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	al Notif			n #1	Ci	ity,	State, Zip Code WAY, NEW JER				The state of the s	A CONTRACTOR	STOS	CON	ITROL	&
	cellation	on					e of Contact	.021		Telepho	one Nun	nhor	-100 to	TIOHN	9	IONCARN
		NCY I	NOTI		ON KI	INN	IARI PATEL			732-594		ilbei				
Name of Facility Where Abatement	ic Tak	ring [	Diago	(2)	ACILITY	/ IN	IFORMATION	1-		745						
MERCK SHARP & DOHME CORPOR			riace	(3)				Туре	of Facility School (K- Subchapte	-12) er 8 (Oth	er than	K-12)				
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Name of Monitoring Firm Hired by		ng O	wner	(8)	(514	1	ASCM No.		e of Abate				FICE	FACIL	-1	
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WILLIAM S. KERBEL, CIH Expected State Date (10)		Caha		729-56		- /	44)		369-7500		110	01				
1 / 13 /202  Month Day Year				/	ion Dat C Day	30	/2020 Year		e of OSHA RISCI LAB		RIES IN	С	#	11480		
Occupancy Status During Abatement	(Chec	k only	/ one	)			1 cui	Stree	et Address							
X Facility Closed/Vacated Du Abatement Performed Out	uring E	ntire	Perio	d of Ab	atemen	nt	and base	117 E	EAST 30TH	STREE	T					
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Scope of Work (Check all that apply)						Ī	X Full Contai	I inmen				OHK	10016	2		
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TO BE ABATED in Facility (13)	- 1		t/Cus taff (1	todial			sulation, surfacing r other miscellar			SF	or LF)	NOVAL	AIR	PS	SO	
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Name of Registered Waste Hauler	-	NJDF	P W	aste C	Cubic Ya	ard	s of Waste	Name	e of Registe	red I and	Hill					
FREEHOLD CARTAGE, INC.		Haule	er ID I	No.				LYCC	MING COL	JNTY RE	ESOUR	CE M	ANAG	EMEN	T SE	
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FREEHOLD, NEW JERSEY					isposal 1/06/20			City, S	State TGOMERY	PA 17	752		7	1		
Completed by (Print or Type) BENJAMIN SANCHEZ	Title	CTOF	ROF		ATIONS	1	Signature	X		11.63.17	Dat	e ,	12	1.7		
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Date of Notification (1)							OHME CORP.	2) 113				
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12 / 20 /201					et Ado		ENUE BO BOY	2000 8729 41	ال ا	AN	- 9	2020
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	nded Notificellation	cation		IRAH	VVAY	, INEVV JEF	RSEY 07065	/	JODE		CON ENSIN	
X DOH On H				Nam	e of C	Contact		Telephone Num	ber	-1 () L	-CIONY	-
	RGENCY I	NOTIF	ICATI	ON KINN	IARI	PATEL		732-594-6352	•			
		-	F.A	CILITY IN	VFOR	MATION		-				
Name of Facility Where Abatement	is Taking F	Place (	3)				Type of Facility					
							School (K-					
MERCK SHARP & DOHME CORPOR	RATION							er 8 (Other than I				
							X Other (ie.	private & commo	l. bldg			etc.)
Street Address 126 EAST LINCOLN AVENUE - <b>BUIL</b>	DING 60						Square Feet 89,717	# of Floors 5			g. Age 82	
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City (5) Cou	nty (6)					ode (7) E ONLY)		BORATORY AN			FACII I	
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	NEW JER						SUFFERN, NEV					
Project Manager for Monitoring Firm		-1		Number			Telephone Num		ense N	Numbe	er	
WILLIAM S. KERBEL, CIH			29-56				845-369-7500	110	)1			
Expected State Date (10)				ion Date		10000	Name of OSHA		_		11480	
1 / 13 /202 Month Day Year	V 77788	5 onth	/	30 Day		/2020 Year	AMERISCI LAB	ORATORIES IN	C	#	11400	
Occupancy Status During Abatement				Day		rear	Street Address					
X Facility Closed/Vacated D	uring Entire	Period	of Ab	atement			117 EAST 30TH	H STREET				
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0					IV.	Trull Contr	ainment with Neg	V YORK, NEW Y	UHK	10010	)	
Scope of Work (Check all that apply)  Demolition	X Ren	ovation	,		<u> </u>	Mini Encl		alive Flessule				
>3SF OR LF	V LIGHT	ovalioi			$\vdash$		Procedure					
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TO BE ABATED		nt/Cust				ion, surfaci		SF or LF)	150	F	PS	SO
in Facility (13)		Staff (1:			or oth	ner miscella	aneous)		A		SUL	S
	Yes	No	N/A						+	+	1	-
2ND FLOOR			X	PIPE INS	ULAT	ION		1,900 SF	X			
3RD FLOOR			х	PIPE INS	ΙΙΙ ΔΤ	ION		1,900 SF	X			
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FREEHOLD CARTAGE, INC.	Hau	ler ID i			120	)		DUNTY RESOUR		IANA(	ativiti	VI SE
825 HIGHWAY 33		15939		Disposal I	Data		City, State	ER DRIVE/ROUT	L 15			-
City, State FREEHOLD, NEW JERSEY				01/06/20-		/20	MONTG MER	Y . PA 17752				
Completed by (Print or Type)	Title			01/00/20-		nature	1/2 2	Da	te	_	0	,
BENJAMIN SANCHEZ		OR OF	OPER	RATIONS			MA	)	12	-20	719	

MOCK		N				SBES	Jersey STOS ABA -7 and 12:1		NT	1 m	M	E	C	E		
Date of Notification (1)			,,,,,		Nam	ne of	Building C	wner		(2)	M		0 A &1	0	006	
1 / 2 /2020	)				Stree	et Ad	dress				41	-	JAN	- 9	202	4
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X DOL Canc	ellation	1			Nam	e of (	Contact			Telephone	o Mun	nhar			Mirroradopole	-
	RGEN	CY N	OTIF	ICAT	ION KINN		PATEL			732-594-6		nber				
Name of Facility Where Abatement is	s Takir	ng Pl	ace (	(3)	ACILITY IN	VFOF	RMATION	Туре	of Facilit	y (4)						1
MERCK SHARP & DOHME CORPORA	ATION								School (K Subchapt	er 8 (Other	than	K-12)				
Street Address									uare Feet	private & c # of Fl		cl. bldg	Bld	g. Age		1
126 EAST LINCOLN AVENUE - BUILD City (5)   Coun		UNL	ABS		0	h. C	- d - (7)		40,000	1 1				57		
RAHWAY UNIO	N					USI	ode (7) E ONLY)	RES	EARCH LA	rior if being ABORATOF	RY AN	ID OF	i) FICE	FACIL	1	
Name of Monitoring Firm Hired by B ENVIRONMETAL HEALTH INVESTIG.				8)		A	SCM No. 104			ment Conf			ION			
Street Address 655 WEST SHORE TRAIL								170000000000000000000000000000000000000	et Address	OCK ROAD						
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Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		$\overline{}$		none 29-56	Number				ohone Nun	nber		ense l	Numbe	er		
Expected State Date (10)	Is				tion Date	(11)			369-7500 e of OSHA	Monitor	110	JI			_	1
12 / 3 /19 Month Day Year		Mon	1 /	0.500	2		/20	1000000		BORATORII	ES IN	C	#	11480		
Occupancy Status During Abatement (	Check				Day		Year	Stree	et Address		_					1
X Facility Closed/Vacated Dur Abatement Performed Outsi	ing En	tire P	eriod al Fad	cility I	Hours - De	scrib	e:		EAST 30Th	H STREET						
					anamen nem		-		NEV	V YORK, N		ORK	10016	6		
Scope of Work (Check all that apply)  Demolition	X In	lenov	ation			X	Full Conta Mini Enclo	inmen	nt with Neg	ative Press	ure					
>3SF OR LF		iciiov	allori			X	Glovebag	Proce	dure							
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Location of Asbestos-containing			ocatio				iption of As ning Materia			Amou	ınt [		baten	nent Ty		1
Material (ACM)	- 1		ely by	0.00000000			Thermal sys		,	(Spec	ify	REMO	REPAI	NO.	ENCLO	
TO BE ABATED	N		Custo		in	sulati	on, surfacir	ng, VA	Τ,	SF or	LF)	9	AR R	AP.	5	
in Facility (13)	Y	es N	iff (12	2) N/A	C	or oth	er miscella	neous	)			OVAL		ENCAPSUL	SUR	
1ST FLOOR ROOM C25, C25A, C25B					VAT & MA	STIC	8			650 SF		Х				
1ST FLOOR ROOM C25			)	x	PIPE INSL	JLATI	ON/PIPE S	SADDL	ES	5 LF		X				
1ST FLOOR C25		_	>	x	DUCT MAS	STIC				2 SF		Х				
1ST FLOOR ROOM B37			)	X	VAT & MA	STIC				145 SF		X				
1ST FLOOR ROOM C29			>	X	VAT & MA	STIC	187 186			80 SF		Х				
1ST FLOOR ROOM C19A			>	X Y	VAT & MA	STIC				140 SF		X				
1ST FLOOR ROOM C19			)	X :	SOUND P	ROO	FING PAPE	R BA	TTING	100 SF		Х				
1ST FLOOR ROOM C19 & C19A	_	_	)	X I	PIPE INSU	JLATI	ON/PIPE S	SADDL	ES	9 LF		X				
1ST FLOOR ROOM C25		_	)	X I	BENCH TO	OP_	complete			150 SF		Х				
1ST FLOOR ROOM B37	$\perp$	_	)	X :	SINK MAS	TIC (	COATING			35 SF		Х				
1ST FLOOR ROOM B37	_	4	>	X I	PIPE INSU	JLATI	ON			8 LF		Х	$\perp$			
1ST FLOOR ROOM C31							ON/PIPE S		177.16	5 LF		x				
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.			Was ID N		Cubic Yard	s of \ 30	Waste			ered Landfi UNTY RES		CE M	ANAC	EMEN	IT OF	
825 HIGHWAY 33	''		5939	0.		00				R DRIVE/F			ANAG	CIVICI)	II SE	
City, State					Disposal D		2000	City 2	State							
FREEHOLD, NEW JERSEY Completed by (Print or Type)	Γitle				11/25/19-1	_	2020 // ature //	INON	I GOMER	, PA 1775	2 Dat	el /	2/	7 2	-	
		TOR	OF C	PER	ATIONS	- 3. 1	FT					1/-	4	20		

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Date of Notification (1)			. uioc	N	ame of	Building SHARP &	Owner	Operator	(2)		4.14	0	വര	
12 / 12 /2019				_	treet Add	-				J	AN	- 9	2021	
Agencies Notified Type Notific				12	26 E. LIN	NCOLN A	VENUE						100000	-
	Notificat led Noti lation		n #2			e, Zip Cod , NEW JE		07065	A	SBE		S CO ENSI		JL &
X DOH On Hol		NOT	IFICA		ame of C				Telephone 732-594-63		nber			
None of Falls Miles				FACILITY										
Name of Facility Where Abatement is	Taking	Place	(3)				Туре	of Facili						
MERCK SHARP & DOHME CORPORA	TION						X	School (F Subchap	(-12) ter 8 (Other t . private & co	han I	K-12)			-1-1
Street Address 126 EAST LINCOLN AVENUE - BUILDI	NG 80 I	N LAE	3S				Squ	are Feet	# of Flo	ors	i. bid		g. Age 57	
City (5)   County					unty Co		Curre	nt Use (F	rior if being o	iemo	lished	d)	0750	
Name of Monitoring Firm Hired by Bu	Idina C	wner	(8)	(STA	TE USE	CM No.	RESE	ARCH L	ABORATORY ement Contr	Y AN	D OF	FICE	FACIL	.1
ENVIRONMETAL HEALTH INVESTIGAT	TIONS,	INC.	(0)		^	104	PAR	ENVIRON	NMENTAL CO	acto DRP(	r (9) ORAT	ION		
Street Address 655 WEST SHORE TRAIL							Stree	t Address	;					
City, State, Zip Code								SPOOK R State, Zip	OCK ROAD					
SPARTA, NE	W JEF								W YORK 109	901				
Project Manager for Monitoring Firm		-	*	e Number				hone Nur			ense l	Numbe	er	
WILLIAM S. KERBEL, CIH Expected State Date (10)	ISah		729-	649 etion Dat	- (44)			69-7500		110	1			
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Month Day Year Occupancy Status During Abatement (Ci	M	onth		Day	37703	Year				5 1140	<b>.</b>	π	11400	
X Facility Closed/Vacated Durin	neck on a Entire	y one Perio	d of A	Ahatemen	t			Address	H STREET					
Abatement Performed Outside	e of Nor	mal F	acility	Hours - E	Describe	:	117.	A31 301	HOTHEET					
X Other - Describe: MONDA	Y -FRI	DAY 7	AM-3	3:30 PM			City, S	State, Zip						
Scope of Work (Check all that apply)						Full Conta	inment	NE\ with Nec	W YORK, NE pative Pressur	WY	ORK	10016	i	
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>3SF OR LF X >160 SF OR 260 LF					X	Glovebag Non-Friab	Proced	lure						- 1
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Asbestos-containing	non	mally	used		Containi	ng Materia	al (ACN	1)	Amoun	t [:	<del>1</del> ^			
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in Facility (13)		nt/Cus Staff (1				n, surfacii r miscella			SF or LF	F)   (	$\leq$	H H	PS	00
			N/A	1	or othe	i illiscella	neous)			ĺ	_		PSUL	OSUR
1ST FLOOR ROOM C25, C25A, C25B			Х	VAT & M	ASTIC				650 SF		x			
1ST FLOOR ROOM C25		_	X	PIPE INS	SULATIO	ON/PIPE S	SADDLI	ES	5 LF		X			
1ST FLOOR C25	_		X	DUCT M	ASTIC				2 SF		Х			
1ST FLOOR ROOM B37			X	VAT & M	IASTIC				145 SF		X			
1ST FLOOR ROOM C29			Х	VAT & M	ASTIC				80 SF		X			
1ST FLOOR ROOM C19A			Х	VAT & M	ASTIC				140 SF		Х			
1ST FLOOR ROOM C19	_		х	SOUND	PROOF	ING PAPE	R BAT	TING	100 SF		Х			
1ST FLOOR ROOM C19 & C19A			X	PIPE INS	SULATIO	N/PIPE S	SADDLE	ES	9 LF		Х			
1ST FLOOR ROOM C25			Χ	BENCH 7	TOP o	complete			150 SF		Х			
1ST FLOOR ROOM B37			Χ	SINK MA	STIC CO	DATING			35 SF		X			
1ST FLOOR ROOM B37			X	PIPE INS	SULATIO	N			8 LF		х			
1ST FLOOR ROOM C31			Х	PIPE INS	SULATIO				5 LF		x			
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	Haule	EP Wa er ID N 15939	Vo.	Cubic Ya	rds of W 30	aste	LYCO	MING CO	ered Landfill UNTY RESO	URC	E MA	NAGE	EMEN	TSE
City, State		. 5500		Disposal			City C	toto -	R DRIVE/RC	UIE	: 15		_	_
FREEHOLD, NEW JERSEY Completed by (Print or Type)   Titl	Δ			11/25/19-		020	MONT	GOMERY	, PA 17752					
		ROF	OPER	RATIONS	Signat	ure /	1	X		Date	12-	12	-19	
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Date of Notification (1)	1				Nan	ne of Building	Owner/Opera	tor (2)	16 (0)		11 /	
12 /	10 /2019					et Address	DOT INIL OUT		4 & 4		0 00	1000
Agencies Notified	Type Notificat					E. LINCOLN A	VENUE	144	JAN	-	9 20	20
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X DOL	Cancella	tion	mean	OH		WAY, NEW J	ERSEY 07065	A	SBEST	OS C	ONT	30L8
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						NFORMATION		732-594-63	52			
Name of Facility Where	Abatement is Ta	aking	Plac	e (3)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	VI OTIVIATION	Type of Fac	cility (4)		_		
MERCK SHARP & DOH	ME CORPORATI	ON						I (K-12) apter 8 (Other th	an K-10	١		
Street Address						10	X Other	(ie. private & con	nmcl. blo	) dgs., h	iomes.	, etc.)
126 EAST LINCOLN AV	ENUE - BUILDIN	G 80 I	N LA	BS			Square Fe 40,000	et # of Floo	rs		dg. Ag 57	
City (5) RAHWAY	County ( UNION	6)				ty Code (7)	Current Use	(Prior if being de	molishe	ed)	107746	
Name of Monitoring Fir	m Hired by Build	ling C	wne	r (8)	(STATE	ASCM No.	RESEARCH	LABORATORY atement Contra	AND O	FFICE	FACI	LI
ENVIRONMETAL HEALT Street Address	TH INVESTIGATI	ONS,	INC.			104	PAR ENVIR	ONMENTAL CO	RPORA	TION		
655 WEST SHORE TRA	IL						Street Addre	ROCK ROAD				
City, State, Zip Code	SPARTA, NEV	V 155	SEV	0707			City, State, 2	Zip Code				
Project Manager for Moni	itoring Firm	V JEI			e Number		Telephone N	NEW YORK 1090	01 License	Niconolo		
WILLIAM S. KERBEL, CI Expected State Date (10	IH.		973	-729-	5649		845-369-750	0	1101	INUITIL	lei	
12 /	3 /19	Sch		omp	letion Date ( 30	11) /20	Name of OS	HA Monitor		,		G)
Month Day Occupancy Status During	Year	M	onth		Day	Year		ABORATORIES	INC	†	#11480	)
X Facility Closed	/Vacated During	Entire	Perio	nd of	Abatement		Street Addre	ss OTH STREET				
Abatement Pe X Other - Descri	rformed Outside of	of Nor	mal F	acility	/ Hours - Des	scribe:						
		1 1 111	UA 1	/ /-(IVI-	5.30 FW		City, State, Z	lip Code IEW YORK, NEW	/ YORK	1001	6	
Scope of Work (Check all Demolition	that apply)	1 <sub>Ren</sub>	ovatio	n	Ţ	Full Cont	ainment with N	egative Pressure		1001		
>3SF OR LF X >160 SF OR	1	7, 1011	ovanc	,,,	-	X Glovebag	Procedure					
X >160 SF OR Location	260 LF	Lo	Loca	tion.		X Non-Frial	ole Procedure					
Asbestos-cont	taining	25/8/7		used	Co	escription of As intaining Mater	sbestos- ial (ACM)	Amount	A	Abater		
Material (A0 TO BE ABA		1000 mg 1000	olely			(ie. Thermal sy	stems .	(Specify	REMOV	REPAIR	ENCAP	ENCLO
in Facility (			taff (1	todia		ulation, surfaci r other miscella		SF or LF)	OVAL	AR R	APS	50
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1ST FLOOR ROOM C25			_	Х	PIPE INSU	LATION/PIPE	SADDLES	5 LF	X			
1ST FLOOR C25				Х	DUCT MAS	TIC		2 SF	X			
1ST FLOOR ROOM B37				Х	VAT & MAS	STIC		145 SF	X			
1ST FLOOR ROOM C29				Х	VAT & MAS	STIC		80 SF	X			
IST FLOOR ROOM C19A				Х	VAT & MAS	TIC		140 SF	X			
IST FLOOR ROOM C19				Х	SOUND PR	OOFING PAPE	ER BATTING	100 SF	x			
IST FLOOR ROOM C19 8	& C19A			Х	PIPE INSUL	ATION/PIPE S	SADDLES	9 LF	X			
ST FLOOR ROOM C25				Х	BENCH TO	- Comp	lete	150 SF	X			
ST FLOOR ROOM B37				Х		IC COATING		35 SF	X			$\Box$
ST FLOOR ROOM B37				X	PIPE INSUL	ATION		8 LF	Х			
ST FLOOR ROOM C31  Name of Registered Waste	- Hauler	NJDE	D 14/	X		ATION/PIPE S		5 LF	X			
REEHOLD CARTAGE, IN	VC.	Haule	er ID I	No.	Cubic Yards	of Waste 30	Name of Regin	stered Landfill OUNTY RESOU	BCF M	NAG	EMEN	ITSE
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REEHOLD, NEW JERSE	Y				11/25/19-10/	/30/2020	MONT GOMES	Y , PA 17752		, ,	,	
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Name of Facility Where Abatement i	s Taking	Plac	e (3)			Туре	of Facil	ity (4)				
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Project Manager for Monitoring Firm	IEAA DEL			ne Number				W YORK 1090				
WILLIAM S. KERBEL, CIH				5649		The second second	hone Nur 69-7500		icense	Numb	er	
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) PRUDENTIAL INSURANCE COMPANY OF AMERICA - 9 JAN 2020 11 /19 Street Address Agencies Notified Type Notification 751 BROAD STREET ASBESTOS CONTROL & EPA Initial Notification City, State, Zip Code Amended Notification #2 DEP NEWARK, NEW JERSEY 07102 DOL Cancellation DOH On Hold Name of Contact Telephone Number DCA **EMERGENCY NOTIFICATION** WILLIAM BARRETT 973-802-2175 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) PRUDENTIAL Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 751 BROAD STREET-14TH & 16TH FLOORS 550,000 24 59 County (6) County Code (7) Current Use (Prior if being demolished) Pharm. Lab. NEWARK ESSEX (STATE USE ONLY) COMMERCIAL Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) TIGER ENVIRONMENTAL PAR ENVIRONMENTAL CORPORATION Street Address Street Address 256 A JEFFERSON COURT 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code LAKEWOOD, NEW JERSEY 08701 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number KELLY WALTON 732-948-9458 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 11 / 21/19 6 / QUALITY ENVIRONMENTAL SOLUTIONS 30 /19 Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1376 US 9 Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY - FRIDAY 6PM-2:30 AM City, State, Zip Code SATURDAY 7AM-3:30PM WAPPINGERS FALLS, NY 12590 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 REPAIR ENCAPSUL **ENCLOSUR** REMOVAL 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 14TH FLOOR-ENTIRE X FLOOR TILE AND MASTIC 22,000 SF X 16T FLOOR - ENTIRE X FLOOR TILE AND MASTIC 22,000 SF Name of Registered Waste Hauler NJDEP Waste Name of Registered Landfill Cubic Yards of Waste NEWARK CARTING Hauler ID No. 120 GRAND CENTRAL SANITARY 913 City, State Disposal Date City, State/ PCAINFIELD TOWNSHIP, PA NEWARK, NEW JERSEY 11/21/2019 - 06/30/2020 Completed by (Print or Type) Title Signature BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS

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0		913		Disposal	Date		City	, State						
City, State NEWARK , NEW JERSEY				11/21/20	19 - 0	6/30/2020	PILA	MELELD.	TOWNSHI	P, PA				
Completed by (Print or Type)	Title				Sign	nature	124	X		Dat	te //	-11-	-19	
BENJAMIN SANCHEZ	DIRECTO	OR OF	OPER	RATIONS		/	1)	()			( /	. 1	'/	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#3523 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 01 06 JAN 20 9 2020 Denise & Doug Allen Agencies Notified Type Notification Street Address □ EPA X Initial X DOLWD ☐ Amended City, State, Zip Code X DHSS Amendment #\_ □ DCA Maplewood, NJ 07040 Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Denise & Doug Allen 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.) City (5) Square Feet # of Floors Bldg. Age Maplewood, NJ 07040 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. 973-356-3511 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 15 / 20 01 / 16 / 20 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\_ 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 Remova Repair Encapsulate Asbestos Containing Material (ACM) Amount TO BE ABATED Maintenance/ (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A Basement  $\boxtimes$ Pipe insulation 70 LF X Bathroom X Pipe insulation X 5 LF 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

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

Date

01/06/2020

N.Jevtic

Owner

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

M(10)('K_				(Pu	rsuan	t to NJA	C 8:60 and 5:1				- 14	* * 1.	111
Date of Notification (1)					Name	of Building	Owner/Operator	(2)	PAN		<u></u>		311
	06 / _	20			Rut	gers Uni	versity Health 8	& Safety Office	JAN	9	2021	0	
Agencies Notified	Type Notifica	ition			Street	Address						17 XV	
⊠ EPA	☐ Initial				74 9	St 1603			1.014.44	201.82	1111	5.0	f
☑ DOLWD					City, S	state, Zip C	Code			1 4/1	1.11	e and charge and	
☑ DOH	Amendme	_					NJ 08854						
DCA	☐ Emergend justification		ding			of Contact	The state of the s		Telephone Num	ber			
(NJAC 5:23-8)	☐ Cancellati						mith, HSS		848-445-25				
					FAC	CILITY IN	FORMATION			-/			
Name of Facility Where A	batement is T	aking Pla	ace	(3)				Type of Facility	(4)				
Rutgers University					Buildi	na		School (K-12					
Street Address								Subchapter 8	Other than K-1	2)		2	
315 Penn Street								homes, etc.)	rivate and comme	rcial bu	liaing	s,	
City (5)								Square Feet	# of Floors	Ble	dg. Ag	ae .	
Camden								50,000	4		60+		
County (6)					Coun	ty Code (7	)(STATE USE ONLY)	· · · · · · · · · · · · · · · · ·	or if being demol	shed)			
Camden					Journ	ity oodo (r	NOTHIE GOL GHE17	Academic	og				
Name of Monitoring Firm	Hired by Build	ling Own	er (8	3)	ASCM	No.	Name of Abaten	nent Contractor (9)					
ATC Group Services		•			0009	8	Shade Envir	onmental, LLC					
Street Address							Street Address						
3 Terri Lane, Suite 4	ļ						623 Cutler A	venue					
City, State, Zip Code							City, State, Zip C	Code					
Burlington, NJ 0801	6						Maple Shad	e, NJ 08052					
Project Manager for Monit	oring Firm			Tele	phone	No.	Telephone No.		License No.				
Brian Kearney				60	9-479	-8513	856-755-009	9	00842				
Start Date (10)	S	chedule	d Co	mple	tion Da	te (11)	Name of OSHA	Monitor					
_01_ / _03_ /	20	01	_ /	13	_ / _	20	EMSL Analy	tical, Inc.					
Occupancy Status During	Abatement (0	Check on	ıly o	ne)			Street Address						
☐ Facility Closed/Vacate							200 Route 1	30 North					
Abatement Performed						cribe	City, State, Zip C	Code					
Time of Abatement:	AM	PM/ <u>5</u>	:00F	PM- <u>5</u>	MA <u>00</u> :		Cinnaminso	n, NJ 08077					
Scope of Work (Check all	that apply)												
≥3 sf or ≥3 lf		×	Rer	novati	on			ntainment with Neg closure	gative Pressure				
\[ \sum_ \geq 160 \text{ sf or \geq 260 lf}				nolitio			☐ Gloveb	ag Procedure					
						_	☐ Non-Ex	empted (*) and No	n-Friable Proced				
	12			Locat Iorma						Ab	atem		
Location of Asbestos-Containing N		n   1			ely by	Ashe	Description stos Containing M		Amount	Rer	Repair	Encapsulate	Enclosure
TO BE ABA		70		ntena			., thermal systems	s insulation,	(Specify	Removal	air	aps	losi
IN Facility	y		Just	odiai (12)	Staff?		surfacing, VA		SF or LF)	<u>a</u>		ula	ıre
(13)		Y	es	No	N/A	1	other miscellan	eous)				te	
MER Closets 040 & 04	11 (Racomo			П		Duct In	sulation		4 SF		П		
WIET Closes 040 & 04	FI (Dascine			=		Duotini	541411011			П	П		
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			]									Ш	
Name of Registered Wast	e Hauler			10-15	IJDEP \		Cubic Yards of Waste	Name of Regis					
Freehold Cartage					15939		1	Fairless La	andfill				
City, State							Disposal Date	City, State					
Freehold, NJ							01/13/2020	Morrisville	, PA				
Completed By (Print or Ty	rpe)	Title		- 17:			Signature		0	ate			
Christina Fay		Vice	Pre	eside	ent of	Operation	ns Mach	194m.1/		1001	20,	20	1

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

NOCK		NC						0S ABA I 0 and 5:16			IB	C		W	E	
Date of Notification (1)					Name o	of Building	Owne	er/Operator (2	2)	1100	X					
01 /	06 /	20			Icon	Owner P	ool :	3 West, LLC				JAN	Ω	202	n	1
Agencies Notified	Type Notificati	on			Street A	Address				1.		OMIT	, J	1.02	.0	1 2 2 2
⊠ EPA	☐ Initial				220	Commerc	ce Di	rive		7					46.6	j
□ DOLWD					City, St	ate, Zip Co	ode			101	1 - 1	1000	. 12. L.C.		T LAM	
☑ DOH	Amendmen							PA 19034		1			11.35.00	114		
☐ DCA	☐ Emergency		ding	-		of Contact	,,			Π-	Telepho	ne Nur	nber			
(NJAC 5:23-8)	justification  Cancellatio	17				d Van Et	ten				201-5	28-44	81			
						ILITY INF	26/2/10/20	MATION								
Name of Facility Where A	Abatement is Ta	kina Pla	ace (	3)	1710	1211111111	· · · ·	,	Type of Facil	ity (4)	)					
Commercial Buildin									☐ School (K				-			
Street Address	.9								☐ Subchapte Sub	er 8 (	Other th	an K-1	(2) ercial h	uildin	as	
600 Washington Av	/enue								homes, e		ate and	COMMI	Croidi D		3-1	
City (5)									Square Feet		# of Flo	oors	В	ldg. /	Age	
Carlstadt									488,000		2			57		
County (6)					Count	y Code (7)	(STAT	E USE ONLY)	Current Use	(Prior	if being	demo	lished)			
Bergen								26	Commerc	cial E	Buildin	g				
Name of Monitoring Firm	Hired by Buildin	ng Own	ner (8	B) /	ASCM N	No.	Nam	e of Abateme	ent Contractor	(9)						
Apex Companies, I							Sh	nade Enviro	onmental, Ll	_C						
Street Address							Stree	et Address								
458 Route 1 South,	Building B. S	Suite 1	130				62	3 Cutler Av	/enue							
City, State, Zip Code	,						City,	State, Zip Co	ode							
Iselin, NJ 08830							Ma	aple Shade	, NJ 08052							
Project Manager for Mor	itorina Firm			Tele	ohone N	No.	Tele	phone No.			Licens	se No.				
Damiano Albanese				97	3-479-	6475	85	6-755-0099	)		008	42				
Start Date (10)		chedule	ed Co	mplet	ion Dat	e (11)	Nam	e of OSHA N	Monitor							
01 /13 /					_ / _		E	VISL Analyt	ical, Inc.							
Occupancy Status Durin	g Abatement (C	heck or	nly o	ne)	Vi-		Stree	et Address								
☐ Facility Closed/Vacat	ed During Entire	e Period	d of A	Abater	nent	200-2	20	00 Route 13	0 North							
☐ Abatement Performe	d Outside of Nor	rmal Fa	cility	Hour	s - Des	cribe	City,	State, Zip Co	ode							
Time of Abatement:	AM	PM/_		_PM-		AM	Ci	innaminsor	n, NJ 08077							
Scope of Work (Check a	ll that apply)							П- "0		Nama	tive Dro	COLLEG				
N . 2 - f 2 If		▽	1 Dar	novati	on			☐ Full Con	tainment with	ivega	itive Pre	ssure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		Ê		nolitio				☐ Gloveba	a Procedure	arone arms			0.000			
								⊠ Non-Exe	empted (*) and	Non	-Friable	Proce				
				Locat Iorma				Description	. f						ment 7	T
Location				d Sole		Ashes	stos (	Description of	aterial (ACM)		Am	ount	Kemova	Repair	Encapsulate	Enclosure
Asbestos-Containing TO BE AB				ntena			, ther	rmal systems	insulation,			ecify	NOV	1	aps	losu
IN Faci			Cust	odial ( (12)	Staff?			urfacing, VAT			SF	or LF)	<u>a</u>	2	ula:	īe
(13)		1	Yes	No	N/A		otn	er miscellane	eous)						6	
1st & 2nd Floor Office	ae .					Mastic					38,0	00 SF				
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												adfill		J   L		
Name of Registered Wa	ste Hauler			100	IJDEP \ lauler II		Cub	oic Yards of	Name of R	- 110		патііі				
Freehold Cartage				1	15939		1	50			iiuiiii					
City, State								oosal Date	City, State		D.4					
Freehold, NJ							0:	3/09/2020	Morris	/IIIe,	PA					
Completed By (Print or	Type)	Title						Signature					Date			
Christina Fay		Vic	e Pr	eside	ent of	Operation	ns	Unite	12 face				1/1	2/6	202	0

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

CIL 9105

Date of Notification (1	) ,			Name o	f Building	g Owner/Operator	(2)		居作	W
- No. 2007 (1. 10 Color) (1. 1	16/20			MS	. K	H- HARR	1 Gez		14	
Agency Notified	Type Notification	-	1	Street A	ddress			<u> 19</u> 11		
□ EPA	D Initial							A JAN	1 9	2021
□ DF.D	☐ Amended				ate, Zip (					
A DOL	Amendment #	ling			ENA	FLY, 0	JJ. 0?	679	40.1 Sec. 1 890.1	W
D DOH	justification)	mig		Name o	of Contac	‡ i		Telephone Nu	mber	111
DCA	☐ Cancellation			MS	S. H	Mosuna			~ ~ ~ ~	4
				FACIL	JTY INF	ORMATION				
Name of Facility Whe	re Abatement is Taking P	àce (3)					Type of Facility	(4)		
MS	. KIM HARMIS	CIC.					☐ School (K-12	2)		
Street Address			_		,,	7//		Other than K-1		
						(Y	homes, etc.)	ivate & commerc	aai Dulkaing	<b>5</b> ,
City (5)				0.000 HILLIANS		*	Square Feet	# of Floors	Bldg. A	
	ENAFLY				- 10		2200.	2	15	25
County (6)	ENAFLY					) (STATE USE		rior if being demo		
•	ZERCEN			ONLY)	- 1		The	302NC	₹.	
Name of Monitoring F	irm Hired by Building Own	ner A	SCM	No.		Name of Abaten	ent Contractor (	9)		
(8)						Best Re	noval In	С		
Street Address			5302			Street Address				
							th River	St		
City, State, Zip Code						City, State, Zip C				
	4						ack, N.J			
Project Manager for I	Monitoring Firm	Tel	ephor	ne No.		Telephone No.		License No.		
	12					201-329		00388		
Start Date (10)	Scheduled	1	on Da	7.58		Name of OSHA	Monmor Environm	on+o1		
	uring Abatement (Check o		2			Street Address	ZII V TT OIIII	entar		
Occupancy otatus Di		ing one,					ıyler St			
	cated During Entire Period ned Outside of Normal Fa					City, State, Zip C				
Other - Describe:	8:00 Dungo 5	: 200	H					,N.J. 0	7606	
Scope of Work (Chec	k all that apply)									
_⊒≥3sfor≥3lf				- Ren	ovation		Containment with Enclosure	Negative Pressu	ure	
☐ ≥ 160 sf or ≥ 260 h	f			□ Den	notition		ebag Procedure			
		Т.			T	U Non-	-Exempted (°) an	d Non-Friable Pro	ocedure	Ab
			Locat						1	
	cation of ining Material (ACM)		d Sole		Acho	Description stos Containing M		Amount	.	.
TO B	E ABATED		ntena ustod			., thermal systems	insulation,	(Specify	,	Removal
	Facility (13)	1	Staff			surfacing, VA other miscellan		SF or LF	2	Removal
	(10)		(12)				,			=
		Yes	No	N/A						
BASER	en-			1	THEAR	al system in	SULTION	1101	平	×
49										
									٠,	
	8					76				
Name of Registered		10.000		Waste H	Hauler	Cubic Yards of	Name of Reg	stered Landfill		2.0
Best Re	moval Inc	יטו	No. 17	109		Waste 2 Vac	Minerv	a Enterp	rises	,
Language species of the second			1. /	103		- /	City, State			
City, State						Disposal Date				

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Date of Notification (1) 03 Richard & Koleen Singerline 01 Street Address Type Notification Agencies Notified **⊠** DOLWD ☐ Amended City, State, Zip Code Amendment # ☑ DOH Eatontown, NJ 07724 ☐ Emergency (including □ DCA Telephone Number Name of Contact justification) (NJAC 5:23-8) ☐ Cancellation Richard Singerline **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) ☐ School (K-12) Singerline Residence Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, homes, etc.) # of Floors Bldg. Age Square Feet City (5) 3 159 3,532 Eatontown Current Use (Prior if being demolished) County Code (7)(STATE USE ONLY) County (6) Residence Monmouth Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Shade Environmental, LLC Management & Enviro. Consulting Services Street Address Street Address 623 Cutler Avenue PO Box 341 City, State, Zip Code City, State, Zip Code Maple Shade, NJ 08052 Chesterfield, NJ 08515 License No. Project Manager for Monitoring Firm Telephone No. Telephone No. 856-755-0099 00842 Bill Weisgarber 609-298-4070 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) 01 / 17 / 20 01 / 20 / 20 EMSL Analytical, Inc. Street Address Occupancy Status During Abatement (Check only one) 200 Route 130 North □ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/\_\_\_PM-\_\_\_AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) Full Containment with Negative Pressure ☐ Mini-Enclosure $\boxtimes \ge 3$ sf or $\ge 3$ If ⊠ Renovation ≥160 sf or ≥260 lf ☐ Demolition ☐ Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Location of Encapsulate Enclosure Remova Repair Used Solely by Amount Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Maintenance/ (i.e., thermal systems insulation, (Specify TO BE ABATED **Custodial Staff?** surfacing, VAT, or SF or LF) IN Facility (12)other miscellaneous) (13)Yes No N/A M П 588 SF $\boxtimes$ Floor Tile and Mastic Basement П

Freehold Cartage
City, State

Completed By (Print or Type)

Freehold, NJ

Christina Fay

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No. 15939

П

П

Cubic Yards of Waste 5 Name of Registered Landfill

Fairless Landfill

Disposal Date City, State
01/20/2020 Morrisville, PA

Title
Vice President of Operations

Signature

Date 1/3/20

page '

Try	# 171	50	0		<i>E</i>	200		e paralle e e e e e e e e e e e e e e e e e e	J/	N	9	2	020
1541	PAID		(Pun	ATION O subnt to	of New Jors Passeston NJAC 8:50 a	ABA nd12:	1209	DOL-	10 DAY	31 (2			
Date of Notification (1) 01/06/2020			R	ime of B utgers A	uitding Owner Alumni Assoc	/Opera	of Alpha Sign	na PHI	Check	541			1
Agencies Notified	Type Notification			rest Add 36 Colle					1/				
D EPA DD DEP DD DOL	☐ Initial☐ Amended☐ Amendment #		CI N	ty. State ew Brus	, Zip Code newick, NJ O	8901		WAIVER	APPROY				
B DOH	Emergency (inclination)     Cancellation	uding	N.P.	ame of C	ortaci etwood			Tele	phone Number				
D DCA	- Cartonalion			FACILI	TYTHFORMA	TIÓN							_
Name of Facility Where Rutgere	Abstement is Taking P	1808 (3)					Type of Facili	(-12) Var & (Other the	n K-12)				-
Street Address 106 College Ave							Square Feet	s, private & com	mercial bldgs. Floors		ea, et	2)	_
City (5) New Brunswick							20,000	(Prior if being d	2	+55			
County (6) Middlesex			6	COUNTY CO	ode (7) se only		E	ducational					
Name of Monitoring Flo T&M Associates	m Hired by Building Ov	mer (B)		ASCM	No.	Lilic	h Corporatio	nt Contractor (9) N					
Street Address 40 Monmouth Park	Highway				10.	248	et Address Union Souls						
City, State, Zip Code West Long Branch,	NJ 07764					City	, State, Zip Co owa, New Je	da nsey 07512	)*				
Project Manager for M Dan Schaefer	ondoring Finn		17	elephon 732-676	4000	973	phone No. 3-225-8400		C1104				
Start Date (10) 01/07/2020		1/10/20	20 20	ipletion (	Date (11)	Nar	ne of OSMA M Environmen	ionitor tai Laboratorid	s, LLC				
Occupancy Status Du	ring Abatement (Check	Only One	)			23	eet Address 33 Route 22 '	West					
Apstement Ferf	Vaceted During Entire F ormed Outside of Norm e: Occupied	eriod of F al Facility	Houn	ment		F 16	y, State, Zip Co ion, NJ 0708	rde					
Scope of Work (Chec	k All That Apply)			*****	-								
© ≥3 sfor≥3 if			enove				☐ Mini-	Containment vit Enclosure ve bag Procedu Exempted (*) a	e / Limited Co	ntain	mant i	8Tes	nt
			Locat							,	Abata:	mani	l
Asbestes-Contain 10 BE	ation of Material (ACM) ABATED Ecility 13)	Use Ma	d Soli d Soli intens odisi (12)	noe! Staff?	(I.e. tha	Conte rmai a surfaci	ription of ining Material ( ystema Insulat ng, VAT, or acelleneous)	lon.	Amount Specify SF or LF)	Removal	Repair	Encapsulak	Enclosure
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Basement		X	_	+	Pipe Insula				24 LF	X			T
First Floor/Basen	nent	X	_	+-	Transite P				40 SH		×		1
Basement		X	-	+-	Transite P	ancis	-repoli			-	,.		1
Name of Registered	Waste Hauler	1_		NJDEP !		Cubic Y		Name of Regi		-			
Lilich Corporation				18724		.6	i itàl Date	Fairless Land	[4]	_		_	
City, State Totowa, New Jen	iey :					01/10/	2019	Morrisvilla,		is			
Completed by Adriana Otejarova	a .	Title	eside	ent	_	8	ignatus 2	20 20			2020	Ś	

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

IN YES					
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ULVIII	The second section of the second	or whole the de-	ACT - INCOME	10.7 1 to 1474	
HM1					

Date of Notification (1) 01/06/2020			F	Name of Rutgers	Building Ow Alumni As	ner/Ope sociate	erator (2) es of Alph	ha Sigr	na PHI		AN 9 Check#	202 1541	U	E E How E E House L	1
Agencies Notified	Type Notification			Street Ad 106 Coll	dress ege Ave				ĺ	Adiva		1111	ΠÃ	ł e	
□ EPA ☑ DEP ☑ DOL	☐ Initial ☐ Amended Amendment #		_	City, Stat New Bru	e, Zip Code Inswick, N	J 0890	1			17 11223		1,7		J., 140.	
☑ DOH □ DCA	⊠ Emergency (in justification)     □ Cancellation	cluding		Name of Paul Sw	Contact eetwood				Ø	Telepi	hone Numb	er			
				FACIL	ITY INFOR	MATIO		7- 1	1. (4)						
Name of Facility Where Rutgers Street Address	Abatement is Taking	Place (3)					□ Sc	of Facili chool (K Subchap	(-12)	ther than	K-12)				
106 College Ave							X O	ther (i.e	. private	& comm	nercial bldgs	1			
City (5) New Brunswick							20,0				2	+5	lg. Ag 5	e	
County (6) Middlesex				County C (STATE U	Code (7) ISE ONLY)		Curre	nt Use E	(Prior if to ducation	peing der nal	molished)				
Name of Monitoring Firm T&M Associates	n Hired by Building (	Owner (8)		ASCM	No.	Na Li	ame of Ab lich Corp	atemen oration	t Contra	ctor (9)					
Street Address 40 Monmouth Park H	lighway						reet Addre 16 Union		vard .						
City, State, Zip Code West Long Branch, N	IJ 07764					Ci	ty, State, otowa, N	Zip Cod ew Jer	ie sey 075	512					
Project Manager for Mo Dan Schaefer	nitoring Firm	18		Telephoi 732-676			elephone 1 73-225-8				License No 01104				
Start Date (10) 01/07/2020		Schedule 01/10/20		mpletion	Date (11)	N Ir	ame of OS	SHA Mo	onitor al Labor	ratories	LLC				
Occupancy Status Durin	ng Abatement (Ched	k Only On	e)				reet Addr		Vest						
☐ Facility Closed/Value ☐ Abatement Perfor ☑ Other – Describe	acated During Entire med Outside of Norn : Occupied	Period of mal Facility	Abate y Hour	ment s		С	ity, State, nion, NJ	Zip Coo	de						
Scope of Work (Check	All That Apply)														
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			Renova Demolit					Mini-E	e bag Pr	e ocedure	Negative Pr / Limited C Non-Friable	ontain	ment	&Ter	nt
		1	Laggi	tion				NOTEL	Acmple	u ( ) and	TTOTT TIGOT		Abate	ment	
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Lilich Corporation				Hauler II 18724	No.	of Wa	ste 5		Fairless						
City, State Totowa, New Jersey	/					01/10			City, Sta Morris	ite ville, PA					27702
Completed by Adriana Olejarova		Title	eside	ent	\$25	5	Signature(	ملم	Di	OL	Da O		2020	5	

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DOH Emerge	ency (including ition)	-	Name of	f Contact					Telephone		er			
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City, State, Zip Code								Zip Code OOD, NJ 08	701					
Project Manager for Monitoring Firm			Telepho	ne No.	100.00	elept 732-6		No. 9078	Licen 1200	se No.				
Start Date (10) 01/17/20	Schedule 01/21/2		pletion l	Date (11)	1000			SHA Monitor D PROFES	SSIONALS	3				
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TO BE ABATED	52333	iintenar todial S			os Containir thermal syst	tems	insula			Amoun (Specif	y	Re	ת	Enc	Ē
In Facility (13)		(12)			surfacing, other misce				5	SF or LI	=)	Remova	Repair	Encapsulate	Enclosure
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INTERIOR				Boiler	Breechin	g in	Base	ement		2SF		x			
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City, State NEWARK, NJ					Disposal D 01/21/20			City, Sta BETH		M PA					
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TN# 17	419 AID,		ICATION	ate of Ne I OF ASB to NJAC	ESTOS	ABATE		1	C	E	<u> </u>		Pri	nt Fo
Date of Notification (1) 01/07/20				f Building er Trucki		Operator	(2)		JAN	9	20	20	The Property of the	
Agencies Notified Type Notific	ation		Street A	ddress artlett Av	venue				- Anderson					100
	lment #			ite, Zip Co Creek, N		92		ie+ s		iei (1) Neiven		o essen		!
DOH Emergiustification DCA Cance			Name of	Contact Trucki					Telephone					
			FACI	LITY INFO	ORMAT	ION								
Name of Facility Where Abatement is  Street Address	Taking Place (3	)					Sc Su	ner (i.e. p	(A)		build	ings,	home	es,
City (5) Margate		-1					Square		# of Floors	3	BI	dg. A	ge	
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Project Manager for Monitoring Firm			Telephor	ne No.		Teleph	none No.			se No.				
Start Date (10) 01/17/20	Schedule 01/22/2		npletion [	Date (11)		Name	of OSHA	Monitor	SSIONALS					
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Facility Closed/Vacated During E Abatement Performed Outside of Other – Describe:						City, S	HITE DO	Code						
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Name of Degistered Wests Hauts		N	JDEP W	lasta	Cubic	Yards	Τ.	Jame of F	Dogiotore - 1 -	nden				
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City, State LAKEWOOD, NJ	-5				Dispo: 01/22	sal Date 2/20		City, State	ARBOR TV	VP NJ				
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JK 151140	5021	N	(Pu	CATION C	e of New OF ASBES O NJAC-8: Building O	TOS 60 an	12:120			[D).		N ·	- 9	202		
Date of Notification (1): 01/03/2020	W-172	27			Lee Ha			(2)	Continues	ted to						locar
Agencies Notified	Type Notification		3	Street Ad	dress				baseson a		ASBES	STOS	CO	NTR	OL &	-
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City, State, Zip Code							100000000000000000000000000000000000000	State, Zip	Code J 07512							
Project Manager for Mor	nitoring Firm			Telephon	ne No.		Telepl	hone No	1.2		Licens					_
				F	D-1- (44)			358685	A Monitor		01311	1				_
Start Date (10) 01/13/2020		Schedule 01/15/2		npietion L	Jate (11)				ement, In	C.						
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City, State Wayne, NJ						Disp TBD	osal Dat )	e /	City, Sta Pen Ar		Ά					
Completed by Oliver Hegedis		Title Proje	ect M	anager			Signatu	re////	/			Dat 01		2020		

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

Print Form

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Date of Notification (1) 01/03/2020 TV 1720K	5			Building Ov d Holsmai		perator	(2)			JAN	J 1	-020	1000	
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DOH justification)		1000		Contact d Holsma	n				Tele	ephone Num	ber			
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Name of Facility Where Abatement is Taking P Residential Building	lace (3)	)	I AOIL				-	of Facility (4						
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Project Manager for Monitoring Firm		Т	elephor	ne No.			none No 358685			License No 01311	).			
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<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>		tenovati emolitio				>	Min Glo	i-Enclosure vebag Prod	e cedure	n Negative P			Э	
	ls	Locatio	n								_	Abate	ment pe	
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											-	_		
Name of Registered Waste Hauler		IN	JDEP W	laste	Cubic	Yards		Name of	Regist	ered Landfill				
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City, State Wayne, NJ					TBD	sal Date	1, ,	City, Stat		Α				
Completed by Oliver Hegedis	Title Proje	ect Ma	nager	8		Signatur		_		De 0	ite 1/03/2	2020		

Do not use this form for asbestos licensure exempted activities.

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Date of Notification (1) 01/03/2020	203	3		Building ( Fourian	Jwner/O	perator	(2)			Li	JAI	,	ع در	H
Agencies Notified Type Notification			Street Ad	ddress					-	-	ASBEST	OS C	ONT	R
X EPA X Initial Amended Amendment	#			te, Zip Co Caldwell		7006					L	CENS	SING	person
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Project Manager for Monitoring Firm			Telephor	ne No.		125	none No 158685				License N 01311	0.		
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Wayne, NJ					TBD		1.	Pen Ar		PA				
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