B & G proj. #:

2019-03

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

Date of N. 175 . 17 . 111	-				Samula te s		Chec	ck # 9053				
Date of Notification (1)		Name	of Building Ov	vner/Operator (2	2)		E	CE	n	NA.	TP:	Esta
Agencies Notified   Ty		Tow	nship of Fa						Ĭ.	W		
□ EPA	pe Notificatio	Street	Address				117971	- 0				110
DEP X	Initial		Fairfield R				A COLOR	DEC 2	7 2	2018		13
X DOL	] Amendme		tate, Zip Code rfield, NJ 07					A STATE SHOULD SHOW	CONTRACT OF	CONT. MALOREST		
X DOH	_	1	of Contact					BESTOS C	284 F.	3	i. a	
☐ DCA ☐	Cancellati		Catenaro					one Number			->- /	Ni manaya Nebbaria
				CILITY INFORM	AATI	ONI	973-8	882-2700	x 2	500	_	
Name of facility where a	abatement is t	aking place (3)		OILLY I IN OIN	111		T					
Police Headquate							Type of Facility School	/ (4) ool (K - 12)				
Street Address							☐ Subc	hapter 8 (O	ther	than	K-12	.)
230 Fairfield Road	d					*	X Other	r (Private/Co s./Homes, et	mm			•
City (5)		County (6)					Square Feet	# of Floors		E	lldg.	Age
Fairfield		Essex				ounty Code (7) tate use only)	Current Use (I	Orion if hair-			- 0	
Name of Monitoring Firm	dired by Did						police head		aen	nolisi	iea)	
Omega Environm	ental Servi	g. Owner (8)		ASCM No.		Name of Abatement C	ontractor (9)					
Street Address				00120		B & G Restoration	on, Inc.					
280 Huyler Street	t					Street Address 105 Ryerson Ro	and					
City, State, Zip Code					-	City, State, Zip Code	oau .		Name of Street	-	-	
South Hackensac		6				Lincoln Park, N	J 07035					
Project Manager for Monit	toring Firm		Phone Numb		_	Telephone Number		License N	lumb	er	-	
Stan Blackman Scheduled Start Date (10)			201-489-8			(973)696-6869		003				
01/02/2019			letion Date (1	1)		Name of OSHA Monito B & G Restoratio						
	Al1- 110	01/05/201	1,70			Street Address	11, 1110.		_		_	-
Occupancy Status During  Facility closed/vacat	ed during enti	neck only one	) Intomont			105 Ryerson Roa	ad					
Abatement performe Describe:	ed outside of n	ormal facility h	ours-			City, State, Zip Code						
Other-Describe:					-	LincolnPark, NJ (	07035					
Scope of Work (check all	that apply)				-	wrap & cut			_			1.4
Demolition	Rer	novation				Full Containment w/negat	ive pressure   [	Gloveba	2 000			
>3 sf or >3 lf	¥ ≥160	o sf or ≥260 If			_	Mini-enclosure		Non-frial				
Location of		ocation normal maintenance/c	lly used solely						<del>31  </del>	R	E	T
asbestos-containing material to be	sta	ff(12)	ustodiai	Description	of a	sbestos-containing	Amount	1.	n	е	n	E n
abated in facility (13)	) Y	es No	N/A	material (A	CM)		(Specify S LF)	r or		p a	c a	C
Office room # 1			X	VAT & mas	tio			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1	i r	р	<u> </u>
				VAT & Illas	LIC		1,200 sf					
									1	4		1
					-					#		H
egistered Mosts Usul									╬	=-		1-
egistered Waste Hauler 3 & G Restoration, In	c.	NJDÉP Haule 19563	r ID# Cu	bic Yards of Wa	ste	Name of Registered Lar	ndfill		-  L		<u>.</u>	1
ity, State Lincoln Park, NJ			Disposal Da			Grand Central La	natili		-		,	
ompleted by (Print or Type	e) Title		_	Signature		Pen Argyl, PA					<u>, , , , , , , , , , , , , , , , , , , </u>	
Gordana Luna		retary/Treas	surer	.3	9	Gordana Luna		Date 12/21/2	N18			

B & G proj. #: 2019-02

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

Date of Notification (1)		A BEE	7				Che	ck #905	0			
1 1 2 1 1 2 1 1 1 1 1	181	Name of	Building On	wner/Operator (2	2)						W7	Fin F
	Notification	71	u Rodrigu	lez		+:	1112/		LL:	L!	<u>V</u>	
L EPA L		Street Ac	dress				111 111					- 11
□ DEP ■	Initial	0:4-01			Mark Street			DEC	, 2	7 2	2018	
DOL	Amendment		e, Zip Code ark, NJ 07									1
<b>☑</b> DOH		Name of 0			-			ABBEST	OST	JON	TATO	
□ DCA □	Cancellation		lu Rodrigi	uez			Teleph	one Numb	ier:N	Sint		
			ΕΛ	CII ITY INFORM								
Name of facility where aba	atement is taking	place (3)		CILITY INFORM	AH	ON						
Marylu Rodriguez		, , (0)					Type of Facility Scho	y (4) ool (K - 12	2)			
Street Address							=	chapter 8		r thar	K-12	2)
							Othe	r (Private/ s./Homes,	Comn	nercia	al	7
City (5)	10	County (6)			0		Square Feet	# of Flo		T	Bldg.	Age
Newark, NJ 07106		ssex			(S	ounty Code (7) tate use only)	Current Head					
Name of Monitoring Firm F	1						Current Use ( residential	Prior it be	ng de	molis	hed)	
n/a	, 5 0.	(6)		ASCM No.		Name of Abatement C						
Street Address					-	B & G Restoration Street Address	, Inc.					
						105 Ryerson Road						
City, State, Zip Code					-	City, State, Zip Code	-					-
Project Manager for Monitor	ing Firm	17	)h N			Lincoln Park, NJ (	07035					
		-	Phone Numb	per		Telephone Number		License	Num	ber		
Scheduled Start Date (10)	ISch	ed. Complet	tion Date (1	1)		973-696-6869 Name of OSHA Monitor		0378				
01/02/2019	1	01/03/2019		1)		B & G Restoration						
Occupancy Status During Ab						Street Address	,		_			
Facility closed/vacated	during entire ne	eriod of abat	ement			105 Ryerson Road						
Abatement performed Describe:	outside of norma	al facility hou	Jrs-			City, State, Zip Code					-	
Other-Describe:					-	Lincoln Park, NJ 0	7025					
Scope of Work (check all the	at apply)						7033					
Demolition	Renova	tion			☐ F	Full Containment w/negati	ive pressure	Wrap  Glovel		_		
≥ 3 sf or >3 lf	≥160 sf c					Mini-enclosure	1	Glovei Non-fr				
Location of asbestos-containing	Is locati	ion normally tenance/cus	used solely				1		TR	I R	-	т —
material to be	staff(12	)	stodiai	Description	of a	sbestos-containing	Amount		e	e	E n	E
abated in facility (13)	Yes	No	N/A	material (A	CM)		(Specify S	For	m o	p	ca	n
basement		-		mina i I					v e	i	р	L
			X	pipe insula	tion		45 lf		V			
		1			-			-				
				16	-				Ш			
egistered Waste Hauler & G Restoration, Inc.		DEP Hauler I	D# Cu	ibic Yards of Wa	ste	Name of Registered Lar	ndfill					
ty, State			Disposal Da	ate		Grand Cen		ndfil	1			
Lincoln Park, NJ 07035				3/2019		City. State						
ompleted by (Print or Type) Gordana Luna	Title			Signature	=	Pen Argyl	, PA	D-4:				
- Juile	Secretar	ry/Treasure	r		-	Gordana Luna		Date 12	/21/2	2018		

( Y ) ( M) ( 2020)	All		ICATION O		ersey OS ABATE and 12:12			IEC		13	W	Fin Fin	(*************************************
Date of Notification (1) 12/20/2018	-			uilding Owr	er/Operator	(2)	100		Total and a position	Lit.		Flore Total	
Agencies Notified Type Notification		-	Street Add	ress		-	100	U DE	2	7	2018		
▼ EPA      ▼ Initial			65 Baeke		enue		į						
DEP Amended Amendment Emergency	#	_	City, State, Middlese		846		رد معدود	ASSEST LI	OS C	XON SIN	THÖ 3	l. G	
DOH justification) Cancellation	(iriciudirig			Contact Ken Borror	ni			Telephone 267-249-0		er	- Addition		7,000
			FACILIT	Y INFORM	ATION								
Name of Facility Where Abatement is Takir DOW Chemical Bound Brook - Blo		3)					of Facility (4) School (K-12)						
Street Address 65 Baekeland Avenue						×	Subchapter 8 Other (i.e. priv	(Other than		build	dings,	hom	es,
City (5) Middlesex							etc.) re Feet 00	# of Floors		11 /2-15/2	ldg. A	ge	
County (6)		T	County Coo			Curre	ent Use (Prior		olishe	1000			
Middlesex  Name of Monitoring Firm Hired by Building	Owner (8)		ASCM N	× 1	Namo		mical Plant tement Contr						
One Source Safety & Health	OWNER (0)		AGOWIN	o.	Bran	denb	urg Industri		Con	npai	ny		
Street Address 140 S Village Ave, Suite 130					Street 2217		ss man Drive						
City, State, Zip Code Exton, PA 19341			Mi				ip Code n, PA 1801:	5					
Project Manager for Monitoring Firm		- 1	Telephone I 610-524-		Teleph		0.	Licens					
Start Date (10) 01/16/2019	Schedule 01/28/		npletion Dat	e (11)		of OSI denbu	HA Monitor						-2000
Occupancy Status During Abatement (Chec					Street								
Facility Closed/Vacated During Entire   Abatement Performed Outside of Norm Other – Describe: DEMO - 01/29/2019	nal Facility	Hours	ent		City, S	tate, Z	man Drive ip Code						
Scope of Work (Check All That Apply)	02/10/201				Beth	lehen	PA 18015	)					
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		tenova emolit				% F	Full Containme Pressure Mini- Glovebag Ion-Exempted	Enclosure		le Pi	rocedi	ure	
		s Loca	State of the state								Abate Ty		
Location of Asbestos-Containing Material (ACM)		Norma ed Sole		A-b	Description				+	,	ı yı	J-C	
TO BE ABATED In Facility (13)	Cus	aintena stodial (12)	Staff?	(ACM insula	tos Containi ) (i.e. thermation, surfacir her miscella	al systeng, VA	ems T, or	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
D 000	Yes	No	N/A									Ф	
B 203			X		Pipe Insul			1225 LF	· >				
B 203		X	F	loor Tile/I		C	3330 SF	_					
			X		Roof/Flas			18000 SI	-				
B 203 B 203	1	-	X		Transite Caulk			85 SF 950 SF	X				
Name of Registered Waste Hauler		N	JDEP Waste	e Cu	bic Yards	·	Name of Re	gistered Lan					
Brandenburg Industrial Service Co		H	auler ID No.	1000	Naste		GROWS No		J.111				
City, State Bethlehem, PA					posal Date 6/19-2/10	)/19	City, State Morrisville, F	PA					
Completed by Stephen Carne	Title Envir	onme	ntal Mana	ager -	Signature	7	1		Date 12/2	0/2	018		

CK245	PA		NOT	IFICATIO	State of N ON OF AS nt to NJA	BESTOS	ABATE	MEN )	Т	5 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15	E	3 E	FI T	W D	
Date of Notification (1) 12/7/2018				Name JCM	of Buildin I Investo	g Owner/ ors 1012	Operator 2 LLC	(2)				27 1.237	Li.	U 50	A STATE OF THE PERSON AS A STATE OF THE PERSON
Agencies Notified	Type Notification	1			Address E 18th	Street					DI	C 2	7 20	118	
DEP × DOL	Initial Amended Amendmen Emergency	t#			tate, Zip ( rson NJ						ASSE	STOS C	ONT	HÜL.	d-
DOH DCA	justification Cancellation	)	ig		of Contac (o Stank		roject M	lana	ıger		lephone 73-570	Number	erro ferror and annual	# Special control # +	
				FAC	CILITY IN	FORMAT	ION					12.000			
Name of Facility Where About N/A  Street Address	atement is Takii	ng Place	(3)					Тур	e of Facility School (K-	1000					
359 Hamilton Ave								×	Subchapte Other (i.e. etc.)	r 8 (Oth	er than h & comme	(-12) ercial bu	ildings	s, hom	ies,
City (5) Paterson		84							are Feet 000	2	f Floors		Bldg. 75	Age	
County (6) Passaic				County (STATE	Code (7) USE ONL	Y)		Curr	ent Use (Pr Occupied	ior if be	ing demo	lished)			
Name of Monitoring Firm Hi	red by Building	Owner (8	3)	ASC	M No.		Name of Chec	of Aba	atement Co ark Indust	ntractor	(9)				
Street Address							Street A							40.74	
City, State, Zip Code							City, Sta	ate, z	Zip Code J 07871						
Project Manager for Monitor	ing Firm			Telepho	one No.		Telepho 973-5	ne N	lo. 2645		License 01334				
Start Date (10) 12/10/2018		Schedu 12/17	led Co /2018	mpletion	Date (11)				HA Monitor	rial					
Occupancy Status During Al							Street A 54 Mc								
Facility Closed/Vacated Abatement Performed of Other – Describe:	Outside of Norm	nal Facilit	y Hour	ment 's			City, Sta	ate, Z							-
Scope of Work (Check All Th	nat Apply)						- Opari	a i ve	7 07 07 1						
≥3 sf or ≥3 if ≥160 sf or ≥260 if			Renova Demoli				×	Mir	Il Containme ni-Enclosure ovebag Prod n-Exempted	edure					
Location of			s Locat Norma				18 19		- Exompted	2 ( ) and	11011-111	able FTC	Abate	ement pe	į.
Asbestos-Containing Mai TO BE ABATE In Facility (13)		Ma	ed Sole aintena stodial ( (12)	ince/ Staff?	Asbes (i.e.	tos Conta thermal surfac	scription of aining Mar systems in sing, VAT, hiscellaneo	terial nsula or	(ACM)	(S	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								'al	=	ilate	ure
southeast first t	loor	-	X	1		pipe	insulatio	on		15	0 LF	Х			
			11												
Name of Registered Waste H	auler		l Ni	IJDEP W	acto	Cubic	/==d=								
Atlantic Carting	adici		1,599.0	lauler ID		of Wasi 3			Name of F Waste I			ill			
City, State Wayne NJ						Disposa	al Date	0	City, State Tulleyto		Α .	<u> </u>			
Completed by Corey Stankovic		Title CEO				Sig	gnature	` <del>\</del>	Farko	· ~		ate 12/7/20	018		

IKA46 PAII	.)	NOTI	FICATIO	tate of New N OF ASB t to NJAC	ESTOS	ABATE	MENT 0)				E		W	Final State of the	par.
Date of Notification (1) 12/7/2018			Name o	of Building ey Spend	Owner/0	Operator	r (2)			- (2)	Lito	Ш	13	132	
Agencies Notified Type Notification	. 8		Street A	Address				1	The state of the s	DEC	, 2	7 2	018	And the second	
EPA Initial Amended Amendment	#		City, St Glen	ate, Zip Co Ridge No	ide J				1.0	PEST.	08 (	ZON T	rec.	- i	
DOH justification Cancellation	including		Name o	of Contact o Stanko		roject N	/lanage	er		ephone	CEN	SINE	*		-5-6
Name of Facility Where Abatement is Taking	Disco /2	2/	FAC	ILITY INFO	RMAT	ION									
Spence Residence	g i lace (c	,						f Facility (4) chool (K-12							
Street Address		7					St.	ibchapter 8 her (i.e. pri	(Oth	er than & comr	K-12 nerci	2) al buil	dings	, hom	es,
City (5) Glen Ridge				-			Square 2012		# 0	f Floors	3		3ldg. / 1941		
County (6) Essex			County (STATE	Code (7) USE ONLY)	-		Current	Use (Prior ence	if bei	ng den	nolish	ied)			
Name of Monitoring Firm Hired by Building C	Owner (8)		ASC	M No.		Name Che	of Abate ckmark	ment Contr Industria	actor	(9)					
Street Address							Address lorgan	Dr							
City, State, Zip Code		20	7.	7.5		City, S Spar	tate, Zip ta NJ 0	Code )7871							
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 973-	one No. 570-26	45		Licen 0133		o.			-
Start Date (10) 12/8/2018	Schedule 12/15/2	ed Cor 2018	mpletion I	Date (11)		Name of Chec	of OSHA ckmark	Monitor Industria	al						
Occupancy Status During Abatement (Check				17			Address lorgan l	Dr.							
Facility Closed/Vacated During Entire Policy Abatement Performed Outside of Normal Other – Describe:	eriod of A al Facility	bater Hour	nent s			City, St	tate, Zip	Code		-				11	
Scope of Work (Check All That Apply)						Opai	140 0	7071							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Control	enova emoli				×	Mini-E Glove	ontainmen Enclosure bag Proced	dure						
	ls	Locat	ion				i Non-E	exempted (	^) and	Non-F	-riabl		cedur Abate		
Location of Asbestos-Containing Material (ACM)	Used	lormal d Sole	ly by	Ashasta		scription	of aterial (A	CM		nount			Ту	ре	
TO BE ABATED In Facility (13)		ntena odial 3 (12)		(i.e. t	hermal : surfac	systems sing, VAT	insulatio Γ, or	n,	(S	pecify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A				•					a	-	late	ıre
basement crawl space		X			Duct	Insulat	tion		80	SF		Х			
										1					
									, and		er l				
Name of Registered Waste Hauler Atlantic Carting	1	100	JDEP Wa	21000	Cubic \ of Was			lame of Re Waste Ma	_						
City, State Wayne NJ					Disposa	al Date	C	ity, State Fulleytow				-	lactor sec		
Completed by Corey Stankovic	Title CEO			18	Si	gnature /		Report	٠.,,	· 	Date 12	e /7/20	)18		

Vayne NJ Completed by Corey Stankovic		Title CEO			Di	sposal Date Signature		tate ytown PA	Date 12/1				
Name of Registered Waste Atlantic Carting City, State	Hauler		N. Ha	JDEP Wauler ID I	No. of 15			of Registered te Managen					
Name of David													
			^			Roofing		300 8	SF	X			
Front Porc	h	X			Siding	- Ebs	2,800	SF	Х				
Exterior		Yes	No X	N/A		Oidin a				<u>a</u>	7	late	ıre
Location of Asbestos-Containing M TO BE ABAT In Facility (13)	aterial (ACM) ED	Us Ma	S Locat Norma ed Sole aintena stodial (12)	lly ely by nce/	(i.e. the	Description Containing Mermal systems surfacing, VAT ther miscelland	of aterial (ACM) insulation, Γ, or		unt cify		Abate	emen /pe Encapsulate	Enclosure
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	тнас Арріу)	×	Renova Demoli	tion		×	Glovebag	inment with Ne sure Procedure pted (*) and N				·e	
Abatement Performe Other – Describe: Scope of Work (Check All	d Outside of Norr	mal Facili	ity Hou	rs		City, S	State, Zip Code rta NJ 0787	e 71					
X Facility Closed/Vacat	ed During Entire	Dorind at	E A L	ment			Address Norgan Dr						
12/18/2018 Occupancy Status During	Abatomant (2)	12/28	3/2018	3	. Date (11)	Che	of OSHA Mo ckmark Ind	nitor Iustrial			1-55		
Start Date (10)	oning Film	Sched	uled Cr	mpletion	one No.  Date (11)	973	hone No. -570-2645	(	License N 01334	0.			
City, State, Zip Code  Project Manager for Moni	toring Eirm		44			City,	State, Zip Coo arta NJ 078	le 71	esemble 17				
Street Address						Stree	t Address Morgan Dr	- 304101					
Name of Monitoring Firm	Hired by Building	g Owner	(8)	ASO	CM No.	Name Che		nt Contractor (	9)				
County (6) Passaic				Count (STAT	y Code (7) E USE ONLY)			e (Prior if being	g demolis	hed)	195		
City (5) Paterson	and. 100 Albe	IL IVI I YI	er Pla	ice			Square Fe	(i.e. private &	commerc	ial bu	Bldg	. Age	
Street Address 100 Carroll Street	aka 100 Albo	rt M Tul	lor Di-				Scho Subc	ol (K-12) hapter 8 (Othe	r than K-1	2)			
Name of Facility Where N/A	Abatement is Tal	king Plac	e (3)	FA	CILITY INFO	ORMATION	Type of Fa	acility (4)					
DCA	justification Cancellation			Ma		vic, Project	Manager	Tele 97	ephone No 3-570-2	imbe 645	r		
× DOL	Amendme Emergen	ent # cy (includ	ding	Pat	State, Zip Coterson NJ	ode			Lici	B OC EMSI	NG.		
× EPA DEP	Initial Amended			449	et Address 9 E 18th St			l <sub>-y-tudey</sub>	Mary company from the company of				
12/17/2018 Agencies Notified	Type Notificati	ion		10	U Carroll S	Owner/Opera t CV Bridge	tor (2) ELLC		DEC	2 7	20	19	A CALL OF THE
Date of Notification (1)				I M				like! T	EG		Ľ,	1	

NOCK		NC					ESTOS ABA 8:60 and 5:		们些	5 6	a	7//	
Date of Notification (1)	7 /	40		Na	me of Build	ing (	Owner/Operator	(2)		FC 2	7	2018	
	7 /	18		1 5	Borough o	of S	pring Lake He	eights / Job #1	1811-5411 Che	ck#	- 1	4010	1
F7	pe Notificati	on		Stre	eet Address	3				in her a wall of the	report in an	ances or a	
	Initial			5	55 Bright	on .	Avenue		ASSE	STOS	400 MIPIN	m	4.1
☑ DHSS	Amended Amendmen	t #3		City	, State, Zip	Co	de		the many state of the state of	LILLE	NCHA	ini - new-	
	Emergency		ina	S	pring Lak	e H	leights, NJ 07	762					
(NJAC 5:23-8)	justification	)	5	Nar	ne of Conta	ct			Telephone Nu	ımber			
	Cancellation	1		В	ryan Kee	sha	n		732-229-4				
				F.	ACILITY I	NFO	ORMATION						
Name of Facility Where Abate	ement is Tak	ing Pla	ce (3					Type of Facility	v (4)			7 - 7	
Spring Lake Heights P	ump Stato	n						School (K-1					
Street Address	)	55 Per 25 L						☐ Subchapter	8 (Other than K-		27 SSW255		
420 Shore Road								homes, etc	private and comm	nercial	buildir	ıgs,	
City (5)								Square Feet	# of Floors		Bldg. A	Age	
Spring Lake										1	- · · · · ·	.50	
County (6)				Cor	unty Code (	7)(S	TATE USE ONLY)	Current Use (P	rior if being demo	lished)	V.		
Monmouth								Pump Stati		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Name of Monitoring Firm Hire	d by Building	Owner	(8)	ASCN	/ No.	N	ame of Abateme	ent Contractor (9					
NA							AbateTech, I		<b>,</b>				
Street Address						_	treet Address					S 7/2	
							30 Maple Ave	. PO Box 25					
City, State, Zip Code						Ci	ity, State, Zip Co	ode					
							Lumberton, N	J 08048	Sik.	400			
Project Manager for Monitoring	g Firm		Te	lephone	No.	Te	elephone No.		License No.				
	))+-						609-265-2107		00529				
Start Date (10)					ate (11)	Na	ame of OSHA M	onitor			1 -1		
12/3/18				31 /	18	1	EMSL Analyti	cal					
Occupancy Status During Abai						St	reet Address						
Facility Closed/Vacated Du	ring Entire P	eriod of	Abat	ement		:	200 Route 130	0 North					
Abatement Performed Outs Time of Abatement:	ide of Norma	al Facili	ty Ho	urs - De	scribe	Cit	ty, State, Zip Co	de					
		-IVI/	P	/1	_AM	(	Cinnaminson	, NJ 08077					
Scope of Work (Check all that a	apply)												
≥3 sf or ≥3 If		⊠ Re	enova	tion			☐ Full Conta	ainment with Neg	gative Pressure				
≥160 sf or ≥260 If			emoli				☐ Glovebag	Procedure					
							Non-Exen	npted (*) and No	n-Friable Procedu	ure			
Location of			Loc: Norm							Al	oatem	ent T	уре
Asbestos-Containing Materi	ai (ACM)	Use	ed So	lely by	Asbes	stos	Description of Containing Mate		Amount	Re	Re	En	Ш
TO BE ABATED		1000		ance/ Staff?		, the	ermal systems in	sulation,	(Specify	Removal	Repair	cap	Enclosure
IN Facility (13)		Ous	(12			ot	surfacing, VAT, her miscellaneo	or or	SF or LF)	/al		Encapsulate	ure
77.32.5		Yes	No	N/A	1	Ot	nei miscellaneo	us)				te	
Exterior Roof	2000-000-00-00-00-00-00-00-00-00-00-00-0				Transite	<u> </u>			700				
				10000					700		<u>                                     </u>	Ш	П
											П	П	
Name of Registered Waste Hau	ler			NJDEP I	Vaste	Cub	oic Yards of	Name of Regist	tered Landfill				
AbateTech, Inc.			I	Hauler II	33111100000	Wa	ste	G.R.O.W.S.					
City, State				18750			5 posal Date	City, State					
Lumberton, NJ							2/3118	Tullytown,	PΔ				
Completed By (Print or Type)	Title	2	-			-		runytown,	CONTRACTOR OF THE PROPERTY OF				
Gwendolyn Trumbetti	34.0000000		one	Coordi	nator		Signature	- N		ate	٦ ١	0	
SR-41		P-0.00	0110	Joorul	natol			MI		2/1	11	10	

**MAY 11** 

\* Do not use this form for ashestos licensure exempted activities

188012	PAI	D	IITOV	FICAT (Purs	ION OF A	f New Jersey ASBESTOS ABA JAC 8:60 and 5:	ATEMENT 16)			-1-1	W	FAT Ins.
Date of Notification (1)		212212		N	ame of Build	ding Owner/Operator	r (2)	DEC	, 2	7 2	018	-
		18	_		Stevens	Institute of Techr	nology/ Job #18	12-5423 Che	ck#	1088	1	5.1.0
Agencies Notified	Type Notific	ation		S	reet Addres	s		Addegt				ť
☑ EPA ☑ DOLWD	☐ Initial	74			1 Castle P	oint Terrace	1	LI(	OEM	auni Shno		4.1
☑ DOLWD	Amende Amendm				ty, State, Zip				arterior			
☑ DCA	☐ Emerger		ding	100	Hoboken,							
(NJAC 5:23-8)	justificati	on)	ading	Na	me of Conta	act		Telephone Nu				
	☐ Cancellat	tion			Stan Frank	koski		201-216-5				
					FACILITY	INFORMATION		201-216-5	000			
Name of Facility Where A	batement is T	aking P	lace (3	)		MICKWATION	Time of Facility	(4)				
Stevens Institute of	Technolog	y- Alex	ande	Hous	e		Type of Facility ( ☐ School (K-12					
Street Address				10.230.200	,		Subchapter 8	) (Other than K-1	12)			
1 Castle Point Terra	ce						U Other (i.e., pr	ivate and comm	ercia	build	ings,	
City (5)	A. I						homes, etc.) Square Feet	14.65				
Hoboken							Square reet	# of Floors		Bldg.	Age	
County (6)				Co	ounty Code (	7)(STATE USE ONLY)	Current Hea (Drie	-:61				
Hudson					, ,	· NOTHIE GOL ONET)	Current Use (Price Technical Sc		lished	1)		
Name of Monitoring Firm F	lired by Buildi	ng Own	er (8)	ASC	M No.	Name of Abateme		1001				
TTI Environmental						AbateTech, Ir						
Street Address						Street Address	ю.					
1253 North Church S	treet					30 Maple Ave	PO Box 25					
City, State, Zip Code						City, State, Zip Co						
Moorestown, NJ 080						Lumberton, N						
Project Manager for Monito	ring Firm		Te	lephon	e No.	Telephone No.	0 00040	l Linnan No				
Jim Guilardi					0-8800	609-265-2107		License No. 00529				
Start Date (10)	Sc	heduled	Comp	letion D	ate (11)	Name of OSHA Mo	nitor	00529				
/ //	19	2	/ _1		19	EMSL Analytic						
Occupancy Status During A	batement (Ch	eck only	one)			Street Address						
□ Facility Closed/Vacated	During Entire	Period o	f Ahat	ement		200 Route 130	North					
Abatement Performed O	utside of Norn	nal Faci	ity Ho	re Do	scribe	City, State, Zip Cod						
Time of Abatement:		PM/	PN		_AM	Cinnaminson,						
Scope of Work (Check all th	at apply)						140 00077					
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			enovat emoliti			☐ Mini-Enclo	Procedure					
		1	s Loca	tion	1	□ MOII-Exem	pted (*) and Non-F	riable Procedur	_			
Location of			Norma	lly		Description of			Ab	_	ent T	уре
Asbestos-Containing Mat TO BE ABATE	erial (ACM)	Us M:	ed Sole aintena	ely by	Asbest	tos Containing Mater	rial (ACM)	Amount	Rei	Repair	En	E
IN Facility	<u> </u>		stodial		(i.e.,	thermal systems ins surfacing, VAT, or		(Specify	Removal	oair	Encapsulate	Enclosure
(13)		-	(12)	1	1	other miscellaneou	s)	SF or LF)	<u>a</u>		sula	ure
Thursday		Yes	No	N/A			32				e e	
Throughout			$\boxtimes$		Asbestos	s containng wall		16,133 SF	×		П	
					- I - I - I - I - I - I - I - I - I - I	nizetor			-		] [	7
		П									Ш	П
		+=-		_								
Name of Registered Waste Ha	auler											
AbotoTask In	40101		IN.	JDEP V	vaste (	Cubic Yards of	Name of Registere	d Landfill				

Nam AbateTech, Inc. Hauler ID No. Waste G.R.O.W.S. Landfill 18750 40 City, State Disposal Date City, State Lumberton, NJ 2/15/19 Tullytown, PA Completed By (Print or Type) Title Signature Gwendolyn Trumbetti **Operations Coordinator** 12-21-18

# NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.IAC 8:60 and 5:16)

	108	3		(Purs	uant to N.	JAC 8:60 and 5	:16)					
Date of Notification (1)				N	ame of Build	ing Owner/Operato	r (2)		DEC 2	7	2018	
/	_ / _	18	1			ood Johnson Ho		1812-5424 0	heck#1	0883	ZU10	
	Notificati	on		St	reet Address	3		france -	ESTOS	200	Tr/127	
N				- 1	One Rober	rt Wood Johnso	n Place		LICE	VISIN:	14 794.1 7]	3-152
	nended nendmen	+ 44		Cit	ty, State, Zip	Code			in a transfer to a	20 m (0.5 m)	Dec.	
	nergency		ding	- 1		wick, NJ 08901						
(NJAC 5:23-8) jus	tification	)	ing	_	me of Conta			Tolonhan	- No		-	
	ncellatio	200		ŀ	Kristen Be	II		Telephon 732-93	e Numbe 7-8701	r		
Name of Equilibria/house At all				F	ACILITY I	NFORMATION						
Name of Facility Where Abateme Robert Wood Johnson Ho		ting Pla	ace (3)	)			Type of Facilit	ty (4)				
Street Address	spitai						School (K-	12)				
							Subchapte	r 8 (Other than	n K-12)			
One Robert Wood Johnson	n Place	)					homes, etc	private and co	ommercia	l build	ıngs,	
City (5)							Square Feet	# of Floor	rs	Blda	Age	
New Brunswick										Diag.	rige	
County (6)		130		Co	unty Code (	7)(STATE USE ONLY)	Current Use (F	Prior if heing de	amalisha	4/		
Middlesex						,,	Hospital	nor ii being di	emonsne	1)		
Name of Monitoring Firm Hired by	Building	Owne	r (8)	ASC	M No.	Name of Abatem		2)				
Omega Environmental					0.0380	AbateTech, I	,	2)				
Street Address						Street Address	IIC.					
280 Huylar Street							DO D					
City, State, Zip Code						30 Maple Ave						
South Hackensack, NJ 076	06					City, State, Zip C						
Project Manager for Monitoring Fir			17.	11		Lumberton, I	NJ 08048					
Geiser Fajardo				lephone		Telephone No.		License N	lo.			
Start Date (10)	10-1	1 1 1			9-8700	609-265-2107		00529				
1/// 19	Sche				ate (11)	Name of OSHA M						
	_			8 /	19	EMSL Analyti	cal					
Occupancy Status During Abateme	ent (Chec	k only	one)			Street Address						
Facility Closed/Vacated During	Entire Pe	eriod of	Abate	ement		200 Route 13	0 North					
Abatement Performed Outside	of Norma	I Facili	ty Hou	ırs - De	scribe	City, State, Zip Co				_		
Time of Abatement:AM-		M/ <u>5</u> PN	1	AM		Cinnaminson						
Scope of Work (Check all that apply	y)						,					
		M D				☐ Full Conta	ainment with Neg	gative Pressure	е			
☐ ≥160 sf or ≥260 lf		⊠ Re □ De	enovat				osure					
			ATTO ILL	011		☐ Glovebag ☐ Non-Exen	Procedure  opted (*) and No	n-Friable Droc	edura			
		Is	Loca	tion			prod ( ) direction	ii i ilabic i ioc				
Location of	Market C		Vorma			Description of			A	batem		ype
Asbestos-Containing Material (A TO BE ABATED	CM)		d Sole intena		Asbest	tos Containing Mate	erial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
IN Facility				Staff?	(i.e.,	thermal systems in	sulation,	(Specify	von	Dair	ap	clos
(13)			(12)			surfacing, VAT, other miscellaneo	or us)	SF or LF)	<u>a</u>		sule	ure
		Yes	No	N/A					. I	1	te	
2 <sup>nd</sup> Floor Hallway Window			$\boxtimes$		Window	Caulk		30 LF				
								00 L1		12		Ш
										Ш	Ш	Ш
		_		_								
Name of Registered Waste Hauler												
AbateTech, Inc.				JDEP V	H102120000000	Cubic Yards of	Name of Regist					
				auler ID 18750	100	Vaste 12	G.R.O.W.S.	Landfill				
City, State						Disposal Date	City, State					
Lumberton, NJ						1/8/19	Tullytown, F	PA				
Completed By (Print or Type)	Title					Signature	1		Dota			
Gwendolyn Trumbetti	Op	eratio	ons C	oordi	nator		AR		Date		· 6	7

ASB-41 MAY 11

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Date of Notification (1) Job # 1810-5388 Check #10880 PSE&G / 12 17 Street Address Agencies Notified Type Notification ALBERTOS CONTRO ☐ Initial X EPA 4000 Hadley Road **⊠** DOLWD City, State, Zip Code Amendment #4 ☑ DHSS South Plainfield, NJ ☐ Emergency (including ☐ DCA Telephone Number Name of Contact (NJAC 5:23-8) justification) 908-756-7736 ☐ Cancellation Christina Meerlo FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) ☐ School (K-12) PSE&G- North Brunswick Station Control House Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 301 Victory Blvd. homes, etc.) Square Feet # of Floors Bldg. Age City (5) North Brunswick, NJ County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) County (6) Control House Middlesex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) AbateTech, Inc. Health & Safety Services Street Address Street Address 30 Maple Ave. PO Box 25 PO Box 365 City, State, Zip Code City, State, Zip Code Lumberton, NJ 08048 Berlin, NJ 08009 License No. Telephone No. Project Manager for Monitoring Firm Telephone No. 609-704-8850 609-265-2107 00529 Jim Proctor Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) 10 / 11 / 18 12 / 21 / 18 **EMSL Analytical** Street Address Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/\_\_\_PM-\_\_\_AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure □ Renovation ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Glovebag Procedure ☐ Demolition Non-Exempted (\*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Location of Enclosure Removal Encapsulate Used Solely by Amount Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Maintenance/ (i.e., thermal systems insulation, (Specify TO BE ABATED **Custodial Staff?** SF or LF) surfacing, VAT, or IN Facility (12)other miscellaneous) (13)Yes No N/A 612 SF П $\boxtimes$ Roofing Material

Exterior M 104 LF П П Perimeter Roof Flashing  $\boxtimes$ Exterior X 20 LF X Roof Penetration Flashing Exterior 2,000 LF Exterior П  $\boxtimes$ Transite Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Hauler ID No. Waste Conestoga Landfill Environmental Transport Group, INC. 000692061 40 Disposal Date City, State City, State 12/21/18

Completed By (Print or Type) Gwendolyn Trumbetti

Flanders, NJ

Title **Operations Coordinator**  Signature

Morgantown, PA

Date 12/1

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 18 / PSE&G / Job # 1812-5419 Check #10882 12 Agencies Notified Type Notification Street Address ASSESTOS CONTRO ☐ Initial **⊠** EPA 4000 Hadley Road LICENSING □ DOLWD City, State, Zip Code **⊠** DHSS Amendment #1 South Plainfield, NJ ☐ Emergency (including) ☐ DCA Name of Contact Telephone Number (NJAC 5:23-8) justification) ☐ Cancellation Ken Carmelia 609-410-0038 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) PSE&G- Central Gas Plant Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, Blair Road & Markley Street homes, etc.) Square Feet # of Floors Bldg. Age City (5) Woodbridge, NJ County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) County (6) Gas Plant Middlesex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health & Safety AbateTech, Inc. Street Address Street Address 30 Maple Ave. PO Box 25 PO Box 365 City, State, Zip Code City, State, Zip Code Lumberton, NJ 08048 Berlin, NJ 08009 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 00529 James-Proctor 609-265-2107 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) <u>12</u> / <u>26</u> / <u>18</u> \_\_12\_\_ / \_\_24\_\_ / \_\_18\_\_ **EMSL Analytical** Street Address Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/\_\_\_PM-\_\_\_AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 lf □ Renovation Mini-Enclosure ☐ Glovebag Procedure □ Demolition ≥160 sf or ≥260 lf Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Description of Location of Encapsulate Removal Repair Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Maintenance/ (i.e., thermal systems insulation, (Specify TO BE ABATED Custodial Staff? SF or LF) IN Facility surfacing, VAT, or (12)other miscellaneous) (13)Yes No N/A П  $\boxtimes$ 16 LF X Exterior Coal Tar Wrap  $\boxtimes$ 20 LF П П X Exterior Coal Tar Wrap П Name of Registered Landfill NJDEP Waste Cubic Yards of Name of Registered Waste Hauler Hauler ID No. Waste G.R.O.W.S. Landfill **Environmental Transport Group** NJD0006920 10 Disposal Date City, State City, State 12/26/18 Morrisville, PA Flanders, NJ

Completed By (Print or Type)

Gwendolyn Trumbetti

Title

**Operations Coordinator** 

Signature

Date

	_								
3	5	state of N	ew Je	rsey - Notifi	ication of Asbestos	Abateme	nt E	CE	IVE
CK 13380P	AII	Ž.	(Purs	suant to N.J.A.C	C. 8:60-7 and 12:120-7)	)			14 13 133
Date of Notification (1)		24 2040			Name of Building Owne	r/Operator (2		DEC 27	2018
Agencies Notified	ember	21, 2018 Notification	Type		Ridgewood Wate Street Address	r			
V EDA		区 Initi	al Not	ification	131 North Maple A	venue	430	ESTOS O	DATAGO &
X EPA x DCA		Amende			City, State, Zip Code		100 - 411 - 120 - 1	LULINS	INC:
x DOL		justifi		(including	Ridgewood, NJ (	17451	Tolonhou	aa Numbar	
X DEP X DOH		□ Cance		.,	Ralph Ruggiero			ne Number 70.3371	
Name of Facility Where Abatem	ont in Tal	dina Diago (2)		FACILITY IN	FORMATION				
Ridgewood Water	ient is Tak	(3)			Type of Facility (4)  School (K-12)				
Street Address					Subchapter 8 (other that	an K-12)			
205 East Glen Avenue					Other (i.e. private	& commercial	buildings, ho	mes, etc.)	
	County (6)		Count	y Code (7)	Sq. Feet: Unknown	# 01 F100	ors: 2 Bld	g. Age: 80	years
Ridgewood	Bergen		(State	Use Only)	Current Use (prior if beir	ng demolishe	d):		
Name of Monitoring Firm Hired			ASCM		Name of Contractor (9)				
EnviroVision Consul	ltants i	nc.	000	79	GREENWOOD ABA	TEMENT (	CONSULT	ANTS INC	:
Street Address	DI4#	244			Street Address		0110021	, ,	
20-21 Wagaraw Road,	blug #	34A			511 MAIN STREET				
City, State, Zip Code Fairlawn, NJ 07410					City State, ZipCode				
Project Manager for Monitoring	Firm	Telephone N	umber		Butler, NJ 07405 Telephone Number		License N	lumber	
Fred Larson		973-636-							
Scheduled Start Date (10)		Scheduled C	ompletic	on Date (11)	973-492-0477 Name of OSHA Monitor		00840		
December 24, 2018	- 1	Decembe	r 24, 2	2018	EMSL inc.				
Occupancy Status During Aba					Street Address				
Facility Closed/Vacated Abatement Performed C	During E	ntire Period o	f Abate	ment	1056 Stelton Road				
Describe	410140 01	Tromai r don	ity i loui	3-	City, State, Zip Code				
Other – Describe:					Piscataway, NJ 08	854			
Source of Work (Check all that a	(ylqqı					F. II O			100000 11 Ama
≥ 3 sf or ≥ 3 lf				x Renovatio	n		nment with i -Enclosure	Negative Pre	ssure
□≥ 160 sf or ≥ 260	)			Demolition		x Glovebag			
						Non-Exem x Wrap & C		Non-Friable	Procedure
Location of Asbestos-Containing Material (ACM) in Facility (13)	(I)	ation Normally by Maint./Cu			pestos Containing Material lal systems insulation, surfac	Amou ing, (Spec		atement Type	2
, , , , , , , , , , , , , , , , , , , ,	Staff? YES	(12)	nΑ	VAT, or other mis		or LF)		move Repair	Encap Enclose
Boiler Room	X			TSI-Pipe and	l fitting Insulation	8 If	X		
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	T	NJDEP Wast	e Hauler	ID#	Cubic Yards of Waste:			Registered La	
Hauler #1) Greenwood	Abatem		ultant	s. Inc Butler	r. NJ 07405	2 Disposal Da		fill Landfil City, Stat	
NJ DEP # 12	2561			157		Decemb	-	Route 2, Bridgepo	Box 68
Hauler #2) Newark Carti	ng, Inc.	– Newark,	NJ 04	509, NJ DEP # 1	19551	2018		304-842-	
Completed by (Print or Type)	T:	itle			Cionatura				
Marin Graure		tte ENIOR PR	ROJEC	т	Signature Marin Graure		Date Decem	ber 21, 20	018
~	IV	IANAGER							

From: GREENWOOD ABATEMENT

19734920133

19/21. 2018 11:52

#090 P.002/004

### State of New Jersey - Notification of Asbestos Al atement

28			(Pursu	not to N.J.A.C.	8:60-7 and 12:120-7)			D	01 -	OF	YAC	2019	2
Data of Notification (1)		04 0040			Name of Building Dwner/D Ridgewood Water	rate	(2)	T		3.00		7	
Dec	emper	21, 2018			The second secon	-	C #10(0)	-	-	-	THE PERSON NAMED IN		
Agencies Molified			al Notifi		Street Address 131 North Maple Av	1100		1	1 6.	RESTO	1	ME	Į.
X EPA		DAmende	Cortif	ication	City, State, Zip Code			1	4	-	/	100	
x DCA		DO Emer	dency (	Including	Ridgewood, NJ 07	51	-	L		LV	10000		
x DOL			cation)		Name of Contact	-		Tellebl	alia Nu	misers y	DUT.	_	
X DEP		☐ Cance			Raiph Ruggiero	1		204	170/3	777	UVE	IJ	
x DOH		LI Canto	REQ.	715000000000000000000000000000000000000					-			-	L
				FACILITY INFO		-		and the same of	_		-	-	
Name of Facility When Abeler Ridgewood Water	nenia Tek	dne Place (3)			Type of Facility (4) School (K-12)	*							
Street Address			-		DSubchapter 8 (other than								ı
206 East Glan Avanua	3				So. Feet: Unknown	mme # of	rolal bi Floor	ulldings, s:2 B	homes, ldg. Ad	atc.)	years		١
CHY (5)	COUNTY (8	1	County	Code (7)					T				ı
Ridgewood	Bergen		IState L	Iso Oniv)	Current Use (prior if being	emol	iehed)	:					
Name of Monitoring Firm Hires	by Bleto.	Swiner (6)	ASCM	No.	Name of Contractor (9)								1
EnviroVision Consu	Itanto	Inc	0007			N LEWES			L				1
THAILO A PRIDIT COURS	TITIBLE	mc.	1	•	<b>GREENWOOD ABAT</b>	ME	AT C	DNSU	TANT	S, INC	,		J
Street Address		- Control of the Cont			Street Address								1
20-21 Wagaraw Road	. Rido #	34A											ı
Se-Ti staffgigit icoca	, arall "				511 MAIN STREET		_						1
City, State, Zip Code					City State, ZioCode		- 1.1.1.1.1.1						
Fairfawn, NJ 07410					Butler, NJ 07406								1
Project Manager for Monitoring	Firm	Telephone	Number		Telephone Number			Licena	e Humb	10			1
Fred Larson		973-638	-9145				l)						1
Tred Dateon		0.000			973-492-0477			0084	0				1
Scheduled Start Data (10)	Committee Commit	Scheduled	Completio	n Date (11)	Name of OSRA Mentor	11/11/11					33		ı
December 24, 2018		Decemb	at 24. 2	018					1				ı
2000 mao: 2~, 20 to			,-		EMSL Inc.					-			1
Occupancy Status During Al	Inemated	Check only	ne)		Street Address								1
Facility Closed/Vacale	d During	Entire Period	of Abster	ment					1				1
Absternent Performed	Outside d	f Normal Fai	cility Hour	<b>8</b> -	1956 Stelton Road	printing some							4
Describe			-		City, State, Zio Code								1
Other - Describe:					m								
					Placetaway, NJ 08	04			1				1
Source of Work (Check all the	( vides )												
										etive Pro	\$\$UP		1
≥ 3 mf or ≥ 3 h	٢			z Renovatio	n	CE	MIN	Enclos	ure				1
□> 160 of or ≥ 3				Dempition		E Go	padev	Proceed	Úre eru				1
						Non-	Exam	pled (")	and No	n-Frieble	Proced	lure	1
						x Wn	P&C	ut				THE OWNER	
Location of Asbestos-Contain		agetton Norm		Description of Asi	cestos Containing Material		Amou		Abeler	nent Typ	2		
Material (ACM) in Facility (13)		ely by Mainly	Cualodial	(ACM) (i.e. them	al systems insulation, surface	D.	(Speci		Remove	a Repair	Encap	Enclose	
		77 (12)	B10	VAT, or other mis	CS(1.)	- 1	or LP)						
	YE	THE PARTY NAMED IN COLUMN TWO IS NOT THE OWNER.	NA	war b'	Auto Incolotion	-	D 14	-	663	7	T	_	-
Boller Room	2			Tal-Pipe and	fitting insulation		B H		LES.		1	1	
						-		-			1		-
Name of Red Waste Hauter	^	NUDEP W		riDe.	Cubic Yards of Wests:	ь.				Landfi			1
Sea Hauler Below # 1 &		See Bek				2			- TOTAL				4
Hauler #1) Greenwoo	d Abate	ment Cor	sultant	s, Inc Butle	r, NJ 07405	Digo	as D	04 04		City, Sta Route 2.			
NJ DEP #	12561	12000						er 24,		Bridges			
Hauler #2) Newark Ca	rting. In	c News	k. NJ 04	509, NJ DEP #	19551	201	8		-	304-842			1
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Marin Graure				<b>V</b> 1	ITELIM CAMERO			1		,-	58703957		1
		MANAGE	ir.				_		Personal Property and Property		CHICAGO		_
GAC # 2018-668													

NO CK	NOTIFIC	ACITA	OF ASE	ew Jersey BESTOS ABATE	EMENT		1		G	E		77
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Date of Notification (1)			HACK	ENSACK UNIVI	ERSITY	MEDICAL	CENTER					
				Address	25446000			The state of the s	DF(	; 4	/ 2	01B
Agencies Notified Type Notification			30 PR	OSPECT AVEN	IUE							-
TIEPA I Initial Notifie		Į.	City, S	State, Zip Code ENSACK, NEW	JERSE	Y 07601	2	4.8	PEST	108 V	CONT	B.
X DOL Cancellatio			Name	of Contact		T	Telephone Nu	umber		the last of	CONT.	1414
X DOH On Hold	ICY NOTIFIC	ATION		ALD FARRELL			551-996-3778					
DCA EMERGEN	10111011110	FAC	ILITY IN	FORMATION								$\dashv$
Name of Facility Where Abatement is Tak	ing Place (3)				Type of	Facility thool (K-1	(4)					
					C.	hchanter	8 (Other tha	n K-12	2)			
HACKENSACK UNIVERSITY MEDICAL CE	NTER				X O	ther (ie. p	rivate & com	mcl. b	ldgs.,	home	s, etc	.)
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30 PROSPECT AVENUE  City (5)  County (6)	)	T	Coun	ty Code (7)	Current HOSPI	Use (Pri	or if being de	molish	ned)			
HACKENSACK IBERGEN	Owner (9	-	(STATE	ASCM No.	Nama	of Abater	ment Contra	ctor (9	9)			
Name of Monitoring Firm Hired by Buildi LANGAN ENGINEERING & ENVIRONMEN	ng Owner (8 ITAL	,		99	PAR E	NVIRON	MENTAL CO	RPOR	OITA	V		$\dashv$
Street Address					Street /	Address	CK ROAD					
300 KIMBALL DRIVE					City, St	tate, Zip (	Code					
City, State, Zip Code PARSIPPANY, NE	EW JERSEY	07054	ļ.		SUFFE	RN, NEV	N YORK 109	01 Licens	o Nur	mher		$\dashv$
Project Manager for Monitoring Firm	Teleph	none N	lumber			one Num	iber	1101	oc ivai	11001		
VIJAY PATEL	973-56	60-498	33	(11)		9-7500 of OSHA	Monitor	1101				
Expected State Date (10)	Sched. Con		30 Date	/19	QUALI	TY ENVI	RONMENTA	L				
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X Facility Closed/Vacated During Abatement Performed Outside	of Normal Fa	CHILLY	louis D	escribe:			Orde					-
Other - Describe: MONDAY	-FRIDAY 4	PIVI-12	MA		City, S	state, Zip WA	PPINGER F	ALLS,	NY 12	2590		- 1
SATURD	AY 4PM-12A	M		Full Con	tainment		ative Pressu					
Scope of Work (Check all that apply)  Demolition  X	Renovation	ı		Mini-End	do,							
>3SF OR LF				X Non-Fria	ag Proce	edure						
X >160 SF OR 260 LF	Is Locati	on T		Description of A				0)		atem	ent Ty	
Location of Asbestos-containing	normally t		(	Containing Mate	rial (ACN	Л)	Amou		REMOV	REPAIR	ENCAPS	ENCLOS
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in Facility (13)	Yes No			or outer things					-	$\vdash$	1	سد
ADD ELOOD MAIN DI III DING			VAT & N	IASTIC			2,100 SF		X	_	_	
3RD FLOOR MAIN BUILDING ST. JOHNS BUILDING BASEMENT		Х	VAT & N	MASTIC			4,000 SF		X	_	-	
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Name of Registered Waste Hauler	NJDEP W		Cubic Y	ards of Waste	Nam	e of Regi	istered Landf TRAL SANIT	ill ARY I	AND	FILL		
NEWARK CARTING	Hauler ID	No.		80			THAL OANT					
369 RAYMOND BLVD. City, State			Disposa 12/13-5	al Date /30/19	City,	State 均FIELD	TOWNSHIP	, PA		_		
Completed by (1 lint of 1 year)	itle	- 005		Signature	4	_		Da	£-	21	-/	
BENJAMIN SANCHEZ D	IRECTOR O	- OPE	HATION	0 1/	111)	$\rightarrow$						_

		(		Name of	of Bu	ilding Ov	wner/	Operator (	2) AL CENTER	E 12	Π.,	1	17	
Date of Notification (1)				Street A					THE STATE OF THE S		_	_		
12 / 12 /18	tion					CT AVEN	NUE			DE(	; 2	7	2018	
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		alion i	. 1	IIIAOINE	_140/	(0), 11=1		15,674) BNSA 1	. A.	SSEJ	ros	CON	MAG	
X DOL Cancel X DOH On Hol				Name	of Co	ntact			Telephone I	Numbér	IÇE	MSIN	C)	
DCA EMERG	SENCY N	OTIFI	CATIO	N DONAL	LD F	ARRELL			551-996-37	78				
			FA	CILITY INF	ORN	MATION								-
Name of Facility Where Abatement is	Taking P	ace (	3)				Туре	of Facility						
realite of Fability Time of Table								School (K		V 4	21			
HACKENSACK UNIVERSITY MEDICAL	CENTER	3					\	Subchapt	er 8 (Other the private & cor	nmel h	idae	hom	nes et	c.)
							X	uare Feet	# of Floo	ors I	lugs.	Bldg.	Age	-
Street Address								200,000	5			8		
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HACKENSACK BERG Name of Monitoring Firm Hired by Bu	ilding Ov	vner (	8)	(CIAIL		CM No.	Nam	ne of Abate	ement Contr	actor (	9)	2012010		
LANGAN ENGINEERING & ENVIRONM	MENTAL		-,			99	PAF	RENVIRON	MENTAL CO	DRPOR	ATIC	N		
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300 KIMBALL DRIVE							313	SPOOK R	OCK ROAD		-			-
City State Zin Code			Andria Art				City	, State, Zip	W YORK 10	901				1
PARSIPPANY	, NEW JE	RSE'	0705	4				ephone Nur		Licens	se Ni	umbe	r	$\neg$
Project Manager for Monitoring Firm		100000000000000000000000000000000000000		Number				-369-7500	1.50	1101				
VIJAY PATEL	- (2 :		60-49		111		Man	ne of OSH	A Monitor	11101				
Expected State Date (10)	Sch	ed. Co 5		ion Date (1 30	11)	/19	QU	ALITY ENV	IRONMENT	AL				
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Occupancy Status During Abatement (	Check onl	v one						eet Address						1
V Facility Closed/Vacated Dur	ing Entire	Perio	d of Ar	atement			137	6 ROUTE	9					
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Other - Describe: MONI	DAY -FRI	DAY 4	PM-12	2 AM			City	V, State, Zij	APPINGER F	ALLS,	NY 1	2590		
	RDAY 8A	WI-4P	VI	ſ		IFull Cont	l tainme		gative Press					
Scope of Work (Check all that apply)	X Ren	ovatio	n	1		Mini-Enc								
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X >160 SF OR 260 LF					X	Non-Fria	ble P	rocedure					T	
Location of	Is	Loca	tion			iption of A							nent Ty	
Asbestos-containing	nor	mally	used	Co		ning Mate			Amou		E	THE STATE OF	I Z	Z
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TO BE ABATED	11111111		todial	in	sulati	ion, surfac ner miscel	cing, \	VAI,	31 01	L1 )	A	B	Sc	JS(
in Facility (13)		Staff (		(	or our	ier miscei	ialieu	usj			1		=	Ä
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Name of Registered Waste Hauler NEWARK CARTING		uler I			80		G	RAND CEN	TRAL SANI	TARY L	AND	FILL		
369 RAYMOND BLVD.	1	wasse 67					1	11/01/						
City, State				Disposal			)  C	ity, State	TOWNSHIP	PA				
NEWARK, NEW JERSEY 07105	1=			12/13-5/3		naturé /	-/1	LAIMFIELD	TOTALIOLIII	Dat	9 ;	7-	10	-1
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BENJAMIN SANCHEZ	DINECT	Unio	, UI L		-		1	-		1000				47-1

Date of Notification	(1)				N:	ame of	Building (	Owner/Operato	or (2)			147	1.72
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X DOH	x On Hold	HON			Na	ame of	Contact		IT-1-1-1-1-1-1	07/5	100	Try F	27.4
DCA	EMERGI	ENCY	NOT	IFICA	TION DO	DNALD	FARRELL		Telephone Nu 551-996-3778	mber	Man		
Name of Facility Who	ere Abatement is Ta	kina	Place	9 (3)	FACILITY	INFO	RMATION	Tyme of Feet	II (4)				
HACKENSACK UNIV				(0)				Type of Faci School Subcha	(K-12) pter 8 (Other than	K-12)			
Street Address		1000						X Other (in Square Fee	e. private & comm	cl. bld	gs., h		
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City (5) HACKENSACK	County ( BERGEN	6)			Col	unty C	ode (7) E ONLY)	Current Use (	Prior if being dem	olishe	d)		
Name of Monitoring	Firm Hired by Build	ina O	wner	(8)	(017		SCM No.		tement Contract	or (9)			
LANGAN ENGINEERI Street Address	NG & ENVIRONME	NTAL		#65/500			99	PAR ENVIRO	NMENTAL CORF	ORAT	ION		
300 KIMBALL DRIVE								Street Addres 313 SPOOK F					
City, State, Zip Code								City, State, Zi			-		
Project Manager for M	PARSIPPANY, N	EW J				4		SUFFERN, N	EW YORK 10901				
Project Manager for M VIJAY PATEL	onitoring Firm				e Number			Telephone Nu		ense	Numb	er	
Expected State Date	(10)	Isch		-560-4	1983 etion Date	- /44\		845-369-7500		01			
11 /	26 /18	Journ		5 /		80	/19	Name of OSH	A Monitor /IRONMENTAL				
Month Da	y Year	Mo	onth	200	Day		Year	GONETT EN	VITIONNIENTAL				
Occupancy Status Dur	ring Abatement (Che sed/Vacated During	ck onl	y one	()	\			Street Addres					
Abatement	Performed Outside of	of Non	mal F	acility	Abatement Hours - Γ	i )escrib	Δ,	1376 ROUTE	9				
X Other - Des	cribe: Monday -	riday	7am	-3:30	pm	COUND	·.	City, State, Zir	Code				
Scope of Work (Cheek	all 46 - 4 1 3		er.					W	APPINGER FALLS	S, NY	12590	)	- 1
Scope of Work (Check	all that apply)	Reno	ovatio	n		-	Full Conta	inment with Ne	gative Pressure				
>3SF OR L		Tirent	Jvalic	11.1		-	Mini-Enclo	Procedure					
X >160 SF OF	R 260 LF					X	Non-Friab	e Procedure					
Location			Loca			Descri	ption of As	bestos-		IA	baten	nent T	vne
Asbestos-c Material				used		Contair	ning Materia	al (ACM)	Amount				-
TO BE A			olely	by todial	١.	(ie. l	Thermal sys on, surfacir	stems	(Specify	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
in Facilit			taff (			or oth	on, sunacır er miscellar	ig, VAI, neous)	SF or LF)	1	Ē	PS	SO
		Yes		N/A		31.05.41.1		10003)		15	1	F	H
3RD FLOOR MAIN BU	ILDING			Х	VAT & M	ASTIC			2,100 SF	X			
ST. JOHNS BUILDING	BASEMENT			Х	VAT & M	ASTIC			4,000 SF +	X			
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Name of Registered Wa	anto Harrier	NI ID			0.1.			- III					
NEWARK CARTING	aste Hauler	NJDE			Cubic Ya	rds of V 80	0.0000000000000000000000000000000000000	Name of Regis	tered Landfill RAL SANITARY L	ANIDE	11.1		
369 RAYMOND BLVD.			d (150)	-100 A		100000		OI IAND CENT	HAL SANITARY L	-ANDF	ILL		
City, State NEWARK, NEW JERS	EY 07105				Disposal 11/26-5/3			City, State	OWNSHIP, PA			1	7
Completed by (Print or BENJAMIN SANCHEZ	Type) Title	CTO	3 05	OPE	RATIONS	Signa	ature /	Z DINVIELD I	Date	e j	7/	71	111
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		١	OTIFICA (Pursu	ATION OF ASBESTOS AB Jant to NJAC 8:60-7 and 1	BATEMENT			70 [	Z II	W						
Date of Notification (1)				Name of Building	Owner/Operate	or (2)	(= \	<u>s</u> ) 1	5 II	173						
144	/18			HACKENSACK U	NIVERSITY MED	DICAL CENTER			0							
	Notificati	on		Street Address 30 PROSPECT A	VENILE		D	EC	27	2018						
EPA X	Initial Not	tification		City, State, Zip Co												
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X DOH	On Hold			Name of Contact				LICH	MS in	16						
DCA	EMERGE	NCY N		TION DONALD FARREL		Telephone N 551-996-3778	umber B									
Name of Facility Where Abatem	ent is Ta	king DI	200 (3)	FACILITY INFORMATION												
			ice (a)		Type of Faci School	lity (4)										
HACKENSACK UNIVERSITY ME	DICAL C	ENTER				oter 8 (Other thai	n K-12	1								
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30 PROSPECT AVENUE					Square Fee 200,000	t # of Floors		BI	dg. Ag 80	je						
	County (6 BERGEN	5)		County Code (7)	Current Use (	Prior if being den	nolishe	ed)	00							
Name of Monitoring Firm Hired	by Buildi	ng Owr	er (8)	(STATE USE ONLY) ASCM No.	HOSPITAL											
LANGAN ENGINEERING & ENVI Street Address	RONMEN	ITAL	N 1	99		tement Contrac NMENTAL COR	tor (9) PORA	TION								
300 KIMBALL DRIVE					Street Addres	S	7 01111	11014								
City, State, Zip Code	24107 115		200000000000000000000000000000000000000		313 SPOOK F City, State, Zip	Code										
PARSIPE Project Manager for Monitoring Fir	m NE			954 Number	SUFFERN, NE	W YORK 10901										
VIJAY PATEL	2,5110		73-560-4		Telephone Nu 845-369-7500	100	License Number									
Expected State Date (10)	10	Sched.	Comple	etion Date (11)	Name of OSH	A Monitor	101	_								
Month Day Yea	18 r	Month	5 /	30 /19 Day Year	QUALITY ENV	IRONMENTAL										
Occupancy Status During Abateme	ent (Chec	k only o	ne)		Street Address											
X Facility Closed/Vacated Abatement Performed (	During E Dutside of	ntire Pe Normal	riod of A Facility	batement Hours - Describe:	1376 ROUTE											
X Other - Describe: M	londay -F	riday 7a	m -3:30p	om	City, State, Zip	Code										
Scope of Work (Check all that appl	y)	*		Full Cont	WA	PPINGER FALL	S, NY	12590	)							
Demolition >3SF OR LF		Renova	tion	Mini-Encl	ainment with Neg o ,	jative Pressure										
X >160 SF OR 260 LF				Gloveba	g Procedure											
Location of		Is Loc		Description of As	ole Procedure	1	Τ.									
Asbestos-containing Material (ACM)	- 1	normall		Containing Materi	al (ACM)	Amount	B	baten	nent T							
TO BE ABATED		solel Maint/Cı	ustodial	(ie. Thermal sy insulation, surfaci	stems	(Specify	REMOV	REPAIR	ENCAPS	ENCLO						
in Facility (13)		Staff	(12)	or other miscella	ineous)	SF or LF)	DVAL	Ē	PS	SO.						
3RD FLOOR MAIN BUILDING		res No							SUL	SUR						
ST. JOHNS BUILDING BASEMENT	_	-		VAT & MASTIC		2,100 SF	X									
		_	X	VAT & MASTIC		4,000 SF *	X									
ST. JOHNS BUILDING BASEMENT	-		X	GLUE & CEILING TILE		740 SF	X									
		_	+							$\Box$						
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Name of Registered Waste Hauler	- IA	JDEP V	Vasta	N. K. L. W.												
NEWARK CARTING		lauler ID		Oubic Yards of Waste 80	Name of Registe	ered Landfill										
369 RAYMOND BLVD.  Dity, State					11/1	AL SANITARY L	ANDF	ILL								
NEWARK, NEW JERSEY 07105				Disposal Date 1/26-5/30/19	PLANIFIELD TO	MAIOUE -		1		7						
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THE WHIT GANGLEZ	IDIREC	TOR OF	OPERA	ATIONS   GIGHLIGHT	(11))	Date	1//	15	//	1 V						

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Date of Notification (1)	A Name o	of Building Owner/Operate	or (2)	<del>11</del>		10/	E 17
12-04-1	0	Richard	Barker			- 100.000	
Agencies Notified Type Notification	Street A	Address	nen + Mars III III	DEC 2	7 7 2	010	The same of the sa
☐ EPA ★ Initial ☐ Amended	City. St.	ate, Zip Code		0.0	, ,	010	
DOL Amendment	<b>*</b>	Somervil	ile NJ	7-088	76	~~.,	
DOH Emergency (i	ncluding Name o	of Coritact	G G	Telephone Nui	nber	Y"/ - F - 1	
☐ DCA ☐ Cancellation		hand Bar	Ken				7-
Name of Facility Where Abatement is Taking		ILITY INFORMATION	Type of Facility	(4)		-	
Single fan	ily Dwe	Hine	☐ School (K-1				
Street Address			☐ Subchapter	8 (Other than K-1:	2)		
			etc.)	orivate & commerci			
City (5) Some ville	TILL	08876	Square Feet	# of Floors	Bi	dg. Ag	
County (6)		Code (7)	Current Use (Pri	or if being demolish	(her	10	0+-
merses		USE ONLY)	Outlone dop, (i ii	or it being demons	icaj	**	
Name of Monitoring Firm Hired by Building O	wner (8) ASCI	M No. Nam	e of Abatement Cor		_		
Erc lechnolo	gies	NA	ST 393	chnolog	ies	J	inc
Street Address Box 3	37	Stree	Address	337	3		
City, State, Zip Code	WT 00	City.	State, Zip Code		Af	10	29
New Egypt	M2 09	333 N		At M	U	50	55
Project Manager for Monitoria gu Firm	Telepho		758-336	License N	2	qu	1
Start Date (10)	Scheduled Completion	Date (11) Name	e of OSHA Monitor	2 0			-
Jan 12 3, 2019	Jan 4	2019	EPC Tec	hnologies	I	ic.	
Occupancy Status During Abatement (Check	Only One)	755000	t Address •	227		1	
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal	eriod of Abatement at Facility Hours		P-O Box State, Zip Code	33 f	- 40-50-50-50-50-50-50-50-50-50-50-50-50-50	3,5	<u> </u>
☐ Other – Describe:			kw Egypt	ALT	785	3	2
Scope of Work (Check All That Apply)			JIP:	700			
≥3 sf or ≥3 lf	☐ Renovation			ent with Negative F	ressure	9	
△ ≥160 sf or ≥260 lf	☐ Demolition	>	☐ Mini-Enclosure ☐ Glovebag Pro:	cedure			
	1	T	Non-Exempted	d (*) and Non-Friab	1	edure Abaten	nont
	Is Location Normally	Donation in	6			Тур	
Location of Asbestos-Containing Material (ACM)	Used Solely by Maintenance/	Descriptio Asbestos Containing	Material (ACM)	Amount			ш _
TO BE ABATED In Facility	Custodial Staff?	(i.e. thermal system surfacing, V		(Specify SF or LF)	Removal	Repair	nck
(13)	(12)	other miscella	ineous)	22 <b>.</b> X	oval	oalr	Enclosure
-	Yes No N/A						6
Basement/CRaw Space	XI	Pioe Insu	lation	150 LF	X		
. *							
•							
Name of Registered Waste Hauler	NJDEP W Hauler ID		$\hat{}$	Registered Landfill		•	
EPC Technologies		00 9		e Manager	nent	of	PA
City, State		Disposal Date			A		
New Egypt /	VJ Title	^ / -     Signatu		isville f	te	•	
Steve Schenker	President	SI	sup) Sche	che	12	-24	-18

100	CR	( in	NOT (F	IFICA	TION OF A	New Jersey SBESTOS ABA 8:60-7 and 12:	TEME	ENT		E	C			W/
		_	1.	diode		ne of Building			(2)	< 1	11.00	-		- Senior
Date of Notification (1)						JDENTIAL INSU			(2)					-
12 / 21 /18											DEC	2	7 :	2018
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Scope of Work (Check all that apply)		229	99			x Full Conta		nt						
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Name of Registered Waste Hauler			P W		Cubic Yard	ds of Waste	Nam	e of Registe	ered Landfill					
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City, State					Disposal D	ate	City	State//				1	1	
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BENJAMIN SANCHEZ	Title	CTO	R OF	OPE	RATIONS	Signature	//	$\times \vee$		Date'	4	11	11	1
- I STATE OF THE S	DINE		IUF	OFER	WILDIA?	10	//	1		10	10	1	11	13

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) PRUDENTIAL INSURANCE CO. 11 /18 Street Address Agencies Notified Type Notification 213 WASHINGTON STREET Initial Notification City, State, Zip Code DEP Amended Notification #1 NEWARK, NEW JERSEY 07102 DOL Cancellation On Hold DOH Name of Contact Telephone Number 3 CONTAC DCA **EMERGENCY NOTIFICATION** WILLIAM BARRETT 973-802-2175 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) PRUDENTIAL Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, tc.) Street Address Square Feet # of Floors Bldg. Age 213 WASHINGTON STREET 750,000 22 78 City (5) County (6) County Code (7) Current Use (Prior if being demolished) Pharm. La D. **ESSEX** (STATE USE ONLY) COMMERCIAL Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ACCREDITED ENVIRONMENTAL TECHNOLOGIES INC PAR ENVIRONMENTAL CORPORATION Street Address Street Address 28 NORTH PENNELL ROAD 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code MEDIA, PA 19063 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number JASON MCCAULEY 610-891-0114 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 12 / 06/ 18 3 / 30 QUALITY /19 Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1376 ROUTE 9 Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY - FRIDAY 6PM-4 AM City, State, Zip Code SATURDAY & SUNDAY 7AM-4 PM WAPPINGERS FALLS, NEW YORK 12590 Scope of Work (Check all that apply) Full Containment Demolition Renovation Mini-Enclo, >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Ty )e Asbestos-containing normally used Containing Material (ACM) Amount FNCI REMOVAL REPAIR ENCAPSUL Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) 081 in Facility (13) or other miscellaneous) Staff (12) Yes No N/A Ī 1 B FLOOR MILITARY PARK AREA VAT & MASTIC 1,500 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill NEWARK CARTING GRAND CENTRAL SANITARY Hauler ID No. 913 City, State Disposal Date City, State PLAIMFIELD TOWNSHIP, PA NEWARK, NEW JERSEY 12/06-03/30/19 Completed by (Print or Type) Title Signature Date BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS

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Date of Notification (1)				ne of Building IDENTIAL INSU	Owner/Operato	or (2)		= (3)	[5]	State of the state
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DCA X EMERO	GENCY N	IOTIFICA	TION WIL	LIAM BARRET	Г	973-802-2175			je Et	Şli
			FACILITY I	VFORMATION						-
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Project Manager for Monitoring Firm			e Number		Telephone Nu		ense N	Numbe	r	-
JASON MCCAULEY	- 1	610-891-0			845-369-7500			vuilibe		
Expected State Date (10)			etion Date	(11)	Name of OSH	0.4000	J 1			
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100				Name	of Building Ov	wner/C	perator (2	2) 1105	1		_		
Date of Notification (1)				MERC	CK SHARP & DO	OHME	CORP.	111	1	DEC	2	7 21	118
12 / 21 /18					Address								
Agencies Notified Type Notification				126 E	. LINCOLN AVE	ENUE,	P.O. BOX	2000, RY28	-414				
EPA Initial Notific X Amended N Cancellation	otifica		#3	City, S RAHV	State, Zip Code VAY, NEW JER	SEY (	7065				03 C CEN	TAG:	Y - C
Y DOH On Hold					of Contact			Telephone I		er			
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			FA	CILITY IN	FORMATION								_
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	00 AL			Coun	ty Code (7)	Curre	ent Use (Pr	ior if being d	emolis	hed)			
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HARWAY Size Lived by Rullding Owner (8) ASCM No. Name of Abatement Contractor (9)													
ENVIRONMETAL HEALTH INVESTIGATION	VS, IN	IC. `			104			MENTAL CO	DRPOF	RATIC	N		
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655 WEST SHORE TRAIL								OCK ROAD		_	_	_	-
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Project Manager for Monitoring Firm		branca Mi					369-7500		1101				
WILLIAM S. KERBEL, CIH			29-56	tion Date	(11)		e of OSHA	Monitor	11101				$\neg$
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Abatement Performed Outside of X Other - Describe: MONDAY	Norn FRID	nal Fa	acility AM-3:	Hours - De 30 PM	scribe:	City,	State, Zip	Code N YORK, NI	EW YC	DRK 1	0016		
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Scope of Work (Check all that apply)  Demolition	Reno	vatio	n		Mini Encl	Ο,							
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X >160 SF OR 260 LF					X Non-Frial					_			
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8	Yes	INO	N/A		200 W 200 O C					1,			
<b>ROOF PERIMETER &amp; PENETRATIONS</b>			Х	ROOFING	3 TAR			935 SF		X	-	-	-
		-	1										

Cubic Yards of Waste

10/2018-05/30/2019

Disposal Date

15

Signature

NJDEP Waste

15939

DIRECTOR OF OPERATIONS

Hauler ID No.

Title

companies of a contract of the second

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.

FREEHOLD, NEW JERSEY
Completed by (Print or Type)
BENJAMIN SANCHEZ

825 HIGHWAY 33

City, State

Name of Registered Landfill
LYCOMING COUNTY RESOURCE MANAGEME NT SE

447 ALEXANDER DRIVE/ROUTE 15

City, State MONTGOMERY, PA 17752

Date of Notification (1	)				N	ame c	of Building	Owner/	Operator	(2)			1040 10	1
12 /	\$5 						SHARP &	DOHME	CORP.		DEC	2	7 20	17)
Agencies Notified	4 /18 Type Notifica	tion					ddress		VICTOR OF THE STATE OF			, –	1_1	11
EPA									, P.O. BO	X 2000, RY28-4	14			
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X DOL	Cancella		modil	011 112		AUAN	Y, NĖW J	ERSEY	07065		- 14	ÇUM	MVC	
X DOH DCA	On Hold						Contact			Telephone Nur	mher	_		
	EMERG	ENCY	NO	IFICA			IA JOHNS			732-594-7746	11001			
Name of Facility When	e Abatement is T	aking	Diag	0 (3)	FACILITY	/ INFC	RMATION						Acres III	
			riac	e (3)				Туре	of Facilit	y (4)				
MERCK SHARP & DOH	ME CORPORATI	ON							School (K	er 8 (Other than	14 401			
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126 EAST LINCOLN AV	'ENUE - BUILDIN	G 80	ΔDD					Squ	are Feet	# of Floors	1	Blo	dg. Ag	e (c.)
City (5)	County		700		Cou	unt. C	ode (7)		3,900	1			39	
RAHWAY	UNION	5.00			(STA	TE US	SE ONLY)	Curre	nt Use (P	rior if being demo	olishe	d)		
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ENVIRONMETAL HEAL Street Address	THINVESTIGATI	ONS,	INC.				104	PAR	ENVIRON	MENTAL CORP	ORA	TION		
655 WEST SHORE TRA	AIL							Street	Address				O TOP TO S	-
City, State, Zip Code	2000 - 100 -								State, Zip	OCK ROAD				
Project Manager for Mor	SPARTA, NEV	V JEF						SUFF	ERN, NEI	V YORK 10901				
WILLIAM S. KERBEL, C					e Number				none Num		ense	Numb	er	
Expected State Date (1	0)	ISah		-729-	5649 letion Date				39-7500	110	)1			
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X Other - Descr	ibe: MONDAY	-FRII	DAY.	7AM-S	3:30 PM	, COCI 1D	С.	City, S	tate, Zip (	Code				
Scope of Work (Check a	I that apply)						-		NEW	YORK, NEW Y	ORK	10016	3	
Demolition	X X	7Ren	ovatio	n		-	Full Conta Mini Encl	ainment	with Nega	tive Pressure				
>3SF OR LF X >160 SF OR	,						Glovebag		ıre					
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TO BE ABA				todial	i	nsulati	on, surfaci	na VAT		(Specify SF or LF)	REMOVAL	REPAIR	ENCAPSUL	()
in Facility (	(13)		taff (1			or oth	er miscella	neous)		SF OF LF)	Š	E	PS	()
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FREEHOLD CARTAGE, I	NC.	NJDE Haule			Cubic Yar		Vaste	Name o	f Register	red Landfill			_	
825 HIGHWAY 33	(1.5.5.)		15939			15		LYCOM	ING COU	NTY RESOURCE	E MA	NAG	EMEN	TE
City, State				_	Disposal D	Date		City. Sta	até//	R DRIVE/ROUTE	: 15			
FREEHOLD, NEW JERSE Completed by (Print or Ty	e) Title				10/2018-0			MONTO	MERY	, PA 17752	Esta	1	, /	
BENJAMIN SANCHEZ		CTOF	ROF	OPFF	RATIONS	Signa	iture //	4		Date	7,	14	1/,	77
					THONG		-//	113		110	1	/	11	k]

	1,	0.000.	Name of Building C		(2)				
Date of Notification (1)			MERCK SHARP & D			DEC	27	-20i l	
10 / 29 /18			Street Address			UEL	-/	20	
Agencies Notified Type Notificatio	n		126 E. LINCOLN AV	'ENUE, P.O. BOX	( 2000, RY28-414				
EPA Initial Noti DEP X Amended X DOL Cancellati	Notification	n #1	City, State, Zip Code RAHWAY, NEW JE		1	= 77.3			
X DOH X On Hold EMERGE	NCY NOTI	FICATI	Name of Contact ON PATRICIA JOHNSO	N	Telephone Numl 732-594-7746	ber			
			ACILITY INFORMATION		7.0				
Name of Facility Where Abatement is Tal	king Place	(3)		Type of Facilit					
MERCK SHARP & DOHME CORPORATIO	N			Subchapt	er 8 (Other than K private & commcl		s. hor	nes. e c	
Street Address				Square Feet	# of Floors	T	Bldg	Age	7
126 EAST LINCOLN AVENUE - BUILDING	80 ADD			8,900	1	1		9	
City (5) County (6	)		County Code (7)		rior if being demol			A CIL I	
RAHWAY UNION  Name of Monitoring Firm Hired by Buildi	na Owner	(8)	(STATE USE ONLY) ASCM No.		ABORATORY ANI		ICEF	ACILI	$\dashv$
ENVIRONMETAL HEALTH INVESTIGATION Street Address		(0)	104		MENTAL CORPO		ON		$\dashv$
655 WEST SHORE TRAIL				313 SPOOK RO	OCK ROAD				
City, State, Zip Code SPARTA, NEW	JERSEY	07871		City, State, Zip SUFFERN, NE	Code W YORK 10901				
Project Manager for Monitoring Firm			Number	Telephone Nun	nber Lice	nse N	lumbe		
WILLIAM S. KERBEL, CIH	7.334.77	729-56	2/4/7/	845-369-7500	110	1			
Expected State Date (10)			tion Date (11)	Name of OSHA		~		4 400	
10 / 29 /18 Month Day Year	Month	i /	30 /19 Day Year	AMERISCI LA	BORATORIES INC	ز	#1	1480	
Occupancy Status During Abatement (Chec X Facility Closed/Vacated During & Abatement Performed Outside of X Other - Describe: MONDAY	Entire Perio of Normal F	od of Al	Hours - Describe:	Street Address 117 EAST 30T City, State, Zip NEV		ORK '	10016		
Scope of Work (Check all that apply)  Demolition  3SF OR LF  >160 SF OR 260 LF	Renovatio	on	Mini Encl Glovebag	ainment with Neg lo , g Procedure ble Procedure	ative Pressure				
Location of	Is Loca		Description of A				batem		
Asbestos-containing	normally		Containing Mater		Amount	RE	RE	m T	7
Material (ACM) TO BE ABATED	solely Maint/Cus		(ie. Thermal sy insulation, surfac		(Specify SF or LF)		REPAIR	CAF	2
in Facility (13)	Staff (	12)	or other miscell		01 01 21 )	REMOVAL	B	ENCAPSUL	2
ROOF PERIMETER & PENETRATIONS		х	ROOFING TAR		935 SF	Х			
		$\vdash$				+		-	$\dashv$
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	NJDEP W Hauler ID 1593	No.	Cubic Yards of Waste 15	447 ALEXAND	DUNTY RESOUR ER DRIVE/ROUT	CE M/ E 15	ANAG	EMEN F	SE
City, State FREEHOLD, NEW JERSEY Completed by (Print or Type) Title			Disposal Date 10/2018-05/30/2019   Signature /	MONT GOMER	Y , PA 17752	'A	/		
	ECTOR OF	OPER		708-		10	)/2	29'	4

321,08

MERCK SHARP & DOMME CORP.	Date of Notification (1)						Name	of Buildin	g Owne	r/Operator	(2)	To the forms	- 1	-	
Agencies Notified  Type Notification  Concentration  Concentration  Agencies Notified  Type Notification  Concentration  Agencies Notified  Type Notification  Concentration  Agencies Notified  Type Notification  Concentration  Name of Contact  FACILITY INFORMATION  ARRIVAY.NEW JERSEY 07065  Name of Contact  FACILITY INFORMATION  Type of Facility (4)  School (K-12)  Subchapter 8 (Other than K-12)  School (K-12)  School (K-12)  Subchapter 8 (Other than K-12)  School (K-12)  Subchapter 8 (Other than K-12)  School (K-12)  School (K-	•						MERC	K SHARP	& DOHN	1E CORP.	100	13	(7ª	T-72	N 5 /2
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Sementary   Particle Johnson	DEP X DOL X DOH	Amende Cancell	ed Notation	tion tificati	on		City, S RAHW	tate, Zip Co AY, NEW .	ode			D		2;	2018
Name of Facility Where Abatement is Taking Place (3)  MERCK SHARP & DOHME CORPORATION  Street Address  1/2E EAST LINCOLN AVENUE - BUILDING 80 ADD  Street Address  1/2E EAST LINCOLN AVENUE - BUILDING 80 ADD  Street Address  1/2E EAST LINCOLN AVENUE - BUILDING 80 ADD  SQuare Feet # of Floors Bidg. 99  (City (5) County (6) County Code (7)  RAHWAY  Name of Monitoring Firm Hired by Building Owner (8)  ENVIRONMETAL HEALTH INVESTIGATIONS, INC.  ASCM No. 104  PAREMYROMMETAL CORPORATION  Street Address  SPARTA, NEW JERSEY 07871  Telephone Number  Forject Manager for Monitoring Firm  Freighone Number  WILLIAM S. KERBEL, CH  Freighone Number  WILLIAM S. KERBEL, CH  Freighone Number  WILLIAM S. KERBEL, CH  Freighone Number  Freighone Number  Freighone Number  Freighone Number  WILLIAM S. KERBEL, CH  Freighone Number  Freig	DCA	MERG	ENC)	NO.	TIFICA	ATION	PATRI	CIA JOHNS	SON		Telephone Nu	mber			
MERCK SHARP & DOHME CORPORATION  Street Address  Square Feet British (4) Subchapter 8 (Other than K-12) Subchapter 9 (	Name of Facility 14"										1732-394-1746	10 10 100	1100	7 (2)	MILL
School (K-12)   School (K-12)   School (K-12)   Subchapter 8 (Other than K-12)   X   Other (ie, private & commod. bidgs., hom is, etc.)	warne of Facility where Abatem	ent is 1	aking	Plac	e (3)	25.2X				e of Facilit	v (4)	2 300 1		- 1	
Sireet Address ACM No. ASKENDER, COUNTY (5) COUNTY (6) COUNTY (7) Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.  ASKEN No. ASKIN	MERCK SHARP & DOHME CORE	ORAT	ION							School (K Subchapt	-12) er 8 (Other than	K-12	ĭ		
Student Peet   # of Floros   36 ge   96   1 ms   38   38   39   1 ms   38   39   1 ms   38   39   39	Street Address									Other (ie.	private & comm	icl. blo	igs., r	nom	s, etc.)
RAHWAY Name of Monitoring Firm Hired by Building Owner (8) Norm of Monitoring Firm Hired by Building Owner (8) Norm of Monitoring Firm Hired by Building Owner (8) Norm of Monitoring Firm Hired by Building Owner (8) Sirvet Address Sirvet Address Sirvet Address Say Stream Address Sparta, New Jersey 07871  Folict Manager for Monitoring Firm  WILLIAM S. KERBEL, CIH Sya-7-29-5649  WILLIAM S. KERBEL, CIH Sya-7-29-5649  WILLIAM S. KERBEL, CIH Sya-7-29-5649  William S. Kerbet, Cih Sya-7-29-5649  Sufferan, New York 19801  Sched. Completion Date (11) Soft One of Sya-7-29-5649  Sufferan, New York 19801  Name of Osha Monitor  William S. Kerbet, Cih Sya-7-29-5649  William S. Kerbet, Cih Wonth Day Year  Month Day Well-Research  Will Containment with Negative New Yerk 10016  New York, New York, New York, North Non-Fribabe Procedure  North	126 EAST LINCOLN AVENUE - B	UILDIN	G 80	ADD					Sq	uare Feet	# of Floors		BI	dg.	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC.  ASCM No. Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION Street Address Into Could be address Street Addres	DALIMANA		(6)			T 0	ounty	Code (7)	Curr		ior if hairs also			39	
ENVIRONMETAL HEALTH INVESTIGATIONS, INC.    Street Address   Street Addres		NION				(ST	TATE U	SE ONLY)	RES	EARCH LA	BORATORY A	olishe	ed)	ΕΛ.	11.1
Street Address 65 WEST SHORE TRAIL  City, State, Zip Code  SPARTA, NEW JERSEY 07871  Project Manager for Monitoring Firm  Telephone Number  WILLIAM S. KERBEL, Cith  973-729-5649  Sched. Completion Date (11)  10 / 29 / 18	ENVIRONMETAL HEALTH INVES	y Build	ding (	Owne	r (8)			ASCM No.	Nam	e of Abate	ment Contract	or (9)		FA	ILI
Street Address   Stre	Street Address	HOAT	ONS,	INC.				104	IPAR	ENVIRON	MENTAL CORP	ORA	TION		
SPARTA, NEW JERSEY 07871  Project Manager for Monitoring Firm  WILLIAM S. KERBEL, CIH  973-729-5649  Sched. Completion Date (11) 10 / 29 / 18 Month Day Year  Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe:  Other - Describe:  Oth	655 WEST SHORE TRAIL	1							Stree	t Address				_	
Project Manager for Monitoring Firm Telephone Number   Telephone Numbe									City	State 7:-	OCK ROAD				-
WILLIAM S. KERBEL, CIH  973-729-5649  Sched. Completion Date (11) 10 / 29 /18 Month Day Year  Month Mont	Project Manager ( Manager ( )	A, NEV	V JER						SUFF	State, ZIP (	V VORK 10001				
Expected State Date (10)  10 / 29 / 18  Month Day Year  Occupancy Status During Abatement (Check only one)  X Facility Closed/Vacated During Entire Périod of Abatement Abatement Performed Outside of Normal Facility Hours - Describe:  With Demolition  Demolition    Street Address	1 Toject Manager for Monitoring Firm	n		-			er		Telep	hone Num		oneo	Mumb	-	
Name of OSHA Monitor	Fynested State Date (40)												INGITIL	lei	
Month Day Year Occupancy Status During Abatement (Check only one)  X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe:  X Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM  Scope of Work (Check all that apply)  Demolition SaSF OR LF X > 160 SF OR 260 LF  X > 160 SF OR 260 LF  X > 160 SF OR 260 LF  X > 160 SF OR 260 LF  X > 160 SF OR 260 LF  X > 160 SF OR 260 LF  X > 160 SF OR 260 LF  X Non-Friable Procedure  Location of Asbestos-containing Material (ACM) Solely by Maint/Custodial Staff (12) Yes No N/A  RROOF PERIMETER & PENETRATIONS  X ROOFING TAR  NJDEP Waste Hauler SREEHOLD CARTAGE, INC. 15939  Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 15939  Disposal Date 10/2018-053/021 Jisposal Date 10/2018-	40 /	Q	Sch	ed. C	ompl	etion Da			Name	e of OSHA	Monitor		_	_	-
Occupancy Status During Abatement (Check only one)  X Facility Closed/Vacated During Entire Périod of Abatement Abatement Performed Outside of Normal Facility Hours - Describe:  City, State, Zip Code NEW YORK, NEW YORK 10016 NEW YORK NEW YORK	Month Day Year	7/4	M	anth		Day	83930		AME	RISCI LAB	ORATORIES IN	C	#	‡11 <u>4</u>	0
Scope of Work (Check all that apply)  Demolition  Sas F or LF  Assestos-containing Material (ACM) In Facility (13)  ROOF PERIMETER & PENETRATIONS  Assestor Waste Hauler REEHOLD CARTAGE, INC.  In Sas Sop of Work (Check all that apply)  In Demolition  Assestos-containing Material (ACM) In Facility (13)  Renovation  Full Containment with Negative Pressure  Mini Enclo Glovebag Procedure Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)  ROOF PERIMETER & PENETRATIONS  X ROOFING TAR  PROFING TAR  NAME of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEME At ALEXANDER DRIVE/ROUTE 15  City, State Completed by (Print or Type)  Title  Title  Title  Title  Title  Title  Non-Friable Procedure  Non-Friable Pro	Abatement Performed O	During utside (	ck on Entire	ly one Pério mal F	od of A	Abateme			117 E	AST 30TH					
Location of Asbestos-containing Material (ACM) Material (ACM) TO BE ABATED Maint/Custodial Staff (12) Yes No N/A  ROOF PERIMETER & PENETRATIONS  X ROOFING TAR  NAME of Registered Waste Hauler REEHOLD CARTAGE, INC. 15939  Name of Registered Waste Hauler REEHOLD CARTAGE, INC. 15939  Is Location of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)  X ROOFING TAR  935 SF  X  Amount (Specify SF or LF)  NAME of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEME TO No. 15939  LYCOMING COUNTY RESOURCE MANAGEME TO Size Hauler ID No. 15939  Disposal Date City, State MONTGOMERY, PA 17752  Completed by (Print or Type)  Title	Demolition >3SF OR LF		Rend	ovatio	n		Y	Glovebac	tainment lo , Proced	NEW with Nega	YORK NEW Y	ORK	10016	3	
Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  ROOF PERIMETER & PENETRATIONS  Vame of Registered Waste Hauler REEHOLD CARTAGE, INC. 125 HIGHWAY 33  Vame of Registered Waste Hauler REEHOLD, NEW JERSEY  Normally used solely by Maint/Custodial Staff (12) Yes No N/A  ROOFING TAR  Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)  NAME of Registered Waste Hauler Hauler ID No. 15  LYCOMING COUNTY RESOURCE MANAGEME REEHOLD, NEW JERSEY  Completed by (Print or Type)  Title  Signature  Signatu			Is	Loca	tion		1								
ROOF PERIMETER & PENETRATIONS  X ROOFING TAR  935 SF X  Name of Registered Waste Hauler REEHOLD CARTAGE, INC. 15 REEHOLD, NEW JERSEY  Disposal Date REEHOLD, NEW JERSEY  Disposal Date REEHOLD, NEW JERSEY  Disposal Date REEHOLD, NEW JERSEY  REEHOLD, NEW JERSEY  RESIDENCE MANAGEME REEHOLD, NEW JERSEY  RESIDENCE MANAGEME RESIDENCE MA	Material (ACM)		norr	nally olely	used by		Contai (ie.	ining Mater Thermal sy	ial (ACN stems	1)					ype
ROOF PERIMETER & PENETRATIONS  X  ROOFING TAR  935 SF  X  Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 15  With Indicated by (Print or Type)  Ititle  REEHOLD, NEW JERSEY  Disposal Date 10/2018-05/30/2019  Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEME 447 ALEXANDER DRIVE/ROUTE 15  City, State 10/2018-05/30/2019  MONTGOMERY, PA 17752	in Facility (13)		S	taff (1	2)		or oth	ion, surfac ner miscella	ing, VAT aneous)	,	SF or LF)	OVAL	AIR	APSUL	LOSUF
Name of Registered Waste Hauler REEHOLD CARTAGE, INC. 15 15 15 15 15 15 15 15 15 15 15 15 15	ROOF PERIMETER & PENETRATION	ONS			х	ROOFIN	NG TAF	}		0	135 SE	V	1	-	1
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Hauler ID No. 15 LYCOMING COUNTY RESOURCE MANAGEME IT SE LYCOMING COUNTY RESOURCE MANA	Name of Registered Waste Hauler		NJDE	P Wa	ste	Cubic Ya	ards of	Nasto	Mama	of Desi-t					
City, State  REEHOLD, NEW JERSEY  Disposal Date 10/2018-05/30/2019	-KEEHOLD CARTAGE, INC. 325 HIGHWAY 33		Haule	r ID N	10.				LYCON	IING COU	VTY RESOURCE	E MA	NACE	ENAE	Ter
REEHOLD, NEW JERSEY  Completed by (Print or Type)  Title  City, State  Lity, State  MONTGOMERY, PA 17752	City, State	+	1	5939		Dian- i	D .:		1447 AL	EXANDER	DRIVE/ROUTE	15	I VAGE	LIVIE	11 35
Completed by (Print or Type) Title Signature Signature Signature	REEHOLD, NEW JERSEY							010	ICITY, St	ate				_	
DIRECTOR OF OPERATIONS Date 0 1618	Completed by (Print or Type)					1.00	Sign		IMPOINT	SOMERY,			i		
	BENJAMIN SANCHEZ	DIRE	CTOR	OF (	OPER	ATIONS	Joigna	1	87	-	Date	10	118	1	8

## State of New Jersey

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Date of Notification (1)			- 1		K SHARP & DO	OHN	ME CORP.	13 133	- 0				$\dashv$
12 / 21 /18				Street	Address	FNII	JE, P.O. BOX 20	000, RY28-4	14		CONTRACTOR	tank or	
Agencies Notified Type Notification				1 65	tate, Zip Code		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1. 200	110	FNS	14 ÷	
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X DOL Cancellat X DOH On Hold DCA EMERGE		TIEICAT	ION	Name	of Contact	N	T 7:	elephone Nu 32-594-7746	mber				
DCA EMERGE	INCT NO	F	-ACII		ORMATION								$\dashv$
Name of Facility Where Abatement is Ta	king Pla		,			Ту	pe of Facility (4						
						$\vdash$	Subchanter	8 (Other than	n K-12)				
MERCK SHARP & DOHME CORPORATION	NC					X	Other (ie. pr	# of Floors	ncl. blo	lgs.,	home	s, to	:.)
Street Address 126 EAST LINCOLN AVENUE - BUILDIN	G 80 M						Square Feet 39,400	2			54		$\dashv$
City (5) County			Τ.	Count	y Code (7) USE ONLY)	Cu	urrent Use (Prio ESEARCH LAB	ORATORY A	AND O	FFIC	E FAC	CIL	
RAHWAY UNION Name of Monitoring Firm Hired by Buil	ding Ow	ner (8)	(	STATE	ASCM No.	NI-	ame of Ahatem	ent Contrac	tor (9)				
ENVIRONMETAL HEALTH INVESTIGAT	IONS, IN	ic.			104		AR ENVIRONM treet Address	ENTAL COP	IFONA	1101	•		
Street Address						3	13 SPOOK ROO	CK ROAD					
655 WEST SHORE TRAIL City, State, Zip Code						C	ity, State, Zip C SUFFERN, NEW	ode	11				
SPARTA, NE	W JERS	EY 0787	1			T	elephone Numb	er I	License	e Nur	mber		
Project Manager for Monitoring Firm		Telephor 973-729-					45-369-7500		1101				
WILLIAM S. KERBEL, CIH	Sche	d. Comp	letion	n Date	(11)	IN	Jame of OSHA I	Monitor	INIC		#11	48	
Expected State Date (10) 12 / 12 /18		12 /		21/	18 Year		AMERISCI LABO	)HA I OHIES	INC		πιι		
Month Day Year	Mor			Day	Teal	S	Street Address						
Occupancy Status During Abatement (Cl X Facility Closed/Vacated Durin			Abate	ement		1	117 EAST 30TH	STREET					
Abatement Performed Outsid	e of Norm AY -FRID	nai Facili	ty not	uis - De	escribe:	C	City, State, Zip (	Code		214	2016		
X Other - Describe: MOND	41 -1 TIID	// / //	0.00			.	NEW nment with Nega	YORK, NE	W YOF	IN II	010		
Scope of Work (Check all that apply)	—In	wation			x Mini End			10000					
Demolition X	Reno	ovation			Gloveba	ag P	rocedure						
X >160 SF OR 260 LF							Procedure			Ab	ateme	ent i	ype
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Material (ACM) TO BE ABATED	Main	nt/Custod	lial	i	nsulation, surfa	acing	g, VAT,	SF or L	r)	Š	P	18.	
in Facility (13)		Staff (12)	/^		or other misce	ellari	leous)			'		חר	'n
		No N	_	oor tile	and Mastic			535sf		X		_	1
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1st Floor labs 108,112,114,120,124	_	1 X		uct ivia	3110						_	L -	1
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	NI IF	DEP Was	ste C	Cubic Y	ards of Waste		Name of Regis	l stered Landfi			ANIAC	<u> </u>	NIT
Name of Registered Waste Hauler		uler ID No		, 35.0	20		LYCOMING C	OUNTY RES	SOURC	E M	ANAG		:IN1 3
825 HIGHWAY 33		15939	, C	Disposa	I Date		City, State				1		1
City, State FREEHOLD, NEW JERSEY			1	12/12.1	8-03/30/19 Signature	-	MONTGOMER	11, PA 1//5	Date	7	12	<del>-</del> +	27
Completed by (Print or Type)	Title DIRECT	OR OF C	)PER	ATION		1/	5/5		1/	1/	11	4 -	1/
BENJAMIN SANCHEZ	SITEOT		-	and the second	1	1	9/17			1		1 1	1

Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP. Date of Notification (1) 11 /18 Street Address 12 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-41 Type Notification Agencies Notified EPA Initial Notification City, State, Zip Code DEP Amended Notification RAHWAY, NEW JERSEY 07065 DOL Cancellation DOH On Hold Name of Contact Telephone Number PATRICIA JOHNSON 732-594-7746 **EMERGENCY NOTIFICATION** DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) MERCK SHARP & DOHME CORPORATION Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address # of Floors Bldg. Age 39.400 126 EAST LINCOLN AVENUE - BUILDING 80 M City (5) County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) RESEARCH LABORATORY AND OFFICE FACIL UNION RAHWAY ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION ENVIRONMETAL HEALTH INVESTIGATIONS, INC. 104 Street Address Street Address 313 SPOOK ROCK ROAD 655 WEST SHORE TRAIL City, State, Zip Code City, State, Zip Code SUFFERN, NEW YORK 10901 SPARTA, NEW JERSEY 07871 License Number Telephone Number Project Manager for Monitoring Firm Telephone Number 845-369-7500 1101 WILLIAM S. KERBEL, CIH 973-729-5649 Name of OSHA Monitor Sched. Completion Date (11) Expected State Date (10) AMERISCI LABORATORIES INC #11480 /18 3 / 30/ 19 12 / Year Day Month Day Month Year Street Address Occupancy Status During Abatement (Check only one) 117 EAST 30TH STREET Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: MONDAY -FRIDAY 7AM-3:30 PM City, State, Zip Code Other - Describe: NEW YORK, NEW YORK 10016 Full Containment with Negative Pressure Scope of Work (Check all that apply) Mini Enclo, Demolition Renovation Glovebag Procedure >3SF OR LF >160 SF OR 260 LF Non-Friable Procedure Description of Asbestos-Abatement 1 vpe Location of Is Location Containing Material (ACM) Amount normally used **ENCLOSUR** Asbestos-containing REMOVAL REPAIR ENCAPSUL (ie. Thermal systems (Specify solely by Material (ACM) Maint/Custodial insulation, surfacing, VAT, SF or LF) TO BE ABATED or other miscellaneous) in Facility (13) Staff (12) Yes No N/A Floor tile and Mastic 535sf X 1st Floor labs 108b,112b,112c,114a,124 Х 36sf **Duct Mastic** 1st Floor labs 108,112,114,120,124 Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste LYCOMING COUNTY RESOURCE MANAGEME NT SE Hauler ID No. 20 447/ALEXANDER DRIVE/ROUTE 15 825 HIGHWAY 33 15939 Oity, State Disposal Date City, State OITY, STATE / MONTGOMERY , PA 17752 12/12.18-03/30/19 FREEHOLD, NEW JERSEY Date Completed by (Print or Type) Signature DIRECTOR OF OPERATIONS BENJAMIN SANCHEZ

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Date of Notification (1)						Building O HARP & D		Operator ( ECORP.	2)	DEC	2 7	2	18
11 / 7 /18					et Add			ICH BOOMS CONTROL	7.647				
Agencies Notified Type Notification	า			126	E. LIN	COLN AV	ENUE,	, P.O. BOX	2000, RY28-414	531	oa c	ON	
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X DOH x On Hold						ontact			Telephone Numb	er			
DCA EMERGEN	ACA V	IOTIF			21124-150-7602-5	JOHNSOI	N		732-594-7746				
Name of Earlith Mileses Abstract in Tal	ina D	lass		CILITY IN	VFOR	MATION	Typo	of Facility	, (A)				-
Name of Facility Where Abatement is Tak	ang P	lace	(3)				Type	School (K					
MERCK SHARP & DOHME CORPORATIO	N						X		er 8 (Other than K- private & commcl.		s., hon	nes,	etc.)
Street Address								uare Feet	# of Floors		Bldg	Ag	
126 EAST LINCOLN AVENUE - BUILDING								39,400	2	1 - 0		4	
City (5) County (6 RAHWAY UNION	)					de (7) ONLY)	BES	ent Use (Pr FARCH LA	ior if being demoli BORATORY AND	snea) OFF	ICE F	ACII	
Name of Monitoring Firm Hired by Buildi	ng Ov	vner	(8)	(OTATI		SCM No.	Nam	e of Abate	ment Contractor	(9)			
ENVIRONMETAL HEALTH INVESTIGATION						104			MENTAL CORPO	RATIO	NC		
Street Address							250000000000000000000000000000000000000	et Address	OCK ROAD				
655 WEST SHORE TRAIL City, State, Zip Code	IEDO	257.0	7074				City,	State, Zip					
SPARTA, NEW Project Manager for Monitoring Firm				Number				phone Num		nse N	umbe	ī.	
WILLIAM S. KERBEL, CIH		1,2000000000	729-56					369-7500	1101				
Expected State Date (10)				ion Date	(11)		Nam	e of OSHA	Monitor		0.000		
11 / 8 /18	١	12 nth	/	31		18 Year	AME	RISCI LAE	ORATORIES INC		#1	148	
Month Day Year  Occupancy Status During Abatement (Check X Facility Closed/Vacated During B Abatement Performed Outside of Other - Describe: MONDAY	ck only Entire of Norn	one Perio	d of Alacility	Hours - De	escribe		1171	State, Zip	H STREET  Code N YORK, NEW YO	JBK 1	10016		
Scope of Work (Check all that apply)  Demolition  >3SF OR LF  X >160 SF OR 260 LF	]Reno	ovatio	n		X X	Full Conta Mini Encla Glovebag Non-Friat	o , j Proce	nt with Neg edure	ative Pressure	J111C			
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Asbestos-containing		nally		C		ning Materi			Amount	REMOVAL	REPAIR	E	E
Material (ACM) TO BE ABATED		olely	todial	ir		Thermal sy ion, surfaci			(Specify SF or LF)	NO.	All	CAF	50
in Facility (13)	S	taff (*				er miscella			,	AL	וען	ENCAPSUL	ENCLOSUR
1st Floor labs 108b,112b,112c,114a,124			х	Floor tile	and M	astic			535sf	X			
1st Floor labs 108,112,114,120,124			х	Duct Mas	tic				36sf	X			
Name of Registered Waste Hauler	Haul	er ID		Cubic Ya	rds of 20	Waste	LYC	OMING CO	tered Landfill DUNTY RESOUR		ANAG	EMI	NT SE
825 HIGHWAY 33	1	1593	9	Disposal	Date				ER DRIVE/ROUT	E 15			.0-1
City, State FREEHOLD, NEW JERSEY Completed by (Print or Type) Title				11/7/18-1	2/31/1	18 nature	Me	XT SOMER	Y , PA 17752	e ,	, /		100
		R OF	OPE	RATIONS	Sign	.ature		0)		/	1/	1	18

		(i u	oudill t		.00-7 and 12.1		_	(0)	1000 10	1		-	-
Date of Notification (1)				Name MERC	of Building O K SHARP & D	omer/ OHME	Operator ( E CORP.	(2)		Lize	- 0 =		+ 1
10 / 29 /18					Address	ENUIE	D 0 00	( 0000 D)	000 414	haz	)EC	2	201
Agencies Notified Type Notific					LINCOLN AV		, P.O. BOX	2000, RY	28-414	-			
	Notificatior ded Notific Ilation		1		tate, Zip Code /AY, NEW JEF		07065			<del>-</del>			/ /150-i
X DOH On Ho		OTIFI	ICATIO		of Contact CIA JOHNSO	N		Telephor 732-594-		er			. 13
			374,3270	CILITY INF	ORMATION								
Name of Facility Where Abatement is		ace (	3)			Туре	School (K		r than V	10\			
MERCK SHARP & DOHME CORPORA	TION					X	Other (ie.				s., hor	nes.	tc.)
Street Address 126 EAST LINCOLN AVENUE - BUILD	ING 80 M					Sq	uare Feet 39,400	# of F	loors		Bldg		
City (5) Count					y Code (7)	Curre	ent Use (P	rior if bein	g demoli	ished)			
RAHWAY UNIOI				(STATE	USE ONLY)		EARCH LA				ICE F	ACI	
Name of Monitoring Firm Hired by Bu ENVIRONMETAL HEALTH INVESTIGA	uilding Ow	ner (	8)		ASCM No. 104		e of Abate ENVIRON				ON		Į.
ENVIRONMETAL HEALTH INVESTIGA Street Address	KTIONS, II	vC.	-		104	_	et Address		001110	11/11/	J.14		-
655 WEST SHORE TRAIL							SPOOK R		D				
City, State, Zip Code						2.1	State, Zip		Total Short Sales				
SPARTA, N	NEW JERS	EY 0	7871				FERN, NE				la come la		
Project Manager for Monitoring Firm			hone N				phone Nun	nber		nse N	umbe	r	
WILLIAM S. KERBEL, CIH			29-564		-		369-7500	Marthan	110	1			
Expected State Date (10)	Sche	d. Co 12		on Date (1 31	18		e of OSHA		RIES INC	5	# *	1148	
11 / 8 /18 Month Day Year	Мо		,	Day	Year	AIVIL	I 11001 LAL	JOHATOI	IILO II VO		24		
	ing Entire	Period nal Fa	cility Ho	ours - Des DPM		City,	et Address EAST 30T State, Zip NE' nt with Neg	Code W YORK,	NEW Y	ORK	10016		-
>3SF OR LF	X Reno	vatior	1	-	x Full Cont x Mini Encl Glovebac X Non-Frial	lo , g Proce	edure	gative i les	33416				
X >160 SF OR 260 LF Location of	le.	Locati	ion T		escription of A			T		T A	batem	nent	pe
Asbestos-containing Material (ACM) TO BE ABATED	norn	nally u	used	Co	ntaining Mater (ie. Thermal sy ulation, surfac	rial (AC ystems ing, V	CM) s AT,	(Sp	ount ecify or LF)	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
in Facility (13)		taff (1 No		0	r other miscell	aneous	s)			P		JU.	UR
1st Floor labs 108b,112b,112c,114a,12	24		X F	loor tile ar	nd Mastic			535sf		X			
1st Floor labs 108,112,114,120,124			x D	uct Masti	3			36sf	a	X	-	_	_
								-		+	-		-
								-		-	-	+	-
Name of Registered Waste Hauler	2000	EP W er ID	200	Cubic Yard	s of Waste 20	LYC	ne of Regis	OUNTY R	<b>ESOUR</b>		ANAG	L SEM	JT S
825 HIGHWAY 33		15939			-1-		ALEXAND	ER DRIV	E/ROUT	E 15		_	
City, State FREEHOLD, NEW JERSEY	Till			Disposal D 1/7/18-12	/31/18	MO	State NTGOMER	RY , PA 17	752 Dat	· a	1		4
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTO	R OF	OPERA	ATIONS	Signature	1		)	Dat	10	)/	20	4

			Name of Building O		2)			
Date of Notification (1)			MERCK SHARP & D	OHME CORP.		DEC	472	( 3
10 / 23 /18			Street Address					
Agencies Notified Type Notificatio	n		126 E. LINCOLN AVE		2000, RY28-41	4		
EPA X Initial Noti DEP Amended X DOL Cancellati	Notification		City, State, Zip Code RAHWAY, NEW JEF		. P. 9			
X DOH On Hold			Name of Contact		Telephone Nun	nber		
DCA EMERGE	NCY NOTIF		ON PATRICIA JOHNSON	V	732-594-7746			
Name of Facility Where Abatement is Ta	ring Place		CILITY INFORMATION	Type of Facility	y (4)			-
Name of Facility Where Abatement is Ta	King Flace	(3)		School (K-				
MERCK SHARP & DOHME CORPORATION	N				er 8 (Other than private & comm		., homes	, tc.)
Street Address				Square Feet	# of Floors		Bldg. Aq 54	9
126 EAST LINCOLN AVENUE - BUILDING			County Code (7)	39,400	ior if being dem	olished)	J4	
City (5) County (6 UNION	)		County Code (7) (STATE USE ONLY)	RESEARCH LA	BORATORY A	ND OFFI	CE FAC	1
Name of Monitoring Firm Hired by Build	ing Owner	(8)	ASCM No.	Name of Abate				
ENVIRONMETAL HEALTH INVESTIGATION	ONS, INC.		104	PAR ENVIRON Street Address	MENTAL CORF	PORATIO	ON	
Street Address 655 WEST SHORE TRAIL				313 SPOOK RO	OCK ROAD			l
City, State, Zip Code				City, State, Zip				
SPARTA, NEW					W YORK 10901			
Project Manager for Monitoring Firm			Number	Telephone Nun		cense Nu	ımber	1
WILLIAM S. KERBEL, CIH		729-56		845-369-7500 Name of OSHA		01		
Expected State Date (10)	Sched. Co		tion Date (11) 31 18		BORATORIES IN	VC	#114	٤
Month Day Year	Month		Day Year					
Occupancy Status During Abatement (Che	ck only one	) d of Al	natomont	Street Address				
Abatement Performed Outside	of Normal F	acility	Hours - Describe:	111 21101 0011				_
	-FRIĎAY 7			City, State, Zip	Code W YORK, NEW	VORK 1	0016	
Carra of Mark (Charle all that apply)			V Full Conta	ainment with Neg		TORK	0010	
Scope of Work (Check all that apply)  Demolition	Renovatio	n	x Mini Encl		,			
>3SF OR LF	_			Procedure				
X >160 SF OR 260 LF	Is Loca	lion I	X Non-Friat	ole Procedure	T	T Ah	atemen	/pe
Location of Asbestos-containing	normally	1000	Containing Mater		Amount	_		-
Material (ACM)	solely		(ie. Thermal sy		(Specify	REMOVAL	REPAIR	ENCLOSUR
TO BE ABATED	Maint/Cus	25.55 27.55	insulation, surfac		SF or LF)	18	E S	OS
in Facility (13)	Staff (	12) N/A	or other miscella	aneous)		15		동
1st Floor labs 108b,112b,112c,114a,124	1165 140	x	Floor tile and Mastic		535sf *	Х		
1st Floor labs 108,112,114,120,124		x	Duct Mastic		36sf	×		
100 100 100 100 110 110 110 110 110 110								
	++-	$\vdash$						
	+				+			-
·						_	+++	-
		-					-	-
				IN of Domin	tored Landfill			
Name of Registered Waste Hauler	NJDEP V Hauler ID		Cubic Yards of Waste 20	Name of Regis	stered Landfill OUNTY RESOL	JRCE MA	ANAGE	A NT SE
825 HIGHWAY 33	1593		20	447 ALEXAND	ER DRIVE/ROL	JTE 15		
City, State			Disposal Date	City, State //	//		1	
FREEHOLD, NEW JERSEY	0		11/7/18-12/31/18   Signature	INOMIGOMEN	(Y), PA 17752	Date 1 %	1207	1
Completed by (Print or Type) Titl BENJAMIN SANCHEZ DIF	e RECTOR OI	OPE		1/1		1,0	15/	12
				11 0.		1		,

Due to Meather extending Completion Date

INCV	9×	NOTIFI	CATIO	N OF ASE	ew Jersey BESTOS A	BATEME	ENT	Check	10	51	3 57	To I	(1-21,
Date of Notification (1)			+		8:60 and				Ū.				
Agencies Notified Type Notification	201	8		Address	Owner/Or H -		Agne	s Ch	120	24	- 01	8	Annual Control of the
DEP Amended Amendment #			City, St	ate, Zip C	ode lant	nte	High !	Ree H	STO.	S 62	11	0	1
DOH Emergency (in justification)  DCA Cancellation	duding		Su	of Contact	ley	,	3.10	Telephone 732-2				et 1	15
Name of Facility Where Abatement is Taking	. /	2.33		1 11	\		ype of Facility	(4)		+	_		
Street Address 44 South	$\overline{}$		1 ven	r (7c	ouse)	E	1 Subchapte	-12) er § (Other than private & comm	K-12) nercia	I buildi	r 3,3	home	es,
City (5) Atlantic Highle	inds	3	NJ	07	716	. 8	quare Feet	# of Floors		Bio		је 12 -	
County (6) Mon museth			County	Code (7) USE ONLY	ń	-	Conve			COSCIN	= _		
Name of Monitoring Firm Hired by Building Ov Street Address	vner (8)	5	ASCI	M No.		Name of Street Ac	Abatement Co	entractor (9)	99	ies		Cn	١
Ro. Box 33	57	and a				P. (		337	_		_		
New Equat	NS	5	80	53	3	New	2 Equ	pt N	7	08	5	3	3
Project Manager for Monthridge irm		(		758-		***********	58-33	100	se No	3	L	4	
Start Date (10)  Occupancy Status During Abatement (Check	2	- 1 -	pletion C	Date (11)		E		hnologi	وح	In		•	
Facility Closed/Vacated During Entire Pe  Abatement Performed Outside of Normal  Other – Describe:	riod of	Abatem				City, Stat	D. Box e, Zip Code J. Egypt				- 3: 		4
Scope of Work (Check All That Apply)						1000	-Jypt		_0	85	2	7	
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renoval Demoliti				4000	Mini-Enclosus Glovebag Pro						
		Location			***************************************		•			A	-	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normall ed Solet intenan todial S (12)	y by ce/		stos Contai thermal s surfaci		erial (ACM) sulation, or	Amount (Specify SF or LF)		Removal	T	T	Enclosure
	Yes	No	,N/A									ate	θ,
Basement, 15t + 2nd Floors		X		Flo	or Ti	les .	9,9	3500 50		X	+	-	
Exterior Walls			×	_Sic	ling c	Ming	les	Good St		×	+	-	
Name of Registered Waste Hauler  EPC Technologies			IDEP Water ID	No.	Cubic York	44	1	Registered Lar		ent	6	P	A
New Egypt A	15	ν.			The service of the service of	us Da		risville_	P	A			
Steve Schen Ker	PRE	side	nt		Sig	nature	a)Sel	h	Date:	2/	: 1	110	}

Date of Notification (1)	Nan	ne of Building Owner/C	perator (2)	O. DEC	27	2018	
Nov 16, 20	18	OLPH-	St Agnes	Chuech	- /	2010	1
Agencies Notified Type Notification		eet Address		1			
□ EPA . Œ Initial		103 (	center St	ree+ 1000	SOC	Dist.	
DEP Amended Amended Amended		, State, Zip Code	11 11 4	A17 077	71/	) A Jacob	-
DOL Amendment#	chiding		High lands	NJ 077			
DOH justification)	Nar	ne of Contact		Telephone Numb			115
L DCA L Cancenation		Le hiley	ON	732-291-0	121	- 81	13
Name of Facility Where Abatement is Taking			Type of Facility	1(4)	F)	-	$\neg$
St Agnes Church	CONV	ent House)	☐ School (K	-12)			
Street Address	G.	3	Subchapt Other (i.e.	er § (Other than K-12) . private & commercial	huildi	ie home	
44 South	"It Rec	<b>†</b> .	etc.)	. private a confinercial	CUBGI	jo, none	20,
City (5)	1 17	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	. Square Feet	# of Floors	Bk	. Age	
Atlantic Highlan		07716	1	3	1	0+	
County (6)		unty Code (7) ATE USE ONLY)	10	rior if being demolished	d)		
Monmouth	1		CONVE				
Name of Monitoring Firm Hired by Building O	vrier (8)	ASCM-No.	Name of Abatement C	A ' 8 A	26	In	.
Street Address	31.63	60100	Street Address	chnologi	EA	-	1
80. Box 33	57		P.O. Box	333		•	
City, State, Zip Code	A 77 A	0522	City, State, Zip Code	119	A d	E 9	9
New Equat	M2 0	8333	New Equ	ist nu	01	39	5
Project Manager for Month ri go-irm		ephone No.	Telephone No.	License No.	9	DU	
Steve Schenken		19758-3365	609 758-33			17	
Start Date (10)	Scheduled Comple		Name of OSHA Monito		~		1
Occupancy Status During Abatement (Check	Dely Open	9, 2018	Street Address	chnologies	1	-	
			P.O. Bo	337		i	
Facility Closed/Vacated During Entire Pe	nod of Abatement I Facility Hours		City, State, Zip Code	K 00 1	W.	7 3	**
☐ Other – Describe:			New Egypt	F NJ O	95	33	F
Scope of Work (Check All That Apply)			J{P;	750 0			
2 ≥3 sf or ≥3 lf	.□. Renovation		☐ Full Contain	ment with Negative Pre	essun		
\$C ≥160 sf or ≥260 lf	Demolition		☐ Mini-Enclose ☐ Glovebag Pr				
		2/		ted (*) and Non-Friable	Proc	lure	
	Is Location				1	atemen Type	t
Location of	Normally Used Sciety b		scription of	1	1	1,400	T
Asbestos-Containing Material (ACM) TO BE ABATED	Maintenance/	ASDESIUS COIN	taining Material (ACM) systems insulation,	Amount (Specify	Z	Enc	m i
In Facility	Custodial Staff (12)	? surfa	cing, VAT, or	SF or LF)	Removal	capsul	Enclosure
(13)	(12)	other n	niscellaneous)		Val	Encapsulate	ure
	Yes No .!	WA				-	
Basement, 1st + 2nd Floors	r	Floor Til	es 9"x9".	3500 SF	X		
exterión walls	~ x	5.1.	~ .	6000 SF	X		
expector Matts		- Siang	311111111111111111111111111111111111111		-		
		-		+		+	$\vdash$
News of Decision of Market Header	INID	EP Waste   Cubic	Yards Name	of Registered Landfill			1
Name of Registered Waste Hauler	Hard	er ID No. of Wa	eta .	4		- 1	AiG
EPC Technologies	· L	7000		ste Managen	ent	of	. AZ
EPC Technologies City, State  New Egypt  Completed by  Steve Schenker	17			unisville P	A		-
New Egypt 1	VJ.		signature Mor	Date Date	_	•	
Completed by	Presiden		STOSAL			-18	
Drive John Inga	THESTOR	11	mester 100	e l	1	.10	}

25-18 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) Agencies Notified Type Notification Street Address EPA Initial City, State, Zip Code DEP Amended DOL. Amendment # mland Emergency (including DOH Name of Contac Telephone Number justification) DCA Cancellation 7.32-291 0272 00 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial bu lings, homes, etc.) City (5) Square Feet # of Floors dg. Age 07716 80+-County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) House Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Street Address Street Address State, Zip Code Telephone No. Telephone No. 609 758-3365 609 758-Start Date (10) Scheduled Completion Date (11) Name of OSHA Monito a 99 20 Occupancy Status During Abatement (Check Only One) P.O. Box Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: New Eq 08 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Press e ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (\*) and Non-Friable Pr ædure Abatement Is Location Type Nomally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e. thermal systems insulation, (Specify Remova Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)other miscellaneous) (13)No N/A N.IDEP Waste Cubic Yards Name of Registered Landfill Name of Registered Waste Hauler Haufer ID No. Waste Managene

7000

President

Disposal Date

City, State

Mornisville

City, State

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		(	Pursuan	t to NJAC 8	8:60 an	d 12:12	0)		(	CK.	#1	10	7.5	12	
Date of Notification (1) 12/21/18				of Building ( ellian Ass			r (2)		200		C	Tr.		V/	132
Agencies Notified Type Notification			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Address oute 17								9			-
EPA X Initial Amended				ate, Zip Co	de				111		DEC		7	2018	1
X DOL Amendment Emergency				nus, NJ 0					1		roma pale ne	in the man		222	4100
DOH justification)		y		of Contact						ephone			JIN!	IFIC:	
DCA Cancellation			- ME 198	ich Palma					20	1-248	3-021	)	2115	A	u
Name of Facility Where Abatement is Takin Residential	g Place	(3)	FAC	ILIT INFO	KIVIATI	ON	Тур	e of Facility (4)					-		
Street Address							×	School (K-12) Subchapter 8 Other (i.e. pri- etc.)	(Oth			bui	ngs	hom	es,
City (5) Franklin Lakes								are Feet	# o	f Floors	3	E	lg. <i>A</i>	ge	
County (6) Bergen				Code (7) USE ONLY)			Cur	rent Use (Prior	if bei	ng dem	nolishe	d)			
Name of Monitoring Firm Hired by Building (	Owner (8	3)	ASC	M No.				eatement Contr tracting & E			ntal C	on:	ıltin	a. In	—— С.
Street Address						Street	Addr	2007						J/	
City, State, Zip Code								Zip Code NJ 07470							
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 973-6	one l	No.		Licen:	se No.		2		
Start Date (10)			mpletion	Date (11)		Name	of OS	SHA Monitor				_	_		
12/31/18 Occupancy Status During Abatement (Check	01/06/							racting & Er	nviro	nmen	ital C	ons	Itin	g, In	C.
						Street 1141		ess ute 23							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	al Facilit	y Hour	nent s		_	City, S	tate, 2	Zip Code NJ 07470				_			
Scope of Work (Check All That Apply)							, .	10 07 17 0							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	parameter (	Renova Demoli				×	M GI	ull Containment ini-Enclosure lovebag Proced on-Exempted (*	dure				:dure	<b>.</b>	
	Is	Locat	ion						) and	. 11011 1	Habic	110	bate	ment	
Location of		Norma ed Sole			Des	cription	of				-		Ту	oe	
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Ma Cus	intena todial ( (12)	nce/ Staff?	(i.e. th	hermal: surfac	aining M systems ing, VA iscellan	insul T, or		(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
Vitalian	Yes	No	N/A											'n	
Kitchen			X		Flo	or Tile	9		12	0 SF	Σ		-		
Name of Registered Waste Hauler			UDED W	lasta	Out:	/aut									
J.R. Contracting & Environmental Co	nsul.,	Inc F	IJDEP W lauler ID 7819	No.	Cubic Y of Wasi 20			Name of Re Grand Ce							
City, State Vayne, New Jersey		-0-5			Disposa	al Date		City, State Pen Argyl	, Pe	nnsyl	vania				
Completed by Jerry Bijelonic	Title Proje	ct Ma	anager		Sig	gnature	0				Date 12/2	1/1	3		

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Date of Notification (1)					of Building			r (2)	Chil	1		0		-	**************************************	n
12/21/18					ium Con	tractin	g LLC		1.1	1				1	1-4	
Agencies Notified	Type Notification				Address Stuyves	ant A	100110		The Prince	47	1911 - 50 <del>- 500</del>				8	
EPA DEP	X Initial Amended		-		ate, Zip C		renue		111	111	DE	c 2	7	20	ī	
X DOL	Amendment		_		n, NJ 07				111		IJL	C	3	Lu	,	A 7 S
Ĭ DOH	Emergency justification)		Ī		of Contact						ephone				-	3
DCA	Cancellation				ny Marr					90	8-624	-004	14	MI		
Name of Facility Where	Abatement is Takin	g Place (3)		FAC	ILITY INF	ORMAT	ION	Tvi	oe of Facility (4			1,000				- 96
building	W. 150 Chamber							П	School (K-12							
Street Address		T.							Subchapter	B (Oth					4	
2003 Morris Avenu	e 							×	Other (i.e. pr etc.)	ivate	& comm	nercia			hom	es,
City (5) Union									uare Feet	1	f Floors			ldg	vge	
County (6)			_	County	Code (7)				,000 rrent Use (Prio	2		altab.		0		
Union					USE ONLY	)			rient use (Pho iilding	r ir bei	ng aem	olisne	ea)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASC	M No.			of A	batement Cont							
Ctroot Address									vironmental	Sen	rices,	LLC				
Street Address							Street		ress 483, 4 E Ga	to D	ul					
City, State, Zip Code									Zip Code	ale D	rive				-	
									od NJ 0741	8						
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph				Licens	se No				
Start Date (10)		Cabadalad			D . ///		0.70	150170116	-2276		703					
12/31/18		Scheduled 3/31/19	Con	npietion	Date (11)		Name	of O	SHA Monitor							
Occupancy Status During	g Abatement (Chec	k Only One)					Street	Addı	'ess					_	S <del></del>	
× Facility Closed/Vaca	ated During Entire F	eriod of Ab	aten	nent												
Abatement Performer Other – Describe:	ed Outside of Norm	al Facility H	ours	i			City, S	state,	Zip Code							
Scope of Work (Check Al	That Apply)									3				_		
≥3 sf or ≥3 lf	1.1.37	X Ref	nova	tion			×	7 -	ull Containmer	at with	Nogoti	ue De				
× ≥160 sf or ≥260 lf		Printers.	nolit					- N	1ini-Enclosure		ivegau	ve Pr	essur	е		
									Blovebag Proce lon-Exempted		d Non-F	riable	Proc	ced	9	
		Is Lo	ocati	on											:ment	
Location		No Used	rmal Sole	ly lv hv			scription					-			pe	
Asbestos-Containing TO BE ABA	TED '	Maint Custoo	enar	nce/			taining M I systems		al (ACM)		mount pecify		Z	-	Enc	ш
In Facili (13)	ty	NO. 19 CO. 19 CO	12)	oldiif	9		cing, VA miscellar				or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A		Othor I	moconar	icous	"				val	Ŧ	ulate	ure
See Attac	hed	100	10	13023		Coo	Attach	- a al		0.11					3158t	
0007111111	7100					366	Allaci	ieu		Att	ached				_	
			-									_				
		-										_				
Name of Registered Was	te Hauler		N	JDEP W	aste	Cubic	Yards		Name of R	ogist-	rod!a-	dfill				
Newark Carting			Н	auler ID		of Wa			Grand C	1220			100	4til		
City, State			04	1509		TBD	nal Dete			CHILIC	ıı Saili	ıaıy	Lan	uill		
Newark, NJ						TBD	sal Date		City, State Pen Argy	/l. P/	A					
Completed by		Title	-				Signature		1	., . ,	1	Date			_	
A. Scott Higgins		Preside	ent					1					21/1	8		

		EGELV	
Location	Material	Quantities 2 7 201	
1st Floor Ceiling in Bank Lobby Area	White/Grey Skim Coat	NOT INCLUDED: 850 SF	
1st Floor above Drop Down Ceiling by Red Mural	Black Tar Waterproofing	NOT INCLUDED: 850 SF	e T
1st Floor North East Corner of 30 Sq.ft Lobby Ceiling	Gray/ Brown/White Skim Coat	NOT INCLUDED: 850 SF	
Basement Boiler	White/Gray Insulation	100 SF Plus additional 75 SF on Boiler Tank	Exaust
Basement in Boiler Room	White/Gray Mudded Pipe Elbow Insulation	additional 33 elbows in basement storag basement shows 67 visible elbows with a elbows in connecting tunnel wi	ditional 25
Basement Boiler Room	Gray Wrapping	175 LN*	
Basement A/C Unit	Black Insulation	5 SF	
Basement A/C Unit in Boiler Room	Gray/White Gasket	36 SF	-
Basement in Boiler Room	Black/Brown/Off White/ Yellow HVAC Duct Insulation	380 SF*	3 <del></del>
Basement Storage Room	Gray/Off White Pipe Insulation	65 LN*	
Basement Hallway Bottom Layer	Red Vinyl Floor Tile	2,015 SF	
Basement Storage Room with Underground Tunnel Top Layer	Brown Linoleum	120 SF	
Basement Lunch Room under White Tile	Brown Linoleum	700 SF	S
1st Floor Security Room	9x9 Brown Vinyl Floor Tile/Black Mastic	40 SF	S
1st Floor Rear Vault under Carpet	9x9 Brown/Gray Vinyl Floor Tile	100 SF Additional 700 SF outside of rear vault unde 100 SF connecting small office, 420 SF rear m private rooms under carpet, 350 SF under carpet, description of the state of	ney counting

1st Floor Office next to Basement Stairs	9x9 Dark Brown Vinyl Floor Tile	120 SF	
1st Floor under Carpet in Main Vault	Black Mastic	300 SF	

DEC 2 7 2018

7. SESTOS CONTACT LICENSINO

Check#3230	PAI	M	N(	OTIF	CAT	State of ON OF A uant to N	ASBES	TOS AB	ATEMENT		The same of the sa		. س ر د پاهاداد
Date of Notification (1)												1 1	79
12	21	/ 18	3			ime of Build		er/Operato	or (2)	11/2/17	Laure Con	-	
Agencies Notified	Type Not					e Aceved					F0 2 -	10	
<b>⊠</b> EPA	☑ Initial				Sti	eet Addres	S			- 1 1 U	EC 27	- !0	18
<b>⊠</b> DOLWD	☐ Amen	ded				0: -							
DHSS		dment #_			10000	y, State, Zij				. /	STOSO	7	
DCA (NJAC 5:23-8)	☐ Emerg	gency (in cation)	clud	ing		atham, NJ					LICELS	ii :	
(	Cance					me of Conta		-		Telephone I	Number		
						e Acevedo				E =			
Name of Facility Where	Abatamanti	- T-11	· ·		F	ACILITY	INFORM	MATION				-	
Private house	Apatement i	is Taking	Pla	ce (3)					Type of Facil	ty (4)		( ) ( )	_
Street Address									School (K	-12)			
0.000,7.00,033								100000	Subchapte	er 8 (Other than K	-1 2)		
City (5)									homes, et	, private and com	mercial b	iil ng	JS,
									Square Feet	# of Floors	R	d A	ne ne
Chatham, NJ 07928 County (6)										11		- ~	30
Morris					Co	unty Code (7	) (STATE	USE ONLY)	Current Use (	Prior if being den	nolished	-	
Morris Name of Monitoring Firn	Hired b. 5	illa:							,	5 30.1			
rianie of Monitoring Fiff	i mired by Bu	uilding O	wne	(8)	ASCI	M No.	Name	of Abaten	nent Contractor (	9)		-	
Street Address								ch LLC		•			
offeet Address								Address					
City, State, Zip Code							576 V	alley Rd	#283				
on, otate, zip code							City, S	State, Zip C	Code				_
Project Manager for Mon	itorina Eisea						Wayn	e, NJ 074	70				
Jost Manager for Mort	itoring Firm			Tel	ephone	e No.	Teleph	none No.		License No.		-	
Start Date (10)		0 : :						38-1777		01127			
	1.8					ate (11)	Name	of OSHA	Monitor	01121			
			_	/_0	5_/	19	Enviro	vision Co	onsultants,Inc				
Occupancy Status During	Abatement	(Check o	only	one)			Street	Address					
X Facility Closed/Vacate  Abatement Performed  Time of Abatement	Outside of A	Jarmal E	141		-		20-21	Wagaraw	Road, Bldg .#	35E			
Time of Abatement:	AM-	PM/	aciii	y Hou PM	rs - De	SCribe AM	City, S	tate, Zip C	ode	33L		_	-
cope of Work (Check all						_AUVI	Fair La	wn, NJ 0	7410				
	mar apply)						H	Clean up	and decontami	nation with negat	ive pressi	ir =	
>3 sf or >3 If > 160 sf or >260 If				enovat			Н	Full Con Mini-Enc	tainment with Ne	gative Pressure			
Z 100 SI 01 2200 IF		$\triangleright$	<b>∑</b> De	emolitic	on			Glovebad	a Procedure	Tent with Negati	ve Pressi	n	
			10	Locat	ion			Non-Exe	mpted (*) and No	on-Friable Proced	lure	1	
Location	of			Norma			р.				Aba	e er	nt Ty
Asbestos-Containing N TO BE ABA	laterial (ACN	A)	Use	d Sole intena	ly by	Asbes	eנ tos Cont	scription o	t terial (ACM)	0	D	_ T	
IN Facility	1		Cusi	todial	Staff?	(i.e.	., therma	systems i	nsulation,	Amount (Specify	emo	Kepair	ncal
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me of Registered Waste	Hauler			NJD	EP Waste	Hauler ID No.	Cubic Yar	ds of Waste	Name of Regis	torod I and Ell		= [	
Tech LLC					03378					reten raudtill			
y, State					00070		TBD		T.R.R.F. Inc				
yne, NJ 07470									City, State				
mpleted By (Print or Typ	e)	Title					TBD		Tullytown, PA	A			
2510	*905						Sigi	nature 4	who wena	D	ate	-	
evtic		Owner								//			

20 Dec 2018 04:05PM NJ Asbestos Control 609.633,0664 page 1 48 3 12/20/2018 01:51PM 2013297440 BEST REMOVAL : 10 2/04 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:50 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 12/20/18 MR. MICHAGE Agencies Notified Type Notification Street Address EPA Initial DET DOL Amended Amondment i NUTURY . NJ. 07170 Emergency (including P DOH justification) Cancellation Name of Contact D DCA Telephone Number HR Securi FACILITY INFORMATION Name of Facility Where Absternant is Taking Place (3) Type of : cility (4) MR. HI WHEL SEGMLi Strest Address □ Sch ol (K-12) Sul hapter 8 (Other than K-12)
Off (i.e. private & commercial buildings, hooses, etc. City (5) Square F. t Bide AF # of Floors NUTUEY 2100 County (6) Current L (Prior if being demolulated) County Code (T) E35EX Name of Monttoring Firm Hired by Building Owner (8) ASCM No. Marne of Absterns ! Contractor (9) Best Reme 'al, Inc. Stress Address Street Address 450 South River Street City, State, Zip Code City, State, Zip Cr e Hackens ck, New Jersey 07601 Project Manager for Monitoring Firm Talaphone No. Telephone No. License No. 201-329-7 44 00388 Start Date (10) Scheduled Completion Date (11) Nama of OSHA M nitor 12/27/18 12/28/18 Omega Env ronmental Occupancy Street During Abetement (Check Only One) Street Address Facility Closed/Vacated During Entire Pariod of Abstances 280 Huyle Street Absternant Performed Outside of Normal Facility Hours City, State, Zip Co South Har censack, NJ 07606 Scope of Work (Check All That Apply) ☐ ≥3 cf or ≥3 ff ☐ ≥160 sf or ≥260 ff Full Co. simment with Nogetive Pressure Renovation Demolition Mini-Ei Josura Glovebe Procedure Non-Ex poted (\*) and Non-Frieble Procedure Is Location Abstracted Location of Normally Type Description of Asbestos Containing Material (ACI: Containing Macrial (ACM)
TO BE ABATED Used Solely by Mainterence IMIOMA (i.e. thermal systems insulation, surface Custodial Smf?? In Faceiny (Specify Regardi VAT, or (13) (12) other misoellamenus) Yes No NA BASEMENT VAC A MASTI 2 90 SF Name of Registered Warte Hauter NIDEF Waste Cubic Yards Na s of Registered Landfill Hauler ID No. Best Removal, Inc. A inerva Entrerprises, LLC City, Stace Disposal Date Cir State Hackensack, NJ 07601 12/28/18 aynesburg, OH 44688 Completed by Title J. Majorano Estimator 12/20/18 ASS-61 (R-06-08) \* Do not use t a form for asbestos licensuré axampred ectivities.

B & G proj. #: \_\_\_\_\_\_2019-04

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

								Chec	k# 9065	_		-
Date of Notification	(1)	II N:	ame of Ri	ilding Owr	ner/Operator (	2)			a F B	on more		The section
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Agencies Notified	Type Notificati	on St	reet Addr	ess				1 1 1 1 1 1		= ==	1	111
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X DOH			me of Co		J			The second secon	one Number	-		-
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			vayin		NI ITY INFOR	NAATION	1					
N. 66 104 1		. taliina ala	(2)	FAC	ILITY INFOR	IVIATIO	T	Type of Facilit	v (4)	-		
Name of facility who		s taking pia	ce (3)				1		ool (K - 12)			
Wayne Brown									chapter 8 (Othe		(-12)	
Street Address									er (Private/Com s./Homes, etc.	n cial		
011 (5)		LCour	h. (6)			1 0		Square Feet	# of Floors	В	ldg. Ag	je
City (5)		Coun	000				inty Code (7) ate use only)	Current Use	Prior if being o	le olish	ed)	
Butler		Mor						residential		=		
Name of Monitoring	g Firm Hired by I	Bldg. Owne	r (8)		ASCM No.		Name of Abatement					
Street Address					11/a		B & G Restorat	ion, Inc.		= =	-	
Street Address							105 Ryerson F	Road			w 0000 F E-000	
City, State, Zip Code	e						City, State, Zip Code		and the second			
Project Manager for	Manitoring Eirm		To	hone Num	hor		Lincoln Park,	MJ 07035	License N	ur er	-	
Project Manager for	Workoning Finn	5		none Num	bei		(973)696-686	9	003			
Scheduled Start Dat	te (10)	Sched	. Complet	tion Date (1	11)		Name of OSHA Mon B & G Restora					
01/02/2018		01/0	3/2018				Street Address	tion, mo.				
Occupancy Status D			성 경하기 시민생 시민들이 다른 사람이다.				105 Ryerson R	Road				
Facility closed	d/vacated during erformed outside						City, State, Zip Code					
Describe:  Other-Describ							LincolnPark, N	J 07035				
Scope of Work (ch		v)								=	- 3	
Demolition	X	Renovatio	n			X	Full Containment w/ne	gative pressure	Gloveba	g )ceo	lure	
		≥160 sf or	≥260 If				Mini-enclosure		☐ Non-fria	ol proce	edure	
Location of		Is location		used sole	ly					R R	E n	Е
asbestos-con material to be		staff(12)	mance/cu	Stodiai		otion of	asbestos-containing	Amoun (Specif	F Depression Mari	m p	С	n
abated in faci		Yes	No	N/A	11101011	(		LF)	1	V i	a p	L
back entrance-v	way			X	VAT & r	nastic		150 SF		ž 🗖		
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				#	4			_	<u>                                 </u>	=	卄	一
Registered Waste H	lauler		P Haule	r ID#	Cubic Yards	of Waste		d Landfill			1-	
B & G Restorat			19563	IDian	3 Data			entral Landfill		-		
City, State Lincoln Park, N	٧J			Disposal 01/	Date /04/2018		City, State Pen Argyl	, PA			V	
Completed by (Prin	t or Type)	Title	- /T		Signature		Gordana Luna		Date 12/20/	2 8		
Gordana Luna	Access to the second	Secreta	ry/ rreas	sulei	- 1		July Sound		12/20/	_ 0		

Check # 25755

PAID	(Pu	rsuant	to NJA	C 8.00 a	S ABATEME and 12:120)			EGE	11 19			
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of Notification (1) 12/26/2018				Gue	Triscy Fran		101 100	DEC 2	7 20	118	1	A f
ncies Notified Type Notification		Street A	Address				[13 1.3]			-	- b	
EPA   X Initial   Amended	-	City, St	ate, Zip	Code	Princeto	n, NJ 085		A.S.ZESTOE		HE		
DOL Amendment # Emergency (including	-	Name	of Conta	act			Telep	hone Numbe	T	e story		
DOH justification) Cancellation					Glagola						-	
DCA 🚨	-	FAG	CILITY I	NFORN	ATION	Type of Fac	cility (4)					ii.
me of Facility Where Abatement is Taking Place ( Residential / Condo	(3)					Subch	l (K-12) apter 8 (Othe (i.e. private &	r than K-12)	buildings	, hor	5,	
eet Address						Other etc.)  Square Fee		Floors	Bldg.	Age		
ty (5)						1500	00	3		00+	-	1
Princeton, NJ 08540		Coun	ty Code	(7)		Current Us	e (Prior if bei	ng demolishe	d)			
ounty (6) Mercer			TE USE (		Name	of Abateme	ent Contractor	(9)	12			1
ame of Monitoring Firm Hired by Building Owner	(8)	AS	SCM No		Stev	ens Envir	onmental S	Services, Ir	10.	-		+
MECS treet Address					Stree	t Address Box 322			1000	_		4
PO Box 341					City	State, Zip C	ode					
City, State, Zip Code Crosswicks, NJ 08515					108	phone No.	08501	License N	0.			1
Project Manager for Monitoring Firm		Tele (60	ephone 1 9 ) 29	No. 8-407(	609	259-968		00493			· ·	$\dashv$
Bill Weisgarber	eduled	Comple	tion Dat		Nan	ne of OSHA	Monitor					
Start Date (10)	1/8	3/2019	)		Stre	et Address						
Occupancy Status During Abatement (Check Onl	y One)	atemen	ıt		1.00	Box 341	Codo					
Facility Closed/Vacated During Entire Perior Abatement Performed Outside of Normal Face Other – Describe: 8 am 4 pm	acility H	Hours			_ City	y, State, Zip nesterfield	, NJ 08515	i .				_
Scope of Work (Check All That Apply)	X Re	enovatio emolition	on n			Mini-	Containment v Enclosure ebag Procedu Exempted (*)		able Proc	edu	ent	_
										Abat T	3	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Location formally d Solely intenance todial St (12)	by ce/	Asbe (i.€	stos Contain thermal sys	ption of ing Material stems insula g, VAT, or cellaneous)	(ACM)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)	Yes	No	N/A			no Inculat	ion	20 lf	Х		100000	
Basement		X			hermal Pi Thermal P			18 lf	Х			L
Crawl Space	Χ				i nermai P	ipe mount				I		1
				-								
Name of Registered Waste Hauler		1	NJDEP \	Naste	Cubic Y		Name of R Fairless	egistered Lar Landfill	ndfill			
Stevens Environmental Services			1829		Dispos	cu al Date	City State					
City, State					1/9	/2018 ignature///	Morrisvi	ile, FA	Date	2/26	)18	
Allentown, NJ Completed by	Title		ect Ma		10000	///	1 F		1 12	120		

CK 4900

\* Do not use this form for asbestos licensure exempte activities.

DATTO		(Pur	rsuant	to NJAC 8:60 and	12:120)			ب	41	(22)	1 7		-
Date of Notification (1)		Na		Building Owner/Ope			et A C			(D)		10.7	
Agencies Notified  Type Notification  I EPA I Initial Amended Amendment Emergency (i justification)  DOA  Cancellation		Cit	me of C	iress  E, Zip Code  VN O H  Contact  Contact	27	τ.	LN		DEC DZO71		20		the part of the control of the contr
			FACIL	ITY INFORMAT	ION	T	EDi(4)					91	-
Name of Facility Where Abatement is Taking P  HR. AlexAC  Street Address	lace (3)			ie .		□ Sci	Facility (4) hool (K-12) bchapter 8 her (i.e. pri	) r (Other t	han K-12) commercial bu	ıilding	s, hor	s, etc	:.)
City (5) LYND HURST			•	7			00		Floors Z	Bl	dg. At	10	,
County (6)  BERGEN				ode (7) SE ONLY)		Current	Use (Prior	if being DEV	demolished)				
Name of Monitoring Firm Hired by Building O			ASCM	No.	Bes	st Rem	oval, In						
Street Address			9			Address O Sout	h River	Stree	et				
City, State, Zip Code	\$4	7				State, Zip ( Hacken		ew Je	ersey 076	01			
Project Manager for Monitoring Firm		Te	elephon	e No.		none No.	7444		License No. 00388			8	
Start Date (10)	Scheduled C	omple	tion Da			of OSHA lega Er	Monitor nvironm	ental					
Occupancy Status During Abatement (Check Company Status During Abatement (Check Company Status During Entire Per Abatement Performed Outside of Normal Other – Describe:	riod of Abatem	ent Pr		-	28 City, 8	State, Zip			NJ 07606				
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  □ ≥160 sf or ≥260 lf		ovatio		92	4	Mini Glov	-Enclosure ebag Proce	dure	Negative Press		ure		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Nor Used S Main Custod	tenanc lial Sta (12)	by e/ aff?	Asbestos Con (i.e. thermal syst		Aaterial (A ulation, su r		(5	amount Specify For LF)	Removal	Abata Ty Repair	Encapsulate	Enclosure
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Name of Registered Waste Hauler Best Removal, Inc. City, State Hackensack, NJ 07601		Ha	DEP W	No. of Wa	sal Date	19	Miner	rva E	ed Landfill ntrerprise	1468			
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				FAC	LITY INFO	ORMATI	ON				(69 0)	1.1	1-55	3//5	.50
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01 01 7 0 1								Box 329							
City, State, Zip Code								tate, Zip C		2					
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Project Manager for Monit	toring Firm			Telepho	ne No.			none No.		100000000000000000000000000000000000000	ense No	).			
							856-	753-980	0	00	727				
Start Date (10)				npletion	Date (11)		Name	of OSHA N	Monitor					18	
12/20/18		12/21/					Sam	ie							
Occupancy Status During	Abatement (Chec	k Only Or	ne)				Street	Address						-	
X Facility Closed/Vacat	ted During Entire	Period of	Abaten	nent											
Abatement Performe	d Outside of Norn	nal Facility	/ Hours	3			City, S	tate, Zip C	ode					-	
Other – Describe: _							55.00								
Scope of Work (Check All	That Apply)								-	10471-1111				-	_
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X ≥160 sf or ≥260 lf			emolit						nclosure	with Neg	auve F	essu	ie		
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In Facility		Cus	todial S	Staff?	\1.0.		cing, VA		'	SF or L		Remova	Repair	Encapsulate	Enclosure
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Name of Registered Wast	e Hauler		1	JDEP Wauler ID		Cubic of Was	PATE AND THE		ame of Re	gistered L	andfill				
Pernaco Inc.			139.86	2459		3		A	CUA						
City, State						177	sal Date	Ci	ty, State					-	
West Berlin NJ						TBD	J. Duto	1 1	gg Harb	or Twn	NJ N8	234			
Completed by	W. L	Title				- Name of	ignature		33 . 10.10	p	Dat		_		
Anthony T Perna		11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	ident			1	,	Q			2000	/19/1	18		
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Date of Notification (1) 12-20-2018	Name	of Bu	ilding	Owner / Operato	r (2)	250 3			111
Agencies Notified Type Notification EPA		t Addre				DEC 2	7 2018		71
☐ DEP ☐ Initial			& Zip C			There is a second contract of	-000-00-00-00-00-00-00-00-00-00-00-00-0	-	
☐ DOL ☐ Amended ☐ Emergency			J 0750	8	1	- PROTOST			
☑   DOH   ☐   Emergency     ☐   DCA   ☐   Cancellation		of Co Schar				2.1.1.1.11	Telephon	Numb	per
						1			
Name of Facility Where Abatement is Taking P	F/	ACILIT	YINF	ORMATION					
Residence	ace (3)			Type of Facili  School (F					
Street Address					ter 8 (Other th	nan K-12)			
				Other (i.e.)	e. private & co	mmercial buildin	igs, home	etc.)	
City (5) County (6)	IC	2 - 1 - 7	77	Square Feet	# of Flo	1	Bldg. Age		
City (5) County (6) Haledon, NJ 07508 Passaic	County (	Jode (	(1)	1300 Current Use (	Drior if boing	domaliahad	96	( <del></del>	
				Residential	riioi ii beilig	demonsned)			
Name of Monitoring Firm Hired by Building Own	ner (8)	ASC	M No.						
Health and Safety Services Street Address				Resource Ma Street Addres		oup, LLC			
P.O. Box 365				2115 Hamilton	5.000.)	02			
City, State & Zip Code				City, State & 2	Zip Code			-	
Berlin, NJ 08009 Project Manager for Monitoring Firm	T-1	N1 1		Trenton, NJ 0				_	
Mr. Jim Proctor	Telephone 856-452-13		per	Telephone Nu 609-914-4279		License N	Number 01185		
Scheduled Start Date (10) Scheduled Con 1-15-2019 Scheduled Con	npletion Dat 1-18-2019	te (11)		Name of OSH	A Monitor	lastes III			
Occupancy Status During Abatement (Check or				J&S Environm Street Addres		tories, inc.			
☐ Facility Closed/Vacated During Entire P	eriod of Aba	ateme	nt	2333 Route 2					
Abatement Performed during Normal Ho	ours:			City, State & 2					
Describe: 8:00am-4:30pm  Facility Occupied During Abatement				Union, NJ 070	083				
Scope of Work (Check all that apply)								-	
						ntainment with N	Negative F	essure	e
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf ≥260 lf</li></ul>		ovatio nolitior				nclosure			
2100 SI 2200 II	☐ Den	nontion	1			Bag Procedures cempted and Nor	n Eriable	ocedu	ıro
Location of	Is Locati	ion		Description		Amount		nent 7	
Asbestos-Containing	Normally U			Asbestos-Cont	taining	(Specify	T	T	7,50
Material (ACM) TO BE ABATED	Solely b Maintenan			Material (AC (i.e., thermal sy		SF or LF)	Re	3 En	田田
in Facility	Custodial S		i	nsulation, surfac			me	ap	clos
(13)	(12)			or other miscella			moval	Encapsulat	Enclosure
	Yes No	N/A			<del>- 21/2</del>			=	
Basement			Elbo J			45 LF			
Basement		H	Pipe V	Vrap		90 LF			H
	+++	H					ᆜ붜╿		
	+ +	+					+		1
		H							H
Name of Registered Waste Hauler		DEP V		Cubic Yards	Name of Reg	jistered Landfill			
Resource Management Group, LLC		uler ID 35218		of Waste TBD	Grows Landf	ill			
City, State				Disposal Date	City, State				
Trenton, NJ 08619				TBD	Morrisville, P.	A			
Completed By (Print or Type)	Titl			Signature 7	/	2/22	Date		
Mr. Brian Haney	Pre	esiden	t	9)M	$\Lambda_1 \qquad X$	1/11/11	12/20/2	18	
				1/11	4 /	IVREL			

CK 245	10 PALLO	ursuar	it to <u>N.</u>	J.A.(	<u>2.</u> 8:60 and	12:120)	n n	EC 27 2	10	
Date of Notification					Owner / Operato	r (2)		EL 4/2	18	
Agencies Notified	12-20-2018 Type Notification		ean Cour		lege			or other Parks and all and		
⊠ EPA	Type Notification	1077070	College D	0.100000				STOS COM LICENSIA	100	
☐ DEP	☐ Initial ☐ Amended	Cit	y, State 8	Zip C			948 G I 2. 3			1.74
⊠ DOL	[전 - 1]		ms River		754			T		
□ DOH □ DCA	☐ Emergency ☐ Cancellation		me of Co e Bruno	ntact				Telephone 732-255-04		er .
			02-02-02-03-03-03-03-03-03-03-03-03-03-03-03-03-					7 32-233-04		
Name of Facility W/	nere Abatement is Taking P	lace (3)	FACILIT	Y INF	ORMATION Type of Facili	to (A)				
Ocean County Colle		lace (3)			School (F					
Street Address					☐ Subchap	ter 8 (Other t	than K-12)			
1 College Drive Bui	ding #9						ommercial build		etc.)	
					Square Feet	# of F	loors	Bldg. Age		
City (5)	County (6)	Coun	ty Code (	7)	19,000	1		!	1	
Toms River NJ	Ocean				Current Use ( Nursing Build		demolished)			
Name of Monitoring	Firm Hired by Building Own	ner (8)	ASC	M No.			actor (9)			$\overline{}$
Brinkerhoff Environ	mental Services				Resource Ma	nagement G				
Street Address 1085 Atlantic Avenu	10				Street Addres 2115 Hamilto	TOTAL CONTRACTOR OF THE PARTY O	202			
City, State & Zip Co					City, State & 2		202		-	-
Manasquan, NJ 087	736				Trenton, NJ 0					
Project Manager for Gary Fleming	Monitoring Firm	Telepho 732-223	ne Numb	per	Telephone Nu		License	Number		
Scheduled Start Da	te (10) Scheduled Co		-		609-914-4279 Name of OSF			01185		$\dashv$
1-7-2018		3-1-201			J&S Environn		atories, Inc.			
	During Abatement (Check o				Street Addres	(8)				
	sed/Vacated During Entire F Performed during regular op			nt	2333 Route 2 City, State & 2		***************************************			
Describe:	8:00am - 5:00pm -Monday ti	rough Su	nday		Union, NJ 070					
	upied During Abatement									
Scope of Work (Che	eck all that apply)						ontainment with	Negative F	essure	
≥3 sf or ≥3 l	f	⊠ F	Renovatio	n		☐ Mini-E	Enclosure			
≥160 sf ≥26	0 If		Demolitio	n			Bag Procedure			
1.	ocation of	lo Lo	cation		Description		Exempted and N Amount			
	tos-Containing		lly Used		Asbestos-Con		(Specify		nent Ty	ype
Mat	erial (ACM)	Sole	ly by		Material (A0	CM)	SF or LF	\ \ \	E E	回
	BE ABATED  n Facility		nance or al Staff?		(i.e., thermal synsulation, surface			em	icap	nclo
	(13)		2)		or other miscella			Remova	Encapsula	Enclosure
		Yes N	lo N/A					-	at	(D)
Throughout 1st flo	or ceiling systems			Pipe I	Fitting Insulation		230 each			
Throughout 1st flo	or				Fitting Insulation		60 each			
Throughout 1st floo	r ceiling systems				drain Pipe Insula	ntion	24 each			H
1 <sup>st</sup> Floor Kitchen are		片			tile & Mastic		150 SF 4,100 SF			믬
1 Floor Student Di	ning room			Cellin	ig Plaster		4,100 36			H
Name of Registered	l Waste Hauler		NJDEP \	Vaste	Cubic Yards	Name of Re	egistered Landfil			
Resource Managen	aent Group II C		Hauler II 0035218	500000000000000000000000000000000000000	of Waste TBD	Grows Land	Afill			
City, State	ion Group, LLO		0000210		Disposal Date	City, State	atilit			
Trenton, NJ 08619					TBD ( )	Morrisville,	PA		<u> </u>	
Completed By (Prin	t or Type)		Title		Signature	7	1 1/01	Date		
Mr. Brian Haney			Presiden	it	III	n /	V0////	12-20-2	118	
					1 1		117114			

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

							AC 8:60 and 5:1	-1 33.35			-	7	
Date of Notification (1)	11 /	10					ng Owner/Operator	(2)					
							High School		DEC 27	2018		- 11	1
Agencies Notified  EPA	Type Notifi  ☑ Initial	cation				t Address						4.0	11
☑ DOLWD	⊠ Initial ⊠ Amende	ad				Early Str		}					
☑ DOH	Amendr		1-12/2	1/18	City,	State, Zip	Code		Licential		-		
DCA	☐ Emerge	100			Mo	rristown	, NJ 07960						
(NJAC 5:23-8)	justifica			5	Name	of Contac	t		Telephone Num	nber			
	☐ Cancella	ation			N/A	A			973-292-200				
					FA	CILITY IN	NFORMATION						_
Name of Facility Where		Taking	Place	(3)				Type of Facility	• •				
Morristown High S	cnool							School (K-12					
Street Address								Other (i.e. n	3 (Other than K-12 rivate and comme	2)	uildi		
50 Early Street								homes, etc.)	ivate and comme	irciai bi	uliul	JS,	
City (5)								Square Feet	# of Floors	B	ldg.	ge	_
Morristown								+-50,000	+-2		+-5	90	
County (6)					Cour	nty Code (7	)(STATE USE ONLY)		or if being demoli				-
Morris						······································		, , ,	comig demon	oneuj			
Name of Monitoring Firm	Hired by Bui	lding O	wner	(8)	ASCM	No.	Name of Abateme	ent Contractor (0)				_	_
Environmental Con				, ,			A company of the contract of t	VIRONMENTA	INC				
Street Address	,	<u> </u>			1512-5-5-5-		Street Address	VINORIVIENTA	_, INC.				
120 North Warren S	Street							D CTDEET					
City, State, Zip Code							1123 BEAVE						
Trenton, NJ 08608							City, State, Zip Co						
				T=-			BRISTOL, PA	19007					
Project Manager for Moni	itoring Firm				phone		Telephone No.		License No.			1000	
Dominick Dercole					09-392		215-788-6040	ľ.	00509				
Start Date (10)					tion Da	500 50	Name of OSHA N	lonitor VIRONMENTAI	INC				
Occupancy Status During								VIRONIVIENTAL	-, INC				
☐ Facility Closed/Vacate							Street Address						
Abatement Performed	Outside of N	lormal I	Facilit	Abate	ment s Doc	oribo	1123 BEAVE						
Time of Abatement: 7	:30AM-7:30	PM/	PI	VI	AM	cribe	City, State, Zip Co BRISTOL, PA						
							DINISTOL, FA	19007				_	_
Scope of Work (Check all													
				7.			☐ Full Cont	ainment with Neg	ative Pressure				
≥3 sf or ≥3 lf			⊠ Re					ainment with Neg	ative Pressure				
≥3 sf or ≥3 lf				novati			☐ Mini-Enc	losure Procedure		ro.			
≥3 sf or ≥3 lf			☐ De	molitio	on		☐ Mini-Enc	losure					_
≥3 sf or ≥3 lf	that apply)		□ De	Local Local	ion lly		☐ Mini-Enc ☐ Glovebag ☑ Non-Exe	losure g Procedure mpted (*) and Nor			pater	-	yı
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf      Location     Asbestos-Containing I	that apply) of Material (ACN		De Is N Use	Locat lorma d Sole	ion lly ely by		☐ Mini-Enc ☐ Glovebag ☑ Non-Exe  Description ostos Containing Ma	losure g Procedure mpted (*) and Nor f terial (ACM)		Ab	_	-	T
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf      Location     Asbestos-Containing I     TO BE ABA	that apply) of Material (ACM		Is Is Use Ma	Local lorma d Sole intena	ion Ily ely by nce/		☐ Mini-Enc ☐ Glovebag ☑ Non-Exe  Description of stos Containing Ma	p Procedure procedure proted (*) and Nor f terial (ACM) insulation,	n-Friable Procedu Amount (Specify	Ab	_	-	T
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf      Location     Asbestos-Containing I	that apply) of Material (ACM		Is Is Use Ma	Local lorma d Sole intena	ion lly ely by		☐ Mini-Enc ☐ Glovebag ☑ Non-Exe  Description of stos Containing Manual systems is surfacing, VAT,	p Procedure procedure proted (*) and Nor  f terial (ACM) insulation, or	n-Friable Procedu Amount		pater Repair	-	T
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf      Location     Asbestos-Containing I     TO BE ABA     IN Facilit	that apply) of Material (ACM		Is Is Use Ma	Local lorma d Sole intena	ion Ily ely by nce/		☐ Mini-Enc ☐ Glovebag ☑ Non-Exe  Description of stos Containing Ma	p Procedure procedure proted (*) and Nor  f terial (ACM) insulation, or	n-Friable Procedu Amount (Specify	Ab	_	nt Encapsulate	T
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf □ Location  Asbestos-Containing I □ TO BE ABA □ IN Facilit (13)	of Material (ACM TED		Is No Use Ma Cust	Local lorma d Sole intena odial (12)	ion illy ely by nce/ Staff?	(i.e.	Description of stos Containing Ma., thermal systems surfacing, VAT, other miscellane	p Procedure procedure proted (*) and Nor  f terial (ACM) insulation, or	Amount (Specify SF or LF)	A Removal	_	-	T
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf □ Location  Asbestos-Containing I □ TO BE ABA □ IN Facilit (13)	of Material (ACM TED	Л)	Is Nuse Ma Cust	Local lorma d Sole intena odial (12)	ion Ily ely by nce/ Staff?	(i.e.	☐ Mini-Enc ☐ Glovebag ☑ Non-Exe  Description of stos Containing Manual systems is surfacing, VAT,	p Procedure procedure proted (*) and Nor  f terial (ACM) insulation, or	n-Friable Procedu Amount (Specify	Ab	_	-	T
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf □ Location □ Asbestos-Containing I □ TO BE ABA □ IN Facilit □ (13)	of Material (ACM TED	Л)	Is No Use Ma Cust	Local lorma d Sole intena odial (12)	ion illy ely by nce/ Staff?	(i.e.	Description of stos Containing Ma., thermal systems surfacing, VAT, other miscellane	p Procedure procedure proted (*) and Nor  f terial (ACM) insulation, or	Amount (Specify SF or LF)	A Removal	_	-	T
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf □ Location  Asbestos-Containing I □ TO BE ABA □ IN Facilit (13)	of Material (ACM TED	Л)	Is Nuse Ma Cust	Local lorma d Sole intena odial (12)	ion Ily ely by nce/ Staff?	(i.e.	Description of stos Containing Ma., thermal systems surfacing, VAT, other miscellane	p Procedure procedure proted (*) and Nor  f terial (ACM) insulation, or	Amount (Specify SF or LF)	A Removal	_	-	Гур
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf □ Location □ Asbestos-Containing I □ TO BE ABA □ IN Facilit □ (13)	of Material (ACM TED	Л)	Is Nuse Ma Cust	Local lorma d Sole intena codial (12) No	ion Illy bly by nce/ Staff?	(i.e.	Description of stos Containing Ma., thermal systems surfacing, VAT, other miscellane	p Procedure procedure proted (*) and Nor  f terial (ACM) insulation, or	Amount (Specify SF or LF)	A Removal	_	-	T
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf □ Location Asbestos-Containing l □ TO BE ABA □ IN Facilit (13) □ Basement TV/Radio S	of Material (ACM TED y	Л)	Is Note that I was a second of the second of	Local Alorma d Sole intena codial (12) No	ion Illy iby by nce/ Staff?	Floortile	Description of stos Containing Man, thermal systems surfacing, VAT, other miscellane.	p Procedure proc	Amount (Specify SF or LF)	A Removal	_	-	Т
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf □ Location Asbestos-Containing l □ TO BE ABA □ IN Facilit (13) □ Basement TV/Radio S	of Material (ACM TED Ty Studios	и)	Is I	Local lorma d Sole intena odial (12) No	ion Illy Bly by nce/ Staff?  N/A	Floortile  Vaste No.	Description of stos Containing Ma., thermal systems surfacing, VAT, other miscellane	Procedure Proced	Amount (Specify SF or LF)  1136 SF	A Removal	_	-	T
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf □ Location Asbestos-Containing l TO BE ABA IN Facilit (13) □ Basement TV/Radio S □ Name of Registered Wast SERVICE TRANSPO	of Material (ACM TED Ty Studios	и)	Is I	Local lorma d Sole intena odial (12) No	ion Illy iby by nce/ Staff?  N/A	Floortile  Vaste No.	☐ Mini-Enc ☐ Glovebag ☑ Non-Exe  Description of stos Containing Mailler, thermal systems is surfacing, VAT, other miscellane.  ACM Mastic  Cubic Yards of Waste	Name of Regist	Amount (Specify SF or LF)  1136 SF	A Removal	_	-	T
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf □ Location Asbestos-Containing l TO BE ABA IN Facilit (13) □ Basement TV/Radio S □ Name of Registered Wast SERVICE TRANSPO	of Material (ACM TED Ty Studios	и)	Is I	Local lorma d Sole intena odial (12) No	ion Illy Bly by nce/ Staff?  N/A	Floortile  Vaste No.	Description of stos Containing Man, thermal systems surfacing, VAT, other miscellane.	Name of Regist MINERVA L  Grocedure  Total (ACM)  Total  Name of Regist  MINERVA L  City, State	Amount (Specify SF or LF)  1136 SF	A Removal	_	-	T
Location Asbestos-Containing I TO BE ABA IN Facilit (13)  Basement TV/Radio S  Name of Registered Wast SERVICE TRANSPO  City, State	of Material (ACN TED	и)	Is I	Local lorma d Sole intena odial (12) No	ion Illy Bly by nce/ Staff?  N/A	Floortile  Vaste No.	Description of Stos Containing Man, thermal systems surfacing, VAT, other miscellane.  Cubic Yards of Waste  Disposal Date TBD	Name of Regist	Amount (Specify SF or LF)  1136 SF ered Landfill ANDFILL  JRG, OH	A Removal	_	-	T
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf □ ≥160 sf or ≥260 lf □ Location Asbestos-Containing l □ TO BE ABA □ IN Facilit (13) □ Basement TV/Radio S □ Name of Registered Wast SERVICE TRANSPO □ City, State YARDLEY, PA	of Material (ACN TED	P, INC	Is I	Local Local Rorman Market Norman Market Norm	ion Illy Bly by nce/ Staff?  N/A	Floortile  Vaste No.	Description of Stos Containing Man, thermal systems surfacing, VAT, other miscellane.  **E & ACM Mastic**  Cubic Yards of Waste**  Disposal Date**	Name of Regist MINERVA L  Grocedure  Total (ACM)  Total  Name of Regist  MINERVA L  City, State	Amount (Specify SF or LF)  1136 SF ered Landfill ANDFILL  JRG, OH	A Removal	Repair	Encapsulate	Т

### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Chht+3(83

Date of Notification (1)					Mama of Duile	l' 0 10 .	1-1				
	11 /	/ 18				ling Owner/Operator on High School	(2)		~?#Y~.~		-
Agencies Notified	Type Not	tification		-+	Street Addres		g., de.		1		
□ EPA	Initial				50 Early S				7		
DOLWD4125	Amen			H	City, State, Zip						
DOH 4718	☐ Emerg	dment #_	cluding			n, NJ 07960	\$ 1 d	DEC 2	/ 21	018	
(NJAC 5:23-8)	justific	cation)	Juding	h	Name of Conta		· · ·	Telephone Nu			
	☐ Cance	ellation			N/A		545 I	973-292-2			
			B 7		FACILITY	INFORMATION		0,0,202-2	000		-
Name of Facility Where A		is Taking	Place (	3)			Type of Facility	(4)			
Morristown High So	chool						School (K-12	)			
Street Address							Subchapter 8	Other than K-	12)		
50 Early Street							Other (i.e., pr homes, etc.)	ivate and comm	nercial	buildin	i,
City (5)							Square Feet	# of Floors		Bldg. A	_
Morristown							+-50,000	+-2	-	+-50	
County (6) Morris					County Code	(7)(STATE USE ONLY)	Current Use (Prid	or if being demo	lished		-
	11: 11 =									6	
Name of Monitoring Firm			vner (8)	AS	SCM No.	Name of Abateme					_
Environmental Con	nection, li	nc			U.	BRISTOL EN	VIRONMENTAL	, INC.			
120 North Warren S	tract				0.000	Street Address					_
City, State, Zip Code	treet					1123 BEAVE					
Trenton, NJ 08608					. N	City, State, Zip Co					_
Project Manager for Monit	oring Eirm		- 17			BRISTOL, PA	19007			40	
Dominick Dercole	omig i min		'		one No.	Telephone No.		License No.			-
Start Date (10)		Schedul	ad Com		392-4200 Date (11)	215-788-6040		00509			
12 /21 / _	18				/ 18	Name of OSHA M	onitor /IRONMENTAL	1110			
Occupancy Status During	Abatement					Street Address	TRONWENTAL	, INC			
Facility Closed/Vacated											
i domey closed/vacated	During Ent	tire Perio	d of Aba	ateme	nt	COLUMN STREET, THE COLUMN STREET, STRE	STREET				
Abatement Performed (	Outside of N	tire Perio	d of Aba	atemei	nt Describe	1123 BEAVER					
Abatement Performed ( Time of Abatement: 7:3	Outside of N 30AM-3:30	tire Perio	d of Aba	atemei	nt Describe AM	1123 BEAVER City, State, Zip Coo	de				_
Abatement Performed ( Time of Abatement: 7:3	Outside of N 30AM-3:30	tire Perio	d of Aba	atemei	Describe	1123 BEAVER	de				_
Abatement Performed ( Time of Abatement: 7:3  Cope of Work (Check all t	Outside of N 30AM-3:30	tire Perio Normal Fa PM/	d of Aba acility H PM	atemei	Describe	1123 BEAVER City, State, Zip Cor BRISTOL, PA	de 19007 ainment with Nega	tive Pressure			_
Abatement Performed ( Time of Abatement: 7:3  cope of Work (Check all t	Outside of N 30AM-3:30	tire Perio Normal Fa	d of Aba	atemer ours -	Describe	1123 BEAVER City, State, Zip Coo BRISTOL, PA	de 19007 ainment with Nega	tive Pressure			_
Abatement Performed ( Time of Abatement: 7:3  cope of Work (Check all t	Outside of N 30AM-3:30	tire Perio Normal Fa	d of Aba acility HePM PM Renov	ration	Describe	1123 BEAVER City, State, Zip Cor BRISTOL, PA	de 19007  sinment with Negal soure Procedure		rre		_
Abatement Performed ( Time of Abatement: 7:3  cope of Work (Check all t  3 sf or >3 If  >160 sf or >260 If	Outside of N 30AM-3:30 hat apply)	tire Perio Normal Fa	d of Aba acility H PM Renov Demol	ration	Describe	1123 BEAVER City, State, Zip Cor BRISTOL, PA  Full Conta Mini-Enclo Glovebag Non-Exem	de 19007  ainment with Nega osure Procedure ppted (*) and Non-		-	bateme	
Abatement Performed ( Time of Abatement: 7:3  cope of Work (Check all t  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Location of Asbestos-Containing Ma	Outside of N 30AM-3:30 hat apply)	tire Perio	d of Aba acility HPM  Renov Demol	ration lition cation nally olely b	Describe AM	1123 BEAVER City, State, Zip Cor BRISTOL, PA  Full Conta Mini-Enclo Glovebag Non-Exem	de 19007 ainment with Nega osure Procedure apted (*) and Non-	Friable Procedu	Al	pateme	Ť
Abatement Performed ( Time of Abatement: 7:3  cope of Work (Check all t  3 sf or >3 lf  >160 sf or >260 lf  Location of Asbestos-Containing Materials	Outside of N 30AM-3:30 hat apply)	tire Perio Normal Fa IPM/	d of Aba acility HPM  Renov Demol	ration lition cation nally olely be nance.	Describe AM 1/2 Y Asbes	1123 BEAVER City, State, Zip Coo BRISTOL, PA  Full Conta Glovebag Non-Exem  Description of stos Containing Mate, thermal systems in	de 19007  ainment with Nega osure Procedure npted (*) and Non- erial (ACM) sulation,	Friable Procedu	Al		Ту
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Abatement Performed Common Time of Abatement: 7:3  cope of Work (Check all to the cope of Wor	Outside of N 30AM-3:30 hat apply) f aterial (ACN ED	tire Perio Normal F: PM/	d of Aba acility He PM- Renov Demol Is Loc Norm Used Si Maintei Custodia (1) es Ni	ration lition cation nally olely be nance at Staff 2)	Describe AM  Y  Asber (i.e.	1123 BEAVER City, State, Zip Cor BRISTOL, PA  Full Conta Glovebag Non-Exem  Description of stos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous	de 19007  Ainment with Nega Desure Procedure Inpted (*) and Non- Perial (ACM) Sullation, or	Amount (Specify SF or LF)	Removal		Ť
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Abatement Performed ( Time of Abatement: 7:3  cope of Work (Check all to 1) ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Location of Asbestos-Containing Mator BE ABATI IN Facility (13)  assement TV/Radio Stu	Outside of N 30AM-3:30 that apply) faterial (ACM ED	tire Perio Normal F: PM/	d of Aba acility He PM  Renov Demol Is Loc Norr Used Si Maintei Custodia (1) es Ni	ration lition cation nally olely be nance at Staff 2)	Describe AM  Y  Asber (i.e.	1123 BEAVER City, State, Zip Cor BRISTOL, PA  Full Conta Glovebag Non-Exem  Description of stos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous	de 19007  Ainment with Nega Desure Procedure Inpted (*) and Non- Perial (ACM) Sullation, or	Amount (Specify SF or LF)	Removal		Ť
Abatement Performed ( Time of Abatement: 7:3  cope of Work (Check all t  3 3 sf or >3 lf  3 >160 sf or >260 lf  Location of Asbestos-Containing Ma  TO BE ABATE IN Facility (13)  asement TV/Radio Str	Outside of N 30 AM-3:30  that apply)  faterial (ACN ED  udios	Itire Perio Normal Fa PPM/	d of Aba acility He PM- Renov Demol Is Loo Norm Used S Mainte Custodia (1) es N	ration lition cation nally olely b nance al Staff 2)    NJDE	Describe AM  Y Asbes (i.e.	1123 BEAVER City, State, Zip Cor BRISTOL, PA    Full Conta   Mini-Enclor   Glovebag   Non-Exerr    Description of stos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous et & ACM Mastic	de 19007  sinment with Negal sure Procedure noted (*) and Non- erial (ACM) sulation, or us)	Amount (Specify SF or LF)	Removal		-
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Abatement Performed Common Time of Abatement: 7:3  cope of Work (Check all to the cope of Asbestos-Containing Management To BE ABATI IN Facility (13)  assement TV/Radio Studies of Registered Waste (Check all to the cope of Registered Waste (Check all	Outside of N 30 AM-3:30  that apply)  faterial (ACN ED  udios	Itire Perio Normal Fa PPM/	d of Aba acility He PM- Renov Demol Is Loo Norm Used S Mainte Custodia (1) es N	ration lition cation nally olely b nance al Staff 2)    NJDE	P Waste r ID No. 90	1123 BEAVER City, State, Zip Cor BRISTOL, PA    Full Conta   Mini-Enclor   Glovebag   Non-Exerr    Description of stos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous et & ACM Mastic    Cubic Yards of Waste	de 19007  ainment with Nega osure Procedure npted (*) and Non- erial (ACM) sulation, or us)  Name of Register	Amount (Specify SF or LF)  1136 SF	Removal		
Abatement Performed ( Time of Abatement: 7:3  Coope of Work (Check all to the coope of Work (C	Outside of N 30 AM-3:30  that apply)  faterial (ACN ED  udios  Hauler T GROUP	Itire Perio Normal Fa PPM/	d of Aba acility He PM- Renov Demol Is Loo Norm Used S Mainte Custodia (1) es N	ration lition Cation nally olely b nance a Staff 2) O N.	P Waste r ID No. 90	1123 BEAVER City, State, Zip Cor BRISTOL, PA    Full Conta   Mini-Enclor   Glovebag   Non-Exerr    Description of stos Containing Mate, thermal systems in surfacing, VAT, cother miscellaneous et & ACM Mastic    Cubic Yards of Waste	de 19007  sinment with Negal sure Procedure Internation (ACM) Inte	Amount (Specify SF or LF)  1136 SF	Removal		-
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### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2)

CK33682

Date of Notification (1)				HACKEN	NSA	CK UNIV	ERSITY MEDICA	L CENTER	L		P	
12 / 12 /18 Agencies Notified Type Noti	fication			Street A		ess CT AVEN	NUE			n	2	
EPA Initia	al Notification ended Notific cellation		#1	City, Sta	ite, 2	Zip Code	/ JERSEY 07601		E CONTRACTOR	at an area	2	
X DOH On I	Hold ERGENCY N	IOTIF			D F	ARRELL		Telephone N 551-996-377			OS C ÇEM	
				CILITY INFO	DRM	ATION	Type of Facility	(4)				
Name of Facility Where Abatement	is Taking P	lace (	3)				School (K-1					
HACKENSACK UNIVERSITY MEDIC	CAL CENTER	3					Subchapter	8 (Other tha	an K-12 nmcl. bl	2) dgs.,	hom	es, etc
Street Address 30 PROSPECT AVENUE							Square Feet 200,000	# of Floor 5	rs	I	Bldg. 80	Age
City (5) Cou	inty (6)			County			Current Use (Pri	or if being de	emolish	ed)		
HACKENSACK BEI	RGEN			(STATE U			HOSPITAL Name of Abater	nent Contra	ctor (9	1		
Name of Monitoring Firm Hired by	Building O	wner	(8)		AS	CM No. 99	PAR ENVIRON	MENTAL CO	RPORA	ÁTIO	N	
LANGAN ENGINEERING & ENVIRO Street Address	MINICIAL	-				-	Street Address					
300 KIMBALL DRIVE							313 SPOOK RO					
City State Zin Code							City, State, Zip C	Code	101			
PARSIPPA	NY, NEW JE	ERSE'	Y 0705	54			SUFFERN, NEV Telephone Num		Licens	e Nu	mber	-
Project Manager for Monitoring Firm				Number			845-369-7500	-	1101			
VIJAY PATEL	IC-h		560-49	ਰਿਹ tion Date (11	1)		Name of OSHA	Monitor	1101	e e e		
Expected State Date (10) 12 / 13 /18	1000000		/	30	''	/19	QUALITY ENVI	RONMENTA	L			
Month Day Year	Mo	onth		Day		Year						
Occupancy Status During Abatemer  X Facility Closed/Vacated I Abatement Performed Out X Other - Describe: MC	During Entire	Perio mal F	d of Al acility	Hours - Desc	ribe	:	Street Address 1376 ROUTE 9 City, State, Zip	Code	NIC N	17.17	2500	
SA	TURDAY 8A	M-4P	M	_	_	= " 0		PPINGER FA		NT 12	2590	
Scope of Work (Check all that apply Demolition >3SF OR LF	X Ren	ovatio	n			Mini-Encl Gloveba	g Procedure	alive Fressui	ie			
X >160 SF OR 260 LF				X	_	Carlo Paris I All Carlo Paris I	ole Procedure		T	Δh	atem	ent Tyj
Location of		Loca		Con	scri	otion of A	ial (ACM)	Amoun	nt		B	
Asbestos-containing Material (ACM)		solely	y			hermal sy		(Specif	fy	REMOVAL	REPAIR	ENCAPSUL
TO BE ABATED			stodial				ing, VAT,	SF or L	.F)	₹	É	PS
in Facility (13)		Staff (		or	oth	er miscell	aneous)			-		=
54 59 59 54 59 59	Yes	No	N/A					2 100 05				
3RD FLOOR MAIN BUILDING		_	X	VAT & MAS	TIC			2,100 SF		X	-	-
ST. JOHNS BUILDING BASEMENT		_	Х	VAT & MAS		Sec. 155-150-151-15		4,000 SF		X		-
ST. JOHNS BUILDING BASEMEN	r	+	X	GLUE & CE	ILIN	IG TILE		740 SF		X		$\Box$
		+	-									
								-				
Name of Registered Waste Hauler	N.II	DEP V	Vaste	Cubic Yards	s of	Waste	Name of Regis	L tered Landfil			<u> </u>	1
NEWARK CARTING 369 RAYMOND BLVD.		uler IC		Diagrant	80 ato		GRAND CENT	RAL SANITA	ARY LA	NDF	·ILL	
City, State				Disposal Da 12/13-5/30/		/	PLAINFIELD T	OWNSHIP,	PA			
NEWARK, NEW JERSEY 07105 Completed by (Print or Type)	Title	_				ature	AV X		Date	10	2/	131
BENJAMIN SANCHEZ	DIRECT	OR O	F OPE	RATIONS	3	11	142			12	7	11

Agencies Notified  Typo Notification  PPA Juntital Notification  JUNE OCH Amendad Notification JUNE OCH JUNE OC		(i disdani to	Name of Building O	wner/Operator (	2)			
Agencies Notified  Type Notification  PPA  Jupe Notification  Jupe Name of Prospect Avenue  Jupe Name of Contact  OCA   Canadado  FACILITY INFORMATION  FACILITY INFORMATION  FACILITY INFORMATION  FACILITY INFORMATION  FACILITY INFORMATION  School (Cr.12)  Subchapter 8 (Other than K-12)  Subchapter 9 (Other than K-12)  Other (Engineera Subchapter 1 (Other than K-12)  Subchapter 9 (Other than K-12	Date of Notification (1)		HACKENSACK UNIV	/ERSITY MEDIC	AL CENTER	- DI	-0-	279
Agencies Notified Type Notification   30 PROSPECT WENUE   30 PROSPECT   30 PROSP	11 / 21 /18					U	_0	
EPA DEPA Amended Notification Amended Notification Cancellation Cancel		ation				lies 1		Total Control
Name of Facility Where Abatement is Taking Place (3)	EPA Initial I	ded Notification	City, State, Zip Code HACKENSACK, NEV	W JERSEY 0760	1			
DOAL   DEARMERL   Soft-996-9/78			Name of Contact			er		
Name of Facility Where Abatement is Taking Place (3)	A 30011	GENCY NOTIFICATION			551-996-3778			
Name of Facility Weight School (K-12)  HACKENSACK UNIVERSITY MEDICAL CENTER  Weight address and address and address and provided from the common p		FAC	ILITY INFORMATION		(4)			
Subchapter 5 (Other tank 1-X)   Subchapter 5 (Other 1-X)   Subchapter 6 (Other 1-X)   Subchapt	Name of Facility Where Abatement is	Taking Place (3)						
Street Address op PARSIPPANY, NEW JERSEY 07054 Project Manager for Monitoring Firm Part of Monitoring M						12)		
Street Address   200,000   5   80	HACKENSACK UNIVERSITY MEDICA	L CENTER		X Other (ie.	private & commcl.	bldgs.	, hom	nes, etc.
County Code (7)   County (6)   County (6)   County Code (7)   Corrent Use (Prior if being demolished)   HOSPITAL	Stroot Address							
City (6)   County	30 PROSPECT AVENUE					- h- n-d/	8	
HACKENSACK BERGEN Same of Monitoring Firm Hired by Building Owner (8) Same of Monitoring Firm Hired by Building Owner (8) ASCM No. 99 PAR ENVIRONMENTAL CORPORATION Street Address 313 SPOOK ROCK ROAD Street Address 313 SPOOK ROCK ROAD SUFFERN, NEW YORK 1991 PARSIPPANY, NEW JERSEY 07054 PARSIPPANY, NEW JERSEY 07054 PARSIPPANY, NEW JERSEY 07054 PARSIPPANY, NEW JERSEY 07054 POJECT Manager for Monitoring Firm Telephone Number 101, State, Zip Code PARSIPPANY, NEW JERSEY 07054 SUFFERN, NEW YORK 1991 Telephone Number 1101, State, Zip Code SUFFERN, NEW YORK 1991 Telephone Number 1101, State, Zip Code SUFFERN, NEW YORK 1991 Telephone Number 1101, State, Zip Code SUFFERN, NEW YORK 1991 Telephone Number 1101, State, Zip Code SUFFERN, NEW YORK 1991 Telephone Number 1101, State, Zip Code SUFFERN, NEW YORK 1991 Telephone Number 1101, State, Zip Code SUFFERN, NEW YORK 1991 Telephone Number 1101, State, Zip Code SUFFERN, NEW YORK 1991 Telephone Number 1101, State, Zip Code SUFFERN, NEW YORK 1991 Telephone Number 1101, State, Zip Code SUFFERN, NEW YORK 1991 Telephone Number 1101, State, Zip Code SUFFERN, NEW JERSEY 07105 Telephone Number 1101, State, Zip Code SUFFERN, NEW JERSEY 07105 Telephone Number 1101, State, Zip Code SUFFERN, NEW JERSEY 07105 Telephone Number 1101, State, Zip Code SUFFERN, NEW JERSEY 07105 Telephone Number 1101, State, Zip Code SUFFERN, NEW JERSEY 07105 Telephone Number 1101, State, Zip Code SUFFERN, NEW JERSEY 07105 Telephone Number 1101, State, Zip Code SUFFERN, NEW JERSEY 07105 Telephone Number 1101, State, Zip Code SUFFERN, NEW JERSEY 07105 Telephone Number 1101, State, Zip Code SUFFERN, NEW JERSEY 07105 Telephone Number 1101, State, Zip Code SUFFERN, NEW JERSEY 07105 Telephone Number 1101, State, Zip Code SUFFERN, NEW JERSEY 07105 Telephone Number 1101, State, Zip Code SUFFERN, NEW JERSEY 07105 Telephone Number 1101, State, Zip Code SUFFERN, NEW JERSEY 07105 Telephone Number 1101, State, Zip Code SUFFERN, NEW JERSEY 07105 Telephone Number 1101, State, Zip Code SUFFERN, NEW JERSEY 07105 Telephone Numbe	l-	ty (6)	County Code (7)		rior if being demoli	snea)		
Name of Monitoring Firm Hired by Building Senvire (b)  ANGAN ENRINEERING & ENVIRONMENTAL  Street Address 313 SPOOK ROOK ROOK ROOK ROOK 300 KIMBALL DRIVE  City, State, Zip Code PARSIPPANY, NEW JERSEY 07054  Project Manager for Monitoring Firm  Felephone Number 1 Felephone Number 1 Felephone Number 1 Telephone Number	HACKENSACK BERG	iEN (a)		Name of Abate	ement Contractor	(9)		
Street Address   Stre	Name of Monitoring Firm Hired by B	uilding Owner (8)		PAR ENVIRON	MENTAL CORPO	RATIC	N	
Sop Kimball Drive   City, State, Zip Code   Parsippany, New Jersey 07054   Sufferent New York (Sity, State, Zip Code   Sufferent New York (Sity, State,		WENTAL						
City, State, Zip Code PARSIPPANY, NEW JERSEY 07054  Project Manager for Monitoring Firm VIJAY PATEL  Expected State Date (10) 11 / 26 / 18							_	
Project Manager for Monitoring Firm VIJAY PATEL  Expected State Date (10) 11 / 26 / 18 Month Day Year  Cocupancy Status During Abatement (Check only one)  X Facility Closed/Avacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe:  Work (Check all that apply) Demolition SSF OR LF X > 160 SF OR 260 LF  Location of Absetsos-containing Material (ACM) Material (ACM) Month Day Year  Full Containment with Negative Pressure Mini-Enclo Glovebag Procedure X Non-Fritable Procedure  Location of Absetsos-containing Material (ACM) Material (ACM) Solely by Material (ACM) TO BE ABATED In Facility (13)  STR OOLTE 9  STreet Address 1376 ROUTE 9  Full Containment with Negative Pressure Mini-Enclo Glovebag Procedure X Non-Fritable Procedure  Description of Asbestos-containing Material (ACM) Solely by Material (ACM) Solely by Main/Custodial Staff (12) Yes No N/A  3RD FLOOR MAIN BUILDING ST. JOHNS BUILDING BASEMENT X VAT & MASTIC  ST. JOHNS BUILDING BASEMENT X VAT & MASTIC  Name of Registered Waste Hauler NUMBER AND CENTRAL SANITARY LANDFILL  Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL  Name Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL  Name Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL  Name Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL  Name Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL  Name Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL  Name Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL  Name Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL  Name Name Name Name Name Name Name Name	City State Zin Code			City, State, Zip	W YORK 10901			
Project Manager for Monitoring Pill 173–560-4983 845-369-7500 1101  VIJAY PATEL 973-560-4983 845-369-7500 Name of OSHA Monitor OUT OF OUT OF OUT OF OUT OF OUT		Y, NEW JERSEY 07054	umber	Telephone Nur	mber Lice	nse Nu	ımbe	r
Sched. Completion Date (11)		94 (2)				1		
Month   Day   Year   Month   Day				Name of OSH	A Monitor			
Month Day Year Month Day Year  Occupancy Status During Abatement (Check only one)  X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe:  Other - Describe: Monday - Friday 7am -3:30pm  Scope of Work (Check all that apply)  Demolition - 328F OR LF X 160 SF OR 260 LF  Location of Abbestos-containing Material (ACM) TO BE ABATED in Facility (13)  TO BE ABATED in Facility (13)  Staff (12) Yes No N/A  ST. JOHNS BUILDING BASEMENT  NAME of Registered Waste Hauler NEWARK CARTING 389 RAYMOND BLVD.  Name of Registered Waste Hauler NEWARK CARTING 389 RAYMOND BLVD.  Name of Registered Waste Hauler NEWARK NEW JERSEY 07105  Name of Registered Type)  Name of Registered Waste Plauler NEWARK, NEW JERSEY 07105  Name of Registered Type)  Nor Facility (10)  Street Address 1376 ROUTE 9  Street Address 1376 ROUTE 9  Street Address 1376 ROUTE 9  City, State, Zip Code WAPPINGER FALLS, NY 12590  WAPPINGER FALLS, NY 12590  City, State, Zip Code WAPPINGER FALLS, NY 12590  Mini-Enclo, Glovebag Procedure X Non-Friable Procedure X			30 /19	QUALITY ENV	IRONMENTAL			
Occupancy Status During Abatement (Check only July)  X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe:  X Other - Describe: Monday - Friday 7am -3:30pm  Scope of Work (Check all that apply)  Demolition - 33F OR LF X > 160 SF OR 260 LF  Location of Abbestos-containing Material (ACM) TO BE ABATED in Facility (13)  TO BE ABATED in Facility (13)  Staff (12) Yes No N/A  ST. JOHNS BUILDING BASEMENT  X VAT & MASTIC  ST. JOHNS BUILDING BASEMENT  Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.  Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.  Name of Registered Waste Hauler NEWARK NEW JERSEY 07105  Name of Registered Type)  Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL  Signature  1376 ROUTE 9  City, State, Zip Code WAPPINGER FALLS, NY 12590  Full Containment with Negative Pressure with Negative Pressure  Mini-Enclo, Glovebag Procedure  Non-Friable Procedure  Non-Friabl	Month Day Year		Day Year	Street Address				
Non-Friable Procedure   X	X Facility Closed/Vacated Du Abatement Performed Outs Other - Describe: Mono Scope of Work (Check all that apply)  Demolition	iring Entire Period of Aba side of Normal Facility Ho day -Friday 7am -3:30pm	Full Con	City, State, Zip W. ntainment with Ne	Code APPINGER FALLS	, NY 1	2590	
Location of Asbestos-containing Material (ACM) Asbestos-containing Material (ACM) TO BE ABATED Staff (12) Yes No N/A  3RD FLOOR MAIN BUILDING ST. JOHNS BUILDING BASEMENT ST. JOHNS BUILDING BASEMENT ST. JOHNS BUILDING BASEMENT Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD. City, State No RASH Staff (17 Description of Asbestos-Containing Material (ACM) (ie. Thermal systems (Specify SF or LF) SF or LF) WARD (Ie. Thermal systems (Specify SF or LF) WART (Specify SF or LF) WART (Specify SF or LF) WARD (Ie. Thermal systems (Specify SF or LF) WART (Specify SF or LF) WART (Specify SF or LF) WARD (Ie. Thermal systems (Specify SF or LF) WART (Specify SF or LF) WA								
Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  3RD FLOOR MAIN BUILDING ST. JOHNS BUILDING BASEMENT  Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD. City, State NEWARK, NEW JERSEY 07105  Consolidation, surfacing, VAT, or other miscellaneous)  (Specify Sport F) (Sport F) (Specify Sport F) (Sport F) (S		Is Location					paten	
Tracinty (15)  Yes No N/A  Yes No N/A  X VAT & MASTIC  ST. JOHNS BUILDING BASEMENT  X VAT & MASTIC  ST. JOHNS BUILDING BASEMENT  X GLUE & CEILING TILE  Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.  City, State NEWARK, NEW JERSEY 07105  Computed by (Print or Tyre)  VAT & MASTIC  4,000 SF	Asbestos-containing Material (ACM) TO BE ABATED	solely by Maint/Custodial	(ie. Thermal s insulation, surfa	systems scing, VAT,	(Specify	REMOVAL	REPAIR	NCAPSUL
ST. JOHNS BUILDING BASEMENT  X VAT & MASTIC  4,000 SF * X  ST. JOHNS BUILDING BASEMENT  X GLUE & CEILING TILE  Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.  City, State NEWARK, NEW JERSEY 07105  Completed by (Print or Type)  A VAT & MASTIC  A,000 SF * X  SUBJECT:  A,000 SF * X  A GLUE & CEILING TILE  TAUS F  X Date  Disposal Date 11/26-5/30/19  Signature  Signature  Date	III raciiity (13)					+	+	+++
ST. JOHNS BUILDING BASEMENT  X VAT & MASTIC  4,000 SF * X  ST. JOHNS BUILDING BASEMENT  X GLUE & CEILING TILE  740 SF  X  Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.  City, State NEWARK, NEW JERSEY 07105  Disposal Date 11/26-5/30/19  Date  Signature  Date	3RD FLOOR MAIN BLIII DING	X V	VAT & MASTIC		2,100 SF	X	-	+-+
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD. City, State NEWARK, NEW JERSEY 07105  Completed by (Print or Type)  X GLUE & CEILING TILE  740 SF  X  GLUE & CEILING TILE  740 SF  X  IName of Registered Landfill GRAND CENTRAL SANITARY LANDFILL  Disposal Date 11/26-5/30/19  Date  PLANDFIELD TOWNSHIP, PA  Date			VAT & MASTIC	-210000	4,000 SF *	X	_	1
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD. City, State NEWARK, NEW JERSEY 07105  Completed by (Print or Type)  Disposal Date 11/26-5/30/19  Signature  Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL  Disposal Date 11/26-5/30/19  Signature  Date					740 SF	X		1
NEWARK CARTING 369 RAYMOND BLVD. City, State NEWARK, NEW JERSEY 07105  Completed by (Print or Type)  Disposal Date 11/26-5/30/19  Disposal Date 11/26-5/30/19  Signature  Date	ST. JOHNS BUILDING BASEMENT						1	1
NEWARK CARTING 369 RAYMOND BLVD. City, State NEWARK, NEW JERSEY 07105  Completed by (Print or Type)  Disposal Date 11/26-5/30/19  Disposal Date 11/26-5/30/19  Signature  Date							_	1
NEWARK CARTING 369 RAYMOND BLVD. City, State NEWARK, NEW JERSEY 07105  Completed by (Print or Type)  Disposal Date 11/26-5/30/19  Disposal Date 11/26-5/30/19  Signature  Date								
NEWARK CARTING 369 RAYMOND BLVD. City, State NEWARK, NEW JERSEY 07105  Completed by (Print or Type)  Disposal Date 11/26-5/30/19  Disposal Date 11/26-5/30/19  Signature  Date								
City, State  NEWARK, NEW JERSEY 07105    Disposal Date	NEWARK CARTING	Hauler ID No.	80	GRAND CEN	NTRAL SANITARY	LAND	FILL	
Completed by (Print or Type) Title Signature	City, State		11/26-5/30/19	PLANFIELD	TOWNSHIP, PA	ato .		/21
BEN JAMIN SANCHEZ DIRECTOR OF OPERATIONS	Completed by (Print or Type)	Title	Signature	LAX.	, Da	ate /	11	21

			Name	e of Building Ow	ner/Operator (2) ERSITY MEDICAL	CENTER	DEC	2 7	201
ate of Notification (1)				t Address				- /	_4UH
11 / 15 /18  gencies Notified Type Notification			30 PI	ROSPECT AVEN	IUE				
EPA X Initial Notifice DEP Amended N	lotification	on	City, HAC	State, Zip Code KENSACK, NEW	JERSEY 07601				reit.
X DOL Cancellation X DOH On Hold DCA EMERGEN		TIFICATI	ON DON	e of Contact IALD FARRELL		elephone Numl 51-996-3778	Dei -		
			ACILITY IN	NFORMATION	Type of Facility	(4)			
Name of Facility Where Abatement is Tak	ing Plac	e (3)			School (K-1				
HACKENSACK UNIVERSITY MEDICAL CE					Subchanter	8 (Other than k rivate & commo	(-12)	home	es etc
HACKENSACK UNIVERSITY MESICILE SE			199		Square Feet	# of Floors	I. Diago.,	Bldg. /	Age
Street Address					200,000	5		80	
30 PROSPECT AVENUE			Cour	nty Code (7)	Current Use (Price	or if being demo	lished)		
City (5) County (6)	)		(STAT	E USE ONLY)	HOSPITAL				
Name of Manitoring Firm Hired by Buildin	ng Own	er (8)		ASCM No.	Name of Abater PAR ENVIRONM	nent Contracto	ORATIOI	N	
LANGAN ENGINEERING & ENVIRONMEN	TAL	(2.00)		99	Street Address		_ , , , , ,		
Street Address					313 SPOOK RO				
300 KIMBALL DRIVE					City, State, Zip C	Code			
City, State, Zip Code PARSIPPANY, NE	W JER	SEY 070	)54		SUFFERN, NEV	V YORK 10901	ense Nu	mber	
Project Manager for Monitoring Firm	T	elephone	e Number		Telephone Num 845-369-7500	Der Lic			
VIJAY PATEL	9	73-560-4	1983	(11)	Name of OSHA				
Expected State Date (10)	Sched	. Compl 5 /	etion Date	0 /19	QUALITY ENVI	RONMENTAL			
11 / 26 /18 Month Day Year	Mont	th	Day	Year	122				
William During Abatamant (Che	ck only	oņe)			Street Address 1376 ROUTE 9				
			Abatement	t Jescribe:					
Abatement Performed Outside (  Other - Describe: Monday -	of Norma Friday 7	an -3:30	y Hours L Dom	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	City, State, Zip	Code	C NV 1	2500	
X Other - Describe: Monday -	" rady "	·			WA tainment with Neg	PPINGER FALL	.5, 141 12	2330	
Scope of Work (Check all that apply)				Mini-Enc	tainment with Neg do	alive i ressure			
Demolition	Renov	ation		Gloveba	g Procedure				
>3SF OR LF >160 SF OR 260 LF					ble Procedure	1	1 1	etem	ent Typ
Location of		ocation		Description of A	Asbestos-	Amount		D	
Asbestos-containing		ally used	d	Containing Mate (ie. Thermal s	riai (ACIVI)	(Specify	REMOVAL	REPAIR	ENCAPSUL
Material (ACM)		lely by	-1	insulation, surface	cina. VAT.	SF or LF)	100	A R	APS
TO BE ABATED		/Custodi aff (12)	al	or other miscel	llaneous)				E I
in Facility (13)		No N/	Α				-	-	-
3RD FLOOR MAIN BUILDING		X		MASTIC		2,100 SF	X	-	+
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ST. JOHNS BUILDING BASEMENT		X	GLUE 8	& CEILING TILE		740 SF	X	+	+
ST. SOLING BOLDING STORMS						-	-	-	+
								+	+
								1	+
			La Contra	Yards of Waste	Name of Regi	stered Landfill			
Name of Registered Waste Hauler	NJD	EP Was er ID No		Yards of Waste 80	GRAND CEN	TRAL SANITAF	RY LAND	FILL	
NEWARK CARTING	Haul	et ID MO			211	1			
369 RAYMOND BLVD. City, State				sal Date	ety, state	TOWNSHIP, P.	A a	/	/
NEWARK, NEW JERSEY 07105			11/26-	5/30/19 Signature /	THE ANNIFICED	10111101111711	Date /	1,	01
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BENJAMIN SANCHEZ D	IMECIC	IT OF O	LIMITO		4		1		1

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Date of Notification (1)	December 20	2010		Mana	of Duild	0	10	(0)		Check # 16	900	_		
	cember 12, 20			200 000			Operator	(2)	Constitution a					
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				Dany I	Ramia					57	1-376	200		
				FA	CILITY	INFORM	/IATION							
Name of Facility When Residence	e Abatement is	Taking P	Place (3)			Ţ	ype of Facili							
Street Address						——  <u> </u>		5	14 40)					
Street Address						I L		oter 8 (Other tha						
							Other (	i.e., private & o	comme	rcial building	s, hor	€, e	tc.)	
						S	quare Feet	# of FI	oors	Bld	g. Age			
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Eatontown							urrent Use ( lesidence	Prior if being de	molishe	d)				
County (6) Monmouth		Co	ounty Coo	le (7)										
Name of Monitoring Fir	m Hired by Bui				ASCM			tement Contract	or (9)					
Street Address							natech, Increase Address					-		
City, State & Zip Code							9 Radio Ro					-		
								rbor, NJ 08087	7					
Project Manager for Mo	onitoring Firm		Te	elephone N	lumber		elephone Nu			License Num	ber	-		
							9-296-6916				0081			
Scheduled Start Date ( To Be Determ		cheduled		ion Date (1 ary 24, 20			ame of OSH							
Occupancy Status Duri	ing Abatement	(Check o	nly one)			St	reet Addres	s						
	erformed Outsid				ıı		ty, State & 2							
Other - Descr								rbor, NJ 08087	7					
Facility Occup	ied During Aba	tement												
Scope of Work (Check	all that apply)											-		
										v w z				
D > 2 + 6 > 2 / 5				0	NO.			Full Containme	nt with M	Negative Press	ure			
≥3 sf or ≥ 3 lf			⊢	Renovatio			$\boxtimes$	Mini-Enclosure						
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	ABATED		Custo	odial Staff?	(12)		Material (			SF or LF)				
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(1	13)					insi	other misce	acing, VAT	1		R	70	nc	E
			1	1 1		OI	other misce	elianeous)			Removal	Repair	Encapsulate	Enclosure
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			Yes	No	N/A						-		te	œ.
Basement				X			Floor Tile/	Mactic	+	20 SF	V	_	_	_
Basement				X							X			
Dascinelli				^			Pipe Wrap/	EIDOWS		200 LF	X			
Name of Registered W	aste Hauler		NJDEP		Cubic '	Yards of W	aste	Name of Regis	stered La	andfill				
			Hauler II											
Synatech, Inc.			27	7429	6			Fairless Hills						
City, State					Dispos	al Date		City, State						
Little Eag Harbor M.					E-L		•	M						
Little Egg Harbor, NJ Completed By	1	Title				ry 25, 201	3	Morrisville, P.				-	_	
- Simple tod Dy		i itie			Signatu		01		Date					
Diane Aloia		Executiv	e Admin	strator	I AL	ane Lu	1602	-	Decem	ber 20, 2018				

Check # 1666 Date of Notification (1) Name of Building Owner / Operator (2) December 12, 2018 Artis Senior Living Agencies Notified Type Notification Street Address EPA 1651 Old Meadow Road, Suite 100 DEP DOL Initial City, State & Zip Code Amended McLean, VA 22102 Øрон Amendment # DCA Cancellation Name of Contact Telephor Number Dany Ramia 571-376- 200 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, hor Bldg. Age Square Feet # of Floors City (5) 3,000 1 + Basement 6 years Eatontown Current Use (Prior if being demolished) Residence County (6) County Code (7) Monmouth USE ONLY Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Synatech, Inc. Street Address Street Address 829 Radio Road City, State & Zip Code City, State & Zip Code Little Egg Harbor, NJ 08087 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 609-296-6916 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor December 26, 2018 January 24, 2019 Synatech, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 829 Radio Road Abatement Performed Outside of Normal Hours City, State & Zip Code Other - Describe: Little Egg Harbor, NJ 08087 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥ 3 lf Renovation Mini-Enclosure ≥160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted(\*) and Non-Friable Procedu Location of Is Location Normally Used Description of ement Type Asbestos-Containing Material (ACM) Solely by Maintenance or Asbestos-Containing Amount (Specify TO BE ABATED Custodial Staff? (12) Material (ACM) SF or LF) (i.e., thermal systems IN Facility Encapsulate insulation, surfacing, VAT (13)Enclosure Remova Repair or other miscellaneous) Yes No N/A Basement Floor Tile/Mastic X 20 SF Χ Pipe Wrap/Elbows Basement Х 200 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill Hauler ID No. Synatech, Inc. 27429 Fairless Hills City, State Disposal Date City, State Little Egg Harbor, NJ January 25, 2019 Morrisville, PA Completed By Title Signature Date

December 12, 2018

Diane Aloia

**Executive Administrator** 

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Date of Notification (1	) ecember 20	2018		Nam	e of Building	g Owner / Operator	(2)	_==	e: La	- 1	301	111	1.17
Agencies Notified	Type Notifi	_		-	t Address	Schools		1. 1			_	16.5	111
□EPA □DEP	EMERG	ENCY		710 [	ocust Stre	et	1 1 1	Company American	EC 2 7	201			
⊠DOL	☐ Init	tial		City,	State & Zip	Code		7 (0)	337080	ONTH	1		
⊠DOH □DCA	An An	nended nendment #	#		lle, NJ 072		1.		LICER			a a	
	L Ca	ncellation		0.0000000000000000000000000000000000000	of Contact				T	elepho	) Nu	mbe	r
						wicz, Business Adr	ministrator		9	08-298	040		
Name of Facility When	re Ahatemer	at is Taking	Diago (2)		CILITY	NFORMATION				_			
Abraham Clark High	School	it is Taking	Place (3)			Type of Facil School	ity (4) (K-12)						
Street Address						Subchar	pter 8 (Other tha	n K-12)					
125 East 6th Avenue						Other (	i.e., private & c	ommercia	al building	s, hor	э, е	tc.)	
City (5)						Square Feet				dg. Age			
Roselle						Current Hea	Prior if being der	2			80		
						School	Prior ii being dei	nolisnea)					
County (6) Union		1	County Cod USE ONLY										
Name of Monitoring Fi Partner Engineering	rm Hired by	Building O	wner (8)		ASCM N		tement Contracto	or (9)			-		
Street Address	una ocieno	c, IIIC.				Synatech, In-				_	-		
611 Industrial Way W						829 Radio Ro							
City, State & Zip Code Eatontown, NJ 07724						City, State &							
Project Manager for Me		m	Te	lephone	Number	Telephone Nu	rbor, NJ 08087 umber		cense Nun	her	_		
Michelle Gomez	10)	1	73	2-380-17	00	609-296-6916	i		ochise mun	0081			
Scheduled Start Date ( December 26,		Schedule	ed Completi Decem	on Date ( ber 27, 2	11) <b>018</b>	Name of OSH Synatech, Inc							
Occupancy Status Dur Facility Closed	ing Abateme	ent (Check uring Entire	only one)			Street Addres	s						
Abatement Pe						City, State & 2					_		
Other - Descr	ibe:						rbor, NJ 08087						
Facility Occup													
Scope of Work (Check	all that appl	y)									-		
≥3 sf or > 3 lf ≥160 sf or ≥260	lf			Renovati Demolitic			Full Containmen Mini-Enclosure Glovebag Proce	dure					
	tion of	104.070.000.00	Is Locati	on Norma	ally Used	Description	Non-Exempted( on of	) and Nor	-rnable P	Ab	eme	ent T	vpe
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						or other misce	illaneous)			Remova	Repair	aps	nclo
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Basement			X			Pipe Insul	ation	-	LF	X	-		
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lame of Registered Wa	aste Hauler		NJDEP V Hauler ID	2000	Cubic Ya	rds of Waste	Name of Regist	ered Land	fill				
Synatech, Inc.				429	<1		Fairless Hills L	andfill					
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ittle Egg Harbor, NJ	08087				Decembe	er 28, 2018	Morrisville, PA						
Completed By		Title			Signature	× 171	1	Date			_		
iane Aloia		Exec. A	dministrate	or	NIL	en allow		December	20 2040				

12/20/2018 14:47 ( 'AX; P. 002/ 14 State of New Jersey NOTIFICATION OF ASBESTOS ASATEMENT (Pursuant to NJAC 8:80 and 12:120) Date of Nothication (1) Name of Building Owner / Operator (2) December 20, 2018 Roselle Public Schools Agencies Notified Type Notification Street Address EMERGENCY EPA 710 Locust Street DEP DOL Initial City. State & Zip Code Amended Roselle, NJ 07205 X DOH Amendment # DCA Cancellation Name of Contact Telephone Numb Anthony Justiewicz, Business Administrator 909-298-204D FACILITY INFORMATION Name of Facility Where Abatement is Taking Piace (3) Type of Pacility (4)
School (K-12) Abraham Clark High School Street Address Subchapter 8 (Oth r than K-12) 125 East 6th Avenue Other (i.e., privat : & commercial buildings, home, etc.) Square Fee! # of Floors Bidg. Age Oty (5) 80 Roselle Current Use (Prior if bei g demolished) Behool County (6) County Code (7)
USE ONLY Union Name of Monforing Firm Hired by Building Owner (8) ASCM No. Name of Abatement Call tractor (9) Partner Engineering and Science, Inc. Synatech, Inc. Street Address Street Address 611 Industrial Way West \$20 Redio Ross Cây, State & Zip Code Chy, State & Zip Code Estontown, NJ 07724 Little Ego Harbor, NJ | 8087 Project Manager for MonHoring Firm Telephone Number Talephone Number Michelle Gomez License Number 732-380-1700 609-206-6218 00217 Scheduled Start Date (10) Scheduled Completion Date (11) Name of DSHA Monitor December 26, 2018 December 27, 2018 Synasoch, Inc. Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 829 Radio Road Abelement Performed Outside of Normal Hours Cily, State & Zip Code Other - Doscribe: Little Egg Harbor, NJ + 8087 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Conti rement with Negative Pressure S ≥8 af or > 3 # Renovation Mini-Engle sure 2160 ef or ≥250 II Demoiltion Giovebag Procedure Non-Exer pted(\*) and Non-Friable Procedure Location of is Location Normally Lised Asbasics-Containing Meterial (ACM)
TO BE ABATED Description of Abatement Solety by Maimenance or Asbestos-Cantelning Amount (Specify SF or LF) Custodial Staff? (12) Material (ACM) IN Facility (I.e., thermal systems insulation, aurisoing, VAT or other miscellaneous) Yes No NIA Basement X Pipe Insulation BLF Nerte of Registered Waste Hauler NJOEP Waste Cubic Yards of Wasta Name of tegistered Landfill Hauler ID No. Synatech, Inc. 27429 Fairless like Landfill City, State Disposal Date City, Stel Little Ego Harbur, NJ 06087 December 25, 2018 Montavil s. FA Completed By Title Signature Diene Alois Exec. Administrator December 20, 2018

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Agencies Notified Type	e Notification	1		Street A	Address			-1		-UE	c 2 7	2018		13	
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□ DOH	Emergency justification)				of Contact		3				ephone I	A - 12 2 x -	-	-	.5
DCA DCA	Cancellation	n			JND YU										
Name of Facility Where Abate	ment is Takir	ng Place (	3)	FAC	ILITY INF	ORMAT	ION	Type	of Facility (4	4)				-	
Street Address								×	School (K-1: Subchapter Other (i.e. p etc.)	2) 8 (Oth rivate 8	& comme		20 20 VOT		ies,
City (5) TEANECK NJ,07666									re Feet X200	# o	Floors		Bldg. / 60 YI		S
County (6) BERGEN					Code (7) USE ONL	n			ent Use (Prio	r if bei	ng demo	lished)			
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Street Address							Street A	Addre						_	
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Project Manager for Monitoring	Firm		T	Telepho	ne No.		Telepho				License	e No.		-	
							201 8	3-5-3			01301				
Start Date (10) 01/07/2019		01/10/2	2019	npletion	Date (11)		The state of the s		A Monitor JTIONS C	ONT	RACTII	NG IN			
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BASEMENT BOILER	ROOM	Yes	No	N/A X		DIDE II	NSULA	TION		15	015	17	-	D .	
BASEMENT BOILER	STANCE COMP.			X			INSUL				0 LF	X	-	-	
BACEMENT BOILER	TOON				Di	OILER	INSUL	AIIC	//N	10	0 SF	X	$\vdash$	_	
Name of Registered Waste Hau	uler		IN	JDEP W	aste	Cubic	Yards		Name of R	egister	ed Land	fill		_	
ATLANTIC CARTING			327	auler ID		of Was			GRAND	uThann					
City, State PEN ARGYL						Dispos TDB	al Date		City, State PEN AR	G/L I	PA,180	72			
Completed by LUIS ARCILA		Title PRES	SIDE	NT		S	ignature	63	1	<del>/</del>	5	Date 12/17/	2018		
ASB-41 (R-06-08)						1	* Do not	use th	nis form for a	sbesto	s licensu	ıre exe	npted	tivi	ties.

19211	PAJ		NC			F ASBESTOS AB IJAC 8:60-7 and 12:		Barrier and Company of			· process	s	Anget in a	
Date of Notification (1)	4/18			f Buildin Unive		Operator (2)				,C	ck	# 92	11.	
Agencies Notified	Type of Notifica	ation S	treet A	ddress Morris				n	EC 2 7	7 201			A Comment	
[] DEP	[X] Initial Notification	C		ate, Zip (					LU ,	201	_	P	5	1
[X] DOH	[] Amended Notification	n		n, NJ 0				Telephone Nu	STOS C					i
[] DCA	[] Cancellation			nne Kı				973-737-5						
Name of Facility Where	Abatement is T	aking Pla	ce (3)		FACILIT	YINFORMATION	Type of Facili	tv (4)						_
Kean University Street Address							School Subo	ool (K-12) chapter 8 (Other er (i.e. private an	than K-1	2) ercial b	din	gs,		
1000 Morris Ave							Square Feet	es, etc.)		Bldc	\ge			_
City (5) Union		County	7			unty Code (7) ATE USE ONLY)	20000 Current Use (	2 Prior if being de	20.00	~60			_	_
Name of Monitoring Fir		ling Owne		SCM NO	0.	Name of Abatem	[10] [10] [10] [10] [10] [10] [10] [10]	<sup>(9)</sup> ronmental S	Service	s Inc				
Street Address	10.50					Street Address		SV 55.000 SV5:			15.			
9 East Stow Roa City, State, Zip Code	1000					City, State, Zip C	ode	bridge Roa	d, Suite	e 100	-			
Marlton, NJ 0805 Project Manager for Mo		Teler	ohone	Number		Telephone Numb	Pine Brook, er	NJ 07058	Licer	nse Nu	ber			
Jim Guilardi Scheduled Start Date (			-985	-8800	)	The state of the s	973-575-87	00				85	2	
1/3/19		12/	31/1	9	,	The Committee of the Co		mental Labo	oratorie	es, Ll	;		04152-	
	ing Abatement (C d/Vacated During formed Outside	Entire Pe	eriod o	f Abater		Street Address	333 Route	22 West						
Descr			i i dolli	ty riodis		City, State, Zip C	<sub>ode</sub> Jnion, NJ 0	7083						
Scope of Work (Check	all that apply)	- H					[] F	ull Containment	with Neg	ative F	SSL	ire		
[] Demolition [] ≥3 sf or ≥3 lf [x] ≥160 sf or ≥20	60 If			[]	Renovat	tion	[x] N [] G	lini – Enclosure Iovebag Proced Ion – Friable Pr	ure					
			Locat mally			Descri	iption of				Aba		nent	December 1
Location Asbestos – Co Material (A	ontaining	Main	Solely tenand	e/Cus		Materia	Containing al (ACM) nal systems		Amo (Spec	cify	RE	R E	N	ENC
TO BE AB In Facil (13)	ATED	Yes	No	N/A		insulation, su	urfacing, VAT, scellaneous)		31 01	LI)	M 0 V	A I R	A P	Los
Rooms C339, C340,	C341	100	X	1307	VAT. ta	able tops, glue da	bs hood trins	ite	1400 SF	-	A L X	1		U
Various areas			x			lue dabs, TBD			2000 SF		X		#	
														_
Name of Registered W Jupiter Environm		es Ha	DEP V Juler ID 04782	No.	1 (2.25.40)	ibic Yards Waste 10	Alliance I	gistered Landfill Landfill						
City, State Pine Brook, NJ						sposal Date 17/19 +	City, State Taylor, P	A						
Completed By (Print or	Type)	Title	eral	Mana		Signature		2	Da 11	ite	2			

(K9211	PAI	OD	NOI			ASBESTO AC 8:60-7 a		120-7)	1-1-11-11		CH#	210			
Date of Notification (1)	12/24/18	5500		Building		perator (2)					JEII	_			
Agencies Notified [ ] EPA	Type of Notification	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	eet Ade 5 Ne	dress wark	Ave.					DE	EC 27 20	}	The state of the		a photosoph a
[] DEP [x] DOL [x] DOH	Notification [] Emergency [] Amended Notification	Je	rsey		ode NJ 073	806					TOS COM	24 14			
[] DCA	[] Cancellation	3/8/3/		Contact scart					Telephon 201-36						
-				F	ACILITY	INFORMA	TION		1					7.25	
Name of Facility Where Hudson County	Admin. Bldg.	ing Place	(3)					Type of Facil Sch Sub Othe	lity (4) ool (K-12) ochapter 8 ( er (i.e. priva nes, etc.)	Other tha	n K-12) ommercial bu <mark>i</mark>	ngs	5,		
595 Newark Ave		0	21		Coun	nty Code (7)		Square Feet 250000	# o	f Floors	Bldg. ~ 50	je			23
City (5) Jersey City		County (6 Hudso				TE USE Of		Current Use Office building	(Prior if bei	ng demo	The second second				67
Name of Monitoring Fi		g Owner	0.000	O110		Name of A		ent Contractor Jupiter Envi	(9)	tal Ser	vices Inc.				
Whitman Compa	ariles, iric.		10	0110		Street Ad		apitor Livi	HOHIHOTI	iai ooi	V1000, 11101	-			
7 Pleasant Hill F	Road							323 Change	ebridge l	Road,	Suite 100				
City, State, Zip Code Cranbury, NJ 08	3512					City, State		ode Pine Brook	, NJ 070	)58		_			
Project Manager for M Kevin Lovely				Number -5858		Telephon		ber 973-575-87	700		License Nun	)O	852	2	
Scheduled Start Date		. Comple		ate (11)	)	Name of	SHA			al Lab	oratories,	_C			
Occupancy Status Du	ring Abatement (Ch	Entire Pe	riod of	Abatem	nent	Street Ad		2333 Route	22 W			550-40			
Desc	erformed Outside o ribe: evenings and cribe: partially vaca	/or week	Facilit ends	y Hours	-	City, Stat		<sup>Code</sup> Union, NJ	07083						
Scope of Work (Check  [] Demolition  [] ≥3 sf or ≥3 lf  [x] ≥160 sf or ≥2				[X]	Renova	tion		[x]	Full Contai Mini – Encl Glovebag I Non – Fria	osure Procedur					
Locatio Asbestos – C Material TO BE Al	Containing (ACM)	Norr S Maint	Locati nally tolely to enance al Staff	Jsed by e/Cus		(i. insu	bestos Mater e., ther lation,	cription of a – Containing rial (ACM) rmal systems surfacing, VAT	,		Amount (Specify SF or LF)	Гур ? : : : : :	R E P A	N N C C A L	1
In Fac (13		Yes	No	N/A		or	other n	niscellaneous)				V A L	R	P C S S U L	6
Various areas			X			r/spray-on	ceiling	3			000 SF	X	Х		-
Various areas			Х		VAT						50 LF	X	x	+	-
Various areas			Х		TSI						.50 LI	^	^	-	-
Name of Registered V Jupiter Environ		es Ha	DEP V uler II 04782	No.	Of	ibic Yards Waste 20 f		Alliance	Registered L E Landfill						
City, State Pine Brook, NJ						sposal Date /17/19 +		City, State Taylor,							_
Completed By (Print of Pane Repic	or Type)	Title Gen	eral	Mana	ger	Signa	ture		-		Date 12/24/	3			

NOTE: This is a phased project. Minor and/or small areas of work will occur at various times of the year. First area is at 5<sup>th</sup> floor, 300SF of plaster – Sub 8 project, scheduled for 1/11/19 to 1/15/19.

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

ATT TO SEE SEE SEE SEE SEE SEE SEE SEE SEE SE		(Pur	suan	t to N	I.J.A.	<u>C.</u> 8:60 a	nd 12:	120)	CALL	#	491
Date of Notification (1)	1/18		Nar	ne of B	uilding	Owner / Ope	erator (2)	(		5	The state of the s
Agencies Notified Type	Notification		Stre	et Addi	COM	MUNICATION	ONS	0	1/4//		- 12 Vi
☐ EPA ☐ DEP ☐	Initial		301	Phila	delphi	a Avenue			JI 18	DEC	7 0000
□ DOL	Amended		City	, State	& Zip C	ode				ULU	/ 2018
□ DOH □ □ DCA □	Emergency		Nan	ne of Co	or City	, New Jers	sey 0821	5	l.	TO A CONTRACT	
☐ DCA ☐	Cancellation					Santos			les.	Telepi	ne Numbe
Name of Facility Where At	-1		F	ACILIT	Y INF	ORMATION	V			041,-0	J-07 14
Name of Facility Where At VERIZON - EGG HARB	OR CITY CFN	ig Place <b>ΓΡΔΙ</b> (				Type of Fa	acility (4)			_	-
Offeet Address			21 1 10				ol (K-12)	/O4h 11			
301 Philadelphia Avenu	16					☐ Other	(i.e. priv	(Other than K ate & comme	-12) ercial buildi	ngs, ho	es, etc.)
City (5)						Square Fe	et	# of Floors		DI-I- A	
Egg Harbor City	County (6)	C	County	Code (	7)	200		3		Bldg. A	
Lgg Harbor City	Atlantic					Current Us	se (Prior i	f being demo	lished)	-	-
Name of Monitoring Firm H	red by Building (	Dwnor (	2)	1400	14.11	COMMUN	VICATIO	NS			
OSA ENVIRONIVIENTAL	MANAGEMEN	IT, INC		ASC	M No.	Name of A	batemen	t Contractor (	9)		
Street Address 8436 ENTERPRISE AVE						Street Add	ress	UNIVIENTAL	_ INC		
City, State & Zip Code						1123 BEA	VER ST	REET			
PHILADELPHIA PA 1915	53					City, State	& Zip Co	de			
Project Manager for Monitor MARK JENKINS	ing Firm	Tele	phone	Numbe	er	BRISTOL Telephone	Number	007	Lionnas		
Scheduled Start Date (10)	Cabadala	215	-365-	5810		215-788-6	040		License I	005(	
1/8/19	Scheduled (	1/1/	5/40	te (11)		Name of OS	SHA Mor	itor		0000	
Occupancy Status During Al	patement (Check	only -	-1			Street Addr	ENVIRO	NMENTAL	INC	_	
i acility Closed/Vaca	ted During Entire	Period	of Ah	atement		1123 BEA		RFFT			
Abatement Performe Describe: 5:00 PM	d Outside of Noi	mal Ho	urs –	7am to	3pm	City, State 8	Zip Coo	le		-	-
	ring Abatement					BRISTOL,	PA 190	07			
cope of Work (Check all that	at apply)										
≥3 sf or ≥3 lf							⊠ F	ull Containm	ent with N	egative	'essure
≥160 sf ≥260 lf		$\boxtimes$		ovation olition				/lini-Enclosur	е	oganvo	Cooure
		Ц	Dell	nonnon				Blove Bag Pro	ocedures		
Location of		Isl	Locatio	on		Description	on of	lon-Exempte			rocedure
Asbestos-Conta Material (ACN	ining //)	Norn	nally U	sed	A	Asbestos-Cor	ntaining		Amount Specify	Aba	ment Type
TO BE ABATE	Ď	Maint	olely b	e or	(i	Material (A e., thermal s	(CM)		F or LF)	7	<u> </u>
in Facility (13)		Custo	dial S	taff?	inst	ulation, surfa	cina, VA	г		Remova	cap
(10)		Yes	(12) No	N/A	or	other miscel	laneous)			oval	Encapsulate
Floor - Near AC Unit 2	-1					VAT/Mas	4:-				te e
<sup>t</sup> Floor – Near AC Unit 2	-2		Ħ	H		VAT/Mas			90 SF		
						· · · · · · · · · · · · · · · · · · ·	cio		03 SF		
		14									HHH
		+++	#	-							十十十十
me of Registered Waste Ha	auler		NJD	EP Was	ste Cui	bic Yards	Name -	f Dosist			
RISTOL ENVIRONMENT	AL INC		Haul	er ID No	o. of \	Vaste Variation	1	f Registered			
y, State	IIIO.		1870	16	2		ATLAN	TIC COUN	TY UTILI	TY AU1	ORITY
ISTOL, PA					Dis	posal Date	City, Sta	ite			
mpleted By (Print or Type)			Title			qature	EGG H	ARBOR TW			
TRICK T. DeCARO				mator	10,0	13.0				Date	
			EStil	nator		atrick	1 - 1	10	1000	12/21/1	

						y i meet				Pri	nt For
OK 124078 PA	NO	TIFICATIOI (Pursuani	tate of New Jer N OF ASBESTO t to NJAC 8:60	S ABATE and 12:12	0)		EGE	The state of the s	V		A Company of the Comp
Date of Notification (1) 12/17/18		Port A	of Building Owne Authority of N	r/Operato Y & NJ	r (2)		DEC 2	7 20	018	Control of	1
Agencies Notified Type Notification  EPA Notification			Address ADMIN BLD	G		-	Assestos (		read	1	- 1
EPA Initial  X DEP Amended  X DOL Amendment	:#	City, St	ate, Zip Code			1967	LIGHT		F14-12-1		
■ DOH		Name o	of Contact				Telephone Nu	mber	_	82	
Caricenation	1	FAC	ILITY INFORMA	TION							
Name of Facility Where Abatement is Takir NJ side approach ramps to GW Br	ng Place (3) ridae	1 40	ILITT INFORMA	TION	_	of Facility (4)				-	
Street Address					×	Other (i.e. pri	) (Other than K-1 vate & commerc	2) ial buil	dings,	)me	es,
City (5) Fort Lee	*				-	etc.) re Feet	# of Floors	E	Bldg. A	;	
County (6) Bergen			Code (7) USE ONLY)			nt Use (Prior	if being demolis	hed)		3	
Name of Monitoring Firm Hired by Building PA of NY & NJ	Owner (8)	ASC	M No.	Name Pow.	of Aba /R/Sa	tement Contr ve Inc.	actor (9)			-	$\neg$
Street Address 241 Erie Street			·		Addres	ss set Place				U.	
City, State, Zip Code Jersey City, NJ 07310						p Code J 07012					1
Project Manager for Monitoring Firm Mr. Uday Mehta		Telepho (201)	ne No. 595-4881	Teleph	none No	0.	License N	10.		<u> </u>	
Start Date (10) 1/14/19		Completion see attac		- 0-10-10	· Charles	A Monitor					
Occupancy Status During Abatement (Chec	k Only One)			Street	Addres	SS				3	-
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norn Other - Describe: exterior work	Period of Aba nal Facility Ho	tement ours		City, S	itate, Zi	p Code				_	_
Scope of Work (Check All That Apply)											
× ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ovation nolition	¥	×	Min Glo	ii-Enclosure vebag Proce	t with Negative F dure *) and Non-Friab				
al'	ls Lo	cation			1 1101	-Exempled (	) and Non-Frial	DIE PIO	Abate	ent	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Used S Mainte Custodi	mally Solely by enance/ ial Staff? 12)	Asbestos Co (i.e. therm sur	Description entaining Mal systems facing, VA r miscellar	faterial s insula T, or		Amount (Specify SF or LF)	Remova	Ty Repair	Enconciloto	Enclosure
	Yes N	N/A					•:1	'al	=	5	лге
ACM gaskets under posts		×		gaskets	3		23 sf	х			
										-	
Name of Registered Waste Hauler		NJDEP W	laste   Cub	ic Yards		Name of D	giotore d 1			_	
Pow/R/Save		Hauler ID 17132	1007000	aste		Grows/fa	egistered Landfill irless	Ľ			
City, State Clifton, NJ			Disp	osal Date		City, State Morrisvill	e, PA			-	
Completed by sharon hendee	Title Preside	nt		Signature	1/1	u les		ate 2/17/	18	_	



•	 E	P	E	F
	-=.,		15	
	-		2 -	

E13 JOB # 4959/17 CHECK #29491				AMEN	IDMENT#	SEC 4/	2019
Date of Notification (1) 12/20/18	Name of E	Building C	Owner / Operator (2)				
Agencies Notified Type Notification	Street Add	dress			i.i.i.	STUS UK	
⊠ EPA	323 DR.	MARTIN	LUTHER KING BI	LVD.	- 1	LICENS	
DEP Initial Notification							
DOL Amended Notifica  DOH □ Cancellation			102				
DOH Cancellation	Name of C		LLED	100000	lephone N		
	MR. TOD	D K. WII	LLER	97	3-595-550	09	*
	FACILI	TY INFO	ORMATION				
Name of Facility Where Abatement is Taking NJIT – FACULTY MEMORIAL HALL	Place (3)		Type of Facility (4)			57	
Street Address			School (K-12) Subchapter 8 (	Other than K	10\		
111 SUMMIT STREET AKA 120-142 B	LEEKER STREE	т	Other (i.e., priva			nas home	etc.
				# of Floors		Bldg. Age	
City (5) County (6)	County Code	(7)	92,516	5		2149.7190	)
NEWARK ESSEX			Current Use (Prior it	f being demo	lished)		
			UNIVERSITY	900	X874.		
Name of Monitoring Firm Hired by Building O OMEGA ENVIRONMENTAL		CM No.	Name of Abatement		(9)	1.5	
Street Address	00	120	ETS CONTRACT	ING, INC.		-	
280 HUYLER STREET			Street Address 160 CLAY STREE	т			
City, State & Zip Code			City, State & Zip Co			_	
SOUTH HACKENSACK, NJ 07606			BROOKLYN, NY				
Project Manager for Monitoring Firm	Telephone Num		Telephone Number		License N	Number	
ALEX PALLETS Scheduled Start Date (10) Scheduled C	201-310-9665		718-706-6300			00511	
11/26/2018 Scheduled C	ompletion Date (11 11/25/2019	1)	Name of OSHA Mon TESTOR TECH.	nitor			
Occupancy Status During Abatement (Check	only one)		Street Address			-	
Facility Closed/Vacated During Entire	Period of Abatem	ent	10 59 JACKSON				
Abatement Performed Outside of Nor			City, State & Zip Cod				
Describe: MONDAY – FRIDAY 3  Other - Describe:	:00 PM – 3:30 A	M	LONG ISLAND CI	TY, NY 111	101		
Scope of Work (Check all that apply)							
☐ Demolition ☐ Renova	ation		☐ Full Cont	ainment			
∠ Large Project			☐ Mini-Encl				
Quantity is ≥ 3 SF or ≥ 3 LF ACM			Glovebag	Procedure			
Quantity is ≥ 160 SF or ≥ 260 LF ACM	Л		Other: T	ENT & EXTERI	OR NON-FRIA	ABLE PROC	URES,
Location of	Is Location Normally		Description of		Amount	Abater	nt Type
Asbestos-Containing Material (ACM)  TO BE ABATED in Facility	Used Solely by Maintenance or	Materia	Asbestos-Containing I (ACM) (i.e., thermal sy		Specify	(Specify	
(13)	Custodial Staff? (12)		sulation, surfacing, VAT		are Feet or near Feet)		apsulation osure)
-TH 2		(	or other miscellaneous)				
4 <sup>TH</sup> FLOOR	NO	PIPE II	NSULATION (WRAP & WINDOW GLAZING	CUT)	213 LF		1T
			WINDOW GLAZING		96 SF		R NON- 3LE
							JURES
4 <sup>TH</sup> FLOOR - WEST CORRIDOR	NO	FLOOR	TILES & MASTIC		480 SF	NON-	IABLE
						PROC	URES
ATT SLOOP NODEWAY							
4 <sup>TH</sup> FLOOR - NORTH & SOUTH PERIMETER	NO	FLOOR 1	TILES & MASTIC		50 SF	NON-I	
						PROC	URES
							- 1

Name of Registered Waste Hau JIMMY BYRNE T/A JIMMY I TRUCKING		NJDEP Waste Hauler ID # 19551	Cu. Yds. of Waste 120	Name of Registered Land CUMBERLAND COUN LANDFILL	
City, State 1199 RANDALL AVENUE, E	BRONX, NY 10		Disposal Date TBD	City, State 620 NEWVILLE ROAD NEWBURG, PA 17240	
Completed By (Print or Type) THOMAS AHERN	Title Project Ex	xecutive	Signature Wash	Date	

ASB-41 JUN 95 G4667