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

Date ofNotification (1)
12/14/17

Name of Building Owner/Operator (2)
Kitty Koo Trust

Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Notification Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>DOL</td>
<td></td>
</tr>
<tr>
<td>DOH</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>DCA</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

Street Address
511 Durie Ave

City, State, Zip Code
Closter, NJ 07624

Name of Contact

<table>
<thead>
<tr>
<th>Name</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Educational Facility

Street Address
511 Durie Ave

City (5)
Closter

County (6)
Bergen

County Code (7)
(STATE USE ONLY)

Name ofMonitoring Firm Hired by Building Owner (8)
n/a

Name of Abatement Contractor (9)
Harmony Contracting Inc

Street Address
360 Palisade Ave

City, State, Zip Code
Garfield, NJ 07026

Project Manager for Monitoring Firm
n/a

Telephone No.
n/a

License No.
01255

Start Date (10)
12/23/17

Scheduled Completion Date (11)
1/31/18

Occupancy Status During Abatement (Check Only One)
Facility Closed/ Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other—Describe:

Scope of Work (Check All That Apply)

- ≥3 sf or ≥3 ft
- ≥160 sf or ≥260 ft

Renovation
Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED
In Facility (13)

Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)

Location Description of Asbestos Containing Material (ACM)
(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

Removal
Repair
Encapsulate
Endure

Results of Asbestos Analysis

Name of Registered Waste Hauler
Rovic Transport

Cubic Yards of Waste
TBD

Name of Registered Landfill
GROWS Landfill

Disposal Date
TBD

City, State
Morrisville, PA

Completed by
Tina Caporino

Title
Secretary

Signature

Date
12/14/17

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th><strong>NOTIFICATION OF ASBESTOS REMOVAL</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(Pursuit to NJAC 8:16 and 12:22)</strong></td>
</tr>
</tbody>
</table>

**State of New Jersey**

**Name of Building Owner/Operator:**

<table>
<thead>
<tr>
<th><strong>Name:</strong> A.H. Rossi</th>
<th><strong>Telephone Number:</strong> 450-225-0000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Address:</strong> North Arlington, NJ 07031</td>
<td><strong>City:</strong> North Arlington</td>
</tr>
<tr>
<td><strong>County:</strong> Essex</td>
<td><strong>Zip Code:</strong> 07031</td>
</tr>
</tbody>
</table>

**Name of Facility Where Abatement Is Taking Place:**

<table>
<thead>
<tr>
<th><strong>Name:</strong> A.H. Rossi</th>
<th><strong>Type of Facility:</strong> Commercial</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Address:</strong> North Arlington, NJ 07031</td>
<td><strong>City:</strong> North Arlington</td>
</tr>
<tr>
<td><strong>County:</strong> Essex</td>
<td><strong>Zip Code:</strong> 07031</td>
</tr>
</tbody>
</table>

**Name of Monitoring Firm Hired by Building Owner:**

<table>
<thead>
<tr>
<th><strong>Name:</strong> Best Removal Inc.</th>
<th><strong>Telephone Number:</strong> 450-225-0000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Address:</strong> Hackensack, NJ 07601</td>
<td><strong>City:</strong> Hackensack</td>
</tr>
<tr>
<td><strong>County:</strong> Bergen</td>
<td><strong>Zip Code:</strong> 07601</td>
</tr>
</tbody>
</table>

**Start Date:** 12/18/17  | **Scheduled Completion Date:** 12/18/17

**Occupancy Status During Abatement:**
- [ ] 1100 sf or 2500 sf
- [ ] Other - Describe: 7AM TO 5PM

**Location of Asbestos-Containing Material (ACM) TO BE ABATED:**

<table>
<thead>
<tr>
<th><strong>First Floor Bathroom</strong></th>
<th><strong>threshold surface</strong></th>
</tr>
</thead>
</table>

**Name of Registered Waste Handler:**

<table>
<thead>
<tr>
<th><strong>Name:</strong> Best Removal Inc.</th>
<th><strong>Waste Handler ID No.:</strong> 17109</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Address:</strong> Hackensack, NJ 07601</td>
<td><strong>City:</strong> Hackensack</td>
</tr>
<tr>
<td><strong>County:</strong> Bergen</td>
<td><strong>Zip Code:</strong> 07601</td>
</tr>
</tbody>
</table>

**Waste Disposal Date:** 12/18/17

**Name of Registered Landfill:** Minerva Enterprise, Inc.

<table>
<thead>
<tr>
<th><strong>Name:</strong> Minerva Enterprise, Inc.</th>
<th><strong>Address:</strong> 44888</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>City:</strong> Hackensack, NJ 07601</td>
<td><strong>County:</strong> Bergen</td>
</tr>
</tbody>
</table>

**Signature:** J. Maiorano

**Date:** 12/18/17

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**Notes:**
- Do not use this form for asbestos hazard maintenance activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:60-7 and 12:120-7)

**AMENDMENT #5 – WORK HOURS & WRAP & CUT ADDED**

Date of Notification (1)  
12/06/2017

Name of Building Owner / Operator (2)  
NJIT

Street Address  
323 DR. MARTIN LUTHER KING BLVD.

City, State & Zip Code  
NEWARK, NJ 07102

Name of Contact  
MR. TODD K. MILLER

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)  
NJIT – FACULTY MEMORIAL HALL

Street Address  
111 SUMMIT STREET AKA 120-142 Bleecker Street

City (5)  
NEWARK

County (6)  
ESSEX

County Code (7)  

Type of Facility (4)  

- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (i.e., private & commercial buildings, homes, etc.)

Square Feet  
92,516

# of Floors  
5

Bldg. Age  
51

Current Use (Prior if being demolished)  
UNIVERSITY

Name of Abatement Contractor (9)  
ETS CONTRACTING, INC.

Street Address  
160 CLAY STREET

City, State & Zip Code  
BROOKLYN, NY 11222

Telephone Number  
718-708-6300

License Number  
00511

Name of OSHA Monitor  
TESTOR TECH.

Street Address  
1059 JACKSON AVENUE

City, State & Zip Code  
LONG ISLAND CITY, NY 11101

Scheduled Start Date (10)  
10/11/2017

Scheduled Completion Date (11)  
10/01/2018

Occupancy Status During Abatement (Check only one)  

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours -
  Describe: MONDAY – FRIDAY 3:00 PM – 11:30 PM
- Other - Describe:

Scope of Work (Check all that apply)  

- Demolition
- Renovation
- Large Project
- Quantity is ≥ 3 SF or ≥ 3 LF ACM
- Quantity is ≥ 160 SF or ≥ 260 LF ACM

- Full Containment
- Mini-Enclosure
- Glovebag Procedure
- Other: TENT & EXTERIOR NON-FRIABLE PROCEDURES

**Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)**

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance or Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)</th>
<th>Amount (Specify Square Feet or Linear Feet)</th>
<th>Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT - BOILER ROOM</td>
<td>YES</td>
<td>PIPE INSULATION</td>
<td>150 LF</td>
<td>TENT/GLOVEBAG OR GLOVEBAG TENT</td>
</tr>
<tr>
<td>BASEMENT - HALLWAY &amp; ROOMS</td>
<td>NO</td>
<td>PIPE INSULATION</td>
<td>45 LF</td>
<td>TENT</td>
</tr>
<tr>
<td>1ST FLOOR</td>
<td>NO</td>
<td>PIPE INSULATION (WRAP &amp; CUT) WINDOW GLAZING</td>
<td>213 LF</td>
<td>EXTERIOR NON-FRIABLE PROCEDURES</td>
</tr>
<tr>
<td>2ND FLOOR</td>
<td>NO</td>
<td>PIPE INSULATION (WRAP &amp; CUT) WINDOW GLAZING</td>
<td>213 LF</td>
<td>EXTERIOR NON-FRIABLE PROCEDURES</td>
</tr>
<tr>
<td>3RD FLOOR</td>
<td>NO</td>
<td>PIPE INSULATION (WRAP &amp; CUT) WINDOW GLAZING</td>
<td>213 LF</td>
<td>EXTERIOR NON-FRIABLE PROCEDURES</td>
</tr>
<tr>
<td>4TH FLOOR</td>
<td>NO</td>
<td>PIPE INSULATION (WRAP &amp; CUT) WINDOW GLAZING</td>
<td>213 LF</td>
<td>EXTERIOR NON-FRIABLE PROCEDURES</td>
</tr>
<tr>
<td>PENTHOUSE</td>
<td>NO</td>
<td>PIPE INSULATION</td>
<td>QTY</td>
<td>TENT/SHOVEL/LOVEBAG OR WASTE BAG</td>
</tr>
<tr>
<td>-----------</td>
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<td>----------------</td>
<td>-----</td>
<td>---------------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>213 LF</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler #1</th>
<th>NJDEP Waste Hauler ID #</th>
<th>Cu. Yds. of Waste</th>
<th>Name of Registered Landfill #1</th>
</tr>
</thead>
<tbody>
<tr>
<td>JIMMY BYRNE T/A JIMMY BYRNE TRUCKING</td>
<td>19551</td>
<td>90</td>
<td>MINERVA ENTERPRISES, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>1199 RANDALL AVENUE, BRONX, NY 10474</td>
<td>TBD</td>
<td>9000 MINERVA ROAD, WAYNESBURG, OH 44688</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>THOMAS AHERN</td>
<td>Project Executive</td>
<td>[Signature]</td>
<td>12/06/2017</td>
</tr>
</tbody>
</table>

**RECEIVED**

DEC 20 2017

ASBESTOS CONTROL & LICENSING