Non-Friabl	e Proced	ure			
					TTOTI EXCIT	iptou () uii	a mon-i mabi		u10			
Location of Asbestos Conta		ls Location						Abateme R	nt Type	le.	ĮΕ	
ASSESSES CONTE	aming	Normally	As				Amount	E	R	E N	N	
TO BE ABAT		Used				_	(Specify	M	E	С	c	
in Facility (13)		Solely by Main-					SF or LF)	0 V	P	A P	L	
(10)		tenance/	01.	outer imsc	enaneous			A	î	S	s	
		Custodial						L	R	U	U	
		Staff (12)							-	1	R	
U12			LAB TOPS				655 SF	7		+-	+	
U12							3,557 SF	V			二	
U12			TANK FLASHII	VG.			100 SF	V		1	-	
Name of Registered	Waste Hau	ie la la la la la la la la la la la la la	NJDEP Waste	Cubic	Name of F	Registered L	_andfill					\Box
NEWARK CARTING					I.E.S.I.	1000						
City, State			4509		City. State	1						
NEWARK, NJ						ЕМ, РА 181	05					
Completed by (Print	or Type)		Title			Signature				In-t-		
	o ype)		TILLE				X .	(4)		Date		
Steve Stiles			Project Manage	er		Alle	Bli)8/17/	17
ASB-41						4	0.00					

Location of	ls	Description of		Abatem	ent Type		
Asbestos Containing	Location	Asbestos - Containing		R		E	E
	Normally	Material (ACM)	Amount	E	R	N	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	Α	L
(13)	by Main-	or other miscellaneous)		V	Α	P	0
	tenance/			A	1	s	S
	Custodial			L	R	U	U
	Staff (12)					L	R
	YES NO N/	Α					
12 - 1ST FL		TANK INSULATION	40 SF	V			
12 - 2ND FL		TANK INSULATION	100 SF	V			
12		TRANSIT	850 SF	7			
12 - ROOF		DUCT TAR	1,100 SF				
					1 1		1 1



00 (K				ENT [NOTIFICATION OF ASBESTOS ABATEMENT						
Date of Notification (1)		(PURSUA	30	C 8:60-7 AND 12:120	The state of the s							
<u>06</u> / <u>20</u> / <u>17</u>			RUSSO D	EVELOPMENT INC.			DEC 192	647				
Agencies Notified Type of		TED			-	1 11	DEC 13 Z					
☑ EPA □	Initial		City, Stat	e, Zip Code	— — —	ACD	ECTOC CON	TDOL 0				
DOH DEP	2000	# 1	_					TO BE THE PROPERTY OF THE PROP				
DOL _	EPA DEP Amended Amended CARLSTADT, NJ 07072 ASBESTOS CONTROL & Name of Contact DOMINICK TUCCI DOH											
		F	ACILITY II	NFORMATION		-						
Name of Facility Where Abat FORMER MERCK UNION	ement is Taking	Place (3)		Type of Facility (4)								
Street Address				■ 10		han K 12\						
1011 MORRIS AVE				Other (I.e.)	e., private & c							
	(6)	County Code	(7)	Square Feet	The second second		Building Age					
UNION				50 - 50 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 - 190 -	if being demo	lished)	_	1() +				
				OFFICE / PRODUCT								
Name of Monitoring Firm Hir	ed by Bldg. Own	er (8)	ASCM NO	1								
EHI					TRACTING GR	OUP, INC						
Street Address 655 WEST SHORE TRAIL				Street Address								
City, State, Zip Code												
	Firm	Telephone Nu	mber	City, State, Zip Cod	e							
WILLIAM KIERBIL		973-729-5649										
1 ','	Sched. Comp	/		Telephone Number		License I	Number					
///	RUSSO DEVELOMENT INC STORT											
						OUP. INC						
Abatement	170											
		lormal Facility		32 Williams Parkway	,							
✓ Other - Describe:	7:00 AM-3:30	PM		City, State, Zip Cod	е							
Scope of Work (Check All Th	at Apply)			Last Hanover, NJ 07	936		-					
☐ Demolition	~	Renovation	П	Full Containment w	rith Negative F	Pressure						
				Mini - Enclosure								
≥ 160 St or ≥260 If			_			le Procedi	ure					
Location of	l la		Deseries	(27.0 1553)								
Asbestos Containing		As						ĮΕ				
TO BE ABATED		//		0.000 0.000		10000	(1/2/27)	2.22				
	60,000,000	7,0 (20)	N 7500	1 J-18	750000 NO. 10000 NO. 17000 N	1000	1000	12				
(13)	1000	ord	other misc	ellaneous)								
	Custodial					3000		1 223				
							L	R				
U9 / 9A		CAULK			10 LF	V						
U9 / 9A						7						
U9 / 9A	Total Street	ROOF FLASHI	NG		1,600 SF	<u> </u>						
Name of Registered Waste H			CONT. 200 1		Landfill							
NEWARK CARTING			100000000000000000000000000000000000000	I.E.S.I.								
City, State		, 4505	Disposal									
NEWARK, NJ			Date	BETHLEHEM, PA 18	3105							
Completed by (Print or Type)		Title		Signatur	e (/,		Date	9				
Steve Stiles		Project Manage	er	Stoo	n Xli	5)		07/24/17				
ASB-41	WY COLOR MANAGEMENT OF STREET			1/	7	-		7112-7111				

Location of	Is	Description of		Abatem	ent Type		(1)
Asbestos Containing	Location Normally	Asbestos - Containing Material (ACM)	Amount	R	R	E	E N
TO BE ABATED in Facility (13)	Used Solely by Main- tenance/ Custodial	(I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	(Specify SF or LF)	M O V A L	E P A I R	C A P S U	C L O S U
	Staff (12) YES NO N/A			-	-	-	R
U9 / 9A		VAT/MASTIC	3,060 SF	7			
U9 / 9A		FITTINGS	2 EA	V			
						++	



NEWARK, NJ Date BETHLEHEM, PA 18105 Completed by (Print or Type) Title Signature Date	(10	Ch	NOTIFICAT	TION OF A	SBESTOS ABA C 8:60-7 AND				EGE		WE	J.
Agencies Notified Type of Notification S70 COMMERCE BLVD Amended A	,		TED	RUSSO E	EVELOPMENT		ator (2)		DEC 1	9	2017	Ш
DEP DEP Amended DON	Agencies Notified Type		ILD									
DOH									SBESTOS	00	ITPOL 9	二
DOL									LICE	HSIN	G	À.
Cancellation								Telepho	ne Number	THE PERSON NAMED IN		
Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Street Address Subchapter 8 (Other than K-12) Subchapter 9 (Other than K-12) Subchapter 8 (Other tha	The state of the s			DOMINIC	K TOCCI							
School (K-12) Subchapter 8 (Other than K-12) Other (Le, private & crimerical bidgs, homes, etc.)			F	ACILITY I	NFORMATION					-		
School (K-12) School (K-12) School (K-12) School (K-12) Other (Le., private & commercial bldgs, homes, etc.)		atement is Taking	Place (3)		Type of Facili	ity (4)						
Other (Le., private & commercial blodgs, homes, etc.)					☐ Sc	12)						
City (6)					☑ Ot	her (l.e.,	private & c					
UNION	City (5) Coun	ity (6)	County Code	(7)	-		Building	Age				
OFFICE / PRODUCTION				(- /	12,500 1							
Name of Monitoring Firm Hired by Bidg, Owner (8) ASCM NO							-	lished)	Ī	40	+	
Street Address Stre	Name of Monitoring Firm L	direct by Plda Own	0= (0)	IACCM NO		ODUCTIO	ON					_
Street Address Stre	Name of Worldoning Firm F	nired by blug. Owr	er (o)	ASCIVI NO	1'							
S55 WEST SHORE TRAIL	EHI				NORTHSTAR	CONTR	ACTING GR	OUP, INC				
City, State, Zip Code SPARTA, NJ 07871 Telephone Number 973-722-5649 East Hanover, NJ 07936 Sheduled Start Date (10) Of Of Of Of Of Of Of O				Street Addres								
SPARTA NJ 07871												
Project Mngr. For Monitoring Firm												
WILLIAM KIERBIL 973-729-5649 East Hanover, NJ 07936		ng Firm	Telephone Nu	mher	City, State, 21	ip Code						
O7				bci	East Hanover,	NJ 0793	36					
973-884-8632 00860	Sheduled Start Date (10)	Sched. Comp	letetion Date (1	1)	Telephone Nu	umber		License	Number			
Occupancy Status During Abatement (Check Only 1) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe:	07 / 05 / 1	712	//	17								
Facility Closed/Vacated During Entire Period of Abatement Abatement Abatement Performed Outside of Normal Facility Hours - Describe:	Occupancy Status During	Abatament (Chack	Only 1)				^-	360				
Abatement Abatement Performed Outside of Normal Facility Hours - Describe:							OUP INC					
Hours - Describe:		3						00, ,				
Other - Describe:			lormal Facility									
East Hanover, NJ 07936												
Scope of Work (Check All That Apply) Demolition ✓ Renovation ✓ Full Containment with Negative Pressure ✓ Saf or ≥3lf ✓ ≥160 sf or ≥260 lf ✓ Mini - Enclosure ✓ Glovebag Procedure	Other - Describe	:/:00 AM-3:30	<u>PM</u>				16					
≥3sf or ≥3lf	Scope of Work (Check All	That Apply)			Lastrianovci,	140 07 00			-			
≥3sf or ≥3lf	□ Demolition		Renovation		Full Contains	nent with	Negative F	Pressure				
Non-Exempted (*) and Non-Friable Procedure Location of			renovation				i Negative i	ressure				
Location of Asbestos Containing Asbestos - Containing Normally Naterial (ACM) Asbestos - Containing Normally Naterial (ACM) Asbestos - Containing Normally Naterial (ACM) Amount E R N N N N N N N N N N N N N N N N N N	≥160 sf or ≥260	lf										
Asbestos Containing Asbestos Containing Normally Normally Material (ACM) Amount E R N N N N N N N N N				V	Non-Exempte	ed (*) and	Non-Friable	le Proced	ure			
Asbestos Containing Asbestos Containing Normally Normally Material (ACM) Amount E R N N N N N N N N N	Location of	l le		Descript	ion of			Abatama	nt Tuno			_
Normally Used (I.e., thermal systems (Specify M E C C C C C C C C C		0.55	As							E	ΙE	
in Facility (13) by Maintenance/ Custodial Staff (12) VAT VAT VAT VAT VAT VAT VAT VAT VAT VAT		Normally					Amount	11.700				
Custodial Staff (12)						- 1	1	276	13350			
tenance							SF or LF)	100				
Custodial Staff (12)	(13)	200	ord	otner misc	elianeous)							
Staff (12)			1			- 1		8000				
U6		Staff (12)						_		Ĺ		
U6												
U6 U6 U6 Name of Registered Waste Hauler NEWARK CARTING City, State NEWARK, NJ Completed by (Print or Type) CAULK 415 LF 40 SF Name of Registered Landfill I.E.S.I. Disposal Date City, State Date Signature Date Date												
Name of Registered Waste Hauler NEWARK CARTING City, State NEWARK, NJ Completed by (Print or Type) LAB TOP NJDEP Waste Cubic Hauler ID No. 4509 of Waste Disposal Date City. State Date Disposal Date Signature Date Date	12070											
Name of Registered Waste Hauler NJDEP Waste Cubic NEWARK CARTING Hauler ID No. 4509 of Waste City, State NEWARK, NJ Disposal Date Date Completed by (Print or Type) Title NJDEP Waste Cubic Name of Registered Landfill I.E.S.I. City. State Disposal Date BETHLEHEM, PA 18105 Date Date								ACCUSATION OF STREET		-		\vdash
NEWARK CARTING Hauler ID No. 4509 of Waste City, State NEWARK, NJ Disposal Date Date Disposal Date Disposal Date Disposal Date Disposal Date Disposal Date Disposal Date Disposal Date Disposal Date Disposal Date				Cubic	Name of Regi							-
City, State NEWARK, NJ Disposal City. State BETHLEHEM, PA 18105 Completed by (Print or Type) Title Signature Date		Yards										
NEWARK, NJ Date BETHLEHEM, PA 18105 Completed by (Print or Type) Title Signature Date					City State							_
Completed by (Print or Type) Title Signature Date	I						05					
Steve Stiles Project Manager Sloen Sloen Star 37/27/17	Completed by (Print or Typ		Sig					Date		-		
	Steve Stiles		Project Manage	1/2 11/10)7/27/17				

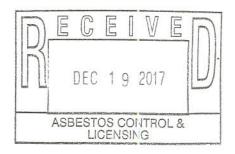
Location of	ls	Description of		Abateme	ent Type		
Asbestos Containing TO BE ABATED in Facility (13)	Location Normally Used Solely by Maintenance/ Custodial	Asbestos - Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R E M O V A L	R E P A	E N C A P S U	E N C L O S U
	Staff (12) YES NO N/A		_		-	L	R
U6		ROOF FLASHING	510 SF	V			
U6		PIPE & FITTING	407 LF	J			
U6		DUCT MASTIC	500 SF	V			
					1 -	+	



UV CP	4			NOTIFICAT	TION OF A		EY ABATEMEN ND 12:120-	1.13	う屋	CE			M	-
Date of Notification (1	/ 17			(i ditada)	Name of		wner / Oper	00000	\int		-			
/		JOB C		TED	Street Ad	AND DESCRIPTION OF THE PARTY OF		T		JEC 1	9 20	7	1	T
	Type of No		on			MERCE BLY	Marketon.							Ц
☑ EPA DEP		Initial Amend	led			e, Zip Code DT, NJ 070			ASB	ESTOS (CONTR	01.8		
☑ DOH		Amend		‡	Name of					ne Numb		ora		Н
☑ DOL				/ justification	DOMINIC	K TUCCI		-		Samuel Sa	-			
		Cancel	llation	F	ACILITY II	NFORMATIO	ON				-		erollere L	4
Name of Facility Whe	re Abatem	ent is T	aking	Place (3)		Type of Fa	acility (4)							4
FORMER MERCK UNI	ON		**************************************				School (K	-12)						
Street Address					☐ Subchapter 8 (O									
1011 MORRIS AVE						V			te & cmmercial					
City (5)	County (6)			County Code	(7)	Square Fe	bldgs., ho	mes, etc.) # Of Floors						4
	UNION			County Code	(1)		000	1		Bullulli	J Age			
						Current U	se (Prior if	being demo	lished)	1	40	+		
Name of Manifester F		- DI-I	_	(0)	Lagurus		PRODUCTI	ON						4
Name of Monitoring F	me of Monitoring Firm Hired by Bldg. Owner (8)						NOV							
EHI							AR CONTR	RACTING GR	OUP, INC	£.				
Street Address	reet Address						dress							٦
	55 WEST SHORE TRAIL ty, State, Zip Code						s Parkway							
SPARTA, NJ 07871							, Zip Code							۲
Project Mngr. For Mor		Telephone Nu	mber	1	,									
WILLIAM KIERBIL	VILLIAM KIERBIL 973-729-5						ver, NJ 079	36	I icansa Number					
Sheduled Start Date (* 07 / 05	10) / 17	Sched.		letetion Date (1	etetion Date (11) Telephone Number				License Number					
///			_/	/		973-88	34-8682			0	0860			
Occupancy Status Du														٦
Facility Clo		ed Duri	ing Ent	ire Period of				ACTING GR	OUP, INC					4
		d Outsi	de of N	lormal Facility		Street Add	iress							1
Hours - Des						32 William	s Parkway							
Other - Des	cribe:	7:00 AN	И-3:30 I	<u>PM</u>			, Zip Code ver, NJ 079	36						7
Scope of Work (Check	k All That	Apply)				Last Hallo	vei, NJ 075	30			-			1
☐ Demolition		J	1	Renovation	П	Full Conta	inment wit	h Negative F	Pressure					١
			_	rtonovation		Mini - Enc		ii iiogalivo i	1000010					ı
	260 If				V	•	Procedure							١
						Non-Exem	ipted (*) an	d Non-Friab	le Proced	ure				١
Location of		Is	S		Descript	ion of			Abateme	nt Type				٦
Asbestos Contai	ning	55557	ation	As	bestos - C				R		E	E		١
TO BE ABATE	n	Norn	nally		Material e., therma			Amount (Specify	E M	R	N C	N		ı
in Facility	<u>-</u>	Sol				facing, VAT		SF or LF)	o o	P	A	L		١
(13)		by M				ellaneous)	,	,	V	A	P	0		ı
		tena							Α	1	S	S		
		Cust Staff							L	R	U	U R		1
YES NO N/A										 	+	+		1
U5 / 5A								52 LF	V			工		
U5 / 5A			110	PIPE FITTINGS	3			4 EA	7			\perp		4
		lanca lanca		-							+	+	<u> </u>	4
Name of Registered W	/aste Haul	er IL		NJDEP Waste	Cubic	Name of R	Registered	andfill					Ш	4
					Yards of Waste	I.E.S.I.								
City, State Disp					Disposal	City. State								1
2007 9 A MARIE 2018 A MARIE 201					Date	BETHLEH	EM, PA 181	05	•,					STATE OF THE PERSON SEE
Completed by (Print or Type) Title					Signature Date						No. cold succession			
Steve Stiles Project Manager							Dlee	KAL	09		()	6/20/	17	100

no C	4	NOTIFICA	TION OF A	NEW JERSE SBESTOS A AC 8:60-7 AN	- 11	DE	GEI	VE	M	
Date of Notification (1)			Name of	Building Ow EVELOPME	ner / Oper	rator (2)	M	DEC 1 a	2017	U
/ /	JOB COMPLE	TED	Street Ad		-	1,	- 4	DE0 1 3	- 211	
Agencies Notified Type of N	otification Initial		_	MERCE BLV						
DEP D	Amended			e, Zip Code ADT, NJ 070			ASE	BESTOS CON		-
□ DOH	Amendment #	# 1	Name of			Lon	Telephor	ne Number	was versions and	annual market
DOL	Emergency w Cancellation	/ justification	DOMINIC	K TUCCI						
		F	ACILITY II	NFORMATIC	N					
Name of Facility Where Abatem FORMER MERCK UNION	ent is Taking	Place (3)		Type of Fa		40)				
Street Address				1,000	School (K	-12) er 8 (Other th	nan K.12\			
1011 MORRIS AVE				7		, private & c				
City (5) County (6)	County Code	(7)	Square Fe		# Of Floors		Building Age		
UNION UNION				20,0		1				
				OFFICE / F		being demo	lished)	· ·	10 +	
Name of Monitoring Firm Hired	by Bldg Own	er (8)	ASCM NO		RODUCTI	ON				
or monitoring rith rifled	a, blug. Owli	J. (J)	ACOM NC	1'						
EHI				NORTHST	AR CONTR	ACTING GR	OUP, INC			
Street Address				Street Add	ress					
655 WEST SHORE TRAIL City, State, Zip Code				22 Williams	Dorlaway					
SPARTA, NJ 07871				32 Williams City, State,					_	_
Project Mngr. For Monitoring F	irm	Telephone Nu	mber	Joney, Ottato,	Lip oode					
WILLIAM KIERBIL		973-729-5649	0000000000	East Hanov		36				
Sheduled Start Date (10)		letetion Date (1		Telephone	Number		License I	Number		
		/ <u>30</u> /		973-884	4-8682			00860		
Occupancy Status During Abate	ement (Check	Only 1)		Name of O		or		00000		
☐ Facility Closed/Vaca				NORTHSTA	AR CONTR	ACTING GR	OUP, INC	4		
Abatement	10 1111 11			Street Add	ress					
Abatement Performe Hours - Describe:	d Outside of N	Iormal Facility		32 Williams	Darhway					
Other - Describe:	7:00 AM-3:30	PM		City, State,					_	-
				East Hanov		36		172-000		
Scope of Work (Check All That	Apply)									
☐ Demolition	7	Renovation	1	Full Contai	nment wit	h Negative F	ressure			
≥3sf or≥3lf			V	Mini - Encl	osure					
				Glovebag I						
			$\overline{\mathcal{A}}$	Non-Exem	pted (^) and	d Non-Friabl	e Procedi	ure		
Location of	Is		Descript	ion of			Abateme	nt Type		
Asbestos Containing	Location	As	bestos - C	ontaining			R	E	E	
TO BE ADATED	Normally		Material			Amount	E	R N	N	
TO BE ABATED in Facility	Used Solely	0000 00	e., thermal	l systems facing, VAT,	- 1	(Specify SF or LF)	M	E C	C	
(13)	by Main-			ellaneous)		SF OI LF)	v	A P	6	
, , ,	tenance/			J	1		A	I S	S	
	Custodial	1					L	R U	U	- 1
	Staff (12)							L	R	
U4	YES NO N/A	VAT & MASTIC				480 SF				
U4		DUCT INSULA				175 SF	7	H		\vdash
U4		VIBRATION CL				16 LF	V			\vdash
U4		RADIATOR MA				4 SF	1			
Name of Registered Waste Hau	er	NJDEP Waste	100 C 100 C	Name of Re	egistered I	andfill				
NEWARK CARTING		Hauler ID No. 4509	Yards of Waste	I.E.S.I.						
City, State		4509		City. State					-	
NEWARK, NJ			Date	BETHLEHE	M, PA 181	05				200
					1					
Completed by (Print or Type)		Title			Signature	01		Dat	е	
Steve Stiles		Project Manage	er		Alte	n she	(08/17/1	7
ASB-41						-	AND DESCRIPTION OF THE PARTY OF	The second second	00/1//1	

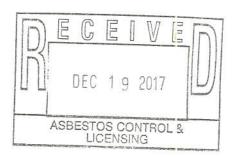
Location of	ls	Description of		Abateme	ent Type		7086
Asbestos Containing	Location	Asbestos - Containing		R		E	E
-	Normally	Material (ACM)	Amount	E	R	N	N
TO BE ABATED	Used	(I.e., thermal systems	(Specify	M	E	C	C
in Facility	Solely	insulation, surfacing, VAT,	SF or LF)	0	P	Α	L
(13)	by Main-	or other miscellaneous)	100000	V	Α	P	0
er 57	tenance/	to a service and the control of the service and the service an		Α	1	S	S
	Custodial			L	R	U	U
	Staff (12)				1	L	R
	YES NO N/A						
U4		GLUE DABBS	200 EA	J			
U4		CAULK	60 FL	J			
U4		ROOF FLASHING	3,500 SF	7			
U4		PIPE & FITTINGS	150 EA	V			
U4		VAT	7,450 SF	V			
		1					



NO CI	4	NOTIFICA [*]	TION OF A	NEW JERSEY SBESTOS ABATEME		n E	GEIV	VED			
Date of Notification (1)	1	(PURSUA	Name of	AC 8:60-7 AND 12:12 Building Owner / Op	THE RESERVE TO SHARE THE PARTY OF THE PARTY	7					
$\frac{06}{20} / \frac{20}{17}$	JOB COMPL	ETED	RUSSO D	DEVELOPMENT INC.	-		JEC 19 20	17 			
	of Notification			MERCE BLVD			, 20 1 0 20				
☐ EPA ☐ ☐ DEP ☐	Initial Amended			e, Zip Code ADT, NJ 07072	-	AODI					
□ DOH	Amendment	#	Name of			Telephor	ESTOS CONT	ROL &			
DOL _		v/ justification	DOMINIC		lana.	1		**************************************			
		The state of the s	ACILITY I	NFORMATION			-				
Name of Facility Where Aba FORMER MERCK UNION	atement is Taking	Place (3)		Type of Facility (4)							
24 - 44 - 14				☐ School (5). (5)						
Street Address 1011 MORRIS AVE				✓ Other (I.)	oter 8 (Other t e., private & c nomes, etc.)	& cmmercial					
City (5) Count		County Code	(7)	Square Feet	# Of Floors		Building Age				
UNION	N			14,000 Current Use (Prior	if being dome	liahad\		Λ.			
				OFFICE / PRODUC		iisnea)	4	() +			
Name of Monitoring Firm H	ired by Bldg. Owr	ner (8)	ASCM NO	I NO							
EHI				NORTHSTAR CONT	TRACTING GR	ROUP, INC					
Street Address 655 WEST SHORE TRAIL				Street Address							
City, State, Zip Code				32 Williams Parkway	y						
SPARTA, NJ 07871		-		City, State, Zip Cod	le						
Project Mngr. For Monitorin WILLIAM KIERBIL	ng Firm	Telephone Nu 973-729-5649	mber	East Hanover, NJ 07	7936						
Sheduled Start Date (10)	Sched. Comp	eletetion Date (1	1)	Telephone Number		License N	Number	-			
$\frac{07}{17} / \frac{05}{17}$		/30/	17	973-884-8682			00000				
Occupancy Status During A	batement (Check	Only 1)		Name of OSHA Mor	nitor		00860				
☐ Facility Closed/V	acated During En			NORTHSTAR CONT		OUP, INC	į				
Abatement Perfo	rmed Outside of I	Jormal Eacility		Street Address							
Hours - Describe	:	Normal Facility		32 Williams Parkway	/						
✓ Other - Describe:	7:00 AM-3:30	<u>PM</u>		City, State, Zip Cod East Hanover, NJ 07	le						
Scope of Work (Check All T	hat Apply)			Last Hallover, No 07	950						
☐ Demolition	~	Renovation	7	Full Containment w	vith Negative F	Pressure					
☐ ≥3sf or ≥3lf				Mini - Enclosure	(ATT)						
≥160 sf or ≥260 lf				Glovebag Procedur Non-Exempted (*) a		le Procedi	uro				
				non Examples () a	ina ivon i nab	ic i roccui	110				
Location of Asbestos Containing	ls Location	Λ.	Descript			Abatemer		le.			
Asbestos Containing	Normally	AS	bestos - C Material		Amount	R E	R N	E N			
TO BE ABATED	Used		e., therma		(Specify	M	E C	C			
in Facility (13)	Solely by Main-			facing, VAT, ellaneous)	SF or LF)	0 V	P A P	L			
(1.0)	tenance/		other mise	chancous		Ā	î s	s			
	Custodial	1				L	R U	U			
	Staff (12) YES NO N/A	-			-		L	R			
U3		LINOLEUM AN	D MASTIC		600 SF						
U3		CAULK			1,060 LF	7					
U3 U3		WATERPROOF	Land Control of the C		3,200 SF 3,120 SF	✓ ✓					
Name of Registered Waste I	Hauler	NJDEP Waste		Name of Registered							
NEWARK CARTING			Yards	I.E.S.I.							
City, State		4509	of Waste Disposal	City. State							
NEWARK, NJ			Date	BETHLEHEM, PA 18	3105						
Completed by (Print or Type	10:21			15							
Completed by (Fillit of Type	Signatur		100	Date							
Steve Stiles	r	sic	cnlle	il		06/20/17					
ASB-41				/							

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r	Sh			SBESTOS ABATE! AC 8:60-7 AND 12:1	111	JE (CEIV	MEWI
Date of Notification (1)	<u> </u>	(FUNSUA	The second second	Building Owner / C	THE RESERVE OF THE PERSON NAMED IN	 		
06_ / _20_ /_	17			EVELOPMENT IN		1)		
/ /	JOB COMP	ETED	Street Ad		11	II. D	EC 19 20	17 114/1
	e of Notification			MERCE BLVD		-		
☐ EPA DEP	☐ Initial ☐ Amended			e, Zip Code ADT, NJ 07072				
□ DOH	Amendmen	t# 1	Name of			Telephor	STOS CONT	BOL&
☑ DOL		w/ justification	DOMINIC			Telephon	TE TOWN OF THE	-
	Cancellatio							
		F	ACILITY II	NFORMATION				
Name of Facility Where	Abatement is Takin	g Place (3)		Type of Facility (4	1)			
FORMER MERCK UNION	I							
Street Address					I (K-12)	h V 40\		
1011 MORRIS AVE					apter 8 (Other to (I.e., private & c			
I TOTAL MICHAEL MICHAEL					, homes, etc.)	mmerciai		
	unty (6)	County Code	(7)	Square Feet	# Of Floors		Building Age	9
UNION UN	ION			77,000	3			
				Current Use (Price		lished)		4() +
Name of Manitoring Fire	Lirod by Plda Ou	max (0)	TACCM NO	OFFICE / PRODU	CTION			
Name of Monitoring Firn	i Hired by Blag. Ow	mer (8)	ASCM NO	1				
EHI				NORTHSTAR CO	NTRACTING GR	OUP, INC		
Street Address				Street Address				
655 WEST SHORE TRAIL	-							
City, State, Zip Code				32 Williams Parkw				
SPARTA, NJ 07871 Project Mngr. For Monito	ring Firm	Talanhana No		City, State, Zip Co	ode			
WILLIAM KIERBIL	oning Firm	Telephone Nu 973-729-5649	mber	East Hanover, NJ	07936			
Sheduled Start Date (10)	Sched. Com	pletetion Date (1	1)	Telephone Numb		License I	Number	
/ /	17 12	/30/	17_					
// /				973-884-8682			00860	
Occupancy Status Durin	g Abatement (Chec	k Only 1)		Name of OSHA M				
Abatement	d/Vacated During E	ntire Period of		NORTHSTAR CO	NIRACTING GR	OUP, INC	•	
	rformed Outside of	Normal Facility		Street Address				
Hours - Descr		- admity		32 Williams Parkw	ay	0.00		
☑ Other - Descri	be: 7:00 AM-3:3) PM		City, State, Zip Co				
Scope of Work (Check A	II That Apply)			East Hanover, NJ	07936		-	
Scope of Work (Check A	п тпас Арріу)							
☐ Demolition	~	Renovation		Full Containment	with Negative F	ressure		
≥3sf or ≥3lf≥160 sf or >26	O If			Mini - Enclosure				
2100 SI OI 220	0 11			Glovebag Proced Non-Exempted (*		le Procedi	ure	
				tton Examples (, and montrial	10 1 10000	410	
Location of	ls		Descript			Abateme	nt Type	
Asbestos Containin		As	bestos - C			R	_ E	E
TO BE ABATED	Normally Used	//	Material e., therma		Amount	E	R N	N
in Facility	Solely			facing, VAT,	(Specify SF or LF)	M	E C	C
(13)	by Main-			ellaneous)	0. 5. 2. /	v	A P	ō
	tenance/					Α	I S	s
	Custodial					L	R U	U
	Staff (12)						L_	R
	YES NO N/	-						
U1		WATER PROC	FING		17,660 SF	Image: section of the content of the		
U1		MASTIC	11110	V	17,175 SF	7		
U1		CAULK			810 LF	7	H	
Name of Registered Was	te Hauler	NJDEP Waste	Cubic	Name of Register				
NEWARK CARTING			Yards	I.E.S.I.				
City Oted		4509	of Waste					
City, State NEWARK, NJ			Disposal	City. State	19105			
HENVINA, IND			Date	BETHLEHEM, PA	10105	,e)		0
Completed by (Print or T	Signat	ure /	/	Dat	e			
and the second of the second o	new med.	Title		X	B. X	1.0		
Steve Stiles		Project Manage	er	14	ucks	((())		08/01/17
ASB-41				1		- all residents of the second	AND THE RESERVE OF THE PARTY OF	ALLER STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET,

Location of	Is	Description of		Abateme	nt Type		
Asbestos Containing TO BE ABATED in Facility (13)	Location Normally Used Solely by Maintenance/ Custodial Staff (12)	Asbestos - Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U	E N C L O S U R
	YES NO N/A			_	-	+	-
J1		PIPE & FITTINGS	35 LF	. 4			
J1 FIRST FLOOR		VAT MASTIC	10,060 SF	7			
J1 SECOND FLOOR		VAT MASTIC	11,000 SF	1			
J1 THIRD FLOOR		VAT MASTIC	14,800 SF	V			
J1 SECOND FLOOR		MASTIC	9,800 SF	V			
J1 THIRD FLOOR		MASTIC	5,700 SF	1			



γ	11) (K	<i>-</i>			SBESTOS			EC	EI	7/7	FF	
Date of Notifi	ication (1)		(PURSUA	200	AC 8:60-7 A Building O		THE RESERVE TO SERVE THE PARTY OF THE PARTY	15 (6	<u> </u>	/\/		1
06/	20 / 17				DEVELOPM		Tator (2)					
/	/	JOB COMPLE	ETE	Street Ad				DEC	1 1 0	2017	111	111
Agencies No		lotification		_	MERCE BL'	Security of the second	14 17	DLU	19	2011		9
	EPA ☑ DEP ☐	Initial Amended			e, Zip Code ADT, NJ 070							
	DOH	Amendment	#	Name of		112		Telepho	ne Numt	MEROL	8	
V	DOL		v/ justification	DOMINIC			-	Lorophi	ne Numb CENSIN	Ğ		
		Cancellation	Control of the Contro			Who are to the least						EDMON-I
				FACILITY II	NFORMATI	ON						
Name of Faci	lity Where Abaten	nent is Taking	Place (3)		Type of Fa	acility (4)						
FORMER ME		3	4-7		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
24 4 4 4 4						School (K						
Street Address	500,						er 8 (Other to , private & c					
The state of the s	7,110						mes, etc.)	IIIIIeiciai				
City (5)	County (6	i)	County Code	(7)	Square Fe	THE RESERVE TO SHARE THE PARTY OF THE PARTY		Buildin	g Age			
UNION	UNION					00	1		1			
_						se (Prior if PRODUCTI	being demo	lished)		40	+	
Name of Mon	itoring Firm Hired	by Bldg. Own	er (8)	ASCM NO		PRODUCTI	ON					
	.	-,5	(0)		1							
EHI							RACTING GR	OUP, INC	·.			
Street Addres					Street Add	dress						
City, State, Zi				32 Williams Parkway								
SPARTA, NJ	07871				, Zip Code							
	For Monitoring F	irm	Telephone Nu	ımber								
WILLIAM KIEF Sheduled Sta		Inches of Comme	973-729-5649	(4)	East Hanover, NJ 07936 1) Telephone Number License Number							
07 /	05 / 17	oletetion Date (1	17	Number								
//-	_/	12/			973-88	34-8682			C	00860		
	tatus During Abat					SHA Moni						
7,000	cility Closed/Vaca atement	ted During En	tire Period of		-		RACTING GR	OUP, INC	i.			
2.112	atement atement Performe	ed Outside of N	ormal Facility		Street Add	iress						
Но	urs - Describe:				32 Williams	s Parkway						
☑ Oth	ner - Describe:	7:00 AM-3:30	PM			, Zip Code						
Scope of Wor	k (Check All That	Apply)			East Hano	ver, NJ 079	36			-		
Coope of Wor	K (Olieck All That	Apply)										
	molition	✓	Renovation		Full Conta	inment wit	h Negative F	ressure				
	sf or <u>></u> 3lf 30 sf or ≥260 lf				Mini - Enc							
	00 SI 01 2200 II					Procedure	d Non-Friabl	e Proced	ure			
						, prou (/ a.i.	a	0110000	ui o			
7927 NS 100 100	ation of	ls .		Descript				Abateme	nt Type			
Aspestos	s Containing	Location Normally	As	bestos - C Material (_		Amount	R E	R	E N	E	
TO BE	ABATED	Used	(1.	e., thermal			(Specify	M	E	C	C	
	Facility	Solely			facing, VAT	,	SF or LF)	0	Р	Α	L	
	(13)	by Main- tenance/	or	other misc	ellaneous)			V	A	P	0	
		Custodial						A L	R	S	S	
		Staff (12)						-	1.5	L	R	
70 TANK OUE		YES NO N/A									\perp	
76 TANK SHE	D		ROOFING				200 SF				+	
			-					-		+	+	<u> </u>
								H	H	+	+	\forall
	stered Waste Hau	ler	NJDEP Waste	1000		egistered l	andfill					
NEWARK CAF	CHNG			Yards of Waste	I.E.S.I.							
City, State			1 4509	Disposal	City. State							
NEWARK, NJ				Date		EM, PA 181	05					
Completed	(Deint - T		I				17					
Completed by	(Print or Type)		Title			Signature	V_{I}	'ul		Date		
Steve Stiles			Project Manage	er		TICE	asl	ul		1	6/20/	17
ASB-41						The state of the s	OTHER DESIGNATION OF THE PERSON		Indiana management	3.201		

STATE OF NEW JERSEY

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		NO	TIFICAT (Pursu	State of I ION OF AS ant to NJA	SBESTO C 8 60 a	8 ABATE nd 12:12	MENT	J J DAY	7		. д	
Date of Notification (1) 10/31/17			Nam Ga	e of Bulldir be Marde	ng Owner	/Operato	r (2) 061-11	· 1417	1		1	
Agencies Notified Type Notifical	lon		Stroe	Address			- 12×1	<u> </u>	1	┼~-		
EPA Initial Amende				State, Zip erson, N			0.0	. # 1020	力 力			
N Emergen	cy (Includ	Ing		of Contac		TEACH ST. STANFAR						
DCA Cancella			1	e Marde			1 4	X/I I/ I Blonn	nna Num	न्ता ह	- 1	WI
Name of Facility Where Abatement is Ta	king Place	9 (3)	F/	CILITY IN	FORMAT	ION				D 1	<u> </u>	(1
Private House		. 107					Type of Facili	110		·	11.00	
Street Address							School (Subchar	K-12) ter 8 (Other the e. private & co	an K-12	EC.	19	2017
City (5)							Other (I, etc.)	a. private a co	mercial	buildir	ngs, ho	mes.
Paterson							Square Feet	# of Flo	ASBE	SPE	15/G(NRO
County (6)		SHC S	Count	y Code (7)			Current Use (LIC	ENS	ING
Passaic			(STAT	E USE ONL	Y)		24.14111 000 (HOLH DAILIBLE	arnolishe(1)		
Name of Monitoring Firm Hired by Buildin Competent Supervisor	g Owner (8)	ASC	CM No.		Namo	of Abatement (ontractor (9)				
Sirget Address		-					emy Constr	uction Inc.				
	20						Rt, 46 West	Sulte 14				
City, State, Zip Code						City. St	ale, Zip Code		-		_	
Project Manager for Monitoring Firm			Talanh	one No.			va, NJ 0751					
3.0						Telepho 973-8	32-4244	011	nso No.			
Slart Date (10) 10/31/17	Schodu	led Co	mplellor	Date (11)		Name o	of OSHA Monito					
Occupancy Status During Abatement (Che	11/07					-	as above					
Facility Closed/Vacated During Entire Abatement Porformed Outside of Nor Other – Describe:	Parlod of	Abata	ment a			Street A	ate, Zip Codo	-				
Scope of Work (Check All That Apply)												
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Ranova Demoli				×	Full Containn Mini-Enclosu Glovebag Pro		tiva Pres	suro		
	Τ.						Non-Exempte	d (*) and Non-	Friable P	rocede	ure	
Location of		Norma	lly		Dac	rintia	,				tomon	t l
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	od Sole intena lodial S (12)	nce/	Asbest (I.c.	os Conta thermal s surfaci	ystoms li ng, VAT,	terial (ACM) nautation, or	Amount (Specify SF or LF	1 2		Encapsulate	Enclosure
• 30C	Yes	No	N/A		other mi	scellanad	ous)		oval	xair	sulate	Sure
Basement			×		Pipe Ir	sulatio	n	150 LF	X	-	X	
					2 For 5			100 LF	- ^	-	^	
								3.0		+	-	
Name of Registered Waste Hauler											-	
Academy Construction Inc.		H	JDEP W.		Cubic Ya			Registered Lar	ndfill		1	
Dity, State		03	14422		3			S Landfill	<u> </u>			
otowa, NJ					Disposal TBD	Date	City, State Tullytov					
completed by	Titlo PM				0.100,000	natura /	ים נו	/	Dato			
ohn Geleski												1

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Date of Notification (176		UL	9	RUSSO D	EVELOPM	wner / Ope ENT INC.	rator (2)	,				
Agencies Notified	Type of N	otificati	on		Street Ad	dress MERCE BL	VD					\mathbb{V}	EF
☑ EPA		Initial	OII		_	e, Zip Code			HKE				$\exists \Vdash$
☐ DEP	7	Amend	153			ADT, NJ 070	072		ШШ				Ш
☑ DOH ☑ DOL		Emerg		2 / justification	Name of DOMINIC				Telephor	ne Numi	berl 9	2017	
		Cancel	llation		FACILITY II	NFORMATI	ON		I A	SBEST	os co	NTRO	L &
Name of Facility Whe FORMER MERCK UN		nent is T	aking l	Place (3)		Type of F	acility (4)			LI	CENSI	IG	
Street Address 1011 MORRIS AVE							Other (I.e.	er 8 (Other ti , private & c					
City (5)	County (6)		County Code	(7)	Square Fe	The state of the s	mes, etc.)		Buildir	ng Age		
UNION	UNION `	S.			at 2019	6,	500	1					
							se (Prior if PRODUCTI	being demo ON	lished)		4()	+	
Name of Monitoring F	Firm Hired	by Bldg	g. Own	er (8)	ASCM NO								
EHI						NORTHST	TAR CONTE	RACTING GR	OUP, INC				
Street Address 655 WEST SHORE TR	DAII					Street Ad	dress						
City, State, Zip Code	VAIL					32 William	s Parkway						
SPARTA, NJ 07871				,			e, Zip Code						
Project Mngr. For Mo WILLIAM KIERBIL	nitoring F	irm		Telephone Nu 973-729-5649	ımber	Fast Hand	ver, NJ 079	36					
Sheduled Start Date (10)	Sched.	Comp	letetion Date (1	11)		e Number	50	License	Number			
07_//05/		_0	3 /	<u> </u>	18	072.00	34-8682			97	00860		
Occupancy Status Du						Name of C	OSHA Moni				00000		
Facility Clo		ted Duri	ing Ent	ire Period of		NORTHST Street Add		RACTING GR	OUP, INC				
☐ Abatement	Performe	d Outsi	de of N	ormal Facility		Street Add	uress						
Hours - De	70	7.00.44					s Parkway						
Other - Des	scribe:	7:00 AN	/I-3:30 F	<u> </u>			e, Zip Code ver, NJ 079						
Scope of Work (Chec	k All That	Apply)				•							
☐ Demolition ☐ ≥3sf or ≥3l ✓ ≥160 sf or	f	V]	Renovation		Mini - End Glovebag	losure Procedure	h Negative F		ure			
		-		V		in and the control of				188.1987 - 24			
Location of Asbestos Contai		Loca	50	Δο	Descript sbestos - C				Abateme R	nt Type	ĮΕ	ΙE	
1000-000-000-000-000-000-000-000-000-00	-	Norn	nally		Material	(ACM)		Amount	Е	R	N	N	
TO BE ABATE in Facility	<u>D</u>	Us Sol			.e., therma lation, sur		-	(Specify SF or LF)	M	E P	C	C	
(13)		by M			other misc			SF OI LF)	v	A	A P	0	
100-4-076		tena							A	1	S	S	
		Custo Staff							L	R	L	U R	
		YES N											
			11								F		
U7				ROOFING				1,400 SF	7		++	+	H
N			JU										
Name of Registered V NEWARK CARTING	vaste Hau	ier		NJDEP Waste Hauler ID No.	Cubic Yards	Name of F	Registered	Landfill					
0:4				77.27.10.20	of Waste								
City, State NEWARK, NJ					Disposal Date	City. State BETHLEH	EM, PA 181	05					
Completed by (Print o	r Type)			Title			Signature	77			Date		
	50. 1			D :			Xlo	12.1	180				
Steve Stiles ASB-41				Project Manage	er		7	cre		U same seem		2/18/	1/

P	PAIL	NOTIFICATIO	N OF AS	NEW JERSEY SBESTOS ABATEME C 8:60-7 AND 12:120	ENT 0-7	oak.	41	3001	
Date of Notification (1)	Type of Notification Initial Amended	8 5 C	treet Add 70 COMM ity, State	Building Owner / Op EVELOPMENT INC. dress MERCE BLVD a, Zip Code DT, NJ 07072	erator (2)		E C	[] W	
☑ DOH ☑ DOL	Amendment Emergency v Cancellation	// justification D	ame of 0			Telepho	ne Number	CONTRO	
Name of Facility Wher	e Abatement is Taking		CILITY IN	Type of Facility (4)			LIC	ENSING	ν α
FORMER MERCK UNIC Street Address 1011 MORRIS AVE				School (Subchap Other (I.e.	K-12) oter 8 (Other the, private & comes, etc.)				
	County (6) JNION	County Code (7)		Square Feet 9,500 Current Use (Prior OFFICE / PRODUCT	# Of Floors 3 if being demo		Building	Age 40 +	
Name of Monitoring Fi EHI Street Address 655 WEST SHORE TRA		er (8) A	SCM NO			OUP, INC			
City, State, Zip Code SPARTA, NJ 07871 Project Mngr. For Mon	itoring Firm	Telephone Numb	oer	32 Williams Parkway City, State, Zip Cod	е				
WILLIAM KIERBIL Sheduled Start Date (1	0) Sched. Comp	973-729-5649 letetion Date (11)	18	East Hanover, NJ 07 Telephone Number 973-884-8682		License I		360	
Facility Clos	ring Abatement (Check sed/Vacated During En	tire Period of		Name of OSHA Mor NORTHSTAR CONT Street Address 32 Williams Parkway	RACTING GR	OUP, INC			
Other - Desc		PM		City, State, Zip Cod East Hanover, NJ 07	е				
Scope of Work (Check Demolition S3sf or 23lf 2160 sf or 2	V	Renovation		Full Containment w Mini - Enclosure Glovebag Procedur Non-Exempted (*) a	e		ure		
Location of Asbestos Contain TO BE ABATEI in Facility (13)	Normally	Asbe N (I.e., insulati	laterial (thermal ion, surf	ontaining	Amount (Specify SF or LF)	Abateme R E M O V A L	R E P A	E E N C C L P S U L R	
U18 Name of Registered W		ROOFING NJDEP Waste Cu	ihic I	Name of Registered	600 SF				
NEWARK CARTING City, State NEWARK, NJ		Hauler ID No. Ya 4509 of Di	ards Waste sposal	I.E.S.I. City. State					
Completed by (Print or	Type)	Title	ate	Signatúre		6		Date	_
ASB-41	STATE OF THE STATE	Project Manager		7	1. 50	- 1, 100000		2/18/	1/

Location of	ls	Description of		Abatement Type			
Asbestos Containing	Location	Asbestos - Containing		R		E	E
	Normally	Material (ACM)	Amount	E	R	N	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 Main-	or other miscellaneous)		V	A	P	0
	tenance/			Α	1	S	S
	Custodial Staff (12)			L	R	L	U R
	YES NO N/A				1	_	
U18		TRANSITE DUCT	4,500 SF	V			

