\bigcap	K7716	(PA			FICATION Pursuant		BESTOS	ABATE				追	G.	E		₩ j	
533.5	ite of Notification (1) 2/06/19					of Building By Broth		Operator	r (2)				FEB	1	1 2	019	-
Ag	encies Notified EPA	Type Notification	1			Address arrison	Road							construction of the second	2		
×	DEP DOL	Amended Amendmen				ate, Zip C erfield,		515	-		tri .			V Asia			<u>. j.</u>
×	DOH DCA	Emergency justification Cancellation)	!	September 1975	of Contact by Broth					1000000	lephon					
					FAC	ILITY INF	ORMAT	ION				-					
Na	me of Facility Where	Abatement is Takir	ng Place (3)					Туре	of Facility	(4)						
	eet Address								×	School (K- Subchapter Other (i.e. petc.)	r 8 (Oth orivate	& com	mercia	ıl buik	20-1-1- 		es,
Po	oint Pleasant								Squa	re Feet	# 0	f Floor	rs	В	ldg. A	ige	
	unty (6) cean				County (STATE	Code (7) USE ONLY	n		Curre	ent Use (Pri	or if be	ing de	molish	ed)			
Na	me of Monitoring Firm	Hired by Building	Owner (8))	ASC	M No.				atement Cor D PROFE			S				
Str	eet Address				t-			Street 6 Wh		ss DOVE C	OURT						
Cit	y, State, Zip Code									ip Code OD, NJ 0	8701						
Pro	ject Manager for Mon	itoring Firm			Telepho	ne No.		Teleph 732-	none N 668-9			Licer 120	nse No).			
	ort Date (10) 2/17/19		Schedul 02/21/		mpletion	Date (11)	8	Name	of OSI	HA Monitor D PROFE	SSIC		wo-s				
Oc	cupancy Status During							Street 6 WH		ss DOVE CO	OURT						
×	Facility Closed/Vaca Abatement Performe Other – Describe: _	ed Outside of Norr	nal Facility	Abate / Hou	ment rs			City, S	tate, Z	ip Code OD, NJ 0		C					
Sco	ppe of Work (Check Al	That Apply)						L/ (1 (1		00,140 0	0/01						
×	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	**************************************	District Co.	Renov Demol				×	Mir Glo	Il Containmoni-Enclosure ovebag Prod n-Exempted	e cedure					e	
			437.55	Loca											Abate	ement pe	
	Location Asbestos-Containing TO BE ABA In Facili (13)	Use Ma	ed Sol	ely by ance/ Staff?		tos Con thermal surfa	escription taining M I systems acing, VA miscellar	Material s insula T, or		(5	mount Specify F or LF	,	Removal	Repair	Encapsulate	Enclosure	
			Yes	No	N/A									_		ite	е
	INTERIO	OR					FLC	OOR TI	LE		1:	500S	f	Х			
											2-0-12-						
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Nar	ne of Registered Was	te Hauler			NJDEP W		Cubic	Yards		Name of	Registe	ered La	andfill				-
destructe base	WARK CARTING		Hauler ID 14509	No.	of Wa	ste		IESI	-								
11000000	, State WARK, NJ						Dispo: 02/21	sal Date 1/19		City, State BETHL		/ РА					
	npleted by SEPH PERLSTEII	N ·	Title OWN	IER			5	Signature					Date	06/1	9		

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333	833	3.35	IV	1111

CKM14 PAID	,		ICATION	ate of Ne I OF ASB to NJAC	ESTOS	ABATE				G	5	7			
Date of Notification (1) 02/07/19				f Building antville I) i		FEB	1 1	201	19		
Agencies Notified Type Notification EPA Initial			Street A	ddress orth Ma	in Stree	et								1 ATE 1	=
DEP Amended Amendment		_		ate, Zip Co antville,		232		7 (4)		1 2 4 4		Co.			
■ DOH justification) ■ DCA Cancellation				f Contact antville l	Housing	g Auth	ority)	100000	ephone 9-204-					
No.			FACI	LITY INF	ORMATI	ON									
Name of Facility Where Abatement is Takir	ig Place (3	3)					Тур	e of Facility (4	1)						
Street Address							×	School (K-12 Subchapter Other (i.e. pretc.)	8 (Oth				lings,	home	es,
City (5) Pleasantville							Squ	are Feet	# 0	f Floors		В	ldg. A	ge	
County (6) Westchester			County (Code (7) JSE ONLY	,		Curr	ent Use (Prio	r if bei	ng demo	olishe	ed)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	l No.		Name AAA	of Ab	atement Con	ractor	(9) NALS					
Street Address						Street	Addre								
City, State, Zip Code						City, S	State, 2	Zip Code OD, NJ 08							
Project Manager for Monitoring Firm			Telephor	ne No.		Teleph 732-	none N	No.		Licens 1200	e No				
Start Date (10) 02/18/19	Schedule 02/21/1		mpletion [Date (11)				HA Monitor D PROFES	SSIO			-			
Occupancy Status During Abatement (Chec						Street	Addre								
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of A nal Facility	Abaten Hours	nent S			City, S	tate, 2	Zip Code							
Scope of Work (Check All That Apply)		-				LAN	EVVC	OD, NJ UC	701						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit				×	Mi Gi	ull Containme ini-Enclosure ovebag Procon-Exempted	edure					a.	
Location of	l N	Locati	ly		Des								Abate Typ	ment	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Sole intenar odial S (12)	nce/	Asbes (i.e.	tos Cont thermal surfac	scription aining M systems cing, VA niscellar	Materia s insul T, or	ation,	(S	mount Specify or LF)		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A									_		te	O.
INTERIOR				TILE A	ND MA	ASTI	С	5	50SF		х				
Name of Registered Waste Hauler		61	IJDEP W	acto	Cubic	Varde		Nome of 5	locist	rod I -	den.				
NEWARK CARTING		Н	lauler ID 4509		of Was			Name of R	eyiste	reu Lan	uill				
City, State NEWARK, NJ					Dispos 02/21	al Date /19	3	City, State BETHLE		1 PA					
Completed by JOSEPH PERLSTEIN	Title OWN	ER		71	S	ignature	:				Date 02/	9 07/1	9		

1715	PAID	NOTII	FICATI Pursua	ON OF ant to N	of New Jers ASBESTO	S ABATE and 12:12	20)							1 2	The state of the s
ate of Notification (1) 2/07/19			Nam Lior	e of Bu Tree	ilding Owne Manage	r/Operato ment	or (2)				FEB I	1 20	9	1 to	2
gencies Notified Type N	Notification		Stree	et Addre	ess dison Ave	nue, Su	uite 12	2	172					ide As	
DEP DOL	nitial mended mendment #	uding	Lak	ewoo	Zip Code d, NJ 087	701					hone Numl				
DOH L	Emergency (incluustification) Cancellation	ading	Lio		e Manage						534-451				-
			F	ACILIT	Y INFORM	ATION	Tun	o of Ea	cility (4)					C-Alivo	\neg
lame of Facility Where Abatem Street Address	ent is Taking Pla	ace (3)					×	School	ol (K-12)	Other	than K-12)	l building			
City (5)							Squ	uare Fe	et	# of I	Floors	Bldg	. Age		
Elizabeth County (6)				inty Co	de (7) E ONLY) _		Cu	rrent Us	se (Prior	if bein	g demolish	ed)			
Union Name of Monitoring Firm Hired	by Building Own	ner (8)	1	ASCM N	No.	Nar	me of A	bateme	ent Contr	actor ((9) NALS				
Street Address						Stre	eet Add	iress	VE CO						
City, State, Zip Code						Cit	y, State	, Zip Co							
Project Manager for Monitoring	Firm		Te	lephone	e No.	Tel	lephone	e No.			License N	0.			
Start Date (10)		cheduled	Compl	etion D	ate (11)	Na	me of (8-9078 OSHA N	Nonitor	celo					
02/18/19)2/22/19				Str	reet Ad	dress	ROFE				7		
Occupancy Status During Aba Facility Closed/Vacated I	Ouring Entire Pe	riod of Ab	atemer	nt				E DO e, Zip C	VE CC	URT					
Abatement Performed O Other – Describe:	utside of Norma	I Facility F	lours			- L	AKEV	VOOD	, NJ 0	8701					
Scope of Work (Check All That ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	at Apply)	Re X De	novatio molitio	on n			×	Mini-E	nclosure	e cedure	h Negative			9	
			ocatio				Bassassi						Abate Ty	ment	
Location of Asbestos-Containing Mat TO BE ABATE In Facility (13)	erial (ACM) <u>D</u>	Used	ormally Solely ntenano odial St (12)	by ce/ caff?	(i.e. tl	Descri s Contain nermal sy surfacing other mis	stems i	terial (A insulatio , or	cM) on,	. (Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
INTERIOR		Yes	No	N/A	P	IPE INS	SULA	TION			70LF	х			
INTERIOR	·												-		-
	Havilar		N	JDEP V	Vaste	Cubic Y	ards		Name o	f Regis	stered Land	ifill			
Name of Registered Waste NEWARK CARTING	nauier		Н	auler ID 4509		of Waste			IESI	ate					
City, State NEWARK, NJ						Disposa 02/22/	19		City, Sta BETH	LEHE	EM PA	Date			
Completed by JOSEPH PERLSTEIN		Title OWN	NER			Sig	gnature					02/07	19	100	

Print Form

PAID

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

CHECK# 3097

1992 St. 10							(0)					-			_
Date of Notification (1) 1/30/2019			Name of WCD G	Building C Group)wner/Op	perator	(2)			E	C	E			* **
Agencies Notified Type Notification			Street Ac	ldress roadway	/. Suite	1904	1			The days a vy o	VA (4) 8 (4)		S		The second secon
X EPA X Initial Amended Amendment #_			City, Stat	e, Zip Coo	de	100000000		š !		F	EB	11	201	9	1 1
X DOL Amendment #_ Emergency (inc	cluding			ork, NY	10018			1-							t and
DOH justification) Cancellation	Juding	91.08	Name of Mr.Micl	Contact hael Gar	rambor	ne		1,0		phon 2) 63		nber 000			*
			FACIL	ITY INFO	RMATIC	ON .			l	- 4-		Grade Cons	Liveren.		24-
Name of Facility Where Abatement is Taking F Residential	Place (3))					_	of Facility (4)							
Street Address							☐ S	ubchapter 8 other (i.e. pri tc.)	(Othe				lings, l	nomes	s,
City (5) Spring Lake							Square 4365	e Feet	# of 3	Floor	S	B	ldg. Ag 0	je	
County (6) Monmouth			County C	ode (7) SE ONLY)				nt Use (Prior dential	if beir	ng der	nolish	ned)			
Name of Monitoring Firm Hired by Building Ow TBD	vner (8)		ASCM	No.				ement Contracting, LL((9)					
Street Address							Addres	s y Road, S	Suite I	<					
City, State, Zip Code							state, Zip	Code w Jersey	0747	0					
Project Manager for Monitoring Firm		Telephor	ne No.		100	none No) 928-			Licer 008	nse N 74	0.				
I CONTROL OF CONTROL O								A Monitor acting, LL(-					
Occupancy Status During Abatement (Check C	Only On	e)				Street	Addres	s							
▼ Facility Closed/Vacated During Entire Pe	riod of A	batem						y Road, S	Suite I	<					
Abatement Performed Outside of Normal Other – Describe:	Facility	Hours			_		state, Zij ne, Ne	ew Jersey	0747	70					
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf		enoval emoliti				>	Min Glo	Containment i-Enclosure vebag Proce i-Exempted	edure					1	
		Locati										T	Abate	ment	
Location of		lormall d Sole				cription		(4.010							
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai Cust	intenar odial S (12)	nce/ Staff?		os Conta thermal surfac other m	system sing, VA	s insula AT, or		(S	moun Specify or LF	y	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		0.001.0046.000								\vdash		
Carriage House	Х			Trans	site si	ding		92	20 SI	=	x				
Name of Degistered Wests Havies		I NI	JDEP W	lasto	Cubic	Varde		Name of F	Peniete	red I	andfil				
Name of Registered Waste Hauler Service Transport Group, Inc.		H	lauler ID 0990		of Was			Minerva	4.56						
City, State New Castle, Delaware				2-17-		al Date	9	City, State Waynes		Ohi	0				
					100				5						

Basement- Crawlspace X X Pipe Insulation 15 LF NJDEP Waste Cubic Yards

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.

Hauler ID No. 17040

of Waste 1.0

Name of Registered Landfill

Tri - State

City, State Montclair, NJ 07042 Disposal Date 02/18/19

Bronx, NY, 10474

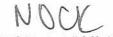
Completed By (Print or Type) Title Constantine Vivian

President

Signature

City, State

Date 2/5/2019



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



GAC Project # 000-10					i i						
Date of Notification (1) February	3, 201	9			Name of Building Owner/6 RUTGERS, THE ST			TY OF	NJ	2019	
Agencies Notified EPA		Notification ☐Initial N (2 Phases/	Votificat		Street Address ENVIRONMENTAL 74 STREET 1603, B	HEALT	H & SAF	ETY [EPT.	(REH	
□ DCA	- 3	X Amend	led Noti	fication #3 –	City, State, Zip Code	LDG 41	IU, Lavi		- 7.		
☑ DOL ☑ DEP- No Longer REQUIRE	. 4	new comp			PISCATAWAY, NJ	08854	1 = 0.0			an armer	041
DOH	,	■ Emerging iustification	gency (i cation)	neluaing	Name of Contact MICHAEL F. SMITH	I. ENV.		hone Nu 445-2	1,000		
1 37 34435 POV		□Cancel			HEALTH & SAFETY			- 101 (100 - TLP (100)) ()	oran co		
11 10 10 10 10 10 10 10 10 10 10 10 10 1	Ale Telef	DI (0)		FACILITY INF		Eller Faller					
Name of Facility Where Abatemer SCHOOL OF DENTAL M			G# 725	3	Type of Facility (4) School (K-12)						
Street Address					Subchapter 8 (other than			0	4		
RBHS NEWARK CAMPU	JS			W.,	Sq. Feet: N/A #		uildings, ho s: 4 Bldo			ears	
City (5) NEWARK	unty (6) ESS	SEX		Code (7) Ise Only)	Current Use (prior if being	g demolish	ned): ACA	ADEMIC			
Name of Monitoring Firm Hired by	Bldg. O	wner (8)	ASCM		Name of Contractor (9)						
ATC			0009	8	GREENWOOD ABAT	TEMENT	CONSU	LTAN	TS, IN	С	
Street Address 3 TERRI LANE				5 + 5	Street Address						
3 TERRI LANE					511 MAIN STREET						
City, State, Zip Code BURLINGTON, NJ 08	016				City State, ZipCode BUTLER, NJ 07405						
Project Manager for Monitoring Fir		Telephone			Telephone Number		Licens	se Numb	er		
BRIAN R. KEARNEY		609-386	-8800		973-492-0477		0084	0			
Scheduled Start Date (10) 11/15/18		Scheduled 03/18		n Date (11)	Name of OSHA Monitor ENVIROVISION, INC	D.					
Occupancy Status During Abate Facility Closed/Vacated During	ng Entire	heck only o	<u>ne)</u> .batemen	t	Street Address 20-21 WARGARAW	Larra de Antonio de Carlos de La Carlos de Car	BLDG# 3	5E			
□Abatement Performed Outsid Describe: ☑ Other- Describe: Schedule: WEEKENDS AS NEEDED)				24 HOURS &	City, State, Zip Code FAIRLAWN, NJ 0741	10					
Scope of Work (Check all that app	oly)					1 5 Oant	-1	ith Nose	tivo Dec		
□≥ 3 sf or >3 lf				⊠ Renovation		Mini-End	ainment wood	ıın ivega	auve Pre	ssure	
\ge 160 sf or \ge 260) If			■ Demolition			ag Proced		0.70		
Location of Asbestos-Containing	I Is I or	ation Norma	lly Llsed	Description of Asl	bestos Containing Material		empted (*)		n-Friable ment Tvi		dure
Material (ACM) in Facility (13)		y by Maint./C (12)			nal systems insulation, surfaci	ing, (Sp	pecify SF LF)			Encap	Enclose
D-LEVEL 721 SUITES (2 PHASES)		X		VAT & MAST	TIC	5	600 SF	X			
845 – 852, 832 SUITE, 829, 830 (2 PHASES)		IXI		VAT & MAST	TIC (partial area)	2	800 SF	X			
ood (21 TIAGEO)											
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Wa		r ID #	Cubic Yards of Waste:	60 CY	Mame G.R.	of Regis	stered L North	andfill Landf	ill
NJDEP # 12561	Hauler #2) Newark Carting, Inc., Newark, NJ 04509					Disposal	Date 3/2019	gen V		w Ford I rrisville	
Completed by (Print or Type) RAYMOND C. PEDALIN	т	Signature Raymond C. Pe	Edalino	Pate Feb	ruary	3, 201	9				

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			(x urbunit to 111012)	.c. 0.00-7 and 12.120-7		**			İ
Date of Notification (1) Decemb	er 20, 2	2018		Name of Building Owner RUTGERS, THE S			FEB T	7 2019	
Agencies Notified □ EPA □ DCA □ DOL □ DEP- No Longer REQUIRE		(2 Phases X Amendanew com	n Type Notification /Work Areas) ded Notification #2 – pletion date, phase &	Street Address ENVIRONMENTAI 74 STREET 1603, City. State. Zip Code PISCATAWAY, NJ	L HEALTH BLDG 411	& SAFET	Y DEPT.		
IN DOH			gency (including cation) lled	Name of Contact MICHAEL F. SMIT HEALTH & SAFET		Telephone 848-445			
			FACILITY	INFORMATION					
Name of Facility Where Abatemeter SCHOOL OF DENTAL I	ent is Taki MEDICI	ng Place (3) NE, BLD	G# 7253	Type of Facility (4) School (K-12) Subchapter 8 (other the	an K-12)				
Street Address RBHS NEWARK CAMP	US			Other (i.e. private & co		dings, homes, 4 <u>Bldg. Ag</u>	etc.) <u>e:</u> 60+ ye	ears	
NEWARK	ounty (6) ESS	SEX	County Code (7) (State Use Only)	Current Use (prior if being	ng demolished	i): ACADEN	ИС		
Name of Monitoring Firm Hired b	y Bldg. Ov	wner (8)	ASCM No.	Name of Contractor (9)					
ATC Street Address			00098	GREENWOOD ABA	TEMENT C	ONSULTA	NTS, INC) .	
3 TERRI LANE				Street Address 511 MAIN STREET					
	3016		76	City State, ZipCode BUTLER, NJ 07405					
Project Manager for Monitoring F BRIAN R. KEARNEY	<u>irm</u>	Telephone I		Telephone Number		License Nu	mber		
Scheduled Start Date (10) 11/15/18		Scheduled 0	Completion Date (11)	973-492-0477 Name of OSHA Monitor		00840			
Occupancy Status During Abate	ement (C			ENVIROVISION, IN Street Address	U.				
☐ Facility Closed/Vacated Durin ☐ Abatement Performed Outside	ng Entire	Period of A	batement	20-21 WARGARAW	ROAD, BL	DG# 35E			
Describe: Other- Describe: Schedule: WEEKENDS AS NEEDED)	: 5PM –	5AM (2 PI	HASES, 24 HOURS &	City, State, Zip Code FAIRLAWN, NJ 074	10				
Scope of Work (Check all that app	oly)				- wowenesse was				
$\square \ge 3$ sf or >3 If $\square \ge 160$ sf or ≥ 260) If		☑ Renovation ☐ Demolition	I.	☐Full Contain☐ Mini-Enclos☐ Glove bag☐	ure Procedure / \	Wrap & Cut		
Location of Asbestos-Containing Material (ACM) in Facility (13)		ation Normal by Maint./Cu (12) NO		Asbestos Containing Material rmal systems insulation, surfac	Non-Exemple Amount (Specior LF)	nt Aba	tement Type	2	
D-LEVEL 721 SUITES (2 PHASES)		X	VAT & MAS	STIC	560	0 SF 🗵			
845 - 852, 832 SUITE, 829, 830 (2 PHASES)		X	VAT & MAS	STIC (partial area)	280	0 SF 🗵			
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Was See Below	te Hauler ID #	Cubic Yards of Waste:	60 CY	Name of Re G.R.O.W.			
Hauler #1) Greenwood Abatemer NJDEP # 12561 Hauler #2) Newark Carting, Inc. NJ DEP # 4509			Butler, NJ 07405		Disposal Da 02/03/20		City, State 100 New Rd. Morri 19067 215-736-1	Ford Mill isville, Pa	
Completed by (Print or Type) RAYMOND C. PEDALING		e ENIOR PI ANAGER		Signature Raymond C. H	edatino -	Date Decembe	er 20, 20°	18	

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

ERFIN

GAC Project # 060-18 Date of Notification (1) Name of Building Owner/Operator (2) November 27, 2018 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address □Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) ☐ EPA (2 Phases/Work Areas) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS DCA. ■ Amended Notification #1 – City, State, Zip Code X DOL new completion date & PISCATAWAY, NJ 08854 DEP- No Longer REQUIRED materials 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+ years City (5) County (6) County Code (7) 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 12/31/18 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 Pressure □> 3 sf or >3 lf ▼Renovation ☐ Mini-Enclosure \ge 160 sf or \ge 260 lf Demolition ☐ Glove bag Procedure / Wrap & Cut XX Non-Exempted (*) and Non-Friable Procedure 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 or LF) Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) NO YES D-LEVEL 721 SUITES (2 X VAT& MASTIC 5600 SF X PHASES) Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill 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, State 100 New Ford Mill NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 Rd. Morrisville, Pa 12/31/2018 NJ DEP # 4509 19067 215-736-1700 Completed by (Print or Type) Signature SENIOR PROJECT RAYMOND C. PEDALINO November 27, 2018 Raymond C. Pedalino MANAGER

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							***				4
Date of Notification (1) Noven	nber 5, 2	2018		3	Name of Building Owner RUTGERS, THE S				B 1 1	2019	9
Agencies Notified EPA DCA DOL		Notification Initial I (2 Phases/ In Amend	Notifica Work Are led Not	eas) ification #	Street Address ENVIRONMENTAL 74 STREET 1603, I City, State, Zip Code	. HEALTH BLDG 411	& SAF	ETY D	EPT. (
☑ DEP- No Longer REQUI ☑ DOH	RED		cation)	including	PISCATAWAY, NJ Name of Contact MICHAEL F. SMITH			hone Nu			
					HEALTH & SAFET	Υ					
Name of Facility Where Abate		-i Di (0)		FACILITY IN							
SCHOOL OF DENTAL	- MEDIC	INE, BLD	G# 725	3	Type of Facility (4) School (K-12) Subchapter 8 (other tha	in K-12)					
Street Address RBHS NEWARK CAM	IPUS				Other (i.e. private & co					ars	
City (5) NEWARK	County (6	SEX		Code (7) Jse Only)	Current Use (prior if bein	g demolishe	d): ACA	ADEMIC			
Name of Monitoring Firm Hired ATC	d by Bldg. (Owner (8)	ASCM 0009		Name of Contractor (9) GREENWOOD ABA	TEMENT (CONSU	LTANT	S, INC		
Street Address 3 TERRI LANE					Street Address 511 MAIN STREET						
City, State, Zip Code BURLINGTON, NJ	08016				City State, ZipCode BUTLER, NJ 07405						
Project Manager for Monitoring BRIAN R. KEARNEY	g Firm	Telephone 1 609-386			<u>Telephone Number</u> 973-492-0477		Licens 0084	e Numbe	2		
Scheduled Start Date (10) 11/15/18		Scheduled 0 11/27/18	100000	on Date (11)	Name of OSHA Monitor ENVIROVISION, INC	C.	0004				
Occupancy Status During At □Facility Closed/Vacated D □Abatement Performed Ou	uring Entir	e Period of A	batemen	t	Street Address 20-21 WARGARAW		_DG# 3	5E			
Describe: Other- Describe: Schedu WEEKENDS AS NEEDE		- 5AM (2 PI	HASES,	24 HOURS &	City, State, Zip Code FAIRLAWN, NJ 074	10					=
Scope of Work (Check all that	apply)						10 900	december of	D 35		
$\square \ge 3$ sf or >3 If $\square \ge 160$ sf or ≥ 160	260 If			Renovation Demolition	[☐Full Contain ☐ Mini-Enclo ☐ Glove bag ☑Non-Exem	sure Procedu	ıre / Wra	p & Cut		lure
					pestos Containing Material nal systems insulation, surfact cell.)	ing, (Spec	ify SF		ent Type Repair E		Enclose
D-LEVEL 721 SUITES (2 PHASES)	X	VAT		560	00 SF	X					
Name of Reg. Waste Hauler See Hauler Below #1 &	2	NJDEP Was See Below		r ID#	Cubic Yards of Waste:	40 CY		of Registe D.W.S. N			II
Hauler #1) Greenwood Abate NJDEP # 12561 Hauler #2) Newark Carting, I NJ DEP # 4509	NJ 07405		Disposal Da 11/27/20		1 R 1	ity, State 00 New d. Morri 9067 15-736-1	Ford M sville,				
Completed by (Print or Type) RAYMOND C. PEDAL	INO S	<u>ïtle</u> SENIOR PI MANAGER	т	Signature Raymond C. Te	Edalino	Nove	mber	5, 2018	3		



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

	TALL	<i>J</i>	(F	ursua			3:60 and 5:1		hock.	#.)-	16	\wedge
Date of Notification (1)		- MENTEN		Nam	e of Buildin	ng Ov	wner/Operator ((2)	一	0 6	7	V C	·
	6 /	19						al Associates	, LLC	G E		W	
Agencies Notified	Type Notific	ation		Stree	et Address								1
☑ EPA ☑ DOLWD	☐ Initial			5 F	Powell La	ne			. · · · · F	EB 1	1 20	120	11.
⊠ DOLWD	Amende Amendm			City,	State, Zip	Code)			LU.	- 20	19	1
□ DCA	☐ Emerger		o a	Co	llingswo	od, l	NJ 08108						į
(NJAC 5:23-8)	justificati	ion)	ig	Name	e of Contac	ct			Telephone I	Vumber	3.0		
	☐ Cancella	tion		Ge	offrey Lo	ng			856-662-		- 1		Sa Garage
				FA	CILITY IN	NFO	RMATION						
Name of Facility Where A	batement is	Taking Plac	e (3)					Type of Facility	(4)				
								School (K-1	2)				
Street Address								Subchapter	8 (Other than I	K-12)		cestile.	
								Other (i.e., phomes, etc.	orivate and con)	nmerciai	oullair	gs,	
City (5)								Square Feet	# of Floors	1	Bldg. /	Age	
Clinton								6600	2		130	.3-	
County (6)				Cou	nty Code (7	7)(STA	ATE USE ONLY)	Current Use (P		nolished)			
Hunterdon				1000	,	71		residential		rionorioa)			
Name of Monitoring Firm	Hired by Build	dina Owner	(8)	ASCM	l No.	Na	me of Ahateme	ent Contractor (9					
Atlas Environmenta		55.75	1-7	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1		vironmental C					
Street Address							eet Address	vironinental C	.0., 1110.				
PO Box 11645							23 Haws Av	•					
City, State, Zip Code							y, State, Zip Co						
Philadelphia, PA 19	116					1 1	Vorristown, F						
Project Manager for Monit			Tal	ephone	No		lephone No.	A 19401	11:				
Jason Dua	toring i iiiii		To consider	67-784			10-239-9920		License No	0.			
Start Date (10)		Scheduled (100000000000000000000000000000000000000				00398				
2/_11/		2				1300000	me of OSHA M						
				<u> </u>				vironmental C	o., Inc				
Occupancy Status During						1000 C/K	eet Address						
☐ Facility Closed/Vacate☐ Abatement Performed	a During Entil Outside of No	re Period of	Abate	ement			23 Haws Av						
Time of Abatement: 7:	00AM-3:30F	omai radii PM/	iy not M-	irs - Des AM	scribe	1 25	y, State, Zip Co						
						١	lorristown, F	PA 19401					
Scope of Work (Check all	that apply)						П= "0		0 625				
≥3 sf or ≥3 lf		⊠R	enova	tion			☐ Full Cont	ainment with Ne	gative Pressure	Э			
≥160 sf or ≥260 lf			emolit				⊠ Glovebag	Procedure					
						-		mpted (*) and No	n-Friable Proc	edure			
Looption		1100	s Loca Norma				_			A	baten	ent T	Гуре
Location of Asbestos-Containing N				ely by	Ashe	stos	Description o Containing Ma	Company of the control of the contro	Amount	7	Re	ш	E
TO BE ABA	TED	M	ainten	ance/ Staff?		., the	ermal systems i	nsulation,	(Specify	Removal	Repair	сар	clos
IN Facility (13)	У	Cu	(12				surfacing, VAT,		SF or LF) <u>a</u>		Encapsulate	Enclosure
(13)		Yes	No			Oti	her miscellane	ous)				ate	
Basement				pipe ins	sula	tion and deb	ris	60LF	×	П			
Crawlspace					pipe ins		awe.		200LF		1		
1st floor					pipe ins	sulai	tion		10LF		+	1	-
1st Floor Interior			+=	-	duct ins	cula	tion		2SF			Ш	
Exterior				\boxtimes	wire ins				1,800LF	110			
Name of Registered Waste	e Hauler		1.33	NJDEP I	Waste	Cub	oic Yards of	Name of Regis	stered Landfill				
Freehold Cartage				15939		Wa:		Fairless La	andfill				
City, State				10000			posal Date	City, State					
Freehold, NJ						2	/28/19	Morrisville	, PA				
Completed By (Print or Ty	pe)	Title					Signature		• 10101	Date	/		
James M. Kelly	5 %	Vice P	resid	ent			oignature /				6/		
SCD 41		71001	Join				14			/	4/1	7	

State of NJ Notification of Asbestos Abatement B & G proj. #: 2019-32 (Pursuant to NJAC 8:60-7 and 12:120-7)

. 18	-CREEK					Check	# 9138				_
Date of Notification (1)	I I Name o	of Building Ow	ner/Operator (2)		EA		n a	ales den e		-
Agencies Notified Type Notification	Esta	te of James		,		EC			1.	' } 7	T-
EPA Initial	Street A	ddress				FE	B 11	2019			
X DOL Amendmen	70 1	ate, Zip Code rthorne, NJ	07506			Ĺ	* * * * * * * * * * * * * * * * * * *				
ĭ DOH	Name of	Contact			TOTAL TRANSPORT	Telephon	e Number		-		-
DCA Cancellation	n Bet	ty Gower					15 May 12 11 11 11 11 11	* TA 16		100	
		FAC	CILITY INFORM	MOITAN	ļ						
Name of facility where abatement is ta	king place (3)				11	Type of Facility (
Estate of James C Gower						=	ol (K - 12) apter 8 (Ot	her th	nan K	-12)	
Street Address						X Other ((Private/Co /Homes, et	mme		,	
						Square Feet	# of Floors		Ble	dg. A	ge
City (5)	County (6)				nty Code (7) te use only)		1. 15 h - 1		- li - li -		
Hawthorne, NJ 07506	Passaic			(Ota	te use only)	Current Use (Presidential	rior if being	aem	olisne	ea)	
Name of Monitoring Firm Hired by Bldg	g. Owner (8)		ASCM No.		Name of Abatement Co	ontractor (9)					9
					B & G Restoratio	n, Inc.					
Street Address					Street Address 105 Ryerson Ro	ad					
City, State, Zip Code					City, State, Zip Code	1.07005			li annua		
Project Manager for Monitoring Firm		Phone Num	h	_	Lincoln Park, N. Telephone Number	J 07035	T1:	1			
Project Manager for Monitoning Pilm		Phone Num	ber		(973)696-6869		License I	378	er		
Scheduled Start Date (10)	Sched. Com	oletion Date (1	11)		Name of OSHA Monito B & G Restoratio						
02/20/2019	02/21/20				Street Address	11, 1110.				_	
Occupancy Status During Abatement (C					105 Ryerson Roa	ad					r
X Facility closed/vacated during ent Abatement performed outside of r Describe:					City, State, Zip Code						
Other-Describe:				_	LincolnPark, NJ	07035					
Scope of Work (check all that apply)				□ w	rap & cut	y fees - wilde					
	novation			□F	ull Containment w/nega	tive pressure	Gloveb	ag pr	ocedu	ire	
※ > <u>3</u> sf or > <u>3</u> lf	0 sf or ≥260 l			X N	lini-enclosure	[Non-fri	able p	огосе	dure	Levernone
Location of	location norm	ally used solel			04.0			R	R	E n	E
material to be	aff(12)		Descripti material		sbestos-containing	Amount (Specify S	F or	m o	р	С	n
abated in facility (13)	Yes N	N/A		(/		LF)		v	a i	a p	L
basement		×	pipe insul	ation		170 lf		e X			
											10
								닏		ᆜ	11
Registered Waste Hauler	NJDEP Hat	ler ID# 1 (Ubic Yards of	Waste	Name of Registered L	andfill		Ш	Ш	Ц	
B & G Restoration, Inc.	19563		2		Grand Central L					-	
City, State Lincoln Park, NJ	-	Disposal I	Date 02/21/2019		City, State Pen Argyl, PA						
Completed by (Print or Type) Tit Gordana Luna Se	le ecretary/Tre	acuror	Signature		Gordana Luna		Date 02/08	/201	0		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.IAC 8:50 and 5.77

S. S. Sandalli	C-4Della	THE REAL PROPERTY.	the second second
11-3	(3)		1 17
13	1 100	14	1 1/1/
11_	11.75	1	1497
Acres 4		7.50	1

JE JO I CE	LELLE		(1	ursua	int to NJ	AC 8:60 and 5:1	6)		62			
Date of Notification (1)				Nam	ne of Buildi	ing Owner/Operator		FEB	-1-1	20	19	- 11
	8 / 1	9			illiam Br	그래, 취로 환경했다	/ Job #1808-2	341 Chk. #	5276			
Agencies Notified	Type Notification	1		Stro	et Address			Lucia.	0210			
☐ EPA	☑ Initial			Street	et Address	*		A 7 14 19		-4	2.4	4
□ DOLWD	☐ Amended			0.1	0: 1 7:				A		v.,	
☑ DHSS	Amendment	#		101000	State, Zip							
☐ DCA	☐ Emergency (includin	g		elran, NJ							
(NJAC 5:23-8)	justification)				e of Conta	1700		Telephone Num	ber			
	☐ Cancellation			Jir	n Mullari	key						
				FA	CILITY	NFORMATION						
Name of Facility Where A	batement is Takir	ng Place	e (3)				Type of Facility (4	1)				
Residential							School (K-12)	· ·				
Street Address							Subchapter 8	(Other than K-12	2)			
							Other (i.e., prinhomes, etc.)	vate and comme	rcial b	uildin	gs,	
City (5)							Square Feet	# of Floors	I D	lda /	\	
Delran							Oquare 1 eet	1		ldg. A		
County (6)				Cou	nty Code /	(7)(STATE USE ONLY)	Current Use (Prio		1	195	9	
Burlington					, oodo (I NOTATE OUE ONET)	Residential	r ir being demoli:	snea)			
Name of Monitoring Firm	Hired by Buildina	Owner	(8)	ASCM	l No	Name of Abatem						
Tiger Environmenta		0	(0)	710010	140.	Name of Abateme						
Street Address							d Mold Services	, Corp.				
234 20th Ave						Street Address						
City, State, Zip Code						3859 Sylon B						
Brick, NJ						City, State, Zip Co						
Project Manager for Monit	oring Figur		T			Hainesport, N	1J 08036					
Kelly Walton	oning Film			ephone		Telephone No.		License No.				
Start Date (10)	10.	1110			32-4301	609-702-0400		00862				
	5.50 - 5.5				ite (11)	Name of OSHA M						
				0_ /	19_	EMSL Analyti	ical, Inc.					
Occupancy Status During	Abatement (Chec	k only o	ne)			Street Address						
☐ Facility Closed/Vacated	During Entire Pe	riod of	Abate	ement		200 U.S. Rout	te 130 North					
Abatement Performed (Dutside of Norma	l Facility	/ Hou	rs - Des	scribe	City, State, Zip Co	ode					
		VII			AIVI	Cinnaminson	, NJ 08077					
Scope of Work (Check all t	that apply)					_						
≥3 sf or ≥3 lf		⊠ Re	novai	ion		☑ Full Cont	ainment with Negat	ive Pressure EV	nclas	ure	į	
☐ ≥160 sf or ≥260 lf		☐ De				☐ Mini-Encl ☐ Glovebag	osure					
					alies -	☐ Non-Exer	npted (*) and Non-	Friable Procedur	e			
			Loca						Ab	atem	ent T	vpe
Location o Asbestos-Containing M			lorma d Sol	ally ely by		Description of				1	T	
TO BE ABAT	ED (ACM)			ince/	Asbe	stos Containing Mat	erial (ACM)	Amount	Removal	Repair	nca	Enclosure
IN Facility		Cust		Staff?	(1.0	surfacing, VAT,	or	(Specify SF or LF)	ova	a.	sde	uso
(13)		V	(12)	T	-	other miscellaneo		0. 0. 2.)	-		Encapsulate	Ге
		Yes	No	N/A							W	
Throughout *					Floor T	ile & Mastic		1500 SF		П	П	П
			П						-			
										ш	Ш	
										П	П	П
Name of Registered Waste	Hauler		10000	JDEP V		Cubic Yards of	Name of Register	ed Landfill	1-			-
Waste Management			H	auler ID	Contraction of the Contraction o	Waste	Grand Centra					
City, State				17273		5 Disposal Date	City, State	0% 				=
Lafayette, NJ						2/20/19	Penn Argyle,	DΛ				
Completed By (Print or Type	e) Title	e e				A-	r eilii Aigyle,					
Kimberly A. Trumbett	100		oor	linator		Signature		Dat		1/	λ	
SB-41			5510	mator		AN		1	- 8	-10		

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

CK11023	PAI	NO M)				SBESTOS ABA JAC 8:60 and 5:1		EG] [7	
Date of Notification (1)	5 /	19		100000000000000000000000000000000000000		ing Owner/Operator ool / Job #1802-5		1023 FEB	1 1	201	9	A Charles of the
Agencies Notified	Type Notifica	ation		Stre	et Address							- 1
-	Initial			24	47 South	Street		Asu san				ف
[14] [15] [16] [17] [17] [17] [17] [17] [17] [17]	☐ Amended	5 110 Oct.		U 200	, State, Zip			P81-14 (14.71)		W. L.S.	21.	y t
☑ DHSS	Amendme		_	1040	100 100	n, NJ 07960		* * * * * * * * * * * * * * * * * * *	Na anterior	- 14-1-Witne		5.55
] Emergend		ng	-								
(NJAC 5:23-8)	justificatio				ne of Conta			Telephone Nu				
	_ Cancellati	1011			illiam Ch	COLUMN TO THE CO		973-575-15	500			
Name of Facility Where Aba	tement is Ta	aking Plac	ce (3)	ГА	ACILITY I	NFORMATION	Type of Facility	(4)				
Peck School			(0)				School (K-1	203 (0)				
Street Address								8 (Other than K-1	2)			
247 South Street								private and comm		uildir	ıgs,	
							homes, etc.)			20 W	
City (5)							Square Feet	# of Floors	E	Bldg. /	Age	
Morristown, NJ 07960	!!!											
County (6)				Cou	inty Code (7)(STATE USE ONLY)	Current Use (P	rior if being demo	lished)			
Morris							School					
Name of Monitoring Firm Hir	ed by Buildi	ing Owner	(8)	ASCN	No.	Name of Abateme	ent Contractor (9)				
Whitman						AbateTech, In						
Street Address						Street Address				-		
7 Pleasant Hill Road						30 Maple Ave	PO Boy 25					
City, State, Zip Code						City, State, Zip Co						
Cranbury, NJ 08512												
Project Manager for Monitori	na Eirm		Tal		Al-	Lumberton, N	1J 08048					
Kevin Lovely	ng i iiii			ephone)-5858	Telephone No.		License No.				
Start Date (10)	C-	ا ما داده ما				609-265-2107		00529				
_3 / _8 / _1	19		1			Name of OSHA M EMSL Analyti						
Occupancy Status During Ab						Street Address						
☐ Facility Closed/Vacated D	uring Entire	Period of	Abate	ement		200 Route 130	0 North					
Abatement Performed Our	tside of Norr	mal Facilit	y Hou	rs - Des	scribe	City, State, Zip Co	de					
Time of Abatement:		_PIVI/ <u>3</u> PIVI		AM		Cinnaminson	, NJ 08077					
Scope of Work (Check all tha	t apply)					□ Eull Conte	ninmant with No.					-
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		⊠ Re	novat moliti			☐ Mini-Enclo	Procedure	n-Friable Procedu	ıre			
** ***		0.00	Loca	70.70.000					Ab	atem	ent T	vpe
Location of			Vorma	ally ely by		Description of				-	T	1
Asbestos-Containing Mate			intena		Asbe	stos Containing Mate ., thermal systems in	erial (ACM)	Amount	Removal	Repair	nce	Enclosure
IN Facility	4	Cus		Staff?	(1.6	surfacing, VAT,		(Specify SF or LF)	ova	¥	psu	nso
(13)		-	(12)		1	other miscellaneo		Or Or Li)	_		Encapsulate	ē
Exterior		Yes	No	N/A	D 5					_		
					7	Material		10,000 SF				
Exterior			Ш	\boxtimes	Window	/ caulk		15 LF	\boxtimes			
Name of Registered Waste Ha	auler		1 2 2 2	JDEP V	(2) (2) (3) (3) (4)	Cubic Yards of	Name of Regis	tered Landfill				
AbateTech, Inc.			H	18750	9 (0.0000)	Waste 40	G.R.O.W.S	Landfill				
City, State						Disposal Date	City, State					
Lumberton, NJ						3/15/19	Tullytown,	PA				
Completed By (Print or Type)	T	itle				Signature		In:	ate	1274	Λ.	
Gwendolyn Trumbetti		Operati	ons (Coordi	nator		(MA/	X I	7-1	,-!	01	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 2 8 Robert Wood Johnson Hospital / Job #1902-5437 Check#11041 Agencies Notified Type Notification Street Address ACJANOS MARIOLA **⊠** EPA ☑ Initial One Robert Wood Johnson Place **⊠** DOLWD ☐ Amended City, State, Zip Code Amendment # ☑ DHSS New Brunswick, NJ 08901 ☐ Emergency (including ☐ DCA (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Kristen Bell 732-937-8701 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Robert Wood Johnson Hospital School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, One Robert Wood Johnson Place homes, etc.) City (5) Square Feet # of Floors Bldg. Age **New Brunswick** County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Middlesex Hospital Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Omega Environmental AbateTech, Inc. Street Address Street Address 280 Huylar Street 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code South Hackensack, NJ 07606 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Geiser Fajardo 201-489-8700 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor <u>2</u> / <u>19</u> / 19 **EMSL Analytical** Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/5PM-___AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure $\boxtimes \ge 3$ sf or > 3 If □ Renovation Mini-Enclosure ≥160 sf or >260 lf □ Demolition Glovebag Procedure ■ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Remova Encapsulate Enclosure Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify IN Facility Custodial Staff? surfacing, VAT, or SF or LF) (12)other miscellaneous) Yes No N/A 2nd Floor New Patient Room \boxtimes Window Caulk 48 LF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill AbateTech, Inc. Hauler ID No. Waste G.R.O.W.S. Landfill 18750 15

ASB-41 MAY 11

City, State

Lumberton, NJ

Completed By (Print or Type)

Gwendolyn Trumbetti

Title

Operations Coordinator

Disposal Date

Signature

2/20/19

City, State

Tullytown, PA

^{*} Do not use this form for asbestos licensure exempted activities.

UCIGO PAI	D		ICATION	tate of Ne N OF ASE to NJAC	BESTOS	ABATE		* 3 * 1 * 1 %		EC					
Date of Notification (1) 2/6/19				of Building rt Murph		Operator	r (2)	3 1		FE	B 1	1	20	19	1000
Agencies Notified Type Notification			Street A	Address				<u>.</u>	1					10	1
									Ĺ.,			117			55
DEP Amended Amendment				ate, Zip C				- 1	- 1	T 17 241			11.7	1.000	38
× DOL Amendment x Emergency		_		cliff Lak		3/6//			-		* 4***			•	-
DOH justification) DCA Cancellation				of Contact rt Murph					Tele	phone	Numb	er			
Carcellation				ILITY INF		ION									
Name of Facility Where Abatement is Takin	g Place (3)	1 //0	ILIT I IIV	OKWAI	ION	Type of Fa	cility (4)		24.00					
Residential Home							☐ Scho	ol (K-12)							
Street Address							Subc	hapter 8	(Other					destribution in	
							Other etc.)	(i.e. priv	ate &	comme	ercial l	build	lings	hom	es,
City (5)							Square Fe	et		loors		170000	ldg. A		
Woodcliff Lake							2900		2			1000	5 +/		
County (6) Bergen				Code (7) <i>USE ONL</i> Y)		Current Us Residen			g demo	olished	i)			
Name of Monitoring Firm Hired by Building (Owner (8)	ASCN	/ No.		Name	of Abateme			3)					
Project Manager	•						tages Aba			-,					
Street Address						(07)39/23/23	Address								
City, State, Zip Code							N. Midlan								
Oity, State, Zip Code							state, Zip Co dle Brook,		663						
Project Manager for Monitoring Firm			Telepho	ne No.		100000000000000000000000000000000000000	none No.		10.8	License					
Stort Date (10)							600-3184			01308	5				
Start Date (10) 2/7/19	2/11/1	9	npletion l	Date (11)		Name	of OSHA Mo	onitor							
Occupancy Status During Abatement (Chec	k Only Or	ne)				Street	Address								
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: 8A.M to 4 P.M	eriod of a lacility	Abaten Hours	nent			City, S	tate, Zip Coo	de							
Scope of Work (Check All That Apply)															
	×	Renova	tion			×] Full Cont	lainmant	ista N		- 0		2		
× ≥160 sf or ≥260 lf		Demolit					Full Cont Mini-End	losure		iegativ	e Pres	SSUF	е		
						-	Gloveba Non-Exe	g Proced	lure	Non Er	iabla l	Dron	odur	2	
•	le	Locati	on				1 NOTI-LAC	mpted () and	NOII-I I	lable			ement	
Location of	1	Vormal	ly		De	scription	of						Ту	ре	
Asbestos-Containing Material (ACM)		ed Sole			tos Cont	aining M	laterial (ACN	1)		ount				Ш	
TO BE ABATED In Facility	10.000000000000000000000000000000000000	todial S	0.00	(i.e.		systems cing, VA	insulation, T. or			ecify or LF)		Rem	Re	ncap	Enclo
(13)		(12)				niscellan				/		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A								1			ate	Ф
Main Basement Area		х			2/2	VAT			391	SF	x				
Basement Bedroom		X				VAT			221	SF	X				
											1				
											_				
Name of Registered Waste Hauler		N	JDEP W	aste	Cubic		Nan	ne of Reg	gistere	d Land	Ifill				
All Stages Abatement		2012	auler ID I 036592		of Was	ste		and Ce				an.	dfill		
City, State					THE RESERVE TO SERVE	al Date	10 000000	State							
Saddle Brook, NJ Completed by	TH	week - 200			TBD			n Argyl	, PA						
Richard Cristofol	Title Presi	dent			S	ignature	11/1	4			Date 2/6/1	9			

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AID CK 1907			CATION	tate of Ne N OF ASE to NJAC	ESTOS	ABATE		The state of the s		EG	E		7	
Date of Notification (1) 2/7/19				of Building Brandma		Operator	r (2)	11		FE	3 1	20	19	
Agencies Notified Type Notification			Street A		a11	-			1,124	A 455	-			į kis
			Otrect	iddi C55					L.			1,0,1		ٿـــ
☐ DEP ☐ Initial ☐ Amended		1	City, Sta	ate, Zip C	ode					· · · · · · · · · · · · · · · · · · ·		- 1.2		2
Amendment Emergency			Dumo	ont, NJ 0	7628				5.00				***************************************	
DOH justification)		' [of Contact					Tel	ephone N	umber			
DCA Cancellation	1		A DESCRIPTION	Brandma	5350				-					170010-
Name of Facility Where Abatement is Takin	n Place (3)	FAC	ILITY INF	ORMAT	ION	Type	of Facility (4	`					_
Residential Home	ig i lace (٥,												
Street Address							S ×	chool (K-12 ubchapter 8 ther (i.e. pri tc.)	(Oth			ildings	, hom	es,
City (5)							Square		3850	Floors	1.0	Bldg.		
Dumont County (6)			Country	Cada (7)			1900	. I I /D.:-	2			65 +/		
Bergen				Code (7) USE ONLY)			t Use (Prior dential Ho		ng demoi	isnea)			
Name of Monitoring Firm Hired by Building Project Manager	Owner (8)	ASC	M No.				ement Conti Abateme		(9)				
Street Address							Address N. Mid	land Ave.						
City, State, Zip Code							State, Zip	Code ok, NJ 07	7663					
Project Manager for Monitoring Firm			Telepho	ne No.		Telepl	hone No.	<u> </u>		License 01305	No.			
Start Date (10) 2/9/19	Schedul 2/13/1		mpletion	Date (11)		1 197 2000	2000	A Monitor		The second secon				
Occupancy Status During Abatement (Chec	k Only O	ne)				Street	Address	,						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe: 8 A.M to 4 P.M	Period of nal Facilit	Abater y Hour	ment s			City, S	State, Zip	Code						
Scope of Work (Check All That Apply)			11/22									70.75	50_1=4	
≥3 sf or ≥3 lf ≥160 f or ≥260 lf		Renova Demoli				2	Mini- Glov	Containmer Enclosure ebag Proce Exempted	dure				re	
· philip	Is	s Locat	tion									Abat	emen	t
Location of		Norma			De	scription	n of					T	уре	т—
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	aintena stodial (12)	ince/ Staff?		thermal surfa				(S	mount specify or LF)	Removal	Repair	Encapsulate	Enclosure
** ***	Yes	No	N/A										Ю	
Main Basement Area		X				VAT			49	92 SF	×			
Name of David Annual Control														
Name of Registered Waste Hauler			NJDEP W Hauler ID		Cubic of Wa	Yards ste		Name of R						
All Stages Abatement		1.28	036592		3 yd			Grand C	entra	al Sanita	ary La	ndfill		
City, State Saddle Brook, NJ					Dispos	sal Date		City, State Pen Argy	/I, P/	4				
Completed by	Title				S	Signature	2///	10			Date			
Richard Cristofol	Pres	ident				Pre	7		-	>	2/7/19)		

PAID

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

Ck# 3509

										CK "				
Date of Notification (1)	4 .	40		1				ner/Operator ((2)	5 0 5	-	BONNES CO.	nene.	
		18			Ver	izon Cor	nmu	ınications	-3-	ECE		\mathbb{M}		
Agencies Notified	Type Notifica	ation		S	treet	Address				-31		d 1 m s - 4 m		74.1
□ EPA					15 E	East Mor	ntgo	mery Street	i i i				1	1
☑ DOLWD ☑ DOH	Amended Amendme	The second		C	ity, S	state, Zip (Code		77	FEB 1	1	2019	1	1
□ DCA	☐ Emergen		ina	1	Pitt	sburgh,	PA 1	15212	Ţ.,	· ·	550 50	-010	1	er est
(NJAC 5:23-8)	justification		iiig	N	lame	of Contac	t			Telephone Numb	er	4 .	-3	
	☐ Cancellat	ion		1	Ant	hony Po	rta			412-633-402	200	11	, 4	
					FAC	CILITY IN	IFOF	RMATION		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. 17	*****		G- 11
Name of Facility Where A	Abatement is T	aking Pla	ice (3)					din/trioit	Type of Facility	(4)		-		
Verizon Paulsboro		J	, ,						School (K-12	Section 1				
Street Address									☐ Subchapter 8	(Other than K-12)				
220 West Broad Str	eet									rivate and commer	cial b	uilding	s,	
City (5)				-					homes, etc.) Square Feet	# of Floors	П	dg. A	10	
Paulsboro									13,000	2		+-50	je	
County (6)				T	Coun	ty Code (7	VSTA	TE USE ONLY)	(8)	ior if being demolis		50		-
Gloucester						., 0000 (.	//0///	TE OOL ONET)	Verizon	ioi ii beilig delliolis	ileu)			
Name of Monitoring Firm	Hired by Build	lina Owne	er (8)	TAS	SCM	No	Nar	me of Ahatem	ent Contractor (9)		-			
USA Environmenta	Control of the Contro	3	(-)	1			1		VIRONMENTA					
Street Address	,						-	eet Address	VINONIVIENTA	L, INC.				and the state of
8436 Enterprise Ave	e						100000000000000000000000000000000000000	123 BEAVE	DOTDEET					
City, State, Zip Code								, State, Zip Co						
Philadelphia, PA 19	153						-	RISTOL, PA						
Project Manager for Moni			T	eleph	one l	VI.	1		19007	1				
Mark Jenkins	toring r iiii					-5870	1	ephone No.		License No.				
Start Date (10)	To	cheduled					100	15-788-6040		00509				
2/22/			/					me of OSHA N		LING				
									VIRONMENTA	L, INC				
Occupancy Status During Facility Closed/Vacate								eet Address						
☐ Abatement Performed						cribo		123 BEAVE						
Time of Abatement:	AM-	PM/5:	00PM	-1:00)AM	cribe		, State, Zip Co						
					-8823000		В	RISTOL, PA	19007					
Scope of Work (Check all	that apply)							M Full Cont	tainment with No.	activo Processo				
≥3 sf or ≥3 lf			Renov					☐ Mini-Enc	tainment with Neg losure	jative Pressure				
☐ ≥160 sf or ≥260 lf			Demol	ition				Gloveba	g Procedure					
			la La	67				☐ Non-Exe	mpted (*) and No	n-Friable Procedur	T			
Location	of		Is Loc	nally				Description	_		Ab	atem	ent T	ype
Asbestos-Containing I			sed S	olely	by	Asbe	stos	Description of Containing Ma		Amount	Re	Repair	En	Ē
TO BE ABA			Mainte ustodi:			(i.e	., the	rmal systems	insulation,	(Specify	Removal	pair	cap	Enclosure
IN Facilit	ty	"	(1		111 :		S	urfacing, VAT ner miscellane	, or	SF or LF)	/al		Encapsulate	ure
(10)		Ye	s N	0 1	N/A		Oti	iei illiscellarie	ous)				te	
1st Floor Room			7	1 6	<u> </u>	VAT/Ma	otio			2.05	F7			
T TIOUT TOOM		ᆜᆜ		-		VATINIA	Suc			6 SF			Ц	Ш
] [
] [П	П	П	
			1									1	_	
Name of Registered Was	te Hauler					Vaste	Cuk	oic Yards of	Name of Desig	tored Londell			<u> </u>	
SERVICE TRANSPO		INC		1000	ler ID		Was		Name of Regis					
	- CINOUR	,		20	0990		11.00 E-00.00		MINERVA	LANDFILL				
City, State								posal Date	City, State	Should be a second of the seco				
YARDLEY, PA							T	BD	WAYNESB	URG, OH				
Completed By (Print or Ty	/pe)	Title						Signature		, Da		,	an e/ali	
Dillan DeCaro		Estin	nator					Della	n De Car	1/16 .	2/4	/19		



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

OL # 3509

Date of Notification (1)		77		Name	of Buildin	n Ow	ner/Operator ((2)	E @				
	19			100000000000000000000000000000000000000			nications	(2)	LEC	E			
Agencies Notified Type Notifi	cation			Street	t Address			- 4					7 1
☐ EPA ☐ Initial				15	East Mor	ntaoi	mery Ave	<u>)</u>	FEI	n 1 1	004		A SECTION
☑ DOLWD ☐ Amende					State, Zip (_			I to FCI	D 1 1	201	9	1 has
☑ DOHAmendr					sburgh,		5212	15	f				1
DCA Emerge (NJAC 5:23-8) ustifica		ding	1		of Contac		13212		Talabah an Mi		1 Av		3
(NOAC 5.25-6) Justifica	1999 D. O. W. S.				thony Po				Telephone N		V.2	TIN	
									412-633-4	021	al more mays.	S 224 - 1	
Name of Facility and the same				FA	CILITY IN	IFOR	RMATION						
Name of Facility Where Abatement is	_	ace (3	3)					Type of Facility					
Verizon Moorestown Central	Office							School (K-12		40)			
Street Address								☐ Subchapter 8 ☐ Other (i.e., p			uildin	ıs	
105 East Main Street								homes, etc.)					
City (5)								Square Feet	# of Floors	E	ldg. A	ge	
Moorestown, NJ 08057								25,977	3		+-75		
County (6)				Cour	nty Code (7	(STA	TE USE ONLY)	Current Use (Pr	ior if being dem	olished)			-
Burlington								Verizon					
Name of Monitoring Firm Hired by Bu	lding Own	er (8)	1	ASCM	No.	Nar	me of Abateme	ent Contractor (9)					
USA Environmental, Inc						В	RISTOL EN	VIRONMENTA	L, INC.				
Street Address						Stre	eet Address						
8436 Enterprise Ave,						1	123 BEAVE	R STREET					
City, State, Zip Code							, State, Zip Co						_
Philadelphia, Pa 19153						1000	RISTOL, PA						
Project Manager for Monitoring Firm		-	Telei	phone	No.		ephone No.		License No.				
Mark Jenkins				5-365			15-788-6040	r.	00509				
Start Date (10)	Scheduled	d Con					ne of OSHA M	<u> </u>	00000				
_ 2 / _ 21 / _ 19 _				/	The state of the s	- Communication		VIRONMENTA	L. INC				
Occupancy Status During Abatement							eet Address		,				
☐ Facility Closed/Vacated During En				nent			123 BEAVE	PSTPEET					
	lormal Fac	cility H	lours	s - Des	cribe		, State, Zip Co						
Time of Abatement:AM	PM/ <u>5</u> :	:00PN	/l- <u>1:</u>	00AM			RISTOL, PA						
Scope of Work (Check all that apply)							⊠ Full Cont	tainment with Neg	rativa Dragousa				
≥3 sf or ≥3 If	\boxtimes	Reno	vatio	on			☐ Mini-Enc	losure	jative Flessule				
☐ ≥160 sf or ≥260 lf		Demo	olitio	n			Glovebag	g Procedure					
					1		☐ Non-Exe	mpted (*) and No	n-Friable Proce	dure			
Location of	İ	Is Lo	mal					_		Α	patem	ent T	уре
Asbestos-Containing Material (AC		Jsed S	Sole	ly by	Asbe	stos (Description o Containing Ma		Amount	Re	Re	Ē	E
TO BE ABATED	. 1	Maint Sustoo	-			., the	rmal systems	insulation,	(Specify	Removal	Repair	cap	Enclosure
IN Facility (13)			12)	otaii!			urfacing, VAT, ner miscellane		SF or LF)	/a		Encapsulate	ure
()	Ye		No	N/A		Ott	iei illiscellarie	ous)			1	ite	
1st Floor Frame Area] [Duct In:	sulat	tion		10 SF		\vdash		
, , , , , , , , , , , , , , , , , , ,] [П	П	
			7										
Name of Registered Waste Hauler				JDEP \	Naste.	Cub	ic Yards of	Name of Regis	torod Landfill				
SERVICE TRANSPORT GROU	P, INC.		H	auler II	O No.	Was		MINERVA					
City, State				20990		Disr	oosal Date	City, State					
YARDLEY, PA						1 100	BD	WAYNESB	URG, OH				
Completed By (Print or Type)	Title						Signature			Date			
Dillan DeCaro	Estir	nato	r				Q pa.	De Carol	1:2	21	4/1	9	
ASD 44						0.045-0.057	www	a carol	10	2	11	•	



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

Check # 25785

No. No. Alla Sala	(P	ursuant	to NJAC 8	:60 and 1	2:120)	E	P [П	1/1	7079
Date of Notification (1) 2/7/2019		Name o	f Building C A			(2) rty Managemei	nt, LLC	<u> 19 15</u>	<u> </u>	\\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	
Agencies Notified Type Notification EPA Initial		Street A	ddress	306	Fifth	Ave. 6th Floo	or. I	FEB 1	1 2	019	the strain of the
DEP Amended Amendment #		23	ate, Zip Cod		w Yoı	rk, NY 10001					- <u>-</u>
DOH justification) DCA Cancellation		Name of	f Contact (Gil Roya	ıl		Telephone (609	Number) 455-8	the state of the second	i.	ana-d
Name of Facility Where Abatement is Taking	Place (3)	FACI	LITY INFO	RMATION	N .	Type of Facility (4					
Residential	1 1800 (5)					School (K-12	of.				
Street Address	l					Subchapter	8 (Other than ivate & comm		ildings	, home	s,
City (5) Trenton, NJ 08611						Square Feet 1200	# of Floors 2		Bldg. / 90 +	_	
County (6) Mercer			Code (7) USE ONLY)		_	Current Use (Prio	r if being dem	olished)			
Name of Monitoring Firm Hired by Building Ov MECS	vner (8)	ASCN	/I No.			of Abatement Cont ens Environme		es, Inc.			
Street Address PO Box 341				1 17		Address ox 322					
City, State, Zip Code Chesterfield, NJ 08	515					ate, Zip Code cown, NJ 0850	1				
Project Manager for Monitoring Firm Bill Weisgarber		Telephoi 609 29	ne No. 98-4070	1 100		one No. 59-9688	Licens 0049	se No.			
Start Date (10) S 2/18/2019	Scheduled Cor 2	mpletion I 1/20/201		10.000	lame o	of OSHA Monitor					
Occupancy Status During Abatement (Check (Only One)			100		Address					
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other – Describe:				С	ity, St	ox 341 ate, Zip Code terfield, NJ 085	515	1 			
Scope of Work (Check All That Apply)						, , , , , , , , , , , , , , , , , , , ,					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	X Renova Demolit		Š		×	Full Containme Mini-Enclosure Glovebag Proce		ive Press	ure		
4.					×	Non-Exempted	(*) and Non-F	riable Pr		-	
Location of	Is Locati Normal Used Sole	lly	300 Sept He ve 900 v	Descri						ement /pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Maintena Custodial S (12)	nce/	(i.e. tl		stems g, VAT		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Basement	X	1973	The	rmal Pip	oe Ins	sulation	80 lf	Х			
Name of Registered Waste Hauler	0.00	JDEP W	2000 C C C C C C C C C C C C C C C C C C	Cubic Ya		Name of F	Registered Lar	ndfill			
Stevens Environmental Services	H	lauler ID 18292	2	of Waste 2		Fairless					
City, State Allentown, NJ				Disposal 2/22/2		City, State Morrisvil					
Completed by Mahlon E. Stevens	Title Project Ma	anager		Sign	ature			Date 2/7	/2019		

PAID

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

CK# 6201

Date of Notification (1) 02-08-2019					Building ((2)			E	C	E	7	7	
Agencies Notified	Type Notification			Street A	ddress						1			13 I	135	711
□ EPA	x Initial			110 N	. Carpen	ter S	St.		Š.			e e u	1 1	12020	202	dense.
DEP	Amended				te, Zip Co					u Li	į	FEB		201	9	Lean
₩ DOL	Amendment Emergency		_ [go, IL 60	607			1							1
DOH DCA	justification)	8			Contact						ohon			DOM:		فد
DCA	Cancellation				iliam We	-				/ 3	2-63	2-00	10	446	, ,	
Name of Facility Where	Abatement is Takir	g Place (3)	FACI	LITY INFO	KWA	HON	Type	of Facility (4	.)						
McDonald's Restor								ranno.	School (K-12							
Street Address									Subchapter 8	(Othe				W .	0	
145-147 Main Stre	et								Other (i.e. pr etc.)	ivate 8	k com	mercia	al build	dings,	home	as,
City (5)								Squa	re Feet	350000	Floor	s	18335	ldg. A	ge	
Orange								2,30		1				0+		
County (6)					Code (7) JSE ONLY)				ent Use (Prio		575	molish	ed)			
Essex				•				1000000	Donald's R							
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCN	1 No.				itement Cont Diagnostic		(9)					
Street Address								Addre							-	
Street Address									ild Ave							
City, State, Zip Code							City, S	State, Z	ip Code		-					-
							0.0000000000000000000000000000000000000		dale, NJ 0	7403						
Project Manager for Mo	nitoring Firm			Telepho	ne No.		Teleph	hone N	0.		Lice	nse N	0.			
							973-	928-3	3995		011	81				
Start Date (10)				npletion l	Date (11)		NAME OF THE PARTY		HA Monitor							
02-20-2019	(2)	03-05-							iagnostic	LLC						
Occupancy Status Durin								Addre	ss ild Ave							
Facility Closed/Vac	cated During Entire ned Outside of Norr	Period of A	Abaten	nent					ip Code					W		
Other – Describe:		narr acmty	110013	,					dale, NJ 0	7403						
Scope of Work (Check /	All That Apply)				NA 1-0"	T.		,,,,,,,,	44.0, 110 0					-		
≥3 sf or ≥3 lf			enova	tion] Fu	Il Containme	nt with	Nega	ative F	ressu	re		
≥160 sf or ≥260 lf		1	emolit					_ Mir	ni-Enclosure							
							>		ovebag Proc on-Exempted		d Non	-Friab	le Pro	cedur	е	
		Is	Locati	on						-				Abate	emen	t
Locatio	n of	N	Normal	ly		Е	escription	n of						Ту	ре	1
Asbestos-Containing	g Material (ACM)		d Sole intena			tos Co	ntaining N	Materia			moun		_		Ф	m
TO BE AE		7013050	odial S		(i.e.		al system facing, VA		ation,		Specify or LF		Remova	Repair	icap	nclo
(13)			(12)				r miscella						ova	air	Encapsulate	Enclosure
		Yes	No	N/A											fe	
Rear Sma	all Roof			X	Ro	of FI	ashing a	at HV	AC	5	0 SF		Х			
Rear Sma	all Roof			X			ning at S			4	0 SF		X			
							J	•						1		
													-			
Name of Registered Wa	aste Hauler		- I N	JDEP W	/aste	Cub	ic Yards		Name of F	Registe	ered L	andfill	1	1		L
Hazmat Diagnostic			H	lauler ID	No.	of W	/aste		WM Gra							
			0	035440	J	TBI	****									
City, State Bloomingdale, NJ						TBI	osal Date D	3	City, State Pen Arg							
Completed by		Title					Signatur	е	1	9		Da	ite			
Tatiana Rotaru		COC)				3	Z	2/			10700		2019)	

(0 1959912526) A		NOTIF	Pursuan	N OF ASB t to NJAC	8:60 an	ABATEM d 12:120)	NENT		E	(A)	C	0	NA.	· · · · · · · · · · · · · · · · · · ·	
Date of Notification (1) 02/02/2019				of Building		Operator ((2)	1.2		117	<u> </u>		797		1
Agencies Notified Type Notification			Street /	Address				3 t ; 3 t ; 3 t :		FEE	1	1 20	019		
X DEP Amended X DOL Amendment				ate, Zip Co irn, NJ 0					L.			*	70 1		
DOH Emergency (in justification) Cancellation	ncluding	3		of Contact						lephö			77	SB	
Cancellation			COLUMN TO THE STATE OF	ILITY INFO		ON	- 10,100								
Name of Facility Where Abatement is Taking House	Place (3)	TAG	ILIT INFO	JKINAT		Туре	of Facility	(4)				11374		
Street Address						Bootou	×	school (K- subchapte other (i.e. tc.)	r 8 (Oth	ner tha & com	ın K-1 nmerc	2) al bui	ldings	hom	ies,
City (5) Millburn								e Feet	# 0 N/	of Floo A	rs	1000	Bldg. A	\ge	
County (6) Essex				Code (7) USE ONLY)			Currer	nt Use (Pr	ior if be	ing de	molis	ned)			
Name of Monitoring Firm Hired by Building O N/A	wner (8)	ASC	M No.	,			ement Co		r (9)					
Street Address						Street A	ddres	May 2000 1050 NO	100000						
City, State, Zip Code						City, Sta	ate, Zip		nue						
Project Manager for Monitoring Firm			Telepho	ne No.		Telepho 973-34	ne No			Lice 013	nse N	0.			
	Schedul 02/13/		mpletion	Date (11)		Name of	f OSH.	A Monitor		013	11				
Occupancy Status During Abatement (Check						Street A		ment, Ir	1C.	-					
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma	eriod of	Abaten	nent s			11 Ros		en Ave	nue						
Other – Describe: Occupied					_			07512							
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If × ≥160 sf or ≥260 If	-	Renova Demoli				×	Mini- Glov	Containm Enclosur ebag Pro Exempte	e cedure					e	
Location of		Locat				2.1							Abate Ty	ement pe	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Sole iintena todial S (12)	ely by nce/		os Cont thermal surfac	scription o aining Mai systems ii sing, VAT, niscellaned	terial (nsulat , or		(5	moun Specify F or LF	/	Removal	Repair	Encapsulate	Enclosure
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Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic '	Yards	T	Name of	Registe	ered I :	andfill				
D&S Abatement, Inc.			lauler ID 0996	No.	of Was			Fairless							
City, State Totowa, NJ					Dispos TBD	al Date		City, Stat Morrisv		A					
Completed by Oliver Hegedis	Title Proje	ct Ma	nager		Si	gnature	#1	1/2			Da 02		2019		_

State of New Jersey

CK1477512104PA		NOTIF (F	ICATIO	State of Ne N OF ASE It to NJAC	ESTOS	ABATE	0)		EC	E			
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X DEP Amended X DOL Amendmer	ot #			tate, Zip Co : Hills, N.		70		ť,	Land and the land			* - 1 - 3	1
Emergency	(includin	g		of Contact	0/0/	0		T -				Maria o	n of the deep
DCA justification				on Sulliva	an			16	elephone	Numbe	r		
N			FAC	ILITY INF	ORMAT	TION							
Name of Facility Where Abatement is Taki House	ng Place	(3)					Type of Facilit	y (4)					
Street Address		-					School (K			< 48\			
							Subchapt Other (i.e.	er 8 (Oti	ner than i & comme	<-12) ercial b	uildin	gs, ho	mes,
City (5)							etc.) Square Feet		of Floors			g. Age	70330470
Short Hills							N/A	N/			N/A	26 1750	
County (6) Essex				Code (7) USE ONLY)		Current Use (F House	Prior if be	ing demo	olished)			
Name of Monitoring Firm Hired by Building N/A	Owner (8	3)	ASC	M No.			of Abatement C Abatement,		r (9)				
Street Address						Street	Address				-		
City, State, Zip Code						_	osengren Av	enue					
							tate, Zip Code wa, NJ 07512	2					
Project Manager for Monitoring Firm			Telepho	one No.			one No. 345-8685		License 01311				
Start Date (10)	Schedu	led Cor	npletion	Date (11)			of OSHA Monito	ρΓ	01011				
02/20/2019 Occupancy Status During Abatement (Che	02/21/			St 447			Abatement,	nc.					
Facility Closed/Vacated During Entire		1,000	nent				Address Osengren Ave	enue					
Abatement Performed Outside of Norr Other – Describe: occupied	nal Facilit	y Hours) }			City, S	tate, Zip Code						
Scope of Work (Check All That Apply)						10101	wa, NJ 07512						
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demolit				×	Full Containr Mini-Enclosu Glovebag Pr	re ocedure					
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(13)	Yes	No	NI/A		other r	niscellan	eous)			oval	all	Encapsulate	sure
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D&S Abatement, Inc.			auler ID 1996	No.	of Was		Fairles	- 000 B					
City, State Totowa, NJ					Dispos TBD	sal Date	City, Sta Morris		Α			y com	
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Ned Joksimovic	Proje	ect Ma	nager				110			02/06	/201	9	

State of New Jersey

CKROOL		PA	NOT	FICATIO	N OF AS	BESTOS	ABATE	MENT						
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× DOL	Amendment	#			and Par		8904			1 1.	war da	2.7.		
ĭ DOH	Emergency justification)	(includin	g		of Contact	Steel Mark Day			Te	lephone N	lumber			
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None of Facility 100				FAC	ILITY INF	FORMAT	ION						S. Canal	
Name of Facility Where A House	batement is Takir	g Place	(3)					Type of Facilit	y (4)					
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Street Address								Subchapt	ter 8 (Oth	er than K-	-12)	., ,,	- 10 4 15 0 7 10	
O:t - (5)								Other (i.e etc.)	. private	& comme	rcial bu	ildings	, hom	ies,
City (5) Highland Park							- 1	Square Feet	# o	f Floors		Bldg.	Age	
County (6)								N/A	N/A			N/A		
Middlesex				(STATE	Code (7) USE ONL	Y)		Current Use (F	Prior if be	ng demol	ished)			
Name of Monitoring Firm I	Hired by Building	Dumor /9	1					House						
N/A	inca by ballang	owner (o)	ASCI	M No.			of Abatement C Abatement,		(9)				
Street Address								Address osengren Av	enue					
City, State, Zip Code							The second second	ate, Zip Code					1717-01111	
								/a, NJ 07512	2					
Project Manager for Monit	oring Firm			Telepho	ne No.		Telepho	one No.		License	No.	11.0		
							973-3	45-8685		01311	00.0000			
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Occupancy Status During	Abatement (Chec							Abatement, I	inc.					
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Abatement Performed	d Outside of Norm	eriod of	Abate v Hou	ment 's				ate, Zip Code	criue					
Other – Describe:			,				The second secon	ate, 2ip Code /a, NJ 07512						
Scope of Work (Check All	That Apply)						· otovi	14, 140 07012						
23 sf or ≥3 lf		X	Renov	ation			X	F. II O		2.0	2.0			
× ≥160 sf or ≥260 lf		_	Demol					Full Containr Mini-Enclosu	nent with ire	Negative	Pressu	ıre		
								Glovebag Pri	ocedure					
		Ι	7	4			<u> </u>	Non-Exempte	ed (*) and	Non-Fria	ble Pro	11000		
Location of	of.	0.00	Loca Vorma	5475464									ement rpe	L
Asbestos-Containing M	laterial (ACM)		ed Sole		Asbes	tos Cont	scription o aining Ma	iterial (ACM)	A	mount			_	
TO BE ABAT		11	0. 15457774	Staff?	(i.e.	thermal	systems i	insulation.	(S	pecify	Re	D D	nc	E
(13)			(12)			other m	cing, VAT,	, or ous)	SF	or LF)	Remova	Repair	sqe	Enclosure
		Yes	No	N/A				,			/al	=	Encapsulate	ure
1st floor			X			Popc	orn ceili	ing	58	0 SF	Х			
1st floor	•		Х				VAT		13	0 SF	X		_	
				1					10		Α.			
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Name of Registered Waste	Hauler		I N	JDEP W	nato	Culti-	V==d:							
D&S Abatement, Inc.	Tradier			Hauler ID		Cubic `of Was				ed Landfi	H			
				0996		TBD		Fairles	s Land	fill				
City, State						100000000000000000000000000000000000000	al Date	City, Sta						
Totowa, NJ						TBD		Morris	ville, PA	1				
Completed by Ned Joksimovic		Title Proje	ct Ma	anager		Si	gnature	NA	2		ate 2/06/3	2019		

Project Manager

02/06/2019

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) 2/7/19 Stacy Janzer Private Home Agencies Notified Type Notification Street Address **EPA** Initial DEP Amended City, State, Zip Code X DOL Amendment # Manahawkin NJ 08050 Emergency (including DOH Name of Contact justification) Telephone Number DCA Cancellation Stacy FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Stacy Janzer Private Home School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Manahawkin NJ 08050 1000 35+ County (6) County Code (7) Current Use (Prior if being demolished) Ocean (STATE USE ONLY) house Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A Pernaco Inc. Street Address Street Address PO Box 329 City, State, Zip Code City, State, Zip Code West Berlin NJ 08091 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 856-753-9800 00727 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 2/18/19 2/22/19 Same Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: 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 Is Location Abatement Normally Type Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED Encapsulate (i.e. thermal systems insulation, Enclosure (Specify Custodial Staff? Removal In Facility Repair surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Exterior Siding X Exterior Siding 1000 sf X

Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste United Roll Off G.R.O.W.S. 22459 3 City, State Disposal Date City, State Elm NJ 2/22/19 Morrisville PA 19067 Completed by Title Signature Date Anthony T Perna President 2/7/19

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State of New Jersey

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Date of Notification (1) 02/08/19		Na A	ame of B meritru	uilding Ow ıst Resid	ner/Op ential	erator Serv	(2) ices			FI	EB	1 1	2019		الحديثاً إِ المعادمة	
Agencies Notified Type Notification		St 3	reet Add 525 Pie	ress edmont f	Rd NE	E, Buil	lding	7, S	uite 70	- التعسام الدائر					<u>.</u>	
EPA Initial Amended Amendment #_				, Zip Code GA 3030								14- ± 4	ils.		Sir III	
Emergency (indication)	cluding		ame of C	ontact ust Resid	lentia	l Serv	rices			200	ohone -554					
DCA Cancellation			FACILI	TY INFOR	MATIC	ON										
Name of Facility Where Abatement is Taking Facility Where Abatement is Taking Facility Street Address	Place (3)						×	Scho Sub Othe etc.)) 3 (Other ivate &	comn	nercia	ıl buildir			,
City (5) Hamilton							Squ	Jare F	eet	# of i	Floors	5	Bid	g. Ag	е	
County (6) Mercer			ounty Co	ode (7) SE ONLY)			Cur	rrent L	Jse (Prio	r if bein	g den	nolish	ed)			
Name of Monitoring Firm Hired by Building Ov	vner (8)		ASCM	No.		Name	of Al	batem AD P	ent Cont	ractor ((9) NALS	S		-5-5-17-25		
Street Address						Street 6 W			VE CC	URT						
City, State, Zip Code						City, S			ode , NJ 08	3701						
Project Manager for Monitoring Firm		T	elephon	e No.		Telep		No. 8-907	8		Licer 120	nse N 0	0.			
	Schedule 02/21/1		pletion D	ate (11)					Monitor PROFE	SSIO	NAL:	S				
Occupancy Status During Abatement (Check						Stree			VE CC	OURT						
Facility Closed/Vacated During Entire Poly Abatement Performed Outside of Normal Other – Describe:	eriod of A al Facility	bateme Hours	ent		_	City,	State	, Zip (
Scope of Work (Check All That Apply)																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Lacousta	enovat emoliti					×	Mini-E	ontainme Enclosure bag Prod Exempted	e cedure					e	
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma Cust	lormall d Solel intenar odial S (12)	ly by nce/	Asbest (i.e.	os Cor therma surfa	escription ntaining al system acing, V miscell	Mate ms in /AT, o	erial (A sulation	ACM) on,	(5	Amour Specif F or L	fy	Removal	Repair	Encapsulate	Enclosure
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INTERIOR													х			
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Al f D. sistered Wests Houles		N	NJDEP V	Vaste	Cubi	c Yards	S		Name of	Regist	tered	Landf	ill			
Name of Registered Waste Hauler AAA LEAD PROFESSIONALS		1	Hauler ID 4509		of W	aste	2.00	100	MERC	ER C						
City, State LAKEWOOD, NJ						osal Da 21/19			City, Sta		٧J					
Completed by JOSEPH PERLSTEIN	Title OWI	NER				Signat	ture					- 7	Date 02/08/	19		

CK7738 PA	MI	NOTI (FICATION	State of N ON OF AS nt to NJA	BESTOS	SABATE	EMENT 20)					\] 1	
Date of Notification (1) 02/08/19			Name Lake	of Buildin	g Owner me Sol	Operato utions	r (2)	,		FE	B 1	1 20	19	
Agencies Notified Type Notification EPA DEP Amended Amendment	#		234 City, S	Address Sunset I State, Zip (Lake, (Code	12			6	•		i i i i		- <u>i</u>
DOH justification) DCA Cancellation		g		of Contac	-	utions				lephone		er		
Name of Facility Where Abatement is Takin	g Place	(3)	FAC	CILITY IN	FORMAT	TION	Type	of Facility	(4)					
Street Address City (5)							×	School (K- Subchapte Other (i.e.	12) r 8 (Oth	ner than & comm	K-12) ercial b	uilding	s, hon	nes,
Red Bank							Squar	e Feet	# 0	f Floors		Bldg.	Age	
County (6) Monmouth				Code (7)			Curre	nt Use (Pr	ior if be	ing dem	olished)			
Name of Monitoring Firm Hired by Building (Owner (8	3)	ASC	M No.		Name AAA	of Abat	ement Co	ntractor	(9) NALS				
Street Address						100000000000000000000000000000000000000	Addres	s OVE C	OURT	•				
City, State, Zip Code							tate, Zip	Code D, NJ 0	8701					
Project Manager for Monitoring Firm			Telepho	one No.		Teleph	one No			Licens 1200	e No.			
Start Date (10) 02/18/19	Schedu 02/22/	led Cor	mpletion	Date (11)		Name	of OSH	A Monitor PROFE	SSIO					
Occupancy Status During Abatement (Check						Street	Address							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of al Facilit	Abaten y Hours	nent s			City, St	tate, Zip							
Scope of Work (Check All That Apply)					==9)	LANL		D, NJ U	0/01					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	Mini- Glov	Containme Enclosure ebag Proc Exempted	edure					
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						NOULA	HON		30	00LF	x			
Name of Registered Waste Hauler		N.	JDEP W	/aste	Cubic \	/arde		Name of F) o minto .		511			
IEWARK CARTING		Ha	auler ID 1509		of Was			Name of F IESI	egister	ed Land	till			
City, State IEWARK, NJ					Dispos: 02/22/			City, State BETHLE		PA				
Completed by OSEPH PERLSTEIN	Title OWN	ER			Si	gnature				1	Date 02/08/	19		

Print Form

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

FEB 1 1 2019

Date of Notification (1)					Na	me of Buildi	ing (Owner/Operator	(2)				201	9	, he
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Agencies Notified	Type Noti	fication			Str	eet Address	3			11 1		, _	27	6	5
⊠ EPA															
☑ DOH	Amend		4:		Cit	, State, Zip	Cor	de							
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(NJAC 5:23-8)	justifica	ation)	iiGiuali	ng		ne of Conta				Telephone	o Mussala				
	☐ Cancel	lation			J	oan Nowa	ık			relephone	e Numbe	er			
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Name of Facility Where A	Abatement is	s Takin	g Plac	ce (3)		ACILITI	INIT	ORWATION	Time of Facility	. (4)					
Residence									Type of Facility ☐ School (K-						
Street Address									Subchapter	≀∠) r 8 (Other thar	n K-12)				
									Other (i.e.,	private and co	ommerc	ial b	uildin	gs,	
City (5)					37.7				homes, etc	***					
Ortley									Square Feet		rs	В	ldg. A	\ge	
County (6)					Co	unty Codo /	71/0	TATE USE ONLY)	700 sf	1			65		
Ocean					00	unity Code (1)(3	TATE USE ONLY)	Current Use (F		emolish	ed)			
Name of Monitoring Firm	Hired by Bu	ildina (Jwner	- /8\	1000	M No.	1		Residence		- 4706.5				
N/A	· ····ou by bu	nung (JWITEI	(0)	ASC	W NO.	N	lame of Abateme	and the second s				10-0-21		
Street Address							-		ntracting, Inc.	•					
							S	treet Address							
City, State, Zip Code							1	1889 Route 9							
only, orace, zip oode								ity, State, Zip Co							
Project Manager for Monit	torina Eiro			1=			_	Toms River, I	New Jersey 0	8755					
r roject warrager for worth	toring Firm			16	elephon	e No.	1	elephone No.		License N	10.				
Start Date (10)		0.1						732-349-9932		00624					
	10					Date (11)		ame of OSHA M				C Harris			
						19		E.M.S.L. Anal	ytical						
Occupancy Status During	Abatement	(Check	only	one)			St	treet Address				1712			
☐ Facility Closed/Vacated	d During Ent	tire Per	riod of	Abat	ement			1056 Stelton							
Abatement Performed Time of Abatement:	Outside of N AM-	Iormal No	Facilit	ty Ho	urs - De	escribe	Ci	ity, State, Zip Co	de						
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Scope of Work (Check all	that apply)									- 14, V					50000
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												Ц	Ш	Ц	Ш
lame of Posiotors 4 Mr.	Hart		Ш	Ц											
lame of Registered Waste					NJDEP			bic Yards of	Name of Regis	tered Landfill					
Guardian Contracting	g, Inc.			1	dauler l		Wa	iste I	T.R.R.F.						
ity, State								posal Date	City, State			_			
Toms River, New Jer	T)	0	2/19/19		Pennsylvar	nia				
ompleted By (Print or Typ	e)	Title					-	Signature	A			- 1	-		
Nicholas Fernicola		Pro	oject	Man	ager			7		//	Date	1	. /.	garg)	
R-41								1 V)-		1	1 ,2	16	. 11	3	

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

FEB 1 1 2019

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	Date of Notification (1) 02 /	06 /	19			20 1		g Owner/Operator (& Recycling, In	20070	1	59	1: <	-	-25
	Agencies Notified	Type Notification					t Address	a recycling, in	·.	3		5.2	-77-1-70-7	- 31
	EPA	☐ Initial	alion				D Box 188	ı						
	⊠ DOLWD	☐ Amended					State, Zip C							
	⊠ DOH □ DCA	Amendm		77.7	8			, NJ 07762						
	(NJAC 5:23-8)	☐ Emergen justification		ciuain	3		of Contac			Telephone N	umber			
		☐ Cancellat	tion			Ric	hard Hyd	le		732-762-7	365			
Γ				Avorento		FA	CILITY IN	FORMATION						
I	Name of Facility Where A	Abatement is 7	Taking	Place	(3)				Type of Facility	(4)				
	Residence								School (K-1		40)			
1	Street Address									8 (Other than Korivate and comm		uildin	as.	
L	2"- (5)								homes, etc.					
1	City (5) Brick								Square Feet	# of Floors		Bldg. A	ge	
-	County (6)					Cou	nty Codo (7)(STATE USE ONLY)	1000 sf	1	-1:-11	65		
	Ocean					Cou	illy Code (7)(STATE USE ONLY)	Residence	rior if being dem	olisnea)			
1	Name of Monitoring Firm	Hired by Build	dina C)wner	(8)	ASCM	No	Name of Abatem						
	N/A		J9 C	,,,,,	(0)	7100111	110.		ntracting, Inc.					
4	Street Address							Street Address						
								1889 Route 9	, Unit 61					
(City, State, Zip Code							City, State, Zip C	ode					
								Toms River,	New Jersey 08	3755				
F	Project Manager for Moni	toring Firm			Tel	ephone	No.	Telephone No.		License No.	8			
-	Stad Data (40)				Ь.			732-349-9932		00624				
1	Start Date (10) 02 /18 /				V	etion Da	19	Name of OSHA N						
-						5_ /	19	E.M.S.L. Ana	іушсаі					
100	Occupancy Status During ☑ Facility Closed/Vacate					ment		Street Address						
	☐ Abatement Performed						scribe	1056 Stelton City, State, Zip Co	ada					
	Time of Abatement: _								New Jersey 08	8854				
3	Scope of Work (Check all	that apply)							1,52					
1	≥3 sf or ≥3 lf			П Re	nova	tion		☐ Full Con	tainment with Ne	gative Pressure				
	≥160 sf or ≥260 lf			⊠ De				Gloveba	g Procedure					
H				le	Loca	tion	Т		mpted (*) and No	on-Friable Proce				
	Location	of		1	Norm	ally		Description of	nf		-	baten	T	
l	Asbestos-Containing I		l)			ely by ance/		stos Containing Ma	iterial (ACM)	Amount	Kemova	Repair	Encapsulate	Enclosure
	TO BE ABA IN Facilit				todial	Staff?	(i.e	 thermal systems surfacing, VAT 	insulation, or	(Specify SF or LF)	OVA	Bi-	ısdı	osui
	(13)			.,	(12	1	4	other miscellane	ous)		-		late	O.
-	exterior-house			Yes	No	0.0000						+	-	-
H	exterior-shed							os siding		950 sf		-		븯
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-	City, State					2022	3	3 Disposal Data	100000000000000000000000000000000000000					
	Toms River, New Je	ersey						Disposal Date 12/31/18	City, State Tullytown	, Pennsylvani	ia			
0	Completed By (Print or Ty		Title					Signature	1	,,	Date	- 1		
	Nicholas Fernicola	en la la la la la la la la la la la la la	11515.000	roject	Mar	ager				1	2/	1/1	0	
_					44-11-55			-V	1	-1	21	11	1	

Do not use this form for asbeston lieuwayee accompand activities.

page 1

02/05/2019 02:05PM 2013297440

BEST REMOVAL INC

PAGE 02/04 NOTIFICATION OF ASSESTED ASATEMENT -2019 - 10 (Firmuset to NJAC \$140 and \$2:120) Name of Building Owner(Dparetor (2) MC. ELIZABETH DOOWEY Agencies Netifia Type Nocification EPA DEP lattical . City, State, Zip Code Amended Astendment #_ Businessics (including justification) SHORT HILLS. DW. 07078 DOH DCA Name of Contact Talaphone Number Carpellation Mr. Kever FACILITY INFORMATION Name of Facility Where Abstract is Taking Place (3) Type of Facility (4) ELIZABETH DODLEY MS. G School (K-12)
Subchapter 8 (Other them K-12)
Cottor (Le. private de commercial buildings, houses, etc.) Street Address !! City (5) Square Poor # of Floors Blds. Acc SHORT HIUS 4000 1930 County (6) County Code (7) Current Use Orior If being demolished) Name of Moodining Plant Hired by Bestding Owner (8) < BESIDENCE ASCM No. Name of Abeliances Contractor (9) Rest Removal Inc Street Address 450 South River Street City, State, Zap Code City, State, Zip Code Hackensack, NJ 07601 Project Manager for Monitoring Firm Telephone No. Telephone No. 201-329-7466 Name of OSHA Monitor 00388 Start Deta (10) Scheduled Completion Date (11) 2/8/19 Onega Environmental Occupancy Status During Abstragant (Check Only One) Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Optimized of Normal Partitly House

Other - Deporte: 1000 M Too 5 000 280 Huyler Street Scope of Work (Check All Tast Apply) South Backensack, NJ 07606 D 5100 44 53 50 E Renovation

Denovation Fell Containment with Stirl-Englosure
Glovebag Promping signed with Negative Pressure Non-Erempted (*) and Non-Frieble Procedure Is Location Abdement Location of No-Conducting Material (ACM) TO BE ABATED In Facility Nongally Type Description of Asbestne Containing Material (ACM) (Le. thermal systems immission, surfacing. Used Solely by odial Staff? VAT. OF (13) (12)other miscellancous) Yes No N/A GIRST FLOOR KETCHEN THECHE SYSTEM INSULATION 12 LF Name of Registered Weste Harder NUDEP Wasse Cubic Yerds Name of Registered Landful Have ID No. of Waste Best Removal Inc 14207 17109 Minerya Enterprises, LLC Disposal Di Hackensack, N.I 07601 2/8/19 Wayneshurg 8834A FQ J. Maiorano Estimator 2/5/19

06 Feb 2000 12:06AM NJ Asbestos Control 609.633.0664 page 1

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BEST REMOVAL INC

CK 4972 PAGE 82/84

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who of Notification (1)				widing TRAL	OWNER DE CONTRACTOR	(S)	DKINING	13 /	1	201	
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		F	ACILIT	A INLO	HOYTANA	Type of Facility	.74				-
Hurse of Facility Where Absternant is Taking Piets	(3)	. 5 h	15	,		☐ School (K-1					
CEUTRAL COURT CONDO BETTOTA Address 2195 N. CENTRA				·····	·	Q Substantiar Cities 0.4. 5 homes, etc.	e (Other Sun K-12 Private & cerrameral 1)	at buildings			
CRy (5)			;			SO,000		Sidg, A	5°s	3	
FOR USE		Ge	numby C	ods (7)	STATE USE	Current Use (Prior & being demo	lehed)			
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Name of Machining Flim Hand by Subsing Owner (6)	144	CM N	••		Rest Re	moval I					-
Street Address			10		450 Sou	th Rive	r St				
City, Starte, Zip Cod s				August Miles			J. 07601				4
Project Manager for Monitoring Flam	Tele	ençás	No.		Tolephone No. 201-329		• 00388				
2/8/19 Setroduled Co	meletter	Onto	(11)		Name of OSHA Ome ga	Manker Environ	ments1		- 10		
Occupancy Status During Abatement (Cheek only I Facility Closes Vacated During Entire Period of Abatement Performed Outside of Normal Facility Control Facility Control Facility States Faci	9 Alnohon	nerst i	-		CRy. State, Zie	uyler S Cods ckensac	t k ,N.J. 0	7606			
Ecope of Wark (Check all that apply) ⊇ E S of or ≥ 3 # □ ≥ 180 at or ≥ 280 B		چر	Rano Desir	nedan olitica		i-Englosulti	rith Magative Press no and Bron-Primble Pr				
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Hackensack , N.J. 0	7601				2/11/19	City, State	esburg, (h 440	688	`	4
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

CK 4971

Date of Notification (1)			N:	ame of	Building	Owner/Operator	(2)	E G	E	1/4		
2/7/1	9	3.	_		-	rus THE	BERGE					+
Agency Notified	Type Notification		S	treet Ad	dress	200			n 11	2010	9	
□ EPA	Z Initial			* · Ot-4	e, Zio C	a do		FE	RII	2019	9	+-
D DEP	Amended Amendment#		0			ewood.	NI	07631				
DOL	☐ Emergency (includir	ng	N.	75-15-1	Contact		100,	Telephone Nu	mber	1.1		55
DOH	justification)	5.				THEBER	C-2	· · · · · · · · · · · · · · · · · · ·				
□ DCA	☐ Cancellation						90	1				7
				FACILI	TY INFO	RMATION	Type of Facility	, (A)				-
	Abatement is Taking Pla				•		Type of Facality	((4)				
MR.	CHRIS THEBE	ERCO	<u></u>	'ساء	•		School (K-1)	2) 8 (Other than K-1	12) -			
Street Address	-					3	Other (i.e. p	rivate & commerc	cial building	s,		
				,	,		homes, etc.)				
City (5) .	8			11	, .		Square Feet		Bldg. A		~	
ENGI	Q C C W S						2500.	. 2	19	41	ر	
Coumby (6)					Code (7)	(STATE USE		rior if being dem	olished)			
RE	RCEN.		10	ONLY)			(CE)	NOEN CE				
Name of Monitoring Firm	m Hired by Building Owne	er AS	CM I	No.		Name of Abater	ment Contractor	(9)				
(8)						Best Re	moval In	ıc				
Street Address						Street Address	· *					
				* =		450 Sou	th River	St				
City, State, Zip Code						City, State, Zip						
						Hackens	ack, N.J	r. 07601				
Project Manager for Mo	onitoring Firm	Tele	phon	e No.		Telephone No.		License No.				
,						201-329	-7444 -	00388	3			
Start Date (10)	Scheduled C	ompletion	n Date	e (11)		Name of OSHA						
2/20/1	9 2	121	1	9		Omega	Environ	nental				
Occupancy Status Duri	ing Abatement (Check on	ly one)				Street Address						
D Facility Classed / 200	ted During Entire Period	of Ahater	nent				uyler St					
☐ Abatement Performe	ed Outside of Normal Fac	ality Hour	S			City, State, Zip			27/0/			
El Other - Describe:	B: ODAN TO S	:001	1/4			S. Ha	ckensack	, N.J. (1/000		417	
Scope of Work (Check	all that apply)					2 Full	Containment wit	th Negative Press	sure			
21≥3 sf or ≥3 lf					vation	Control of the contro	i-Enclosure	- 27	54			
□ ≥ 160 sf or ≥ 260 lf			3	□ Dem	olition	☐ Gio	vebag Procedure -Exempted (*) a	e nd Non-Friable P	rocedure	***************************************		
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			ocation of the control of the contro	. 1						Н	Туре	_
	tion of	Used	Sole	ly by	Anho	Description stos Containing N		Amou	nt		n	, ,
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IN F	acility		1207			surfacing, VA	T, or	SF or L	_F)	5	pair	1180
(13)	.	(12)			other miscella	neous)	82		=	200	9 9
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City, State						Disposal Date	City, State					N
	ck , N.J. 0	7601				2/21/19	Wayne	esburg, (Oh, 446	88		
Completed by	Title					Signature	^		Date	1.	1	2
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Date of Notificatio	n (1)	(Fursu	Name of	Buildi	60-7 and 12:120- ing Owner/Operato	7)	上上上		5 1	D.	7 :
2/7/2019			Isabe	el P	ava	JI (2)		(i	1 1	1	
Agencies Notified	Type Notifi	cation	Street A	ddress				FFD	1 1		
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None of T			F	ACILIT	Y INFORMATION						
Name of Facility Whe Isabel Pava	ere Abatement	is Takin	g Place	(3)		Type of Fa	cility (4)				
remer Pava						1	ol (K-12)				
Street Address						[]Subcl	napter 8 (Oth	er tha	n K-1	(2)	
						[X]Other	c (i.e., priv L buildings,	ate &	comme	er-	
City						Square Feet					
orcy		County		C	ounty Code (7)		" 01 110	OIS I	Bldg.	Age	3
Paterson				10	STATE USE ONLY)	Current Use	(Prior if be	eing d	emoli	she	d)
Name of Monitoring F:	irm hired by	Passai									20.53
Owner (8) N/A	Hired Dy	Bullaing	ASCM NO) .	Name of Abate						
Street Address					AZTECH M		IT, Inc.				
					Street Address	<u> </u>					
City, State, Zip Code					86 Chris		t.				
					City, State, 2		0.40				
Project Manager for M	fonitoring Fi	rm Mole	-1		Montclai		042				
3-1 2-2 1.	onicoring ri	N/A	phone Num	nber	Telephone Numb		F	icense		ber	
Scheduled Start Date	(10) Scho			(4.4)	(973) 744			003	71		
0.0	9 02	d. Comple		(11)	Name of OSHA M	Monitor					
Month Day Yea	You Mar	n+h D-		ır	N/A						
Occupancy Status Duri [X] Facility Close	ng Abatement	(Check or	nly one)	a	Street Address					-	
or Abatement											
[]Abatement Perf Hours - Descri	ormed Outsid	le of Norm	al Facili	ity	City, State, Z	ip Code				-	
[]other - Descri	be: «Other Oc	cupancy D	<u>"</u> escript»								
Scope of Work (Check a	all that app	Ly)		- 75	11						
[X]≥3 sf or >	3 lf	ומו	Renovatio	n.	[]Full C	ontainment w	ith Negative	Press	ure		
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		1	Is			iable Proced					
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-	·		(12) No N/A		or other miscell	aneous)		L	R	F	R
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City, State	E045				sposal Date	City, State					- 7
Montclair, NJ 0	7042			0	2/25/19	Bronx,	NY, 1047	4			
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Constantine Viv		sident			1 / 1	51. 1/	10	Date 2/7/2	010		
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

PAID	N		CATION		ESTOS AE 8:60 and 1			IT		(No	nl	14	41	07	5
Date of Notification (1) 02/06/2019		1		Building (Owner/Ope	erator	(2)				ا و	3		W/	
Agencies Notified Type Notification			Street Ac						7	to the reason.		-		1.7	į
EPA Initial			City Cto	to Zin Co	do				11	· F	EB	1-1	-21)19	
EPA X Initial Amended Amendment #			Control of the Contro	te, Zip Co eld, NJ (330 TO 10					715	4
Emergency (I justification)	ncluding	13.53		Contact			-9110		Tele	ephone N	umbe	r	150		
DCA Cancellation				Williams	RMATIO	N							1.7	- mus	
Name of Facility Where Abatement is Taking Residential Property	Place (3)	1 701	LITT IN C	JANIA 1101		Ту	pe of Facility (4							
Street Address		<u> </u>					×	Subchapter Other (i.e. p	8 (Othe			uildi	ngs,	home	s,
City (5) Plainfield							10000	etc.) uare Feet 72	# of	Floors			lg. A	ge	
County (6) Union				Code (7) USE ONLY)			0.000	rrent Use (Prid		ng demoli	shed)				
Name of Monitoring Firm Hired by Building C	wner (8)		ASCM		1			batement Con	tractor	(9)					
Street Address						Street		Contracting lress	7,1			_			-
								uth 5th Stree	et					544	
City, State, Zip Code								, Zip Code th, NJ 0720	6						
Project Manager for Monitoring Firm			Γelephor	ne No.		Teleph 908-		No. 6-4123		License 01355					
Start Date (10) 02/08/2019	Schedule		pletion [Date (11)	100			SHA Monitor ironmental l	abor	atories					
Occupancy Status During Abatement (Check	and the second	172-171-100				Street				4101100					\dashv
Facility Closed/Vacated During Entire P	eriod of A	batem	ent					oute 22 We	st						
Abatement Performed Outside of Norm Other – Describe: OCCUPIED	al Facility	Hours			_ '			, Zip Code NJ 07083							
Scope of Work (Check All That Apply)							_								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	lenovat emoliti				×××	<	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure					9	
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Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intenar todial S (12)	ice/		tos Contai thermal s surfacii other mis	ystem ng, VA	S ins	or	(\$	mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
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Name of Registered Waste Hauler		Н	JDEP Wauler ID		Cubic Y of Wast			Name of Fairles			Ifill				
Danvic Contracting LLC City, State		3	7574		3 Disposa	I Date	9	City, Stat		um.		_	1		
Elizabeth, NJ					TBD /	[Morris							
Completed by Jeymy Donneys	Title Own	er			Sig	gnatür	e/	Ily			Date 02/0	6/2	019		

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	2-6-201	9			1	1. D	GII.	Operator (-)	15. 17	. Lin . U.)	H	ij	V1	
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I	≱ DOH	 Emergency justification 		g		of Contact		104	7 7 65		elephone N	maker	- K.F.	35	- 45
1	J DCA	☐ Cancellation				DE				1.0	architotte 14				
1	Jome of Earlie, William Al					CILITY IN		TION					-/		
1	Name of Facility Where Ab	atement is laking	Place (3)						Type of Facility	y (4)					
S	treet Address	E.					89		☐ School (K	(-12)					
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C	ity (5)								Other (i.e			al build	imgs,	nomes	, etc.)
	BOGOTA					٠.			Square Feet	# 0	of Floors		Bldg	Age	
C	ounty (6)				I Cause	. C. J. (7)			2400	2			98	YR	25.
	BERGEN					y Code (7) E USE ONL	n		Current Use (Pr			ed)	0.2	,	
N	ame of Monitoring Firm H	ired by Building C	wner (8)		LASC	CM No.			RESID	ENCE	<i>-</i>				
			(,,		1.00	21/2 110.			f Abatement Co						
St	reet Address							Best Street A	Remova Address	1 In	c-				
L									South R			- 4			
Ci	ty, State, Zip Code	Million of the second						City, St	ate, Zip Code	IVEL	SLIFE	et			
D	ainst Marcon C 16							Hack	ensack,	N.T	07601				
FI	oject Manager for Monitor	ing Firm		. 1	Telepho	one No.		Telepho	ne No.	210	License 1	No.			
Str	art Date (10)							201-	329-744 FOSHA Monitor	/1	003	QΩ			
	2-18-2019	3	Schedu	led Com	pletion I	Date (11)		Name of	OSHA Monitor			000			
	cupancy Stanus During Abo	atement (Check Or	uly One)	20	-20	7)4		Omeg	a Envir	onmei	ntal				
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四日	Abatement Performed C	utside of Normal	Facility H	ours				City Sta	Huyler : te, Zip Code	Stree	e t				
- 1	Other - Describe:		(NA)					Barrier St. Jan. 19		1	- 17 7	0.7			
Scc	ope of Work (Check All Th	at Apply)						Dour.	h Hacker	ISack	C. NJ	0/	506		
121	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova				M	Full Containm	ent with N	Vegative Pro	essure			
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	Location of Asbestos-Containing Man	11400	100	Normal ed Solel	-		Des	scription of	f				T	уре	
	TO BE ABATE	ED (ACM)	M	aintenar	ice/	Asbes	stos Conta	ining Mate	erial (ACM)	10000	mount			-	
	In Facility (13)		Cu	stodial S (12)	taff?	(i.e. uiei	7	VAT, or	ion, surfacing,		pecify or LF)	Ren	Re	nca	Enc
	(13)			()			other n	niscellaneo	us) .			Remova	Repair	Encapsulate	Enclosure
_			Yes	No	N/A							-		ite	9.
BA	SEMENT				X	VA	Γ			7	50 SF	11			\vdash
BA	SEMEDT				X	2.02.007-00		44.0	LaTion			1			\vdash
						TIPEV	CINHU	110>	LATION		10 LF	X			
Nam	e of Registered Waste Hau	ier		- L XT	DED III										
					DEP Wa		Cubic Y of Waste		Name of I	Registered	Landfill				
Be	st Removal I	nc			1710	19	3 y		Mine	rwa I	Into-		•	2	
5.0	State						Disposa	l Date	. City, State	va I	Enter	htl	ses	,_[ıĿС
Com	ckensack, NJ	07601	7					20-20	19 Wayne	shur	· 9 . 01	T /1	468	Q	
	Maiorano		Title				Sig	gnature			Da	te		-	_
•			Est	ima	tor		1 8	. Velel	ran		2	-6	- 2	2010	1

State of New Jersey

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

Date of Notification (1)		-v 425d	- Carlot	2	Man	f D - 11-11		10	(0)	1	****			3 3	4.
02 /	05 /	19			3300000	e of Buildir I ris Bogli		wner/Operator	(2)		ED 1	7			
Agencies Notified	Type Notific										EB 1	1	2019		1111
⊠ EPA	□ Initial	Jation			Stree	et Address				į					
⊠ DOLWD	Amende	d			0:1-	01-1- 7	0 1			Commercial in			,		
☑ DOH	Amendm	nent #_		-,		State, Zip			25			, pa.	100		
□ DCA	☐ Emerger		cludin	g		klyn, NJ		07			-	2900	(V. = 5) I		
(NJAC 5:23-8)	justificat					e of Contac	38			Telephone	e Numbe	r			
p	☐ Cancella	ition			Ch	ris Bogli	ole								
					FA	CILITY II	NFO	RMATION				0.997			
Name of Facility Where A		Taking	Place	e (3)					Type of Facility	(4)					
Bogliole Residence	9								School (K-1						
Street Address									- ☐ Subchapter ☑ Other (i.e., p	8 (Other than	n K-12) ommerci	al hi	ildina		
									homes, etc.		Ji i i i i i i i i i i i i i i i i i i	ai be	manig	٥,	
City (5)							+0	21 Ta	Square Feet	# of Floo	rs	BI	dg. Ag	е	
Oaklyn									1,068	2			95		
County (6)					Cou	nty Code (7)(ST	ATE USE ONLY)	Current Use (P	rior if being d	lemolish	ed)		-11	
Camden									Residence						
Name of Monitoring Firm	Hired by Buil	ding O	wner	(8)	ASCN	l No.	Na	me of Abatem	ent Contractor (9)					
Management & Env	riro. Consul	Iting S	Servi	ces					onmental, LLC						
Street Address							-	reet Address				-		- 18	
PO Box 341							6	623 Cutler Av	venue						
City, State, Zip Code							Cit	y, State, Zip Co	ode			_			-
Chesterfield, NJ 085	515						4 10	Maple Shade							
Project Manager for Moni	torina Firm			Tel	ephone	No		lephone No.	,	License I	No				
Bill Weisgarber						3-4070		356-755-0099	1	00842					
Start Date (10)		Schedu	uled C			ate (11)		me of OSHA N	<u> </u>	00042					M.
02 /14 /						19	The second	EMSL Analyt							
Occupancy Status During	Abatement (-	eet Address							
☐ Facility Closed/Vacate					ement			200 Route 13	0 North						
☐ Abatement Performed						scribe		y, State, Zip Co							
Time of Abatement:	AM	PM	1/	_PM		_AM		y, State, Zip Ct Cinnaminsor							
Scope of Work (Check all	that annly)							Jiiiiaiiiiii50i	1, 143 00077						
10 00 00 00 00 00 00 00 00 00 00 00 00 0	mat apply)							☐ Full Conf	tainment with Ne	gative Pressu	ure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			⊠ Re					☐ Mini-Enc	losure						
☐ ≥ 100 St 01 ≥200 II			☐ De	riioiiu	On			☐ Glovebag	g Procedure mpted (*) and No	n-Friable Pro	ncedure				
		1	Is	Loca	tion	T			(/			Δh	ateme	nt Tv	vne
Location				Norma				Description o	f		ŀ		T		
Asbestos-Containing N		1)			ely by ance/			Containing Ma	terial (ACM)	Amour	(107)	Rem	Repair	nc	ncl
TO BE ABA					Staff?	(1.6		ermal systems surfacing, VAT,		(Specif SF or L		Remova	ar.	apsı	Enclosure
(13)	,			(12)				her miscellane		31 01 L	.,	=		Encapsulate	ē
			Yes	No	N/A									(D	
Kitchen						Floor T	ile			152 S	F	\boxtimes	П	П	П
			_		+										
			Ц									Ш	Ц	Ш	Ш
75												П	П	П	П
Name of Registered Wast	e Hauler			1	NJDEP '	Waste	Cut	oic Yards of	Name of Regis	tered Landfil					Ā
Freehold Cartage				1332	lauler I	D No.	Wa		Fairless La		10				
City, State					15939	3	Dis:	posal Date							_
Freehold, NJ								2/18/2019	City, State	DΛ					
	V	T					U		Morrisville	, PA					
Completed By (Print or Ty	pe)	Title	_					Signature			Date				
Christina Lynch		Vic	ce Pr	eside	ent of	Operation	ns	Meta			21	5	19		

UK 7250	2 PA	ID	NOTIF	FICATIO	itate of New Jerse N OF ASBESTOS t to NJAC 8:60 an	ABATE	MENT 0)		E C	F		Pr	int Fo
Date of Notification (1)					of Building Owner/		r (2)	11.	FEB	1 1	2010	1	
2/6/19				Mario	Zolofra Reside	ential			LED	1 1	2019	Ĵ	12.5
Agencies Notified X EPA DEP DOL	Type Notification Initial Amended Amendmer Emergency	nt #/ (including	g .	City, St Jacks	Address rate, Zip Code son NJ 08527			, Š	ten en diele		ig.		4
DOH DCA	justification Cancellation			Mario	of Contact			Te	lephone Nu	umber			
	Carlochatto	11			ILITY INFORMAT	ION				-			
Name of Facility Where	Abatement is Taki	ng Place ((3)	FAU	ILIT INFORMAT	ION	Type of Facil	ity (4)					
Mario Zolofra Resid	lential						School						
Street Address							Subcha	pter 8 (Oth	ner than K-	12) cial bui	ldings,	home	es,
City (5) Jackson NJ 08527							Square Feet 1000+	2	of Floors	1 3	Bldg. A 35+	ge	
County (6) Ocean	±.			County (STATE	Code (7) USE ONLY)		Current Use	(Prior if be	ing demolis	shed)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)	ASC	M No.	1 5.555	of Abatement	Contractor	(9)				
Street Address				1		100000000000000000000000000000000000000	Address						
							30x 329						
City, State, Zip Code						10000	tate, Zip Code Berlin NJ 0			-			
Project Manager for Moni	toring Firm			Telepho	ne No.	Teleph	one No. 753-9800		License N	No.	5		\neg
Start Date (10)	10	Schedul	ed Con	noletion	Date (11)		of OSHA Moni	tor	00727				
2/15/19		2/22/1			Date (11)	Same		tor					
Occupancy Status During	Abatement (Che	ck Only Or	ne)				Address						-
Facility Closed/Vaca Abatement Performe Other – Describe:	ted During Entire ed Outside of Norr	Period of a	Abatem y Hours	nent			tate, Zip Code						
Scope of Work (Check All	That Apply)												
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			Renova Demoliti			X	Full Contair Mini-Enclos Glovebag P Non-Exemp	ure rocedure				:	
Location	of	1	Location	ly	Des	cription					Abate Typ	ment	
Asbestos-Containing N TO BE ABA In Facilit (13)	TED	Ma Cust	ed Solel iintenar todial S (12)	nce/ Staff?	Asbestos Conta (i.e. thermal surface	aining M	aterial (ACM) insulation, , or	(8	mount specify or LF)	Removal	Repair	Encapsulate	Enclosure
Chimne-	1	Yes	No	N/A	Flos	hisa		8	5F	×		ite	O
Throughout 1	st floor			х	Floor ti			The state of the state of	00 Sf	x			\neg
Basement sma	all Boiler			х	ins	ulation	l	-	SF	x			\neg
Baseme	nt			x	Pipe	insulat	ion		20If	V		+	-

X

NJDEP Waste

Hauler ID No.

22459

Title

President

roofing

Signature

Cubic Yards

Disposal Date

of Waste

2/22/19

Completed by

Anthony T Perna

United Roll Off

City, State

Elm NJ

back roof

Name of Registered Waste Hauler

300 SF

Date

2/6/19

Name of Registered Landfill

Morrisville PA 19067

G.R.O.W.S.

City, State

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

							(0)	CU	10	(Y) -				
Date of Notification (1)				Building O Johnsor						73 73		. 5.0	MART 14. 1	
2/6/19 Agencies Notified Type Notifica	tion	_	Street Ad		i nesi	luerilla	.1				15-1	110	1	
	uon	ì	ou eet Au	diess						Security of				111
EPA Initial Amende	nd.		Citv. Stat	e, Zip Cod	le			- 11	Maria de la composición della					111
DOL Amenda	The second second			ood NJ		2				FEB	1 1	201	9	
Emerge	ncy (including	1	Name of	Contact					Tele	phone No	ımber		-	4
DOH justifica			Robert						1 - 1 -					45
			FACIL	ITY INFO	RMATI	ON					T.V.		e	
Name of Facility Where Abatement is	aking Place (3)					3000 A.	Type	of Facility (4)		Artist Land	and the second		
Robert Johnson Residential								School (K-1			40)			
Street Address							X	Subchapter Other (i.e. p etc.)	orivate 8	er than K- & commer	iz) cial buil	dings,	home	s,
City (5)							Squar	e Feet	# of	Floors	1000	ldg. A	ge	
Blackwood NJ 08012							1000	+	2		3	5+		
County (6) Gloucester			County C	code (7) ISE ONLY)			Curre	nt Use (Pri	or if bei	ng demoli	shed)			
Name of Monitoring Firm Hired by Buil	ding Owner (8)		ASCM	No.		Name	of Aba	tement Cor	ntractor	(9)				
N/A						Perr	aco Ir	ic.						
Street Address						Street	Addres	ss						
						PO	30x 32	29						
City, State, Zip Code						1000		ip Code						
						Wes	t Berli	n NJ 080)91					
Project Manager for Monitoring Firm			Telephor	ne No.			hone No			License	No.			
100							753-9	-		00727				
Start Date (10)	Schedule 2/8/19	d Con	npletion [Date (11)		Name		HA Monitor						
2/7/19 Occupancy Status During Abatement		0)					Addres	26						_
			24			000	. r taai o							
Facility Closed/Vacated During E Abatement Performed Outside of Other – Describe: Home Owner	Normal Facility	Hours	nent s			City,	State, Z	ip Code						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf	X R	enova	ation					II Containm		n Negative	Press	ıre		
2160 sf or ≥260 lf		emoli	tion				7.00	ni-Enclosur ovebag Pro						
~								n-Exempte			able Pr	ocedu	re	
	ls	Locat	ion										emen	t
Location of	1	Norma	lly		De	escriptio	n of				-	1	уре	_
Asbestos-Containing Material (AC		d Sole intena			tos Con	ntaining	Materia	(ACM)	100	Amount			g	m
TO BE ABATED In Facility			Staff?	(i.e.		al systen acing, V		ation,		Specify F or LF)	Rem	Repair	cap	Enclosure
(13)		(12)				miscella					Remova	air	Encapsulate	sure
Westerful .	Yes	No	N/A										te	0
office & laundry area			х		Floor	tile &	Mastic	;	1	34 SF	x			
Onico a lauriury area														
			1				-							
			1											
Name of Registered Waste Hauler		1.00	NJDEP V		14.50.0000000000000000000000000000000000	c Yards		Name of	f Regist	ered Land	fill			
United Roll Off		1700	Hauler ID 2459	No.	of Wa			G.R.O						
City, State Elm NJ					Dispo	osal Dat 19	е	City, Sta Morris		A 19067	7			
Completed by	Title					Signatu	re a			T	Date			
Anthony T Perna	Pres	ident				1	L	1			2/6/19	9		

PAID

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

11.	ı	15	25	7 1	_
Chec	lC_	<u>l(</u>)]	0)
2-10-1	E	P	E	П	1

Date of Notification (1)		N	ame of E	Building Ow	vner/C	Operator	(2)		4	27 HEIGHT STAR				- Paragram	
2/6/19	N	NJ Restoration Pro, Inc.								1/7	127	1.8			
Agencies Notified Type Notification	-	treet Ado						t	13 (2)		IJ	15	Higgs Are	7	
EPA X Initial Amended Amendment #_		322	City, State, Zip Code Livingston, NJ 07039							FE	B 1	1	2019		
Emergency (incl justification) DCA Cancellation	uding	1000	lame of 0	Contact					10000000	phone N 2-777-4					i i
		FACIL	ITY INFOR	MAT	ION							TP.			
Name of Facility Where Abatement is Taking Planne	ace (3)						-	f Facility (4							=
Street Address							S	chool (K-12 ubchapter 8 ther (i.e. pr	(Othe	er than K comme	(-12) ercial	buildi	ngs, h	omes	; ,
City (5) Elizabeth							c.) Feet	# of	Floors		Blo 70	dg. Ag)	е		
County (6) Union		County Code (7) (STATE USE ONLY)					2000 2 70 Current Use (Prior if being demolished) home								
Name of Monitoring Firm Hired by Building Own	ner (8)							ne of Abatement Contractor (9) 3S Environmental Services, LLC							
Street Address			Stree					eet Address							
Oite Otata 7ia Coda								O Box 483, 4 E Gate Drive							
City, State, Zip Code			Gle					enwood, NJ 07418							
Project Manager for Monitoring Firm	Т					lephone No. License No. 73-764-2276 703									
Start Date (10) Sc 2/15/19 2	Com	Completion Date (11) Nam					me of OSHA Monitor								
Occupancy Status During Abatement (Check C	only One)	Street Address												
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: basement	oatem Hours	iement City, State,				State, Zij	te, Zip Code								
Scope of Work (Check All That Apply)				I Company		1							-		
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf	Renovation Demolition						Min Glo	Containme i-Enclosure vebag Prod i-Exempted	e cedure					÷	
	Locatio	cation									Abatement Type				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	ation of ning Material (ACM) ABATED Custoo Facility (13)					escription of ntaining Material (ACM) al systems insulation, acing, VAT, or miscellaneous)		Amount (Specify SF or LF)			Removal	Repair	Encapsulate	Enclosure	
basement		No	N/A X	pip	e &	boiler i	insulation		150 LF			х			
		1.	LIDED W		0	:- \/l+		Name of	Pogist	orod La	ndfill				
Name of Registered Waste Hauler Freehold Cartage	Н	IJDEP W lauler ID 5939			ic Yards /aste)	Name of Registered Landfill Cumberland Landfill									
City, State Freehold NJ					-3050-000	osal Dat	ate City, State Newburg PA								
Completed by A. Scott Higgins	Title					Signature Date 2/6//19									



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

33490

Date of Notification (1)					Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.										
2 /	5 /19	Street Address													
Agencies Notified	Type Notification	1		126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414											
EPA DEP X DOL	x Initial Notif	ication Notification		City, State, Zip Code RAHWAY, NEW JERSEY 07065 Name of Contact Telephone Number											
X DOH DCA	On Hold	NCY NOTIFICA			Telephone Number 732-594-7746										
				ITY INFOR	30.000000000000000000000000000000000000			9 10							
Name of Facility Who	ere Abatement is Tak	king Place (3)	171012			Type of Facility School (K-	12)	20.000							
MERCK SHARP & DOHME CORPORATION					Subchapter 8 (Other than K-12) X Other (ie. private & commcl. bldg:						gs., homes, etc.) Bldg. Age				
Street Address 126 EAST LINCOLN	AVENUE - BUILDING		Square Feet # of Floors 8,900 1												
City (5) RAHWAY	County (6 UNION	50	County Co STATE USE		RESEARCH LA		RY AND OFFICE FACILI								
Name of Monitoring ENVIRONMETAL HE	Firm Hired by Buildi ALTH INVESTIGATIO	ng Owner (8) NS, INC.		AS	SCM No. 104	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION									
Street Address					Street Address										
655 WEST SHORE T City, State, Zip Code					313 SPOOK ROCK ROAD City, State, Zip Code										
	SPARTA, NEW	JERSEY 0787				SUFFERN, NEW YORK 10901 Telephone Number License Number									
Project Manager for N		nber		Telephone Number License Number 845-369-7500 1101											
WILLIAM S. KERBEL Expected State Date		Date (11)		Name of OSHA		-									
2 /	28/	19	AMERISCI LABORATORIES INC #11480												
	ay Year	Month	[Day	Year	Street Address			_		_				
Occupancy Status Du X Facility Cld Abatemen X Other - De	ment rs - Describe PM	s - Describe:													
Scope of Work (Chec Demolition x >3SF OR >160 SF 0	X	Mini Enclo Glovebag	g Procedure able Procedure												
Loca	tion of	Is Location			iption of As				Abatement Type						
Materia TO BE	-containing al (ACM) ABATED illity (13)	normally use solely by Maint/Custod Staff (12) Yes No N/	(ie. 7 insulati	ning Materi Thermal sy on, surfaci er miscella	stems ng, VAT,	Amount (Specify SF or LF)	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR					
1st FLOOR STORAG	E CLOSET	x		ORS			42 SF	х							
						Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15 City, State									
FREEHOLD, NEW J		4		posal Date 15-28/2019 Sign	nature /	MONTGOMER	Y , PA 17752 Dat	te ,	<i></i>	10					
RENIAMINI SANCHE		FCTOR OF OF	FRAT		/,	4/1		.1	5-	17					

UK 2853	PAI		NOTI (FICATIO	State of New ON OF ASBE nt to NJAC 8	STOS	ABATE	MENT))		C		M	Fig. 7		
Date of Notification (1) 02/05/19		of Building C th Plainfiel					FEB	11:	2019						
Agencies Notified	Street Address														
EPA DEB	X Initial			Jackson A	A.S.	And the second									
DEP X DOL	Amended Amendmen	t #		The second second	State, Zip Cod th Plainfield		07000								
X DOH	Emergency justification	(includin	g		of Contact	u, NJ	07080		Tal	b N	l			11111	
X DCA		nas Wiggir	ns		Telephone Number 908-754-4620										
Name of Equility When y					CILITY INFO		ON				1020				
Name of Facility Where A South Plainfield Mic	Abatement is Takir	ig Place	(3)					Type of Facilit	y (4)						
Street Address	date deliber	2/3/20						School (h	(-12)		40)				
2201 Plainfield Ave	, •7.							Subchap Other (i.e	er 8 (Oth	er than K- & comme	-12) rcial bui	ildings	s, hon	nes,	
City (5)			-					etc.) Square Feet							
South Plainfield								Oquare i eet	Square Feet # of Floors Bldg. Age						
County (6)				County Code (7)				Current Use (Prior if being demolished)							
Middlesex				(STATE	USE ONLY)	·	-				•				
Name of Monitoring Firm Westchester Enviro	Hired by Building	Owner (8	3)					ne of Abatement Contractor (9)							
Street Address	meritai							ademy Construction Inc							
307 North Walnut S	t.							et Address 5 Route 46 Suite 14							
City, State, Zip Code						City, State, Zip Code									
West Chester, PA 19380							Totowa NJ 07512								
Project Manager for Monitoring Firm Paul McCaa					one No.		Telepho	lephone No. License No				ło.			
								3 832 4244 01379							
02/15/19	npletion	Date (11)			of OSHA Monito	r									
Occupancy Status During	Street A				Address										
Facility Closed/Vacated During Entire Period of Abaten Abatement Performed Outside of Normal Facility Hours				ment				State, Zip Code							
Other – Describe:						-	J., J.	ato, zip oode							
Scope of Work (Check All	That Apply)								- 11						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				X	Full Containr Mini-Enclosu Glovebag Pro	re ocedure						
		Is	Locati	on				Non-Exempte	ed (*) and	Non-Fria	ble Pro	9700			
Location	of		Normal	illy				ıf.				Abatement Type			
Asbestos-Containing N TO BE ABA	Material (ACM)	Ma	ed Sole iintenai	nce/	Asbestos	Contai	ning Ma	g Material (ACM)		Amount		m			
In Facility		Cus	todial S (12)	staff?	(i.e. trie	surfacir	ystems i ng, VAT,	nsulation, or		ecify or LF)	Remova	Re	Encapsulate	Enclosure	
(13)		-	(/		01	ther mis	scellane	ous)		28 TT 127	lova	Repair	sula	osur	
		Yes	No	N/A							-		te	Ф	
Room 5				X		Drop ceiling			60	0sf	x				
Room 7						Drop	ceiling	ng 900sf			x				
										-					
Name of Registered Waste			13 2000	JDEP W		ubic Ya		Name of	Registere	ed Landfil					
Academy Constructio	n Inc		(0)22	auler ID 34422	No. 6	f Waste		Fairless Landfill							
City, State						isposal	Date	City, Stat							
Totowa NJ						BD			ville, PA						
Completed by Filip Geleski		Title				Sign	nature			Da	ite				
Filip Geleski Supervisor						5	τ.	Filip Do	lendi 02/05/19						