D&S Proj. #: 17-18

# State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

M JAN 17 2017 U	E	G	E		V	
1 1 2000		JAN	Acres.	7	2017	

			Name of	Duilding O		-(Oto (2)								+-
Date of Notification (1				ENCE EN		er/Operator (2) EL			ASBES	TOS CO		OL 8	i,	
Agencies Notified	Type Notificat	ion	Street Ad						THE THE PROPERTY AND ADMINISTRATION OF THE PROPERTY OF THE PRO			at the same		
EPA L	Initial Amended	- 11												
☐ DEP	Amendment #:	1+	City, Sta	te, Zip Code	9									
M DOI	Emergency	11	-	TFIELD, 1		07090								
☑ DOH	(including	1+	Name of		NJ.	07090			Telephon	e Number			-	
_	justification)	- 11												
DCA	Cancellation		LAU	RENCE E	NC	GEL					_			
				FA	CII	LITY INFORMAT	TION							
Name of facility when	re abatement i	s taking p	place (3)					j	Type of Facility (	4) I (K - 12)				
LAURENCE EN	GEL									apter 8 (O	ther th	nan K	-12)	
Street Address									Other (	Private/Co	mme		/	
										Homes, et		Di	I - A -	
		1.0	- t - (0)				_		Square Feet	# of Floor:	s	ы	dg. Ag	ge
City (5)		Co	unty (6)			1 1		nty Code (7) te use only)		is a le la aine		-liah a	, al \	_
WESTFIELD		11	NION				(Ola	te use only)	Current Use (P	nor it being	g dem	Olishe	ea)	
Name of Monitoring	Firm Hired by I				T	ASCM No.	1	Name of Abatement (	Contractor (9)	-				
			(-)			710 O.III 110:		D & S RESTORA						
Street Address							=	Street Address	THON, INC.					
Street Address								20 California Av	re l					
City, State, Zip Code							-	City, State, Zip Code	·		-		****	
Oity, Otato, Zip Oodo								Paterson, NJ 07:	503					
Project Manager for M	Monitorina Firm			Phone Nur	mhe	ər	-	Telephone Number	505	License	Numb	er		
r roject warrager for iv	nonitoring i iini			1 Hone Hui	1100	51		973-345-8020		and the control of the	1169			
		10.			// /		_	Name of OSHA Monit	tor					
Start Date (10)		Sche	ea. Comp	letion Date	(11	)		D & S Restoration	on, Inc.					
01/12/17		01/3	30/17					Street Address	1					
Occupancy Status Du	iring Abatemer	nt (Check	only one	)				20 California Av	enue					
Facility closed/v								City, State, Zip Code						
Abatement perf			al facility h	ours-										
Other-Describe	: NORMAL H	OURS					-	Paterson, NJ 07:	503					
Scope of Work (chec								F	ull Containment w	/negative	press	ure		
$\boxtimes$ >3 sf or >3 lf		Renovat	tion						Mini-enclosure					
≥160 sf or ≥260		Demoliti	on						Glovebag procedu Non-Exempted (*)		riabla	nroo	adura	
				ally used sol	lelv	1			Non-Exempled ( )	and Non-	R	R	E	
Location of asbestos-conta	inina	by mair	tenance/		,	1 70 90	ofo	sbestos-containing	Amount		e	е	n	E n
material (acm)	to be	staff(12	)		_	material (A		spesios-containing	(Specify S	SF or	m o	p a	c a	c
abated in facilit	y (13)	Yes	No	N/A		8			LF)		v e	i	p	L
BASEMENT			X			PIPE INSUL	ATI	ON	20 L FT		×			
BASEMENT BOIL	LER				=	BOILER INS			30 SQ FT		M			
			1											
			1		=									
Registered Waste Hai	uler	N.I	DEP Hau	ler ID#	С	ubic Yards of W	aste	Name of Registered	Landfill			=	_	
D & S RESTORA			3506			yd.		TULLYTOWN,		ECOVER	Y			
City, State	07502			Disposa 01/13				City, State TULLYTOWN,	РΛ					
PATERSON, NJ		Tial-		_ 01/13	7/1	Signature		I TULLTIOWN,	1 //	Date				
Completed by (Print of BOGDAN JOLD)		Title PRESI	DENT			J.g.1.0.010				01/10/	17			

an 10 2017 04:53PM NJ As	sbestos Control 60	9,633,0	664		page 2	The state of the s		7) (7)	
01/10/2017 01:39PM	9733458060		I	)25 R	ESTORATIO .	10月	G Epage	. <sup>∭</sup> 82/	
D&S Proj. #: 17-18			State of Asbertion of Asbertion NJAC 8	stos A			AND DAY	2017 NTRO	1 &
Date of Notification (1)	Name of Buildin	7				Addi	71		
Agencies Notified Type Notificatio	Street Address City, State, Zip	Code				WAIVER	APPRON	(i)	
DOH Emergency (including justification)	WESTFIEL Name or Contact	D, NJ 0	7090	Towns and the		Telephone	Number		
DCA Cancelation	LAURENC	EENG	EL						
		FACIL	ITY INFORMA	TION					
Name of facility where abstament is  LAURENCE ENGEL  Street Address	taking place (3)		as a sect — and a section of			Other (P	) (K - 12) pter 8 (Other I Private/Commo Jomes, etc.		2)
		A 944 A					of Floors	Bldg	. Age
Chy (5)	County (6)				y Code (7) use only)	Current Use (Pri	or if baing den	nolished	)
WESTFIELD	UNION			,					
Name of Monitoring Firm Hired by B	idg. Owner (8)		ASCM No.	111	lame of Abaumen				
Street Address					D & S RESTOR	ATION, INC.			r is sold
Officer Unitable					20 California A				
City, State, Zip Code					ity, State, Zip Code				
Project Managar for Monitoring Firm	I Phon	e Numbe	ar .	-    -	Paterson, NI 0		Licensa Num	bar	
Lidied wavefat in Moumoning cath	( 101	dh Lamifieren	.,		973-345-8020	)	01169		
Start Data (10)	Sched. Completion	Date (11)			Jame of OSHA Mo  D & S Restora				
01/12/17	01/30/17			8	Street Address	don, auc.	and the second		100 Miles
Occupancy Status During Abatemen	(Check only one)	4 14 15 15 16			20 California A			100 (60) 41	1 4 4 6 5
Facility closed/vapated during Abetament performed outside Describe:	of normal facility hours-	ent.		_	Paterson, NJ (				
Other-Describe: NORMAL H				- 11	The state of the s	Full Containment w	/nacietiva pres	aure	
Scope of Work (check all that apply 2 si pr >3 if  2160 st or >260 if	Renovation Demolition					Mini-endiceurs Glovebag procedu Non-Exempted (*)	16		dure
Location of	la location normally us	ed solely		-			R	R	E
asbesios-containing material (sam) to be abated in facility (13)	by maintenance/custo etaff(12) Yes No	N/A	Description material (		bestos-contrining	Amount (Specify S LF)	F.or m	D 8	0 8 0
BASEMENT	X		PIPE INSU			20 LFT	18	THE OWNER WHEN	
BASEMENT BOILER			BOILER IN	ISULA	ATION	30 SQ FT	X		
					the gray manager and the	-			出
		-		MOR BALLS				-	1
Registered Weale Hauler	NJDEP Hauler ID	# [0	UDIC Yalds of	Nasta	Name of Register	ed Landfill	ngovina.		
D& SRESTORATION, INC.	13506		l yd.		TULLYTOWN	N, RESOURCE R	ECOVERY	o Table Town	-
Cin. Olate	P				TULLYTOW	N PA	V2015-001-001-001-001-001-001-001-001-001-		
PATERSON, NJ 07503		01/13/1	1	-	TOLLTION	271227	THE REAL PROPERTY AND ADDRESS OF THE PARTY O	- C-0	
PATERSON, NJ 07503 Completed by (Print or Type) BOGDAN JOLDZIC	Tile PRESIDENT	01/13/1	Signatura		TOLLTON		Date 01/10/17	- CONTRACTOR	

CK QQH D&S Proj. #: 17-15

#### State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

	G	E		$\mathbb{W}$	E	1
M	iana:	41	777	מר מאחער <i>י</i>		
	MAL	465	1	ZIII		Lucias

								JAN		201	1	land)
Date of Notification (1)		Name of	Building Ow	ner/Operator (2	2)		1		The Color State Color			
0   1   /   1   0   /   1   7	ation		n Vargas				AS	BESTOS LICE			OL 8	ž
EPA Initial	ation	Street Ad	idress				I artis commission to the contraction		-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		~	
DEP Amended		Oit Ot	7: 0									
DOL Amendment			te, Zip Code									
DOH Emergency	- 11	IRVII Name of	NGTON, N	J 07011			Tolopho	no Niverbo				
J DCA justification	1)						Telepho	ne Numbe	Γ			
Cancellatio	on	Maril	yn Vargas									
			FAC	CILITY INFORM	MATIO	N						
Name of facility where abatement	is taking p	lace (3)					Type of Facility	(4) ol (K - 12)				
Marilyn Vargas							=	hapter 8 (C		han k	(-12)	
Street Address							☐ Other	(Private/C	omm		` '-)	
							Square Feet	./Homes, e		I B	ldg. A	l de
City (5)	Cou	inty (6)			Co	unty Code (7)	Oquale i eet	# 01 1 100	5		iug. A	vge
IDIUDIOMONI						ate use only)	Current Use (F	Prior if bein	g den	nolish	ed)	
IRVINGTON  Name of Monitoring Firm Hired by		SEX		ASCM No.	Ц,	Name of Abatement C						
y and a monitoring time time by	Diag. Own	(0)		ASCIVI NO.								
Street Address					_	D & S RESTORA	TION, INC.					
						20 California Av	e.					
City, State, Zip Code					=	City, State, Zip Code				-	-	
						Paterson, NJ 075	503					
Project Manager for Monitoring Firr	n		Phone Numb	per		Telephone Number		License		per		
						973-345-8020 Name of OSHA Monito		0	1169			
Start Date (10)	Sched	d. Comple	etion Date (1	1)		D & S Restoratio						
01/11/17	01/3					Street Address	.,		-			
Occupancy Status During Abateme						20 California Ave	nue					
Facility closed/vacated during Abatement performed outside						City, State, Zip Code						
Describe: NORMAL F	HOURS				-	Paterson, NJ 075	03					
Scope of Work (check all that appl	y)					□ F:	ull Containment v	v/negative	press	ure		
$\boxtimes$ >3 sf or >3 lf	Renovation	on				The state of the s	lini-enclosure					
≥160 sf or ≥260 lf	Demolition	n					lovebag procedu lon-Exempted (*)		riable	nroc	edure	1
Location of	Is location by mainte		y used solely	/			T		R	R	E	E
asbestos-containing material (acm) to be	staff(12)	- Inalice/C	ustodiai	Description material (		asbestos-containing	Amount (Specify S	SE or	m	e p	n	n
abated in facility (13)	Yes	No	N/A	material (	ACIVI)		LF)	21 01	0 V	a i	a p	L
BASEMENT				PIPE INSU	ΙΔΤ	ION	220 l ft		e	Г		<del> </del>
DI TODITIDI (1				I I L INSO	LAI	1014	220111			+	片	쓔
									H	H	H	H
					- 000 Decode							T
Registered Waste Hauler D & S RESTORATION, INC.	NJDE 135	EP Haule 06		ubic Yards of V	Vaste	Name of Registered L TULLYTOWN, R		COVER	—— У			
City, State			Disposal D			City, State	LOCORCE IN	JOO Y EIN	4	-		
PATERSON, NJ 07503			01/12/1			TULLYTOWN, F	PA					
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESID	ENT		Signature				Date	1.5			
			n for achaeto	ne licaneura ava	amnta	d activities		01/10/	1 /			

Jan 10 2017 04:53PM NJ	Asbestos C	ontrol 609.63	33.0664	page 1	Fam.	7 0 P	N NN F F
81/10/2017 81:03P	M 9733458	050		D&S RESTORATI		-	1 W E
D&S Prej. #: 17-14		Notifi (Purse	State cation of Asb Lant to NJAC	of NJ estos Abatement 8:60 and 12:120	DOLL	ODAY BESTOS (	7 2017 7 2017 2017 ROL &
Date of Notification (1)    0   1     1   0   1   7    Agencies Notified Type Notification in that I in the I i	Ma Street	e of Suilding Own rilyn Vargas Address Sate, Zip Code			WAIVERA	PPROVE	
DOH (including justification)  DCA Cancellation	Name	VINGTON, N. of Contact wilyto Vargas	07011		Telepho	ne Number	
			ILITY INFORMA	HOIT			
Name of facility where abatement Marilyn Vargas Street Address			,		Subch	(4) of (K - 12) supter 8 (Other (Private/Corner /Homes, etc. # of Floors	
City (8)	County (6	)		County Code (7)			
IRVINGTON	ESSEX			(State use only)	Current Use (P	rior if being de	molished)
Name of Monitoring Firm Hired by Street Address City, State, Zip Code	Bidg. Owner (8)		ASCM No.	D & S REST Street Address 20 Californi			
Ty Daw, Lip Good				City, State, Zip C			
Project Manager for Monitoring Firm		Phone Numb	Dr	Paterson, N. Telephone Numb 973-345-80	ar	License Num	
Start Date (10)	Sched, Con	opletion Date (11	)	Name of OSHA!		THE PERSON NAMED IN COLUMN	
01/11/17	01/30/17			D & S Resto	ration, Inc.		
Occupancy Status During Absterner Facility closed/vacated during Absternant performed outside Describe: Other-Describe; NORMAL H	entire period of of normal facility	abatement.		20 California City, State, Zip C	ode		
Scope of Work (check all that apply				Paterson, N.			
≥160 af or ≥260 ff	Renovation Demolition	naliv used soletv			Full Containment w Mini-enclosure Glovebag procedu Non-Exempted (*)	r <del>ė</del>	
Location of aspestos-containing material (acm) to be abated in facility (13)	by maintenance staff(12)			OM) of aspesps-containing	S Amount (Specify S	RF CIT O	Repeal
BASEMENT			PIPE INSUL	ATION	2201ft	B	
							<del>      </del>
	i i			Marie Marie Carlos Company			
Registered Waste Hauler D & S RESTORATION, INC. City, State	NJDEP He 13506		ibic Yarda of Wi		red Landiil N. RESOURCE RE	COVERY	
PATERSON, NJ 07503		01/12/17		TULLYTOV	VN, PA		
Completed by (Print or Type) BOGDAN JOLDZIC	TINS PRESIDENT	Parris Sad Administry	Signature			Date 01/10/17	
The state of the s	1185 PM	www.eet weeken	מסאם בזוומהמרונ פ	nman anludles	-		

#### State of New Jersey

103154	NOTIFICATION	te of New Jersey OF ASBESTOS ABATE o NJAC 8:60 and 12:120	MENT ()	ECE			
Date of Notification (1)	Name of Street Ad		co late	Dont	12017/	me	2 A
Agencies Notified  Type Notification  EPA Initial		100 Hi	sit St	ASBESTOS C		. &	
DEP Amended Amendment	*H	e, Zip Code AUCE+t5	town	107	0'	18	4
DOH justification)	Name of	Contact OCHMAI	v '	Talahone Nun	noer		_
	The second secon	ITY INFORMATION		4)			_
Name of Facility Where Abatement is Taking	g Place (3)		Type of Facility (				
Street Address	Ct		Subchapter Other (i.e. p	8 (Other than K-12 rivate & commercial	2) al buildings,	home	iS,
City (5) /	31		etc.) Square Feet	# of Floors	Bidg. A	io	
County (6)	County	Code (7)	Current Use (Pri	or if being demolish	hed) *		
WARREN	(STATE L	JSE ONLY)	MAN of Abatement Cor		unin		_
Name of Monitoring Firm Hired by Building	Swher (8) ASCM	J	W Hen	itase	- (04	WE	
Street Address	Your lan	Street	D DOX	372			-
City, State, Zip Code		City.	State, Zip Code	45 tou	UN.	K	9
Project Manager for Monitoring Firm	COS Telephor	9-5649 Teleo	hone No.	License N	10.	1	/_ \
Start Date (10)	Scheduled Completion		of OSHA Monitor	LYLL	00	/(	01
Occupancy Status During Abatement (Chec	\$ Only One)	Stree	t Address	-1-			
Facility Closed/Vacated During Entire   Databatement Performed Outside of Norm Other - Describe:	Period of Abatement	as City,	State, Zip Code				
Scope of Work (Check All That Apply)		dent of the North					
≥3 sf or ≥3 lf ⇒160 sf or ≥260 lf	Renovation Demolition		Mini-Endosure	ent with Negative F edure d (*) and Non-Friab		'A	
	· Is Location		2 Non Exempte	7 4.10	Abat	ement	
Location of	Normally Used Solely by	Descriptio		FORGOTOR	13	/pe	
Asbestos-Containing Material (ACM) TO BE ABATED	Maintenance/ Custodial Staff?	Asbestos Containing (i.e. thermal system	ns insulation,	Amount (Specify	Re	Enca	Enc
In Facility (13)	(12)	surfacing, Va other miscella		SF or LF)	Repair	Encapsulate	Enclosure
A AND A AND MAN HOU	fres No N/A	MODE AC	. N	905911	M	-	
Mor Terranda		DOAND IN	sulation	1. Jul			
		r 2 - 1 - 1 - 1 - 1		Declare of the last			
Name of Registered Waste Hauler  ATTE MANAS	NJDEP W Hauler ID CMCW / C	Asste Cubic Yards No. 1 Of Waste	Name of	Registered Landfill	^		
City, State	J	Disposal Date	City, Stat	Ansyl.	PA		
Completed by	Title /	Signatur	e Poel 1	1 Jan B Da	ate	1	1

Do not use this form for asbestos licensure exempted activities.

ASB-41 (R-06-08)

State of NJ Notification of Asbestos Abatement

2017-05 (Pursuant to NJAC 8:60-7 and 12:120-7) B & G proj. #: Date of Notification (1) Name of Building Owner/Operator (2) 0 11 1/1 12 1/11 17 Manon Vaccari Type Notification Agencies Notified Street Address ☐ EPA X Initial DEP ASBESTOS CONTROL & City, State, Zip Code X DOL Amendment LICENSING Ridgewood, NJ 07451 Telephone Number X DOH Name of Contact Cancellation □ DCA Manon Vaccari **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Manon Vaccari Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. Bldg. Age # of Floors Square Feet County (6) County Code (7) City (5) (State use only) Current Use (Prior if being demolished) Ridgewood, NJ 07451 Bergen residential Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. n/a B & G Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Project Manager for Monitoring Firm Phone Number (973)696-6869 00378 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 01/23/2017 01/24/2017 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) Demolition X Full Containment w/negative pressure Glovebag procedure Renovation Mini-enclosure Non-friable procedure >3 sf or >3 lf X ≥160 sf or ≥260 lf Is location normally used solely E Location of е by maintenance/custodial е n Amount asbestos-containing Description of asbestos-containing m p staff(12) C (Specify SF or material to be material (ACM) C 0 a a LF) abated in facility (13) Yes No N/A p X VAT & Mastic 760 SF basement 88 SF X basement bathroom VAT & Mastic NJDEP Hauler ID# 19563 Registered Waste Hauler Cubic Yards of Waste Name of Registered Landfill Tullytown Resource & Recovery Center B & G Restoration, Inc. Disposal Date City, State

01/25/2017

Secretary/Treasurer

Signature

Lincoln Park, NJ

Gordana Luna

Completed by (Print or Type)

Tullytown, PA

Gordana Luna

Date

01/12/2017

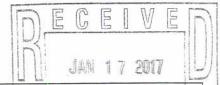
#### B & G proj. #: 2017-04

#### State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

				11
1	180	A 25 A 250		
1	7	2017	-	I NAME OF STREET
	1	17	1 7 2017	1 7 2017

Data strains in										Check	# 8206	1 7	יחכ	17
Date of Notification				Name o	of Building C	Owner/Operator	(2)					, ,	201	-
10   1   /   1   2				Esta	te of Rola	and Zeidler				1 1	205055			
Agencies Notified EPA	Type No	tification		Street A	ddress					AS	BESTO	SC	ONTF ING	ROL&
□ DEP	🗶 In	itial	- 11									h-130	HVU	
X DOL	П ^~				ate, Zip Cod									
		nendme	11	Ruth	nerford, N	J 07070								
X DOH				Name of	Contact		-			Telephone	e Number			
☐ DCA	☐ Cai	ncellatio	n	Nan	cy Dowlin	na				, diephon	Citalibei			
						ACILITY INFORI	MATI	ON						
Name of facility who	ere abatem	ent is ta	king p	lace (3)	1744				1-					
Estate of Rolar			01	(-)					Type	of Facility (4	1) (K - 12)			
Street Address										Subcha	pter 8 (Oth	er tha	in K-1:	2)
										Other (F	Private/Con	nmer	ial	
City (5)									Squar		fomes, etc	_	Bida	. Age
			Cou	nty (6)			Co	ounty Code (7)					ug.	. rigo
Rutherford, NJ	J 07070		Ве	rgen			(S	tate use only)		nt Use (Pric	or if being o	demo	ished)	
Name of Monitoring	Firm Hired	by Bldg	. Own	er (8)		ASCM No.	_	Name of Abatement	resid	lential				
						n/a		L access to		25 20				
Street Address							-	B & G Restorat	ion, inc					
								105 Ryerson F	Road					
City, State, Zip Code							-	City, State, Zip Code						
Project Manager for M								Lincoln Park,	NJ 0703	35				
Project Manager for M	ionitoring F	ırm		F	hone Num	ber	_	Telephone Number		TL.	icense Nu	mber		
Scheduled Start Date	(10)	12						(973)696-686	8		0037	8		
01/24/2017	(10)	- 1			tion Date (1	1)		Name of OSHA Moni B & G Restorati						
				5/2017				Street Address	on, inc.					
Occupancy Status Dur	ing Abatem	nent (Ch	eck or	ly one)				105 Ryerson Ro	oad					
Facility closed/va	rmed outsid	ng entire de of no	perio	d of abat	ement.			City, State, Zip Code						
Describe: Other-Describe:				,			_	lial-D l st						
Scope of Work (check		nlv)					-	LincolnPark, NJ	07035					
☐ Demolition	IX		vation											
X > 3 sf or $> 3$ If		] ≥160 s		200 11				ull Containment w/nega	ative pres	sure 🗶 (	Glovebag p	госе	dure	
					used solely		X N	lini-enclosure			Non-friable	proc	edure	
Location of asbestos-contain	ing	by ma	ainten	ance/cus	todial					A CONTRACT OF THE CONTRACT OF	R	R	E	E
material to be abated in facility (	13)	staff(				Description material (A	of as	bestos-containing	100000	nount pecify SF or	m	e p	n	n
	10)	Yes	1	No	N/A		*		ĹF		O V	a	а	C L
basement					X	pipe insulat	ion		140	ıc	e	İ	p	_
									140	II.	X	11	1	
									-		$\dashv \exists$	H	#	<del> </del>
												H	H	1
Registered Waste Hauler		L	1515									H	H	H
B & G Restoration,	Inc.	N.		Hauler II 563	J#   Cu	bic Yards of Wa	ste	Name of Registered La	andfill	0 5		ш.		
City, State Lincoln Park, NJ					Disposal Da		+	Tullytown Re		& Recov	ery Cent	er	-	
Completed by (Print or Ty	ype) I	Title				Signature		Tullytown, PA	4				41	
Gordana Luna			tary/	Treasu	rer	oignature	8	Tordana Luna		Da	ite 1/12/201	7		

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



Date of Notification (1)					Name	of Building	Owner/Operator (2	2)				10	
12 /2	27 / _	16	_		A&I	l Partner	ship, LLC	/ Jo	b #1611-2136	os Chi	N#4	95	8
Agencies Notified	ype Notifica	tion			Street	Address				CENS:	NG		
and make a second	☐ Initial				69 F	King Stre	et						
			orang.		City, S	tate, Zip C	ode						
☑ DHSS ☐ DCA	Amendme  Emergence				Dov	er, NJ 07	7801						
(NJAC 5:23-8)	justificatio		Juurig		Name	of Contact			Telephone Nun	nber			
	☐ Cancellati				Kirk	Harpell							
					FAC	CILITY IN	FORMATION						
Name of Facility Where Ab		aking	Place	(3)				Type of Facility					
Commercial Property	/							School (K-12	) 3 (Other than K-1)	2)			
Street Address									rivate and comme		ilding	S,	
69 King Street								homes, etc.)					
City (5)								Square Feet	# of Floors		ig. Ag	ge	
Dover								217,800	4		107		
County (6)					Cour	ty Code (7	)(STATE USE ONLY)	10 months (10 months)	or if being demol	ished)			
Morris								Warehouse					
Name of Monitoring Firm H	ired by Build	ing O	wner (	8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Criterion Laboratorie	es						Asbestos an	d Mold Service	s, Corp.				
Street Address							Street Address						
3370 Progress Drive,	Suite J						3859 Sylon B	oulevard					
City, State, Zip Code							City, State, Zip Co	ode	<u> </u>				
Bensalem, PA 19020							Hainesport, I	NJ 08036					
Project Manager for Monito	ring Firm			Tele	ephone	No.	Telephone No.		License No.				
Mike Panepresso				2	15-244	-1300	609-702-0400	)	00862				
Start Date (10)	S	ched	uled C	omple	etion Da	te (11)	Name of OSHA N	fonitor					
_1_/_10_/_	17		1 /	_2	5_/_	17	EMSL Analyt	ical, Inc.					
Occupancy Status During A	Abatement (C	Check	only	one)			Street Address	1000 V					
□ Facility Closed/Vacated							200 U.S. Rou	te 130 North					
Abatement Performed C							City, State, Zip Co						
Scope of Work (Check all t	hat apply)					-							
☐ ≥3 sf or ≥3 lf			⊠ Re	2010	ion		Mini-End	tamment with Neg	gative Pressure	ENCIA	SWV.	v	
≥3 \$1 61 ≥3 11   ≥ 160 sf or ≥260 lf			☐ De				☐ IVIIII-EIIC	g Procedure					
							☐ Non-Exe	empted (*) and No	n-Friable Proced	ure			
0 000	3		1 17	Loca	2000000		Marrie No. Ba			Ab	atem	ent T	уре
Location of Asbestos-Containing M		`			ely by	Acho	Description of stos Containing Ma		Amount	Re	Re	E	En
TO BE ABAT		,	Ma	inten	ance/		thermal systems		(Specify	Removal	Repair	cap	Enclosure
IN Facility			Cus	todial (12)	Staff?		surfacing, VAT		SF or LF)	la la		Encapsulate	ure
(13)			Yes	No	N/A		other miscellane	eous)				ite	
2 <sup>nd</sup> Floor - 2 rooms				П	N/A	Pine Ins	sulation		640 LF		П	П	
2 <sup>nd</sup> Floor - 1 room						+	ile & Mastic		400 SF				
2 <sup>nd</sup> floor - 1 room & 2 h	allway are	as					sulation		80 LF				П
2 11001 1100111 0 21	idiiway di o	45				i ipe iii.	34144011		00 21				
Name of Registered Waste	Hauler			17,	NJDEP 1	Maste	Cubic Yards of	Name of Regis	stered Landfill				
Waste Management	ilaulei				Hauler II		Waste	Grand Cer					
City, State					17273	3	5 Disposal Date					-	_
Lafayette, NJ							1/25/17	City, State Penn Argy	le, PA				
Completed By (Print or Typ	e)	Title	·				Signaturé	h		Date			
Kimberly A. Trumbet	. (7)			Coor	dinato	r		VI AND		1-10	-11	1	
	540						4	1		1 10	-	Acres .	

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

				(P	ursua	nt to NJA	AC 8:60 and 5:1	6)	13			DATE OF THE PARTY		
Date of Notification (1)					Nam	e of Buildin	g Owner/Operator	(2)		JAN	4	21	The H	-1
	12 /	17	_				ce Manser		#1701-21		Chl	(. #4		
Agencies Notified	Type Notif	ication			Stree	et Address			100	-070		011		1 0
□ EPA									ASB	ESTO: LICE				Lö
⊠ DOLWD	☐ Amend	0011757			City,	State, Zip (	Code			had be to	-1 V V	11140	A	-
☑ DHSS ☐ DCA		ment#	. سازام ،	5	Flo	orence, N	J 08518							
(NJAC 5:23-8)	☐ Emerge justifica		שוחום	3	Charles of All Control	e of Contac			Telephone	Numbe	r			
*(1)*\(\sigma\)\	☐ Cancell				На	rry			rolophono	140.1100				
					FA	CILITY IN	FORMATION			_				
Name of Facility Where A	Abatement is	Taking F	lace	(3)				Type of Facility (	4)					
Residential								School (K-12)						
Street Address								☐ Subchapter 8 ☑ Other (i.e., pr	(Other than	K-12)	al hu	ildin	10	
								homes, etc.)	ivate and con	TITIO CIC	11 00	muni	<b>J</b> 5,	
City (5)								Square Feet	# of Floors	S	Ble	dg. A	ge	
Florence								3600	2		1	80		
County (6)					Cou	nty Code (7	)(STATE USE ONLY)	Current Use (Prid	or if being de	molishe	d)			-
Burlington								Residential						
Name of Monitoring Firm		ilding Ow	ner (	8)	ASCM	No.	Name of Abateme	ent Contractor (9)						
Tiger Environmenta	al						Asbestos an	d Mold Services	s, Corp.					
Street Address					1000		Street Address							
16 W Elizabeth Ave	# 2						3859 Sylon B	Boulevard						
City, State, Zip Code							City, State, Zip Co	ode						
Linden, NJ 07036							Hainesport, N	NJ 08036						
Project Manager for Moni	toring Firm			Tele	ephone	No.	Telephone No.		License N	0.				
Kelly Walton				(5	908) 86	32-4301	609-702-0400	1	00862					
Start Date (10)		Schedule	d C	omple	etion Da	ate (11)	Name of OSHA M	Ionitor			_			
1 /21 /	17_	1	_ /	_2	1_ /	17	EMSL Analyt	ical, Inc.						
Occupancy Status During	Abatement	(Check or	nly o	ne)			Street Address					_		
□ Facility Closed/Vacate	d During Ent	tire Period	d of A	Abate	ment		200 U.S. Rou	te 130 North						
Abatement Performed	Outside of N	Normal Fa	cility	Hou	rs - Des	scribe	City, State, Zip Co				_			
Time of Abatement:	AM	PM/_		_PM		AM	Cinnaminson							
Scope of Work (Check all	that apply)						ommaninioon	, 140 00077						
			_	9			☐ Full Cont	ainment with Nega	ative Pressur	e				
≥3 sf or ≥3 lf     ≥160 sf or >260 lf				novati nolitio			☐ Mini-Encl							
		_	20,	onu	311			mpted (*) and Non-	-Friable Proc	cedure				
				Locat							Aba	teme	ent Ty	vne
Location of				orma	illy ely by		Description of	f			1			
Asbestos-Containing N TO BE ABAT		VI)			ince/	Asbes	tos Containing Mai	terial (ACM)	Amount		Removal	Repair	nca	Enclosure
IN Facility		(	Custo		Staff?	(1.6.	<ul> <li>thermal systems i surfacing, VAT,</li> </ul>	or	(Specify SF or LF	,	ova	air	psu	nso
(13)				(12)		-	other miscellaned	ous)	0. 0. 2.	<b>'</b>	-		Encapsulate	ē
			es	No	N/A								(b	
Basement		L	]			Pipe Ins	ulation		40 LF	] [		$\boxtimes$		
			]							0				
										Г	7	П	П	П
			]							Г	5	П	$\overline{\Box}$	$\Box$
Name of Registered Waste	Hauler			N	JDEP V	Vaste	Cubic Yards of	Name of Registe	red Landfill					_
Waste Management				Н	auler IE 17273	Contraction in	Waste	Grand Centr						
City, State					11213		5 Disposal Date	City, State						
Lafayette, NJ							12/7/16	Penn Argyle	. PA					
Completed By (Print or Typ	e)	Title					Signature		,	Data				
Kimberly A. Trumbet		100000000	e C	oord	linator					Date	2-	21	11	

ASB-41 MAY 11 1-12-2017

### State of NJ Notification of Asbestos Abatement (Pursuant to NIAC 8:60-7 and 12:120-7)

2017-06 (Pursuant to NJAC 8:60-7 and 12:120-7) B & G proj. #: Check # 8209 Date of Notification (1) Name of Building Owner/Operator (2) 0 11 1/1 13 1/11 17 1 Mary K Whelan ASBESTOS CONTROL & Agencies Notified Type Notification Street Address ☐ EPA X Initial DEP City, State, Zip Code Amendment X DOL North Caldwell, NJ 07006 X DOH Name of Contact Telephone Number Cancellation ☐ DCA Gary **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Mary K Whelan Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. # of Floors Bldg. Age Square Feet City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) North Caldwell Essex residential Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. n/a B & G Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Telephone Number License Number Phone Number (973)696-6869 00378 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 01/25/2017 01/26/2017 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) Demolition Renovation X Full Containment w/negative pressure Glovebag procedure Mini-enclosure Non-friable procedure 3 sf or >3 IfX ≥160 sf or ≥260 lf Is location normally used solely Location of E е by maintenance/custodial n asbestos-containing Amount Description of asbestos-containing m n staff(12) p C (Specify SF or material to be material (ACM) C 0 a a abated in facility (13) Yes No N/A v p VAT (2 layers) first floor (living room, wine X 410 SF room, small hallway, & steps) Registered Waste Hauler NJDEP Hauler ID# 19563 Cubic Yards of Waste Name of Registered Landfill B & G Restoration, Inc. Tullytown Resource & Recovery Center City, State Disposal Date City, State Lincoln Park, NJ 01/26/2017 Tullytown, PA Signature Completed by (Print or Type) Date Title Gordana Luna Gordana Luna Secretary/Treasurer 01/13/2017

D&S Proj. #: 17-11

#### State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

10)-	E	C	E		$\mathbb{V}$	E	Reserve Management of the last
		JAN	Assess.	7	2017	Manual Americans	
	-				NTRO		actions

								ford bea	1		3/ 46	₩U AL Ω	lactorat
Date of Notification (1)	Na	ame of Bu	ilding Own	er/Operator (2	)				100000				
0 1 / 0 9 / 1 7	41		RA TAPP	ER				-	ASBEST	OS (	ON	TROL	. &
Agencies Notified Type Notifica	Str	eet Addre	ess						100		-111 47	1	
DEP Amended								-					
DOL Amendment #	t:   Cit	y, State,	Zip Code										
Emergency	·    .	KEARN	Y, NJ 07	032									
DOH (including justification	) Na	me of Co	ntact					Telepho	ne Numbe	r			
☐ DCA ☐ Cancellatio		BARBA	RA TAP	PER									
			FAC	LITY INFORM	IOITAI	١ -							
Name of facility where abatement	is taking plac	e (3)					Туре	of Facility					
BARBARA TAPPER									ol (K - 12)			40)	
Street Address				***************************************			-		hapter 8 (C (Private/C			-12)	
									./Homes, e		Tolai		
							Squa	are Feet	# of Floo	rs	BI	dg. A	ge
City (5)	Count	y (6)		1100	Organization of	inty Code (7)					_		
KEARNY	HUD	KON			(Sta	ite use only)	Curi	rent Use (F	Prior if bein	g den	olish	ed)	
Name of Monitoring Firm Hired by		POLICE CONTROLL		ASCM No.	-	Name of Abateme	ent Contrac	ctor (9)					
,	- rag. 0o.	(0)		ACOM NO.									
Street Address					-	D & S RESTO	RATION	N, INC.			_		
Oli oct Addiess						20 California	Ava						
City, State, Zip Code					_	City, State, Zip Coo		-			-		
16.5 Table 18.05. 5 70.5						Paterson, NJ							
Project Manager for Monitoring Firm	n	l Ph	one Numb	er	-	Telephone Number			License	Numb	er		
						973-345-802			0	1169			
Start Date (10)	ISched I	Completic	n Date (11	1	_	Name of OSHA M	lonitor						
			ni Dato (11	,		D & S Restor	ation, Inc	; <u>.</u>					
01-30-17	02-25-				_	Street Address							
Dccupancy Status During Abateme  Facility closed/vacated during						20 California							
Abatement performed outside						City, State, Zip Co	de						
Describe:					_	Dataman MI	07502						
Other-Describe: NORMAL F						Paterson, NJ		-					_
Scope of Work (check all that appl >3 sf or >3 if	B1001					Ļ	Full Cor		w/negative	press	ure		
	Renovation						Gloveba		ıre				
≥160 sf or ≥260 lf	Demolition					Ī			) and Non-	friable	proce	edure	
Location of	Is location in by mainten							8)		R	R e	Ε	Е
asbestos-containing material (acm) to be	staff(12)	arice/cusi	oulai			sbestos-containing		Amount (Specify )	SE or	m	р	n c	n
abated in facility (13)	Yes	No	N/A	material (	ACM)			LF)	01 01	0	a	а	C L
		117	13023							е	r	р	
BASEMENT		X		PIPE INSU	LATI	ON	20	6 L FT					
													ᆜ
					- Contract   18						$\sqcup$	Щ	Ц.
													ᆜ
Colored Wasterland				L:- V1-7:	N/- /	10							Ш
legistered Waste Hauler D & S RESTORATION, INC.	NJDEF 1350	Hauler II 6	333	ubic Yards of V yds.	vaste	Name of Register TULLYTOW			ECOVER	Y			
City, State			Disposal D			City, State							
PATERSON, NJ 07503			01/31/17			TULLYTOW	N, PA						
Completed by (Print or Type)	Title	NIT.		Signature					Date				
BOGDAN JOLDZIC	PRESIDE:		or achaeta	e licaneura ave	amnta	d activities			01/09/	1/			
Section 1.1 (1.1 (1.1 (1.1 (1.1 (1.1 (1.1 (1.1													

$\Delta u$	00	$\overline{}$
11h	17/10	( )
	100	

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

7	E	C	E	П	W	F	-
	_			13			
		JAN	4	7	2017		

5							III II DA	Ni 1	7 9	047	- 11	
Date of Notification (1)  01 / 12 /	17		1		ng Owner/Operator edients and Flavo	2.02		-	1 6	Utt	1	
Agencies Notified Type Notifi				et Address			ASBES	ns i	CON	TRO	11 8	
☑ EPA ☑ Initial					nal Avenue			ICEN			JL Q	
☑ DOLWD ☐ Amende			City,	State, Zip	Code				-			
☑ DOH   Amendr     ☐ DCA   ☐ Emerge	_	ling		ark, NJ 0				10				
(NJAC 5:23-8) justifica		iiig	Nam	e of Conta	ict		Telephone Nur	nber				
☐ Cancell	ation	- 1	Ri	ck Pumo								
	0		F/	CILITY	NFORMATION	*					7	
Name of Facility Where Abatement is	Taking Pla	ace (3)				Type of Facility	(4)					
Commercial	E				20 11 27	School (K-12						
Street Address		-				☐ Subchapter 8	8 (Other than K-1	2)				
200 Terminal Avenue						homes, etc.)	rivate and comme	ercial b	ouildir	igs,		
City (5)	10.5		- 61	77		Square Feet		TE	Bldg. /	Age		
Clark, NJ 07066			1,7			f				.50		
County (6)	4	100	Cou	inty Code	(7)(STATE USE ONLY)	Current Use (Pr	ior if being demol	ished)				
Union			e 1					,				
Name of Monitoring Firm Hired by Bui	lding Own	er (8)	ASCN	l No.	Name of Abateme	ent Contractor (9)	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	% = -			-	
Bio Terra Solutions		: N I	6		ALL PRO MA	NAGEMENT L	LC					
Street Address	71 20 11		700 000		Street Address						- '	
P.O. Box 1224					27 Outwater	Lane						
City, State, Zip Code	10.0	+-			City, State, Zip Co	ode		14 (2)			0.54	
Union, NJ			Garfield, NJ	07026								
Project Manager for Monitoring Firm			lephone	13 05	Telephone No.		License No.					
Rick Eustaquio		100 m	973-494		973-928-4888	1.00						
Start Date (10)	Scheduled 02		etion Da 4 /		Name of OSHA M	THC						
Occupancy Status During Abatement			'.	- 17		NAGEMENT L	LC		11.14			
□ Facility Closed/Vacated During Ent			omont		Street Address		1					
☐ Abatement Performed Outside of N	ormal Faci	lity Ho	ırs - Des	scribe	27 Outwater I		18 44 J	Ž.	15		12	
Time of Abatement:AM	PM/	PN	1	AM	City, State, Zip Co							
Scope of Work (Check all that apply)			10000000		Garfield, NJ	07026					1 5 3	
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		Renova Demolit			☐ Mini-Encl	Procedure			•			
		Is Loca	ation	1	M Non-Exer	mpted (*) and Nor	n-Friable Procedu	1	-			
Location of		Norm	ally		Description of	f		At	atem	_		
Asbestos-Containing Material (ACN TO BE ABATED	1)   0	sed So fainten	lely by ance/	Asbe	stos Containing Mat	terial (ACM)	Amount	Ren	Repair	Encapsulate	Enclosure	
IN Facility		stodial	Staff?	(1.6	e., thermal systems in surfacing, VAT,	nsulation, or	(Specify SF or LF)	Removal	air.	aps	losu	
(13)	-	(12			other miscellaned		or or Er)	1 20		ulat	re	
Computer Room	Yes	No		V/AT					_	-		
Area 4		붐		VAT			520 SF					
				VAT			720 SF		닏			
		+-		-			N.			Ш		
Name of Registered Waste Hauler			I L	N	10.11.14					Ш.		
Name of Registered Waste Hauler  All Pro Management, LLC  Hau				Naste No.	Cubic Yards of Waste	Name of Regist					. 1	
City, State			00348		As Needed		hem Landfill					
Garfield, NJ					Disposal Date	City, State						
					TBD	Bethlehem,	PA					
Completed By (Print or Type)	Title				Signature	16 1	Da	te /		1		
Zvonko Veskov	Presid	lent			1 5	Mel		1/	12/	17	2	

			FICATIO	N OF ASBESTO to NJAC 8:60 a	SABATEN	ENE J	AN 1 /	2017	, C	res	4	70
Date of Notification (1)			(	of Building Owner	pos.	ASBES	STOS CO	NTR	OL (	3.		
Agencies Notified Type Notificatio	ñ		Street	Address	[ . Nove 1		and the same of th		TO CHES	LA HPPANIE		
EPA Initial Amended			City, St	33 CLA ate. 20 Gode	3 10A	foan						
X DOL Amendme	1919			JEST CA	1001511	.17.	07006					
∑ DOP		ig	.Name	of Contact	200000	,	Telaph	one Nu	mber			
☐ DCA ☐ Cancellate	yn	etaana ayaasaa	-	Contract commence of the contract contr	USKELL	E .						
Name of Facility Where Abatement is Tak	no Place	(3)	FAC	ILITY INFORMA	erformance purchase or an	ype of Facility	- 141				-	
GUEEN GARDEN AF			5	rout stories		] School (K	-12)		23			
3 RONALS DL					E		er & (Other If private & co			lding	s, Tecu	mas,
City (5)					S	quare Feet	# of Flo	ic/s	T	Bldg.	Age	
COLODIA						50,000	.2		- Ly Transco	+	50	
County (6)				Code (7) USE ONLY)	C	Orrent Use (P)		-				
Name of Mondoring Firm Hired by Building	Diversity P	2.	TASCI		33	APART	MENT	Co	MF	L	0	
	A MANAGE TO	123	3 7 70000	a iqui.		Abatemeni Co Contractin						
Street Address		TO CONTRACT OF THE CONTRACT OF		Minister (Children College Schools College)	Street Ad	reet Address 35 Vreeland Ave						
City, State, Zip Code	*************		and the second of the second		i .	ry, State, Zip Code						
						lidland Park, NJ						
Project Manager for Monitoring Farm		1	Telepho	ne No.	Telephon	elephone No. License No.						
		The court of the c			(201)26	01)262-5841   00156						
Slan Daly (18)	Schedu 2	124		Date (11)		ame of OSHA Monitor Omega Environmental Services					***************************************	***************************************
Occupancy Status During Abatement (Che	ck Only C	nei	111			Irreel Address						
Facility Closed/Vacated During Entire			race!			80 Huyler St.						
Abatement Performed Outside of Non Other - Describe	nal Facili	ly Hour	5		City, State	y, State. Zip Code						
					Hacken	y, State, Zip Code ackensack, NJ 07606						
Scope of Work (Check All That Apply)	_/			The same of the sa		оно н он		AN INCOME. NO.				
2 5 5 0 5 2 5 5 0 H	☑ ≥3 sf or ≥3 H					Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	a cedure				-	
		s Locat			The state of the state of the state of	The same of the sa	errore de la Caracida de la Caracida (est.) de	And the State of Stat	-	Abat	No.	ì.
Lecation of Asbestos-Containing Material (ACM)		Normal ed Sole			scription of	94				T)	pe	-,
TO BE ABATED	M	intena	nce/	Asbestos Cont (i.e. thermal	taming Mate systems ins		Amour (Specif		70		En	E
in Facility (13)	- L-L-3	todial 5 (12)	1 1	suria	cing, VAT. o	r	SF or Li		Remova	Repair	caps	Endasure
	Yes	Na	I N/A	other r	niscellaneou	(5)			YA.	=	Encapsulate	Suns
BW6-#1451	1	1952	1	BALLER	- Roan	No. of the last of	119			_		Ę.
3000 1441			/		Loon		476		V			-
BUX# 1	i		1	Land	Dey Rox		2000		V			ļ
BW6#2			·/	-07%	1-		1000	-	Y			1
Name of Registerer Weste Hauler	11	TN.	IDEP Wa	Ste   Cutac	y loon Yanda		14 U Registered La	fee .	1			
Newark Carting , Inc.		PH.	auter ID A 509	io. of Was			Rethieher		dfill (	Corp		
City State Vewark, NJ				Dispos	al Date	City, State						
Completed by	Tide			ALL LANGE OF THE PARTY OF THE P	M/1700	Bethlehi	em, PA					
Joseph Vocaturo		Dresic	lent	200	Museum C	1/ ~		Date	1	1		

A58-41 (R-06-08)

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

			Pursuani	ialo of Now J N OF ASSES I to NJAC & E	TOS AS 4 12 0 and 12 12	erli Jan				#	93:	
Date of Notification (1)				of Building Ow		700-	s or ac.a	_				
Agencies Notified Type Notification				JOLD BY	76 1	ASSEST	os confid	12	-	****	ALCOHOLD NO.	
EPA SA MANA				33 CL	Sac	Pean	CENSING					
X DEP Amended	e de		\$ = W / Y = 1 100	ale, Zip Code			F					
T Energets	(inchesia	<b>1</b> 5	Maria	PEST C	ALUWEL	L,N.T.	U7006	ii- malika me				
区 OOH Carcellate					Haskel	L	opposite the second	-				
Name of Carlos to State of the			FAC	LITY INFOR	-0-0-2							
Name of Facility Wibert Abatemers is Take			9			Type of Facilit	Total (III)					
Street Address (ADD) AP	ALTA	CMI-	>		angung Garden Traditional Institute of Participans	L School (9 Subchapt	(-12) Jar S (Other Stan K	-12)				
3 ROWALD DC					25	Office of the second	private & comme	oried bus	Mary 5	. Pager	785.	
Oty (5)						Square Feet	# of Flore	É	Sidg. /	fige		
COCONIA		ricommonacing			The state of the s	50,000	-2	1	4	50	error o Mario o com	
NUDICESEX			(STATE	Code (7) USE GALLY) _		APACTNEST COMPLET						
Names of Montering From History Stabiling	Chance (	33	ASCI	d No.		MAC Contracting Inc.						
Street Address		400		Street	Address Vreeland Ave					namelje je proposod		
City, State, Zip Code	*****	-			vicewa mee Mee, Zo Code	2.				_		
						end Park, NJ						
Project Manager for Monitoring Firm			Telepho	ne No.		one No.	License	No.				
Start Date (1-8)	# 1 T	-				01)262-5841   00156						
1/24/17	2	124	4	Date (11)	Ome	Omega Environmental Services						
Occupancy Status During Abatement (Cher					200	Street Address 280 Huyler St						
Facility Closed Vacated During Entire I Abatement Performed Cultista of Nove	renocioi val Facili	Abater by Hour	neni S		in the second second second	late. Zip Code			ACCORDING TO SELECTE			
T Ohe-Desphe				Contraction of the last of the	£1	ensack, NJ O	17605					
Scrope of Work (Check All That Apply)  20 of or 23 lf  2150 of or 2260 lf	S	Renovation Demoktor				Full Contains Mint-Enclosed Governor Non-Exempts						
		s Locat					A Language of the Company of the Com	- UR. (1964)	Abate		ę	
Location of 4sbestos-Containing Maltene (ACM)	Us	Normal ed Sole	hy h	Schweden F	Description	of aternal (ACM)	en de la companya de	-	Typ	26	ş	
TO BE ABATED		aistena dodiał :		(Le. then	mail systems	insulation.	Amount (Specify	Re	73	Eng.	7	
(15)		(72)	mater, MASO.		afecing, VAT er miscellen		SF or LF)	WALKER BERNE	Haptak	ncapaulau	Enclosure	
	Yes	No	[ N/A ]					*	The second	Bite	18.0	
BUX8 1471	The state of the s	1	1	Ba	LEL GOI	. 1	1824F	1	_	-		
BUS = 1461	Ì		1		LAGE			100	- 2			
Bus #1431	Ì		1./				_82 £	*	-		-	
DUS = 1931			1		ury.	OCK	一場を	1				
					bic Yards	· Name of	Registered Landfill	<u> </u>	-	111.00		
Vewark Carting , Inc.			auler (D) N 1509	is. of	Naste 16	1	Bethlehem La		Corp		ALC: WHITH	
City, State Vewark, NJ			enocial applications		posal Date	City, Stat						
Completed by	1			· Edward A	124/170		em, PA				S. P. Printerson	
oseph Vocaturo	Tide Vice i	Presid	lent		Signature 1	1/.	T Da	2	400	Mindreductions		
and the control of th	L			elibratic s	-1	· Voustin	<u> </u>	1/12	117			

## CH40286

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

heamen	E	P	E	П	W	S	F
	ᅼ	<u> </u>	5	П	W		.11

	7							1111	3.4			
Date of Notification (1) 01/12/17 Month/Day/Year	,		Macerich Management Company  Street Address  ASBESTOS CONT							017		
Agency Notified T X EPA X DEP	4.08.0	ıl ificatio	on	401 Santa City, State	Monica Blvd S e, Zip Code	uite 700		- metterman	ASBE		CON	
X DCA X DOH		nded ificatio		Name of C Aladdin G	hafari	FION		Telej	ohone Ni	ımber		
Name of Facility Where Abatem Deptford Mall- space 1145 Street Address	ent is Taking l	Place	(3)	FACILI	TY INFORMA	HON		(K1) pter 8	2) (Other			
1750 Deptford Center Road  City (5)	Coun	ity (6)	In		County Code	(7)	build	ings, h	omes, et Floors 4	Bldg.	Age	
Deptford	NJ	1777 - 3003			(STATE USE ONLY	Y)	Current Use (Pr library		being de			
Name of Monitoring Firm Hired IPR Associates Inc	by Building C	)wner	(8)		ASCM No.		of Abatement Con iated Specialty Con					
Street Address 191-20 - 115th road							Address Crue Avenue					
City, State, Zip Code St. Albans New York 11412							State, Zip Code Mills, PA 19342					
Project Manager of Monitoring I Paul Olisah	irm			Telephone 347-282-41		100000000000000000000000000000000000000	hone Number 64-9622			Licen 110	ice Num	ber
Scheduled Start Date (10) 02/06/17 Month/Day/Year			M	onth/Dav/Yea		Criter	of OSHA Monitor ion Labs					
cupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of A  Abatement Performed Outside of Normal Facility Hours - Describe: 8:00 AM to 4:30 PM Other - Describe:				batement		Address Progress Dr State, Zip Code lem, PA 19020						
Scope of work (Check all that app Demolition x >3 sf or >3 if >160 sf or >260 lf	oly)		x	Renovation		x	Full Containment with Negative Pressure Mini - Enclosure Glovebag Procedure Non-Friable Procedure					
Location of Asbestos - Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used				ription of ss-Containing rial (ACM) ermal systems surfacing, VA' miscellaneous)	г,	Amount (Specify SF or LF)		R E M O V A L	R E P A I	E N C A P S U L	E N C L O S U R
Space 1145		x	- 104.4	floor tile			536 SF		x			L
Space 1145		х		mastic			536 SF		x			
				CP Waste er ID No.	Cubic Yards of Waste		Name of Registered Landfill Tulltown Resources Recovery Facility					
City, State 1519 Rev S Howard Woodson Jr	Way, trento N	J 086.	38		Disposal Date As req.	6	City, State Tullytown PA					
1519 Rev S Howard Woodson Jr Way, trento NJ 08638  Completed By (Print or Type)  Mark Goshow  Title  Projec				The state of the s				Date /-/6-				

Ch 262	48	NOI				BESTOS ABAT AC 8:60 and 5:16				ш	U		
Date of Notification (1)				Name	of Buildin	g Owner/Operator (2	2)	THE JAI	V 1	1 8	017	-	
	13 / 17			20000000	rizon			field by	30. 3		.011	Mark of the Control	
Agencies Notified	Type Notification			Street	Address			ASBEST	OS	CON	TRO	11 8.	
☑ EPA ☑ DOLWD					erizon W				CEN			/L 0(	
⊠ DHSS	Amendment #				State, Zip (								
DCA	☐ Emergency (ir		3			dge, NJ 07920							
(NJAC 5:23-8)	justification)			100000000000000000000000000000000000000	of Contac	75W		Telephone Numb	er				
	☐ Cancellation			Ale	x Baylor								
				FA	CILITY IN	FORMATION							
1	batement is Takin	g Place	(3)				Type of Facility	(4)					
							School (K-12						
							8 (Other than K-12) rivate and commer	2) ercial buildings,					
							homes, etc.)		oidi bi		, ,		
City (5)							Square Feet	# of Floors	BI	dg. A	ge		
							10,000	3					
County (6)				Cour	nty Code (7	()(STATE USE ONLY)	Current Use (Pr	e (Prior if being demolished)					
				ASCM									
B	Cancellation					Name of Abateme	nt Contractor (9)						
						JVN Restorat	ion Inc						
Street Address					Street Address								
	enue					47 Foster Roa							
						City, State, Zip Co							
						Staten Island	NY 10309						
	toring Firm			phone		Telephone No.	500 Temperature						
				5-365		718-605-6256							
	The second secon					Name of OSHA M							
/		)1_ /	27	_ / _	17	Testor Tech							
						Street Address							
						10 59 Jackson	n Avenue	enue					
					cribe	City, State, Zip Co	de						
		ZF IVI-1.	30AIVI			LIC NY 11101							
Scope of Work (Check all	that apply)					M		_					
≥3 sf or ≥3 lf		⊠ Re	novati	on		✓ Full Conta	ainment with Neg osure	gative Pressure					
☐ ≥160 sf or ≥260 lf		☐ De	molitic	n		Glovebag	Procedure						
		le.	Locat	ion	1	☐ Non-Exer	npted (*) and No	n-Friable Procedure					
Location	of		Vorma			Description of			Ab	atem	ent Ty		
Asbestos-Containing N			d Sole			stos Containing Mat	erial (ACM)	Amount	Removal	Repair	Enc	Enclosure	
TO BE ABA	Contract of the Contract of th	1 22 0	intena odial s		(i.e	, thermal systems in		(Specify	nov	air	aps	losi	
(13)			(12)			surfacing, VAT, other miscellaned		SF or LF)	<u>a</u>		Encapsulate	ure	
	No	N/A							Ф				
1st Floor Diesel Room			Floor T	ile and Mastic		180 SF	$\boxtimes$						
1st Floor Bathroom, C			Floor T	ile and Mastic		100 SF	$\boxtimes$						
1 <sup>st</sup> Floor Hallway					Floor T	ile and Mastic		70 SF					
					Vaste	Cubic Yards of	Name of Regis	tered Landfill	-				
Newark Carting					No. 6	Waste 40	G.R.O.W.S	., Inc.					
City, State						Disposal Date	City, State						
Hackettstown, NJ						01/27/17	Morrisville	,PA					
Completed By (Print or Tyr	ne) Title					Cianati A + f	111	15.					

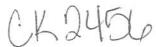
State of New Jersey

ASB-41 MAY 11

Project Manager

Ralph Barnhardt

01-13-17



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

10-	E C			$\mathbb{V}$		
	JAN	*	7	2017		
1 1					7	

Date of Notification (1)		_			Name	of Building	Owner/Operator (	(2)		Mary table				
1/_1	13 / 1	7	_		Mat	rix Re	ealty, Inc.			AS	BESTOS			
Agencies Notified	Type Notifica	tion				Address	. 0114000	`		Control of the last of the las	LICEN	SING	ì	
■ EPA ■ DOLWD	☐ Initial ☐ Amended						rive, CN4000	)						
■ DHSS	Amendme	nt# 2				tate, Zip C	NJ 08512							
DCA	☐ Emergeno justificatio		uding			of Contact				Telephone N	umber			
(NJAC 5:23-8)	☐ Cancellati				1000000		Closkey							
							FORMATION							
Name of Facility Where	Abatement is Ta	aking F	Place	(3)				Ту	pe of Facility (	4)				
Building L									School (K-12)		40\			
Street Address									Subchapter 8 Other (i.e., pri			ngs,		
259 Prospect Pla	ains Road,	Buil	ding	J L					homes, etc.)			6525		
City (5)									uare Feet	# of Floors	Bldg.			
Cranbury			See See		Ι.	0 1 7	VOTATE LIGE ON VA		9,600sf irrent Use (Prid	1	40+	yıs		
County (6) Middlesex					Coun	ty Code (/	)(STATE USE ONLY)		acant (pre			v)		
Name of Monitoring Firm	Hired by Build	ing Ow	mer (	8)	ASCM N	Vo.	Name of Abateme			viousiy a	aborator	3 /		
Hillmann Consul		iiig Ow	viiei (i	, '	NOCIVI I	<b>v</b> o.	Prism Resp							
Street Address	urig, LLO				Street Address									
1600 Route 22 E	ast, Suite	#10	7				102 Techno	olog	gy Lane					
City, State, Zip Code	ty, State, Zip Code						City, State, Zip C	p Code						
Union, NJ 07083	Jnion, NJ 07083						Export, PA	156	332					
	roject Manager for Monitoring Firm						Telephone No.	L						
Michael Nelsen						.7800	724-325-33							
Start Date (10) / /	Start Date (10)   Scheduled Com   01					/ 2017 Hillmann Consulting, L					, LLC			
Occupancy Status Durin					Street Address									
■ Facility Closed/Vacat □ Abatement Performed						cribe	City, State, Zip C		Last, Su	1101			_	
Time of Abatement:							Union, NJ 0		83					
Scope of Work (Check a	Il that apply)						E Full Con	taine	ment with Neg	ativo Proceurs				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				novati molitio			☐ Mini-End ☐ Gloveba	closu ag Pr	ocedure					
			le	Locat	ion		☐ Non-Exe	empi	ted (*) and Nor	II-I Hable I Tool	75370 04	ment T	vne	
Location	n of		1	Vorma	lly		Description of	of					T	
Asbestos-Containing	Material (ACM	)		d Sole intena			stos Containing Ma ., thermal systems			Amount (Specify	Removal	Encapsulate	Enclosure	
TO BE AB			Cust	odial	Staff?	(1.6	surfacing, VAT	T, or		SF or LF)	val	sula	sure	
(13)			Yes	(12) No	N/A		other miscellane	eous	()			lte		
Floor Tile 8	Mastic	-	res		IN/A		Throughout Bu	uildi	ina	4160 SF	=			
Transite Panels i					x		1-10,E1-11, E			120 SF				
					×		nout Building & M	65 700	to the second	300 LF	×			
Pipe Fitting Insulation					x		Exterior	•		176 LF	×			
Name of Registered Wa					JDEP \	Vaste	Cubic Yards of		Name of Regis	2142211942213-371				
[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]					lauler IE W1724	No.	Waste 50 cubic yards	(	GROWS	Landfill				
Waste Management Style					VV 11 Z4		Disposal Date	(	City, State					
Trenton, New	Jersev						2/12/2017	I	Morrisvill	e, PA				
Completed By (Print or 7		Title					Signature			) .	Date			
Jessica Wolfe Administra				ative	Supp		N	call	10/1/1	1/13/20	)17			
ASR-41				liso th	is form	for ashas	tos licensure exem	noten	d activities	0				
MAY 11		$\nu$	J. HOL	400 0		. 51 55555								

heck#2690	- N			O NC		Jersey STOS ABA 3:60 and 5:1		ENT				_	
Date of Notification (1)			Na	me of E	Building O	wner/Operator	(2)	1	JAN	1720	117	less.	1
01/	11 / 17	_	EII	en Me	ndelsohn			1					
Agencies Notified	Type Notification			eet Ad					ASBESTOS			-&	
☐ EPA										NSING			+
DOLWD	Amended Amendment #				e, Zip Cod								
☑ DHSS ☐ DCA	☐ Emergency (incl	uding			ford, NJ	07646			Telephone Numb	er			-
(NJAC 5:23-8)	justification)				Contact				rejupitorio riottio				
	Cancellation		1000		endelsohr								
				FACIL	LITY INF	ORMATION	TTV	pe of Facility (4	)				
Name of Facility Where	Abatement is Taking	Place (3)	)				10	School (K-12)					
rivate house								Subchapter 8	(Other than K-1 2)	oial build	nas		
Street Address							X	homes, etc.)	vate and commer	ciai bullu	ngo,		
011-75							S	quare Feet	# of Floors	Bldg	Age		
City (5)	16												
New Milford, NJ 076 County (6)	40		T	County	Code (7) (S	TATE USE ONL	Y) C	urrent Use (Prid	or if being demolis	hed)			
Bergen Name of Monitoring Fir	m Hired by Building O	wner (8)	AS	SCM No	o.	Name of Abate	ement	Contractor (9)					
one contraction and the second se						Gr Tech LLC							
Street Address						Street Address							
						576 Valley R							_
City, State, Zip Code					1	City, State, Zi		E					
			Televi	hone M		Wayne, NJ 0 Telephone No			License No.			27.000	
Project Manager for Mo	onitoring Firm		relep	hone N		973-638-177			01127				
0. 10. 110.	Cahar	luled Co	moletic	on Date		Name of OSH		nitor	10				
	/ _17	01/	21		177	Envirovision	Con						
Occupancy Status Dur	ing Abatement (Check	k only or	ie)	ont		Street Addres		and Dida #	25F				
☐ Abatement Perform	ned Outside of Norma	Facility	Hours	- Desc	cribe	20-21 Wagai City, State, Z		Road, Bldg .#_ de	بيد ل				
Time of Abatement	AMP	M/	PM_			Fair Lawn N	JI 07	410					
Scope of Work (Check			-			Clea	an up	and decontamin	nation with negati	ve pressi	ıre		
	an stat appin)	57.0							gative Pressure				
>3 sf or >3 If > 160 sf or >260 If		Rer Der	novatio	n n		KZ CI-		Procedure	Tent with Negation-Friable Proced	iure	1		
		100	Locati							Aba	ateme	-	1
	tion of		Iormal d Sole		Ache	Descript stos Containin	tion of a Mat	r erial (ACM)	Amount	Rer	Repair	Encapsulate	Enclosure
Aspestos-Containi	ng Material (ACM) ABATED	Mai	intena odial (	nce/	(i.e	., thermal syst	ems in	nsulation,	(Specify SIF or LF)	Removal	air	nsdt	unso
IN F	acility	Cust	odiai 3 (12)	otali?		surfacing, other misce	VAI,	or ous)	511 51 11)	<u>a</u>		late	l e
(1)	(3)	Yes	No	N/A									_
5		П	П	×	Pipe ins	ulation			125 LF				L
Basement		1			1.00 1115								
					-					П		П	Г
				1									F
							C12/	Nama - t D	pistored Landfill				
Name of Registered	Waste Hauler		NJ	DEP Wast	te Hauler ID N		ır Wast	1	gistered Landfill				
Gr Tech LLC				00337	85	TBD		T.R.R.F. In	С			-	_
City, State						Disposal Da	1(8	City, State	D.1				
Wayne, NJ 07470	NO <u>1866-1868 </u>					TBD		Tullytown,	PA	Date			
Completed By (Print	or Type) T	itie		10-20 N		Signat		0 1 1	Λ		7		
N.Jevtic	0	wner					/	Tente Wer	nad	01/11/1	I		
ASB-41		4 D	en an en en en en	this Co.	f vah	estas licensure	exem	nted activities.					



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

E	C	E		$\mathbb{V}$	E	In.
	JAN	1	7	2017		

	1							1					441			
Date of Notification (1)	11 / _	17		1		1.50	Owner/Operator (2 on of the Lord	1	II JAN	1 7	2017	7				
Agencies Notified ☑ EPA	Type Notificati	ion				Address outh Fift	h Avenue		ASBESTO	S CO		OL 8	3			
□ DOLWD				(	City, St	ate, Zip Co	ode	798	The second secon	-1 -0 .1	101					
□ DOH	Amendmer	1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1			High	land Par	k, NJ 08904									
DCA (NJAC 5:23-8)	☐ Emergency justification		ng	h	Name o	of Contact			Telephone Numb	er						
(NJAC 3.23-0)	☐ Cancellation				Fath	er Abrah	am Lotha									
			1		EAC	II ITY INF	FORMATION									
5 F - 114 - 10 //	Abstract in To	kina Dla	00/2	27	TAC	ILII I IINI	ORMATION	Type of Facility (	4)							
Name of Facility Where		iking Pia	CE (C	)				☐ School (K-12	(-12)							
Guardian Angels	Church							Subchapter 8	(Other than K-12)							
Street Address									ivate and commer	cial bui	ldings	i,				
37 Plainfield Aven	nue							homes, etc.)	# of Floors	Bld	g. Ag	Α				
City (5)								Square Feet	2		19. 719 10					
Edison								10,000			-					
County (6)					Count	y Code (7)	(STATE USE ONLY)	100	or if being demolis	nea)						
Middlesex								Church								
Name of Monitoring Fire	m Hired by Buildi	ng Owne	er (8)	A	SCM N	No.		ent Contractor (9)								
TTI Environmenta	ıl, Inc.						Shade Envir	onmental, LLC								
Street Address							Street Address									
1253 N. Church S	treet						623 Cutler A	venue								
City, State, Zip Code							City, State, Zip C	ode								
Moorestown, NJ (	08057						Maple Shade									
Project Manager for Mo			-	Teler	ohone N	Vo.	Telephone No.		License No.							
Mike Stocku	omtoring i iiii				9-304-		856-755-0099	9	00842							
	10	cheduled	1 Cor				Name of OSHA	Monitor								
Start Date (10) 1 / 23		2						EMSL Analytical, Inc.								
												_				
Occupancy Status Duri					5-0000 Miles		Street Address	20 Novemb								
☐ Facility Closed/Vaca						a alle a	200 Route 1:									
Abatement Perform Time of Abatement	ed Outside of No	rmal Fac	cility	PM-	s - Desi	AM	City, State, Zip C									
Time of Abatement	AIVI	1 1017		1 101			Cinnaminso	n, NJ 08077								
Scope of Work (Check	all that apply)						⊠ Eull Cor	ntainment with Ne	gative Pressure							
₩ >2 of or >2 If		M	Ren	ovatio	on		☐ Mini-En		gative riessure							
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>				olitio			☐ Gloveba	ag Procedure		3003						
							☐ Non-Ex	empted (*) and No	n-Friable Procedu				_			
				ocati						Ab	ateme					
Location		. 1		ormal Sole	ly by	Acho	Description stos Containing M		Amount	Rer	Repair	Enc	Enclosure			
Asbestos-Containin TO BE A		,	Mair	itena	nce/	(i.e	thermal systems	insulation,	(Specify	Remova	pair	aps	los			
IN Fai		(			Staff?	,	surfacing, VA	T, or	SF or LF)	a		Encapsulate	ure			
(13	107 25 1			(12)	T		other miscellan	eous)				te				
		Y	es	No	N/A					-						
1st Floor Mechanica	al Room	$\boxtimes$					ing Insulation		240 SF		片					
1st Floor Mechanic	st Floor Mechanical Room						ttings		50 LF		분					
Lower Mechanical			Pipe Fi	ttings		50 LF		片								
Name of Registered Waste Hauler					NJDEP Waste											
Freehold Cartage					Hauler ID No. Waste Cumberland County Landfill					atill			1			
City, State					15939 5 Disposal Date City, State											
Freehold, NJ					2/3/2017 Newburg, PA											
					Signature Date											
Completed By (Print o	r (ype)	Title	Г.	: -1	. m.h F	Onoroti-	00	2/0	_	1 41	117					
Christina Lynch		VICE	Pre	eside	aur of	Operatio	110 IN			1/ 11	17		55-52-5-4			

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) ARRISTOS CONTROL Agencies Notified Type Notification Street Address LICENSING NOD **EPA** N Initial DEP City, State, Zip Code Amended DOL Amendment # Emergency (including के Name of Contact DOH justification) Telephone Number DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Street Address Subchapter 8 (Other than K-12) D Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Street Address Street Address 1212 DURI City, State, Zip Code City, State, Zip Code Project Manager for Monitoring Firm Telephone No. Telephone No. 0/070 6-19-346 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ☐ \_ Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Normally Type Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e. thermal systems insulation, surfacing, Encapsulate (Specify Custodial Staff? Remova Enclosure In Facility VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A CULS' de Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste 20547 City, State Disposal Date City, State 1.5D

Signature

V. Resident

Completed by

Date

## CH4152

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

G			$\mathbb{V}$	E	
JAN	Parish.	7	2017		

01171	1		(Pursua	nt to NJAC	. 8:00 and 12.12	,	إلىما ال		1.0000000000000000000000000000000000000	7.1	lessaces.
Date of Notification (1)	1-17		Na	me of Buildi	ng Owner/Operator	MINOR	AŚBESIOS	CO	MIR	OL	8
Agencies Notified	Type Notification	n	Str	eet Address			LIGE		VG_		
[] ÉPA	M Initial		100				UWI		4		_
l d Dep	Amended		City	, State, Zip	Code			-			
Ø DOL	Amendment			(	LAPT IME	AY COUN	IT HOUSE	K	1,5	0	521
Ø DOH	Emergency ( justification)						Telephone Numb				-
DCA	Cancellation		Nai	ne of Conta			1 cicpitotic riunio	u			
	Caraciator			<u></u>	IRIS						_
			F	ACILITY IN	FORMATION						
Name of Facility Where	Abatement is Taki	na Place (	(3)			Type of Facility	(4)				
10	tSIDT WC	E	•			School (K-1	2)				
	CHALLA					☐ Subchapter	8 (Other than K-12				
Street Address	190000000000000000000000000000000000000						private & commercia	al build	dings,		- 1
						homes, etc		T DI	da A		-
City (5)						Square Feet	# of Floors	1000000	dg. A	T1000	- 1
STO	ONE HA	KRBO	R			1500	-	-	50		_
County (6)			Co	unty Code	7) (STATE		rior if being demolis	hed)			
CAPE	MAY		US	SE ONLY)		V	ACANT				_
Name of Monitoring Firm		Owner	LASC	M No.	Name of Abatem	nent Contractor (9				A10755	
(8) Name of Monitoring Pirm	I A	J111.01	1.20		The contract of the second sec	twen	INC				
N	IFF				Street Address	-CVICO	1190				-
Street Address					-	v < < /	20 -11- 1hi	-			
					360		PROCE AL	<u></u>			_
City, State, Zip Code					City, State, Zip C				<u> </u>	- 7	
					MAR	LE SHU		0	80	5 4	_
Project Manager for Mon	itorina Firm		Telephor	e No.	Telephone No.		License No.				
1 Tojece Manager for men			27.5		8570-77	9-0472	004	44			_
	I Caba	duled Cor	molation [	Date (11)	Name of OSHA N						$\neg$
Start Date (10)				vale (11)	, value of o'cre tr	11.1	/A				
1-23-1		-30					100				=
Occupancy Status During	g Abatement (Che	ck only o	ne)		Street Address						
K Facility Closed/Vacate	ed During Entire Pe	eriod of Al	batement			×,					=
Abatement Performed	Outside of Norma	I Facility	Hours		City, State, Zip C	ode	ti				
Other - Describe:							110				_
Scope of Work (Check al	II that apply)				Vi.						
Scope of wyork (Check at	ii uiai appiy)					ntainment with Ne	gative Pressure				
			ovation		☐ Mini-End						
≥160 sf or ≥260 lf		Dem	olition		Gloveba	ag Procedure	on-Friable Procedur	e			
			41-	T	I NO FEAR	on pico ( ) and N			bater	nent	
			cation nally						Тур		
Location o	f		olely by		Description of					-	$\dashv$
Asbestos-Containing M			nance/	Asbes	tos Containing Mat	erial (ACM)	Amount			四	ш
TO BE ABATI		1.710.000	todial	(i.e.,	thermal systems in		(Specify SF or LF)	Remova	Re	Encapsulate	Enclosure
IN Facility		1000000	aff?		surfacing, VAT, other miscellaneo		SF G LF)	non	Repair	usc	OSL
(13)		(1	2)	4	Outer massements	,,		la la	7	late	IFB
		Yes	No N/A	.						**	
		-	11/	-	DILLICIT		3500 SE	V			
SIDIN	5		X	11	RAMSIT			/		-	-
							Manager and the same of the sa				
			-	-							
					<del> </del>	TN- (5	atorod I andell				-
Name of Registered Wast	te Hauler		100000000000000000000000000000000000000	Waste	Cubic Yards	Name of Reg	istered Landfill	, 1	ı A		
	TALC		1348	N. Co	of Waste	(,	M. C. M.	U.	H		
KLTMCO	+1/1/		11/1	07_	Disposal Date-	City, State					
City, State	11 4 01	n. 1 . T	_		Disposal Date		DODBINE	_			
MAPLES	HADE	111				1	Date			-	-
Completed By	Title				Signature	101	Date -	11-	17		
MICHAULK	I Muur 1	SUP			_ Mel	WIN		11	1 1		

CK4152

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

	<del>5</del> 74	(	Pursua	INI IO NJAC	0.00 and 12.12	,						4
Date of Notification (1)	1-12		Na	ime of Buildir	MITCH	(2) <b>E</b> (L	MA	etaons co	NTR	S JC	2	
Agencies Notified	Type Notification		Str	reet Address			ST ST STATEMENT	hand had been selected as a second	10_			_
□ BPA □ DBP ▼ DOL	Initial Amended Amendment #		Cit	y, State, Zip	Code CIO GRA	WNE	M	·7 08	-24	2		
<b>X</b> DOH □ DCA	Emergency (in justification) Cancellation	ncluding	Na	me of Conta				Telephone Numbe	er			
					ORMATION							
Name of Facility Where		a Place (*		FACILITIE	Oldination	Type of	Facility	(4)				
	ES LOTA	ČE				Scho	hapter 8	8 (Other than K-12)	build	nas		
Street Address						home	es, etc.)			g. Ag	10	$\dashv$
City (5)	DNE HA	RBOK	2			Square 1		# of Floors		501		_
County (6)	MAY		C	ounty Code ( SE ONLY)			VAC	ior if being demolish	nea)			_
Name of Monitoring Firm (8)		Owner	ASC	CM No.	Name of Abaten	nent Contro		INC				
Street Address	114				Street Address	9 S	SI	PRUCE A	LE			
City, State, Zip Code					City, State, Zip C	Code APLE	SH	ADE MI	T			_
Project Manager for Mon	itoring Firm		Telepho	ne No.	Telephone No.	9-09	472	License No.	14			_
Start Date (10)				Date (11)	Name of OSHA	Monitor	114					
1-21-17 Occupancy Status Durin	g Abatement (Che	ck only or	ne)		Street Address							
Facility Closed/Vacate	ed During Entire Pe Outside of Norma	eriod of At I Facility I	atemen Hours	11	City, State, Zip C	Code	-					
Other - Describe: Scope of Work (Check a	II that apply)				☐ Full Co	ntainment	with Ne	gative Pressure				
≥3 sf or ≥3 lf		Rend	ovation olition		☐ Mini-En	closure an Proced	ure	on-Friable Procedur	e			
		Is Loc	cation	Т	MINORFE	terripted ( )	andito	ATT TRADECT TO SEE	A	bater Typ		
Location of Asbestos-Containing Model of the Asbestos Asb	laterial (ACM)	Used S Mainte Cust Sta	nally colety by enance/ codial aff? 2)	Asbes	Description of stos Containing Ma , thermal systems surfacing, VAT other miscellane	iterial (ACN insulation, , or	A)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
1		Yes		/A	TRANSI	TE		1750 St	Y	-		
SIDIM	( <del>-</del>		- X	-	INCHANA 2 I	10		11100	_			
			+	-								
			_	-								
Name of Registered Was				P Waste	Cubic Yards of Waste	Name	of Regi	stered Landfill	()	А		
KLTMCO	INC		179	904	Disposal Date	City, S		00.11-	Al	-		
City, State  MAPLE	SHAVE	T.11			Signature	0 0-	NOC	Dale	11	1)	1	
MICHAEL (	LOWIN _	SU	ρ		Me	ul'	M_		11_			_

MICHAEL

A. I/	$\cap$	110	M
	1	10	1
e of Notifica	tion (1)	(	

#### State of New Jersey

CK21011	NC				60 and 12:					.IAN	17	20	17	7
Date of Notification (1) 1-10-2017					vner/Opera lopment,			an opening	H W			- W	• •	Lilon
Agencies Notified Type Notification		1000	Street Add					Transcript of the second	Å	SBEST			ROL	8
EPA Initial				leen Co				-		LIC	ENS	iNG		
X EPA X Initial Amended Amendment	#			NJ 074										
Emergency ( justification)	including		Name of C						Tolej	hone Num	ber	5731152		
DCA Justification			Kyle Wi	nschuh										
Name of Facility Where Abatement is Taking	Place (3)		FACILI	ITY INFOR	RMATION	T	Type of	Facility (4)	)					
Commercial Building	g 1 1000 (e)						☐ Sc	hool (K-12)	)					
Street Address								bchapter 8	Othe	r than K-12 commercia	l I buildi	nas. h	omes	
720 Clinton Street							etc	:.)	0-25-25-					
City (5) Hoboken, NJ 07030							Square 40000		5	Floors	80	ig. Ag +	е	
County (6) Hudson			County Co	ode (7) SE ONLY)		-				g demolish	ed)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.				tement Contractor (9) vironmental Services, LLC						
Street Address		Street Addre 235 Virgin							1	1				
City, State, Zip Code						City, State, Zip Code Jersey City, NJ 07304								
Project Manager for Monitoring Firm		-	Telephon	e No.			one No.		<del>- Т</del>	License N	D.			-
Project Manager for Monitoring 1 in 1			Тоторго	7.11.17.1	10 000		333-88			01174				
Start Date (10) 1-21-2017	Schedule 1-31-20		npletion D	ate (11)	10.000		of OSHA e as ab	A Monitor DOVE						
Occupancy Status During Abatement (Chec	k Only On	e)			St	treet	Address							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of A nal Facility	baten Hours	nent 3		Ci	ity, S	tate, Zip	Code						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolii				××××	Mini- Glov	-Enclosure rebag Proc	edure	Negative F			е	
	le	Locat	ion									Abate	ment	
Location of	1	lorma	lly		Descri							1 9	pe	-
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	d Sole intena odial (12)	ince/ Staff?		os Contain thermal sys surfacing other miss	stem g, VA	s insulat AT, or		(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A					_					(O	
Through the property		Х		Pipe	e insulati		Rap &	Cut		27 LF	X			
5th floor		Х				ΆΤ				25 SF	X			
2nd floor	Χ			W. V.	'AT				75 SF	X				
2nd floor	Χ			27.5	ng Insulation 3555 SF				X					
Name of Registered Waste Hauler			NJDEP W Hauler ID		Cubic Ya of Waste			Name of Registered Landfill						
Green Environmental Services,			0034889		30			G.r.o.w.s. North Landfill						
City, State Jersey City, NJ		Disposal Da 1-31-2017												
Completed by	Title				Sig	hatu	re	200	0.43		ate -10-2	017		
Completed by	1000000	e Ma	anager		Sig	hatu	re ( : 11	J. Jen	017		ate -10-2	017		

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

09 2017 04:56PM NJ Ast 81/09/2017 01:87Pm						page 1	n) <sub>-</sub>	臣 (	ģ		1 /
	2130381	778				•		1		AGE	
MO#19730000856	N	OTIF	CATI (Pures	on of a	New Jersey SHESTOS AS JAC 8:60 and 1	ATEMENT		لد. (۱)	1	7	7.,20
Date of Notification (1)  01 / 09	1.0				ing Owner/Operat			SDE			SH 18
	/ 17		Mr	&Mrs. E.	Levia	1		/			
U EPA 図 Initia	Ц		Ştr	ect Address						1	+
Own Cittle	nded ndment #		CIt	State, Zip	Code	-	CARLET AD	- 1 (3) - 1 (3)	1 / 7	0_	
□ DCA ☑ Eme	roency (incl)	ding	Liv	ingston, N	IJ 07 <b>0</b> 39			****			
[ Cano	(Cation) Stieton		1	ne of Cont		Windows St.	Telaphone No	mber			
				&Mrs. E.		~		_			
Name of Facility Where Abatemen	t is Taking Pi	eco (3	3)	MULLIT	INFORMATION	Type of Fac	lish (d)				
Private house Street Address	***	and the same				D School (	K-158				
44 CANNET SAS						3ubahap 26 Other (i.e.	ter 8 (Other than K.) s., private and come	2)	Sold	NA=	
City (5)	-	-				Square Fee	RO.)				
ivingston, NJ 07039 County (6)						adnsta Lab	# of Floors		Bidg.	Age	
issex			Co	uniy Code (7	(STATE USE ONL)	Current Use	(Prior if being demo	llahed)	-		
Name of Monitoring Firm Hired by I	Juilding Own	er (B)	TASCI	A No.	I hipma ad 2h asa	ment Contractor					
Street Address					Gr Tech LLC	meul Poditation	(8)				
alien voolgab				Car III SERVICE (SCO	Street Address						
City, State, Zip Code		~~		-	576 Valley Rd City, State, Zip	#283 Code					
Project Manager for Monitoring Firm	A				Wayne, NJ 07						
Alexander of motorious & L Hu	1	1	alephoru	No.	Telephone No.		License No.			-	
Start Date (10)	Schedulac	Com	pletion D	ste (11)	973-632-1777 Name of 08HA	Monkoe	01127	-			
01 / 10 / 17	01	1_	11 /	17	Envirovision C		•				
Company Status During Abatement Facility Closed/Vacated Outing E	otice Davide	- aL		A STATE OF THE PARTY OF THE PAR	Street Address	And the state before		-			
The parameter renomned Outside of	Normal Fac	Hilly We	num - file	ecriba	20-21 Wagaray City, State, Zip	Road, Bidg	# 35E				
Lane at Smarted sald: Sales	PM/	P	M	_AM	Pair Lawn, NJ				12-130		
cops of Vyork (Check all their sophy	)			Secretary Name of Secretary	- Clean	IP Aind decontér	nuation with negati	no pres	elle.		
3 >3 af or >3 if 3 ≥ 150 af or ≥250 ff	1	Renov Demoi	ation		[ ] Mini-En	closure	legative Pressure				
		-		Signer	Non-Ex	ag Procedure   ampled (*) and	Fent with Nagativ Non-Friable Proced	e Pres 179	sure .		
Location of Asbestos-Containing Material (At			nally		Description	rd	1	AL	atem	ent T	ypa
IO BE ABATED	l A	Mainte	olely by nance/	Aabai fl.e	stos Contsining M thennal systems	aterial (ACM)	Amount	70	Repair	Enc	ENG
IN Facility (13)		15 EDGE (1)	of Shaff? 2)		gurfacing, VA	T. or	(Specify SIF or LF)	Regresoves	100	Encopsulate	Енсюзиче
	Yes	N	O NA		other miscellan	rvus)		100		316	3
sement .			×	Pipe inst	detion		20 LF	120	m	1	F
								Page	H		
			0		1 1					H	H
ame of Registered Weste Hauter		旦				- 1		古	П		
Tech LLC		,		Hauler ID No.		le Name of Rec	Historiad Landha		- Consideration	- Report	
ly, State			003378	5	Disposal Date	T.R.R.F. In	a.				
type, NJ 07470	520 V V	16	-		TED _	City, State  Dallytown,	0.4			50000000	1
ompleted by (Print or Type)	Title	-	T PROPERTY OF THE PARTY OF THE		Signature	A	THE RESERVE OF THE PERSON OF T	Na	-		-
Tevtic								- 000			

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

Date of Notification 1/9/17 Name of Building Owner / Operator (2) Suburban Associates AgenciesNotified Type of Notification Street Address **EPA Emergency Notification** 374 Millburn Avenue DEP Initial Notification City, State & Zip Code ASBESTOS CONTROL & X DOL Amended Notification Millburn, NJ 07041 DOH Cancellation Name of Contact - Telephone-Number DCA Paul Veltri **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Vacant Commercial Building School (K-12) Street Address Subchapter 8 (Other than K-12) 240 Sheffield Street X Other (i.e., private & commercial buildings, homes, etc. # of Floors Square Feet Bldg. Age City (5) County (6) County Code (7) 20.000 50+ Mountainside Union Current Use (Prior if being demolished) Commercial Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **Environmental Tactics** Global Abatement Services, LLC N/A Street Address Street Address 64 Broad Street 443 Schoolhouse Road City, State & Zip Code City, State & Zip Code Matawan, NJ 07747 Monroe Township, NJ 08831 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Tom Geiger 732-290-2217 732-605-9062 00714 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 1/20/17 Global Abatement Services, LLC Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 443 Schoolhouse Road Abatement Performed Outside of Normal Facility Hours -City, State & Zip Code Describe: Monroe Township, NJ 08831 Other - Describe: Scope of Work (Check all that apply) Demolition X Renovation Full Containment with Negative Pressure Large Project Mini-Enclosure X Quantity is  $\geq 3$  SF or  $\geq 3$  LF ACM X Glovebag Procedure Quantity is ≥ 160 SF or ≥ 260 LF ACM Other: Non-friable Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify: Removal, (Specify Material (ACM) Solely by Material (ACM) Square Feet or Repair. TO BE ABATED Maintenance or (i.e., thermal systems Linear Feet) Encapsulation or in Facility Custodial Staff? insulation, surfacing, VAT Enclosure) (13)or other miscellaneous) (12)Warehouse N/A TSI Pipe 150 LF Removal Name of Registered Waste Hauler NJDEP Waste Hauler ID # Cu. Yds. of Waste Name of Registered Landfill Freehold Cartage 18693 Cumberland County 5 City, State Disposal Date City, State Freehold, NJ 1/30/17 Newburg, PA Completed By (Print or Type) Title Signațure Date Dominick Tringali Manager 1/9/17 ASB-41 JUN 95 G4667

								1	No.	, IE		己	П	\\//
V			5	State of New Jersey N OF ASBESTOS A	RATEME	NT		-		)_[			1	M
no Ch	N	OTIFI	CATIO	to NJAC 8:60-7 and 1	12:120-7)	(2)			100	NI.			1	
11001		(1 4	NIO	me of Building Owr ETON HALL UNIVER	lelloher	ator (2)			1	1	JA	N 1	7 1	2017
Date of Notification (1)			104	root Address	74.28E	-								
1 / 10 /17  A concise Notified Type Notification			40	00 SOUTH ORANGE	AVENU	-				AS	RES	TOS	boi	NTR
Agencies Notines	n		C	ity, State, Zip Code OUTH ORANGE, NE	W IERS	FY 07079				710	1	JOE1	SIN	JG_
X Amended Notific	cation #	<b>‡</b> 2	S	OUTH ORANGE, NE	-VV 02/10		Number			-			1	
X DOL Cancellation			N	lame of Contact		Tele	phone Number							
X DOH X On Hold	NOTIFI	CATI		ICTORIA PIVOVARI			-						+	
X DCA			F	ACILITY INFORMAT	Type of	Facility (4)								
Name of Facility Where Abatement is Taking F	Place (	3)			So	:hool (K-12)	Other than K-1	2)						
					X St	Jbchapter 8 (	Other than K-1 te & commcl. b	ldgs., h	omes	, etc.	)		$\dashv$	
SETON HALL UNIVERSITY					Squa	re Feet	of Floors		В	ldg. A 40+	0533			
Street Address	CENT	-FD			60	000	3	hed)		-10			7	
400 SOUTH ORANGE AVENUE - UNIVERSITY	CENT	EK	T	County Code (7)	Curren	t Use (Prior i	being demolis	1100)					-	
City (5)			(8	TATE USE ONLY)			nt Contractor	(9)						
SOUTH ORANGE ESSEX  Name of Monitoring Firm Hired by Building C	Owner	(8)	90.	ASCM No.	PAR E	NVIRONME	NTAL CORPO	RATION	4	_				
TTI ENVIRONMENTAL INC.					Street	Address POOK ROCH							-	
Otract Address					City S	State Zip Co	de							
1253 NORTH CHURCH STREET					SUFF	ERN, NEW '	YORK 10901	se Num	her	-			$\neg$	
City, State, Zip Code MOORESTOWN, NEV	N JERS	SEY	ne Nur	mber	Telep	hone Numbe	r Licer	se mun	DC1					
Project Manager for Monitoring Firm	85	6-889	-5182			69-7500 e of OSHA M	16							
IEEE SEAMAN	ched.	Com	pletion	Date (11)	QUA	LITY ENVIR	ONMENTAL S	OLUTIO	NS 8	TEC	Н.			
Expected State Date (10)		11 /	30/	Day Year										
Month Day Year	only or	ne)			Stree	et Address ROUTE 9								
Occupancy Status During Abatement (Check  X Facility Closed/Vacated During En	tire Pe	riod o	f Abate	ement ers - Describe:			Tw.		_	-				
Abatement Performed Outside of	Normal SATUF	Facil RDY 7	AM-3:3	80 PM	1	State, Zip C	WAPPINGEN	S FALLS	S, NY	1259	90			
X Other - Describe: MONDAY-	0,,,0.			X Full Co	I ontainme	nt with Nega	tive Pressure							•
Scope of Work (Check all that apply)	Renov	ation		V Mini-E	nclo,									
Demolition	INCHO			X Glove	bag Pro riable Pr	ocedure				hato	ment T	vne		_
>3SF OR LF >160 SF OR 260 LF				Description (	of Asbest	os-	Amount	R				,,,,		
Location of	ls L norm	ocation		Containing M	aterial (A	CM)	(Specify	REMOV	REPAIR	ENCAPS	ENCLOS			
Asbestos-containing Material (ACM)	so	lely b	у	(ie. Therma insulation, su	ar system irfacing, \	/AT,	SF or LF)	OVAL	코	PSC	USC			
TO BE ABATED		/Cust aff (1	todial	or other mis	scellaneo	us)				ULE	URE			_ ;
in Facility (13)	Yes		N/A				15 LF	×			-			_
				PIPE FITTINGS			35 LF	X		_	-			_
KITCHEN				PIPE FITTINGS	TION		500 SF	X	1	1	-			$\neg$
BACK HALL			X	SPRAY ON INSULA	HON			X	1	-	+			$\dashv$
BACK HALL DISHWASHING AREA & ASSOCIATED							85 LF	X	1	_	-			$\dashv$
			X	PIPE FITTINGS			15 LF	Х	1	-	+		_	$\dashv$
HALL AREA			X	PIPE FITTINGS	TION		1,530 SF	X	1	-	+			$\dashv$
RECEIVING AREA			X	SPRAY ON INSULA	ATION		25 LF	X	-	-	+			$\dashv$
RECEIVING AREA			X	PIPE FITTINGS			15 LF	X		-	-			-
BOARD DINING			X	PIPE FITTINGS	ATION		760 SF	X	1	-	-			-
SEVERY BAY 1		_	X	SPRAY ON INSUL	ATION		15 LF	X	-	-	-			-
SEVERY BAY 1 HALLWAY BETWEEN SEVERY BAYS		1	X	PIPE FITTINGS			15 LF	X	1	-	+			-
SEVERY BAY 2		-	X	PIPE FITTINGS			40 SF	×			-			
KITCHEN			X	FIRE WALL  Cubic Yards of Wa	aste	Name of Re	gistered Landfi NTRAL SANIT	II ARY I A	NDF	ILL	L			
Name of Registered Waste Haulei	-N.	JUEP auler	Waste	0.00		GRAND CE	NIKAL SAMII		300					
NEWARK CARTING INC.			13			City, State	1/	D.						
369 RAYMON BLVD. City, State				Disposal Date 12/23-11/30/2017	V	PLAINFIEL	DOWNSHIP	Date		1.	-10	コン	17	7
NEWARK, NEW JERSEY 07 105				Signat	ure	11/2		1		/	1	1	/	
	Title			PERATIONS	/	1/	X							

-				/ N loseny			140	1	E	(G )	EII	WE	
0 - 01/		UOTIFI	CATI	State of New Jersey ON OF ASBESTOS AI	BATEMENT				<u></u>	1			1
(1) ('V .		(Pu	rsuan	t to NJAC 8:60-7 and 1 lame of Building Own	2:120-7)	)		-4/4				- 5 150	T m
1109			N	lame of Building Own SETON HALL UNIVER	SITY		Ì		1	JAN	17	2017	1
Date of Notification (1)			-	Stroot Address			1	يا اي		500			-
12 / 19 /16			-	100 SOUTH ORANGE	AVENUE		-		$\pm$			SUTTO	-0.
Agencies Notified Type Notification			1	City, State, Zip Code		170	1		AS	BEST	DS DO DENS	ONTROL	. 0
EPA Initial Notification	on ication	#1		SOUTH ORANGE, NE	W JERSEY 0/0	179	- 1			LK	JEN 2	11470	-
Cancellation			-	Name of Contact		Telephone Number							
X DOL On Hold		-ICATI		VICTORIA PIVOVARI	NICK						-		
X DOH X DCA EMERGENCY	NOTI	-ICATI		TA OULTY INFORMATI	ON				_				
Toking	Dlace	(3)		AOILITT	Type of Facility	y (4)							
Name of Facility Where Abatement is Taking	1 1000	17/		5 5 <b>5</b> 5 5 0 5 0 5 5	School (K X Subchapt	o (Other than K-12)				17			
SETON HALL UNIVERSITY				w	Other (ie.	private & commol. bld	gs., ho	mes,	etc. dg. A	(ae			
SETON HALL DIVIVENO					Square Feet	# of Floors		Di	40+	-0-			
Street Address	Y CEN	TER			60,000	Prior if being demolishe	ed)						
Street Address 400 SOUTH ORANGE AVENUE - UNIVERSIT			T	County Code (7)	LINIVERSITY	Facility Fac					-		
City (5)			(	STATE USE ONLY) ASCM No.	- FAhat	tement Contractor (9)	TION						
Name of Monitoring Firm Hired by Building	Owne	(8)		3	PAR ENVIRO	NMENTAL CORPORA	TION						
TTI ENVIRONMENTAL INC.					Street Addres 313 SPOOK F	SOCK ROAD				-		-	
Stroot Address					City State Zi	p Code							
1253 NORTH CHURCH STREET					SUFFERN, N	EW YORK 10901		-		-		1	
City, State, Zip Code MOORESTOWN, NE	W JEF	SEY 0	8057	mher	Telephone No	umber License	Numb	per					
Project Manager for Monitoring Firm		elepnoi 56-889			845-369-750	0 1101						1	
JEFF SEAMAN	Sched	Comp	letio	n Date (11)	Name of OSI	HA MONITOR NVIRONMENTAL SOL	UTION	4S & 7	TEC	H.			
Expected State Date (10)		11/	30	/ Year			701 701 (-27-)					-	
Vear Vear	Mon			Day Year	Street Addre	ss							
Occupancy Status During Abatement (Check	ntire P	eriod of	Abat	ement	1376 ROUT	F 8						-	
					City, State,	Zip Code WAPPINGERS F	EALLS	NY ·	1259	0			
Abatement Performed Outside of X Other - Describe: MONDAY-	SATU	RDY 7/	\M-3:			WAPPINGERS	-ALLS	, 141	, 200	:			
					ntainment with r	Negative Pressure							
Scope of Work (Check all that apply)  Demolition  X	Reno	vation		X Mini-Er	oag Procedure								
>3SF OR LF				Non-Fr	riable Procedure			Ai	bater	nent Type	3		
X >160 SF OR 260 LF	Is	Locatio	n T	Description of	Asbestos-	Amount	R I		E	ENCLOSURE			
Location of Asbestos-containing	norr	nally us	sed	Containing Ma (ie. Therma	teriai (ACIVI)	(Specify	REMOVAL	REPAIR	ENCAPSUL	l은			
Material (ACM)	s	olely by	/	insulation, sur	facing, VAT,	SF or LF)	VA	72 N	USc	USU			
TO BE ABATED	Mair	t/Custo	2)	or other misc	cellaneous)		1		E	<u>  R   </u>		_	
in Facility (13)	Yes		N/A			15 LF	X						
				PIPE FITTINGS		35 LF	X						
KITCHEN			X	PIPE FITTINGS		500 SF	X						
BACK HALL			X	SPRAY ON INSULAT	ION		X					_	
DISHWASHING AREA & ASSOCIATED						85 LF	X					_	
			X	PIPE FITTINGS		15 LF	X						
HALL			X	PIPE FITTINGS		1,530 SF	X					_	
RECEIVING AREA			X	SPRAY ON INSULAT	TION	25 LF	×						
RECEIVING AREA			X	PIPE FITTINGS		15 LF	×		T				
BOARD DINING			X	PIPE FITTINGS			X	1	T				
SEVERY BAY 1	_	1	X	SPRAY ON INSULA	TION	760 SF	X		1				
SEVERY BAY 1	-		X	PIPE FITTINGS		15 LF	X	+	1		LEADER		
HALLWAY BETWEEN SEVERY BAYS	-	1	X	PIPE FITTINGS		15 LF	X	+	+				
SEVERY BAY 2	-	-	X	FIRE WALL		40 SF of Registered Landfill							
KITCHEN	N	JDEP '		Cubic Yards of Was	ite Name o	of Registered Landill O CENTRAL SANITAR	Y LAN	IDFIL	L.	100000000000000000000000000000000000000			
Name of Registered Waste Hauler NEWARK CARTING INC.		auler I	O No.		GIVAIVE	10			_				
369 RAYMON BLVD.		91	3	Disposal Date	City, S	tale	Δ		1	(			
City State				12/23-11/30/2017		FIELD TOWNSHIP, PA	ate	1-	71	19/	12	2	
NEWARK, NEW JERSEY 07105	Title			Signatu	re /// ) \	$\langle \wedge    $	/	0	1	1 11	,		
BENJAMIN SANCHEZ	DIREC	TOR	OF O	PERATIONS	bot	70			/	(4)			
					:0								

				sal- lesson						7.11		11 13
102016	,	NOTIE	ICAT	State of New Jersey ION OF ASBESTOS A	BATEMENT					<u> </u>		11 /
( ( ( ) ( ) X )		(PL					1	1-7				
/ (00.			1	Name of Building Own SETON HALL UNIVER	SITY					1 A	N 1	1 20
of Notification (1)			- 1				1	lai b	4	- W1 +	23 1	
12 / 9 /16				Street Address 400 SOUTH ORANGE	AVENUE		i					-
12 Type Notification			- 1				1		AS	QEQ	TOS	CON
Initial Notification	on			City, State, Zip Code SOUTH ORANGE, NE	W JERSEY 07079				MO	اساد	LICE	1\$!NC
DEP Amended Notif	fication			3001110101110-				PT CONTENT	Part and C			200000000000000000000000000000000000000
X DOL Cancellation				Name of Contact	0.50	elephone Number						
X DOH On Hold EMERGENCY	NOTIF	FICAT	ION	VICTORIA PIVOVARI	VICK				- 1	= "/		
X DCA EMERGENCE				FACILITY INFORMATI	ION	1)						
me of Facility Where Abatement is Taking	Place	(3)			Type of Facility (4	<del>+</del> )						
me of Facility Where Abatement is realist					- a Labortor I	(Other than K-1	2)			29		
TON HALL UNIVERSITY					Other (ie. pri	vate & commcl. t	oldgs.,	nomes	s, etc.	) 100		
TON HALL GIVE LIVE					Square Feet	# of Floors			40+	.90		
reet Address	V CEN	TER			60,000	3	had)					$\neg$
O SOUTH ORANGE AVENUE - UNIVERSIT	TOLIN	1614	1	County Code (7)	Current Use (Prio	r if being demois	neu)					
ty (5)			(	STATE USE ONLY)	UNIVERSITY Name of Abatem	ant Contractor	(9)					
OUTH ORANGE ESSEX  ame of Monitoring Firm Hired by Building	Owner	(8)		ASCM No.	PAR ENVIRONM	ENTAL CORPO	RATIO	N				_
ame of Monitoring Firm Hired by Banana TI ENVIRONMENTAL INC.				3	Street Address							
TI ENVIRONMENTAL INC.					313 SPOOK RO	CK ROAD						-
253 NORTH CHURCH STREET			_		City State, Zip C	ode						
city, State, Zip Code MOORESTOWN, NE	W IED	SEY	8057		SUFFERN, NEW	YORK 10901	se Nur	nber				
MOORES TOWN, INC	Te	elepho	ne Nu	ımber	Telephone Numb	ner   Licer	30 110					
Project Manager for Monitoring Firm	85	6-889	-5182	!	845-369-7500 Name of OSHA	Monitor						
EFF SEAMAN [5	Sched.	Com	oletio	n Date (11)	Name of USHA	RONMENTAL SO	DLUTIC	NS 8	TEC	Η.		
Expected State Date (10)		11 /	30	)/ \								$\neg$
Day Year	Mont	h	1/2	Day Year	Street Address							
MIDITO 1		201										- 1
Occupancy Status During Abatement (Check	only of	ne) riod o	f Abat	tement	1376 ROUTE 9							
Occupancy Status During Abatement (Check X Facility Closed/Vacated During En	Norma	I Facil			1376 ROUTE 9	Cado						$\dashv$
Occupancy Status During Abatement (Check  X Facility Closed/Vacated During Er  Abatement Performed Outside of	Norma	I Facil		0PM	1376 ROUTE 9 City, State, Zip	Code WAPPINGERS	S FALL	S, NY	′ 125 <sup>9</sup>	90		
Occupancy Status During Abatement (Check  X Facility Closed/Vacated During En  Abatement Performed Outside of  X Other - Describe: MONDAY	Norma	I Facil		0PM X Full Co	1376 ROUTE 9  City, State, Zip  Intainment with Neg	Code WAPPINGERS	S FALL	S, NY	1259	90		
Occupancy Status During Abatement (Check  X Facility Closed/Vacated During En Abatement Performed Outside of X Other - Describe: MONDAY  Scope of Work (Check all that apply)	Norma - FRIDA	l Facil AY 7A		0PM  X Full Co X Mini-Er	City, State, Zip	Code WAPPINGERS	S FALL	S, NY	1259	90		
Occupancy Status During Abatement (Check  X Facility Closed/Vacated During En Abatement Performed Outside of X Other - Describe: MONDAY  Scope of Work (Check all that apply)  Demolition	Norma	l Facil AY 7A		OPM  X Full Co X Mini-Er	City, State, Zip ntainment with Neg	Code WAPPINGERS	S FALL			53.5		
Occupancy Status During Abatement (Check  X Facility Closed/Vacated During En Abatement Performed Outside of X Other - Describe: MONDAY  Scope of Work (Check all that apply)  Demolition  >35F OR LF	Norma - FRIDA	l Facil AY 7A		0PM  X Full Co X Mini-Er X Glovel	City, State, Zip ntainment with Negnclo, pag Procedure riable Procedure	Code WAPPINGERS		F	Abate	ment T	Туре	
Occupancy Status During Abatement (Check  X Facility Closed/Vacated During En Abatement Performed Outside of X Other - Describe: MONDAY  Scope of Work (Check all that apply)  Demolition  3SF OR LF  >160 SF OR 260 LF	Norma - FRID/ Renov	I Facil AY 7A vation	M-3:3	0PM  X Full Co X Mini-Er X Glovet Non-Fr	City, State, Zip ntainment with Negnclo, pag Procedure riable Procedure	Code WAPPINGER: pative Pressure		F	Abate	ment T	Гуре	
Occupancy Status During Abatement (Check  X Facility Closed/Vacated During Er Abatement Performed Outside of X Other - Describe: MONDAY  Scope of Work (Check all that apply)  Demolition  >3SF OR LF  Location of Asbestos-containing	Renov	I Facil AY 7A vation	M-3:3	OPM  X Full Co X Mini-Er X Glovet Non-Fi Description of Containing Ma (ie. Therma	1376 ROUTE 9  City, State, Zip  Intainment with Negocio,  pag Procedure  riable Procedure  f Asbestos- terial (ACM)  I systems	Code WAPPINGERS pative Pressure  Amount (Specify		F	Abate	ment T	Туре	
Occupancy Status During Abatement (Check  X Facility Closed/Vacated During Er Abatement Performed Outside of X Other - Describe: MONDAY  Scope of Work (Check all that apply)  Demolition  >3SF OR LF  >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM)	Renov	I Facil AY 7A  vation  cocation hally usedely be	M-3:3	X Full Co X Mini-Er X Glovet Non-Fi Description of Containing Ma (ie. Therma	City, State, Zip ntainment with Neg nclo , pag Procedure riable Procedure f Asbestos- terial (ACM) I systems facing, VAT,	Code WAPPINGER: pative Pressure	REMOVAL		Abate	ment T	Туре	
Occupancy Status During Abatement (Check  X Facility Closed/Vacated During Er Abatement Performed Outside of X Other - Describe: MONDAY  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	Renov  Is L norm so Main Si	ration ocation legistry ocation cocation legistry ocation cocation legistry ocation cocation legistry ocation cocation legistry ocation legist	M-3:3	OPM  X Full Co X Mini-Er X Glovet Non-Fi Description of Containing Ma (ie. Therma	City, State, Zip ntainment with Neg nclo , pag Procedure riable Procedure f Asbestos- terial (ACM) I systems facing, VAT,	Code WAPPINGERS pative Pressure  Amount (Specify		F	Abate	53.5		
Occupancy Status During Abatement (Check  X Facility Closed/Vacated During Er Abatement Performed Outside of X Other - Describe: MONDAY  Scope of Work (Check all that apply)  Demolition  >3SF OR LF  Location of Asbestos-containing Material (ACM)	Renov  Is L norm so Main	ration ocation legistry ocation cocation legistry ocation cocation legistry ocation cocation legistry ocation cocation legistry ocation legist	M-3:3  M-3:3  on sed y odial 2)  N/A	X Full Co X Mini-Er Glovet Non-Fr Description of Containing Ma (ie. Therma insulation, sur or other misc	City, State, Zip ntainment with Neg nclo , pag Procedure riable Procedure f Asbestos- terial (ACM) I systems facing, VAT,	Code WAPPINGER: pative Pressure  Amount (Specify SF or LF)		F	Abate	ment		
Docupancy Status During Abatement (Check  X Facility Closed/Vacated During En Abatement Performed Outside of X Other - Describe: MONDAY  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)	Renov  Is L norm so Main Si	ration ocationally using blely by Custraff (12)	M-3:3  on sed y odial 2)  N/A X	X Full Co X Mini-Er X Glovet Non-Fr Description of Containing Ma (ie. Therma insulation, sur or other miso	City, State, Zip ntainment with Neg nclo , pag Procedure riable Procedure f Asbestos- terial (ACM) I systems facing, VAT,	Code WAPPINGER: pative Pressure  Amount (Specify SF or LF)	REMOVAL	F	Abate	ment		
Docupancy Status During Abatement (Check  X Facility Closed/Vacated During En Abatement Performed Outside of X Other - Describe: MONDAY  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)  KITCHEN	Renov  Is L norm so Main Si	ration ocationally using blely by Custraff (12)	M-3:3  on sed y odial 2)  N/A X	X Full Co X Mini-Er X Glovet Non-Fr Description of Containing Ma (ie. Therma insulation, sur or other miso	City, State, Zip ntainment with Neg nclo , nag Procedure riable Procedure f Asbestos- terial (ACM) I systems facing, VAT, cellaneous)	Amount (Specify SF or LF)	REMOVAL X X	F	Abate	ment		
Occupancy Status During Abatement (Check  X Facility Closed/Vacated During En Abatement Performed Outside of X Other - Describe: MONDAY  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)  KITCHEN  BACK HALL	Renov  Is L norm so Main Si	ration ocationally using blely by Custraff (12)	M-3:3  on sed y odial 2) N/A X	X Full Co X Mini-Er X Glovet Non-Fr Description of Containing Ma (ie. Therma insulation, sur or other miso	City, State, Zip ntainment with Neg nclo , nag Procedure riable Procedure f Asbestos- terial (ACM) I systems facing, VAT, cellaneous)	Code WAPPINGER: pative Pressure  Amount (Specify SF or LF)	REMOVAL X X	F	Abate	ment		
Occupancy Status During Abatement (Check  X Facility Closed/Vacated During En Abatement Performed Outside of X Other - Describe: MONDAY  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)  KITCHEN  BACK HALL  BACK HALL	Renov  Is L norm so Main Si	ration ocationally using blely by Custraff (12)	M-3:3  on sed y odial 2)  N/A X	X Full Co X Mini-Er X Glovet Non-Fr Description of Containing Ma (ie. Therma insulation, sur or other miso	City, State, Zip ntainment with Neg nclo , nag Procedure riable Procedure f Asbestos- terial (ACM) I systems facing, VAT, cellaneous)	Amount (Specify SF or LF)  15 LF  35 LF  500 SF	REMOVAL X X X X	F	Abate	ment		
Occupancy Status During Abatement (Check  X Facility Closed/Vacated During En Abatement Performed Outside of X Other - Describe: MONDAY  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)  KITCHEN  BACK HALL	Renov  Is L norm so Main Si	ration ocationally using blely by Custraff (12)	M-3:3	OPM  X Full Co X Mini-Er Glovet Non-Fr  Description of Containing Ma (ie. Therma insulation, sur or other misc  PIPE FITTINGS  PIPE FITTINGS  SPRAY ON INSULAT	City, State, Zip ntainment with Neg nclo , nag Procedure riable Procedure f Asbestos- terial (ACM) I systems facing, VAT, cellaneous)	Amount (Specify SF or LF)  15 LF  35 LF  500 SF	REMOVAL X X X X X	F	Abate	ment		
Docupancy Status During Abatement (Check  X Facility Closed/Vacated During En Abatement Performed Outside of X Other - Describe: MONDAY  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)  KITCHEN  BACK HALL  BACK HALL	Renov  Is L norm so Main Si	ration ocationally using blely by Custraff (12)	mn sed y y oodial y N/A X	X Full Co X Mini-Er X Glovet Non-Fr Description of Containing Ma (ie. Therma insulation, sur or other miso	City, State, Zip ntainment with Neg nclo , nag Procedure riable Procedure f Asbestos- terial (ACM) I systems facing, VAT, cellaneous)	Amount (Specify SF or LF)  15 LF  35 LF  500 SF	REMOVAL X X X X X X X X X X X X X X X X X X X	F	Abate	ment		
Occupancy Status During Abatement (Check  X Facility Closed/Vacated During En Abatement Performed Outside of X Other - Describe: MONDAY  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)  KITCHEN  BACK HALL  DISHWASHING AREA & ASSOCIATED	Renov  Is L norm so Main Si	ration ocationally using blely by Custraff (12)	mn sed yy yodial 2) N/A X X X X X	X Full Co X Mini-Er X Glovet Non-Fr Description of Containing Ma (ie. Therma insulation, sur or other misc  PIPE FITTINGS  PIPE FITTINGS  PIPE FITTINGS  PIPE FITTINGS	City, State, Zip Intainment with Neg Inclo , I	Amount (Specify SF or LF)  15 LF  35 LF  500 SF	REMOVAL X X X X X	F	Abate	ment		
Doccupancy Status During Abatement (Check  X Facility Closed/Vacated During En Abatement Performed Outside of X Other - Describe: MONDAY  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)  KITCHEN  BACK HALL  DISHWASHING AREA & ASSOCIATED  HALL  RECEIVING AREA	Renov  Is L norm so Main Si	ration ocationally using blely by Custraff (12)	on sed yy yodial 2) N/A X X X X X	Description of Containing Ma (ie. Therma insulation, sur or other misc	City, State, Zip Intainment with Neg Inclo , I	Amount (Specify SF or LF)  15 LF  35 LF  500 SF	REMOVAL X X X X X X X X X X X X X X X X X X X	F	Abate	ment		
Occupancy Status During Abatement (Check  X Facility Closed/Vacated During En Abatement Performed Outside of X Other - Describe: MONDAY  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)  KITCHEN BACK HALL  DISHWASHING AREA & ASSOCIATED  HALL  RECEIVING AREA  RECEIVING AREA	Renov  Is L norm so Main Si	ration ocationally using blely by Custraff (12)	M-3:33  M-3:33  M-3:33  M-3:33	Description of Containing Ma (ie. Therma insulation, sur or other miss)  PIPE FITTINGS	City, State, Zip Intainment with Neg Inclo , I	Amount (Specify SF or LF)  15 LF  35 LF  500 SF  85 LF  1,530 SF	REMOVAL X X X X X X X X X X X X X X X X X X X	F	Abate	ment		
Docupancy Status During Abatement (Check  X Facility Closed/Vacated During Er Abatement Performed Outside of X Other - Describe: MONDAY  Scope of Work (Check all that apply)  Demolition  >3SF OR LF  Location of Asbestos-containing Material (ACM)  TO BE ABATED in Facility (13)  KITCHEN  BACK HALL  DISHWASHING AREA & ASSOCIATED  HALL  RECEIVING AREA  BOARD DINING	Renov  Is L norm so Main Si	ration ocationally using blely by Custraff (12)	on sed yy yodial 2) N/A X X X X X	Description of Containing Ma (ie. Therma insulation, sur or other miss)  PIPE FITTINGS	City, State, Zip  City, State, Zip  Intainment with Neg  Inclo, Incorporate Procedure  Intained Procedure	Amount (Specify SF or LF)  15 LF 35 LF 500 SF 15 LF 1,530 SF 25 LF 15 LF	REMOVAL X X X X X X X X X X X X X X X X X X X	F	Abate	ment		
Docupancy Status During Abatement (Check  X Facility Closed/Vacated During Er Abatement Performed Outside of X Other - Describe: MONDAY  Scope of Work (Check all that apply)  Demolition  >3SF OR LF  Location of Asbestos-containing Material (ACM)  TO BE ABATED in Facility (13)  KITCHEN  BACK HALL  DISHWASHING AREA & ASSOCIATED  HALL  RECEIVING AREA  BOARD DINING  SEVERY BAY 1	Renov  Is L norm so Main Si	ration ocationally using blely by Custraff (12)	M-3:33  M-3:33  M-3:33  M-3:33	X Full Co X Mini-Er X Glovet Non-Fi Description of Containing Ma (ie. Therma insulation, sur or other misc  PIPE FITTINGS PIPE FITTINGS PIPE FITTINGS PIPE FITTINGS SPRAY ON INSULAT	City, State, Zip  City, State, Zip  Intainment with Neg  Inclo, Incorporate Procedure  Intained Procedure	Amount (Specify SF or LF)  15 LF 35 LF 500 SF  15 LF 1,530 SF 25 LF 15 LF 760 SF	REMOVAL X X X X X X X X X X X X X X X X X X X	F	Abate	ment		
Doccupancy Status During Abatement (Check  X Facility Closed/Vacated During En Abatement Performed Outside of X Other - Describe: MONDAY  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)  KITCHEN BACK HALL DISHWASHING AREA & ASSOCIATED HALL RECEIVING AREA RECEIVING AREA BOARD DINING SEVERY BAY 1 SEVERY BAY 1	Renov  Is L norm so Main Si	ration ocationally using blely by Custraff (12)	M-3:3	Description of Containing Ma (ie. Therma insulation, sur or other miss)  PIPE FITTINGS	City, State, Zip  City, State, Zip  Intainment with Neg  Inclo, Incorporate Procedure  Intained Procedure	Amount (Specify SF or LF)  15 LF 35 LF 500 SF 15 LF 1,530 SF 25 LF 15 LF 760 SF	REMOVAL X X X X X X X X X X X X X X X X X X X	REPAIR	Abate	ment		
Occupancy Status During Abatement (Check  X Facility Closed/Vacated During Er Abatement Performed Outside of X Other - Describe: MONDAY  Scope of Work (Check all that apply)  Demolition  >3SF OR LF  Location of Asbestos-containing Material (ACM)  TO BE ABATED in Facility (13)  KITCHEN  BACK HALL  DISHWASHING AREA & ASSOCIATED  HALL  RECEIVING AREA  RECEIVING AREA  BOARD DINING  SEVERY BAY 1  SEVERY BAY 1  SEVERY BAY 2	Renov  Is L norm so Main Si	ration ocationally using blely by Custraff (12)	M-3:3	X Full Co X Mini-Er X Glovet Non-Fi Description of Containing Ma (ie. Therma insulation, sur or other misc  PIPE FITTINGS PIPE FITTINGS PIPE FITTINGS PIPE FITTINGS SPRAY ON INSULAT  PIPE FITTINGS PIPE FITTINGS SPRAY ON INSULAT  PIPE FITTINGS PIPE FITTINGS PIPE FITTINGS PIPE FITTINGS PIPE FITTINGS PIPE FITTINGS	City, State, Zip  City, State, Zip  Intainment with Neg  Inclo, Inclo Incl	Code WAPPINGER: pative Pressure  Amount (Specify SF or LF)  15 LF 35 LF 500 SF  85 LF 1,530 SF 25 LF 15 LF 760 SF 15 LF 15 LF 15 LF	REMOVAL X X X X X X X X X X X X X X X X X X X	REPAIR	Abate	ment		
Occupancy Status During Abatement (Check  X Facility Closed/Vacated During Er Abatement Performed Outside of Other - Describe: MONDAY  Scope of Work (Check all that apply)  Demolition  >3SF OR LF  Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  KITCHEN  BACK HALL  DISHWASHING AREA & ASSOCIATED  HALL  RECEIVING AREA  RECEIVING AREA  BOARD DINING  SEVERY BAY 1  SEVERY BAY 1  SEVERY BAY 2  HALL WAY BETWEEN SEVERY BAYS	Renov  Is L norm sc Main Si Yes	I Facili AY 7A  ocation  ocation  ocation  type  for the formula of the formula o	M-3:3	X Full Co X Mini-Er X Glovelt Non-Fr Description of Containing Ma (ie. Therma insulation, sur or other miso  PIPE FITTINGS PIPE FITTINGS PIPE FITTINGS SPRAY ON INSULAT  PIPE FITTINGS	City, State, Zip City, State, Zip Intainment with Neg Inclo, Incompage Procedure Intained Procedure Intained Procedure Intained Asbestos- Interial (ACM) It systems Intained Intained Interial (ACM) It systems It systems Interial (ACM) It systems It syste	Amount (Specify SF or LF)  15 LF  35 LF  500 SF  85 LF  1,530 SF  25 LF  15 LF  760 SF  15 LF  15 LF	REMOVAL X X X X X X X X X X X X X X X X X X X	REPAIR	Abate	ment		
Occupancy Status During Abatement (Check  X Facility Closed/Vacated During En Abatement Performed Outside of X Other - Describe: MONDAY  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)  KITCHEN  BACK HALL  DISHWASHING AREA & ASSOCIATED  HALL  RECEIVING AREA  RECEIVING AREA  BOARD DINING  SEVERY BAY 1  SEVERY BAY 1  SEVERY BAY 2  HALLWAY BETWEEN SEVERY BAYS Name of Registered Waste Hauler	Renov  Is L norm sc Main Si Yes	ration ocationally using blely by Custraff (12)	M-3:3  M-3:3  M-3:3  M-3:3  M-3:3  M-3:3	Description of Containing Ma (ie. Therma insulation, sur or other misc  PIPE FITTINGS	City, State, Zip City, State, Zip Intainment with Neg Inclo, Incompage Procedure Intained Procedure Intained Procedure Intained Asbestos- Interial (ACM) It systems Intained Intained Interial (ACM) It systems It systems Interial (ACM) It systems It syste	Code WAPPINGER: pative Pressure  Amount (Specify SF or LF)  15 LF 35 LF 500 SF  85 LF 1,530 SF 25 LF 15 LF 760 SF 15 LF 15 LF 15 LF	REMOVAL X X X X X X X X X X X X X X X X X X X	REPAIR	Abate	ment		
Occupancy Status During Abatement (Check  X Facility Closed/Vacated During En Abatement Performed Outside of X Other - Describe: MONDAY  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)  KITCHEN BACK HALL DISHWASHING AREA & ASSOCIATED HALL RECEIVING AREA RECEIVING AREA BOARD DINING SEVERY BAY 1 SEVERY BAY 1 SEVERY BAY 2 HALLWAY BETWEEN SEVERY BAYS Name of Registered Waste Hauler NEWARK CARTING INC.	Renov  Is L norm sc Main Si Yes	I Facili I F	M-3:3  M-	Name of the control o	City, State, Zip  City, State, Zip  Intainment with Negocio, oag Procedure frable Procedure frable Procedure fraction (ACM) I systems facing, VAT, cellaneous)  ION  TION  TION  Tion  City State	Amount (Specify SF or LF)  15 LF  35 LF  500 SF  85 LF  1,530 SF  25 LF  15 LF  760 SF  15 LF  15 LF  760 SF  15 LF  25 LF  15 LF  780 SF	REMOVAL X X X X X X X X X X X X X X X X X X X	REPAIR	Abate	ment		
Occupancy Status During Abatement (Check  X Facility Closed/Vacated During Er Abatement Performed Outside of Other - Describe: MONDAY  Scope of Work (Check all that apply) Demolition >3SF OR LF >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  KITCHEN BACK HALL DISHWASHING AREA & ASSOCIATED HALL RECEIVING AREA BOARD DINING SEVERY BAY 1 SEVERY BAY 1 SEVERY BAY 1 SEVERY BAY 2 HALLWAY BETWEEN SEVERY BAYS Name of Registered Waste Hauler NEWARK CARTING INC. 369 RAYMON BLVD. Ciby State	Renov  Is L norm sc Main Si Yes	I Facili I F	M-3:3  M-	X Full Co X Mini-Er Glovet Non-Fr Description of Containing Ma (ie. Therma insulation, sur or other misc  PIPE FITTINGS	City, State, Zip  City, State, Zip  Intainment with Negocio, oag Procedure frable Procedure frable Procedure fraction (ACM) I systems facing, VAT, cellaneous)  ION  TION  TION  Tion  City State	Amount (Specify SF or LF)  15 LF 35 LF 500 SF  15 LF 1,530 SF 25 LF 15 LF 760 SF 15 LF 15 LF 25	REMOVAL X X X X X X X X X X X X X X X X X X X	REPAIR	Abate	ment		
Occupancy Status During Abatement (Check  X Facility Closed/Vacated During Er Abatement Performed Outside of Other - Describe: MONDAY  Scope of Work (Check all that apply)  Demolition  >3SF OR LF Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  KITCHEN  BACK HALL  DISHWASHING AREA & ASSOCIATED  HALL  RECEIVING AREA  RECEIVING AREA  BOARD DINING  SEVERY BAY 1  SEVERY BAY 1  SEVERY BAY 2  HALLWAY BETWEEN SEVERY BAYS Name of Registered Waste Hauler NEWARK CARTING INC. 369 RAYMON BLVD.  City, State NEWARK, NEW JERSEY 07105	Norma FRIDA Renov  Is L norm Si Yes  NJ Ha	I Facili I F	M-3:3  M-	Name of the control o	City, State, Zip  City, State, Zip  Inclo, Dag Procedure Finable P	Amount (Specify SF or LF)  15 LF  35 LF  500 SF  85 LF  1,530 SF  25 LF  15 LF  760 SF  15 LF  15 LF  760 SF  15 LF  25 LF  15 LF  780 SF	REMOVAL X X X X X X X X X X X X X X X X X X X	REPAIR	Abate	ment		115

Patient fo Nullication (1)   Date of Notification (1)   January 9, 2017   January 9, 2017   The Valley Hospital   Agencies Notification Turse   Initial Notification Turse   Initial Notification Turse   Initial Notification   January 9, 2017   The Valley Hospital   Color		S	tate of Ne	w Jersey	y - Noti	fication of Asbestos	Abatem	ent	E C	E		E M
January 9, 2017   Agencies Notification Type   Initial Notification Type   Initial Notification Type   Initial Notification   X Amendment # 3   Emergency (including justification)   X Amendment # 3   X Amendment	Ch 125	138		(Pursuan	t to N.J.A.	.C. 8:60-7 and 12:120-7)					2017	
Agencies Notified  DEPA  Initial Notification X Amendment #3 Emergency (including justification) X Amendment #3 Emergency (including justification) X DOI BID DP  Notification X Amendment #3 Emergency (including justification)  FACULTY INFORMATION  Name of Eacility Where Abstrance is Taking Place (3) The Valley Hospital  The Valley Hospital  Donate of Taking Place (3) The Valley Hospital  Circle I Wing - Orthopedic Replacement  District Address  Size Address William Stasiak  Telephone Number  William Stasiak  The Calify Where Abstrance is Taking Place (3) The Valley Hospital  Donate (4) Donate (5) Donate (4) Donate (4) Donate (5) Donate (4) Donate (5) Donate (5) Donate (6) Donate (7)					11/14/14			2) 4 44	i on		2011	l hamed
Second Contraction   Second			NI-416141	T			al					
□ DCA	Company of the Compan								ASBES	TOS CO	ONTRO	)L &
According							n Avenu	e ·				
Manual Cantillation			5-5							THE RESERVE AND PARTY.		C D MAN CHARLES
Name of Eacilly Vibrea Abstement Is Taking Place (I)					ling		17450-2	736				
William Stallar Where Abatement Is Taking Place (3)   The Valley Hospital   Cheel Wing- Orthopedic Replacement   Dischook (3)   Dischook (3			justific	ation)				Tele	phone N	umber		
Name of Eacility (1)   Described Properties   Token of Facility (2)   Described Ministry	x DOH											
The Valley Hospital Cheel Wings Orthopedic Replacement Sizes Address Siz					FACILITY	INFORMATION						
Disputation   Content   Disputation   Content   Conten		ent is Taking	Place (3)			Type of Facility (4)						
Sizee Address   Sq. Feet   Unknown # of Floors: 4 Bidg. Age; 50+ years	The Valley Hospital					☐ School (K-12)						
Sq. Feet: Unknown # of Floors: 4 Bidg. Age: 50+ years	Cheel Wing- Orthopedi	c Replac	cement			☐Subchapter 8 (other tha	n K-12)					
232 North Van Dien Avenue   Sq. Feet   Unknown # of Floors; 4 Bidg. Age; 50+ years	Street Address					Other (i.e. private &	commercia	al building	s, homes	, etc.)		
Name of Monitorina Firm Hierd by Bidg. Owner (8)   ASCM No.   Name of Contractor (9)   GREENWOOD A BATEMENT CONSULTANTS, INC.	223 North Van Dien Av	enue		y							)+ years	S
Size Address Sure Address Street Ad		1000	-			Current Use (prior if being	g demolish	ed): Ho	spital			
Size Address Sure Address Street Ad	Name of Monitoring Firm Hired b	v Bldg. Owr	ner (8)	ASCM No.		Name of Contractor (9)						
28 Washington Street							TEMENT	CONS	ULTAN	TS, INC	<b>)</b> .	
City, State, Zip Code						Street Address						
Ballston Spa, NY 12020	28 Washington Street					511 MAIN STREET						
Telephone Number   Telephone						City State, ZipCode						
Jim Miades	Ballston Spa, NY 1202	0				Butler, NJ 07405						
Scheduled Start Date (10)	Project Manager for Monitoring F	irm	Telephone N	umber		Telephone Number		Lice	nse Numb	<u>oer</u>		
September 19, 2016   August 30, 2017   EMSL inc.	Jim Miades		347.435.3	3561		973-492-0477		008	40			
Street Address   Str	Scheduled Start Date (10)		Scheduled C	ompletion Da	ate (11)	Name of OSHA Monitor						
Tacility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe   Other - Describe: Phase 1- September 19- 30 <sup>h</sup> - Day Shift Phase 3- January 3,2017 - January 3,2017 - January 3,2017 - January 20, 2017 - March 3, 2017 Phase 4- February 20, 2017 - March 3, 2017 Phase 5- April 10, 2017 - April 22, 2017	September 19, 2016		August 3	0, 2017		EMSL inc.						
Abatement Performed Outside of Normal Facility Hours - Describe Other – Describe: Phase 1- September 19- 30 <sup>th</sup> - Day Shift Phase 2- November 7- 13 <sup>th</sup> - Day Shift Phase 3- January 3, 2017 - January 12, 2017 Phase 4- February 20, 2017- March 3, 2017 Phase 5- April 10, 2017 - April 22, 2017 New Phase Add Work: Cheel 4 <sup>th</sup> Floor Rooms# 4127 & 4128 & Cheel Bsmt January 16, 2017- January 23, 2017  Source of Work (Check all that apply)   x Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Fr	Occupancy Status During Abat	ement (Ch	eck only one)			Street Address		- 25				
Abatement Performed Outside of Normal Facility Hours - Describe Other – Describe: Phase 1- September 19- 30 <sup>th</sup> - Day Shift Phase 2- November 7- 13 <sup>th</sup> - Day Shift Phase 3- January 3, 2017 - January 12, 2017 Phase 4- February 20, 2017- March 3, 2017 Phase 5- April 10, 2017 - April 22, 2017 New Phase Add Work: Cheel 4 <sup>th</sup> Floor Rooms# 4127 & 4128 & Cheel Bsmt January 16, 2017- January 23, 2017  Source of Work (Check all that apply)   x Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Fr	Facility Closed/Vacated I	During Enti	re Period of A	batement		- 1-3-3-1-3-1-1 November 12-3-4-1						
Describe Other — Describe: Phase 1 - September 19- 30 <sup>th</sup> - Day Shift Phase 2 - November 7 - 13 <sup>th</sup> Day Shift Phase 3 - January 3,2017 - January 12, 2017 Phase 4 - February 20, 2017 - March 3, 2017 Phase 5 - April 10, 2017 - April 22, 2017 New Phase Add Work: Cheel 4th Floor Rooms# 4127 & 4128 & Cheel Bsmt January 16, 2017- January 23, 2017  Source of Work (Check all that apply)  Source of Work (Check all that apply)  ≥ 3 sf or ≥ 3 if □ 160 sf or ≥ 260 □ Demolition  Location of Asbestos-Containing Material (ACM) in Facility (13)  Is Location Normally Used Solely by Maint /Custodial Staff? (12) YES NO NA  NA  Source of Work (Check all that apply)  YAT & Mastic  VAT & Mastic  VAT & Mastic  VAT & Mastic  T,000 sf  Name of Reg. Waste Hauler See Hauler Below # 1 & 2  See Below  NJDEP Waste Hauler ID # See Below  NJDEP Waste Hauler ID # See Below  NJDEP Waste Hauler ID # See Below  Title  NJDEP # 12561  Hauler #2) Newark Carting, Inc. — Newark, NJ 04509, NJ DEP # 19551  Completed by (Pint or Type)  Marin Graure  City, State, Zip Code Piscataway, NJ 08854  Sep Ill Containment with Negative Pressure Mini-Enclosure  X Full Containment with Negative Pressure Mini-Enclosure  Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedu						1056 Stelton Road						
Phase 2 - November 7 - 13" - Day Shift						City, State, Zip Code						
Phase 2 - November 7 - 13" - Day Shift	Other - Describe: Phase	1- Septem	ber 19- 30 <sup>th</sup> - I	Dav Shift		Piscataway, NJ 088	54					
Phase 3- January 3, 2017- January 12, 2017 Phase 4- February 20, 2017- March 3, 2017 Phase 4- February 20, 2017- March 3, 2017 Phase 5- April 10, 2017- April 22, 2017 New Phase Add Work: Cheel 4 <sup>th</sup> Floor Rooms# 4127 & 4128 & Cheel Bsmt January 16, 2017- January 23, 2017  Source of Work (Cheek all that apply)  x Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and No	Phase	e 2- Novem	ber 7- 13 <sup>th</sup> -Da	av Shift		The state of the s						
Phase 4- February 20, 2017- March 3, 2017 Phase 5- April 10, 2017 - April 22, 2017 New Phase Add Work: Cheel 4 <sup>th</sup> Floor Rooms# 4127 & 4128 & Cheel Bsmt January 16, 2017- January 23, 2017  Source of Work (Check all that apply)  x Full Containment with Negative Pressure  All Containing Material (Block Solety by Maint./Custodial Staff? (12) YES NO NA  Patient Rooms					17							
Phase 5- April 10, 2017 - April 22, 2017  New Phase Add Work: Cheel 4 <sup>th</sup> Floor Rooms# 4127 & 4128 & Cheel Bsmt  January 16, 2017- January 23, 2017  Source of Work (Check all that apply)  x Full Containment with Negative Pressure  Aini-Enclosure  Glovebag Procedure  Glovebag Procedure  Glovebag Procedure  Non-Exempted (*) and Non-Friable Procedure  Containing Material (ACM) in Facility (13)  Description of Asbestos  Containing Material (ACM) (i.e.  YES NO NA  VAT & Mastic  Total Remove Repair Encap Enclose  Patient Rooms  Patient Rooms - 4127 & 4128  Cheel Bsmt-Rm# B3, & Storage  Rm8 Hallway  Patient Rooms - 4127 & 4128  Cheel Bsmt-Rm# B3, & Storage  Rm8 Hallway  Name of Reg. Waste Hauler  See Hauler Below # 1 & 2  See Below  Name of Reg. Waste Hauler  See Below  Name of Reg. Waste  August 30,2017  Signature  Date  January 9, 2017												
Source of Work (Check all that apply)   X Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Fri	Phase	e 5- April 10	0, 2017 - April	22, 2017								
Source of Work (Check all that apply)  x Full Containment with Negative Pressure  A Full Containment with Negative Pressure  Mini-Enclosure  Glovebag Procedure  Non-Exempted (*) and Non-Friable Procedure  Non-Exempted (*) and Non-Exempted (*) an	그리다 하는 것이 없는 사람들은 사람들이 가장 하는 것이 되었다. 그리고 하는 것이 되었다. 그리고 하는 것이 되었다.		oms# 4127 &	4128 & Che	eel Bsmt							
x Full Containment with Negative Pressure    ≥ 3 sf or ≥ 3 lf	January 16, 2017- January 23,	2017										
x Full Containment with Negative Pressure    ≥ 3 sf or ≥ 3 lf												
≥ 3 sf or ≥ 3 lf	Source of Work (Check all that ap	(ylac										
Demolition  Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) Amount (Special Fried Special Fried S						× F	Full Contain	nment wi	th Negati	ve Press	ure	,
Non-Exempted (*) and Non-Friable Procedure	$\geq$ 3 sf or $\geq$ 3 lf				Renovation		Mini-Enclo	sure				
Location of Asbestos-Containing Material (ACM) in Facility (13)   Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA   Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)   One of the miscell (Specify SF or LF)   Abatement Type (Specify SF or LF)	□≥ 160 sf or ≥ 260				Demolition	G	lovebag Pr	ocedure				
by Maint./Custodial Staff? (12) YES NO NA  Containing Material (ACM) (i.e. thermal systems insulation, surfacing. VAT, or other miscell.)  Patient Rooms  Patient Rooms -4127 & 4128 Cheel Bsmt- Rm# B3, & Storage Rm&Hallway Name of Reg. Waste Hauler See Hauler Below # 1 & 2  Hauler #1) Greenwood Abatement Consultants, Inc Butler, NJ 07405 NJ DEP # 12561 Hauler #2) Newark Carting, Inc Newark, NJ 04509, NJ DEP # 19551  Completed by (Print or Type) Marin Graure  Disposal Date August 30,2017  Analeg Graure  Date January 9, 2017						N	lon-Exemp	ted (*) ar				
Patient Rooms  Patien		Material							Abater	nent Type	<u>e</u>	
Patient Rooms  Patient Rooms -4127 & 4128 Cheel Bsmt- Rm# B3, & Storage Rm&Hallway Name of Reg. Waste Hauler See Hauler Below # 1 & 2  Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 NJ DEP # 12561 Hauler #2) Newark Carting, Inc. – Newark, NJ 04509, NJ DEP # 19551  Completed by (Print or Type) Marin Graure  WAT & Mastic  VAT & Mastic 1,500 sf  Cubic Yards of Waste: 100  Name of Registered Landfill Meadowfill Landfill Meadowfill Landfill  City. State Route 2, Box 68 Bridgeport, WVA 842-2784  Date January 9, 2017	(ACM) in Facility (13)				(12)		Sec. 10.		Pamov	Panair	Encon Er	acloso
Patient Rooms  Patient Rooms -4127 & 4128 Cheel Bsmt-Rm# B3, & Storage Rm&Hallway  Name of Reg. Waste Hauler See Hauler Below # 1 & 2  Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 NJ DEP # 12561 Hauler #2) Newark Carting, Inc. – Newark, NJ 04509, NJ DEP # 19551  Completed by (Print or Type) Marin Graure    VAT & Mastic   500 sf			YES I	NO NA				⊢)	Kelliovi	Repail	Elloap El	ICIOSE
Patient Rooms -4127 & 4128 Cheel Bsmt- Rm# B3, & Storage Rm&Hallway Name of Reg. Waste Hauler See Hauler Below # 1 & 2  Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 NJ DEP # 12561 Hauler #2) Newark Carting, Inc. – Newark, NJ 04509, NJ DEP # 19551  Completed by (Print or Type) Marin Graure    VAT & Mastic   1,500 sf	-					surfacility, VAT, or other misce	m.)					
Cheel Bsmt- Rm# B3, & Storage Rm&Hallway  Name of Reg. Waste Hauler See Hauler Below # 1 & 2  Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 NJ DEP # 12561  Hauler #2) Newark Carting, Inc. – Newark, NJ 04509, NJ DEP # 19551  Completed by (Print or Type) Marin Graure  NJDEP Waste Hauler ID # See Below  Cubic Yards of Waste:  Cubic Yards of Waste:  Cubic Yards of Waste:  Disposal Date August 30,2017  City, State Route 2, Box 68 Bridgeport, WVA 842-2784  Signature Marin Graure  Marin Graure  Marin Graure  Date January 9, 2017	Patient Rooms				X	VAT & Mastic	7,0	00 sf	X			
Rm&Hallway Name of Reg. Waste Hauler See Hauler Below # 1 & 2  Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 NJ DEP # 12561 Hauler #2) Newark Carting, Inc. – Newark, NJ 04509, NJ DEP # 19551  Completed by (Print or Type) Marin Graure    VAT & Mastic	Patient Rooms -4127 & 4128				X	VAT & Mastic	500	sf	X			
Name of Reg. Waste Hauler See Hauler Below # 1 & 2  Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 NJ DEP # 12561 Hauler #2) Newark Carting, Inc. – Newark, NJ 04509, NJ DEP # 19551  Completed by (Print or Type) Marin Graure  NJDEP Waste Hauler ID # See Below  Cubic Yards of Waste: 100  Name of Registered Landfill Meadowfill Landfill  Disposal Date August 30,2017  Route 2, Box 68 Bridgeport, WVA 842-2784  Signature Marin Graure  Manuary 9, 2017		ige									1 1	
See Hauler Below # 1 & 2   See Below   100   Meadowfill Landfill   Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405   Disposal Date   August 30,2017   City, State   Route 2, Box 68   Bridgeport, WVA   304-2784   Marin Graure   Senior Project   Marin Graure   Senior Project   Marin Graure   Marin Graure   January 9, 2017    Meadowfill Landfill    City, State   Route 2, Box 68   Bridgeport, WVA   304-2784    Signature   Marin Graure   January 9, 2017    Manager   Marin Graure   Marin Graure   January 9, 2017    Meadowfill Landfill    Disposal Date   August 30,2017    Route 2, Box 68   Bridgeport, WVA   304-2784    Marin Graure   Marin Graure   January 9, 2017    Manager   Marin Graure   Marin Graure   January 9, 2017    Meadowfill Landfill    Disposal Date   August 30,2017    Route 2, Box 68   Bridgeport, WVA   304-2784    Marin Graure   Marin Graure   January 9, 2017    Manager   Marin Graure   Marin Graure   Marin Graure   January 9, 2017    Manager   Marin Graure   Marin Graur	Rm&Hallway				J. 100000	VAT & Mastic	1,5					
Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405  NJ DEP # 12561  Hauler #2) Newark Carting, Inc. – Newark, NJ 04509, NJ DEP # 19551  Completed by (Print or Type)  Marin Graure  MANAGER  Disposal Date August 30,2017  Signature January 9, 2017				e Hauler ID #	Ė	Cubic Yards of Waste:		100000000000000000000000000000000000000			ndfill	
NJ DEP # 12561 Hauler #2) Newark Carting, Inc Newark, NJ 04509, NJ DEP # 19551  Completed by (Print or Type) Marin Graure  NJ DEP # 12561  August 30,2017  Route 2, Box 68 Bridgeport, WVA 304- 842-2784  Signature Marin Graure  Manuary 9, 2017	See Hauler Below # 1 & 2		See Below				100	Mea	adowfill l	andfill		
NJ DEP # 12561 Hauler #2) Newark Carting, Inc Newark, NJ 04509, NJ DEP # 19551  Completed by (Print or Type) Marin Graure  NJ DEP # 12561  August 30,2017  Route 2, Box 68 Bridgeport, WVA 304- 842-2784  Signature Marin Graure  Manuary 9, 2017	Hauler #1) Greenwood Aba	atement (	Consultants	, Inc Bu	utler, NJ 07	7405					- CONTROL CONT	
Hauler #2) Newark Carting, Inc Newark, NJ 04509, NJ DEP # 19551  Completed by (Print or Type)  Marin Graure  SENIOR PROJECT  MANAGER  Bridgeport, WVA 304- 842-2784  Signature  Marin Graure  January 9, 2017		August 30,2017   Route 2, Box 68						204				
Completed by (Print or Type) Marin Graure  SENIOR PROJECT MANAGER  Signature Marin Graure  Date January 9, 2017	생녀를 가고하는 것이 모든 것이다.	5	wark NI 04	509. N.I DE	P # 19551							304-
Marin Graure SENIOR PROJECT Marin Graure January 9, 2017  MANAGER				DI	11 17331	Signature		Data		042-2184		
MANAGER Manie Graure	A CONTROL OF THE CONT			OJECT				-		2017		
		100				Marin Graure		Jai	.uary 3	, 2017		
	GAC # 2016-581-Please N				3 Schodule	- February 20 2017 Me	arch 3 20	17				

GAC # 2016-581-Please Note: Amendment # 3 – Phase 3 Schedule- February 20, 2017- March 3, 2017

Additional Asbestos Material Quantities: Cheel Wing 4<sup>th</sup> Floor Rooms# 4127 & 4128 & Cheel Bsmt- January 16 2017 to January 23, 2017

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7) GAC Project # 060-16 Date of Notification (1) Name of Building Owner/Operator (2) January 11, 2017 RUTGERS, THE STATE UNIVERSITY OF NJ 2017 Agencies Notified Notification Type Street Address ☑Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. **□**EPA 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUSTROL & ☐ Amended Notification # X DCA City, State, Zip Code ■ Emergency (including LICENSING X DOL PISCATAWAY, NJ 08854 justification) ☑ DEP- No Longer REQUIRED Name of Contact □Cancelled Telephone Number X DOH MICHAEL SMITH, ENV. **HEALTH & SAFETY FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) LIPMAN HALL, BLDG# 6025 ☐ School (K-12) Subchapter 8 (other than K-12) Street Address ☐ Other (i.e. private & commercial buildings, homes, etc.) **COOK CAMPUS** Sq. Feet: N/A # of Floors: 4 Bldg. Age: 80+ years City (5) County (6) County Code (7) Current Use (prior if being demolished): ACADEMIC NEW BRUNSWICK MIDDLESEX (State Use Only) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 268 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 02/03/17 02/13/17 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe XOther - Describe: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED) FAIRLAWN, NJ Scope of Work (Check all that apply) Full Containment with Negative Pressure □ > 3 sf or > 3 lf ■ Renovation ■ Mini-Enclosure X ≥ 160 sf or ≥ 260 lf ■ Demolition ☐ Glove bag Procedure / Wrap & Cut ■ Non-Exempted (\*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Abatement Type Description of Asbestos Containing Material Amount (Specify SF Material (ACM) in Facility (13) (ACM) (i.e. thermal systems insulation, surfacing, Solely by Maint./Custodial Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) or LF) YES NO NA Lab 212 X TSI 250 LF X NJDEP Waste Hauler ID # Name of Reg. Waste Hauler Name of Registered Landfill 15 CY Cubic Yards of Waste: See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City. State 100 New Ford Mill NJDEP # 12561

Signature

Raymond C. Pedalino

Rd. Morrisville, Pa

215-736-1700

19067

January 11,2017

2/13/2017

Date

MANAGER

SENIOR PROJECT

Hauler #2) Newark Carting, Inc., Newark, NJ 04509

NJ DEP # 4509

Completed by (Print or Type)

RAYMOND C. PEDALINO

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

GAC Project # 000-10						li pe	5				311 111
Date of Notification (1)	Name of Building Owner	Operator (2)		RAAL 4	7 00	17	111111				
Janua	RUTGERS, THE S	TATE UNI	VERSI	TYOF	NJ ZU	1/					
Agencies Notified		Notification		ation	Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT.						
□ EPA □ A mended Notification					27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUSROL &						2. 2.
Amended Notification											
Emergency (including					City, State, Zip Code LICENSING						
DOL justification)					PISCATAWAY, NJ	08854					
DEP- No Longer REQUIRED					Name of Contact		Telep	hone Nu	mber		
<b>☒</b> DOH	-0011001	.00		MICHAEL SMITH, E	ENV.	-					
					HEALTH & SAFET						
			FORMATION	-							
Name of Facility Where Abate	ment is Tr	aking Place (3)	Type of Facility (4)								
BRADLEY HALL, BLI	School (K-12)										
BRADLET HALL, BLI											
Street Address	□Subchapter 8 (other than K-12)										
Control of the contro	☑ Other (i.e. private & commercial buildings, homes, etc.)										
NEWARK CAMPUS					Sq. Feet: N/A # of Floors: 6 Bldg. Age: 80+ years						
City (5)	6)	County	Code (7)								
The state of the s				Use Only)	Current Use (prior if being demolished): ACADEMIC						
NEWARK	JULX	1									
Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No.					Name of Contractor (9)						
ATC	d by blug.	Owner (6)	0098		Name of Contractor (9)						
AIC		0090		GREENWOOD ABATEMENT CONSULTANTS, INC.							
Street Address					Street Address						
Street Address 2 TERRIL ANE					Street Address						
3 TERRI LANE					268 MAIN STREET						
City, State, Zip Code					City State, ZipCode						
BURLINGTON, NJ 08016					BUTLER, NJ 07405						
			lumber		Telephone Number		Licens	e Numbe	r		
BRIAN KEARNY	609-386	-8800									
					973-492-0477 00840						
Scheduled Start Date (10) 1/20/2017 Scheduled 1/23/20				on Date (11)	Name of OSHA Monitor						
			17								
		1			ENVIROVISION, IN	ن.					
Occupancy Status During Abatement (Check only one)					Street Address						
☑ Facility Closed/Vacated During Entire Period of Abatement					20 24 WARCARAW BOAR						
☐ Abatement Performed Outside of Normal Facility Hours -					20-21 WARGARAW ROAD						
Describe					City, State, Zip Code						
☑Other – Describe:											
Schedule: 4PM - 5AM (24 HOURS & WEEKENDS AS NEEDED)					EAIDLAWN NI						
•	FAIRLAWN, NJ										
Scope of Work (Check all that	apply)						and the same				
	■ Full Containment with Negative Pressure										
□≥ 3 sf or ≥ 3 lf					☐ Mini-Enclosure						
∑ ≥ 160 sf or ≥ 260 lf     ☐ Demolition					☐ Glove bag Procedure / Wrap & Cut						
						Non-Exen			• • • • • • • • • • • • • • • • • • • •	Proce	dure
Location of Asbestos-Containi	na Isl	ocation Norma	ly I Ised	Description of Ash	pestos Containing Material	Amou		Control of the Contro	ent Type	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	duic
Material (ACM) in Facility (13)		ely by Maint./Ci			al systems insulation, surfac						
		ff? (12)		VAT, or other mis-	cell.)	or LF)		Remove	Repair E	Encap E	Enclose
	YE	S NO	NA								
Room 402	_	ाठा		VAT		4400	CF.	X	T		
R00111 402		X		VAT		1400	31	I	-	_	
Name of Reg. Waste Hauler		NJDEP Was	te Haule	r ID#	Cubic Yards of Waste:	15 CY	Name	of Regist	ered Lan	dfill	
See Hauler Below #1 &	2	See Below	7				G.R.C	D.W.S. I	North L	andfi	11
H 1 //10 C 1 11 - 1		I I I I I I I I I I I I I I I I I I I	D. d	NIT 07405		Disposal Da	to	10	Pity State		
Hauler #1) Greenwood Abate	Disposal Date City, State 100 New Ford Mill					5i11					
NJDEP # 12561	Pd Marricvilla P			51.00							
Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509						1/23/2017			77/8256		
NJ DET # 4505						215-736-1700					
OInterior (D.)		Tial -			Classitus		I Data				
Completed by (Print or Type) Title					Signature						
RAYMOND C. PEDALINO SENIOR PROJECT					Raymond C. Pedalino January 11, 2017						
		O Cagmona O. O cadano									