	PAD	)	NOT	FICATION	ON OF ASE	BESTO	SABATE	EMENT 20)	r /	1 /	n b	j	RS	16	4
Date of Notification (1) 1/10/19					of Building erprise Ho					Juli		702	<u>ノ /</u> ほ [	T.	(
Agencies Notified	Type Notification	1		-	t Address			,			7 (A) A (A)			4.	
× EPA DEP	X Initial Amended			City, S	State, Zip C	ode						JAN	14	201	9
X DOL	Amendmen				ngfield, N					1025	- 1	0/111		201	9
DOH	<ul><li>Emergency justification</li></ul>	(includii )	ng	Name	of Contact					Te	elephone	Numbo	• * * * * * * * *	era Seusina	40
DCA	Cancellation			Dona	ald Rinald	ob				- 1	08-337			WE.	17.0
Name of Excility Where	^ h - t			FA	CILITY INF	ORMA	TION						101		
Name of Facility Where A	Abatement is Takir	ng Place	(3)					Туре	of Facility	(4)					
Street Address								×	School (K- Subchapte Other (i.e.	r 8 (Oth	ner than I & comm	K-12) ercial bi	uilding	s, hor	nes,
City (5) Cranford									etc.) ire Feet	# 0	of Floors		Bldg.	Age	
County (6)				County	y Code (7)					1			60		
Union				(STATE	E USE ONLY	)		hom	ent Use (Pr	or it be	ing demo	olished)			
Name of Monitoring Firm	Hired by Building	Owner (	8)	ASC	CM No.		Name		itement Co	ntractor	r (Q)				
01									ronmenta			LC			
Street Address							Street	Addres							
City, State, Zip Code						F ( )		-	ip Code	Jaic D	11100				
									NJ 074	18					
Project Manager for Moni	toring Firm			Telepho	one No.		Teleph 973-7	one No	0.	/ A	License	e No.			
Start Date (10)		Schedu	ıled Cor	mpletion	Date (11)		1		A Monitor		703				
1/21/19		2/1/19	9		. Dato (11)		ivaine (	01 03	1A IVIONITOR						
Occupancy Status During	Abatement (Chec	k Only C	ne)				Street	Addres	S						
Facility Closed/Vacat Abatement Performe Other – Describe: bt	d Outside of Norm	Period of al Facili	Abaten ty Hour	nent s			City, St	tate, Zi	p Code						
Scope of Work (Check All						-									
≥3 sf or ≥3 lf	ттат Арріу)	×	Renova	ition				E.J.	Containme	ont collete	Nessi	_			
≥160 sf or ≥260 lf			Demolit	ion			×	Min Glo	Containme i-Enclosure vebag Prod i-Exempted	edure				'Δ'	
			s Locati										10,011,011,000	emen	t
Location of Asbestos-Containing N			Normal ed Sole			De	scription o	of					T	/ре	
TO BE ABAT In Facility (13)	<u>red</u>	Ma	aintenar stodial S (12)	nce/	(i.e. t	hermal surfa	taining Ma systems cing, VAT niscellane	insulat	(ACM) lion,	(S	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A				(5)				<u>ai</u>	-	late	лге
basemer	nt		Х		pipe	insulati	on		12	0 LF	х				
Name of Registered Waste	Hauler		I N	JDEP W	/osto I	0.4:-	V1								
reehold Cartage			Ha	auler ID 5939	No.	Cubic of Was			Name of R Western				ya		
City, State						A STATE OF THE STA	al Date		City, State						
reehold, NJ					10.0	TBD			Birdsbor						
Completed by A. Scott Higgins		Title Pres	ident			Si	ignature		1)	-, . /\		ate	3		-
00		. 103	acill					1			1	1/10/19	9		

CK 2946 PAI	OD	NOTI (	FICATIO	State of New J ON OF ASBES of to NJAC 8:6	TOS ABATE	EMENT (0)			7 0	E.		7	
Date of Notification (1) 12/27/2018				of Building Ow dence	ner/Operato	r (2)			1441	1	001	_	
Agencies Notified Type Notification				Address			- 11	111	JAN	14	201	9	
X EPA X Initial Amended Amendment Emergency	:#		City, S West	tate, Zip Code field NJ 070	90		<u> </u>			25 (A. 14 (A.)	1911 1911 111		
DOH justification)				of Contact Salayada				Tele	phone N	lumber	Í		
				ILITY INFORM	TATION		1						
Name of Facility Where Abatement is Takin Residence	g Place	(3)			iA II OIL	_	Facility (4)						
Street Address			ė			☐ Su	hool (K-12) bchapter 8 her (i.e. pri	(Othe	than K-	-12) rcial bu	ildings	, hon	nes,
City (5) Westfield						Square 1,644	Feet	# of 1	Floors		Bldg. 71	Age	
County (6) Union			County (STATE	Code (7) USE ONLY)		Current	Use (Prior	if bein	g demoli	ished)			
Name of Monitoring Firm Hired by Building 6 A. Seine Lighthouse Solutions	Owner (8	)	ASC	M No.	Name Brink	of Abater s Tank	nent Contra Services	actor (	9)				
Street Address PO Box 354						Address Liberty	Avenue						
City, State, Zip Code South Orange, NJ 07079						tate, Zip ( de, NJ (							
Project Manager for Monitoring Firm Sarah Calandra			Telepho 201-3	ne No. 49-2666	Teleph	one No. 462-746		100	License	No.			
Start Date (10) 01/08/2019	Schedul 01/29/	ed Cor 2019	npletion	Date (11)		of OSHA	Monitor						
Occupancy Status During Abatement (Check	Only O	ne)			Street	Address					-		
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of a	Abater / Hours	nent			ox 354 tate, Zip 0	ode						
Scope of Work (Check All That Apply)					Sout	n Orang	e, NJ 07	079					
≥3 sf or ≥3 If ≥160 sf or ≥260 If		Renova Demolit			×	Mini-E Glovet	ontainment nclosure pag Proced xempted (*	ure				e	
Location of	1	Locati									Abate	7355	t
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Ma	d Sole intenar todial S (12)	ly by nce/	Asbestos C (i.e. therr su	Description ontaining M nal systems rfacing, VA rer miscelland	aterial (Ad insulation F, or		Amo (Spe SF o	ecify	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A							<u> </u>		ate	ē
Garage		Χ			duct wrap	)		20	SF	х			
Attic		X			duct wrap	)		60	SF	х			
Exterior Rear		Χ		ro	of shingle	es		200	SF	х			
Name of Registered Waste Hauler Newark Carting City, State		Н	JDEP W auler ID 1509	No. of V	oic Yards Vaste	W	ame of Reg				1		
East Orange, NJ				Dis	oosal Date		ty, State enn Argy	le, P	A				
Completed by Alison Lamers	Title Office	Man	ager		Signature	AM	745	a il	Da	ate 2/27/2	018		

6010 PA			FICATIO	N OF AS	BESTOS C 8:60 an	ABATE				CHECK-	#6010		erioner En Fr	
Date of Notification (1) 01-02-19					g Owner/earmaceu		(2)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	= = = = = = = = = = = = = = = = = = = =	2 1	1	1	
Agencies Notified Type Notification  EPA Initial				Address Route	202 Sou	uth					JAN	4	2019	
DEP Amended Amendmen				ate, Zip ( an, NJ (					5		and the contract	- Visite to	10 1004	
□ Emergency     justification     □ DCA		3	Name o	of Contac	t				Tel	ephone 1	Number		Pro-	
DCA Cancellation	1		Carlo	s Gonz	alez				(9)	08) 872	2-3365			
Name of Facility Where Abatement is Takin	na Place /	3)	FAC	ILITY IN	FORMAT	ION	T	of Facility	(4)					_
The second of the second secon	19 1 1400 (	0)					_	-						
Street Address 1000 Route 202							×	School (K- Subchapte Other (i.e.	r 8 (Oth	er than k & comme	(-12) ercial bu	ilding	s, hor	ne
City (5) Raritan								etc.) re Feet	# 0	f Floors		Bldg. 44 y	10 C 10 TO 1	_
County (6) Somerset				Code (7) USE ONL				nt Use (Pr	ior if bei	ng demo	olished)			_
Name of Monitoring Firm Hired by Building Environmental Health Investigator		)	ASCI	M No.				tement Co						
Street Address 655 West Shore Trail			10000			Street 200 E		ss Street						
City, State, Zip Code Sparta, NJ 07871								ip Code NJ 0707	2					
Project Manager for Monitoring Firm Bill Kerbel			Telepho (973)	ne No. 651-10	40	Teleph 201-9				License 00756				
Start Date (10) 01-07-19	08-31-	19	mpletion	Date (11	)	Name of Even-		HA Monitor	<i>i</i> .					
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire	Period of	Abater	ment			Street / 10-59		s kson Ave	enue					
Abatement Performed Outside of Norro Other – Describe:	nal Facility	y Hour	rs					p Code d City, N	IY 111	01				
Scope of Work (Check All That Apply)														_
≥3 sf or ≥3 lf  x ≥160 sf or ≥260 lf		Renova Demoli				×	Min Glo	Containm i-Enclosur vebag Pro n-Exempte	e cedure				re	
	Is	Locat	tion									Aba	temer	nt
Location of		Norma ed Sole				scription					-	Т	уре	Т
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Ma	intena	ince/ Staff?				insula T, or		(S	mount pecify or LF)	Remova	Repair	Encapsulate	
	Yes	No	N/A		-210111		-040)				Val	=	late	
Bldg. B: 1st Floor East Wing			×		Т	ransite	8		3,5	30SF	x		-	+
Bldg. B: 1st Floor East Wing			x		Transite			)	200000	95SF	x			+
Bldg. B: 1st Floor East Wing			x			T/Masti				320SF	x	1		+
Bldg. B: 2nd Floor East Wing			x			paint on	300 E			0SF	x	1		+
Name of Registered Waste Hauler Newark Carting, Inc.		H	NJDEP W Hauler ID 4509		Cubic of Was	Yards		Name of G.R.O.	Registe	red Land	fill			T
City, State Newark, NJ 07105						sal Date		City, Stat		19067	7			_
Completed by Richard Doran	Title Proie	ct Ma	anager		S	ignature		-0.7	)	1	Date 01-02-	10		-

CK 3304 P	AI	NOT	TIFICATI (Pursua	State of ION OF A ant to NJ	New Jers SBESTO: AC 8:60 a	SARATE	EMENT		re e		<u>[]</u>	Trans	
Date of Notification (1) 1/3/2019 Check #3305 Agencies Notified Type Notification			Cor	e of Buildi pus Chr	isti Chu	/Operato	Γ(2)		JAN 1	4 2	2019		
	n			t Address					** (\$1.000 ON)			1	
EPA Initial DEP Amended				Washin		ace		i ile	to an analysis of the second	· · · · · · · · · · · · · · · · · · ·		× 10	
DOL Amendme	nt#			State, Zip brouck I		NIIOZ	004	1275	11.79		1	1791	
☑ Emergence	y (includ	ing		of Conta		, NJ 07	604		10.5				
DCA justification Cancellation			100000000000000000000000000000000000000	. Patrick		cki			elephone N		r		
				CILITY IN				_   2	201-288-1	1019			
Name of Facility Where Abatement is Tak	ing Place	(3)		O.L.III	ORWA	ION	Type of Facilit	v (4)					
Corpus Christi School							School (F						
Street Address						7.	Subchapt	ter 8 (Ot	ther than K-	12)			
261 Boulevard							Other (i.e	. private	& commer	cial bu	uilding	s, hor	mes,
City (5) Hasbrouck Heights							etc.) Square Feet	#	of Floors		Bldg.	Age	
County (6)							40,000	2			50+	, .go	
BERGEN			Count	y Code (7) EUSE ONL	)		Current Use (P	rior if be	eing demoli	shed)			
Name of Monitoring Firm Hired by Building	0	'01			.1)	_	School						
	Owner (	8)	ASC	M No.		Name EA S	of Abatement C Services Corp	ontracto	or (9)			934-13112	
Street Address						Street	Address	oratio					
City, State, Zip Code							39th Street						
							tate, Zip Code						
Project Manager for Monitoring Firm			Telenh	one No.			enberg, NJ 07	7093					
			reichir	one No.			one No. 295-1700		License	No.			
Start Date (10)	Schedi	ıled Co	mpletion	Date (11	)	Line and the second	of OSHA Monito		01074				
1/4/2019	1/5/2	019			<i>'</i>		ervices	r					
Occupancy Status During Abatement (Chec	k Only C	ne)				A STATE OF THE PARTY OF THE PAR	Address						
Facility Closed/Vacated During Entire	Period of	Abater	ment			same	as above						
Abatement Performed Outside of Norr Other – Describe: Starting 5 PM	nal Facili	ty Hour	S			City, Sta	ate, Zip Code						
Scope of Work (Check All That Apply)	- E4-7c 2							-					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli					Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure					
	1	s Locat	ion				Tron Exemple	u ( ) an	u Non-Friat	JIE PIC	77201	emen	+
Location of		Normal		İ	Des	cription c	of.					pe	
Asbestos-Containing Material (ACM)  TO BE ABATED		ed Sole aintena		Asbes	tos Conta	ining Ma	terial (ACM)	A	mount			m	
In Facility	Cus	stodial S	Staff?	(i.e.	thermal s	systems i ing, VAT	nsulation,		pecify	Re	Z.	ince	Enc
(13)		(12)			other m	iscellane	ous)	51	or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A				51			a	-	ilate	are
Night of Columbus Room							ood attach	90	00 SF	х			
Name of Registered Waste Hauler		NI NI	JDEP W	nate	0.11	S. Carlo							
Tri-State Transfer Assoc			auler ID		Cubic Y of Wast				red Landfill				
	STORE						Minerva	Enter	rprises In	С			
City, State Bronx, NY					Disposa TBD	I Date	City, State		OH				
Completed by	Title					nature	Waynes	burg,					
Gina Betances	500,000,000	e Man	ager		Sig	nature	(Olynn)		1/3	te 3/201	9		

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

Cr 2202	N		CATION	OF ASBES to NJAC 8:	STOS A			т -	足出	O F	S 17	T.	7.73		
Date of Notification (1) 1/2/2019 Check #3303				Building Ov						1					1
Agencies Notified Type Notification			Street Ac					1. 1.		JAN J	4	201	9		2
EPA Initial Amended Amendment #		(	City, Stat	te, Zip Code City, NJ	е				7.	EGTUS	did Niji	ώT.			14
Emergency (ir justification)			Name of		07300					phone N	lumb	er		-	
DCA Cancellation			Efrain						20	1-344-4	164	7			
Name of Facility Where Abatement is Taking	Place (3)	1	FACIL	LITY INFOR	RMATIC	ON	Tvr	ne of Facility (4	)						
Golden Door Charter School-Admin							X	School (K-12							
Street Address 3044 Kennedy Blvd			1	1				Subchapter 8 Other (i.e. pr	(Othe			buildi	ngs,	home	s,
City (5)		- 11 E	-820 - 12				Sq	etc.) uare Feet	# of	Floors		Blo	lg. A	ge	
Jerey City								,000	2				)+		
County (6) HUDSON			County C STATE U	Code (7) ISE ONLY)		_	1000	rrent Use (Prio dministrative		ng demol	ishe	d)			
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM	l No.				batement Cont rices Corpor		3500					
Street Address						Street 426		ress n Street		2 10 10 10 10 10 10					
City, State, Zip Code						-		, Zip Code erg, NJ 070	93						
Project Manager for Monitoring Firm			Telephor	ne No.		Teleph	hone		00	License					
			pletion [	Date (11)				SHA Monitor							
1/4/2019 Occupancy Status During Abatement (Check	1/5/201		S			Street		ress							_
			ont					s above							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe: Starting 3 PM					_	City, S	State	, Zip Code	>> = 1						
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		lenova lemoliti				2	X	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure	8				e	
	11000	Locati												ement pe	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)	Use Ma	Normall d Sole intenar todial S (12)	ly by nce/		os Conta hermal	system	Matens ins		(5	mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A											Ф	
Basement		Х			Pipe	insula	atio	n e	-	4 LF		Х			
	-														
Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic	Yards		Name of I	Registe	ered Lan	dfill				
Tri-State Transfer Assoc		5,50	lauler ID 9551	No.	of Was			Minerva		erprises	s In	2			
City, State Bronx, NY					Dispos	sal Date	е	City, State Waynes		. ОН					
Completed by	Title				- VANTAGE A	Signatur	re /	30 1		, , ,	Dat				
Gina Betances	Offic	е Ма	nager				6	Yueas			1/2	2/20	19		

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 01 80 19 Matt Miller Agencies Notified Type Notification Street Address **⊠** EPA □ DOLWD ☐ Amended City, State, Zip Code Amendment #\_ **⊠** DOH Cherry Hill, NJ 08034 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Matt Miller FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Miller Residence School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Cherry Hill 1400 3 80 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Camden Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Management & Enviro. Consulting Services Shade Environmental, LLC Street Address Street Address PO Box 341 623 Cutler Avenue City, State, Zip Code City, State, Zip Code Chesterfield, NJ 08515 Maple Shade, NJ 08052 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Bill Weisgarber 609-298-4070 856-755-0099 00842 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 01 / 21 / 19 01 / 23 / 19 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/\_ Cinnaminson, NJ 08077 ☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Pressure Scope of Work (Check all that apply) □ Renovation ≥160 sf or ≥260 lf ☐ Demolition Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Repair Encapsulate Removal Enclosure Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Basement  $\boxtimes$ Floor Tile and Mastic 282 SF  $\boxtimes$ П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Freehold Cartage Hauler ID No. Waste Fairless Landfill 15939 1 City, State Disposal Date City, State Freehold, NJ 01/23/2019 Morrisville, PA Completed By (Print or Type) Title Signature Date Christina Lynch Vice President of Operations

State of New Jersey

State of New Jersey Notification of Asbestos Abatement

		Notifica	tion of Ast	Jest	05 / 120 70	351 3.	emperature in the contract	ore to the second	a service services	***	
WAS TELD ID	ATT	(Pursuar	nt to N.J.A.C.	8:60	)-7 and 12:120-7)						- 11
ate of Notification (1)	21512			<u>Nar</u>	me of Building Owner/Opera ne Hill Board of Education	ator (2)	JA	N 14	2019	4.4	1
01/09/19 Offices Notified	Notification T	ype		Stre 100	eet Address 03 Turnerville Road					1	_
☑ EPA	Initial Not      □ Amended	#		Pin	y, State, Zip Code ne Hill, NJ 08021			one Num		*/: 	
I DCA I DOL I DEP	☐ Emergence justification) ☐ Cancelled	y notification	on (including	Zip	me of Contact oporah Daniels-Browne esident BOE		856-78		301		
<b>⊠DOH</b>			FACILITY INF	ORI	MATION						
91 · · ·	F. Line Diego /	2)	PACILITIN	Tv	pe of Facility (4)						
Name of Facility Where Abatement is Toverbrook Highschool	aking Place (	<u>5)</u>		X	School (K-12)	K-12)	ngs hor	mes etc.)			
Street Address 1200 Turnersville Road				0	other (i.e. private & commerce p. Feet: 110,000 # of Floors current Use (prior if being de	a Blaa.	Age.	1334			
City (5) County (6) Pine Hill County (7)	nden	County C (State Us	ode (7) e Only)			10.					
Name of Monitoring Firm Hired by Bld	g. Owner (8)	ASCM No	<u>0.</u>		ame of Contractor (9)	0 4	- 1				
Epic Environmental Services, L	LC	137.			anoramic Window & Door	System	S IIIC.				
Street Address 1930 Brown Road				7	treet Address 12 Sergeantsville Road						
Oil Otale Tip Code				<u>C</u>	City State, Zip Code						
City, State, Zip Code Newfield, NJ 08344				S	Stockton, NJ 08559 elephone Number			se Numb	er		
Project Manager for Monitoring Firm James Eberts	Telephone 856-205	-1077		F	(732)926-0900		0123	37			
Scheduled Start Date (10) 1/18/19	Scheduled 1/27/19	Completion	n Date (11)	1	Name of OSHA Monitor AQ GURU LLC						
Occupancy Status During Abatement X Facility Closed/Vacated During Ent DAbatement Performed Outside of No			00-11:00pm	8	Street Address 87 Main Street City, State, Zip Code						
□Other – Describe:					Lincoln Park, NJ 07035						
Source of Work (Check all that apply	Δ					_					
			⊠ Ren		1011	Mini-End □Gloveb		adure			
≥ 160 sf or ≥ 26	<b>0</b> If		□ De	emoli	tion 🖂 No	on-Friable	e Proced	ure			
Location of Asbestos- Containing Material (ACM) in Facility (13)	Location Nor Ised Solely by Maint./Custodia		Description of (ACM) (i.e. the surfacing, VA	herm	pestos Containing Material nal systems insulation,	Am	ount ecify SF	Ab Ab	atement		nclose
	YES NO	NA 🗵	Trans	site p	panels below windows	37	0 SF	X			
	1 33	Marka Harri	or ID #		Cubic Yards of Waste		Na	me of Re	gistered	Landfil	<u>[</u>
Name of Reg. Waste Hauler	0036	Naste Haul	eilD#				Chi	rin Brother	rs Sanıtar	y Landi	111
Panoramic Window & Door Sys Inc						Disposa	al Date		City, St Easton	<u>ate</u> , PA	
					711		I Da	ate_			
Completed by (Print or Type) Mark M Jovic	<u>Title</u> Enviror	nmental Pro	ojects Manage	er	Signature	/_		/09/19			

### State of New Jersey Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Franklin Township Public Schools JAN 1 4 2019 Agencies Notified Notification Type Street Address 1755 Amwell Road X EPA ☑ Initial Notification □ DCA City, State, Zip Code ☐ Amended # ALEGIOS CONTEC Somerset, NJ 08873 X DOL Emergency notification (including □ DEP Name of Contact iustification) Telephone Number **INDOH** Albert Fico Principal ☐ Cancelled 732-746-0170 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) MacAfee Road School School (K-12) ☐ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings., homes, etc.) 53 MacAfee Rd Sq. Feet: # of Floors:1 Bldg. Age: Current Use (prior if being demolished): School City (5) County (6) County Code (7) Somerset Somerset (State Use Only) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) AHERA Consultants Inc. Panoramic Window & Door Systems Inc. Street Address Street Address P.O. Box 385 712 Sergeantsville Road City, State, Zip Code City State, Zip Code Oceanville, NJ 08231-0385 Stockton, NJ 08559 Project Manager for Monitoring Firm Telephone Number Telephone Number Joe Capone License Number (609) 577-8803 P (732)926-0900 01237 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 01/21/19 02/09/19 IAQ GURU LLC Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement ⊠Abatement Performed Outside of Normal Facility Hours weekdays - 3:00-87 Main Street 11:00pm & Saturdays 8-4 City, State, Zip Code Describe Lincoln Park, NJ 07035 □Other - Describe: Source of Work (Check all that apply) > 3 sf or > 3 lf □ Renovation ☐ Mini-Enclosure ≥ 160 sf or ≥ 260 if ☐ Demolition □Glovebag Procedure Non-Friable Procedure Location of Asbestos-Is Location Normally Description of Asbestos Containing Material Containing Material (ACM) in Amount Abatement Type Used Solely by (ACM) (i.e. thermal systems insulation, Facility (13) (Specify SF or Maint./Custodial Staff? surfacing, VAT, or other misc.) LF) Remove Repair Encap Enclose (12)YES NO NA Exterior of Building X Transite window panels 880 SF X X Exterior of Building X Window Sills / Stools 616 Sf X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste Name of Registered Landfill 0036057 Panoramic Window & Door Sys Chrin Brothers Sanitary Landfill Inc Disposal Date City, State Easton, PA Completed by (Print or Type) Signature Mark M Jovic Date Environmental Projects Manager

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X DCA Cancellation	on			n Klich					01-912-4				
Name of Facility Where Abatement is Tak	ing Place	(3)	FA	CILITY IN	FORMAT	TION	Type of Facil	its: (4)					
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Street Address 1 Castle point on Hudson							Subchar	oter 8 (Oth	ner than K & comme	-12) rcial bu	ıilding:	s, hor	nes,
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County (6) Hudson				Code (7		_	Current Use (				N/A		
Name of Monitoring Firm Hired by Building	Oumar /	0)		USE ONL	.Y)	_	Stevens In	stitute o	f Techno	ology	How	e Ce	ente
Briggs Associates	Owner (	0)	000	M No.		D&S	of Abatement ( Abatement,	Contractor Inc.	(9)				
Street Address 3 Crosswicks Street							Address osengren Av	/07/14					
City, State, Zip Code Bordentown, NJ 08505						City, S	State, Zip Code wa, NJ 0751				-		
Project Manager for Monitoring Firm Michael Hoodak				one No.		Teleph	none No. 345-8685		License	No.			
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Occupancy Status During Abatement (Che							Address	(ODLIA					
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Scope of Work (Check All That Apply)													
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City, State Totowa, NJ					Disposa TBD	al Date	City, Sta	te ville, PA					
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State of New Jersey

## NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

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Date of Notification	(1) 12/21/18			Name VERI	of Buildin	ng Ov	wner / Operat	or (2)		JAN	1 4	2019	
Agencies Notified EPA	Type Notific	ation		Street	Address				-	UAIN	. 7	2013	
DEP	Initia	I			hiladelp tate & Zip							11.1 · · · · · · · · · · · · · · · · · ·	4.0
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301 Philadelphia	Avenue						Other (i.	e. priva	ate & commerc	cial buildi	ngs, h	iomes,	etc.)
City (F)							Square Feet		# of Floors		Bldg.	Age	
City (5)		County (6)	C	ounty C	ode (7)		20000		3				
Egg Harbor City		Atlantic							f being demoli	shed)			
Name of Monitoring	Firm Hired h	l v Building ∩v	mer (8	)	ASCM N	lo.	COMMUNIO						
USA ENVIRONME	NTAL MAN	NAGEMENT	, INC.		/ CONTR	10.	BRISTOL E	NVIR	t Contractor (9	INC			
Street Address 8436 ENTERPRIS							Street Addre	ss					
City, State & Zip Coo							1123 BEAV						
PHILADELPHIA P	A 19153						City, State & BRISTOL, I						
Project Manager for MARK JENKINS	Monitoring F	irm			Number		Telephone N	umber	701	License	Numb	er	
Scheduled Start Date	e (10)	Scheduled Co		-365-58			215-788-60				00	509	
1/8/19			ONF	IOLD	: (11)		Name of OSI BRISTOL E		ONMENTAL	INC			
Occupancy Status D Facility Close	ed/Vacated D	ouring Entire I	Period	of Abat	ement		Street Addres 1123 BEAV		REET				
Abatement P	erformed Ou	itside of Norm	nal Ho	urs – 7	am to 3pn		City, State &						
Describe: {	5:00 PM - 1	:30 AM					BRISTOL, F						
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Date of Notification (1)			Nan	ne of B	uildina	Owner / Ope	rator (2	<u> </u>		CT		
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			E/			ORMATION				347-	886-6	5/14
Name of Facility Where Abat	ement is Taking	Place	(3)			Type of Fa		)				
VERIZON - EGG HARBOI Street Address	R CITY CENT	RAL O	FFIC	E		School	ol (K-12	)	8			
301 Philadelphia Avenue						Subch	apter 8	(Other tha	n K-12)			
and pina / tronde						Other	(i.e. pri	vate & com	mercial build	dings, h	omes,	etc.)
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						COMMUN	ICATI	ONS	monsnea)			
Name of Monitoring Firm Hire	d by Building O	wner (8)	)	ASC	M No.	Name of Al			or (9)			
USA ENVIRONMENTAL N Street Address	IANAGEMEN	T, INC.				<b>IBRISTOL</b>	ENVIF	RONMENT	AL INC			
3436 ENTERPRISE AVE						Street Addr	ess					
City, State & Zip Code						1123 BEA City, State	VER S	TREET				
PHILADELPHIA PA 19153	ct Manager for Monitoring Firm					BRISTOL,	PA 19	00e 1007				
MARK JENKINS	K JENKINS 2					Telephone I	Numbe		License	Numbe	r	
	K JENKINS  duled Start Date (10)   Scheduled Comp					215-788-6					509	
1/8/19	uled Start Date (10) Scheduled Comp					Name of OS	SHA Mo	nitor				
Occupancy Status During Abar	tement (Check	1/15	-1	-		BRISTOL Street Addre	ENVIR	ONMENT	AL INC			
Li racility Closed/Vacated	During Entire	Period o	of Aha	temen	t	1123 BEAV		TREET				
Abatement Performed	Outside of Norr	nal Hou	ırs — 7	am to	3pm	City, State 8	Zip Co	de				
Describe: 5:00 PM - Facility Occupied Durin	- 1:30 AM					BRISTOL,	PA 19	007				
cope of Work (Check all that	apply)											
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≥3 sf or ≥3 lf		$\boxtimes$	Reno	vation			×	Mini-Enclos	nment with I	Vegative	e Pres	sure
≥160 sf ≥260 If			Dem	olition			H		Procedures			
Location of								Non-Exem	oted and No	n-Friabl	e Pro	cedure
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TO BE ABATED in Facility		Mainte	enance	e or	(i	.e., thermal s	vstems		SF or LF)	Re	70	Enc
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y, State RISTOL, PA					Dis	posal Date	City, S	tate	ATT OTIL	IIIAL	THO	KIIY
mpleted By (Print or Type)				1002-100-100	ТВ			HARBOR	TWP, NJ			
TRICK T. DeCARO			Title		Sig	ature				Date		
			⊏stin	nator	16	atrick	T,	No Ca	n/One	12/21	/18	
18086				8	$\perp$	MINIM	-1'/	Il W	2/7/2			

CK1902 PAU		(P	ursuant	to NJAC	8:60 an	d 12:12	20)	1				1	11	127	1
Date of Notification (1) 12-22-18				of Building tine Paln		Operato	or (2)	1		LAA	1 1	1	2010		
Agencies Notified Type Notification	21 2 2310		Street A	Address					12 22 2	JAN	1	4	2019		1 2
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Emergency (i justification)  DCA  Emergency (i justification)  Cancellation	nciuaing			of Contact ine Palm	na				Te	ephone	Num	ber			
Name of Facility William About and in Talia	DI /	2,	FAC	ILITY INFO	ORMAT	ION	-								
Name of Facility Where Abatement is Taking Private Home	Place (	3)						pe of Facility  School (K-	12)						
Street Address							ĸ	Subchapte Other (i.e. etc.)					dings,	home	es,
City (5) Springfield							So	quare Feet	# 0	f Floors		В	ldg. A	\ge	
County (6) Union				Code (7) USE ONLY	)		Cı	urrent Use (Pr	ior if be	ing demo	olishe	d)			
Name of Monitoring Firm Hired by Building O	wner (8)	)	ASCI	M No.				Abatement Co		(9)					
Street Address						Stree 522	t Add	dress			_				
City, State, Zip Code	-					City,	State	e, Zip Code City NJ 0708	07						
Project Manager for Monitoring Firm			Telepho	ne No.		Telep		370	<i>31</i>	License	e No			_	
	Sahadul			Date (11)		201	216	6-9603 OSHA Monitor		01206					
12-22-18	12-31-	18	ipietion	Date (11)		Delf	a C	ontracting l							
Occupancy Status During Abatement (Check	- 5					Street 522									
Facility Closed/Vacated During Entire Poly Abatement Performed Outside of Normal Other – Describe:	eriod of a al Facility	Abaten y Hours	nent			City, S	State	e, Zip Code City NJ 0708	87						
Scope of Work (Check All That Apply)						Offic	) I C	71ty 140 07 01							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit						Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure					e	
	Is	Locati	on					Non Exemple	u ( ) un	<u> </u>	labic			ement	t
Location of	1	Normal ed Sole	ly			scription					-		Ту	ре	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma Cus	intenar todial S (12)	nce/ Staff?		thermal surfa		ns ins AT, c		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
Cating Decaration	Yes	No	N/A	01	- 0		-1-				_				
Entire Property  Ground Floor	-	X		Clean-t	up Con	VAT	ate	d Property	40	00 SF	_	ur.			
Ground Floor		Х				VAI			40	JU SF		X			
Name of Registered Waste Hauler		6399	JDEP W		Cubic			Name of	Registe	red Land	dfill				
Delfa Contracting LLC			35240			20		Tullyto		source	Red	cove	ery F	acilit	ty
City, State Union City, NJ					12-31			City, Stat		Α					
Completed by Jaime Delgado	Title Proj.	Mana	iger.		S	ignature	e	14			Date 12-		8		

0100001 PATO

#### NOTIFICATION OF ASBESTOS ABATEMENT

CK MAD	Q III			(Pur	suant	to NJ	AC 8:60-7 and 12:	2:12	20-7)				211# 0	220		
Date of Notification (1)	1/0/10						perator (2)			-11		THE RESERVE TO THE PERSON NAMED IN	CH#9	230		
Agencies Notified	1/9/19			son Co		y					= .	C E I	12			*
[] EPA	Type of Notifica	(2000) PO		Address Newar		10										11
	[] Initial		000	ivewai	KΛV	C.					.1	AN 14	2019			
	Notification [] Emergency	, (		tate, Zip						4	U.	MIN 14	2013		16	
[x] DOL	[x] Amended		Jers	ey City	, NJ	073	306				LW 1				į	
[x] DOH	Notification	1#1	Vame	of Conta	ct					Telephone I	lumi	<u> Martis Pr</u>	Arts -		-	
[] DCA	[] Cancellatio			Riscar						201-369		Water and the same of the same				
						ILITY	INFORMATION			201-303	-542					
Name of Facility Where	Abatement is Ta	aking Pla	ace (3	)	FACI	ILIT	INFORMATION	Τ.	Type of Facilit	hv (4)						
Hudson County A				,					[] Scho	ol (K-12)	009	15-01-0122				
Street Address								-	[] Otne	hapter 8 (Oth r (i.e. private	er th	ian K-12) commercia	buildi	ngs.		
595 Newark Aver	nue								hom	es, etc.)				J ,		
City (5)		0 1	(0)						Square Feet	# of F	oors	BI	dg. Ag	е		
Jersey City		County					ty Code (7) TE USE ONLY)		250000	13	al a	~	50			
						(0174	ndring (descended i prediction).	(	Current Use (I Office building	1	aemo	olisnea)				
Name of Monitoring Firm		ng Own		ASCM N			Name of Abatem				1,000	Y2 9370				
Whitman Compa	riles, iric.			00110				Jup	oiter Envir	onmental	Sei	rvices, li	nc.			
7 Pleasant Hill Ro	oad						Street Address	321	3 Changal	hridao Do	24	Cuito 10	00			
City, State, Zip Code						1 1	City, State, Zip C	Cod	3 Changel	bridge Ko	au,	Suite it	00			
Cranbury, NJ 085									ne Brook,	NJ 07058	3					
Project Manager for Mo	nitoring Firm			Number		7 [	Telephone Numb	ber				License N	lumbe	r		
Kevin Lovely Scheduled Start Date (1	In) Sobo			0-5858 Date (11					3-575-870	00			0	08	52	
1/18/19	30ne		/31/		1)		Name of OSHA N			nmontal	oh	orotorio		_		
Occupancy Status Durin	ng Abatement (Cl	heck on	v one	)		+	Street Address	J	& S Enviro	mentari	_ab	oratories	s, LL	_		
<ul><li>[] Facility Closed</li></ul>	Vacated During	Entire P	eriod	of Abater	nent			233	33 Route 2	22 W						
[x] Abatement Per Descrit	formed Outside of be: evenings and	of Norma d/or wee	kends	lity Hours	s –	-  -	City, State, Zip Co									
[X] Other - Descri	ibe: partially vaca	ated		-			l	Un	nion, NJ 07	7083						
Scope of Work (Check a	all that apply)										_			_		-
[] Demolition				[X]	Pop	novatio			[x] Fu	ull Containme	nt wi	th Negative	Press	sure		
[] ≥3 sf or ≥3 lf				[\]	Ken	iovalio	OII			ini – Enclosu lovebag Proc		e				
[x] ≥160 sf or ≥26	O If	55AIT - 110-1		-					[x] No	on – Friable F	roce	dure				
			Loca				5				T			ater	men	it
Location			Solely	by			Descri Asbestos -					Amount	R	pe R	E	E
Asbestos – Cor Material (A				ce/Cus ff (12)			Materia	al (	ACM)			(Specify	E	E	N	N
TO BE ABA	TED	toui	ai Sta	11 (12)			(i.e., therm insulation, su					SF or LF)	M	P	C	C
In Facility (13)	у	V	Ne	NUA			or other mis						V	1	P	0
(13)		Yes	No	N/A									A	R	S	S
Various areas			Х		Plas	ster/s	pray-on ceiling				30	000 SF	X	x	U	U
Various areas			Х		VAT						30	000 SF	X			
Various areas			Х		TSI						25	50 LF	х	X		
Name of Registered Wa	ste Hauler	I NI	DED	Vaste		Cubic	a Vorda		N- (D							
Jupiter Environme			uler II			Of W	c Yards aste		Name of Regi Alliance L		III					
			04782	2			20 +			anum						
City, State Pine Brook, NJ							osal Date		City, State							
Completed By (Print or T	(vpe)	Title				1/2	4/19 + Signature	1	Taylor, PA	4		I D-4				_
Pane Repic	1001		eral	Manag	ger		Signature	/	/	<i>r</i>		Date 1/9/19	a			
a terterada menterada							1 //	1	1			1/3/18	•			
SB-41							11							_		0.0

NOTE: This is a phased project. Minor and/or small areas of work will occur at various times of the year. First area is at 5<sup>th</sup> floor, 300SF of plaster – Sub 8 project, scheduled for 1/11/19 to 1/15/19. Amendment #1, 1/9/19: Start date is postponed to 1/18/19.

1C9237 PA			(Pursua	nt to NJ	IAC 8:	BESTOS ABA 60-7 and 12:1	ATEMENT 20-7)	ats.	EC		∏// Checl	k#.9	237	
Date of Notification (1) 1/9/19	Frai	nces	uilding ( Worl		Operat	tor (2)			JAI	N 1 1 2	<del>//19</del>			1
Agencies Notified Type of Notific  [ ] EPA [X] Initial  Notification								172		DSCON		25 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A		
[] Emergency [] Amended	Nut		, Zip Co NJ 07					1-11		KOPKSIN:			- 4	. /
[X] DOH Notification	Name		contact s Wor	k				Tele	phone Num	ber				
			F	ACILITY	Y INFO	ORMATION	Type of Fa	ocility (4)						
Name of Facility Where Abatement is Residence	Taking Place	(3)			721 -			School (K- Subchapte Other (i.e.	12) er 8 (Other t private and	han K-12) I commercia	al build	dings	,	
Street Address							Square Fe	homes, e	# of Floor		Bldg. A	ge		
City (5) Nutley	County (6) Essex				ATE	ode (7) JSE ONLY)	2000 Current U residence	se (Prior	if being den		-60			
Name of Monitoring Firm Hired by Buil N/A	Iding Owner	AS	CM No.				ent Contrac Iupiter Ei	tor (9) nvironr	nental Se	ervices,	Inc.			
Street Address					Str	reet Address	323 Char	naebrid	ae Road	d. Suite	100			
City, State, Zip Code			9		Cit	ty, State, Zip C			ANT - 1544-1615					
Project Manager for Monitoring Firm	Teleph						973-575	-8700		License	e Numl	ber 008	352	2
1/19/19	thed. Complet 1/28	/19	ate (11)				Monitor Iris Envii	ronmer	ntal Labo	ratories	, LLC	)	-	
Occupancy Status During Abatement [] Facility Closed/Vacated Durin [] Abatement Performed Outsid Describe:	ng Entire Peri e of Normal F	od of	Abatem Hours	ent		ty, State, Zip (	2333 Roi <sup>Code</sup> Union, N							
[x] Other – Describe: partially v  Scope of Work (Check all that apply)	acated	-							ontainment	with Negat	ive Pre	essui	re	
[] Demolition [x] ≥3 sf or ≥3 lf [] ≥160 sf or ≥260 lf			[]	Renova	ation		[x [x]	] Mini - ] Glove	Enclosure bag Proced Friable Pro	dure				
Location of Asbestos – Containing Material (ACM)	Norm	lely b nanc	Jsed by e/Cus			Asbestos Mate (i.e., the	cription of - Containing rial (ACM) rmal system surfacing, V	ns		Amour (Specif SF or L	fy	E M O	e R E P A	E E N N C C A L
TO BE ABATED In Facility (13)	Yes	No	N/A				niscellaneou					V A L	R	P O S S U U
Basement			Х	Pipe	insula	ation				20 LF		X		+
													+	+
Name of Registered Waste Hauler Jupiter Environmental Sen	vices Hau		Waste No.	1	Cubic Of Wa	Yards este 2	Name Alliar	of Registon	ered Landfil ndfill	I				
City, State Pine Brook, NJ					Dispos 1/24	sal Date /19	City, S Taylo	tate or, PA						
Completed By (Print or Type) Pane Repic	Title Gene	eral	Mana	iger		Signature	-	6	A CONTRACTOR OF THE PERSON OF	1/9	e 9/19		5.00	

n	.:		t	-				
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CK 24182 P	AII	NO	TIFICAT (Pursu	State of New Jo TION OF ASBEST ant to NJAC 8:60	OS ARAT	EMENT 20)			G.		7
Date of Notification (1) 1/8/2019			Nam J. S	ne of Building Own	ner/Operati	or (2)		1 A A I	1 4	20	10
Agencies Notified Type Notificati	on		Stree	et Address SUPOR BLV				JAN	1 4	20	19
DEP Amended Amendment Emergence	ent#	ina	HAI	State, Zip Code RRISON, NJ 0	7029		e Property	1-1.01			1
DOH justificatio	n)		MAI	e of Contact RK A. TRIANC				ne Numb			
Name of Facility Where Abatement is Tak OFFICE BUILDING	king Place	(3)	F.A	ACILITY INFORM	ATION	Type of Facility (	4)				
Street Address 500 SUPOR BOULEVARD						X Other (i.e. p	2) 8 (Other tha rivate & com	n K-12) mercial b	uilding	as, ho	mes.
City (5) HARRISON				2		etc.) Square Feet	# of Floor			. Age	
County (6) HUDSON			Count (STAT	y Code (7) E USE ONLY)		Current Use (Price	or if being der	molished)			
Name of Monitoring Firm Hired by Building N/A Street Address	) Owner (	8)	ASO	CM No.	Name	of Abatement Con BROTHERS (	tractor (9)	TING.	INC.		
City, State, Zip Code					Street 11 V	Address REELAND AVE					
Project Manager for Monitoring Firm					TOT	tate, Zip Code OWA, NJ 07512	2				
Start Date (10)	0-1-1			one No.	973-	one No. 956-8700	Licen 004	ise No. 94			
1/19/2019 Occupancy Status During Abatement (Chec	1/22/2	2019	mpletior	n Date (11)		of OSHA Monitor E AS (9) ABOV	Æ				
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:	Dariad of	A h = 4 =	ment rs			Address ate, Zip Code					
Scope of Work (Check All That Apply)					J 5.13, 50	ato, zip oode					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	TOMAS .	Renova Demoli				Full Containmen Mini-Enclosure Glovebag Proce	dure			020	
Location of	1	Locat	lly	De		Non-Exempted (	) and Non-F	riable Pro	Abat	re emen /pe	t
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Cus	d Sole intena todial S (12)	nce/	Asbestos Con (i.e. therma surfa	escription of taining Ma I systems in cing, VAT, miscellane	aterial (ACM) insulation, . or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
3RD & 4TH FLOOR	Yes	No	N/A	PIPE (WRA	AP & CU	T ONLY)	125 LF			ate	ге
						TONET	125 LF	X			
Name of Registered Waste Hauler											
TWO BROTHERS CONTRACTING		Ha	JDEP Wa auler ID I 3743			Name of Reg			RO	WS	
City, State OTOWA, NJ				Dispos 1/22/2	al Date	City, State MORRIS\					-
Completed by VIVECA RAMOS	Title PROJ	ECT	COOR	16	ghature	-	1	Date 1/8/201	9		$\dashv$

	PAID				N OF ASB				T A	lon	k,	184	61	7	
Date of Notification (1) 1/10/19					of Building Construc		Operator	r (2)		<u>re</u>	15			7.7	
Agencies Notified	Type Notification				Address assfras C	at							7-8-1-2		11
EPA DEP	X Initial Amended				tate, Zip Co					1	JA	N I	4-2	<del>110</del>	- 11
× DOL	Amendment				Brunswi					i			54	010	
ĭ DOH	Emergency ( justification)	including	9		of Contact				4	Tel	ephone	Number	energy of the second	Tidel	
DCA	Cancellation				r Dave					73	2-306-	7468		4 2.	4
Name of Facility Where A	batement is Taking	Place	(3)	FAC	ILITY INFO	DRMATI	ION	Typ	e of Facility (	4)				100-	1 eng
home			50.05						School (K-1						
Street Address						111		×	Subchapter Other (i.e. p	8 (Oth	er than k & comme	(-12) ercial bu	ildings	s, hom	ies,
City (5)									are Feet	# of	Floors		Bldg.	Age	
Cresskill County (6)				•				200		2			62		
Bergen					Code (7) USE ONLY)	-		hor				lished)			
Name of Monitoring Firm I	Hired by Building C	Owner (8	)	ASCI	M No.				atement Con ironmenta			LC			
Street Address							Street	Addre	ess						
City, State, Zip Code									183, 4 E G	ate D	rive				
Oity, State, Zip Code									Zip Code d NJ 0741	0					
Project Manager for Monit	oring Firm	-10-2-		Telepho	one No.		Teleph		eministratification and	T	License	No.			
									2276		703	, , , , , ,			
Start Date (10) 1/23/19		Schedu 2/1/19		npletion	Date (11)		Name	of OS	HA Monitor						
Occupancy Status During	Abatement (Check						Street	Addre	ess				_		
Facility Closed/Vacat Abatement Performed Other – Describe:	ed During Entire P d Outside of Norma	eriod of al Facilit	Abaten y Hours	nent			City, S	itate, 2	Zip Code						
Scope of Work (Check All	That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Processor .	Renova Demolit				×	Mi Gl	all Containme ni-Enclosure ovebag Proce on-Exempted	edure				re	
		1 000	Locati	(T-0.00)										emen	t
Location of Asbestos-Containing Notes ABA1  In Facility	laterial (ACM)	Use Ma	Normal ed Sole aintenal todial S	ly by nce/		os Conta hermal :	systems	fateria s insul	l (ACM) ation,	(S	nount pecify	Re		e Encapsulate	En
(13)			(12)				ing, VA <sup>-</sup> iiscellan			SF	or LF)	Remova	Repair	nsde	Enclosure
		Yes	No	N/A								<u>a</u>	-	ate	Ге
second flo	oor			х		flo	oor tile			60	0 LF	x			
roof				Х		tar	papei	r		16	5 SF	×			
Name of Registered Waste	Hauler		l N	JDEP W	(nata	0.1.1.1	, ,								
Tonys Cleanup & Hau			Н	auler ID 7787		of Wast			Name of R Chrin Br				ndfill		
City, State Bridgewater, NJ				1 mil 16 - 5 (1 5 (2 )		Disposa TBD	al Date		City, State Easton,						$\dashv$
Completed by		Title					gnature		Lasion,	FA	1	Date			
A. Scott Higgins		Pres	ident					1	//_			1/10/1	9		

î.K	2005	PAI	пол	(Purs	TION OF uant to	of New Jer ASBESTO NJAC 8:60	os ABATEI and 12:120	0)	1.	) E C		<i>[1]</i>	(124) (124) (122)	
	of Notification (1)			Na M	me of Buildlese	uilding Owners ex County	er/Operator College	(2)	100	JAN	1 4	2019		
22.5	ncies Notified	Type Notification			eet Addr 300 Wo	ess oodbridge	Ave		į.	- 100 (100 cm)	archite and the second	10 10 10 10 10 10 10 10 10 10 10 10 10 1		4
×	EPA DEP DOL	Initial Amended Amendment #_				Zip Code NJ 08818			3	,				
×	DOH DCA	Emergency (indigustification) Cancellation	cluding	1 1 1	ame of Co	7,000,7000				Telephone Num 732-906-467				
Ш	DCA	- Janonan		-	FACILIT	TY INFORM	IATION							-
L'H	Hommedieu Hall	Abatement is Taking F	Place (3)					Sc Sc	Facility (4) thool (K-12) bchapter 8	(Other than K-12	2)	010 <b>1</b> 00		
	eet Address 00 Woodbridge	Ave						Square	c.)	vate & commercial		gs, no		Č .
City	(5) dison NJ													4
100000000000000000000000000000000000000	unty (6) iddlesex				ounty Co	de (7) E ONLY) _		L'Hor	nmedieu		leu)			
Nar		m Hired by Building O	wner (8)		ASCM N	No.			ement Cont prises LL					
Stre	eet Address							et Address Lisa Ln	S					
City	20 North Warren y, State, Zip Code							State, Zip	Code rk NJ 070	)35				
100.00	enton NJ 08608			I T	elephone	o No		phone No		License N	No.			
	oject Manager for Mo oland C Jones			(	309-39	24200	97	3-942-69		01129				
10000000	art Date (10) 1-25-19		Scheduled 01-28-1		pletion D	ate (11)	Ma	arcelo A	vila					
Oc	cupancy Status Dur	ing Abatement (Check	Only One	9)				et Addres	s erland Av	/e				
×	Facility Closed/Va Abatement Perfo Other – Describe	acated During Entire P rmed Outside of Norm	eriod of A al Facility	batem Hours	ent		City	, State, Zi						
Sc				enova emoliti				Mir	ni-Enclosure				е	
												Abate	ement	
	Asbestos-Contain TO BE	tion of ing Material (ACM) <u>ABATED</u> acility 13)	Use Ma	Locati lormal d Sole intena odial s (12)	ly ly by nce/	(i.e. th	Descrip as Containin hermal syst surfacing, other misce	ng Materia ems insula VAT, or	I (ACM) ation,	Amount (Specify SF or LF)	Removal	Repair	e Encapsulate	Enclosure
			Yes	No	N/A		Count	ertap		145 SF	X			
		m 133			X					110 Sf	x			
		134-135			Х		count			60 SF	×			
	room 13	32A-132B			X		count			148 SF	×			-
		n 131			X	Monto	count Cubic Yar	10000110001100	Name o	f Registered Land	200			
- 1	Name of Registered OYV Enterprises			l i	NJDEP V Hauler ID 003411	No.	of Waste 30 yds	us		rk Carting Inc				
0	City, State Lincoln Park NJ						Disposal I		City, Sta					
	Completed by Dorian Carpio		Title Mar	nager			Sign	ature い)。いう	ent	J	Date 01-07	-19		
L	Johan Carpio		10.00	3-1					1					

CK 1903 PAI			CATION	ate of Ne NOF ASB to NJAC	ESTO	SABATE						Posterior 1	<u>[]</u>	FU:	
Date of Notification (1) 12-27-18				f Building old Pavi		/Operator	(2)	4 4		.IAN	1 1	4	2019		
Agencies Notified Type Notification			Street A	ddress rederick	St.					UAN	-	4 /	UIS		ivial.
EPA Initial Amended DDL Amendment #				ate, Zip Co ensack, I		601		*	Prosec Sci	::::::::::::::::::::::::::::::::::::::		CON		i sal	- 4.00
Emergency (ir justification)  DCA  Emergency (ir justification)  Cancellation	cluding			f Contact s Gottho	ıld				100000000000000000000000000000000000000	phone I 1) 954					
Name of Facility Where Abatement is Taking	Place (	3)	FACI	LITY INF	ORMA	TION	Type	of Facility (	(4)					_	
Private Home	•	,						School (K-1							
Street Address								Subchapter Other (i.e. petc.)	8 (Othe			build	lings,	home	∋s,
City (5) Fort Lee								re Feet	# of	Floors		В	ldg. A	ge	
County (6) Bergen		Į		Code (7) USE ONLY	)		Curre	nt Use (Pri	or if bein	g demo	olishe	ed)		,	
Name of Monitoring Firm Hired by Building On N/A	wner (8)	)	ASCN	/I No.				tement Cor tracting L		9)					
Street Address		7.00 - 000 - 00					Addres 7th St								
City, State, Zip Code						C. S.		ip Code NJ 0708	37						
Project Manager for Monitoring Firm			Telepho	ne No.			none No 216-9			License 01206		68		0.01-76	
	Schedul 01-15-		mpletion	Date (11)				HA Monitor tracting L							
Occupancy Status During Abatement (Check	Only O	ne)				Street	Addres	ss		-11					
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:						City, S		p Code	.7						
Scope of Work (Check All That Apply)						Unio	n City	NJ 0708	37						_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demoli				r	Min Glo	I Containmoni-Enclosure vebag Produces n-Exempted	e cedure					9	
		Locat											Abate Ty <sub>l</sub>	ment	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)	Use Ma	Norma ed Sole intena todial (12)	ely by ince/ Staff?		tos Cor therma surf	escription ntaining M al systems acing, VA miscellan	faterial s insula T, or		(Sp	nount pecify or LF)		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A	*										ite	Ф
Basement		Х				VAT	10000			0 SF		X			
Basement / Bar		Х				corn Ce				) SF		х			
Basement / Boiler Rm		Х			Pipe	e Insula	tion		10	0 LF		х			
Name of Registered Waste Hauler	=	I	NJDEP W	laste	Cubi	c Yards		Name of	Register	ed Lanc	Hfill				
Delfa Contracting LLC		1 2 2 2	Hauler ID 35240	No.	of Wa	aste 30		Tullytov	vn Res			cove	ry F	acilit	.y
City, State Union City, NJ					7.	osal Date 6-19		City, State Tullytov							
Completed by Jaime Delgado	Title Proj.	Man	ager.			Signature	13	1		- 1	Date 12-	27-1	8		

CK 2940 PA		NOTI (	FICATIO	State of New Jers DN OF ASBESTOS nt to NJAC 8:60 a	ABATE	EMENT 0)		EG	F		7 5	3 p
Date of Notification (1) 12/27/2018				of Building Owner dence	/Operato	r (2)						
Agencies Notified Type Notification	n		Street	Address	_		li ty	JAN	114	201	9	ht.
X				tate, Zip Code			i i	Jan Est	1) O T r	shiften	* 1 .	
Emergence		ng		nne NJ 07002			45		CENC			
DOH justification Cancellation	n)			of Contact esa Carpena			Te	lephone N	Number	f .		
Name of Equility Where Abeter at 1. T. I			FAC	CILITY INFORMAT	TION							
Name of Facility Where Abatement is Tak Residence	ing Place	(3)				Type of Facility						
Street Address						School (K Subchapt Other (i.e. etc.)	er 8 (Oth	er than K & comme	-12) rcial bui	ildings	, hom	nes,
City (5) Bayonne						Square Feet 1,652	3	f Floors		Bldg. A	Age	
County (6) Hudson			County (STATE	Code (7) USE ONLY)		Current Use (P	rior if be	ing demol	100	_		
Name of Monitoring Firm Hired by Building A. Seine Lighthouse Solutions	Owner (8	3)	ASC	M No.	Name Brink	of Abatement Co	ontractor	(9)				
Street Address PO Box 354						Address Liberty Aven	ue					
City, State, Zip Code South Orange, NJ 07079					City, S	tate, Zip Code de, NJ 07205		11.				
Project Manager for Monitoring Firm Sarah Calandra			Telepho	one No. 49-2666	Teleph	one No. 162-7465		License	No.			
Start Date (10)				Date (11)	Name	of OSHA Monito		01316		-		
01/07/2019 Occupancy Status During Abatement (Che	01/27/					eine Lighthous	se Solu	itions				
	Period of	Abaten	nent			ox 354						
Facility Closed/Vacated During Entire     Abatement Performed Outside of Nor     Other – Describe:	mal Facilit	y Hours	5			ate, Zip Code n Orange, NJ	07079					
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			×	IVIII II-LII CIOSUI	e cedure					
la .	(000	s Locati				Hon-Exemple	u ( ) and	I NOII-FIId	ible Plo	Abate	ment	
Location of Asbestos-Containing Material (ACM)	Use	Normal ed Sole	ly by		scription					Ty	эе	
TO BE ABATED In Facility (13)	1 1 1 1 1 1 1 1 1	aintena stodial S (12)	Staff?			insulation, , or	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
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Sassificial		^		bit	oe wrap	)	10	0 LF	X			
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Namo of Dogistored Wests Used		L,										
Name of Registered Waste Hauler Newark Carting		Н	JDEP W auler ID 1509			1000000		ed Landfi ement L		ı		
City, State East Orange, NJ				Dispos	al Date	City, Stat		ΡΔ				
Completed by Alison Lamers	Title Office	e Man	ager	Si	ignature/	MUS	9,10,	D	ate 2/27/2	018		

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Date of Notification (1)			(Pursua	int to NJA	C 8:60 an	nd 12:120	0)	(	Cho	akt	HI	)6	3
12/31/2018			J&S	of Buildin Home R	ig Owner/o Remodel	Operator ling	(2)		E	BE		(7)	
Agencies Notified  Type Notificati  EPA  Initial			467	t Address Walnut S					1	44, 1			
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DOH justification Cancellat	n)	3	The second second	of Contac d Salahu				9	elephone 08-416	Numbe -4498	r Orr		· ···
Name of Facility Where Abatement is Ta	king Place	: (3)	FA	CILITY IN	FORMATI	ION	Type of Fa			Latin 15	1,445		
Residential Property  Street Address  City (5)							Subch Other etc.)	ol (K-12) napter 8 (Ot (i.e. private	her than & comm	K-12) nercial bu	uilding	s, hon	nes,
Elizabeth							Square Fee 3,302	et # 0	of Floors		Bldg. 1900		
County (6) Union			County (STATE	y Code (7) E USE ONL	Y)		Current Use	e (Prior if be	ing dem	olished)			
Name of Monitoring Firm Hired by Buildin	g Owner (	8)	ASC	CM No.		Name of Danvi	of Abatemen	t Contracto	r (9)				
Street Address  City, State, Zip Code						Street A							
Project Manager for Monitoring Firm			<del></del>			Elizab	ate, Zip Cod eth, NJ, (						,
Start Date (10)				one No.		Telepho 908-9	one No. 06-4123		Licens 0135				
01/12/2019	01/18	/2019	mpletion	Date (11)			f OSHA Moi vironmen		atories	, Inc.			
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire	Period of	Ahater	nent			Street A							
Abatement Performed Outside of Nor  Other – Describe: OCCUPIED	mal Facili	ty Houn	S		_		te, Zip Code , NJ, 0708						
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	Processor of the last of the l	Renova Demolii				×	Full Conta Mini-Enclo	inment with				re	=00000
Location of		s Locati Normal	ly		Desc	cription o	f					ement /pe	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Cus	ed Sole aintenar stodial S (12)	nce/ Staff?	Asbest (i.e.	tos Conta thermal s surfaci	ining Ma	terial (ACM) nsulation, or	(S	mount specify or LF)	Removal	Repair	Encapsulate	Enclosure
Basement	Yes	No	N/A X		Pine I	nsulatio	nn.	16	0 LF	- V		te	· · ·
					, .pc ,,	noulatio		10	OU LF	X			
Name of Registered Waste Hauler  Danvic Contracting LLC		Ha	JDEP Wauler ID 574	A C 10 C C C	Cubic Ya of Waste 3		1	of Register		fill			
City, State Elizabeth, New Jersey		1-,	-		Disposal TBD	I Date	City, S						
Completed by leymy Donneys	Title Owne	er				nature	()	iovinie, i P	1	Date	0010		

-IFIC ATIO	- Dailding	Owner/	Sperato	MENT 0) r (2)		JAN	1 4 2019				
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)ale of Notification (1) 1/7/19 Streetion	et Address	10 2 2 2 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		ue							
Agencies Notified Type Notification City	y, State, Zip	Code F	reehold	, NJ 077	728	Telephor	e Number				
Amended .#	ame of Cont	aci		10.75							
DEP DOL Emergency (institution)	Eric Pl	INFOR	MATION	1 7	ype of Fac	I (K-12) apter 8 (Other It	ian K-12)	s, homes,			
Name of Facility Where Abatement is Taking Place (3)					Subcit Other	(i.e. private & co	1 Rido	Age	7		
Name of Facility Where Abatema					Square Fo	et #ofF	oors 80		4		
				/	2336	Jse (Prior if being	demolished)				
Street Address		sade (7)									
City (5) Freehold	County C	JSE ONL	n —	Name	-s Abaten	nent Contractor	9)		-		
	ASCI			1	Brick	Industrico					
County (6) Monmouth  Name of Monitoring Firm Hired by Building Owner (8)				1	et Address	PO BOX 0.	5				
Name of Monitoring Firm				Cit	y, State, Zir	Code			-		
Street Address				Ť.	Brick, N	J 08723	License No. 01196			1	
		phone N	10.	1	732-89	0_7499	01150			-	
City, State, Zip Code				1	lame of OS	HA Monitor				7	
Project Manager for Monitoring Firm School	Juled Comple	etion Dat	te (11)		Street Addr	ess				-	
	1110110										
Start Date (10) 1/8/19	y One)	ent		Ì	City, State	, Zip Code					
Start Date (10)  1/8/19  Occupancy Status During Abatement (Check Only Facility Closed/Vacated During Entire Periox Abatement Performed Outside of Normal Facility Closed/Pacated During Entire Perior Abatement Performed Dutside of Normal Facility Closed/Pacated During Entire Perior  Abatement Performed Dutside of Normal Facility Closed/Pacated During Entire Perior  Abatement Performed Dutside of Normal Facility Closed/Pacated During Entire Perior  Abatement Performed Dutside Outside	d of Absolute actility Hours				П	Eul Containme	nt with Negative Pr	essure			
Abatement Performed S  Abatement Performed S  Other - Describe.					H	Mini-Enclosure	edure I (*) and Non-Friab	le Procedu	e	$\dashv$	
Other - Describe.  Scope of Work (Check All That Apply)	Renov Demo	lition			Н	Non-Exempted	( and the	Aba	ement ype	1	
23 st or 23 II 2160 st or 2260 If			T				Amount		Enc	En	
2160 STO.	Nor	cation mally solely by tenancel	1	Asbestos (	VA	s insulation.	(Specify SF or LF)	Removal	Encapsulate	Enclosure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED	C. ieto	dial Staf (12)	13	0	surfacing. Vi ther miscelia	(IGO as)		-X	1		
in Facility	1	No	NIA			alation	20LF	1	1		_
(13)	Yes	NO	X	Thermal	system insu	llauori		-			_
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		+-					ne of Registered La	andfill			
		+	1	1	Cubic Yar	ts Nar	Grows North	Landfill			-
			NJDEP Hauler	Waste ID No.	of Waste	-					
Name of Registered Waste Hauler	20	\	216	02	Disposal 1/15/1	Date	Morris	ville, PA			
Brick Industries, Inc.						nature C		1/	7/19		
Brick Industria		Title			319				exempt	ed act	gvities.
City, State Brick, NJ		1100	Presi	dent		· Do not use this	s form for asbestos	, licensure (	1005		
Completed by Eric Plackis											
L											

Date of Notification	(1) 1-4-2018						Owner / Operato ealty Services	r (2)		JAN 1	4	2019	
Agencies Notified	Type Notific	ation		Street			ealty Services						- 1
⊠ EPA	N 1-:::-					J1-JYV			A. 1	SELENTE.	CY N		2 31 
☐ DEP ☐ DOL						& Zip C	ode Center, 2445 Kus	er Rd. Hamilto	n N.I 08690		1,000		
□ DOH	⊠ Eme	rgency		Name	of C	ontact		or rea, riamine	11, 140 00000	Telepho	ne N	lumb	er
☐ DCA	☐ Cano	cellation		Greg S	chult	z – Prop	erty Manager			609-631	-2070		
					ACILI	TY INF	ORMATION		3-10-12-12-13-13-13-13-13-13-13-13-13-13-13-13-13-				
Name of Facility Wh PNC Bank	ere Abatem	ent is Taking P	lace (	3)			Type of Facili			( )() L			
Street Address							Subchan	<-12) ter 8 (Other tha	an K-12\				
55 Main Street								e. private & cor		ings, hon	nes, e	etc.)	
O:t- (E)		Io - + (0)	10			/=\	Square Feet	# of Flo	ors	Bldg. Ag	je		
City (5) South River, NJ		County (6) Middlesex	100	ounty (	ode	(1)	6,500	Prior if being d	emolished)	89		<u> </u>	
		I					Bank	i noi ii being d	emonsneu)				
Name of Monitoring	Firm Hired b	y Building Owr	ner (8	)	AS	CM No.		tement Contrac			4001000		
PT Consultants Street Address							Resource Ma Street Addres	nagement Gro	up, LLC				
62 Creek Road								n Ave, Suite 20	02				
City, State & Zip Co Bellmawr, NJ 08031			10.00			***************************************	City, State & Trenton, NJ 0	Zip Code	75				
Project Manager for Mr. Brian Havanki		irm	Tele	phone 955-58	Num	ber	Telephone No 609-914-4279	umber	License	Number 011			
Scheduled Start Da		Scheduled Cor	npleti	on Da		1)	Name of OSH	A Monitor		011	-		
1-7-2019 Occupancy Status D		ment (Check o		2019			Street Address	nental Laborato	ories, Inc.			3-01	
		During Entire P			atem	ent	2333 Route 2						
	Performed du	uring Normal H	ours:				City, State &						
	4:00pm - 12: upied During						Union, NJ 07	083					
Scope of Work (Che								WATER THE PROPERTY		Alexander (a)			
≥3 sf or ≥3 l				Dar					ntainment with	Negative	e Pre	ssure	)
≥160 sf ≥26					novat nolitie			☐ Mini-En ☐ Glove B	ag Procedure	s			
				= 71					empted and N		e Pro	cedu	ire
	ocation of	_		Locat			Description		Amount	101	atem	ent T	уре
	os-Containir erial (ACM)	ig		mally Solely			Asbestos-Con Material (A		(Specify SF or LF)			ш	m
TO E	BE ABATED		Maii	ntenar	ce o		(i.e., thermal s	ystems		Remova	Re	Encapsulat	Enclo
ii	Facility (13)		Cus	todial ( (12)	Staff	'	insulation, surfactor or other miscell			VOL	Repair	psu	osure
	(13)		Yes		N/A		or other miscen	aricous)		1 2		at	re
Furnace	S. III.		П	П		Pipe	Insulation		16 SF				
							Insulation		2 LF				
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			H	H	님					ᆜ님	H	H	H
Name of Registered	Waste Hau	ler				Waste ID No.	Cubic Yards of Waste	Name of Reg	istered Landfil	ı	1 —		1 —
Resource Managem	nent Group, l	LC			3521		TBD	Grows Landfi	11				
City, State Trenton, NJ 08619							Disposal Date	City, State Morrisville, Pa	Α , /				
Completed By (Prin	t or Type)			Tit			Signature	1	11.	Date			
Mr. Brian Haney				Pr	eside	nt	1991	h 1-	HAMIL	1-4-	2019		
							11/11/1	1-1	1 WWY				

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

C 0.0 1 -	7.4		(Fursu	ant to M.J.A.C.		. b. ·		<b>2</b> ()	P.F	3-2 100	- A
ate of Notification (1)	8754				Name of Building Owner/Op Franklin Township public	erator (2) schools	Constant Constant	25	1.1		111
gencies Notified		Notification T	ype		Street Address			1			1 11
general recursor					1755 Amwell Road City, State, Zip Code	- 1 1/1	JAN	14 6	2019	1 7. E.S.	1
3 EPA		☑ Initial Not			Somerset, NJ 08873				88	10.50	
I DCA		☐ Amended	# cv notifica	tion (including	Name of Contact		Telephone	Numbe	er		
DOL		iustification)	cy nounce	Lion (moraumy	Albert Fico Principle		732-746-0	170	7.		*
DEP IDOH		☐ Cancelled		Ų.			1377				
IDON									H) = 180 (0.25)		
				FACILITY INF	Type of Facility (4)						
ame of Facility Where A	batement is 7	Faking Place (	<u>3)</u>		School (K-12)						
onerly Road Scho	ol				I Subchanter 8 (other tha	an K-12)		10 1121			
treet Address 5 Conerly Rd					Other (i.e. private & common Sq. Feet: # of Floors:1 Bld Current Use (prior if being of	ercial buildin la. Age:	1960's	, etc.)			
			County	Code (7)	Current Use (prior if being c	iemonsneu).	3011001				
ity (5)	County (6)	erset		Ise Only)							
omerset	50111	lerser	Totale e	.00 OTH)							
	Hisad by Did	Owner (8)	ASCM	No.	Name of Contractor (9)						
ame of Monitoring Firm		g. Owner (o)	ACCIVIT	10.	A	220400000000000	¥6.7560				
HERA Consultants	inc.				Panoramic Window & Doo	or Systems	inc.				
treet Address					Street Address						
.O. Box 385					712 Sergeantsville Road						
		<u> </u>	Transport Co.		City State, ZipCode						
ity, State, Zip Code					Stockton, NJ 08859		W. J S. J. W. W. W.				
ceanville, NJ 08231-0	385	Telephone	Number		Telephone Number		License N	lumber			
roject Manager for Mon	itoring Firm	(609) 577			P (732)926-0900 x102		01237				
oe Capone		(609) 577	-0003		25						
cheduled Start Date (1)	0)	Scheduled	Completio	on Date (11)	Name of OSHA Monitor						
/9/2019	<u>01</u>	01/25/19			IAQ GURU LLC						
					Otro at Address						
Occupancy Status Durin	g Abatement	(Check only o	ne)		Street Address 87 Main Street						
T F Illy Classed Macate	ad During Ent	tire Period of A	abatemen	I vokdave – 3:00-	87 Wall October			125			
	Outside of N	iormai racility	Hours We	Junuay3 - 3.00	City, State, Zip Code						
1:00pm & Saturdays 9-	·u										
escribe					Lincoln Park, NJ 07035						
□Other - Describe:											
	-11 45 -4 1 3	V									
Source of Work (Check	all that apply	1									
> 3 st	or ≥ 3 If			⊠ Renov	vation	Mini-Enclos					
	sf or > 260	) If		□ Den	nolition	□Glovebag		3			
<u> </u>		50950)				lon-Friable I					V
ocation of Asbestos-	Is	Location Norn	nally	Description of	Asbestos Containing Material	Amou		Abate	ment T	ype	
Containing Material (AC	CM) in Us	sed Solely by		(ACM) (i.e. the	ermai systems insulation,	LF)	oify SF or	Remove	Repair E	ncap En	close
acility (13)	Ma	aint./Custodial	Staff?	surfacing, VAT	, or other misc.)	L1)					
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	Y	ES NO	NA 🗵	Tra	nsite window panels	980 \$	SF	X			
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			[X]	14	/indow Sills / Stools	1778	Sf	X			
Exterior of Building			E	1				X			1
			×	- M	/indow caulk / glaze	220	_F	X			
Exterior of Building								X			
		NUDERN	lasta Harr	ler ID #	Cubic Yards of Waste	-	Name o	f Regist	ered L	andfill	
Name of Reg. Waste H	<u>lauler</u>	NJDEP W 0036057	vasie Hau	ICI ID#			Chrin Bi	rothers S	anitary	Landfil	1
Panoramic Window 8	Door Sys	0030037									
Inc	Door Oys					T Diagrams!	Data		ity, Sta	te	
ino						Disposal	Date	F	aston,	PA	
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Completed by /Drint as	Type	Title			Signature ///		Date				
Completed by (Print or Mark M Jovic	( ) ( )	Environ	nental Pr	ojects Manager		1	1/8/19				
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					. //						

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Resource Management Group

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Date of Notification (1)  Agencies Netified Type Notification  EPA  DEP  DOL  DOH  DOH  DOA  Cencellation	State of New Jersey Tification of ASBESTOS A (Pursuant to N.J.A.C. 8:60 an  Name of Building Owner / Opera PNC Bark PNC Realty Services Street Address Mail Stop: J1-JYVA-03-1 City. State & Zip Code Mercer Realonal Center, 2445 Ki Name of Centect Greg Schultz - Property Menager	ABATEMENT d 12:120) tor (2)	JANTI 2019  JANTI 2019  Pelephone Number  609-831-2070
Name of Facility Where Abatement is Taking PNC Bank Street Address 55 Main Street City (5) South River, NJ Middlesen	County Code (7)	ility (4) (K-12) spter 8 (Other than K-12) s. private & commercial s of Floors 1 (Prior If being demolished	
Name of Monitoring Firm Hired by Building Of PT Consultants Street Address 62 Creak Road City, State & Zip Code Bellmawr, NJ 08031 Project Manager for Monitoring Firm Mr. Brian Havanki Scheduled Start Oate (10) 1-7-2019 Occupancy Status During Abstement (Check of Facility Closed/Vacated During Entire of Absternert Performed during Normal Poscribe: 4:00pm - 12:30pm Facility Occupied During Abstement Scope of Work (Check all that apply)	ASCM No. Name of Aber Resource Me Street Addres 2115 Hemilito City, State & Trenton, NJ (City, State &	stement Contractor (9) anagement Group, LLC as an Ave, Suite 202 Zip Code 28519 umber 9 1A Monitor nental Laboratories, Inc. 18 2 West	nse Number O1485
Location of Asbestes-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location  Normally Used Solely by Maintenance or Cuetodal Staff?  Nemally Used Asbeatos-Content Material (AC (I.e., thermal synthetical staff?)	Giove Bag Proced Non-Exempted and of Amog	Non-Frisble Procedure  Abstement Type
Furnace  Vame of Registered Waste Hauler	Yes No N/A  Pipe Insulation  Pipe Insulation  NJDEP Waste Cubic Yarda	16 SP 2 LB dame of Registered Land	
Resource Management Group, LLC City, State Frenton, NJ 08819 Completed By (Print or Type) Ar. Brian Haney	0035218 Of Waste TBD G	Prows Landfill  Tity, State  Torrisville, PA  ###################################	Date 1-4-2019

07 Jan 2000 12:07AM NJ Asbestos Control 609.633.0664

page 1

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BEST REMOVAL INC

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PAID	NOTIF	CATH	ONOR	New Jeries ASBESTOS A IAC 8160 and 1	BATEM 21120)	ent				101	YEY.	n1
of Notification (1)		Name	of Builds	ing Ownst/Ope	rator (2)				JAN	,	4 4	01
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DOH justification)	**:- <b>▼</b> :	[Nation	e or Cond	LEUDS	M.		1	TOTAL TAXABLE			-	_
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ne of Facility Where Abatement is Taking Place	(3)	50	- 46/11	alle Grant		Type of Fe	willing (4)					1
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y (5)						Square Fe	~~	2		93	0	
NEWARK		-		(7)		Current I	the (Prior if	being demolished)				
unity (6)		Cou	nty Code	01464)	-	-	28516	೨೮೭ ೧₹			_	
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into of Monitoring Firm Mired by Building Owner	ET (8)	1	AND THE PAR		Be	st Rem	yal, Inc	ò				1
					Swan	Adrines						-
reet Address			**		- 4	50 Sout		Street				-
Co. Carlo					City,	State, Zip C	ods	Tampata 0/14	(0)			
iry, State, Zip Code	5)					Hacken	sack, N	BW Jersey 076	)VI			
roject Manager for Monitoring Firm		Tal	lophone ?	No.	Telo	phone No. 01-329-	7444	0038	8			
ONE DATE DOUGLO AND RESERVED TO A CONTROL OF THE STATE OF						01-329- p of OSHA						-
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1/10/19	1	oropie:	1/19	(11)	Or	mega Ex	vironn			-		_
o 100 / 9 Decupancy Status During Abatement (Check Only	y Ona)	111	1/19		Stree 2	mega Ex d Address 280 Huy	er Street					_
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BEST REMOVAL INC

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Best Removal, Inc.		H	判员	No. of	Yesto :	1124	Mine	rva Ex	terpri	ses, L	LC		
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Date of Notification (1)			Nam	ne of Building Own	er/Operat	or (2)	1 100					
12-28-2108			Pro	ceed Inc( Wea	therizat	ion Unit for I	Inion 9	6	LAM	7	2019	1
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DCA Cancella				eph Sardina				elephone				
				CILITY INFORMA			9	08-351	-7727	8		
Name of Facility Where Abatement is Ta	king Plac	e (3)	17	CILIT INFORMA	ATION	Type of Facil						
Private Dwelling		145				Type of Facil				190		
Street Address  City (5)						X Other (i.	oter 8 (Ot	her than I & comme	<-12) ercial b	uilding	js, ho	omes,
Hillside NJ 07205						etc.) Square Feet		of Floors				
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Union	-		Count	y Code (7)		Current Use (			liah - C	IN/A		
			(STATE	E USE ONLY)		Private Dw	elling	my demo	iisned)			
Name of Monitoring Firm Hired by Buildin	g Owner	(8)	ASC	CM No.	Name	of Abatement C		- (0)		-10		
Standard Environmental					Ama	x Contracting	ontractor	r (9)				
Street Address						Address	y LLC					
2108 Fulton Street, Suite 2A						BOX 734						
City, State, Zip Code												
Brooklyn NY 11233						tate, Zip Code						
Project Manager for Monitoring Firm			Teleph	one No.	7700	dland Park N	IJ 0742	4				
Kayode Adefisoye				241-7673		one No.		License	No.			
Start Date (10)	Sched	ulad Co		Date (11)		692-6198		01266				
01-17-2019	02-1	7-2019	J mbierioti	Date (11)		of OSHA Monito						
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Abatement Performed Outside of Nov	Period of	Abate	ment		PO B	OX 734						
Other – Describe:	IIIai raciii	ty Hour	'S		City, Sta	ate, Zip Code						_
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Name of Facility Where A	batement is Taking	Place (3	)	FACI	LITY INFO	RMATIC	ON	Type	of Facility (4	4)			-		-
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City (5) Roselle NJ 07203								Squar N/A	e Feet	# of	Floors	1,022	dg. A	ge	
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Name of Monitoring Firm	(d) (E)	Owner (8)		ASCN	l No.				ement Con		(9)				
Standard Environme	ental								tracting L	LC.					
Street Address 2108 Fulton Street,	Suite 2A							Addres							
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Facility Closed/Vaca								30X 7							
Abatement Performe Other – Describe:	ed Outside of Norm	al Facility	Hours				18.8		p Code	0740					
Scope of Work (Check Al	I That Apply)						VVOC	odiand	Park NJ	0742	4	-			
≥3 sf or ≥3 lf		X R	enova	tion			>	Full	Containme	ent with	Negative	Pressur	'e		
≥160 sf or ≥260 lf			emolit				2	Min	i-Enclosure	:	rioganio	. 10000			
									vebag Prod n-Exempted		d Non-Fria	ble Pro	cedur	е	
		1956	Locati	500										ment pe	
Location Asbestos-Containing			ormal d Sole		Achast		cription		(ACM)	Λ.	mount	-			
TO BE ABA	TED	Mai	ntenar odial S	nce/		os Conta thermal	system	s insula		(S	pecify	Re	ZJ	Enca	Enc
In Facilii (13)	ty	Cust	(12)	Aun:		surfac other m	ing, VA			SF	or LF)	Remova	Repair	Encapsulate	Enclosure
, ,		Yes	No	N/A								<u>a</u>	'	ate	Ге
Baseme	ent			x		pipe	insula	tion		2	0 LF	x			
						p.p.						-			
			ERTE -					-				1			
Name of Registered Was	te Hauler		N	JDEP W	/aste	Cubic	Yards		Name of	Registe	red Landfi	1			
Amax Contracting LL				auler ID 036184		of Was	ste		Fairless	0-0898					1
City, State				000104	T		al Date		City, State	9					
Woodland Park NJ 0	7424					02-25					ark NJ 07	7424			
Completed by		Title				S	ignature	9			_	ate	00:-		
Tome Maslarkov		Proje	ct Ma	anager			1	/		_	1	2-28-	2019	)	

NO CIL	NOT	IFICAT	LION	OF ASBESTOS ABATEM	ENT		নি ্	52	1	/ :	
NOCK	(	Pursua	nt to	Name of Building Own	ner/Operator (2)		-	-	-		
Date of Notification (1)				SETON HALL UNIVER	SITY			_		400	111 111
1 / 3 /19				Street Address	AVENUE	J. J	AN	1 4	20	19	11.2
Agencies Notified Type Notification				400 SOUTH ORANGE	AVENUE	- Ī			_	_	
EPA Initial Notification				City, State, Zip Code SOUTH ORANGE, NE	W JERSEY 07079	,					, is
DEP Amended Notification Cancellation						Telephone Numb				14 1 4	
X DOH x On Hold	#1 ION			Name of Contact MICHAEL MARCONI		73-761-9439		-45	70.5651		779 785
DCA EMERGENCY NOTIFICATI	ON		FACI	LITY INFORMATION		-					
Name of Facility Where Abatement is Taking Place (3)					Type of Facility (						
					Subchanter	8 (Other than K-	12)	la a ma	on oto	. 1	
SETON HALL UNIVERSITY					X Other (ie. p	rivate & commcl. # of Floors	blags.	, nom	Bldg	. Age	
Street Address 400 SOUTH ORANGE AVENUE - McQUAID HALL					60,000	3			40	0+	
City (5)   County (6)			T	County Code (7)	Current Use (Pric	or if being demolis	shed)				
SOUTH ORANGE ESSEX				(STATE USE ONLY) ASCM No.	Name of Abaten	nent Contractor	(9)	ONLINE CONTRACTOR			
Name of Monitoring Firm Hired by Building Owner (8) OMEGA ENVIRONMENTAL				3	PAR ENVIRONM	MENTAL CORPO	RATIC	N_			
Street Address					Street Address 313 SPOOK RO	CK ROAD					
280 HUYLER STREET		6620 KO	-III.se		City State, Zip C	ode					
City, State, Zip Code SOUTH HACKENSACK, NE	W JERSE	Y 0760	06	umbar	SUFFERN, NEW Telephone Numl	per Licer	se Nu	mber			
Project Manager for Monitoring Firm		elepho			845-369-7500	1101					
GEISER FAJARDO  EXPECTED START DATE (10): (RESTART)	Sched. C	omple	tion [	Date (11)	Name of OSHA	Monitor RONMENTAL SC	LUTIC	ONS 8	TEC	H.	
12 / 26 /18	Monti	5/	(	01/ /19 Day Year_	QUALITY ENVIR	-ONIMENTAL OC					
Month Day Year Occupancy Status During Abatement (Check only one)					Street Address 1376 ROUTE 9						
Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility	of Abateme	nt Descri	ibe:		170000000000000000000000000000000000000						
X Other - Describe: MONDAY -FRIDAY 4PM-	12AM	D 00001			City, State, Zip (	Code WAPPINGERS	S FALI	_S, N	Y 1259	90	
				X Full Cont	I ainment with Nega						
Scope of Work (Check all that apply)    Demolition   X	Renovati	on		Mini-Encl	o:, Procedure						
>3SF OR LF					ble Procedure						
X >160 SF OR 260 LF	Is Lo	ocation		Description of A	sbestos-	Amount	-			ment T	ype
Asbestos-containing	0.0000000000000000000000000000000000000	ally use	ed	Containing Mater (ie. Thermal s		(Specify	M	REPAIR	NS.	NC	
Material (ACM) TO BE ABATED	0.0000000000000000000000000000000000000	ely by. Custod	lial	insulation, surfac	cing, VAT,	SF or LF)	REMOVAL	Ħ	ENCAPSUL	ENCLOSUR	
in Facility (13)		ff (12)	N1/A	or other miscel	laneous)		-		1	Ħ	
	Yes	No	N/A								
3RD FLOOR ROOMS 201,201A,203A,203B,207A,	+		X	VAT	complete	835 SF	X				
207B,224, 225,226, & CORRIDORS	+			VAT	•	315 SF	X		_	_	
2ND FLOOR ROOMS 118,120,121,122A	-		X	VAT		85 SF	Х		-	-	
2ND FLOOR ROOM 106	+		X	VAT		335 SF	X		-	-	
2ND FLOOR ROOM 104 & MAIN CORRIDOR	1		x	TSI & DEBRIS	complete	170 LF	Х	_	-	-	
2ND FLOOR ROOMS 108,110,112,114,118,120			x	VAT		78 SF	X		1-	-	
ATTIC-THROUGHOUT	-	-	1	VAI				_	_	_	
			1					1	-	-	
								_	-	-	
							_	+	+	+	
	+							+	+	+	
								1	-	-	
						11 100				-	
Name of Registered Waste Hauler	NJDEF			Cubic Yards of Waste	Name of Regi	stered Landfill TRAL SANITAR)	LAN	DFILL			
NEWARK CARTING INC.	Hauler	ID No. 913		20	20		to describe				
369 RAYMON BLVD. City, State		010		Disposal Date	PI MINIELD	TOWNSHIP, PA			/	1	
NEWARK, NEW JERSEY 07105				12/26-05/01/19 Signature	- Promy LLCO	D	ate		12	3/	19
Completed by (Print or Type) BENJAMIN SANCHEZ  Title DIRECTOR OF C	PERATIO	NS		/-	100			-/	/	1	1

.3	NOTIF	O A TIC	DALOE	of New Jersey - ASBESTOS ABATEM AC 8:60-7 and 12:120-7	ENT	TE M	E	1		1 -17	
	(Pt	ursuant	to NJ	Name of Building Owl	ner/Operator (2)						
				SETON HALL UNIVER	RSITY		4	-	nen.	- 1	3 1
e of Notification (1)				Street Address	AVENUE	JA	M 1	4	2019	1	1
12 / 17 /18  noies Notified Type Notification				400 SOUTH ORANGE	AVENUE	1 11					
Table Notification				City, State, Zip Code SOUTH ORANGE, NE	W JERSEY 07079	1		an manager plan	#-+ · · ·		
DEP Amended Notification						lephone Number	v-, r	1 1 1			27 312 77
X DOL Cancellation				Name of Contact	97	3-761-9439	1-1-1			4	
X DOH On Hold EMERGENCY NOTIFICATI	ON			MICHAEL MARCONI							
		F	ACILI	TY INFORMATION	Type of Facility (4	)					
me of Facility Where Abatement is Taking Place (3)					School (K-12	) s (Other than K-1	2)				1
					Subchapter of Other (ie. pri	vate & commcl. b	ldgs.,	homes	, etc.)	1-0	
TON HALL UNIVERSITY					Square Feet	# of Floors			3ldg. / 40-	3	
eet Address					60,000	3	ned)				
0 SOUTH ORANGE AVENUE - McQUAID HALL				County Code (7)	Current Use (Prior UNIVERSITY	if being delitorist	ieu)				
ty (5)   County (6)				(STATE USE ONLY)  ASCM No.	at af Ahatam	ent Contractor (	9)	a ·			
OUTH ORANGE ESSEX ame of Monitoring Firm Hired by Building Owner (8)				3	PAR ENVIRONM	ENTAL CORPOR	AHO	N			
MEGA ENVIRONMENTAL		-			Street Address 313 SPOOK ROO	K ROAD					
reet Address 30 HUYLER STREET					City State Zip Co	ode					
	EM IEDOE	V 0760	6	5.45	SUFFERN, NEW	YORK 10901	e Nu	nher			
SOUTH HACKENGHOM,	Te Tense	elephor	ne Nu	mber	Telephone Numb	er Licens	oc ivui				
roject Manager for Monitoring Firm	20	1-489-	8700	of entire that the same of the	845-369-7500 Name of OSHA	Annitor					
EISER FAJARDO  XPECTED START DATE (10): (RESTART)	Sched. Co	mplet 5 /	ion D	ate (11)	QUALITY ENVIR	ONMENTAL SO	LUTIC	NS &	TECH		
12 / 26 /18	Month		U	Day Year	Street Address						
Month Day Year Decupancy Status During Abatement (Check only one)					1376 ROUTE 9						
accupancy Status During Abatement (											
Facility Closed/Vacated During Entire Period	of Abatemer	ni Descrii	ne:		2000000	- da				27.27	
Facility Closed/Vacated During Entire Facility Closed During Ent		nt Descril	be:		City, State, Zip C	ode WAPPINGERS	FALL	S, NY	1259	0	
Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Fac X Other - Describe: MONDAY -FRIDAY 4PM	-12AM	nt Descril	be:	TY Full Cor	City, State, Zip C	WAPPINGERS	FALL	S, NY	1259	0	
Facility Closed/Vacated Duting Entire State   Abatement Performed Outside of Normal Fac   X	-12AM		be:	Mini-En	City, State, Zip Containment with Nega	WAPPINGERS	FALL	S, NY	1259	0	
Facility Closed/Vacated Duting Entire of Normal Fac	-12AM		be:	Mini-En Gloveba	City, State, Zip Containment with Nega colo:,	WAPPINGERS	FALI				
Facility Closed/Vacated Duting Entitle of Normal Fac	-12AM f Renovation	on		Mini-En Gloveba X Non-Fri	City, State, Zip Containment with Negaloclo:, ag Procedure liable Procedure	tive Pressure			bater	nent T	уре
Facility Closed/Vacated Duting Entire of Normal Fac	-12AM  Renovation	on		Mini-En Gloveba X Non-Fri Description of Containing Mat	City, State, Zip Containment with Negaticlo:, ag Procedure liable Procedure Asbestosterial (ACM)	tive Pressure  Amount			bater	nent T	уре
Facility Closed/Vacated Duting Entirement Performed Outside of Normal Fac X Other - Describe: MONDAY -FRIDAY 4PM  Scope of Work (Check all that apply)  Demolition  -3SF OR LF  X >160 SF OR 260 LF  Location of Asbestos-containing	Renovation Is Lo	on ocation ally use		Mini-En Gloveba X Non-Fri Description of Containing Mat	City, State, Zip Containment with Negal clost, ag Procedure lable Procedure Asbestosterial (ACM)	Amount (Specify			bater	nent T	уре
Facility Closed/Vacated During Live Abatement Performed Outside of Normal Fac X Other - Describe: MONDAY -FRIDAY 4PM  Scope of Work (Check all that apply)  Demolition  >3SF OR LF  X >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM)	Renovation  * Is Lo normal sol Maint/	on ocation ally use ely by Custod	d	Mini-En Gloveb: X Non-Fri Description of Containing Mat (ie. Thermal insulation, surf	City, State, Zip Containment with Negal closs, ag Procedure liable Procedure Asbestosterial (ACM) systems lacing, VAT,	tive Pressure  Amount	REMOVAL				ype
Facility Closed/Vacated During Live Abatement Performed Outside of Normal Fac X Other - Describe: MONDAY -FRIDAY 4PM  Scope of Work (Check all that apply)  Demolition  > 3SF OR LF  X > 160 SF OR 260 LF  Location of Asbestos-containing Material (ACM)  TO BE ABATED	Renovation  Standard  Maint/ Sta	ocation ally use ely by Custod	d lial	Mini-En Gloveba X Non-Fri Description of Containing Mat	City, State, Zip Containment with Negal closs, ag Procedure liable Procedure Asbestosterial (ACM) systems lacing, VAT,	Amount (Specify			bater	nent T	ype
Facility Closed/Vacated Duting Lind Abatement Performed Outside of Normal Fac X Other - Describe: MONDAY -FRIDAY 4PM  Scope of Work (Check all that apply) Demolition   X	Renovation  S  S  Maint/ Sta	ocation ally use ely by Custod	d	Mini-En Gloveb: X Non-Fri Description of Containing Mat (ie. Thermal insulation, surf	City, State, Zip Containment with Negal closs, ag Procedure liable Procedure Asbestosterial (ACM) systems lacing, VAT,	Amount (Specify	REMOVAL		bater	nent T	ype
Facility Closed/Vacated Duting Lind Abatement Performed Outside of Normal Fac X Other - Describe: MONDAY -FRIDAY 4PM  Scope of Work (Check all that apply) Demolition   X	Renovation  Standard  Maint/ Sta	ocation ally use ely by Custod aff (12)	ial	Mini-En Gloveb: X Non-Fri Description of Containing Mat (ie. Thermal insulation, surf or other misc	City, State, Zip Containment with Negal closs, ag Procedure liable Procedure Asbestosterial (ACM) systems lacing, VAT,	Amount (Specify			bater	nent T	ype
Facility Closed/Vacated During Line Abatement Performed Outside of Normal Fac X Other - Describe: MONDAY -FRIDAY 4PM  Scope of Work (Check all that apply) Demolition > 3SF OR LF X > 160 SF OR 260 LF Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  3RD FLOOR ROOMS 201,201A,203A,203B,207A,	Renovation  Standard  Maint/ Sta	ocation ally use ely by Custod aff (12)	ial N/A	Mini-En Gloveb: X Non-Fri Description of Containing Mat (ie. Thermal insulation, surf or other misc	City, State, Zip Containment with Negal closs, ag Procedure liable Procedure Asbestosterial (ACM) systems lacing, VAT,	Amount (Specify SF or LF)	REMOVAL X X		bater	nent T	уре
Facility Closed/Vacated During Live Abatement Performed Outside of Normal Fac X Other - Describe: MONDAY -FRIDAY 4PM Scope of Work (Check all that apply)  Demolition  > 3SF OR LF  X > 160 SF OR 260 LF  Location of Asbestos-containing Material (ACM)  TO BE ABATED in Facility (13)  3RD FLOOR ROOMS 201,201A,203A,203B,207A, 207B,224, 225,226, & CORRIDORS	Renovation  Standard  Maint/ Sta	ocation ally use ely by Custod aff (12)	ial N/A X	Mini-En Gloveb: X Non-Fri Description of Containing Mat (ie. Thermal insulation, surf or other misc	City, State, Zip Containment with Negal closs, ag Procedure liable Procedure Asbestosterial (ACM) systems lacing, VAT,	Amount (Specify SF or LF)	REMOVAL X		bater	nent T	ype
Facility Closed/Vacated Duting Line Abatement Performed Outside of Normal Fac X Other - Describe: MONDAY -FRIDAY 4PM  Scope of Work (Check all that apply) Demolition >3SF OR LF X >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  3RD FLOOR ROOMS 201,201A,203A,203B,207A, 207B,224, 225,226, & CORRIDORS 2ND FLOOR ROOMS 118,120,121,122A	Renovation  Standard  Maint/ Sta	ocation ally use ely by Custod aff (12)	ial N/A X X	Mini-En Gloveb: X Non-Fri Description of Containing Mat (ie. Thermal insulation, surf or other misc	City, State, Zip Containment with Negal closs, ag Procedure liable Procedure Asbestosterial (ACM) systems lacing, VAT,	Amount (Specify SF or LF)	REMOVAL X X		bater	nent T	ype
Facility Closed/Vacated Duting Line Abatement Performed Outside of Normal Fac X Other - Describe: MONDAY -FRIDAY 4PM  Scope of Work (Check all that apply) Demolition >3SF OR LF X >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  3RD FLOOR ROOMS 201,201A,203A,203B,207A, 207B,224, 225,226, & CORRIDORS 2ND FLOOR ROOMS 118,120,121,122A	Renovation  Standard  Maint/ Sta	ocation ally use ely by Custod aff (12)	d ial N/A X X X X	Mini-En Gloveb: X Non-Fri Description of Containing Mat (ie. Thermal insulation, surf or other misc	City, State, Zip Containment with Negal closs, ag Procedure liable Procedure Asbestosterial (ACM) systems lacing, VAT,	Amount (Specify SF or LF)  835 SF  315 SF	REMOVAL X X X		bater	nent T	ype
Facility Closed/Vacated Duting Line Abatement Performed Outside of Normal Fac X Other - Describe: MONDAY -FRIDAY 4PM  Scope of Work (Check all that apply) Demolition >3SF OR LF X >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  3RD FLOOR ROOMS 201,201A,203A,203B,207A, 207B,224, 225,226, & CORRIDORS 2ND FLOOR ROOMS 118,120,121,122A 2ND FLOOR ROOM 106 2ND FLOOR ROOM 104 & MAIN CORRIDOR	Renovation  Standard  Maint/ Sta	ocation ally use ely by Custod aff (12)	M/A X X X X X X	Mini-En Gloveb: X Non-Fri Description of Containing Mat (ie. Thermal insulation, surf or other misc	City, State, Zip Containment with Negal closs, ag Procedure liable Procedure Asbestosterial (ACM) systems lacing, VAT,	Amount (Specify SF or LF)  835 SF 315 SF 85 SF 335 SF	REMOVAL X X X X		bater	nent T	ype
Facility Closed/Vacated During Line Abatement Performed Outside of Normal Fac X Other - Describe: MONDAY -FRIDAY 4PM  Scope of Work (Check all that apply) Demolition > 3SF OR LF X > 160 SF OR 260 LF  Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  3RD FLOOR ROOMS 201,201A,203A,203B,207A, 207B,224, 225,226, & CORRIDORS 2ND FLOOR ROOMS 118,120,121,122A 2ND FLOOR ROOM 106 2ND FLOOR ROOM 104 & MAIN CORRIDOR 2ND FLOOR ROOMS 108,110,112,114,118,120	Renovation  Standard  Maint/ Sta	ocation ally use ely by Custod aff (12)	d ial N/A X X X X	Mini-En Gloveb: X Non-Fri Description of Containing Mat (ie. Thermal insulation, surf or other misc	City, State, Zip Containment with Negal closs, ag Procedure liable Procedure Asbestosterial (ACM) systems lacing, VAT,	Amount (Specify SF or LF)  835 SF 315 SF 85 SF 170 LF	REMOVAL X X X X X		bater	nent T	ype
Facility Closed/Vacated Duting Line Abatement Performed Outside of Normal Fac X Other - Describe: MONDAY -FRIDAY 4PM  Scope of Work (Check all that apply) Demolition >3SF OR LF X >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  3RD FLOOR ROOMS 201,201A,203A,203B,207A, 207B,224, 225,226, & CORRIDORS 2ND FLOOR ROOMS 118,120,121,122A 2ND FLOOR ROOM 106 2ND FLOOR ROOM 104 & MAIN CORRIDOR	Renovation  Standard  Maint/ Sta	ocation ally use ely by Custod aff (12)	M/A X X X X X X	Mini-En Gloveb: X Non-Fri Description of Containing Mat (ie. Thermal insulation, surf or other misc	City, State, Zip Containment with Negal closs, ag Procedure liable Procedure Asbestosterial (ACM) systems lacing, VAT,	Amount (Specify SF or LF)  835 SF 315 SF 85 SF 335 SF	REMOVAL X X X X X		bater	nent T	ype
Facility Closed/Vacated During Line Abatement Performed Outside of Normal Fac X Other - Describe: MONDAY -FRIDAY 4PM  Scope of Work (Check all that apply) Demolition > 3SF OR LF X > 160 SF OR 260 LF  Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  3RD FLOOR ROOMS 201,201A,203A,203B,207A, 207B,224, 225,226, & CORRIDORS 2ND FLOOR ROOMS 118,120,121,122A 2ND FLOOR ROOM 106 2ND FLOOR ROOM 104 & MAIN CORRIDOR 2ND FLOOR ROOMS 108,110,112,114,118,120	Renovation  Standard  Maint/ Sta	ocation ally use ely by Custod aff (12)	M/A X X X X X X	Mini-En Gloveb: X Non-Fri Description of Containing Mat (ie. Thermal insulation, surf or other misc	City, State, Zip Containment with Negal closs, ag Procedure liable Procedure Asbestosterial (ACM) systems lacing, VAT,	Amount (Specify SF or LF)  835 SF 315 SF 85 SF 335 SF	REMOVAL X X X X X		bater	nent T	ype
Facility Closed/Vacated During Line Abatement Performed Outside of Normal Fac X Other - Describe: MONDAY -FRIDAY 4PM  Scope of Work (Check all that apply) Demolition > 3SF OR LF X > 160 SF OR 260 LF  Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  3RD FLOOR ROOMS 201,201A,203A,203B,207A, 207B,224, 225,226, & CORRIDORS 2ND FLOOR ROOMS 118,120,121,122A 2ND FLOOR ROOM 106 2ND FLOOR ROOM 104 & MAIN CORRIDOR 2ND FLOOR ROOMS 108,110,112,114,118,120	Renovation  Standard  Maint/ Sta	ocation ally use ely by Custod aff (12)	M/A X X X X X X	Mini-En Gloveb: X Non-Fri Description of Containing Mat (ie. Thermal insulation, surf or other misc	City, State, Zip Containment with Negal closs, ag Procedure liable Procedure Asbestosterial (ACM) systems lacing, VAT,	Amount (Specify SF or LF)  835 SF 315 SF 85 SF 335 SF	REMOVAL X X X X X		bater	nent T	ype
Facility Closed/Vacated During Line Abatement Performed Outside of Normal Fac X Other - Describe: MONDAY -FRIDAY 4PM  Scope of Work (Check all that apply) Demolition > 3SF OR LF X > 160 SF OR 260 LF  Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  3RD FLOOR ROOMS 201,201A,203A,203B,207A, 207B,224, 225,226, & CORRIDORS 2ND FLOOR ROOMS 118,120,121,122A 2ND FLOOR ROOM 106 2ND FLOOR ROOM 104 & MAIN CORRIDOR 2ND FLOOR ROOMS 108,110,112,114,118,120	Renovation  Standard  Maint/ Sta	ocation ally use ely by Custod aff (12)	M/A X X X X X X	Mini-En Gloveb: X Non-Fri Description of Containing Mat (ie. Thermal insulation, surf or other misc	City, State, Zip Containment with Negal closs, ag Procedure liable Procedure Asbestosterial (ACM) systems lacing, VAT,	Amount (Specify SF or LF)  835 SF 315 SF 85 SF 335 SF	REMOVAL X X X X X		bater	nent T	ype
Facility Closed/Vacated During Line Abatement Performed Outside of Normal Fac X Other - Describe: MONDAY -FRIDAY 4PM  Scope of Work (Check all that apply) Demolition > 3SF OR LF X > 160 SF OR 260 LF  Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  3RD FLOOR ROOMS 201,201A,203A,203B,207A, 207B,224, 225,226, & CORRIDORS 2ND FLOOR ROOMS 118,120,121,122A 2ND FLOOR ROOM 106 2ND FLOOR ROOM 104 & MAIN CORRIDOR 2ND FLOOR ROOMS 108,110,112,114,118,120	Renovation  Standard  Maint/ Sta	ocation ally use ely by Custod aff (12)	M/A X X X X X X	Mini-En Gloveb: X Non-Fri Description of Containing Mat (ie. Thermal insulation, surf or other misc	City, State, Zip Containment with Negal closs, ag Procedure liable Procedure Asbestosterial (ACM) systems lacing, VAT,	Amount (Specify SF or LF)  835 SF 315 SF 85 SF 335 SF	REMOVAL X X X X X		bater	nent T	ype
Facility Closed/Vacated During Line Abatement Performed Outside of Normal Fac X Other - Describe: MONDAY -FRIDAY 4PM  Scope of Work (Check all that apply) Demolition > 3SF OR LF X > 160 SF OR 260 LF  Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  3RD FLOOR ROOMS 201,201A,203A,203B,207A, 207B,224, 225,226, & CORRIDORS 2ND FLOOR ROOMS 118,120,121,122A 2ND FLOOR ROOM 106 2ND FLOOR ROOM 104 & MAIN CORRIDOR 2ND FLOOR ROOMS 108,110,112,114,118,120	Renovation  Standard  Maint/ Sta	ocation ally use ely by Custod aff (12)	M/A X X X X X X	Mini-En Gloveb: X Non-Fri Description of Containing Mat (ie. Thermal insulation, surf or other misc	City, State, Zip Containment with Negal closs, ag Procedure liable Procedure Asbestosterial (ACM) systems lacing, VAT,	Amount (Specify SF or LF)  835 SF 315 SF 85 SF 335 SF	REMOVAL X X X X X		bater	nent T	ype
Facility Closed/Vacated During Line Abatement Performed Outside of Normal Fac X Other - Describe: MONDAY -FRIDAY 4PM  Scope of Work (Check all that apply) Demolition > 3SF OR LF X > 160 SF OR 260 LF  Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  3RD FLOOR ROOMS 201,201A,203A,203B,207A, 207B,224, 225,226, & CORRIDORS 2ND FLOOR ROOMS 118,120,121,122A 2ND FLOOR ROOM 106 2ND FLOOR ROOM 104 & MAIN CORRIDOR 2ND FLOOR ROOMS 108,110,112,114,118,120	Renovation  Standard  Maint/ Sta	ocation ally use ely by Custod aff (12)	M/A X X X X X X	Mini-En Gloveb: X Non-Fri Description of Containing Mat (ie. Thermal insulation, surf or other misc	City, State, Zip Containment with Negacidos, ag Procedure lable Procedure Asbestosterial (ACM) is systems racing, VAT, rellaneous)	Amount (Specify SF or LF)  835 SF 315 SF 85 SF 335 SF 170 LF 78 SF	REMOVAL X X X X X		bater	nent T	ype
Facility Closed/Vacated Duting Lind Abatement Performed Outside of Normal Fac X Other - Describe: MONDAY -FRIDAY 4PM  Scope of Work (Check all that apply) Demolition - 3SF OR LF X > 160 SF OR 260 LF  Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  3RD FLOOR ROOMS 201,201A,203A,203B,207A, 207B,224, 225,226, & CORRIDORS 2ND FLOOR ROOMS 118,120,121,122A  2ND FLOOR ROOM 106 2ND FLOOR ROOMS 108,110,112,114,118,120 ATTIC-THROUGHOUT	Renovation Start S	on ocation ally use ely by Custod aff (12) No	d N/A X X X X X X X	Mini-En Gloveb: X Non-Fri Description of Containing Mat (ie. Thermal insulation, surf or other misc	City, State, Zip Containment with Negacido:, ag Procedure liable Procedure Asbestosterial (ACM) systems facing, VAT, rellaneous)	Amount (Specify SF or LF)  835 SF 315 SF 85 SF 170 LF 78 SF	REMOVAL X X X X X X X X X X X X X X X X X X X	REPAIR	ENCAPSUL	nent T	ype
Facility Closed/Vacated Duting Linds Abatement Performed Outside of Normal Fac X Other - Describe: MONDAY -FRIDAY 4PM  Scope of Work (Check all that apply) Demolition > 3SF OR LF X > 160 SF OR 260 LF  Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  3RD FLOOR ROOMS 201,201A,203A,203B,207A, 207B,224, 225,226, & CORRIDORS 2ND FLOOR ROOM 106 2ND FLOOR ROOM 104 & MAIN CORRIDOR 2ND FLOOR ROOMS 108,110,112,114,118,120 ATTIC-THROUGHOUT	Renovation State Yes	ocation ally use ely by Custod aff (12)	d N/A X X X X X X X X X X X X X X X X X X X	Mini-En Gloveb: X Non-Fri Description of Containing Mat (ie. Thermal insulation, surf or other misc	City, State, Zip Containment with Negaciclo:, ag Procedure liable Procedure Asbestosterial (ACM) is systems acing, VAT, rellaneous)	Amount (Specify SF or LF)  835 SF 315 SF 85 SF 335 SF 170 LF 78 SF	REMOVAL X X X X X X X X X X X X X X X X X X X	REPAIR	ENCAPSUL	nent T	ype
Facility Closed/Vacated Duting Lind Abatement Performed Outside of Normal Fac X Other - Describe: MONDAY -FRIDAY 4PM Scope of Work (Check all that apply)  Demolition  > 38F OR LF  X > 160 SF OR 260 LF  Location of Asbestos-containing Material (ACM)  TO BE ABATED in Facility (13)  3RD FLOOR ROOMS 201,201A,203A,203B,207A, 207B,224, 225,226, & CORRIDORS  2ND FLOOR ROOMS 118,120,121,122A  2ND FLOOR ROOM 106  2ND FLOOR ROOMS 108,110,112,114,118,120  ATTIC-THROUGHOUT  Name of Registered Waste Hauler  NEWARK CARTING INC.	Renovation State Yes	on ocation ally use ely by Custod aff (12) No	d ial N/A X X X X X X X X X X X X X X X X X X X	Mini-En Gloveb: X Non-Fri Description of Containing Mat (ie. Thermal insulation, surf or other misc VAT VAT VAT VAT VAT Cubic Yards of Waste 20	City, State, Zip Containment with Negariclos, ag Procedure liable Procedure Asbestosterial (ACM) systems facing, VAT, rellaneous)	Amount (Specify SF or LF)  835 SF 315 SF 85 SF 170 LF 78 SF	REMOVAL X X X X X X X X X X X X X X X X X X X	REPAIR	ENCAPSUL	nent T	ype
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FRELLER
State of New Jersey ASBESTOS ABATEMENT
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Name of Building of Building O
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- los prospection (1)
1 Type Notification City, State, NEW JERSE!
Amonded Notification 11 (Sontact   551-996-3776
TOFP Cancellation FARRELL
Type School (K-12)
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of Facility
200,000 200,000 Line (Prior if being demolished)
Street Address Street Address STORY AVENUE  STATE USE ONLY)  (STATE USE ONLY)  (STATE USE ONLY)  (STATE USE ONLY)  Name of Abatement Contractor (9)  Name of Abatement Contractor (9)  Name of Abatement Contractor (9)
City (5) Street Address Oct BOAD
Name of Monitoring Firm Hired by Building  Name of Monitoring Firm Hired by Building  LANGAN ENGINEERING & ENVIRONMENTAL  LANGAN ENGINEERING & ENVIRONMENTAL  SUFFERN, NEW YORK 10901  SUFFERN, NEW YORK 10901  SUFFERN, NEW YORK 10901  SUFFERN, NEW YORK 10901
LANGAN LINES
300 KIMBALL Odda New JERSEY 07- Number 1845-369-7500
Project Mainage Sched. Completion 30 Year
and State Date 1 18 Month
Month Day Year (Check only one)  Month Day Year (Check only one)  Month Occupancy Status During Abatement (Check only one)  X Facility Closed/Vacated During Entire Period of Normal Facility Hours - Describe:  X Facility Closed/Vacated Outside of Normal Facility Hours - Describe:  X Facility Closed/Vacated During Entire Period of Normal Facility Hours - Describe:  X Facility Closed/Vacated During Entire Period of Normal Facility Hours - Describe:  X Facility Closed/Vacated During Entire Period of Normal Facility Hours - Describe:  X Facility Closed/Vacated During Hours - Describe:  X Facility Closed/Vacated During Entire Period of Normal Facility Hours - Describe:  X Facility Closed/Vacated During Hours - Describe:  X Facility Closed/Vac
Month Day Year (Check only one)  Month Day Year (Check only one)  Occupancy Status During Abatement Period of Abatement  Occupancy Status During Entire Period of Abatement  X Facility Closed/Vacated During Entire Period of Normal Facility Hours - Describe:  WAPPINGER FALLS, NY 12590
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Name of Head PTING
NEWAMOND BLVD. 12/13-5/3U. TSignature
City State PROSEY UTION TENDO
NEWARK, NEW JERSE!  NEWARK, NEW JERSE!  Completed by (Print or Type)  BENJAMIN SANCHEZ  BENJAMIN SANCHEZ
BENJAMIN

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) HACKENSACK UNIVERSITY MEDICAL CENTER Street Address 30 PROSPECT AVENUE e of Notification (1) /18 City, State, Zip Code Type Notification HACKENSACK, NEW JERSEY 07601 12 encies Notified Initial Notification Telephone Number Amended Notification #3 551-996-3778 EPA Name of Contact Cancellation DONALD FARRELL DEP EMERGENCY NOTIFICATION On Hold DOL FACILITY INFORMATION Type of Facility (4) DOH School (K-12) DCA Subchapter 8 (Other than K-12) lame of Facility Where Abatement is Taking Place (3) Other (ie. private & commcl. bldgs., homes, etc.) # of Floors HACKENSACK UNIVERSITY MEDICAL CENTER 80 Square Feet 200,000 Current Use (Prior if being demolished) County Code (7) HOSPITAL Name of Abatement Contractor (9) Street Address 30 PROSPECT AVENUE (STATE USE ONLY) PAR ENVIRONMENTAL CORPORATION County (6) ASCM No. BERGEN Name of Monitoring Firm Hired by Building Owner (8) City (5) 99 Street Address 313 SPOOK ROCK ROAD LANGAN ENGINEERING & ENVIRONMENTAL City, State, Zip Code SUFFERN, NEW YORK 10901 License Number Street Address Telephone Number 300 KIMBALL DRIVE PARSIPPANY, NEW JERSEY 07054 1101 City, State, Zip Code Telephone Number 845-369-7500 Name of OSHA Monitor Project Manager for Monitoring Firm QUALITY ENVIRONMENTAL 973-560-4983 Sched. Completion Date (11) 119 VIJAY PATEL Expected State Date (10) Year 5/ Street Address Day /18 1376 ROUTE 9 Month 13 Occupancy Status During Abatement (Check only one) 12/ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: City, State, Zip Code WAPPINGER FALLS, NY 12590 MONDAY -FRIDAY 4 PM-12 AM Full Containment with Negative Pressure SATURDAY 4PM-12AM Other - Describe: Mini-Enclo Glovebag Procedure Scope of Work (Check all that apply) Abatement Type Renovation Non-Friable Procedure ENCLOSUR ENCAPSUL Demolition REPAIR Description of Asbestos-REMOVAL Amount >3SF OR LF Containing Material (ACM) 260 LF (Specify >160 SF OR Is Location (ie. Thermal systems normally used SF or LF) Location of insulation, surfacing, VAT, Asbestos-containing solely by or other miscellaneous) Maint/Custodial Material (ACM) TO BE ABATED X Staff (12) 2,100 SF Yes No N/A in Facility (13) VAT & MASTIC 4,000 SF

VAT & MASTIC

NJDEP Waste

Hauler ID No.

DIRECTOR OF OPERATIONS

GLUE & CEILING TILE

Cubic Yards of Waste

Signature

Disposal Date

12/13-5/30/19

3RD FLOOR MAIN BUILDING

ST. JOHNS BUILDING BASEMENT ST. JUHNS BUILDING BASEMENT

Name of Registered Waste Hauler

NEWARK, NEW JERSEY 07105

Completed by (Print or Type) BENJAMIN SANCHEZ

NEWARK CARTING

City, State

369 RAYMOND BLVD.

COMPLETE

COMPLETE

740 SF

GRAND CENTRAL SANITARY LANDFILL

Date

Name of Registered Landfill

State

AINFIELD TOWNSHIP, PA

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te of Notification (1)		Street	Address		1 - 1			-	
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gencies Notified Type Notification		City, S	tate, Zip Code	IERSEY 07601		1		2	92
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DEP X Amended Notific Cancellation	allon	Namo	of Contact		551-996-3778			_	
			ALD FARRELL		551-555 51			$\dashv$	
X DOH   FMERGENCY	OTIFICATION	ILITY IN	FORMATION	Type of Facilit	v (4)				
DCA L	FAC	JILIT III	, -					1	
Name of Facility Where Abatement is Taking I	Place (5)			Subchap	ter 8 (Other than K private & commol	-12) - hldas., hoi	mes, etc	:.)	
lame of Facility	R			V Other (ie	. private & commo	T Bldg	g. Age		
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Street Address 30 PROSPECT AVENUE		Cou	nty Code (7)	HOSPITAL		r (Q)		$\neg$	
(F)		(STAT	E USE ONLY) ASCM No.	Name of Aba	itement Contracto	ORATION			
City (5) HACKENSACK HACKENSACK Name of Monitoring Firm Hired by Building Name of Monitoring Firm Hired by Building	Owner (8)		99	IPAR ENVIRO	JINIVILIATIVE				
Name of Monitoring Firm Hired by Dullems LANGAN ENGINEERING & ENVIRONMENTA	<u>L</u>			Street Addre	ROCK ROAD			$\overline{}$	
I ANGAN ENGINEE									
Street Address 300 KIMBALL DRIVE				CHEFFRN.	NEW TOTIL TOT	cense Num	ber		
City, State, Zip Code PARSIPPANY, NEW	JERSEY 070	54		Telephone N	Number	101			
PARSIFFANT, **			1	845-369-75	00				
Project Manager for Monitoring Firm	973-560-4 Sched. Compl	otion Da	ite (11)	Name of US	SHA Monitor ENVIRONMENTAL				
- Ctato Date (10)	sched. Compl	ellon	30 /19 Yes	and I					
10/	Month	Day	1 100	IStreet Add	ress			1	
Month Day Year (Check	only one)	Abatemi	ent	1376 ROU	169				
Month Day Occupancy Status During Abatement (Check Facility Closed/Vacated During E Abatement Performed Outside of	ntire Period of	ty Hours	- Describe:	City, State	, Zip Code WAPPINGER FA	115 NY 12	2590		
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in Facility (13)	Yes No	N/A			2,100 SF		+		
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Name of Registered Waste Hauler	Hauler II	) No.	4	Circ	State/				
LEMARK CARTING			Disposal Date	PYA	State WFIELD TOWNSH	IP, PA Date	2	11	10
369 RAYMOND BLVD. City, State			10/12-5/30/19	ature /	X	Date	2-	21	10
THE NEW JERSET	Title		PATIONS SIGN		X	-			
a loted by IPIIII of 19Po	Title DIRECTOR (	OF OPER	TATION 1	1 / )	13-				
BENJAMIN SANCHEZ									

## State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) HACKENSACK UNIVERSITY MEDICAL CENTER Date of Notification (1) Street Address 30 PROSPECT AVENUE /18 12 12 Type Notification Agencies Notified City, State, Zip Code HACKENSACK, NEW JERSEY 07601 Initial Notification EPA Amended Notification #1 Telephone Number DEP Cancellation Name of Contact 551-996-3778 DOL DONALD FARRELL On Hold EMERGENCY NOTIFICATION DOH FACILITY INFORMATION DCA Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) HACKENSACK UNIVERSITY MEDICAL CENTER # of Floors Square Feet 80 5 200,000 Current Use (Prior if being demolished) Street Address 30 PROSPECT AVENUE County Code (7) HOSPITAL (STATE USE ONLY) Name of Abatement Contractor (9) County (6) City (5) PAR ENVIRONMENTAL CORPORATION ASCM No. BERGEN Name of Monitoring Firm Hired by Building Owner (8) 99 LANGAN ENGINEERING & ENVIRONMENTAL Street Address 313 SPOOK ROCK ROAD City, State, Zip Code Street Address SUFFERN, NEW YORK 10901 300 KIMBALL DRIVE License Number PARSIPPANY, NEW JERSEY 07054 City, State, Zip Code Telephone Number Telephone Number 1101 Project Manager for Monitoring Firm 845-369-7500 973-560-4983 Name of OSHA Monitor Sched. Completion Date (11) QUALITY ENVIRONMENTAL VIJAY PATEL /19 Expected State Date (10) 30 5 / /18 Year Day 12/ Street Address Month Year Occupancy Status During Abatement (Check only one) Day 1376 ROUTE 9 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: City, State, Zip Code WAPPINGER FALLS, NY 12590 MONDAY -FRIDAY 4 PM-12 AM Full Containment with Negative Pressure Other - Describe: SATURDAY 8AM-4PM Scope of Work (Check all that apply) Mini-Enclo, Renovation Glovebag Procedure Demolition Non-Friable Procedure Abatement Type >3SF OR LF Description of Asbestos-REPAIR ENCAPSUL **ENCLOSUR** 260 LF >160 SF OR Amount REMOVAL Containing Material (ACM) Is Location Location of (Specify normally used (ie. Thermal systems Asbestos-containing SF or LF) solely by insulation, surfacing, VAT, Material (ACM) Maint/Custodial or other miscellaneous) TO BE ABATED Staff (12) in Facility (13) Yes No N/A X 2,100 SF VAT & MASTIC 3RD FLOOR MAIN BUILDING 4,000 SF VAT & MASTIC X ST. JOHNS BUILDING BASEMENT 740 SF GLUE & CEILING TILE ST. JOHN'S BUILDING BASEMENT Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL Cubic Yards of Waste N.IDEP Waste Name of Registered Waste Hauler Hauler ID No. NEWARK CARTING City, State PLAINFIELD TOWNSHIP, PA Disposal Date 369 RAYMOND BLVD. 12/13-5/30/19 Date a City, State NEWARK, NEW JERSEY 07105 Signaturé DIRECTOR OF OPERATIONS Completed by (Print or Type)

BENJAMIN SANCHEZ

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

	(Pursua	ant to No	AC 8:60-7	ilding Owr	er/Operator (2	2)		5		i lier
		l'h	ACKENSA	CK UNIVE	RSITY MEDICA	AL CENTER	<b></b>	. 10 : 64*	30 M III / F	7
ate of Notification (1)			Street Addre							
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I Amended Noting	ication	1				Telephone No	ımber		100	
X DOL Cancellation			Name of Co	ontact		551-996-3778	3			
X JOON EMERGENCY	NOTIFICA	ATION	DONALD F	ANTION						-
L DCA		FACIL	TY INFOR	MATION	Type of Facilit	ty (4)				
ame of Facility Where Abatement is Taking	Place (3)				School (F	(-12)	n K-12)			
ame of Facility Where Address					Subchap	ter 8 (Other that	mcl. bldg	s., hor	nes, e	tc.)
ACKENSACK UNIVERSITY MEDICAL CENT	ER				X Other (le Square Feet	# of Floo	rs			
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Street Address				1 (7)	Current Use (	Prior if being de	emolishe	d)		1
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HACKENSACK	Owner (8	3)		99	PAR ENVIRO	NWENTAL OC	) II O I I V			
Name of Monitoring Firm Hiled by Danielloning LANGAN ENGINEERING & ENVIRONMENTA	AL				Street Addres	ROCK ROAD	1.452.5			
Street Address					Tour Chata 7	in Code				
300 KIMBALL DRIVE					SUFFERN, I	MEM AOHY IO	901 License	Numb	per	
City, State, Zip Code PARSIPPANY, NEW	V JERSEY	07054	imber		Telephone N	lumber	Licerio	5 INGIIII		
Project Manager for Monitoring Firm	1616	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			045-369-750	00	1101			
VIJAY PATEL	973-5	60-4980	n Date (11	)	Name of OS	SHA Monitor NVIRONMENT	AL			
Funcated State Date (10)	Sched. Co	/ /mpieric	30	, , , ,		NVINORMETT				
11 / 20	Month	_	Day	Year	Street Addr	ess				
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Occupancy Status During Abatement (Check X Facility Closed/Vacated During E	ntire Perio	d of Aba	ours - Desc	ribe:	211 01-10	Zin Code			-00-000	
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X Other - Describe: Monday -F	nuay run	11 17 <del>20</del> 10 00 70 00 <b>1</b> 0 00 0	_	TEUI CO	ntainment with	Negative Pres	sure			
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Demolition  >3SF OR LF  X >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM)  TO BE ABATED in Facility (13)	Is Loc normall solel Maint/C Staff	ation y used y by ustodial i (12)	Do Co ins	Glove Non-F escription o ntaining Ma (ie. Therma sulation, sui or other mis	bag Procedure riable Procedure f Asbestos- aterial (ACM) al systems facing, VAT,	Am (Sp SF	ecify or LF)	REMOVAL	atemer REPAIR	TYPE ENCLOSOR
Demolition  >3SF OR LF  X >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM)  TO BE ABATED in Facility (13)  3RD FLOOR MAIN BUILDING	Is Loc normall solel Maint/C Staff	ation y used y by ustodial i (12)	DO CO INS	Glove Non-F escription o ntaining Ma (ie. Therma sulation, sul or other mis	riable Procedure riable Procedure f Asbestos- aterial (ACM) al systems facing, VAT, cellaneous)	2,100 S	ecify or LF)	REMOVAL ×	REPAIR	TYPE ENCLOSED
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Demolition  >3SF OR LF  X >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM)  TO BE ABATED in Facility (13)  3RD FLOOR MAIN BUILDING  ST. JOHNS BUILDING BASEMENT	Is Loc normall solel Maint/C Staff	ation y used y by ustodial i (12) o N/A	DO CO INS	Glove Non-F escription o ntaining Ma (ie. Therma sulation, sui or other mis	riable Procedure riable Procedure f Asbestos- aterial (ACM) al systems facing, VAT, cellaneous)	2,100 S	ecify or LF)	REMOVAL X X	REPAIR	TYPE ENCLOSOR
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Demolition  >3SF OR LF  X >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM)  TO BE ABATED in Facility (13)  3RD FLOOR MAIN BUILDING  ST. JOHNS BUILDING BASEMENT	Is Loc normall solel Maint/C Staff	ation y used y by ustodial f (12) D N/A X	DO CO INS	Glove Non-F escription o ntaining Ma (ie. Therma sulation, sul or other mis	riable Procedure riable Procedure f Asbestos- aterial (ACM) al systems facing, VAT, cellaneous)	2,100 S	ecify or LF)	REMOVAL X X	atemer PEPAIR	T Type INCLOSOR
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Demolition  >3SF OR LF  X >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM)  TO BE ABATED in Facility (13)  3RD FLOOR MAIN BUILDING  ST. JOHNS BUILDING BASEMENT  ST. JOHNS BUILDING BASEMENT  Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.	Is Loc normall sole! Maint/C Staff Yes No	ation y used y by ustodial f (12) D N/A X X	VAT & MA VAT & MA GLUE & C	Glove Non-F escription o ntaining Ma (ie. Therma sulation, sur or other mis  STIC STIC CEILING TII  ards of Was 80	te Name of GRANI	2,100 S 4,000 S	ecify or LF)  SF  andfill ANITARY	REMOVAL X X X	REPAIR	T Type ENCLOSOR
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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) HACKENSACK UNIVERSITY MEDICAL CENTER Date of Notification (1) Street Address /18 30 PROSPECT AVENUE 15 11 Type Notification Agencies Notified City, State, Zip Code HACKENSACK, NEW JERSEY 07601 Initial Notification EPA Amended Notification DEP Telephone Number Cancellation Name of Contact DOL 551-996-3778 On Hold DONALD FARRELL DOH EMERGENCY NOTIFICATION FACILITY INFORMATION DCA Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) HACKENSACK UNIVERSITY MEDICAL CENTER Bldg. Age # of Floors Square Feet 5 200,000 Street Address Current Use (Prior if being demolished) 30 PROSPECT AVENUE County Code (7) County (6) HOSPITAL (STATE USE ONLY) Name of Abatement Contractor (9) City (5) BERGEN ASCM No. PAR ENVIRONMENTAL CORPORATION HACKENSACK Name of Monitoring Firm Hired by Building Owner (8) 99 LANGAN ENGINEERING & ENVIRONMENTAL Street Address 313 SPOOK ROCK ROAD Street Address City, State, Zip Code 300 KIMBALL DRIVE SUFFERN, NEW YORK 10901 PARSIPPANY, NEW JERSEY 07054 City, State, Zip Code License Number Telephone Number Telephone Number 1101 Project Manager for Monitoring Firm 845-369-7500 973-560-4983 Name of OSHA Monitor VIJAY PATEL Sched. Completion Date (11) QUALITY ENVIRONMENTAL Expected State Date (10) /19 30 5/ /18 Year 11 / Street Address Year Day Occupancy Status During Abatement (Check only one) 1376 ROUTE 9 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: City, State, Zip Code WAPPINGER FALLS, NY 12590 Monday -Friday 7am -3:30pm Other - Describe: Full Containment with Negative Pressure Scope of Work (Check all that apply) Mini-Enclo, Renovation Glovebag Procedure Demolition Non-Friable Procedure >3SF OR LF Abatement Type 260 LF >160 SF OR Description of Asbestos-REPAIR **ENCLOSUR** ENCAPSUL Is Location Amount REMOVAL Containing Material (ACM) Location of normally used (Specify (ie. Thermal systems Asbestos-containing solely by SF or LF) insulation, surfacing, VAT, Material (ACM) Maint/Custodial or other miscellaneous) TO BE ABATED Staff (12) in Facility (13) Yes No N/A X 2,100 SF VAT & MASTIC 3RD FLOOR MAIN BUILDING X 4,000 SF ° VAT & MASTIC X ST. JOHNS BUILDING BASEMENT 740 SF GLUE & CEILING TILE X ST. JOHNS BUILDING BASEWENT Name of Registered Landfill Cubic Yards of Waste GRAND CENTRAL SANITARY LANDFILL NJDEP Waste Name of Registered Waste Hauler Hauler ID No. NEWARK CARTING 369 RAYMOND BLVD Disposal Date D TOWNSHIP, PA 11/26-5/30/19 City. State Date NEWARK, NEW JERSEY 07105 Signature

Title

DIRECTOR OF OPERATIONS

Completed by (Print or Type)

BENJAMIN SANCHEZ