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Date of Notification (1) 12/26/18					Building C ton Hou						EC			7	2 17
Agencies Notified	Type Notification		- 1	Street Ac 110 E.	ldress Comme	erce St	t.		A STATE OF THE STA						The second secon
EPA DEP	Initial Amended Amendment	44			te, Zip Coo					Total Control of	DE	C 3 1	Ĵ	8	10.0
DOL	Emergency (					10302				1 - 1	h	Lumbar			i i
DOH DCA	justification) Cancellation	-	- 1 3	vame of Lou	Contact						ephone N 6-546-0		ř	đ.	
				FACIL	ITY INFO	RMATI	ON		a a	٠	* ***	1.2.1	100	ker filler	1 0 30
Name of Facility Where A Bridgeton Housing			h flo	or)					of Facility (4 School (K-12	1504					
Street Address									Subchapter of the Dither (i.e. pr	8 (Oth			1 18	, hom	nes.
110 E. Commerce S	St.							- 6	etc.)						
City (5) Bridgeton NJ 08302	2							Squar 1000	e Feet )0+	10	Floors	3		Age	
County (6) Cumberland				County C	code (7)			Curre	nt Use (Prio	r if bei	ng demo	lished)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No		Name	of Ahai	tement Con	tractor	(9)		-		
N/A	Tilled by ballaling	Owner (0)		AGOIN	110.			naco li		udotoi	(0)				
Street Address								Address Box 3							
City, State, Zip Code									ip Code						
Only, Olato, Esp Codo							100000000000000000000000000000000000000		in NJ 080	91			2 122		
Project Manager for Mon	itoring Firm			Telephor	ne No.		(32/)	hone No -753-9			License 0072	-0.0.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2			
Start Date (10)		Scheduled		pletion [	Date (11)		102000		A Monitor						
12/27/18		12/31/1					San						_		
Occupancy Status During		55 N					Street	Addres	SS						
Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of Norn					_	City, S	State, Zi	ip Code		******				
Scope of Work (Check A	Il That Apply)									.0					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		and the same of th	nova moliti					Mir Glo	I Containme ni-Enclosure ovebag Proc n-Exempted	edure	1920			re	
		Τ.,						<u> </u>	II-LXeIIIpted	( ) an	u 14011-1 1	Table I Ic		teme	nt
Location	of	10000	ocati ormal			De	scription	n of					T	уре	
Asbestos-Containing	Material (ACM)	Used	Sole			tos Con	taining N	<b>Material</b>		1000	mount	_		ш	
TO BE ABA		Custo	dial S	0.0000000000000000000000000000000000000	(i.e.		l system		ation,		Specify F or LF)	Remova	Donoir	lcap	nclo
(13)			(12)				miscella				file.	oval	i i	Encapsulate	Enclosure
		Yes	No	N/A										te	
Through	Out			х		Floor	Tile &	mastic	;	5	30 SF	Х		-	
			-									X		-	
														+	-
Name of Registered Was	ste Hauler		N	JDEP W	/aste	Cubic	Yards		Name of I	Registe	ered Lan	dfill			
United Roll Off			Н	auler ID 2459		of Wa			G.R.O.	858					
City, State						Dispo	sal Date	9	City, State	Э					
Elm NJ						12/3	1/18	<u></u>	Morrisv	rille P	A 1906	67			
Completed by		der	1.50 18		\$	Signatur	C.				Date 12/26/				
Anthony T Perna		Presi	uent				-	-	Charles			12/20/			

126-6	NOTIFIC (Purs	ATION	NI IAC ST	ESTOS ABA I EMI 60-7 and 12:120-7		MEC	E		W	T ( )
	(i die	Juan	Name	of Building Own	ner/Operator (2)					A company of the comp
Date of Notification (1)			Stree	t Address SOUTH ORANGE	0.74	DE(	C 3	1	2018	
Agencies Notified Type Notification			Cibr	State Zin Code						
EPA Initial Notification Amended Notification	#1		sou	TH ORANGE, NE	W JERSEY 07079	A. ISES	TOS	CON	TO?	
DOL Cancellation On Hold On Hold	ATION		MICH	e of Contact HAEL MARCONI	9	73-761-9439	MC-651			44.44
		FAC	CILITY INF	FORMATION	Type of Facility (4	1)				
Name of Facility Where Abatement is Taking Place (3	).				School (K-12 x Subchapter	Other than K-1	2)		- oto	
SETON HALL UNIVERSITY					X Other (ie. pri	wate & commcl. b	oldgs.,	nome	Bldg.	27.18
Street Address 400 SOUTH ORANGE AVENUE - McQUAID			0	inty Code (7)	60,000 Current Use (Prio	_	hed)			
City (5) County (6)			(STAT	TE USE ONLY)	UNIVERSITY	ent Contractor (	9)			
Name of Monitoring Firm Hired by Building Owner (8	3)			ASCM No.	PAR ENVIRONM	ENTAL CORPOR	OITAF	N		
OMEGA ENVIRONMENTAL Street Address		-	177.7		Street Address 313 SPOOK ROO	CK ROAD				_
280 HUYLER STREET					City, State, Zip C SUFFERN, NEW	ode YORK 10901				
City, State, Zip Code SOUTH HACKENSACK,	NEW JERSEY	07606 ephone	Number		Telephone Numb	per Licens	se Nu	mber		
Project Manager for Monitoring Firm GEISER FAJARDO	201	-489-87	00		845-369-7500 Name of OSHA	Monitor 1101			<b>TEO</b> !	
EXPECTED START DATE (10): (RESTART)	Sched. Com	pletion 5 /	01/	/19 Year	QUALITY ENVIP	RONMENTAL SO	LUTIC	NS &	TEU	7.
Month Day Year (Check only one)	Month		Day	Tear	Street Address 1376 ROUTE 9					
Occupancy Status During Abatement (Crieck Chin) Shape Facility Closed/Vacated During Entire Peric Abatement Performed Outside of Normal FX  Other - Describe: MONDAY -SUNDAY 8	acility Hours - De	escribe:		TX Full Con	City, State, Zip C	WAPPINGERS	S FALI	_S, NY	1259	90
Scope of Work (Check all that apply)  Demolition  >3SF OR LF	Renovation			Mini-End Gloveba			4	1		
X >160 SF-OR 260 LF	Is Loca	ation	+	Description of	Asbestos-	Amount	B		Abate	
Location of Asbestos-containing	normally	y used		Containing Mate (ie. Thermal	systems	(Specify	REMOVAL	REPAIR	ENCAPSUL	ENCLUSON
Material (ACM) TO BE ABATED	Maint/Cu	ıstodial		insulation, surfa	acing, VAT,	SF or LF)	\AL	B	JUS	) O
in Facility (13)	Staff Yes No					05	×	+	+	+
3RD FLOOR ROOMS 211A. 211B,212,212A,212B		Х	WALL	/CEILING PLAST	ER	3,000 SF 760 SF	x	+		
3RD FLOOR ROOMS 211A. 211B,212,212A,212B		X	VAT	IS ON CEILING T	II ES	760 SF	Х			
3RD FLOOR ROOMS 211A. 211B,212,212A,212B	-+-+	X	DEBH	IS ON CEILING I	1220		-	+	+	
		$\neg$					+	+	+	+
							+	+	+	
		_		AN CONTRACTOR OF A STATE OF THE	- posterior	1	+		I	
		$\rightarrow$	-						_	
		-	_				-	+	+	_
							-	+	+	
							1			
- United the Control of the Control	NJDEP	Waste	Cubi	ic Yards of Waste	Name of Reg	gistered Landfill NTRAL SANITAR	Y LAN	IDFILI		
Name of Registered Waste Hauler NEWARK CARTING INC.	Hauler II			30	2 -				-	
										: /1
369 RAYMON BLVD.			Disp	oosal Date 26-05/01/19	PLANFIELD	TOWNSHIP, PA	Pato	- 1	7	= 17-14
City, State NEWARK, NEW JERSEY 07105	OF OPERATION	10	Disp 12/2	oosal Date 26-05/01/19 Signature	PANFIELD	TOWNSHIP, PA	A Date		2	= 17-18

Contraction (Contraction (Contr	NOTIFI (Pu		N OF	of New Jersey F ASBESTOS ABATEN AC 8:60-7 and 12:120- Name of Building Ow SETON HALL UNIVER	ner/Operator (2)	141		3 1	20	18	
Date of Notification (1)				Street Address		i de la companya de l					
12 / 17 /18  Agencies Notified Type Notification				400 SOUTH ORANGE	AVENUE	1 <b>L</b>	1757	200	Wi	1	
Agencies Notified Type Notification  Type Notification  Type Notification				City, State, Zip Code SOUTH ORANGE, N	w JERSEY 07079		LIC	ZNS	NO		
A ded Notification				SOUTH CHANGE, N			#12 mg	412 41-4	2.4 (24)	\$ 14 <u>2</u> C. F.	
Cancellation				Name of Contact	T	elephone Number 73-761-9439					
X On Hold	N			MICHAEL MARCONI	3	73-707-0.00			_		
X DCA EMERGENOT NO THE		FA	CILI	TY INFORMATION	Type of Facility (4	1)					
Name of Facility Where Abatement is Taking Place (3)					School (K-12	2)	1)				
SETON HALL UNIVERSITY					X Subchapter X Other (ie. pri	8 (Other than K-12) vate & commcl. bl	dgs.,	nomes	nag.		
					60,000	3			40-	+	
Street Address 400 SOUTH ORANGE AVENUE - McQUAID HALL			_	County Code (7)	Current Use (Prio	r if being demolish	ed)				*
City (5) County (6)				(STATE USE ONLY)	LININEDSITY				-	_	
				ASCM No.	Name of Abatem	ENTAL CORPOR	ÁTIOI	٧			
Name of Monitoring Firm Hired by Building Owner (8) OMEGA ENVIRONMENTAL				3	Street Address						
Street Address				7,47,770	313 SPOOK RO	CK ROAD					
280 HUYLER STREET					City, State, Zip C SUFFERN, NEW	YORK 10901					
City, State, Zip Code SOUTH HACKENSACK, NEV	N JERSEY	07606	- Nive	mhar	Telephone Numb	per Licens	e Nur	nber			
Project Manager for Monitoring Firm	110	lephon 1-489-	0.140		845-369-7500	1101			_	_	-
SEISER EA IARDO	Sched. Co	mpleti	on D	ate (11)	Name of OSHA	Monitor RONMENTAL SOL	UTIO	NS &	rech	4.	
EXPECTED START DATE (10): (RESTART)		5 /	0.	1/		(ONWE)			_	_	
12 / 26 /18 Month Day Year (Charle only one)	Month			Day Year	Street Address						
Occupancy Status During Abatement (Check only one)	Abatemen	it			1376 ROUTE 9						
Abatement Performed Outside of Normal X  Other - Describe: MONDAY -SUNDAY 7AM-	3:30PM		e:	Mini-Er	City, State, Zip ntainment with Negation	WAPPINGERS	FALL	S, NY	1259	90	1
Scope of Work (Check all that apply)  Demolition	Renovation	n		Glovet	an Procedure						
S3SE OR LE					iable Procedure		1			ment	pe
X >160 SF OR 260 LF	ls Lo	cation	.	Description o Containing Ma	terial (ACM)	Amount	RE	REPAIR	ENCAPSUL	ENCLOSUR	
Location of Asbestos-containing	norma	illy use ely by	1	(ie. Therma	l systems	(Specify	REMOVAL	AII	SAP	15	
Material (ACM)	Maint/6		al	inculation SUI	facing, VAT,	SF or LF)	A	1 1	SUI	SUF	
TO BE ABATED	Sta	ff (12)		or other mis	cellaneous)		-	+1	-	12	
in Facility (13)	Yes		N/A	WALL /CEILING PLAS	TER	3,000 SF	X	_	-	-	
3RD FLOOR ROOMS 211A. 211B,212,212A,212B		-			1211	760 SF	X	_	-	+	
3RD FLOOR ROOMS 211A. 211B,212,212A,212B				DEBRIS ON CEILING	TILES	760 SF	X	_	_	-	
3RD FLOOR ROOMS 211A. 211B,212,212A,212B			X	DEBRIS ON CEILING	TILLO				1	_	
3RD FLOOR ROOMS 2.1.1.										_	
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	1						-	+	+	1	
	_	1	1				+	+	+	1	
	+	1	1			egistered Landfill				+	
	NJDE	P Was	e	Cubic Yards of Was	e Name of Re	egistered Landiii ENTRAL SANITAF	Y LAI	NDFILL		-	
Name of Registered Waste Hauler		r ID No		30							
NEWARK CARTING INC. 369 RAYMON BLVD.		913	-	Disposal Date	City State	D TOWNSHIP, PA	Α			1_	1
City State				12/26-05/01/19 Signatur		D TOWNSHIP, 12	Date	11	7	11.	11 (
NEWARK, NEW JERSEY 07105 Completed by (Print or Type) Title	00ED 17	ONE		Signatur	1/10/			10	<del>1-1</del>	1	10
Completed by (Print or Type) BENJAMIN SANCHEZ  Title DIRECTOR OF	UPERATIO	JING									

CK357L	H PA	IITON				BESTOS ABAT C 8:60 and 5:16		BEO.	2 1	,		Anna Samuel
Date of Notification (1)	V 1			Name	of Building	Owner/Operator (2	2)	II LII DEC	3	-6	8	1.11
	27 / 18	_			y Paluk	owner/operator (	-/	1235	57	1	1	
Agencies Notified  EPA	Type Notification Initial			Street	Address		i D	Plosted Control	ENSI	Mi Ni	(\$47)	
⊠ DOLWD	Amended Amendment #			City, S	tate, Zip C	ode						
☑ DOH ☐ DCA	☐ Emergency (inc	duding		Pine	Beach,	NJ 08741						
(NJAC 5:23-8)	justification)	Juding	Ì	Name	of Contact			Telephone Numb	er			
1,000,000,000,000,000,000,000,000,000	☐ Cancellation			Mar	y Paluk							
				FAC	ILITY IN	FORMATION						
Name of Facility Where A	Abatement is Taking	Place	(3)				Type of Facility (	4)				
Residence							School (K-12)					
Street Address								(Other than K-12) ivate and commerce	ial bui	ildi	s,	
City (5)							Square Feet	# of Floors	RIC	lg.	e	
Ocean Gate							1250 sf	1	100	35	,0	
County (6)				Count	ty Code (7)	(STATE USE ONLY)		or if being demolish	- 20	_	-	
Ocean				Ooun	if code (i)	(OTTIL OOL ONLY)	Residence	or it being deritorior	ica			
Name of Monitoring Firm	Hired by Building C	wner (	8)	ASCM I	Vo.	Name of Abateme			-	_		
N/A	Timed by building c	WIICI (	, ,	(OOW)	10.		ntracting, Inc.					
Street Address						Street Address	nadoung, mo.		_	-		
oli oci / ludi oss						1889 Route 9	Unit 61					
City, State, Zip Code		OM THE THE				City, State, Zip Co				_	1	
- inj   ciato, = p   coco							New Jersey 087	755				
Project Manager for Mon	itorina Firm		Tele	phone I	No.	Telephone No.	,,	License No.		_	-	
,	g		1			732-349-9932	!	00624				
Start Date (10)	Sched	uled Co	omple	tion Dat	te (11)	Name of OSHA M	Monitor			_		
01 / 07 /	100			1		E.M.S.L. Ana	lytical					
Occupancy Status During						Street Address						
☐ Facility Closed/Vacate	58 W.			nent		1056 Stelton						
☐ Abatement Performed	d Outside of Normal	Facility	/ Hour	s - Des		City, State, Zip Co	ode			_		-
Time of Abatement: _	AMP	Λ/	_PM-		AM		New Jersey 088	354				
Scope of Work (Check a	II that apply)											
<ul> <li>≥3 sf or ≥3 if</li> <li>≥160 sf or ≥260 if</li> </ul>		☐ Re ☑ De				☐ Mini-End ☐ Gloveba	g Procedure		200			
		lo.	Lagge	ion		⊠ Non-Exe	impted (") and Noi	n-Friable Procedur	1 000	-1-	T	
Location	of		Locat Norma			Description of	of	3.5	-	at∈	ent T	T
Asbestos-Containing	Material (ACM)	1000000	d Sole			stos Containing Ma	aterial (ACM)	Amount	Removal	· wpui	Encapsulate	Enclosure
TO BE ABA		855773	intena todial	nce/ Staff?	(i.e	., thermal systems surfacing, VAT		(Specify SF or LF)	lova	1	apsu	nso
(13)	ity		(12)			other miscellane		SF OI LF)	=		ılate	ē
		Yes	No	N/A			3.5				(D	
exterior			$\boxtimes$		asbesto	os siding		1250 sf		]		
										]		
										[		
	V2-1-11-17-2									[		
Name of Registered Was	ste Hauler		1999	JDEP \		Cubic Yards of	Name of Regis	tered Landfill				1
Guardian Contract	ing, Inc.		H	lauler II		Waste 3	T.R.R.F.					
City, State				20223	,	Disposal Date	City, State			_	*	
Toms River, New J	ersey					01/08/19	7.5	Pennsylvania				

State of New Jersey

Completed By (Print or Type)

Nicholas Fernicola

Title

Project Manager

Signature

Date

	PAJ	D	NOTI (	FICATIO	ON OF ASI	BESTOS	ABATE	EMEI 20)	NT	A	orl	1	10	ľ	
Date of Notification (1) 12/26/2018				Name Jen H	of Building Isu	Owner/	/Operato	r (2)						W/	[22] [32]
Agencies Notified  EPA DEP DOL	Type Notification  Initial Amended Amendment Emergency		a	City, S Sumr	Address tate, Zip C mit, NJ, (	07901				The second secon		DEC	3 1	018	The state of the s
DOH DCA	justification) Cancellation	2 8	9	Jen F						Те	lephone l		OO NEI	Thit,	<del>-</del> 1 1
Name of Facility Where A Residential Property	Abatement is Takin	g Place	(3)	FAC	CILITY INF	ORMAT	ION	Ту	pe of Facility	0.007		alia di 19daren		In the	300 m
Street Address								×	School (K- Subchapte Other (i.e. etc.)	er 8 (Oth			ilding	hom	es,
City (5) Metuchen								1,0	uare Feet 064	2	f Floors		Bldg. 192(	je	
County (6) Middlesex					Code (7) USE ONLY	·	_		rrent Use (Pr			lished)			
Name of Monitoring Firm	Hired by Building (	Owner (8	3)	ASC	M No.				batement Co Contractino		(9)				
Street Address							Street 240		ress th 5th St.						
City, State, Zip Code									Zip Code n, NJ, 072	06					
Project Manager for Monit	foring Firm			Telepho				906-	-4123		License 01355				
Start Date (10) 01/19/2018		01/25/	2018	npletion	Date (11)				SHA Monitor onmental		atories,	Inc.	0		
Occupancy Status During Facility Closed/Vacat Abatement Performe	ed During Entire P	eriod of	Abaten	nent				Ro	ess ute 22 We Zip Code	st					
➤ Other – Describe: O  Scope of Work (Check All	CCUPIED					_			J, 07083						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	тист фріју		Renova Demolit				×	M	ull Containm lini-Enclosur lovebag Pro lon-Exempte	e cedure	9				
Location (			Locati Normal ed Sole	ly		Des	scription	of					Aba T	nent	
Asbestos-Containing M TO BE ABA <sup>*</sup> In Facility (13)	<u>red</u>	Cus	intenar todial S (12)	nce/ Staff?	Asbesi (i.e.	thermal surface	aining M systems cing, VAT niscellane	insu T, or		(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Baseme	nt	Yes	No	N/A X		Pipe	Insulat	tion		15	0 LF	X	-	CD .	-
Name of Registered Waste	Harter														
Danvic Contracting LL			H	JDEP W auler ID '574	56 (M.S.A.	Cubic of Was			Name of Fairless			ill			
City, State Elizabeth, New Jersey						Dispos TBD	al Date		City, State						
Completed by eymy Donneys		Title Owne	er			\$i	gnature	J.	A)	X	1000	ate 2/26/2	2018		

CK 7125 P	AID		CATION	tate of Ne N OF ASB to NJAC	<b>ESTOS</b>	ABATE		Pro Studentisti de St			2 E			7 113
Date of Notification (1) 12/27/2018				of Building ty Five 8						DE	C 3	1 20		And the
Agencies Notified Type Notificat	ion		Street A	Address Clifton A	venue	# 338			L	.Saes			i.	d d
X EPA   X Initial Amended Amendm	ent #			ate, Zip Co					e de la		LICEN	SIN	12 -	
▼ DOH			Name o	f Contact h Vurch					81(V)+1V+	phone N 2) 272			-	
			FACI	ILITY INFO	ORMAT	ION							-	
Name of Facility Where Abatement is Ta Private Residence	king Place (	3)						of Facility (4) School (K-12)						
Street Address							×	Subchapter 8 Other (i.e. priv etc.)				ildings	>m∈	es,
City (5) Verona							Squar 1,500	e Feet )	# of 2	Floors		Bldg. / 118	1	
County (6) Essex				Code (7) USE ONLY	)	_		nt Use (Prior ate Reside		ig demo	lished)			
Name of Monitoring Firm Hired by Buildi EnviroVision Consultants, Inc.	ng Owner (8)	)	ASCN 0007					ement Contra ntracting, I		(9)				
Street Address 20-21 Wagaraw Road, Building	35E		'				Addres Clifto	s n Avenue,	Unit	365				
City, State, Zip Code Fair Lawn, NJ 07410							tate, Zi	p Code 07012					-	
Project Manager for Monitoring Firm Fred Larson			Telepho (973) 6	ne No. 336-914	5	100 000 1 to 100 000 000 000 000 000 000 000 000 00	one No 450-9			License 01036				
Start Date (10) 1/9/2019	Schedul 1/18/2		mpletion	Date (11)				A Monitor ntracting, In	nc.					5)
Occupancy Status During Abatement (C	heck Only Or	ne)				Street	Addres	S					_	
Facility Closed/Vacated During Enti Abatement Performed Outside of N Other – Describe:						City, S	tate, Zij		Unit	365	***************************************		-	-
						Clifto	n, NJ	07012					_	
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		Renova Demoli				×	Mini Glov	Containment i-Enclosure vebag Proced i-Exempted (*)	dure	•				
Location of	1	Locat Norma	lly		De	scription	of					Abate		
	Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  Used Main Custo  Used Custo  Main							(ACM) tion,	(S	nount pecify or LF)	Removal	Repair	Encancidate	Enclosure
Apartment 2B - Living Room	No X	N/A		\//a	II Plast	er		10	0 SF	Х		Þ		
Apartment 2B - Kitchen		X		10/6		Ceiling		or .				+-	-	
Apartment 2B - Bathroom		X					·			0 SF	X	-	-	
				VVa		Ceiling	9 66 66 6000	lei	30050	0 SF	X		_	
Apartment 2B - Bathroom  Name of Registered Waste Hauler		X	JDEP W	laste	Cubic	Floor 7	illes	Name of Re		) SF	X		-	
Atlantic Carting, LLC		F	lauler ID IJ-641		of Was			Grand Ce	Ŧ.,			ndfill		
City, State Wayne, NJ		1			Dispos	sal Date		City, State Pen Argy	l, Pe	nnsylv	ania			
Completed by Sean Zoric	Title Presi	ident			S	ignature	, _				Date 12/27	/2018	_	

Print Form

NOCK	(Pursuant to NJAC 8:60 and 5:16)												
Date of Notification (1)			S		Name	of Building	Owner/Operator (	2)	DEC 2 1	0000			0
12/	11 / _	18	_			Contraction of the Contract of	High School	Level Constitution of the	DEC 3 1	ZUIS		1	The state of the s
Agencies Notified	Type Notifica	tion			Street	Address				SAUTH REAL S	4n		
☐ EPA					50 E	Early Stre	eet	1 A	ARESTOS OC	MIBL	. 3		
□ DOLWD   □   □   □   □   □   □   □   □   □					City, S	itate, Zip C	ode	91 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	F16 (3-10)-50	Mi d	- mary	Statem 1	
□ DOH	Amendme	_			22.00		NJ 07960						
☐ DCA (NJAC 5:23-8)	☐ Emergeno justificatio		luding			of Contact		1	Telephone Nun	nber		-	
(NJAC 5.25-6)	☐ Cancellati				N/A		<b>5</b> 3		973-292-20				
					FAC	CILITY IN	FORMATION						
Name of Facility Where A	batement is T	aking	Place	(3)		0.000		Type of Facility (4	1)				
Morristown High So	chool							School (K-12)					
Street Address								Subchapter 8 Other (i.e., pri			ildir		
50 Early Street								homes, etc.)	vate and commit	rolal ba	ii dii	3	1
City (5)								Square Feet	# of Floors	Blo	dg.	е	
Morristown								+-50,000	+-2		+-5		
County (6)					Coun	tv Code (7	)(STATE USE ONLY)	Current Use (Price	or if being demol	ished)			-
Morris					000.	, 0000 (.	,,o,,,,,	000,000	n n bonng donno.				
Name of Monitoring Firm	Hirad by Build	lina O	wner /	8)	ASCM	No	Name of Abateme	ant Contractor (9)					
Environmental Con			wilei (	0)	AGGIVI	INO.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	VIRONMENTAL	INC				
	nection, inc	8						VIRUNIVIENTAL	, INC.				
Street Address							Street Address						
120 North Warren S	treet		I E DESCRIPTION				1123 BEAVE						
City, State, Zip Code							City, State, Zip Co						
Trenton, NJ 08608							BRISTOL, PA	19007					
Project Manager for Moni	toring Firm			1	phone		Telephone No.		License No.				
Dominick Dercole				6	09-392	-4200	215-788-6040		00509				
Start Date (10)	S	chedi			tion Da		Name of OSHA N	lonitor			5000		
12 /21 /	18	C	MI	H	06	0_	BRISTOL EN	VIRONMENTAL	, INC				
Occupancy Status During	Abatement (C	Check	only o	ne)			Street Address			70.000			
☐ Facility Closed/Vacate	ed During Entir	e Per	iod of	Abate	ment		1123 BEAVE	R STREET					
Abatement Performed						cribe	City, State, Zip Co	ode					
Time of Abatement: 7	:30AM- <u>7:30</u> P	PM/	P	VI	AM		BRISTOL, PA						
Scope of Work (Check all	that apply)			-				2			-		
								tainment with Nega	ative Pressure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			⊠ Re				☐ Mini-End						
△ ≥ 100 St 01 ≥200 II			□ ре	moliti	on			g Procedure mpted (*) and Non	-Friable Proced	ure			
			ls	Loca	tion					-	ate	nt T	/ne
Location	of		١	Norma	illy		Description of	of		-	_	_	
Asbestos-Containing I	Material (ACM	1)			ely by		stos Containing Ma	aterial (ACM)	Amount	Removal	кераіг	Encapsulate	Enclosure
TO BE ABA				intena odial	Staff?	(i.e	., thermal systems surfacing, VAT		(Specify SF or LF)	SVOI	ar	sde	uso
(13)	ıy			(12)			other miscellane		SF OI LF)	1 2		ulat	ਰ
,,,,,,			Yes	No	N/A							Ф	
Basement TV/Radio S	Studios				$\boxtimes$	Floortil	e & ACM Mastic		1136 SF		E		
										E			
			П							П	E	П	П
							11)				F		
Name of Registered Was	te Hauler				NJDEP V	Vaste	Cubic Yards of	Name of Regist	ered Landfill				_
SERVICE TRANSPO		, INC	<b>)</b> .	9.00	lauler II	O No.	Waste	MINERVA L					
City, State					2000	,	Disposal Date	City, State			-	-	
YARDLEY, PA							TBD	WAYNESBI	JRG, OH				
Completed By (Print or Ty	vpe)	Title					Signature			Date	_	-	
Dillan DeCaro	X15.5X	140000	stima	tor			A 11	y DeCars	10	12-	21	-/	8

							117	111			137
Date of Notification (1)						Owner/Operator (	2)	DEC 3	1 20	119	1
12/	11 /	18		Mori	ristown	High School	3 '4			110	
Agencies Notified	Type Notificat	tion			Address	not .		/ASEESTOS			
⊠ DOLWD	⊠ Amended						Time Time	11011	displates		No.
☑ DOH	Amendmer	nt #1-12/2	1/18		ate, Zip C						
DCA	☐ Emergency		,			NJ 07960		Talanhana Niveri			
(NJAC 5:23-8)	justification	20.7			of Contact	ī.		Telephone Numi			
	☐ Cancellation	on		N/A				973-292-200	U		
				FAC	ILITY IN	FORMATION					
Name of Facility When		aking Place	(3)				Type of Facility (				
Morristown High	School						School (K-12)	) I (Other than K-12	)		
Street Address								ivate and commer		ldin ,	
50 Early Street							homes, etc.)		150		
City (5)							Square Feet	# of Floors	1000000	lg. /	
Morristown							+-50,000	+-2		5(	
County (6)				Count	y Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being demolis	shed)		
Morris											
Name of Monitoring Fi		ing Owner	(8)	ASCM N	No.		ent Contractor (9)				
Environmental C	onnection, Inc						VIRONMENTAL	L, INC.			
Street Address						Street Address					
120 North Warre	n Street					1123 BEAVE	R STREET	V 1 - 302			
City, State, Zip Code					-	City, State, Zip C	ode				
Trenton, NJ 0860	18					BRISTOL, PA	A 19007				
Project Manager for M	Ionitoring Firm		Tele	phone N	No.	Telephone No.		License No.			
Dominick Dercol	е		60	9-392-	4200	215-788-6040	)	00509			
Start Date (10)	So	cheduled C	omple	tion Dat	e (11)	Name of OSHA N	Monitor				
12 /21	/18	12	30	_ / _	18	BRISTOL EN	IVIRONMENTA	L, INC			
Occupancy Status Du	ring Abatement (C	Check only	one)			Street Address					
☐ Facility Closed/Vac	cated During Entire	e Period of	Abate	ment		1123 BEAVE	R STREET				
Abatement Perform					cribe	City, State, Zip C	ode				
Time of Abatemen	t: <u>7:30</u> AM- <u>7:30</u> PI	M/F	M	AM		BRISTOL, PA	A 19007				
Scope of Work (Check	k all that apply)										
П. о. г о. г.		₩ D.				☐ Full Con	tainment with Neg	gative Pressure			
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			enovat emoliti				g Procedure				
						⊠ Non-Exe	empted (*) and No	n-Friable Procedu	ıre		
•		100	s Loca						Ab	_	nt Ty
L	tion of	Lla	Norma ed Sol	No. of Concession (Concession)	Ache	Description estos Containing Ma		Amount	Re	T <sub>O</sub>	En
Asbestos-Containi	ing Material (ACM) <u>ABATED</u>	, W	aintena	ance/	ASDE (i.e	e., thermal systems	insulation,	(Specify	Removal	Kepair	Encapsulate
IN Fa	acility	Cus	stodial (12)			surfacing, VAT	Γ, or	SF or LF)	/al	70	Encapsula
(1	3)	Ves	_	N/A	1	other miscellane	eous)	-			ite
	'- O4 ''-	Yes	INO		Elaca!	In P ACRI BAnnel		1136 SF		F 1	
Basement TV/Rad	io Studios		$\perp$		Floorti	le & ACM Mastic	3	1130 5F	_	<u> </u>	ᆜ
(a				(3)				L			
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			14.		0/1-	Oubia Vanda of	Name of De-	stored Landfill		<u> </u>	_
Name of Registered V SERVICE TRANS		, INC.	10.3	NJDEP \ Hauler II 20990	O No.	Cubic Yards of Waste	Name of Regi	LANDFILL			
City, State				20000		Disposal Date	City, State			-	
YARDLEY, PA						TBD	WAYNESE	BURG, OH			
Completed By (Print of	or Type\	Title				Signature		, [	Date /		95.75
Dillan DeCaro	, , , ,	Estim	ator			000	De Cary	1:1	12/2	11	8
Dillali Decalo		Louisi				10 10 11 11 11	11/10/11	111	1	1	

ASB-41 JAN 13 DD 18/19

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

Date of Notification (1)	The second secon				Nam	e of Buildin	g Ow	ner/Operator (	2)	HE NOT LE	e Li i	1 1	6 1	
12 /	11 /	18	_		Mo	rristown	Hig	h School			4 200		1	
Agencies Notified	Type Notifica	ation			Stree	t Address				DEC 3	1 201	-	1000	20 1
	Initial				50	Early Str	eet		T.	1.173				8
DOLWD 4125	Amended Amendm				City,	State, Zip (	Code		1	4.002000	CONT	1.1	-	-
DOH 4718	☐ Emergen	_	cluding	,	Mo	rristown	, NJ	07960		,	MS(MC)_			
(NJAC 5:23-8)	justification	on)	oidding	,	Nam	of Contac	t			Telephone Nu	ımber			
	☐ Cancellat	ion			N/	A				973-292-2	000			
					FA	CILITY IN	IFO	RMATION						
Name of Facility Where A	Abatement is 7	aking	Place	(3)					Type of Facility	(4)			-	
Morristown High So	chool								School (K-12		40)			
Street Address						- 2			Subchapter 8			ildin		
50 Early Street									homes, etc.)					
City (5)									Square Feet	# of Floors	Bl	dg. A		
Morristown									+-50,000	+-2		+-50		
County (6)					Cou	nty Code (7	7)(ST/	ATE USE ONLY)	Current Use (Pri	or if being demo	olished)			
Morris				Sec. 11.0										
Name of Monitoring Firm	- 10		wner (	(8)	ASCN	No.			ent Contractor (9)					
Environmental Con	nection, Inc	;					E	BRISTOL EN	VIRONMENTA	L, INC.				
Street Address					40-11-11-11		1.55000	eet Address						
120 North Warren S	120 North Warren Street y, State, Zip Code							1123 BEAVE						
City, State, Zip Code							1000000	y, State, Zip Co						
	Trenton, NJ 08608							BRISTOL, PA	19007					
Project Manager for Moni	toring Firm			1	ephone			lephone No.		License No.				
Dominick Dercole						2-4200		215-788-6040		00509				
Start Date (10)						ate (11)	No. of Contract of	me of OSHA N		INC				
12 /21 /					0_/		_		VIRONMENTA	_, INC				
Occupancy Status During	:							eet Address						
☐ Facility Closed/Vacate ☐ Abatement Performed						scribe		123 BEAVE						
Time of Abatement: 7							1	y, State, Zip Co						
Casas of Mode (Charle all	that annly					<b>∧</b>	-	BRISTOL, PA	19007					
Scope of Work (Check all	that apply)							☐ Full Conf	ainment with Neg	ative Pressure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			⊠ Re					☐ Mini-Enc	losure					
≥160 st or ≥260 if     .			☐ De	molit	ion			☐ Glovebag	g Procedure mpted (*) and No	n-Friable Proce	dure			
			Is	Loca	ation	T						aten	t Ty	vpe
Location				Norm				Description of				_	-	
Asbestos-Containing I	Material (ACM	)			lely by ance/			Containing Ma ermal systems		Amount	Removal	Repair	nca	nclo
TO BE ABA IN Facilit				todial	Staff?	(1.6		surfacing, VAT,		(Specify SF or LF)	oval	=	Encapsulate	Enclosure
(13)	*			(12	1	-		her miscellane		50.000 *A50.000 *00.000.000			ate	œ
			Yes	No	N/A									
Basement TV/Radio S	Studios					Floortil	e &	ACM Mastic		1136 SF				
			П									П		
			౼		늄	-							=	
Name of Registered Wast	le Hauler		Ч		NJDEP	Waste	Cul	bic Yards of	Name of Regis	tered Landfill			_	
SERVICE TRANSPO		, INC	<b>.</b>	4.1	Hauler 2099	D No.	1	ste	MINERVA					
City, State					2000		Dis	posal Date	City, State					
YARDLEY, PA							Т	BD	WAYNESB	URG, OH				
Completed By (Print or Ty	rpe)	Title					1	Signature		10	Date	The state		
Dillan DeCaro	77 (A)	Es	stimat	tor				Dillan	n DeCaro	18n	12-	11.	8	2

NOCK	(Pur	sua	ant	to	N.J.A	. <u>C.</u> 8:60 and	12:12	20)		to the second	
Date of Notification (1)						Owner / Operato	or (2)	A CONTRACTOR OF THE CONTRACTOR	DEC	3 1 20	
12/11/18	-,					of Education			שנט	3 1 20	1 had harant
Agencies Notified Type Notific	ation	100			ddress ospect	Stroot			Water Control of the Control	MOTAGE BANGPATAL SERVICE	į.
☐ DEP ☐ Initia	I				te & Zip				Assess	TRACO SQ	- 11
	nded-#3 <b>-12/26/1</b> 8				, NJ 08			622 (65)	LH	SENDING.	111 111 1 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4
□ DOH □ Emer	rgency	_			Contact	and the same of th				Telephone	lumber
	ellation	N	/Ir. D	)wa	ayne Mo	osley				609-656-	00
			FΛ	CII	ITV INI	FORMATION					-
Name of Facility Where Abateme	ent is Taking Plac	e (3		OIL	-11 1 1141	Type of Facili	ity (4)				
Grace Dunn Middle School	one to a dilling a lac	,0 ,0	,					ON FRIABL	E		
Street Address								Other than K-			
401 Dayton Street								te & commer		ngs, homes	etc.)
						Square Feet		# of Floors		Bldg. Age	
City (5)	County (6)	Cou	inty (	Coc	de (7)	60000		3		6	
Trenton	Mercer					Current Use (	(Prior if	being demol	ished)		
						School					
Name of Monitoring Firm Hired b	y Building Owner	(8)		A	SCM No				9)		
Environmental Connection						Bristol Env		ental, Inc.			
Street Address						Street Addres					
120 North Warren Street City, State & Zip Code						1123 Beave					-
Trenton, NJ 08010						City, State & 3 Bristol, PA		ie			
Project Manager for Monitoring F	irm T	eleni	none	Nı	ımber	Telephone Nu			License	Number	-
Steve Mania			92-4			(215)788-60			00509	ramboi	
Scheduled Start Date (10)	Scheduled Comp					Name of OSH		itor	1		
12/27/18		2/28				Bristol Envi	ironme	ental Inc.			
Occupancy Status During Abater	ment (Check only	one	)			Street Addres	SS				
Facility Closed/Vacated I						1123 Beave					
Abatement Performed O		Hou	rs –	7an	n to 3pm			le			
Describe: 7:00 AM —						Bristol, PA	19007				
Facility Occupied During Scope of Work (Check all that ap				_							-
Coope of Work (Officer all that ap	(Piy)							Full Containn	nent with I	Negative P	ssure
≥3 sf or ≥3 lf		X	Ren	ova	ation		=	Mini-Enclosu		rrogativo i	30010
≥160 sf ≥260 If	Ī	$\exists$	Den	noli	tion		H (	Glove Bag Pr	ocedures		
						242		Non-Exempte	ed and No	n-Friable F	cedure
Location of			ocati			Description			Amount	Abat€	ent Type
Asbestos-Containin Material (ACM)	g N		aily l lely l		d	Asbestos-Cont Material (AC			(Specify		
TO BE ABATED	M		enan		or	(i.e., thermal sy		`	SF or LF)	Re	inc:
in Facility	C	usto	dial S	Staf	f?	insulation, surfac	ing, VA			Removal	Enclsoure
(13)	<u>.</u>		(12)			or other miscella	aneous	)		<u>a</u>	Encapsulate
	Y	es	No	N	/A						to l
Rooms A-37, A-43, A-45					]	Nail Cret			400 SF		
Room B4		4		L		Nail Cre	te		165 SF		
		4	Ц.	Ļ	-						
		4	片	Ļ	-						
		+	4	Ļ	-				1170		
Name of Registered Waste Haule	L		NI I		D Masts	Cubic Yards	None	of Donistee	d Leaden		
rvanie or registered vvaste Haule	<b>51</b>				r ID No.	of Waste	ivame	of Registere	u Landiill		
Bristol Environmental Inc			1000000	706		1 Cu yd	Fairle	ss Landfill			
City, State			1	100000		Disposal Date	City, S				
Bristol, PA						TBD		ss Hills, P	A		
Completed By (Print or Type)			Titl	е		Signature				Date	
Gino Pizzigoni			Pre		ct	Dine B		- 04	M	12/26	8
			Ma	ına	ger	I IIMA V	Mynn	more /	410		-

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Date of Notification				wner / Operator	(2)	ju ilij Di	EC 31;	18	
	12/11/18			f Education					1000
Agencies Notified	Type Notification		Address Prospect S	troot		1	the formation and the same		
☐ EPA	NZ Initial		tate & Zip Co			* in invest.	I Instalation	4.	
DEP	Initial		on, NJ 086			199 4,449, 41	make 1 company	Hr	
⊠ DOL	Amended-#2-12/18/		of Contact	30			Telephone	umber	$\neg$
□ DOH     □ DCA	Emergency			lov			609-656-	00	
☐ DCA	Cancellation	IVIT. D	wayne Mos	iley			000 000		_
		FAC	ILITY INFO	ORMATION					
Name of Facility W	nere Abatement is Taking Pl	ace (3)		Type of Facility	y (4)				
Grace Dunn Mid				School (K	-12) NON FRIA	ABLE			
Street Address					er 8 (Other tha				- 1
401 Dayton Stree	of .			Other (i.e.	. private & com	mercial buildir	ngs, homes	etc.)	
401 Dayton Otice				Square Feet	# of Floo	ors	Bldg. Age		
City (E)	County (6)	County C	ode (7)	60000		3	6		
City (5)	No. 100 (100 (100 (100 (100 (100 (100 (100	Journey C	000 (/)		Prior if being de				
Trenton	Mercer			School	tion in boning at	,			
			I A O O M M		ement Contrac	tor (O)			$\neg$
	Firm Hired by Building Owr	ner (8)	ASCM No.						
Environmental C	Connection				ronmental, Ir	ic.			$\dashv$
Street Address	52-57 NO			Street Address					
120 North Warre				1123 Beaver					-
City, State & Zip Co				City, State & Z	2005 - ADDISONAL				
Trenton, NJ 080				Bristol, PA		License	Number	-	
Project Manager fo	r Monitoring Firm	Telephone		Telephone Nu		00509	Number		
Steve Mania		609-392-4		(215)788-60		00509			-
Scheduled Start Da	ate (10) Scheduled Cor		e (11)	Name of OSH					
12/11/1		ON HOLD			ronmental In	c.	-		-
Occupancy Status	During Abatement (Check o	nly one)		Street Addres		×			
	sed/Vacated During Entire F			1123 Beave					$\overline{}$
	Performed Outside of Norm	al Hours –	7am to 3pm	City, State & Z					
Describe:	3:00PM - 12:30AM			Bristol, PA	19007				
	cupied During Abatement							_	_
Scope of Work (Ch	eck all that apply)					طافانين فصممت نما	Nogotivo E	ssure	
1000 NO. 1000 NO. 1000						tainment with	Negative F	Sourc	
≥3 sf or ≥3	If	23	ovation		Mini-End		_		
≥160 sf ≥26	30 If	Den	nolition			ag Procedure		anadus	_
						empted and N		ocedur	_
The state of the s	ocation of	Is Locat		Description	1 01	Amount (Specify	Abat	nent Ty	he
	stos-Containing	Normally I		Asbestos-Con Material (Ad		SF or LF		m	_
	iterial (ACM)	Solely Maintenan		(i.e., thermal s		01 01 21	' 문	nca	20
	BE ABATED in Facility	Custodial	Staff?	insulation, surfac			Removal	Encapsulate	Enclsoure
	(13)	(12)	otan.	or other miscell			\\\ \alpha \	· lat	ure
	(10)	Yes No	N/A					0	
D A 07 A	42 8 45			Nail Cre	te	400 SF			$\Box$
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Room B4		1418		Nail Old	i.c	100 01			Ħ
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		1414						11	H
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	N.				1				Ш
Name of Registere	ed Waste Hauler	4 1202	JDEP Waste		Name of Reg	istered Landfi	II.		
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	auler ID No.	of Waste		16:11			
Bristol Environ	mental Inc	18	3706	1 Cu yd	Fairless La	natili			
City, State				Disposal Date	City, State				
Bristol, PA				TBD	Fairless Hi	lis, PA			
Completed By (Pr	int or Type)	Ti	tle	Signature	0 .	11	Date	0.000	
Gino Pizzigo		P	roject	14.	mysour	170	12/1	18	
JIIIO I IZZIGO	•••	100000	anager	Deno 1.	000	, //			

Date of Notification (				Name	of Build	ding O	wner / Opera	ator (2)	111					11.	. 11
Agamaias Natifical I	12/11/18						Education	1	1		DEC	2 1 00	110	The state of	1
Agencies Notified   EPA	Type Notifica	ation			t Addres	377.5			F		DEC	3 1 20	118		1
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□ DOL		nded-#1-12/12	140		State & Z					ار غر				Ä	
		gency	, 10		of Cont		8			172	IIC!	-37" . 15%		1	
□ DOH □ DCA		ellation			wayne		01/					Teleph		lumi	bei
												609-6	56-	00	
Name of Escility Wha	Ab			FA	CILITY	INFO	RMATION					-02			
Name of Facility Whe Grace Dunn Middl		ent is Taking P	lace (	3)			Type of Fac	cility (4)							
Street Address	ie School						School								
401 Dayton Street									(Other th				*		
401 Dayton Oticet									rate & co		ial build		_	etc.)	
City (5)		County (6)	Ica	unh. C	ada (7)	1753/1.537	Square Fee		# of Flo			Bldg. A	ge		
Trenton			100	ounty C	code (7)		6000			3			6		
Henton	- 1	Mercer					Current Use	e (Prior	if being o	demolis	shed)				
Name of Monitoring E	Tirms I line at lea	. D. Italia o	(0)		Trans		School								
Name of Monitoring F Environmental Co	nnoction	Building Own	ier (8)	)	ASCM	No.	Name of Ab	atemer	nt Contra	ctor (9)	)				
Street Address	illection						Bristol En		nental,	Inc.					
120 North Warren	Street	×					Street Addre								
City, State & Zip Code				-			1123 Beav								
Frenton, NJ 08010							City, State &								
Project Manager for M		rm	Teler	hone	Number		Bristol, PA Telephone N			Ti	lianna	Missashaaa	_		_
Steve Mania	3			392-4			(215)788-6				License 00509	Number			
	(10) S	cheduled Com					Name of OS		nitor		00303		COLUMN 1		_
			12/17		- ( )										
			14/14	7/10		- 1	Bristoi En	VIECHILL	ienisi ii	70					
Scheduled Start Date 12/11/18 Occupancy Status Du	ring Abatem	ent (Check on	ly one	9)			Bristol En		ientai ii	nc.	***************************************		_	-	
Scheduled Start Date 12/11/18 Occupancy Status Du Facility Closed	d/Vacated Di	ent (Check on uring Entire Pe	ly one	e) of Aba	tement		Street Addre	ess		nc.			_		
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## APPROVED BY: Tom Voorhees, NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

NJOOL	(Purs	uan	t to	N.J.A	1.0	8:60 and 1	12:12	(0)	CM	# 21	3	
Date of Notification (1)		Nan	ne c	of Buildin	g C	Owner / Operator	(2)	H DI	EC 3 1	2018	40	
12/11/18		_			d c	of Education				É		
Agencies Notified Type Notific	ation	100000000000000000000000000000000000000		Address				/	าเกริกกัจ	prof. 1.		
EPA				rospec	_			ANT DE N	TYDE OCA TOTAL			
□ DEP □ Initia □ DOL □ Ame				ate & Zip								
□ DOH □ Eme	rgency			of Contac		30				Telephone	umbe	г
	cellation			ayne N		lev				609-656-	00	
			AC	ILITY IN	IFC	DRMATION	(4)					
Name of Facility Where Abatem	ent is Taking Place	(3)				Type of Facilit School (K		ON EDIABI	=			
Grace Dunn Middle School Street Address			-					Other than K-				
								te & commer		as homes	tc.)	
401 Dayton Street						Square Feet		# of Floors		Bldg. Age		_
City (5)	County (6)	Counts	, Cc	de (7)		60000		3		61		
	Mercer	Journey	, 00	ide (1)		Current Use (F	Prior if		ished)	- 0	_	-
Trenton	Mercer					School	1101 11	being demoi	iorica)			
Name of Monitoring Firm Hired b	y Building Owner	(8)		ASCM N	10	Name of Abate	ement	Contractor (	9)			_
Environmental Connection	building Owner (	(0)		ACOMIT	10.	Bristol Envi		en en en falle fill fill fill an fill an ann an an 🚁	-/			
Street Address						Street Address		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			-	
120 North Warren Street						1123 Beaver	Stre	et			100	
City, State & Zip Code						City, State & Z	ip Co	de				
Trenton, NJ 08010						Bristol, PA 1						
Project Manager for Monitoring F		1500		lumber		Telephone Nu			License N	lumber		
Steve Mania		9-392	_	-		(215)788-604			00509			
	Scheduled Comple			(11)		Name of OSH Bristol Envir						
12/11/18		/13/18			_	Street Address		entai inc.			-	-
Occupancy Status During Abate Facility Closed/Vacated			bat	ement		1123 Beaver		ef				
Abatement Performed O					m	City, State & Z				W.		
Describe: 3:00PM - 1						Bristol, PA 1						
Facility Occupied During												
Scope of Work (Check all that ap												
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≥3 sf or ≥3 lf				vation		ļ		Mini-Enclosu	1000			
≥160 sf ≥260 lf	L	] De	emo	olition		Į.	_	Glove Bag P		Fiele F		
l costion of		ls Loca	otio	_	_	Description		Non-Exempte	Amount	Abate	ent Ty	
Location of Asbestos-Containin	The special control of	ormally				Asbestos-Conta			(Specify	Abate	CIIL I y	pe
Material (ACM)	9	Solely		525,07800		Material (AC			SF or LF)	-	g	ш
TO BE ABATED		intena			-	(i.e., thermal sy				l en	cap	ncls
in Facility	Cu	stodia		aff?		nsulation, surfaci or other miscella				Removal	Encapsulate	Enclsoure
(13)	Ye	(12 s No		N/A		or other miscena	neous	''		=	ate	e
Doomo A 27 A 42 A 45						Nail Cret	•		400 SF			$\Box$
Rooms A-37, A-43, A-45		++	1	H		Nail Clet	<u> </u>		400 31		H	뉘
		ᆉ늗	1	H						<del>-   -   -   -   -   -   -   -   -   -  </del>	H	片
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	- I <del>-</del>		1	H						一一一	H	Ħ
Name of Registered Waste Haul	er	IN	JD	EP Was	te	Cubic Yards	Name	of Registere	d Landfill			
Bristol Environmental Inc			laul	ler ID No	- 1	of Waste		ess Landfill				
City, State Bristol, PA					1	Disposal Date	City, S					
Completed By (Print or Type)		17	itle		- 1	Signature	. WILL	Joo i illo, i		Date	-	
Gino Pizzigoni		1		ject		Dian	Pin	malessus	1/0m		8	

Date of Notification (1)	State of New FICATION OF ASBE (Pursuant to NJAC 8:	~~~	TEMENT 20)	A Comment of the Comm				70.000
Agencies Notified Type Notification	Name of Building Own	ner/Operator				DEC	3	1 20
DEP Initial Amended	Street Address  City, State, Zip Code	2 7	7 th St	reet 1	Z	ini	No.5 Nepr	<u>Oktors</u> Jiven
Amendment # Emergency (including	Sca /S/A Name of Contact	C Cite	NJ	OS.	230 hone !			
Name of Facility Where Abatement is Taking Place (3)	FACILITY INFORM	IATION	Type of Facilit	16	-9 -9	Gi	5	6/1
Street Address  City (5)			School (K		n K-12	2) ial buil	idin <u>e</u> s,	homes.
	unty Code (7) 4TE USE ONLY)		Square Feet Current Use (Pric	# of Flo	OIS		Bldg	
Name of Wonttoring Fifm Hired by Blilding Overer (g)	SCM No.	Name of	Abatement Contr	actor (9)	17		1:	
City, State, Zip Code		1212	Dielin	dement		Wir.	(iTIZ	<u>a / (</u>
	none No.	resephone i	01.00	11:	Cij-	(C)	5	
Start Date (10) Scheduled Completion I  Occupancy Spatus During Abatement (Check Only One)	Date (11)	Name of OS	HA Monitor	4 8	10	72	) —	
Facility Closed/Vacated During Entire Period of Abatement     Abatement Performed Outside of Normal Facility Hours     Other – Describe:		ity, State, Zi						
Scope of Work (Check All That Apply)  □ ≥3 sfor≥3 If			ib Cods					
. ☐ Renovation ☐ Demolition	*1	☐ Glav	Containment wi i-Enclosure rebag Procedure					
Lecation of Normally		☑ Non-	-Exempled (*) ar	id Non-Friabl	e Proce		temen	
TO BE ABATED  In Facility  Custodial Staff?	Asbestos Containing (i.e. thermal systems in	Materiai (A)	n -	Алпоиль	-		ype	
(13) (12)  Yes No N/A	VAT, ( other miscelli	Or .	1	Specify F or LF)	Removal	Repair	Buenpsulate	Enclosure
	Sidy		20	ca SF			1	$\dashv$
					1	1	j	
ime of Registered Waste Hauler  NJDEP Waste Hauler ID No.	Cubic Yards	Na	ne of Registered	l andfill			1	
V. State DE 144902 11 1	Of Waste  Disposal Date	_   li	M of	LA CA				
Dept. 1 Hall- Vi Riedent.	Signature	341	I ily iou	n Pate	2 /	26/	18	1

010 110001	. 40-75	NOT	TIFICAT	State of New Jers	ey S A R A T	FMENT			2 IE		<i>}</i>	15002
CK 4 844 P	ALL		(Pursi	ant to NJAC 8:60 a	nd 12:120	0)						
Date of Notification (1)			Name	e of Building Owner	Operator	(2)		DE DE	<u>C 3</u>		18	-
12-21-2018		0.0000000000000000000000000000000000000	M	IR ANKI	ER		1					
Agencies Notified Type Notificat	ion		Stree	t Address				/	TOS	CON	-	1.7.
☐ EPA										NSII	24.31	
☐ DEP ☐ Amended Amendm				ounc, zip code	49 10000	SARSHO	e0 m 2009				-	
☐ Emergence	y (includir	ng	1	EANECK	N:	F 076	666					
□ DCA justificati □ DCA □ Cancellat	on) ion		- reality	of Comact	E.		T	elephone N	umber			
			MI	CILITY INFORMA	TION						170	
Name of Facility Where Abatement is Takir	g Place (3)			CILITI INFORMA	TION	Type of Facilit	v (4)				-	
MR. ANKER						School (1		*				
Street Address						☐ Subchapt	er 8 (Oth	er than K-12	2)			
City (5)			- 1/202	# # E		Other (i.e	. private	& commerc	ial buil	dings,	nes.	, etc.
TEANECK						Square Feet ·	#	of Floors		Bldg.	ţe.	
County (6)			T -			1900		2			YK	25
BERGEN			(STAT	y Code (7) E USE ONLY)		Current Use (P	rior if bei	ng demolish	ed)	-7.6	10	
Name of Monitoring Firm Hired by Building	Owner (9)					RE512				į.		
,	J (0)		ASC	CM No.		of Abatement Co	100					
Street Address					Bes	t Remova Address	l Ir	·C			-	V
City, State, Zip Code					City, S	South R	iver	Stre	et		-	
D		29			I 8	kensack,	NT	07601				
Project Manager for Monitoring Firm			Telephe	one No.	Telepho	one No.	TAO	License 1			_	-
Start Date (10)	1011				201-	-329-744	/ı	003	QQ			
1-3-2019			pletion I	Date (11)	Name o	- 329 - 744 of OSHA Monitor	-	000	0.0			
Occupancy Status During Abatement (Check	Only One)	-7.	201	7	Omeg	a Envir	onme	ntal		1		
☐ Facility Closed/Vacated During Entire P	eriod of Ali	atement								200		
Abatement Performed Outside of Norma  Other – Describe:	l Facility H	lours			City. St	Huyler ate, Zip Code	Stre	e t			- 1	
	1-4-1					_	n a n n 1	- 37.7	0 7			
Scope of Work (Check All That Apply)	i				Douc	h Hacker	isaci	C. NJ	0/	606	_	
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>	各	Renovat				Full Containm	ent with	Vegative Pro	essure			
		Demolit	ion		200	Mini-Enclosur	re					
	<del></del>					Non-Exempte	eoure d (*) and l	Non-Friable	Proce	dure		
		s Locati	AT 1000						T		ent	
Location of Asbestos-Containing Material (ACM)	Us	Normall ed Solel		Des	cription o	of			-	Ty	1	
TO BE ABATED	M	laintenar	nce/	Asbestos Conta (i.e. thermal system	ining Mat	terial (ACM)	1000	nount	1		ū	
In Facility (13)	1	stodial S (12)	tarr?	\	AT, or	100	1	pecify or LF)	Removal	Repair	Busse	Enclosure
	V	T .:	T	other m	iscellane	ons) .			oval	Dair	-	osur
BASINE S	Yes	No	N/A								1	CD
BASFMENT			X	THERMAL	IWS	ULATION	80	LF	X			
X									1			_
									+	$\vdash$	-	
									-	$\vdash$		
Name of Registered Waste Hauler		NJ	DEP Wa	este Cubic Y	ande	None	Dani-t '	1 . 10				
Roct Domosed T		Ha	uler ID ?	No. of Waste		Name of I	cegistered	Landfill				
Best Removal Inc City, State			1710			Mine	rva	Enter	ori	869	Т	T.C
Hackensack, N.I 07601				Disposal		City, State	•					1174
Completed by	Title				nature	Wayne	sbur		T 44	468	-	
J. Maiorano	Est	ima	tor			dran		Dat	50			10
		- ma	COT	- 1	1 MAG	portan		112	- 2	11.	01	0

CK 1950	ATT		CATION	OF ASBE	STOS	ABATE				Di	-c 3	1	2(	Q	The state of the s
Date of Notification (1) 12/19/2018				Building C				į	₩ ta				<del></del>	0	The state of the s
Agencies Notified Type Notificat  EPA Initial	tion	- 1 3	Street Ac 1 Castl	ddress e Point	on Hu	dson		RE	CE	IVE	D	00	MT VG	Ci.	ž
X DEP Amende X DOL Amende	nent # ncy (including ion)	-	Hoboke Name of Kevin k	Klich	7030	011		2018 DE	2 2 8 1020	phone N	1: 30 umber 7:05	}—			
Name of Facility Where Abatement is T Campus Building	aking Place (3)		FACIL	LITY INFO	RMAII	ON	Туре	of Facility (4	)	MPLI/	INCE		- 3		$\exists$
Street Address 1036 Park Avenue							X S	School (K-12 Subchapter ( Other (i.e. pr stc.)	(Othe ivate &	k commer					۶,
City (5) Hoboken			8				Squar N/A	e Feet	# of N/A	Floors		Bldg N/A	J. A	;	
County (6) Hudson			County C (STATE U	ode (7) ISE ONLY)	\. <u></u>		Build		4		ished)				
Name of Monitoring Firm Hired by Build Briggs Associates	ing Owner (8)		ASCM 0004	No.				ement Cont ement, Inc		(9)					
Street Address 3 Crosswicks Street							Addres oseng	s Iren Aven	ue						
City, State, Zip Code Bordentown, NJ 08505						Toto	wa, N	p Code J 07512							
Project Manager for Monitoring Firm Michael Hoodak		- 1	Telephor 609-29	ne No. 8-5520	22		one No 345-86			License 01311	No.				
Start Date (10) 01/04/2019	Scheduled 01/09/20		pletion [	Date (11)				IA Monitor ement, Inc	<b>)</b> .						
Occupancy Status During Abatement (Carlot Facility Closed/Vacated During En			ent			11 R		ren Aven	ue						
Abatement Performed Outside of Other – Describe: occupied	Normal Facility H	lours				7889		p Code J 07512							
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	0.00	nova moliti				×	Min Glo	Containme i-Enclosure vebag Proc n-Exempted	edure				dur		
Location of	No	ocati rmall	ly		De	scription	of					Al	oat∈ Ty	nent	
Asbestos-Containing Material (ACN TO BE ABATED In Facility (13)	Custo	tenar	nce/		tos Con therma surfa	taining N I system cing, VA miscellar	Material s insula T, or		(5	mount Specify F or LF)	Dellove	-	Repair	Encapsulate	Enclosure
Kitchen	Yes	No X	N/A			Plaster			9	6 SF	Х		_	(D	
											-		_	-	
Name of Registered Waste Hauler D&S Abatement, Inc.		Н	JDEP W lauler ID 0996		of Wa			Name of F Waste N	/lana			Α .			
City, State Totowa, NJ					Dispo TBD	sal Date		City, State Morrisvi		Α					
Completed by Ned Joksmovic	Title Proied	t Ma	anager		3	Signature	Э.	城/			Date 12/19	9/20	18		

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7) GAC Project # 060-18 Date of Notification (1) Name of Building Owner/Operator (2) December 20, 2018 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address ENVIRONMENTAL HEALTH & SAFETY BEPT. □Initial Notification ☐ EPA (2 Phases/Work Areas) 74 STREET 1603, BLDG 4116, LIVINGSTON C MPUS DCA X Amended Notification #2 -City, State, Zip Code X DOL new completion date, phase & ASPESTOS OF PISCATAWAY, NJ 08854 ■ DEP- No Longer REQUIRED quantity Name of Contact Telephone Number X DOH ■ Emergency (including MICHAEL F. SMITH, ENV. 848-445-2550 justification) **HEALTH & SAFETY** □Cancelled FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) SCHOOL OF DENTAL MEDICINE, BLDG# 7253 ☐ School (K-12) Subchapter 8 (other than K-12) Street Address X Other (i.e. private & commercial buildings, homes, etc.) **RBHS NEWARK CAMPUS** Sq. Feet: N/A # of Floors: 4 Bldg. Age: 60+ y ars City (5) County (6) County Code (7) Current Use (prior if being demolished): ACADEMIC NEWARK (State Use Only) **ESSEX** Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 00098 GREENWOOD ABATEMENT CONSULTANTS, INC Street Address Street Address 3 TERRI LANE

		511 MAIN STREET							
City, State, Zip Code				City State, ZipCode				-	
BURLINGTON, NJ 08016				BUTLER, NJ 07405					
Project Manager for Monitoring Firm	Telephone			Telephone Number		Licens	se Numi	ber	
BRIAN R. KEARNEY	609-38	6-8800		973-492-0477		0084	10		
Scheduled Start Date (10)	Scheduled	Completion Date (11	1)	Name of OSHA Monitor		0084	ŀU		
11/15/18		3/18	-1	ENVIROVISION, INC.					
Occupancy Status During Abatement	THE LANGESTON .			Street Address	-			-	
☐Facility Closed/Vacated During En	ire Period of	Abatement		20-21 WARGARAW RO	DAD, BLI	DG# 3	35E		
■Abatement Performed Outside of N									
Describe:				City, State, Zip Code					
Other- Describe: Schedule: 5PN	- 5AM (2 P	HASES, 24 HOU	JRS &	FAIRLAWN, NJ 07410					
WEEKENDS AS NEEDED)									
Scope of Work (Check all that apply)									
				DE	ıll Containn	nent wi	ith Nea	ative Pre	:ure
□≥ 3 sf or >3 lf			ation		ini-Enclosu		iai i i e g	dire i io	7010
≥ 160 sf or ≥ 260 If		☐ Demol	lition	100 miles	Slove bag F		ure / Wi	rap & Cul	
177					on-Exemp				'rocedure
	ocation Norma			bestos Containing Material	Amoun	t		ment Typ	-
	ely by Maint./C ff? (12)		(i.e. therm other mis	ial systems insulation, surfacing,	(Specifi or LF)	y SF	Remov	e Repair	ncap Enclose
YE		NA VAI, OI	Outer IIII3	ceii.)	OI LF)				
D-LEVEL 721 SUITES (2	IXI	VAT 8	& MAST	TIC	5600	0.00	X		
PHASES)		VAI G	z WIAO I	110	5000	JOF	ומו	1	
845 – 852, 832 SUITE, 829,	X	VAT &	& MAST	FIC (partial area)	2800	SF	X	1	
830 (2 PHASES)									
Name of Reg. Waste Hauler	I NIDED W								
See Hauler Below #1 & 2	See Belo	ste Hauler ID#		Cubic Yards of Waste: 60	CY			stered La	ililit
	000 2000				\$55.W.C.	G.K.	U.VV.3	. NOITH	anomi
Hauler #1) Greenwood Abatement Con NJDEP # 12561	sultants, Inc.	- Butler, NJ 07405		Di	isposal Date	<u>e</u>		City, Sta	1
Hauler #2) Newark Carting, Inc., New	rk. N.I 04509			(	00100100		7		Ford Mill sville, Pa
NJ DEP # 4509	,1.0 0 1005			TOTAL SECTION	02/03/20	19	estable to	19067	
				was better				215-736	700
Completed by (Print or Type)	<u>Title</u>			Signature		Date			
RAYMOND C. PEDALINO	SENIOR F			Raymond C. Peda	lina	Dece	embe	r 20, 20	8
	MANAGE	R		- Lagracia Ci O cum	ave etc				

#### State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GACTIOJECT # 000-10							7 ()	II W	- 1	
Date of Notification (1)		Name of Building Owner	and Resident	111						
Agencies Notified	Notificatio		Street Address		DE	c 31	2010			
□ EPA		Notification		ENVIRONMENTA					REH	- 1
□ DCA			cation #1 -	74 STREET 1603,	BLDG 4	116, LI\	VINGS	TON C	MPU	S
X DOL		pletion dat		City, State, Zip Code PISCATAWAY, N.	1 00054	1.0(23)	rua di	INCAL	3	
DEP- No Longer REQUIRED	materials			Name of Contact	00004	Tole	onhone I	Number	-	
<b>⊠</b> DOH		gency (in	cludina	MICHAEL F. SMIT	H. ENV.	848	8-445-2			
		ication)	3	HEALTH & SAFET	ΓY	"				
	□ Cance	elled								
			FACILITY IN	FORMATION						
Name of Facility Where Abatement is SCHOOL OF DENTAL MEI	Taking Place (3)	04 7053		Type of Facility (4)						
SCHOOL OF BENTAL WEL	DICINE, BLD	G# 1255		School (K-12)						
Street Address				Subchapter 8 (other th						
RBHS NEWARK CAMPUS				Other (i.e. private & c Sq. Feet: N/A	arc					
City (5) Count	v (6)	County Co	nde (7)	- OG. TOOL TOA	60+ y	ais				
The state of the s	ESSEX	(State Use		Current Use (prior if bei	C					
South Consideration 27 List Auditorist (Ph				and the second of the second o						
Name of Monitoring Firm Hired by Blo	la. Owner (8)	ASCM No.		Name of Contractor (9)						
ATC	******	00098	-							
Steed Address		L.		GREENWOOD ABA	NTS, INC					
Street Address 3 TERRI LANE				Street Address						
		511 MAIN STREET								
City, State, Zip Code BURLINGTON, NJ 0801	6			City State, ZipCode BUTLER, NJ 07405						
Project Manager for Monitoring Firm	Telephone			Telephone Number		Licer	nse Num	ber		
BRIAN R. KEARNEY	609-386	5-8800		973-492-0477		000	40			
Scheduled Start Date (10)	Scheduled	Completion [	Date (11)	Name of OSHA Monitor		008	40			
11/15/18	12/31/18			ENVIROVISION, IN	C.					
Occupancy Status During Abateme				Street Address						
☐Facility Closed/Vacated During E	ntire Period of A	batement		20-21 WARGARAW	ROAD,	BLDG#	35E			
Abatement Performed Outside of	Normal Facility	Hours -		City State Zin Code						
Describe:  Other- Describe: Schedule: 5P	M EAM (2 D	UACEC O	4 HOURS 8	City, State, Zip Code FAIRLAWN, NJ 074	10					
WEEKENDS AS NEEDED)	141 - SAIVI (Z P	MASES, 24	4 HOURS &	171111111111111111111111111111111111111	10					
,										
Scope of Work (Check all that apply)										
<b>D</b> 2 - 5 > 2   5		man .			Full Conf		vith Neg	ative Pres	ure	
□≥ 3 sf or >3 lf 区 > 160 sf or > 260 lf		200	Renovation		Mini-End					
<u>123 ≥ 100 \$101 ≥ 200 11</u>		land.	Demolition		Glove b					Western .
Location of Asbestos-Containing Is	Location Norma	Ily Used   D	escription of Ash	pestos Containing Material	Non-Exe	empted (*) nount		ment Type	roced	иге
	olely by Maint./C	ustodial (A	ACM) (i.e. therm	al systems insulation, surfac		pecify SF	1	3000 0000		
	Staff? (12) VAT, or other					LF)	Remov	ve Repair	ncap E	nclose
			130°41°6°41							
D-LEVEL 721 SUITES (2 PHASES)	X	\	AT& MAST	IC	5	600 SF	X			
				ris c			-		-	
					_		-	+-		-
Name of Reg. Waste Hauler	NJDEP Was	ste Hauler ID	#	Cubic Yards of Waste:	40 CY	Name	e of Regi	istered Lar	ifill	
See Hauler Below #1 & 2	See Belov			Cubic Tarus of Waste.	40 01			. North		1
Hauler #1) Greenwood Abatement Co	onsultants. Inc	Butler, N.I (	07405		Disposal	Date		City, Sta		
NJDEP # 12561		,				30.0		100 New	ord M	ill
Hauler #2) Newark Carting, Inc., New NJ DEP # 4509	wark, NJ 04509				12/31/2	2018		Rd. Morr	sville,	Pa
NJ DEF # 4505	NO DEL IT WOOD					0.00 BES		19067 215-736-	700	
Completed by (Print or Type) Title				Signature		Date			nte-53%2	
RAYMOND C. PEDALINO	SENIOR P	ROJECT			011	_	emhe	r 27, 20	8	
	MANAGER			Raymond C. Pe	edalino	1404	CHIDE	1 4 1 1 4 4	0	

#### State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-18 Date of Notification (1) Name of Building Owner/Operator (2) November 5, 2018 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type ☑Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) ☐ EPA (2 Phases/Work Areas) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS DCA Amended Notification # City, State, Zip Code IXI DOI ■ Emergency (including PISCATAWAY, NJ 08854 X DEP- No Longer REQUIRED justification) Name of Contact Telephone Number X DOH □Cancelled MICHAEL F. SMITH, ENV. 848-445-2550 **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) SCHOOL OF DENTAL MEDICINE, BLDG# 7253 School (K-12) ☐Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) RBHS NEWARK CAMPUS Sq. Feet: N/A # of Floors: 4 Bldg. Age: 60+ ve ars City (5) County Code (7) County (6) Current Use (prior if being demolished): ACADEMIC NEWARK **ESSEX** (State Use Only) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 00098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **511 MAIN STREET** City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number BRIAN R. KEARNEY 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11/15/18 11/27/18 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD, BLDG# 35E ☐ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe: FAIRLAWN, NJ 07410 ☑ Other- Describe: Schedule: 5PM - 5AM (2 PHASES, 24 HOURS & WEEKENDS AS NEEDED) Scope of Work (Check all that apply) □Full Containment with Negative Pres ure □ > 3 sf or >3 lf Renovation ☐ Mini-Enclosure X ≥ 160 sf or > 260 lf Demolition ☐ Glove bag Procedure / Wrap & Cut X Non-Exempted (\*) and Non-Friable Frocedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) Remove Repair Encap Enclose VAT, or other miscell.) or LF) YES NO NA D-LEVEL 721 SUITES (2 X VAT 5600 SF X PHASES) Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Lar Ifill 40 CY Cubic Yards of Waste: See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, Stat NJDEP # 12561 100 New | ord Mill Hauler #2) Newark Carting, Inc., Newark, NJ 04509 Rd. Morr :ville, Pa 11/27/2018 NJ DEP # 4509 19067 215-736-1700 Completed by (Print or Type) Signature RAYMOND C. PEDALINO SENIOR PROJECT November 5, 2018 Raymond E. Pedalino MANAGER

		40405405				10	-1(0)	- 1		250 3	1 0	010		11
Date of Notification (1) 12/20/2018			M	ame of E lontclair	Building Ow r State Un	ner/Oper iversity	ator (2)	Ch	eck#	1358 EC 3	1 2	018		
agencies Notified	Type Notification			treet Ado Norma					ļ.,	E.1.7.8	Z.N	TAL		
□ EPA ☑ DEP ☑ DOL	☑Initial □Amended _Amendment		C M	ity, State Iontclai	e, Zip Code r, NJ 0704	13			.=	\$-00 miles				
☑ DOH □ DCA	Emergency (in justification)  □ Cancellation	cluding		ame of 0 my Fer						phone Numb 655-5546	er			
Name of Facility Where	Abatement is Taking	Place (3)		FACIL	ITY INFOR	MATION	Type of Fa	acility (4)						
College Hall	Apatement is raiding	, idoo (e)					☐ Schoo		has the	n K 12\				
Street Address I Normal Ave							⊠ Other		& com	mercial bldgs				
City (5) Montclair							Square Fe 20,000			Floors 2	+55	g. Ag 5	e 	
County (6) Essex				County C	ode (7) SE ONLY)		Current Us	se (Prior if t Educatio	peing d nal	emolished)				
Name of Monitoring Fim Detail Associates, Inc	n Hired by Building	Owner (8)		ASCM	No.		ne of Abaten ch Corporat		ctor (9)					
Street Address 300 Grand Ave							eet Address McBride A	lve						
City, State, Zip Code Englewood, NJ 0763	1					City	, State, Zip ( oodland Par	Code k, New Je	rsey					
Project Manager for Mo Anthony Valentine			Telephone No 201-569-6708				lephone No. License No. 01104					72		
Start Date (10) 01/02/2019		Scheduled 01/09/201		pletion [	Date (11)	Nar Iris	me of OSHA Environme	Monitor ental Labo	ratorie	s, LLC				
Occupancy Status Durin						Stre 23:	eet Address 33 Route 22	2 West						
☐ Facility Closed/Va☐ Abatement Perfor Other – Describe:	acated During Entire med Outside of Nor start 7 am	Period of Almal Facility F	baten Hours	nent		Cit	y, State, Zip Jnion, NJ 0	Code						
Scope of Work (Check														
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			novat moliti				☐ Mir	ni-Enclosur	e cedure	n Negative Pr / Limited Cor nd Non-Friabl	tainm	ent3	Tent	
		ls L	ocati	on			□ No	II-Exemple	u () ai	id Non-i nabi		Abate		
Location Asbestos-Containin TO BE Al In Fac	ng Material (ACM) BATED cility	Used Main Custo	ormali Sole itenar	ly ly by nce/	Asbeste (i.e. t	os Conta thermal s surfaci	cription of ining Materia ystems insul- ng, VAT, or scellaneous)	ation,	(5	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
2)		Yes	No	N/A		1				75 LF	X		· ·	
Exterior-manhole (	3)			X	Pipe ins	ulation				75 [	^			
Name of Registered W	/aste Hauler		1000	NJDEP V Hauler ID		Cubic Y		Name o	f Regis	tered Landfill	-			
Lilich Corporation			•	18724		01/09/2 Disposa	019	Fairless City, Sta		l			-1-17	
City, State Woodland Park,	New Jersey					01/09/2	2019	Morris	ville, F	A111				
Completed by Adriana Olejarova	ı	Title Pres	sider	nt		S	gne ure	7(9)	X	Da 1	ite 2/20/	2018	3	
ASR 41 (R-06-08)							* Do not use	this form f	or asbe	estos licensur	e exe	mpted	d activ	rities

## Project #

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Ch	eck #	DEG	3	1	2013	_

Date of Notification (1)			Nama	of Duilding	· O	O	(0)								
12/26/2018			of Building	) Owner/C	Operator	(2)			-JE3	10	300	MIT	1		
Agencies Notified Type Notificatio	n .			lorner Address					0.0		r	TAIC:	14.14.3		
Agencies Notified Type Notificatio	п		Street	Address						200	1000				
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Emergenc	y (including	9		Valley,					1 = 1 - 1 -	- N - 1					
DOH justification					Š				Telephon	e Numb	er				
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Name of Facility Where Abatement is Tak	ing Place	(3)	FAC	ILITY INF	ORMAI	ION	Type of Fa	acility (4	1)				-		
Residence		(0)					[77007]								
Street Address								ol (K-12	2) 8 (Other thar	K-12)					
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City (5)							etc.)	-1	1 # -651		Th	1.1.			
Long Valley NJ							Square Fe	et	# of Floors	S	B	ldg. A	Age		
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Morris				Code (7) USE ONL	n		Current Us	se (Pno	r if being den	nolisne	1)				
Name of Monitoring Firm Hired by Building	Owner 10		13			LNI	-f 0b - 1	1.0	1 (2)						
Name of Morntolling Fill I filed by Bullding	J Owner (8	,	ASC	M No.			of Abateme								
Street Address						-	Restorati	on LL	C						
Outeet Address							Address								
City State Zin Code	Was new second						ookside I								
City, State, Zip Code						The second second	tate, Zip Co								
Project Manager for Monitoring Firm			Talaata				olph, NJ	07869							
Project Manager for Monitoring Pirm			Telephone No.						License No.						
Start Date (10)	I Cabado	1-40-	16'	D-1- (44)			33-2550		0135	8					
01/19/2019	1		npietion	Date (11)			of OSHA M	onitor							
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Occupancy Status During Abatement (Che							Address								
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor	Period of	Abater	nent				Rt 22 We								
Other – Describe:	mai raciii	y nour	S				tate, Zip Co								
Scope of Work (Check All That Apply)						Union	, NJ 070	183							
							1								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demoli				-	Full Con	tainme	nt with Negat	tive Pre	ssur	e			
_ 100 St 01 2200 II		Demon	uon				Mini-End Gloveba		edure						
				,					(*) and Non-	Friable	Prod	cedur	e	NO	
	ls	s Locat	ion										ement		
Location of		Norma			Des	scription	of			_		Ту	/pe		
Asbestos-Containing Material (ACM)		ed Sole aintena		Asbes	stos Cont	aining M	laterial (ACN	VI)	Amount				ш	_	
TO BE ABATED In Facility		todial 3		(i.e	. thermal	systems cing, VA	insulation,		(Specify SF or LF)	,	Ren	Re		incl	
(13)		(12)				niscellan			Of ULLY	'	Removal	Repair	ncapsulate	Enclosure	
	Yes	No	N/A	1							9	,	ate	ē	
Basement area		X		TO				-	10:-	+		_			
Sascificiti area	_	_^	-	TSI				1	10 LF		×				
					svilleri Pt-P	-12-									
Name of Registered Waste Hauler		IN	JDEP W	/aste	Cubic	Yards	Nar	ne of P	egistered La	ndfill				_	
Nick Restoration LLC			lauler ID		of Was					nuniii					
		0	03378	2	TBD			R.O.W	.5						
City, State Randolph, NJ						al Date		, State							
					TBD	٨		ytowr	n, Pa						
Completed by	Title				S	ignature		1	^	Date					
Vikica Mrda	Presi	dent			1	AVA		VII	Q.	12/26	3/2	018			

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

2018-259

B & G proj. #: Check # \*\*\*EMERGENCY \*\*\* Date of Notification (1) Name of Building Owner/Operator (2) 1 12 1/12 14 1/11 181 Springfield Board Of Education Agencies Notified Street Address ☐ EPA DEC 31 139 Mountain Avenue X Initial □ DEP City, State, Zip Code Amendment X DOL Springfield, NJ 07081 Telephone Number Name of Contact X DOH Cancellation 973-919-4279 ☐ DCA William Knorr FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) \*\*\*\*\* (NON Sub 8) \*\*\*\*\* Jonathan Dayton Springfield High School Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bidgs./Homes, etc. 139 Mountain Avenue Bldg. Age Square Feet | # of Floors County (6) County Code (7) City (5) (State use only) Current Use (Prior if being demolished) Union . 4-Springfield, NJ 07081 NON-SUB 8 Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. EnviroVision Consultants B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road 20-21 Wagaraw Road - Bldg. 35E City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Fair Lawn, New Jersey 07410 License Number Telephone Number Phone Number Project Manager for Monitoring Firm (973)696-6869 00378 (973) 636-9145 Guillermo Morales Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 12/27/2018 12/26/2018 Street Address 105 Ryerson Road Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) Glovebag procedure Full Containment w/negative pressure Demolition |X | Renovation Non-friable procedure Mini-enclosure ≥160 sf or ≥260 lf >3 sf or >3 If E is location normally used solely E e Location of п by maintenance/custodial Amount n Description of asbestos-containing m asbestos-containing C staff(12) (Specify SF or C material (ACM) 0 material to be a abated in facility (13) Yes No N/A D Il pipe insulation 9 If crawl space Name of Registered Landfill Cubic Yards of Waste Registered Waste Hauler N.IDEP Hauler ID# Grand Central Landfill 19563 B & G Restoration, Inc. Disposal Date City, State Pen Argyle, PA 12/27/2018 Lincoln Park, NJ Signature Completed by (Print or Type) Gordana Luna 12/24/2018 Gordana Luna Secretary/Treasurer

Signature

Secretary/Treasurer

Cindomo Line

12/24/201B

Completed by (Print or Type)

Gordana Luna

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ate of Notification (1) 2/24/18		Name	e of Build Prope	ding Owner/C erties	perator (	(2)	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	DE	C 3 1	2018	}		A STATE OF THE PARTY OF THE PAR	
gencies Notified Type Notification		Stree	Monm	ss nouth Stree	et		:		5105 f.	angas e arec	4.00	-	-	
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Emergency (including justification)	ding		ne of Cor rrie Jor				_	Telephor	2-0006	er S X 519	9		-	
DCA Cancellation		F	ACILITY	INFORMAT	ION	Type of Fa	cility (4)						7	
Name of Facility Where Abatement is Taking Pla 1 Woodbridge Center Street Address	ce (3)					Scho	ol (K-12)	(Other the	an K-12) nmercial	building	js, ho	mes,		
1 Woodbridge Center						etc.) Square Fe		# of Flo			. Age			
City (5) Woodbridge		Cou	unty Cod	le (7)		Current U	se (Prior	if being o	emolishe	ed)				
County (6) Middlesex		(ST	ATE USE	ONLY)			Contr	coctor (Q)					_	
Name of Monitoring Firm Hired by Building Owr	ner (8)	1	ASCM N	0.	AAA	e of Abateme	ROFES	SSIONA	LS				_	
Street Address					6 W	et Address /HITE DO		URT						
City, State, Zip Code					City,	State, Zip C KEWOOD	ode , NJ 08							
Project Manager for Monitoring Firm		Te	elephone	No.	Tele 732	phone No. 2-668-907	8		icense N 200	0.				
Start Date (10)	cheduled		letion Da	ate (11)	Nan	ne of OSHA A LEAD F	Monitor PROFE	SSION	ALS					
01/03/19 0 Occupancy Status During Abatement (Check C					Stre	et Address VHITE DC	OVE CO	DURT						
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other – Describe:	riod of Ab	ateme	ent		City	, State, Zip ( KEWOO!	Code							
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	Re x De	enovati	ion			Mini-	Enclosur	codure				re.		
						× Non-	Exempte	d (*) and	Non-File	able F10	Abat	ement	t	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Mai	Location lormall d Solel intenar odial S (12)	y ly by nce/ staff?	(i.e. the	ermal sys surfacing	otion of ng Material ( tems insulat , VAT, or ellaneous)	ACM) ion,	(S	nount pecify or LF)	Removal	Repair	Encapsulate		
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	-									1611				
Name of Registered Waste Hauler			NJDEP V Hauler II	Vasto	Cubic Ya of Waste		Name	of Registe	ered Lan	απιι				
NEWARK CARTING			)4509	7110.	15 Disposal		City, S	tate	154				_	
City, State NEWARK, NJ					02/07/1		BETH	HLEHE	M PA	Date	4140			
Completed by JOSEPH PERLSTEIN	OW	NER								12/24		ed act	_	

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	ate of Notification (1) 2/24/18				Name Saral	of Building n Merme	Owner elstein	/Operator	r (2)	and the state of t	Carry C		)EC	3 1	20	)18	1000000
Ag	gencies Notified	Type Notification			Street	Address											14.17
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×	DOH	Emergency justification)	(includin	g		of Contact					Tel	ephone	e Nur	nber			
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Na	ame of Facility Where A	batement is Takin	a Place	(3)	FAC	ILITY INF	ORMAT	TION	Type	of Facility (4	4)						
			3	(-)					Donney .	School (K-1							
St	reet Address								Ħ	Subchapter	8 (Oth	er than	K-12	2)			
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3.55.53	y (5) owell							Square Feet # of Floors							lldg. /	Age	
	unty (6)				County	Code (7)		-	Curre	ent Use (Prio	or if bei	na den	nolish	ed)			
	onmouth				(STATE	USE ONLY	o	Current Use (Prior if being demolished)  Home									
	me of Monitoring Firm	Hired by Building (	Owner (8	3)	ASCI	M No.				tement Con			3				
Str	eet Address								eet Address WHITE DOVE COURT								
Cit	y, State, Zip Code							City, State, Zip Code									
Pro	ect Manager for Monit	oring Ciam						LAKEWOOD, NJ 08701									
"	Jeet Manager for Morill	oning Firm			Telepho	one No.		Teleph 732-6		Licen 1200		).					
	rt Date (10)		Schedu	led Cor	npletion	Date (11)	-	Name of OSHA Monitor									
	1/03/19	AL	01/14/		335	201 1790		AAA	LEAD	PROFES	SSIOI	VALS					
	cupancy Status During							Street 6		s DOVE CO	LIDT						
	Facility Closed/Vacat Abatement Performe	ed During Entire F d Outside of Norm	eriod of al Facilit	Abaten y Hours	nent 3					p Code	UKI						
×	Other – Describe:						LAKEWOOD, NJ 08701										
Sco	ppe of Work (Check All	That Apply)							7								
×	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Division in the last of the la	Renova Demolif				×	Full Containment with Negative Pressure Mini-Enclosure								
200000			Seed 1		100.000			×	Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
			le	Locati	on			1/4	Non	1-Exempted	(*) and	Non-F	riable			e ement	
	Location			Normal	ly		De	scription	of							ре	
	Asbestos-Containing N TO BE ABA		Ma	ed Sole aintena	nce/	Asbes	tos Con	taining M systems	aterial	(ACM)		nount		-		m	m
	In Facility (13)	,	Cus	todial 9 (12)	Staff?	(1.0.	surfa	cing, VA	Γ, or	uori,		pecify or LF)		Remova	Repair	caps	Enclosure
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	INTERIO	R	100	110	100		FLC	OR TII	LE		45	0SF		x			
	EXTERIO	)R						SIDING			450SF 1500SF						
	ne of Registered Waste	Hauler		2.575.2	JDEP W		Cubic			Name of R	egister	ed Lan	dfill				_
	WARK CARTING				auler ID 1509	NO.	of Was	ste		IESI							
	, State VARK, NJ						Dispos 01/14	al Date /19		City, State BETHLE	НЕМ	PA					
	npleted by		Title				S	ignature				Ī	Date	)			
JUS	SEPH PERLSTEIN		OWN	IER				12/24/18									

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Date of Notification (1) 12/20/2018				Name o	of Building K Builde	g Owner/ers, LLC	Operato	r (2)			C	E		77
Agencies Notified	Type Notification	า			Address rest St.				and Charles	3	to a company of		-1	
DEP DOL	Initial Amended Amendmer	nt #			ate, Zip C		·		10 cm	1000	DEC	3 1	20	18
DOH DCA	Emergency justification Cancellatio	)		Name o	of Contact Berrin				Tele	phone Nu 1)315-3	mber	\$ 0	DATE	Ĭ.,
				FAC	ILITY INF	ORMAT	ION	•	1,440		110	EMS		10.5 15
Name of Facility Where Residential Proper	Abatement is Taki ty	ng Place (	3)		4			Type of Facility	100					
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City (5) Livingston								etc.) Square Feet 1,011	# of	Floors		3ldg. /		
County (6) Essex					Code (7)	n		Current Use (P Residential				002		
Name of Monitoring Firm	n Hired by Building	Owner (8)	)	ASC	M No.			of Abatement Covic Contractin	ontractor (			-	1899	
Street Address							Street	Address South 5th St.	y LLC					
City, State, Zip Code							City, S	State, Zip Code						
Project Manager for Mor	itorina Firm			Tolonho	na Na			beth, NJ, 072	206					
	ittoring Pinn			Telepho			908-	none No. 906-4123		License N 01355	lo.			
Start Date (10) 12/29/2018		Schedul 01/04			Date (11)		7.0	of OSHA Monito nvironmental		tories, Ir	ıc.			
Occupancy Status Durin	g Abatement (Che	ck Only Or	ne)				Street	Address				-		
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							Unio	n, NJ, 07083						
Scope of Work (Check A	II I hat Apply)	1000					100	1						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		_	Renova Demolit				××××	Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure				۵	
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Location			Normal d Sole		0000000		cription				_	Ту	ре	
Asbestos-Containing TO BE AB/ In Facil (13)	ATED	Ma	intenar todial S (12)	nce/		thermal surface			(Sp	ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A									te	
Throughout 1	1st Floor			X		Wal	l Textu	ire	800	SF	X			
Basem	ent			X		Pipe	Insula	tion	100	) LF	X			
		-									-			
Name of Registered Was	te Hauler		N	JDEP W	aste .	Cubic '	Yarde	Name of	Register	ed Landfill				
Danvic Contracting L			Н	auler ID		of Was		1	s Landf					
City, State Elizabeth, New Jerse	, New Jersey				Dispos TBD	al Date	City, Sta Morrisy	te ville, PA						
Completed by Jeymy Donneys		Title Owne					gnature		-	Da 12	te /20/2	2018		

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

#### PAID

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

CHECK # 2838

Date of Notification (1) 12/24/2018				Name	of Building	g Owner	/Operato	r (2)				3 E	11	n.a	tra in
Agencies Notified	Type Notification				n Highla Address	and As	sociate	a II, I	LC			2.15		W.	E D
EPA EPA	× Initial				Broadw		ite 50				DE	<del>C 3</del>	1 ,	2010	
EPA DEP DOL	Amended Amendmen				tate, Zip C York, Ne		k 1002	3	3	14 1.13	DE	.U	1 /	2018	
Ĭ DOH	Emergency justification)		3	Name o	of Contac	t				Tele	ephone	Numbe	r	Company of the Compan	- 1
DCA	Cancellation	1			lichael 7					(91	7) 952	2-470	5	12,000	
Name of Facility Where	Abatement is Takir	ng Place (	3)	FAC	ILITY IN	ORIVIA	IION	Тур	e of Facility	(4)					
Boiler House Street Address									School (K-	12)					
1000 Main Street								×	Subchapte Other (i.e.	private 8	er than I k comm	K-12) ercial b	uildin	igs, ho	mes,
City (5) Clifton									etc.) are Feet	# of	Floors		Bld	g. Age	Partie Proper
County (6)				County	Code (7)			400		2			110	)	
Passaic				(STATE	USE ONL	Y)		Cor	ent Use (Pr nmercial	or if beir	ng demo	olished)			
Name of Monitoring Firm TBD	Hired by Building	Owner (8	)	ASCI	M No.		Name Sky	of Ab Cont	atement Co racting, L	ntractor LC	(9)				
Street Address							110000000000000000000000000000000000000	reet Address							
City, State, Zip Code							1385 Valley Road, Suite K City, State, Zip Code								
							Way	Wayne, New Jersey 07470							
Project Manager for Moni	toring Firm			Telepho	ne No.			Telephone No. License No. (973) 928-5040 00874							
Start Date (10) 01/14/2019		Schedul 02/25/2		mpletion	Date (11)				HA Monitor acting, LI						
Occupancy Status During	Abatement (Chec	k Only Or	ne)				Street	Addre	SS						
Facility Closed/Vaca Abatement Performe	ted During Entire Fed Outside of Norm	Period of a	Abater / Hour	ment s					ey Road, ip Code	Suite k	(				
Other – Describe: _						_			lew Jerse	y 0747	0				
Scope of Work (Check All	That Apply)	[T]		and the contract of the contra				,							
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf			Renova Demoli				×	Mi	II Containm ni-Enclosur ovebag Pro	e cedure					
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In Facilit (13)	у	000	(12)	otan:			cing, VA miscellan		0.000.000.000	SF	or LF)	Removal	Veball	Encapsulate	Enclosure
		Yes	No	N/A								<u>a</u>	-	late	Iге
Boiler Ro	om		Х		Pip	oe Insu	lation 8	& fittir	ngs	300	) LF	x			T
Boiler Ro	20,137		Х		E	Breech	ing Insi	ulatio	n	200	SF	x			
Boiler Ro	om		X			ACM E	Debris (	Floor	)	1,00	00 SF	x			
Name of Registered Waste	e Hauler		l N	IDED W	laata	Cubia	Vanda								
Service Transport Gro		LIIID N				Cubic Yards of Waste 100 Name of Registered Landfill Minerva Enterprises, LLC									
City, State New Castle, Delaware						100000	Disposal Date City, State								
ompleted by Title				Lo: ()											
Predrag Sarcev	Vice President						Signature Date 12/24/2018								

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1	Date of Notification (1)	-72-18			Nam	e of Buildir	ng Owner/Operator	ECH COM	TRACTIN	ه ه س	ONT		- 31		
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1	DEP DEP	Amendment :	¥	_	City,	State, CIP	CEENFIE	O MIJ	0823	30					
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1	Name of Facility Where	Abatement is Takir	ng Place	e (3)				Type of Facility							
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1	Street Address					-	**	Other (i.e., phomes, etc.)	rivate & commercia	al build					
-	City (5)							Square Feet	# of Floors		dg. A				
	()	CEAN	(17	4				2000	1_2_	1	50	+			
1	County (6)				Cou	nty Code (	7) (STATE		ior if being demolis	hed)					
	CAPE	MAY			1	ONLY)			AUIT				_		
1	Name of Monitoring Firm		Owner	T	ASCM	No.		nent Contractor (9)							
	(8)	VIA						EMCO I	VC	_			=		
1	Street Address		33.1				Street Address								
							369 S SPIEUCE ALE								
	City, State, Zip Code						City, State, Zip C	E SHADE	= N.J	280	250	<u></u>	_		
-	Project Manager for Mon	itoring Firm		Tele	phone	No.	Telephone No		License No.	٦ ·	500.92		8		
	rigest Mailagor is mon			_				9-0472	013	11			_		
-	Start Date (10)	Sche	duled C	omple	tion Da	ate (11)	Name of OSHA	Monitor							
	1-1-18				-18		Street Address	14/4					_		
	Occupancy Status Durin	g Abatement (Che	ck only	one)	men!		Judgi Addiess						_		
1	Facility Closed/Vacate     Abatement Performed	ed During Entire Pe	nod of Leadlit	v Hou	rs		City, State, Zip C	ode			4242				
	Abatement Performed Other - Describe:	Outside of Northa	A I GORIC	,			J.,,	eran co.P.i	3				_		
1	Scope of Work (Check a	Il that apply)					□ Eull Cor	ntainment with Neg	native Pressure						
		**************************************	□Re	novati	on		Mini-En	closure	9241011000010			~			
1	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		₩ De				Gloveba	ag Procedure empted (*) and No	n-Friable Procedur	e					
L			1.1	ocatio	~	1	MINOREX	Ciripica / Jana No			bater	ment			
			1 2000	.ocatio ormally							Тур	же			
	Location of			Soleh		Achor	Description of tos Containing Mat	terial (ACM)	Amount			Е	_		
	Asbestos-Containing M			ntenan ustodia		(i.e.,	thermal systems i	nsulation,	(Specify	Re	R	Encapsulate	Enclosure		
	TO BE ABAT IN Facility			Staff?			surfacing, VAT, other miscellaned	01(5)	SF or LF)	Remova	Repair	psul	uso		
	(13)			(12)			Outer Tradesidate			al		ale	9.		
			Yes	No	N/A		- A	,-	7	V		-			
	SIDIN	6			X	1	RANSIT	-	3000 SE	X					
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-										-	_	-			
=													_		
=	Name of Registered Was	te Hauler			UDEP V		Cubic Yards of Waste	Name of Regis		IA					
	KITMIO	INC		_   ]	790	204		C. N	L.C. M.U.	A			_		
-	City, State	AND .					Disposal Date	City, State	DBINE		4				
١.	MAPLE SH	MOE W	. )				Signature	1 0000	Deta			· C ,			
	Completed By	Title	<	UP	,		hu l	Du		-2	<u>L-</u> '	18	_		
	MICHAU Y	CMM _	<u> </u>	UV											

II Inc
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Date of Notification (1) 12/26/2018				ame of E en Hsu	Building O	wner/O	perator	(2)			E	C	E			***
Agencies Notified  EPA DEP	Type Notification    X	46.33	C		e, Zip Cod					3	A COLUMN TO THE PROPERTY OF TH	DEC	3 1	201	8	The state of the s
DOL  DOH  DCA	Amendment Emergency ( justification) Cancellation		N	ame of 0 en Hst	1					Tele	<u>bhon</u> e	Num	CC	ONTA	ti.	1,77
		DI (0)		FACIL	ITY INFO	RMATIC	NC	Type	of Facility (	4)		HAT 92.	Zan en Al-raneo	MEN FAMILY DESCRIPTION	1975 - 19 <sup>6</sup> - 4 <sup>10</sup>	75-1
Name of Facility Where A Residential Propert		g Place (3)						Туре								
Street Address	,							×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Othe	er than comn	K-12) nercia	l buildi	ngs, h	omes	i,
City (5) Metuchen								Squa 1,06	are Feet	# of	Floors	3	0 0000	ig. Ag 20	е	
County (6)				ounty C					ent Use (Pri	or if beir	ng den	nolish	ed)			
Middlesex			(5		SE ONLY)						(0)					_
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.				atement Cor ontracting		(9)					
Street Address							Street 240		ess h 5th St.							
City, State, Zip Code									Zip Code , NJ, 0720	)6						
Project Manager for Mor	nitoring Firm		Т	elephon	e No.		Telephone No. License No. 908-906-4123 01355									
Start Date (10)		Scheduled		pletion D	ate (11)		Name	of OS	SHA Monitor onmental	Lobor						r
01/19/2018 Occupancy Status Durin	Abstamant (Char	01/25/20					Street	CONT. MILES		Labora	atorie	5, 111	·			-
Facility Closed/Vac				ent					ute 22 We	st						
Abatement Perform  Other – Describe:	ned Outside of Norr	nal Facility	Hours			_	100000000000000000000000000000000000000		Zip Code J, 07083							
Scope of Work (Check A	All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emoliti				2	× N	ull Containm lini-Enclosur Blovebag Pro	e cedure						
		1 1	Locatio					Non-Exempted (*) and Non-Friable Procedure  Abatem Type						ment	8 1	
Locatio Asbestos-Containing TO BE AB In Fac	g Material (ACM) BATED	N Used Mair	ormalli d Soleli ntenan odial S (12)	y y by nce/	Asbest (i.e.	os Con therma surfa	I system	Materi ns insi AT, or	1	(	Amoun Specify F or LF	y	Remova	Repair	e Encapsulate	Enclosure
(13	)	Yes	No No	N/A		other	miscella	ineous	S)				Val.	=	ılate	ure
Basen	nent	165	140	X		Pipe	e Insul	ation		1	50 LF	F	X			
Name of Registered Wa	aste Hauler	1	10000	JDEP W			c Yards Name of Registered Landfill									
Danvic Contracting	LLC		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	auler ID 7574	No.	of Wa			Fairles	*****	dfill					
City, State Elizabeth, New Jers	sey					TBD	1		City, Sta Morris		PA					
Completed by Jeymy Donneys		Title Owne	er				Signatu	re Uh	4/1			1 750	ate 2/26/2	2018		
ASB-41 (R-06-08) * Do not use this form							e this form for	or asbes	stos lic	ensu	e exer	npted	activ	ities.		

Type Notification

Initial

Name of Facility Where Abatement is Taking Place (3)

Name of Monitoring Firm Hired by Building Owner (8)

Occupancy Status During Abatement (Check Only One)

Amended

Amendment #\_

justification) Cancellation

Emergency (including

Date of Notification (1)

12/26/2018

EPA

DEP

DOL

DOH

DCA

Street Address

City (5)

Rahway

County (6)

Street Address

Start Date (10)

01/05/2018

City, State, Zip Code

Project Manager for Monitoring Firm

Union

Residential Property

×

Agencies Notified

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

James Betz

Street Address

City, State, Zip Code

Name of Contact

James Betz

County Code (7)

ASCM No.

Telephone No.

Scheduled Completion Date (11)

01/11/2018

(STATE USE ONLY)

Rahway, NJ 07065

FACILITY INFORMATION

Name of Building Owner/Operator (2)

					Pri	nt Fori
BATEMENT 12:120)	Ch	ock	Flo	K	9	
perator (2)	1.1.1	EG	F		7 [	- IV
	\$ 100 mm and 100 mm an	DEC	3 1	20	18	
	: Tol	ephone Nun	her-	and displaying the con-	e a sui e r	1
¥	100	spriorie (vur)				Ä.
Type of Facility	(4)					-
School (K-Subchapte Other (i.e. etc.)	12) r 8 (Othe private 8	er than K-12 & commercia	al build			es,
Square Feet 1,984	2	Floors	- 1	ldg. A 910	ge	
Current Use (Pr	ior if bei	ng demolish	ed)			
Name of Abatement Co Danvic Contracting Street Address		(9)				
240 South 5th St.						
City, State, Zip Code Elizabeth, NJ 0720	06					
Telephone No. 908-906-4123		License No.	0.			
Name of OSHA Monitor Iris Environmental		atories In	<u> </u>			
Street Address						-
2333 Route 22 We	est					
City, State, Zip Code Union, NJ 07083						
Full Containm Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure				e	
					ement pe	
cription of aining Material (ACM) systems insulation, ing, VAT, or iscellaneous)	(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure

Facility Closed/Vacated During Entire F	eriod of A	Abatem	nent		2333 Route 22 West							
Abatement Performed Outside of Norm  Other – Describe: OCCUPIED					_		, Zip Code NJ 07083					
Scope of Work (Check All That Apply)						5747195					341	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				Н	Mini-Enclosur Glovebag Pro	7 i			re	
	1 2	Locati	100 PM		_	anninting of					ement ype	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Sole intenar todial S (12)	ly by nce/		tos Co therm sur	escription of ntaining Mate al systems ins facing, VAT, or miscellaneou	sulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A								Ф	
Kitchen			Х		V	lall Plaster		276 SF	X			
Name of Registered Waste Hauler Danvic Contracting LLC		H	IJDEP W lauler ID 7574	27673754	100000000000000000000000000000000000000	ic Yards /aste	\$0.000 (CC) (CC)	Registered Lar s Landfill	ndfill			
City, State Elizabeth, New Jersey					Disp	osal Date	City, Sta Morrisv	te ⁄ille, Pa				
Completed by Jeymy Donneys	Title Own	er			Signature					3		

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		EG	EI	M	

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12-	28-18 ification	St	reet Addre	ss_	10.		UEC 3	1 2	UIO	P.	+
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- DOH just DCA □ Car	ification) rcellation		Mile	Y INFORMAT	Zanino	VIC	V-1-0-		-	-1	1
ame of Facility Where Abatemen	t is Taking Place	(3)	FACILITY	TINFORMA	Type o	f Facility (4)	ž.	•			
sincle ta	mily_	DW	ellis	9		chool (K-12)	(Other than K-12)				
reet Address	7	١.	1.	)	780	other (i.e. priv tc.)	ate & commercial b			nes,	
				A70		e Feet	# of Floors	Bldg.	Age 7/1	4-	
ity (5) West fie	id /	VJ	-	010	90 Curre	nt Use (Prior	if being demolished	)	/ 0		
ounty (6)			County Coo	e (/) E ONLY)							_
ame of Monitoring Firm Hired by	Building Owner	(8)	ASCM N	lo.	Name of Abar	tement Contr	hoologi	0 5		n	
EPC Tech	relegi	65	- 1	V/A	Street Address	<u> </u>	Wished.	9 41		0 4 6	-
treet Address	237	7		4	P.O.	Box	35 t		- 100		_
ity, State, Zip Code	1	7	100	522	City, State, Z		V+ 172	08	5	33	
New Equi	1+ N	٥	Telephone	No.	Telephone N	o. <b>3</b>	License No.	2	aL	ı	
roject Manager for Month ril gv	im Kee	1	6097	58-336	5 609 758	3-336	5 00	J	1	1	_
start Date (10)		duled Cor	mpletion Da	ate (11)	Name of US		mologies	In	_		
100	2019	y One)	1"	1011	Street Addre	ess	~			1000	
Occupancy Status During Abate Facility Closed/Vacated Du	ring Entire Period	of Abate	ment		City, State,	Box Zin Code	331	ž.	300		1
Facility Closed/Vacated Du Abatement Performed Outs Other – Describe:	side of Normal Fa	cility Hour	rs .			Egypt	NJO	185	3	3	_
Scope of Work (Check All That	Apply)						Namotino Di	racei ire			
Scope of Work (Great Fine 23 ff	عر عر	Renov	ration		XOV N	fini-Enclosure	ent with Negative Pr	Coourc			
□ ≥160 sf or ≥260 lf	- [	Demo	linoit	\$1		Slovebag Prod Ion-Exempted	cedure d (*) and Non-Friabl	e Proc	edure		_
		Is Loc	ation					,	Abate Tyl	ment	
Location of		Norm Used So	ally		Description of Containing Mater	ial (ACM)	Amount			E	
Asbestos-Containing Mater	ial (ACM)	Mainter	nance/	(ie the	ermal systems ins surfacing, VAT, o	ulation,	(Specify SF or LF)	Removal	Repair	Encapsulate	
TO BE ABATED In Facility		Custodia (12		0	ther miscellaneou	s) .	10004 Proposition (1000)	iave	alr	ulate	
(13)	- 1	Yes N	o N/A				-	-	-		-
211 -1 2	K Room		X	WRADO	d Paper on	Ducts	30 LF	X			1
1st Floor Bace	KOON	1	1	1.				+	-	-	t
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	•			Marta	Cubic Yards	Name o	of Registered Landfi	III		1	1
Name of Registered Waste H	auler		NJDEP \ Hauler II	D No.	of Waste <	Was	ste Manage	men	+ 0	6	2
EPC Tech	pologies		1.70	000	Disposal Date	City St	rate				
City, State	- T V	15	Υ.		1-8-1	9 Mor	THE SOURCE	PA		•	_
Completed by	70	TOTAL -	. 0 4	•	Signature	Sol	ech	12	2-2	28-	1
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Date of Notification (1)	2018				ne of Build chard Ro	ing Owner/Operato wan	r (2)	DEC 3	1 2	018	of the Lines	Constitution of the Consti
Agencies Notified	Type Notificatio	n		Stre	et Addres	S				VIO		Fi prosts
EPA DEP	Initial Amended							Landan Company of the				
DOL	Amendment				, State, Zip	Code n, N& 08057		LICEN	ALANI Silito	FIL. :	.1	
<b>⊠</b> DOH	Emergency (		ng		ne of Co	Tributal Charles and Control Control Control		19.11.	74 - 3 - A-	Part		
DCA DCA	Cancellation				ne of Co nard Row			Telephone Nur	nber			
			307000	F/	ACILITY IN	IFORMATION		1				
Name of Facility Where / Residence	Abatement is Taki	ng Plac	e (3)				Type of Facilit	C 1997CO				
Street Address							School (K-	12) r 8 (Other than K-1	2)			
Street Address								private 8 commerc		idings	i,	
City (s)							homes, etc	# of Floors	TF	Bldg.	Age	
Moorestown, NJ							2500 SF	2		10 yr	_	
County (6)						(7) (STATE	*ST103	Prior if being demol				_
Burlinton					E ONLY)		Residence					
Name of Monitoring Firm (8)	mired by Building	Owner		ASCN	I'No.	AEi2, LLC	ment Contractor (	9)				
Street Address						Street Address					_	
						361 E. Flemin						
City, State, Zip Code						City, State, Zi IIammonton,						
Project Manager for M	onitoring Firm		T Te	lephone	No	Telephone No.	1/1 0903 /	License No.				
				roginomo	. 110,	609-481-212	22	00689				
Start Date (10)			Compl	letion Da	ate (11)	Name of OSHA	Monitor					
1/2/19	1/11	the state of the same				AEi2, LLC						
Occupancy Status During    Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Status During   Sta		2.7				Street Address						
Abatement Performed					L.	361 E. Flemi City, State, Zip C						
Other - Describe:			,			Hammonton,	NJ 08037					
Scope of Work (Check al	I that apply)					Full Co	ntainment with N	legative Pressure				10.3
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		X R	enova emoliti	tion ion		Mini-En Gloveba	closure ag Procedure	Ion-Friable Proced				
			Locat			LI NOII-LX	empled ( ) and i	ion-Friable Proced	-	Abate	ment	t
Location o	ıf		ormal I Sole	ly. ely by		Description of	f			Typ	e	
Asbestos-Containing Ma	aterial (ACM)	Mai	ntena	nce/		tos Containing Mat	erial (ACM)	Amount	R	R	E n	E
TO BE ABATI	<u>=D</u>		ustodi Staff?		(i.e.	<ul> <li>thermal systems is surfacing, VAT,</li> </ul>	nsulation, or	(Specify SF or LF)	e m	e p	c a	1
(13)			(12)			other miscellaned	ous)	,	0	a	p s	o s u
		Yes	No	N/A					1 1	r	1	e e
Basement	-	100	140	X	TSI			125 LF	X		c	
Name of Registered Wast	e Hauler			NJDEP	Waste	Cubic Yards	I Name of Regi	stered Landfill				
AEi2, LLC				Hauler II		of Waste	TBD					
City, State				21376		Disposal Date	City, State					_
Hammonton, NJ						TBD	TBD					
Completed By	Title					Signature	Man.	Date	0			
Wm. Minnick	<u>Pr</u>	ogran	ı Mg	ŗ.		000	17711	Sec. 12/24/1	8			

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Date of Notification (1) 12/27/18				Name of Building Owner/Operator (2) Red Bank Charter School							DI	EC	3 1	20	18		
Agencies Notified Type Notification				Street Address							2				V-1000	2	
EPA Initial			_	58 Oakland St								671 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- Land	DAT		- 3	
DEP Amended Amendment #			-	City, State, Zip Code Red Bank NJ 07701						FICENSING TO SECURE							
Emergency (including				Name of Contact				Telephone Number							1.00		
DOH justification) Cancellation				David Block				732-684-5555									
	1.			FACII	LITY INFO	RMATI	ON										
Name of Facility Where								Т	ype of Facility (	4)							
Red Bank Charter Street Address	School New Gyn	n Area						K	School (K-1 Subchapter		or than k	(12)					
	h Rd							1	Other (i.e.					ings,	home	s,	
133/135 Monmouth Rd.  City (5)								etc.)									
Red Bank NJ 07701								1000	10000 +						30		
County (6)				County Code (7)					current Use (Prior if being demolished)							-	
Monmouth				(STATE USE ONLY)					Commence of the Commence of th								
Name of Monitoring Firm Hired by Building Owner (8)				ASCM		Name of Abatement Contractor (9)											
TTI Environmental Inc.				003		Perr	en a stance de		2000								
Street Address							Street										
1253 N Church Street								Box 329									
City, State, Zip Code				100				, State, Zip Code									
Moorestown, NJ 08057 Project Manager for Monitoring Firm								West Berlin NJ 08091  Telephone No. License No.								_	
James Guilardi				856-840-8800			856-753-9800			00727							
Start Date (10) Scheduled Co						Name of OSHA Monitor											
1/10/19 1/28/19				Sa													
Occupancy Status During Abatement (Check Only One)					Street				Address								
Facility Closed/Vacated During Entire Period of Abate Abatement Performed Outside of Normal Facility Hou Other – Describe: Occupied									, State, Zip Code								
Scope of Work (Check	All That Apply)															$\neg$	
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	Renoval Demoliti	ATTACA CONTRACTOR OF THE CONTR				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure											
Is Local				on									Abatement				
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Used So Mainte Custodia (1)			Normall			Description								Ту	pe		
			intenar todial S (12)	nce/ staff?		thermal surfa	os Containing Material (ACM) thermal systems insulation, surfacing, VAT, or other miscellaneous)			Amount (Specify SF or LF)			Removal	Repair	Encapsulate	Enclosure	
		Yes	No	N/A				2000									
Interior Common Wall				x V			/all Mastic			12	200 SF		х				
												3					
Name of Registered Waste Hauler			l N	NJDEP Waste Cubic			Yards Name o		f Registered Landfill								
Horizon Disposal			Н	Hauler ID No. of Wa 07512 40			G.R.O.			NO. 6 - POTENTIAL CONTROL OF CONT							
City, State				Disposal Date			е							S			
Trenton NJ				1/28/19				Morrisville PA 190									
Completed by Title				Signature				re	е				Date 19/27/18				
Anthony T Perna Preside							12/27/18										