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

C. F. C.	PAID	N			OF ASBES o NJAC 8:					E	C	E	I W		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
Date of Notification (1) 1/13/2020					Building On One Appa			(2)		i i	A T. A. S. A.				7.7.	
Agencies Notified	Type Notification		1	treet Ad 35 3rd							JAN		202	:0	11-	7
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× EPA × DEP × DOL	Amended Amendment #		1		ranch, N		sey			France	540 E.	as (i. Men		CIL		1
	Emergency (i justification)	ncluding	I	lame of	Contact				100		phone	Num	ber	recovered the stant	mJ iii	1
ĭ DOH □ DCA	Cancellation			Joe						732	2768	5669				
Name of Facility Where	Abotomant is Taking	Place (3	\ \	FACIL	ITY INFO	RMATION	4	Type o	of Facility (4	}	-					\dashv
Gemstone Appartn		i idoc jo	,				1	_	chool (K-12							1
Street Address						***		□ S	ubchapter 8	(Othe				200	homo	
35 3rd Ave							-	1 1	ther (i.e. pri c.)							5,
City (5)							-	Square	Feet		Floors	5	9(ig. A	ge	1000
Long Branch			1 -		-1- (7)			3000	it Use (Prior	3	a don	nolieh	1			
County (6) Monmouth			(ISE ONLY)		_		(lit. 1	/···}	١.,.					
Name of Monitoring Fire	m Hired by Building C)wner (8)		ASCM	l No.	1			ement Cont tion Co.,I		(9)					
Street Address						1 7		Addres								
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City, State, Zip Code						4.0		tate, Zip	Code , New Je	rsevi	1772	2				-
Project Manager for Mo	nitorina Firm		1 7	elephon	ne No.	1		one No		1009		ise No).	772.00		
Project Manager for Mo	mong i iii			310/21.01		1		294 17		Colone i American	000	29				
Start Date (10)		Schedule	ed Com	pletion [Date (11)	1	Name	of OSH	A Monitor							
1/22/2020		1/31/2														
Occupancy Status Duri							Street	Addres	S			0.800				
Facility Closed/Var Abatement Perform Other – Describe:	cated During Entire F med Outside of Norm 7am-7pm	Period of A al Facility	Abatem Hours	ent		_	City, S	State, Zij	o Code							
Scope of Work (Check /	All That Apply)						200									
≥3 sf or ≥3 lf ≥160 sf or ≥260 if			Renovat Demoliti					Mini	Containme i-Enclosure vebag Proc	edure	J					
							×	9 Nor	n-Exempted	(*) and	d Non-	-Friab	1		e emeni	t .
		1	Location Normall			127									ре	
Location Asbestos-Containing TO BE All In Fact (13)	g Material (ACM) BATED cility	Use Ma	ed Solel sintenar todial S (12)	ly by nce/	(i.e. 1	Desc os Contai thermal sy surfacir other mis	ystem ng, VA	vlaterial s insula \T, or		(5	moun Specify or LF	/	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A											Ø	
exter	rior			х		roof wit	h fla	shing	and the same of th	25	00 s	f	х			
2nd fl	Гоог			×		flo	or tile	9		1	50 sf		X			
				-	and the same of th								100		1	
Name of Registered Wa	aste Hauler			JDEP Wauler ID	No	Cubic Y of Wast			Name of I		ered L	andfill				
Mazza			1	65	611	15			Fairless	-						
City, State Tinton Falls, New J	lersey				100	Disposa 1/31/20			City, State Morrisvi		Α					
Completed by		Title		3021-1		Sig	mature	е	1			Da		200		
Bree McGuire		Secr	etary	Treasu	ırer				1			1/	13/20	120		

(WHONIN IN) State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) Gemstone Appartments 1/13/2020 Street Address Type Notification Agencies Notified 35 3rd Ave Initial **EPA** City, State, Zip Code Amended DEP Long Branch, New Jersey × DOL Amendment # Emergency (including Name of Contact Telephone Number justification) DOH 7327685669 Joe Cancellation DCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Gemstone Appartments, LLC School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, 37 3rd Ave # of Floors Bldg. Age Square Feet City (5) 65 1000 Long Branch County Code (7) Current Use (Prior if being demolished) County (6) (STATE USE ONLY) Monmouth Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Ace Insulation Co..Inc Street Address Street Address 95 Montrose Rd City, State, Zip Code City, State, Zip Code Colts Neck, New Jersey 07722 Telephone No. License No. Telephone No. Project Manager for Monitoring Firm 00029 732 294 1757 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) 1/22/2020 Street Address Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: 7am-7pm Scope of Work (Check All That Apply) Full Containment with Negative Pressure ≥3 sf or ≥3 if Renovation Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Encapsulati Maintenance/ Enclosure (i.e. thermal systems insulation, (Specify TO BE ABATED Remova Repair Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) (13)N/A Yes No silver coated flat roof w/ flashing 800 sf X exterior

Cubic Yards

Disposal Date

Signature

1/31/2020

of Waste

5

NJDEP Waste

Hauler ID No.

Secretary Treasurer

Date 1/13/2020

Name of Registered Landfill

Fairless

City, State

Morrisville, PA

Bree McGuire

Completed by

Mazza

City, State

Name of Registered Waste Hauler

Tinton Falls, New Jersey

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

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Date of Notification (1) 01/13/20 Agencies Notified Type Notification Type of Facility (1) School (K-12) Stockhalper 8 (Other han K-12) Subchalper 9 (Other han K-12) Subch	(KID)	X		(Pur	suant to	NJAC 8:6	0 and	12:120)		1.	AN 1 c	2020	İ		
City, State, Zip Code City		1)		R	Resipro	-		* e * *							محتويد أ	1
City, State, Zip Code City	Agencies Notified			St 3	treet Add	dress edmont	Road	NE B	uilding	7; Suite	70	STOR GO	idli. Na	V. (3.		
Name of Contact Resipro	EPA DEP DOL	Amended	#	10	ity, State	e, Zip Code				e en de de de	-212022474	- The state of the	and Christian .	a dag dan keni		
Street Address Stre		justification)	ncluding	11 012				- 227				·				
Street Address City (5) Palisades Park County (6) Bergen Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code LAKEWOOD, NJ 08701 Start Date (10) Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Hours Street Address Street Addr					FACIL	ITY INFOR	MATI	ON	Timoo	f Eggility (4	\					-i
City (5) Palisades Park County (6) Bergen Name of Monitoring Firm Hired by Building Owner (8) Street Address Street Addres		ere Abatement is Taking	g Place (3)						So So	chool (K-12	?) 8 (Othe	r than K-1	2)			
County (6) Bergen Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Street Address Street Address Street Address GWHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701 Project Manager for Monitoring Firm Telephone No. Telephone No. Talephone											ivate &	commerc	iai bulidi	ngs, i	iomes	1.
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. ASCM No. Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS Street Address Street Address Street Address Street Address Street Address Street Address WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701 Project Manager for Monitoring Firm Telephone No. Telephone No. Taleone No. T														ig. Ag	je	
Street Address Street Address Street Address Street Address Street Address 6 WHITE DOVE COURT City. State, Zip Code City. State, Zip Code LAKEWOOD, NJ 08701 Telephone No. 732-668-9078 Start Date (10) 01/24/20 Start Date (10) 01/24/20 Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Scope of Work (Check All That Apply) 23 sf or ≥3 if ≥160 sf or ≥260 if Renovation Demolition Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) INTERIOR AAA LEAD PROFESSIONALS License No. 732-668-9078 License No. 732-668-9078 Street Address 6 WHITE DOVE COURT City. State, Zip Code LAKEWOOD, NJ 08701 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement Ty											r if beir	ng demolis	hed)			
City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code LAKEWOOD, NJ 08701 Telephone No. 732-668-9078 1200 Start Date (10) 01/23/20 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Scope of Work (Check All That Apply) ≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) INTERIOR ASSIGNMENT AND	Name of Monitoring	Firm Hired by Building (Owner (8)		ASCM	No.										
Project Manager for Monitoring Firm	Street Address										URT					
Start Date (10) 01/23/20 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other − Describe: Scope of Work (Check All That Apply) ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥260 lf Renovation Demolition Is Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) INTERIOR Scheduled Completion Date (11) Name of OSHA Monitor AAA LEAD PROFESSIONALS Street Address 6 WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701 Street Address 6 WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Asbestos Containing Material (ACM) (i.e. thermal systems insulation, SF or LF) Yes No N/A INTERIOR FLOOR TILE 450SF x	City, State, Zip Code										3701					
Start Date (10) O1/23/20 O1/24/20 AAA LEAD PROFESSIONALS	Project Manager for	Monitoring Firm		T	elephon	e No.		100000000000000000000000000000000000000					No.			
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other − Describe: Scope of Work (Check All That Apply) ≥ 3 sf or ≥3 if				Com	pletion D	Date (11)					SSIO	NALS				
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Renovation Demolition Renovation Demolition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Is Location of Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A INTERIOR FLOOR TILE City, State, Zip Code LAKEWOOD, NJ 08701 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Abatement Type		Ouring Abatement (Chec									NIDT.			-		
Scope of Work (Check All That Apply) □ ≥3 sf or ≥3 lf □ Renovation Demolition □ Renovation Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement Type Asbestos Containing Material (ACM) Maintenance/ Custodial Staff? (12) □ Yes No N/A □ Renovation Nini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure About Type Amount (Specify SF or LF) □ Renovation Nini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) INTERIOR INTERIOR FLOOR TILE 450SF x	Abatement Per	formed Outside of Norn	Period of Aba nal Facility H	atem ours	ent		_	City, S	State, Zi	p Code						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Renovation Demolition Renovation Demolition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and No																
Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A N/A N/A N/A N/A Shocked Solely by Maintenance (Specify SF or LF) N/A N/A N/A Shocked Solely by Maintenance (Specify SF or LF) N/A N/A N/A Shocked Solely by Maintenance (Specify SF or LF) N/A	≥3 sf or ≥3 lf		and the same of th						× Min Glo	i-Enclosure	e cedure				e	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Normally Used Solely by Maintenance/ Custodial Staff? (12) Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) FLOOR TILE Amount (Specify SF or LF) Repair Rep			Isl	ocatio	on				1401	Lxciipto	<u> </u>			Abate	ement	8
Yes No N/A INTERIOR FLOOR TILE 450SF X	Asbestos-Conta TO BI	nining Material (ACM) E ABATED	Used Main Custo	Solel tenar dial S	ly by nce/		os Cor therma	ntaining al systen	Material ns insula		(5	Specify	Remo			Enclos
INTERIOR FLOOR TILE 450SF ×					N/A		other	miscella	aneous)				oval	air	ulate	ure
	INT	ERIOR	103	110	1,17,1		FL	OOR	TILE		4	50SF	х			
Name of Registered Weste Hauter N.IDEP Waste Cubic Yards Name of Registered Landfill								- Vr1		Nama at	Dogiet	arad Land	fill			
Name of Registered Waste Hauler NEWARK CARTING NAME of Registered Landfill Name of Registered Landfill Name of Registered Landfill Name of Registered Landfill IESI				1	lauler ID		of W			The contract of the	regist	Cica Carla			72572	
City, State NEWARK, NJ Disposal Date 01/26/20 BETHLEHEM PA		<u> </u>							te			М РА				
Completed by JOSEPH PERLSTEIN OWNER Signature 01/13/20	Completed by	STEIN		ER	94			Signatu	ıre			1		20		

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Date of Notification (1))			-	Name	e of Buildin	g Owner/Operator ((2)			_		10
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Agencies Notified EPA	Type Notific ☑ Initial	cation			Stree	t Address			and the second of the second	0.75			i
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☐ DCA	☐ Emerger		uding	3	_				- 1 1 11				
(NJAC 5:23-8)	justificat					e of Contac	3 45		Telephone Nun	nber			
	☐ Cancella	ition				cu ITV IN	IFORMATION						
Name of Facility Where A	hotomont is	Takina F	Ness	(2)	FA	CILITI	IFORIVIA I TON	Town of Facility (4	11/2				
Dallesandro Reside		raking F	lace	(3)				Type of Facility (4	•)				
Street Address	nce	y						☐ School (K-12) ☐ Subchapter 8 ☑ Other (i.e., priv			uilding	gs,	
City (5)			2002					homes, etc.) Square Feet	# of Floors	BI	ldg. A	ne .	
Cherry Hill								1,300	2		80	go	
County (6)					Cou	nty Code (7)(STATE USE ONLY)	Current Use (Prio	r if being demoli	shed)			
Camden								Residence					
Name of Monitoring Firm	Hired by Buil	ding Ow	ner ((8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Management & Env	iro. Consul	Iting Se	ervio	es			Shade Enviro	onmental, LLC					
Street Address							Street Address						
PO Box 341							623 Cutler Av	/enue					
City, State, Zip Code							City, State, Zip Co	ode					
Chesterfield, NJ 085							Maple Shade	, NJ 08052					
Project Manager for Monit	toring Firm				phone		Telephone No.		License No.				
Bill Weisgarber						3-4070	856-755-0099		00842				
Start Date (10)		Schedule 01				20	Name of OSHA M						
		800				20_	EMSL Analyt	icai, inc.		2		W-01-	
Occupancy Status During Status During				- 12	ment		Street Address 200 Route 13	O North					
☐ Abatement Performed						scribe							
Time of Abatement:							City, State, Zip Co						
Scope of Work (Check all	that apply)									har I a			
≥3 sf or ≥3 lf≥160 sf or ≥260 lf				novati molitic			☐ Mini-Enc ☐ Glovebag			IFO.			
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Asbestos-Containing N		1)		d Sole intena			stos Containing Ma		Amount	\em	Repair	nca	ncl
TO BE ABAT					Staff?	(I.e.	 thermal systems i surfacing, VAT, 		(Specify SF or LF)	Removal	air.	psc	Enclosure
(13)	,	-		(12)	Total Control		other miscellane			-		Encapsulate	œ.
		Y	'es	No	N/A					-		_	_
Living Room, Hallway	, & Office	_ L				Floor Ti	le and Mastic		454 SF				
		L									П	П	
]										
Name of Registered Waste	e Hauler			111 756	JDEP \ auler II		Cubic Yards of Waste	Name of Registe					
Freehold Cartage					15939		4	Fairless Lan	atili				
City, State							Disposal Date	City, State	24				
Freehold, NJ							01/23/2020	Morrisville, F					
Completed By (Print or Ty) Christina Fay	oe)	Title Vice	e Pre	eside	nt of (Operation	Signature	Heer		ite //0,	120	20	2

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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(Pursuant to	0	NJAC	8:60	and	5:16)

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Date of Notification (1)	10 / 20)			e of Buildin	g Owner/Operator (2)	JAN 1	77 E	2020		
Agencies Notified ☐ EPA ☐ DOLWD ☐ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☐ Initial ☐ Amended Amendment # ☐ Emergency (in justification) ☐ Cancellation	!	- g	Stree 125 City, Cla	t Address 5 N. Delse State, Zip (ayton, NJ e of Contact	ea Drive Code 08312	1	Telephone Numl	oer ber	-	<u> </u>	
	☐ Cancellation			1	nna Nest	FORMATION		856-881-288	2		770	
Name of Facility Where A Vacant Gas Station Street Address 79 N. Delsea Drive		g Place	∋ (3)				Other (i.e.,	12) r 8 (Other than K-12 private and commer		uilding	js,	
City (5) Clayton							Square Feet 1,500	# of Floors		dg. A	ge	
County (6) Gloucester				Cour	nty Code (7)(STATE USE ONLY)	Current Use (F	Prior if being demolis s Station	hed)			
Name of Monitoring Firm Management & Env			2000	ASCM	No.	Name of Abateme	nt Contractor (9)				
Street Address PO Box 341 City, State, Zip Code Chesterfield, NJ 085	515	12				Street Address 623 Cutler Av City, State, Zip Co Maple Shade,	de			-1		
Project Manager for Monit Bill Weisgarber	oring Firm		60	phone 09-298	-4070	Telephone No. 856-755-0099		License No. 00842				
Start Date (10)	20	01_ /	31	tion Da	92 25	Name of OSHA M EMSL Analyti Street Address			-			
☐ Facility Closed/Vacated ☐ Abatement Performed Time of Abatement:	d During Entire Pe Outside of Normal	riod of Facilit	Abate y Hour	s - Des		200 Route 130 City, State, Zip Co Cinnaminson,	de					
Scope of Work (Check all Solution ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	that apply)	100000	novati	17.00		☐ Full Conta	ainment with Ne osure Procedure	egative Pressure	9			
Location of Asbestos-Containing N TO BE ABA IN Facility (13)	Material (ACM)	Use Ma	Locat Norma d Sole intena todial ((12)	lly ely by nce/		Description of stos Containing Mat , thermal systems in surfacing, VAT, other miscellaneo	erial (ACM) nsulation, or	Amount (Specify SF or LF)	A Removal	ateme Repair	Encapsulate	e Enclosure
Utility Room Ceiling			\boxtimes		Transite	Ceiling		155 SF				
Utility Room and Gara	ige		\boxtimes		Window	Glazing		60 LF				
Exterior Roof (Chimne	ey)				Flashing	g		100 SF				
Exterior Roof (Sewer Name of Registered Waste Freehold Cartage			7 35533	JDEP V auler ID 15939	No.	Cubic Yards of Waste 5	Fairless L	65 LF stered Landfill andfill				
City, State Freehold, NJ Completed By (Print or Tyle Christina Fay	1 1000		eside	nt of C	Operation	Disposal Date 01/31/2020 Signature	Morrisville	Dat		100	20	N
SB-41 AN 13	*1	Do not	use th	is form	for asbesto	os licensure exempt	ed activities.	Continued a	n Pa	120	2.)

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility			Jsed Solely odial Staff?	Description of Asbestos Containing Material (ACM)	Amount (Specify SF or LF)	Removal
	Yes	No	N/A			
Exterior Roof (Garage)		X		Flashing	150 LF	Х



O. A. CULLO	100			12			*		-	11	174	< C		
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WIGHTDY	DA		<u> </u>					- H	R B Thro	170	76)	17	0.7	7001 11 /0 Car 17 10
Date of Notification (1)				Name o	1		Operator	(2)			G E	at-sector.	\mathbb{W}	
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Agencies Notified	Type Notification			Street A	ddress	7								
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DEP	Amended	. 1			ite, Zip C		17			71,				10.2
DOL	Amendment :		_ \		aga		May.	1-) (1001	\ <u></u>	*1 * 2 = 290	A	- No	1.4.
□ DOH	justification)	•		Name o	f Contac	t 1		•	Tel	ephone	Number	uk ias Willea	irreb.	, r.h
DCA	Cancellation				JARI	7				77)	1070	37		· .
Name of English Minera A	hotomost is Takina	Diago /	2)	FAC	LITYINE	ORMAT	TON	T. 617 170	(4)					
Name of Facility Where A	# F1	Place (3)					Type of Facility	(4)					
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Street Address	200 200						-	Subchapt Other (i.e.				ildina	s hom	201
								etc.)	. private i	ix commit	muica bu	irum iyi	,, 110111	.00,
City (5)							Appleon	Square Feet	#0	f Floors		Bldg.	Age	
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County (6)				County	Code (7) USE ONL	va .		Current Use (P	rior if bei	ng demo	lished)			
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Name of Monitoring Firm	Hired by Building C	wner (8)	ASC	A No.			of Abatement C		(9)			Seamt -trib	
				Carry management of the Carry o			Ace	Insulation Co	., Inc.					
Street Address							Street	Address		V-12877			9-0-196	
							95 M	lontrose Rd						
City, State, Zip Code							City, S	tate, Zip Code						
							Colts	Neck, New .	Jersey	07722				
Project Manager for Monit	toring Firm		and Children	Telepho	ne No.	4	Teleph	one No.		License	e No.			
10			1			1	732 2	294 1757		00029)			
Start Date (10)	4 1	Schedul	ed Cor	npletion	Date (11)	Name	of OSHA Monito	ır				-	
	1120201			2-12	290	1								
Occupancy Status During	Abatement (Check	Only O	ne)	3	20		Street	Address						
Facility Closed/Vaca	ted During Entire P	eriod of	Abaten	nent				7				2		
. Abatement Performe	d Outside of Norma	al Facility	y Hours	3			City, S	tate, Zip Code					200	
Other - Describe:		11-1	Pro				-							
Scope of Work (Check All	That Apply)													
23 sf or ≥3 lf		F	Renova	tion				Full Containr	nent with	Negativ	e Press	ıre		
≥160 sf or ≥260 lf			Demolit	ion			-	Mini-Enclosu	re	3		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1
		-						Glovebag Pri Non-Exempti		4 Non-Er	iahla Dr	ncadu	ra	
		Ι,					- Control	- Non-Exempt	l () ain	u Non-r i	lable FT		temen	t
	,	1	s Locat Normal								į		уре	
Location Asbestos-Containing I		Use	ed Sole	ly by	Ashe		scription	of laterial (ACM)	1	mount		T	1_	
TO BE ABA		●	intena todial S					insulation,	3	pecify	R	7	nc	En
In Facility (13)	y	Cus	(12)	Hair!			cing, VA		SF	or LF)	Removal	Repair	Encapsulate	Enclosure
(13)				1		omeri	niscellan	eous)			val	=	ulat	sure
		Yes	No	N/A							į		0	
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to to the	CTBINK			V	(1)	~			80	2 P/1	17	7		
Name of Registered Wast	e Hauler		1	JDEP W		Cubic	Yards	Name o	f Registe	1 2	ifill		-	
Ace Insulation Co., In	c.		4	auler ID	No.	of Wa	ste	1						medicalang
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City, State	.0.4					Dispos	sal Date	City, Sta			1			and the
Colts Neck, New Jers						<u>l</u> ,,			2715					
Completed by Bree McGuire		Title	otor.	Tro	705	1 8	Signature	7.3			Date	1.	34	
DIEE MICGUIE		Secr	etary	Treasu	rer		16	2011			1/10	100	55.44	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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		JAN	1	6	2020	

MUCK				(P	ursua	nt to NJ/	AC 8:60 and 5:1	6)	IAM	1 0	2222		
Date of Notification (1)					Name	e of Buildin	g Owner/Operator	(2)	JAN_	<u>i b</u>	<u> </u>		[la
11 /	20 /	19			Pri	inceton L	Iniversity-Office	of Design and	Construction		VX	_	
Agencies Notified	Type Notifica	ation				t Address			/ 50 TY 1/19	1100	1 4 1	1	
						0 Elm Dr.		40	- A. A	Kahi	<u>. </u>		
						State, Zip							
⊠ DHSS	Amendme		421200000000000000000000000000000000000				NJ 08544						
DCA (NJAC 5:23-8)	Emergend justification		ludin	g		e of Contac			Telephone Num	hor			
	☐ Cancellati	2000			100000000000000000000000000000000000000	bert Orte	55%		609-258-184				
									003-230-10-	* 1			_
Name of Facility Where Ab	atement is T	akina	Place	(3)	ГА	CILITY	NFORMATION	Tune of Facility	(4)				_
Princeton University			1 1000	, (0)				Type of Facility ☐ School (K-1					
Street Address	Cuawiii								2) 8 (Other than K-12	2)			
Washington Road								Other (i.e., p	rivate and comme		uildin	gs,	
City (5)								homes, etc. Square Feet		Lo	-l- A		
Princeton								Square Feet	# of Floors	- 1	ldg. A 70	.ge	
County (6)					Cou	nty Code (7	7)(STATE USE ONLY)	Current Use (P	rior if being demoli	shed)			
MERCER								Office/Clas	srooms				
Name of Monitoring Firm H		ling Ov	wner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)				_
TTI Environmental In	IC						BRISTOL EN	VIRONMENTA	L, INC.				
Street Address							Street Address						
1253 North Church F	Rd						1123 BEAVE	R STREET					
City, State, Zip Code							City, State, Zip Co	ode	-				
Moorestown, NJ 080							BRISTOL, PA	19007					
Project Manager for Monito	ring Firm			Tele	phone	No.	Telephone No.		License No.				
Michael Keehn				6	09-386	-8800	215-788-6040		00509				
Start Date (10)		chedu	led C			ite (11)	Name of OSHA N	lonitor				12111112	
///)/\/	H	10 7	0	BRISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status During A	1.27						Street Address						_
☐ Facility Closed/Vacated	During Entire	e Perio	od of	Abate	ment		1123 BEAVE	R STREET					
Abatement Performed C Time of Abatement: 7:0	Outside of No	rmal F	acilit	y Hou	rs - Des	scribe	City, State, Zip Co	ode					
		101/		VI	Aivi		BRISTOL, PA	19007					
Scope of Work (Check all to	nat apply)						П						100
≥3 sf or ≥3 lf		D	⊠ Re	novati	ion		☐ Full Cont	ainment with Ne	gative Pressure				
≥160 sf or ≥260 lf				molitio			☐ Glovebag	Procedure					
			-					mpted (*) and No	n-Friable Procedu	re	*****		
Location of				Locat Vorma			5			Ab	atem	ent T	ype
Asbestos-Containing Ma			Use	d Sole	ely by	Asbe	Description o stos Containing Ma	terial (ACM)	Amount	Re	Repair	En	En
TO BE ABATI	<u>ED</u>			intena	nce/ Staff?	(i.e	., thermal systems i	nsulation,	(Specify	Removal	oair	caps	Enclosure
IN Facility (13)			0 0.0	(12)	0.011		surfacing, VAT, other miscellane		SF or LF)	<u>a</u>		Encapsulate	ure
			Yes	No	N/A	1	ourer imosenario	540)				te	
Room B-39		[Mastic			400 SF			П	Г
Room B-39]		\boxtimes		Pipe Fit	tings		12 LF				
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		ı		П									
				TN	JDEP \	Vaste	Cubic Yards of	Name of Regis	tered I andfill				_
Name of Registered Waste	Hauler					neret control (T. T.)	The state of the s		- Louis - Loui				
Name of Registered Waste BRISTOL ENVIRONM		C.		Н	auler II		Waste	FAIRLESS	LANDFILI				
BRISTOL ENVIRONM		C.		Н	auler II 18706				LANDFILL				
BRISTOL ENVIRONM		C.		Н			Disposal Date	City, State					
BRISTOL ENVIRONM City, State BRISTOL, PA 19007	ENTAL, IN	C.		Н			Disposal Date		HILLS, PA	to			
BRISTOL ENVIRONM City, State	ENTAL, IN	Title	imat				Disposal Date Signature	City, State	HILLS, PA	te - (C	1	7 =	

Chk#2:3665

Date of Notification (1)					Nam	o of Buildin	ng Owner/Operator	(0)		P	ir it		
	20 /	19	_				Iniversity-Office		Construction	E		/	J. E. J.
Agencies Notified ☐ EPA ☑ DOLWD	Type Notifi ☑ Initial ☑ Amende				20	et Address 10 Elm Dr.		in the control of	JAN	16	202	20	
☑ DHSS		eu nent # <u>2-</u>	1/3/2	0	City,	State, Zip	Code						-
☐ DCA	☐ Emerge				Pr	inceton, I	NJ 08544	4	Admin IV			(100)	1.2
(NJAC 5:23-8)	justifica	tion)	ŭ		Nam	e of Contac	ot .		Telephone Num	ber			
	☐ Cancella	ation			Ro	bert Orte	go		609-258-184	A STREET, SQUARE, SQUARE,		in emission	See 3
					FA	CILITY IN	NFORMATION						
Name of Facility Where A			Place	(3)				Type of Facility	(4)				
Princeton Universit	y-Jadwin I	Hall						School (K-12	2)				
Street Address								Subchapter	8 (Other than K-12)			
Washington Road								homes, etc.)	rivate and comme	rcial b	uildin	gs,	
City (5)								Square Feet	# of Floors	F	Ildg. A	Ane	
Princeton								- 1	# 01 1 10013	1	70	ige	
County (6)					Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pr	or if being demolis	hed)	70		
MERCER								Office/Class		incuj			
Name of Monitoring Firm I	Hired by Bui	Iding Ow	ner (8	3)	ASCM	l No.	Name of Abateme						
TTI Environmental I	nc						The supplementary of the second of the secon	VIRONMENTA					
Street Address			-				Street Address	THOMBERTA	L, 1140.				
1253 North Church I	Rd						1123 BEAVE	RSTREET					
City, State, Zip Code				E 110			City, State, Zip Co						
Moorestown, NJ 080)57						BRISTOL, PA						
Project Manager for Monit	oring Firm			Tele	phone	No	Telephone No.	10001	License No.				
Michael Keehn						5-8800	215-788-6040		00509				
Start Date (10)	1	Schedule	ed Co				Name of OSHA M		00509				
_1 / _6 /) /	535 (5)		VIRONMENTAI	INC				
Occupancy Status During			<u></u>					VIICORNILIVIA	_, 1146.				020
☐ Facility Closed/Vacated					ment		Street Address	OTDEET					
☐ Abatement Performed (Outside of N	ormal Fa	cility	Hou	rs - Des	scribe	1123 BEAVE						
Time of Abatement: 7:0	00AM- <u>6:30</u>	PM/	_PM		AM		City, State, Zip Co BRISTOL, PA						
Scope of Work (Check all t	that apply)		-						802			-	
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			Ren				☐ Mini-Encl	Procedure	ative Pressure n-Friable Procedure				
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Location o				orma			Description of	f			atem		T
Asbestos-Containing M TO BE ABAT	laterial (ACN		Used Main		ely by nce/	Asbes	stos Containing Mat	terial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
IN Facility			Custo	dial	Staff?	(i.e.	, thermal systems i surfacing, VAT,	nsulation, or	(Specify SF or LF)	SVOL	ai-	aps	losu
(13)				(12)	_		other miscellaned		or or Er)	=		ulat	ē
Room B-39		Y	es 1 1	No ⊠	N/A	Mastic					_	Ф	_
Room B-39			-			Pipe Fitt	tings		400 SF				
						1 ipe i iti	ungs		12 LF				
-				=									
Name of Registered Waste	Hauler		1 1	=_	JDEP V	Macto	Cubic Yards of	None of Decid	11 100			Ш	
BRISTOL ENVIRONM		IC.		25.00	auler II 18706	No.	Waste	Name of Regist FAIRLESS					
City, State				_	10700		Disposal Date	City, State				-	
BRISTOL, PA 19007							\$100 m	FAIRLESS	HILLS. PA				
Completed By (Print or Type	e)	Title		-			Signature		Date				
Brian Scafiro		Estir	nato	r				Scalin	m / mc /		-2	0	

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10000							11 11

Date of Notification (1)			Name of Building Owner/Operator (2) JAN 1 6 2020												
/	19		Princeton University-Office of Design and Construction												
Agencies Notified Type Notific	ation			Stree	t Address				-			d	7		
☐ EPA ☐ Initial				200	Elm Dr.				Andri Litaria. Litaria:		1. 1.	i ji	i		
☑ DOLWD ☑ Amende		41071		City,	State, Zip (Code			i. U. Chi.e.		Mile makes"		1 1		
☑ DHSS Amendm ☐ DCA ☐ Emerger			19	Pri	nceton, M	NJ 08	544								
(NJAC 5:23-8) justificati		unig		Name	of Contac	ct			Telephone Numb	per					
☐ Cancella	tion			Ro	bert Orte	ego			609-258-184						
				FA	CILITY IN	VFOR	MATION								
Name of Facility Where Abatement is		ace (3	3)					Type of Facility	A						
Princeton University-Jadwin H	lall							School (K-12	!) 3 (Other than K-12)	ĕ					
Street Address									rivate and commer		uilding	is.			
Washington Road								homes, etc.)				10000			
City (5)								Square Feet	# of Floors	В	dg. A	ge			
Princeton				,						- 1	70				
County (6)				Cour	nty Code (7	7)(STAT	TE USE ONLY)		or if being demolis	hed)					
MERCER								Office/Class							
Name of Monitoring Firm Hired by Buil	ding Own	ier (8)		ASCM	No.	0.000		ent Contractor (9)							
TTI Environmental Inc						В	RISTOL EN	VIRONMENTAL	L, INC.						
Street Address							et Address								
1253 North Church Rd						11	123 BEAVE	R STREET							
City, State, Zip Code						City	State, Zip Co	ode							
Moorestown, NJ 08057						В	RISTOL, PA	19007							
Project Manager for Monitoring Firm			Tele	phone	No.	Tele	phone No.		License No.						
Michael Keehn			0.00.00	20 27 7 200	-8800	21	5-788-6040	Į.	00509						
Start Date (10)	Schedule			etion Date (11) Name of OSHA Monitor / BRISTOL ENVIRONMENTAL, INC.											
Occupancy Status During Abatement (Check on	ly one	3)			1	et Address		Control of the Contro			-			
☐ Facility Closed/Vacated During Enti				nent		5000000	23 BEAVE	RSTREET							
☐ Abatement Performed Outside of N	ormal Fac	cility H	lour	s - Des	- Describe City State Zin Code										
Time of Abatement: 7:00AM-6:30F	PM/	_PM-		AM		1 550	RISTOL, PA								
Scope of Work (Check all that apply)													-		
☐ ≥3 sf or >3 lf	\boxtimes	Reno	vatio	on			☐ Full Cont	ainment with Neg	ative Pressure						
≥160 sf or ≥260 lf	-	Demo					Glovebag	g Procedure							
							Non-Exe Non-Exe	mpted (*) and Nor	n-Friable Procedure	e					
l analisa of		Is Lo	ocati mal							Ab	atem	ent T	уре		
Location of Asbestos-Containing Material (ACN		Jsed S	Sole	ly by	Ashe	stos C	Description o ontaining Ma		Amount	Re	Re	En	田田田		
TO BE ABATED		Mainte Custod			(i.e	., then	mal systems i	insulation,	(Specify	Removal	Repair	cap	Enclosure		
IN Facility (13)			12)	nan:		St	irfacing, VAT, er miscellane	or oue)	SF or LF)	a	100	Encapsulate	ure		
(,	Ye	es I	No	N/A		Otti	or misochane	003)				te			
Room B-39]		Mastic				400 SF	\boxtimes	П		П		
]												
										П		$\overline{\Box}$	П		
	7	П								$\overline{\Box}$					
Name of Registered Waste Hauler		JDEP V	Vaste	Cubi	c Yards of	Name of Regist	tered Landfill	1							
BRISTOL ENVIRONMENTAL, IN	1C.		H	auler II 18706	No.	Wast		FAIRLESS							
City, State				Disp	osal Date	City, State		ell'Activ	100						
BRISTOL, PA 19007						FAIRLESS	HILLS, PA								
Completed By (Print or Type)	Title	-10 V/977-		Signature Date						\neg					
Brian Scafiro	Estin	nator					Brian	Scofino	9N 11-27-19						

Chh# 3656

Date of Notification (1)					Nam	e of Buildir	20.0	wner/Operator ((2)	22.0. 22.0.000						
	20 /	19		2	Pr	inceton l	Jni\	ersity-Office	of Design and	Construction		y I		1		
Agencies Notified	Type Notific	cation	7.500		1	et Address		158 (-1555)		The state of the s			- 11	1 11		
□ FPA	Initial					0 Elm Dr.			· Marin		~ n	200	94.4			
☑ DOLWD 3039	☐ Amende					State, Zip		le		JAN 1) [)20		144.7		
☑ DHSS3022	Amenda			-	1	inceton, I			*	İ	^					
☐ DCA (NJAC 5:23-8)	☐ Emerge justificat		cludin	g		e of Contac				Telephone Num	hor	1				
(10/10 0.20-0)	☐ Cancella	-0.700				bert Orte			i i	609-258-184	Yell In			200 V		
								RMATION		003-200-104	1					
Name of Facility Where A	batement is	Takino	Place	e (3)	- '	COLLIT II	41 0	MATION	Type of Facility	(4)						
Princeton University		The children and	,	- (-)					School (K-12	8 N H						
Street Address			-						☐ Subchapter 8	(Other than K-12)					
Washington Road									Other (i.e., p homes, etc.)	rivate and commer	cial b	uildin	gs,			
City (5)									Square Feet	# of Floors	IB	ldg. A	Age			
Princeton									NF 00 1 70000000			70	.gc			
County (6)			Al-Arran VII		Cou	nty Code (7	7)(ST	ATE USE ONLY)		Prior if being demolished)						
MERCER							#1		Office/Class							
Name of Monitoring Firm I		ding C	wner	(8)	ASCN	No.	Na	ame of Abateme	ent Contractor (9)		,					
TTI Environmental II	nc							BRISTOL EN	VIRONMENTA	L, INC.						
Street Address							St	reet Address								
1253 North Church F	₹d							1123 BEAVER	RSTREET							
City, State, Zip Code							Ci	ty, State, Zip Co								
Moorestown, NJ 080								BRISTOL, PA	A 19007							
Project Manager for Monito	oring Firm			Tel	phone	No.	Te	elephone No.		License No.						
Michael Keehn						6-8800	1	215-788-6040		00509						
Start Date (10)						ate (11)	1	ame of OSHA M								
12 / 2 /				1	′	19			VIRONMENTAL	_, INC.		-				
Occupancy Status During	90, 90, 100, 100, 100, 100, 100, 100, 10						1000000	reet Address								
☐ Abatement Performed (cribe		1123 BEAVER								
Time of Abatement: 7:0	00AM-6:30	PM/	P	M	AM	SCIDE	1000	ty, State, Zip Co BRISTOL, PA								
Scope of Work (Check all t	hat apply)				1//					with Negative Proceure						
☐ >3 sf or >3 lf			⊠ Re	novat	on			☐ Full Conta	ntainment with Negative Pressure							
≥160 sf or ≥260 lf			☐ De					☐ Glovebag	Procedure							
								Non-Exer	mpted (*) and Nor	n-Friable Procedur	е					
1				Locat							Ab	atem	ent T	ype		
Location of Asbestos-Containing M		n		d Sole		Ashe	etne	Description of Containing Mat		Amount	Re	Re	m	m		
TO BE ABAT	ED	"		intena		(i.e.	., the	ermal systems in	nsulation,	(Specify	Remova	Repair	cap	clos		
IN Facility (13)		- 1	Cusi	(12)	Staff?			surfacing, VAT,	or	SF or LF)	val		Encapsulate	Enclosure		
(10)		t	Yes	No	N/A	1	Ol	mer miscellaneo	ous)				ate			
Room B-39						Mastic				400 SF		П		П		
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						Naste	Cul	bic Yards of	Name of Regist	ered I andfill		ш				
BRISTOL ENVIRONM		IC.		1000	auler II	O No.	10 mm	ste	FAIRLESS							
City, State							Dis	posal Date	City, State		-					
BRISTOL, PA 19007									FAIRLESS	HILLS, PA						
Completed By (Print or Type	e)	Title						Signature		Dat	P					
Brian Scafiro		Es	timat	or				Brian	Scopino	/gr /	1/-	20	-/0	7		

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K 1173	PAI	D		ICATION	ate of Nev OF ASBI to NJAC	ESTOS	ABATE		NT	Pater Park	.IAN 1	6 2	020	Martine of the Committee	To the state of th		
Date of Notification (1) 01.08.2020		and the second		Name of Ping V	f Building (Vang	Owner/0	Operator	(2)	1/2 12		UMIV I		U <u></u> U		=======================================		
Agencies Notified	Type Notification			Street A	ddress					150	GETOS			红	+		
× EPA × DEP × DOL	Initial Amended		-	City Sta	ate, Zip Co	nde			30 Ft - 160	. Arms		Number 1	2		Ì		
X DOL	Amendmen		_		City, N)4										
DOH DCA	Emergency justification) Cancellation		Ī	Name of	f Contact Vang					Tel	ephone N	lumber					
	I —				LITY INFO	ORMAT	ION										
Name of Facility Where	Abatement is Takir	ng Place (3))					Ту	pe of Facility (23							
Street Address								×	Other (i.e. p	8 (Oth			ildings	, hom	es,		
City (5) Jersey City, NJ 073	304								etc.) juare Feet 100	# 0	f Floors						
County (6) Hudson County				County (Code (7) USE ONLY)			Cu	irrent Use (Prid	or if bei	ing demol	ished)					
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCN	I No.				batement Con ontracting L		(9)						
Street Address							Street 69 D		ress orth Ave, U	nit 65							
City, State, Zip Code	93						City, S	tate	, Zip Code n, NJ 07501		License No. 01383						
Project Manager for Mon	nitoring Firm			Telephoi	ne No.		Teleph 973-8		No. '-6330								
Start Date (10) 01.09.2020		Schedule 01.09.2		npletion I	Date (11)		100000000000000000000000000000000000000		SHA Monitor ontracting LI	С	01383						
Occupancy Status During	g Abatement (Ched	ck Only One	e)				Street	Add	ress								
Facility Closed/Vaca Abatement Perform Other – Describe:							City, S	tate	orth Ave, U		her than K-12) & commercial buildings, homes, of Floors Bldg. Age 1902 eing demolished) br (9) License No. 01383 h Negative Pressure and Non-Friable Procedure Abatement Type						
Scope of Work (Check A	II That Apply)						Pate	rso	n, NJ 07501								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit				×] ;	Mini-Enclosure Glovebag Proc	edure				e.			
Location	ı of	N	Locati ormal	ly		De	scription	of									
Asbestos-Containing TO BE AB/ In Facil (13)	Material (ACM) ATED	Maii	ntenai	ntenance/ odial Staff? Asbestos Cor (i.e. therma				ntaining Material (ACM) Amount				Repair	Encapsula	Enclosure			
0 151 5		Yes	No	N/A										ite	е		
2nd Floor Ba	athroom		X		Wa	II Plast	ter		2	SSF	X	-					
													-				
															77		
Name of Registered Was Spes Contracting LL			Н	JDEP W lauler ID 038075	No.	Cubic of Was 1.0			Name of F			fill	-				
City, State Paterson, NJ 07501						Dispos	sal Date		City, State Morrisvi		A						
Completed by Branislav Pavlov		Title projec	t ma	nager		S	ignature)	1	Date 01.08.2020							

JAN 1 5 2020

Date of Notification (1) 01/10/2020				Name o	of Building ence	Owner/0	Operator	r (2)		asios	7 - V - V - V - V - V - V - V - V - V -		1.0		10.		
Agencies Notified	Type Notification X Initial			Street A				Ü.	, 10,310A	EIVICE	Consister of the Constant of t	ŭ.			1		
EPA DEP DOL DOH DCA	Amended Amendment Emergency justification)	(including	-	Bridge	ate, Zip Co ewater, I of Contact		07		ΙTe	elephone	Numb	er					
DCA DCA	Cancellation				art Danie		011		1								
Name of Facility Where A Residence Street Address	Abatement is Takin	g Place (3	3)	PAC	ILITY INF	ORIVIATI	ION					build	dings,	home	es,		
City (5) Bridgewater								etc.) Square Feet 820		of Floors	- 0.00 March 1000	_	ldg. A	110.0000.000			
County (6) Somerset					Code (7) USE ONLY)		Current Use	Prior if be	ing demo	olished	d)					
Name of Monitoring Firm A. Seine Lighthouse		Owner (8)		ASCN	M No.			of Abatement s Tank Ser		r (9)							
Street Address PO Box 354							15/20/50	Address Liberty Ave	enue								
City, State, Zip Code South Orange, NJ (7079							State, Zip Code de, NJ 0720									
Project Manager for Mon Sarah Calandra	itoring Firm			Telepho 201-34	ne No. 49-2666			none No. 462-7465		License 01316							
Start Date (10) 01/29/2020		d Con	npletion	Date (11)			of OSHA Mon eine Lightho		utions								
Occupancy Status During X Facility Closed/Vaca Abatement Perform	ated During Entire F	Period of A	batem	nent			PO E	Address Box 354	ůř.								
Other – Describe:		nal Facility	Hours			-		tate, Zip Code h Orange, N	te, Zip Code Orange, NJ 07079								
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ll That Apply)	-	enova emolit	tion X Mini-Enclosure Glovebag Proc										e			
Landin	- 6		Locati Iormal			_		-						ement pe			
Location Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM) ATED	Use Mai	d Sole ntenar odial S (12)	ly by nce/		tos Cont thermal surfac		faterial (ACM) s insulation, T, or	(Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure		
Baseme	ent		X			Pip	oe Wra	ıp	1	20 LF	Х						
										4							
Name of Registered Was	te Hauler		0.000	JDEP W		Cubic		Name	of Registe	ered Land	<u> </u> Hfill						
Newark Carting		auler ID 1509	No.	of Was			e Mana	gement	Lan	dfil			, d				
City, State East Orange, NJ						Dispos	osal Date City, State Penn Argyle, PA										
Completed by Alison Lamers	Mar	ager		Signature Date 01/10/2020													

m	III	C	E	1	W	E	F
	-Harden a.				-		ALEGANA SER
						1	-

1000 1000	LEEL	pp.					rothicsec		7,447						
Date of Notification (1)		Nan	Name of Building Owner/Operator (2) JAN 5 2020												
01 / 1	3 /	2020			Te	rrence l	Higg	gins	hie.	i					
Agencies Notified ☑ EPA	Type Notific	ation				et Address			Ė	/1215 (mile)	ros c	CA	TreC	i. iá	-
☑ DOLWD	☐ Amende				City	State, Zip	Code	9			A AND DOLL OF	21101	April		
☑ DOH ☐ DCA	Amendm Emerger			a	8320			07452							
(NJAC 5:23-8)	justificati		Ciuuiii	9		ne of Conta	1000	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		Telephone I	Numbe	r			
***************************************	☐ Cancella	tion			Ter	rence H	iggi	ns		Transfer to the state of					
					F	ACILITY II	NFO	RMATION						- 130	
Name of Facility Where A	Abatement is	Taking	Place	(3)					Type of Facility	(4)					
Residence									School (K-1	2)					
Street Address				27					Subchapter			al bi	ممنامان		
									Other (i.e., phomes, etc.)		nmerci	al Di	marrig	S,	
City (5)									Square Feet	# of Floors	;	Bl	dg. A	ge	
Glen Rock									746 SF	1		90)		
County (6)							7) <i>(ST.</i>	ATE USE ONLY)	Current Use (P	rior if being der	molishe	ed)			
Bergen					02				Residence						
Name of Monitoring Firm	Hired by Buil	ding C	Owner	(8)	ASCI		182		ent Contractor (9						
N/A					N/A				ssional Ser	vices Cor	р				
Street Address								eet Address							
N/A	-					科		0 Rifle Car	The state of the s						
City, State, Zip Code N/A							1000	y, State, Zip Co							
	tadas Etco			T-					ark, NJ 0742						
Project Manager for Moni N/A	toring Firm				lephon	e No.		lephone No.	•	License No	0.				
Start Date (10)	10	Cobod	ulad C	N		ate (11)		3-938-526		02003					
01 / 22 /	Annual Control of the	01			· /			me of OSHA M							
Occupancy Status During							_	senije Ada	amov						
☑ Facility Closed/Vacate					ement		(20.00)	eet Address 0 Rifle Car	nn Dd						
☐ Abatement Performed	Outside of No	ormal	Facility	у Но	urs - De	scribe							100		
Time of Abatement: _	AM	PN	Λ/	_PN	/I	- Describe City, State, Zip Code Woodland Park, NJ 07424									
Scope of Work (Check all	that apply)				- 3.3.5-		100						-		
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			☑ Re					✓ Mini-Encl ☐ Glovebag	Procedure						
			lo.	1 00	otion	_		☑ Non-Exer	mpted (*) and No	on-Friable Proc	edure	Tironosco			20/20/20/20
Location	of			Norm	ation ally			Description of	f		-		ateme	_	<u> </u>
Asbestos-Containing I	Material (ACM	1)			lely by			Containing Mar	terial (ACM)	Amount		Removal	Repair	Encapsulate	Enclosure
TO BE ABA IN Facilit					I Staff?	(i.∈	e., the	ermal systems i surfacing, VAT,	nsulation,	(Specify SF or LF)		SVOL	air	apsı	losu
(13)	,			(12	2)			her miscellaned		Of GLE,	'	_		ılate	re
			Yes	No	\$ U \$10000									· CD	
Basement					X	ACM F	Pipe	& fitting in	sulation	100LF		X			
Exterior					X	ACM t	rans	site siding		1,200 SF		X			
						Waste	27 4 4 7 7 7	oic Yards of	Name of Regis	stered Landfill					
						ID No. 8	Wa 5 cu	ste ubic yards	Fairless La						
City, State					003817		_	posal Date	City, State	en 3 567.11 8.				-	
Woodland Park, New Jersey							20 = 3/8	1/24/2020	Morrisville	PA					
Completed By (Print or Type) Title							Signature Date								
Arsenije Adamov		Pre	side	nt					ije Adar	lamou 01/13/2020					
NSB 41			- uneste	Je minus	,,,,,	0 17 1	512	-020							

JAN 1 6 2020

Date of Notification (1)				Name of Building Owner/Operator (2)								
//	20			Fa	sail & Le	na Siddiqi	Job	Number: 2001	2533 (Chec	k #22	216
Agencies Notified ☐ EPA ☐ Initial ☐ DOLWD ☐ Amen. ☐ DHSS ☐ Amen.					et Address	Code	See		vanta Vantka			
□ DCA □ Emerg			-	Mo	oerstow	n, NJ 08057						
(NJAC 5:23-8) justific		Ciuuiii	9	Name	e of Contac	ct		Telephone Nu	mber			
☐ Cance	llation			Lo	u Marzilli	i, Marzilli Constr	uction	1				
				FA	CILITY II	NFORMATION						
Name of Facility Where Abatement	s Taking	Place	e (3)				Type of Facility	(4)				
Residential Street Address							School (K-1 Subchapter Other (i.e., phomes, etc.	8 (Other than K-	12) nercial b	uildin	gs,	
City (5)							Square Feet	# of Floors	B	ldg. A	ne	
Moorestown							3380	3		79	gc	
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Use (P	rior if being demo	lished)			
Burlington							Residentia					
Name of Monitoring Firm Hired by B	uilding C	wner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)				
Finog Environmental						Asbestos and	d Mold Servic	es, Corp.				
Street Address						Street Address						
617 Stokes Road, Suite 4-318	3					1835 Underw	ood Blvd					
City, State, Zip Code						City, State, Zip Co		9			00	
Medford, NJ 08055 Project Manager for Monitoring Firm		S.C.III.SV	Tal		NI-	Delran, NJ 08	3075					
Rebecca Rubnitz			100	ephone 88-715		Telephone No. 609-702-0400		License No.				
Start Date (10)	Sched	uled C			ate (11)	Name of OSHA M		00862				
1/23/20				8_ /		EMSL Analyti						
Occupancy Status During Abatemen	(Check	only	one)			Street Address	14 14 14 14 14 14 14 14 14 14 14 14 14 1			-		
☐ Facility Closed/Vacated During E	ntire Per	iod of	Abate	ment		200 U.S. Rout	te 130 North					
Abatement Performed Outside of Time of Abatement:AM	Normal	Facilit	y Hou	rs - Des	scribe	City, State, Zip Co	ode					
Scope of Work (Check all that apply)		"	_' '''	Cinnaminson, NJ 08077								
						☐ Full Cont.	ainment with Ne	native Pressure				
		⊠ Re □ De				☐ Mini-Encl ☑ Glovebag	osure Procedure	on-Friable Proced	ure			
			Loca						Ab	atem	ent T	уре
Location of Asbestos-Containing Material (AC TO BE ABATED IN Facility (13)	CM)	Use Ma	intena	ely by ance/ Staff?	Asbe (i.e	Description of stos Containing Mat , thermal systems i surfacing, VAT, other miscellaneo	terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A				In the second			Ф	
1 st & 2 nd Floors				\boxtimes	Pipe Ins	sulation		78 LF				
				×							П	
		П							П			
Name of Registered Waste Hauler		NJDEP Waste Cubic Yards of Name of Registered Landfill										
Asbestos and Mold Services,	F	lauler II 00356		Waste	Grand Cer							
City, State				00356	000	5 Disposal Date	City, State					-
Delran, NJ						1/28/20	Penn Argy	le, PA				
Completed By (Print or Type)	Title					Signature	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	STATE OF THE CANA	ate			
Kaysi Gruner	Of	fice /	Assis	tant		CAM			1-1	4-7	20	
AP 11							1 1 -		1 1	1 4	-	

TOUR 1725/0										-		or of the case		
CX 25034 PA	M	NOTIFI (Pur	CATI	State of Ne ON OF ASB t to NJAC 8:	w Jersey ESTOS ABAT 60-7 and 12:1	EMENT 20-7)		C I	5			3 0 0		
Date of Notification (1)		(1 0.1		Name	of Building O K SHARP & D	wner/Operato		JAN	1 (5 20)20			
1 / 10 /20					Address									
Agencies Notified Type Notification	n			126 E.	LINCOLN AVI	ENUE, P.O. B	OX 2000, RY28	-414		.,		con est		
EPA Initial Not DEP x Amended X DOL Cancellat	Notific		‡2		tate, Zip Code AY, NEW JEF		g (1))) (4)	1,010 011 100	e k	cari Jirib	t the same	* 		
X DOH On Hold DCA EMERGE		NOTIFI	CATI		of Contact RI PATEL		Telephone N 732-594-635							
			F	ACILITY INF	ORMATION									
Name of Facility Where Abatement is Ta	king F	Place (3	3)			Type of Faci								
MERCK SHARP & DOHME CORPORATION	ON					School Subcha X Other (apter 8 (Other thie. private & con	an K-12	2) Idas	hon	nes e	tc.)		
Street Address 126 EAST LINCOLN AVENUE -BUILDING	32					Square Fee				Bldg.	Age	10.17		
City (5) County (1	County	Code (7)		(Prior if being d							
RAHWAY UNION				(STATE L	JSE ONLY)		LABORATORY			CE F	ACILI			
Name of Monitoring Firm Hired by Build ENVIRONMETAL HEALTH INVESTIGATI	ing O	wner (8 NC.	B) 		ASCM No. 104		atement Contra			N				
Street Address 655 WEST SHORE TRAIL							ROCK ROAD							
City, State, Zip Code	vocestore		este est			City, State, 2		otomorii						
SPARTA, NEV	V JER			NI		SUFFERN, I	NEW YORK 109	Licens	o Ni	ımha	•	-		
Project Manager for Monitoring Firm		973-7		Number		845-369-750		1101	CIVE			- 1		
WILLIAM S. KERBEL, CIH Expected State Date (10)	Sch			tion Date (1	1)	Name of OS		1101						
1 / 13 /2020		6		30/202		AMERISCI L	ABORATORIES	SINC		#1	1480	1		
Month Day Year Occupancy Status During Abatement (Che		v one)	_	Day	Teal	Street Addre	ess							
Facility Closed/Vacated During Abatement Performed Outside	Entire	Period	of A	batement Hours - Desc	cribe:	117 EAST 3	OTH STREET							
X Other - Describe: MONDA	/ -FRII	DAY 7A	AM-3:	30 PM	State of the state	The second secon	Zip Code NEW YORK, NE	W YOF	RK 1	0016				
Scope of Work (Check all that apply)	٦٥			×		Full Containment Mini Enclo ,								
Demolition X	Hen	ovation	I,		Glovebag	Procedure ole Procedure	9							
Location of		Locati		De	escription of As	sbestos-			Ab		ent Ty	/ре		
Asbestos-containing	200000000000000000000000000000000000000	mally u	1.00		ntaining Mater		Amour	nt I	RE	REPAIR	EN	EN		
Material (ACM) TO BE ABATED		solely b			ie. Thermal sy ulation, surfac		(Special SF or L	F)	REMOVAL	All	AP	12		
in Facility (13)	5	Staff (12	2)		other miscella			' i	AL.	٦	ENCAPSUL	ENCLOSUR		
	Yes		N/A	Ashaataa Si			1571 SF		(1	سر		
2nd Floor Perimeter	+	\vdash	X	Asbestos Fi										
3rd Floor Perimeter 4th Floor Perimeter	+	\vdash	x	Asbestos Fi Asbestos Fi			1571 SF 1571 SF		ζ					
	+		x	Asbestos Fi			1572 SF		K					
5th Floor Perimeter	+	\vdash	Asbestos Fi			1572 SF		K						
6th Floor Perimeter	+	+	Asbestos Fi			1572 SF		K						
7th Floor Perimeter		ASDESIOS FI	reproduing		1072 01									
						To the								
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.		DEP Waller ID I	No.	Cubic Yards	s of Waste 420	LYCOMING	egistered Landfil	OURCE		NAG	EME	NT SE		
825 HIGHWAY 33 City, State	Disposal Da		City, State	NDER DRIVE/F		10								
FREEHOLD, NEW JERSEY Completed by (Print or Type) Tit	1/6/2020-6/	30/2020 Signature	IMONIGON	ERY , PA 1775	Date	,	- 1		9 000					
		OR OF	OPE	RATIONS		17	3)		1	10	- 2	0		

			- (1	uisu	ant to NUAC C					14.1.4.1					1			
Date of Notification (1)	Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP. Street Address										1 - 1							
1 / 3	/20				Street	Add	dress			1 1	97111	32	U 1	ULU				
Agencies Notified	Type Notificati	on			126 E	. LIN	ICOLN AV	ENUE	, P.O. BOX	X 2000, RY28	-414							
EPA DEP X DOL	Initial No X Amended Cancella	Notifi		n #1	City, S	State	, Zip Code , NEW JE	9		27 (No. 10 - 7	130	na :	Jilak	1				
X DOH DCA	X On Hold EMERGE	NCY	NOTI		TION KINNA	ARII	Contact PATEL			Telephone 1 732-594-638		er						
					FACILITY INF	FOR	MATION											
Name of Facility Where Al			Place	(3)				Туре	of Facilit School (K	-12)								
Street Address	CON CHAIR	JIN						X	Other (ie.	er 8 (Other the	nmcl. I	2) oldg						
126 EAST LINCOLN AVEN City (5)								1	uare Feet 00,400	# of Floo 7				g. Age 49)			
RAHWAY	County (UNION				County (STATE	y Co USE	de (7) ONLY)	RES	ent Use (Pi EARCH LA	rior if being de	emolis AND	hed) OFF) FICE	FACIL	J			
Name of Monitoring Firm ENVIRONMETAL HEALTH	Hired by Build INVESTIGATION	ing O [.] DNS, I	wner NC.	(8)		AS	SCM No. 104			ment Contra MENTAL CO			ON					
Street Address 655 WEST SHORE TRAIL									t Address	OCK ROAD								
City, State, Zip Code	SPARTA, NEV	/ JERS	SEY (07871				City,	State, Zip		01							
Project Manager for Monitor	ing Firm				Number				hone Num		Licens	se N	lumbe	er				
WILLIAM S. KERBEL, CIH				729-5					369-7500	- 1	1101							
Expected State Date (10)	4	Sche			etion Date (1				e of OSHA									
1 / 6 Month Day	/2020 Year	N/-	6 onth	1	30/202 Day	20	14	AME	RISCI LAB	ORATORIES	INC		#	11480)			
Occupancy Status During A Facility Closed/V Abatement Perfo X Other - Describe:	batement	cribe	Year :	117 E	State, Zip	H STREET												
Scope of Work (Check all the Demolition SSF OR LF X >160 SF OR 2	at apply) X 260 LF]Reno	ovatio	n .	X	City, State, Zip Code NEW YORK, NEW YORK 10016 X Full Containment Mini Enclo , Glovebag Procedure Non-Friable Procedure							6200					
Location of		10.000	Locat				otion of As					Ab	atem	ent T	ype			
Asbestos-contain	-		nally				ing Materia		N)	Amount		P	R	四	里			
Material (ACM TO BE ABATE in Facility (13	D	Main	taff (1	todial 2)	insu	ulatio	hermal sys on, surfacir er miscella	ng, VA	Т,	(Specify SF or LF		REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR			
2nd Floor Perimeter				x	Asbestos Fir	repro	oofing			1571 SF	×							
3rd Floor Perimeter				x	Asbestos Fir	epro	oofing			1571 SF	×							
4th Floor Perimeter				х	Asbestos Fir					1571 SF	×							
5th Floor Perimeter				Х	Asbestos Fir	epro	ofing			1572 SF	X							
6th Floor Perimeter				х	Asbestos Fir	epro	ofing			1572 SF	x							
7th Floor Perimeter	x	Asbestos Fir	epro	ofing			1572 SF	х										
								+			-	\vdash						
FREEHOLD CARTAGE, INC. Hauler ID No. 825 HIGHWAY 33 15939						20	Vaste	LYCC 447_A	MING CO	ered Landfill UNTY RESO R DRIVE/RO	URCE UTE 1	MA 5	NAG	EMEN	IT SE			
City, State Disp FREEHOLD, NEW JERSEY 1/6/2 Completed by (Print or Type) Title						0/20		City,)s	State FOMERY	, PA 17752								
Completed by (Print or Type BENJAMIN SANCHEZ	RATIONS	igna	ture /	1	XX		Date	1 -	-3	-20								

			NOT (F	IFICA Pursua	TION OF ASBESTOS A ant to NJAC 8:60-7 and	ABATI 12:12	EMENT		<u>, E</u>	(L)	_U_		73		
					Name of Buildir	Name of Building Owner/Operator (2)									
Date of Notification (1)					MERCK SHARP	% DC	OHME CORP.			JAI	N 1	6 2	2020		
12 / 19 /19					Street Address		1:			9,11					
Agencies Notified Type No					126 E. LINCOLN		NUE, P.O. BOX	X 2000, RY2	8-414	evener i	- "	8.4			
	tial Notifi nended N			n	City, State, Zip C RAHWAY, NEW		SEV 07065		1.44	alac'	La. A. S.	CA III VŠŠŠ	£ 1 * * > / - ?		
X DOL Ca	ncellatio		cano		I NATI, NEW	JEN	351 07065	900 5		\$ 250 P	-	AND DESCRIPTION OF THE PERSON			
	Hold	101/	NOT	E10.1	Name of Contact			Telephone		er					
BCAEN	IERGEN	ICY	NOII		Section 1 to the section of the sect			732-594-63	352						
Name of Facility Where Abatemen	t is Tak	ina l	Place	(3)	FACILITY INFORMATION		Type of Facilit	v (A)							
				(-)		ŀ	School (K								
MERCK SHARP & DOHME CORPC	RATION	V					Subchapt	er 8 (Other th	han K-1	12)					
Street Address								private & cor		bldg	s., ho	mes,	etc.)		
126 EAST LINCOLN AVENUE -BUIL	_DING 3	32					Square Feet 100,400	# of Floo	ors			g. Age 49	9		
City (5)	unty (6)				County Code (7)	1	Current Use (Pr		lemolis	hed		10			
	ION			(=)	(STATE USE ONLY	Y)	RESEARCH LA	BORATORY	Y AND	OFF	ICE	FACIL	1.		
Name of Monitoring Firm Hired by ENVIRONMETAL HEALTH INVEST	Buildin	ig O	wner NC	(8)	ASCM N		Name of Abate PAR ENVIRON				ONI				
Street Address	- CATTION	10, 1	110.		104		Street Address	MENTAL CC	JAPUF	AH	ON				
655 WEST SHORE TRAIL							313 SPOOK RO								
City, State, Zip Code SPARTA	NFW.	JERS	SEY	77871		15	City, State, Zip SUFFERN, NE	Code	201						
Project Manager for Monitoring Firm	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0 = 1 10			Number		Telephone Num		Licens	se N	umbe	or			
WILLIAM S. KERBEL, CIH			973-	729-5	649		845-369-7500		1101	0011	CITIO C				
Expected State Date (10)		Sche			etion Date (11)		Name of OSHA								
1 / 6 /200 Month Day Year	20	Mo	onth	1	30/2020 Day Yea		AMERISCI LAB	ORATORIES	SINC		#	11480			
Occupancy Status During Abatemen	t (Check	only	y one)			Street Address						_		
Facility Closed/Vacated D Abatement Performed Ou	uring Er	ntire	Perio	d of A	batement	1	117 EAST 30TH	STREET							
	NDAY -					ŀ	City, State, Zip	Code		-					
					(a contraction of the contracti	NEW YORK, NEW YORK 10016									
Scope of Work (Check all that apply) Demolition		Rono	vatio	n				2							
>3SF OR LF		terro	valio	11	Mini E Glovet		rocedure								
X >160 SF OR 260 LF	.35						Procedure								
Location of Asbestos-containing			Locat		Description of				L	Ab		ent T	уре		
Material (ACM)	- 1		nally olely i		Containing Ma (ie. Thermal			Amoun (Specifi	it	RE	REPAIR	ENCAPS	E		
TO BE ABATED	1			todial				SF or LF	F)	ò	IIAc	CAF	E		
in Facility (13)	Ļ		taff (1		or other misc			ASSA DECIS	´	REMOVAL	٦.	JUS	ENCLOSUR		
	-	Yes	NO	N/A					-+			-	D		
2nd Floor Perimeter		_		X	Asbestos Fireproofing			1571 SF	×	(
3rd Floor Perimeter				x	Asbestos Fireproofing			1571 SF	×	(
4th Floor Perimeter				×	Asbestos Fireproofing			1571 SF	×	(
5th Floor Perimeter				x	Asbestos Fireproofing			1572 SF	×						
6th Floor Perimeter				x	Asbestos Fireproofing			1572 SF	×				\vdash		
7th Floor Perimeter			х	Asbestos Fireproofing			1572 SF					\vdash			
	-	\neg		^	Assested I heprooning			13/2 37	×			-	\vdash		
	_								-		_	-	\vdash		
Name of Registered Waste Hauler	1	JDE	P W	aste	Cubic Yards of Waste	IN	Name of Registe	ared Landfill				_			
FREEHOLD CARTAGE, INC.	420		YCOMING CO		URCE	MA	NAG	EMEN	TSE						
825 HIGHWAY 33 City, State	Dianagal Data	4	47 ALEXANDE					0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -							
FREEHOLD, NEW JERSEY	Disposal Date 1/6/2020-6/30/2020	I'V	City, State	ERY PA 17752											
Completed by (Print or Type)	Title	·=		0==	Signature	/			Date	2	1	9	19		
BENJAMIN SANCHEZ	DIKEC	, I OF	OF	OPER	RATIONS	//	XA		10		/	1	//		