Date of Notification (1)				Name	of Building	g Owner/Operator (2)		CONTRACTOR TO ST	THE STATE OF		
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	otification			Stree	t Address			المحداث بالرامينة والراساوية	-2-7-9	111		
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☑ DOLWD ☐ Ame	nded ndment #	4		City, S	State, Zip C	Code		FEB 2 0 20	18	Low	1	
	rgency (i		,	Ru	nnemede	, NJ 08078					persent	
(NJAC 5:23-8) justit	ication)	noidani	ď	Name	of Contac	t	· L	Telephone Num	ber:	Q.		
☐ Cand	cellation			Far	han Latif	i .	A			~ vv.=	!	
N				FA	CILITY IN	IFORMATION						
Name of Facility Where Abatemen	t is Takir	ig Place	(3)				Type of Facility					
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Street Address								rivate and comme		uilding	js,	
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West Berlin							1,800	2		80	90	
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Camden					,	,,o2	Vacant Res		,,,ou,			
Name of Monitoring Firm Hired by	Building	Owner	(8)	ASCM	No.	Name of Abateme						
Management & Enviro. Cor							onmental, LLC	•				
Street Address						Street Address	,		-			
PO Box 341						623 Cutler Av	/enue					
City, State, Zip Code						City, State, Zip Co	ode					
Chesterfield, NJ 08515						Maple Shade						
Project Manager for Monitoring Fire	m		Tele	phone	No.	Telephone No.		License No.				
Bill Weisgarber			6	09-298	-4070	856-755-0099		00842				
Start Date (10)	Sche	duled C	omple	tion Da	ite (11)	Name of OSHA M	lonitor					
02 /26 /18	-	02/	28	3_ /	18	EMSL Analyti	ical, Inc.					
Occupancy Status During Abateme	ent (Chec	k only o	ne)			Street Address						
☐ Facility Closed/Vacated During						200 Route 13	0 North					
Abatement Performed Outside						City, State, Zip Co	ode					
Time of Abatement:AM-	Р	M/	_PM		AM	Cinnaminson	, NJ 08077					
Scope of Work (Check all that appl	y)					⊠ Eull Cont	ainmont with No.	activo Procesuro				
≥3 sf or ≥3 lf		⊠ Re	novat	ion		☐ Mini-Enc	ainment with Ne losure	gative Pressure				
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TO BE ABATED IN Facility			intena todial	Staff?	(i.e.	 thermal systems i surfacing, VAT, 		(Specify SF or LF)	Removal	ar.	apsi	Enclosure
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		Yes	No	N/A								
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Eve of Back Room					Siding			55 SF				
					192							
Name of Registered Waste Hauler		1	+16.2	JDEP \		Cubic Yards of	Name of Regis	stered Landfill				
Freehold Cartage	10			15939		Waste 1	GROWS N	orth Landfill			- 27	
City, State						Disposal Date	City, State					
Freehold, NJ						02/28/2018	Morrisville	, PA				
Completed By (Print or Type)	Titl	J.,				Signature	10		ate			
Christina Lynch	V	/ice Pr	eside	ent of (Operation	is his	ما يحر) 2	13	118		

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PALL

Date of Notification (1)				Name	of Building	g Ow	ner/Operator (2)	III				1 1 1	111
	18	<u> </u>		Kar	en Beals	•				FEB 2	2 0 2)18	1	21
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☑ DOLWD ☐ Amend ☑ DOH Amend				City, S	State, Zip C	Code			1	Lat. 1			Linux A to	145.4-4
□ DCA □ Emergi			1	Upp	oer Deerf	ield,	NJ 08302							
(NJAC 5:23-8) justifica		orading	,	Name	of Contac	t				Telephone Nu	ımber			
☐ Cancel	ation			Kar	en Beals	;					-			
				FA	CILITY IN	IFOF	RMATION							
Name of Facility Where Abatement is	Taking	Place	(3)					Type of F						
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Project Manager for Monitoring Firm			Tale	phone	No		ephone No.	, 145 0005		License No.				-
Bill Weisgarber)9-298		0.044	56-755-0099	Ϋ́		00842				
Start Date (10)	Sched	luled C		tion Da			me of OSHA M	3		00042		-	-	
02 / 22 / 18				3_ /		10000000	MSL Analyt							
Occupancy Status During Abatemen	(Check	c only o	one)			Stre	eet Address							
☐ Facility Closed/Vacated During En		-		ment		2	00 Route 13	0 North						
Abatement Performed Outside of						City	, State, Zip Co	ode						
Time of Abatement:AM	PN	ΛI/	_PM		AM	С	innaminsor	n, NJ 0807	7					
Scope of Work (Check all that apply)							M Full Con	tainmant wi	th Noa	ntivo Pronouso	,			
≥3 sf or ≥3 lf		⊠ Re	novat	on			☐ Mini-End		iii iveg	ative Pressure				
☐ ≥160 sf or ≥260 lf		☐ De	molitic	on			Gloveba			- F.:-bl- D	J			
		le	Loca	ion	Т		□ Non-Exe	mpted (*) a	na Nor	n-Friable Proce		hatar	aant T	
Location of		1	Norma	lly			Description of	of	-			1	nent T	T
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TO BE ABATED IN Facility				Staff?	(i.e		rmal systems urfacing, VAT			(Specify SF or LF)	ova	=	lsdt	uso
(13)			(12)	_			ner miscellane			01 01 21 /	-		Encapsulate	9
		Yes	No	N/A								_		
2 nd Floor Bedroom No. 1			\boxtimes		Pipe Ins	sulat	tion			18 LF				
Name of Registered Waste Hauler			0.00	IJDEP \			oic Yards of	Name of	Regist	tered Landfill				
Freehold Cartage			F	15939		Was	ste	GRO	NS No	orth Landfill				
City, State			,				oosal Date	City, Sta						
Freehold, NJ						0:	2/23/2018	Morri	sville,	PA				
Completed By (Print or Type)	Title						Signature	10	1		Date		100	
Christina Lynch	V	ice Pr	eside	ent of (Operation	ns	(hst	al>		3	21	2	18	

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	L			FACI	LITY INF	ORMAT	ION								
Name of Facility Where House	Abatement is Takir	ng Place (3	3)					Туре	of Facility (4	4)					
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								×	Subchapter Other (i.e. p etc.)				dings	home	es,
City (5) Elizabeth								Squa N/A	are Feet	# o	f Floors		Bldg. A	\ge	
County (6)			- 1	County	Code (7)				ent Use (Prid						-
Union					USE ONLY			Hou				01100)			
Name of Monitoring Firm N/A	n Hired by Building	Owner (8)		ASCN	/I No.				atement Con tement, In		(9)				
Street Address				-				t Addre							
							11 R	Rosen	gren Aver	nue					
City, State, Zip Code									Zip Code NJ 07512						
Project Manager for Mor	nitorina Firm			Telepho	ne No			hone N	The second second		License	No			
	moning r iiiii			relepito	110 110.		7	345-8			01311	INU.			
Start Date (10) 02/14/2018		Schedule 02/15/2		mpletion I	Date (11)		100 (0000) 1000		HA Monitor						
Occupancy Status Durin	a Ahatement (Che		376					Addre	ement, In	G.					
Facility Closed/Vac				nent					gren Aver	iue					
Abatement Perform Other – Describe:	ned Outside of Norn	nal Facility	/ Hour	S		_			Zip Code NJ 07512						
Scope of Work (Check A	II That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		processed.	Renova Demoli				>	≤ Mi	II Containme ni-Enclosure ovebag Proc	B	Negative	Pressu	re		
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In Facil (13)		Cusi	(12)	17.197.N. 18.181 - 11			cing, VA			SF	or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		Yes	No	N/A		other	mocena	neous)				val	=:	ılate	ure
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												1			
Name of Registered Was	ste Hauler		1 31	JDEP W		100000000000000000000000000000000000000	Yards		Name of F	Registe	red Landf	ill			
D&S Abatement, Inc).			tauler ID 0996	No.	of Wa	ste		Waste N	/lana	gement	of PA			
City, State Totowa, NJ						Dispo:	sal Date	:	City, State		'A				
Completed by		Title					Signature	e ,	BI	-, .		ate			
Ned Joksimovic		Proje	ct Ma	anager				-	TA /		1.00	2/12/	2018		

458-41 (PLOS-06)

02/13/2018 05:39 2012520321 AMAC PAGE 02/02 NOTIFICATION OF ASSESTOS ASATEMENT (Furavant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 2/13/18 PHILIP COLEMAN Agencies Notified Type Notation Street Address Inhhal 100 DEP Amended City, State. DOL Amendment # r.u horwah Emergency (Including justification) DOH Name of Contact DCA Cancellation PHILIP -OLEMAN) FACILITY INFORMATION Name of Facility Where Absternent is Taking Place (3) Type of Fat My 4) RESIDENCE School (K-'2) Subdit plet 8 (Other than K-12) Bireel Address Other | 4. | rivate & commercial buildings, homes, City (5) # of Floom Square Fair Bldg. Age NEWTON 1850 +50 County (6) County Code (7) Durrent Us: (Pr. # If being demolished) Name of Maniforting Firm Hired by Building Owner (8) RISSIDENCE ASCM No. Name of Abatemetr Cor tractor (9) A.MAC Contracting Inc. Street Address Street Address 186 Midland A. s City, State, Zip Code City, State, Zip Coci Midland Park, 1 J 07432 Project Manager for Monitoring Firm Telephone No. Telaphone No. License No. 201-262-5841 00150 Start Date (10) Scheduled Completion Date (11) Name of OSHA Mci tot 2/23/18
Occupanicy Status During Abatement (Chack Crity One) Omega Environ ne ital Services Inc Street Address Facility Closed-Vecated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours 280 Huyler Stri st City, State, Zip Coci Other - Describe: Mackensack, N. 07606 Scope of Work (Check All That Apply) ≥3 af or ≥3 f Renovation Full Cont: 1mint with Negative Pressure 2100 sfor 2200 if Demolition Mini-Engl; jung Glovebag froc sdure Non-Exer: xisc (*) and Non-Frieble Procedure is Location Abatement Normally Location of Type Description of Asbestos-Containing Material (ACM)
TO BE ARATED Used Sotely by Asbestos Centerning Meterial (ACM) Maintenance/ Custodial Stuff? Amount (i.e. thermal systems insulation, surfacing, VAT, or Encapsition in Fadity (Boacih Remova Royal (12) (13)other mispallaneous) Yes No NA BOILLE THERMAL SEASTERS INS. 72.5F Name of Registered Weste Hauler HUDER Waste Cubio Yarda Name of Flagsstered Landfill Newark Carting Inc. Hauler ID No. of Waste Grar d Central Sanitary Landfill 04500 City. State Disposal Date City. Will Newark, NJ 07105 /13/18ON Pen Vg/l, PA 08702 Completed by Signature Joseph Vocaturo Vice President

"Darhot use this form for a spestos sceneure exempted activities.



	PAI	D		CATION	ate of Nev OF ASBI to NJAC	ESTOS	ABATE		To the second) E	G					
Date of Notification (1)			T	Name of	Building	Owner/C	Operator	(2)		31					1	
2/13/18				James	o' Sha	ugnes	sy Priv	ate H	lome		rrn	2 0	20	10		
Agencies Notified	Type Notification			Street A	ddress				L		FED	2 0	20	10	-	7
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	Emergency (-		NAME OF STREET	NJ 080	150		<u> </u>			EMS				
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Ц вох	Caricellation				LITY INFO	RMATI	ON			1-						
Name of Facility Where A	Abatement is Taking	Place (3	3)	TAGE	LITT IN	ZI (WIZE I	0.1	Туре	of Facility	(4)					-	
James O' Shaugne	ssy Private Hor	ne						П :	School (K	¥12)						
Street Address									Subchapte	er 8 (Ot						
									Other (i.e. etc.)	private	& comm	ercial	build	lings,	nome	es,
City (5)	A 2002-01100-012			-1000				Squa	re Feet	#	of Floors		В	ldg. A	ge	
Manahawkin NJ 08	050							100	0 +	1			3	5+		
County (6)					Code (7) JSE ONLY			550	nt Use (P	rior if b	eing dem	olishe	d)			
Ocean					-0.00			Hou								
Name of Monitoring Firm N/A	Hired by Building (Owner (8)		ASCN	1 No.				tement Co	ontracto	or (9)					
Street Address				l				Addres			100000					
Street Address								Box 3								
City, State, Zip Code									ip Code					-		
									in NJ 08	3091						
Project Manager for Mon	itoring Firm		Τ.	Telephor	ne No.		Teleph	none N	0.		Licens	se No.				
							856-	-753-9	9800		0072	27				
Start Date (10)				pletion (Date (11)		Name	of OSI	HA Monito	r						
2/23/18		3/2/18	//	T 157200000			Sam									
Occupancy Status During	g Abatement (Chec	k Only Or	ne)				Street	Addres	SS							
Facility Closed/Vaca							011 0									
Abatement Perform Other – Describe:	ed Odiside of North	iai raciiity	nours				City, S	state, Z	ip Code							
Scope of Work (Check A	II That Apply)													-		
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≥3 \$1 01 ≥3 11 ≥160 sf or ≥260 lf		-	Demoliti						I Containi ni-Enclosu		in Negati	ve Pre	essur	е		
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(13)	ity		(12)				niscellar			,	or Cr Li)	1	Remova	Repair	Encapsulate	Enclosure
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United Containers			1 50	2459		3			G.R.C	D.W.S						
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Elm NJ						3/2/1	8		Morri	sville l	PA 1906	67				
Completed by		Title				5	Signature	е				Date		_		
Anthony T Perna		Pres	ident				(_	1				2/1	3/1	8		

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		-V63**	W.	B
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1	广为	EL.	. 19	11

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

	M. A.		(Pi	ursuant 1	to NJAC 8	3:60 and	1 12:120))		lin						
Date of Notification (1) 2/14/18					Building (Contrac		perator	(2)	-		F	EΒ	2 (2	018	The state of the s
Agencies Notified EPA	Type Notification Initial	797		Street Ad 31 Bird			1.5		Y		ASUE	is (Ö.		Q.V.I	7701	2
DEP X DOL	Amended Amendment Emergency			일반으로 주었다.	te, Zip Co ood, NJ			210	15		An relationship at \$25	hall de meneral			or altrigated	
DOH DCA	justification) Cancellation			Name of	Contact					Tele	phone N	lumbe				
				FACIL	LITY INFO	RMATI	ON									
Name of Facility Where A 140 S Plainfield Ave			·)					Ту	pe of Facility (12)		10)				
Street Address 140 S Plainfield Ave								×	Subchapter Other (i.e. petc.)				ibliu	ngs,	home	s,
City (5) South Plainfield								Sq	uare Feet	# of 1	Floors		Blo	lg. A	ge	
County (6) Middlesex				County C	Code (7) USE ONLY)				urrent Use (Pri ore	or if beir	ng demol	lished)				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	l No.				Abatement Co							
Street Address							Street 6 WH		dress E DOVE C	OURT						
City, State, Zip Code			-12						e, Zip Code OOD, NJ 0	8701						
Project Manager for Monit	toring Firm			Telephor	ne No.		Teleph 732-6		e No. 3-9078		License	No.	1			
Start Date (10) 2/25/18		Schedule 3/9/18	ed Con	npletion (Date (11)				OSHA Monitor		NALS			Callia		
Occupancy Status During	Abatement (Chec	ck Only Or	ne)				Street	Add	dress					-		
Facility Closed/Vaca Abatement Performe	ted During Entire	Period of A	Abaten						E DOVE Co	OURT						
X Other – Describe: _							LAKI	ΕW	/OOD, NJ 0	8701						Ì
Scope of Work (Check All	That Apply)		Anna de la companya d													
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		100000	Renova Demolit				×		Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure					9	
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Name of Registered Wast NEWARK CARTING	te Hauler		1	IJDEP W lauler ID 4509		Oubic of War 30	Yards - ste		Name of IESI	Registe	red Land	dfill				
City, State NEWARK, NJ							sal Date		City, Sta		1 PA					
Completed by JOSEPH PERLSTEII	N	Title OWN	NER			L	Signaturs	9				Date				
															72 10 - 2	

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Date of Notification (1) 2/15/18				Name o	f Building	Owner/	Operator	(2)		F	EB 2	0 20	018			
	Type Notification Initial Amended Amendment Emergency	#		Trento	ate, Zip Co on, NJ 08					NS.S.			/() <u>i</u>	2	the fact town	AND
DOH DCA	justification) Cancellation			Name o	f Contact					Tel	ephone	Numbe	er			
				FACI	LITY INFO	DRMAT	ION								1000	
Name of Facility Where Al	batement is Takin	ig Place (3)						Type	School (K-1 Subchapter Other (i.e. p	2) 8 (Oth			uildir	ngs,	home	es,
City (5) Trenton					·			Squ	are Feet	# of	f Floors		Bld	g. A	ge	
County (6) Mercer					Code (7) USE ONLY)		Curr	rent Use (Pri	or if bei	ng dem	olished)			
Name of Monitoring Firm I	Hired by Building	Owner (8)		ASCN	/ No.	e ²			atement Cor)				
Street Address							Street 6 Wh		ess DOVE CO	DURT						
City, State, Zip Code									Zip Code OOD, NJ 0	8701						
Project Manager for Monit	oring Firm			Telepho	ne No.		Teleph 732-4				Licens 1200					
Start Date (10) 2/25/18		Scheduled 2/27/18	Con	npletion	Date (11)		100000000000000000000000000000000000000		HA Monitor D PROFE	SSIO	NALS					
Occupancy Status During Facility Closed/Vacat				nent			Street 6 WH		ess DOVE CO	DURT						
Abatement Performer Other – Describe:							\$0 T2000		Zip Code	8701	7					
Scope of Work (Check All	That Apply)															_
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Name of Registered Waste AAA LEAD PROFESS			Н	IJDEP W lauler ID 4509		of Wa	Yards iste		Name of MERCE							
City, State LAKEWOOD, NJ						Dispo	sal Date		City, Stat		J					
Completed by JOSEPH PERLSTEIN	1	Title OWNE	R			15	Signature	·				Date				

Print Form

CKC407
PAID



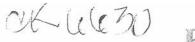
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Date of Notification (1) 2/13/18					f Building Devane		Operator	(2)		or a majorgatical	Balance Control		17			
Agencies Notified	Type Notification			Street A	ddress						Hada i		-	8.11C	il ox	
EPA	× Initial										*,		- 1	·	e ilia i terus	artiti.
DEP × DOL	Amended Amendment	#			ate, Zip Co ield, NJ	de										
	Emergency	(including			f Contact					T	elenhone	Numb	0.5		-	
DOH DCA	justification) Cancellation				Devane	ey .				'	elebrione	MITTEL	eı			
				FACI	LITY INFO	DRMAT	ION					11.00				
Name of Facility Where	Abatement is Takin	g Place (3))					Ту	pe of Facility	(4)						
Street Address									School (K- Subchapte		ther than I	K-12)				
								×	Other (i.e.				build	lings,	home	es,
City (5)								Sq	etc.) uare Feet	#	of Floors	1100.00	В	ldg. A	ge	-
Westfield								17	50							
County (6) Union					Code (7) USE ONLY			700000	rrent Use (Pome	ior if b	eing dem	olished	1)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	1 No		Name	22.400	batement Co	ntract	or (9)					
		oo. (o)		1,00%			10.0		AD PROF							
Street Address						V.	Street 6 WH		ress E DOVE C	OUR	PT					
City, State, Zip Code							City, S	State	, Zip Code							
Project Manager for Mon	nitorina Firm		- 1	Telepho	no No		LAKI		00D, NJ ()870°	1 Licens	- N-				
1 Tojost Mariager for Worl	intolling i iiiii			releptio	He NO.		1 3000000000000000000000000000000000000		-9078		1200	e No.				
Start Date (10) 3/9/18		Schedule 3/13/18		pletion	Date (11)				SHA Monito		ONALS					
Occupancy Status During	g Abatement (Chec	k Only One	e)				Street	Add	ress							
Facility Closed/Vac	ated During Entire	Period of A	batem	ent			6 WH	HITE	E DOVE C	OUR	T					
Abatement Perform Other – Describe:		nal Facility	Hours						Zip Code	070	1					
Scope of Work (Check A							LAN	⊏vv	OOD, NJ	0010	1					
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2160 sf or ≥260 lf			emoliti				×	1	Mini-Enclosu	e		ve 1 16	SSUI	C		
									Glovebag Pro Non-Exempte			riable	Prod	cedur	е	
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Location			ormall Sole				scription				tor a n derive desired s and	-		Ту	pe	-
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In Facil (13)	ity	Cusio	(12)	lalif	- W		cing, VA niscellar				SF or LF)		Remova	Repair	Encapsulate	Enclosure
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INTERI	OR						Piping				100LF	×				
												+				
Name of Registered Was	ste Hauler			JDEP W			Yards		Name of	Regis	stered Lan	dfill				
NEWARK CARTING	;			auler ID 1509	No.	of Wa	ste		IESI							
City, State							sal Date		City, Sta		M D :					
NEWARK, NJ		T:41-				3/13/	2000		BETHI	.EHE	M PA	D-1				
Completed by JOSEPH PERLSTEI	N	Title OWN	ER			5	Signature	3			27	Date				
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Date of Notification (1)					Name	of Building	Own	er/Operator (2	2)	111	XII .		001	· · · ·	
02 /	14 /	18				ntua Partr		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7		III FEE	3 2 0	201	3	-
Agencies Notified	Type Notifica	tion			Street	Address	545,00			1		30.38	53		1
⊠ EPA					475	North Br	idge	Street			ASSU	15 1 1 2	ATI	06	i.
⊠ DOLWD	Amended				City, S	tate, Zip C	ode			ļ.	e de la composición del composición de la composición de la composición del composición de la composic				emberé le e
□ DCA	Amendme ☐ Emergence		luding		Brid	lgewater,	NJ	08807							
(NJAC 5:23-8)	justificatio		iddirig		Name	of Contact				T	elephone Nur	mber			
	☐ Cancellati	on			Lau	ra Corra									
					FAC	CILITY IN	FOR	MATION							
Name of Facility Where	Abatement is T	aking l	Place	(3)					Type of Facilit	y (4)					
Former Colonial Ba	ank								☐ School (K-☐ Subchapte		Other than K 1	12)			
Street Address		Constant of the second		E 914 ()			5-415-		Other (i.e.,				uilding	S,	
271 Lambs Road									homes, et	-					
City (5)									Square Feet		# of Floors	В	dg. A	ge	
Mantua					Т-				2,000		1		80		
County (6)					Coun	ity Code (7)	(SIAI	E USE ONLY)	Current Use (1
Gloucester	11: 11: 5: 11			0) [10011		Maria	6 A b - t			ercial Spac	e			
Name of Monitoring Firm					ASCM	NO.			ent Contractor (onmental, LL						
Strategic Environm	ientai wanag	jemei	nt, in	c.				et Address	mmemai, LL	C					
1634 South Delawa	ra Straat						-7071	23 Cutler Av	/eniie						
City, State, Zip Code	ile Street							State, Zip Co							-
Paulsboro, NJ 0806	66						- 3	aple Shade							
Project Manager for Mon				Tele	phone	No.		phone No.	, 110 00002		License No.				
Edward Keegan				1	9-868			6-755-0099			00842				
Start Date (10)	S	chedu	led C	omple	tion Da	te (11)	Nam	ne of OSHA N	Ionitor				7		
02 /23 /	18	02	2_ /	26	_ /	18	El	MSL Analyt	ical, Inc.						
Occupancy Status During	g Abatement (C	Check	only o	ne)			Stre	et Address							
☐ Facility Closed/Vacat	ed During Entir	e Peri	od of	Abate	ment		20	00 Route 13	0 North						
☐ Abatement Performed							City,	State, Zip Co	ode						
Time of Abatement: _	AM	PM	/	_PIVI-		AM	Ci	innaminsor	i, NJ 08077						
Scope of Work (Check a	Il that apply)							M Full Com	ining and width N	laast	ius Drassurs				
≥3 sf or ≥3 lf		1	□ Re	novati	on			☐ Mini-End	tainment with N losure	iegat	ive Pressure				
☐ ≥160 sf or ≥260 lf			⊠ De						g Procedure		-:	di ina			
			la.	1		Τ		□ Non-Exe	mpted (*) and l	Non-I	-riable Proced			ant T	
Location	of			Locat Norma				Description o	f				atem		
Asbestos-Containing	Material (ACM)		d Sole				Containing Ma	terial (ACM)		Amount	Rem	Repair	nca	ncl
TO BE ABA				intena todial	Staff?	(i.e.		mal systems urfacing, VAT			(Specify SF or LF)	Removal	¥	Encapsulate	Enclosure
(13)	ity			(12)				er miscellane			J. J. 2. 7			late	O.
			Yes	No	N/A					_			-		
Throughout				\boxtimes		Vinyl Ba	ase (Cove Moldin	ng Adhesive		110 LF	\boxtimes			
7															
													П	П	П
		-+			-					+					
News of Desisters 110/s	-t- Haulan			Ц,	IJDEP '	Masta	Cub	ic Yards of	Name of Re	gisto	rod Landfill			Ш	ш
Name of Registered Was	ste Hauler			100	lauler II		Was				th Landfill				
Freehold Cartage					15939		1			1401	ur Lanuilli				-
City, State								osal Date 2/26/2018	City, State Morrisvi	ا ماا	٥٨				
Freehold, NJ		1 =					02		INOTTISVI	, r		Data			
Completed By (Print or T	ype)	Title	00 D	00:4	nt of	Onorotic	20	Signature	12			Date	1 2	c/	
Christina Lynch		VIO	ce Pr	eside	ent or	Operation	IS	(WYV)	W	-		2/1	11	0	



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Date of Notification (1) 2/15/18					Building Ov North W			(2)	land port		A STATE OF THE PARTY OF THE	ge gerdensk te spen			The same special state of	Transmitted of the second
Agencies Notified	Type Notification		1 5	treet Add						111	FEB	20	2018	3	loss	7
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	Emergency (in	cluding		lame of (4 140	00200		-		phone No		2000	金いたで	-	-
DOH DCA	justification) Cancellation		- 4	JR					6.44							
burned				FACIL	ITY INFOR	RMATI	ON	_	CE - 114 . //	1						
Name of Facility Where	Abatement is Taking I	Place (3)							of Facility (4							
Gas Station Street Address			-			-		T s	chool (K-12 ubchapter	8 (Othe	r than K-	12)				
200 West Spruce A	Ave								other (i.e. pr	rivate &	commer	cial buil	dings	, hon	nes,	
City (5)					TT .	21-22-5		Squar	e Feet	# of	Floors		-	Age		
North Wildwood N.	J 08260							1000		1			35+			_
County (6)				County C	ode (7) SE ONLY)				nt Use (Prio	r if beir	ng demoli	snea)				
Cape May Name of Monitoring Firm	a Uirod by Building O	vner (8)	Τ.	ASCM	No		Name		ement Con	tractor	(9)		_		-	\dashv
Horizon Environme		viici (o)		7100111			1 2 2	naco Ir								
Street Address	•							Addres							FILST.	
P. O. Box 316								Box 32								\dashv
City, State, Zip Code	00						1	State, Zi	p Code in NJ 080	191						
Thorofare, NJ 080 Project Manager for Mo				Telephon	e No.	-		hone No		70.	License	No.			10.42	\dashv
Steve Flanagan	intolling i mili				48-0800			-753-9			00727					
Start Date (10)			d Com	pletion D	Date (11)				A Monitor							
2/26/18		3/9/18					San									\dashv
Occupancy Status Durin				- 22cc #			Street	t Addres	55	3						-
Abatement Perform Other – Describe:	cated During Entire Pened Outside of Norma	eriod of A al Facility	Hours	ent			City, S	State, Z	ip Code							
Scope of Work (Check	All That Apply)															
≥3 sf or ≥3 lf		-	enova				P		I Containm		n Negative	e Press	ure			
≥160 sf or ≥260 lf		X	emoliti	ion			ļ	Glo	vebag Pro	cedure	=	D				
		1						X No	n-Exempte	d (*) an	a Non-Fr	lable Pr		atem	ent	-
	-	100	Locati	53.25		D	escriptio	n of					_	Туре		
Location Asbestos-Containing		Use	d Sole	ly by	Asbest	os Co	ntaining	Materia	I (ACM)	E 76	Amount	_		1	п	m
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(13	(C) 1/2 (- 1/2)		(12)				miscella					oval	1		lat l	sure
		Yes	No	N/A										,		_
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Windows	& Door			×			Caulk	<		3	350 Sf	x		\perp	_	
Throug	h -Out			х		Join	t Com	pound		28	800 SF	x				
Ro	of			х			Vent T	ar		{	15 SF	x				
Name of Registered W	aste Hauler			IJDEP W		100000000000000000000000000000000000000	ic Yards /aste		950000000000000000000000000000000000000		ered Lan					
Transformation Er	it.		1755	8952	NO.	30	rasic .		Cap N	lay Co	ounty M	UA				
City, State							osal Da	te	City, Sta							
Egg Harbor Twp. I	NJ					3/9			Wood	bine N	NJ	Date			_	
Completed by		Title	sident	i.			Signatu	ıre	0			2/15	18			
Anthony T Perna		ries	sideiii			-	_		1							

Jan/8/2018 4:49:1	1 PM			Yann	nzzi Group	90825	5447	3				2/3		
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Date of Notification (1) 1//8/2018		-		Nem	e of Building	Опели			Tryphop sauge.	THE FER	2.0	20.	10	
Agencies Notified	Type Noticeli	an -			of Newari	k,			l had	LAJ: ILL	7 1	20	lğ .	1
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DOL	Amended				State, Zip Co	rle				ASBLEYE		MIT	1	<u></u>
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DOA	Justification Canonilati	n)	-		s of Contact 193 Seeran					Telephone	Numb	er .		
	-			-1.		7.7		_						* ,
Name of Facility Where	batemant is Tak	dng Piso	E (3)		CILITY NIFO	RMATIO	N.	The	of Facili	b. (4)			-	
Fire devestated for	ner residence	<u> </u>					1	A CONTRACTOR OF THE PARTY OF TH		1 1 7				
117 Rose Terrace									School (Subchap	Mar & Isthantinan L	-12)			
City (b)				-				1.1	Other ().	a. buata & county	rolal b	ulldin	ja, ho	Mea,
Newark, NJ								Squ	rs Feet	# of Flagre			. Age	
County (8) Easax				Count	y Code (7)		-	2,20		Prior if being demo		20	/ears	
Name of Monitoring Firm	Hithel by Building	Auman	(4)		E REE ONLY		-	aba	ndonec	i	IIB NG Q			
N/A	. In sea sty motivately	Caulet	(5)	ABA	M No.	1	Name (of Aba	dement C	Contractor (B)	-			
Street Address							Yenn	UZZ	Environ	mental Service	a Inc	ì		Į
0						1000	Street A	THE REAL PROPERTY.	is ion Rd					
City, State, Zip Code	-								p Code	1				
Project Manager to 11							Kinne	Man.	NJ 074	ns.			MIVE VOC	
Project Manager for Monit	oring Firm			Teleph	ene No.		elepho			Lipanes	Ma	_		
Start Date (10)		Qubani.	day of				808-2			01228	reg,			
1/7/18		1/0/1	户	mpiatiot	Date (11)	N	iame o	OSI	A Month	or .		Patricial		
Occupancy Status During	Abstement (Che	ok Only C	na)				Ineet A	JZZI	-nviron	mentel Service	s, Inc	2		
Absternant Performed			Abale	ment					on Rd					
Other - Describe: Fir	Barraged Structure	ngi racii Itura	ly Hou	9					Code.					-
Scope of Work (Check All	hat Apply)						Kinne	lon, i	NJ 074	05				1
23 of or 23 if 2180 of or 2360 if			Renovi Demoi!					Glav	-Endosy Abao Pr	continue				
	51,74 7 7		& Locat	lon		-	- Cartel	Non-	Example	d (") and Non-Fria	bla Fr		Section 1988	
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10 BE ABAT	ED (ACM)	M	intens todisi	RES.	Asbestos (Le. (be	Containle	no Mal	arles ?	ACM)	Amount		T	Ma	
In Facility (13)		541	(12)	SULTE?		Suffacina	VAT.	OP	ΩN _i	(Specify SF or L(F)	R	37	THE STATE OF	Eng
		Yes	No	Alie	1 01	ther miso	ellanec	(sur			Removal	Repair	appropries	Елоющин
Entire Struct	nte	145	145	N/A									ade:	4
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		+					-							
		1												
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annuzzi Group, Inc.] H	ILIer D	No. of	Waste	HQ.	100		Registered Landfill				
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Innelon, NJ					1/	Sposel Di 6/18 &	1/0/4		City, Stat		,			-
ompleted by ohn Mucha		Title			The same of the same of	Bignat		1	10	em, PA / Penn	The state of the s	I, PA		
		AHE	RA Pr	plact D	esigner		IX		(1/1		16 8/18			

- bo not use this form for accessors licensure exempted solivities.

PATT

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

CK#31806

Date of Notification (1)							Owner/Operator OOHME CORP.	(2)	E (0 [;	WI
2 / 15 /18				Stree	t Add	dress		- 11U)	15 C	<i>y</i> ::	: 11	10 1
Agencies Notified Type Noti	fication			126 E	E. LIN	NCOLN AV	ENUE, P.O. BO	X 2000 RY28	414			
DEP X Ame	al Notifica ended Not cellation		n #4	RAHV	NAY		RSEY 07065	and the second of the second o	F	B 2	0.2	2018
X DOH On I	Hold ERGENCY	/ NOTI	FICAT			Contact A JOHNSO	N	Telephone N	Vimber		CON	HYOL 2
				ACILITY IN	FOR	RMATION						
Name of Facility Where Abatement	is Taking	Place	(3)				Type of Facilit					
MERCK SHARP & DOHME CORPOR	RATION							er 8 (Other the private & con			nmes	etc.)
Street Address							Square Feet				ig. Age	
126 EAST LINCOLN AVENUE - BUIL		N					40,000	1			65	
City (5) Cou RAHWAY UNIO	nty (6) ON			- 100 CONTRACTOR OF THE		ode (7) E ONLY)	Current Use (P RESEARCH LA			*	FACII	
Name of Monitoring Firm Hired by		Owner	(8)	(617.12		SCM No.	Name of Abate			1 IOL	AOIL	-1
ENVIRONMETAL HEALTH INVESTIG					2000	104	PAR ENVIRON		, ,	TION		
Street Address							Street Address					
655 WEST SHORE TRAIL City, State, Zip Code			-				313 SPOOK R					
SPARTA,	NEW JEI	RSEY	07871				City, State, Zip SUFFERN, NE		01			
Project Manager for Monitoring Firm		Tele	phone	Number			Telephone Nun	nber	License	Numb	er	_
WILLIAM S. KERBEL, CIH			729-5				845-369-7500		1101		redon.	
Expected State Date (10)	Sc			etion Date (1	11)	40	Name of OSHA					
2 / 8 /18 Month Day Year	1	/onth	1 /	5 Day		/18 Year	AMERISCI LA	BORATORIES	SINC	7	‡11480)
Occupancy Status During Abatement	(Check o	nly one	:)				Street Address			0.75	-	
X Facility Closed/Vacated Du							117 EAST 30T	H STREET				
Abatement Performed Out X Other - Describe: MON	side of No IDAY -FR				scribe	e:	City, State, Zip	Code				
SAT	URDAY 7							W YORK, NEV	W YORK	1001	3	
Scope of Work (Check all that apply) Demolition	V In-					-	inment with Neg	ative Pressur	е			
>3SF OR LF	X Re	novatio	on	ľ	X	Mini Enclo	Procedure					
X >160 SF OR 260 LF				1	X	-	le Procedure					
Location of		s Loca	4.5			ption of As					nent T	уре
Asbestos-containing Material (ACM)	no	rmally		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ning Materia		Amount	-	REPAIR	EZ	EN
TO BE ABATED	Ма	solely int/Cus				Thermal sys on, surfacir		(Specify SF or LF		¥ A	E A	STC
in Facility (13)	_	Staff (_			er miscella			´ A	120	NCAPSULE	ICLOSURE
	Ye	s No	N/A		100					+	<u> </u> im	HA H
1ST FLOOR LABS		+	Х	GALBESTO	DS D	UCT		200 SF	X	+	+	1
1ST FLOOR LABS			X	DUCT-SEA	M C	AULK		290 SF	X	+	+	\vdash
1ST FLOOR LABS		-	X	SOUND PR	ROOF	F BATTING	SINSULATION	130 SF	X		+	\vdash
1ST FLOOR LABS	X	PIPE FITTI	NG			8 LF	X	_	_	\sqcup		
1ST FLOOR LABS	X	SOUND PR	ROOF	FBATTING	INSULATION	60 SF	X		_			
80 N PENTHOUSE	. _		X	DUCT INSU	JLAT	TION		80 SF	X		_	
ADDITION TO SCOPE:							_					
1ST FLOOR LABS			X	GALBESTO	-			220 SF	×			
Name of Registered Waste Hauler	1 7 7 7 7 7	DEP W		Cubic Yards		Waste	Name of Regist		UDOE :		>=+=	L
FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	На	uler ID 1593			15		LYCOMING CO 447 ALEXANDI			IANA(>EME	NI SE
City, State				Disposal Da	ate		City, State-		J.L 10			
FREEHOLD, NEW JERSEY				10/23-04/05	5/18		MONTGOMER					
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECT	OR OF	OPE	RATIONS	Signa	ature	1XX		Date	_	15-	18



02/13/2018				Name	of Buildin	g Owner/	Operator	(2)	1/6	G E	# 1			
Agencies Notified	Type Notification	1		Hn- Street	+Out Address	DUI	८९ -	Kevill	Not	acib	K	25	1)	Supplement of the supplement o
	Initial			Otreet	Address			The state of the s		FEB 2	n 201	18	111]]]
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DOH DCA	justification) Cancellation)			of Contac		. 1/	- 46	Te	lephone N	ımber			
				FAC	ILITY IN	DUK	G-K	cuin star	Ub					_
Name of Facility Where	Abatement is Takir	ng Place (3)	1710	/ILAY 1 1141	OMMAI	IOIV	Type of Facility	(4)		-			
PRIVATE					-			School (K	-12)					
Street Address								Subchapte Other (i.e.	er 8 (Oth	er than K- & commen	12) Sial buil	dinas	hom	200
City (5)								etc.)						165,
UNION BEACH								Square Feet 1,300. SF		f Floors	E	Bldg. 7	Age 2	
County (6)					Code (7)			Current Use (P			shed)	7	_	
Ni- Chi ii ii				(STATE	USE ONL	y)		•	YE					
Name of Monitoring Firm N/A	Hired by Building	Owner (8)	ASCI	M No.			of Abatement Co					-	
Street Address								TH EAST EN	IVIROI	VMENTA	L LL	3		
ART SOURCE PROPERTY OF SOURCE AND ARTHUR SOURCE PROPERTY OF SOURCE PRO								Address 51ST						
City, State, Zip Code								tate, Zip Code	-			-	-	
D.: 111								TH BERGEN	NJ. 0	7047				
Project Manager for Mon	itoring Firm			Telepho	ne No.			one No.		License I	370			
Start Date (10)		Schedul	ed Cor	moletion	Date (11)			776 -0642 of OSHA Monito		01300				
02/13/2018		02/13/		npicaon	Date (11)			/IRO PROBE						
Occupancy Status During	Abatement (Chec	k Only O	ne)					Address						-
Facility Closed/Vaca	ated During Entire I	Period of	Abaten	nent			108	LIBERTY ST	Γ.					
Abatement Performe Other – Describe:	ed Outside of Norn	nal Facility	y Hours	\$				ate, Zip Code						
Scope of Work (Check Al	I That Apply)						IVIE I	UCHEN NJ.						
≥3 sf or ≥3 If	2.5 5.5		Renova	tion				Full Containn	ant with	Nonetical				
≥160 sf or ≥260 lf		Second .	Demolit					Mini-Enclosus	re	ivegauve	ressu	re		
							×	Glovebag Pro Non-Exempte		d Non-Frial	ole Pro	cedur	е	
			Locati									Abate		t
Location Asbestos-Containing			Normal ed Sole				cription				-	13	pe	
TO BE ABA	TED		intenai todial S		Asbes (i.e.	thermal	systems	aterial (ACM) insulation,		mount specify	B	_	Enc	回
In Facilit (13)	ty	003	(12)	itan:		surfac other m	ing, VAT	r, or eous)		or LF)	Remova	Repair	Encapsulate	Enclosure
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Name of Registered Wast	e Hauler		N	JDEP W	aste	Cubic	Varde	Name of	Donista	red Landfill				
TRI STATE ASSOC			Н	auler ID		of Was	te	10	200	TERPRI				
City, State			1	9951		TBD				IERPRI	SE III	IC		
BRONX NY						Dispose TBD	ai Dale	City, Star		RG OHIO)			
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CARLOS ESQUIVEL		SAFE	ETY N	MANAG	SER	Q	PELL	1 :25	4	21/1	2/13/2	2018		
ASB-41 (R-06-08)						1	* Do not	use this form for	asbesto	os licensure	e exem	pted	activit	ties.

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP. Date of Notification (1) 12 /18 Street Address 20 Type Notification 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 Agencies Notified Initial Notification **EPA** City, State, Zip Code DEP Amended Notification #3 RAHWAY, NEW JERSEY 07065 TOVECUSTAO DOL X Cancellation DOH On Hold Name of Contact Telephone Number DCA EMERGENCY NOTIFICATION PATRICIA JOHNSON **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) MERCK SHARP & DOHME CORPORATION Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 126 EAST LINCOLN AVENUE - BUILDING 80N 40 000 65 City (5) County (6) County Code (7) Current Use (Prior if being demolished) RAHWAY (STATE USE ONLY) RESEARCH LABORATORY AND OFFICE FACILI UNION Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ENVIRONMETAL HEALTH INVESTIGATIONS, INC. PAR ENVIRONMENTAL CORPORATION 104 Street Address Street Address 655 WEST SHORE TRAIL 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code SPARTA, NEW JERSEY 07871 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number WILLIAM S. KERBEL, CIH 973-729-5649 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 2 AMERISCI LABORATORIES INC 8 /18 4/ 5 /18 #11480 Month Day Year Month Day Year Street Address Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement 117 EAST 30TH STREET Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM City, State, Zip Code NEW YORK, NEW YORK 10016 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Mini Enclo . Renovation >3SF OR LF Glovebag Procedure >160 SF OR Non-Friable Procedure 260 LF Is Location Location of Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount ENCLOSURE ENCAPSULE REMOVAL REPAIR Material (ACM) solely by (ie. Thermal systems (Specify Maint/Custodial insulation, surfacing, VAT, TO BE ABATED SF or LF) Staff (12) or other miscellaneous) in Facility (13) Yes No N/A X **GALBESTOS DUCT** 200 SF 1ST FLOOR LABS 1ST FLOOR LABS X DUCT SEAM CAULK 290 SF SOUND PROOF BATTING INSULATION 1ST FLOOR LABS 130 SF X 1ST FLOOR LABS X PIPE FITTING 8 LF ADDITION TO SCOPE: 1ST FLOOR LABS X SOUND PROOF BATTING INSULATION 60 SF 80 N PENTHOUSE X DUCT INSULATION 80 SF NJDEP Waste Name of Registered Waste Hauler Cubic Yards of Waste Name of Registered Landfill FREEHOLD CARTAGE, INC. Hauler ID No. LYCOMING COUNTY RESOURCE MANAGEMENT SE 10 825 HIGHWAY 33 447 ALEXANDER DRIVE/ROUTE 15 15939

Disposal Date

10/23-04/05/18

Signature

City, State

MONTGOMERY , PA 17752

Date

City, State

FREEHOLD, NEW JERSEY

Completed by (Print or Type)

BENJAMIN SANCHEZ

Title

DIRECTOR OF OPERATIONS

hock

Date of Notification (1)				MERCK SHARP	Owner/Operate	or (2)	E	C	LILL	
2 / 6 /18				Street Address	A DONNE CORP	(U)			Maria Arabitat	e constant
Agencies Notified Type No	tification			126 E. LINCOLN	AVENUE PO B	OX SOOD BASS	111			
DEP X Am X DOL Car	ial Notifica ended No ncellation Hold		tion #2	City, State, Zip Co RAHWAY, NEW J	de	P. L. B. F. B. C.	ASS	FEB CST(2 0 2 0	201 SNTS
	ERGENC'	Y NO	TIFIC	Name of Contact ATION PATRICIA JOHNS	SON	Telephone No	umber	LIC	ENE	ING.
				FACILITY INFORMATION			-			
Name of Facility Where Abatement	t is Taking	Pla	ce (3)		Type of Faci	lity (4)			_	
MERCK SHARP & DOHME CORPO	RATION				School Subcha	pter 8 (Other than	n K-12)		
Street Address		-			X Other (i	e. private & comm				
126 EAST LINCOLN AVENUE - BUIL	LDING 80	N			Square Fee 40,000	t # of Floors		Blo	dg. Ag	е
DALUAGAS	inty (6)			County Code (7)		Prior if being den	nolisho	4)	65	
RAHWAY UNI				(STATE USE ONLY)	RESEARCH	ABORATORY A	ND OF	FICE	FACI	1.1
Name of Monitoring Firm Hired by ENVIRONMETAL HEALTH INVESTI	Building (Owne	er (8)	ASCM No.	Name of Aba	tement Contract	tor (9)		17101	
Street Address	GATIONS.	INC		104		NMENTAL COR	PORA	TION		
655 WEST SHORE TRAIL					Street Addres 313 SPOOK F	70.	923			
City, State, Zip Code					City, State, Zi	A CONTRACTOR OF THE PROPERTY O				
SPARTA,	NEW JEF					EW YORK 10901				
Project Manager for Monitoring Firm		_		ne Number	Telephone Nu		cense	Numb	er	-
WILLIAM S. KERBEL, CIH Expected State Date (10)	lo i		3-729-		845-369-7500		101			
2 / 8 /18	Scr	ied. (Comp 4 /	letion Date (11)	Name of OSH					
Month Day Year	- M	onth		5 /18 Day Year	AMERISCI LA	BORATORIES IN	VC.	#	11480)
Occupancy Status During Abatement X Facility Closed/Vacated Du Abatement Performed Outs X Other - Describe: MON	uring Entire	Peri mal l	iod of Facility	y Hours - Describe:	Street Address 117 EAST 301	H STREET				
Scope of Work (Check all that apply) Demolition >3SF OR LF X >160 SF OR 260 LF	X Ren	ovati		X Mini Enc Gloveba	tainment with Neg	W YORK, NEW	YORK	10016	i	
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	nor s Mair	olely nt/Cu Staff (used by stodia	Description of A Containing Mater (ie. Thermal sy insulation, surfac or other miscella	sbestos- ial (ACM) vstems ing, VAT,	Amount (Specify SF or LF)	REMOVAL	batem	ent T ENCAPSULE	e ENCLOSURE
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1ST FLOOR LABS			X	DUCT SEAM CAULK		290 SF	X	\vdash	-	
1ST FLOOR LABS			X	SOUND PROOF BATTING	C INCLUATION		X	-		
1ST FLOOR LABS			X	PIPE FITTING	3 INSULATION	130 SF	X	-		
				I I LITTING		8 LF	X	-		
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Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	NJD! Haule		No.	Cubic Yards of Waste 10	Name of Regist	UNTY RESOUR	CE MA	NAGI	EMEN	T SE
City, State FREEHOLD, NEW JERSEY		330		Disposal Date 10/23-04/05/18	City, State	R DRIVE/ROUT	E 15			
	Title DIRECTOR	R OF	OPER	Signature //	7/		e-6.	/	1X	

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

Date of Notification (1)						SHARP & D			(2)	TE	C		N
12 / 7 /17				Stree	t Ad	dress				ルー		Same same	te La
Agencies Notified Type No	tification			126 E	E. LII	NCOLN AV	ENUE	, P.O. BO	X 2000, RY28	4114			
DEP Am	al Notification	ication		RAH	WAY	e, Zip Code ′, NEW JEF		07065		444	FEE	2	0 201
	Hold ERGENCY	#1 NOTIFIC	ATION			Contact A JOHNSO	N		Telephone N	umb er	L	CEN	SING
				ITY IN	FOF	RMATION							
Name of Facility Where Abatemen	t is Taking	Place (3)					Тур	e of Facilit					
MERCK SHARP & DOHME CORPO	RATION						X		-12) er 8 (Other tha private & com		an he		ata\
Street Address			-				Sq	uare Feet	# of Floors			g. Age	
126 EAST LINCOLN AVENUE - BUI								40,000	1			65	
RAHWAY UN	unty (6) ION		(S			ode (7) E ONLY)			rior if being der			FACIL	.1
Name of Monitoring Firm Hired by					Α	SCM No.			ement Contrac				
Street Address	GATIONS,	INC.				104	-		MENTAL COF	RPORAT	ION		
655 WEST SHORE TRAIL								et Address	DOK BOAR				
City, State, Zip Code							-		OCK ROAD			-	
(5)	, NEW JER	SEY 078	71				0.0000000000000000000000000000000000000	State, Zip	W YORK 1090	11			
Project Manager for Monitoring Firm			ne Num	ber			-	phone Num		icense l	Mumh	ar	
WILLIAM S. KERBEL, CIH		973-729						369-7500		1101	V UITIDO	51	
Expected State Date (10)	Sch	ed. Com		Date (11)		-	e of OSHA					
12 / 5 /17		4 /		5		/18	AME	RISCI LAE	ORATORIES	INC	#	11480	
Month Day Year		onth	D	ay		Year							
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Abatement Performed Ou	10000				crib	٥.	1117	EAST 3011	1 STREET				
	NDAY -FRII				OIID	C.	City,	State, Zip					
Scope of Work (Check all that apply)				Ē		75			V YORK, NEW		10016	i	
Demolition	X Ren	ovation		-	X	Mini Enclo		nt with Neg	ative Pressure				
>3SF OR LF	X IXEII	ovation		F	^	Glovebag		dure					- 1
X >160 SF OR 260 LF					X	Non-Friab							
Location of	Is	Location		D	escr	iption of As			I		baten	nent T	vne
Asbestos-containing	1	mally use	ed			ning Materia			Amount	-		P	回
Material (ACM)		solely by				Thermal sys			(Specify	REMOVAL	REPAIR	ξ.	
TO BE ABATED in Facility (13)		nt/Custoo Staff (12)	ial			ion, surfacir ier miscella			SF or LF)	\ \ \ \	77	PS	SO
in radiity (15)	Yes		A	U	Out	iei miscella	neous	,)	1	-		CAPSULE	CLOSURE
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1ST FLOOR LABS		X	DUC.	TSEA	МС	AULK		y	290 SF	X			
1ST FLOOR LABS		X	soul	ND PF	200	F BATTING	INSU	JLATION	130 SF	×			
1ST FLOOR LABS		x	PIPE	FITTI	NG				8 LF	×			
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Name of Registered Waste Hauler	NJD	EP Wast	e Cubic	Yard	s of	Waste	Nam	e of Regist	l ered Landfill			_	\vdash
FREEHOLD CARTAGE, INC.		ler ID No		Jiaia	10	***4316		170	UNTY RESOL	JRCF M	ANAG	EME	VT SE
825 HIGHWAY 33		15939			80 5 0		1		ER DRIVE/ROL				55
City, State			Dispo	sal Da	ate	7	City.	State	- 				
FREEHOLD, NEW JERSEY	10/23	3-12/30	0/17	/			PA 17752			1	1 ~		
Completed by (Print or Type)	0.05.05			Sign	ature	/	XX		Date /	7	121	111	
BENJAMIN SANCHEZ	DIRECTO	K UF OF	EKATIC	JNS	-	-	/	X		/	9	1/	1/
						1 6		0			/	1	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) MERCK SHARP & DOHME CORP. /17 Street Address Agencies Notified Type Notification 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28 414 FEB 2018 EPA Initial Notification City, State, Zip Code DEP Amended Notification RAHWAY, NEW JERSEY 07065 DOL Cancellation - 8 DOH On Hold Name of Contact Telephone Number DCA EMERGENCY NOTIFICATION PATRICIA JOHNSON **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) MERCK SHARP & DOHME CORPORATION Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 126 EAST LINCOLN AVENUE - BUILDING 80N 40.000 1 65 City (5) County (6) County Code (7) Current Use (Prior if being demolished) RAHWAY UNION (STATE USE ONLY) RESEARCH LABORATORY AND OFFICE FACILI Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. ENVIRONMETAL HEALTH INVESTIGATIONS, INC. 104 PAR ENVIRONMENTAL CORPORATION Street Address Street Address 655 WEST SHORE TRAIL 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code SPARTA, NEW JERSEY 07871 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number WILLIAM S. KERBEL, CIH 973-729-5649 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 12 / /17 AMERISCI LABORATORIES INC #11480 Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 117 EAST 30TH STREET Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM City, State, Zip Code NEW YORK, NEW YORK 10016 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini Enclo, >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount ENCAPSULE **ENCLOSURE** REMOVA REPAIR Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A 1ST FLOOR LABS X **GALBESTOS DUCT** 200 SF 1ST FLOOR LABS X DUCT SEAM CAULK 290 SF 1ST FLOOR LABS X SOUND PROOF BATTING INSULATION 130 SF 1ST FLOOR LABS PIPE FITTING 8 LF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill FREEHOLD CARTAGE, INC. Hauler ID No. 10 LYCOMING COUNTY RESOURCE MANAGEMENT SE 825 HIGHWAY 33 15939 447 ALEXANDER DRIVE/ROUTE 15 City, State Disposal Date City States FREEHOLD, NEW JERSEY 10/23-12/30/17 MONTGOMERY, PA 17752 Completed by (Print or Type) Title Signature Date

DIRECTOR OF OPERATIONS

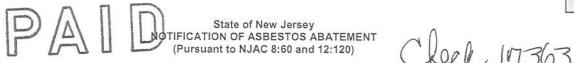
BENJAMIN SANCHEZ



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

Data (N. Co. C. C.)					1	and the state of t	(20)	CEINE
Date of Notification (1)					Name of Building Owner		(2) //	
February 14, 2018		Netification	T		Bloomfield Colleg	е	1	Trans.
Agencies Notified		Notification Initia		ication	Street Address 467 Franklin Stree	t		FEB 2 0 2018 11U
⊠ EPA		Amende	ed Cert	ification	City, State, Zip Code	i	11 11	1 20 7 11 2010
⊠ DCA				including	Bloomfield, NJ	7003		1
X DOL		justific		o.u.u.i.g	Name of Contact	77005	Talla	phone Number
⊠ DEP		□ Cance			Jack Mc Grane	-	Tele	phone Number William
X DOH		_ Carioc	iicu	51000000				The Control of the Co
Name of Facility Where Abate	mont is T	oking Place (2)	-	FACILITY IN				
Bloomfield College-			ing		Type of Facility (4) School (K-12)			
Street Address					Subchapter 8 (other			
171 Liberty Street					Other (i.e. private & co			
City (5)	County (/ Code (7)	lease reason in the second in			
Bloomfield	Essex		(State	Use Only)	Current Use (prior if bein	g demolish	ned):	
Name of Monitoring Firm Hire	d by Bldg.	Owner (8)	ASCM	No.	Name of Contractor (9)			
Envirovision, inc.					GREENWOOD ABA	TEMENT	CONSU	JLTANTS, INC.
Street Address	. 5				Street Address			
20-21 Wagaraw Road	i, Blag i	7 35E			511 MAIN STREET			
City, State, Zip Code					City State, ZipCode			
Fairlawn, NJ 07410					Butler, NJ 07405			
Project Manager for Monitorin	g Firm	Telephone N	100000000000000000000000000000000000000		Telephone Number		Licen	se Number
Fred Larson		973-636-9	9145		973-492-0477		000	40
Scheduled Start Date (10)		Scheduled C	omnletio	n Date (11)	Name of OSHA Monitor		0084	40
March 3, 2018		March 16			Name of OSHA Worldon			
		maron ro	, 2010		EMSL Inc.			
Occupancy Status During A	batement	(Check only or	ne)		Street Address			
Facility Closed/Vaca								
Abatement Performed	l Outside	of Normal Faci	lity Hour	'S -	1056 Stelton Road			
Describe	0				City, State, Zip Code			
Other - Describe: No	on-Occi	upiea			Piscataway, NJ 088	54		
					1 locataway, no ooc			
Source of Work (Check all that	t apply)				W. Zami, L. 1997		_	
. 2 2 !				[2] n	2			ent with Negative Pressure
≥ 3 sf or ≥ 3 lf				⊠ Renovat	ion		i-Enclosure	N
$\boxtimes \geq 160 \text{ sf or } \geq 3$	260			Demolition			Glovebag F	
						Wrap &) and Non-Friable Procedure
Location of Asbestos-Containi Material (ACM) in Facility (13)		ocation Normall			pestos Containing Material		ount	Abatement Type
Material (ACM) III Facility (13)		ely by Maint./Cu ff? (12)	stodiai	VAT, or other mis	al systems insulation, surfac	ing, (Sp.	ecify SF	Remove Repair Encap Enclose
	YE		NA	VAI, or other mis	oen.)	01 L	/	
Rooms # 119-122		X		Accoustical D	rop Ceilings	20	000 sf	X
				VAT & Mastic		- C10000	0 sf	
				Transite Fum		100000000000000000000000000000000000000	0 sf	
				TSI	CTIOOG	10.000	ea ea	
Name of Reg. Waste Hauler		NJDEP Wast	e Hauler	Charles Const.	Cubic Yards of Waste:			e of Registered Landfill
See Hauler Below # 1 & 2	2	See Below			40			dowfill Landfill
Hauler #1) Greenwood	Abateme	ent Consulta	nts, Ind	c Butler, NJ 0	7405	Disposal		City, State
NJ DEP # 12	561					March	16, 201	8 Route 2, Box 68
Hauler #2) Newark Cart	ing, Inc	- Newark, NJ	04509,	NJ DEP # 19551				Bridgeport, WVA 304-842-2784
Completed by (Print or Type)		<u>Title</u>		2000	<u>Signature</u>		Date	1
Marin Graure		SENIOR PR	ROJEC	CT	Marin Para	5.0		
		MANAGER			Marin Grau	26	Feb	ruary 14, 2018

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#2985 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 02 12 Dorothy DeFilippo Agencies Notified Type Notification Street Address ☐ EPA X Initial DOLWD. ☐ Amended City, State, Zip Code X DHSS Amendment # New Brunswick, NJ 08901 ☐ Emergency (including □ DCA (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Dorothy DeFilippo **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age New Brunswick, NJ 08901 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Middlesex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __02__ / __22__ / __18 02 Envirovision Consultants, Inc Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____ AM- _ PM/ PM_ _ AM Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 If ≥ 160 sf or >260 If □ Renovation Mini-Enclosure Demolition Glovebag Procedure Tent with Negative Pressure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Repair Encapsulate Remova Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A \boxtimes Basement X Pipe insulation 105 LF П X 1st floor-closet Pipe insulation X 8 LF П П Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State City, State Disposal Date Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date Hewic Wenad N.Jevtic Owner 02/12/18 ASB-41



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Date of Notification (1) 2/14/18					f Building rd Nade		Operator	r (2)		m	E			\mathbb{V}	E	F
Agencies Notified	Type Notification	1		Street A	ddress					114						7
EPA DEP X DOL	Initial Amended Amendmen				ate, Zip Co son, NJ						FE	B 2	0	201	} —	
DOH DCA	Emergency justification Cancellatio)		Name of Richal	f Contact rd					Tel	Anhone	Mrml	Peta	NITR(DL &	
				FACI	LITY INF	ORMAT	ION						- IDelli		30.000	on troub the
Name of Facility Where A Pickle King	Abatement is Taki	ng Place (3)					promote and a second	of Facility School (K-							
Street Address								×	Subchapte Other (i.e. etc.)	er 8 (Oth private	er than & comm	K-12) nercial	build	dings,	hom	es,
City (5) Paterson								Squa 300	are Feet 0	# o	f Floors			ldg. A	ge	
County (6) Passaic					Code (7) USE ONLY)		2000	ent Use (Pr ding - co			olishe	d)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	ΛNo.				atement Co			LLC				
Street Address	, State, Zip Code						Street	Addre	and the second second		•					
City, State, Zip Code									ip Code					<u> </u>		
							Glen	wood	NJ 074	18						
Project Manager for Mon	toring Firm			Telepho	ne No.		Teleph 973-	none N 764-2			Licens 703	se No.				
Start Date (10) 2/25/18		Schedul 3/5/18	ed Con	npletion I	Date (11)		Name	of OS	HA Monitor							
Occupancy Status During	Abatement (Che	ck Only Or	ne)				Street	Addre	SS							
× Facility Closed/Vaca Abatement Performe Other – Describe: _	ted During Entire ed Outside of Nor	Period of A	Abatem Hours	nent			City, S	state, Z	ip Code							
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men's ro	om			Х		pipe	insula	tion		4	0 LF	1	x			
water heate	r room			Х		pipe	insula	tion		1	2 LF	1	X			
Name of Registered Wast Freehold Cartage	Н	JDEP W auler ID 5939		Cubic of Was TBD			Name of Wester									
City, State Freehold, NJ						100000000000000000000000000000000000000	sal Date		City, Sta		Α					
Completed by A. Scott Higgins		Title Pres	dent			S	ignature	1	7			Date				

(Y. 3133		N	OTIFI (P	CATION	of New OF ASBE	STOS	ABATE					5 5	SALLES NO.		
Date of Notification (1)	1 20101				Building (Ш		EB 2	U i	2018	
	neck #3133				es the A	Aposti	e Scho	101		L	The second second	e source daily to the	DESCRIPTION OF	-	
	Notification			Street Ac 41 Sou	iaress ith Sprir	nafield	Avem	ue			ASBE	STOS	CON	ITRO G	L&
EPA DEP	Initial Amended				te, Zip Co	-				L		DECHOUNTS OF STREET	MARK MARKET THE		
DOL _	Amendment		_	Spring	field, NJ	0708	1								
□ DOH	Emergency (justification)	including		Name of						Tel	ephone Nu	ımber			
DCA DCA	Cancellation			TO CARROLL STATE OF THE PARTY O	ne Ponte	SCHOOL STATE									
Name of Facility Where Abater	ment is Takin	g Place (3)	FACIL	ITY INFO	RMATI	ON	Type	of Facility (4)						
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City (5)									e Feet	A CONTRACTOR OF THE PARTY OF TH	Floors	01 33	ldg. A	ge	
Springfield								25,00		3			0+		
County (6) UNION				County C (STATE U	Code (7) ISE ONLY)			Scho	nt Use (Prior	if bei	ng demolis	snea)			
Name of Monitoring Firm Hired	l by Building	Owner (8)		ASCM	No.		Name		ement Contr	actor	(9)	-			
N/A	-,								es Corp						
Street Address							Street	Addres	s						1
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City, State, Zip Code								State, Zi	p Code g, NJ 0709	33					
Project Manager for Monitoring	Firm			Telephor	ae No			none No		90	License	No			
Project Manager for Monitoring	<i>j</i>	338		гетериот	16 140.			295-1			01074				
Start Date (10)		Schedule	ed Cor	npletion [Date (11)		Name	of OSH	A Monitor		100000000000000000000000000000000000000				
02/10/18		02/12/	18				Sam	e as a	bove						
Occupancy Status During Abat	tement (Chec	k Only On	e)				Street	Addres	s						
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Location of		1	lorma	lly		De	scription	n of					1)	/ре	
Asbestos-Containing Mater TO BE ABATED In Facility (13)		Ma	d Sole intena odial ((12)	nce/		therma surfa	taining N I system cing, VA miscellar	s insula T, or		(5	mount Specify For LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										Te	
Gymnasium	Х			Pipe	insula	ation			5 LF	х					
Name of Registered Waste Ha	uler			JDEP W	aste	Cubic	Yards		Name of R	eaist	ered Landf	ill i			
Tri-State Transfer Associ	H	lauler ID 9551		of Wa			Minerva								
City, State			Dispo	sal Date		City, State									
Bronx, NY			tbd		\sim	Waynes	burg				- 17				
Completed by Gina Betances		Title Office	е Ма	nager			Signature /	bl	luas			Date 02/09/	18		

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ANITA SMOLAR

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2/13/2018

Federal Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) Date of Notification Name of Building Owner/Operator ASBESTOS CONTROL & 2 3 MACY'S CORPORATE SERVICES (FEDERATED) 1 LICENSING Agencies Notified Type of Notification Street Address USEPA Initial 7 WEST SEVENTH STREET DEP Notification X DCA/DOL Amended 2 City, State, Zip Code X DOH Cancellation CINCINNATI, OHIO 45202 Name of Contact Telephone Number Ralph Copolla FACILITY INFORMATION Name of Facility Where Abatement is Taking Place Type of Facility) School (K-12) MACY'S WOODBRIDGE CENTER MALL) Sub-Chapter 8 (Other than K-12) Street Address (X) Other (I.e. private & Commercial buildings, homes, etc.) ROUTE 1 SF of Bldg. # Floor Age of Bldg. City County County Code 1 MILLION +SF 3 50+ State use Only Current Use (prior if being demolished) WOODBRIDGE UNION Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatment Contractor PENNONI ASSOCIATES ACM CONSULTING CORP. Street Address Street Address 24 COMMERCE ST - SUITE 300 2150 STANLEY TERRACE City, State, Zip Code City, State, Zip Code NEWARK, NJ 07102 UNION, NJ 07083 Project Manager for Monitoring Firm Telephone No. Telephone Number License Number TO BE DETERMINED TO BE DETERMINED 908-687-1008 00575 Scheduled Start Date Scheduled Completion Date Name of OSHA Monitor 18 2018 2018 **EMSL ANALYTICAL** 25 Month Day Year Month Day Year Street Address Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement 307 WEST 38TH STREET Abatement Outside Normal Facility Hours City, State, Zip Code X Describe: 9:30PM TO 6:30AM Other - Describe: NEW YORK, NY 10118 Scope of Work (Checl Only One) Abatement Method Demolition X Full Containment with Negative Pressure >3sf or >3lf Mini-Enclosure X > 160sf or > 260lf X Glovebag Procedure Renovation Х Non-Friable Procedure Is Location Normally Describtion of Amount to be Abatement Type Location of ACM Facility Used by Custodial Staff ACM to be Removed Yes NO N/A Removed (Specify SF/LF Rem. Rep. Enc. Encl. Southwest Stairwell Sprayon Fireproofing 2217 SF Pipe Insulation 140 LF X 1st Floor Stockroom VAT & Mastic 1500SF X Name of Registered Waste Hauler NJDEP Waste ID No. Cubic Yds waste Name of Registered Landfill TRI-STATE TRANSFER ASSOC., INC. SW1896 TBD MINERVA ENTERPRISES, INC City, State Disposal Date City, State of Registered Landfill BRONX, NY TBD WAYNESBURG, OHIO Completed By (Print or Type) Title Signature) Date

GENERAL MANAGER

02-12 14:33 W/ UNT	1	NOTIFIC	AT ON OF A	ental 1 >> 6 Nov Jersey 984STOS ABA	TENENT		E ((C PE	<u>' [] </u>
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Date of Notification (1)				ing Owner/Operator (513	
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Agencies Notified	Type Notificatio	П	Street Address				SE	LICEN	SING
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⊠ DOH	Amendment	#	City, State, Zip			Was in the			
□ DCA	⊠ Emergency			irel, NJ 08054					
(NJAC 5:23-8)	justification) Cancellation		Name of Conti	No.		Telephone Num	ber		
	T oelloellerion			ATI Restoration					
Name of Facility Where	Abstract to Valid	an Diana (A)	FACILITY	INFORMATION					
Ramblewood Villa		ing Piace (3)			Type of Facility	* *			
Street Address	As Whatenestre				School (K-12	8 (Other than K-12)		
509A Country Clu	b Parkway				Other (i.e., p	rivate and comme	rcial b	uildings.	
City (5)					homes, etc.) Souare Feet	# of Floors	IB	ldg. Age	
Mount Laurel					5,000	2		80	
County (6)	***************************************		County Code	(7)(STATE USE ONLY)		or if being demolis		-	-
Burlington					Apartment				
Name of Monitoring Firm	n Hired by Building	Owner (8)	ASCM No.	Name of Abatemo	ent Contractor (9)				
Hillman Consulting	ġ		13	Shade Enviro	onmental, LLC				
Street Address			Lee. 198	Street Address				-	
309 Fellowship Ro	ad, Suite 200			623 Cutlor Av	renue				
City, State, Zip Code				City, State, Zip Co	ode				
Mount Laurel, NJ (Maple Shade	, NJ 08052				
Project Manager for Mor	nitoring Firm		ephone No.	Telephone No.		License No.	Transition of		
John Murphy			08-721-2302	856-755-0099		00842			
Start Date (10)			etion Date (11)	Name of OSHA M					
02/_12_/			3 / 18	EMSL Analyt	ical, inc.				
Occupancy Status Durin	아이아 아이들은 아이는 아이지 않는데 아이들이 되었다.			Street Address					
Facility Closed/Vacat Abatement Performe				200 Route 13					
Abatement:				City, State, Zip Co				Allenia	
Scope of Work (Check a				Cinnaminson	, NJ 08077				
Scope of Work (Check a S ≥3 af or ≥3 if ≥180 af or ≥260 if	it that apply)	⊠ Renovat		☐ Mini-Enci	Procedure	native Pressure			
		Is Loca	tion I	[] NOTIFICACI	riptue (/ and NO	, Hadia Fiologui	7	atement 7	Tuna
Location	of Material (ACM)	Norma Used Sol	illy	Description o estos Containing Mai		Amount	Removal	Repair	Enclosure

(13)other miscellaneous) Yes N/A No Coiling Unit 509A Bathroom \boxtimes 30 SF Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards of Name of Registered Landfill Waste Freehold Cartage GROWS North Landfill 15939 City, State Disposal Date City, State Freehold, NJ 02/13/2018 Morrisvillo, PA Completed By (Print or Type)

ASB-41 JAN 13

Christina Lynch

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

Vice President of Operations

Signature

Date

2/12/18

Title

Check # 25530

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Date of Notification (1) 2/8/2	2018			Name of	Building (Owner/C			lves				15	Н	10	
Agencies Notified	Type Notification			Street A	ddress					Ш		FEB	2	0 2	018	
EPA DEP DOL DOL	Initial Amended Amendment # Emergency (in justification)				te, Zip Co		Summ	iit, N	NJ 07901	Tele	ASE	3EST	OS OEN	CON	TRO G	L&
DCA DCA	Cancellation				odrigo (
	Abatement is Taking Residential	Place (3	3)	FACI	LITY INFO	ORMATI	ON	Ту	pe of Facility (12)		(10)				
Street Address								×	Subchapter Other (i.e. petc.)				build	ings,	home	s,
City (5)	ımmit, NJ 07901								uare Feet 2200	# 01	Floors 2		1000000	dg. A 30 +	-	
County (6) Union					Code (7) JSE ONLY)			Cu	rrent Use (Pri	or if bei	ng demo	olished	i)			
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City, State, Zip Code	hesterfield, NJ 08	3515							, Zip Code /n, NJ 0850)1						
Project Manager for Mor Bill Weis				Telephoi 609 29	ne No. 98-4070		Teleph 609 2		No. -9688		Licens					
Start Date (10) 2/9/2018		Schedul		pletion I	Date (11)		Name MEC		SHA Monitor) 						
Occupancy Status Durin	ng Abatement (Check	Only Or	ne)				Street			linenes						
	cated During Entire P ned Outside of Norma 8 am to 4 pm						10.00	tate	341 , Zip Code field, NJ 08	3515		W.				
Scope of Work (Check A	All That Apply)							_								
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Name of Registered Wa Stevens Environme City, State Allentown, NJ		9.33	JDEP W auler ID 18292	No.	of Wa	Yards ste 2 sal Date 3/2018		Name of Fairles: City, State	s Land	fill	dfill					
Completed by Mahlon E. Stevens		Title Proje	ect Ma	ınager		S	Signatur	1		1		Date 2	/8/1	8		

P		NOTIF	IGATIO	ieto of New Jeria Y DF ASBESTOS	ABATE	MENT	,	Check#	=	э п	P's	Int Form
Date of Notification (1)	<u> </u>	- (j	Medenu	SO NUAC BIES KIT	d 12:12	0)	.,		7 . [3 1/	. W	唱厂
2/8/2018			Name c	f Building Owner/		r (2) Incelves					1	a projection
Agencies Notification Type Notification			Street A	Address				THAT FE	0 3	-	2011	
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E DOL Amandment			City, St	ate, ZID C pas	Summ	it, NJ 0	01	ASBES	STO.	3.00	NTR	OL &
DOH Emargency (I jubilification)	including			Contact Rodrigo Gonca			N	Tolonbase No.	LIOI	*NIOIN	JG.	erentesce v
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Name of Facility Where Abatement is Taking Residential	Place (3)				Type of	i leill	1(4)				\neg
Street Address			- **			Sul	n han	i-12) er 8 (Ciber Ihan K-1; private & commerci	2) 8) buil	dinga.	hóm	DS.
City (5) Summit, NJ 07901						Square 2200	!	# of Floors	E	oldg. A	\Q=	
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Union			(STATE	use ohily)			(mar it setting detricine.				
Name of Monitoring Firm Hired by Building C MECS	Pener (6)		ASCI	ANO.	Name Stevi	of Abatan ans Env	i nt (ontractor (9) nental Services, I	inc.			
PO Box 341						Address Box 322						
City. State, Zip Code Chesterfield, NJ 06	3515					town, N		501				\neg
Project Manager for Mentioring Firm BIII Weisparber		T	Telepho 609 2	ne Nó. B8-4070	Teleph	опе No. 259-958		License N 00493	٥.		_	-
Start Date (10) 2/9/2018	Schedul			Date (11)		of OSHA						-
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Facility Closed/Vacated During Entire Pr Abatement Performed Outside of Norms Other - Descripe; 8 am to 4 am	eriod of a	Abatem Hours	ent			lox 341 tete, Zip (de					_
Scope of Work (Check All That Apply)					Ches	iterfield,	47)8515 				
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Asbedos-Contsining Malerial (ACM) TO SE ABATED In Facility	Ma	intener S talbo	199/	Asbestos Cont	sining M eyslems cing, VA	insulation	Ni)	Amount (Specify SF or LF)	2	20		Eg .
(13)	Yes	(12) No	H/A		niscellan			SF DELF)	Removal	Repsir	Encapsulak	Endosure
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Name of Registered Waste Hauler Stevens Environmental Services			JDEP W Auler ID 18292	No. of Was		10000		of Registered Landfill				
City, State Allentown, NJ					3/2018		9, 8 i	ere ville, PA				
Completed by Mahlon E. Stevens	Title Proje	ct Ma	nager	8	gratue		7	Da	2/8/1	8		

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Date of Notification (1)				Building C			1200		1	IU	110	2		
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Street Address							H	School (K-12 Subchapter 8		er than K-	12)			
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North Beach Haven NJ 08008								00 +	2			35+		
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Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	No.				atement Cont	-					
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City, State, Zip Code						1 100 TO		Zip Code rlin NJ 080	91					
Project Manager for Monitoring Firm		T	elephor	ne No.		Teleph 856-		No. -9800		License 00727	No.			
Start Date (10)	Scheduled	Com	pletion D	Date (11)				SHA Monitor						
2/22/18 Occupancy Status During Abatement (Chec	3/2/18	\				Sam				W. Salvis				
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:	Period of Ab	ateme	ent		_	Street City, S		Zip Code		····	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
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	ls L	.ocatic	n							0.000		Abate	ement	
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Name of Registered Waste Hauler United Containers		Ha	IDEP Waller ID 2459		Cubic of Was 6	Yards ste		Name of F		ered Landf	il!			
City, State						sal Date	1	City, State		A 19067				
Elm NJ Completed by	Title				3/2/1	Signature	e7	IVIOLITISA	ille P		Date			
Anthony T Perna	Presid	dent				1	/	1		10.5	2/13/1	8		

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Date of Notification (1) 02-13-2018				Building O lueghes		perator	(2)			ASBES	STOS	CO	NTR	OL 8		
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➤ EPA		-	North A		NJ 07	031			Tele	ephone N	Numb	er	7. 500			
DOH justification) DCA Cancellation				lueghes												
Name of Facility Where Abatement is Taking	Place (3)		FACIL	ITY INFO	RMATIC	ON	Тур	e of Facility	y (4)							
Privte Dwelling Street Address							×	School (K- Subchapte Other (i.e.	r 8 (Othe	er than K k comme	(-12) ercial	buildir	ngs, h	nomes	۶,	
City (5) North Arlington NJ 07031							Squ n/a	_etc.) uare Feet B	# of n/a	Floors		Bld n/a	g. Ag	je		
County (6) Bergen			County C	ode (7) SE ONLY)		_	655,500	rent Use (Pr ivate Dwe		ng demo	lished	d)				
Name of Monitoring Firm Hired by Building C Standard Environmental	wner (8)		ASCM	No.				batement Co ontracting		(9)						
Street Address 2108 Fulton St Suite 2A						Street		ress (734								
City, State, Zip Code Broklyn NY 11233	Broklyn NY 11233							Zip Code nd Park N	J 0742							
Project Manager for Monitoring Firm		Telephon	ne No. 1-7673		Telep		No. -6298		Licens 0126							
Start Date (10)	ayode Adefisoye art Date (10) Scheduled						7.000 W.C.	SHA Monitor		01200					_	
03-05-2018	03-25-2	2018		N 22				ontracting	LLC							
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	eriod of A	batem	nent			33 7574	вох	ress 〈 734 , Zip Code		9#			-			
Other – Describe:						Woodland Park NJ 07424										
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	enova emolit				Full Containment with Negative Pressur Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Proc								4		
		Locati Iormal						Ton Example						ment		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility No Used Main Custo								(5	Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure	
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		UDED ::	(aata	C:	Verd		Nama	f Rogint	arad Lar	odfill						
Name of Registered Waste Hauler Amax Contracting LLC	H	IJDEP W lauler ID 036184	No.	of Wa	Cubic Yards of Waste 3 CY Name of Registered Landfill Fairless Hills											
City, State Woodland Park NJ 07424	Disposal Date Offy, State Morrisville PA															
Completed by	act M	Manager						Date 02-13-2018								



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Date of Notification (1)	18		1		on Corpo			MEC	F		W	F	田
	pe Notification			treet Ado				11) - 5 - 6		U			71111
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Name of Facility Where Abater							2015						
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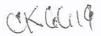
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Project Manager for Monitoring Firm			Telephon	e No.		-329-	7/1/1/1	00388				
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Name of Facility Where Abatement is Taking Place (3) Residence Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial bull homes, etc.) Square Feet # of Floors Bloomer (8) Residence Power of Bound (1)	lg. Age		
School (K-12) Subchapter 8 (Other than K-12) Other (i.e., private and commercial bulk homes, etc.)	lg. Age		
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Toms River, New Jersey 08755 Project Manager for Monitoring Firm	<u></u>		
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Occupancy Status During Abatement (Check only one) Street Address			
IVI Egality ("locad//gasted During Entire Daried at Abstement I 1056 Stalton			
Time of Abatement:AMPMAM City, State, Zip Code Piscataway, New Jersey 08854			
Scope of Work (Check all that apply)			
☐ Full Containment with Negative Pressure ☐ ≥3 sf or ≥3 lf ☐ Renovation ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure			
Is Location Ab	atemer	nt Ty	ype
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Normally Used Solely by Maintenance/ Custodial Staff? (12) Normally Used Solely by Maintenance/ Custodial Staff? (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF)	Repair	Encapsulate	Enclosure
Yes No N/A			
exterior-house \square \boxtimes \square asbestos siding , 3100 sf \boxtimes			
Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill			
Guardian Contracting, Inc. Hauler ID No. Waste T.R.R.F.			
City, State Disposal Date City, State			
Toms River, New Jersey 02/21/18 Tullytown, Pennsylvania	- 24		
Completed By (Print or Type) Nicholas Fernicola Title Project Manager Date	7/	18	/

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Date of Notification (1)		I	Name of E	ame of Building Owner/Operator (2)									
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Scope of Work (Check All That Apply)					☐ Full Containment with Negative Pressure								
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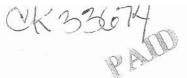


Print Form

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Date of Notification (1)			Name o	of Building	Owner/C			1	3 (Y	/ the	5 17	1.3					
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Diane Montefuso Private Hor		3)					Type	of Facility	(4)								
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Little Egg Harbor NJ 08087							1000	e Feet		f Floor	rs	- 1	Bldg. A	ge			
County (6)			County	Code (7)					2				35+	-			
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N/A	iding Owner (o	,	7001	VI IVO.			ame of Abatement Contractor (9) Pernaco Inc										
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City, State, Zip Code								p Code									
								n NJ 08	091								
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph				Lice	nse No	1			110122		
					1		753-9			007							
Start Date (10)	Schedul	ed Con	npletion	Date (11)				A Monitor									
2/23/18	3/2/18	l		58 18		Sam	е										
Occupancy Status During Abatement	(Check Only O	ne)				Street	Addres	S									
X Facility Closed/Vacated During B	ntire Period of	Abatem	nent														
Abatement Performed Outside of Other – Describe:	f Normal Facility	/ Hours	3		Ī	City, St	tate, Zi	o Code									
Scope of Work (Check All That Apply		No.62 . 1,2 54:				28.50	G)										
≥3 sf or ≥3 lf	(Processing)	Renova					Full Containment with Negative Pressure										
≥160 sf or ≥260 if	×	Demolit	ion			-	Mini-Enclosure Glovebag Procedure										
						X	Glovebag Procedure Non-Exempted (*) and Non-Friable Proc						cedur				
	Is	Locati	on										Abate		t		
Location of		Normal	ly		Des	cription	of						Ту	ре			
Asbestos-Containing Material (AC		ed Sole intenar			tos Conta	aining M	aterial		A	mount				ш			
TO BE ABATED In Facility	11	todial S		(i.e.	thermal s	systems ing, VAT		tion,		pecify or LF		Rer	R	nca	Enc		
(13)		(12)				iscellan			31	UI LI	,	Remova	Repair	Encapsulate	Enclosure		
	Yes	No	N/A									<u>a</u>		ate	ге		
Exterior Siding house					Extor	ior Cid	li			20.05			_				
Exterior Siding House		-	X		Exter	ior Sid	iing		50	00 SF	•	Х					
							- 10-21										
Name of Registered Waste Hauler	N	JDEP W	/aste	Cubic \	Yards		Name of	Registe	red La	ndfill				-			
United Containers	auler ID	No.	of Was	te		G.R.O.											
	2459		2	1.5													
City, State Elm NJ			Disposal Date City, State 3/2/18 Morrisville PA 19067														
Completed by						ille PA	4 190										
Anthony T Perna	Title	ident			51	gnature	0				Date 2/-	e 3/18	R				



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Date of Notification (1) 2/13/2018			Name State	of Buildin	g Owner/	Operato)r (2)	d Veteran:	NG.		fator may a ; ?	e mi	of suPd g		
Agencies Notified Type Notification			Street	Address Eggerts				u veterani	411		FER	0 0	-20	18	
EPA X Initial Amended			City, S	tate, Zip C	Code			- 2		BONNEY.		200 - 1-		-11 17 77 77 78	
■ DOL Amendment ■ Emergency				enceville		3648				ASI	ál-UTA Lac	2 ()(Loc		OL. 8	
▼ DOH justification) □ DCA				of Contac cBride	t				Te	lëphone	Numbe		• • • • • • • • • • • • • • • • • • • •	dharatan ya	
Name of Facility Where Abatement is Takin	n Place (3)	FAC	ILITY IN	FORMAT	ION	T T								
Former Newton Armory	g i lace (J)						of Facility (4	20						
Street Address 5 South Park Drive							X :	School (K-12 Subchapter (Other (i.e. pr	B (Oth	er than I & comm	K-12) ercial bi	uilding	s, hor	nes,	
City (5) Newton							-	etc.) re Feet 00	# o	f Floors			Age Year	s	
County (6) Sussex County				Code (7) USE ONL				nt Use (Prio							
Name of Monitoring Firm Hired by Building 0 TTI Environmental, Inc.	Owner (8)	ASCI	M No.		Name Neul	of Abar ber Er	tement Cont	ontractor (9) ental Services, Inc.						
Street Address 1253 North Church Street							Addres					7859			
City, State, Zip Code Moorestown, NJ 08057						p Code le, PA 194	160								
Project Manager for Monitoring Firm Jim Guilardi		none No 933-43			License 00836										
Start Date (10) 2/26/2018	Schedul 3/02/2		npletion	Date (11))	2012	0-10-1	A Monitor vironment	tal S	ervices	, Inc.				
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire F	240000 E 1 10000		nant			7.36	Street Address 42 Ridge Road								
Abatement Performed Outside of Norm Other – Describe:	al Facility	/ Hours	5			City, State, Zip Code Phoenixville, PA 19460									
Scope of Work (Check All That Apply)												7.2 miles (1)	-		
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			ion BY	Neube			Mini Glov	Containment -Enclosure vebag Proce	dure						
	ls	Locati	on			Non-Exempted (*) and Non-Friable F							temen	t	
Location of Asbestos-Containing Material (ACM)	Use	Normal d Sole	ly ly by			scription					-	Т	уре		
TO BE ABATED In Facility (13)	Ma	intenar odial S (12)	nce/	(i.e.		aining M systems sing, VA iiscellan	s insulat T, or	ion,	(S	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure	
	Yes	No	N/A								-		ate	e	
Small Boiler Wrap and Dispose			X		ior Cen				~1	2 SF	Х				
Exterior Fascia Board	Cem	ent like	Insula	tion B	oard	~1	,200	Х	_						
										-					
Name of Registered Waste Hauler Neuber Environmental Services, Inc.	JDEP W auler ID 35969	No.	Cubic \ of Was	te		Name of Re	Æ			e Fa	cility				
City, State Phoenixville, PA		Sussex County Solid Waste Facility Sussex County Solid Waste Facility City, State													
Completed by Patrick Larney		-	gnature	July 1	Lafayette Township, NJ Date 2/13/2018						-				



Date of Notification (1)					Nom	of Duildin	~ 0	ma=10====t== 1	(0)	77-70-E221w	Name and a second						
	13 /	18				Pragler	g Ow	vner/Operator ((2)	7)[E C E	1		4	61		
Agencies Notified	Type Notific	ation			Stree	t Address				51		117-141-15	Pinu deb	711	111		
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☐ DCA		-	luding		La	fayette, N	J 07	7848	,	L				-			
(NJAC 5:23-8)	justificati	on)			Name	e of Contac	t			AS	Telephone N	umber)L.8	-			
	☐ Cancella	tion			Ed	Pragler									1		
					FA	CILITY IN	IFO	RMATION									
Name of Facility Where A	Abatement is 7	Taking	Place	(3)					Type of Fa	cility (4)						
Residence									School								
Street Address									☐ Subcha	pter 8 (Other than K rate and com	-12) mercial	huildi	nas			
									homes,		ato and com	noroidi	Juliu	ngo,			
City (5)				Settleres					Square Fee	et	# of Floors		Bldg.	Age			
Bayville									N/A		N/A		N/a	t			
County (6)					Cou	nty Code (7)(STA	ATE USE ONLY)	Current Us	e (Prior	r if being dem	olished					
Name of Monitoring Firm	Hired by Build	ding O	wner	(8)	ASCM	No.	Na	me of Abateme	ent Contracto	or (9)							
N/A					Guardian Contracting, Inc.												
Street Address							Street Address										
								889 Route 9, Unit 61									
City, State, Zip Code						y, State, Zip Co	ode										
										y 087	55						
Project Manager for Moni	Project Manager for Monitoring Firm Telephone No. Telephone No.										License No.	6					
732-5									!		00624						
Start Date (10)				1000	etion Da	(100)	Na	me of OSHA N	lonitor								
///					6_ /	18	E	E.M.S.L. Ana	lytical								
Occupancy Status During							Str	eet Address									
☐ Facility Closed/Vacate	d During Entir	re Peri	od of	Abat	ement		1	056 Stelton									
Abatement Performed Time of Abatement: _	Outside of No	ormal H MO	-acility	y Hoi	ırs - Des	scribe	City	y, State, Zip Co	ode	d=							
				_' ''	-	Z.WI	P	Piscataway, I	New Jerse	y 0885	54						
Scope of Work (Check all	that apply)							П г. и о									
≥3 sf or ≥3 If		1	☐ Re	nova	tion			☐ Mini-Enc		n Negar	tive Pressure						
≥160 sf or ≥260 lf		I	⊠ De	molit	ion			☐ Glovebag	g Procedure								
								Non-Exe	mpted (*) an	d Non-	Friable Proce						
Location	of			Loca		1		Description -				F			Туре		
Asbestos-Containing I		1)	Use	d So	lely by	Asbe	stos	Description o Containing Ma	terial (ACM)		Amount	2	Veball		1 5		
TO BE ABA IN Facilit		100			ance/ Staff?	(i.e	., the	ermal systems	insulation,		(Specify	Kelllova	di	aps	Enclosure		
(13)	У		040	(12				surfacing, VAT, her miscellane			SF or LF)	ā	-	Encapsulate	- le		
1 1			Yes	No	N/A		(7)		550)					9			
exterior			П	\boxtimes		asbesto	os d	ebris			60 yards			1			
	10.			7	_					-	oo yaras		3 -	,			
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Name of Registered Wast	e Hauler				NJDEP	Waste	Cub	oic Yards of	Name of F	Registe	red Landfill						
Guardian Contractin	ng, Inc.				Hauler I		Wa	T-1777	T.R.R.								
City, State			-		20223)		0 posal Date	City, State	4							
Toms River, New Je	rsey							2/16/18	1		enns <u>y</u> lvani	а					
Completed By (Print or Ty		Title						Signature	Tanyto	7, [Jimisyrvarii		1				
Nicholas Fernicola Project Manager								Date	1		1, ,						
		FIG	oject	ividi	layer				1:	12		2	11	5	11 8		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#2986 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 14 Alexandra Snyder Agencies Notified Type Notification Street Address ☐ EPA ✓ Initial **⊠** DOLWD Amended City, State, Zip Code X DHSS Amendment # ALTERNATION & ☐ DCA Bloomfield, NJ 07003 ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Alexandra Snyder FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Street Address Subchapter 8 (Other than K-1 2) Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age Bloomfield, NJ 07003 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Essex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 02 / 24 / 18 02 / 25 / 18 Envirovision Consultants.Inc. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-_ PM/ Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 lf ≥ 160 sf or >260 lf Renovation Mini-Enclosure Demolition Glovebag Procedure Tent with Negative Pressure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Location of Normally Description of Asbestos-Containing Material (ACM) Used Solely by Repair Encapsulate Remova Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (13)(12)other miscellaneous) Yes No N/A Basement \boxtimes Pipe insulation X 12 LF П П □. Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date N.Jevtic Owner Tente Wenad 02/14/18 ASR-41

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

Date of Notification (1)				Sues 12 - 12 - 11 - 11 - 11			1			EED	1	7 21	110				
2-10-2018					of Building onal Cor				Provide Chappe	LJ I	7	I L.C.		1 4	ЛО		
Agencies Notified	Type Notification				Address nhattany	ille Ro	ad				AG	3 (137)		1.50	: (;; i .	Č.	Manufac Jan 4
DEP × DOL	Initial Amended Amendmen	t #			ate, Zip C		7				the conference	2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			I he it as		
	Emergency	(including	_		of Contact		,				-						
DOH DCA	justification) Cancellation				d Eglen						16	lephon	e Nu	mber			
Name of Facility Where A	Abatement is Takir	ng Place (3)	FAC	ILITY INF	ORMA	TION	Тур	oe of Faci	ility	(4)						
Commercial								П	School	(K-	2)						
Street Address 1151 Shewsbury Av	enue enue							×	Subcha Other (i	pter	8 (Oth	er than & com	n K-1; merci	2) al bui	ldings	, hom	es,
City (5)									etc.) uare Feet		# 0	f Floor	S	I	Bldg. A	Age	
Shewsbury, NJ 0770	02 								900		1			7	70+	5	
Monmouth				County (STATE	Code (7) USE ONLY)		Cui	rent Use	(Pri	or if be	ing der	nolish	ned)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCI	M No.				batement nvironm				s, LL	.C			
Street Address							Street 235		ress inia Ave	ווחפ	Δ						
City, State, Zip Code								-	Zip Code			-					
Project Manager for Manie	larian Firm					1		ity, NJ (073	04							
Project Manager for Monit	toring Firm		Telepho	ne No.		Teleph 201-		No. -8855			Licer 011	nse N 74	0.				
Start Date (10) 2-26-2018		ed Co 018	mpletion	Date (11)				SHA Mon	itor								
Occupancy Status During	Abatement (Chec	k Only Or	ie)				Street	Addr	ess								
Facility Closed/Vaca Abatement Performe Other – Describe:	ted During Entire of Outside of Norm	Period of A	Abate	ment 's			City, S	tate,	Zip Code								
Scope of Work (Check All	That Apply)																
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	1177	-	enov				×	N G	ull Contai lini-Enclos llovebag F on-Exem	sure Proc	edure					Θ.	
		Is	Loca	tion					or Exorn		() an	4 11011	Hab		30000 3000	ement	
Location			lorma	illy ely by		De	scription	of							Ту	ре	
Asbestos-Containing N TO BE ABA In Facility (13)	TED	Ma	ntena	ince/ Staff?		therma surfa	taining M I systems icing, VA miscellan	insu T, or			(5	mount Specify or LF		Removal	Repair	Encapsulate	Enclosure
Th	Yes								1000							e e	
Throughout the	X	-	Win		auking			_		60 LF		x					
Roof- HV	X			The state of the	ing mat		I	4	3,000	72 SF	-	x					
KOOI- HV	AC	-	X	-			aulking	1		_	8	0 LF		x			
Name of Registered Waste	- Hauler		X	JDEP W	asto	Cubic	Yards		Ma.	75.	lact t		- 10"	х			
Green Environmental			F	lauler ID 034889	No.	of Wa					400 700000	red La rth lai					
City, State Jersey City, NJ							sal Date		City, S Morri			Δ		-			
Completed by		Title				1	Sighature			.0 01		1	Dat	e			
Liliana Serrano Office Manager									3/16	CK	W	لل		0-20)18		

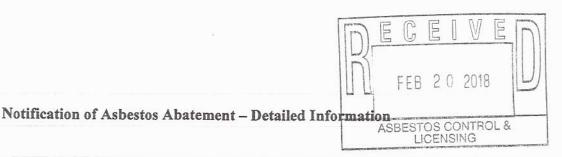
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1 2/13/2018)				of Building			(2)			FR 2	o 20	10	The second second	
Agencies Notified	Type Notification	1		Street A	Address				11111	t	En /		10	hom	-
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DEP	Amended	2 10			ate, Zip C					A.S.S	3.1.19		, 13,74a		- 1
× DOL	Amendmen Emergency				SIDE, N		5		1				1.0		* *
DOH DCA	justification Cancellation)		Name o	of Contact EMM					Tele	phone N	lumber			
Name of Facility When	a Abatamant is Takir	an Diago /	2)	FAC	ILITY INF	ORMAT	ION	_				VI			
RESIDENCE	e Abatement is Takii	ig Place (3)					-	of Facility (4						
Street Address									School (K-1) Subchapter		r than K	12)			
								×	Other (i.e. p	rivate &	comme	rcial bui	dings	, hom	ies,
City (5)									etc.) re Feet	# of	Floors	- 1	Bldg. /	Age	
HILLSIDE										"	10010		Jiag. /	igo	
County (6) UNION					Code (7) USE ONL	0		Curre	nt Use (Prio	r if bein	g demol	ished)			
Name of Monitoring Fi	rm Hired by Building	Owner (8)	ASCN	A No.		Name	of Aba	tement Con	tractor (9)				
N/A									THERS (NG, IN	IC.		
Street Address								Addres							
City, State, Zip Code									AND AVE	NUE					
							35000 A 200 A 300 A 300 A		ip Code , NJ 0751:	2					
Project Manager for Mi	onitoring Firm			Telepho	ne No.		Teleph				License				
Start Date (10)		Schodul	od Co	molation	Date (11)			956-8	2007		00494				
2/2/4/2018		018	mpletion	Date (11)				IA Monitor (9) ABO\	/E						
Occupancy Status Dur							Street	Addres	S						
Facility Closed/Va	scated During Entire med Outside of Norr	Period of	Abater	ment			City C	4-4- 7	0.1						
Other – Describe:		nai i aciii	y i ioui	<u> </u>			City, S	tate, Zi	p Code						
Scope of Work (Check	All That Apply)														
≥3 sf or ≥3 lf		×	Renova	ation			×] Full	Containme	nt with t	Venative	Praceil	ro		
× ≥160 sf or ≥260 lf			Demoli	tion			×	Min	i-Enclosure		vegative	1 16330	16		
							×	Glo	vebag Proce n-Exempted	edure (*) and	Non-Fria	able Pro	cedur	Έ	
		Is	Locat	tion										emen	t
Location		1	Norma ed Sole	lly		Des	scription	of					Ty	/ре	
Asbestos-Containin TO BE A			intena		Asbes	tos Conta	aining M	laterial	(ACM)		ount	_		ū	
In Fac	cility	Cus	todial ((12)		(1.0.	surfac	cing, VA	T, or	tion,		ecify or LF)	Remova	Repair	cap	nclo
(13	9)		20 33	_		other m	niscellan	eous)				oval	pair	Encapsulate	Enclosure
		Yes	No	N/A										te	
BASEN			X				PIPE			150) LF	Х			
1ST FL	10 TO		Χ		P	LASTE	R, DR'	YWAL	L	1,13	1 SF	Х			
1ST FL			X			VINY	L FLO	OR		369	SF	Х			
2ND FLOOR			Χ			VINY	L FLO	OR		144	SF	Х			
Name of Registered Wa			1 200	JDEP Waller ID	Control of the last	Cubic of Was			Name of R	egistere	ed Landf	ill			_
TWO BROTHERS	CONTRACTING	3		8743	140.	20	n.c		WASTE	MAN	AGEM	ENT G	R.C).W.	S.
City, State TOTOWA, NJ						Dispos 2/28/2	al Date 2018		City, State	SVILLE	E, PA				
Completed by		Title	HCCTL-LY-COM-			Si	gnature					ate			
VIVECA RAMOS		PRO.	JECT	COOR	RDINAT	OR	i,c	rece	a No	-11-	2	2/13/20	18		

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Date of Notification (1)				of Buildin						FEB	2 0	20	18	╁
Agencies Notified Type Notification	1		Street	Address Riversid				+		SBESTO			ROL	&
X DEP Amended Amendment				tate, Zip (York, N		4				LIC	ENS	ING		
□ Emergency justification □ Cancellation)	g		of Contac Tarzik	t				ΙΤο	lanhana Ni	imhar			
Name of Facility Where Abatement is Takin	ng Place	(3)	FAC	ILITY IN	FORMAT	TION	Туре	of Facility	/ (4)					
Street Address 75-105 Shadyside Avenue					-				er 8 (Oth	er than K-1 & commerc		ldings	s, hon	nes.
City (5) Dumont								re Feet	2	f Floors		Bldg. 52	Age	
County (6) Bergen				Code (7) USE ONL				nt Use (P dential	rior if be	ing demolis	hed)			
Name of Monitoring Firm Hired by Building Crown Air Services LLC	Owner (8	3)	ASCI	M No.				tement C /s Solut						
Street Address 478 Albany Avenue, Suite 76						Street 132 V		s ington A	venue		83			
City, State, Zip Code Brooklyn, NY 11203								p Code VY 112	05					
Project Manager for Monitoring Firm Vanessa Miller			Telepho (347)	ne No. 533-209	93	Teleph (718)				License N 01340	lo.			
Start Date (10) _01/15/2018_ *02 19 20 8	03	102	npletion / 20	Date (11))			A Monitors Solut		orp				
Occupancy Status During Abatement (Chec	Period of	Ahaten	nent			Street / 132 V		s ngton A	venue					
Abatement Performed Outside of Norm Other – Describe:	nal Facilit	y Hours	.			City, St Brook		Code NY 1120	05					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit			1	×	Mini	-Enclosu rebag Pro	re ocedure	Negative F			· p	4
Location of	100	Locati Normal			1					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	Abat	emeni /pe_	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma Cus	ed Sole aintenar todial 5 (12)	ly by nce/ Staff?	Asbes (i.e.	stos Cont thermal surfac	scription of aining Manager Ma	aterial (insulat , or	(ACM) ion,	(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
(9) Misc Crawl Spaces	Yes	No	N/A		Pipe	Insulat	ion		94	5 Lnf	X		ю	
					. , , , ,	ouidi				O LIII				
Name of Registered Waste Hauler Newark Carting Inc		Н	JDEP W auler ID 506		Cubic Y of Was					ed Landfill Facility				
City, State Newark, NJ 07102		,,,			Dispos	al Date		City, Sta	te					
Completed by Mendy Gorodetsky	Title Presi	dent			Si	ignature	1	Λ		Da	te/2	2/	7	

President



75-105 Shadyside Avenue, Dumont, NJ 07628

1. (9) Misc Crawl Spaces in Building Number 18

a. Approximately 105 Lnf per Crawl Space to be abated

2. Building Number 18 consists of the following addresses:

- a. 75 Shadyside Ave, Dumont NJ 07628
- b. 77 Shadyside Ave
- c. 79 Shadyside Ave
- d. 81 Shadyside Ave
- e. 83 Shadyside Ave
- f. 85 Shadyside Ave
- g. 87 Shadyside Ave
- h. 89 Shadyside Ave
- i. 91 Shadyside Ave
- j. 93 Shadyside Ave
- k. 95 Shadyside Ave
- 97 Shadyside Ave
- m. 99 Shadyside Ave
- n. 101 Shadyside Ave
- o. 103 Shadyside Ave
- p. 105 Shadyside Ave

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Date of Notification (1) 02/12/2018				f Building HER CO				.c.	Ŭ FE	B 20	2	018		91
Agencies Notified Type Notification			Street A								AND ROOMS			
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DOL Amendment		_		ate, Zip Co N CITY		087				LIOLITO	NEW COLUMN		of the second	NAME OF TAXABLE PARTY.
DOH justification) Cancellation			집에서 됐다. 뭐	f Contact	CHER				Telephone	e Numbe	er			
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Name of Facility Where Abatement is Takin PRIVATE	ig Place (3)					Туре	e of Facility (4						
Street Address					lantes en e		H	School (K-12 Subchapter	8 (Other than					
							X	Other (i.e. pretc.)	rivate & comr	nercial b	ouilo	lings,	home	es,
City (5) JERSEY CITY NJ. 07002							Squa	are Feet	# of Floors	S	В	ldg. A	ge	
County (6) HUDSON				Code (7) USE ONLY)				ES	nolished)			
Name of Monitoring Firm Hired by Building ENVIRO-PROBE INC	Owner (8)		ASCN	A No.		1		atement Cont EAST EN\	200	NTALI	LLC	Э.		
Street Address 108 LIBERTY ST.						Street 1126	Addre 51							
City, State, Zip Code METUCHEN NJ								Zip Code BERGEN N	J. 07047	2				
Project Manager for Monitoring Firm			Telepho 732-49	ne No. 94-4600		Teleph 201-		No. -0642	Licen 0130	se No. 00				
Start Date (10) 02/21/2018	Schedule		pletion	Date (11)				HA Monitor PROBE IN	IC.					
Occupancy Status During Abatement (Chec	N. Carlotte					Street	Addre	ess						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:						City, S	itate, Z	RTY ST.						
Scope of Work (Check All That Apply)						IVIE	UCF	HEN NJ.			_	Nones:		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit				X	Mi	ull Containme ini-Enclosure lovebag Proce on-Exempted	edure				9	
	100	Locati											ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mai	lormal d Sole intenar odial S (12)	ly by nce/		tos Cont thermal surfa		Aateria s insul T, or		Amount (Specify SF or LF		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										(0)	
Office Area		X			VATF			9	600 SF		X			
Roof		X			Koo	f Para	pet		420 LF.					
											-			
Name of Registered Waste Hauler	1 1		JDEP W auler ID		Cubic of Was			Name of R	legistered La	ndfill				
TRI - STATE ASSOCC		1000	9951	110.	TB	D			/A ENTER	PRISE	= IN	1C		
City, State BRONX N.Y.					Dispos	sal Date D		City, State WAYNE	SBURG, (OHIO.				
Completed by CARLOS ESQUIVEL	Title SAFE	ETY M	ЛАNAC	GER	S	ignature	em	Morale	re l	Date 02/1	2/2	2018		

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

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P	AI	ОТЕ	CATION	ate of Ne NOF ASE to NJAC	BESTOS	ABATE	MENT 0)	C	HE(OK #1	726	3		
Date of Notification (1) 02/12/2018	<u> </u>	-	Name o WEN	f Building ONAH F	Owner/G	Operator OMPA	r (2) NY			EC	E			
Agencies Notified Type Notification	1		Street A	ddress OUTH V	VEST A	VE.			TIM	ren	2.0	200	10	
EPA Initial Amended Amendmer	t #			ate, Zip C ONAH N		90			144	FEB	20	20	ΙÖ	15
DOH justification Cancellatio)			f Contact					1	ARREST	1 0 //	TNTF	ROL 8	×
			FACI	LITY INF	ORMAT	ION			-			_		
Name of Facility Where Abatement is Taki WENONAH FIRE COMPANY	ng Place (3)						Туре	of Facility School (K-	3.5	-				
Street Address 14 SOUTH WEST STREET							7	Subchapte	r 8 (Oth	er than K-12 & commerci	2) al buil	dings	, hom	es,
City (5) WENONAH								re Feet	# 0	f Floors		31dg. <i>A</i>	Age	
County (6) GLOUCESTER			County (Code (7) USE ONLY)		Curre	ent Use (Pr E HOUS	rior if bei	ing demolish	ned)			
Name of Monitoring Firm Hired by Building CRITERION LABS	Owner (8)		ASCN	l No.				atement Co D ENVIF		(9) ENTAL SE	ERVI	CES	INC	
Street Address 3370 PROGRESS DRIVE							Addre	ss MS RUN						
City, State, Zip Code BENSALEM PA 19020						City, S MUL	State, Z _LICA	ip Code HILL NJ	J 0806:	2			000000000000000000000000000000000000000	
Project Manager for Monitoring Firm MIKE PANEPRESSO			Telephor 215-24	ne No. 44-1300)	Teleph 610-	none N -304-			License N 01145	0.			
Start Date (10) 02/26/2018	Scheduled 03/02/2			Date (11)		Name EMS		HA Monitor						
Occupancy Status During Abatement (Che	ck Only One	:)				Street								
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe:	Period of At nal Facility I	oaten Hours	nent s			City, S	state, Z	30 NOR	2.1.20.20					
Scope of Work (Check All That Apply)						CINI	INAIVII	NSON N	1080					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		nova molit					Min	ni-Enclosur ovebag Pro	e cedure	Negative P			P	
	Is L	.ocati	ion									Abate	ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	tenai	ly by nce/	Asbes (i.e.	tos Cont thermal surfac	scription aining M systems cing, VA niscellan	fateria s insula T, or	I (ACM) ation,	(S	mount Specify or LF)	Remova	Repair	e Encapsulate	Enclosure
	Yes	No	N/A								<u>ai</u>		late	ıre
THROUGHOUT			X		NF1 F	LOOR	TILE		10	00 SF	Х			
REMOVE AND BAG UP DEBRIS					FLC	OR TI	LE		30 YI	RD CAN	Х			
*0														
Name of Registered Waste Hauler		16	וחברייי			Verd			5					
ASSURED ENVIRONMENTAL		Н	JDEP Waller ID I 034895	No.	of Was					red Landfill NDFILL				
City, State MULLICA HILL NJ			337-1822			al Date 1/2017		City, Stat	te ESBU	RG, OH				
Completed by RON SWANSON	Title GENE	RAL	_ MANA	AGER	S	ignature	X me	eoh	DUID 6	M 02		2018		

Check # 3081

(V 258)	S	tate of No	ewith	sey Notific	cation of Asbestos A . 8 60-7 and 12:120-7)	Abateme	1	EC	EI	W	EF
GAC Project # 060-18			L L		alid 12:120-7)				0.0	2018	-
Date of Notification (1)	om: 12 2	010			Name of Building Owner/ RUTGERS, THE S			FER		-201	
Agencies Notified	ary 13, 2	Notification			Street Address		lad bas			2018	16
□ EPA		⊠Initial I			ENVIRONMENTAL						
D DCA		and the second second		ification # including	74 STREET 1603, E City, State, Zip Code	SLDG 411	o, LIV)	1 Mr. No. 300 Sec. 1	CENSIN		2
☑ DOL	1400481-25		cation)		PISCATAWAY, NJ	08854		ACCOUNT MANAGEMENT	SON PERSONAL PARK COLUMN	-	
☑ DEP- No Longer REQU ☑ DOH	IRED	□ Cancel	led		Name of Contact MICHAEL F. SMITH	I ENV		L NI	mhor		
E DON					HEALTH & SAFET		ž T				
Name of Facility Mileses Abote	tia Tal	ine Dines (2)		FACILITY INF							
Name of Facility Where Abate SCHOOL OF DENTA			G# 725	3	Type of Facility (4) School (K-12)		35				
					Subchapter 8 (other than						
Street Address RBHS NEWARK CAN	/IPUS				Sq. Feet: N/A #	mmercial bui of Floors:				ars	
City (5)	County (6)	County	/ Code (7)						uis	
NEWARK		SEX		Use Only)	Current Use (prior if being	g demolishe	d): AC	ADEMIC			
			<u> </u>								
Name of Monitoring Firm Hire ATC Group Services		Owner (8)	0009		Name of Contractor (9)						
•					GREENWOOD ABA	TEMENT	CONSL	JLTANT	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				2001 III - O-300		
Project Manager for Monitorin BRIAN R. KEARNEY	ng Firm	Telephone 1 609-386			Telephone Number		Licen	se Numbe	<u>er</u>		
					973-492-0477		0084	10			
Scheduled Start Date (10) 02/23/18		02/26/18		on Date (11)	Name of OSHA Monitor ENVIROVISION, INC	C .					
Occupancy Status During A				7A	Street Address	DOAD B	DC# 1	0.55			
☐ Facility Closed/Vacated ☐ ☐ Abatement Performed Out				nt ,	20-21 WARGARAW	KOAD, B	LDG# 3))E			
Describe:					City, State, Zip Code FAIRLAWN, NJ 074	10					
☑ Other- Describe: Sched WEEKENDS AS NEEDE		- 5AM Daily	/ (24 H)	OURS &	TAIRLAWII, NO 074						
	,										
Scope of Work (Check all that	t apply)										
					2	Full Conta		vith Nega	ative Pres	ssure	
				☑ Renovation ☐ Demolition		☐ Mini-Encle ☐ Glove bag ☐ Glove bag ☐ High part		lure / Wrs	an & Cut		
<u> </u>	200 11			D emonion		☑Non-Exen				Proced	ure
Location of Asbestos-Contain	STATE OF THE STATE OF	cation Norma			pestos Containing Material nal systems insulation, surfac	Amo	unt cify SF	Abatem	nent Type		
Material (ACM) in Facility (13)	Staff	ly by Maint./Ci ? (12)		VAT, or other mis		or LF		Remove	Repair E	encap E	Enclose
	YES	S NO	NA								
ROOM 744		X		VAT		10	0 SF	X	-		
10				-					+		
Name of Reg. Waste Hauler		NJDEP Was	ste Haule	er ID #	Cubic Yards of Waste:	5 CY		of Regis			
See Hauler Below #1 &	47	See Belov						O.W.S.			II
Hauler #1) Greenwood Abat NJDEP # 12561	ement Cons	ultants, Inc	Butler,	NJ 07405		Disposal D	ate		City, State 100 New		lill
Hauler #2) Newark Carting,	Inc., Newar	rk, NJ 04509				02/12/20	018	1 2	Rd. Morr 19067	isville,	Pa
NJ DEP # 4509									215-736-	1700	
Completed by (Print or Type)	- S-	<u>Fitle</u>	ם ובי	от	Signature		Date	F110 F1 4	2 204	0	
RAYMOND C. PEDAL		SENIOR P MANAGEF		01	Raymond C. Pe	edalino	rep	ruary 1	3, 201	0	
	1.		-		L						

CL 300	Sta				cation of Asbestos . 8:60-7 and 12:120-7)		11D)-LE	GEIVE
GAC Project # 060-18 Date of Notification (1)					Name of Building Owner	r/Operator (2)		
February '	13, 201	18 L	, L	, 6 6 -	RUTGERS, THE S	TATE UN	VERSITY	(FEBN3 0 2018 L
Agencies Notified		Notification		ation	Street Address		1 1	
□ EPA				ification #	ENVIRONMENTAL 74 STREET 1603,	BLDG 411	6. LIVING	BESTUS CAMPUS &
DCA DOL	- 1	☐ Emerg	gency (including	City, State, Zip Code			O . IAME AVIIME OO
☑ DEP- No Longer REQUIRED		justifid Cance∃	cation)		PISCATAWAY, NJ Name of Contact	08854	Telephon	ne Number_
⊠ DOH	'	L Cance	ileu		MICHAEL F. SMIT		relephon	ie Number
				FACILITY IN	HEALTH & SAFET	Y	1	
Name of Facility Where Abatement		Place (3)	_	PACILITYINI	Type of Facility (4)			
MARTIN HALL, BLDG# 6	006				School (K-12)			
Street Address					Subchapter 8 (other that Other (i.e. private & co		dinas homes	e etc.)
COOK CAMPUS								ge: 100+ years
	nty (6)	OFV		Code (7) Use Only)	Current Use (prior if beir	na demolishe	d). ACADE	MIC OFFICES
NEW BRUNSWICK M	IIDDLE	:SEX	(State	ose Otily)	Carrein Ose (prior il bell	ig demonstret	I). ACABL	IMIC OFFICES
Name of Monitoring Firm Hired by E		ner (8)	ASCM		Name of Contractor (9)			
ATC Group Services LL0	2		0009	8	GREENWOOD ABA	TEMENT	T III 2 NO	ANTS INC
Street Address					Street Address	TEMENT	ONOGET	ANTO, INC.
3 TERRI LANE					511 MAIN STREET			
City, State, Zip Code					City State, ZipCode			
BURLINGTON, NJ 080	THE RESERVE THE PERSON NAMED IN	-1			BUTLER, NJ 07405			
Project Manager for Monitoring Firm BRIAN R. KEARNEY	_	elephone N			Telephone Number		License N	umber
Scheduled Start Date (10)				on Date (11)	973-492-0477		00840	
02/23/18	0	2/26/18		on Date (11)	Name of OSHA Monitor ENVIROVISION, IN	C.		
Occupancy Status During Abatem Facility Closed/Vacated During	nent (Che	eck only or	<u>ne)</u>		Street Address	DOAD DI	DO# 05E	
Abatement Performed Outside				ıt	20-21 WARGARAW	KUAD, BL	.DG# 35E	
Describe:)			City, State, Zip Code FAIRLAWN, NJ 074	10		
Other- Describe: Schedule: 3 WEEKENDS AS NEEDED)	PIVI - 5/	AM Dally	(24 HC	JURS &	1 AIREAWIN, 145 074	10		
Scope of Work (Check all that apply)				ļ		-	
_	-				1	☐Full Contain	nment with N	Negative Pressure
□≥ 3 sf or >3 lf 区 ≥ 160 sf or > 260 lf				☑Renovation ☐ Demolifice		☐ Mini-Enclo ☐ Glove bag		W 2 O 4
24 2 100 SI OI 2 200 II				Ed Demonder		_		Non-Friable Procedure
Location of Asbestos-Containing Material (ACM) in Facility (13)		on Normall			estos Containing Material al systems insulation, surfac	Amou	nt Ab	atement Type
material (Nom/III delity (10)	Staff? (1	2)		VAT, or other misc		or LF)		move Repair Encap Enclose
ROOM 009	YES	NO.	NA					
KOOM 009		X		VAT		330	0 SF ⊠	
Name of Reg. Waste Hauler		JDEP Was		rID#	Cubic Yards of Waste:	20 CY		egistered Landfill
See Hauler Below #1 & 2		ee Below					\$15500 ACC 100 ACC	.S. North Landfill
Hauler #1) Greenwood Abatement NJDEP # 12561	Consulta	nts, Inc	Butler, N	NJ 07405		Disposal Da	te	City, State 100 New Ford Mill
Hauler #2) Newark Carting, Inc., N NJ DEP # 4509	ewark, N	J 04509				02/26/20	18	Rd. Morrisville, Pa 19067
								215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title	VIOR PE	O IEC	T	Signature	0	<u>Date</u>	42 2040
		NAGER		, ,	Raymond C. Pe	dalino	repruar	ry 13, 2018

Agencies Notification Type of Notification Street Address 1000 Morris Ave. 1 1000	Pane Repic		Gene	eral	Manag	ger		fr			2.000	4/18			
Agencies Notified Type of Notification I) EPA I) DEP Notification II) Email Notification III) III) III) III) III) III) III) III	Pine Brook, NJ	Fype)	Title				4/18	3 +			Data				
Agencies Notification Type of Notification #2 Name of Contact Suzanne Kupicc Name of Facility Where Abatement is Taking Place (3) Name of Contact Suzanne Kupicc Name of Facility Where Abatement is Taking Place (3) Name of Contact Suzanne Kupicc Name of Facility Where Abatement is Taking Place (3) School (N-12) Subchapter & College Suzanne Kupicc Name of Adates	Jupiter Environme		S Hau	uler II	O No.	Of	Was	te 10	Alliance Land						
Agencies Notified	1, 119,	D121		X		SINKS	and (giue dabs			120 SF		X	+	
Agencies Notification Type of Notification				11/20					n-friable				Х		UL
Agencies Notified PAPA		У	Yes	No	N/A								V A	S	P C S S
Agencies Notified	Asbestos – Co Material (A TO BE ABA	ntaining CM) TED	Norr S Maint	mally solely enanc	Used by ce/Cus			Asbestos - Materia (i.e., therm	- Containing al (ACM) nal systems		(Specif	у	R E M	e R E	E I
Agencies Notified	[] Demolition [x] ≥3 sf or ≥3 lf				[]	Renova	ition		[x] Mini – [] Glovet	Enclosure pag Procedu	ire	ive Pr	essu	re	
Agencies Notified Type of Notification Type of Noti	[] Facility Closed [] Abatement Per Descri [x] Other – Descr	/Vacated During I formed Outside of be: ibe: partially vaca	Entire Pe f Normal	eriod o	of Abater	ment		2 ity, State, Zip C	ode						
Agencies Notified [] EPA [] DEP Notification [] Imagency [X] DOL [X] Amended Notification #2 [] DCA [] Cancellation Name of Facility Where Abatement is Taking Place (3) Kean University Name of Facility Where Abatement is Taking Place (3) Kean University — Bruce Hall Street Address 1000 Morris Ave. FACILITY INFORMATION Type of Facility (4) Subochapter 8 (Other than K-12) Other (Le. private and commercial buildings, nomes, etc.) Square Feet 20000 Square Feet 20000 Square Feet 20000 Square Feet 20000 Current Use (Prior if being demolished) college Name of Monitoring Firm Hired by Building Owner TTI Environmental Street Address 9 East Stow Road City, State, Zip Code MarIton, NJ 08053 Project Manager for Monitoring Firm Telephone Number Jim Guilardi Street Address 1000 Morris Ave. Street Address 1000 Morris Ave. Square Feet 20000 Square Feet 20000 Current Use (Prior if being demolished) college Name of Abatement Contractor (9) Jupiter Environmental Services, Inc. Street Address 9 East Stow Road City, State, Zip Code MarIton, NJ 08053 Project Manager for Monitoring Firm Telephone Number Telephone Number 1 Telephone Number 2 T	Occupancy Status Duri	ng Abatement (Ch	heck only	/ one)			1		ntal Labo	ratories	s, LL	С		
Agencies Notified [] EPA [] DEP [] Initial	Jim Guilardi Scheduled Start Date (10) Schei	856 d. Compl	-985 letion	5-8800 Date (11)		(973-575-8700		Licens	e Nur		85	2
Agencies Notified Street Address 1000 Morris Ave. FEB 2 0 2018	City, State, Zip Code Marlton, NJ 0805	i3					С	3 ity, State, Zip C	^{ode} Pine Brook, NJ		l, Suite	100			
Agencies Notified [] EPA [] Initial Notification [X] DOL [X] Amended Notification #2 [] DCA [] DCA [] Cancellation Name of Facility Where Abatement is Taking Place (3) Kean University — Bruce Hall Street Address 1000 Morris Ave. City, State, Zip Code Union, NJ 07083 Name of Contact Suzanne Kupiec FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Kean University — Bruce Hall Street Address 1000 Morris Ave. City (5) County (6) County Code (7) Current Use (Prior if being demolished)	TTI Environment		ng Owne			0.		J		mental S	ervices	, Inc			
Agencies Notified [] EPA [] Initial Notification [] Emergency [X] DOL [X] DOH [] Cancellation [] Cancellation Name of Facility Where Abatement is Taking Place (3) Kean University Kean University Kean University Street Address 1000 Morris Ave. City, State, Zip Code Union, NJ 07083 Name of Contact Suzanne Kupiec FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Kean University – Bruce Hall Street Address 1000 Morris Ave. Square Feet # of Floors Bldg, Age	Union	an Uired by D. Idi	Union	1		(ST	TATE	USE ONLY)	Current Use (Prior college		nolished)	~80			
Agencies Notified [] EPA [] DEP [X] DOL [X] DOH [X] DOH [X] DOA [] Cancellation [] Type of Facility (4)	Street Address 1000 Morris Ave		County	/e\		10-		0-1-(7)	Subchap Other (i.e homes, e	ter 8 (Other e. private and etc.)		Bldg			
Agencies Notified [] EPA [] DEP [X] DOL [X] DOH [X] DOH [X] DOH [X] DCA [] Cancellation [] Kean University Street Address 1000 Morris Ave. [] City, State, Zip Code Union, NJ 07083 [] Cancellation			aking Pla	ce (3)	1	TAGILIT	1 1 118	TORWATION	Type of Facility (4)					
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Agencies Notified Type of Notification Street Address [] EPA [] Initial Street Address 1000 Morris Ave.	[X] DOL	[] Emergency [x] Amended	L				WX/===.								
2/14/18 Kean University In E G E I W E	[] EPA	[] Initial	1			s Ave.					FFR 2) N	2018	1	And the second lives
Check # 8769		/18	K	(ear	1 Unive		r/Ope	erator (2)		In E	G E		\mathbb{V}		

Amendment #1, 1/8/18: Phase 1 has been completed. Phase 2 (room B121) is scheduled for 3/12/18 start (expected duration is one week).

Amendment #2, 2/14/18: In addition to work at B121, VAT (via non-friable method) will be removed from Room C217. Quantity included above (no change).

CK = 4463



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Date of Notification (1)	14-18			Nam	e of Build		Wher/Ut		is con	STAR		DAG	RO	- &	_
Agencies Notified	Type Notification	Mn .		Stree	et Addres		22	7-	JU CT	MICHAEL MICHAEL	FIT PAIN	Entellerin Jose	100 A 101 A	4.409-2.7	
D. EPA	initial						00		1. 21.			_		-	=
DEP	Amended Amendment	#		City,	State, Zip			- ,	1.70	11 5	\cap	82	(12		
	☐ Emergency	(including	g L				CSU	= '	CLIY	14.7			7		_
Ø DOH □ DCA	justification			Name	e of Conta	act				Teleph	one Numi	per			
	Caricelladori		-		V-	VCV	MIC								_
	83	-		FA	CILITY IN	FOR	MATION	I							
Name of Facility Where A	Abatement is Taki	ng Place	(3)						Type of Facilit	y (4)		09/4			
R	ESIDEAL	CE						_	School (K-						
Street Address									☐ Subchapte ☑ Other (i.e.,				tings		
				_		_		-	homes, etc Square Feet	:.) # of F	loore	Ты	dg. A	~	_
City (5)	CKAN (114	-						1500	1 101	HOOIS	11 11 15 15	50	ye +	
County (6)				Cou	nty Code	(7) (-	STATE	-	Current Use (F	rior if beir	ng demolis	hed)			_
CAPE	MAY	Y	_	USE	ONLY)			_		ACHI	UT				
Name of Monitoring Firm	Hired by Building	Owner	A	SCM	No.	Na	ame of A	11.	ent Contractor (-6	_				
(8)	IA		_ _			_		150	CMCO	INI					
Street Address	1					St	reet Add		5 5191	01.05	AU	_			
						-		<u>09</u>		RUCE	AU		_		-
City, State, Zip Code	**					Ci	ty, State,	11 1P	LE SH	HOF	AL T	- 0	80	7	,
			Telep	bone	No	Te	lephone		<u> </u>		se No.		00		=
Project Manager for Moni	toring Firm		1 стер	i iOi iC	140.	8	56-	779	1-0472		004	44	1		_
Start Date (10)	Sche	duted Co	omoletic	on Da	te (11)	1	me of O								_
7-24-18		-3	1-						NI	A					_
Occupancy Status During		ck only		.0		Str	eet Add	ress						V25-1111	
Facility Closed/Vacated				ent				1		- 20					_
Abatement Performed	Outside of Norma	a Facility	Hours			Cit	y, State,	Zip Co	de	٠,					
Other - Describe:						_									
Scope of Work (Check all	that apply)						<u> </u>								
		□ Par	novation					ni-Encl	ainment with Ne osure	egative Pri	essure				
≥3 sf or ≥3 lf _≥160 sf or ≥260 lf		Den		L			∏ GI	ovebag	Procedure						
(A) = 100 01 01 = 200 11		-					MK	n-Exer	mpted (*) and N	on-Friable	Procedu				\dashv
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Asbestos-Containing Ma		A 100 CO	enance	±/					rial (ACM)	Amo (Spe		_		E	m
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IN Facility (13)		1000	12)				er misce				- X	Remova	bair	Encapsulate	Enclosure
()		Yes	No	N/A								2		te	8
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Name of Registered Waste	e Hauler			EP W			oic Yard: Vaste	S	Name of Reg						
KLEIMCO	.Duc.		ray	790	γ	-	10315			CMI	2-14-				_
City, State				_		Dis	posal Da	ite-	City, State-	0.0	2160 CT				
	HAUF	MI. J)80	155				MODE	DRIM	EM	1.5			_
Completed By	Title						Signatu	we -	IM.		Date -	111	-1	8	
MICHAEL K	LIMIL	SL	JP.				W	مسايه	win			17		<u>u</u>	

CK#4463

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

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M		FEB	2	0	2018	

			-		-		10	(2)				of the post		_
Date of Notification (1)	4-18			Name	of Buildin	g Owr	er/Operator (STRUC	TI DARBE	STPSP	SNTI	ROL	&	_
Agencies Notified	Type Notification		-	Street	Address		•	home	and the second second	BA THE POUR DESCRIPTION	THE PLANT OF	NACOPER DE	NO. OF COMMENSATION	
∏ BPÁ	[25] Initial				P. O.		BOX 3	6					==	=
	Amended Amendment			City, S	State, Zip C	Code	OTAL	1 m () M (7 2	2080	7			
⊠ DOL	☐ Emergency (i		7				STOU	MN		ne Numbe		- 17	_	\dashv
⊠ DOH	justification)			Name	of Contac	1			releption	ie inditibe	•			
□ DCA	Cancellation				MIK	777								\dashv
				FAC	CILITY INF	ORM	ATION	75-94	- ///					\dashv
Name of Facility Where	Abatement is Takir	ng Place	(3)					Type of Facility						
K	ESIDENC	E						☐ School (K-1	8 (Other th	an K-12)				
Street Address								Other (i.e., homes, etc	private & co	mmercial	buildi	ngs,		
Cit. (5)								Square Feet	# of Flo	ors	1 222	g. Ag		
City (5)	CEAN (LI	4					1500		dam aliah	1	0		=
County (6)				Cour	onty Code (7) (S	TATE	Current Use (F			ea)			
CAPE	MAY				-				CAM				_	=
Name of Monitoring Firm	Hired by Building	Owner		ASCM	No.	Nan		ent Contractor (200 Da					
(8)	A						KLEW	CO. L	NC.		_		_	ᅱ
Street Address						Stre	et Address 369	S. Spr	ce K	111=				
						City	State, Zip C		NE P	100				=
City, State, Zip Code	(9)					City	MAPLE	SHAD	EN	.J 0	805	5		_
	itarias Eim		Tele	phone	No.	_	phone No.		Licens	e No.	.,			
Project Manager for Mor	atomy rum					85	6-779	1-0472	(PPOC	4		_	_
Start Date (10)	1 Sche	duled C	omple	tion Da	te (11)		ne of OSHA N	Monitor				3.41		
7-71-	18 7	-7	i -	-18				NA					_	_
Occupancy Status Durin	no Abatement (Che	ck only	one)	111		Stre	et Address							
Facility Closed/Vacat	ed During Entire P	eriod of	Abate	ment								_	_	=
Abatement Performer	d Outside of Norma	al Facility	у Нои	rs		City	State, Zip C	ode	- 2					
Other - Describe:														=
Scope of Work (Check a	all that apply)					353.9	Full Cor	ntainment with N	egative Pre	ssure				
□>3 sf or >3 lf		□Re	novati	on			Mini-End	closure						
> 160 sf or ≥260 ff		De De	molitio	n			Gloveba	ag Procedure empted (*) and h	lon-Friable	Procedure	e			
		lel	ocatio	20			X I VOIT LO					bater		
			omally					2				Тур	e	
Location			Soleh	50 000 1	Achas	tos Co	escription of entaining Mat	erial (ACM)	Amor	unt		- 1	ш	_
Asbestos-Containing N TO BE ABA		Cı	ustodia	41.04.0	(i.e.,	, them	nal systems i	nsulation,	(Spec		Rer	Re	Cap	ncl
IN Facility	/		Staff? (12)			sur	facing, VAT, r miscellaned	or ous)	310	Li	Remova	Repair	Encapsulate	Enclosure
(13)		-		1		00.0					=		ate	6
		Yes	No	N/A					200	60	1	\dashv	\dashv	\dashv
SIDING	-			X		TR	LAWSI	TE	160	OSE	X	-	\dashv	\dashv
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Name of Registered Wa	ste Hauler	1		UDEP !		1	oic Yards	Name of Re	gistered La	ndfill		A		
	- 10		H	tauler IC	004	of V	Vaste	1 C.	M.C	M.	U.	A		
KLEMCO	- LWC.			17	<u>U1</u>	Dis	oosal Date-	City, State						
City, State WAPLE	SHADE	WI.	7.		0) *			Wo	ODBI					_
Completed By	Tit	e					Signature	1,6		Date	11	-1	8	
Ith court 16	MARIAN I	50	P.				Win	LU IC			17		<u></u>	

CHOGHID			CATION	ate of New OF ASB to NJAC	ESTOS	ABATE			M	FEB	2 () 20	18	
Date of Notification (1) 2/16/18				f Building			(2)		44		23/0_3			
Agencies Notified Type Notific	ation		Street A	ddress E Count	/ Line	Rd				ASBEST LI	OS C	ONT SING	ROL	&
EPA X Initial DEP Amend X DOL Amend	ied Iment#	1 2	City, Sta	ate, Zip Co vood, NJ	de									
	ency (including ation)			f Contact	0010				Tele	ephone Nu	mber			
BOA Cance	ilation .			LITY INFO	ORMAT	ION							-////	
Name of Facility Where Abatement is Street Address	Taking Place (3)						of Facility (School (K-1 Subchapter Other (i.e. p etc.)	2) 8 (Othe			dings	home	es,
City (5) Lakewood								re Feet	# of	Floors	E	Bldg. A	ge	
County (6) Ocean				Code (7) USE ONLY)			Curre	ent Use (Pri	or if beir	ng demolis	hed)			
Name of Monitoring Firm Hired by Bui	lding Owner (8)		ASCN	ЛNo.				tement Cor						
Street Address														
City, State, Zip Code					ip Code OD, NJ 0	8701								
Project Manager for Monitoring Firm	ne No.		Teleph 732-6				License N 1200	lo.						
Start Date (10) 2/19/18	Schedule 2/21/18		pletion	Date (11)		100000000000000000000000000000000000000		HA Monitor	SSIO	VALS				
Occupancy Status During Abatement	(Check Only Or	ne)				Street								
Facility Closed/Vacated During E Abatement Performed Outside of Other – Describe:						City, S	tate, Z	DOVE CO ip Code OD, NJ 0						
Scope of Work (Check All That Apply)						LAN		OD, N3 0	5/01					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	processors.	Renova Demoliti	20.20			*	Mir Glo	I Containme ni-Enclosure ovebag Proc n-Exempted	edure	J			е	
			3775									Abate	ment	į.
Location of Asbestos-Containing Material (ACI TO BE ABATED In Facility (13)	Asbestos-Containing Material (ACM) TO BE ABATED In Facility Used Solely by Maintenance/ Custodial Staff?								(S	nount pecify or LF)	Removal	Repair	e Encapsulate	Enclosure
INTERIOR	Yes	No	N/A		Text	ired ce	ilina		20	00SF	x		Ф	
					· OALL	00 00	9		20		Α.			
	-	1												
Name of Registered Waste Hauler NEWARK CARTING		H	JDEP W auler ID 1509	2000	Cubic of Was		HIPSE	Name of F	Register	ed Landfill				
City, State NEWARK, NJ		Dispos	sal Date		City, State		PA							

Completed by

JOSEPH PERLSTEIN

Title

OWNER

Date

Signature

										M	E (2	⊒ P∦i	nt√pri
UL 4384	T. P.	P	ursuant	ate of New I OF ASBE to NJAC 8	60 and	12:12	0)				FE	В 2	2 0	2018
Date of Notification (1) 2/13/18				f Building C			(2)							
Agencies Notified Type Notifi			Street A 1144 E	ddress E. County	y Line	Rd	diam.			F	SBE	STOS	S CO ENSI	NTRO NG
DEP Amen X DOL Amen	ded dment #			ate, Zip Coo rood, NJ		7.4.4	TEN unga		=1	i.				
X DOH justific	gency (including cation) ellation		Name of	f Contact o Horow		10.0			Tolon	hana Niii	mhar .			
Name of Facility Where Abatement is	Taking Place (3	,	FACI	LITY INFO	RMATI	ON .	Tyne	of Facility (4	1)					
Name of Facility Where Abatement is	raking riace (o	,						School (K-1:	2)					
Street Address							×	Subchapter Other (i.e. p etc.)				dings,	home	es,
City (5) Lakewood					2100		Squa 1500	re Feet 0	# of F	loors	В	lldg. A	\ge	
County (6) Ocean				Code (7) USE ONLY)			Curre	ent Use (Pric 16	or if being	demolisi	ned)			
Name of Monitoring Firm Hired by Bu	ilding Owner (8)		ASCN	/I No.				atement Con D PROFE		6				
Street Address						6 WI		DOVE CO	OURT					
City, State, Zip Code								ip Code OD, NJ 08	3701					
Project Manager for Monitoring Firm			Teiepho	ne No.		305	none N 668-9			icense N 200	lo.			
Start Date (10) 2/14/18	Schedule 2/16/18		npletion I	Date (11)				HA Monitor D PROFE	SSION	ALS				
Occupancy Status During Abatement	(Check Only On	e)					Addre		NUDT.					
Facility Closed/Vacated During I Abatement Performed Outside o Other – Describe:						City, S	state, Z	DOVE CO ip Code OD, NJ 08		-w	-/		//s a=====	
Scope of Work (Check All That Apply)							,						\neg
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit					Min	II Containme ni-Enclosure ovebag Proc n-Exempted	edure	•			e	
Location of		Locati Iormali			D		7.5		.,,			Abate	ement pe	
	Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility No Used Maint Custor					scription aining N system cing, VA niscellar	Materia s insula T, or		Amo (Spe SF o	ecify	Remova	Repair	Encapsulate	Enclosure
EXTERIOR	Yes	No	N/A			Sidlad			1500	ne E			ite	е
EXTERIOR				,	Siding			1500	JOF	X				
Name of Registered Waste Hauler		IN	JDEP W	/aste [Cubic	Yards		Name of F	Registere	d Landfill				
NEWARK CARTING		Н	auler ID 1509	2000	of Was			IESI	-3.0.0.0					
City, State NEWARK, NJ					Dispos 2/16/	al Date		City, State BETHLE		PA			***************************************	
Completed by JOSEPH PERLSTEIN	ER			S	ignature	9			Da	ate				

02/12/2018 14:43 Two Broth			FA	X) 9 73 956 8811			P.4	002/004				
CK22211	No.	TIFICATION (PUISUAI	State of N N OP AS nt to NJAC	ew Jerse BESTOS C 8:60 an	PABATEN Id 12:120	MENT) <u>E</u>	0	92	In Fo
Date of Notification (1) 2/12/2018		Nama MIKE	of Bultdin	g Owner/	Operator ALLEY	(2)			Ц—	FE	3 2	0 2018
Agencies Notificati	on	-	Addrass		710001				100	DEC	TOC	CONTROL
EPA Initial Amended Amended Amendmus Emergen			itala, Zip C ERSON,		501				1	J.K	ICE	NSING
DCA justification Cancellat	n)	JERF	of Contec RY LOB	OZZO				Telephone A	lumber	_	12)	
Name of Facility Where Abatement is Ta	king Place (3)	FAC	CILITY IN	FORMAT	ION	Tuno	of English (41				
FIRE DAMAGED BUILDING	(o)						of Facility (5.60				
Street Address	L					X	School (K-1 Subchapter Other (l.s. p etc.)	8 (Other than K private & comme	-12) rclal bu	lidings	s, hon	166,
City (5) PATERSON						Squa	re Fest	# of Floors		Bidg.	Age	
County (6) PASSAIC			Code (7)	n	_	Curre	nt Use (Prk	or If being demol	ished)			
Name of Monitoring Firm Hired by Buildin N/A	g Owner (3)	ASC	M No.		Name o	of Aba BRC	tement Cor	ntractor (9) CONTRACTI	NG. 11	NC.		
Street Address					Street A	Addres						
Clty, State, Zip Code					City, St	ate, Z			***************************************			
Project Manager for Monitoring Firm	Ti .	Telepho	one No.		Telepho 973-9	ona No	D.	License 00494				
Start Data (10) 2/13/2018	Scheduled 2/20/201	Completion 8	Date (11)		Name o	f OSF	(A Monitor (9) ABO					-
Occupancy Status During Abatement (Ch	The second secon	-			Street A			VE		_		
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe: VACANT - COLLA	mal Fedlin H	ine in			City, Sta							
Scope of Work (Check Ali That Apply)			•									
≥3 sf or ≥3 if ≥160 sf or ≥260 if		navetion malition				Min Glo	i-Enclosure vebag Proc	ent with Negative edure (*) and Non-Fra			°a	
Location of	No	mally		Dog	scription o					Abat	emeni	
Asbestos-Containing Material (ACM) <u>IO SE ABATED</u> In Facility (13)	Solely by enance/ fial Staff7 (2)		tos Cont thermal surfac	alning Ma systems i cing, VAT niscellane	iterial insula , or		Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Endosure	
	Yes	No N/A							-	8	atc	ré l
			BUILD	ING TO) BE DE	EMO	ED AS					
			ASBE	ESTOS,	, BLDG	DEE	MED					
			AS I	MMINE	ENT CO	LLA	PSE					
				HA	AZARD							
Name of Registered Waste Hauter TWO BROTHERS CONTRACTIN	G	NJDEP W Hauler ID 18743		of Was	ite			Registered Landf		S.R.C).W.	5.
City, State TOTOWA, NJ		-	al Data	1	City, State							

Title PROJECT COORDINATOR

Signature

Completed by VIVECA RAMOS

Date 2/12/2018

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X20911			NO THE	ICATIO ursuan	tate of No N OF ASI	ew Jerse BESTOS 8:60 an	y ABATE d 12:12	MENT 0)	R-	EG [\mathbb{V}		
Date of Notification (1) 2/12/2018					of Building			4		FEB	2 0	2018		
Agencies Notified T	ype Notification			Street A	Address	3 3 5					Karana			
ĭ EPA □	Initial								A	SBESTO	S COI)L &	
DEP DOL	Amended Amendment	#			ate, Zip C RSON,		501	I.	Perinquitieners	The second secon	MICHIGAN THE PARTY NA			
⊠ DOH	Emergency (justification)	including			of Contact	0 1 1 1 1 1 1 1 1 1			Те	lephone Nu	mber			
DCA C	Cancellation			JERR	Y LOB	OZZO								
Name of Facility Where Aba	tement is Taking	Place (3	3)	FAC	ILITY INF	ORMAT	ION	Type of Facility	(4)					
FIRE DAMAGED BUIL		3	7.					School (K						
Street Address								Subchapt	er 8 (Oth	er than K-1 & commerc	2) ial buil	dings	, hom	es,
City (5) PATERSON					773			Square Feet	# 0	f Floors	E	Bldg. A	lge	
County (6) PASSAIC					Code (7) USE ONL	n		Current Use (F	rior if be	ing demolis	hed)			
Name of Monitoring Firm His	ed by Building (Owner (8)		ASQI	M No.			of Abatement C BROTHERS			IG, IN	IC.		
Street Address								Address REELAND A	VENUE	Ξ				
City, State, Zip Code								State, Zip Code OWA, NJ 075	512					
100 E. (Authorities -) - (Authorities (100 Authorities (oject Manager for Monitoring Firm							none No. -956-8700		License N 00494	10.			
Start Date (10) 2/13/2018		Schedule 2/20/20		mpletion	Date (11)			of OSHA Monito 1E AS (9) AB						
Occupancy Status During Al	patement (Check	Only Or	ne)				Street	Address						
Facility Closed/Vacated Abatement Performed C Other – Describe: VAC	Outside of Norm	al Facility	Hours				City, S	tate, Zip Code		<u> </u>				
Scope of Work (Check All Th	nat Apply)													
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			Renova Demolit					Full Containr Mini-Enclosu Glovebag Pr Non-Exempt	re ocedure				e	
Location of		1	Locati Normal	ly		Des	scription					Abate	ement	t
Asbestos-Containing Ma TO BE ABATE In Facility (13)		Ma	d Sole intena todial S (12)	nce/		stos Cont thermal surfac	aining N	Material (ACM) s insulation, T, or	(5	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A							<u> </u>		ate	ē
								EMOED AS	-					
								DEEMED						
				-	AS		AZARE	OLLAPSE						
Name of Registered Waste H	łauler	1	l N	JDEP W	/aste	Cubic	100000000000000000000000000000000000000		 f Reaiste	red Landfill			1100000	
TWO BROTHERS CO			Н	lauler ID 8743		of Was	ste			NAGEME		R.C	.W.	S.
City, State FOTOWA, NJ						Dispos 2/20/	al Date 2018	City, Sta MORF		LE, PA		eri-veste)		
Completed by VIVECA RAMOS		Title	IECT	COOL	RDINAT		ignature	reach	an	Da 2/	ite 12/20	110		

Ch 1395			FICATIO Pursitan	tate of Ne NOFAS t to JAC	w Jerse BESTOS 8:60 in	ABATE				EG			/ 13	95
Date of Notification (1)			Name	of Building	Owner/0	Operator	(2)		K					7 -
February 14, 2018			Ethico	n, Inc.						FFR	2.0	0.0	4.0	
Agencies Notified Type Notification			Street	Address						100		-20	18	14
EPA Initial			РО Во	x 151										
DEP Amended			City, S	tate, Zip C	ode					ASBESTO	SCO	ONTE	ROL 8	
DOL Amendment			Somer	ville, NJ	08876			L	-	LIC	ENS	NG		
DOH Emergency (i	nciuaing		Name	of Contact					Te	lephoneNur	nber			-
DCA Cancellation			Project	t Manag	er						6.			
				ILITY INF		ION								
Name of Facility Where Abatement is Taking	Place (3	3)					Тур	e of Facility (4)					
Ethicon								School (K-12						
Street Address								Subchapter (un	£	
Route 22 W							X	Other (i.e. pr etc.)	ivate	& commerci	ai buii	aings	, nom	es,
City (5)							Squ	are Feet	# 0	f Floors	E	Bldg. /	Age	
Somerville										3				
County (6)				Code (7)			Curr	ent Use (Prio	r if be	ing demolish	ned)			
Somerset			(STATE	USE ONLY	" —					Facility				
Name of Monitoring Firm Hired by Building C	wner (8))	ASC	M No.		Name	of Ab	atement Cont	ractor					
AET, Inc						The M	1ACK	Group, LL	C.					
Street Address	eet Address													
220 Church Street						1500 I	Kings	HWY N, S	STE	209				
City, State, Zip Code								Zip Code		Description of				
Bridgewater, NJ 08807						Cherry	v Hill	NJ 08034						
Project Manager for Monitoring Firm			Telepho	one No.		Teleph				License N	0.			
Project Manager			(908) 2	18-1108	3	(973)	759 -	5000		00781				
Start Date (10)	Schedul	ed Co	mpletion	Date (11)	¥	-		HA Monitor						
11/17/17			11/17/	18		The M	IACK	Group, LL	C.					
Occupancy Status During Abatement (Check	Only Or	ne)				Street								
Facility Closed/Vacated During Entire P	eriod of	Abate	ment			1500 F	Kings	HWY N, S	STE	209				
Abatement Performed Outside of Norma								Zip Code			_			
Other-Describe:						Cherry	/ Hill	NJ 08034						
Scope of Work (Check All That Apply)					7.0								-770	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Macrock	Renov Demol					M GI	ill Containmer ini-Enclosure ovebag Proce on-Exempted (edure	-				
	le	Loca	tion										ement	t
Location of	1000	Norma			Do							Ty	ype	
Asbestos-Containing Material (ACM)	1000000		ely by	Asbes	stos Con	scription taining N		al (ACM)	Д	mount			_	
TO BE ABATED	100		ance/ Staff?	(i.e	. thermal			ation,		Specify	Re	D	Encapsulate	E
In Facility (13)		(12)				cing, VA niscellar			SI	or LF)	Remova	Repair	psc	Enclosure
			1	-		1110001101					val	₩.	ilate	ure
	Yes	No	N/A											
Inside Bldg			\	/AT, M	astic &	Car	pet		TBD	X				
ATC Basement Mechanical Room	X	CONTROL HOSE	A STARTER	Me	echanic	al Pine	es fitt	ings		5	X			
THE PARTY OF THE P	/\	A RESIDEN	and Supplied		200 TOTAL	ai i ipe		90	dense.	artisania medi	/\		-	
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														J.
Name of Registered Waste Hauler			NJ DEP V Hauler ID		Cubic of Wa	Yards		Name of R	egiste	red Landfill				
Newark Carting				253	or vva	0.1		BFI Imper	l lei	andfill				
City, State				<i>400</i>	Disno	sal Date		City, State	idi L	anulli				
Newark, NJ						1/17/18	R	Imperial,	D / 1	5126				
Completed by	Title				0.0	ignature		imperial,	7	0120 Da	te			
Michael Cooper	Presid	lent			مدرر	1/	1	//	-	10000	4/18			
	1	OIL			199				-	Z/ 1	1110			

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) Ethicon, Inc. November 16, 2017 Agencies Notified Type Notification Street Address PO Box 151 FPA Initial ASBESTOS CONTROL & DEP Amended City, State, Zip Code X DOL Amendment # LICENSING Somerville, NJ 08876 Emergency (including Name of Contact TelephoneNumber DOH justification) DCA Cancellation Project Manager FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Ethicon School (K-12) Street Address Subchapter 8 (Other than K-12) X Other (i.e. private & commercial buildings, homes, Route 22 W etc.) City (5) Square Feet # of Floors Bldg. Age Somerville County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Somerset Facility Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) AET, Inc. The MACK Group, LLC. Street Address Street Address 220 Church Street 1500 Kings HWY N, STE 209 City, State, Zip Code City, State, Zip Code Bridgewater, NJ 08807 Cherry Hill, NJ 08034 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Project Manager (908) 218-1108 (973) 759 - 5000 00781 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11/17/17 11/17/18 The MACK Group, LLC Occupancy Status During Abatement (Check Only One) Street Address 1500 Kings HWY N, STE 209 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Cherry Hill, NJ 08034 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Туре Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, (Specify Remova Custodial Staff? Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) No N/A Yes Inside Bldg VAT, Mastic & Carpet TBD Name of Registered Waste Hauler NJ DEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Newark Carting 22253 BFI Imperial Landfill TBD City, State Disposal Date City, State Newark, NJ 11/17/18 Imperial, PA 15126 Title Completed by Date Signature Michael Cooper President 11/16/17

State of New Jersey

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

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Date of Notification (1)	U		U			g Owner/Operator	(2)	MEG	E	7 1	V/ [E
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	justification) Cancellation				of Contac a Gelli	ct		Telephone Non	场外	SING	HUL	α
			271122	FA	CILITY II	NFORMATION				-		
Name of Facility Where Abate	ement is Takir	ng Place	(3)				Type of Facilit	y (4)				
St Francis Medical Cen	iter						School (K-					
Street Address								r 8 (Other than K-12 private and commer		uildin	ns.	
601 Hamilton Ave							homes, etc		Jiai U	anulii	90,	
City (5)							Square Feet	# of Floors	В	ldg. A	ge	
Trenton							70,000	3		60+		
County (6)				Cour	nty Code (7)(STATE USE ONLY)	Current Use (F	Prior if being demolis	hed)			
MERCER							Hospital	223				
Name of Monitoring Firm Hire	d by Building	Owner	(8)	ASCM	No.	Name of Abatem	nent Contractor (9)				
Environmental Connec	tions					BRISTOL EN	NVIRONMENT	AL, INC.				
Street Address						Street Address					-	
120 N. Warren Street						1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip C	ode					
Trenton, NJ 08608						BRISTOL, PA	A 19007					
Project Manager for Monitorin	g Firm		Tele	ephone	No.	Telephone No.		License No.				
Roland Jones			6	09-392	-4200	215-788-604	0	00509				
Start Date (10)	Sche	duled C	omple	etion Da	ite (11)	Name of OSHA	Monitor				-	-
2/14/18	3	2 /	_ 14	4_ /	18	BRISTOL EN	IVIRONMENTA	AL, INC.				
Occupancy Status During Aba	tement (Che	ck only o	one)			Street Address						
☐ Facility Closed/Vacated Du				ment		1123 BEAVE	R STREET					
Abatement Performed Outs	side of Norma	al Facility	y Hou	rs - Des	cribe	City, State, Zip C						
Time of Abatement: 10:00	AM- <u>6:00</u> PM	/_PM	A	M		BRISTOL, PA						
Scope of Work (Check all that	apply)					-						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		⊠ Re	novat moliti			☐ Mini-End ☐ Gloveba	closure ng Procedure	egative Pressure				
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TO BE ABATED IN Facility				Staff?	(1.6	thermal systems surfacing, VAT		(Specify SF or LF)	ova	¥.	ısdı	nso
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	TAL, INC.			18706			1 0000000000000000000000000000000000000	O HILLO LANUFI				-
City, State						Disposal Date	City, State MORRISV	/ILLE, PA 19067				
BRISTOL, PA 19007			12-2-1					1 100	L		-	501
	Titl	le				Signature	0.	I Da	le /	/		
BRISTOL, PA 19007 Completed By (Print or Type) Gino Pizzigoni	1000	le Estimat	tor			Signature	Pipaina	i I do	2/14	1//	8	

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Street Address			٠.				AG Co		ing ir	1C.				
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City, State, Zip Code	BAADmin.mg					City, St			-			-		
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Project Manager for Montaning Firm			Teleph	one No.		Telepho	one No			Ucense	No.			
Start Data (10)	Q Phonels	and On	D4 - 4 - 81 - 1	Date (11)			262-58			00156				
2/14/18	COLUMN TACK		olia	Date (11)		Name o								
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Scope of VYork (Check All That Apply)	/					heat	-	a .	Tecary 1800		·		_	
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City, State Newerk, NJ 07105					Disposa			My, Si					-	_
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State of New Jersey DIFFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)					Building (Owner	Operator	(2)	V							
2/14/18				Sothel	by's Inte	rnatio	onal Rea	alty			E	C			7 6	
Agencies Notified Ty	ype Notification		1183	Street A			-1211								-	
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X DOH	justification) Cancellation			Jon	Contact					110	obilolio		000	TR	OL 8	k
					LITY INFO	RMA	TION			Star Charles	-	- Allen - A		<u> </u>	N/G-PIPE/WHOM	1000 (CSA/2, NO.)
Name of Facility Where Aba	tement is Taking	Place (3)						Туре	of Facility (4	1)	Ť					
Home									School (K-1							
Street Address									Subchapter Other (i.e. p					lings	home	20
									etc.)							,,
City (5)									re Feet	3033	f Floors		11 11 11 11 11	dg. A	ge	
Morris Township				0 / /	2 1 (7)			230		2		11.1	7.	2		
County (6) Morris					Code (7) JSE ONLY)			HO	ent Use (Pric ME	r it bei	ng aem	iolishe	ea)			
Name of Monitoring Firm His	red by Building C	wner (8)		ASCN	1 No.		Name	of Aba	atement Con	tractor	(9)					
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Street Address							Street		FF		20					
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City, State, Zip Code							CONTRACTOR OF		ip Code NJ 0741	18						
Project Manager for Monitor	ing Firm		Τ.	Telepho	ne No.		Teleph		Controller, Children		Licens	se No				
76 357-8	170						973-	764-2	2276		703					
Start Date (10) 2/26/18	Com	pletion l	Date (11)		Name	of OS	HA Monitor									
Occupancy Status During Al	7				Street	Addro					_					
							Sireet	Addre	55							
Facility Closed/Vacated Abatement Performed Other – Describe: bas							City, S	tate. Z	ip Code					-		_
X Other - Describe: bas									7,40,000.70100.0							
Scope of Work (Check All Ti	hat Apply)															
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× ≥160 sf or ≥260 lf		De	moliti	on			F	- 1333333	ni-Enclosure ovebag Proc							
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Freehold, NJ						TBD)		Birdsbo	ro PA	4					
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A. Scott Higgins President							W-97-0-10-10-10-10-10-10-10-10-10-10-10-10-1		1	_		2/1	4/18	3		



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	Type Notification	1		Street /	Address				IIK				\neg	
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Name of Facility Where	Abatement is Taki	ng Place ((3)	FAC	ILITY INF	ORMATI	ON	Type of Fac		**************************************	onesia dine L. 4,377 (Sillar) res	EASIFE MODEL	12	
Street Address			- Bacon					School Subcha	(K-12) apter 8 (Oth	er than K-	12)			
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City (5)								etc.) Square Feet	t # c	f Floors	E	Bldg. A	Age	
Basking Ridge								2400	2			70		
County (6) Somerset					Code (7) USE ONLY	n		Current Use home	(Prior if be	ing demoli	shed)			
Name of Monitoring Fire	m Hired by Building	Owner (8)	ASCI	M No.			of Abatement Environme			C			
Street Address								Address	intal Oct	71000, EE				
							PO E	3ox 483, 4	E Gate D	rive				
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Project Manager for Mo	nitoring Firm			Tolopho	no No			wood, NJ	07418	T	N.I.			
r roject Mariager for Mo		Telepho	me No.			one No. 764-2276		License 703	No.					
Start Date (10) 2/23/18		Schedu 3/8/18		npletion	Date (11)			of OSHA Mor	nitor					
Occupancy Status Durin	ng Abatement (Che	ck Only O	ne)				Street	Address						
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire ned Outside of Norr	Period of mal Facilit	Abaten y Hours	nent			City, St	ate, Zip Code)					
Scope of Work (Check A	All That Apply)													
≥3 sf or ≥3 If ≥160 sf or ≥260 If	11.20	presentation of the last of th	Renova Demolit				×	Mini-Enclo Glovebag	inment with sure Procedure apted (*) an	188			9	
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