					N OF ASBESTO to NJAC 8:60			$\cap$	V HIST	层	FI	F	1 1/1
Date of Notification (1) 1/11/2017				Name of Dobco	of Building Owners, Inc.	r/Operato	r (2)				100	15_1	<u></u>
Agencies Notified  X EPA	Type Notification			Street A	Address Ilesi Ave., Ste	e. 202A			The second secon	U	IAN	1.9	201
DEP X DOL	Amended Amendment		_		ate, Zip Code e, NJ 07470				A	SBE	STO	S CC	NTF
☑ DOH DCA	Emergency (injustification) Cancellation	including			f Contact el Harrington				Telephone Nu	nber	LIGE	-NOI	<del>Va</del>
Name of Facility Where A	hatament is Taking	· Dlaga /	2/	FAC	ILITY INFORMA	TION	T	4 E 1114 - 7					
Garden State Parkw							☐ So	f Facility (4	2)	2)			
Milepost 156 Garder	n State Parkwa	у					X O		8 (Other than K-1: rivate & commerci		dings,	, home	es,
City (5) Clifton							Square 7,000		# of Floors 2	E	3ldg. <i>A</i> 50-		
County (6) Passaic					Code (7) USE ONLY)				or if being demolish Bldg. for Garde		ate F	Parkv	vay
Name of Monitoring Firm I	Hired by Building C	)wner (8)	)	ASC	Л No.			ment Con ntracting					
Street Address							Address Route 4	46, Suite	7A				
City, State, Zip Code			120 120 120				State, Zip wa, NJ	Code 07512					
Project Manager for Monit	oring Firm			Telepho	ne No.	200	hone No. 333-91		License N 01232	0.			
Start Date (10) 1/20/17		Schedul 2/3/17		npletion	Date (11)			A Monitor n Consul	tants, Inc.				
Occupancy Status During	Abatement (Check	Only O	ne)				Address						
Facility Closed/Vacat Abatement Performe Other – Describe:	ed During Entire P d Outside of Norma	eriod of all Facility	Abatem y Hours	nent		City, S	State, Zip	Service and the service of	., Bldg. 35 E				
Scope of Work (Check All	That Apply)					1 1 011	Lavii, i						$\dashv$
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demoliti			>	Mini- Glove	Enclosure ebag Proc				e	
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Surrounding Walls 0	ine building			^	ACM Co				7,000 SF	X			$\neg$
Name of Registered Waste	e Hauler		I N	JDEP W	/aste Cub	ic Yards	T	Name of R	Registered Landfill				
Bryce Alterio Trucking			H	auler ID 35848	No. of W	/aste 0 CY	1.0		n Resource R		ery F	acilit	У
City, State Milesburg, PA						osal Date TBD		City, State Tullytow					
Completed by Dimo Golcev		Title Gene	eral M	anagei	r	Signature	w	14	Da 1/	te 11/20	)17		

						to NJAC 8:60				[CH	CK=#2	775		$\mathbb{V}$	E
	e of Notification (1) -13-17			1.00		Building Owner outh County		(2)			1				
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×	DEP DOL	Initial Amended Amendment	#			te, Zip Code old, NJ 0772	18				ASBES	TOS	CO	NTF	ROL
×	DOH	Emergency ( justification) Cancellation	ncluding	1000		Contact ce Roggierio	)			Teler	hone Nun	ber	NOI	<del>VU</del>	
Ц	DCA	Caricellation				LITY INFORM									
Nar	ne of Facility Where	Abatement is Taking	Place (3	)					of Facility (4 School (K-12 Subchapter	2)	than K-12	Λ.			
	et Address erry Tree Farm F	Road						×	Other (i.e. pretc.)	rivate &	commercia	al build	00000		s,
	(5) ddletown								e Feet		Floors		ldg. A	ge	
15000000	inty (6) onmouth				County C	Code (7) USE ONLY)			nt Use (Prio erground			ed)			
Nar	ne of Monitoring Firm		Owner (8)		ASCM	l No.	1 0000000000000000000000000000000000000		ement Con Invironme						
Stre	eet Address 00 Route 22 E	5,					000	t Addres Broad	s Street						
City	, State, Zip Code							State, Zi stadt,	p Code NJ 07072	!					
Pro	ject Manager for Mor aig Abrams	itoring Firm	-		Telephor	ne No. 177-3014		hone No			License N 00756	0.			
Sta	rt Date (10)			ed Com	1	Date (11)	Name		A Monitor						
	-19-17 cupancy Status Durin	g Abatement (Chec	01-31- k Only Or					t Addres							
H	Facility Closed/Vac	ated During Entire F	Period of A	Abatem	ent		City, S	State, Zi			5.40				
×	Other - Describe:	Exterior					Lon	g Islan	d City, N	Y 1110	)1				
Sco	ppe of Work (Check A ≥3 sf or ≥3 If ≥160 sf or ≥260 If	II That Apply)		Renova Demoliti				Mir Glo	I Containme ni-Enclosure ovebag Proc n-Exempted	edure				e	
			Is	Locati	on								Abate		
	Location Asbestos-Containing <u>TO BE AB</u> In Faci (13)	Material (ACM) ATED lity	Use Ma Cus	Normall ed Sole iintenar todial S (12)	ly by nce/	, sı	Description Containing mal system urfacing, Valer miscella	Material ns insula AT, or		(Sp	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
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	Exteri	or			X	ITan	site oewi	age i i	po						
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1000	me of Registered Wa wark Carting, Inc			Н	JDEP W lauler ID 4509	No. of			Grand (	Centra	ed Landfill I Sanitar		ndfill		
	v, State wark, NJ 07105					1010101	sposal Date BD		City, State	e gyl, PA					
	mpleted by seph Patrick		Title Proje	ect Ma	anager	•	Signatur	re A	A)		100000	ate 1-13-	17		

Date of Notification (1	\							10	$\prod$	1_5	6 L	SU	$\mathbb{V}$	E	In
							r/Operator	(2)	End.						711
Agencies Notified	uary 13, 2017				ewater :						A & I	4 0	004	~7	
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DOH DCA	justificatio	n)	1170	Name	of Conta	ct				Teleph	oneNu	ımber			
	Cancellati	on			t Mana				-						
Name of Facility When	e Abatement is Tak	ing Place	(3)	FAC	CILITY IN	FORMA	TION					3			
Bridgewater Site		ang riace	(3)					Type of Facility	y (4)						
Street Address								School (K	(-12)						
	_							Subchapt Other (i.e	ter 8 (	Other th	an K-1	2)			
10 Finderne Avenu City (5)	e							etc.)	. prive	ate & Col	nmerc	iai bu	ilaing	s, hor	mes,
200.001.01	00=							Square Feet		# of Floo	ors		Bldg.	Age	
Bridgewater, NJ 08 County (6)	807														
				County	Code (7)	)		Current Use (P	rior if	being d	emolis	hed)			
SOMERSET	10 11 -									busir	ness				
Name of Monitoring Fir	m Hired by Building	g Owner (	8)	ASC	M No.		Name o	f Abatement Co	ontrac	tor (9)					
AET Street Address				0021			The MA	ACK Group,	LLC						
							Street A								
907 Doolittle Drive							1500 K	ings HWY N	l. ST	E 209					
City, State, Zip Code								ate, Zip Code							
Bridgewater, NJ 088							Cherry	Hill, NJ 080	34						
Project Manager for Mo	nitoring Firm			Telepho	one No.		Telepho			Lice	ense N	lo.		- 100	
Eric Houseknecht				(908) 2	18-110	8	(973) 75	59 - 5000		007	81				
Start Date (10)		Schedu	iled Co	mpletion	Date (11	)		OSHA Monito	r						
6/14/1				6/14/1	7		The MA	CK Group, I	LLC.						
Occupancy Status Durin		10 000	~600x2*00.				Street A	ddress							
Facility Closed/Vac	cated During Entire	Period of	Abate	ment			1500 Ki	ngs HWY N	STE	E 209					
Abatement Perform Other - Describe:	ned Outside of Nori	mal Facili	ty Hour	S				te, Zip Code							
							Cherry I	Hill, NJ 0803	34						
Scope of Work (Check A	All That Apply)														-
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		$\times$	Renova	ation			$\times$	Full Containm	nent w	ith Nega	tive P	raceii	ro		
2100 SI 01 2200 II			Demoli	tion			$\bowtie$	Mini-Enclosur	e			10000			
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		1	s Locat	ion			<u> </u>	on Examples	( ) (1)	14 14011-1	IIable	Tioce		emen	
Location	n of		Norma	lly		Da								/pe	L
Asbestos-Containing			ed Sole aintena		Asbes	stos Cont	scription of taining Mat	erial (ACM)		Amount					Г
TO BE AB			todial		(i.e	. thermal	systems in	sulation.		(Specify		R		Encapsulate	四四
(13)	0000		(12)				cing, VAT, niscellaneo		3	SF or LF	)	Remova	Repair	aps	Enclosure
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		Yes	No	N/A										Ф	
Building	g 6	1	X		E	xterior	transite p	anels		192 s/t		X			
Bldg 1 - #1116	& hallway		X				site walls			775 s/f		$\Diamond$			
Bldg 7 - Office	The state of the s	and the second	$\langle \rangle$		400000000000000000000000000000000000000	A STATE OF THE PARTY OF THE PAR		Marine Service Control		-		$\langle \rangle$	- C.		
		1	$\langle \rangle$	-			site walls			408 s/f		X	4		
Bldg 7 - Office A	to Haules		X				wall & b	ADV. (1.00)		103 s/f		X	7		
or registered was	re naniel			J DEP Wa auler ID N		Cubic of Was		Name of I	Regist	tered La	ndfill				
reehold Disposal			11	450		oi vvas	-5.72	Cumba	a = -!	0 1	,	15			
City, State				730	/	Disnos	14.8 al Date	Cumberl		County	Lan	dtill			
reehold, NJ								City, State							
Completed by		Title		-			/14/17 gnature/	Newburg	, PA						
like Cooper		Presid	ent			5	gradie	1.1.	8		Date				
		1 10310	CHIL								1/13	/17			

I continued		s Location		Description of				emen pe	t
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Ma	ed Solel aintenan stodial S (12)	y by ice/	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Liciosais
	Yes	No	N/A			=	30,00	te	
Bldg 7 - Office Area #7249		X		transite walls	900 s/f	X			
The state of the s				to be designed and the second		100			
							7 0	17 1	P
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Date of Notification (1)	04 0040					Owner/Op	erator	(2)	$  m\rangle $	1111	4 0	0047		
Agencies Notified	y 31, 2016 Type Notification		l	Street A	vater Si	te				JAN	19	2017	- 11	-
	Type Notification													
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Name of Facility Where	Abatement is Takin	g Place (	3)	FACI	ILIT INF	ORIVIATIO	IN	Type of Facil	ity (4)				-	
Bridgewater Site								School						
Street Address							_			her than K-	-12)			
10 Finderne Avenue								Other (i.		& commer		ldings	, hom	es,
City (5)								etc.) Square Feet	#	of Floors		Bldg.	Δαe	
Bridgewater, NJ 088	07							oquare rect	Tr.	01110013	1 '	Jiug.	nge	
County (6)		7.0		County (	Code (7)			Current Use	Prior if h	eina demol	ished)	-		
SOMERSET					USE ONLY	)	_	ourrent obe i	1 1101 11 0	business				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	/ No.		Name	of Abatement	Contracto		•			_
AET	,	131 131		0021				ACK Group		(0)				
Street Address				0021				Address	, LLC					
907 Doolittle Drive									N OTE	200				
City, State, Zip Code			- 11				Carrent Was	Cings HWY tate, Zip Code		209				-
Bridgewater, NJ 088	07					6.6		Hill, NJ 08						
Project Manager for Mon				Telepho	ne No			one No.	034	License	No			
Eric Houseknecht					18-1108			759 - 5000		00781	140.			
Start Date (10)		Schedul	-		Date (11)	A		of OSHA Moni	tor	00761				
6/14/16	3			6/14/1		//		ACK Group						
Occupancy Status During		k Only O		0/14/1	1			Address	, LLC.					_
Facility Closed/Vac			38					(ings HWY	N STE	200				
Abatement Perform	ed Outside of Norm	al Facility	Abaten / Hours	nent S		_		tate, Zip Code	IN, OIL	203				
Other-Describe:						-		Hill, NJ 08	034					
Scope of Work (Check A	II That Apply)						пспу	11111, 140 00	004					
≥3 sf or ≥3 lf			Renova	tion			5	Full Contai	omont wit	h Magatiya	Dragou			
≥160 sf or ≥260 lf			Demolit					Mini-Enclos		n Negative	Pressu	re		
		_					2	Glovebag F						
					2			Non-Exemp	ted (*) and	Non-Friab	le Proce	100000 1	emen	
		10 99	Locati Normal										pe	·
Location Asbestos-Containing			d Sole		Achae		ription	of aterial (ACM)		Amount				
TO BE ABA	Self-All Committee and the self-and the self	100000000000000000000000000000000000000	intenar					insulation,		Specify	Z	_	Enc	m
In Facili	ity	Cus	todial S (12)	тап?		surfacir	-		100	F or LF)	Remova	Repair	Encapsulate	Enclosure
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Name of Registered Was	te Hauler		10.00	J DEP W		Cubic Ya		Name	of Regist	ered Landfi	II	-		
Fronhold Diamana!			H	auler ID		of Waste				_				
Freehold Disposal City, State				450	19	-	1.9		-	County L	andfill			
Freehold, NJ						Disposal		City, S						
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Mike Cooper		200000000	lont			5181	hature	1/1-2			Date	2		
ALIVE COOPEL		Presid	ent			1	0.00	-		() 5	5/31/18	)		

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Date of Notification (1)					ling Owner		1073	pare	3				
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DCA Cancellati			Projec	t Mana	ager			10	cpitotic	realinge			
Non- (F- W)					NFORMAT	ION		-					
Name of Facility Where Abatement is Tal	king Place	(3)					Type of Facility	(4)					
Bridgewater Site Street Address							School (K-	12)					
5555							Subchapte	r 8 (Oth	er than k	<-12)			
10 Finderne Avenue							Other (i.e. etc.)	private (	& comme	ercial bu	ilding	s, hor	nes,
City (5)							Square Feet	# 01	Floors		Blda	Age	
Bridgewater, NJ 08807												90	
County (6)			County	Code (	7)		Current Use (Pri	or if bei	na dema	lished)			
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Name of Monitoring Firm Hired by Buildin	g Owner (	8)	ASC	M No.		Name	of Abatement Cor			5			
AET			0021			1	IACK Group, L		(-)				
Street Address							Address	LO		-			
907 Doolittle Drive							Kings HWY N,	OTE 1	200				
City, State, Zip Code							state, Zip Code	31E, 2	109				_
Bridgewater, NJ 08807						1500	/ Hill, NJ 08034	А					
Project Manager for Monitoring Firm			Telepho	ne No.			one No.	+	License	No	No.		
Eric Houseknecht			(908) 2	18-110	าล		759 - 5000			e INO.			
Start Date (10)	Schedu	iled Co	mpletion				of OSHA Monitor		00781				
6/14/16			6/14/1			0.0000000000000000000000000000000000000	ACK Group, LI						
Occupancy Status During Abatement (Che	ck Only C	ne)	0/11/1	,			Address	LU.					
Facility Closed/Vacated During Entire	Period of	Ahate	ment			83 020 E SE	Kings HWY N,	CTE 2	00				
Abatement Performed Outside of Nor	mal Facilit	ty Hou	rs				tate, Zip Code	SIEZ	09				
Other-Describe:		-					Hill, NJ 08034	1					
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≥3 sf or ≥3 lf	$\boxtimes$	Renov	ation			Б	Z						
≥160 sf or ≥260 lf		Demol	ition				Full Containme Mini-Enclosure	nt with	Negative	Pressu	ire		
						2	Glovebag Proc	edure					
	1	200	v.				Non-Exempted	(*) and N	Ion-Friab	ole Proce	10.00		
ī	1	s Loca Norma	7950 W.									emen ype	t
Location of Asbestos-Containing Material (ACM)	Us	ed Sole		A = L -		scription					T .	ype	
TO BE ABATED	100	aintena		ASD(	estos Cont .e. thermal	aining M systems	aterial (ACM) insulation,		ount ecify			m	ш
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(10)		1			other n	niscellan	eous)			VOI	pai	sula	nusc
	Yes	No	N/A							<u>m</u>	7	te	Ф
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Bldg 1 - #1116 & hallway								19,	2 s/f	$\rightarrow$	-	_	-
Diag 1 "1110 a Hanway					tran	site wa	lls	77	5 s/f	X			
N													
Name of Registered Waste Hauler		903	J DEP W		Cubic \		Name of R	egistere	d Landfi	11			
reehold Disposal			lauler ID I 450		of Was					- Carrier			
City, State			430	7	Dispos	9.7	Cumberla	nd Co	unty La	andfill			
reehold, NJ					71000		City, State	D.					
Completed by	Title					14/17	Newburg,	PA					
like Cooper	Presid	lent			1 2	gnature	1/-2			ate			
	1 16210	CIII			-				12	2/15/16	3		

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e of Notification (1)	13 / 17		AVI	H Demo	olition				JAN 1	שוני		-	-
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encies Notified	Type Notification			Lacey					ASBESTOS (	ISING		7	_
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DOLWD	Amendment #	_	Fo	rked Ri	ver, N.	J 08731		17-	lephone Number				
DOH	⊠ Emergency (includ	ing		e of Con				116	lepriorie (4d/1120)				
(NJAC 5:23-8)	justification)			ny						-			
·	Cancellation				INFO	RMATION						$\neg$	
		(2)		CILIT			Type of	Facility (4)					
ame of Facility Where	Abatement is Taking Pla	ace (3)						ool (K-12)	ther than K-12)				
Residence	232-23-25-25-25-25-25-25-25-25-25-25-25-25-25-						☑ Othe	er (i.e., priva	ther than K-12) te and commercia	al buildings	S,		
treet Address							hom	ies, etc.)		Bldg. Ag		-	1
							Square	1 001	# of Floors	65			
ity (5)							3000	) sf	2	7.5			1
Long Branch			TC	ounty Co	de (7)(S	TATE USE ONLY)			if being demolish	00/			1
County (6)			00				Res	idence			-		1
an auth		mor (9)	ASC	CM No.	1	Name of Abatem	nent Cont	ractor (9)					1
Name of Monitoring F	irm Hired by Building Ow	nei (o)	1,700			Guardian Co	ontracti	ng, Inc.					1
Guardian Contra	cting, Inc.				- !	Street Address							
Street Address						1889 Route		61					
1889 Rte. 9, Unit	: 61				-	City State, Zip	Code		F.F.				
City State Zip Code						Toms River	, New J	lersey 087	License No.				
Toms River, Nev	w Jersey 08/55	Тт	elenh	one No.		Telephone No.			00624				
Project Manager for	Monitoring Firm	1,		-349-99	S	732-349-99	32		00024				
Nicholas Fernic		uled Com				Name of OSHA	Monitor						
Start Date (10)		uled Con	20	/ 1	7_	E.M.S.L. A	nalytica	ıl			-		
01 /16_	and the second second					Street Address	3						
Occupancy Status I	Ouring Abatement (Check	conly one	atom	ent		1056 Stelt	on						-
				- Descri	be	City, State, Zi	Code		054				
☐ Abatement Performance Time of Abatem	ent:P	M/	PM	AN	Л	Piscatawa	ıy, New		gative Pressure				
	L all that anniv)		E-4222			☐ Mini	Fnclosu	re					
Scope of Work (Ch	eck all that apply)	MARKET	ovatio	חנ		⊠ Glov	rebag Pro	ocedure	on-Friable Proced	dure	7/10/20		_
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Scope of Work (Ch ≥3 sf or ≥3 lf ≥160 sf or ≥260		☐ Ren ☑ Den	nolitio	n		⊠ Non	-Exemple	ea ( ) ans		Aba	leme	m	Ţ
		⊠ Den	nolitio	ion		⊠ Non		ed ( ) dire		Aba		2	1
≥3 sf or ≥3 lf     ≥160 sf or ≥260	) If	⊠ Den	Locati	ion Ily	Ach	Descrip	tion of	al (ACM)	Amount	Aba		ncap	1
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Date of Notification (1)				Name	of Buildin	g Owner/Operator (	2)	ACH	- II	7	9	3
01/	13 /	17			H Demol	(5)	-,		4	8-3	7	리
Agencies Notified	Type Notifica	tion		Stree	t Address							
⊠ EPA	☐ Initial			317	Lacey F	Road						
□ DOLWD	☐ Amended				State, Zip				-100			_
⊠ DOH	Amendme		-			er, NJ 08731						
DCA (NJAC 5:23-8)			g	12.00	of Contac	ACCUMANTAL PROPERTY.		Telephone Numb				
(NJAC 5.25-6)	☐ Cancellation			Toi				relephone Numb	er			
										_		
Name of English Mhore A	hatamant in T	-li Di	- (0)	FA	CILITY IN	NFORMATION						
Name of Facility Where A	Abatement is 18	aking Plac	e (3)				Type of Facility  School (K-12					
Street Address							☐ Subchapter 8	(Other than K-12)				
							Other (i.e., property) homes, etc.)	rivate and commer	cial bu	uilding	js,	
City (5)							Square Feet	# of Floors	BI	da A	00	
Long Branch							2500	2	1	dg. A <b>65</b>	ge	
County (6)				Cour	aty Code (	7)(STATE USE ONLY)	100000000000000000000000000000000000000	or if being demolis		05		
Monmouth				Cour	ity Code (i	MOTATE USE ONLY)	Residence	or it being demois	iea)			
Name of Monitoring Firm	Hirad by Ruildi	ina Owner	/0\	ASCM	No	Name of Abotem						
Guardian Contraction		ing Owner	(0)	ASCIVI	NO.	Name of Abateme						
Street Address	ng, mc.						ntracting, Inc.					
						Street Address						
1889 Rte. 9, Unit 61						1889 Route 9						
City, State, Zip Code						City, State, Zip Co						
Toms River, New Je			l				New Jersey 08					
Project Manager for Moni	toring Firm			ephone		Telephone No.		License No.				
Nicholas Fernicola			-	32-349		732-349-9932		00624				
Start Date (10)	- 1	cheduled (				Name of OSHA M						
/				0 /		E.M.S.L. Anal	lytical					
Occupancy Status During						Street Address		***				
☐ Facility Closed/Vacate						1056 Stelton						
Abatement Performed Time of Abatement:	Outside of Nor	rmal Facili	ty Hou	rs - Des	cribe	City, State, Zip Co	ode					
- W					Alvi	Piscataway, I	New Jersey 088	854				
Scope of Work (Check all	that apply)					□ Eull Cont	ainment with Neg	ativa Programs		3-11-11		
≥3 sf or ≥3 lf		□R	enovat	ion		☐ Mini-Enc		alive Plessule				
≥160 sf or ≥260 lf		⊠ D	emoliti	on		⊠ Glovebag	g Procedure					
				r•	1	⊠ Non-Exe	mpted (*) and No	n-Friable Procedure		-	77.000	
Location	of		s Loca Norma			D			Ab	atem	ent T	ype
Asbestos-Containing N		Us	ed Sol	ely by	Asbe	Description o stos Containing Ma		Amount	Re	Repair	E	E
TO BE ABA	TED	M	aintena	ance/ Staff?		., thermal systems i	insulation,	(Specify	Removal	pair	cap	Enclosure
IN Facility (13)	У	Cus	(12)			surfacing, VAT, other miscellane		SF or LF)	/al	7.5361	Encapsulate	ure
(10)		Yes	No	N/A	1	other miscellane	ous)				te	
exterior			$\boxtimes$		asbest	os siding		4200 sf				
basement					asbesto	os pipe insulatio	n	5 If				
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			11 10	NJDEP N Hauler II		Cubic Yards of Waste	Name of Regis	tered Landfill				
Guardian Contractin	ıy, IIIC.			20223		5	T.R.R.F.					
City, State						Disposal Date	City, State					
Toms River, New Je	rsey					1/23/17	Tullytown,	Pennsylvania				
Completed By (Print or Ty	pe)	Title				Signature	1	// Dat	e /		T	-
Nicholas Fernicola		Projec	t Man	ager			_ '	1 1	- F	13	11-	7
ASB-41		7212					+Te		_/_	/	( )	

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Date of Notification (1)  01 /	13 /	17	_				g Owner/Operator ling Contracting	A 50	II JA	116	P 20	17	The second secon
Agencies Notified	Type Notifica	ation			Street	Address							
⊠ EPA ⊠ DOLWD	☐ Initial	v.			170	2 A Gran	nd Central Aven	ue	ASDEST	10.0	21.17		_
⊠ DOLWD	☐ Amended Amendme				City, S	State, Zip (	Code		ASPESTO	ENS	ING	ROL	Ĉ.
□ DCA	☐ Emergen	_	ludina		Lav	allette, N	NJ 08735		-	110	IIVG	-	er - Finne
(NJAC 5:23-8)	justification	on)			Name	of Contac	t		Telephone Num	ber			
	☐ Cancellat	ion			Sal	Mattia							
					FA	CILITY IN	IFORMATION						
Name of Facility Where A	batement is T	aking	Place (	3)				Type of Facility	(4)				-
Residednce								School (K-12	)				
Street Address								Subchapter 8	Other than K-12	)			
								homes, etc.)	rivate and comme	rcial bi	ııldıng	JS,	
City (5)								Square Feet	# of Floors	В	dg. A	ae	-
Toms River								1800	1	1	65	90	
County (6)					Cour	ity Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being demolis	100			-
Ocean					i savanas.		**************************************	Residence		,			
Name of Monitoring Firm	Hired by Build	ding Ov	vner (8	)	ASCM	No.	Name of Abatem	ent Contractor (9)					-
N/A								ntracting, Inc.					- 1
Street Address							Street Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
							1889 Route 9	9. Unit 61					
City, State, Zip Code							City, State, Zip C						
								New Jersey 08	755				
Project Manager for Monit	toring Firm			Tel	ephone	No	Telephone No.	new dersey do	License No.				
					орионо	140.	732-349-9932	2	00624				
Start Date (10)		Schedu	led Co	mnl	etion Da	to (11)	Name of OSHA		00624				
01 / _ 23 _ /	550000				4 /	Control of the Contro	E.M.S.L. Ana						
Occupancy Status During								пунсаг					
□ Facility Closed/Vacate							Street Address						
☐ Abatement Performed	Outside of No	ormal F	acility	Hoi	re - Dee	cribe	1056 Stelton			177.65			
Time of Abatement:	AM	PM	/	PM	-  -	AM	City, State, Zip C						
Scope of Work (Check all							Piscataway,	New Jersey 088	354				
≥3 sf or ≥3 If		r	7.0				☐ Full Con	tainment with Neg	ative Pressure				
≥160 sf or ≥260 lf			☐ Ren ☑ Den	9,500			☐ Mini-End	closure g Procedure					
177							⊠ Non-Exe	empted (*) and No	n-Friable Procedu	re			
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Location of				Sol	ally lely by		Description of				_		
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IN Facility					Staff?	(1.0	surfacing, VAT		(Specify SF or LF)	Removal	<del> </del>	psu	Enclosure
(13)			Yes	(12) No			other miscellane	eous)	and the second	-		Encapsulate	6
exterior				Market Comment						-		_	
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Name of Registered Waste				1 333	NJDEP I		Cubic Yards of	Name of Regis	tered Landfill		_		
Guardian Contractin	ıg, Inc.			1	Hauler II 20223		Waste	T.R.R.F.					
City, State					20223	,	3 Disposal Date	City, State					-
Toms River, New Je	rsey						1/25/17		Pennsylvania				
Completed By (Print or Ty	pe)	Title					Signature		1	ite			
Nicholas Fernicola		Pro	oject l	/lar	ager			1/1/-	1	1	1,-		1
ASB-41								t- In	( )	113	11/		

CK# 3078	A Control		Sta ICATION ursuant f		ESTOS	ABATE			E G E		$\mathbb{V}$		
Date of Notification (1)		T	Name of	Buildina	Owner/C	Derator	(2)					-	111
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Agencies Notified Type Notification			Street Ad		1-10	100	,	Hitt	JAN	198	2017		- Long
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DEP Amended Amendment	#	Allegation	The state of the s	1	1.12	1 10.	1/200	AS	SBESTOS	S CON	HIHL	)L or	
☐ Emergency		- }	Name of	100 t	1010	Ma	N Je Se	1 4	lephone No	THE RESERVE TO SERVE THE PARTY OF THE PARTY	<u> </u>	-	up producessive
☑ DOH justification)		900	Name or					The state of the s	SEARING TO	es lifted			
DCA Cancellation		- James		677	2								
** (F '7' 140 BL + -/: T-5/-	- 10 (0	23	FACIL	ITY INF	ORMAII	ON	Time of Facility	(63					
Name of Facility Where Abatement is Takin	g Piace (3	7				1	Type of Facility	₹ <del>-4</del> }					
PRINGI Properti	1						School (K-			21			
Street Address	U					SQUE PARTY			er than K-1 & commerc		linne	home	ac
						9	etc.)	Presence.	u pussission	Con abdused	427 PLATS	1101110	,,
City (5)						William)	Square Feat	¶#0	f Floors	B	ldg. A	ge	
(20/10/20 A -						nde to de	3000	Pade City	2	and the same	17	1	
County (6)		1	County C	ode (7)		1	Current Use (P	rior if be	ing demolis	hed)			
17/07:0		1	(STATE U		)		TV5.6						
Name of Monitoring Firm Hired by Building	Owner (9)	- 1	I ASCM	Sin		Mama	of Abatement Co		r/Q1			-	
Name of Mondoraid Late Late by Downard	Omeer (o)		PASON	190.		4	Insulation Co		, ém.)				
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Street Address							Address						
							ontrose Rd						
City, State, Zip Code					and the second		late, Zip Code						
					4	Colts	Neck, New .	lersey					
Project Manager for Monitoring Firm		-	Telephon	e No.	- Chatter	Teleph	one No.		License N	lo.			
		Ì				732 2	294 1757		00029				
Start Date (10)	Schedule	ed Cor	mpletion D	Date (11)		Name	of OSHA Monito	f			-		
131117	1	30)	. 7.			e livered							
Occupancy Status During Abatement (Chec			17			Street	Address			-			
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Facility Closed/Vacated During Entire						07.0	tata Za Cada						
Abatement Performed Outside of Nom Other – Describe: ————————————————————————————————————	lai raciny	יווטטוזי	>			City, S	tate, Zip Code						
A. 1.,	'Y'												
Scope of Work (Check All That Apply)							_						
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Location of		ed Sole				scription		Control of the Contro			-	1	90.00
Asbestos-Containing Material (ACM) TO BE ABATED		Intena					faterial (ACM) s insulation,	1	Amount Specify	Z	_		四
In Facility	Cus	todial :	Staff?	11.0.		cing, VA			For LF)	Removal	Repair	Encapsulate	Enclosure
(13)		(12)			other n	niscellan	aous)	No.		ove	1	SULE	SUL
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Ace Insulation Co., Inc.		11	2086		1	4			1161				
City, State					1	sal Date	City, Str		Λ				
Colts Neck, New Jersey					All Tana	3011	7- Easton	n, P	1				
Completed by	Tide	-			l's	ignajure		1	D	ate	- {		
Bree McGuire	Secr	etary	Treasu	rer	operation of	17	24 M		# ETECONOMY	1	11	7	

CK# 3078	751	OTEFICATE	State of New Je Sm OF AGRES II of to NJAC 8:60	IS ABATEMENT	DE	<u>, E</u>		$\mathbb{V}$	
Date of Notification (1)			of Building Owne	r/Operator (2)	JA JA	N 1	9	2017	-
Agenties Notified Type Melificatio	30	Sleet	CNGe1+	Valerie ]	ans				
THE EPA DEL MINES		Transport			ASBES				DL
D DEP Amended		City, St	late, Zin Colle	201		HCE	<u> 4121</u>	<u>IG</u>	-
DOL Amendme	cy (including	-   Pa	red ley	Beach,	The second secon	Se	4		
DOH justification Cancellati		Name	of Centact		Telephone N	henbe	ī		
5		FAC	MILL REQUES	Tros					
Name of Facility Where Abatement is Tal				Type of Facili	ly (4)				
Street Address	a			. School ()					
O. C.				Sunchapi	ler 8 (Other than K- private & commen	12) cial bui	indinos	s šuries	222
Chy (5)				Source Feet	i # of Flages				
Bridley Beg	ch			2000	t war rapes	1000	Stag.	nge D(-	
County (6)		County	Code (7)	Current Use (F	Prior if being demote	shedt	1	71	
Mans of Meritaring From Hisea by Building	a Carpos (G)	1	USE ONEY)	- Dosi	1000				
come or remarking a and suited by efficient	g transs (8)	ASC	N Mo_	Name of Abatement C Ace Insulation Co	Consactor (9)				
Street Address		- 1		Sheat Address	8 BR2	1/1/2	6	72.81	
				95 Montrose Rd					
City, State, Zip Gode				City, State, Zip Code		25 V V			
				Colls Neck, New.	lersey 07722				
Project Manager for Monitoring From		† Telephar	ne Ro.	Telephone No.	i License à	da.	Mar.		
Start Date (10)	Scheguled C	Completion I	Date (11)	732 294 1757 Name of OSHA Monito	CE029				
1123117	11/30	1 -	Cate (11)	Name of OSPIA MUNICO	5				
Occupancy Status During Abatement (Cine	ick Only Only)						-	7.0	-
				Street Address					
T Facility Closed Vacated Darling Entire	Period of Aba	tement		The state of the s					
	mal Facility Ho	ional as		Giy, State. Zip Crate					
Factify Closed Vacated During Entire Abotement Performed Culside of Mon Other – Describe:	mal Facility Ho	learent eus		The state of the s		1			
Facility Closed Vacaled During Entire Abatement Performed Outside of Man Other – Describe:    Cope of Work (Check All That Apply)   23 sf er 23 II	Techty He	eus valan		Gly, Shate. Zip Code  Full Contains Line-Encirses Glorebras Pro	cestien				
Facility Closed Vacated During Entire Abotement Performed Culside of Mod Other – Describe:    Cope of Work (Check All That Apply)   23 sf er 23 lf	Reno	eus valan diaun		Gly, Shate. Zip Code  Full Contains Line-Encirses Glorebras Pro	fa .	te Prot	Eilea	San Barrier	
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### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) 9 Name of Building Owner/Operator (2) Date of Notification (1) 1/12/17 Scott Roberts Street Address Agencies Notified Type of Notification ASBESTOS CONTROL & [] EPA LICENSING Initial [] DEP Notification City, State, Zip Code DOL Edgewater, NJ 07020 Amended DOH Notification [X] Telephone Number Name of Contact [] DCA [] Cancellation Frank Decarlo **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private and commercial buildings, homes, etc.) Residence Street Address Square Feet # of Floors Bldg. Age 1000 County Code (7) County (6) City (5) Current Use (Prior if being demolished) (STATE USE ONLY) Bergen Edgewater residence Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner ASCM No. Jupiter Environmental Services, Inc. 000 N/A Street Address Street Address 323 Changebridge Rd., Suite 100 City, State, Zip Code City, State, Zip Code Pine Brook, NJ 07058 License Number Telephone Number Project Manager for Monitoring Firm Telephone Number 00852 973-575-8700 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) Iris Environmental Laboratories, LLC 1/24/17 1/21/17 Street Address Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22W Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe: Union, NJ 07083 Other - Describe: partially vacant Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini - Enclosure Renovation Demolition Glovebag Procedure

[x] ≥3 sf or ≥3 lf [] ≥160 sf or ≥260 lf					[X] Non – Friable F				
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Name of Registered Waste Hauler Jupiter Environmental Services	Ha	ider II 34782		Of Waste	Alliance Landfill				
City, State Pine Brook, NJ				Disposal Date 1/31/17	City, State Taylor, PA				
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Project Manager for Mon	nitoring Firm		Te	elephone	No.		phone		License N 01300	0.			
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### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 12 22 16 Verizon Agencies Notified Type Notification Street Address ASBESTOS CONTROL & **⊠** EPA LICENSING 15 East Montgomery Place, Lower Level □ DOLWD City, State, Zip Code Amendment #1-1/12/17 □ DHSS Pittsburgh, PA 15212 ☐ DCA ☐ Emergency (including) (NJAC 5:23-8) justification) Name of Contact Telephone Number □ Cancellation Anthony Porta **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Verizon Dunellen CO School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 200 S Madison Ave. homes, etc.) City (5) Square Feet # of Floors Bldg. Age Dunellen County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Middlesex Office Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) TTI Environmental, Inc. BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 1253 N. Church St 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Moorestown, NJ 08057 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Harold Baldwin 856-840-8800 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 1 / 9 / 17 1 / 14 / 17 BRISTOL ENVIRONMENTAL, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/5:00PM-1:30AM BRISTOL, PA 19007 Scope of Work (Check all that apply) □ Full Containment with Negative Pressure ≥3 sf or ≥3 lf □ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf ☐ Demolition Glovebag Procedure ■ Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Remova Encapsulate Repair Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Basement AC Room $\boxtimes$ Floor tile and mastic X 1100 SF П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste SERVICE TRANSPORT GROUP, INC. MINERVA LANDFILL 20990 City, State Disposal Date City, State NEW CASTLE, DE 19720 WAYNESBURG, OH 44688 Completed By (Print or Type) Signature Brian Scafiro Estimator

State of New Jersey

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					F/	CILITY IN	NFORMATION	1	***************************************				
Name of Facility Where A	batement is	Takin	g Plac	e (3)				Type of Facility (4	1)				
Verizon Dunellen C								School (K-12)	-				
Street Address								Subchapter 8			مدالم الدري		
200 S Madison Ave.								Other (i.e., printed homes, etc.)	vate and comn	nerciai t	oullain	gs,	
City (5)								Square Feet	# of Floors	E	Bldg. A	Age	
Dunellen									100000000000000000000000000000000000000			•	
County (6)					Cou	nty Code (7	)(STATE USE ONLY)	Current Use (Prio	r if being demo	olished)			
Middlesex						,	,	Office	8 <del>.5</del> 0	5			
Name of Monitoring Firm I	Hired by Bui	ildina (	Owner	(8)	ASCN	l No.	Name of Abateme	ent Contractor (9)					
TTI Environmental,				( )			The second secon	VIRONMENTAL,	, INC.				
Street Address							Street Address						
1253 N. Church St							1123 BEAVE	R STREET					
City, State, Zip Code							City, State, Zip Co	ode	-				
Moorestown, NJ 080	57					`	BRISTOL, PA						
Project Manager for Monit				Tele	ephone	No.	Telephone No.		License No.				_
Harold Baldwin	og					-8800	215-788-6040		00509				
Start Date (10)		Sched	uled C			ate (11)	Name of OSHA M						
1 / 9 /	10 to 20 to					17	BRISTOL EN	VIRONMENTAL,	INC.				
Occupancy Status During							Street Address						
☐ Facility Closed/Vacated					ment		1123 BEAVER	STREET					
☐ Pacinty Closed/Vacated ☐ Abatement Performed (						scribe	City, State, Zip Co						
Time of Abatement:	AM	PN	N/5:00	PM-1	:30AM		BRISTOL, PA						
Scope of Work (Check all t	hat annly)						Ditio TOL, TA	10007					-
Scope of Work (Officer all t	nat apply)							ainment with Negat	tive Pressure				
□ ≥3 sf or ≥3 lf				novati			☐ Mini-Encl	osure Procedure					
≥160 sf or ≥260 lf				monuc	)11			npted (*) and Non-l	Friable Proced	ure			
				Locat		T T					atem	ent T	уре
Location of				Vorma			Description of		2 2		-	_	1
Asbestos-Containing M TO BE ABAT		A)		d Sole intena			stos Containing Mat , thermal systems i		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility			Cus	todial	Staff?	(1.0.	surfacing, VAT,	or	SF or LF)	oval	=	psul	Sun
(13)		-	Vaa	(12)	N/A	-	other miscellaned	ous)				ate	(0
			Yes	No	18000000						-		_
Basement AC Room			$\boxtimes$			Floor til	e and mastic		1100 SF			Ш	Ш
				П			- H - H - H - H - H - H - H - H - H - H				П	П	П
					-								
				Ц								Ш	Ш
Name of Registered Waste				13500	JDEP \ auler II		Cubic Yards of Waste	Name of Register					
SERVICE TRANSPOR	T GROUP	, INC			20990		**4316	MINERVA LA	NDFILL				
City, State		100					Disposal Date	City, State					
NEW CASTLE, DE 19	720							WAYNESBU	RG, OH 4468	8			
Completed By (Print or Type	∍)	Title					Signature	/	0.4	ate /	1	,	
Brian Scafiro		Es	timat	or			Briam	Scolino/	LYK 1	12/2	2/	16	

# NOTIFICATION OF ASBESTOS ABATEMENT GETVEN (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)  01 /	12 /	17						er/Operator (2		JAN	19 2017	10	9	1	)	
Agencies Notified	Type Notificati					Address				ESTO	S CONTRO	21 &		'		
⊠ EPA	☐ Initial				PO	Box 627			AGD		ENSING	, , ,				
□ DOLWD	☐ Amended			1	City, S	tate, Zip Co	ode	- calle	-		AND ADDRESS OF THE PARTY OF THE					
□ DOH	Amendmer					ed River		08731								
☐ DCA (NJAC 5:23-8)			uding			of Contact				1	Telephone Nu	mber				
(N3AC 3.23-0)	☐ Cancellatio				Ken					1						
					EAC	ILITY IN	OPI	MATION			_			-		
None of Facility Mineral	hatament is To	kina	Dlaca	(2)	FAC	ILII T INT	OKI	VIATION	Type of Fa	cility (4	)		_			
Name of Facility Where A	Adatement is Ta	King	riace	(3)					☐ School	(K-12)						
Street Address									Subcha	pter 8 (	Other than K- rate and comm	12)	huit	dinas		
									homes,		ate and comm	lercial	Juli	uniga	2)	
City (5)									Square Fee	et	# of Floors		Bldg	g. Ag	е	
Toms River Twp.									700 sf		1		6	5		
County (6)					Coun	ty Code (7)	(STAT	E USE ONLY)	Current Us	e (Prior	r if being demo	olished	)			
Ocean					1.55.55%	, ( )		5.50	Resider	(B)	50					
Name of Monitoring Firm	Hired by Buildi	na Ov	wner (	3)	ASCM	Vo.	Nam	ne of Abateme	ent Contracto	or (9)						
N/A	Tilled by Buildi	ng O	wilei (	,	NOOW!	40.		uardian Co								
1-200								et Address	madanig,							-
Street Address								889 Route 9	Unit 61							
Oit Otale 7in Onda								State, Zip Co					_		-	
City, State, Zip Code								oms River,		v 087	55					
Delicat Manager for Man	itarian Firm			Tolo	phone l	VIO.		phone No.	INCW DEISC	y 001	License No.					- 17
Project Manager for Mon	itoning Firm			Tele	priorie	NO.		32-349-9932	,		00624					
Ctart Data (10)	0	shodi	ulad Ca	mple	tion Da	o (11)		ne of OSHA M			00021					
Start Date (10) 01 / 13 /	200000				ion Da	0.0000000000000000000000000000000000000		M.S.L. Ana								
									. y a ou i					11		_
Occupancy Status During					mont			et Address								
<ul> <li>☐ Facility Closed/Vacate</li> <li>☐ Abatement Performed</li> </ul>						cribe		56 Stelton	- 4-							
Time of Abatement:	AM-	PM	  /	PM-	3 - DC3	AM	beauties.	State, Zip C		., 000	54					
							P	scataway,	New Jerse	y 000	34					-
Scope of Work (Check a	ii that apply)							☐ Full Con	tainment wit	h Nega	ative Pressure					
≥3 sf or ≥3 lf			Re					☐ Mini-End	closure							
≥160 sf or ≥260 lf			⊠ De	molitie	on				g Procedure		-Friable Proce	dure				
		Т	Is	Loca	tion	T	-						Aba	ateme	ent T	vpe
Location	of		١	Norma	lly			Description of	of							
Asbestos-Containing	Material (ACM)			d Sol	ely by	Asbes	stos (	Containing Ma	aterial (ACM	)	Amount		Removal	Repair	nca	Enclosure
TO BE ABA					Staff?	(i.e		rmal systems urfacing, VAT			(Specify SF or LF)		ova	Ħ	psu	nsc
IN Facil	ity			(12)				ner miscellane			0. 0. 2. )		·		Encapsulate	.e
			Yes	No	N/A											
exterior				$\boxtimes$		asbesto	s si	ding			700 sf	0				
												1				
												[				
												[				
Name of Registered Was	Name of Registered Waste Hauler						100000000000000000000000000000000000000	ic Yards of	Name of	Regist	ered Landfill					
Guardian Contract	ing, Inc.			ŀ	auler I 2022		Was		T.R.R							
City, State			0.39.64					oosal Date	City, Sta		Donnaulica	io				
Toms River, New J							0	1/17/17	Tullyt	own,	Pennsylvani					
Completed By (Print or T		Title						Signature			1	Date				
Nicholas Fernicola		Pi	oject	iviar	ager			1	\ · _	re						

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 Agencies Notified RUTGERS, THE STATE UNIVERSITY OF NJ 9 2017 Notification Type Street Address □Initial Notification DEPA ENVIRONMENTAL HEALTH & SAFETY DEPT. ☑ Amended Notification #1 X DCA 27 ROAD 1, BLDG 4086, LIV NGSTONEGAMPUSNTROL & X DOL Facility Occupied City, State, Zip Code ☐ Emergency (including DEP- No Longer REQUIRED LICENSING PISCATAWAY, NJ 08854 justification) X DOH Name of Contact **□**Cancelled Telephone Number MICHAEL SMITH, ENV. **HEALTH & SAFETY** Name of Facility Where Abatement is Taking Place (3) FACILITY INFORMATION LIPMAN HALL, BLDG# 6025 Type of Facility (4) School (K-12) Street Address Subchapter 8 (other than K-12) **COOK CAMPUS** ☐ Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A City (5) # of Floors: 4 Bldg. Age: 80+ years County (6) NEW BRUNSWICK County Code (7) MIDDLESEX (State Use Only) Current Use (prior if being demolished): ACADEMIC Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. ATC Name of Contractor (9) 0098 Street Address GREENWOOD ABATEMENT CONSULTANTS, INC. 3 TERRI LANE Street Address 268 MAIN STREET City, State, Zip Code BURLINGTON, NJ City State, ZipCode 08016 Project Manager for Monitoring Firm BUTLER, NJ 07405 Telephone Number **BRIAN KEARNY** Telephone Number 609-386-8800 License Number Scheduled Start Date (10) 973-492-0477 Scheduled Completion Date (11) 00840 02/03/17 Name of OSHA Monitor 02/13/17 Occupancy Status During Abatement (Check only one) ENVIROVISION, INC. X Facility Occupied Street Address ☐Facility Closed/Vacated During Entire Period of Abatement □ Abatement Performed Outside of Normal Facility Hours -20-21 WARGARAW ROAD City, State, Zip Code Other - Describe: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED) FAIRLAWN, NJ Scope of Work (Check all that apply)  $\square \ge 3$  sf or  $\ge 3$  If Full Containment with Negative Pressure X Renovation ≥ 160 sf or ≥ 260 lf ■ Mini-Enclosure Demolition Glove bag Procedure / Wrap & Cut Location of Asbestos-Containing ■ Non-Exempted (\*) and Non-Friable Procedure Is Location Normally Used Material (ACM) in Facility (13) Description of Asbestos Containing Material Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, Amount Abatement Type Staff? (12) VAT, or other miscell.) (Specify SF YES NO NA or LF) Remove Repair Encap Enclose Lab 212 X TSI 250 LF Name of Reg. Waste Hauler NJDEP Waste Hauler ID # See Hauler Below #1 & 2 See Below Cubic Yards of Waste: 15 CY Name of Registered Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 G.R.O.W.S. North Landfill NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 Disposal Date City, State NJ DEP # 4509 100 New Ford Mill Rd. Morrisville, Pa 2/13/2017 19067 Completed by (Print or Type) 215-736-1700 RAYMOND C. PEDALINO Signature SENIOR PROJECT Date Raymond C. Pedalino MANAGER January 11,2017

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 NO 2017 Agencies Notified Notification Type Street Address Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. □ EPA ☐ Amended Notification # 27 ROAD 1, BLDG 4086, LIVINGSTONICAMPUS ROL & X DCA ■ Emergency (including X DOL City, State, Zip Code LICENSING justification) PISCATAWAY, NJ 08854 ☑ DEP- No Longer REQUIRED □ Cancelled Name of Contact X DOH Telephone Number 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) **NEW BRUNSWICK** MIDDLESEX (State Use Only) Current Use (prior if being demolished): ACADEMIC 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 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number BRIAN KEARNY License Number 609-386-8800 973-492-0477 Scheduled Start Date (10) 00840 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 ☐ Abatement Performed Outside of Normal Facility Hours -20-21 WARGARAW ROAD Describe City, State, Zip Code ☑Other - Describe: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED) FAIRLAWN, NJ Scope of Work (Check all that apply) Full Containment with Negative Pressure  $\square \ge 3$  sf or  $\ge 3$  If **X**Renovation ■ Mini-Enclosure ≥ 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 Description of Asbestos Containing Material Material (ACM) in Facility (13) Amount Abatement Type Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) VAT, or other miscell.) Remove Repair Encap Enclose YES or LF) NO NA Lab 212 X TSI 250 LF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste: See Hauler Below #1 & 2 15 CY Name of Registered Landfill See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date NJDEP # 12561 City, State Hauler #2) Newark Carting, Inc., Newark, NJ 04509 100 New Ford Mill Rd. Morrisville, Pa NJ DEP # 4509 2/13/2017 19067 215-736-1700 Completed by (Print or Type) Title Signature RAYMOND C. PEDALINO Date SENIOR PROJECT Raymond C. Pedalino January 11,2017 MANAGER



(D).	E C E AMATE	m
	JAN 19 2017	
ļ	ASBESTOS CONTROL & LICENSING	2

		N TESTE					IN L	27111		20	11				
Date of Notification (1) January 17, 2017			ne of Building DOT	Owner/O	perator (	2)	ASPE	CTO	0.0	ONIT	1001				
Agencies Notified Type Notification	n	6000000	et Address 35 Parkwa	v Ave. P	O Bo	× 600	ASBE		ENS						
EPA Initial Amended	7.2	City	, State, Zip C	ode	.о. во	A 000									
X DOL Amendme			enton, NJ C												
X   DOH   justification     DCA   Cancellation	1)	0.000000	ne of Contact rl Bevans				Telephone Nu	mber							
Name of Facility Where Abatement is Tak	ing Place (2)	F	ACILITY INF	ORMATIC		T (F. 10) 77									
NJDOT - Route 280, Route 21 In	erchange I	mprove	ements			Type of Facility (4  School (K-12	\$0 00:								
Street Address Rt 21 / Rt 280							3 (Other than K-1 ivate & commerce		ldings	, hom	es,				
City (5) Newark					1.8	Square Feet N/A	# of Floors		Bldg. /	Age					
County (6) Essex			nty Code (7)	n		Current Use (Prior Bridge Structu		hed)							
Name of Monitoring Firm Hired by Building N/A	Owner (8)	AS	SCM No.		Name o	of Abatement Cont Je Harms Cons	ractor (9)	Inc							
Street Address					Street A										
City, State, Zip Code					Secretary Control	ate, Zip Code	<u> </u>								
Project Manager for Monitoring Firm		Tolo	phone No.		717-10-10-10-10-10-10-10-10-10-10-10-10-10-	II, NJ 07731	11								
					Telepho 732-7	51-2089	License N 01055	NO.							
Start Date (10) January 27, 2017	Scheduled February		ion Date (11) 17		Name o	f OSHA Monitor									
Occupancy Status During Abatement (Che	ck Only One)				Street A	ddress				- 111					
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: Bridge Reconstruct	mal Facility H	ours			City, Sta	ite, Zip Code									
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	processor.	novation nolition			×	Mini-Enclosure Glovebag Proce									
	le Le				K	Non-Exempted	(*) and Non-Frial	ole Pro	1 - A 1 - D 2	e emen	t				
Location of	Nor	cation mally		Desc	cription o	of .				ре					
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Mainte Custod	Solely by enance/ ial Staff? 12)	ASDES	stos Conta . thermal s	ining Ma ystems i ng, VAT	iterial (ACM) insulation, , or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure				
	Yes 1	No N/	'A					-			Ф				
Bridge Abutments		X	Ast	estos R	oofing	Cement		X							
								-							
Name of Registered Waste Hauler		NJDEF	P Waste	Cubic Y	ards	Name of R	egistered Landfil								
Recovery Environmental Services		20122	ID No.	of Wast		- substitution and the control	anagement	28							
City, State Augusta, NJ				Disposa	I Date	City. State Pen Argy	/LPA /								
Completed by	Title				nature	1 ( Al		ate							
Sam Hahn	Project	Engine	er		X	with the		1/1	7/2	1917	1				

STATE OF NEW JERSEY

NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7

				(PURSUAI	NI IO NJA	C 8:60-7 A	ND 12:120-		eck	iles	NC		)	
Date of No.	otification	( <b>1</b> ) /17			Name of PSE&G	Building O	wner / Ope	rator (2)	m	EG	E 1		F	San de la constitución de la con
/	· .		,		Street Ac	dress			11-21					111
Agencies	Notified	Type of N	lotification			DLEY ROAD								
	EPA	V	Initial			e, Zip Cod				JAN	10	2017		111
	DEP		Amended			PLAINFIELD	, NJ 07080		P1			2017	i	j bezad
<b>✓</b>	DOH	_	Amendment		Name of				Telepho	ne Num	ıber		i tugo	
<b>V</b>	DOL			w/ justification	MIKE PE	RCARPIO			1 45		10.00	Altro		
			Cancellation						101	L_U_			JL &	
				F	ACILITY IN	NFORMATIO	ON	9		had W	/EINS/	Via		
Name of F	:II:4 - \A/b	Ab.4	nent is Taking	DI (2)		T= (=	**** /4							
iname of F	racility will	ere Abaten	nent is Taking	Place (3)		Type of F	acility (4)							
1							School (K	(12)						
Street Add	drace					1 🖁		er 8 (Other	than K 1	2)				
	KEUREN A	√E						., private &						
		-						mes, etc.)	01111110101					
City (5)		County (6	5)	County Code	(7)	Square F		# Of Floor	'S	Buildi	ing Age	9		
JERSEY C	CITY	HUDSON					1/A	N -3-1 1 1 1 3 3 3		and contribution				
1				1		Current L	se (Prior if	being dem	olished)	1				
						N/A		8						
Name of N	Monitoring	Firm Hired	by Bldg. Owr	ner (8)	ASCM NO	ON.								
	<u> </u>			energi en 1982 de 19										
AET						NORTHS	TAR CONTR	RACTING G	ROUP, IN	VC.		_		
Street Add						Street Ad	dress			the t				
907 Doolit														
	e, Zip Code						s Parkway							
	er, NJ 0880					City, State	e, Zip Code	15						
	ngr. For Mo	onitoring F	irm	Telephone Nu	ımber	1909 7777-4934								
Eric House				908-218-1108			ver, NJ 079	36						
Sheduled	Start Date	1	9	oletetion Date (1	/	Telephon	e Number		License	Numbe	r			
02/	//01	/17	05	/31/		070.0			1		00000			
/	/ /		/	/			34-8682				00860	3		
2.000			ement (Check				OSHA Moni		DOLID IN	10				
	Abatemen		ted During En	tire Period Of		-		RACTING G	ROUP, II	VC.				
		7	d Outside of I	Normal Facility		Street Ad	aress							
	Hours - De			NOTITIAL FACILITY		32 William	s Parkway							
V			7:00AM - 3:30	PM			, Zip Code							
	0 0.101		_ / .00/				ver, NJ 079							
Scope of V	Work (Ched	k All That	Apply)				00000 4000000 07 A.M							
	Demolition	n	7	Renovation		Full Conta	ainment wit	th Negative	Pressur	е				
	>3sf or >3	lf				Mini - End	losure							
<b>V</b>	≥160 sf or	≥260 If					Procedure							
					1	Non-Exen	npted (*) an	id Non-Fria	ble Proce	edure				
	Location of		ls .		Descript				Abateme	ent Type		I.	_	
Asbe	estos Conta	lining	Location	As		containing			R	_	E	E		
T/	DE ADAT	ED	Normally	1 "	Material	A contract of the		Amount	E	R E	N C	N		
10	in Facility	ED	Used Solely		e., therma	facing, VA	-	(Specify SF or LF)	M	P	A	L		
	(13)		by Main-			ellaneous)		SF OF LF)	V	A	P			
l	(13)		tenance/		outer inisc	enaneous)			Ă	î	s	S		
1			Custodial	1					lî	R	Ιŭ	i		
ı			Staff (12)	1					_		L	F		
			YES NO N/A								1	-		
UNIT 1 ST	ACK			WATERPROO	FING TAR			30,000 SF	V				П	
				İ										
Name of R	ame of Registered Waste Hauler NJDEP Waste Cubic						Registered	Landfill						
NEWARK	CARTING			Yards	GROWS	•								
	4509 of Was									III.				
City, State					Disposal	City. State						2-1/8/25		
NEWARK,	NJ				Date	BETHLEH	EM, PA 181	05		7)				
							-//		//	/				
Completed	d by (Print	or Type)		Title			Signature		16		Dat	е		
Steve Stile	ic.			Project Mana-	25		$\Lambda T$	2 10 0	18			04/46	2/17	. ()
STEAR STILL	3			Project Manage	21		1	and the	ell		7	01/18	0/1/	- 0

ASB-41

CK # 1795								C	пп	n Pr	nt Fo
	0		CATION	ate of New Jerse I OF ASBESTOS to NJAC 8:60 ar	ABATE		DE G		TU		
Date of Notification (1)			Name o	f Building Owner/ G	Operator	(2)	JAN	<del>-1-</del> 9	20	17	
Agencies Notified Type Notification		$\neg$	Street A			1	ASBESTO				. &
EPA Initial		-	100	EAGI	EI	COCK,	AVE, LIC	CENS	SING		
DEP Amended Amendment #	<b>#</b>			ate, Zip Code ST HA	11/21/	ee N	J. 079	726	-		
Emergency (i	ncluding		Name o	f Contact	NOYO	5 <del>~</del> , 10	Telephone Nur	nber			
DCA Cancellation			Pio	TR K	ucz	YNSK!					
Name of Facility Where Abatement is Taking	Place (	3)	FACI	LITY INFORMAT	ION	Type of Facility	(4)		1000		
PS E+ G		-/				School (K-					
Street Address		_				Subchapte	r 8 (Other than K-1)		dinac	home	0.0
1045 SECAUCU	2	Rot	AD.			etc.)	private & commerci				35,
City (5)						Square Feet	# of Floors	E	lldg. A		
JERSEY CITY			County (	Code (7)		300	or if being demolish	ned)	pp	6.	2
HUDSON				USE ONLY)			BSTATio				
Name of Monitoring Firm Hired by Building O	wner (8)		ASCN		Part 4500, 200	of Abatement Co	ntractor (9)	19			
ENVIRONMENTAL TACTICS			0045		53-85/10/07/53		S OF AMERICA	4			
Street Address 64 BROAD STREET						Address WHITEHEAD	AVE.				
City, State, Zip Code					City, S	tate, Zip Code				-	_
MATAWAN, NJ 07747			100 22			TH RIVER, N.					
Project Manager for Monitoring Firm TOM GEIGER			Telepho 732-29	ne No. 90-2217	1000	none No. 432-8350	License N 01111	0.			
Start Date (10), 2/17	Schedul	ed Con	pletion	Date (11)		of OSHA Monitor QUE SYSTEM	S OF AMERICA	A			
Occupancy Status During Abatement (Check	Only Or	ne)		-		Address	A)/F				
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:	al Facility	/ Hours		only	City, S	WHITEHEAD , state, Zip Code ITH RIVER, N		11 5			
Scope of Work (Check All That Apply)											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				Mini-Enclosur Glovebag Pro	cedure			-20	
		1 41				Non-Exemple	d (*) and Non-Friab	T Pro		ement	
Location of	1	Locati Normal	ly	De	escription	of			Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED	224000	ed Sole iintenar	-			Material (ACM) s insulation,	Amount (Specify	R	_	Enc	血
In Facility	Cus	todial S (12)	Staff?	surfa	acing, VA miscellar	T, or	SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	Yes	No	N/A	Other	miscenar	leous)		va	=	ılate	ure
CONTROL HOUSE	163	×	INA	TRANSITE	Flore	PANELS	120 SF	X			
Roo F		X		Passin	a M	etaRials	2735F				
Roo F		×		ROOFING	Glack	1.1100	2735F				
N00 F		,		1001	LIMSE	1173	0 13 31				
Name of Registered Waste Hauler		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	JDEP W		c Yards	Name of	Registered Landfill				
WASTE MANAGEMENT		1000	auler ID 125	APP:	× 18	2	'S NORTH			-14 Koros-	
City, State ELIZABETH, NJ				Dispo	B /	City, Stat	ISVILLE, PA				
Completed by CAROL RAIMO	Title OFFI	CE M	IANAG		Cinnatura	tal Lac	me Da	te//2	2/	17	,

JK: 83431

01/12/2017

**EPA** 

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Agencies Notified

Date of Notification (1)

Type Notification

Initial

Amended

justification)

Cancellation

Amendment #\_\_\_2

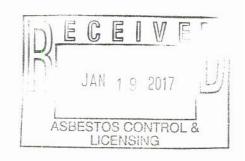
Emergency (including

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

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CATIO	tate of No N OF ASI t to NJAC	BESTOS	ABATE		г	0	E	G	E		<u>V</u>				
	of Building y well Ir			r (2)				JAN	1	9 2	017	To the state of th			
	Address abor Ro	oad					ASE	EST	os (	CON	TRO	)L &			
	ate, Zip C s Plains		950						CEN						
Name of Glen	of Contact Stock					Te	lepho	ne Nur	nber						
FAC	ILITY INF	ORMAT	ION	Tyne	e of Facility	(4)									
				×	School (K- Subchapte Other (i.e. etc.)	-12) er 8 (Oth				ldings	, hom	nes,			
				94,4		5	f Floo		5	Bldg. 7	Age				
(STATE	Code (7) USE ONL	0		Vac	ent Use (Pr ant/Adm	inistra	tion	molish	ned)						
ASCI N/A	M No.				atement Co ronmenta										
			Street 11-0		ess eens Pla	za Soı	uth								
				ity, State, Zip Code Long Island City, NY 11101											
Telepho 212-7	one No. 85-0266			phone No. License No. 3-349-0900 28675											
pletion	Date (11)			ame of OSHA Monitor lartin McRea											
ent			Street 714 I	112000	ss edy Blvd			2-2-1110-							
					ip Code NJ 0700	2									
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on /		De	scription	of							emen /pe	t			
y by ce/ taff?			I (ACM) ation,	(5	moun Specify or LF	/	Removal	Repair	Encapsulate	Enclosure					
N/A	Please	see at	tached	qua	ntity list						Ф				
					-										
DEP Wuler ID 310		Cubic of Was 30 Ya	te		Name of Minerva							I			

Name of Facility Where Abatement is Taking Solvay Building	g Place (3	3)	170	ILIT INF	OKMAT	ION	Ту	oe of Facility						
Street Address 101 Columbia Road							×	School (K- Subchapte Other (i.e.	r 8 (Oth	er than K & comme	-12) rcial bui	Idings	s, hon	nes,
City (5) Morris Township		-						etc.) uare Feet ,418	# o 5	f Floors		Bldg.	Age	
County (6) Morris				Code (7) USE ONLY	n			rrent Use (Pr cant/Admi			ished)			
Name of Monitoring Firm Hired by Building C Assessment Resources & Technology	wner (8) ogy (AR	RT)	ASC N/A	M No.				batement Co vironmenta						
Street Address 111 John Street Suite 538						Street 11-0		ress ueens Plaa	za Sou	ıth				
City, State, Zip Code New York, NY 10038								Zip Code and City, N	IY 11	101				
Project Manager for Monitoring Firm Paul Ottens			Telepho 212-7	one No. 85-0266	i	Teleph 718-3		No. -0900		License 2867				
	Schedule 01/17/2			Date (11)	¥			SHA Monitor						
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire P			Street 714 k	1123	ess nedy Blvd.		(1)							
Abatement Performed Outside of Normal Other – Describe:	al Facility	Hour	S		_			Zip Code , NJ 0700	2					
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 if  ≥160 sf or ≥260 if	-	enova				X	N G	ull Containm lini-Enclosur lovebag Pro lon-Exempte	e cedure				re	
Location of	N	Locat	lly		Des	scription	of						emen ype	t
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Mai	d Sole intena odial ( (12) No			tos Cont thermal surfac	aining M	lateri s insu T, or	8	(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
	163	NO	INA	Please	see at	tached	qu	antity list						
B														
Name of Registered Waste Hauler		H	IJDEP W lauler ID 4310	100000000000000000000000000000000000000	Cubic of Was	te	- T	Name of Minerva			īII			
City, State Shirley, NY 11967					Dispos 08/20	al Date /2016		City, State Waynes		OH 44	688			
Completed by Aric Domozick	Title VP				Si	ignature		1	5		ate 01/12/	17		
ASB-41 (R-06-08)						* Do not	t use	this form for	asbesto	os licensu	re exen	npted	activi	ties.

M13 Solvay Bu	ilding				
				Qua	ntities
Floor	Location	ACM		SF	LF
Ground Floor	MER Room	Spray On Fireproofing		1782	
Ground Floor	Throughout	Spray On Fireproofing		20595	
Ground Floor	Throughout	Pipe Insulation/Fittings			140
Ground Floor	Room 5 East	Breeching		1209	
Ground Floor	Perimeter	Plaster Ceiling		8350	
			Totals	9559	140
1st Floor	Throughout	Pipe Insulation/Fittings			218
1st Floor	Throughout	Spray On Fireproofing		20248	
1st Floor	Lobby	Ceiling Plaster		985	
1st Floor	Throughout	Spray On Fireproofing		22097	
			Totals	22097	218
2nd Floor	Throughout	Spray On Fireproofing		21233	
2nd Floor	Lobby	Ceiling Plaster		985	
			Totals	22218	0
3rd Floor	Throughout	Pipe Insulation			250
3rd Floor	Throughout	Spray On Fireproofing		19550	
			Totals	19550	250
4th floor	Throughout	Pipe Insulation			250
4th floor	Throughout	Spray On Fireproofing		18900	
			Totals	18900	250
5th Floor	Throughout	Pipe Insulation			250
5th Floor	Throughout	Spray On Fireproofing		18900	
			Totals	18900	250
Ground thru 5	Stair Landings	VAT/Mastic		650	
Ground thru 5	Perimeter Column	Spray On Fireproofing		4752	
			Totals	5402	



CK: 2831390

Print Form

			ICATIO	N OF ASB	ESTOS	ABATE		Т	Γ	7	E (	2	F	7	// [5
Date of Notification (1) 01/13/2017						Operator	(2)			NT.		9)		<u>n</u> /	
Agencies Notified Type Notification				-					-11		J	AN	19	20	17
X EPA	(including	Name of Contact Ellen Cordrey  FACILITY INFORMATION  Place (3)  Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)  Square Feet N/A N/A  County Code (7) (STATE USE ONLY) House  Telephone No.  Name of Abatement Contractor (9) D&S Abatement, Inc.  Street Address 11 Rosengren Avenue  City, State, Zip Code Totowa, NJ 07512  Telephone No. 973-345-8685 Otheduled Completion Date (11) Name of OSHA Monitor D&S Abatement, Inc.  Street Address 11 Rosengren Avenue  City, State, Zip Code Totowa, NJ 07512  Telephone No. 973-345-8685 Otheduled Completion Date (11) Name of OSHA Monitor D&S Abatement, Inc.  Street Address 11 Rosengren Avenue  City, State, Zip Code Totowa, NJ 07512  Full Containment with Negative Pressure Mini-Enclosure Mini-Enclosure Mini-Enclosure Normally Used Solely by Ashate Contained Material (ACM) Ashatement Type  Ashatement Type													
Cancellation	1			,		ION			1						
Name of Facility Where Abatement is Takir House	g Place (	3)					Тур	(f) (f)							
Street Address							×	Subchapter 8 Other (i.e. pr	Oth				dings,	, hom	es,
City (5) Summit							18 p. 25 p. 19 p. 19	are Feet	2500			148		\ge	
County (6) Union					)				if be	ing dem	olishe	d)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCI	M No.						(9)					
Street Address						77 78 78			ue						
City, State, Zip Code															
Project Manager for Monitoring Firm			Telepho	one No.		100000000000000000000000000000000000000			3.5			S			
Start Date (10) 01/23/2017			npletion	Date (11)				7.00 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)							
Occupancy Status During Abatement (Chec									Ie.						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: occupied	eriod of a	Abaten Hours	nent			City, S	tate,	Zip Code		-					
Scope of Work (Check All That Apply)						10101	.,,	140 07012							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ponesson .					×	M G	ini-Enclosure lovebag Proce	dure	872					
	Is	Locati	on				4 14	on-Exempled (	) all	u NOII-F	nable		Abate	ment	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility	Use Ma	d Sole intena	ly by nce/		os Cont thermal	aining M systems	ateria insu		(5	Specify		Rer			Enc
(13)	Yes	31. 20	N/A					)	31	OI LF)		noval	pair	psulate	losure
basement	100	×	1477		pipe	insulat	ion		6	5 LF	1	х	TOS CONTICENSING  COUIDING		
					22311				ASBESTOS CONTELICENSING Telephone Number  (4) (-12) er 8 (Other than K-12) . private & commercial buildings, home  # of Floors N/A Prior if being demolished)  Ontractor (9) nc.  enue  License No. 01311  or nc.  enue  Abatement Type  Amount (Specify SF or LF)  F Registered Landfill						
									ASBESTOS CONTELICENSING  Telephone Number  (4)  (2)  8 (Other than K-12)  private & commercial buildings, home  # of Floors N/A  Or if being demolished)  Intractor (9)  C.  Inue  License No.  01311  C.  Pue  Abatement Type  Amount (Specify SF or LF)  Registered Landfill  Management of PA  Parity  Registered Landfill  Management of PA  Parity  Registered Landfill  Management of PA						
Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic	Yards		Name of Re	aiste	red Land	dfill				
D&S Abatement, Inc.		Name of Bullding Owner/Operator (2)   Ellen Cordrey													
City, State Totowa, NJ					Dispos TBD	al Date		City, State Tullytown	, PA						
Completed by Ned Joksimovic	Title Proje	ct Ma	nager		Si	ignature	E	A			Date 01/1		017		

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

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Date of Notification (1) 01/13/2017					of Building rt Izen	Owner	Operator	(2)		14	Ц	,	JAN	1	9 %	2017	1
Agencies Notified	Type Notification	1		Street /	Address					T	-	000	-				
X EPA	× Initial										A	SBE	STO	S	CON SIN	TRO	L &
DEP X DOL	Amended				ate, Zip Co						_	-		FIA	OHV	<u></u>	
	Amendmen Emergency			A STATE OF THE STA	fly, NJ 07	670											
DOH DCA	justification	)	9		of Contact					IT	elep	hone	Numb	er			
☐ DCA	Cancellation	n			rt Izen					_	_						
Name of Facility Where A	Abatement is Takir	ng Place (	(3)	FAC	ILITY INFO	DRMAT	ION	Type	of Facility (	4)		_			7.1		
House			/						- 5.7	0.500							
Street Address			119-119-119-1			_			School (K-1 Subchapter		ther	than I	K-12)				
									Other (i.e. p	rivate	e & (	comm	ercial	build	dings	home	es,
City (5)									etc.) re Feet	#	of F	loors		ТВ	ldg. A	Age	
Tenafly, NJ 07670								N/A			I/A				I/A	3	
County (6)					Code (7)			Curre	nt Use (Prid	or if b	eing	demo	olished	<u>d</u> )			
Bergen				(STATE	USE ONLY)			Hou	se		7			1000			
Name of Monitoring Firm	Hired by Building	Owner (8	)	ASCI	M No.				tement Con		or (9	)		-			
N/A							D&S	Abate	ement,Ind	<b>)</b> .							
Street Address								Addres			7						
									gren Aver	nue							
City, State, Zip Code									p Code								
Desired Manager for Mari									J 07512								
Project Manager for Moni	toring Firm			Telepho	ne No.		74.75	none No 345-8				icens					
Start Date (10)		Sahadu	lad Car	malation	Date (11)						-	1131	E:				
01/24/2017		01/25/			Date (11)		0.001/15/17/15/15/15		IA Monitor ement, In	C.							
Occupancy Status During	Abatement (Ched	ck Only O	ne)				Street	Addres	S								- 1-224
Facility Closed/Vaca	ted During Entire	Period of	Abater	nent			11 R	oseng	ren Aver	ue							
Abatement Performe  X Other – Describe: 00	d Outside of Norr	nal Facilit	y Hour	S			City, S	tate, Zi	p Code								
						_	Toto	wa, N	J 07512								
Scope of Work (Check All	That Apply)																
× ≥3 sf or ≥3 lf			Renova				×	Full	Containme	nt wi	ith N	egativ	re Pre	ssur	е		
≥160 sf or ≥260 lf			Demoli	tion			×		i-Enclosure vebag Proc		۵						
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		15	Locat	ion												ement	
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(13)			(12)	_		other	miscellan	eous)						ova	air	Encapsulate	Enclosure
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baseme	nt		Х			pipe	insulat	tion			120	LF		x			
11.00								T-Z-Men									
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D&S Abatement, Inc.				0996	our contracts	TBD	waters)		Waste N	lana	age	ment	of P	A			
City, State			- 1				sal Date		City, State		2000 P						
Totowa, NJ						TBD			Tullytow	n, P	Α						
Completed by		Title	nt 8.4			5	Signature		1GI	/			Date	0.10	0.4-		
Ned Joksimovic		Proje	CT IVIE	anager					010				01/1	3/2	U17		

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		Taking Place	(3)									1
	h School						Subchapter	8 (Other than K-12)				
Street Address									iel bul	dings		
1800 Crown Point	Road								I b/J	- 4-		-
City (5)								The second of the second of	1000000		9	1
West Deptford										0		-
County (6)				Count	ly Code (7	INSTATE USE ONLY)	A STATE OF THE PARTY OF THE PAR	AIGUIL DRILLÀ GRUJOILE	nad)			
Burlington												_
				ASCM	No.	And the second of the second o						
Mgmt & Environm	ental Consu	iting Servi	COS				onmental, LLC					
Street Address												
PO Box 341												
City, State, Zip Code						City, State, Zp C	ade					
Chesterfield, NJ D	8515					Maple Shade	, NJ 09052					
Project Manager for Mo	nitaring Firm		Tel	sphone !	Nα.	Telephone No.	,	License No				
Bill Welegarber			8	08-298-	4070	866-755-0099	9	00842				
Start Data (10)		Schaduled C	pmple	tion Dat	ib (11)	Name of OSHA	dantor					
	/ 17	01 /	1	7_/_	17	EMSL Analys	tianl, Inc.					
		Check only	feire			Street Address						
M Facility Clessed Vacs	ted During Ent	re Parled of	Abala	ment		200 Route 13	30 Nonh					
C Abalement Performs	d Outside of N	larmal Facilit	у Нои	ta - Den	cribe	Cky, Siste, Zip C	cho					
Time of Abatement:	AM	PM/	_PM		MA	Cinnaminso	n, NJ 08077					
Broom of Work (Check	all that apply)						et v					
				ON 100 200				egative Pressure				
⊠ ≥3 sf or ≥3 lf												
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	Street Address   Stre	/pe										
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Name of Registered W	eate Haufer			NJDEP		Cubic Yarde of		giatered Landfill				
Freehold Cartage				Houler II	200	Waste 1	Cumberl	and County Land	inii			
City, State				15935	2	Disposal Date	City, Stote			17.9	14	
Freehold, NJ						01/17/2017	Newburg	, PA				
	7.00	Title				Signature		To	246	******	*	
Completed By (Print or	tahot		reale	ant of	Operation	1 76.	20	_	115	11	7	
Christina Lynch		1007	10		- pr( m sil )	LAMY	~		- 10	800		

Date of Notification (1)				Name o	of Building	Owner/	Operator	(2)			N		10	~		
1/11/17				Sumr	nit Parm	ley				2000	O E	C	E		$\mathbb{W}$	E
Agencies Notified	Type Notification	1	- 1		Address						11					
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	Caricellatio				ILITY INFO	ORMAT	ION			4				NSI		OL C
Name of Facility Where	Abatement is Taki	ng Place (3)		1 70	TELL LINE	ORWAT	ION	Туре	of Facility (4	)				or promise representation		
								П	School (K-12	2)						
Street Address					100				Subchapter 8	(Oth					li .	
133 Summit Avenu	le								Other (i.e. pr etc.)	ivale	& comn	nercia	i buii	aings	, nom	es,
City (5) Summit								- 3	ire Feet		f Floors	3		Bldg. /	Age	
2/5/7/10/10/10/10/10/10/10/10/10/10/10/10/10/					6 1 (5)			600		1				35		
County (6) Union			(	STATE	Code (7) USE ONLY,	)		Curre	ent Use (Prior	r if be	ing den	nolishe	ed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASC	M No.		Name	of Aba	atement Conti	ractor	(9)					
							ABS	Envi	ronmental	Ser	vices,	LLC				
Street Address								Addre	770						700	
City, State, Zip Code									83, 4 E Ga	ate D	rive					
Only, State, Zip Gode							32-375		ip Code I, NJ 0741	8						
Project Manager for Mon	itoring Firm		T	elepho	ne No.		Teleph				Licen	se No	C.			
								764-2			703					
Start Date (10) 2/1/17		Scheduled 7/1/17	Com	pletion	Date (11)		Name	of OSI	HA Monitor							
Occupancy Status During	g Abatement (Che						Street	Addres	SS						507-749	
Facility Closed/Vaca				ent												
Abatement Perform	ed Outside of Norr	nal Facility H	ours	JIIL			City, S	tate, Z	ip Code						-	
X Other – Describe: §																
Scope of Work (Check A	II That Apply)						_	,								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			novati nolitic				H		l Containmer ni-Enclosure	nt with	Negati	ve Pr	essu	re		
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baseme	ent	100	10	X		nine	insulat	ion		60	00 LF		·		1328	
baseme		-		X			insulat	WAS 21/2		_	0 SF	-	X			
bascine	)   I			^		lank	IIISulai	.1011		12	U SF		X			
		1-1-										-				
Name of Registered Was	te Hauler		100000000000000000000000000000000000000	DEP W	1200	Cubic			Name of Re	egiste	red Lar	ndfill				
Freehold Cartage				uler ID 939	No.	of Was	aste Western Barles Landfill									
City, State			1.0				al Date		City, State				-	57H215-5		
Freehold NJ						TBD			Birdsbord	o, PA	4					
Completed by		Title				S	ignature	/	7			Date				
A. Scott Higgins		Preside	ent					H	_		]	1/1	1/17			

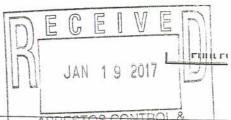
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CK 83430	NOT	IFICATIO	State of New Jers ON OF ASBESTOS at to NJAC 8:60 at	ABATE	MENT		G AN		SU.	rin 47
Date of Notification (1) 01/12/17			of Building Owner by well Internati		(2)	led lex	Alt	LJ	CU	1
Agencies Notified Type Notification		Street	Address Tabor Road			ASBE	STO	S CC	ONT	OF
EPA Initial DEP Amended Amendment	# 2	City, S	tate, Zip Code	7050		1,000	LICE	ENS	NG	
☐ Emergency ( justification)		Name	s Plains, NJ 07	950		Telephone Nu	mber			
			Stock	TION		i	_			
Name of Facility Where Abatement is Taking	g Place (3)	· Ac	ALTT IN ORMA	ION	Type of Facility	/ (4)				
Nichols Building Street Address 101 Columbia Road					School (K Subchapt Other (i.e.	-12) er 8 (Other than K-1 . private & commerc	2) ial bui	ildings	s, hon	nes,
City (5) Morris Township					Square Feet 91,937	# of Floors 5		Bldg. 56	Age	
County (6) Morris		County (STATE	Code (7) USE ONLY)		Current Use (P Vacant/Adm	rior if being demolis ninistration	hed)			
Name of Monitoring Firm Hired by Building C Assessment Resources & Technology	ogy (ART)	ASC N/A	M No.		of Abatement Co					-
Street Address 111 John Street Suite 538				Street	Address 2 Queens Pla					
City, State, Zip Code New York, NY 10038				City, S	tate, Zip Code Island City, I					
Project Manager for Monitoring Firm		Telepho	one No.		one No.	License N	lo.			
Paul Ottens		212-7	85-0266		349-0900	28675				
11/23/2016	Scheduled Co 01/17/2016		Date (11)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	of OSHA Monito n McRea	r				-2,44
Occupancy Status During Abatement (Check					Address	c				
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	eriod of Abater	ment			ennedy Blvd				-	
Other – Describe:				State of the state	nne, NJ 0700	)2				
Scope of Work (Check All That Apply)										_
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	Renova Demoli			×	Mini-Enclosur Glovebag Pro				·e	
Location of	ls Locat Norma		_					Abate Ty	emen /pe	t
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Used Sole Maintena Custodial (12)	ely by ince/ Staff?	Asbestos Cont (i.e. thermal surfac		aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes No	N/A	on and the second of the Color				<u>a</u>	7	late	Ire

× ≥160 sf or ≥260 lf	_	Demolit			X	Mini-Enclosur Glovebag Pro				·e	
Location of	1	Location Normall	ly		Description o				Abat	emen /pe	t
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	ed Solel iintenar todial S (12)	nce/		tos Containing Mar thermal systems in surfacing, VAT, other miscellaneo	terial (ACM) nsulation, or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A					<u>a</u>		ate	6
				Please	see attached	quantity list					
B											
Name of Registered Waste Hauler			JDEP W		Cubic Yards	Name of	Registered Landfill				
ATC			auler ID 310	No.	of Waste 30 Yards	Minerva	Enterprises				
City, State Shirley, NY 11967					Disposal Date 08/20/2016	City, State Waynes	e sburg, OH 446	88			
Completed by Aric Domozick	Title VP				Signature	八木	Da				

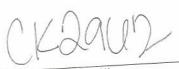
IAITA IAICHOI	s Building			
			Qua	ntities
Floor	Location	ACM	SF	LF
Basement	Boiler Room	Boiler/Tank Insulation	552	
Basement	Boiler Room	Breeching	1197	
Basement	Boiler Rom	Spray On Fireproofing	14424	
Basement	Throughout	Spray On Fireproofing	16957	
BAsement	Corridors	VAT/Mastic	1575	
		Totals	31381	(
1st Floor	Lobby and Corridor	Ceiling Plaster	2621	
1st Floor	Throughout	Spray On Fireproofing	22939	
1st Floor	Corridors	VAT/Mastic	675	
1st Floor	Perimeter Columns	Spray On Fireproofing	5432	
		Totals	31667	0
2nd Floor	Throughout	Pipe Insulation/Fitting		154
2nd Floor	Throughout	Spray On Fireproofing	22925	
2nd Floor	Lobby	Ceiling Plaster	2310	
2nd Floor	conference room	VAT/Mastic	35	
		Totals	25270	0
3rd Floor	Throughout	Pipe Insulation/Fitting		160
3rd Floor	Throughout	Spray On Fireproofing	22925	100
3rd Floor	Lobby	Ceiling Plaster	1340	
3rd Floor	conference room	VAT/Mastic	35	
		Totals	22925	160
4th Floor	Throughout	Pipe Insulation/Fitting		143
4th Floor	Throughout	Spray On Fireproofing	22925	143
4th Floor	Lobby	Ceiling Plaster	2222	
4th Floor	conference room	VAT/Mastic	35	
		Totals	22925	143
5th Floor	Throughout	Pipe Insulation/Fitting		172
5th Floor	Throughout	Spray On Fireproofing	21655	-/-
5th Floor	Lobby	Ceiling Plaster	2222	
5th Floor	conference room	VAT/Mastic	35	
		Totals	21655	172
Ground thru	Stair Landings	VAT/Mastic	946	
	Ų.	Totals	946	



1CK1145



Date of Notification (1)	Scheduled Completion Date (17)   Scheduled Completion Date (17)   Scheduled Completion Date (17)   Scheduled Completion Date (11)											
01/@1/2017		•	JOS	FPTH TAFF	er/Operato	r (2) ON CONTRA	ASBESTO	ENSIN	IG	102		
Agencies Notified Type Notification	on				110 & 31	ON CONTINA						
DEP Amended			City, S	state, Zip Code						-		
			MAN	IAHAWKIN, N	IJ. 08050	)						
		g	Name	of Contact			Telephon	e Numb	er			
DCA Cancellati	on		JOSE	ETH TAFFAR	RO		1					
Name of Facility Whore Abstract is Tel	rine Die	(0)	FAC	CILITY INFORMA	ATION			_				
PRIVATE	ung Place	(3)				Type of Facility	y (4)					
Street Address						School (K	(-12)					
						Subchapt Other (i.e	er 8 (Other than . private & com	n K-12) mercial h	n iild	linge	hon	200
City (5)						etc.)			, dird	ii iga	, non	165,
NORTH BERGEN NJ. 07047						1.37			BI		-	
County (6)			County	Code (7)						8.		
			(STATE	USE ONLY)				ionsnea	)			
Name of Monitoring Firm Hired by Building	g Owner (8	)	ASC	M No.	Name				_	-		-
								ITAL L	LC			
Street Address					Street	Address						
C't OL T O					1126	5 - 51 - ST.						
City, State, Zip Code												
Project Manager for Monitoring Firm			Talaah									
repeat manager for informering runn		-	reiepno	one No.								
Start Date (10)	Schedul	ed Co	moletion	Date (11)				Ж				
00/20/2017	01/2	2/	2017	-								
Occupancy Status During Abatement (Che							TL IIVO		_			
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor	Period of	Abater	nent		307V	V - 38TH. ST						
	mal Facility	/ Houn	S		City, St	ate, Zip Code					-	
					NEW	YORK, NY.	10018					
Total Control of the	_				_							- 1 - 1 - 1
≥3 st or ≥3 if ≥160 sf or ≥260 if					×	Full Containm	ent with Negati	ve Press	sure			
_	E .	Cirion	uori		I	Glovebag Pro	cedure					
	T					Non-Exempte	d (*) and Non-F	riable P	roce	dure	)	
									Α			
	Use	d Sole	ly by	D Ashastas Ca	escription of	of	120 7.0		1	ı yı	e .	
TO BE ABATED				(i.e. therm:	ntaining Ma al systems	insulation,		7		_	En	Ш
			Jun:	surf	acing, VAT	, or		emo	-	Zep.	caps	nclos
	Ves	No	N/A	Other	macenarie	ous)		Val		#	ulat	enne
HALLMAN	165		IN/A								Ф	
			-				120. SF.	Х				
				PIPE	INSULA <sup>-</sup>	TION	8. LF	X				
BASEMENT		X		PIPE	INSULA	TION	120 LF.	X				
Name of Posiotored Waste 11	DOSEPTH TAFFARO & SON CONTRACTING   LICENSING											
TRI- STATE - ASSOCC INC.		♣ 311500	JDEP Wa auler ID I	1		Name of	Registered Lan	dfill				
		100	9951	TB		MINEF	RVA ENTER	PRISE	IN	C		
City, State				Dispo	sal Date	City, State			-			
BRONX, NY.				TB	D	WAYNE	ESBURG, O	HIO				
Completed by CARLOS ESQUIVEL	Title	TV *	44444		Signature	11	10.10	Date				
	SALE	ITIV	IANAG	EK	Pour	my fly	in all	01/4 1/	20	17		



# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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LOC IU	ν.			g Owner/Ope		) 14	bree.						
of Notification (1)		Name	ody of	Sorrows S	chool					-mal	0	+	
n 10/2017 Check #2962				50110110			ASE	BEST	OS CON	HOL	OL .		
ncies Notified Type Notification		Street	Address	ny Street				L	ICENSIN	G			
Incles Notified		1/2/	tate, Zip	Code									
EPA Amended		City, S	h Oran	ge, NJ 070	079							-	
DEP Amendment #	#	Sout	of Conta	oct .			T	elepho	one Numbe	11			
instification)	IIIoidaii 9	Man											
DOH Cancellation		IVIAI	CILITY I	NFORMATIO	ON		Ch. (A)						
	a Place (3)	17	OILITT			Type of Faci		â,					
me of Facility Where Abatement is Taking	ig 1 1000 (9)					School Subcha	(K-12) Inter 8 (0	Other t	han K-12)		le e ma	0.0	
our Lady of Sorrows School						Other (	i.e. priva	ite & c	ommercial	buildings	nom	es,	
reet Address						etc.)		# of Fl		Bldg.			
72 Academy Street						Square Fee		1		50+			
ity (5)						Current Use	/Prior if	being	demolishe	d)			1
South Orange		Cou	nty Code	(7)		School	, (1 1.0.	5200 SE					1
county (6)		- SO	TE USE (		T 11	of Abatemer	nt Contra	actor (S	3)				
ESSEX	g Owner (8)	A	SCM No.		Name	Services C	orpora	tion					1
Alame of Monitoring Firm Hired by Building		-				t Address							
N/A					A26	69th Stree	et		E 10-				-
Street Address			=:3			State, Zip Co							
T. Cada					Gu	ttenberg, N	J 0709	93					
City, State, Zip Code						phone No.			License N	0.			
Project Manager for Monitoring Firm		Te	lephone l	No.	20	1-295-1700	)		01074	1-1-1-1-1			_
Project Manager for Memory													
			D-1	- (11)	Nan	ne of OSHA N	Monitor						
Start Date (10)	Schedule	ed Compl	etion Dat	e (11)	Nam	ne of OSHA Name as abo	Monitor						
Start Date (10) Jan-21st-2017	Jan-23	3rd-201	etion Dat	te (11)	Nam Sa	ne of OSHA N	Monitor						
Jan-21st-2017	Jan-23 Theck Only Or	e)	7	e (11)	Nam Sa Stre	ne of OSHA M nme as abo eet Address	Monitor IVE						
Jan-21st-2017 Occupancy Status During Abatement (C	Jan-23 Check Only Or	ne) Abateme	7	re (11)	Nam Sa Stre	ne of OSHA N ime as abo	Monitor IVE						
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Jan-21st-2017  Occupancy Status During Abatement (C  Facility Closed/Vacated During Ent Abatement Performed Outside of N Other – Describe: Starting 9 AM  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If ≥160 sf or ≥260 If  Location of Asbestos-Containing Material (ACI TO BE ABATED In Facility (13)  Crawl space (1891)	Jan-23 Check Only Or tire Period of Normal Facilit  M)  U C	Abateme y Hours  Renovat Demolition  Is Locatin Normal sed Sole Maintena ustodial (12)  s No	nt  ion on y yly by nce/ Staff?	Asbestos (i.e. the	Descri Contain ermal sy- surfacin- ther mis	re of OSHA Marme as above the Address of State, Zip Community, Sta	Code  Containm Enclosur Ebag Pro Exempte  ACM)	e cedure ed (*) a	Amount (Specify SF or LF)  10 LF 2 LF 7 SF	Removal	Abate Ty Repair	e Encapsulate	
Jan-21st-2017  Occupancy Status During Abatement (C  Facility Closed/Vacated During Ent Abatement Performed Outside of N  Other – Describe: Starting 9 AM  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If ≥160 sf or ≥260 If  Location of Asbestos-Containing Material (ACI TO BE ABATED In Facility (13)  Crawl space (1891)  Locker Room (Boys)  Fan Room	Jan-23 Check Only Or tire Period of Normal Facilit  M)  U C	Renovati Demolitin Normal sed Sole Maintena ustodial \$ (12) \$ No	nt  on  on  ly ly by nce/ Staff?  N/A  X	Asbestos (i.e. the	Descri Contain ermal sy- surfacin- ther mis  Pipe Ir  Plaste Duct I	re of OSHA Marme as about the a	Code Containm Enclosur bag Pro Exempte  ACM) ion,	e ocedure de (*) a	Amount (Specify SF or LF)  10 LF 2 LF 7 SF	Removal	Abate Ty Repair	e Encapsulate	
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Date of Notification (1) JAN. 17, 2017				of Building ILA BUR		Operato	r (2)		SBESTO	18 0	ONIT	301	100		
Agencies Notified	Type Notification		Street	Address				1 0		ENS		KUL	<u>~</u>		
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EPA DEP	Initial Amended		City, St	tate, Zip C	ode										
DEP DOL	Amendment	#		SRIVER		8753									
	Emergency		Name	of Contact				Te	elephone N	ımher			-		
DOH DCA	justification) Cancellation			LA OR E		JRNS		9 33	Acprioric (4)	umber					
	Garicellation		EAC	ILITY INF	OPMATI	ON							_		
Name of Facility Where	Abatement is Takin	g Place (3)	FAC	ALIT IN	OKWATI	ON	Type of Facility (4)								
BURNS PROPERT	ΓΥ						■ St. 0960 N								
Street Address							School (		ner than K-	12)					
Jan Strade Society									& commer		ildings	, hom	es,		
01- (5)							etc.)						50		
City (5) KEANSBURG							Square Feet 716 SF	# (	of Floors		Bldg. /				
											1923				
County (6) MONMOUTH				Code (7)			Current Use			shed)					
MONWOOTA			(STATE	USE ONLY	,		FORMER	RESID	ENCE						
Name of Monitoring Firm	Hired by Building	Owner (8)	ASC	M No.			of Abatement			5.00	530	918092			
N/A						Finis	shing Touch	Asbesto	os Abater	ment	Corp	, INc	<b>)</b> .		
Street Address						Street	Address								
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N/A	itoring i iiii		relepiit	JITE INO.			222.8372	00040	NO.						
Charl Data (40)		01.11.16		5		Name of OSHA Monitor									
Start Date (10) FEB. 6, 2017		Scheduled ( FEB. 10,		Date (11)		Name N/A	of OSHA Moni	tor							
		TO STREET THE PARTY	2017												
Occupancy Status During	g Abatement (Chec	k Only One)				Street	Address								
✓ Facility Closed/Vaca															
Abatement Perform	ed Outside of Norm	nal Facility Ho	urs		ĺ	City, S	tate, Zip Code								
Other – Describe: _					_										
Scope of Work (Check A	ll That Apply)														
23 sf or ≥3 lf		☐ Reno	ovation				Full Contain	nment wit	h Negative	Pressi	ire				
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Asbestos-Containing TO BE ABA			nance/				Material (ACM)		Amount	_		m	Е		
In Facili			al Staff?	(i.e.	surfac	system sing, VA	s insulation, T. or		Specify F or LF)	\den	Re	cap	nck		
(13)		(1	2)			niscellar	10			Remova	Repair	Encapsulate	Enclosure		
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Completed by JOSEPH P. MILLER		Title	SIDENT Signature					Date 1/17/17							
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Location of Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  Yes No N/A  exterior    Normally Used Solely by Maintenance/ Custodial Staff? (12)   Yes No N/A	Agencies Notified   Type Notification   Street Address   ASBESTOS CONTROL	Date of Notification (1)				T	Name	of Building	Owr	ner/Operator (2	2)		AN 13 20	$\stackrel{\leftrightarrow}{\cap}$	Lenter	7		
Separation		01/	16 / _	17			AVH	l Demolit	ion					31	0	\$		
DOLWD	Amended	Agencies Notified	Type Notifica	ition			Street	Address			1			ROL	3.			
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Forked River, NJ 08731	Data	Victoria de la companya del companya de la companya del companya de la companya d				ı	City, S	tate, Zip C	ode									
Name of Facility Where Abatement is Taking Place (3)   Residence   Street Address   Stree		A STATE OF THE STA			—		For	ked River	r, NJ	J 08731								
Cancellation					iiig		Name	of Contact					Telephone Nur	mber				
Name of Facility Where Abatement is Taking Place (3)	Name of Facility Where Abatement is Taking Place (3)						Ton	У				-						
School (K-12)   Subchapter 8 (Other than K-12)   Other (i.e., private and commercial buildings, homes, etc.)	School (M-12)   School (M-12)   Stockhopter 8 (Other than K-12)   Stockh						FAC	CILITY IN	FOR	RMATION								
Subchapter 8 (Other (i.e., private and commercial buildings, homes, etc.)	Subchapter 8 (Other than K-12)   County Code (7) (STATE USE ONLY)   County Code (7) (STATE USE ONLY)   County (6)   County (6)   County (7) (STATE USE ONLY)   Courrent Use (Prior if being demolished)   Residence   Reside	Name of Facility Where Ab	atement is T	aking Pla	ace (3)	)					Type of F	acility (4	4)					
City (5)	City (5)	Residence												(0)				
Square Feet	Square Feet	Street Address									Other	(i.e., pri			uildi	ngs,		
County (6)	County (6)	O:L. (F)										<u> </u>	# of Floors		Old-	A = =		
County (6)   Monmouth   Residence   Res	County (6)   County Code (7)(STATE USE ONLY)   Current Use (Prior if being demolished)   Residence											eet		1		Age		
Monmouth   Residence	Monmouth   Name of Monitoring Firm Hired by Building Owner (8)   ASCM No.   Name of Abatement Contractor (9)   Guardian Contractor (9)   Street Address   1889 Route 9, Unit 61				0.752.0				(O.T.)	TE 1105 011110	2000	<b>.</b>		P 1 1	735355			
Name of Monitoring Firm Hired by Building Owner (8) N/A         ASCM No.         Name of Abatement Contractor (9) Guardian Contracting, Inc.           Street Address         Street Address         1839 Route 9, Unit 61           City, State, Zip Code         City, State, Zip Code           Project Manager for Monitoring Firm         Telephone No.         Telephone No.           Telephone No.         732-349-9932         License No.           323-349-9932         00624           Start Date (10)         Scheduled Completion Date (11)         Name of OSHA Monitor           E.M.S.L. Analytical         E.M.S.L. Analytical           Occupancy Status During Abatement (Check only one)         Street Address           Image: Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement Learning Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement Learning Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement Learning Material (ACM) (Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement Learning Material (ACM) (Abatement Performed Outside of Normal Facility (Abatement Performed Outside of Normal Facility (Abatement Learning Material (ACM) (Abatement Learning Material (ACM) (Abatement Learning Material (ACM) (Abatement Learning Material (ACM) (Abatement Learning Material (ACM) (Abatement Learning Material (ACM) (Abatement Learning Material (ACM) (Abatement Learning Material (ACM) (Abatement Learning Material (ACM) (Abatement Learning Material (ACM) (Abatement Learning Material (ACM) (Abatement Learning Material (ACM) (Abatement Learning Mater	Name of Monitoring Firm Hired by Building Owner (8) N/A  Street Address  Street Address  1889 Route 9, Unit 61  City, State, Zip Code  City, State, Zip Code  Toms River, New Jersey 08755  Froject Manager for Monitoring Firm  Telephone No. 732-349-9932  City, State, Zip Code  Toms River, New Jersey 08755  Telephone No. 732-349-9932  City, State, Zip Code  Toms River, New Jersey 08755  Telephone No. 732-349-9932  City, State, Zip Code  Toms River, New Jersey 08755  Telephone No. 732-349-9932  City, State, Zip Code  Toms River, New Jersey 08755  Telephone No. 732-349-9932  City, State, Zip Code  Toms River, New Jersey 08755  Telephone No. 732-349-9932  City, State Total Countries Countries No. 732-349-9932  City, State Total Countries No. 732-349-9932  City, State Total Countries Countries No. 732-349-9932  City, State Total Countries No. 732-349-9932  City, State Total Countries No. 732-349-9932  City, State Total Countries No. 732-349-9932  City, State Total Countries No. 732-349-9932  City State Total Countries No. 73						Coun	ty Code (/)	(SIA	TE USE ONLY)			or if being demo	lished)				
Street Address	Street Address  Street Address  Street Address  1889 Route 9, Unit 61  City, State, Zip Code  City, State, Zip Code  Toms River, New Jersey 08755  Project Manager for Monitoring Firm  Telephone No. Telephone No. Telephone No. Tolephone No. Tolephone No. Tole Abatement Check only one) Time of Abatement Telephone Outside of Normal Facility Hours - Describe Time of Abatement Telephone Outside of Normal Facility Hours - Describe Time of Abatement AM- PM PM- AM Tell Containment with Negative Pressure Street Address Tell Containment with Negative Pressure Street Address Tell Containment with Negative Pressure Street Address Tell Containment with Negative Pressure Street Address Total Cause of Abatement Time of Abatement AM- PM PM- AM Total Exampled (7) and Non-Friable Procedure  Location of Asbestos-Containing Material (ACM) Total Examples					_												
Street Address	Street Address		lired by Build	ling Own	er (8)	F	ASCM	No.										
1889 Route 9, Unit 61	1889 Route 9, Unit 61	5317/6/0:									ntracting	, Inc.						
City, State, Zip Code	City, State, Zip Code	Street Address							) meanico									
Toms River, New Jersey 08755   Project Manager for Monitoring Firm	Toms River, New Jersey 08755  Project Manager for Monitoring Firm  Telephone No. Telephone No. Telephone No. Toms River, New Jersey 08755  Telephone No. Toms River, New Jersey 08755  Telephone No. Toms River, New Jersey 08755  Telephone No. Toms River, New Jersey 08755  Telephone No. Toms River, New Jersey 08755  Telephone No. Toms River, New Jersey 08755  Toms River, New Jersey 08755  Toms River, New Jersey 08755  License No. 00624  Name of OSHA Monitor E.M.S.L. Analytical  Street Address 1056 Stelton  City, State, Zip Code Pliscataway, New Jersey 08854  Street Address 1056 Stelton  City, State, Zip Code Pliscataway, New Jersey 08854  Street Address 1056 Stelton  City, State, Zip Code Pliscataway, New Jersey 08854  Street Address 1056 Stelton  City, State, Zip Code Pliscataway, New Jersey 08854  Street Address 1056 Stelton  City, State, Zip Code Pliscataway, New Jersey 08854  Street Address 1056 Stelton  City, State, Zip Code Pliscataway, New Jersey 08854  Street Address 1056 Stelton  City, State, Zip Code Pliscataway, New Jersey 08854  Street Address 1056 Stelton  City, State, Zip Code Pliscataway, New Jersey 08854  Street Address 1056 Stelton  City, State Toms River, New Jersey  Street Address 1056 Stelton  City, State Toms River, New Jersey  Street Address 1056 Stelton  City, State Toms River, New Jersey  Tell Containment with Negative Pressure  Street Address 1056 Stelton  City, State Toms River, New Jersey  Tell Containment with Negative Pressure  Street Address 1056 Stelton  City, State Toms River, New Jersey  Tell Containment with Negative Pressure  Street Address 1056 Stelton  City, State Toms River, New Jersey  Title  Trans, F.  Cubic Yards of Waste Trans, F.  Tullytown, Pennsylvania																	
Telephone No.   Telephone No.   Telephone No.   Telephone No.   Tolephone No	Telephone No.   Telephone No.   Telephone No.   Telephone No.   Telephone No.   Telephone No.   Telephone No.   Telephone No.   Telephone No.   Towards of N	City, State, Zip Code								POLICE - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 -								
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Start Date (10)  Ol	Start Date (10)	Project Manager for Monito	oring Firm		Т	elep	phone I	No.	2000									
Occupancy Status During Abatement (Check only one)  Street Address    Street Address	O1												00624					
Occupancy Status During Abatement (Check only one)  ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe ☐ Time of Abatement:AMPM/PMAM  ☐ PM/PMAM ☐ PM/PMAM ☐ PM/PMAM ☐ PM/PMAM ☐ PM/PMAM ☐ PM/PMAM ☐ PM/PMAM ☐ PM/PMAM ☐ PM/PMAM ☐ Full Containment with Negative Pressure ☐ Glovebag Procedure ☐ Glovebag Procedure ☐ Normally ☐ Street Address ☐ 1056 Stelton ☐ City, State, Zip Code ☐ Piscataway, New Jersey 08854 ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure ☐ Normally ☐ Description of ☐ Asbestos-Containing Material (ACM) ☐ TO BE ABATED ☐ IN Facility ☐ (13) ☐ IN Facility ☐ (13) ☐ IN Facility ☐ (13) ☐ IN Facility ☐ IN Fac	Occupancy Status During Abatement (Check only one)  ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe ☐ Time of AbatementAMPM/PMAM ☐ PM/AM ☐ PM/		Carrier Co.					33(41)	8035									
Secility Closed/Vacated During Entire Period of Abatement   Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AMPM/_PMAM   AM  PM/_PMAM  PM/_PMAM  PM/_PMAM  PM/_PMAM  PM/_PMAM	Security Closed/Vacated During Entire Period of Abatement   Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AMPM/PMAM   City, State, Zip Code   Piscataway, New Jersey 08854						_ ′ -	17	E	.M.S.L. Anal	lytical							
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AMPM/_PMAM	Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/ PM- AM   AM   PM-	and the state of the state of the state of the state of the state of the state of the state of the state of the							15100000									
Time of Abatement:AMPM/PMAM	Scope of Work (Check all that apply)							2	1	056 Stelton								
Scope of Work (Check all that apply)    Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Scope of Work (Check all that apply)   Mini-Enclosure   Scope of Work (Check all that apply)   Mini-Enclosure   Scope of Work (Check all that apply)   Scope of Work (Check	Scope of Work (Check all that apply)    Stataway, New Jersey Uoos4   Stataway, New Jersey Uoos4   Stataway, New Jersey Uoos4   Stataway, New Jersey Uoos4   Full Containment with Negative Pressure   Mini-Enclosure   Mini-Enclosure   Mon-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Friable Procedure   Stock																	
Salign   Salign	Solve   Sol					-		- UVI	Р	iscataway, l	New Jers	ey 088	354					
≥3 sf or ≥3 lf   Renovation   Mini-Enclosure   Glovebag Procedure   Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Friable Procedure   Abatement Type   Non-Exempted (*) and Non-Friable Procedure   Normally   Description of   Asbestos-Containing Material (ACM)   Amount   (Specify SF or LF)   Normally   Normally   Normally   Description of   Normally   Norm	Saf or ≥3 If   Demolition   Mini-Enclosure   Mini-Encl	Scope of Work (Check all t	hat apply)							☐ Full Cont	ainment w	ith Nea:	ative Pressure					
Some tempted (*) and Non-Friable Procedure   Asbestos-Containing Material (ACM)   Secondary (13)   Secondary (14)   Seconda	S Location of   Asbestos-Containing Material (ACM)   Normally   Used Solely by   Maintenance/ Custodial Staff? (12)   Yes   No   N/A     N/A	≥3 sf or ≥3 lf								☐ Mini-Enc	losure	_	ative i ressure					
Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)    Vac   Secription of   Asbestos-Containing Material (ACM)   Used Solely by   Maintenance/ (Custodial Staff? (12)   Yes   No   N/A   N/A   N/A   N/A      Exterior   Secription of   Asbestos Containing Material (ACM)   Amount (Specify SF or LF)   N/A   N/A      Exterior   Secription of   Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)   N/A      Exterior   Secription of   Asbestos Containing Material (ACM) (Specify SF or LF)   N/A	≥160 sf or ≥260 lf		$\boxtimes$	Demo	litio	n						Eriable Proces	duro					
Location of Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  Yes No N/A  exterior    Normally Used Solely by Maintenance/ Custodial Staff? (12)   Yes No N/A	Location of Asbestos-Containing Material (ACM)   Used Solely by Maintenance/ Custodial Staff? (12)   Yes   No   N/A   Normally Used Solely by Maintenance/ Custodial Staff? (12)   Yes   No   N/A   Normally Stems insulation, surfacing, VAT, or other miscellaneous)   SF or LF   Other miscellaneous   SF or LF   Other miscellaneous				le Le	oofi	on	1	-	△ NOII-Exe	impled ( ) a	IIIU INUII	I-F Hable Flocec		baka		4 T.	
Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  Yes No N/A  exterior  Asbestos Containing Material (ACM) Maintenance/ Custodial Staff? (12) Yes No N/A  asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Page 17  Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Page 17  Page 1	Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  exterior    Asbestos Containing Material (ACM) Maintenance/ Custodial Staff? (12)   Yes   No   N/A	Location o	f							Description o	f						-	
IN Facility (13)  Yes No N/A  exterior  asbestos siding  200 sf  asbestos siding  Name of Registered Waste Hauler  Name of Registered Waste Hauler  SF or LF)  SF or LF  SF or LF)  SF or LF  SF or L	IN Facility (13)   Custoblal Staff? (12)   SF or LF)   Second the surfacing, VAT, or other miscellaneous   SF or LF)   Second the surfacing, VAT, or other miscellaneous   SF or LF)   Second the surfacing, VAT, or other miscellaneous   SF or LF)   Second the surfacing, VAT, or other miscellaneous   SF or LF)   Second the surfacing, VAT, or other miscellaneous   SF or LF)   Second the surfacing, VAT, or other miscellaneous   SF or LF)   Second the surfacing, VAT, or other miscellaneous   SF or LF)   Second the surfacing, VAT, or other miscellaneous   SF or LF)   Second the surfacing, VAT, or other miscellaneous   SF or LF)   Second the surfacing, VAT, or other miscellaneous   SF or LF)   Second the surfacing, VAT, or other miscellaneous   SF or LF)   Second the surfacing, VAT, or other miscellaneous   SF or LF)   Second the surfacing, VAT, or other miscellaneous   SF or LF)   Second the surfacing, VAT, or other miscellaneous   SF or LF)   Second the surfacing, VAT, or other miscellaneous   SF or LF)   Second the surfacing variation   SF or LF)   Second the surfacing variation   SF or LF   SEcond the surfa									Containing Ma	terial (ACN	1)	Amount	1	1	2	nc	nc
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Yes         No         N/A         Company of Registered Waste Hauler         Yes         No         N/A         N/A <th< td=""><td>exterior    Yes   No   N/A                                      </td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>SF OF LF)</td><td>=</td><td>-</td><td></td><td>ulat</td><td>Ге</td></th<>	exterior    Yes   No   N/A												SF OF LF)	=	-		ulat	Ге
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Name of Registered Waste Hauler  NJDEP Waste Use of Registered Landfill  Name of Registered Landfill  Name of Registered Landfill	Name of Registered Waste Hauler Guardian Contracting, Inc.  City, State Toms River, New Jersey  NJDEP Waste Hauler ID No. 20223  Disposal Date 1/23/17  Tullytown, Pennsylvania  Completed By (Print or Type)  Title  Cubic Yards of Waste T.R.R.F.  City, State Tullytown, Pennsylvania  Date				] [2	3									] [	] [		
Name of Registered Waste Hauler  NJDEP Waste Cubic Yards of Name of Registered Landfill	Name of Registered Waste Hauler Guardian Contracting, Inc.  City, State Toms River, New Jersey  NJDEP Waste Hauler ID No. 20223  Disposal Date 1/23/17  Tullytown, Pennsylvania  Completed By (Print or Type)  Title  Name of Registered Landfill Waste T.R.R.F.  City, State Tullytown, Pennsylvania				] [	]									] [	][		
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### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) MERCK SHARP & DOHME CORP. 13 /16 Street Address Agencies Notified Type Notification 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 EPA Initial Notification City, State, Zip Code DEP 9 Amended Notification = 1 RAHWAY, NEW JERSEY 07065 DOL Cancellation DOH On Hold Name of Contact Telephone Number DCA **EMERGENCY NOTIFICATION** Sandra M. Schenk ASBESTOS CONTROL & LICENSING **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) MERCK SHARP & DOHME CORPORATION Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 126 EAST LINCOLN AVENUE - BUILDING 80Y LINK 7,500 38 City (5) County (6) County Code (7) Current Use (Prior if being demolished) RAHWAY UNION (STATE USE ONLY) VACANT Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. ENVIRONMETAL HEALTH INVESTIGATIONS, INC. 104 PAR ENVIRONMENTAL CORPORATION Street Address Street Address 655 WEST SHORE TRAIL 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code SPARTA, NEW JERSEY 07871 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number WILLIAM S. KERBEL, CIH 973-729-5649 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor /17 6 / AMERISCI LABORATORIES INC 15 /17 #11480 Day Month Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 117 EAST 30TH STREET Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY - FRIDAY 7 AM- 3:30 PM City, State, Zip Code NEW YORK, NEW YORK 10016 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini-Enclo. >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount REPAIR ENCAPSULE REMOVAL ENCLOSURE Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT. SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A 1ST FLOOR -THROUGHOUT X **DUCT WORK FLANGES** 800 LN. FT. X 1ST FLOOR -THROUGHOUT X COVE BASE MOLDING 200 LN. FT. X ADDITION TO SCOPE: 80 E ROOM 109 & 110 X CEILING MASTIC 120 SQ. FT. Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill FREEHOLD CARTAGE, INC. Hauler ID No.

30

Signature

Disposal Date

1/9/17-6/15/2017

15939

DIRECTOR OF OPERATIONS

Title

825 HIGHWAY 33

FREEHOLD, NEW JERSEY

Completed by (Print or Type)

BENJAMIN SANCHEZ

City, State

LYCOMING COUNTY RESOURCE MANAGEMENT SE

Date

447 ALEXANDER DRIVE/ROUTE 15

MONTGOMERY, PA 17752

City, State

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VILLIAM S. KERBEL, CIH				-729-				- 1	845-369-7500		110		INUITIE	Jei	
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Date of Notification (1)			LN	(5.00				IU L	0,1			1 -	911		
JAN. 16, 2017			ST.	e of Buildin LUKES	g Owner/C UNITED	perato MET	r (2) HODIST CHUI	RCH L							
Agencies Notified Type Notificat	on		Stree	t Address BROAD				A	SBES	TC	SC	ON	TRO		
EPA Initial Amended	i			State, Zip (				Transmission Security	The state of		-		2		
DOL Amendm Emergen	ent#	ina	LON	NG BRAI	NCH, NJ	0774	0								
DOH justification Cancellat	n)	iig	Name JAN	of Contac IET WAL	t LACE M	ASSA	ARO .	Teleph	one Nun	nbe	r				
Name of Facility Where Abatement is Ta	king Place	(2)		CILITY IN	FORMATIC	ON									
ST. LUKES UNITED METHODIS	ST CHU	RCH					Type of Facility (	· (a)							
Street Address 535 BROADWAY							School (K-1 Subchapter Other (i.e. p	8 (Other th	an K-12 mmercia	) il bu	ildina	s. ho	mes		
City (5) LONG BRANCH							Square Feet	# of Floo		T	Bldg. Age 80 YEARS				
County (6) MONMOUTH			County (STATE	y Code (7) E USE ONL	(7) Current Hea (Principle)						00	I EA	no		
Name of Monitoring Firm Hired by Buildin N/A	8)		CM No.		Name (	of Abatement Con	tractor (9)								
Street Address					Street /	hing Touch Asl		ateme	nt	Corp	)., In	IC.			
City, State, Zip Code	City, State, Zip Code						nompson Stree	et							
Project Manager for Monitoring Firm			T-1			West	Long Branch,	NJ 0776	SC 20000-000-00						
				one No.		732.2	one No. 222.8372		nse No. 040						
JAN. 30, 2017	Start Date (10) Schedule JAN. 30, 2017 FEB. 4					Name o	f OSHA Monitor						1		
Occupancy Status During Abatement (Che		10000000			S	Street A	ddress								
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of mal Facilit	Abate y Hou	ment rs		C	City, Sta	ite, Zip Code								
Scope of Work (Check All That Apply)															
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		Locat					11011-Exchipted (	) and Non-	-Friable i		Abate		t		
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TO BE ABATED In Facility (13)	Cus	intena todial ( (12)	nce/ Staff?	(i.e. t	hermal sys surfacing other misc	stems ir ı. VAT.	nsulation, or	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure		
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CHOIR ROOM	参		X		VA			492 SF	X						
HALLWAY			X		VA			680 SF	Х						
FELLOWSHIP HALL			X		VA			388 SF	Х						
lame of Registered Waste Hauler		I NI	JDEP Wa	nato 1	VA			1760 SF							
inishing Touch Asbestos Abatemer	auler ID N 2058	No.	Cubic Yard of Waste 10 cy	ds	Name of Reg		ndfill								
ity, State Vest Long Branch, NJ 07764			Disposal D 2/6/17	ate	City, State Morrisville	ΡΔ									
ompleted by oseph P. Miller			Signa	ture /	A.A	, , , , ,	Date								
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State of New Jersey	In	E	C			$\mathbb{V}$		[	-
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Name of Building Owner/Operator (2)	en les							Seus-And	7

Date of Notification (1)  01 /	16 /	17			of Buildin H Demol	g Owner/Operator (	2)	3	110	1		
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						FORMATION		U. C. C. C. S. S. C. S.	-magg	-	-	
Name of Facility Where	Abatement is Ta	king Plac	e (3)	ГА	CILITTI	FORWATION	Type of Facility	(4)				
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Name of Monitoring Firm	n Hired by Buildin	ng Owner	(8)	ASCM	No.	Name of Abateme		1			10.0	
N/A		•					ntracting, Inc.					
Street Address						Street Address		31183455 3				
						1889 Route 9	. Unit 61					
City, State, Zip Code						City, State, Zip Co	<u> </u>					
							New Jersey 08	755				
Project Manager for Mor	nitoring Firm		Tele	phone	No.	Telephone No.	,	License No.				
	3 <u>17</u> 20					732-349-9932		00624				
Start Date (10)	Sc	heduled (	Comple	tion Da	ite (11)	Name of OSHA M	lonitor				-	
_01_ / _17_ /	17	01	_ 20	_ /	17	E.M.S.L. Anal	lytical					
Occupancy Status Durin	g Abatement (Ch	neck only	one)		-,	Street Address						
☐ Facility Closed/Vacat		500 07.00		ment		1056 Stelton						
Abatement Performe	d Outside of Non	mal Facilit	y Hou	s - Des	scribe	City, State, Zip Co	ode					
Time of Abatement:	AM	_PM/	PM-		AM.		New Jersey 08	854				
Scope of Work (Check a	II that apply)					201 2222 - 25200000						
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			enovat emolitic			☐ Mini-Enc	ainment with Neg losure g Procedure	gative Pressure				
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City, State				20223	5	3 Disposal Date	City, State					
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Nicholas Fernicola	100 0 I	Project	Man	ager		Signature	(		ale	1.	7	
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