D&S Proj. #: 17-34

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

n.	E	C	E		$\mathbb{V}$		n
	u.	FEB	-	8	2017	7	
A Company	ASB	EST	os	CC	NTR	OL.	<u> </u> &

								- Section 1		1 L D				Manager
Date of Notification (1)	17	- 11			er/Operator (2	)			100	BESTOS	3.00	NTR	01.8	Ş.
	Notification		treet Addr	residence					AS		NOI			
☐ EPA ☐ Initia		"	lieel Addit	555										
☐ DEP ☐ Ame				7: 0										100
M DOI	dment #:_	—    c	ity, State,	Zip Code										
					NJ 07043									
	luding fication)	N	ame of Co	ntact					Telepho	ne Numbe	Γ			
	cellation		ROB R	UST										
				FAC	ILITY INFORM	ATION	1							
Name of facility where abat	tement is	taking pla	ce (3)					Туре	of Facility	(4) ol (K - 12)				
kilcullen residence									=			!/	40)	
Street Address			many sinus jarget.							hapter 8 (0 (Private/0			-12)	
on corridatess	_							4		./Homes, e		Iciai		
								Squar	re Feet	# of Floo	rs	BI	dg. A	ge
City (5)		Coun	ty (6)				inty Code (7)							
TT 36 . 1 .		Foo	F37			(Sta	ite use only)	Curre	ent Use (F	Prior if bein	g dem	olish	ed)	
Upper Montclair Name of Monitoring Firm H	lirod by DI	ESS Ida Owns			ACOMANIa	L	Name of Abatement	Contract	05 (0)					
Name of Monitoring Firm H	illed by bi	idg. Owne	1 (0)	-	ASCM No.									
						_	D & S RESTOR	ATION	, INC.					
Street Address							Street Address							
City Divis 7:- C-1-					20 California A	ve.	-							
City, State, Zip Code						City, State, Zip Code								
Desired Manager for Manite	· F:		Lo			_	Paterson, NJ 07	503		Hissan	Moresh			
Project Manager for Monitori	ing Firm		Pr	one Numb	er		Telephone Number 973-345-8020			License	1169	er		
							Name of OSHA Mon	itor			1109		_	
Start Date (10)		Sched	Completion	on Date (11	)		D & S Restorati							
01/25/17		01/31	/17				Street Address	on, me.						
Occupancy Status During Ab	batement					_	20 California Av	enue						
Facility closed/vacated							City, State, Zip Code	CHGC					_	
Abatement performed			acility hou	rs-										
Describe: NOR	RMAL HO	URS					Paterson, NJ 07	503						
Scope of Work (check all th	nat apply)							Full Cont	ainment	w/negative	press	ure		
$\ge 3$ sf or $>3$ If	⊠ F	Renovation	1				=	Mini-enc						
≥160 sf or ≥260 lf	П	Demolition							g procedu	ure ) and Non-	friabla	nroo	adura	
Landing		Is location	normally	used solely	1		Ш	NOII-EXE	impled (	) and Non-	IR	R	E	
Location of asbestos-containing	- 1	by mainte	nance/cus			on of a	sbestos-containing		Amount		e	е	n	E n
material (acm) to be		staff(12)		T	material (		spesios-containing		(Specify	SF or	m o	p a	c a	c
abated in facility (13)		Yes	No	N/A					LF)		V	i	р	L
FIRST FLOOR 4 locatio	ons [		V	1	PIPE INSU	LAT	ON	33 1	ft		e	T	П	tr
	Г										Ħ	$\overline{\sqcap}$	Ħ	Ħ
								_			Ħ	H	Ħ	計
-	-										H	一	H	H
								_			H	H	H	計
Registered Waste Hauler		NJDF	P Hauler I	D#   C	ubic Yards of V	Vaste	Name of Registered	Landfill			الاا		ш	1
D & S RESTORATION, INC. 13506 I yd.							TULLYTOWN,		JRCE R	ECOVER	RY			
City, State Disposal Date							City, State							
PATERSON, NJ 07503 01/26/17							TULLYTOWN,	PA						
Completed by (Print or Type)					Signature		19 - Company (19 19 19 19 19 19 19 19 19 19 19 19 19 1			Date				
BOGDAN JOLDZIC	mpleted by (Print or Type) Title Signature OGDAN JOLDZIC PRESIDENT									01/24/	17			

D&S Proj. #: 17-47

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

	C			$\mathbb{V}$	n
F	ΕB	- 8	3 2	2017	

								I L	I LD .	- 0	201	/	
Date of Notification (1)	Na	ame of Bu	uilding Owr	ner/Operator (2)									
0 2 / 0 2 / 1 7	F	BOB DE	EVACHIO	)				ASI	BESTOS	CO	NTR	OL 8	
Agencies Notified Type Notifica	tion Str	eet Addr	ess						LIGE	HOI	da_		
EPA Initial Amended													
DEP Amendment #	Cit	v. State.	Zip Code		_								
DOL Emergency			ORNE, N	1 07506									
DOH (including	Na	me of Co		3 07300	-		-	Telephor	ne Numbe	r			
□ DCA □ justification)	11												
Cancellation	<u> </u>	BOB D	EVACHI							=			_
N			FAC	ILITY INFORMA	ATIO	N	T T=		(4)				
Name of facility where abatement	is taking plac	e (3)					Туре	of Facility  School	(4) ol (K - 12)				
BOB DEVACHIO							_	Subch	apter 8 (C	ther t	han k	(-12)	
Street Address							7	Other Dides	(Private/C	omme	ercial		
							Squ	are Feet	/Homes, e		В	ldg. A	ge
City (5)	Count	y (6)			Co	unty Code (7)						337	
					(St	ate use only)	Cui	rrent Use (P	rior if bein	g den	nolish	ed)	
HAWHORNE	PAS												
Name of Monitoring Firm Hired by	Bldg. Owner	(8)		ASCM No.		Name of Abateme	ent Contra	ictor (9)					
						D & S RESTO	DRATIO	N, INC.					
Street Address						Street Address							
						20 California							
City, State, Zip Code						City, State, Zip Co	de						
					_	Paterson, NJ							
Project Manager for Monitoring Firm	1	Ph	none Numb	er		Telephone Number			License		per		
						973-345-80 Name of OSHA N			1	1169			
Start Date (10)	Sched.	Completi	on Date (1	1)		D & S Restor		c					
02/13/17	02/28/	17				Street Address	ation, in	С.					
Occupancy Status During Abatemen	nt (Check on	ly one)				20 California	Avenue						
Facility closed/vacated during	entire period	d of abate	ement.			City, State, Zip Co							_
Abatement performed outside Describe:	of normal fa	cility hou	rs-										
Other-Describe: NORMAL H	IOURS				_	Paterson, NJ	07503						
Scope of Work (check all that apply							Full Co	ntainment v	v/negative	press	ure		_
$\boxtimes$ >3 sf or >3 lf	Renovation					Ī	Mini-er	nclosure					
≥160 sf or ≥260 lf	Demolition							ag procedu		c.:			
	Is location	normally	used solely	/			Non-E	xempted (*)	and Non-	R	R	E	1
Location of asbestos-containing	by mainten			1	n of a	asbestos-containing	.	Amount		e	е	n	E
material (acm) to be	staff(12)		т—	material (A				(Specify S	F or	m o	p a	c a	c
abated in facility (13)	Yes	No	N/A					LF)		V	i	p	L
BASEMENT		X		PIPE INSUI	LAT	ION	97	7 L FT		e			
BASEMENT & 2 CRAWL SPACES	ii –	PIPE INSUI	LAT	ION	72	2 L FT		X					
Registered Waste Hauler	100 mm	ubic Yards of W	Vaste										
D & S RESTORATION, INC.	1350	6		YDS		TULLYTOW	N, RESC	OURCE RE	ECOVER	Y			
City, State			Disposal D			City, State	01.0						
PATERSON, NJ 07503			02/14/1			TULLYTOW	'N, PA		Tp.				
Completed by (Print or Type)	Title	NT		Signature					Date 02/02/	2017			

# CK239588

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

m	E	G	E		₩Pr II	Form
		FEB	_	8	2017	

0000	$\cdot$										LLU		0 0	311	1-
Date of Notification (1) February 7, 2017		V-126.00		Name of NJDOT	Building (	Owner/C	perato	r (2)			ASBEST	OS (	CON	TRO	L&
Agencies Notified	Type Notification			Street Ad 1035 P	ldress arkway	Ave; F	P.O. B	ох (	300		LI	CEN	SIN	3	
EPA DEP  DOL	Initial Amended Amendment	#			e, Zip Co										
⊠ DOH □ DCA	Emergency justification) Cancellation	(including		Name of Karl Be	Contact					Tele	ephone Num	ber			
D DCA	Cancellation					DAMATI	ON					-			
Name of Facility Where ANJDOT - Route 280					nts	KWATI	ON	Ту	pe of Facility (4	2)	K 42	N.			
Street Address Rt 21 / Rt 280								×	Subchapter Other (i.e. p etc.)				dings,	home	s,
City (5) Newark								So	juare Feet 'A	# of	Floors	В	ldg. A	ge	
County (6) Essex				County C	ode (7) SE ONLY)	\\			irrent Use (Prio		ng demolish	ed)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCM	No.				Abatement Con Harms Con			nc.			
Street Address				.1			Stree 62 Y		dress owbrook Roa	ad					
City, State, Zip Code									e, Zip Code NJ 07731						
Project Manager for Mor		Telephon	ne No.		Telep 732-		e No. 1-2089		License N 01055	0.					
Start Date (10) February 17, 2017		Scheduled March 3			Date (11)		Name	e of (	OSHA Monitor						
Occupancy Status Durin	g Abatement (Che	Thereto works and the	4	5304			Stree	t Add	dress					-	_
Facility Closed/Vac Abatement Perform	ated During Entire	Period of Al	baten Hours				City,	State	e, Zip Code	27					
X Other - Describe:	Bridge Reconstructi	on / Demolit	ion			-									
Scope of Work (Check A  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	All That Apply)			rovation molition Full Containment with Negative Pres Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable F											
				. 1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		L		Non-Exemple	1 ( ) all	d North Hab	T		ement	
Location		N	Locati ormal I Sole	ly	Ashaa		scriptio		orial (ACM)	^	mount	-	Ty	ре	
Asbestos-Containing TO BE AB In Faci (13)	ATED lity	Custo	odial S (12)	Solely by tenance/ dial Staff? (12) Asbestos Cor (i.e. therma surfa other				ns in AT, d	sulation, or	(5	Specify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A				-				-	-	_	
Bridge Abu		X	Asb	estos	Roofir	ng (	Cement			X					
Name of Registered Wa Recovery Environm	+	IJDEP W lauler ID 2475		of Wa	Yards ste		53550 V S	300	ered Landfill gement						
City, State Augusta, NJ				Dispo TBD	sal Dat	e /	City, Stat		A						
Completed by Sam Hahn	ct En	ngineer		5	Signatu	re	m Aww Date 7/8017								

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

							,					
Date of Notification (1)	/7/17			Nam	e of Buildir	ng Owner/Operator The	250	le School FEE	3 -	8 2	017	100
Agencies Notified	Type Notific	ation		Stree	et Address							
☐ EPA	Initial			-			2500 Main S	treet				
DEP DOL	Amended			City,	State, Zip (	Code		ASBEST			1 1 1 4 4	)L&
DOL.	Amendm Emergen	ent #_ icy (includir	na			Law	renceville, N	J 08648	CEN	211/	<u>u</u>	
<b>⊠</b> DOH	justificat	ion)	.5	Nam	e of Contac			Telephone Num	ber			
□ DCA	☐ Cancellat	tion				Bob Smith						
				FΔ	CILITY IN	ORMATION		1				
Name of Facility Where	Ahatement is T	Taking Plac	a (3)	174	CILITI IIVI	ORIVIATION	Type of Facilit	v (4)		20.50		
Traine of Facility Where I		emorial										
Street Address	1710	cinoriai	Hall				School (K-	r 8 (Other than K-1	2)			
oli coli Addicas	25	00 Mair	St				Other (i.e.,	private & commerc	ial buil	dings	5,	
City (5)	20	OO IVIAII	ı ot.				homes, etc	# of Floors	Tp	lala	1	
Oily (0)	Lawren	cavilla	NII OS	2619			10000	# 01 F1001S	B	ldg. /		
County (6)	Lawien	cevine,	NJ U			7 /07475			-   -	9(	)+/-	_
	lercer .			USE	nty Code ( EONLY)	7) (STATE	Current Use (F	rior if being demol	shed)			
Name of Monitoring Firm		Nina Ours		ASCM	- Caracasta	Nome of All of		2)	_			
(0)	MECS	aing Owner		ASCIVI	INO.	Name of Abatem			т			
Street Address	WIECS						ens Environ	mental Servic	es, II	ıc.		
Street Address	DO Dan	2.41				Street Address	DO.	222				
	PO Box	341						Box 322	_			
City, State, Zip Code	a a a servicio le a	NII OOE I	_			City, State, Zip C		NII 00501				
	osswicks,	NJ 0831			-	-	Allentow	n, NJ 08501				
Project Manager for Mon	Albana and the Albana and and		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ephone No. Telephone No. License Ne. 09) 298-4070 (609) 259-9688 00493								
Bill We	900		_	-		And the second second second	(	)049	3			
Start Date (10)	5				ion Date (11) Name of OSHA Monitor							
2/17/17			2/18/	17		MECS						
Occupancy Status Durin						Street Address						
Facility Closed/Vacate	1070											
Abatement Performed	Outside of No	ormal Facili	ty Hou	rs		City, State, Zip Code						
Other - Describe:							Crosswich	cs, NJ 08515				
Scope of Work (Check a	ll that apply)											
<b>≥</b> 3 sf or ≥3 lf		<b>X</b> R	enovat	ion		☐ Full Con	tainment with Ne	egative Pressure				
≥160 sf or ≥260 lf			emolitic			Gloveba	g Procedure					
						☐ Non-Exe	empted (*) and N	on-Friable Procedu	re			
			Location Location						I A		ment	
Location of	of		d Solel			Description of			_	Ту	Je -	
Asbestos-Containing M		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ntenan			os Containing Mat		Amount			т	
TO BE ABAT IN Facility	ED		ustodia Staff?	11	(i.e.,	thermal systems in surfacing, VAT,		(Specify SF or LF)	Re	Z.	nca	Enc
(13)			(12)			other miscellaneo		Of Or Lif	Remova	Repair	psu	Enclosure
		Yes	No	N/A			20		<u>ai</u>	-	Encapsulate	ire
Baseme	nf	X	140	INIA	The	ermal Pipe Ins	ulation	8 lf	×		ZII 98	
		_		- 100		ermal Pipe Ins		-	1^			
Basement X					In	emiai Pipe ins	sulation	30 lf	-	X		
News of Decision (1997)												
					Vaste	Cubic Yards	Name of Reg	stered Landfill				
Stevens Environmental Services, Inc.					No. 292	of Waste 1/2 CU		GROWS Lan	dfill			
City- State						Disposal Date	City, State	7				_
Allentown, NJ						2/20/17	10/	Morrisville,	РА			
Completed By		Title				Signature   Date						-
Mahlon E. Ster	- 6		oject	Man	ager	11/		3-00	2/7	/17		
25.11												_

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

2017-15 B & G proj. #: Check # 8238 NON Sub 8 Date of Notification (1) Name of Building Owner/Operator (2) 10 |2 |/ 10 |6 |/ 11 |7 | Gill Saint Bernard's School District Type Notification Agencies Notified Street Address - 8 2017 X EPA P.O. Box 604, St Bernard's Road X Initial DEP City, State, Zip Code ASBESTOS CONTROL & Amendment Gladstone, NJ 07934 X DOL Telephone Number Name of Contact X DOH Cancellation Tony DeVergilio ☐ DCA **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) Old Gymnasium Building Other (Private/Commercial Street Address Bldgs./Homes, etc. St Bernard's Road Bldg. Age # of Floors Square Feet County Code (7) County (6) City (5) Current Use (Prior if being demolished) (State use only) Somerset Gymnasium Building Gladstone Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. JAG Environmental LLC B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road 3111 Route 38, Suite 11, Unit 122 City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Mt. Laurel, NJ 08054-9762 License Number Telephone Number Project Manager for Monitoring Firm Phone Number (973)696-6869 00378 856-701-3152 Stephen Graham Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 02/21/2017 03/01/2017 Street Address 105 Ryerson Road Occupancy Status During Abatement (Check only one) City, State, Zip Code Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) ☐ Full Containment w/negative pressure ☐ Glovebag procedure ▼ Demolition Renovation Non-friable procedure Mini-enclosure × ≥160 sf or ≥260 lf >3 sf or >3 lf Is location normally used solely E e е Location of n by maintenance/custodial Amount n Description of asbestos-containing m p asbestos-containing (Specify SF or staff(12) C material (ACM) 0 a а material to be LF) L v abated in facility (13) p N/A Yes No X joint compound 200 sf basement boiler room 38 If X X pipe (wrap & cut) boys bathroom X 3 sf glue dots X bathroom 24 small windows X interior window glazing X gymnasium 1.300 lf X window caulk X entrance foyer & gym windows exterior Cubic Yards of Waste Name of Registered Landfill Registered Waste Hauler NJDEP Hauler ID# Tullytown Resource & Recovery Center 19563 40 B & G Restoration, Inc. Disposal Date City, State City, State Tullytown, PA 02/21/17 - 03/02/17 Lincoln Park, NJ Date Signature Completed by (Print or Type) Gordana Luna 02/06/2017 Secretary/Treasurer Gordana Luna

on dated FEB - 8 2017

Re: One page attachment to 14 day initial notification dated 02/06/2017 for asbestos removal at:

Old Gymnasium Building, St Bernard's Road, Gladstone, St Bernard's

The following materials shall be abated:

Location of asbestos- containing material to be abated in facility	Is location normally used solely by maintenance / custodial staff	Description of ACM	Amount (LF or SF)	Remove	Repair	
Interior Roof	NO	Roof flashing	400 sf	X		

Date of Notification (1)  January 31, 2017				Name of Building Owner/Operator (2) E C E I V						SIR					
January					CELGENE CORPOR	RATION		5 6	5 1	W I	느				
Agencies Notified		Notification			Street Address		and /				1111				
EI		☑Initial N			86 MORRIS AVEN	UE									
<b>⊠</b> EPA		■ Amend	led Not	ification	City, State, Zip Code			FEB	- 8 2	2017	10				
DCA		□ Emerg	ency (	including	SUMMIT, NJ 0790	1 '	d ben.	11 2000			1				
<b>⊠</b> DOL	- 1	justific			Name of Contact	9	Tele	nhar- N	lumher	93					
☑ DEP- No Longer REQUIRE	D	☐ Cance			MS. Jennifer D'En	nilio –				1	L&				
X DOH		_ 001100	iiou		Facilities Enginee	r		LIC	ENSIN	IG					
					Engineering, Construct			A STATE OF THE PARTY OF THE PAR	DEC TAXABLE DATE SHOW						
					Carbon Management										
				FAOU ITV IN	FORMATION										
Name of Facility Where Abatemen	nt is Takin	na Place (3)		FACILITY IN	FORMATION Type of Facility (4)										
CELGENE CORPORATION	- "C" I	BIIII DING	:		Type of Facility (4) School (K-12)										
	-	DOILDING			Subchapter 8 (other that	1/ 40)									
Street Address							11-11 1-								
86 MORRIS AVENUE					Sq. Feet: 35,000 #										
City (5)	unty (6)		County	Code (7)	3q. Feet. 33,000 H	OI FIOUIS.	Z blug	. Age.	~/0+)	/ears					
SUMMIT	MOR	RIS		Use Only)	Current Use (prior if beir	na demolieh	d). AD	MINIST	DATIVE	OFFIC	`E 9				
	more	1110			RESEARCH LABS	ig demonstr	u). AD	III CIVIIIVI	KATIVE	OFFIC	, E &				
Name of Monitoring Firm Hired by	Blda, Ow	/ner (8)	ASCM	No.	Name of Contractor (9)										
McCABE ENVIRONMENT			0011		Traine or Contractor (c)										
SERVICES, LLC					GREENWOOD ABA	TEMENT	CONSI	ULTAN	TS, IN	C.					
Street Address			1		Street Address										
464 VALLEY BROOK AVE	NUE#	3A			3.000,7100,000										
					268 MAIN STREET										
City, State, Zip Code					City State, ZipCode										
LYNDHURST, NJ 07071					BUTLER, NJ 07405										
Project Manager for Monitoring Fir	m ]	Telephone N	lumber		Telephone Number License Number										
JOHN CHIAVELLO		732-438-	4839					20120100							
Cabadalad Otad Data (40)					973-492-0477		008	40							
Scheduled Start Date (10) 02/10/17		Scheduled C 12/31/17	ompletio	n Date (11)	Name of OSHA Monitor										
02/10/17		12/31/1/			ENVIROVISION, IN	C									
Occupancy Status During Abate	ment (Ch	neck only or	ne)		Street Address	<u> </u>									
☐ Facility Closed/Vacated Durin				nt											
☐ Abatement Performed Outsid					20-21 WARGARAW	ROAD									
Describe		,			City, State, Zip Code										
▼ Facility Occupied During Ent	ire Period	d of Abatem	ent Area	a Vacated (NOT											
SUB 8 - PHASE I 2/10 -2/13 PH	IASED S	CHEDULE	Subsec	uent Phases	FAIRLAWN, NJ 074	10									
To Be Determined – M – F 7am		(24 hrs & v	veekend	ls as needed)											
Scope of Work (Check all that app	ly)						27								
_				<u> </u>		Full Conta	nment w	vith Nega	tive Pre	ssure					
□ ≥ 3 sf or ≥ 3 lf				Renovation	X										
<b>区</b> > 160 sf or ≥ 260	lf			Demolition	X	Glovebag	Procedur	re							
					X			and Non-	-Friable	Proced	lure				
Location of Asbestos-Containing Material (ACM) in Facility (13)		tion Normall by Maint.	y Used		bestos Containing Material al systems insulation, surfac	Amo	unt cifv SF	Abater	ment Typ	e					
material (New) III Facility (10)		dial Staff? (1:	2)	VAT, or other mis		or LF		Remove	e Repair	Encap	Enclose				
	YES	NO `	ŃΑ				,								
Various Locations		X		Flooring & Mas	tics (floor, carpet, wall,	14,	00 SF	X	T	T	T				
4				mirror, etc.)											
Various Locations		X		TRANSITE LAB	BENCHES, BOARDS, ET	C. 48	6 SF	X							
Various Locations		X		CAULKING (gire	der, window, expansion,	etc.) 4,44	7 LF	X							
Various Locations		X		TSI (pipe, duct,	etc. insulation)	4	LF	X							
Various Locations		X		GRAY FIREPRO	OOFING	60	0 SF	X							
Various Locations		X		ROOFING/FLAS	SHING/PATCHING	32,0	00 SF	X		1					
Various Locations		X		MORTAR			20.05	X	-	+-	-				
Name of Reg. Waste Hauler	I N	IJDEP Wast				20 SF	100	otoro d' l	ndell						
Newark Carting, Inc.	10 #	Cubic Yards of Waste: 200 CY Name of Registered Landfill G.R.O.W.S. North Landfill													
Newark, NJ 04509		G.K.O.W.S. North Landfi						1111							
Newal R, 110 04309		I Disease December 1													
Notes: None		Disposal Date 12/31/17 City, State 100 New Ford Mill F						Aill Rd							
Tioles. Hone	Notes: None						Morrisville, Pa 19067								
Completed by (Dilata Tara)	T				215-736-1700										
Completed by (Print or Type)	Title		00 150	-	Signature		Date		4 00						
RATINOND C. PEDALING	20 1100000			1	Raymond C. Pe	dalino	Jan	uary 3	1, 2017	1					
	MA	RAYMOND C. PEDALINO SENIOR PROJECT MANAGER						Raymona C. Peaalino							

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 02-02-17 The Port Authority of NY & NJ Agencies Notified Type Notification Street Address Street Address Newark Liberty International Airport, Bldg. 125, Central There **EPA** Initial DEP Amended City, State, Zip Code × DOL Amendment # Newark, NJ 07114 Emergency (including Name of Contact DOH Telephone Number iustification) × John A. Volpe DCA Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Newark Liberty International Airport School (K-12) Street Address Subchapter 8 (Other than K-12) 3 Brewster Road Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Newark 100,000 88 yrs. County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Essex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) The Port Authority of NY & NJ N/A Pinnacle Environmental Corp. Street Address Street Address 241 Erie Street 200 Broad Street City, State, Zip Code City, State, Zip Code Jersey City, NJ 07310 Carlstadt, NJ 07072 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Ralph Campione 973-622-0800 201-939-6565 00756 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 02-24-17 02-06-17(1)Project Cancelled Even-Air Inc. Occupancy Status During Abatement (Check Only One) Street Address 10-59 Jackson Avenue Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Abatement will be conducted in a restricted area. Long Island City, NY 11101 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure × ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, (Specify Removai Repair Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Transfer Pump Station (TPS) #1 X ACM Pipe Insulation 40 X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste ATC, Inc. / JBT (50071) Minerva Enterprises 24310 TBD City, State Disposal Date City, State Shirley, NY / Bronx, NY TBD Waynesburg, OH 44688 Completed by Signature Date Raymond Kinsella Project Manager 02-02-17

State of New Jersey

Check # 15826

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

Date of Notification (1) 02-03-17				of Building O			1	F	) E	G [		$\mathbb{V}$	E
Agencies Notified Type  EPA DEP DOL	e Notification Initial Amended Amendment #		Street 700 h	Address Hidden Rid tate, Zip Code	ge				T FI	EB :	- 8	201	7
	Emergency (includi justification) Cancellation	ng	Name	of Contact Kingsbury				Tel	lephone N	ambei	S CC	NTF	OL
Name of Facility Where Abates Verizon - Hackensack C Street Address		9 (3)	FAC	CILITY INFOR	RMATION	Ту	/pe of Facility  School (K-Subchapte	12)	or than V	12)			
260 State Street  City (5)  Hackensack						110000000		private		cial bu	ilding: Bldg. 65		ies,
County (6) Bergen			(STATE	Code (7) USE ONLY)		Cı	urrent Use (Prommercial	2780	ng demolis		00		
Name of Monitoring Firm Hired ESIS Health, Safety & E Street Address		(8)	ASC	M No.	Pir		Abatement Co e Environm dress						
P.O. Box 430  City, State, Zip Code  North Versailles, PA 151	37				City	, State	ad Street , Zip Code It, NJ 0707	2					
Project Manager for Monitoring Brian Kingsbury		11.0	356-5166	Tele 20	ephone 1-939	No. 9-6565		License I 00756	No.				
Start Date (10) 02-13-17 Occupancy Status During Abate	03-31	1-17	mpletion	Date (11)	Ev	ne of C en-Ai et Add	I MASS						
Facility Closed/Vacated Di Abatement Performed Out Other – Describe:	uring Entire Period o	f Abater	nent s		10- City	-59 Ja , State	ckson Ave		01				
Scope of Work (Check All That  ≥3 sf or ≥3 if ≥160 sf or ≥260 if	Apply)	Renova Demolit	ition Mini-Enclos Glovebag P					nment with Negative Pressure sure				re	
Location of Asbestos-Containing Materia		ls Locat Normal sed Sole	ly		Description							emen /pe	
TO BE ABATED In Facility (13)	al (ACIVI)	stodial S (12)	nce/	(i.e. the	Containing ermal system surfacing, V her miscell	ms insi /AT, or	ulation,	(S <sub>I</sub>	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
5th Floor: Toll Are	NO	X		VAT			13	0SF	x				
Name of Registered Waste Haul ATC, Inc. / JBT (50071)	H	JDEP W auler ID 1310	No. of	ubic Yards Waste 3D		Name of F Minerva							
City, State Shirley, NY / Bronx, NY		0.000	sposal Dat		City, State Waynes		OH 4468	38					
Completed by Joseph Patrick	nager		Signatu	re /	1		Da 02	te !-03-1	17				

g a	S	state of N			ication of Asbestos		ment [	Ch	EK	杨	包不			
GAC Project # 060-16			(Purs	suant to N.J.A.C	C. 8:60-7 and 12:120-7)	)								
Date of Notification (1)		No.			T 11 (D 11) 0	10 .								
February	, 3 20	117			Name of Building Owne	r/Operato		1.F.C.D.	- 2	2017	114/			
	3, 20	COMPANY MEST 749	- T		RUTGERS, THE S	MILL	UNIVERS	SIIYU	F NJ	LUII	-			
Agencies Notified		Notification		and the second second	Street Address		1							
□EPA		□Initial			ENVIRONMENTAL	- HEAL	IH & SA	PEOT	DEST.	MITEC	71 &			
☑ DCA				tification #2	27 ROAD 1, BLDG	4086, I	LIVINGS	TONIC	AMP	ISING	JL a			
		New Sta	rt & Cor	npletion dates	City, State, Zip Code			LIC	LINOI	NU				
<b>⊠</b> DOL		☐ Emer	gency (	including	PISCATAWAY, NJ	08854								
☑ DEP- No Longer REQUIRE	.D		ication)		Name of Contact			phone N	 					
<b>☒</b> DOH		Cance			MICHAEL SMITH,	FNV	-1010	priorio i			1			
		Loance	elled		HEALTH & SAFET									
		<u> </u>		EACH ITY IN		1								
Name of Facility Where Abatemer	nt in Tol	ring Diago (2	\	FACILITY IN	FORMATION (A)									
		ding Place (3	1		Type of Facility (4)									
LIPMAN HALL, BLDG#	0025				School (K-12)									
04					Subchapter 8 (other th	an K-12)								
Street Address					☐ Other (i.e. private & co	mmercial	buildings, he	omes, etc	c.)					
COOK CAMPUS							ors: 4 Blo			vears				
City (5)	ounty (6)	\	Count	y Code (7)	-			311130		jouro				
		LESEX		Use Only)	Current Use (prior if being	ng demoli	shed): AC	ADEMIC	)					
Name of Monitoring Firm Hired by	/ Bldg. C	Owner (8)	ASCM		Name of Contractor (9)									
ATC			009	В										
			***************************************		GREENWOOD ABATEMENT CONSULTANTS, INC.									
Street Address					Street Address									
3 TERRI LANE					268 MAIN STREET									
City, State, Zip Code					City State, ZipCode									
To application of the property	016				BUTLER, NJ 07405									
Project Manager for Monitoring Fir	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Tolonhono	Mumbar											
	m	Telephone			Telephone Number		Licen	se Numb	er		- 1			
BRIAN KEARNY		609-386	0.088-6		070 400 0477									
C-1-11-1-01-1-D-1-(10)					973-492-0477 00840									
Scheduled Start Date (10)				on Date (11)	Name of OSHA Monitor									
02/08/17	Sales and	02/18/17	CHARGE SHADE		This is the second of the seco									
					ENVIROVISION, INC.									
Occupancy Status During Abate	ement (C	Check only	one)		Street Address									
☑ Facility Occupied														
☐ Facility Closed/Vacated Durin	ng Entire	e Period of	Abatemer	nt	20-21 WARGARAW	ROAD								
☐ Abatement Performed Outside					City, State, Zip Code									
Describe		man r dome,	110010		And the second s									
Other - Describe:														
	OLIDO	O MEEK	- 1100 4	O MEEDED	FAIRLAWN, NJ									
Schedule: 5PM - 5AM (24 H	UUKS	& WEEK	ENDS A	O NEEDED)			y - y							
Scope of Work (Check all that app	Ny)				9	_								
_						X Full	Containme	nt with N	egative	Pressu	ıre			
$\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$				☑ Renovation		☐ Mini-E	Enclosure							
X > 160 sf or > 260	If			□ Demolition			bag Proced	ure / Wr	an & Ci	ıf				
							exempted (*				adure			
Location of Asbestos-Containing	Isloc	cation Norma	ally I lead	Description of Asi	bestos Containing Material		mount		nent Typ		edule			
Material (ACM) in Facility (13)		y by Maint./C			nal systems insulation, surfac		Specify SF	Abatel	ilent Ty	20				
**************************************	Staff?		Lower	VAT, or other mis			LF)	Remove	e Repair	Encap	Enclose			
	YES		NA		er miscell.) or LF) Remove Repair Encap Enclo									
I al- 040		Works.	10.000	L										
Lab 212		X		TSI		2	50 LF	X						
										T				
			1						+	-	+			
Name of Reg. Waste Hauler		NIDED W-	eto Haute	ID#	T	45.51	1.0	-(5	<u></u>	160				
		NJDEP Wa		IU#	Cubic Yards of Waste:	15 CY		of Regis						
See Hauler Below #1 & 2		See Belov	N				G.R.	o.w.s.	North	Landf	mii			
Hauler #1) Greenwood Abatemen	Hauler #1) Greenwood Abatement Consultants, Inc Butler, NJ 07405						al Date		City, Sta	ate				
NJDEP # 12561				10 07 105		2.00000		100	100 Nev		Mill			
	auler #2) Newark Carting, Inc., Newark, NJ 04509					2/40/0	0047		Rd. Moi		2000			
NJ DEP # 4509						2/18/2	2017		19067	700000000000000000000000000000000000000	20.000			
					215-736-1700									
Completed by (Print or Type)	T:	itle			The state of the s									
RAYMOND C. PEDALING		ENIOR P	DO IE	`T	Signature	20	Date		004	7 5/5/1				
. CALINOID O. PEDALING		IANAGE		, 1	Raymond C. Pe	edalino	rep	ruary 3	, ZUT					
	I IV	A PULL COLOR	-		1		CONTRACTOR OF THE PARTY OF THE							

	Sta	te of No	ew Je	rsey - Notifi	cation of Asbestos A	bateme	nt s	CE	1 W	EF	10				
GAC Project # 060-16	of Maries		(Purs	uant to N.J.A.C	2. 8:60-7 and 12:120-7)	Tees of		<b>U L</b>	u U						
Date of Notification (1)	A COLOR OF THE PARTY OF THE PAR				Name of Building Owner/O	perator (2)				$- \mathbb{H}$	+				
January					RUTGERS, THE ST	ATE UNI	VERS	TYOF	NJ 2017	loc	1)				
Agencies Notified		otification		Particular and	Street Address	i i	1								
□EPA	1,014	Initial N		72,724	ENVIRONMENTAL H					<u></u>					
<b>⊠</b> DCA	100000000000000000000000000000000000000	acility O		ification #1	27 ROAD 1, BLDG 4 City, State, Zip Code	086, LIV	NESH	LICEN		JLa	_				
X DOL	War I			including	PISCATAWAY, NJ 0	8854									
DEP- No Longer REQUIRE	D	justific		irrordanig	Name of Contact		Teleph	none Num	ber		_				
<b>⊠</b> DOH		Cancell	005.10		MICHAEL SMITH, EN	NV.									
				5.00.00	HEALTH & SAFETY										
Name of Facility Where Abatemer	nt is Taking	Place (3)		FACILITY INF	Type of Facility (4)		Top and the second								
LIPMAN HALL, BLDG# 6		1 1000 (0)			School (K-12)										
					Subchapter 8 (other than	K-12)									
Street Address					☐ Other (i.e. private & comm		ings, hon	nes, etc.)							
COOK CAMPUS						of Floors:			80+ year	rs					
	ounty (6)			/ Code (7)	0	J P. F		DEMIG							
NEW BRUNSWICK	MIDDLE	SEX	(State	Use Only)	Current Use (prior if being	demolished	): ACA	DEMIC							
Name of Monitoring Firm Hired by	Bldg. Own	er (8)	ASCM	No.	Name of Contractor (9)						- 8				
ATC			0098	3					2 1000 27						
Street Address					GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address										
3 TERRI LANE					Street Address										
0 1211111 271112					268 MAIN STREET										
City, State, Zip Code					City State, ZipCode										
BURLINGTON, NJ 08		1 1 1			BUTLER, NJ 07405										
Project Manager for Monitoring Fir BRIAN KEARNY		elephone N 09-386-			Telephone Number		License	e Number							
BRIAN REARIN	200	03-300-	0000		973-492-0477 00840										
Scheduled Start Date (10)	200			n Date (11)	Name of OSHA Monitor										
02/03/17	02	2/13/17	Section.		ENVIROVISION, INC.										
Occupancy Status During Abate	ment (Che	ck only or	e)		Street Address										
☑ Facility Occupied		on only or	<u>07</u>												
☐ Facility Closed/Vacated Durin				t	20-21 WARGARAW R	OAD									
☐ Abatement Performed Outside	e of Norma	al Facility F	lours -		City, State, Zip Code										
Describe															
Other - Describe: Schedule: 5PM - 5AM (24 H)	OLIDE 8	WEEKEN	IDC A	NEEDED)	FAIRLAWN, NJ										
Scope of Work (Check all that app		VVEEKEI	IDS A	NEEDED)							$\dashv$				
					X	Full Con	tainment	with Nea	ative Pre	ssure					
$\square \ge 3$ sf or $\ge 3$ If				▼Renovation		Mini-Enclo		Ü							
$\boxtimes$ $\geq$ 160 sf or $\geq$ 260	If			Demolition		Glove bag									
Landing of Asharts Control	T					Non-Exem				ocedure					
Location of Asbestos-Containing Material (ACM) in Facility (13)	40 3450000000000000000000000000000000000	on Normally Maint./Cu			pestos Containing Material al systems insulation, surfacing	Amour , (Speci		Abatemer	nt Type						
(12)	Staff? (12	2)		VAT, or other misc		or LF)	ly Oi	Remove F	Repair Enca	ap Enclos	<u>se</u>				
	YES	NO	NA												
Lab 212		X		TSI	250 LF 🗵										
Name of Reg. Waste Hauler	LNI	DEP Wast	. I le de e	15.#			N	15							
See Hauler Below #1 & 2		e Below	e Hauler	1D#	Cubic Yards of Waste: 1	5 CY			red Landfil orth Lan						
Hauler #1) Greenwood Abatemen	t Consultar	nts, Inc	Butler, N	NJ 07405		Disposal Da	te	Cit	y, State		$\dashv$				
NJDEP # 12561			- 76	9659			ia.	10	0 New For						
Hauler #2) Newark Carting, Inc., NJ DEP # 4509	Newark, N	J 04509				2/13/2017	7		l. Morrisvi 067	lle, Pa					
NJ DEF # 4509					A STATE OF THE PARTY OF THE PAR	ASSESSMENT OF STREET	CALC.	325000	5-736-170	0					
Completed by (Print or Type)	Title				Signature		Date	W 2000	DATE OF STREET		$\dashv$				
RAYMOND C. PEDALING	_	NIOR PR	OJEC	т	Raymond C. Pede	aline		Januar	y 11,20	17	A				
	MAI	NAGER			Raymona O. Beau	um	The same of		5 6	1	D.				

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

GAC Project # 060-16 Date of Notification (1) Name of Building Owner/Operator (2) January 11, 2017 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type ENVIRONMENTAL HEALTH & SAFETY DEPT ☑Initial Notification □EPA 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS ■ Amended Notification # X DCA City, State, Zip Code ■ Emergency (including X DOL PISCATAWAY, NJ 08854 justification) ☑ DEP- No Longer REQUIRED Name of Contact Telephone Number □ Cancelled X DOH MICHAEL SMITH, ENV. **HEALTH & SAFETY** ASRESTOS CONTROL FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) LIPMAN HALL, BLDG# 6025 ☐ School (K-12) Subchapter 8 (other than K-12) Street Address ☐ Other (i.e. private & commercial buildings, homes, etc.) **COOK CAMPUS** Sq. Feet: N/A # of Floors: 4 Bldg. Age: 80+ years County Code (7) County (6) Current Use (prior if being demolished): ACADEMIC **NEW BRUNSWICK MIDDLESEX** (State Use Only) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 268 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number License Number Telephone Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 02/03/17 02/13/17 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD ☐ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe X Other - Describe: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED) FAIRLAWN, NJ Scope of Work (Check all that apply) Full Containment with Negative Pressure **X**Renovation  $\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$ ■ Mini-Enclosure X > 160 sf or > 260 lf ■ Demolition ☐ Glove bag Procedure / Wrap & Cut ■ Non-Exempted (\*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type (Specify SF Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, Remove Repair Encap Enclose or LF) Staff? (12) VAT, or other miscell.) NO YES NA Lab 212 X TSI 250 LF X NJDEP Waste Hauler ID # Name of Registered Landfill Name of Reg. Waste Hauler 15 CY Cubic Yards of Waste: G.R.O.W.S. North Landfill See Hauler Below #1 & 2 See Below Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State 100 New Ford Mill NJDEP # 12561 Rd. Morrisville, Pa Hauler #2) Newark Carting, Inc., Newark, NJ 04509 2/13/2017 19067 NJ DEP # 4509 215-736-1700 Completed by (Print or Type) Signature Date SENIOR PROJECT RAYMOND C. PEDALINO Raymond C. Pedalino January 11,2017 MANAGER

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

GAC Project # 060-17	St	ate of N	(Purs	rsey - Notifi suant to <u>N.J.A.C</u>	cation of Asbestos C. 8:60-7 and 12:120-7)	Abateme	EC		VE	
Date of Notification (1)					Name of Building Owne	r/Operator (2	1		047	
Februar					RUTGERS, THE S	STATE UN	IVERSITY	OF NJ 2	01/	
Agencies Notified  EPA  DCA		Notification ☐Initial   ☑ Amen Phased W	Notifica ded No	tification #2	Street Address ENVIRONMENTAL 27 ROAD 1, BLDG City, State, Zip Code	HEALTH	& SAFET	Y DEPT		&
X DOL	1988	Completi	on Date	es	PISCATAWAY, NJ	08854				
☑ DEP- No Longer REQUIR ☑ DOH			cation)		Name of Contact MICHAEL SMITH, HEALTH & SAFET		Telenhon	e Number		
Name of Facility 140				FACILITY IN						
Name of Facility Where Abatem LIPMAN HALL, BLDG#	ent is Takir 6025	ng Place (3)			Type of Facility (4)  School (K-12)					
Street Address					Subchapter 8 (other tha		diamental design			
COOK CAMPUS					Sq. Feet: N/A	mmercial buil # of Floors:			aare	
City (5) NEW BRUNSWICK	County (6) MIDDL	ESEX		y Code (7) Use Only)	Current Use (prior if beir				cais	
Name of Monitoring Firm Hired to	ov Blda. Ov	vner (8)	ASCN	No	Name of Contractor (9)					
ATC	, , , , , , , , , , , , , , , , , , , ,		009		GREENWOOD ABA	TEMENT C	ONSULTA	ANTS, INC	<b>)</b> .	
Street Address			38		Street Address					
3 TERRI LANE					268 MAIN STREET					
City, State, Zip Code BURLINGTON, NJ 0 Project Manager for Monitoring F	8016	T-1 1			City State, ZipCode BUTLER, NJ 07405					
BRIAN KEARNY	- Imm	Telephone I 609-386			Telephone Number		License Nu	ımber		
			CASCALARION.		973-492-0477		00840			
Scheduled Start Date (10) 02/03/17		03/06/17		on Date (11)	Name of OSHA Monitor 1 ENVIROVISION, IN	r				
Occupancy Status During Abai	tement (Ch	neck only o	ne)		Street Address	0.				
□ Facility Closed/Vacated Dur     □ Abatement Performed Outsi	ring Entire de of Norn	Period of A	Abateme Hours -	nt	20-21 WARGARAW	ROAD				
Describe  Other – Describe:				The state of the s	City, State, Zip Code					
Schedule: 5PM - 5AM (24 I Phase I Room 309 - 2/3 - 2	HOURS 8	WEEKE	NDS A	S NEEDED)	FAIRLAWN, NJ					
Scope of Work (Check all that ap	ply)	Sold reference to the re-	0.000	301_125)					51,	
$3 \text{ sf or } \ge 3 \text{ lf}$ $160 \text{ sf or } \ge 26$	O If			☑Renovation ☐ Demolition	1	☐ Full Contain ☐ Mini-Encloin ☐ Glove bag	sure	0.000 NO E		
Lassies (Alleria O. 111						☑ Non-Exem	npted (*) and	Non-Friable	Proce	dure
Location of Asbestos-Containing Material (ACM) in Facility (13)		tion Normal by Maint./Cu 12) NO			pestos Containing Material al systems insulation, surfac cell.)	ing, (Speci or LF)	fy SF	atement Type	-	nclose
Rooms 309,328,331		X		VAT		1200	SF 🗵			
Name of Reg. Waste Hauler See Hauler Below #1 & 2	S	IJDEP Was See Below			Cubic Yards of Waste:	15 CY		egistered Lar S. North L		ı
Hauler #1) Greenwood Abateme NJDEP # 12561 Hauler #2) Newark Carting, Inc. NJ DEP # 4509			Butler, !	NJ 07405		Disposal Da 03/06/201		City, Stat 100 New Rd. Morr 19067 215-736-	Ford Mi isville, F	
Completed by (Print or Type)	Title		STEE STEERS		Signature		Date		Marian III	
RAYMOND C. PEDALIN		NIOR PI		T	Raymond C. Pe	dalino	Fel	oruary 3,	2017	A SEC

	S	State of No			cation of Asbestos Ab	ateme		EGEI	VEI
GAC Project # 060-17			(Purs	uant to N.J.A.C	. 8:60-7 and 12:120-7)		KI		100
Date of Notification (1)  Janua	ry 27, 20	017			Name of Building Owner/Op RUTGERS, THE STA	erator (2)	VERSI	ITY OF NJ 8 2	017
Agencies Notified  □EPA □ DCA		Notification ☐Initial N ☒ Amend	lotificat led Not	ification #1	ENVIRONMENTAL H 27 ROAD 1, BLDG 40	FALTH	& SAE	ETY DEPT	ITROL &
DOL  DEP- No Longer REQUI	RED	■ Emerg	ency (i	npletion Dates including	City, State, Zip Code PISCATAWAY, NJ 08 Name of Contact	854	Telep	hone Number	
<b>⊠</b> DOH		□Cancel			MICHAEL SMITH, EN HEALTH & SAFETY	<u>V.</u>	I		
				FACILITY INF	FORMATION				
Name of Facility Where Abate LIPMAN HALL, BLDG		king Place (3)			Type of Facility (4) School (K-12) Subchapter 8 (other than K	-12)			
Street Address COOK CAMPUS					X Other (i.e. private & comm	ercial build		mes, etc.) q. Age: 80+ yea	rs
City (5) NEW BRUNSWICK	County (6	LESEX		/ Code (7) Use Only)	Current Use (prior if being d	emolished	): ACA	ADEMIC	
Name of Monitoring Firm Hired	d by Bldg. (	Owner (8)	ASCM 0098		Name of Contractor (9)				
Street Address 3 TERRI LANE					Street Address	MENT C	ONSU	LTANTS, INC.	
					268 MAIN STREET				
City, State, Zip Code BURLINGTON, NJ		T = 1 - 1 - 1			City State, ZipCode BUTLER, NJ 07405				
Project Manager for Monitoring BRIAN KEARNY	g Firm	Telephone N 609-386-			<u>Telephone Number</u> 973-492-0477		0084	e Number	
Scheduled Start Date (10) 02/03/17		Scheduled C 02/06/17	ompletio	on Date (11)	Name of OSHA Monitor		0004	0	
Occupancy Status During Ab				70	ENVIROVISION, INC. Street Address				
□ Facility Closed/Vacated D     □ Abatement Performed Out				nt	20-21 WARGARAW RO	DAD			
Describe  Other – Describe:					City, State, Zip Code				
Schedule: 5PM - 5AM (24	155197	8 & WEEKE	NDS AS	S NEEDED)	FAIRLAWN, NJ				
Scope of Work (Check all that	apply)	-		_				vith Negative Press	ure
$\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$ $\boxtimes \ge 160 \text{ sf or } \ge 2$	260 If			☑Renovation ☑ Demolition	( <u>100</u> )	/lini-Enclos Blove bag		ire / Wrap & Cut	
								and Non-Friable P	rocedure
Location of Asbestos-Containin Material (ACM) in Facility (13)	Sole	cation Normall ly by Maint./Cu ? (12) NO			pestos Containing Material lal systems insulation, surfacing, cell.)	Amour (Speci or LF)		Abatement Type Remove Repair End	ap Enclose
Rooms 309,328,331		X		VAT		1200	SF	X	
Name of Dec. Wests Having		NUDEDW	- 11- 1	15.4				(5)	
Name of Reg. Waste Hauler See Hauler Below #1 &	2	See Below		<u> 1D#</u>	Cubic Yards of Waste: 15	CY		of Reg <mark>istered Landfi</mark> D.W.S. North Lar	
Hauler #1) Greenwood Abater NJDEP # 12561 Hauler #2) Newark Carting, I NJ DEP # 4509			Butler, P	NJ 07405		isposal Da 2/06/20	D.	City, State 100 New Fo Rd. Morrisv 19067 215-736-170	rille, Pa
Completed by (Print or Type) RAYMOND C. PEDAL	INO S	<u>Fitle</u> SENIOR PR MANAGER		т	Signature Raymond C. Peda	lino	Date	January 27,20	17

	St	ate of N	ew Je	rsey - Notifi	ication of Asbestos A	bateme	nt E	GE	1 1		B
GAC Project # 060-17					2. 8:60-7 and 12:120-7)				<u> </u>	<i>/</i> <u>(5</u>	7
Date of Notification (1)	A the same of	-			None of Building Over 16	1111	1		U SOS IUI DE		11111
January 1	17, 201	17			Name of Building Owner/C RUTGERS, THE ST	ATE UN	VERSI	TY OF	8J20	17	L
Agencies Notified		Notification			Street Address		1				1
□EPA ************************************		⊠Initial N			ENVIRONMENTAL I 27 ROAD 1, BLDG 4	HEALTH	& SAF	<b>STOSP</b>	<b>E</b> OT	ROL	% %
□ DCA				ification #	27 ROAD 1, BLDG 4	1086, LIVI	NGST	ONE	MPUS	5	
⊠ DOL				including	City, State, Zip Code PISCATAWAY, NJ 0	10054			-		
☑ DEP- No Longer REQUIRED		justific Cancel			Name of Contact	70034	Teleni	hone Nu	mher		
<b>⊠</b> DOH		- Caricer	eu		MICHAEL SMITH, E	NV.	1 11				
					HEALTH & SAFETY		I				
				FACILITY IN	FORMATION						
Name of Facility Where Abatemen		ng Place (3)			Type of Facility (4)						
LIPMAN HALL, BLDG# 6	025				School (K-12)						
Street Address					Subchapter 8 (other than						
COOK CAMPUS					Sq. Feet: N/A #6	mercial build of Floors: 4					
City (5) Cou	unty (6)		Count	y Code (7)	Sq. reet. WA #1	01 110015.	Diug	ı. Aye.	ou+ ye	ears	
		.ESEX		Use Only)	Current Use (prior if being	demolished	): ACA	DEMIC			
				- Anna Carlotte			**************************************				
Name of Monitoring Firm Hired by	Bldg. Ow	vner (8)	ASCM		Name of Contractor (9)		-				
ATC			009	8	00=====================================				200000		
Street Address					GREENWOOD ABATI	EMENTC	ONSU	LTANT	S, INC	i	
3 TERRI LANE					Street Address						
					268 MAIN STREET						
City, State, Zip Code BURLINGTON, NJ 080	116				City State, ZipCode BUTLER, NJ 07405						
Project Manager for Monitoring Firm		Telephone N	umher		Telephone Number		Licone	e Number	-		
BRIAN KEARNY	_   -	609-386-			relephone (valide)		Licerise	e Nullibe	•		
	الموادر المعادي	The Control of the Co	- }		973-492-0477		00840	0			
Scheduled Start Date (10)		Scheduled C	ompletio	on Date (11)	Name of OSHA Monitor						
01/27/17	1	1/30/17			ENVIROVISION, INC.						
Occupancy Status During Abater	nent (Ch	neck only or	e)		Street Address						
□ Facility Closed/Vacated During	g Entire	Period of Al	oateme	nt							
☐ Abatement Performed Outside	of Norm	nal Facility F	lours -	And the State of t	20-21 WARGARAW R	OAD					
Describe				The same of the sa	City, State, Zip Code						
☑Other – Describe:											
Schedule: 5PM - 5AM (24 HC	JURS 8	WEEKE!	IDS A	S NEEDED)	FAIRLAWN, NJ						
Scope of Work (Check all that apply	/)										
The second secon	STATE OF STREET					Full Contain	ment w	ith Nega	tive Pre	ssure	
$\square \ge 3$ sf or $\ge 3$ If				⊠ Renovation		Mini-Enclos					
$\boxtimes$ $\geq$ 160 sf or $\geq$ 260 l	f			Demolition		Glove bag F	rocedu	re / Wrap	& Cut		
						Non-Exem		and Non	-Friable	Proce	dure
Location of Asbestos-Containing Material (ACM) in Facility (13)		tion Normally by Maint./Cu			pestos Containing Material al systems insulation, surfacing	Amoun	Charles and the	Abateme	nt Type		
(12.1.)	Staff? (		noulai	VAT, or other mise		g, (Specif or LF)	y SF	Remove	Repair E	incap F	Enclose
	YES	NO	NA	1000		less in Carrie					
Rooms 309,328,331		X		VAT		1200	SF	X			
	3 J-38 G					1200	-				
					Name of the second seco						
Name of Reg. Waste Hauler	I	JDEP Waste	e Hauler	ID#	Cubic Yards of Waste: 1	5 CY	Name o	of Registe	red Lan	dfill	
See Hauler Below #1 & 2	S	See Below			Sabio Fardo di Franco.	٠		.W.S. N			П
Hauler #1) Greenwood Abatement	Consult	ants, Inc 1	Butler, N	NJ 07405		Disposal Date	e	Ci	ity, State	9	
NJDEP # 12561						The state of the state of	-		00 New I	-	till
Hauler #2) Newark Carting, Inc., N	Newark,	NJ 04509			gastern .	1/27/2017			d. Morri	sville,	Pa
NJ DEP # 4509						to the spid to			9067 15-736-1	700	
Completed by (Print or Type)	Title	e			Signature	T	Date			Figure 1	
RAYMOND C. PEDALINO		NIOR PR	OJEC	т	PARTICIPATION PROPERTY - PROPERTY	1 3000	Date	Januai	rv 17 '	2017	
error error con services (TD-41100x0 - 2xx		ANAGER			Raymond C. Pedi	alino		Juiludi	J 11,2	-017	

									Т	Process of the Party of the Par	P 6	9 E	: N	74	P	intE
$\mathcal{N}$	02405145714	46		ICATION	tate of Nev N OF ASBI to NJAC	ESTOS	ABATE		T	Br	E (	2 [		004		
1 2.50	te of Notification (1) 2/01/17				of Building Auther	Owner/	Operator	(2)		UU	FE	8	8	201	1	
	encies Notified Type Notification  EPA X Initial			Street A	Address					A	SBES	STOS	CO	NTI ING	ROL	&
×	DEP Amended DOL Amendment		_ [		ate, Zip Co Amboy N		61									
×	DOH justification) DCA Cancellation			Name o	of Contact					Tele	ephone	Num	ber			
No	mo of Escility Whore Abetement is Takin	a Diago (	2/	FAC	ILITY INFO	DRMAT	ION	T =	5 1114	(4)						
	me of Facility Where Abatement is Takin ian Auchter	g Place (	3)					Гур	e of Facility School (K-	9 88						
Str	eet Address		35 - 112 -					×	Subchapte Other (i.e. etc.)	8 (Othe				dings,	hom	es,
	rth Amboy			Δ.				Squ	are Feet	# of	Floors		E	lldg. A	\ge	
	unty (6) ddlesex Coynty				Code (7) USE ONLY)			Cun	rent Use (Pr	or if beir	ng dem	olishe	d)			
Na	ne of Monitoring Firm Hired by Building (	Owner (8)	)	ASC	M No.		The second		ement Co	ntractor	(9)					
Str	eet Address						Street 1009		ess h Street S	uite A	4					
City	, State, Zip Code								Zip Code rgen, NJ (	7047						
Pro	ject Manager for Monitoring Firm			Telepho	ne No.		Teleph	none l		7047	Licens					
	rt Date (10) /14/17	Schedul 04/14/		npletion	Date (11)		Name	of OS	SHA Monitor M CONSU	II TING						
	cupancy Status During Abatement (Chec	300000000000000000000000000000000000000	(5)(5)()			-	Street			7211140	J LLO		-	-		
×	Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:						City, S	tate,	UTE EAS	TSUIT	TE 10	7				
Sco	pe of Work (Check All That Apply)						UNIC	יו אכ	NJ 07083							_
×	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renova Demolit				×	M	ull Containm lini-Enclosur lovebag Pro on-Exempte	e cedure							
		Locati	on				1 14	on-Exemple	1 ( ) and	NOH-F	Tiable	FIO	Abate	ement		
	Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Ma	Normall d Sole intenar todial S (12)	ly ly by nce/	Asbest (i.e.	os Con thermal surfa	scription taining M systems cing, VA niscellar	Materia s insu T, or		(S	nount pecify or LF)	6	Removal	Repair	e Encapsulate	Enclosure
	3: 7	No	N/A				0.03.00	<b>^</b>				<u>a</u>		late	ire	
	outside	outside								14	10 Lf		х			
	ne of Registered Waste Hauler		9000	JDEP W auler ID	100000000000000000000000000000000000000	Cubic of Wa	Yards		Name of							
	WARK CARTING		10000000	1509	NO.				WASTE		AGEN	MEN	ΓG	ROV	VS N	
	, State LSIDE, NJ					Dispo	sal Date		City, Stat		E PA					
	npleted by an Parra	Title Proje	ect Ma	anager		1	Signature		fam			Date 02/		7		

CK5296

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

(n)		C	E		Pri Fd		
		FEB	-	8	2017		
	ISBI	-STO	)S (	20	NTRO	 L &	

Date of Notification (1) 02/03/17	10				Building			(2)				tt	D	<u>- 8</u>	2017
Agencies Notified	Type Notification			Street A						-	AS	SBES	TO	s co	VTRO
☐ EPA	× Initial												LIC	ENSI	IG_
DEP × DOL	Amended Amendment	#		City, Sta	te, Zip Co	de									
	Emergency		-  -	Name of	Contact					Tel	ephone 1	Vumbe	r		
DOH DCA	justification) Cancellation			SHLO						,					
Name of Facility Where A	hatament is Takin	a Place (2)		FACI	LITY INFO	RMAT	ON	Tuna	of Facility (4)					7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
Name of Facility Where A	Abatement is Takin	g Flace (3)							School (K-12)						
Street Address								T S	Subchapter 8	(Oth			(0 <u>2</u> 1855)		
353-369 OCEAN A	VΕ					11-10-2-11-2-11-2			Other (i.e. pri tc.)	vate à	& comme	ercial b	uildir	gs, non	nes,
City (5) LAKEWOOD								Squar 6000	e Feet	3	Floors		Bld	g. Age	
County (6) OCEAN					Code (7) JSE ONLY)			Currer	nt Use (Prior IES	if bei	ng demo	lished)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	1 No.				ement Contr						
Street Address								Addres	s OOVE CO	URT					
City, State, Zip Code								state, Zip	p Code DD, NJ 08	701					
Project Manager for Mon	itoring Firm			Telephor	ne No.		Teleph	none No 668-90	l.		License	e No.			
Start Date (10)	T	Scheduled	Com	pletion [	Date (11)				A Monitor		1200				
02/06/17		02/09/17	7				AAA	LEAD	PROFES	SSIO	NALS				
Occupancy Status During		50						Addres	s OVE COI	IIRT					
Facility Closed/Vaca     Abatement Performer								tate, Zir		OIVI				-	
Other - Describe: _		-					LAKE	EWOO	DD, NJ 08	701					
Scope of Work (Check Al	I That Apply)	_						7							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf							×	Mini	Containment i-Enclosure vebag Proce	dure				4	
	V	lo I	ocatio	on.			<u> </u>	I NOU	-Exempted (	( ) and	J NOII-FI	lable r		pateme	nt
Location	of	No	rmall	у		De	scription	of				-		Туре	_
Asbestos-Containing TO BE ABA		Used Main	tenar	ice/			taining N systems				mount Specify	2		F Enc	9
In Facili		Custo	dial S (12)	itaff?	(1.51	surfa	cing, VA	T, or			or LF)	Nemova		Encapsulate Renair	Enclosure
(13)	(13) Yes					outeri	Iliscellal	ieous)				100	-	ir	ure
FXTFRI	EXTERIOR					,c	SIDING	\ 1		60	00SF	x	+		+-
L/YILIN		1					,,,,,,,,,					X	+	-	+
										- 1	+	+	+-		
					West of the second							+	-	+	
Name of Registered Was	2007	JDEP W			Yards		Name of Re	egiste	red Land	dfill					
NEWARK CARTING		auler ID 1509	No.	of Wa 20			IESI								
City, State NEWARK, NJ						02/09	sal Date 9/17		City, State BETHLE	HEM	1 PA				
Completed by JOSEPH PERLSTEI	N	Title OWNE	R			S	Signature	)				Date			

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

	E	C			$\mathbb{V}$	E	n
		FEB	_	8	2017		
Ĺ			20.4				

UD C	X		NO.		ATIO	N OF AS	BESTOS ABA AC 8:60 and 5:1		IIII F	EB	- 8	20	17
Date of Notification (1) 2 / 7		17			Ma	atrix R	ealty, Inc.	(2)	ASBE				
Agencies Notified  EPA  DOLWD  DHSS  DCA	Type Notifi Initial Amenda Amenda	ed ment #	£ 3	na	For	State, Zip (	Orive, CN4000 Code NJ 08512	)		LICE		<u>IIV(a</u>	
(NJAC 5:23-8)	justifica	tion)	- Ioidaii	19	Nam	e of Contac omas Mo	cCloskey		Telephone Nun	iber			
Name of Facility Where A	hatement is	Takin	a Plac	0 (3)	FA	CILITY IN	FORMATION	T= (= ::::					
Street Address 259 Prospect Pla								Type of Facility School (K-1. Subchapter Other (i.e., phomes, etc.	2) 8 (Other than K-12 private and comme	2) rcial b	uildin	gs,	
City (5) Cranbury								Square Feet 9,600sf	# of Floors		ldg. /		
County (6)					Cou	nty Code (7	)(STATE USE ONLY)	50.	rior if being demoli			yıs	
Middlesex						E 100		The state of the s	eviously a la		tory	<b>(</b> )	
Name of Monitoring Firm		~	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)				/	
Hillmann Consulti	ng, LLC						Prism Respo	onse, Inc.					
1600 Route 22 Ea	ast, Suite	e #1	07				Street Address 102 Techno	logy Lane					
City, State, Zip Code	•	20 00 0-	20052				City, State, Zip Co						
Union, NJ 07083							Export, PA 1	5632					
Project Manager for Monit Michael Nelsen	oring Firm			1.0000000000000000000000000000000000000	phone 3.688	No. 3.7800	Telephone No. 724-325-333	30	License No. 01121				
Start Date (10) 01 / 18 /	17					ite (11)	Name of OSHA M	onitor					
	17	03		10	_ / .	2017	Hillmann C	onsulting,	LLC				
Occupancy Status During							Street Address	00 = 1 0					
■ Facility Closed/Vacated  Abatement Performed (						cribe	1600 Route		uite #107				
Time of Abatement:	AM	P	//	_PM-		AM	City, State, Zip Co Union, NJ 07						
Scope of Work (Check all t	that apply)						0111011, 140 07	000					-
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>				novati			☐ Mini-Enclosed ☐ Glovebag	Procedure	native Pressure	e e			
2 102	20		1 2552	Locat						Ab	atem	ent T	уре
Location o Asbestos-Containing M TO BE ABAT IN Facility (13)	aterial (ACN ED	1)	Use Ma	Normal d Sole intena todial S (12)	ly by nce/		Description of itos Containing Mat , thermal systems in surfacing, VAT, other miscellaneo	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A							LU .	
Floor Tile & N					x	7-10-10-10-10-10-10-10-10-10-10-10-10-10-	Throughout Bui	0	4160 SF	×			
Transite Panels in		s			х	Lab E	1-10,E1-11, E1-	-23, E1-24	120 SF	х			
Pipe Fitting Ins	AP 375				х	Througho	out Building & Me	chanical Rm.	300 LF	×			
Window & Expans					x		Exterior		176 LF	х			
Name of Registered Waste Waste Managen				Ha	IDEP V Juler ID 1724	No.	Cubic Yards of Waste 50 cubic yards	Name of Regist					
City, State			101			Disposal Date	City, State				7 ===	$\neg$	
Trenton, New Je							2/12/2017	Morrisville	e, PA			150000	
Completed By (Print or Type	e)	Title	mi-	04	4:	C	Signature	. ,	la la Dat		\ \ -		
Jessica Wolfe		Ad	mini	stra	uve	Suppo	THE ME	SICA L	1079l 21	7/20	11/		

\*Do not use this form for asbestos licensure exempted activities.
\*\*\* PRISM WILL BE OFFSITE UNTIL FURTHER NOTICE IN THE EVENT THAT ADDITIONAL MATERIAL IS FOUND DURING THE RENOVATION, WHICH IS BEING COMPLETED BY OTHERS. \*\*\*

Ch4779	1		ICATION	tate of Ne N OF ASB to NJAC	ESTOS	ABATE		г	Services and the foresteering the forest of the services of th			<u>6</u>				The state of the s
Date of Notification (1)				f Building			(2)				-	LB	- 8	50	1	SAME OF THE PERSON NAMED IN
2-7-17				I Myers	Squibb	Co.			-							And of the last
Agencies Notified Type Notifica	tion		Street A 3551 I	ddress Lawrend	ceville F	Road				Ā	SBE		S CO		ROL	&
X DEP Amende X DOL Amende	nent #	_		ate, Zip Co enceville		hip										
DOH justificat Cancella				f Contact GaNun						Tel	ephor	ne Nu	mber			
				ILITY INFO	_	ON			_	1						
Name of Facility Where Abatement is T Bristol Myers Squibb Co. Bldgs Street Address 3551 Lawrenceville Road		)					Туре	School (K- Subchapte Other (i.e.	-12 er 8	) i (Oth	er tha	n K-1	2) ial buil	dinas	hom	es.
CONTRACTOR STATE OF THE PROPERTY OF THE STATE OF THE STAT								etc.)	Per					- 3		
City (5) Lawrenceville Township		- 05					60,	are Feet 000		6	f Flooi		-	3ldg. <i>A</i> -/-10		
County (6) Mercer				Code (7) USE ONLY,	)			ent Use (Pr armaceuti				molis	hed)	27		
Name of Monitoring Firm Hired by Build Eagle Industrial Hygiene	ing Owner (8)		ASCN	ЛNo.				atement Co nvironme				es				
Street Address 359 Dresher Road						Street	Addre							3 = 7.1		
City, State, Zip Code Horsham, PA 19044						City, S	tate, 2	Zip Code		127						
Project Manager for Monitoring Firm		_	Telephor	ne No		Teleph		hia, PA 1	9	131	Lico	nse N	10			
Richard Mason			215-67	72-6088		215-	533-	5155			011					
Start Date (10) 2-20-17	Schedule 6-30-17		npletion [	Date (11)				HA Monitor								
Occupancy Status During Abatement (C					-	Street		lustrial Hy	yg	ene						
Facility Closed/Vacated During Ent Abatement Performed Outside of N Other – Describe:	ire Period of A	baten	nent			359 [	Dres	her Road	_							
Other – Describe:	iorriai raciiity	nours	•					Zip Code , PA 1904	11							
Scope of Work (Check All That Apply)						11013	IIaiii	, 1 / 130-		-						-
≥3 sf or ≥3 if ≥160 sf or ≥260 if		enova emolit				×	Mi Gl	ull Containm ini-Enclosur ovebag Pro on-Exempte	re oce	dure					e	
Location of		Locati ormal	(7.55)		Dos	cription	of							Abate Ty	ement pe	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Mai	d Sole ntenar odial S (12)	nce/		tos Conta thermal s	ining M systems ing, VA	ateria insul T, or	ation,		(8	mount Specify or LF	/	Remova	Repair	Encapsulate	Enclosure
DIA 400 N - C A	Yes	No	N/A				principle in the								te	0
Bldg 1&2 t/o 6 floors			X	103	gypsum						000		Х			
Bldg 1&2 t/o basement to 3rd flo	ors		Х	pi	pe sado	dle ins	ulati	on		2	40 If		х			
Bldg 1&2 t/o basement to 3rd flo	ors		Х		red du	ıct ma	stic			3	,600		Х			
Name of Registered Waste Hauler Service Transport		10000	JDEP Wa	Mark Comment	Cubic Y of Wast			Name of Minerv				andfill		9		
City, State Newark, DE					Disposa	Date		City, Stat		ЭН				11		
Completed by Jennifer Niven	Title Dir of	f One	erations		sk	gnature	<u></u>					Da 2-	te 7-17			

CK218575		NOT		ATION		BE	STOS ABA 8:60 and 5:1			)	6			$\mathbb{V}$	
Date of Notification (1)				Name	e of Buildir	ng O	wner/Operator	(2)			FEB	_	8 7	2017	10.00
02/07	/ _ 1	6		Ve	rizon					lenj-					1
Agencies Notified Type I	Notification	)		Stree	t Address				+	400	FOT		201		
⊠ EPA ⊠ Init	ial			1 V	erizon V	Vav			1	ASB	ESIC	15.0	CON	ITR(	OL &
	ended				State, Zip		9		-		LIC		OHY	<u>u</u>	
	endment #		-0	10-20-00			NJ 07920								
DCA Em	ergency (i tification)	ncludin	g		of Conta		, 140 07 320		Talas	-b N	1				
	ncellation			10000	x Baylor	200			Telep	ohone N	Numbe	r			
					-		RMATION		1				_		
Name of Facility Where Abateme	nt is Takir	ng Place	e (3)		0.2.7.7.11	11 0	TUINTION	Type of Facility	(4)				_		
Verizon		•	- 1-7					School (K-12	7000						
Street Address								Subchapter		r than k	<-12)				
53 East Mount Pleasant A	venue							Other (i.e., p	rivate a	nd com	nmerci	al bu	ilding	JS,	
City (5)	Tonido							homes, etc.)							
Livingston, NJ								Square Feet		Floors		Bl	dg. A	ge	
County (6)				0	-t- O - t- 1	71/07	ATE 1105 011111	10,000	2					etali-	
Essex				Cour	ity Code (	1)(51,	ATE USE ONLY)	Current Use (Pr	ior if be	ing den	nolishe	ed)			
Name of Monitoring Firm Hired by	Duilding	0	(O) T	10011		1									
USA Enviornmental	/ Building	Owner	(8)	ASCM	No.	70000		ent Contractor (9)							
Street Address							JVN Restorat	tion Inc							
8436 Enterprise Avenue							reet Address								
City, State, Zip Code							47 Foster Ro								
Philadelphia, PA 19153						1 8	ty, State, Zip Co								
Project Manager for Monitoring Fi			1-				Staten Island	NY 10309							
Mark Jenkins	rm		100000	phone			lephone No.		Lice	nse No	).				
Start Date (10)	0.1			15-365			718-605-6256		00	0774					
02 /16 /17	1			tion Da		1000	me of OSHA M	lonitor							
				_ / _	1/_	1	Testor Tech								
Occupancy Status During Abatem						Str	eet Address						- 10		
Facility Closed/Vacated During	Entire Pe	riod of	Abate	ment		1	10 59 Jackso	n Avenue							
Abatement Performed Outside Time of Abatement: AM	of Norma	l Facilit	y Hour	s - Des	cribe	Cit	y, State, Zip Co	ode							-
		<u>UF IVI-1.</u>	.30AW	li		L	IC NY 11101								
Scope of Work (Check all that app	oly)						M Full Co-th	-:			8		-		
≥3 sf or ≥3 lf		⊠ Re	novati	on			Mini-Encl	ainment with Neg losure	ative Pi	ressure	2				
≥160 sf or ≥260 lf		☐ De	molitic	n			☐ Glovebag	Procedure							
		lo	Locat	ion		-17-5-	☐ Non-Exer	mpted (*) and No	n-Friabl	e Proce	edure				
Location of	4000	Norma				Description of					Aba	ateme	ent Ty	уре	
Asbestos-Containing Material	(ACM)	Use	d Sole	ly by	Asbe	stos	Containing Mat		A	mount		Re	Re	En	m
TO BE ABATED IN Facility		Cus	intena todial	nce/ Staff?	(i.e	., the	ermal systems i	nsulation,	(S	pecify		Remova	Repair	cap	clos
(13)		(12)	otun.		nt	surfacing, VAT, her miscellaned	or or	SF	or LF)		Val		Encapsulate	Enclosure	
820 8	Yes	No	N/A		0.	nor miscenarie	Jusi						ate		
See Attached		$\boxtimes$													П
											-	=			
		П													
Name of Registered Waste Hauler			N	JDEP V	Vaste	Cuk	oic Yards of	Name of Regis	torod I	an dell				Ш	Ш
Newark Carting			Н	auler ID	No.	Wa	ste	G.R.O.W.S.		inailli					
City, State				NJ-56	б		oposal Date	City, State							
Hackettstown, NJ							3/31/2017	Morrisville,	ΡΔ						
Completed By (Print or Type)	Title	1				J		1/10/11/9,	. ~	-	_				
Ralph Barnhardt	1000000	roject	Man	ager			Signature	16/2 /1/	1		Date				4
SP 41		. 5,50	····aii	~9°'			101	11 /len	V		02	5	7 -	201	1

Description of Asbestos Containing Material (ACM)  Duct Insulation  Boiler Insulation  Pipe Insulation  Pipe Insulation  Duct Insulation  Pipe Insulation  Pipe Insulation  15 LF  Pipe Insulation  Pipe Insulation  15 LF  Floor Mastic  Floor Tile and Mastic  Duct Insulation  180 SF  180 SF	GEVE  - 8 2017  STOS CONTROL & LICENSING		Amount	
m         Duct Insulation         265 SF           m         Boiler Insulation         200 SF         1           m         Pipe Insulation         500 LF         4           m         Pipe Insulation         400 SF         1           One         Duct Insulation         1480 SF         1           One         Pipe Insulation         15 LF         1           One         Pipe Insulation         15 LF         1           om         Floor Mastic         40 SF         1           om         Floor Tile and Mastic         90 SF         1           Floor Tile and Mastic         180 SF         1           Insulation         180 SF         1           Insul	Location of /	Description of Asbestos C	Amount (SF or LF)	Aba
m         Boiler Insulation         200 SF         Insulation         200 SF         Insulation         500 LF         Insulation         500 LF         Insulation         500 LF         Insulation         500 LF         Insulation         400 SF         Insulation         15 LF         15 LF         15 LF         15 LF         15 LF         15 LF	Basement Boller Room		265 SF	Ren
m         Pipe Insulation         500 LF           m         Floor Mastic         400 SF           om         Pipe Insulation         15 LF           One         Duct Insulation         100 LF         1           One         Pipe Insulation         100 LF         1           One         Pipe Insulation         15 LF         1           One         Floor Mastic         40 SF         1           om         Floor Tile and Mastic         90 SF         1           Floor Tile and Mastic         180 SF         1           Floor Tile and Mastic         180 SF         1	Basement Boiler Room	Boiler Insulation	200 SF	Rem
m         Floor Mastic         400 SF           om         Pipe Insulation         15 LF           One         Pipe Insulation         100 LF           One         Pipe Insulation         15 LF           One         Pipe Insulation         15 LF           orage Room         Floor Mastic         40 SF           om         Floor Tile and Mastic         120 SF           Im         Floor Tile and Mastic         180 SF	Basement Boiler Room	Pipe Insulation	500 LF	Ren
om         Pipe Insulation         15 LF           One         Duct Insulation         1480 SF           One         Pipe Insulation         100 LF           One         Pipe Insulation         15 LF           Orage Room         Floor Mastic         40 SF           Im         Floor Mastic         90 SF           Floor Tile and Mastic         180 SF           Im         180 SF	Basement Boiler Room	Floor Mastic	400 SF	Rem
One         Duct Insulation         1480 SF           One         Pipe Insulation         100 LF           One         Pipe Insulation         15 LF           orage Room         Floor Mastic         40 SF           om         Floor Tile and Mastic         120 SF           m         Floor Tile and Mastic         180 SF           B         180 SF         180 SF	Basement Battery Room	Pipe Insulation	15 LF	Rem
One         Pipe Insulation         100 LF           One         Pipe Insulation         15 LF           orage Room         Floor Mastic         40 SF           om         Floor Tile and Mastic         90 SF           Floor Tile and Mastic         180 SF           Image: An and Mastic and Mast	Basement A/C Room One	Duct Insulation	1480 SF	Remo
One         Pipe Insulation         15 LF           orage Room         Floor Mastic         40 SF           nm         Floor Tile and Mastic         90 SF           Floor Tile and Mastic         180 SF           180 SF         180 SF	Basement A/C Room One	Pipe Insulation	100 LF	Remo
orage Room         Floor Mastic         40 SF           pom         Floor Tile and Mastic         120 SF           m         Floor Tile and Mastic         180 SF           Floor Tile and Mastic         180 SF           Image: Floor Tile and Mastic	Basement A/C Room One	Pipe Insulation	15 LF	Remo
nom         Floor Tile and Mastic         120 SF           mm         Floor Mastic         90 SF           Floor Tile and Mastic         180 SF           180 SF         180 SF           180	Basement Outside Storage Room	Floor Mastic	40 SF	Remo
im         Floor Mastic         90 SF           Floor Tile and Mastic         180 SF           180 SF         180 SF	Basement Storage Room	Floor Tile and Mastic	120 SF	Removal
Floor Tile and Mastic 180 SF	Basement Meter Room	Floor Mastic	90 SF	Removal
	Basement HSB Room	Floor Tile and Mastic	180 SF	Removal

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Ch 26	5710	) N	IOT		ATIO		SBE	STOS ABA 8:60 and 5:1			C E		$\mathbb{V}$	
Date of Notification (1)  02 /	07 /	17				e of Buildi erizon	ing O	wner/Operator	(2)		FEB -	- 8	2017	1
Agencies Notified  ☐ EPA ☐ DOLWD ☐ DHSS	Type Notific Initial Amende	ed			11 City,	et Address 00 Orang State, Zip	ge A	e		ASB	ESTOS LICE			DL &
DCA (NJAC 5:23-8)	☐ Emerger justificat ☐ Cancella	ncy (inclution)	uding	li e	Nam	anford, I e of Conta ex Baylo	ct	7016		Telephone	Number			
							22	RMATION		1				
Name of Facility Where A	batement is	Taking P	Place	(3)	17	CILITT	NFO	RIVIATION	Type of Facility	(4)				
Verizon Street Address 1100 Orange Avenu									School (K-12 Subchapter Other (i.e., p	2) 8 (Other than private and con	K-12) nmercial I	ouildir	ıgs,	
City (5)	le								homes, etc.)	)		5-50-0 mil 200		
Cranford									Square Feet	# of Floors	;   I	Bldg. A	Age	
County (6)					Cou	nh i Cada	/7\/OT	ATE HOE ONLY	10,000	3		50		
Union					Cou	nty Code	(1)(81.	ATE USE ONLY)	Current Use (Pr	ior if being der	molished)			
Name of Monitoring Firm	Hired by Buil	Idina Ow	ner /	8)	ASCM	No	Nie	ama of Abatam						
USA Environmental				,	AGGIVI	INO.		JVN Restora	ent Contractor (9)	)				
Street Address	managaci	none in	·					reet Address	tion inc					
8436 Enterprise Ave	nue							reet Address 47 Foster Ro						
City, State, Zip Code	,,,,,,													
Philadelphia, PA 19	153							ty, State, Zip C <b>Staten Islan</b> o						
Project Manager for Monit				Tolo	phone	No			1 N T 10309	T1: 11				
Mark Jenkins	oring r iiiii					5-5810	1	elephone No. 718-605-6256	3	License No 00774	0.			
Start Date (10)02 /27 /		Schedule 12				17		ame of OSHA N Testor Tech	Monitor					
Occupancy Status During  Facility Closed/Vacated  Abatement Performed Time of Abatement:	d During Enti Outside of N AM	re Period ormal Fa	d of A	bate	s - Des	scribe M	Cit	reet Address 10 59 Jackso y, State, Zip Co LIC NY 11101	ode					
Scope of Work (Check all	that apply)							⊠ Full Con	tainment with Neg	ative Pressure	a			
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf				novati				☐ Mini-End						
				Locat							A	oatem	ent T	уре
Asbestos-Containing M TO BE ABAT IN Facility (13)	laterial (ACM ED	,	Used Mair Custo	ntena odial ( (12)	ely by nce/ Staff?	Asbe (i.e	e., the	Description of Containing Ma ermal systems surfacing, VAT ther miscellane	iterial (ACM) insulation, , or	Amount (Specify SF or LF)		Repair	Encapsulate	Enclosure
Basement A/C Equipm	ent Room		es 1	No	N/A	Floor T	ilo o	and Mastic		2020 65	.   52		-	
					1 1001 1	iic a	illa Mastic		2030 SF					
				П										
			-											
Name of Registered Waste	Hauler		1	I NI	JDEP \	Masta	Cul	bic Yards of	Nome of Desi	tored Law 160				
Newark Carting	Tiadici			Н	auler II NJ-56	No.	Wa	ste 0	Name of Regist G.R.O.W.S.					
City, State Hackettstown, NJ						1100	Dis	posal Date 4/15/17	City, State Morrisville,	DΛ				
Completed By (Print or Typ	10)	Title						-	wornsville,		_			
Ralph Barnhardt	(C)	0.000000	ect	Man	ager			Signature	John	2	Date 2 -	07-	17	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Pursuant to NJAC 8:60 and 12:120)											<u> </u>			5			
Date of Notification (1)		- 1		of Building			100			F	EB	8	2017				
01-30-2017				aic Cour	nty We	atheriza	ation	DEPT									
Agencies Notified Type Notification			Street A	Address Riverviev	v Drivo					ASBE				)L&			
X EPA   X Initial   Amended   Amendmen				ate, Zip C							LICE	NSI	VG_				
X DEP Amended X DOL Amendmen	t #		55	ate, zip C a,nj,075													
Emergency	(including	]		of Contact		Telephone Number											
DOH justification justification				Figuer					1 10	epitorie	Numbe						
	<u> </u>			ILITY INF		ION				-			=				
Name of Facility Where Abatement is Takir	3)			- Tallin 11		Туре	of Facility (4	)									
Private House						П	School (K-12	)									
Street Address							Subchapter 8	(Oth	er than I	K-12)							
								Other (i.e. pri etc.)	ivate	& comm	ercial b	uildin	gs, hon	nes,			
City (5)							re Feet										
Clifton						N/A		N/	A		N/A	١					
County (6)			Code (7)				ent Use (Prior	ng demo	olished	)							
Passaic		(STATE	USE ONLY	· —			ate house										
Name of Monitoring Firm Hired by Building	Owner (8	)	ASCN	И No.				tement Contr		(9)							
N/A								TEMENT	LLC								
Street Address						Street											
Oit. Oi-t- 7- O-1-								TEMENT	Γ LLC								
City, State, Zip Code								ip Code	-0.4								
Project Manager for Monitoring Firm		T-1					0N,NJ ,075	024									
Project Manager for Monitoring Pirm		Telepho	ne No.		Teleph 973-3				Licens 01274								
Start Date (10)	Schedul	ed Cor	nnletion	Date (11)		(0)500000		HA Monitor		01212	+						
02/08/2017	2017	inpletion	Date (11)				TEEMEN	TII	_								
Occupancy Status During Abatement (Chec	CONTRACTOR	-				Street A		LL									
Facility Closed/Vacated During Entire		155	nont					 KLIN STRE	ET								
Abatement Performed Outside of Norm	nal Facilit	y Hours	nent S			City, St	124501746										
Other – Describe: OCCUPIE								N,NJ,075	24								
Scope of Work (Check All That Apply)											1,000	-					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Pronuncial Control	Renova Demolit				×	Mir Glo	I Containmen i-Enclosure vebag Proce n-Exempted (	dure				l.ea				
		1					INOI	I-Exempled (	) and	I NON-FI	Table P		ure atemen				
Location of		Locati Normal	3.00										Туре				
Asbestos-Containing Material (ACM)		ed Sole		Asbes		scription aining Ma		(ACM)	Aı	nount							
TO BE ABATED In Facility	10 5.473.537	intena todial S			thermal	systems	insula			pecify	2	7 2	nca	Enc			
(13)		(12)				cing, VAT			SF	or LF)	Kelliova	Veball	Encapsulate	Enclosure			
	Yes	No	N/A				T. T. T. T.				1 2	-   -	late	l re			
BOILER ROOM	X	IN/A	F	PIPE IN	ISULA"	TION		3	5LF	X	-	-					
METER ROOM	X									_	+	+	-				
WETERTOON	^			- IF E II	NSULA	HON			0LF	Х	+	-					
100																	
Name of Registered Waste Hauler	25	JDEP W		Cubic			Name of Re	giste	ed Land	fill			-				
TRI STATE TRANSFER		0.1	auler ID I /A	NO,	of Was	ite		MINERV	A EN	ITERP	RISE	S					
City, State		- 1.4				al Date		City, State					1100-000				
1199 RANDALL AVE BRONX NY					TBT	4		900 MINE	ERV	A RD V	VAYN	IESF	URG	ОН			
Completed by	Title				S	gnature	1	1			Date						
VICTOR ESPIRITU	JECT	MANE	GER	1	JUP-	Pal	IN 921	-		01/30	201	7					

C.K. 1142

### State of New Jersey

OF 1110		N			OF ASBI				41	Iñ		0	2017	,				
Date of Notification (1) 1/31/2017		Name of Building Owner/Operator (2)  Paramount Assets										Ų.						
Agencies Notified	Street A	ddress road Sti	reet					ASBESTOS LICE	S CO	NTR VG	OL 8	×						
DEP DOL	Initial Amended Amendment	#	1	City, Sta	ite, Zip Co	ode												
□ DOH	Emergency ( justification) Cancellation	including			f Contact					Telephone Number								
DCA I	Caricenation			Charles and Control Control	LITY INFO	ORMATI	ON			178								
Name of Facility Where Al Private Property	batement is Taking	g Place (3	3)					Ty	pe of Facility  School (K									
Street Address					- 3 3 3 3 1 1 - 3 3 3 3 3			L	Other (i.e	ter 8 (0 e. priva	Other than K-1 ate & commerc	2) ial buil	dings,	home	es,			
City (5)						) <del>,</del>			etc.) quare Feet 500	t # of Floors			Bldg. Age +50					
East Orange NJ County (6)			T		Code (7)	1		1			being dernolis							
Essex County  Name of Monitoring Firm	Hired by Building (	Owner (8)		ASCA					Abatement C									
N/A				N/A					olutions S	ervic	es LLC							
Street Address N/A					143	5 5	dress 1st Street	et										
City, State, Zip Code N/A					1		e, Zip Code Bergen NJ	gen NJ 07047										
Project Manager for Monit		Telepho N/A	ne No.				e No. 2-9685		License N 01320	2500000								
Start Date (10) 2/9/2017							200000000000000000000000000000000000000		OSHA Monit		oratories	0.00.00						
Occupancy Status During							dress				-							
Facility Closed/Vacat Abatement Performe Other – Describe:	d Outside of Norm						City, S	State	e, Zip Code	/est			-	1				
Scope of Work (Check All							Unic	וווכ	NJ 07803									
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	((ac, pp.))		Renova Demolit					×	Mini-Enclos Glovebag P	ure roced	with Negative lure and Non-Frial							
		7.0	Locati							T		Abatement Type						
Location Asbestos-Containing N TO BE ABA In Facilit (13)	d Sole intena todial S (12)	ly by nce/		tos Con thermal surfa		Matens in	erial (ACM) sulation, or		Amount (Specify SF or LF)		Repair	Encapsulate	Endosure					
Baseme	nt			x		Pipe	Insula	atio	n	T	120 LF	X						
Baseme	nt			х		Boile	r Insul	latio	on	-	225 SF	x	<u> </u>	-				
				+						+		+						
Н					Vaste No.	Cubic of Wa	Yards	-			istered Landfil			-				
Newark Carting Inc				4509				ISES			S Bethlehem Rd Landfill							
City, State Po Box 5670				Disposal Date					City, State 2335 Applebutter Rd Bethlehem PA									
Completed by Marcos Regato		Title Presi	dent			15	Signalu	9	ULD)	14	/ / /	ate /31/2	017					
											0			- 7				

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



### State of New Jersey

	NO	(Purs	TION OF uant to !	of New Jers ASBESTOS NJAC 8:60 a	nd 12:120	·,				CE						
te of Notification (1)	/Operator	r (2)		The state of the s	F	EB -	8 20	)17	+	7						
31/2017 encies Notified Type Notificat	tion	Str 14	reet Add	ress ad Street		CON	TRO		-							
EPA   Initial   Amende   Amende	ed	Cit		Zip Code				LICEN			_	1				
Emerge justificat	ncy (including tion)		ame of C				Telephone	e Millioei				-				
DCA Cancell	ation		FACILI	TY INFORM	ATION	1 -	pe of Faci	lih (4)								
ame of Facility Where Abatement is T Private Property treet Address	Taking Place (3)					I V	School Subcha Other (	(K-12)	Other tha	n K-12) imercial b			nes,			
							etc.) quare Fee 500	t	# of Floo 2	rs	Bldg. +50	Age				
City (5) East Orange NJ			County C	ode (7)		C	urrent Use	e (Prior i	if being de	emolished	)					
County (6) Essex County	ilding Owner (8)	- 1	ASCM	INO.	Nar	me of	Abatemer	nt Contra	actor (9)	:						
Name of Monitoring Firm Hired by Bu N/A	liding Owner (e)		N/A		Str	eet Ac	ddress		Services LLC							
Street Address N/A	Cit	City, State, Zip Code North Bergen NJ 07047														
City, State, Zip Code N/A Telephone No.							ne No.		Lic	cense No			_			
Project Manager for Monitoring Fifth N/A							52-9685 f OSHA M	Monitor		1320						
1/9/2017								Iris Environmental Laboratories  Street Address								
Occupancy Status During Abatemer	Entire Period of	Abate	ment		2	333	Route 2		st					_		
Facility Closed/Vacated During Abatement Performed Outside Other – Describe:	of Normal Facili	ty Hour	rs		_   \	Ity, St Jnior	ate, Zip C n NJ 078	303								
Scope of Work (Check All That App ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	oly)	Renov				×	Mini-E	nclosure	ent with N e cedure d (*) and f				)			
	Is Loc	notion				1 14011-2	Xompto	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Abatement Type						
Location of Asbestos-Containing Material ( TO BE ABATED In Facility (13)	Norm Ised So Mainter	nally olely by nance/ al Staff?	(i.e.	os Contai	ystem na. VA	Material (A s insulatio AT, or	ACM) on,	(Specify SF or L.F)		Removal	Repair	Encapsulate				
	Ye	s N	lo N/		Pipe I	nsula	ation		12	0 LF	Х			I		
Basement Basement		-	- x		Boiler				22	5 SF	×	-	-	1		
Dasement									-		+	-	+-	1		
Name of Registered Waste Haule	er .			P Waste r ID No.	Cubic Y			Name o	 of Register Bethleh	red Landi em Rd	Landf	ill	1			
Newark Carting Inc			0450	9	Dispos	al Da	te	O:h. C					m.P	A		
City, State Po Box 5670		tle			S	ignati			Appleon		Déte 1031/2					
Completed by Marcos Regato	1	reside	ent		9		all	10)	KEE	Mer	112	mnte		_		

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Print Form

Name of Notification (1)   Name of Building Owner(Operator (2)   Paramount Assets	CK 1143	NOTIF	CAT	ON OF	ASBESTO JAC 8:60	OS ABA and 12	:120)	NT				2017	1		1	
Size Address    PA	•	IN						)		Ft	R - 8	2017			And the state of the state of	
EPA	31/2017	1/2017 Street Address							Ā	SBES	TOS CO	NTRO	)L &			
DOL	EPA   Initial		City	, State, Z	ip Code				-							
DOH CAC Conceitation Richard Dunn FACILITY INFORMATION  ame of Facility Where Abatement is Taking Place (3) Private Property Property Private Property Property Private Property Property Private Property Property Private Property Property Private Property Private Property Private Property Private Private Accommercial buildings, homes, Property Private	Amendment #	uding							1	Talanh	one Numbe	r				
FACILITY INFORMATION  Type of Facility (4)  Type of Facility (5)  Type of Facility (6)  Type of Facility (7)  Type of Facility (8)  Type of Facility (9)  Type of Facility (19)  Type of Facil	DOH justification		Ric	chard D	)unn										-	
ame of Facility Where Abatement is Taking Place (d) Private Property Irred Address  Survivate Property Irred Address Irre	DCA			FACILIT	/ INFORI	MATION	4	Type	of Facility (4)							
Inju   Square Feet   Square	Private Property	ace (3)							School (K-12)	(Other t	han K-12)	ouilding	js, ho	mes,		
2500   2	treet Address						1.		etc.)			Bldg	. Age		-	
Scart Pate (Signature)   Signature)   Scart Pate (Signature)   Signature)   Scart Pate (Signature)   Signature)   Sign	ity (5)							250	00						_	
ASCM No.			Co	unty Coo	ie (7) E ONLY)		_	Cun	rent Use (Prior	if being	demoiished	1)				
Street Address N/A  Street Address N/A  City, State, Zip Code N/A  N/A  Telephone No. O1320  Name of OSHA Monitor Iris Environmental Laboratories  Street Address  O1320  Name of OSHA Monitor Iris Environmental Laboratories  Street Address  201-552-9685  01320  Name of OSHA Monitor Iris Environmental Laboratories  Street Address  201-582-9685  O1320  Name of OSHA Monitor Iris Environmental Laboratories  Street Address  201-582-9685  O1320  Name of OSHA Monitor Iris Environmental Laboratories  Street Address  201-582-9685  O1320  Nome of OSHA Monitor Iris Environmental Laboratories  Street Address  201-582-9685  O1320  Nome of OSHA Monitor Iris Environmental Laboratories  Street Address  201-582-9685  O1320  Nome of OSHA Monitor Iris Environmental Laboratories  Street Address  201-582-9685  O1320  Nome of OSHA Monitor Iris Environmental Laboratories  Street Address  201-582-9685  O1320  Nome of OSHA Monitor Iris Environmental Laboratories  Street Address  201-582-9685  O1320  Nome of OSHA Monitor Iris Environmental Laboratories  Street Address  201-582-9685  O1320  Nome of OSHA Monitor Iris Environmental Laboratories  Street Address  201-582-9685  O1320  Nome of OSHA Monitor Iris Environmental Laboratories  Street Address  201-582-9685  O1320  Nome of OSHA Monitor Iris Environmental Laboratories  Street Address  201-582-9685  O1320  Nome of OSHA Monitor Iris Environmental Laboratories  Street Address  201-582-9685  City, State, Zip Code Union NJ 07803   Telephone No. O1320  Name of Registered Landfill Indication Indica	Fssex County	mer (8)	1	ASCM N			Name ACM	of Al	patement Control	ractor (9 rices LI	) _C	7.00				
City, State, Zip Code North Bergen NJ 07047    Telephone No.	N/A			14//			Street Address									
Project Manager for Monitoring Firm N/A  Project Manager for Monitoring Firm N/A  Start Date (10)  1/25/2017  Scheduled Completion Date (11) 1/25/2017  Scheduled Completion Date (11) 1/25/2017  Scheduled Completion Date (11) 1/25/2017  Street Address 2333 Route 22 West  City, State, Zip Code Union NJ 07803  Scope of Work (Check All That Apply)  23 sf or 23 lf 2160 sf or 2260 lf  Location of Asbestos-Containing Material (ACM) 1/10 BE ABATED In Facility (13)  Basement  Basement  Rasement  Rase	N/A						City, S	tate.	Zip Code	047				¥		
Project Manager for Monitoring Firm N/A N/A N/A Scheduled Completion Date (11) 1/25/2017 Scheduled Charles 1/2017 Scheduled Charles 1/	N/A	1 =	alanhana	No	-		elephone No. License No.									
Start Date (10)	N/A			201-	552	-9685		01320								
Occupancy Status During Abatement (Check Only One)    Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours	Start Date (10)							Envi	ironmental L	abora	tories					
Abatement Performed Outside of Norman Young Other – Describe:    Scope of Work (Check All That Apply)	Occupancy Status During Abatement (Check	Only One	)				Street 2333	Add 3 Ro	oute 22 Wes	st						
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf    X	Abatement Performed Outside of Norma	eriod of At al Facility I	dours	ent												
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Yes No N/A  Basement  Name of Registered Waste Hauler Newark Carting Inc  Name of Registered Landfill  Name of Registered Landfill  Name of Registered Landfill  Name of Registered Landfill  Signator  Oate  2335 Applebutter Rd Bethlehem PA  Completed by  Title  Date  1/31/2017	Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf						land linear line	×	Mini-Enclosure	e						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Yes No N/A  Basement  Basement  Name of Registered Waste Hauler Newark Carting Inc  Name of Registered Waste Hauler									Non-Exempte	d (") and	1 Noi-i Hac	Abatement				
Basement X Pipe Insulation 120 LF X  Basement X Boiler Insulation 225 SF X  Name of Registered Waste Hauler Newark Carting Inc Disposal Date City, State Po Box 5670  Completed by Descrident	Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility	Use Mai	lormali d Sole ntenai odial S	ly iy by nce/	Asbes (i.e.	tos Con therma	taining I syster acing, V	Mat ms in /AT,	erial (ACM) nsulation, or	(\$	Specify	Removal			Endosure	
Basement X Pipe insulation  Basement X Boiler Insulation  Example 1		Yes	No	-		Din	a Inei	lati	on	1	20 LF	X				
Name of Registered Waste Hauler Newark Carting Inc  Name of Registered Waste Hauler Newark Carting Inc  Name of Registered Landfill ISES Bethlehem Rd Landfill ISES Bethlehem Rd Landfill  Disposal Date  City, State Po Box 5670  Completed by  Date  Completed by  Disposal Date  City, State  City, State  Completed by  Date	Basement	-		-								х			T	
Name of Registered Waste Hauler Newark Carting Inc  City, State Po Box 5670  Completed by  Name of Registered Waste Hauler ID No. 04509  Disposal Date  City, State 2335 Applebutter Rd Bethlehem PA  Date  Completed by  Date  Completed by  Date  Date  Date  Date  1/31/2017	Basement			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \												
Name of Registered Waste Hauler Newark Carting Inc  City, State Po Box 5670  Completed by  NODET Waste Hauler ID No. 04509  Disposal Date  City, State 2335 Applebutter Rd Bethlehem PA  Signature  Disposal Date  City, State 2335 Applebutter Rd Bethlehem PA  Date 1/31/2017				+							- 10		L			
City, State Po Box 5670  City, State 2335 Applebutter Rd Bethlehem PA  Disposal Date  City, State 2335 Applebutter Rd Bethlehem PA  Date  Completed by  Date 1/31/2017				Hauler ID				S					ill	3		
Completed by Title Signature (1/31/2017	City, State		10			Disp	osal Da	ate	City, St 2335	ate Applet	outter Rd	Bethl	ehe	m P/	4	
	Completed by		iden	<del></del>		1	Signa	THE !	allo 1	la	1.1	Pata				

CK 1140	N	OTIFIC	Stat CATION ( Irsuant to	ENT		D)	<u>L</u>	6	<u>L</u>			n n				
Date of Notification (1) 1/31/2017		Building O		perator (2	)				FEB	- 8	20	117				
Agencies Notified Type Notification												)S C			_&	
EPA Initial Amended		1	City, State						111	ENS	SHVLT					
DOL Amendment Emergency (i		_	Elizabe	most unersees				T	Tolo	nhone	Num	ber				
DOH justification) Cancellation			Name of Richard					32	115.00							
	RMATIC	N	Type of Faci	lity (4)												
Name of Facility Where Abatement is Taking Private Property	g Flace (5)	,					7 School	(K-12)		967		in and a second	8			
Street Address							Subcha Other (i etc.)	ipter 8 i.e. priv	(Othe rate &	comm	K-12 nercia	) I build	ings,	home	S,	
City (5) East Orange NJ						- 1	Square Feet 2500		# of 2	Floor	5		Bldg. Age ⊦50			
County (6)	County C	ode (7)		(	Current Use	(Prior	if beir	ng der	nolish	ed)						
Essex County  Name of Monitoring Firm Hired by Building G		ASCM				f Abatement Solutions										
N/A Street Address		N/A			Street A		Servi	Ces i	LLC							
N/A			1435 51st Street City, State, Zip Code													
City, State, Zip Code N/A		North	Bergen N		)47											
Project Manager for Monitoring Firm Telephone No. N/A N/A							ne No. 52-9685			013	nse No 20	).				
Start Date (10) 2/9/2017								Name of OSHA Monitor Iris Environmental Laboratories								
Occupancy Status During Abatement (Chec							Street Address 2333 Route 22 West									
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of A nal Facility	Abaten / Hours	nent s			City, Sta	ate, Zip Cod	е								
Scope of Work (Check All That Apply)														1		
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf		Renova Demoli				×	Full Containment with Nega Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non									
	ls	Locat	ion									Abatement Type				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Norma ed Sole intena todial (12)	ely by ince/ Staff?		os Cont thermal surfac		aterial (ACM insulation, , or	))	Amount (Specify SF or LF)		/	Removal	Repair	Encapsulate	Endosure	
Section 1	Yes	No	N/A		Pino	Insulati	ion	+	1'	20 LF	=	Х				
Basement Basement		-	X			r Insular		+		25 SI		x				
Dasement	-		+^-		Bono			+				-				
					ATT MICHOLOGY			$\forall$								
Name of Registered Waste Hauler Newark Carting Inc  NJDEP Waste Hauler ID No. 04509								ne of R					1	•		
City, State Po Box 5670					Dispos	sal Date		State S5 Ap		utter	Rd E	Bethle	hen	n PA		
							Mances Keens 1/31/2017									

Print Form