Data of Nationalian (4)					1								and the same of the same	-
Date of Notification (1)	12 /	18			1 4.53	e of Buildin der Unive	g Owner/Operator (ersity	(2)		E C			V	
Agencies Notified	Type Notific	cation			Stree	t Address			13					- 11
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⊠ DOLWD				140	City,	State, Zip (Code		1:4	JAN		- (113	-
☑ DOH ☑ DCA	Amendm				La	wrencevi	lle, NJ 08648					and the same of th		
(NJAC 5:23-8)	justificat		Ciuuiii	9		e of Contac			Telepho	ie Numb	er C	100	135.00	. Cy
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				5377	FA	CILITY IN	FORMATION		(/				-	
Name of Facility Where A	batement is	Takino	Place	(3)		O'LITT II	II OILIIATIOI	Type of Facility (4)					
Kroner Building								School (K-12)	4.51					
Street Address								Subchapter 8	(Other th	an K-12)				
2083 Lawrenceville	Road							Other (i.e., pri	ivate and	commerc	ial bu	ilding	S,	
City (5)								homes, etc.) Square Feet	# of Flo	oro	TDI	da A		_
Lawrenceviile								44000	4			dg. A +- 5 0		
County (6)					Cou	nty Code (7)(STATE USE ONLY)	Current Use (Price	or if being	demolish	ed)			
Mercer								Dorm						
Name of Monitoring Firm	Hired by Buil	ding C)wner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)						
Pennoni					001	02	BRISTOL EN	VIRONMENTAL	., INC.					
Street Address							Street Address							
515 Grove Street, S	uite 1B						1123 BEAVE	R STREET						
City, State, Zip Code							City, State, Zip Co	ode						
Haddon Heights, No							BRISTOL, PA	19007						
Project Manager for Monit	toring Firm			Tel	ephone	No.	Telephone No.		License	No.				
Brian Clark				1	56-547		215-788-6040		0050	9				
Start Date (10)		Sched	uled C		etion Da		Name of OSHA M	lonitor						
//		1	/		0_/	19	BRISTOL EN	VIRONMENTAL	, INC					
Occupancy Status During							Street Address							
☐ Facility Closed/Vacate	d During Enti	re Per	iod of	Abate	ement		1123 BEAVER	R STREET						
Abatement Performed Time of Abatement: 7:	Outside of No. 100 Outside of No	ormal PM/	Facility PI	y Hou M	rs - Des AM	scribe	City, State, Zip Co BRISTOL, PA							
Scope of Work (Check all	that apply)					-								-
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			⊠ Re □ De				☐ Mini-Encl 図 Glovebag	Procedure						
			lo	Loca	tion		☐ Non-Exer	mpted (*) and Non-	-Friable P	rocedure				
Location	of			Norma			Description of				Aba		ent Ty	/pe
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Basement Rec Room/	15/		Ц			Elbow I	nsulation		30 s	sf				
First Floor Bathooms/						Elbow I	nsulation		60 s	sf				
Second Floor Bathroo		у				Elbow I	nsulation		20 s	f	\boxtimes			
Third Floor Bathroom	-					Elbow I	nsulation		20 s	sf				
Name of Registered Waste				1 1 1 1 2 2	JDEP V		Cubic Yards of	Name of Registe	ered Land	fill				
Service Transport G	roup Inc.				lauler II 20990		Waste 20	Fairless Lar	ndfill					
City, State	1111						Disposal Date	City, State				. Lander		\dashv
Yardley, PA							TBD	Fairless Hill	s, PA					
Completed By (Print or Ty	pe)	Title	882				Signature			Date				\neg
Patrick DeCaro		Es	timat	or			Paluci	KT. De Car	10/M	- 1	116	1/1	7	

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_ /	30			Name of OSHA M	lonitor					
		<u> </u>		DDIOTOL ELI	#50111E1					
only o				BRISTOL EN	VIRONMENTA	L, INC				
				Street Address						
	Abate	ment rs - Des		1123 BEAVER						
acility PN	/ Hour VI-	AM	scribe	City, State, Zip Co						
				BRISTOL, PA	19007					
				M Full Cont	ninnant with Na	ati a Dana				
						jative Pressure				
] Der	molitic	on		☐ Glovebag	Procedure					
				∐ Non-Exer	mpted (*) and No	n-Friable Proced				
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3 300				20	Fairless La	indfill				
				Disposal Date	City, State				12.20	
				TBD	Fairless Hi	lls, PA				
				Signature			ate /	,		
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Y	Is N Use Mai Cust	Is Local Normal Used Sole Maintena Custodial (12)	/es No N/A	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) /es No N/A Plpe Flu Boiler II	Renovation Mini-Encilon Mini-Encilon Mini-Encilon Mini-Encilon Mini-Encilon Mini-Encilon Mini-Encilon Mon-Exer Non-Exer Non	Mini-Enclosure Glovebag Procedure Non-Exempted (*) and No	Renovation Demolition Second Full Containment with Negative Pressure Mini-Enclosure Mini-Enclosure	Renovation Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Normally Used Solely by Maintenance/ (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Obstitution Compared to the procedure About the proce	Renovation	Renovation

Date of Notification (1)				I Maria	(5.31			1	TF (C			W	E
	12 /	18			ne of Build i der Uni v	ing Owner/Operator rersity	(2)	1:3					
Agencies Notified ⊠ EPA ⊠ DOLWD	Type Notification ☐ Initial ☐ Amended	on		20		enceville Road			JA	N 2	2 ,	2019	
☑ DOH	Amendmen			14	, State, Zip			-	ASBEC		CC	non-re-	-
DCA	☐ Emergency	(includi	ng			ville, NJ 08648					(in)		13
(NJAC 5:23-8)	justification) Cancellation				ne of Conta				one Num			an mount	* *****
					alter Edd			(609) 896-50	000			
Name of Facility Where At	otomont in Tale	DI-	(0)	F/	ACILITY	NFORMATION							
Kroner Building	datement is Tak	ing Plac	ce (3)				Type of Facility				10-5-4		
Street Address							School (K-1	12)					
2083 Lawrenceville I	Road						Other (i.e.,	private and	nan K-12 d comme	?) rcial b	uildir	igs,	
City (5)							Square Feet	# of F	loore		Ildg. /	100	
Lawrenceviile							44000	4	10015	6	+- 5	_	
County (6)				Cou	inty Code ((7)(STATE USE ONLY)	Current Use (F	- Annual Page 188-100	a demolis	(hed)			
Mercer							Dorm		g domon.	silcuj			
Name of Monitoring Firm F	lired by Building	Owner	(8)	ASCN	No.	Name of Abateme	Carried Market	9)		-			
Pennoni			0.00.00	001	02		VIRONMENTA						
Street Address						Street Address		,					
515 Grove Street, Su	ite 1B					1123 BEAVE	R STREET						
City, State, Zip Code	00-00-00-00-00-00-0					City, State, Zip Co	ode					_	
Haddon Heights, NJ						BRISTOL, PA	19007						
Project Manager for Monito	ring Firm			phone		Telephone No.		Licens	e No.			_	-
Brian Clark			and the second		7-0505	215-788-6040		005	09				
Start Date (10)	Sche	HOL	Comple ID	tion Da	ate (11)	Name of OSHA M BRISTOL ENV	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	I INC					
Occupancy Status During A						Street Address	VIICONNILIVIA	L, INC					
☐ Facility Closed/Vacated	During Entire P	eriod of	Abate	ment		1123 BEAVER	STDEET						
Abatement Performed C	utside of Norma	al Facilit	v Hou	s - De	scribe	City, State, Zip Co							
Time of Abatement: 7:0	<u>0</u> AM- <u>5:00</u> PM/_	P	M	AM		BRISTOL, PA							
Scope of Work (Check all the	nat apply)												
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	activation to the second of		enovati emolitic				ainment with Ne osure Procedure npted (*) and No			e			
		4	Locat							_	atem	ent T	vne
Location of Asbestos-Containing Ma TO BE ABATE IN Facility (13)		Use Ma	Norma ed Sole iintena todial (12)	ely by nce/ Staff?	Asbe (i.e	Description of stos Containing Mat ., thermal systems in surfacing, VAT, other miscellaneo	erial (ACM) nsulation, or	Amo (Spe SF o	cify	Removal	Repair	Encapsulate	Enclosure
Basement Rec Room/h	allway			N/A	Elbow I	nsulation		20	-5				
First Floor Bathooms/H						nsulation		30 60					
Second Floor Bathroon	ns/Hallway					nsulation		20	7.0				
Third Floor Bathrooms/	Hallway		П		Elbow I	nsulation				-]	
Name of Registered Waste I			N	JDEP \		Cubic Yards of	Name of Regis	20			Ш	Ш	Ш
Bristol Environmental			H	auler II	No.	Waste	Fairless La		11111				
City, State				18706		20 Disposal Date		andill					
Bristol, PA						TBD	City, State Fairless Hi	llo DA					
Completed By (Print or Type) Titl	<u> </u>					i alliess fil	iis, PA					
Patrick DeCaro		stimat	or			Signature	A DeCar	11/1	Date	e /4,	/19	÷	
SB-41 AN 13 GI 1827	1B.	Do not	use th	s form	for ashest	as licensure exempt		18	· /	-/			

Date of Notification (1)				No	mo of Duild	i== 0 /0 .	751	IN E	69	-	\mathcal{L}_{tur}	7 (5)
12/1	12 /	18			Rider Univ	ing Owner/Operator rersity	(2)		يال و	<u> </u>	Ú	Ľ
☑ EPA ☑ DOLWD	ype Notification Initial Amended			2	eet Address 083 Lawre , State, Zip	enceville Road			IN 2	2 2	201	9
☑ DOH ☑ DCA	Amendment					rille, NJ 08648				entdownste		
(NJAC 5:23-8)	Emergency justification)		ng		ne of Conta			ASBEC		ĊU.	11	- 4
4 100-50 0.0	Cancellation				/alter Edd			Telephone Nun				(9)
						-		(609) 896-5	000			
Name of Facility Where Aba	tement is Tak	ing Pla	na (3)	г	ACILITY	NFORMATION						
Kroner Building	Tank	ing i iai	Je (J)				Type of Facility					
Street Address			-				School (K-12	t) 3 (Other than K-12	21			
2083 Lawrenceville Ro	oad						☐ Other (i.e., pr	rivate and comme	1) rcial t	ouildir	nas.	
City (5)	270,770						nomes, etc.)				3-1	
Lawrenceviile							Square Feet	# of Floors	E	Bidg.	Age	
County (6)				I Co	untu Cada /	7\/07475 (105 0	44000	4		+- 5	0	
Mercer				00	unty Code (7)(STATE USE ONLY)	CONTRACTOR	or if being demolis	shed)			
Name of Monitoring Firm Hire	ed by Ruilding	Ownor	/0\	ACCI	4.51	T.:	Dorm					
Pennoni	od by building	Owner	(0)	ASC		Name of Abateme						
Street Address				00	02		VIRONMENTAL	., INC.				
515 Grove Street, Suite	1R					Street Address						
City, State, Zip Code	, 10			Alle C		1123 BEAVE						
Haddon Heights, NJ08	035					City, State, Zip Co						
Project Manager for Monitorin			1 = .			BRISTOL, PA	19007					
Brian Clark	ig Film			ephone		Telephone No.		License No.				
Start Date (10)	Caha	all = .l .C	- 1		7-0505	215-788-6040		00509				
1011	Sche		LD	etion D	ate (11)	Name of OSHA M						
Occupancy Status Dusing Ab				_ ′		BRISTOL ENV	/IRONMENTAL	, INC				
Occupancy Status During Aba	ring Cation D	ck only	one)			Street Address						
☐ Facility Closed/Vacated Do	ring Entire Pe	eriod of	Abate	ment		1123 BEAVER	STREET					
Time of Abatement: 7:00	M-5:00PM/	P	y nou M-	s - De AM	scribe	City, State, Zip Co						
Scope of Work (Check all that			-			BRISTOL, PA	19007					
	appiy)					M Full Conta						
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			novati					tive Pressure				
			molitio	n		☐ Glovebag	Procedure					
		Is	Locat	ion		□ Moli-Exell	npted (*) and Non-	Friable Procedure	-			
Location of			Vorma			Description of			Ab	atem	ent T	уре
Asbestos-Containing Mate TO BE ABATED	rial (ACM)	Ma	d Sole intena	nce/	Asbes	tos Containing Mate	erial (ACM)	Amount	Rei	Repair	En	En
IN Facility		Cust	odial	Staff?	(i.e.	, thermal systems in surfacing, VAT, of	sulation,	(Specify	Removal	Dair	aps	Enclosure
(13)			(12)		-	other miscellaneo	us)	SF or LF)	<u>a</u>		Encapsulate	ure
Boiler Room		Yes	No	N/A							te	
Boiler Room						e Insulation		50 sf				
- Tolli					Boiler In	sulation		60 sf	\boxtimes			
Name of Desistantia										П	П	П
Name of Registered Waste Ha				IDEP V		Cubic Yards of	Name of Register	red Landfill				-
Bristol Environmental Ir	IC		100000	auler IE 18706		Waste 20	Fairless Land					
City, State						Disposal Date	City, State					
Bristol, PA						TBD	Fairless Hills	. PA				
Completed By (Print or Type)	Title			_		Signature						
Patrick DeCaro	Es	stimat	or			-/ /	D. De Can	Date	/,,,	10		
SB-41 N 12 (5 T / 9 2 7 /	2					1 ancek	X. D'Car	6/JK 1/	4/	17		

^{*} Do not use this form for asbestos licensure exempted activities.

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 12 12 1 18 Rider University Agencies Notified Type Notification Street Address Ø EPA 4756 2083 Lawrenceville Road DOLWD4732 ☐ Amended City, State, Zip Code DOH 4749 Amendment # ASBECT CO Lawrenceville, NJ 08648 ☑ DCA 4763 ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Walter Eddy (609) 896-5000 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Kroner Building School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 2083 Lawrenceville Road homes, etc.) City (5) Square Feet # of Floors Bldg. Age Lawrenceviile 44000 +- 50 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Mercer Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Pennoni 00102 BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 515 Grove Street, Suite 1B 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Haddon Heights, NJ 08035 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Brian Clark 856-547-0505 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __1__/__7__/_19 1 / 30 / 19 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: 7:00AM-5:00PM/____PM-_ BRISTOL, PA 19007 □ Full Containment with Negative Pressure ≥3 sf or >3 If ⊠ Renovation ☐ Mini-Enclosure ☐ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Remova Repair Asbestos Containing Material (ACM) Encapsulate Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, closure (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) No N/A

Scope of Work (Check all that apply) ≥160 sf or ≥260 If Yes Basement Rec Room/hallway X П Elbow Insulation 30 sf X First Floor Bathooms/Hallway П X П Elbow Insulation 60 sf X П П Second Floor Bathrooms/Hallway X Elbow Insulation 20 sf X П Third Floor Bathrooms/Hallway П П M Elbow Insulation 20 sf X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Bristol Environmental Inc Waste Fairless Landfill 18706 20 City, State Disposal Date City, State Bristol, PA TBD Fairless Hills, PA Completed By (Print or Type) Title Signature Patrick DeCaro Estimator

12-12-18

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 12 / 12 / 18 Rider University Agencies Notified Type Notification Street Address **⊠** EPA Initial 2083 Lawrenceville Road **⊠** DOLWD ☐ Amended City, State, Zip Code **⊠** DOH Amendment # ☐ Emergency (including Lawrenceville, NJ 08648 **⊠** DCA (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Walter Eddy (609) 896-5000 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Kroner Building School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 2083 Lawrenceville Road homes, etc.) City (5) Square Feet # of Floors Bldg. Age Lawrenceviile 44000 +- 50 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Mercer Dorm Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Pennoni 00102 BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 515 Grove Street, Suite 1B 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Haddon Heights, NJ08035 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Brian Clark 856-547-0505 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __1__ / __7__ / 19 1 / 30 / 19 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: 7:00AM-5:00PM/____PM-___AM BRISTOL, PA 19007 Scope of Work (Check all that apply) ≥3 sf or >3 If □ 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 Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Remova Encapsulate Amount Maintenance/ TO BE ABATED nclosure (i.e., thermal systems insulation, Custodial Staff? (Specify IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A

X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Bristol Environmental Inc Hauler ID No. Waste Fairless Landfill 18706 20 City, State Disposal Date City, State Bristol, PA TBD Fairless Hills, PA Completed By (Print or Type) Title Signature Patrick DeCaro Estimator 12-12-18

Pipe Flue Insulation

Boiler Insulation

50 sf

60 sf

X

X

X

Boiler Room

Boiler Room



Date of Notification (1)					Nam	ne of Buildi	ing Owner/Operator	(2)				****	
	3 /	18	_				University-Office		Construction	E	- II	\mathbb{W}	
□ EPA	Type Notific ⊠ Initial		200		Stree	et Address	3		1-3/5	<u>, </u>	U	U	5
☐ DOLWD [1117	140	City,	State, Zip	Code		- JA	N 2	2 :	2019	
	⊠ Emerger				Pr	inceton,	NJ 08544		1 4 OF	14 -	- (UIU	
(NJAC 5:23-8)	justificati	ion)	Juling		Nam	e of Conta	ict		Telephone Nur	nher-	and the same		Postmette
	Cancella	ition			Ro	bert Orto	ego		609-258-18	41	CC:		
					FA	CILITY	NFORMATION		terminate in particular and the second	-, -	F-1		T)
Name of Facility Where Ab				(3)				Type of Facility	(4)				_
Princeton University	- Graduate	e Colle	ge					School (K-12)				
Street Address 88 College Rd. West								Other (i.e., pr	(Other than K-1)	2) ercial b	uildin	gs,	
City (5)								Square Feet	# of Floors	ТВ	ldg. A	\ae	_
Princeton										- 1	70	.50	
County (6)					Cou	nty Code ((7)(STATE USE ONLY)	Current Use (Pri	or if being demol	- 1			_
MERCER								Office/Class		T-1-7-7-1			
Name of Monitoring Firm Hi		ding Ow	ner (8	8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
TTI Environmental Inc	С				000	03	BRISTOL EN	VIRONMENTAL	., INC.				
Street Address							Street Address						
1253 North Church Ro	d						1123 BEAVE	R STREET					
City, State, Zip Code	560						City, State, Zip Co	ode					_
Moorestown, NJ 0805				5			BRISTOL, PA	19007					
Project Manager for Monitor	ing Firm				phone		Telephone No.		License No.				
Michael Keehn						-8800	215-788-6040		00509				
Start Date (10)		Schedule					Name of OSHA M						
					_ / .	19	BRISTOL EN	VIRONMENTAL	, INC.				
Occupancy Status During Al							Street Address						
☐ Facility Closed/Vacated [During Entir	e Period	of A	bater	nent '		1123 BEAVER	STREET					
Abatement Performed On Time of Abatement: 8:00	DAM- <u>5:30</u> P	ormai Fa PM/	cility PM	Hour -	s - Des AM	scribe	City, State, Zip Co						
Scope of Work (Check all the							BRISTOL, PA	19007					-
	at appiy)						☐ Full Cont	ainment with Nega	ative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				ovatio				osure					
		Ц	Deli	IOIILIO	11		☐ Glovebag ⊠ Non-Exer	Procedure npted (*) and Non	-Friable Procedu	re			
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Location of Asbestos-Containing Mat	torial (A CBA)			ormal Sole			Description of			-	_		1
TO BE ABATE	D	' I	Main	tenar	nce/	Asbe (i.e	stos Containing Mat ., thermal systems i	erial (ACM)	Amount	Removal	Repair	nca	Enclosure
IN Facility (13)				dial S (12)	Staff?		surfacing, VAT,	or	(Specify SF or LF)	oval	=-	Encapsulate	Jusc
(13)		Y	es	No	N/A		other miscellaned	ous)	S0000000000000000000000000000000000000			late	6
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			1 1								П	П	Г
				25000	DEP V		Cubic Yards of	Name of Registe	ered Landfill				_
Name of Registered Waste H		C			uler ID 18706		Waste	FAIRLESS L					
Name of Registered Waste F BRISTOL ENVIRONME	NTAL, IN	C.						L					
BRISTOL ENVIRONME City, State	NTAL, IN	···			10700		Disposal Date	City, State					
BRISTOL ENVIRONME	NTAL, IN	·			10700		Disposal Date	City, State FAIRLESS H	IILLS. PA				
BRISTOL ENVIRONME City, State		Title			10700		Signature	City, State FAIRLESS H	IILLS, PA	to			

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Date of Notification (1)		_					vner/Operator		1: 4	JAN	22	201	9
	1	8		P	rinceton l	Unive	ersity-Office	of Design and	Constructi	on			
Agencies Notified Type Not	ification	n		Stre	et Address	3			ASE	ST. C.	100		**********
☐ EPA ☐ Initial				20	00 Elm Dr	r.							12
☑ DOLWD ☑ Amen ☑ DHSS Amen	ded dment :	44 40	14140	City	, State, Zip	Code					alad or an a		
□ DCA □ Emerg	iency (i	# <u>I-10/</u>	4/10	P	rinceton,	NJ 0	8544						
(NJAC 5:23-8) justific	ation)	iriciaai	ilg	-	ne of Contac				Telephone	Number	_		
☐ Cance				R	obert Orte	ego			609-258				
				-	ACILITY II		MATION		003-230	-1041			
Name of Facility Where Abatement	is Takir	ng Plac	ce (3)		NOILITT II	INI OI	VINIATION	Type of Facility	/A)				
Princeton University- Gradu								School (K-12					
Street Address				- Western				Subchapter 8	Other than	K-12)			
88 College Rd. West								Other (i.e., pr	rivate and con	nmercia	build	lings,	
City (5)								homes, etc.) Square Feet			D1.1		
Princeton								Oquare reet	# of Floors	١		. Age	
County (6)				Cou	inty Code (7	7)/STA	TE USE ONLY)	Current Use (Pri	or if being de-		70		
MERCER						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ie oor onely	Office/Class		nousne	1)		
Name of Monitoring Firm Hired by B	uilding	Owner	(8)	ASCN	I No.	Nar	ne of Abatem	ent Contractor (9)					
TTI Environmental Inc				000				VIRONMENTAL					
Street Address						-	et Address	AUCHAILIAIA	-, INC.				
1253 North Church Rd						10000	123 BEAVE	RSTREET					
City, State, Zip Code							, State, Zip Co						
Moorestown, NJ 08057							RISTOL, PA						
Project Manager for Monitoring Firm	-		Te	ephone	No.		phone No.	10001	I inches No				
Michael Keehn			1		6-8800	10.000000	15-788-6040		License No 00509).			
Start Date (10)	Sched	duled (Compl	etion Da	ate (11)		ne of OSHA M	19	00509				
10 /4 /18				041		100000		VIRONMENTAL	INC				
Occupancy Status During Abatement	(Chec	k only	one)			_	et Address		.,				
☐ Facility Closed/Vacated During Er	tire Pe	riod of	Abate	ement			123 BEAVER	STREET	8				
Abatement Performed Outside of	Normal	Facilit	v Hou	rs - De	scribe		State, Zip Co				50 20 W		
Time of Abatement: 7:00AM-5:3	DPM/_	P	M	AM		14000	RISTOL, PA						
Scope of Work (Check all that apply)							10102,17	13007					
⊠ >3 sf or >3 lf							☐ Full Cont	ainment with Nega	ative Pressure	9			
△ ≥3 \$1 61 ≥3 11 □ ≥160 sf or ≥260 lf		⊠ Re					☐ Mini-Encl	osure					
			,,,,,	011			Non-Exer Non-Exer	npted (*) and Non	-Friable Proce	edure			
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TO BE ABATED	ivi)		inten		Asbes	stos C	ontaining Mat mal systems i	erial (ACM)	Amount	(em	Kepair	nce	nc
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(13)		Yes	No	1	1	oth	er miscellaned	ous)	11000 TO 1100 TO 1	-		llate	9
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Name of Registered Waste Hauler					1				<u> </u>				
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	140.			18706	200			FAIRLESS L	ANDFILL				
City, State						Dispo	sal Date	City, State					
BRISTOL, PA 19007								FAIRLESS H	IILLS, PA				
Completed By (Print or Type)	Title						Signature	1 1		Date	/	/	
Brian Scafiro	Es	stimat	tor				Brian	Scafiro L	1	Date / 0 /	4/	18	US.
D 14						1 4		1 1000 1	487	- /			

ASB-41 MAY 11 BS/8/27

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

HYPROVED BY: Tom voorhees, pol No 10/3, 4:15 pm

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

Clut# 3444

13/7/13/19							,	· Unt	7	, (1 1	
Date of Notification (1)	3 /	18				ing Owner/Operator		FIE	P [6	2 11	11/7	
					iniceton	University-Office	or Design and	Construction	G E	= 1	V	Ē
	Type Notif	ication			eet Address			11-3				
	⊠ Initial □ Amend	od		2	00 Elm Di	r.		No.	AN 2) 0	rima.	v
☑ DHSS	Amend			City	, State, Zip	Code		South State	718 (2015	å.
			dina	P	rinceton,	NJ 08544						
(NJAC 5:23-8)	justifica	ition)	9	Nar	ne of Conta	act		Telephone Nu	mber	CC		7
	Cancell	ation		R	obert Ort	ego		609-258-18			ď	
				F	ACILITY I	NFORMATION		1000 200 10	P-g . g-moran		* 60	
Name of Facility Where Aba	atement is	Taking P	lace (3)				Type of Facility	(4)				
Princeton University-	Graduat	te Colleg	ge				☐ School (K-12					
Street Address							Subchapter 8	Other than K-1	2)			
88 College Rd. West							Other (i.e., pi homes, etc.)	rivate and comm	ercial l	buildi	ngs,	
City (5)							Square Feet	# of Floors	- 1	D/ /		
Princeton							oquaic i cci	# 01 Ploofs	1	Bldg.	Age	
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MERCER				.	, 0000 (MONNE BOL ONE I)	Current Use (Pri Office/Class	or if being demoi	lished)	1		
Name of Monitoring Firm Hir	ed by Buil	lding Own	er (8)	ASCN	I No.	Name of Ahatem	ent Contractor (9)	TOOMS				
TTI Environmental Inc				000			VIRONMENTAL	INO				
Street Address						Street Address	VINORWENTAL	-, INC.				
1253 North Church Rd						1123 BEAVE	D CTDEET					
City, State, Zip Code						The state of the s		#.S				
Moorestown, NJ 08057	7					City, State, Zip Co		7		100	7	
Project Manager for Monitoria			1=			BRISTOL, PA	19007					
Michael Keehn	ng Film		100000	lephone		Telephone No.		License No.				
					6-8800	215-788-6040		00509				
Start Date (10)		Scheduled				Name of OSHA M						
				4_ /	18	BRISTOL EN	VIRONMENTAL	, INC.				
Occupancy Status During Ab				20100200		Street Address						
☐ Facility Closed/Vacated D	uring Entir	re Period	of Abat	ement		1123 BEAVER	RSTREET					
Abatement Performed Out Time of Abatement: 7:00A	tside of No	ormal Fac	ility Hou	urs - Des	scribe	City, State, Zip Co	de					
	1010-0-00					BRISTOL, PA	19007					
Scope of Work (Check all that	t apply)					ПЕЛО						
≥3 sf or ≥3 if		× I	Renova	tion		☐ Mini-Encl	ainment with Nega	tive Pressure				
≥160 sf or ≥260 lf			Demolit	ion		☐ Glovebag	Procedure					
							npted (*) and Non-	-Friable Procedu	re			
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BRISTOL ENVIRONMEN		c	1000	JDEP V auler ID	0.22	Cubic Yards of Waste	Name of Registe					
	176, 114	·.		18706			FAIRLESS L	ANDFILL				
ty, State						Disposal Date	City, State		-			
BRISTOL, PA 19007							FAIRLESS H	ILLS, PA	84			
ompleted By (Print or Type)		Title				Signature .		/ Dat	e			
Brian Scafiro	1	Estima	itor			Brings	Scalino/	1	7-3	, ,	P	
							- Chonon	Y// //	1	1-1	/	

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

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Date of Notification	1/9/19			Name Wells	of Buildin	ng O Ban	wner / Opera	ator (2)		EC	EIN	5		7
Agencies Notified EPA	Type Notific	cation		Street	Address				1 4	WICH SOLD WAR	CONTRACTOR OF CASE		7	1 111
☐ DEP	N				South B					1711	0.0 00	0.61990	1	1
⊠ DOL	☐ Initia	aı ended R#1-1/ 1	7/40		State & Zij					JAN	2 2 20	15		
⊠ DOH		ergency	1//19		delphia,		19107						Ì	3
☐ DCA		cellation		1000000-0000000000000000000000000000000	of Contact	50000				SBESTO	Telepho			ber
				-5.5555-6000			DMATION				267-32	1-//	84	
Name of Facility Wh	ere Abatem	ent is Taking	Place	(3)	JILIT I	NFO	RMATION Type of Fac	ility (A)						
Wells Fargo Tren	ton Bruns	wick Ave		(-)			School							
Street Address									ther than K-	12)				
891 Brunswick Av	venue						Other (i	i.e. private	& commer	rz) cial buildi	nas hom	ies e	etc)	
011 (5)							Square Fee	t #	of Floors		Bldg. Ag		.,	
City (5)		County (6)	C	ounty C	ode (7)		4500		2		2149.719	45+		
Trenton		Mercer					Current Use	(Prior if b	eing demol	ished)		75.		
							Banking O		•	,				
Name of Monitoring	Firm Hired b	by Building Ow	ner (8)	ASCM N	lo.	Name of Ab		Contractor (9	9)			_	
Environmental Co Street Address	nnection				J		Bristol Env	vironme	ntal, Inc.	,				
120 North Warren	Stroot						Street Addre							
City, State & Zip Cod	Stieet						1123 Beav							
Trenton, NJ 08010							City, State &	Zip Code	1					
Project Manager for I	Monitoring F	irm	Tele	ohone N	Number	_	Bristol, PA Telephone N			1:				
Rollie Jones				392-42			(215) 788-6			License I 00509	Number			
Scheduled Start Date	(10)	Scheduled Co	mpletio	on Date	(11)		Name of OS		or	00000				-
1/23/19		8	1/24	/19	1538 1550x		Bristol Env							
Occupancy Status Du	uring Abater	ment (Check o	nly on	e)			Street Addre	SS						
Abatement Po	u/vacated L	During Entire F	eriod	of Abat	ement		1123 Beave							
Abatement Po	ON DIA to	1:30 ABA	ial Ho	urs – 7a	am to 3pm		City, State &							
Facility Occup	pied During	Abatement					Bristol, PA	19007						
Scope of Work (Chec	k all that ap	ply)												
	e de la composition							☐ Fu	II Containm	ent with N	legative	Dros	Curo	
≥3 sf or ≥3 lf			\boxtimes	Reno					ni-Enclosur		legative	1 168	Suie	
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	acility (13)		Custo	dial Sta	aff?	insu	lation, surfac	ing, VAT			Remova	Repair	aps	Enclsoure
	(10)		Yes	(12) No N	N/A	or	other miscella	aneous)			val	₹.	Encapsulate	oure
Boiler Room			×				Dina Inquia	41					(0)	
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Name of Registered W	/aste Haule	r		NJDE	P Waste	Cul	bic Yards	Name of	Registered	Landfill				Щ
Bristol Environmer	tal Inc			Haule	er ID No.	of V	Vaste			Landilli				
City, State	ital inc.			1870	6		CU YD	Fairless	Landfill					
Bristol, PA							posal Date	City, Stat						
Completed By (Print or	Type	- 1		T:41			1/19	Fairless	Hills, PA					
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Date of Notification (1)			Ale	mo of	Duitalia	0 10			1.11.		<u> </u>	ij	
1/9/19	9		M	ine of	argo Ba	Owner / Ope	rator (2)		13			-	C- NAME OF THE
Agencies Notified Type No	tification		Str	eet Ad	drese	IIIK							
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	nitial		Cit	v. Stat	e & Zip (Code							
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□ DCA □ E	mergency		Na	me of	Contact	10101				MODE.			
□ DCA □ C	ancellation			eve C					land the state of	ON PERSONAL PROPERTY.			Numbe
			F	ACII	ITY INF	ORMATION					207-	321-7	784
Name of Facility Where Abate	ement is Takin	g Place	(3)	TOIL	11 1 11/11	Type of Fa	and the least of t						
wells Fargo Trenton Bru	nswick Ave		(-)				ol (K-12)	•					
Street Address								Other tha	n V 401	2			
891 Brunswick Avenue						☑ Other	(i.e. priva	ate & com	moroio	l I bodlal			
						Square Fe	et	# of Floo	nercia	DIIII I			etc.)
City (5)	County (6)	C	ount	y Code	(7)	450		# 01 F 100			Bldg. A		
Trenton	Mercer		-			Current Us		heina do	2 moliah	1\		45-	•
						Banking	Offices	being de	molish	ea)			
Name of Monitoring Firm Hired	d by Building C	wner (8	3)	AS	CM No.	Name of A	hatement	Contract	(0)				
Environmental Connectio	n		12 m			Bristol Er	vironm	ental in	or (9)				
Street Address						Street Add	ress	onical, III	٠.				
120 North Warren Street City, State & Zip Code						1123 Bear		et					
Frenton, NJ 08010					-	City, State	& Zip Coo	de					
Project Manager for Monitoring	. Cirms	l= .				Bristol, P	A 19007						
Rollie Jones				e Num	ber	Telephone			Lic	ense	Numbe	r	
Scheduled Start Date (10)	Schodulad C			4200		(215) 788-			00	509			
1/21/19	Scheduled C	1/21		ate (11)	Name of OS	SHA Moni	itor					
Occupancy Status During Abat	ement (Check	only on	0)			Bristol En	vironme	ental Inc		· · ·			
racility Closed/Vacated	During Entire	Period	of Al	ateme	ent	Street Address 1123 Beav							
Abatement Performed (Outside of Nor	mal Ho	urs –	7am t	o 3pm	City, State 8							
Describe. 5:00 PM t	o 1:30 AM				o op.ii	Bristol, PA	19007	E					
Facility Occupied Durin	g Abatement					-1.0101, 17	1 13007						
cope of Work (Check all that a	apply)												
≥3 sf or ≥3 lf							□ F	ull Contai	inment	with N	Vegative	Pres	CUITO
2 ≥160 sf ≥260 lf		\boxtimes		novatio				fini-Enclo	sure			, 1 100	Juic
100 0/ - 200 1/		Ш	Der	nolitio	n		\boxtimes G	Blove Bag	Proced	dures	91		
Location of		lal						lon-Exem	pted ar	nd Nor	n-Friable	e Proc	edure
Asbestos-Containir	ng	Norm	ocat			Description Asbestos-Cor	on or		Amo	unt	Ab	ateme	nt Type
Material (ACM)			lely i		,	Material (A	CM		(Spe	cify			
TO BE ABATED		Maint	enan	ce or	(i.e., thermal s	systems		SF or	· LF)	R		E C
in Facility (13)		Custo		Staff?	ins	ulation, surfa-	cing, VAT				em	Repair	cap
(10)			(12) No	ALIA	or	other miscel	laneous)				Removal	air	Encapsulate
oiler Room			140	N/A									te
Itovili			片			Pipe Insula	ation		36 L	.F		T	7
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me of Registered Waste Haul	ar ar				/a-t- 10		1						
me of Registered Waste Haule	er		NJI	DEP W	200	bic Yards	Name o	f Register	ed Lan	dfill			
stol Environmental Inc.	er		Hau	ıler ID	No. of	Waste				dfill			
stol Environmental Inc.	er		NJE Hau 187	ıler ID	No. of 1/4	Waste I CU YD	Fairles	s Landfi		dfill			
stol Environmental Inc. /, State stol, PA	ər		Hau	ıler ID	No. of 1/4	Waste CU YD posal Date	Fairles City, Sta	s Landfi ite		dfill			
istol Environmental Inc. 7, State stol, PA mpleted By (Print or Type)	er		187	ıler ID '06	No. of 1/4 Dis 1/2	Waste I CU YD sposal Date 21/19	Fairles City, Sta	s Landfi		dfill			
stol Environmental Inc. /, State stol, PA	er		Hau 187	iler ID 706	No. of 1/4 Dis 1/2	Waste I CU YD sposal Date 1/19	Fairles City, Sta Fairles	s Landfi ite s Hills, F	II PA		Date		
stol Environmental Inc. 7, State stol, PA Impleted By (Print or Type)	er		Title	ıler ID '06	No. of 1/4 Dis 1/2	Waste I CU YD sposal Date 21/19	Fairles City, Sta Fairles	s Landfi ite s Hills, F	II PA		Date 1/9/1	9	

Chaylai		NOTIF	ICATIO I	ate of New Jers LOP ASBESTOS to NJAC/8:50 ar	ABATE	MEN 0)			E		Pr	int For
Date of Notification (1) 1/16/2019				of Building Owner, POINT HACKE			RBAN REN	EWAL O		N 2	2 2	019
Agencies Notified Type Notification EPA DEP Initial Amended			3475 City, Sta	Address PIEDMONT R ate, Zip Code		SUIT	E 1640		ASBES	77.0	CO1	
■ DOL Amendment ■ Emergency (<u> </u>	Name o	NTA, GA 3030 of Contact IS BRZEZINSI					ne Numbe	r		
Name of Facility Where Abatement is Taking	Place (3)	FAC	ILITY INFORMAT	ION	Tyr	e of Facility (4	\				
VACANT BUILDING	,	-,					School (K-12					
Street Address 453 MAIN STREET						×	Subchapter 8 Other (i.e. pr etc.)	Other tha	in K-12) nmercial b	uildings	s, hom	es,
City (5) HACKENSACK						Squ	uare Feet	# of Floo	rs	Bldg.	Age	
County (6) BERGEN				Code (7) USE ONLY)		Cur	rent Use (Prior	if being de	molished)			
Name of Monitoring Firm Hired by Building C N/A	wner (8)	ASC	M No.			oatement Cont COTHERS C		CTING,	INC.		
Street Address					Street 11 V		ess ELAND AVE	NUF				
City, State, Zip Code					City, S	State,	Zip Code A, NJ 07512					
Project Manager for Monitoring Firm	6		Telepho	ne No.	Teleph	hone			nse No. 194			
Start Date (10) 1/17/2019	Schedul 1/24/2		npletion	Date (11)			SHA Monitor S (9) ABOV	/E			-	
Occupancy Status During Abatement (Check	Only O	ne)			Street		cate against the filtre seems	8-11				
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm. Other – Describe: VACANT	eriod of all Facility	Abaten / Hours	ent		City, S	State,	Zip Code					
Scope of Work (Check All That Apply)				- X								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	_	Renova Demolit			×	- N G	ull Containmer lini-Enclosure llovebag Proce on-Exempted	dure			re	
	1	Locati			12		SII EXSIIIptod	() and reon	T Habie I	Abat	ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normali ed Sole iintenar todial S (12)	ly by nce/	Asbestos Con (i.e. therma surfa		Materi s insu T, or	lation,	Amoun (Specify SF or LF	y 2		e Encapsulate	Enclosure
	Yes	No	N/A						2		ate	Ге
EXTERIOR		Χ		STUCCO &	VAPO	R BA	ARRIER	4800 S	F			
				ALONG	2222							
				AS V	VET DE	=MO						
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		Н	JDEP W auler ID 8743				Name of Ro	egistered La		G.R.().W.S	S.
City, State FOTOWA, NJ		1,1	UT TU	1 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -	sal Date		City, State	SVILLE, F				
Completed by VIVECA RAMOS	Title PRO	JECT	COOF		Signature) Lle	1	2-1.	Date 1/24/2	2019		

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Date of Notification (1)		_	Nam	e of Building Own	oriOnami	07 (2)		ASSE		C. Line	ý	45
1/18/2019 Agencies Notified Type Notifie	nallan		WA	YPOINT HAC	KENSA	CK URBAN	SENEW	AL OW	VER	LLC		-
EPA [Inkle)			347	Address 5 PIEDMONT	ROAD,	SUITE 1840					-	
DOL ATTRIK	iment#_ ency (includ	lna .	ATL	State, Zip Code ANTA, GA 30	305		I.		·		/	_
DOA LINE	mikon)	ir-w	BOL	of Contact US BRZEZIN	SKI			eleptions (4
Name of Facility Where Abalement la	Taking Place	à (Ž)	FA	CILIYY INFORM	ATION	Type of Facil			-			-
VACANT BUILDING Sinest Address 453 MAIN STREET City (6)			50 b		-	School (K-12) pler 8 (D)	her than K	-12) rcial b	uildings,	hom	16
HACKENSACK						Square Fest	黄	of Floors	Ī	Bidg. A	ga	-
BERGEN			Count	y Gode (7)		Current Use (Prior if be	ring demol	lah-sd)			_
Name of Monitoring Firm Himd by Build N/A	ding Owner (8)	ASC	M No.	Name	of Abstement (CON	(8)		LIA.		
Street Address					Bireet	Address			NG, I	NG,	_	
Cliy, State, Zip Code	-				Chy. 8	REELAND A					_	
Project Manager for Monitoring Firm	_		Teleph	one No.	Teleph	OWA, NJ 07	512	License	No.		_	-
Start Date (10) 1/17/2019	9chedi 1/24/2		mpletion	Date (11)	Name	956-8700 of OBHA Monito		00494				_
Occupancy Status During Abatement (C	hack Only C	(en				E AS (8) AB	OVE					_
Facility Closed/Vecated During Ent Abatement Performed Outside of N Other - Describe: VACANT	ira Parlod of Jormal Facili	Abater ly Houn	nent B		City, St	ste. Zip Code						
Scope of Work (Chack All That Apply)											_	
23 af or 23 ff 2 250 if		Renova			3	Full Contains Mint-Englosu Glovebag Pro Non-Example	re coadura					
Location of		Locati Normal							T	Аравап Турн	ent	
Asbasics-Conteining Material (ACM) TO BE ABATED In Facility (13)	Ma	d Sole Intena Iodiai S (12)	109/	Asbestos Cor (i.e. therms	scription of the state of the s	derial (ACM) heutakon,	(6)	nount pecify or LF)	Removal		m T	
EVERIOR	Yes	Na	N/A			•			A.	=	1	-
EXTERIOR		Х	_	STUCCO &	VAPOR WITH B		480	00 SF			1	
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Name of Registered Weste Hauler		1 10	DEP W	ania Duk'-	Yards					1	1	-
TWO BROTHERS CONTRACTIN	(G	He	iuler ID					od Lendill AGEMEI	NT G	R.O,V	V.S.	
CITOWA, NJ				Dispos 1/24/2	101 Date	City, Stat		 Ξ. ΡΔ				-
completed by	Tille				prature		- immi	Dat			_	_

16010		Anti-princip) s	state of Ne	Jerse	M				E	C	E		Pr	int E
410119		NO III	ursuan	N OF ASE to NJAC	8 60 an	d 12:12	0)	Т	I A			0 /			
Date of Notification (1) 1/11/2019 CHECK 0119			Name of BARE	of Building BARA K	Owner/GACZOF	Operator ((2)		-		JAN	20	2 20	719	1
Agencies Notified Type Notification			Street	Address						ASB	EST	GO (:C: .	11.7	
EPA X Initial Amended		-	City, St	tate, Zip C	ode						market a		. 3		
X DOL Amendment Emergency (_	WES	T CADV	VELL,N	J 0700	6	19							
DOH justification) DCA Cancellation		1		of Contact BARA KA		2			Tele	ephone	e Nun	nber			
Name of Equility Whate Abetement is Taking	DI		FAC	ILITY INF	ORMAT	ON									
Name of Facility Where Abatement is Taking	g Place (3)					Тур	e of Facility (
Street Address							×	School (K-1 Subchapter Other (i.e. p	8 (Othe	er than & comr	K-12 nercia	l) al buil	dings,	hom	es,
City (5) WEST CADWELL,NJ 07006								etc.) Jare Feet X100	# of 3FI	Floor	S		ldg. A	age EARS	S
County (6) HUDSON			County (STATE	Code (7) USE ONLY	n			rent Use (Prid	or if beir	ng den	nolish	ed)			
Name of Monitoring Firm Hired by Building C	Owner (8))	ASCI	M No.				atement Cor UTIONS (ΓING	ì			
Street Address						Street 24 C		ess RCH ST							
City, State, Zip Code								Zip Code OD PARK	NJ074	107					
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 201 8				Licen 0130).		8	
	Schedul 01/27/		npletion	Date (11)				SHA Monitor UTIONS C	ONTE	RACT	ING				
Occupancy Status During Abatement (Check	-					Street		ess RCH ST							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe: EMPTY HOUSE	eriod of all Facility	Abaten Hours	nent			City, St	ate,	Zip Code OD PARK	NIOZ	107					
Scope of Work (Check All That Apply)						LLIVI		JD PARK	NJU14	+07			-		_
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	_	Renova Demolit				×	M G	ull Containme ini-Enclosure lovebag Proc	edure						
	Τ		5.00	[No	on-Exempted	(*) and	Non-F	riable		A-12/07/07/07	ment	
Location of	1	Locati	ly		Des	cription	of						Ту		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Sole intenar odial S (12)	ice/		tos Conta thermal surfac other m		insul	lation,	(S	nount pecify or LF)		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A		Capacitation									ate	Ф
ATTIC			X		VERI	/ICUL	ITE		40	0SF		X			
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Name of Davids 1111															
Name of Registered Waste Hauler ATLANTIC CARTING		0.500	JDEP W auler ID		Cubic of Was			Name of R						2/2	
City, State PEN ARGYL PA					Dispos TDB	al Date		City, State		PA 18	3072				
Completed by LUIS ARCILA	Title PRES	SIDEN	NT.		Si	gnature	~	- 4			Date		19		\neg

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Date of Notification (1) 01/17/19	1			Name	of Buildir	ng Owner Residen	/Operato	r (2) vice	s	-1	J	AN	2 2	20	19	
	Type Notificatio	n		Street	Address				g 7 Suite 7		ASBE	STO			-	
DEP X DOL	Amended Amendmer	nt #	15-21 · <u>17-1</u>	City, S	State, Zip	Code			g / Gaito 1			-		(dis-		20
▼ DOH DCA	Emergency justification Cancellation	1)	g	Name	of Contac ritrust R	ct	tial Sen	vice	s	2930	lephone					
					CILITY IN					104	14-004	-0190				
Name of Facility Where Ab	atement is Taki	ng Place	(3)		8			Typ	School (K-1 Subchapter Other (i.e. p	2) 8 (Oth	er than & comm	K-12) nercial	build	lings	, hom	nes,
City (5) Roselle			Allow-					Sqı	etc.) uare Feet	# 0	f Floors		В	dg. /	Age	
County (6) Union					Code (7)			Cur	rent Use (Prid	or if bei	ing dem	olishe	d)			-
Name of Monitoring Firm H	ired by Building	Owner (8	3)	ASC	M No.		Name AAA	of Al	patement Con AD PROFE	tractor SSIO	(9) NALS					
Street Address							Street	Addr	The second second			- 75. 1.1-				
City, State, Zip Code							City, S	tate,	Zip Code DOD, NJ 08							
Project Manager for Monito	ring Firm		Telepho	one No.		Teleph 732-6	one	No.	101	Licens	e No.					
Start Date (10) 01/27/19		Schedul 01/30/	led Co	mpletion	Date (11))	Name	of OS	SHA Monitor D PROFES	SSIO						
Occupancy Status During A							Street	Addre	ess		IVALO					
Facility Closed/Vacated Abatement Performed Other – Describe:	d During Entire Outside of Norn	Period of nal Facility	Abater y Hour	ment s			City, St	ate,	DOVE CO				_			
Scope of Work (Check All T	hat Apply)						LAKE	WC	OD, NJ 08	701					-02000	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli				×	M G	ull Containmer ini-Enclosure ovebag Proce on-Exempted	dure					4	
Location of		1	Locat	lly		Des	scription								ment	
Asbestos-Containing Ma TO BE ABATE In Facility (13)	terial (ACM) <u>D</u>	Ma	d Sole intena todial s (12)	nce/	Asbes (i.e.	tos Cont thermal surfac	aining Ma	ateria insul	ation,	(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
INTERIOR		Yes	No	N/A		חוחר וא	10111 4	TIO				1	_		ate	Ге
	•					PIPE IN	NSULA	1101	N	13	0LF	x				
Name of Registered Waste F NEWARK CARTING	lauler		H	JDEP W auler ID 1509	100	Cubic Yof Was			Name of Re	egister	ed Land	lfill				
City, State NEWARK, NJ						Dispos 01/30/			City, State BETHLE	HEM	PA					
Completed by OSEPH PERLSTEIN		Title OWN	ER				gnature			171		Date	1/10			-

247636		NOTI	EICATIO Pursuar	State of Ne DN OF ASE of to NJAC	ew Jerso BESTOS 8:60 ar	ABATE	MEN	т						
Date of Notification (1) 01/18/19				of Building Contractin		Operato	r (2)		- 4	JAN	1 2 2	20	119	
Agencies Notified Type Notificati	on		Street	Address					AS	BES	(10 C	01 . 1143		0
DEP Amended Amendm	ent #		City, S	tate, Zip C	ode						-	risin calcius.		
DOH justification Cancellat]		of Contact ontractir					Teleph 347-9					
Name of Facility Where Abatement is Ta	king Dlace	2)	FAC	ILITY INF	ORMAT	ION								
	KING Place (3)					Тур	e of Facility (School (K-	(2)					
Street Address							×	Subchapter Other (i.e. petc.)	8 (Other to private & co	han K- ommer	12) cial buil	dings	, hom	es,
City (5) National Park							Squ	are Feet	# of Flo	oors	E	Bldg. /	Age	
County (6) Gloucester			County (STATE	Code (7) USE ONLY)		Curr	ent Use (Pri	or if being	demoli	shed)			
Name of Monitoring Firm Hired by Buildin	g Owner (8)	ASCI	M No.	200			atement Cor		LS				
Street Address						Street 6 WH		ess DOVE CO	DURT					
City, State, Zip Code								Zip Code	3701					
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 732-6	one N	10.	Lic	cense i	No.			
Start Date (10) 01/28/19	Schedul 02/01/		mpletion	Date (11)		Name	of OS	HA Monitor D PROFE						
Occupancy Status During Abatement (Ch	eck Only Or	ne)				Street								
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe:	e Period of a rmal Facility	Abaten Hours	nent			City, St	ate, Z	DOVE CO						
Scope of Work (Check All That Apply)						LAKE	:WO	OD, NJ 08	3701					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		Renova Demolit				×	Min	II Containme ni-Enclosure ovebag Proc n-Exempted	edure				0	
Location of	2000	Locati Iormal			Das	scription			() dild ive	711110	510 1 10	Abate		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Sole intenar odial S (12)	nce/	Asbest (i.e.	tos Conta thermal surfac	aining Masser Systems systems sing, VAT niscellane	ateria insula , or	I (ACM) ation,	Amou (Spec SF or I	ify	Remova	Repair	Encapsulate	Enclosure
INTERIOR	Yes	No	N/A		DIDE IN	10111 4	TION						ate	ге
ATTENION					-IPE IN	NSULA	HON	N	120L	F	x			
Name of Registered Waste Hauler		N	JDEP W	aste	Cubic \	Yards		Name of R	egistered I	andfill				
NEWARK CARTING			auler ID 1509	No.	of Was			IESI	-3.5101001	_urigiii	12			
City, State NEWARK, NJ					Disposi 02/01/			City, State BETHLE		١				
Completed by OSEPH PERLSTEIN	Title OWN	ER			Si	gnature				Da 01	ate 1/18/1	9		

Ch 30°	88	Photograph C 1998	TIFICATION	ate of New 1 OF ASB to NUAC	Jersey STOS ABATE :60 and 12:12	EMENT		EC			Pric	#FC
Date of Notification (1)	1/14/19		Name o	f Building C	Owner/Operato	or (2)		JA	N C	2 2	UIU	1
Agencies Notified	Type Notification		Street A	which is a second	Samusia			ASBES	···(·) (201		ROLLINGS.
T EPA	☐ Initial							AODEA				
DEP DOL	Amended Amendment #	t	City, St	ate, Zip Co	de Bradley Be	ach, N	J 07720					
-	Emergency (iii		Name o	f Contact	**********			Telephone Nu	ımber			
DOH DCA	justification) Cancellation		E	ric Plackis								
			FAC	ILITY INFO	RMATION	17	of Continue					
Name of Facility Where A	Abatement is Taking	Place (3)				Турс	of Facility (4					
Street Address			a to carello					 C) (Other than K-1 rivate & commercial 		dings.	home	5.
City (5) Neptune							are Feet 1362	# of Floors	В	ldg. A 41	ge	
County (6)				Code (7)		Curr	ent Use (Pric	I or if being demolis	shed)			11111000
Monmouth			(STATE	USE ONLY)			Home					
Name of Monitoring Firm	Hired by Building C	wner (8)	ASC	M No.	Nam	e of Ab	atement Con	tractor (9)				
							ck Industrie	s, Inc.				
Street Address					Stree	et Addre		ox 915				
Ct. Crata Zio Codo					City	State.	Zip Code	0X 915				
City, State, Zip Code							NJ 08723					
Project Manager for Mon	itoning Firm		Telepho	one No.	Tele	phone I		License	No.	-		
rere •m mir-anelië di •malië i.Til i i i i i i i i	en an anticipa de la companya de la		1			732-8	99-7499	0	1196			
Start Date (10) 1/14/1	9	Scheduled 2/15/	Completion	Date (11)	Nam	e of OS	SHA Monitor					
Occupancy Status During	g Abatement (Chec	k Only One	į.		Stre	et Addre	988					
Facility Closed/Vac. Abatement Perform Other – Describe.	ated During Entire F ed Outside of Norm	eriod of At al Facility I	patement Hours		City,	State,	Zip Code				11.04	
Scope of Work (Check A ≥3 sf or ≥3 tf ≥160 sf or ≥260 tf	JI That Apply)		enovation emolition			HG	lini-Enclosure				e	
		Isl	Location				84				ement rpe	
Location Asbestos-Containing TO BE AB. In Facil (13)	Material (ACM) ATED lity	Used Mair	ormally I Solely by htenance/ odial Staff? (12)		Descripti tos Containing thermal syste surfacing, \ otner miscel	y Materi ms insu VAT, or	ulation.	Amount (Specify SF or LF)	Romoval	Ropair	Encapsu'ate	Enclosure
		Yes	No N/A					22225	X	-	Ф	-
1st Floor			-	Mast				600SF	_	-		-
1st Floor					r Tile			600SF	X	-	-	-
Outside				Sidin				1500SF	X	-	-	-
Roof				Roo	- Carlotte Control of the Control			1100SF	X			
Name of Registered War			NJDEP Hauler II	D No.	of Waste 1			Registered Land ows North La				
Brick Industrie	es, Inc.		2160	2	Disposal Da	ate	City, Stat					_
City, State	NU				2/15/19	****	(J.17, O.11)	Morrisville	, PA			
Brick,	, INJ	Title			Signat	ure (Date	140		
Eric Pl	lackis		Preside	nt		à			1/14	+/19		

Date of Notification (1)			Sh	ade	State TION OF revent to	of New Jersey FASBESTOS AND NJAC 8:80 and	5:18)			3	<u>E</u>	G	P 2
Δ4 / 4-	1	40			Name of E	wilding Owner/Opera	or (2)			/	SRI	- Salarian day	-
	-	19	-		Dolore	and Louis Sever	2706		Lancard		W/monouv		-
Ø EPA Ø	Notifical	ation			Street Add	fess							
⊠ DOLWD	nendad	1		-								-	ī
	nenday	ent #_		. 1	City, State,	Zip Gode				-:		Ţ.	Ļ
	hergena	in) Sy (Inc	luding	, L	BLOOKIS	wn, NJ 08030			578		- 1		1425
□ Ca	ncelet	on			Name of Co			Tele	ohone I	Mumb	6/		_
	-		_		STATE OF THE PERSON NAMED IN	Severence		1					
Name of Facility Where Abatems	nt is To	Wine I	Diana	191	FACILIT	Y INFORMATION				-		_	
Severance Residence Street Address Cky (5) Brooklawn				(0)				(K-12) pler 8 (Othe 5., privale a ele.)		(-12) (morci	al bui	lding	5.
County (8)							Square Foe	1	Figors		Blo	g. Ag	9
Camden	(600.000			1	County Cod	e (7) (STATE USE ONLY	2,050	2					
Name of Monitoring Firm Hired by	_					- 1 11	Residen	(Prior if bei	ng dam	olishe	(D:		
Eagle industrial Hygiene A		8 OM	ner (S	AS	CM No.	Name of Abaten	Ont Contracts	CC					
Stroot Address	22001	ws,	inc			Shade Envir	i letnomino	(0)					
359 Dresher Road						Street Address	4.444.4						-
City, State, Zip Code		-				623 Cutler A	Venue						
Horsham, PA 19044						City, State, Zip C		-					
Project Manager for Monitoring Fire	70	-		2		Maple Shade	. NJ 08052						
Larry Nagsibera	**			elepho		Telephone No.		Licen	la Na.		_		
Start Date (10)	Sch	ndula-	Con	275=6	68-4681 Date (11)	855-756-0099		008					
01 / 18 / 18	3	134	,	26	Date (11)	Name of OSHA N							
Occupancy Status During Abateme. Facility Closed/Vacated During E Abatement Performed Outside of Time of AbatementAMAMAMAM	nt (Che Intire P Norm:	ok pni eriod	y one) etement		EMSL Analyt Street Address 200 Routo 13: City. State, Zip Co	0 North						_
Scope of Work (Check all that apply))	-	-			Cinnaminaon	NJ 08077						
S 5180 at ot 5380 it			lemel	noti			ainment with No saure Procedure noted (*) and N						_
Location of		1	Norm	ullar	1		1 / 40/00 14	- I MOID F	· OCBS (1	-			
ASSESSOR Containing Motorial (AC	im)	Us	ad Sc	lely by	Asha	Description of stos Containing Mate	mind Advers				Detem	7	- United
IN Facility		Cut	Stod la	Staff?	0.4	Indimal Systems in	mid miles	Amer (Spec	1731 1960	R	Repair	N.	100
(13)		-	(12	-	-	surfacing, VAT, a	15)	SFor	LP)	Removat	1=	Encapsulate	Enclosura
Bathroom and Closet		Yes	-	1.21		•				1		器	1 4
Bathroom			X		Shootro	ck & Joint Comp	ound	108 8	i me	-		-	+-
			×		Floor Ti			-	-	×			
Living Room	٦	ū	X					64 8	F	×			
Living Room			X	_		ck & Joint Compo	und	100 S	F	X			
Name of Registered Waste Haufer					Floor Ti			1858	F	×	듬		
Freehold Cartage			F	ishlar 10 NDEb /		Cubia Yards of Waste	Vame of Regis	tered Landii	1		-	ш	ᆜ
City, State	-			15939		1	Fairless La	ndfill					
Freehold, NJ						Disposal Date	lly, State		-	_			
Completed By (Print or Type)	Title	-	The Laboratory			01/26/2019	Morrieville,	PA					
Christina Lynch					parations	Signature	-	Contract of the last	-				1

Cholby		NOTIF	S FICATIO Pursuan	tate of Ne M OF ASI	ESTO	SABATE	MEN			E C			.Pr ₩	int-For
Date of Notification (1) 1/13/2019 CHECK 0124				of Building ne Ortell		r/Operator	r (2)		1 4	JAI	1 2	2 2	019	
Agencies Notified Type Notification EPA Initial			Street	Address					TA	SBES		COI	-	
DEP Amended Amendmen				ate, Zip C SAIC,NJ		5			Test-up					
DOH justification) DCA Cancellation	,	3	Name o	of Contact NE					Telepho	ne Nur	nber			
Name of Facility Where Abatement is Takir	ng Place ((3)	FAC	ILITY INF	ORMA	TION	Тур	e of Facility (4)					
Street Address Wayne Ortelli							×	School (K-1 Subchapter Other (i.e. p	2) 8 (Other th			dings	, home	es,
City (5) PASSAIC,NJ 070	055						1	etc.) are Feet (100	# of Flo	OFS	1000	Bldg. A	Age EARS	5
County (6) BERGEN				Code (7) USE ONLY)		Curr	rent Use (Prio	or if being d	emolish				
Name of Monitoring Firm Hired by Building	Owner (8)	ASCI	M No.				atement Con UTIONS C		CTING		- 0 M (C) 2 C)		
Street Address						Street 24 C		ess RCH ST						
City, State, Zip Code								Zip Code OD PARK	NJ07407					
Project Manager for Monitoring Firm	ect Manager for Monitoring Firm							No. 9418	1000000	ense No	0.			
Start Date (10) 01/14/2019	Schedul 01/14/		mpletion	Date (11)		15/02/02/03		SHA Monitor UTIONS C	ONTRAC	CTING	;			\exists
Occupancy Status During Abatement (Chec						Street		ess CH ST						
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe: EMPTY BASEMENT	nal Facility	Abaten y Hours	nent s	V 55 4		City, S	tate, 2	Zip Code OD PARK	N 107407	7 6 11				
Scope of Work (Check All That Apply)						LLIVI	0000	JD I AIN	14307407					
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	E-managed and a second	Renova Demolit				×	Mi Gl	ull Containme ini-Enclosure lovebag Proc on-Exempted	edure					
		Locati	300				- 110	SII Excilipted	() and No	I-i ilabi		Abate	ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Sole intenar todial S (12)	ly by nce/	Asbes (i.e.	tos Cor therma surfa	escription ntaining M al systems acing, VA miscellan	lateria insul T, or	ation,	Amour (Specif SF or L	fy	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A								<u>m</u>		ate	Гe
BASEMENT			X		PIPE	INSULA	TIOI	N	10LF		X			
Name of Registered Waste Hauler		1 61	JDEP W	loots	Coll	Vard		TAL .						
ATLANTIC CARTING	III UZ-		auler ID	A STATE OF THE STA	of Wa			100000000000000000000000000000000000000	Registered L CENTRA					
City, State PEN ARGYL PA					Dispo TDB	sal Date	7	City, State PEN AR	GYL PA	18072				
Completed by LUIS ARCILA	Title PRES	SIDE	NT			Signature	i	- 4		Date 1/1	e 3/20	119		

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Date of Notification (1) 01/15/2019				of Building en Cann		Operator	r (2)			# J/	N 2	2	2015	
Agencies Notified Type Notification I DEP DOL Amended Amendment			City, St	Address tate, Zip C						ASBE		CC		-Prosenge
□ Emergency justification) □ DCA	(including		Name (of Contact		S			Tele	phone Nu	mber			
Cariccilation			700000000000000000000000000000000000000	ILITY INF		ION								
Name of Facility Where Abatement is Takin	ng Place (3)	IAU	ALIT INT	ORIVIAT	ION	Тур	e of Facility ((4)					
House Street Address						(6)	×	School (K-1 Subchapter Other (i.e. petc.)	8 (Other	r than K-1 commerci	2) ial buil	dings	, hom	es,
City (5) Madison							Squ N/A	are Feet	# of I N/A	Floors		Bldg. /	Age	
County (6) Morris				Code (7) USE ONL	0		Curr	ent Use (Pri	or if bein	g demolisi	100			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCI	M No.		Name D&S	of Ab	atement Cor tement, In	ntractor (9)				
Street Address						Street	Addre					UV		
City, State, Zip Code						City, S	state, 2	Zip Code NJ 07512						
Project Manager for Monitoring Firm			Telepho			Teleph 973-			8	License N 01311	0.			
Start Date (10) 01/25/2019	Schedule 01/26/2		npletion	Date (11)				HA Monitor tement, In	C.					
Occupancy Status During Abatement (Chec	k Only Or	ne)				Street	Addre	ess	-					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: Occupied	Period of A	Abatem	nent			City, S	tate, 2	gren Aver ^{Zip Code} NJ 07512	nue					
Scope of Work (Check All That Apply)						10101	vva, i	10 07012						
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		tenova emolit				×	Mi Gl	II Containme ni-Enclosure ovebag Proc on-Exempted	edure				e	
Location of	17.75	Locati Iormal			D	a adiusti – –	- 6						ement pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Sole intenar odial S (12)	nce/		tos Cont thermal surfac		ateria insul T, or		(Spe	ount ecify or LF)	Remova	Repair	Encapsulate	Enclosure
2nd floor	Yes	No	N/A			\/AT			010	05			ite	Ф
ZIIG HOOI	-	^				VAT			210	SF	Х			
											Х			_
Name of Registered Waste Hauler		l Nr	JDEP W	lasts		/								
0&S Abatement, Inc.		H	auler ID 996		of Was			Name of F Fairless						
City, State Cotowa, NJ						al Date	è	City, State						

Title Project Manager

Completed by Oliver Hegedis

Date 01/15/2019

Signature

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Date of Notification (1)			Name		Comptions Comptions		Hort	S-MA	ASEES	00	/ 00		-
Agencies Notified Type Notification DEPA DEP D Amended Amended Amended	nt di_		Cky, \$	Address Tale, Zip Co			NJ, 0:	Automorphic Control		V	1.		
DOR Justificació	(instuding 10 m		Name	of Contact (S. H	DITSH	IA.	100,00	Tal	sokoon Wree	har			_
Name of Facility Where Abatement is Talch ALCUISE HE Sheet Address		AA	<u> </u>		PORMATIO		Other (S.e.	12) 5.(Other	shan K-12) coran eroial	build	ings, h	ane,	nic.)
CALOWELL, N	J. 0	270	96	1 2	.,		Squitze Feet 2000	,	Floors	-	Bldg.	73	٥
FSSEX		-	County	Code (7), USE CM(LY)		<u>-</u>	Current Use (Pri		یر کے الم	3			- A-1
Name of Mantering Firm Hired by Building Street Address	Ownsr (8)		ASC	M No.	1		Abstract Con Remove	tractor (9))				
	- 6		7		4	50	South R	iver	Stree	÷			
City, State, 249 Code	4 80-40-4	12	77.0		1	Lity, Ste	n, Zur Code			-		THE STATE OF	·-
Project Manager for Munitoring Firm			Telepho	ne No.	1	le lephon			Lipsen No	200		_	_
Start Date (10)	Schedul	ed Coor	18/	hatn (13)	1		OSHA Mapleor		0038	8_		-	-
Occupancy Status During Abadement (Cheek: Facility Closed/Vacated During Entire P Abadement Performed Operide of Normal Other - Departue: Scope of Work (Check All That Apply)	را با ۵ جمد نسانس	Marsent PEN S	احد:	РН	2	80 F	Environa Suyler S z. Zb Code 1 Racker	tree	3 t	076	06		
를 기원 목욕되면 다 기원 목욕되면		Reserve Otreolis				-0-	Full Containes Mini-Enclosus Glovebag Proc Non-Bosmuse	edura	•	3777.00			
		Locer		T			100		THE CAMPINE	, and	· Abab	omens	
Location of Asbests—Countries Material (ACM) TO BE ABATED in Facility (13)	Ua M Cu	Normal ed Solel ininterm radial S (12)	של של ישטעי	Astro (La the	stos Containi Imal system	taured T.or	riel (ACM) 60, surfacing.		mount perity or LF)	Responsi	Bupair	Socia pandate	Encloses
DASCHENT			U	THECK	4 3468	1 M	للمنجودك	3	54	K			\dashv
BASEMENT	-		1	The second second			الاهلامارج		SLF	7-4		×	
Name of Registred Waste Hauter Sest Removal Inc. City, Same	1		DEP W	No.		200	Mine	rva.	ilman Enterr	ri	ses		LC
Hackensack N.I. 07601					Disposal 5	8/19	. Chy. State	3			468	•	
J. Maiorano	Tise Est	ima	tor		Sign		ممضم		Des	7.	, l	, 0	
ASS-41 (R-06-46)		and the				A.	+		- 1	11	9/		

Char)39			(Pur	ATION OF suant to N.	ASBESTOS AE JAC 8:60-7 and 12:	BATEMENT 120-7)	EG	EIV	Egk#	923	1	AND THE PERSON OF THE PERSON O
Date of Notification (1)	1/16/19					Operator (2)		II JAN	C C (U)	0	i		-
Agencies Notified	Type of Notifica			Address	State Un	iversity			ALL DESCRIPTION OF THE PERSON		1	er e sa	-
[] EPA	1288 2007-200				al Avenu	ıe		ASBEST	CO CO!		Ē		-
[] DEP	[X] Initial Notification	, L					1	and the second s	and the same of the same of			-	J
[X] DOL	[] Emergency	, (tate, Zip									
• •	[] Amended		Uppe	er Mon	itclair, N	J 07043							
# 10 min - 1	Notification		Vame (of Conta	ct	PART TO THE PART OF THE PART O		Telephone Num	her				
[] DCA	[] Cancellatio	n ,	Amy	Ferdir	nand			973-655-43					
						'INFORMATION							
Name of Facility Where	e Abatement is Ta	akina Pla	ace (3)	1	FACILITY	INFORMATION	Type of Facility	v (4)					
Richardson Hall,							[] School	ol (K-12)	12.72				
Street Address				,			Other	ol (K-12) hapter 8 (Other to (i.e. private and	nan K-12) commercial l	ouildir	ngs,		
1 Normal Avenue	е						home	es, etc.)					
City (E)			101				Square Feet	# of Floors	Bld	g. Ag	e		
City (5) Upper Montclair		County				nty Code (7) TE USE ONLY)	80000	2	~ 5	0			
							educational	Prior if being dem	olisnea)				
Name of Monitoring Fir		ng Own	-000 DE	ASCM N	lo.	Name of Abatem			8				
Detail Associates Street Address	s, inc.			00			lupiter Enviro	onmental Se	rvices, In	C.	33		
300 Grand Ave.						Street Address	22 Chanach	wides Dasal	0	2			
City, State, Zip Code						City, State, Zip C	323 Changeb	mage Road,	Suite 10)			
Englewood, NJ 0	7631						Pine Brook,	NJ 07058					
Project Manager for Mo				Numbe		Telephone Numb			License Nu	ımbe	r		
Anthony Valentin				9-6708			973-575-870	00		0	085	52	
Scheduled Start Date (1/28/19		12	/31/1		1)	Name of OSHA N	^{Monitor} Iris Environm	nental Labor	atories, L	LC			
Occupancy Status Duri	ng Abatement (C I/Vacated During	heck on	ly one)	of Abata	mont	Street Address		-2002					
[] Abatement Pe	rformed Outside	of Norm	al Faci	lity Hour	's -	A COLUMN TO THE REAL PROPERTY OF THE PARTY O	333 Route 2	22 W					
Descri [x] Other – Descr	ibe: ibe: partially vaca	ent and	weeke	nd work		City, State, Zip C	^{oge} Union, NJ 07	7083					
Scope of Work (Check		and and	WCCKC	ild Work									
	an and apply)						[] Fu	ıll Containment v	ith Negative	Press	sure		
[] Demolition [] ≥3 sf or ≥3 lf				[X]	Renovat	ion	[x] Mi	ni – Enclosure					
[x] ≥160 sf or ≥26	60 If						[x] Gl	ovebag Procedu n – Friable Proce	re edure				
		Is	s Locat	tion	T					TΔh	ater	men	t
Location	of	1,000	rmally				iption of		544 SS6	Ту			
Asbestos – Co			Solely Itenano	ce/Cus			- Containing al (ACM)		Amount (Specify	R	R	E N	
Material (A		todi	al Staf	ff (12)		(i.e., thern	nal systems		SF or LF)	M	P	C	C
TO BE ABA In Facilit			T	_	1		urfacing, VAT, scellaneous)			0	Α	A	L
(13)	(4)	Yes	No	N/A		or other mis	social leous)			V	R	PS	O S
Mechanical Room &	2nd Floor	-	X	-	TOL "\A/-				2015	L		U	U
2 nd floor	2110 11001	-	×	-	Table to	ap and Cut"	- Falls		00 LF 0 SF	X			
		1	+	_	Table to	,p3			0.31	_^	\vdash	\dashv	_
													-
Name of Registered Wa			JDEP V		N 2000000	ic Yards	Name of Regi	stered Landfill				- 4	-
Jupiter Environme	ental Service	s H	ouler II 04782		Of V	Vaste 5	Alliance La	andfill					
City, State					Disp	osal Date	City, State		15v 20v n	12.00		_	Sc. 11
Pine Brook, NJ					100000000000000000000000000000000000000	21/19	+Taylor, P	PA					
Completed By (Print or	Type)	Title	1157	200		Signature	/-		Date				
Pane Repic		Ger	eral	Mana	ger	1			1/16/1	9			
ASB-41 Note:						1 /	**************************************						

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Date of Notification (1) 1/11/2019 CHECK 0118		Nar	me of Buildi	ing Owner	/Operato	r (2)			JAN	2 2	201	9
Agencies Notified Type Notificatio	n	14	eet Address 4 KEARN	IY AVE				A	SBEST	ി C(7.	- 17 /21
DEP Amended Amendmen	nt # y (including		, State, Zip ARNY, N								en salan in	-
DOH justification Cancellation	1)	10000000	ne of Conta					Telephone	e Numbe	r	III. Pass	
Name of Facility Where Abatement is Tak	ing Place (3)) F	ACILITY IN	NFORMAT	TION	Typ	e of Facility ((4)				
Street Address 144 KEARNY AVE						×	School (K-1 Subchapter	NO.5.	ı K-12) mercial bi	uilding:	s, hom	ies,
City (5) KEARNY,NJ 07032							are Feet (100	# of Floors	S	Bldg. 50 Y	Age EAR	S
County (6) HUDSON			nty Code (7				ent Use (Prid	or if being den	nolished)			
Name of Monitoring Firm Hired by Building	Owner (8)	A	SCM No.				atement Cor UTIONS C	ntractor (9)	ΓING			
Street Address					Street 24 C		ess CH ST					
City, State, Zip Code							Zip Code DD PARK	NJ07407		1111-122-1		
Project Manager for Monitoring Firm		Tele	phone No.		Teleph 201 8	one N	10.		se No.			
Start Date (10) 01/29/2019	Scheduled 01/30/20		ion Date (1	1)	Name	of OS	HA Monitor					
Occupancy Status During Abatement (Che					Street			CONTRACT	ING			
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe: EMPTY HOUSE	Period of Atmal Facility I	batement Hours			24 Cl City, S	HUR tate, 2	CH ST Zip Code DD PARK	N 107407				
Scope of Work (Check All That Apply)					LLIVI	VVOC	DEFARK	NJU1401		<u> </u>		597 - 41
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	processed	enovation emolition			×	Mi Gl	ni-Enclosure ovebag Proc				re	
Location of		ocation ormally						() and (10)()	Tidble 1 1	Abat	ement	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Main Custo	Solely by tenance/ dial Staff? (12)	ASDE	estos Cont e. thermal surfa		ateria insula Γ, or		Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
DA OFMENT	Yes	No N/							8		late	ire
BASEMENT 3PD FLOOR		X		PIPE II		- 650	١	30 LF	X			
3RD FLOOR		X		FLC	OR TII	_E		450 SF	X	-		
Name of Registered Waste Hauler			Waste	Cubic			Name of R	egistered Lan	dfill			
TLANTIC CARTING Oity, State		Hauler	ID No.	of Was			GRAND	CENTRAL				
EN ARGYL PA				TDB	al Date	7	City, State PEN AR		072			
Completed by UIS ARCILA	Title PRESI	DENT	// 121711072									

					RECEI	VED 01/	17/2019	04:3 <u>8PM</u>				
n 2000 11:52PM NJ Asbestos C		IOTIF	S TCATIO	A DE SOL NO	ESTOS	ASATEMENT	por income			CIAN	2 2	
Date of Notification (1) 01/17/2019		T	Name o Monici	of Building air Board	Owner/C	Operator (2) cation	1		ASP	hecki	1374	0
Agencies Notified Type Notification			Street A	ddress ev Road	···	accerave.			-			+
☐ EPA ☐ Initial ☐ Amended ☐ QOL Amendment #		F	City, Str	sto, Zip Co	de	07040	- i .		1	/-		+
☑ DOH ☐ Emergency (in DCA ☐ Cancellation)	nciuding	H	Name o	f Content schmann			1	Telephons 973-809-4				+
Name of Facility Where Absoment is Takin	on Block /St		FAC	LITY INF	DRMATI		35- 141					
Bradford School	118 7 1200 (0)					Type of Fac	(K-92)					
Street Address 87 Mt Hebron Road						☐ Subeha	pter 8 (Oth	er than K-12) Locumerolal b	uidings,	homes	, etc.)	
City (5) Montclair, New Jersey 07042				- Variation Co.	-	30,000		# of Floors		ව(dg වේර	Age	
County (6) Essex				Code (7) V96 OALY)		Durrent Use	(Prior if be Scho	ing demolished	1)		• • • •	
Name of Monitoring Firm Hursd by Building Detail Associates, Inc	Owner (B)		ASCA	ā No.		Name of Abs Lillon Corps		ntractor (S)				
Street Address 300 Grand Ave						Street Addre 606 McBrid				-		
City, Siete, Zip Code Englewood, NJ 07631						City, State, Z Woodland	ip Code Park, New	Jersey				_
Project Manager for Monitoring Firm Anthony Valentine			Talepho 201-56			Telephone N 973-225-84		Liosn 0110	as No.	(2)		
Siart Data (10) 01/17/2018	Scheduler 01/18/19	Con	hpletton	Data (11)		Name of OS tris Environ		boretories, Li	LC .			
Occupancy Status During Absternant (Che		33				Street Addre 2333 Route					-500	_
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other - Describe: 5FM	mal Facility	hour	nen B			City, State, 2 Union, N.	lp Code 07083					
Scope of Work (Check All Thet Apply) 20 33 sfor 23 lf 2160 sfor 2260 lf		novet moliti		200		10 Mi	ni-Enclasur	ent with Negate e ceadure / Limit d (*) and Non-i	ad Confi	ocadu	re	85
Location of	P-8	ccationell	ly		Con	ecription of					yps bmen	2
Asbasics-Contelling Material (ACM) TO BE ABATED In Facility (15)	Mair Custe	(12)	nce/ Staff?	Asbes (i.e.	toe Cont themsi surfac	eining Materia systems insulting, VAT, or niscellensous)	(ACM) Rich,	Amount (Specify SF or LF)	RAGORIGIA	Repair	Encapsulate	S INSON ALCO
'unnel	Yes	No	NIA	Pipe ins	, desta				9 LF)	-	B	Ļ
	+^+		-	Lihe IUZ	uisittor	1	-		9 LF)	+		-
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Name of Pegislered Weste Hauter		N	UDEPW	laste	Cubic	Yarde	Nama =	Registered La	oektill			
Litigh Corporation		H	lauler ID 18724		of Wes		Paintess	-	11417)23			
Oily, State Woodland Park, New Jersey					Dispos 01/18/	2019	City, Sta Morriey	fee				
					1		1					

														Dei	nt Fo
360117	***************************************	OTF (P	CATION	ate of Nev OF ASBI to NUAC	ESTOS AL	BATE 12:120	MENT			E	C I	<u> </u>		-	
Date of Notification (1) 1/11/2019 CHECK 0117			Name o	f Building (Owner/Op	erator	(2)		1	J	AN	22	20	19	1
Agencies Notified Type Notification X				LENDE		E				ASBI	ESTC	C C	01 14 1 11 1 3	V.). ()
DOL Amendment		_		ate, Zip Co EY CITY		06			L		means. Jen	edindro o	, and coules .		
DOH justification) DCA Cancellation	including			f Contact RESTR	EPO				Tele	phone	Numl	oer			
Name of Escility Where Abstement is Taking	Plana /S	2/	FACI	ILITY INFO	ORMATIO	N	Tymo	of Engility	(4)						
Name of Facility Where Abatement is Taking	g Place (3	P)					leand 2	of Facility							
Street Address 27CLENDENNY AVE							×	Subchapter Other (i.e. petc.)	8 (Othe				lings,	home	es,
City (5) JERSEY CITY NJ 07306								re Feet	# of 2FL	Floors		1 223	ldg. A	ge ARS	3
County (6) HUDSON				Code (7) USE ONLY)		_	Curre	ent Use (Pri PTY	or if beir	ng dem	nolishe	d)			
Name of Monitoring Firm Hired by Building 0	Owner (8)		ASC	M No.				Itement Co			ING		1000		
Street Address					- 1		Addre	ss CH ST							
City, State, Zip Code			1					ip Code D PARK	NJ074	107					
Project Manager for Monitoring Firm	ct Manager for Monitoring Firm							o. 418		Licen:	se No.	•			
Start Date (10) 01-12-2019	01-	13	Contract to the Contract of th	Date (11)				HA Monitor JTIONS (RACT	ING				
Occupancy Status During Abatement (Chec	250	55	a unique sans		1		Addre	ss CH ST							
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: EMPTY HOUSE						City, S	State, Z	ip Code D PARK	NJ074	407					
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	_	Renova Demolit				2	Min Glo	ll Containm ni-Enclosur ovebag Pro	e cedure						
	1-	Land					_l No	n-Exempte	d (*) and	d Non-F	Friable			ement	
Location of	1	Locati Normal	lly		Desc	cription	n of						Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole intena todial s (12)	nce/		tos Contai thermal s surfacir other mis	ystem ng, VA	s insula AT, or		(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A											te	(D
BASEMENT			X	-	PIPE INS				2000	BRIS		X			
				ALL IVIA	ATERIAL	L 10 1	IN IT	E FLOG	80 LF	APR					
Name of Registered Waste Hauler			NJDEP W	Vaste	Cubic Y	ards		Name of	Registe	red La	ndfill				
ATLANTIC CARTING		1918 0000	lauler ID		of Waste	е		GRAN	D CEN						
City, State PEN ARGYL PA					Disposa TDB		j]	City, Sta PEN A		PA 1	8072				
Completed by LUIS ARCILA	Title PRE	SIDE	NT		Sig	natur	e' .		4		Date 1/1	e 1/20	19		



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ا ان	all.	10	15	98	
1	TE	C	E	IW	F

Data data se usa da				1115	61		W
Date of Notification (1)	Z-19 Na	me of Building Owner/		isenbe	24		
Agencies Notified Type Notification	Str	reet Address	017	2.901190		2 2 21	019
□ EPA . ★ Initial	-	Ctota Zin Coda			و		010
DDEP Amended Amendment		y, State, Zip Code	10010 1	AT TASE	31677	तस्र	7)121
DOH Emergency (i	ncluding Na	me of Coritact	19plewood	Telephone Nu	mber	NO NO	<i></i>
□ DCA □ Cancellation	18	hen Eisen	Berg	1 -			
Name of Facility Where Abatement is Taking		FACILITY INFORMAT	Type of Facility	(4)		- 3	
Single fam		vyelling	☐ School (K-				
Street Address	11.7		☐ Subchapte	er 8 (Other than K-1	2)		
			Other (i.e. etc.)	private & commerci	al buildin	gs, hom	es,
City (5)	12 00	7011/2	Square Feet	# of Floors	Bid	g. Age	
County (6)		70 4 6 unty Code (7)	Current Use (Pr	ior if being demolish	(her	75t	
Esse		ATE USE ONLY)	Odreni 635, (i i	or it being demoiss	icuj		
Name of Monitoring Firm Hired by Building O	wner (8)	ASCM No.	Name of Abatement Co		•	-	
Street Address	Zies	MA	Street Address.	chnolog	ies	Ir	16
Ro. Box 33	57		P.O. Box	337	•		
City, State, Zip Code	NTO	2533	City, State, Zip Code	714 44	AG	52	2
Project Manager for Moreit ril of Firm	· Tele	ephone No.	Telephone No.	At NU	0.	No.	
Steve Schenken		9758-3365	609 758-336	20.4	53	94	
Start Date (10) 1 20 10	Schodulad Comple		Name of OSHA Monitor	1		-	
Occupancy Status During Abatement (Check		5-17	Street Address	hnologies	In		
Facility Closed/Vacated During Entire Pe			P.O. Box	337		San .	
☐ Abatement Performed Outside of Norma ☐ Other – Describe:			City, State, Zip Code				7
Scope of Work (Check All That Apply)			New Egypt	NJ	785	33	
Scope of Work (Check All Hat Apply) ≥3 sf or ≥3 lf	Sonovetion		☐ Full Containm	ant with Nagativa D	roccuro		1
□ ≥160 sf or ≥260 if	Renovation Demolition	2	Mini-Enclosur	T 2	1622016		
		05	Glovebag Pro Non-Exempte	cedure d (*) and Non-Friab	le Proce	dure	
	Is Location				A	atement Type	t
Location of Asbestos-Containing Material (ACM)	Normally Used Solely by		scription of aining Material (ACM)	Amount	T	1.	
TO BE ABATED	Maintenance/ Custodial Staff	(i.e. thermal	systems insulation,	(Specify	Re	Encapsulate	Enc
In Facility (13)	(12)	Suria	cing, VAT, or niscellaneous)	SF or LF)	Removal	Capsula	Enclosure
0 3 2	Yes No N	I/A			=	ate	9
Side Attic Storage Akea	X	Weapped	Ain Duct	10 LF	x		
O Control of the Cont							
Name of Registered Waste Hauler		P Waste Cubic of Was	ste .	Registered Landfill			
EPC Technologies	65-000,277,00763.	7000	41 Was	e Manager	nent	of t	H
City, State	15		sal Date City, State	e Lisuille F	A		
Completed by	Title	s	ignature	Dar Dar	te		
Steve Schenker	Presiden	+ ,	Sleep DCke	cha	1-1	7-1	9

CH1490	Evon Ename) Noti	Pursuan	t to NJA	New Jers SBESTOS C 8:60 ar	ABAT nd 12:12	02507		E G I	E 1	2019	[]	190
Date of Notification (1)			Name	of Buildin	ng Owner/	Operato	or (2)	. 13	OAN	- L-	2013		- 10 ×
January 16, 2019			Rober	t Micha	el Shop	ping C	enter, Inc.		TOWN TO SERVICE AND ADDRESS OF THE PARTY OF	Description		ļ	
Agencies Notified Type Notifica	tion		Street	Address				A	SBESTO	CC:		- 1	
EPA Initial			РО Во	x 600			Į.	Colony routies and re-	-		C		
DEP Amende			City, S	tate, Zip	Code								
	rent # rcy (includina	_		ck, NY									
DOH justificati	on)		Name	of Contac	ot			T	elephone N	lumber			-
DCA Cancella	tion			t Manag				(9	73) 641-1	1736			
Name of Facility Where Abatement is Ta	king Place (21	FAC	ILITY IN	FORMAT	ION							
Modell's	aking riace (0)					Type of Fac	ility (4)					
Street Address			_				School	(K-12)					
							Subcha	apter 8 (O	ther than K	-12)	1.15		
17 Hampton House Road City (5)							Other (etc.)	i.e. privati	e & commer	ciai bui	laings,	hom	es,
Newton							Square Feel	#	of Floors		Bldg. A	ge	
County (6)													
Sussex			County	Code (7)	Y)		Current Use	(Prior if b	eing demol	ished)		1200	
Name of Monitoring Firm Hired by Buildi	0				×				retail				
A.E.S.L.	ng Owner (8)		ASCI	M No.		Name	of Abatement	Contracto	or (9)				
Street Address						The N	ACK Group	o, LLC					
AND AND AND AND AND PARTY.						Street	Address						
2200 Paterson Plank rd # 7 City, State, Zip Code			1-100000			1500	Kings HWY	N, STE	209				
						City, S	State, Zip Code	9					
North Bergen, NJ 07047 Project Manager for Monitoring Firm						Cherr	y Hill, NJ 08	3034					
			Telepho				none No.		License	No.	0.00		
Project Manager Carmello Start Date (10)	0-1-11		201-864			(973)	759 - 5000		00781				
province in a common and a common of a common of the commo	Schedule	d Cor	npletion	Date (11))	Name	of OSHA Mon	itor					
2/1/19 Occupancy Status During Abatement (CI	1010		6/1/19)		The M	ACK Group	, LLC.					
5.7						Street	Address						
Facility Closed/Vacated During Entity Abatement Performed Outside of Not Other - Describe:	re Period of A ormal Facility	baten Hours	nent s				Kings HWY tate, Zip Code		209				
							Hill, NJ 08						
Scope of Work (Check All That Apply)							-						
≥3 sf or ≥3 if ≥160 sf or ≥260 if	R	enova emolit	tion ion				Glovebag I	sure Procedure	h Negative d Non-Friabl				
		Locati									Abate		
Location of Asbestos-Containing Material (ACM)	Used	ormal Sole	ly lv bv	200000	Des	cription	of				Тур	е	
TO BE ABATED	Mair	ntenar	nce/	Asbes	stos Conta	aining M	aterial (ACM) insulation,	1	Amount			ш	
In Facility	Custo	dial S (12)	staff?	(1.0	surfac	ing, VA	T, or		Specify F or LF)	Remova	Re	Encapsulate	Enclosure
(13)		(12)			other m	iscellan	eous)			Vou	Repair	lusc	uso
	Yes	No	N/A							<u>n</u>	7	ate	Fe
under carpet & padding	X		1427		1/47	T/0.4 1	• 200	-		\	-	-	
- Pot a padding			-		VA	T/Mast	IC	13	,500 s/f	X			
												1	
												-	-
Name of Registered Waste Hauler		N.	J DEP Wa	aste	Cubic Y	ards	Name	of Registe	ered Landfil				
lewark / Erochald / O		Ha	auler ID N	No.	of Wast		, vaine	or registe	neu Lalluill	is .			
Newark / Freehold / Spartan City, State			450	9		135	Minen	/a Enter	prises, Ll	_C			
	- 54				Disposa	al Date	City, S					, in co	
lewark, NJ / Freedold, NJ / Donora	The second second					/1/19	Wayne	esburg,	ОН				
190021010319911902 MINLEY #.	Title				Sig	gnature	117/	-		ate			
like Cooper	Preside	nt				and the second			1/1	6/19			

CHIM	b		NOT	D) FICA Pursua	TION ASI	New Jersey BESTOS ABATE C 8:60 and 12:12	MENT		C JAN	[2		
Date of Notification (1) 1/13/2019)					ding Owner/Operator	r (2)	- 1	JAN		- (JIS
□ EPA IS	ype Notificati	on		Str	eet Addres			ASE	BEC-C			
DEP	Amended Amendmen Emergency		lina	19803	y, State, Zip herry Hill	Code , NJ 08003						
DOH DCA	justificator Cancellation	1)	iiig	Na	me of Co	ntact		Telephone Nu				
								646-457-525	55			
Name of Facility Where Aba Church Street Address	tement is Tak	king Pla	ce (3		ACILITY	NFORMATION	Type of Facility	12)				
1995 E. Marlton Pike								r 8 (Other than K- private 8 commer		ilding	ıs,	
City (s) Cherry Hill, NJ 08003					60		Square Feet 4000 SF	# of Floors	1	Bldg. 40 yı	Age	,
County (6) Camden				US	ounty Code SE ONLY)	(7) (STATE	Current Use (F Church Office	Prior if being demo				
Name of Monitoring Firm Hire (8)	ed by Building) Owne	r	ASCI	M No.	Name of Abatem AEi2, LLC						
Street Address		- Veral 1		l		Street Address						_
City, State, Zip Code						361 E. Flemin City, State, Zip	Code					_
Project Manager for Monit	oring Firm		Te	lephone	e No.	Hammonton, 1	NJ 08037	License No.				
Start Date (10)	I Soh	adulad i	_		ate (11)	609-481-212		00689				
1/22/19	2/5/	19			ate (11)	Name of OSHA M AEi2, LLC	lonitor					
Occupancy Status During Ab Facility Closed/Vacated D	uring Entire I	Period	of Ab	atemen	t	Street Address 361 E. Flemin	no Pike					
Abatement Performed Out Other - Describe:	side of Norma	al Facili	ty Ho	urs		City, State, Zip Co Hammonton,	ode			_	-	
Scope of Work (Check all tha	t apply)	11						egative Pressure				
≥3 sf or ≥3 lf ≤≥160 sf or ≥260 lf		R	enova emoliti	tion on		Mini-Enc	g Procedure	on-Friable Proced				
Location of		Used	Locat ormal d Sole	y ly by		Description of	impled () and N	on-Friable Proced	1	Abate Typ	ment oe	
Asbestos-Containing Materia TO BE ABATED IN Facility (13)	a (ACM)	C	ntena ustodi Staff? (12)	al	Asbest (i.e.,	os Containing Mate thermal systems in surfacing, VAT, o other miscellaneou	sulation,	Amount (Specify SF or LF)	R e m o v	R e p a i r	мповринн	
nd Floor		Yes	No	N/A X	Ov	erspray in HVA	C Ducts	160 SF	X		a t	-
		711722333 C							A			
ame of Registered Waste Ha									+			
Ei2, LLC	uier		H	IJDEP V lauler ID		Cubic Yards of Waste	Name of Regis	tered Landfill				
ty, State ammonton, NJ			<u> 12</u>	1376		Disposal Date TBD	City, State	n				
ompleted By m. Minnick	Title		14			Signature	TBD .	Date				_
41	Pr	ogram	IVIgi				Mmi	1/13/18				

100 C	h	. 1		ursuan	tate of Ne N OF ASE t to NJAC	8:60 an	ABATE d 12:120	0)) E C	E.		V [
Date of Notification (1)	10			Name of	of Building G	Owner/0	Operator	(2)		JAI	122	2 20	19	
Agencies Notified	Type Notification		1		Address					ACDEC		onesse -		
EPA DEP	Initial Amended		-		HADLE' ate, Zip C		D			ASBEST		C;		
X DOL	Amended Amendment: Emergency (#_/		SOUT	TH PLAI	NFIEL	D, NJ 0	7080		3		117.114	Catalog.	7
Ŭ DOH □ DCA	justification) Cancellation	including		AL	of Contact	S	207	7		Telephone N		- 3	37:	14
Name of Facility Where	Abatement is Taking	Place (3	3)	FAC	ILITINE	URIVIAT	ION	Туре	of Facility	(4)				
PSE4	G-								School (K-					
	VIDSON.	s îy	1:1.	LE	2 D.			×	Other (i.e. etc.)	r 8 (Other than K- private & commer	cial bui			ies,
NORTH	BRUN	. 5 (1)	`n 1	+					re Feet	# of Floors	1.	Bidg.		SYRS
County (6)		SW		County	Code (7)	2		Curre	000 Ap	ior if being demol	shed)	PX	00) y RS
Name of Marile in Til	LESEX		- 1		USE ONLY	" ——			SUB :	STATION		2		
Name of Monitoring Firm ENVIRONMENTAL	Hired by Building C)wner (8)		ASCI 004	И №.' 5					ntractor (9) S OF AMERIO	CA INC	7		
Street Address 64 BROAD STREE	T						Street	Addres	s					
City, State, Zip Code	c, Zip Code City, State, Zip Code													
MATAWAN, NJ 077	N, NJ 07747 SOUTH RIVER, ger for Monitoring Firm Telephone No. Telephone No.													-
TOM GEIGER					90-2217			432-8		License 01111	No.			
Start Date (10) 1/24	1/19			pletion	Date (11)				A Monitor YSTEM	S OF AMERIC	A INC	· · ·		
Occupancy Status During	Abatement (Check	Only On	e)				Street	Addres	s					
Facility Closed/Vaca Abatement Performe Other – Describe:	ed Outside of Norma	al Facility	Hours		m 0		City, St	tate, Zi	Code					_
Scope of Work (Check Al	1	7		0, 0	J		SOU	THRI	VER, N.	J 08882				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	• • • •		enovat emoliti				Z	Mini	-Enclosure vebag Prod				°e.	
			Locatio							() () () () ()		Abat	emen	t
Location Asbestos-Containing	of Material (ACM)	Used	ormall d Solel	y by	Ashes	Des tos Cont	scription		(ACM)	Amount	-	1)	/pe	
TO BE ABA	TED	200 00000	ntenan odial S			thermal		insulat		Amount (Specify	Rei	R	Enca	Enc
(13)	,		(12)				niscellan			SF or LF)	Removal	Repair	Encapsulate	Enclosure
Conto	Λ	Yes	No	N/A		1						_	le	
CONT ROL	ROOM		X		- CONTROL - CONT					5/00 St	1	_		
11					IKA	NS.7	E Flo	OOR	PANELS	24 SA	X		-	
											+			
Name of Registered Wast	e Hauler			IDEP W		Cubic			Name of I	Registered Landfi	H I			
ETGI			1	auler ID 2069	No. 2061	of Was		9.	FAIRLE	SS				
City, State FLANDE	ERS, NI	7				Dispos	al Date	1	City, State MORRI	sVILLE, PA				
Completed by CAROL RAIMO		Title OFFIC	CE M	GR			gnature	10	, ,		ate	100	1,	0

CK# 9397

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

		(F	ursuar	nt to NJAC	8:60 and	12:120	9)		-3			. ,		
Date of Notification (1)	2019 ch		Name PSE	of Building &G	Owner/Op	erator	(2)			JAN	22	201	19	
Agencies Notified Type	Notification			Address				-		ODEOLO	2.00	NAME OF THE OWNER, THE	Thumas	
	Initial		0.636.53	HADLE'					Α.	SBE970	_ OC		19.8	
= 55; IU	Amended Amendment #			tate, Zip C TH PLAI		N.I 0	7080	las	MODEL STREET,	*	megal	+ 14.	4- 41	de est
	Emergency (includir justification)	ng		of Contact					Tele	phone Nu	mber			
	Cancellation		AL	LEX	SC	OT	7			32-6		- 5	370	14
ame of Facility Where Abaten	nont in Taking Diseas	(2)	FAC	CILITY INF						<u> </u>				
PSEX G	nent is Taking Place	(3)					Туре	of Facility	(4)					
treet Address								School (K-1 Subchapter		than K-1	2)			
126 DAVI	DSONS 1	m'1	1 6	A C			×	Other (i.e. p				dings	, hom	es,
ity (5)				<u> </u>				etc.) re Feet	# of	Floors	E	Bldg. /	Age	
NORTH	BRUNSU	oic.	K				6	000 App	اعدا	1	A	Ade		SYR
ounty (6)			County	Code (7)	7)		Curre	nt Use (Pri	or if bein		ned)	4-		1.
M'DDLE ame of Monitoring Firm Hired	SEX	0)						SuB S	STA	TON				
ENVIRONMENTAL TAC	TICS	5)	ASC 004	M No.' 15			of Aba	tement Cor SYSTEM	ntractor (9)	INC			
treet Address	27-7		1 30-			Street A			O OF A	IVIL NIC/	11110	,		
4 BROAD STREET								EHEAD /	AVE.					
ity, State, Zip Code				, .				ip Code						
MATAWAN, NJ 07747	-							IVER, N.	08882		3.00			
roject Manager for Monitoring OM GEIGER	r-irm			one No. 90-2217		Telepho			100	License N	0.			
art Date (10)	Schedu	iled Cor		Date (11)		732-4		35U IA Monitor		01111				
1/24/1	8 /	12		/ B				YSTEMS	SOFA	MERICA	INC	· .		
ccupancy Status During Abate	ement (Check Only C	ne)		. 0	5	Street A	Addres	S				·//		27.
Facility Closed/Vacated Du	iring Entire Period of	Abaten	nent		:	396 W	VHITE	EHEAD A	AVE.					
Abatement Performed Out: Other – Describe:	side of Normal Facili	ty Hours	W A A	m 0				p Code						
cope of Work (Check All That	1 1		ا رب	T		SOUT	HR	IVER, NJ	08882					
] ≥3 sf or ≥3 lf	₩	Done	tion			1								
≥160 sf or ≥260 lf		Renova Demolit					Full Mini	Containme i-Enclosure	ent with N	legative P	ressur	re		
						Z	Glo	vebag Proc	edure	Non Edah	o Dec	000		
	-	s Locati	on			بحد	1401	i-Exempted	() and	יטוו-רוומסו		311 (V - V - V)	e ement	
Location of		Normal	y		Descr	ription o	of						ре	
Asbestos-Containing Materia TO BE ABATED	M (ACIVI)	ed Sole aintenar	ice/	Asbest	os Contair	ning Ma	aterial	(ACM)		ount			П	
In Facility	Cus	stodial S	taff?	(I.e.	thermal sy surfacin			tion,		ecify r LF)	Ren	Re	ncar	Encl
(13)		(12)			other mis				J. 0	/	Remova	Repair	Encapsulate	Enclosure
0	Yes	No	N/A				<u> </u>						le	O
CONTROL R	oom	X		Floor	I Til	E + 1	n As	stic.	511	O SF	X			
11								PANELS		4 SF				
				INI	116		UR	I I IN E IS	0	131	/			
									i escinosi	50001257		-		
me of Registered Waste Haul	er	-	JDEP W		Cubic Ya			Name of F	Registere	d Landfill				
ASTE MANAGEMENT		1 000	auler ID 125		of Waste APQ≿		,	FAIRLE	SS					
y, State					Disposal			City, State						
IZABETH, NJ					TE	35		MORRIS		, PA				
mpleted by ROL RAIMO	Title					ature	1		1.	Dat	e , ,	,	1	
INOL RAIMO	OFF	ICE M	GR.				DE	al X	air	ne	1/	91	20	18
B-41 (R-06-08)							100						2	019

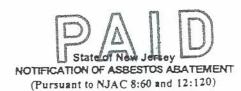
Print Form

			Sta	ate of	New J	ersey			Check	# 16	509	
						TOS ABATEMENT						
Date of Notification		(Pursu				7 and 12:120-7 Owner/Operator		Fa	E	。尼	-11	WE
1/15/2019	. (1)		E		Grav		. (2)			<i>y</i> .	U	W E
Agencies Notified	Type Notificat:	ion	Stree	t Addr	ess				1 A	200	2 0	040
[]EPA	[X]Initial							4	JA	N .2	2 2	1019
[]DEP	Notificat	ion			, Zip		+)					
[X]DOL	[]Amended Notificat	ion	Wee	ehaw	ken,	NJ,07087			ASBES	700	001	
[X] DOH	[X] EMERGENCY			of Cor			Telepho	one Number	RECORDERATE OF	-		
[]DCA			Fra	ank	Grav	ina						
	[]Cancellati	on		FAC	TT.TTY	INFORMATION						
Name of Facility Whe	re Abatement is	Taki	ng Pla				Type of Faci	lity (4)				
Frank Gravina							[]School	(K-12)				
Street Address								pter 8 (Othe				
Tokoo Madadob	(4)							buildings, h				
			-				Square Feet	# of Floo	rs B	ldg.	Age	
City	Co	unty			1000000	nty Code (7) ATE USE ONLY)						
Weehawken	H.	ıdso	n				Current Use	(Prior if be	ing de	emoli:	shed))
Name of Monitoring F			W. C.	M No.		Name of Abate	ment Contracto	or (9)		-		
Owner (8) N/A	•						ANAGEMENT					
Street Address						Street Address	S				-	
						86 Chris	topher St	Ξ.				
City, State, Zip Cod	e					City, State,		on intensi				
						Montclai	r, NJ 070	042				
Project Manager for	Monitoring Firm	100000	lephon	e Numb	er	Telephone Num		Ţ	icense		ber	
		N				(973)744			003	11		
Scheduled Start Date 01 16 19	S many		letion L8	Date 19	(11)	Name of OSHA I	Monitor					
	ear Mont		Day	Year		N/A						
Occupancy Status Dur [X]Facility Clos						Street Address	3					
of Abatement	3	1/5										
[]Abatement Per Hours - Descr	formed Outside libe:«OffHours I			Facili	ty	City, State, 2	Zip Code					
[]other - Descr				cipt»								
Scope of Work (Check	all that apply)				f lmvll	Containment w	ith Negative	Droce	ure		
[X]≥3 sf or	≥3 lf	1	X]Reno	vatio	n	[X]Mini-	Enclosure	1.5	ries	sare		
[]≥160 sf o	or ≥260 lf	[]Demo	lition	n		bag Procedure riable Proced					
100 MARTIN		_	Is	-			750 0020		Ab	ateme		
Location Asbestos-Con	A COMP		ormal] Used			Description Asbestos-Cont		Amount	R	R	E	E
Material	(ACM)	-	Solely Wair			Material (ACM)	(Specify	1	E	A	L
TO BE ABA		t	enance	≥/	in	<pre>(i.e., thermal sulation, surfa</pre>		SF or LF)	V A	A	S	o s U
(13)	_	St	aff (-	or other miscel	Llaneous)		L		F	R
Basement		Yes	No	X	Boil	er insula	tion	35 SF	X			
Name of Registered W	aste Hauler	3.00	DEP W		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	oic Yards		istered Land	fill		•	
AZTECH MANAGI	EMENT, INC		7040		of	Waste .5	Tri - S	State				
City, State					1	sposal Date	City, State					
Montclair, NJ	07042				1	./19/19	Bronx,	NY, 1047	14			
Completed By (Print	or Type) Title	1				Signature		11:	Date	9		
Constantine V:	C. 100	side	ent			1/ -	A.Ti.	HING		5/201	9	
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Date of Notification (1)	P		State of New Jer HON OF ASHESTI WENTED NJAG-8:60	OS ABAT) and 12:12(T I	#46		
Agencies Notified Type Notification	n G	H	e of Building Owner. R Nick t Address		1109) <u>E</u>	CEI	V	臣
DEP Initial DEP Amended Amendmen DOL Emergency justification Cancellation	(including	- [0	State, Zip Code ARK N of Contact R N C R	50	0706 TTos	g (.1 mm)	IAN 22	201	9
Name of Facility Where Abatement is Taking	Place (3)	FA	CILITY INFORMA	ATION.	Type of Facilit	y (4)		-	- 1
Street Address					Other (i.e	(-12) er 8 (Other than K-12 . private & commerc	2) ial buildings,	homes	, etc.)
County (6)		Count	y Code (7) E USE ONLY)		Square Feet 3 000 Current Use (Pt	# of Floors	ned)	Age 70	
Name of Monitoring Firm Hired by Building (Street Address)wner (8)	ASC	CM No.	NO	Of Abatement Co	HOUSE htractor (9) INC			
City, State, Zip Code				100	ate, Zip Code	814 R NO. 0	285	7	
Project Manager for Monitoring Firm Start Date (10)	Scheduled Co	Telephological Impletion I		Telepho 130 Name o	one No. O	ASOO License 1			
Occupancy Status During Abatement (Check O Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	riad of Abata	- 1	1 (Street A	OVALEDI ddress). BOX ate, Zip Code,	> 1NC			
Scope of Work (Check All That Apply)				Cip	Bridg	2 NO C	3885	+	
≥3 sfor≥3 lf ≥160 sfor≥260 lf	Renor Demo	vation lition	40.	NA COL	Glovebag Proc	ent with Negative Pr e edure i (*) and Non-Friable			
Location of Asbestos-Containing Material (ACM) TO BE ABATED	Is Loc Norm Used So Mainter	ally lely by	Asbestos Conta	scription o	f crial (ACM)	Amount	Abat	ement ype	
In Facility (13)	Custodia (12 Yes No	Staff?	(i.e. thermal syste	ems insulat VAT, or niscellaned	ion, surfacing,	(Specify SF or LF)	Repair	Encapsulate	Enclosure
BASEMENT ONLY		X	919	Floor	TILE	4 1505	/f×		
Name of Registered Waste Hauler NOVATED INC		NJDEP Waltauler ID	No. of Wast		11	Registered Landfill			
City, State OID Bridge N.O. Completed by	Tifle)		Disposa		City, State		PA		
ASB-41 (R-06-08)	THES	NDEN	01	*Do	not use this form	for asbestos licensu	1/15	119 activiti	

Ch 70	30	P	VQTIF (F	Ursuant	to NJAC	ESTOS 8:60 an	ABATE d 12:12	0)	г		EC		9	W		
Date of Notification (1) 1/16/19					Building Alu Priv		7.0	(2)		: 14	JA	N C	2	201	J	
Agencies Notified	Type Notification			Street A	ddress						ASBES:		CO	1	- 0	2
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☑ DOH	Emergency justification)		Ì		Contact			// //		Tel	ephone N	Numbe	er			
☐ DCA	Cancellation	1		Dave												
Name of Facility Where	Abatement is Takir	ng Place (3	3)	FACI	LITY INFO	ORMAT	ION	Тур	e of Facility	(4)					11-0-01	
Dave Alu Private F	łome			9				П	School (K-							
Street Address									Subchapte Other (i.e. etc.)				uild	ings,	home	s,
City (5) Love ladies NJ 080	08							Squ 10	are Feet	# 0	Floors			dg. A 5+	ge	
County (6)			Т	County C	Code (7)				rent Use (Pr		ng demo	lished				
Ocean				(STATE U	ISE ONLY)		Но	use				120			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCM	No.			of Ab	atement Co	ntractor	(9)					
Street Address							Street					-				
Ou corridaress								Box								
City, State, Zip Code		3							Zip Code rlin NJ 08	091						
Project Manager for Mon	itoring Firm			Telephor				-753	-9800		License 00727					
Start Date (10) 1/25/19		2/1/19	ed Cor	mpletion [Date (11)		Name Sam		SHA Monitor							
Occupancy Status During	a Abatement (Che		ne)				Street		ess							
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire	Period of A	Abater						Zip Code							
Scope of Work (Check A	Il That Apply)		-													
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	w.	The second second	Renova Demoli					F M	ull Containm lini-Enclosur lovebag Pro on-Exempte	e cedure	7.0				e	
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Locatior Asbestos-Containing <u>TO BE</u> AB. In Facil	Material (ACM) ATED	Use Ma		ely by ince/ Staff?		tos Con thermal		Aateri s insu		(5	mount Specify or LF)		Remova	Repair	e Encapsulate	Enclosure
(13)	*0		(12)				niscellar						oval	air	sulat	sure
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Exterior S	Exterior Siding						rior Si	ding		18	300 sf		K			
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Name of Desistered Was	eta Ulavilan			NJDEP W	aata	Cubio	Yards		Name of	Pogisto	rod Lane	16II				
Name of Registered Was United Roll Off	ste nauler	ŀ	Hauler ID		of Wa			G.R.O	.W.S.	ieu Land	11111					
City, State Elm NJ						Dispo:	sal Date	173	City, Sta		A 1906	7				0
Completed by						Signature	9	IVIOITIS	ville P		Date					
Anthony T Perna		Title Pres	ident				/	2				1/16	5/19	9		

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Ch. 47198		NOTIF	IGAF	TON OF A	New Jersey BBESTOS ABATE C 8 60 and 12:12	(0)	JAN 2			}	
Date of Notification (1)	Î		Na —	1 1	ling Owner/Operato	(2) COM	ASBESTO	CC.			
Agencies Notified Type No	tification		Str	eet Addres	s 00 Hau	-	AUE				
	dment#		City	y, State, Zip		174	NIT OS	527	26	,	_
☑ DOH justifi	gency (includ cation) ellation	ang	Nar	me of Conta			Telephone Num				
			F		FORMATION		1 	_			=
Name of Facility Where Abatement RES LOEW		ce (3)				Type of Facili					
Street Address						Subchapte	er 8 (Other than K-12 private & commerci		dings	i,	
City (5)						homes, et Square Feet	# of Floors	В	ldg. A	lge	
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CAPE W	(AY		US	E ONLY)		- NAC	ANT				_
Name of Monitoring Firm Hired by B (8)	uilding Owne	r 	ASC	VI NO.	Name of Abatem KLEMC						
Street Address					Street Address	SPRU	E AUE				
City, State, Zip Code .					City, State, Zip C			505	7		7.5
Project Manager for Monitoring Firm		Tele	phone	e No.	Telephone No.		License No.	71	_		=
Start Date (10)	Scheduled	Comple	tion D	ate (11)	856-77 Name of OSHA N		-	1/			=
1-24-19	7-1		9		Street Address	N/A		_		_	=
Occupancy Status During Abatement Facility Closed/Vacated During Er	ntire Period o	f Abater	ment			7	: 				_
Abatement Performed Outside of Other - Describe:	Normal Facili	ity Hour	2		City, State, Zip Co	ode	4		_	_	_
Scope of Work (Check all that apply)	= <u>1.6</u> eH				Full Con		egative Pressure				
≥3 sf or ≥3 lf ⊠ ≥160 sf or ≥260 lf		enovation emotition			Gloveba	g Procedure	on-Friable Procedur	е			
		Location						A	bater Typ		
Location of Asbestos-Containing Material (ACM) Mai	d Solely ntenand ustodial	æ/		Description of tos Containing Mate		Amount (Specify	77		En	ш
TO BE ABATED IN Facility	1 -	Staff?		(i.e.,	thermal systems in surfacing, VAT, other miscellaneous	or	SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	Yes	No No	N/A			,		'al		late	Ге
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	=	-									
Name of Registered Waste Hauler			DEP V		Cubic Yards of Waste	Name of Reg	istered Landfill	V	1		
KLCIMCO INC. City, State		-11	191		Disposal Date	City, State	ni in		<u></u>		_
Completed By	N.J.				Signature	A-/	DBINE	111	11	9	_
MICHAEL KLEAM	SUP	· <u> </u>			Mil	Wille		14.	- (°	1	=



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Chu	m	NOTIF	CATI	ON OF AS	BESTOS ABATE	MENT 0)	JA JA	N 2	2	2019	}
Date of Notification (1),	1 3 0				ing Owner/Operator	r (2)	ASSEC		CC.	-	-
1-1	4-19				IASE E	WICKP	MUSES	U A GALLERS MANAGEMENT	4. 17 t		
Agencies Notified	Type Notification	en .	Stre	et Address	5552	LEEDS	RD				
	Initial Amended		City.	State, Zip	Code		T 000	41		-	
⊠ DOL	Amendment Emergency	(including		ne of Conta	ABSECC	M M.	Telephone Num	01	_	-1	=
☑ DOH	justification Cancellation		Nam	ne or Conta A	NOY		reseptione Num	Dea 			_
-	l		FA	ACILITY IN	FORMATION		_				
Name of Facility Where	Abatement is Taki	ing Place (3)				Type of Facility School (K-1	**********				
Street Address	SIDENCE		-			Subchapter	r 8 (Other than K-1) private & commerci		finas		
						homes, etc	:.}		45.20.61		_
City (5)	RICAN	TIMLE	À	IT		Square Feet	# of Floors		dg. A		
County (6)		11.06	Cou	inty Code (7) (STATE		rior if being demolis	shed)			
ATL	ANTIC		ASCN	E ÓNLY)	Name of Abatem	nent Contractor (CANT			==	닉
Name of Monitoring Firm (8)	Hired by Building	Owner	ASON	1 190.	K	LEMCO	INC				_
Street Address	(F)				Street Address	S SPI	RUCE LIE	-			
					City, State, Zip C	ode			_	_	ᅱ
City, State, Zip Code			ephone		Telephone No.	PLE SH	ADE N.J	08	05	_	=
Project Manager for Mon	License No.	371			_						
Start Date (10)	Sche	duled Comple	etion Da	ate (11)	Name of OSHA N	Monitor N/A					_
Occupancy Status Durin	g Abatement (Che	ck only one)			Street Address						
Facility Closed/Vacate	ed During Entire P	eriod of Abate al Facility Hou	ment rs		City, State, Zip Co	ode			_		=
Other - Describe:	000000011101111				2500 D 00				_		=
Scope of Work (Check a	If that apply)				☐ Full Con	tainment with Ne	egative Pressure				
>3 sf or ≥3 lf		Renovati Demotitio	ion in		☐ Mini-End ☐ Gloveba	a Procedure	on-Friable Procedu	re			
		Is Location		Π		1			bates		
Location o		Normally Used Solel			Description of			_	-,,		\dashv
Asbestos-Containing M	aterial (ACM)	Maintenan Custodia		Asbes (i.e.,	tos Containing Mate thermal systems in	nsulation,	Amount (Specify	Re	Re	Encar	Encl
TO BE ABAT IN Facility	EN	Staff? (12)			surfacing, VAT, other miscellaneo		SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)		Yes No	N/A					-		10	
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SIDING			_								
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Name of Registered Was	te Hauler		JDEP auleg ID	No.	Cubic Yards of Waste	Name of Reg	istered Landfill				
KLEMCO	INC		790	24	Disposal Date	City State :		191 Uga	_	_	
City, State	WE W.I					BLEY		156	F :		=
Completed By	Trtle				Signature	M	Date	14	-1	1	
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Date of Notification (1)			NOT		ATIO ursua	nt to NJ	AC	Jersey STOS ABA 8:60 and 5:1	6)) E C	E [201	9	
1/	14 /	_ 19	9		Sil	va Fox P	rop	erties, LLC						
Agencies Notified EPA	Type Notific					t Address		reet		ASBEST	oc	31. 11.C		·
☑ DOLWD	Amende Amendr				City,	State, Zip	Code	9						
⊠ DCA	⊠ Emerger			a a	Le	banon, P	A 1	7042						
(NJAC 5:23-8)	justificat	ion)		3	7000	e of Contact		olta		Telephone Nur				
								RMATION		917-744-84	45			
Name of Facility Where A	batement is	Takin	g Place	e (3)	17	CILITTI	VI-O	RIVIATION	Type of Facilit	v (4)				
Residential			3	- (-)					School (K-					
Street Address									☐ Subchapte	r 8 (Other than K-1 private and comm		uildin	18	
			107.50						homes, etc	;.)	or oldr b	unum	90,	
City (5)									Square Feet	# of Floors	В	ldg. A	ge	
Port Murray, NJ 078	65								200	2		20		
County (6)					Cou	nty Code (7)(ST	ATE USE ONLY)	Current Use (F	Prior if being demol	ished)			- 1
Warren County									Residentia					
Name of Monitoring Firm			Owner	(8)	ASCM	No.			ent Contractor (9)				
Altomonte Environm	ental Service	es					1	Super LLC						
Street Address							Str	reet Address						
2200 Patterson Plan	k Road													
City, State, Zip Code						7	Cit	y, State, Zip Co	ode		7 55			
North Bergen, NJ 07							ı	Haledon, NJ	07508					
Project Manager for Monit	oring Firm			Tele	ephone	No.	Te	lephone No.		License No.				
Carmelo Altomonte							2	201-336-0477		01195				
Start Date (10)	- Common					te (11)	Na	me of OSHA M	lonitor					
1/15/	19		2_ /	_ 15	5_/	19	1	Super LLC						
Occupancy Status During	Abatement (Check	c only o	one)			Str	eet Address						
☐ Facility Closed/Vacated	d During Entir	re Pe	riod of	Abate	ment		2	203 Belmont	Avenue					
Abatement Performed	Outside of No	ormal	Facility	y Hou	s - Des	cribe	Cit	y, State, Zip Co	ode					
Time of Abatement:	AM	P	M/	PM-		AM		laledon, NJ						
Scope of Work (Check all	that apply)													
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			☐ Re ☑ De	novati	17/2/201			☐ Mini-Enci	osure Procedure	egative Pressure on-Friable Procedu	ıre			
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Location of Asbestos-Containing M				Norma ed Sole				Description of		-	70	Z	т	m
TO BE ABAT		')	Ma	intena	nce/			Containing Mai ermal systems i		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility	1		Cust	todial (12)	Staff?	(\$	surfacing, VAT,	or	SF or LF)	oval	7	psul	sur
(13)			Yes	No	N/A	1	ot	her miscellane	ous)				ate	0
1st Floor, Ground Leve	el					Gray FI	oor	Tile and Mas	tic	100 SF		П	П	
Roof								ing Material		150 SF		-		
Interior Windows						Gray Ca	2000			15 SF				
2 nd Floor Bedroom, At	tic Area. At	ttic	П	П		Vermice				880 SF				
Name of Registered Waste				N	JDEP V	200-200-2009	1000	oic Yards of	Name of Doc	stered Landfill		Ц	Ц	
SUPER, LLC				1 6683	auler ID 00348	No.	Was	ste		stered Landilli S, Waste Manag	emen	t		
City, State					00348	33		BD posal Date	City, State	-				
Haledon, NJ								BD	Morrisville	e. PA				
Completed By (Print or Typ	oe)	Title			- 110-72-0			Signature			ate			
Tailor Dominguez														

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Date of Notification (1)	14 /	19	9		20.00		ng Owner/Operator Properties, LLC	(2)		AN 2	2 1	2019	Ĵ
Agencies Notified	Type Notifi	cation	Y.		Stre	et Address			ASBE	07.00	001		
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(NJAC 5:23-8)	justifica	tion)	iolodii	'9	Nam	e of Conta	ct		Telephone Nun	nber			
	☐ Cancella	ation			R	bert Bor	naccolta		917-744-84	45			
					FA	ACILITY II	NFORMATION						
Name of Facility Where	Abatement is	Takin	g Plac	e (3)				Type of Facility (4)				
Residential								School (K-12					
Street Address								Subchapter 8 Other (i.e., pr			ulding		
								homes, etc.)	ivate and comme	sicial bi	Jiiuii iy	5,	
City (5)				77				Square Feet	# of Floors	В	dg. Ag	ge	
Port Murray, NJ 07	865							200	2		20		
County (6)					Cou	inty Code (7)(STATE USE ONLY)	Current Use (Price	or if being demoli	ished)			
Warren County								Residential	1.78 - C. S.				
Name of Monitoring Firm			Owner	(8)	ASCN	l No.	Name of Abatem	ent Contractor (9)					
Altomonte Environn	nental Service	es					Super LLC						
Street Address					20.00		Street Address						
2200 Patterson Pla	nk Road						203 Belmont	Avenue					
City, State, Zip Code	65			ă .			City, State, Zip C	ode		100111111			
North Bergen, NJ 0	7047						Haledon, NJ	07508					
Project Manager for Mon	itoring Firm			Te	lephone	No.	Telephone No.		License No.				
Carmelo Altomonte	9						201-336-0477	7	01195				
Start Date (10)		Sched	duled C	omp	letion D	ate (11)	Name of OSHA N	Monitor					
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Occupancy Status During	Abatement (Check	k only	one)			Street Address						-
☐ Facility Closed/Vacate	ed During Ent	ire Per	riod of	Abat	ement		203 Belmont	Avenue					
☐ Abatement Performed	Outside of N	lormal	Facilit	у Но	urs - De	scribe	City, State, Zip Co						-
Time of Abatement: _	AM	PN	VI/	_PN	Λ	_AM	Haledon, NJ						
Scope of Work (Check al	I that apply)				-1								-
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			☐ Re ☑ De				☐ Mini-End ☐ Gloveba	tainment with Nega closure g Procedure empted (*) and Non		re			
				Loca			reconstruction to MERI	Frank Company 7, 20			ateme	nt T	vpe
Location		45	100000000000000000000000000000000000000	Norm	ally lely by		Description of			-		752,815.0	
Asbestos-Containing TO BE ABA		Л)			ance/		estos Containing Ma e., thermal systems		Amount (Specific	Remova	Repair	Encapsulate	Enclosure
IN Facili			Cus		Staff?	(1.6	surfacing, VAT,		(Specify SF or LF)	oval	=	psu	bsur
(13)			.,	(12	a. Pharamana	-	other miscellane			-		late	G,
1st Floor, Ground Lev	rel		Yes	No	N/A	Grav El	oor Tile and Mar	-4:-	400.05				
Roof	rei					1	oor Tile and Mas	STIC	100 SF				
Interior Windows				П		Gray Ca	Roofing Material		150 SF				
2 nd Floor Bedroom, A	ttic Area A	ttic				Vermic			15 SF				
Name of Registered Was	many transfer and the same	LUC		14	NJDEP		Cubic Yards of	Nome of David	880 SF		Ш	Ш	Ш
SUPER, LLC	te i laulei			100	Hauler I	D No.	Waste	Name of Register G.R.O.W.S,	ered Landfill Waste Manage	ement	Ŀ		
City, State					0034	333	TBD Disposal Date	City, State					\dashv
Haledon, NJ							TBD	Morrisville,	PA				
Completed By (Print or Ty	/pe)	Title					Signature		. Da	ite	-		-
Tailor Dominguez		Pr	roject	Mar	nager		1850	1		300			

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Date of Notification (1)				of Building (Owne	r/Operator	(2)				7 6) F	= 11	110	17-
1/16/19			Marc	i						1)				\mathbb{V}	
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Emergend	y (includin	g		ilton Towr	isnip), NJ 08	619								
DOH justification DCA Cancellation			Marc	of Contact					Ie	lephon	e Nun	ber		r .	
Caricellati	OH		JAANGE C	ILITY INFO	DIAA	TION									i ta
Name of Facility Where Abatement is Tal	king Place	(3)	FAC	JILIT INFO	KWA	IION	Type	of Facility (4)			Sec. 24000	Blown		
home							process	500							
Street Address							Hs	chool (K-1 ubchapter	8 (Oth	ner than	1 K-12)			
							X C	ther (i.e. p					dings	, hom	es,
City (5)							Square	tc.)	# 0	f Floor	e	1 6	Bldg. /	100	_
Hamilton Township							2100		2	., 1 1001	<u> </u>	1.00	70	.90	
County (6)			County	Code (7)				t Use (Prid	or if be	ina der	nolish	- 1 -			
Mercer				USE ONLY)			home					/			
Name of Monitoring Firm Hired by Buildin	g Owner (8	3)	ASC	M No.		Name	of Abate	ement Con	tracto	(9)			-		
								nmenta			LLC				
Street Address							Address					-	-		
						POE	3ox 48	3, 4 E G	ate D	rive					
City, State, Zip Code			- 44/2-2016			City, S	tate, Zip	Code							
	77					Glen	wood,	NJ 074	18						
Project Manager for Monitoring Firm			Telepho	one No.		Teleph	one No.			Licer	se No).			
						973-7	764-22	76		703					
Start Date (10)			mpletion	Date (11)		Name (of OSH	A Monitor							
1/29/19	2/11/1														
Occupancy Status During Abatement (Ch		26				Street	Address								
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe: basement	e Period of rmal Facilit	Abater y Hour	ment 's			City, St	ate, Zip	Code							_
Scope of Work (Check All That Apply)															
	157						1								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demoli				×	run (Containme Enclosure	ent with	Negat	tive Pr	essu	re		
Section Service And state (View Section Contracts and View September 1994)							Glov	ebag Proc	edure						
							Non-	Exempted	(*) an	d Non-	Friable	e Pro	cedur	е	
	2322	s Locat												ement	
Location of Asbestos-Containing Material (ACM)		Norma ed Sole			D	escription	of				-		1)	ре	
TO BE ABATED		aintena		Aspesto (i.e. th	s Cor herma	ntaining Ma al systems	aterial (/ insulati	ACM)		mount Specify		73		Ē	Ш
In Facility (13)	Cus	todial ((12)			surfa	acing, VA7	r, or		SF	or LF)	Remova	Repair	Encapsulate	nclo
(13)	-		_		other	miscellane	eous)					oval	air	sula	Enclosure
	Yes	No	N/A											te	LD.
basement			X		82	floor tile			14	00 SF	:	х			
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Inmo of Posistavad W															
ame of Registered Waste Hauler		17750	IJDEP W lauler ID		Cubic of Wa	c Yards		Name of F	Registe	red La	ndfill		()		
onys Cleanup & Hauling		10.550	7787		TBD			Chrin Br	rothe	s Sar	nitary	Lar	ndfill		
ity, State			a state of the		in the same	sal Date		City, State				EC1000			_
ridgewater NJ					TBD			Easton,							
completed by	Title					Signature	A		3 335		Date				
. Scott Higgins	Pres	ident					1/1		,		-1	6/19)		
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Jan 2000 11:39PM NJ Asbestos Co					20	page 1	12.1	D)E	C	E	1/	V
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STAN AGAINST		· met			185	Vrankint Vrankint Bisis, Zip C						4
City, State, Sip Cities					Mid	land Park	NJ.	License No		-	-	4
Project Menager for Manitoling Plan			albij Atraya	terioro	201	phono No. -262-684* In of CBHA		00155		-		4
Tiche.	redule:	21/1	Sign De	ya (11)	Q _{II}	rega Envir	ONMON	tel Services Inc	1			4
Occupancy district During Abeliament (Check Company Glescof-Vaccine During Strate Participant Abeliament Performed Outside of Normal	anty Other led of At Facility I	atemer Jours	rt.	-	28	Huyler B	653	nenė.	-			-
Second of Work (Cheek All That ASNV)					Ha	ckeneack			-	-		_
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Asbeetce-Combining Medical (ACM) TO BY ARATED In Facility (15)	Man	rdenan odiai Si (12)	untit?	(Lat. State	tal sys	ng Majorioi (/ lecto Gravini , VAT, er gliarate(M)	ACAN)	Amount (Specify Sef or LF)	Removal	Target.	модражна	Ejechagusta
and the state	Yes	His	N/A		0	IPE		1300	EX			_
CRAVE SMEE					-				+	+	-	-
	+-						0-	Registered Land	I			Ļ
Name of Registered Whole Huster Newwrk Carting, Inc.			JOEP (lauter III 4509	No of	yolo Ya	2	Grund	Gentral Sanit	nry Li	ındfil		
City, 65th Neywerk, N.J. 07105				0		Sala av		irgyl, PA 0507:				
Completed by	Po	eiden	1		19	MIN	D.A	1	Dele	15	9	

Project #

Check # 4534

Date of Notification (1)		-	Name	of Duitalian C	· · · · · · · · · · · · · · · · · · ·	(0)							
01/16/2019			Pat W		Owner/Operato	or (2)		1		C	E	1	//
Agencies Notified Type Notificati	on	-		Address				11	<u> </u>	9		1 6	/ [
EPA Initial							1	1					
DEP Amended	1		City, S	tate, Zip Coo	ie					JAN	22	20	19
DOL Amendm	Name of the last o	_	Chath	am, NJ 0	7928			- 4		ZTUY		40	13
DOH Emergen	cy (including on)			of Contact				Teleph	one N	umber.			
DCA Cancellat			Pat W	hite/			- 1		ACD	E07/	0.00	11.	
Name of Facility 188			FAC	CILITY INFO	RMATION				-	PRODUCT CAPE	managa	- 27	, u-u
Name of Facility Where Abatement is Ta	king Place (3)				Type of F	acility (4)						
Residence Street Address						Sch	ool (K-12)						
Street Address						Sub	chapter 8 er (i.e. priv	(Other th	nan K-	12)	د د دادا:		
0.4.75						etc.		ale a co	mmer	ciai bu	lidings	, nom	es,
City (5) Chatham, NJ					Samuel Control	Square F	eet	# of Flo	ors		Bldg. /	Age	
County (6)													
Morris			County (STATE	Code (7) USE ONLY)		Current L	Jse (Prior i	f being o	demolis	shed)			
Name of Monitoring Firm Hired by Buildir	Ourse (8)												
Name of Monitoring Firm Afred by Buildir	g Owner (8)		ASC	M No.		of Abatem		0.000					
Street Address						Restorat	ion LLC						
ou out Address						t Address							
City, State, Zip Code						rookside							
-13, 11115, 21, 2000						State, Zip C							
Project Manager for Monitoring Firm		Т	Telepho	one No		dolph, NJ hone No.	07869	- 1 1:					
, e)			releption	one ivo.		33-2550		1	ense l	No.			
Start Date (10)	Schedule	ed Cor	npletion	Date (11)		of OSHA N	Aonitor	101	358		-300		
01/26/2019	01/28/2			()	IRIS	. 0. 00117411	nonitor						
Occupancy Status During Abatement (Ch						Address		-	_				
Facility Closed/Vacated During Entire	e Period of A	haten	nent			Rt 22 W	est						
Abatement Performed Outside of No	rmal Facility	Hours	3			State, Zip Co	1517-15			_		-	
					- Unior	n , NJ 07	083						
Scope of Work (Check All That Apply)						,		-					
≥3 sf or ≥3 lf	R	enova	tion			Full Co	ntainment	with Nec	native	Pressu	ire		6
≥160 sf or ≥260 lf	☐ D	emolit	ion		L	Mini-En	closure						
							ag Procedi empted (*)		n-Frial	ble Pro	cedur	e	
	Is	Locati	on							T		ement	
Location of	N	ormal	ly		Description	of					Ту	ре	
Asbestos-Containing Material (ACM)		d Sole		Asbestos	Containing N		M)	Amou	nt			Ш	
TO BE ABATED In Facility		odial S		(i.e. th	ermal system surfacing, VA			(Speci		Re	Z.	nca	Enc
(13)		(12)		0	ther miscellar			SF or L	-୮)	Remova	Repair	ncapsulate	Enclosure
	Yes	No	N/A							<u>a</u>	"	ate	Te
Basement area		×		TSI	-		-			+			-
	+	^		131			140) LF		×			
									17.00				
Name of Registered Waste Hauler			JDEP W	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Cubic Yards	Na	me of Reg	istered L	andfill				-
lick Restoration LLC		1000	auler ID	3,000	of Waste		R.O.W.S						
City, State _		100	33782		BD Disposal Date		y, State						
Randolph, NJ					DD			Do					
Completed by	Title		0.00		Signature		lytown,	rd	Da	ete	-		
likica Mrda	Presid	ent					luce	,		116/2	010		
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Chis	13		NOTI	FICATION Pursuan	tate of Ne V OF ASE to NJAC	8:60 a	nd 12					C	E	Constitution	V		
Date of Notification (1) 01/16/2019				Name of Diane	of Building Wakely	Owner	Oper:	ator (2)		ا ا		JAN	20°F	neck(#1937	3	
Agencies Notified	Type Notification			Street A	Address				-		AC	050-		~		٢	- 1
□ EPA ⊠ DEP	☑ Initial ☐ Amended			City, St	ate, Zip Co	ode					AS	BEST		Of .			
⊠ DOL	Amendmen □ Emergency				ell, New J		0773	8									
☑ DOH □ DCA	justification) □ Cancellation			Diane	of Contact Wakely					-	Tele	nhone	Num	her			
Name of Facility Where	Abatement is Takir	ng Place (3	3)	FAC	ILITY INFO	ORMAT	TION	Type of	Facility (4))							
Private Residence									iool (K-12)								
Street Address							Principle de la constantina della constantina de		ochapter 8 er (i.e. priv					s., ho	mes,	etc.)	
City (5) Caldwell, New Jersey	07006	30						Square 3,000			# of	Floors 2			dg. A 55	ge	
County (6) Essex	•		***************************************		Code (7) USE ONLY))		Current	Use (Prior Private	if bei	ng d side	emolis nce	hed)				
Name of Monitoring Firm Detail Associates, Inc	Hired by Building	Owner (8)		ASCI	VI No.			of Abat Corpor	ement Con ation	tracto	or (9)						
Street Address 300 Grand Ave				man kamananana				t Addres: McBride									
City, State, Zip Code Englewood, NJ 07631							City, Woo	State, Zip dland Pi	o Code ark, New	Jerse	ey				-5		
Project Manager for Mon Anthony Valentine	itoring Firm	***************************************		Telepho 201-56				hone No 225-840				Licen 0110					
Start Date (10) 01/26/2019		Schedule 01/29/2		mpletion	Date (11)				A Monitor nental Lab	oorato	ories	s, LLC	;				
Occupancy Status During								t Address	s 22 West	10200-111-00					P/V-2511011112		
☐ Facility Closed/Var ☐ Abatement Perform ☐ Other – Describe:	cated During Entire led Outside of Nor	e Period of mal Facilit	f Abate y Hou	ement rs			City,	State, Zip	Code							1.34 <u>-1.1111-1741</u>	
Scope of Work (Check A	li That Apply)							*****									
□≥3 sf or ≥3 lf 図≥160 sf or ≥260 lf			Renova Demoli					□ M	ull Contain lini-Enclosi Glovebag F on-Exempl	ure Proced	dure	/ Limit	ed Co	ntaini	ment		
			Loca												Abate	ement pe	
Location Asbestos-Containing TO BE ABA In Facili	Material (ACM) ATED	Use Ma	d Sol	ely by		tos Cor therma	ntainir Il syst	tion of ig Materi ems insu VAT, or	al (ACM) lation,		(Sp	nount ecify or LF)		Ren		Encapsulate	End
(13)			(12)					llaneous)		٠,	J. 2.,		Removal	Repair	sulat	Enclosure
1 . 5 . 5 . 5 . 5		Yes	No	N/A	N. 4. 111											Ф	
1st Floor Front Entry	Foyer		Х		Wallbo Ceiling	ard Jo	int (ompou	ınd-			6	O SF	Х			
1st Floor Front Entry	Foyer		Х		Wallboa Walls	ard Joi	int C	ompou	nd-			16	0 SF	X			
Name of Registered Was	te Hauler		11 1 199	NJDEP W Hauler ID 18724		Oubic of Wa		S	Name of Fairless			ed Lar	ndfill				
City, State Woodland Park, New	Jersey					Dispo 01/29			City, St Morris	ate sville,	PA						
Completed by Adriana Olejarova		Title Pre	esider	nt	***************************************		Signa	ture	are !		35		Date 01		2019		

ChiZ	70		NOTE	Cario	State of Ne DN OF ASE It to NJAC	ESTOS	ABATEN	IENT)/[G I] [7 [5	
Date of Notification (1) 01/16/2019				Name State	of Building of NJ,De	Owner/ epartme	Operator on the operator of th	2) litary and Vetera	n's Affair	sJAN	êhe	cR#	937	2
Agencies Notified □ EPA ⊠ DEP ⊠ DOL ☑ DOH	Type Notification Initial Amended Amendmen Emergency justification			101 E City, S Lawre	Address ggerts Critate, Zip Conceville, I	ode New Je	rsey 086		Telepho	BEST C	ber			<u> </u>
□ DCA	☐ Cancellation							mark Const. Corp.	973-4	12-9223	3 x 3	3		
Name of Facility Where A New Jersey National (Street Address 550 Route 57	Abatement is Takin Guard Armory	g Place (3)	PAC	CILITY INF	ORIVIAT		Type of Facility (4 ☐ School (K-12) ☐ Subchapter 8 (☐ Other (i.e. privi	Other than	ı K-12) mercial l	bldgs	, hom	es, el	tc.)
City (5) Port Murray, New Jers	sey 07865						THE STATE OF THE S	Square Feet 15,000	# of Floo	ors	В	ldg. A 55		
County (6) Warren	ommonths (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)				Code (7))		Current Use (Prior	if being d al Guard	emolishe	ed)		***************************************	
Name of Monitoring Firm Whitman	Hired by Building	Owner (8)			M No.		Name of Lilich C	f Abatement Control Corporation		Annoty				
Street Address 7 Pleasant Hill Road							Street A 606 Mo	ddress Bride Ave						
City, State, Zip Code Cranbury, New Jersey	08512						City, St. Woodla	ate, Zip Code and Park, New J	ersey	alla Barran de Astrophy				Line Angelon, Company
Project Manager for Mon Kevin Loveley	toring Firm			Telepho 732-39	one No 90-5858		Telepho 973-22	ne No. 5-8400		ense No 104				
Start Date (10) 01/28/2019		Schedul	ed Cor 02/1		Date (11)			f OSHA Monitor vironmental Labo	oratories,	LLC			,	
Occupancy Status During Facility Closed/Vacat Abatement Performe Other – Describe:	ed During Entire Pe ed Outside of Norm	eriod of A	bateme	ent			City, Sta	ddress coute 22 West ate, Zip Code NJ 07083						
Scope of Work (Check AI □≥3 sf or ≥3 if ⊠≥160 sf or ≥260 if	That Apply)		enovatio					Full Containment Mini-Enclosure Tent/Glove Bag F Non-Exempted (*	Procedure					
			Locati		***************************************								ement pe	
Location Asbestos-Containing TO BE ABA In Facilii (13)	Material (ACM) TED	Use Ma	d Sole intenai todial S (12)	ly by nce/		estos Co e. therm suri		faterial (ACM) s insulation, T, or	Am unt (Spe ify S	ec SF	Remova	Repair	Encapsulate	Enclosure
Above Plaster Ceiling	in Latrines	Yes	No X	N/A	Pipe Ins (Wrap 8			bows & Joints		100 LF	Х		te	
Entrance to Latrines			Х			ors (Re		Intact &	THE STATE OF THE S	5 (ea)				
					- Sinage									

Name of Registered Wast <u>Lilich Corporation</u> City, State			Н	JDEP W auler ID 18724				Name of Re Fairless Las City, State		andfill.				
Woodland Park, New J Completed by	ersey	Title				02/15	5/19	Morrisville	, PA		inungantanon			
Adriana Olejarova		Presid	dent			S	ignature i	Wide and	32	Date 01/	16/2	019		TO PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL

Ch 189	6		NOT	IFICATION (P	State of N ON OE AS at to NJA	lew Jers BESTO C 8:60 a	sey S ABATI and 12:11	EMENT))[C	E		E
Date of Notification (1) 11-09-18				Rub	of Buildin enstein	g Owne roper	r/Operato ties	r (2)			<u> </u>	JAN	22	201	9
Agencies Notified	Type Notification	n		10.502-000-000	Address					-	bead	07111		7.01	<i>J</i>
EPA DEP	Initial Amended				East Ma					<u> </u>	AS	BEST	200	3	-mineracous
- DOL	Amended Amendmer				State, Zip (Falls, N		24			Lancardon	Commence of the Control of the Contr	Mileton, out.	Manu.	1.4	
₽ DOH	 Emergency justification 		ng	100000000000000000000000000000000000000	of Contac					Tolo		Al			
☐ DCA	Cancellatio			1000	Burkari							Numbe 6-664			
Name of Facility Where Al	natement in Taki	na Dia	(0)	FA	CILITY IN	ORMA	TION								_
Commercial Property	Building # 3	5 D & E	=					Туре	of Facility (4	1)					
Street Address									School (K-1)	2)	••				
20-21 Wagaraw Rd.								H	Subchapter Other (i.e. p	8 (Othe rivate &	r than comm	K-12) ercial b	uildina	s. hon	nes
City (5)									etc.) re Feet		Floors				
Fair Lawn							51	Oqua	10 1 661	# 01	FIOOIS		Bldg.	Age	
County (6) Bergen				County	Code (7)			Curre	nt Use (Prio	r if bein	g dem	olished)	W10772		
Name of Monitoring Firm F	lirad by Duitalia		0)		USE ONLY	<i>'</i>						,			
N/A Street Address	med by Building	Owner (8)	ASC	M No.		Name Delfa	of Aba Con	tement Cont tracting LL	ractor (9)				
								Addres							
City, State, Zip Code									p Code						-
Project Manager for Monito	ring Firm			Talask	N				NJ 07087						
	ang i mii			Telepho	one No.			one No 216-96		10.0	Licens				
Start Date (10)				mpletion	Date (11)		.1		A Monitor		71200				
11-10-18		11-14		======================================					racting LL	С					
Occupancy Status During A							Street								
Facility Closed/Vacate Abatement Performed	d During Entire F Outside of Norm	Period of	Abater	ment				th St.							
Other – Describe:		iai i aoiii	y Hour				City, St		Code NJ 07087						
Scope of Work (Check All T	hat Apply)					-	Offici	City	113 07007						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		κ .	Renova Demoli	ation tion			e e	Mini	Containmen -Enclosure rebag Procer -Exempted (dure					
		Is	s Locat	ion						/ dild !	101111	able i ii	17575	emeni	
Location of Asbestos-Containing Ma			Normal ed Sole			Des	scription (of					T	/pe	
TO BE ABATE	ED (ACM)	Ma	intena	nce/	Asbest (i.e.	os Cont	aining Ma systems	aterial (ACM)	Amo		_		Щ	
In Facility (13)		Cus	todial S (12)	ταπ?		surfac	cing, VAT	, or	1011,	(Spe SF or		Remova	Repair	cap	nclo
○ N 035 4 .)		Vac	NI-	N//0		otner m	niscellane	eous)				oval	air	Encapsulate	Enclosure
1st Floor / Various	locations	Yes	No	N/A										le	
Tet 1001 / Various	iocations	-	Х			Pipe	Insulati	ion		525	LF	X			
		-													
Name of Registered Waste I	lauler		1	IDED											
Delfa Contracting LLC	iadici		100	JDEP Wa auler ID I	No.	Cubic \ of Was	51 (E5 Pers) 7514	- 1	Name of Re						
City, State				35240)	20			Tullytown	Reso	urce l	Recov	ery F	acilit	у
Inion City, NJ						Disposa 11-15			City, State Tullytown,	PA					
Completed by		Title	100				gnature				Tr	Date	-		_
aime Delgado		Ргој.	Mana	ger.							43 148	1-09-	18		

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no ch

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

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1-3		JAN	2	2	2019		

				TE UO.O JALVI UJ JII	10 12:120)		JAN 2))	2010	2	
Date of Notification (1) 01/16/19				ng Owner/Operator (2)			I JAN L		4013	3	1
		Bei	rgen Cou	inty Department o	f Public Works						The same of
Agencies Notified Type Notification		50000	et Address				ASBESTOC	CO			and .
⊠ EPA ☐ Initial				County Plaza			115.1	AST O			200
☐ DEP ☒ Amended		10000	State, Zip (-
☑ DOL Amendment #_4_		Ha	ckensac	k, NJ, 07601							
☐ Emergency (includin	g	Nam	e of Contac	t		Telephone Numb	er				
☑ DOH justification)		Sco	tt Luna			201-336-68					
□ Cancelation							0.				
Name of Facility Where Abatement is Taking Place (3)			FA	CILITY INFORMATI	ION					5051111	INTEST.
Bergen County Justice Center Courtho	on Lynn				Type of Facility (4)				-3-2-71		
	use				☐ School (K-1)	2)					
Street Address						8 (Other than I	(-12)				
10 Main St.						rivate & Comm		s hon	205 6	1+01	
City (5)						1	cretar bundings	,, 11011	162, 6	:(C.)	
Hackensack					Square Feet	# of Floors	Bldg. Age				
			1-		342,797	5	1957				
County (6)				Code (7) USE ONLY)	Current Use (Prior if be	ing demolished)					
Bergen			SIMIE		Courthouse						
Name of Monitoring Firm Hired by Building Owner (8)				ASCM No.	Name of Abatement Co	intractor (9)				7.0	
Omega Environmental Services, Inc				00120	Unicorn Contract						
Street Address				•	Street Address	9 p.					
280 Huyler Street					32 Willow Way						
City, State, Zip Code					City, State, Zip Code				_		
South Hackensack, NJ, 07606					P >30 E2 W	U 07424					
Project Manager for Monitoring Firm			Telepho	no No	Woodland Park, I	VJ 07424					
Alex Palets				81-6209	Telephone No.		License No.				
		1	201-4	01-0209	973-333-9176		01331				
Start Date (10)		Schedi	aled Comple	etion Date (11)	Name of OSHA Monitor						
5/7/18		A STATE OF THE STA	/2019	,,	Envirovision Cons	ultants Inc					
Occupancy Status During Abatement (Check Only One)				-//	Street Address	ortants, nrc.					
☐ Facility Closed/Vacated During Entire Pe	riod of A	hateme	ent			4 814- 25 5					
Abatement Performed Outside of Norm			are.		20-21 Wagaraw R	a., Blag. 35-E					
☐ Other - Describe: 07:00pm - 03:	177	110013			City, State, Zip Code						
cope of Work (Check All That Apply)	Juann	T			Fair Lawn, NJ 074	10					
≥3 sf or ≥3 lf		100	-		1 <u>222</u>						
≥ 160 If or ≥260 If		X	Renova	272(772,0)		nent with Nega	ive Pressure				
2100 11 01 22 00 11			Demoli	tion							
						cedure					
					Non-Exempte	d (*) and Non-	Friable Procedu	ure			
C M. AND COMPANY OF CO		Is Location						T	Abat	emen	t
Location of Asbestos-Containing Material (ACM)	0	Normall sed Solel			Description of			_	T	/pe	_
TO BE ABATED	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	faintenan			Containing Material (ACI ermal systems insulation,		Amount				
In Facility	Cu	stodial St	aff?	(i.e. til	surfacing, VAT, or		(Specity SF or LF)			En	_
(13)		(12)		0	ther miscellaneous)		3, 0, 0,	Ren	72	aps	nck
	Yes	No	N/A					Removal	Repair	Encapsulate	Enclosure
Please See Attached					The same and the s			+-	1	10	rp
								1			
4								+			
								+			
me of Registered Waste Hauler		NIDEP W	/aste Haule	rID No.	Cubic Yards of Waste						
nicorn Contracting Corp.		00358			MANAGE COLOMORANIA DE COLO		Name of Reguster				
y, State		00000			40+ CU YD		Fairless Hills	Landf	ill		
oodland Park, New Jersey					Disposal Date	2 -	City, State				
	T				TBD /	18	Morrisville, P	Α			
mpleted by	Title				Signature	111		Date			
mo Golcev	Genera	al Man	ager		1/h	111		01/	16/1	9	
					129 17	// /		-	- ATT - NO.	-177	

				State of New Jersey				11	E	C	E	
V / I / V /		NOTI	FICATIO	ON OF ASBESTOS A to NJAC 8:60-7 and	ABATEMENT	V	1	1)[COMPAND OF		
		(F	N:	ame of Building Ow	ner/Operator (2)		117	11				
ate of Notification (1)			M	ERCK SHARP & DO	HME CORP.			11		JAN	22	2 019
			St	reet Address		PV00 444		Santi-				
1 / 9 /19 Agencies Notified Type Notification			200	26 E. LINCOLN AVE	NUE, P.O. BOX 2	000, RY28-414		- summers	an to the same of	Walter Street	and the state of t	_
□ □ □ □ □ Initial Notifica	ation		C	ity, State, Zip Code	DEV 07065				ASB	BEST.	0000	
DEP X Amended No		n #6	R	AHWAY, NEW JER	SEY 07000							<u> </u>
X DOL Cancellation				ame of Contact		Telephone Numb	er					-
DOH On Hold EMERGENC	CY NOT	IFICATI		ATRICIA JOHNSON		732-594-7746						\dashv
			F/	ACILITY INFORMAT	ON Type of Facility	(4)	_	-				\neg
Name of Facility Where Abatement is Taking	Place	(3)			School (K-	12)						
A DOUBLE CORROBATION					Subchapte	r 8 (Other than K-	12)		oto	. 1		
MERCK SHARP & DOHME CORPORATION					X Other (ie.	orivate & commcl.	blags.,	nome	Blda	. Age		\dashv
Street Address					Square Feet 98,230	7				71		
126 EAST LINCOLN AVENUE - BUILDING 3	3		1 0	County Code (7)		or if being demolis	shed)					
City (5) County (6)			(ST	TATE USE ONLY)	COMMERCIAL							-
Name of Manitoring Firm Hired by Building	Owner	(8)	-	ASCM No.	Name of Abate	ment Contractor MENTAL CORPO	RATIO	N				
ENVIRONMETAL HEALTH INVESTIGATIONS	S, INC.			17	Street Address							
Street Address					313 SPOOK RO	OCK ROAD						\dashv
655 WEST SHORE TRAIL City, State, Zip Code		100			City, State, Zip SUFFERN, NE	Code N YORK 10901						
SPARTA, NEW	JERSE	Y 07871	- Mh		Telephone Num	ber Licer	nse Nu	mber		- N. C.		
Project Manager for Monitoring Firm			e Numbe	er	845-369-7500	460						_
WILLIAM S. KERBEL, CIH		73-729-5	etion Da	ate (11)	Name of OSHA	Monitor		шаа	1480			
Expected State Date (10)	Julieu.	6 /		30 /19	AMERISCI LAE	ORATORIES INC	,	#11	1400			
Month Day Year	Mont		Da	y Year	Street Address							
Occupancy Status During Abatement (Check X Facility Closed/Vacated During En	itire Per	A 10 nor	batemer	nt	117 EAST 30T	H STREET						
Abatement Performed Outside of	Normal	Facility	Hours -	Describe:	City, State, Zip	Code				_		\neg
X Other - Describe: SATURDA	Y 7AM-	5PM				NEW YORK,	NEW Y	ORK	1001	6		
11											A STACIL	
a (14) -1. (Cheek all that apply)					tainment with Neg	ative Pressure	X	WET	WIP	E HEP	A VACU	UM
Scope of Work (Check all that apply)	Renov	ation		Mini-End	:lo:,	ative Pressure	X	WET	WIP	E HEF	A VACU	UM
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		_	(i ui	Name o	of Building	g Owne	r/Operator (2)		10					
Date of Notification (1)				MERCH	SHARP 8	& DOH	ME CORP.				JA	N 2	2 2019	4
				Street A	Address				- In	Ì	(ATER)			1
11 / 21 /18 Agencies Notified Type Notification	n			126 E.	LINCOLN	AVENU	JE, P.O. BOX 20	00, RY28-414			4 1000 1000	LEROLDE THE	NAME OF TAXABLE PARTY.	- COLUMN
tgonolog (to the table)				City, St	ate, Zip Co	ode				AS	BES	70	CC.	1
DEP x Amended	Notification	on #5	5	RAHW	AY, NEW	JERSE	Y 07065	1.				0.70	Carlei .	
X DOL Cancellat	ion			Name	of Contact			Telephone Numb	er					
X DOH On Hold	NCY NO	TIFICA	TION		CIA JOHN			732-594-7746						-
DCA EMERGE			10/8-2/98	FACILI	TY INFOR	MATIO	Ν							1
Name of Facility Where Abatement is Tak	ng Place	(3)				1	School (K-							1
						H	Subobante	8 (Other than K-	12)					
MERCK SHARP & DOHME CORPORATION	N					1	X Other (ie. p	rivate & commcl.	bldgs., l	home	s, etc.	.)		4
AND SECURITION OF THE SECURITI							Square Feet	# of Floors	-		Blag	g. Age 71		
Street Address 126 EAST LINCOLN AVENUE - BUILDING	33						98,230	7	L - 4\			1.1		+
County				Count	y Code (7)		Current Use (Pri COMMERCIAL	or if being demolis	neuj					
City (5) RAHWAY UNION		7-1		(STATE	ASCM I	Nio	Name of Abates	ment Contractor	(9)					
Name of Manitoring Firm Hired by Building	ng Owner	(8)			17		PAR ENVIRON	MENTAL CORPO	RATION	1				-
ENVIRONMETAL HEALTH INVESTIGATIO	INO, INC.						Street Address							
Street Address 655 WEST SHORE TRAIL							313 SPOOK RC City, State, Zip	Code		-			895 (ALL)	
Cit. Chata Zin Code	=50	-1/07	074				SUFFERN, NEV	V YORK 10901	-					4
SPARIA, N	W JERSI	Telent	one N	lumber			Telephone Num	ber Lice	nse Nur	mber				
Project Manager for Monitoring Firm	1		29-564				845-369-7500	460						\dashv
WILLIAM S. KERBEL, CIH Expected State Date (10)				on Date (1	1)		Name of OSHA	Monitor		#11	480			
11 / 1 /18		6		30	/19	Year	AMERISCI LAB	ORATORIES INC		77.4.30	100			_
Month Day Year	Moi		-	Day		Teal	Street Address							
Occupancy Status During Abatement (Che X Facility Closed/Vacated During			Abate	ement			117 EAST 30TI	STREET						
Tat A Dodormod Outside	of Normal	Facili	IV HOU	15 - Descri	be:		City, State, Zip	Code						\neg
X Other - Describe: SATUR	DAY & SI	JNDA	Y 7AN	I-3PM			1	NEW YORK,	NEW Y	ORK	1001	6	A VACUUIA	,
							inment with Nega	ative Pressure	X	WE	WIP	E HEP	A VACUUN	١.
Scope of Work (Check all that apply)	Reno	vation				ni-Enclo								
X >3SF OR LF							Procedure le Procedure	COMP.						\dashv
>160 SF OR 260 LF		Locat	ion T		Descriptio							ment 7	Гуре	-
Location of		mally			Containing	Materi	al (ACM)	Amount	CONTROL	品	ENCAPSUL	ENCLOSUR		
Asbestos-containing Material (ACM)	8	olely l	ру		(ie. The	rmal sy	stems	(Specify SF or LF)	N ST	A	A	15		
TO BE ABATED			todial		insulation, or other r	surfaci	ng, VAI,	J SFOILI)	일	12	US	US		
in Facility (13)		Staff (1	2) N/A		or other r	IIIISUGIIC	aricous			_	1	D.		
	Yes	INO	X	FIRE PRO	OFING D	UST		10 SF	X	-	+	+	-	
3RD FLOOR ROOM 305	_	1	X	FIRE PRO	OOFING D	UST		10 SF	X	+	+	+		
3RD FLOOR ROOM 303		1	X	FIRE PRO	OOFING D	UST		10 SF	X	+	+	+-		_
3RD FLOOR ROOM 304			Х	FIRE PRO	DOFING D	UST		10 SF	X	+	-	+		
3RD FLOOR ROOM 319 3RD FLOOR ROOM 320			Х	FIRE PRO	OOFING D	UST		10 SF	X	+	+	+		
3RD FLOOR ROOM 321			Х	FIRE PR	OOFING D	DUST		10 SF	X	+	1	1		
3RD FLOOR ROOM 323			Х	FIRE PR	OOFING D	DUST		10 SF	- X	+	1			
3RD FLOOR ROOM 325			Х		OOFING D			10 SF	X				9	
3RD FLOOR ROOM 326		-	X	FIRE PR	OOFING D	TPUCT		10 SF	Х					
3RD FLOOR RUOM 327		+	X	FIRE PR	OOFING D	DUST		10 SF	X			1		
3RD FLOOR ROO, 332		+	X	FIRE PR	OOFING D	DUST		10 SF	X	-	-	-		
6TH FLOOR ROOM 614		+	X	FIRETH	00, 110					-	-	-		
ADDITION TO SCOPE:	-	+	1	FIRE PR	OOFING [DUST		10 SF	X	+	+	-		
2ND FLOOR ROOM 227	_	+	-					Intered Landfill				+		_
Name of Registered Waste Hauler	NJ	DEP V	Vaste	Cubic Ya	ards of Wa	ste	I VCOMING	istered Landfill COUNTY RESOU	RCE M	ANA	GEME	NT SE	RVICES	
FREEHOLD CARTAGE, INC.	Ha	uler ID	No.		50		447 ALEXAN	DER DRIVE/ROL	JTE 15				1 -	-
825 HIGHWAY 33		159	39	Disposa	l Date		Gity State	-3			n	/	11	1
City, State				11/01-6/	30/19		MONTGOME	RY , PA 17752	ate	,ñ,	11	71	11	Land of the land o
FREEHOLD, NEW JERSEY Completed by (Print or Type)	Title				Signati	ure /		× 1	die	//	1	1.1	110	1
BEN IAMIN SANCHEZ	DIRECT	OR O	F OPE	RATIONS		1.5	1)		11	10		/ /	

		NOT	IFIC.	ATION O	F ASB JAC 8:	60-7 and 1	BATEMENT 12:120-7)) <u>E</u>	G		\mathbb{V}
			uis	Name (of Buil	ding Own	er/Operator (2) IME CORP.						I A NI	22	0010
ate of Notification (1)										-	1	puk	JAN		FUI
11 / 8 /18	10000			Street	Addres	IN AVEN	UE, P.O. BOX 2	2000, R	Y28-414	1					1
gencies Notified Type Notification					A CONTRACTOR		02,1.10.			-+		A (2)	BEGTO	000	-
EPA Initial Notific	lotification	1 #4		RAHW	tate, Zi AY, NE	p Code EW JERS	EY 07065				SOO ASSAULT	AS	DEC	. OC.	1
X DOL Cancellation X DOH X On Hold DCA EMERGEN		FICATION	ON		of Con	tact OHNSON			hone Numb 194-7746	er				19	
DCA EMERGEN	0111011		2000	FACILI	ITY INF	ORMATIC	ON								4
Name of Facility Where Abatement is Taking	Place (3	3)		171012			Type of Facility								
Name of Facility Where Abatement is running	,	,					School (K	(-12)	ther then K	10)					1
MERCK SHARP & DOHME CORPORATION							Subchapt	ter 8 (U	ther than K- & commcl.	hldasl	home	s, etc.)			
WEHOR STIATE & DOTTED							Square Feet		of Floors	Jiagon		Bldg.	Age		
Street Address							98,230		7			7	1		_
126 EAST LINCOLN AVENUE - BUILDING 3			_	Court	ty Cod	e (7)	Current Use (P	rior if b	eing demolis	hed)					
City (5) County (6)	la l			(STATE			COMMERCIAL								-
RAHWAY Name of Monitoring Firm Hired by Building	Owner (8)		Ţ		CM No.	Name of Abate	ement	Contractor	9)	ıt				
Name of Monitoring Firm Hired by Building ENVIRONMETAL HEALTH INVESTIGATION	S, INC.	7.6				17	PAR ENVIRON		AL CORPO	ALION	ч				7
Street Address							Street Address 313 SPOOK R	OCK P	OAD						
655 WEST SHORE TRAIL							City, State, Zip	Code	-1.5						
Oit Chata Zin Code	/ ICDOC)	V 0707					SUFFERN, NE	EW YO	RK 10901						-
SPARTA, NEV	JERSE)	elephon	e Nu	mber			Telephone Nur		Lice	nse Nur	mber				
Project Manager for Monitoring Firm		73-729-					845-369-7500		460						-
WILLIAM S. KERBEL, CIH	Sched	Compl	etion	n Date (1	1)	W. 100 C	Name of OSH	A Monit	or		#11	400			
Expected State Date (10)	Contract	6 /	1030.50	30		/19	AMERISCI LA	BORA	OHIES INC		#11	400			
Month Day Year	Mont			Day		Year	Street Address	s							
Occupancy Status During Abatement (Check X Facility Closed/Vacated During E Abatement Performed Outside of X Other - Describe: MONDAY	Normal F	acility	Hours	s - Descii	ibe:		117 EAST 307 City, State, Zip	TH STF	EW YORK,	NEW V	/OBK	10016			\dashv
Sunday 7						I Contr	 ainment with Ne	n native F	ressure	X	WET	WIPE	HEPA V	ACUUN	1
Scope of Work (Check all that apply)	Renova	ation			H	Mini-Encl					7				
Demolition X >3SF OR LF		20011				Glovebag	Procedure								
>160 SF OR 260 LF							ole Procedure			1	_	Abatan	nent Type		\neg
Location of	Is Le	ocation			Descr	iption of A	sbestos-		Amount	00	ID				1
Asbestos-containing		ally use	d			ning Mater			(Specify	CONTROL	FP	ENCAPSUL	ENCLOSUR		
Material (ACM)	11 11 11 11 11 11 11 11 11 11	lely by			(ie.	Thermal si ion, surfac	ysterns sing VAT	- 1	SF or LF)	137	I A	P	5		
TO BE ABATED		Custod	iai		or oth	ner miscel	aneous)			2		SCI			
in Facility (13)	Yes I	1	/A								+	1	~		
and all ood boom sae	100	X	F	IRE PRO	OOFIN	G DUST		_	SF	X	-	+	-	-	\neg
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3RD FLOOR ROO, 332)		FIRE PR	OOFIN	IG DUST) SF	X					
6TH FLOOR ROOM 614)	_	FIRE PR	OOFIN	IG DUST			0.01	1					
ADDITION TO SCOPE:)	(IO DUICT		1	0 SF	X	1				
2ND FLOOR ROOM 227				FIRE PP	ROOFIN	NG DUST		- 1	-						
				Cubic Ya	arde of	Waste	Name of Re	egistere	d Landfill				L	OFC	
Name of Registered Waste Hauler	NJDE	EP Was er ID No	ste	Cubic Ya	aras oi 50		LYCOMING	COUN	ITY RESOU	RCE M	ANAC	SEMEN	IT SERV	ICES	
FREEHOLD CARTAGE, INC.	Haul	15939					447 ALEXA	NDER	DRIVE/ROL	TE 15				1	
825 HIGHWAY 33		. 5000		Disposa			City, State/	Kent.	PA 17752		.)		1 ~		
City, State FREEHOLD, NEW JERSEY				11/01-6/		not us	MONTGON	VIENT,	ID	ate	1	11	8/	18	-
	itle DIRECTO	R OF C	PER	RATIONS		jnature	YXX	4			1	1/	3/	10	-

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					oursuant to	NJAC	8:60-7 and	112:120-7)		1						4
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EPA DDP X Amended Notification #3 ASPERTION X Amended Notification #3 APAMMAN, NEW JERSEY 07085 ASPERTION	11 / 2 /18				Stree	t Addr	ess		-	1	1	Ur	111 -	-	1211	1
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DOL	EPA Initial Noti	fication			City,	State,	Zip Code				AS	SBE	Trop	CC.		1
Mame of Contact			ation	#3	RAH	WAY,	NEW JERS	SEY 07065		B-Co-Cittle-Continue	-	-	e Lenene	1	<u>.</u>	
Second Facility Where Abatement is Taking Place (3)					Name	e of Co	ontact			ber						٦
Type of Facility (4) School (K-12) Schoo	DCA EMERGE	NCY N	OTIF	CATIC	N PATE	RICIA .	JOHNSON		732-594-7746				= 10=			
School (K-12) Subchaptes (Other than K-12) Subchaptes (O					FACIL	LITY II	VFORMAT		7.50							4
Subchapter 8 (Other the Ins. 14:2) Subchapter 8 (Other the Ins. 14:2) Other (De, private & commol. bidgs, homes, etc.)	Name of Facility Where Abatement is Takin	ng Plac	e (3)													1
Size Astractics Square Feet #of Floors Bidg. Age 8,230 7 7/1	MERCK SHARP & DOHME CORPORATION	I						Subchapte	r 8 (Other than K							
28 EAST LINCOLN AVENUE - BUILDING 33 98.230 7 71										bldgs.	, hon			_		\dashv
County Code (7) Code		33										BIG	_			
Name of Monitoring Firm Hired by Building Owner (6)		1000		- 12-1	Coun	ity Co	de (7)		or if being demol	shed)					-	٦
17		,						COMMERCIAL		(5)						
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SS WEST SHORE TRAIL		S, INC					17		MENTAL CORPO	HATIO	IN			_		4
City, State, Zip Code									CK ROAD							
SPARTA, NEW JERSEY 07871 SUFFERN, NEW YORK 10901	City, State, Zip Code															٦
Street Address		V JERS			· conti											
Sched. Completed State Date (10) 1 / 18 2 / 18 30 / 19 3	Project Manager for Monitoring Firm								1	nse Nu	ımbeı					
Month Day Year Month Day	WILLIAM S. KERBEL, CIH	10.				4)			1.0000							4
Month Day Year Month Month Year Year Month Year Year Month Year Yea		Sche					/19				#1	1480				
Table Procedure Table Proc		Mo						/ INICI III COI EI IO	311311 011120 1110		** **					
Abatement Performed Outside of Normal Facility Hours - Describe: City, State, Zip Code				4.020.000	A NYCHOLANGUO				0.70557							
City, State, Zip Code NCM YORK, NEW YORK, North North No. 15 No						ho:		117 EAST 301H	STREET							
Sunday 7am-5pm Sunday 7am-5pm Sunday 7am-5pm Sunday 7am-5pm Demolition X > 355 OR LF > 100 SF OR Location of Asbestos-containing Material (ACM) In Facility (13) TO BE ABATED Main/Custodial Staff (12) In Facility (13) STAFF OR COM 303 STAFF OR COM 303 STAFF OR COM 304 STAFF OR COM 304 STAFF OR COM 304 STAFF OR COM 304 STAFF OR COM 305						DC.		City, State, Zip C	Code	-						٦
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Sase of the containing		٦٥		2					ive Pressure	X	WE	T WIP	E HEPA	VAC	MUU	
Non-Friable Procedure		_Henc	ovation	1		-										
Asbestos-containing Material (ACM) (III. Thermal systems (Specify Specify Specify Specify Specify Specify Specify Specify Specify (Specify Specify Spe																
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ADDITION TO SCOPE: 2ND FLOOR ROOM 614 Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY Completed by (Print or Type) Title X FIRE PROOFING DUST NAME of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 10 SF X LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 6147, State MONTGOMERY, PA 17752 Date Date Date Date	Control of the Contro	1														
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Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY Completed by (Print or Type) NJDEP Waste Lucio Yards of Waste Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752 Date Date	ADDITION TO SCOPE:															
FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY Completed by (Print or Type) Hauler ID No. 15939 Disposal Date 11/01-6/30/19 Disposal Date 11/01-6/30/19 Signature Date Date	2ND FLOOR ROOM 227				FIRE PRO	OFIN	G DUST		10 SF	X						_
FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY Completed by (Print or Type) Hauler ID No. 15939 Disposal Date 11/01-6/30/19 Disposal Date 11/01-6/30/19 Signature Date Date		1		1	0.11.17	1 211	1/	Mama of Desire	l and l andfill	1_	_	1	-			_
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City, State FREEHOLD, NEW JERSEY Disposal Date 11/01-6/30/19 MONTGOMERY, PA 17752 Completed by (Print or Type) Title Signature Date		liaul														
Completed by (Print or Type) Title Signature Date	City, State						- 6	Gity, State //					1			
Sompleted by (Film of Type)	FREEHOLD, NEW JERSEY		7		11/01-6/30		ature /	IMONTGOMERY		9		- 2	1-	-/		_
			R OF	OPER	RATIONS	Jagna	ature /	XX	Dai	-	1	11	1	11	6	

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eq.				State of Net TIFICATION OF ASBI (Pursuant to NJAC 8:6	ESTOS	ABATEMEN	NT			E	C	, [\mathbb{V}
Date of Notification (1)				Name of Build MERCK SHAF	ding Ov	ner/Operato					JA	N 2	2 2	2019
11 / 2 /18				Street Address	S				ton					
Agencies Notified Type Notificat	ion			126 E. LINCO	LN AVE	NUE, P.O. B	3OX 20	00, RY28-414	-		ur in	endon MAD	CONTRACT MARIE	
EPA Initial No.	d Notific		#2	City, State, Zip RAHWAY, NE		SEY 07065				AS	BEC.		OC:	÷
X DOL Cancella X DOH On Hold	10701E01976			Name of Conta	act		F	Felephone Num	hor					
DCA EMERG		IOTIF	ICATI					32-594-7746	ibei				12	
Name of English Whose Shatemark is Tal	DI	(0)		FACILITY INFO	DRMAT									
Name of Facility Where Abatement is Tal	ang Pla	ce (3)				Type of Fa	ol (K-1							
MERCK SHARP & DOHME CORPORATION	N					Subc	hapter	-/ 8 (Other than K vate & commcl		hon	nes el	tc.)		
Street Address	00					Square F	eet	# of Floors	T			dg. Ag	e	
126 EAST LINCOLN AVENUE - BUILDING City (5) County				County Code	(7)	98,230	2	7 if being demol	ichod\			71		
RAHWAY UNION				(STATE USE ON		COMMERC		ii being demoi	isneu)					
Name of Monitoring Firm Hired by Buildi ENVIRONMETAL HEALTH INVESTIGATION	ng Own	er (8)		ASC				ent Contractor						
Street Address	INO, INC		-	1	/	Street Addr		NTAL CORPO	MATIO	N				
655 WEST SHORE TRAIL						313 SPOOI								
City, State, Zip Code SPARTA, NE	W JER	SEY	7871			City, State,	ALCOHOLD STATE OF	de YORK 10901						
Project Manager for Monitoring Firm	.,, 02.,,	_		Number		Telephone			nse Nur	mber		-		
WILLIAM S. KERBEL, CIH			729-5			845-369-75		460						
Expected State Date (10) 11 / 1 /18	Sche		mple /	tion Date (11) 30 /19		Name of OS		onitor RATORIES INC		#11	480			
Month Day Year	Mo	onth		V/10/04/10/10/10/10/10/10/10/10/10/10/10/10/10/	Year			IATORILS INC		#1	400			
Occupancy Status During Abatement (Check X Facility Closed/Vacated During	k only o	ne) eriod (of Aha	tement		Street Addr		TOCCT						
Abatement Performed Outside	of Norma	I Fac	lity Ho	urs - Describe:		III/ EAST	301113	INCEI						
X Other - Describe: MONDA SATUD.				30 AM		City, State,	Zip Co		NIENA NA	001	1001			
Scope of Work (Check all that apply)	AT /AIVI	-5 PIVI		Ful	II Contai	I nment with N	Negativ	NEW YORK, e Pressure	_				A VAC	CUUM
Demolition X	Reno	vatio	n	Mir	ni-Enclo	٤,								
X >3SF OR LF >160 SF OR 260 LF						Procedure e Procedure								
Location of	Is	Loca	tion	Description			- T		T		Abate	ment	Туре	
Asbestos-containing	25-0720	mally		Containing				Amount	DUST	Æ			1	
Material (ACM) TO BE ABATED	100000000000000000000000000000000000000	olely nt/Cus	todial	(ie. The insulation,				(Specify SF or LF)	LS E	PAI	CAF	[은		
in Facility (13)	S	Staff (2)	or other n		0.		0. 0. 2. /	lg	עב	ENCAPSUL	ENCLOSUR		
3RD FLOOR ROOM 305	Yes	No	N/A X	FIRE PROOFING DI	ICT			0.05			_	, D		
3RD FLOOR ROOM 303	_	-	x	FIRE PROOFING DI				0 SF 0 SF	X		-	+-		
3RD FLOOR ROOM 304			Х	FIRE PROOFING DU	-		_	0 SF	X			\vdash		
3RD FLOOR ROOM 319			Х	FIRE PROOFING DI	UST		-	0 SF	X					
3RD FLOOR ROOM 320			X	FIRE PROOFING DI				0 SF	X					
3RD FLOOR ROOM 321	-	_	Х	FIRE PROOFING DU				0 SF	X			_		
3RD FLOOR ROOM 323		_	X	FIRE PROOFING DI			_	0 SF	Х			_		
3RD FLOOR ROOM 325 3RD FLOOR ROOM 326	+	-	X	FIRE PROOFING DU				0 SF	X		-	-		
3RD FLOOR ROOM 327	+-	-	X	FIRE PROOFING DU	_			0 SF 0 SF	X	_	-	\vdash		
3RD FLOOR ROO, 332	+	-	x	FIRE PROOFING DU				0 SF	x	-	-	-	-	
6TH FLOOR ROOM 614	+		X	FIRE PROOFING DU				0 SF	x			-		
ADDITION TO SCOPE:			Х	THE THOU ING D				0 01	+			\vdash		
2ND FLOOR ROOM 227				FIRE PROOFING DU	JST		1	0 SF	X					
Name of Decistored Waste Having	NUC	D 141		Cubic Vests -f.W.		Name - 15	T	al I == aff						
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	-	EP War ID I 1593	Vo.	Cubic Yards of Wast 50	e		COUN	d Landfill ITY RESOURC DRIVE/ROUTE		AGE	MENT	SER	VICES	,
City, State		1093		Disposal Date					. 10					
FREEHOLD, NEW JERSEY				11/01-6/30/19		City-State MONTGOM	MERY,				/	_		,
Completed by (Print or Type) Tit BENJAMIN SANCHEZ DI		ROF	OPER	ATIONS Signature		$\forall \lambda$	5) Date	/	1	/ -	4	18	/

¥			NO	TIEICATIC	State o	f New Jerse	у	EMENT			1		C	E	$\mathbb{V}_{\mathbb{N}}$
f						C 8:60-7 and					4			ALL CONTRACTOR CONTRACTOR	
Date of Notification (1)				Na	me of	Building Ov SHARP & DO	vner/O	perator (2)					IAN	22	2019
10 / 31 /18				Str	reet Add	dress					11	- 1	JAN	L (_	2013
Agencies Notified Type Notification	in						NUE.	P.O. BOX 2	2000, RY28-414		- 1				
EPA Initial Not DEP x Amended X DOL Cancellat	Notific		#1	Cit	y, State	e, Zip Code ', NEW JER		Suma			ecopus-jo	ASB	EG#	000	
X DOH On Hold DCA EMERGE		IOTIF	ICATI	10000	me of C	Contact JOHNSON			Telephone Nur 732-594-7746	nber		and the control of	ACCOUNTY OF THE PERSON OF THE	200	
				FA	CILITY	INFORMAT	ION			-	_				-
Name of Facility Where Abatement is Taki	ng Pla	ce (3)					Туре	of Facility					ata ato o		
MERCK SHARP & DOHME CORPORATION	1						X	School (K- Subchapte	er 8 (Other than h	(-12)					
Street Address							-	uare Feet	private & commo	i. blags.	, nor		tc.) dg. Ag	ρ	-
126 EAST LINCOLN AVENUE - BUILDING	33							98,230	7			U.	71		
City (5) County (I RAHWAY UNION						ode (7) E ONLY)		ent Use (Pri MERCIAL	or if being demo	ished)					
Name of Monitoring Firm Hired by Buildin					A	SCM No.			ment Contractor						
Street Address	NS, INC	;				17			MENTAL CORPO	DRATIO	N				
655 WEST SHORE TRAIL							1 P. S. M. S.	t Address SPOOK RO	CK BOAD						
City, State, Zip Code								State, Zip C							$\neg \neg$
SPARTA, NEV	N JERS								V YORK 10901						
Project Manager for Monitoring Firm		1000000		Number			10000000	hone Num	Parties Property	ense Nu	mbe	r			
WILLIAM S. KERBEL, CIH Expected State Date (10)	Icaha		729-5	tion Date	(11)			369-7500	460						
11 / 1 /18 Month Day Year			5 /		30	/19 Year		e of OSHA RISCI LABO	ORATORIES INC		#1	1480			
Occupancy Status During Abatement (Check				Day		1 cai	Stree	t Address		_					
X Facility Closed/Vacated During E Abatement Performed Outside of	ntire Pe Norma	eriod o	ility Ho	urs - Desc	cribe:		117 E	EAST 30TH							
X Other - Describe: MONDAY	- FRID	DAY 6	PM-1:	30 AM			City,	State, Zip C							
Scope of Work (Check all that apply)						TEUII Contai	Inment	with Negat	NEW YORK, tive Pressure					A VACI	
Demolition X	Reno	vatio	n			Mini-Enclo		willi Negai	ive riessule		VVE	I WIP	E HEF	A VACU	JUN
X >3SF OR LF >160 SF OR 260 LF					E	Glovebag I Non-Friabl									
Location of		Loca			Desc	ription of Asl	bestos	<u>.</u>				Abate	ment 1	ype	
Asbestos-containing		mally				ining Materia		Л)	Amount	DUST	Æ	ENCAPSUL	E		
Material (ACM) TO BE ABATED		olely	todial			Thermal systion, surfacing		г	(Specify SF or LF)	N S	PAI	CA	ENCLOSUR		
in Facility (13)		Staff (1				her miscellar			31 01 21)	B	D	Sc	SC		
200 000	Yes	No	N/A			0.000				,		-	Ä		
3RD FLOOR ROOM 305	+-	_	Х	FIRE PR					10 SF	X					
3RD FLOOR ROOM 303 3RD FLOOR ROOM 304	+-	-	X	FIRE PR					10 SF	X		-	-		
3RD FLOOR ROOM 319	+-	-	X	FIRE PR					10 SF	X		-	-		
3RD FLOOR ROOM 320	+	-	X	FIRE PR	-		-		10 SF 10 SF	X	_	+	-		
3RD FLOOR ROOM 321	+		X	FIRE PR					10 SF	X		-	-		-
3RD FLOOR ROOM 323	1		X	FIRE PR					10 SF	X	-	+	+		
3RD FLOOR ROOM 325			X	FIRE PR					10 SF	X		1			
3RD FLOOR ROOM 326			Х	FIRE PR	OOFIN	G DUST			10 SF	X		1			
3RD FLOOR ROOM 327			Х	FIRE PR	OOFIN	G DUST			10 SF	X		1			
3RD FLOOR ROO, 332			Х	FIRE PR					10 SF	X					
6TH FLOOR ROOM 614	-	_	Х	FIRE PR	OOFIN	G DUST			10 SF	X					
ADDITION TO SCOPE:	_	_	X									_			
2ND FLOOR ROOM 227	+-	-	-	FIRE PR	OOFIN	G DUST			10 SF	X		-	_		
Name of Registered Waste Hauler	NJD	EP W	aste	Cubic Ya	rds of V	Maste	Mame	of Pegiste	red Landfill			_	-		
FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	_	er ID I	No.	Julio 14	50		LYCC	MING COL	JNTY RESOUR R DRIVE/ROUTI	CE MAN E 15	AGE	EMEN	SER	VICES	
City, State			100	Disposal		And a	City	State							
FREEHOLD, NEW JERSEY Completed by (Print or Type) Title				11/01-6/3		abused /	IMON	GOMERY	, PA 17752		ς,	/	1.	سرور	
		ROF	OPER	ATIONS	Sign	ature	7 X		Date	1	0/	31	11	Š	

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			NC	TIFICATI	Sta	ate of New Jers OF ASBESTO	ey	ATCMENT							,,,,
			IVC	(Pursuan	it to	NJAC 8:60-7 a	nd 12	2:120-7)		17		\ [r	3	@	F 1 1/7
				N	lam	e of Building C	Owne	r/Operator (2)	-	1	1 1	=	b	
Date of Notification (1)						CK SHARP & D			,		1	1	-		THE POSTER OF THE POST OF THE
10 / 22 /18				S	tree	et Address	118			+	3- 1	1	_		
Agencies Notified Type Notificati	on			1	26 E	E. LINCOLN AV	/ENU	E, P.O. BOX	2000, RY28-4	14		11	1	AN	2 2 2019
EPA X Initial No				-	_	State, Zip Code				+	i	4	U	mi.	L L L010
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X DOL Cancella X DOH On Hold	tion			N						-	- ~~				2.00:
DCA EMERGI	ENCY	NOTI	FICAT	TION P		e of Contact RICIA JOHNSO	M		Telephone N		er	711	-15-15		
						ITY INFORMA			732-594-774	6	ADTE ATOM	vital nives	MERCH	ers we	
Name of Facility Where Abatement is Tal	ing P	lace (3)	- 17	TOIL	ITT INFORMA		pe of Facility	(4)	_	_				
						"	1.7	School (K-							
MERCK SHARP & DOHME CORPORATION	N								r 8 (Other tha	n K-1	2)				
Street Address							Х	Other (ie. p	orivate & com	mcl. b	ldgs	., hor	nes,	etc.)	
126 EAST LINCOLN AVENUE - BUILDING	33						1 5	Square Feet	# of Floor	S				dg. A	ge
City (5) County (T 6	2112	ty Code (7)	-	98,230	7					71	
RAHWAY UNION						USE ONLY)	Cu	rrent Use (Pri	or if being der	nolish	ed)				
Name of Monitoring Firm Hired by Buildin	ng Ow	ner (8	3)	(01)	T	ASCM No.		me of Abater	nent Contrac	tor (9	1				
ENVIRONMETAL HEALTH INVESTIGATION	NS, IN	IC.				17	PA	RENVIRON	MENTAL COF	RPOR	, ATIC	N			
Street Address 655 WEST SHORE TRAIL							Str	eet Address							
City, State, Zip Code								SPOOK RO							
SPARTA, NEV	N JER	SEY	07871					y, State, Zip C FFERN, NEV		4					
Project Manager for Monitoring Firm				e Number				ephone Numb		icense	Min	mhar		_	
WILLIAM S. KERBEL, CIH		973	729-5	649				5-369-7500		60	. 140	mber			
Expected State Date (10)	Sch			etion Date	e (1	1)		me of OSHA I			_	-	_	-	
11 / 1 /18 Month Day Year		onth (6 /		30	/19		ERISCI LABO		NC		#11	1480		
Occupancy Status During Abatement (Chec	k only	one)		Day		Year	Str	eet Address							
X Facility Closed/Vacated During E	ntire F	Period	of Ab	atement				EAST 30TH	STREET						
Abatement Performed Outside o	Norm	al Fa	cility F	lours - De	escri	ibe:									
X Other - Describe: MONDAY	- FRI	DAY	SPM-1	:30 AM			City	, State, Zip C							
Scope of Work (Check all that apply)					Г	— Eull Conta		nt with Negat	NEW YORK	- process	_				<u></u>
Demolition	Ren	ovatio	n		ŀ	Mini-Enclo	os.	ini wilii Negal	ive Pressure	X		WEI	WIP	E HE	PA VACUUM
X >3SF OR LF	_				E	Glovebag	Proc	edure							
>160 SF OR 260 LF	_					Non-Friab	le Pro	ocedure							
Location of Asbestos-containing	10000	Loca		1	D	escription of As	besto	os-	22 20			Α	bate	ment '	Туре
Material (ACM)		mally solely				ontaining Materia (ie. Thermal sy			Amount	8	DUST	ᇛ	E	E	
TO BE ABATED		- 50	todial			sulation, surfaci			(Specify	Ž	ST	₽∥	S	ENCLOSUR	1
in Facility (13)	200000000000000000000000000000000000000	Staff (1				r other miscella			SF or LF)	l 공		≂∥	PS	SC	
			N/A	1				١		-		- 11	ENCAPSULE	뉴	
3RD FLOOR ROOM 305			Х			FING DUST			10 SF	X	T				-
3RD FLOOR ROOM 303	_		Х	FIRE PR	00	FING DUST			10 SF	X	\neg				
3RD FLOOR ROOM 304			X	FIRE PR	00	FING DUST			10 SF	Х	\neg				
3RD FLOOR ROOM 319	_	_	Х			FING DUST			10 SF	X	T				
3RD FLOOR ROOM 320	-	_	Х			FING DUST	185		10 SF	X					
3RD FLOOR ROOM 321	-	_	Х			FING DUST			10 SF	X					
3RD FLOOR ROOM 323	-	_	Х		_	FING DUST			10 SF	X					
3RD FLOOR ROOM 325	-		Х			FING DUST			10 SF	X					
3RD FLOOR ROOM 326	-		X			FING DUST			10 SF	Х					
3RD FLOOR ROOM 327 3RD FLOOR ROO, 332	-	<u> </u>	X		_	FING DUST	-		10 SF	X					
6TH FLOOR ROOM 614		_	X		_	FING DUST			10 SF	Х					
THE LOOK ROOM 614	-		X	FIRE PR	001	FING DUST			10 SF	X					
Name of Registered Waste Hauler	NJDF	P Wa	este	Cubic Va	rde	of Waste	Mon	o of Bosister	ad 1 == dEII						
FREEHOLD CARTAGE, INC.		er ID N		Jubic 1 d		50 vvaste		ne of Register OMING COU		SCE #	A A N	ACE	MEN	TOE	DVICES
825 HIGHWAY 33		15939		Secretary m			447	ALEXANDER	DRIVE/ROU	TE 15	IN.	AUE	VIEN	i oth	VAICES
City, State				Disposal		e	Coffv.	IState /	/	10		2	_		
FREEHOLD, NEW JERSEY Completed by (Print or Type) Title		-		11/01-6/3	_	9	MOR	TO OMERY,						_	
BEN111111111111111111111111111111111111	CTOF	R OF (OPER	ATIONS	10	ignature			Da	te		10)/	2	HIR

P	NOTIFICATIO	State of New Jersey DN OF ASBESTOS A to NJAC 8:60-7 and	ABATEMENT	,		-11	3	378
	The Manager of the Control of the Co		ng Owner/Operato	or (2)	1	E	5 [; W
Date of Notification (1)		RIVERVIEW ME	DICAL CENTER	,,			9 15	, u U
1 / 9 /19		Street Address			1			
Agencies Notified Type Notif	ication	1 RIVERVIEW F	PLAZA		II	JA	IN 2	2 2019
DEP Ame	I Notification nded Notification cellation	City, State, Zip C RED BANK, NE	Code W JERSEY 07701			SBF	Production for	
X DOH On H	fold RGENCY NOTIFICATIO	Name of Contac N ERIC MATTSON		Telephone 1 732-450-268	Number	ISBE:		1116
	FAC	CILITY INFORMATION						
Name of Facility Where Abatement is RIVIERVIEW MEDICAL CENTER	is Taking Place (3)		School Subcha		an K-12)	as h	mas	eto.)
Street Address			Square Fee				g. Age	
1 RIVERVIEW PLAZA			250,000	6		5,0	65	
	nty (6)	County Code (7)		Prior if being de	emolishe	d) Pha	arm. La	ab.
Name of Monitoring Firm Hired by E	MOUTH Ruilding Owner (8)	(STATE USE ONL) ASCM N		tement Contra	nto = (0)			
ENVIRONMENTAL TACTICS	ounding Owner (0)	17		NMENTAL CO	RPORAT	ION		
Street Address 64 BROAD STREET			Street Addres	SS				
City, State, Zip Code				ROCK ROAD				
	, NEW JERSEY 07747		City, State, Z	ip Code IEW YORK 1090	01			
Project Manager for Monitoring Firm	Telephone N	umber	Telephone No		License	Numb	er	
THOMAS GEIGER	732-290-223		845-369-7500)	1101			
Expected State Date (10) 1 / /11/ 19	Sched. Completic		Name of OSF					
Month Day Year	Month	11 /19 Day Ye		VIRONMENTAL	-			
Occupancy Status During Abatement (Check only one)		Street Addres	SS				
Facility Closed/Vacated Du	ring Entire Period of Aba	tement	1376 ROUTE	9				
Abatement Performed Outs X Other - Describe: FRID	AY 7AM-3:30 PM	urs - Describe:	City, State, Zi	n Codo				
A Care Bessine.	77 77 10 - 0.50 T W			NGERS FALLS	. NEW Y	ORK	12590	
Scope of Work (Check all that apply)		Critica	als with Negative P	the state of the s	7.0			
Demolition X >3SF OR LF	X Renovation	Mini-E		-				
>160 SF OR 260 LF			bag Procedure riable Procedure					
Location of	Is Location	Description of				Abaten	nent T	vpe
Asbestos-containing	normally used	Containing Ma		Amount			m Z	E
Material (ACM)	solely by	(ie. Therma	15 TO 15	(Specify	N N	PAIR	ାର୍ଚ୍ଚ	
TO BE ABATED in Facility (13)	Maint/Custodial Staff (12)	insulation, sur or other miso		SF or LF	MOVAL	1	CAPSUL	CLOSUR
iii i adiity (13)	Yes No N/A	or other mist	cellaneous)		1		F	동
2ND FLOOR-EAST CORRIDOR		PE INSULATION		15 LF	X	1		
				110 21	- 1	+	\vdash	\vdash
				-	_	+	+-	+-
					_	+	\vdash	
						_	-	
				-	_	+	+	-
						1	1	
Name of Registered Waste Hauler		ibic Yards of Waste		stered Landfill				
NEWARK CARTING	Hauler ID No. 913	2	GRAND CEN	TRAL SANITAR	Y LAND	FILL		
City, State		sposal Date	City, State	/				
NEWARK, NJ 07105	1/	11/2019	PLAINFIELD	TOWNSHIP, PA				
	Title DIRECTOR OF OPERAT	Signature	KX		Date /	-9	-1	9

1)	E	C	E	W	E	F
13			Alexander of the last of the l	-		

JAN 22 2019

ETS JOB # 4959/17 CHECK # 295	37			AM	IENDMENT#2	N 2 2 2019
Date of Notification (1)	Name of E	Building C	Owner / Operator (2)	7 114	- INDIVIENTAL	
1/16/19	NJIT				ASBES	CO CCI CO
Agencies Notified Type Notification EPA	Street Add				L	Control of the Contro
DEP Initial Notification			LUTHER KING	BLVD.		
DOL Amended Notific		500				
DOH Cancellation	NEWARI Name of 0		102		TT I I N	
DCA DCA	MR. TOD		LIFR		Telephone No. 973-595-550	
	1	70 10 101	LLLIX		373-333-330	Ja
	FACIL	ITY INFO	ORMATION			
Name of Facility Where Abatement is Takir	g Place (3)		Type of Facility (4	.)		
NJIT – FACULTY MEMORIAL HALL			School (K-12	50		
Street Address	DI EEI/ED 0		Subchapter 8			
111 SUMMIT STREET AKA 120-142	BLEEKER STREE	=1				ngs, homes, etc.
City (5) County (6	County Code	(7)	Square Feet	# of Floo		Bldg. Age
NEWARK ESSEX	County Code	: (1)	92,516	. if h . i	5	52
LOOLX			Current Use (Prior UNIVERSITY	r it being de	emolished)	
Name of Monitoring Firm Hired by Building	Owner (8) AS	CM No.	Name of Abateme	nt Contrac	tor (0)	
OMEGA ENVIRONMENTAL	V-5/485/A	120	ETS CONTRAC			
Street Address			Street Address		<u>. </u>	
280 HUYLER STREET			160 CLAY STRI	EET		
City, State & Zip Code			City, State & Zip C			
SOUTH HACKENSACK, NJ 07606 Project Manager for Monitoring Firm	Talanhan - N	1	BROOKLYN, N			
ALEX PALLETS	Telephone Num 201-310-9665		Telephone Number 718-706-6300	er	License N	
	Completion Date (1		Name of OSHA M	onitor		00511
11/26/2018	11/25/2019	'/	TESTOR TECH.			
Occupancy Status During Abatement (Chec	k only one)		Street Address			
Facility Closed/Vacated During Entir	e Period of Abatem	ent	10 59 JACKSO	N AVENU	IE.	()(
Abatement Performed Outside of No	rmal Facility Hours	-	City, State & Zip C	ode		
Describe: MONDAY – FRIDAY	3:00 PM - 3:30 A	M,	LONG ISLAND	CITY, NY	11101	
SATURDAY 2:00 PM 9:00 AM – 1:00 PM	- 12:30 AM, SU	VDAY				
Other - Describe:						
Scope of Work (Check all that apply)						
☐ Demolition ☐ Reno	vation		☐ Full Co	ntainment		
∠ Large Project ∠ Large Project			☐ Mini-En			
Quantity is ≥ 3 SF or ≥ 3 LF ACM				ag Procedu		
Quantity is ≥ 160 SF or ≥ 260 LF AC	M		Other:	TENT & EXT	TERIOR NON-FRIA	BLE PROCEDURES,
Location of	Is Location Normally		Description of	WITCH & CC	Amount	Abatement Type
Asbestos-Containing Material (ACM) TO BE ABATED in Facility	Used Solely by Maintenance or	Materia	Asbestos-Containing		(Specify	(Specify: Removal,
(13)	Custodial Staff? (12)	in	ll (ACM) (i.e., thermal isulation, surfacing, V/	Systems AT	Square Feet or Linear Feet)	Repair, Encapsulation or Enclosure)
			or other miscellaneous			or Endiddate)
4 TH FLOOR	NO	PIPE II	NSULATION (WRAP		213 LF	TENT
			WINDOW GLAZING		96 SF	EXTERIOR NON-
						FRIABLE PROCEDURES
4 TH FLOOR - WEST CORRIDOR	NO	FLOOR 1	TILES & MASTIC		480 SF	NON-FRIABLE
					y-m/52/25050	PROCEDURES
4 TH FLOOR - NORTH & SOUTH PERIMETER	NO	FLOOR 1	TILES & MASTIC		50 SF	NON-FRIABLE
					50 GI	PROCEDURES
4 TH FLOOR - EAST SHAFT	NO	DIDE IN	NSULATION (WRAP	CUT)	915	The state of the s
	1.10	, in E ii	TOOLATION (WKAP	x ((1)	8 LF	TENT

3RD FLOOR – EAST SHAFT		NO	PIPE INS	JLATION (WRAP & CUT)	3 LF	TENT
2 ND FLOOR – EAST SHAFT		NO	PIPE INSI	JLATION (WRAP & CUT)	2 LF	TENT
4 TH FLOOR – WEST SHAFT		NO	PIPE INSU	JLATION (WRAP & CUT)	3 LF	TENT
Name of Registered Waste Haul JIMMY BYRNE T/A JIMMY E TRUCKING		NJDEP Waste) : [1] () (기 : 1 :	Cu. Yds. of Waste 120	Name of Registe CUMBERLAND LANDFILL	
City, State 1199 RANDALL AVENUE, E	RONX, NY 1	10474		Disposal Date TBD	City, State 620 NEWVILLE NEWBURG, PA	
Completed By (Print or Type) THOMAS AHERN ASB-41 JUN 95 G4667	Title Project	Executive		Signature/	Date 1/16/19	= 60

