Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Figured Landfill Hauler ID No. Waste Freehold Cartage Fai less Landfill! 15939 City. State Disposel Date City, late Freehold, NJ 12/21/2018 Mo risville, PA Completed By (Frint or Type) Signaland Christina Lynch Vice President of Operations 12/17/19

JAN 13

<sup>\*</sup> Do not use this form for exhautes licensure exampted act. Alien.

## PATO

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

-7-	>1-57	Opposite the last
200	15	
	20	22/30

Date of Notification (1)				Name of Building O SETON HALL UNIV		Typeren,	-	(A)	-	-		and the second second		
12 / 17 /18				Street Address	_Non r		E	(()	G	1	W/ [	3 1		
Agencies Notified Type Notification					400 SOUTH ORANGE AVENUE									
EPA x Initial Notification DEP Amended Notification				City, State, Zip Code SOUTH ORANGE, N		079		DEC	2	1 2	018	The state of the s		
X DOL Cancellation X DOH On Hold				Name of Contact		Tolophon No		ULU	-	1 4	J10	house		
DCA EMERGENCY NOTIFIC	ATION			MICHAEL MARCON	I	Telephone Nu 973-761-9439						17,410		
			FA	ACILITY INFORMATION			ASB.	231	JSC	ONI	BULL			
Name of Facility Where Abatement is Taking Place (3	3)				Type of Facilit	y (4)				SING				
SETON HALL UNIVERSITY					School (k Subchapt X Other (ie	ter 8 (Other than private & comm	K-12)	ns ho	mes	etc.)		3232 000		
Street Address 400 SOUTH ORANGE AVENUE - McQUAID HALL					Square Feet 60,000	# of Floors		301, 110		dg. Ag	je			
City (5)   County (6)				County Code (7)	100000000000000000000000000000000000000	rior if being dem	olisher	1)		40+				
SOUTH ORANGE ESSEX				(STATE USE ONLY)	UNIVERSITY			.,						
Name of Monitoring Firm Hired by Building Owner (8 OMEGA ENVIRONMENTAL Street Address	()			ASCM No.	PAR ENVIRON	ment Contractor IMENTAL CORF		ION						
280 HUYLER STREET					Street Address 313 SPOOK R									
City, State, Zip Code					City, State, Zip	Code								
SOUTH HACKENSACK, I	NEW JEF			Number	SUFFERN, NE Telephone Nun	W YORK 10901	\	l						
GEISER FAJARDO		100	189-87		845-369-7500	110	ense N	umbe	er.					
EXPECTED START DATE (10): (RESTART)	Sched		0.77 (70.75-0)	Date (11)	Name of OSHA	Monitor								
12 / 26 /18 Month Day Year	Mo	onth (	5 /	01/ /19 Day Year	QUALITY ENV	IRONMENTAL S	OLUT	IONS	& TE(	CH.				
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period	of Abater	ment			Street Address 1376 ROUTE 9	))								
Abatement Performed Outside of Normal Fac	cility Hour	s - Des	cribe:											
X Other - Describe: MONDAY -FRIDAY 4PM	-12AM				City, State, Zip	Code WAPPINGER	RS EAI	I S N	V 125	90				
Scope of Work (Check all that apply)    Demolition   X	70				inment with Neg		10 1 AL	.LO, 14	1 120	30				
>3SF OR LF	Renov	ation		Mini-Enclo	o:, Procedure									
X >160 SF OR 260 LF					le Procedure									
Location of Asbestos-containing		Locationally us		Description of As						ment	Туре			
Material (ACM)		olely by		Containing Materi (ie. Thermal sy		Amount (Specify	REMOVAL	REPAIR	ENCAPSUL	N.				
TO BE ABATED	Main	t/Custo	dial	insulation, surfaci		SF or LF)	Ş	ΑIR	ΑP	5				
in Facility (13)	Yes	taff (12 No	N/A	or other miscella	neous)		A		SUL	ENCLOSUR				
3RD FLOOR ROOMS 201,201A,203A,203B,207A,	163	INO	INA				+-	+		-				
207B,224, 225,226, & CORRIDORS	1	1	x	VAT		835 SF	<del> </del>	+	$\vdash$	-				
2ND FLOOR ROOMS 118,120,121,122A		1	X	VAT			X	+	$\vdash$	$\vdash$				
2ND FLOOR ROOM 106		1	X	VAT		315 SF 85 SF	X	+	-	+-				
2ND FLOOR ROOM 104 & MAIN CORRIDOR	1	1	-	VAT		335 SF	X	+	+	-				
2ND FLOOR ROOMS 108,110,112,114,118,120		+	x	TSI & DEBRIS		1	X	-	+	-				
ATTIC-THROUGHOUT	1		X			170 LF	_	+	$\vdash$	$\vdash$	-			
ATTIO-TITILOGGIOOT	-		^	VAT		78 SF	X	-	$\vdash$	$\vdash$		-		
	1	1				1	+	+	$\vdash$	$\vdash$		-		
	1	1				<u> </u>	+-	+-	-	-				
	1	1					+-	$\vdash$	-	$\vdash$				
	+	+				-	+	$\vdash$	-	$\vdash$	-			
	+	-					-	$\vdash$	-	$\vdash$				
	-	-				-	+	-	-	$\vdash$		-		
Name of Registered Waste Hauler	NJDEP	Waste		Cubic Yards of Waste	Name of Regist	arad Landfill				-				
NEWARK CARTING INC.	Hauler	ID No.		20		RAL SANITARY	LAND	FILL						
369 RAYMON BLVD. City, State		913		Disposal Date	Cit / Ci-2									
NEWARK, NEW JERSEY 07105				12/26-05/01/19	City, State PLAINFIELD TO	OWNSHIP, PA					^			
Completed by (Print or Type)  REN IAMIN SANCHEZ	FDATION	10		Signature	AX	Dat	е	7.	1	)	1/			

Morrisville, PA

· Banct use his form for esbestoe scensure exempted activities.

12/17/2018

12/19/2016

President

Signature

zio)

458-41 (R-06-0E)

Completed by Adriana Olejarova

Woodland Park, New Jersey

(V2780 PAI	D		ICATION	tate of Ne N OF ASB to NJAC	ESTOS	ABATE		Section 2 Company	) E	C	3			
Date of Notification (1) 12/17/18				of Building se Freid	Owner/	Operator	(2)	2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		EC :	2 1	20	18	and the second second
Agencies Notified Type Notification			Street A	ddress				111		, 40				1
EPA X Initial								and the second	1		200	~ : IT	entragements	
DEP Amended				ate, Zip Co				1	Picon	ESTO	ENS	SING	TUL	C.
DOL Amendment Emergency		- [		nfield, N	J 0700	03		1,,,,,,,,	-5:00		Commission.		teuror.	19847-2-4-9
DOH justification)	o.aan ig			f Contact				Т	elephone	Numbe	er			
DCA Cancellation				e Freid					_	-	à			
Name of Facility Where Abatement is Taking	Place (	3)	FACI	LITY INFO	ORMAT	ION	Type of Fa	oility (4)						
Private House	gacc (	-)					_	(F)(1) - 1)						
Street Address								ol (K-12) hapter 8 (O	ther than	K-12)				
								(i.e. private			ouilo	lings,	home	es,
City (5)							etc.)	at 1#	of Floors		D	l-l- ^		
Bloomfield							Square Fe	et #	of Floors		В	ldg. A	ge	
County (6)		- 1	County	Code (7)			Current He	se (Prior if b	oina dom	aliahad				
Essex	77			USE ONLY	)		odirent of	se (Frior ii b	enig dem	Olisher	7			
Name of Monitoring Firm Hired by Building (	Owner (8)		ASCN	Л No.		Name	of Abateme	nt Contract	or (9)				A	-
Competent Supervisor								struction						
Street Address			-			Street	Address							
						205	Route 46	Suite 14						
City, State, Zip Code					SIII CONTRACTOR OF THE PARTY OF	City, S	tate, Zip Co	de						
						Toto	wa NJ 07	512						
Project Manager for Monitoring Firm			Telepho	ne No.			ione No.		Licens	se No.		STEET THE		
							832 4244		0137	9				
Start Date (10)			npletion	Date (11)		2000	of OSHA M				(3			
12/29/18	01/05/						e as abov	/e						
Occupancy Status During Abatement (Chec						Street	Address							
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of A al Facility	Abatem Hours	nent			City, S	tate, Zip Co	de						
Scope of Work (Check All That Apply)											-			
<ul> <li>         ≥3 sf or ≥3 If         ≥160 sf or ≥260 If     </li> </ul>	-	Renova Demolit				×	Mini-End Gloveba	itainment wi closure ig Procedure empted (*) a	e				e	
	Is	Locati	on									Abate	ment	
Location of		Vormal			De	scription	of			_	_	Ту	ре	
Asbestos-Containing Material (ACM)		d Sole			tos Con	taining M	laterial (ACI		Amount				Щ	m
TO BE ABATED In Facility	2.500.50	todial S		(I.e.		systems	insulation,	12	(Specify SF or LF)		Remova	Re	Encapsulate	Enclosure
(13)		(12)				miscellan		,	51 O. L. )		SVOC	Repair	sul	uso
	Yes	No	N/A								_		ate	Ġ
Basement			X		Pipe	insula	tion		60LF	X			x	
										-				
	+		<del> </del>											
							***************************************			-				
Name of Registered Waste Hauler		2900	JDEP W		12000000000	Yards	Na	me of Regis	stered Lan	dfill				
Academy Construction Inc		11 550	auler ID 34422	No.	of Wa	iste	Fa	airless La	ndfill					
City, State Totowa NJ		1			Dispo	sal Date	107	, State orrisville,	PA	-				
Completed by	Title									Date	_			-
Filip Geleski		Felix Religible 12/17/18												

CKG788 PAI		NOT	TFICAT (Pursua	State of N ION OF AS ant to NJA	BESTOS	SABATI	EMENT 20)	ME	C		W	LILL	1			
Date of Notification (1) 12/17/18  Agencies Notified Type Notification	n		Dol	e of Buildin lores Wno et Address	g Owner, Orowsk	/Operato	or (2)		DEC		2018	The state of the s				
EPA DEP Amended Amendmer Emergency justification	(including	ng	Boo	State, Zip ( onton, NJ e of Contac	07005		emontal and application of	a transfer to the same of the	marin dimensional	ENSIN	3	S.	To an industrial of the control of t			
Cancellatio	n		Chr	is Cerask	ĸi			Te	elephone	Numbe	er					
Name of Facility Where Abatement is Takin Private House	ng Place	(3)	ГА	CILITINI	ORMAI	ION	Type of Fac	ility (4)								
Street Address  City (5)							other (	apter 8 (Otl i.e. private	her than & comm	K-12) ercial b	uilding	s, ho	mes,			
Boonton							Square Feet	# 0	of Floors		Bldg.	Age				
County (6) Morris			Count (STATI	y Code (7) E USE ONL)	0		Current Use	(Prior if be	ing dem	olished)						
Name of Monitoring Firm Hired by Building Competent Supervisor Street Address	Owner (8	3)	ASC	CM No.		Acad	of Abatement demy Cons									
City, State, Zip Code						205	Address Route 46 S									
							State, Zip Code owa NJ 07512									
Project Manager for Monitoring Firm			G G T S A S A S A S A S A S A S A S A S A S	one No.			one No. 832 4244		License 01379							
Start Date (10) 12/29/18	/19	mpletion	Date (11)		Name o	of OSHA Mon	tor	0.07								
Occupancy Status During Abatement (Chec																
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of al Facilit	Abater y Hour	nent s			City, St	ate, Zip Code	-								
Scope of Work (Check All That Apply)																
<ul><li>X ≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>		Renova Demolit				X	Full Contain Mini-Enclos Glovebag F Non-Exemp	ure rocedure								
Location of		Locati Normai						, and	2 11011-111	able Fit	Abat	emen /pe	t			
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	ed Sole intenar todial S (12)	staff?  Asbestos Co (i.e. therm			cription of lining Ma systems ing, VAT scellane	aterial (ACM) insulation, , or	terial (ACM) Amour nsulation, (Specif or SF or I			Repair	Encapsulate	Enclosure			
Basement	No	N/A							Removal		ate	ĨĠ				
Datoment			X		Pipe ii	nsulation	on	13	BOLF	X		х				
										+						
Name of Registered Waste Hauler		- N	JDEP W	(asts I	0.1:- 1/											
Academy Construction Inc		Ha	auler ID 34422		Cubic Ya of Waste 2		Name of Registered Landfill Fairless Landfill									
City, State Totowa NJ				118	Disposal TBD	I Date	City, St	ate	1.11							
Completed by Filip Geleski	Title	rvisor			3.5.55.600.40	nature	Morrisville, PA  e Date  Tild Dok 12/17/18									

CK 5340	P	A	NOT			ION		BE	Jersey STOS ABA 3:60 and 5:1					C I	5		$\overline{\mathbb{M}}$	
Date of Notification (1)	•				N	ame	of Buildin	ng Ov	vner/Operator	(2	2)		and the second	DEC	2	1 2	2018	-
12 /	17 /	18				Rut	tgers Un	iver	sity Health &	54		520			.010			
	Type Notific  ☑ Initial	ation			S		t Address St 1603						ASE	ESTO	S	CON	TRO	1.8
	☐ Amende				C	20120	State, Zip	Code	1					LIU	=1/	SIN	.) 	
□ DOH	Amendm			-			cataway											
DCA (NJAC 5:23-8)	☐ Emerger justificati		cludin	g	N		of Contac	6				Teler	hone N	umber		-		-
The second secon	☐ Cancella	1000 1100				Mic	hael F. S	Smit	h. HSS				8-445-2					
70						_			RMATION	_								
Name of Facility Where Ab	atement is	Takin	Place	2 (3)		1.7	OILITT II	41 0	INVIATION	Т	Type of Facility (4	4)				_	_	
Rutgers University N				1000		lina	18				School (K-12)	1000						
Street Address	.orrain ou	mpu	7101		June		,			-	☐ Subchapter 8	(Othe	r than K	-12)			- 50	
30 Bergen Street											Other (i.e., prinhomes, etc.)			mercial	200			
City (5)										1	Square Feet	0.000000000	Floors			lg. A	ge	
Newark				0035550					- 9	1	30,000	1				+06		
County (6)					(	Cour	nty Code (7	7)(ST/	ATE USE ONLY)		Current Use (Prio	or if be	ing dem	olished	)			
Essex					1						Academic							
Name of Monitoring Firm H		ding (	Owner	(8)		CM		1.			nt Contractor (9)							
ATC Group Services	, LLC				(	0009	98	-		0	nmental, LLC							
Street Address									eet Address									
3 Terri Lane, Suite 4									323 Cutler A									
City, State, Zip Code								100000	y, State, Zip C									
Burlington, NJ 08016								-	Maple Shade	e,	NJ 08052							
Project Manager for Monito	ring Firm			11	elepho			1	lephone No.	_			nse No.					
Brian Kearney				1 0			-8513		356-755-0099	70		00	0842			477		
Start Date (10)/							te (11) 18		me of OSHA N E <b>MSL Analy</b> t									
Occupancy Status During A								Str	eet Address					- 7/				
☐ Facility Closed/Vacated								2	200 Route 13	30	North							
Abatement Performed C							cribe	Cit	y, State, Zip C	00	de							
Time of Abatement:		PI	/// <u>5:00</u>	PIVI-	5:00	AIVI		(	Cinnaminsor	n,	NJ 08077							
Scope of Work (Check all the	hat apply)								☐ Full Con	nta	inment with Nega	ative P	ressure					
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			⊠ Re	moli					☐ Mini-End	clo	sure Procedure							
			l-	1	-11	_	1		⊠ Non-Exe	em	npted (*) and Non-	-Friab	le Proce					
Location of					ation nally				Description of	of					-		ent Ty	
Asbestos-Containing Ma	aterial (ACN	1)			olely b		Asbe	stos	Containing Ma		erial (ACM)	Α	mount	CHICAG	0	Repair	Encapsulate	Enclosure
TO BE ABATI	<u>ED</u>		2005,000		nance al Stat		(i.e		ermal systems				Specify	3		air	aps	losu
(13)				(12					surfacing, VAT her miscellane			SF	or LF)	2	-		ulat	le
2 (2)			Yes	No	0 1	I/A											Ф	
1101 & 1103 Suite				$\boxtimes$			Floor T	ile				1,2	230 SF	0	3			
			П	П		7				-					7	П	П	П
					-	_												
Name of Desistered Wests	Hardan			띡			011-	0.1		-				L	1	Ц	Ш	Ш
Name of Registered Waste Freehold Cartage	nauler				Haul			Wa			Name of Register Fairless Lan		andfill					
City, State					-,-			_	posal Date		City, State						min - A	
Freehold, NJ								1	2/31/2018		Morrisville,	PA						
Completed By (Print or Type	e)	Title							Signature	7				Date				
Christina Lynch		Vi	ce Pr	esic	lent	of C	Operation	าร	Morte	5	1	)		12/	17	- 11	1	

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

	PALI	J	NOTI	FICATIO (Pursuar	ON OF ASE	SESTOS . 8:60 and	ABATE! 12:120)	MENT	(	hoc	1/1	1	) <	- F		
Date of Notification (1) 12-17-18				Name o	f Building (	Owner/Op	erator (2	)		- 1189			10	10 (		
1	e Notification			LOC Street A	kheed	Mai	rtin,	Inc.				E	11 \	<u>W 1</u>		
⊠ EPA ⊠ □ DEP □	Initial			199	Borto	on La	andir	ng F	Road							
⊠ DOL	Amended Amendment #				ate, Zip Coo		ΡΔ	A 08057 DEC 21								
□ DOH □	Emergency (in justification)	cluding		Name o	f Contact		1 / \	000	131	Telephone	Number					
	Cancellation				ad He					856+7	722-4	124		ROL		
Name of Facility Where Abateme	ent is Taking Pla	ice (3)		FACI	LITY INF	ORMATI	ION	Type o	of Facility (4	)		OFM	HVG	description.		
Lockheed Ma	artin								School (K-12	)						
199 Borton L	andin	g R	oa	d				×	Subchapter 8 Other (i.e. pri	(Other than K- vate & comme	-12) rcial build	dings, I	omes,	etc.)		
Moorestown								Square 530	Feet 0,000	# of Floors		Bldg.	<sub>Age</sub> yea	rc		
Burlington			T	County (						if being demol	ished)		уса	15		
Name of Monitoring Firm Hired I	y Building Ow	ner (8)		ASCN	USE ONLY)		No.	con	nmerci	al/priva	te/of	fice	s/la	ıbs		
Name of Monitoring Firm Hired by Harvard Env	vironm	nen	tal	Ascr	VI 190.				ment Contra h Envil		1 Co.	.In	·	1111000		
760 Pulaski	High	way	,			Plymouth Environmental Co., Inc. Street Address 923 Haws Avenue										
Bear, DE 19	9701					City, State, Zip Code Norristown, PA 19401										
Project Manager for Monitoring F	irm			Telephor			Telepho	ne No.	own, PA		se No.					
Charles Styl		C . b . d . 1	10	302-C	326-2	333	-		-9920	00398						
1/2/19		12		/19	ite (11)				Monitor	ironme	ntal (	20	Inc	_		
Occupancy Status During Abatem		y One)		1.0			Street A	ddress		venue	IIIai	00.	Ш	<i>.</i> .		
Facility Closed/Vacated Dur Abatement Performed Outsic Other - Describe: WOr	ing Entire Perio le of Normal Fa K areas	d of Aba cility He ISO	itement ours atec	d		1	City, St	ate, Zip	Code							
Scope of Work (Check All That A							1001	IISL	own,	PA 19	401					
☐ ≥3 sf or ≥3 If ≥160 sf or ≥260 if		-marin	Renova Demolii				XXXXX	Min Glo	i-Enclosure vebag Proced	t with Negative  dure  *) and Non-Fri						
		L	s Locat	ion					Lixempled	) and (40)1-P1	lable Proc		itemen	ıt		
Location of Asbestos-Containing Materia	il (ACM)	Us	Normal ed Sole	ly by	A (1)	Des	Description of ntaining Material (ACM)				_	Туре				
TO BE ABATED In Facility (13)			aintena stodial ( (12)		(i.e. ther	mal system V	ms insula MS insula AT, or niscelland	ition, st	ACM) arfacing,	Amount (Specify SF or LF)	Noncora	Repair	Encapsulate	Enclosure		
		Yes	No	N/A							=		alc	6		
Bldg. 101,102,103,104,105,10			X		floor til	le/linole	eum/m	nastic	3	0,000 SF	×			1		
Bldg. 101,102,103,104,105,106			X		pipe/fitt		sulatio	on		5,000 LF	×					
ldg. 101,102,103,104,105,108 Bldg. 101,102,103,104,105,10			X	-	firepro					5,000 SF	X					
Name of Registered Waste Hauler			X	JDEP W	transite	Y	, ,			5,000 SF	×					
Vaste Management		en, Ir	ŀ	lauler ID 3912	No.	of Wast	te		Name of R	egistered Land	lfill					
City, State Camden, NJ					7777777	Disposa			City. State	own, PA	Δ					
Completed by		Title					gnature		- ullyt	OVVII, PA	Date					
James M. Kelly		VIC	e-P	resid	ent						12	-1	7-1	8		