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ШЦ	JAN	24	2018	114	Print Form

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			(nt to NJAI		r		-ASE	STOS	COM	CHEC	(#24	875	1	
Date of Notification (1) 01-10-18				Name Unile	of Buildin	g Ownark	Opera	tor (2)			HELL.	ĘΥ				
	ypa Notification				Address Sylvan A	Vanua							1			-
EPA DEP M DOL	Initial Amended Amendment #			City, S	itale, Zip C	Code	\dashv		Ji.	(-	1	3	+	+	_	
	Emargency (In		-		awood C						IV					
DOH DCA	Justification) Cancellation				of Contac Nah Josi			1.	VANE	7/1	diapha	no Nius	Mber			
Name of Facility Where Abs	dament is Taking i	Placa (3)	FAC	ואו צדוטוב	ORMAT	ION C		os of Facility				-	=		
Street Address 700 Sylvan Aveue									School (* Spochapt Other (1.a	DE S (CO	rer the	n K-1;	l) ni busi	ldings	hor	n.e.e
City (6) Englawood Cliffs						# -Mydroje			etc.) Jara Fast		of Floo			ildg. /		1001
County (8)				Carre	Code Ph											
Bergen					Code (7) USE OAL	n		Co	ment Use (P mmercia			mollah	ad)			
Name of Manizolog Firm His ALC Environmental	ad by Building Ow	Ter (8)	Cart 115	ASC	M No.		Nam	ne of Al	Environ:	entracto nantal	Coro					
Street Address 121 West 27th Street,	Suite 402						Efre	et Addi	100	D00000						
City, State, Zip Code New York, NY 10001		-					City,	State,	Zip Code	27						_
Project Manager for Monitori Shawn Waldron	ng Flem	PENEUTERO	T	Telepho	ne No. 675-554	4	Tele	phone	No.			nse No	i			-
Start Date (10) 01-13-18	8	disduled	d Cor		Deta (11)		Nam	s of O	8585 HA Monito	-	007	5 6			-	
Occupancy Status During Ab		,	-	Titl Columbia de Carre	Annual parts			n-Air	WHAT WELL IN							
Facility Closed/Vacated	Dudro Entire Par	end and as	n n ha m	ant			10-	59 Ja	ckson Av	eune						
Other - Describe:		L acastà i	Houn			_			Zip Code and City, N	VY 111	101					
Scope of Work (Check All Th	et Apply)															
≥180 of or ≥280 if			neva molit					M	uli Cortaint Ini-Endosus Iovabag Pro	esdure						
	1	lm I	ocati	20	1			P	on-Exemple	9(1)30	d Non-	Friedri		adun Abata		
Lecation of			Iemik	y		Des	criptio	n of						Ту		
As bestcs-Containing Mab <u>IO BE ABATE!</u> In Facility (13)		Main Cuato	tener	108	Aabes (l.a.	toe Conta thermal s surfaci other mi	ilning i systan ing, V	Materia na inau AT, or	lation,	(3	mount specify or LF		Removed	Panjasir	Encaposido	Enclosus
***************************************		Yes	No	N/A				100							处日	10
Building C: East Side	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM			x		Faced	e Cat	ulking		2	2SF		×			
Building D: Wast Side	Entrance	-		X		Faced	e Cat	ulking		2	2SF		×			
		+											4			\Box
Name of Registered Weste He	ııdar			IDEP W		Cubia Y	arta		Name of	Reclata	end I n	<u> </u>				_
ATC, Inc. / JBT (50071)	****	compound to	He	ider ID 1 310		of West			Minary							
City, State Shirley, NY / Bronx, NY	.000					Dispose TBD	Data	3	City, State		OH 4	4688				
Completed by Richard Doran		ws Project	Mai	1agar		Sig	Hally A	2	FAI			Data 01-1		â		TANGGIL*

JK 235/10

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

	<u> </u>		(F	ursua	nt to NJ.	AC 8:60 and 5:1	6)				1	
Date of Notification (1)		25.50				ng Owner/Operator	111711	manuschilder in trafficial of intelligent freeziges and a single of leagues	a condition continues	$\exists \#$	\mathbf{H}	
	19 /	18		Me	essercola	Excavating Co.	, Inc.	JAN 2 4 201	83	K	11/5	7
Agencies Notified	Type Notific	cation		12000000	et Address		[Lel - Lel	0711 + 201	0_/	25000	1	
⊠ EPA ⊠ DOLWD	☐ Initial ☐ Amende	d		54	9 East 3 ^r	d Street		The second of th	norma made		BCORDAGO	
⊠ DOH	Amenda			40.000	State, Zip		AS	LICENSING	IUL 8	ž	e company	
DCA		ncy (includin	- g	Pla	ainfield, l	NJ 07060	<u> </u>	LIU ETVOTAU	and the last	mandeter ac	are-	
(NJAC 5:23-8)	justificat		30	0.000	e of Conta			Telephone Num	ber			
	☐ Cancella	ation				flessercola						
Name of Facility Where A	hatament is	Taking Disa	- (2)	FA	CILITY	NFORMATION						
The Barn	Datement is	Taking Place	3 (3)				Type of Facility					
Street Address			-				School (K-1	ı∠) r 8 (Other than K-12)			
77 Park Avenue							Other (i.e.,	private and commer		uildin	gs,	
City (5)							homes, etc		10			
Flemington							Square Feet 1000 sf	# of Floors		ldg. A 65	ige	
County (6)				Соц	ntv Code (7)(STATE USE ONLY)		rior if being demolis		00		
Hunterdon					, 0000 (Monnie ook onen	Building	nor ir being demons	neu)			
Name of Monitoring Firm	Hired by Buil	ding Owner	(8)	ASCM	No.	Name of Abateme		9)				
		· · · · · · · · · · · · · · · · · · ·					ntracting, Inc					
Street Address			1167-5		100000000000000000000000000000000000000	Street Address	J.	70		-		
						1889 Route 9), Unit 61					
City, State, Zip Code						City, State, Zip Co	ode					
	-0.4					Toms River,	New Jersey 0	8755				
Project Manager for Monit	oring Firm		Tel	ephone	No.	Telephone No.		License No.				
						732-349-9932		00624				
Start Date (10)		Scheduled C				Name of OSHA N						
1/29/		02/		2_ /	18	E.M.S.L. Ana	lytical					
Occupancy Status During						Street Address						
☐ Facility Closed/Vacated☐ Abatement Performed					varib a	1056 Stelton						
Time of Abatement:						City, State, Zip Co						
Scope of Work (Check all					•	Piscataway, I	New Jersey 08	3854				
Name of the second seco	iriat apply)					☐ Full Cont	tainment with Ne	gative Pressure				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		☐ Re				☐ Mini-Enc	losure	J				
Z 2100 31 01 2200 11		△ ⊳e	monu	OH			g Procedure mpted (*) and Ne	on-Friable Procedur	е			
			Loca							atem	ent T	ype
Location of Asbestos-Containing N			Norma	ally ely by		Description o				-		_
TO BE ABAT		" Ma	intena	ance/	Asbe (i.e	stos Containing Ma ., thermal systems i	terial (ACM) insulation	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility		Cust	odial (12)	Staff?	, , ,	surfacing, VAT,	or	SF or LF)	val	=	nsc	sure
(13)		Yes	No.	N/A		other miscellane	ous)				ate	(D
exterior					ashastr	os wall panels		3034 sf sf				
			_	15	aspesie	os wan paneis		3034 51 51				
		$-\parallel$		12						Ш	Ш	Ш
			Ш									
Name of Registered Waste				JDEP V		Cubic Yards of	Name of Regi	stered Landfill	-			
Guardian Contractin	g, Inc.			lauler II 20223		Waste 4	T.R.R.F.					
City, State						Disposal Date	City, State					TO LOCAL
Toms River, New Jer						02/02/18	Tullytown	, Pennsylvania				
Completed By (Print or Typ	e)	Title				Signature		// Dat	e	1	111/2/20	
Nicholas Fernicola		Project	Man	ager		1	- 4	1 1	119	1,	0	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

Check # 12610 Date of Notification (1) Name of Building Owner / Operator (2) January 19, 2018 Bank of America 5 Street Address (6 Agencies Notified Type Notification EPA 4342 Route 130 North DEP MDOL City, State & Zip Code Initial Amended Willingboro, NJ 08046 XDOH Amendment #_ DCA Cancellation Name of Contact Talephone Number LICENSING Tom Ashman **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Bank of America School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, home, etc.) 4342 Route 130 North Bldg. Age Square Feet # of Floors City (5) 4,000 113 Current Use (Prior if being demolished) Willingboro Office Building County Code (7) County (6) USE ONLY Burlington ASCM No. Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) Synatech, Inc. Street Address Street Address 829 Radio Road City, State & Zip Code City, State & Zip Code Little Egg Harbor, NJ 08087 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 609-296-6916 00817 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Synatech, Inc. February 2, 2018 March 16, 2018 Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 829 Radio Road Abatement Performed Outside of Normal Hours City, State & Zip Code Other - Describe: Little Egg Harbor, NJ 08087 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥ 50 lf Mini-Enclosure >160 sf or >260 lf Demolition Glovebag Procedure Non-Exempted(*) and Non-Friable Procedure Description of Abatement Type Is Location Normally Used Location of Asbestos-Containing Material (ACM) Solely by Maintenance or Asbestos-Containing Amount (Specify SF or LF) Custodial Staff? (12) Material (ACM) TO BE ABATED (i.e., thermal systems IN Facility Encapsulate insulation, surfacing, VAT (13)Enclosure Remova Repair or other miscellaneous) N/A Yes No 1800 SF 2nd Floor X Carpet Mastic X Name of Registered Landfill NJDEP Waste Cubic Yards of Waste Name of Registered Waste Hauler Hauler ID No. Fairless Hills 27429 12 Synatech, Inc. Disposal Date City, State City, State Morrisville, PA Little Egg Harbor, NJ 08087 March 17, 2018 Date Completed By Title Signature January 19, 2018 **Executive Administrator** Diane Aloia

GAC# 592-2018											
Date of Notification (1)					Name of Building Owner						
January	15, 20		T		CELGENE CORPOR	ATION		Company and the Company			
Agencies Notified EPA	a parameter and the second	Notification Initial	Votifica		Street Address 86 MORRIS AVENU	FIN E	C		W		À
□DCA	N.	New Pha		ification #1-	City, State, Zip Code SUMMIT, NJ 07901				of the same desired the landson		
☑ DOL	-			including	Name of Contact		Tele	phone N	umber		111
DEP- No Longer REQUIRE	D		cation)		MR. Janos Angeli					IL	4
⊠ DOH		☐ Cance	elled		Director - Engineeri	ing &	and the satisfies	- * e,= = 4e,		i-enanti	
					Construction	AS	ESTO)S CON	THOLE	Š.	-
N		i Di (2)		FACILITY INF		in the commence of the contraction	Bert la	Charles (U) 1 4	+1	adjact-for-time	
Name of Facility Where Abatement CELGENE CORPORATION					Type of Facility (4) School (K-12)						
	2). S.S.		-		Subchapter 8 (other tha	n K-12)					
86 MORRIS AVENUE					Other (i.e. private & co Sg. Feet: 35,000 #					ears	
<u>City (5)</u> <u>Cc</u>	unty (6)			y Code (7)			32-2-2-2				Notes of Cartes
SUMMIT	МО	RRIS	(State	Use Only)	Current Use (prior if bein RESEARCH LABS	g demolished): AD	MINISTI	RATIVE	OFFIC	E &
Name of Monitoring Firm Hired by		wner (8)	ASCM	THE STATE OF THE S	Name of Contractor (9)						
McCABE ENVIRONMEN' SERVICES, LLC	IAL		001	10	GREENWOOD ABA	TEMENT C	ONSL	JLTAN	TS, INC	Э.	
Street Address	1000 E				Street Address	ALCO CALCO LINE CANCELLO					
464 VALLEY BROOK AV	ENUE	#3A			268 MAIN STREET						
City, State, Zip Code		- 10,000			City State, ZipCode						
LYNDHURST, NJ 07071 Project Manager for Monitoring Fi	rm I	Telephone	Number		BUTLER, NJ 07405 Telephone Number		Licer	se Numi	oer		14-11
JOHN CHIAVELLO		201-438			973-492-0477		008	41 h Vanc			
Scheduled Start Date (10)				on Date (11)	Name of OSHA Monitor						
01/02/2018		02/28/20	18		ENVIROVISION, IN	C.					
Occupancy Status During Abate	ement (Check only	one)		Street Address						
☐ Facility Closed/Vacated Duri					20-21 WARGARAW	ROAD					
☐ Abatement Performed Outside Describe	de of No	ormal Facilit	y Hours		City, State, Zip Code						
☒ Facility Occupied During En	tire Per	iod of Abate	ment Are	a Vacated (NOT	FAIRLAWN, NJ 074	10					
SUB 8 - Multiple Phases M - needed) PHASE 1 1/2 - 1/3/18	F 2pm - , PHAS	– 10:30pm (E 2 1/16 - 2	24 hrs. 8 2/28/18 \$	& weekends as SUBSEQUENT	I AIRLANN, NO 074	10					
PHASES IF NEEDED TBD Scope of Work (Check all that app	oly)	Difference of the second	20.000								
					X			170	ative Pre	ssure	
□≥ 3 sf or ≥ 3 lf				□ Renovation	X		- 1				
) II			☐ Demolition		Non-Exemp			-Friable	Proced	lure
Location of Asbestos-Containing	30 CACH CACA	cation Norma	ally Used	Description of Asl	bestos Containing Material	Amou	nt		ment Typ		
Material (ACM) in Facility (13)		y by Maint. todial Staff? (12)	(ACM) (i.e. therm VAT, or other mis	al systems insulation, surfact	ng, (Spec or LF)		Remov	e Repair	Encap	Enclose
	YES	NO	ŃΑ		9090 40		0.5	X		_	
Basement (Various Locations)		X			tics (floor, covebase, etc.						
Basement (Various Locations)		X		PLASTER CEIL		7,000		X			
Basement (Various Locations)		X		TSI – Pipe/HVA	.C Insulation	200 L	.F/SF	X			
	<u> </u>	NUDED W	ata Hauta	- ID #	Lo Li- Vdo of Mosto		L Mam	e of Pen	istered La	andfill	
Name of Reg. Waste Hauler Newark Carting, Inc.		NJDEP Wa			Cubic Yards of Waste: 200 CY		_		. North		fill
Newark, NJ 04509		110 00									
						Disposal Da			City, Sta		Will D4
Notes: None				3		02/28/18			Morrisvil 215-736	lle, Pa 1	
Completed by (Print or Type)	-	itle	72.1 22.2		Signature	(6)	Date		- 00 i		
RAYMOND C. PEDALIN		SENIOR F		CT	Raymond C. Pe	dalino	Jan	uary 1	5, 201	8	

	GAC# 592-2017												
	Date of Notification (1) December 2	2, 2017	4	Name of Building Owner/Op	perator (2)								
	Agencies Notified	Notificatio	n Type Notification	Street Address 86 MORRIS AVENUE									
	☑ EPA □ DCA ☑ DOL ☑ DEP- No Longer REQUIRED ☑ DOH	☐ Amen ☐ Emer	ided Notification gency (including ication) elled	City, State, Zip Code SUMMIT, NJ 07901 Name of Contact MR. Janos Angeli – Director - Engineering Construction	The second secon	E Calebrane		A Army Jan	1				
2012			FACILITY I	INFORMATION					j h				
	Name of Facility Where Abatement is CELGENE CORPORATION – Street Address	Taking Place (3) 'H" BUILDIN) G	Type of Facility (4) School (K-12) Subchapter 8 (other than K-	1	ASSEST	OS OO CENSII	NTRO JG	12.8				
	86 MORRIS AVENUE	(0)		Sq. Feet: 35,000 # of	ercial buildings	, homes, et lg. Age:	c.) ~70+	years	STATE OF LAND				
	A	IORRIS	County Code (7) (State Use Only)	Current Use (prior if being de			- 19						
	Name of Monitoring Firm Hired by Bld McCABE ENVIRONMENTAL SERVICES, LLC	g. Owner (8)	ASCM No. 00118	Name of Contractor (9) GREENWOOD ABATE!	MENT CONS	SULTAN	TS. IN	c.					
	Street Address 464 VALLEY BROOK AVENU	IE #3A		Street Address 268 MAIN STREET			-,						
	City, State, Zip Code LYNDHURST, NJ 07071			City State, ZipCode BUTLER, NJ 07405									
	Project Manager for Monitoring Firm JOHN CHIAVELLO	Telephone 1 201-438		<u>Telephone Number</u> 973-492-0477		ense Numb	<u>oer</u>						
	Scheduled Start Date (10) 01/02/2018	Scheduled 0 02/28/20	Completion Date (11) 18	Name of OSHA Monitor ENVIROVISION, INC.		040							
Ī	Occupancy Status During Abatement Facility Closed/Vacated During E	ntire Period of A	Abatement	Street Address									
	☐ Abatement Performed Outside of Describe	Normal Facility	/ Hours	20-21 WARGARAW RO City, State, Zip Code	AD								
	X Facility Occupied During Entire P SUB 8 - Multiple Phases M - F 2pr needed) PHASE 1 (1/2 - 1/3/18 SU	n - 10:30pm (2	24 hrs. & weekends as	FAIRLAWN, NJ 07410									
	Scope of Work (Check all that apply) 2 3 sf or 2 3 lf 3 > 160 sf or 2 260 lf		☑ Renovation ☐ Demolition	n X Min	I Containment ii-Enclosure (T vebag Procedi n-Exempted (*)	ent) ure			dura.				
	Material (ACM) in Facility (13) So /Ct YE	ocation Normal ely by Maint. stodial Staff? (1 S NO	(ACM) (i.e. thern	sbestos Containing Material nal systems insulation, surfacing,	Abaten	nent Type Repair	<u>e</u>						
L	Basement (Various Locations)	X		Mastics (floor, covebase, etc.) 7,000 SF									
	Basement (Various Locations) Basement (Various		PLASTER CEIL TSI – Pipe/HVA		7,000 SF	X							
	Locations)		TOI - FIDE/TIVA	No modification	200 LF/SF	X							
	Name of Reg. Waste Hauler	NJDEP Wast	te Hauler ID #	Cubic Yards of Waste:	Nam	Name of Registered Landfill							

Name of Reg. Waste Hauler
Newark Carting, Inc.
Newark, NJ 04509

Notes: None

Notes: None

Name of Registered Landfill
G.R.O.W.S. North Landfill

| Name of Registered Landfill
G.R.O.W.S. North Landfill
| Ozity, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700

Completed by (Print or Type)
RAYMOND C. PEDALINO
SENIOR PROJECT
MANAGER

Signature
Raymond C. Pedalino
Date
December 22, 2017

Doha - C M	DA	(Pu	ırsuan	t to N	JAC 8:	BESTOS ABATEMENT 60-7 and 12:120-	7)	MEG		W		_[n
Date of Notification	n (14) A A	L.Pha. of	Na	ame of	Buildi	ng Owner/Operato	or (2)	18(1				1111
1/17/2018			4.1	Marg	aret	Kelley		11 II .IAN	. 1	2019	2	IIU
Agencies Notified	Type Noti	fication	ı St	treet A	Address			11 0/11		2010		1
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[]DEP	The second	fication	Ci	ty, st	ate, Z	ip Code		ASSEST	DS CO CENST	MIR) L &	
[X]DOL	[]Amend	led fication	. 1	Morr	istor	wn,NJ,07960	Į.	£.1	UE1301		*******	majete est in
[X]DOH	11001	LICACIO	* _		Contac							
[]DCA	[X]EMERG	ENCY				Kelley	Tele	phone Number				-
* <u></u>	[]Cance	llation		5		retrey						
-				F	ACILIT	Y INFORMATION						
Name of Facility Whe	re Abateme	nt is Ta	aking	Place	(3)		Type of Fa	cility (4)				
Margaret Kelle	∋Ā						H					
Street Address							[]Subc	ol (K-12) hapter 8 (Oth	er tha	an K.	.121	
							[X]Othe	r (i.e., priv	rate &	COM	erc:	ial
							Duildin	gs, homes, et	.c.)			
City (5)		County	y (6)		k	ounty Code (7)	Square Fee	t # of Flo	ors	Bldg	. Ag	е
Morristown		Mor	ris		(STATE USE ONLY)	C					
							current Use	e (Prior if b	eing d	lemol	ishe	d)
Name of Monitoring Fi Owner (8)	rm hired b	y Build	ing	ASCM No	٥.	Name of Abater	ment Contrac	tor (9)				
N/A						AZTECH M						
Street Address			,			Street Address		,				
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City, State, Zip Code			-									
						City, State, Z Montclai:		1040				
Project Manager for M	nitoring	Firm m	ol onh	one Nu				042				
		CONTRACTOR OF THE PARTY OF THE	I/A	one Nu	mber	Telephone Numb		I	License	e Nui	mber	
Scheduled Start Date	110) 0-1					(973)744-			003	71		
1- 18- 18		ned. Com	pletio 19-		e (11)	Name of OSHA M	onitor					
Month Day Yea	E N	fonth	Dave	18 Yea	. ~	N/A						
Occupancy Status Durin	g Abatemer	t (Check	k only	r onel		Street Address						
[X]Facility Closed of Abatement	1/Vacated 1	During E	Intire	Perio	d							
[]Abatement Perfo	ormed Outs:	ide of N	ormal	Facil:	ity	City, State, Zi	n C-1-					
Hours - Describ	e: «OffHou	rs Descr	intw			orty, State, Zi	rb Code					
cope of Work (Check a			y Des	cript»								
ope of Mork (check a	LI that ap	bīĀ)				[]Full Co						
[X] >3 sf or >3	lf			novatio		[X]Mini-Er	nclosure	with Negative	Press	ure		
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TO BE ABATE		By M		nance/		(i.e., thermal s		(Specify SF or	M	E	A P	L
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(13)		Yes	No	N/A	7	or other miscella	aneous)		A	R	U	U R
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me of Registered Wast	e Hauler	N.T	DEP W	laste	Cub	ic Yards	Tame - e =					
AZTECH MANAGEM		C. Ha	uler	ID No.		Waste 0.5		stered Landf: Enterpr		Tare	,	
ty, State		1	7040	,				. miterpr	T 2.6	TNC		
ontclair, NJ 07	7042				1		City, State	201000000000000000000000000000000000000				
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						1/1/1	a fourt flee	Miller	-/-//	~UIG		
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TIECK # 16170...

56289									P	rint
	NC	TIFICATIO	State of New Jers DN OF ASBESTO at to NJAC 8:60 a	SABATE	MENT	DEG	E			
Date of Notification (1) 1/17/18			of Building Owne Anderson	r/Operator	(2)]] JAN	2 4	2018	3	A CONTRACTOR OF THE PERSON NAMED IN COLUMN 1
Agencies Notified Type Notificati	on	Street	Address			1				1
		Olicci	Address			L		- company		-
EPA X Initial DEP Amended		City S	State, Zip Code			ASBESTO	S OO Ensi	MITA	368	
X DOL Amendme	ent #		easant, NJ 08	742	£	Part South	ence company	THE PERSON	to charle and	-
➤ DOH Emergen	cy (including	Name	of Contact		Ti.	Telephone Nu	ımher			
DCA Cancellat		Lisa				Tolophone (to	arribor			
		FAG	CILITY INFORMA	TION		- H				
Name of Facility Where Abatement is Ta	king Place (3)				Type of Facility ((4)				
					School (K-1	12)				
Street Address					Subchapter Other (i.e. petc.)	8 (Other than K-1 private & commerc	12) cial bu	ildings	, hom	ies,
City (5) Pt Pleasant					Square Feet 910	# of Floors	T	Bldg. /	Age	
County (6) Ocean	10 21 27	County (STATE	Code (7) USE ONLY)		Current Use (Printed home	or if being demolis	shed)			
Name of Monitoring Firm Hired by Buildin	g Owner (8)	ASC	M No.		of Abatement Cor LEAD PROFE					
Street Address			11	1	Address HITE DOVE CO	DURT				7.0
City, State, Zip Code			i.		tate, Zip Code EWOOD, NJ 08	3701				
Project Manager for Monitoring Firm		Teleph	one No.	Telephone No. License No. 732-668-9078 1200						
Start Date (10) 1/28/18	Scheduled 0 1/30/18	Completion	Date (11)	12 24 5000 C	of OSHA Monitor LEAD PROFE	SSIONALS				
Occupancy Status During Abatement (Ch Facility Closed/Vacated During Entire		tement			Address	URT				
Abatement Performed Outside of No Other – Describe:	rmal Facility Ho	ours			ate, Zip Code EWOOD, NJ 08	3701				
Scope of Work (Check All That Apply)										
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Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used S Mainte	olely by nance/ al Staff?	Asbestos Cor (i.e. therma surfa		aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
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INTERIOR			Pipe	Insulati	ion	70LF	x			
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NJDEP Waste Hauler ID No.

04509

Title OWNER Cubic Yards

Disposal Date

Signature

of Waste

1/30/8

5

NEWARK, NJ

Completed by

City, State

Name of Registered Waste Hauler

NEWARK CARTING

JOSEPH PERLSTEIN

Date

Name of Registered Landfill

BETHLEHEM PA

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City, State

PAID

Date of Notification (1) 1/18/18					of Building is Ventu			(2)		EU			25	1	
Agencies Notified EPA	Type Notification	l		17 Y	Address orkshire					J	AN 24	2018	3	U	
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Name of Monitoring Firm	Hired by Building	Owner (8)		ASC	M No.		Name	10000000	atement Cor	ntractor	(9)				
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City, State, Zip Code							1000 State 1000		ip Code d, NJ 074	118					-
Project Manager for Mon	itoring Firm			Telepho	one No.		Teleph 973-			p+	License N 703	lo.			
Start Date (10) 1/27/18		Schedule 2/15/18		mpletion	Date (11)		Name	of OS	HA Monitor						
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DOH justification Cancellation			Name o	of Contact					Te	lenhana in	Mark Wales		**	
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Street Address								Subchapte	r 8 (Oth			امانه		
City (5)								Other (i.e. etc.)		-00-00-00-00-00-00-00-00-00-00-00-00-00	000000000000000000000000000000000000000			US,
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County (6) Somerset			County (STATE	Code (7) USE ONLY)		Curre hou:	ent Use (Pri se	or if bei	ng demoli	shed)			
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Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	one N	0.		License	No.			
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TO BE ABATED In Facility		intenar todial S			thermal		insula		(8	pecify or LF)	Remova	Repair	Encapsulate	Enclosure
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Name of Davids and Mr. 12 112 128		1	LDES.						2012					
Name of Registered Waste Hauler Freehold Cartage		Н	JDEP W auler ID 5939		of Was				September 1	red Landfil (S Landfi				
City, State Freehold, NJ					Dispos	al Date		City, State		1				
Completed by	Title				TBD	ignature		Birdsbo	10, N.		ate			
A. Scott Higgins	Pres	ident					12	^			/19/18	3		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) MANENHI CHRISTOPHER Street Address Agencies Notified Type Notification Initial EPA City, State, Zip Code DEP Amended OLD TAPPAN . NJ! Amendment # Ø DOL Emergency (including Name of Contact DOH justification) D MR. MANENTI ☐ DCA Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) R MANENTI School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) # of Floors Bldg. Age Square Feet City (5) 1940 OLD TAPPAN 2800 Current Use (Prior if being demolished) County Code (7) County (6) 12= 810=N CE (STATE USE ONLY) BERGEN Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Best Removal Inc Street Address Street Address 450 South River Street City, State, Zip Code City, State, Zip Code Hackensack, NJ 07601 Telephone No. Telephone No. Project Manager for Monitoring Firm 00388 201-329-7444 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) 30/18 18 311 Omega Environmental Street Address Occupancy Status During Abatement (Check Only One) 280 Huyler Street ☐ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: 730 54 10 52 City, State, Zip Code South Hackensack, NJ 07606 Scope of Work (Check All That Apply) Full Containment with Negative Pressure □ ≥3 sf or ≥3 lf Renovation Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Maintenance/ (Specify (i.e. thermal systems insulation, surfacing, TO BE ABATED Removal Custodial Staff? SF or LF) VAT, or In Facility (12)other miscellaneous) (13)Yes No N/A 70SF 41 poltive BASEILENT

Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Best Removal Inc		17109	3/20	<u>/ Minerva Enterprises, LLC</u>
City, State			Disposal Date	City, State
Hackensack, NJ 07601 Completed by	Title		1 1	Waynesburg, OH 44688
I Majorano	NAME OF THE OWNER.	mator	1 VMs	Date 1/19/18

(KH 5024 PAII Print Form State of New Jersey OTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 130/18 TWOWN Agencies Notified Type Notification Street Address ASSESTOS CONTROL& EPA DEP Initial City, State, Zip Code Amended DOL Amendment # Rumson Emergency (including Name of Contact Telephone Number justification) DOH Cancellation DCA FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) # of Floors Bldg. Age City (5) Square Feet 1000 Current Use (Prior if being demolished) County (6) County Code (7) (STATE USE ONLY) Residenc Manwth Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Street Address Street Address Montroserro City, State, Zip Code City, State, Zip Code License No. Project Manager for Monitoring Firm Telephone No. Telephone No. 79774177 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10), 1129/18 Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Encapsulate Maintenance/ (i.e. thermal systems insulation, (Specify TO BE ABATED Removal Custodial Staff? surfacing, VAT, or In Facility SF or LF) (12)other miscellaneous) (13)Yes No N/A

NJDEP Waste

Hauler ID No.

WINDOW GIAZE

Cubic Yards

of Waste

windows

Name of Registered Waste Hauler

Name of Registered Landfill

25 water

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Date of Notification (1)			Name	of Building	Owner/C	Operator (.	2)						A consequent
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Agencies Notified	Type Notification		Street	Address					on a waveful property the Auritan His			5/40	
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D DOH	justification)		Name	of Contact	and the second		V		Telephone Nu	mber			
Ď DCΛ	☐ Cancellation			Ste									_
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Project Manager for Monito	mng rum		Terebuo	nic ivo.			7-346-0	916	License N	27	(2)		
Start Date (10)	Schee	duled Cpm	pletion, D	ate (II)		Name o	FOSHA Monitor						
1/29/18		2 12	8/1	8									
Occupancy Status During A	batement (Check Only Oni	5/	7			Street A	ddress						
Facility Closed/Vacate Abatement Performed	d During Entire Period of	Abatemeni	ī			Cin. Cu	ate, Zip Code						
☐ Abatement Performed ☐ Other – Describe:	Outside of Normal Facility	Hours				City, Su	ate, Zip Couc						
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ame of Facility Where Private Dwelling	Abatement is Taking	Place (3)			Yi .		☐ Sc	Facility (4) hool (K-12) bchapter 8	(Other	than K-12)			
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Project Manager for N	Aonitorina Firm			elephone		Telep	hone No	n. 200		01266			
Kayode Adefisoy	/e		3	347-241	-7673		-692-6			0.200			
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Marin Graure

State of New Jersey - Notification of Asbestos Abatement

PALL (Pursuant to N.J.A.C. 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) JAN 24 Suzanne Molinaro January 15, 2018 Street Address Notification Type Agencies Notified Initial Notification ASSESTOS CONTROL & X EPA City, State, Zip Code ⊠Amended Certification #1 DCA Ringwood, NJ Emergency (including X DOL Telephone Number Name of Contact iustification) X DEP Suzanne Molinaro ☐ Cancelled x DOH FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) ☐ School (K-12) Residence ☐Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: Unknown # of Floors: 2 Bldg. Age: 80 years County (6) County Code (7) City (5) (State Use Only) Current Use (prior if being demolished): Ringwood Passaic Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Contractor (9) ASCM No. GREENWOOD ABATEMENT CONSULTANTS, INC. 00079 EnviroVision Consultants Inc. Street Address Street Address **511 MAIN STREET** 20-21 Wagaraw Road, Bldg # 35E City State, ZipCode City, State, Zip Code Butler, NJ 07405 Fairlawn, NJ 07410 License Number Project Manager for Monitoring Firm Telephone Number Telephone Number 00840 973-492-0477 973-636-9145 Fred Larson Name of OSHA Monitor Scheduled Completion Date (11) Scheduled Start Date (10) January 15, 2018 January 21, 2018 EMSL inc. Street Address Occupancy Status During Abatement (Check only one) 1056 Stelton Road Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe Piscataway, NJ 08854 Other - Describe: 7am-7pm Source of Work (Check all that apply) Full Containment with Negative Pressure ☑ Mini-Enclosure Renovation \geq 3 sf or \geq 3 lf x Glovebag Procedure Demolition □ > 160 sf or ≥ 260 xNon-Exempted (*) and Non-Friable Procedure Amount Abatement Type Description of Asbestos Containing Material Location of Asbestos-Containing Is Location Normally Used (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Material (ACM) in Facility (13) Solely by Maint./Custodial Remove Repair Encap Enclose or LF) Staff? (12) VAT, or other miscell.) YES NA 90 If Pipe & Fitting Insulation X Basement X 40 sf Pipe & Fitting Insulation X 350 sf VAT & Mastic Cubic Yards of Waste: Name of Registered Landfill NJDEP Waste Hauler ID# Name of Reg. Waste Hauler Meadowfill Landfill See Below See Hauler Below # 1 & 2 10 G.R.O.W.S City, State Disposal Date Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Route 2, Box 68 January 21, 2018 NJ DEP # 12561 NY DEP # Bridgeport, WVA Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551 304-842-2784 Date Completed by (Print or Type) Signature January 15, 2018

Marin Graure

PROJECT MANAGER



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Date of Notification (1) 1/18/18					f Building n Brown		operator	(2)			W L-	3 IJ	13			
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Name of Monitoring Firm Hired	by Building Ov	vner (8)		ASCM	1 No.			of Abate LEAD								
Street Address								Address HITE D		OURT						
City, State, Zip Code								state, Zip EWOOI		8701						
Project Manager for Monitoring	Firm			Telephor	ne No			none No. 668-90	78		License 1200	e No.				
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City, State NEWARK, NJ				Dispos 1/25/	sai Date 18		City, Stat BETHL		1 PA							
Completed by JOSEPH PERLSTEIN		Title OWN	IER			S	Signature)				Date				

From:GREENWOOD ABATMENT 19734920139 01/15/2018 17:24

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January 15, 2018					Name of Building Owns Coffex Manor	1/000	mint (2)	1	allelie altilitya	ASBE	FICE	CON	TROL	&
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Other - Describe: Garag	e- 7a:	ท-7pm			Piscataway, NJ 08	9854								
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Date of Notification (1)		1 /			Name of Building Owner/C	perator (2)	n H	OTT	C + C	.010	-	-
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Street Address	To a second				Street Address							
20-21 Wagaraw Road	l, Bldg#	35E			511 MAIN STREET							
City, State, Zip Code					City State, ZipCode							
Fairlawn, NJ 07410					Butler, NJ 07405							
Project Manager for Monitorin	g Firm	Telephone N	lumber		Telephone Number		License I	Number				
Fred Larson		973-636-	9145		070 100 0177		00840					
			1.45	D-1- (44)	973-492-0477 Name of OSHA Monitor		00840					\dashv
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□ DCA	☐ Emergency (incl	luding			a, NJ 0751	12							
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Abatement Performe					cribe		ate, Zip Coo						
Time of Abatement:		W			AIVI	Fair La	wn, NJ 07						
Scope of Work (Check a	II that apply)					H		and decontamin inment with Neg	nation with negative	press	ure		
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X EPA			nitial N	otification	797 Vallay Rose	1		2		1	\ /	j
× DCA	2	MAME	nded Ce	rtlfication	City State Zin Code					-	V	-
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Name of Facility Where Abster	nord la Tale	in Dines	6/	FACILITY	INFORMATION		-		- Value of the			
St. Phillip The Apostle	Parish		44		Type of Facility (4)							
Street Address	7 1 411011	-			Bchool (K12)							
797 Valley Road					Subchapter 8 (other	then I	(2)					
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20-21 Wagaraw Road,	Bldg # :	38E			_							
City, State, Zio Code					611 MAIN STREE	ĭ						
Fairlswn, NJ 07410					City State, ZipCoda	-				The state of the s		
Protect Manager for Montioring F	- lerm	Talaphona	Abumbae		Butler, NJ 07406							
Fred Larson	-	973-634	1-9148		Telephone Number		manual shells	LICE	DEP NU	DESC	Oles Asia	
Estadulad Stad San 73					973-492-0477			008				
Schooled Start Date (10) January 18, 2018	1	Scheduled	Complet	on Date (11)	Name of OSHA Monter		bose, see	1 000	340			
	1	January		118								
Occupancy Status During Abat	mment (C	neck anty	[ang		EMBL Inc.		-	-				
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≥ 3 of or ≥ 3 lf □≥ 180 of or ≥ 280				Renovation	1	Li	MILE	nelosur	9	Section Li	200 FLQ	
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coalion of Ascestos Containing Valental (ACM) in Facility (13)	la Foca	on Normal	y Used	Description of As	bestos Containing Material	<u> </u>	Ar lou	CIR		meni Tv:	500000000000000000000000000000000000000	
The state of the s	Staff? (1	ny Maint/Ct	Tal Dod (M)	(ACM) (I.e. them VAT, or other mis	nal ayelams insulation, surfe	cing,	(S) NOC	My SF	2000		272.00	- 1
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Kalaidoscope Wing Connector Area			123	781- Glove B	eg/Tent		9'	-	100		7	
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See Hauler Below # 1 & 2	S	ac Balow	M. LIAMES!	134.50	Cubic Yards of Wasta;					marad Le	ndfil	- CANADA
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farin Grauro	江坡	HIOR PR	A IEA	· 1	Śkonalura		-	Date		- Community	~	
and the second s	FAA	nior Ph Nager	COEC	1	Marin Gree	3. A			uary '	8, 201	8	
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W.	S	tate of N	ew Je	sey Notific	cation of Asbestos	Abatemer	it s	C	7 1 5	7 6	
Ch307	1		Purs	(4)	. 8160-7 and 12:120-7)						
Date of Notification (1)					Name of Building Owner			AN	2 4 20	18	121
January 18 , 2018		Notification	Tuno		St. Phillip The Apo	ostie Paris	1				
Agencies Notified		⊠ Initi	ial Noti	fication	Street Address 797 Valley Road		ASBE		CONTE	ROL &	
X EPA x DCA		Amende			City, State, Zip Code	Leconomic	PROPERTY AND IN	LIUE	NSING	-	
x DOL				including	Clifton, NJ 07013	3					
X DEP			cation)		Name of Contact		Teler	hone N	lumber		
x DOH		□ Cance	lled		Dennis Rodano				_		
Name of Facility Where Abate	ement is Tal	king Place (3)		FACILITY INF	Type of Facility (4)						
St. Phillip The Apost					☐ School (K-12)						
Street Address					Subchapter 8 (other tha		12.12	20	20020		
797 Valley Road					Other (i.e. private & Sq. Feet: 30,000					070	
City (5)	County (6)	County	Code (7)	<u>5q. Feet.</u> 30,000	# 01 F1001S.	I Diu	g. Age	_ 50 ye	als	
Clifton	Passai	-		Use Only)	Current Use (prior if bein	g demolished):				
Name of Monitoring Firm Hire			ASCM		Name of Contractor (9)						
EnviroVision Cons	ultants	inc.	0007	'9	GREENWOOD ABA	TEMENTO	ONSI	HTAN	TS INC		
Street Address					Street Address	I EINIEIN O	ONOU	LIMI	10, 1140	,	
20-21 Wagaraw Road	l, Bldg#	35E								*	
01 011 7: 0-1-					511 MAIN STREET						
City, State, Zip Code Fairlawn, NJ 07410					City State, ZipCode Butler, NJ 07405						
Project Manager for Monitorin	a Firm	Telephone N	lumber		Telephone Number		Licens	se Num	ber		
Fred Larson		973-636									
					973-492-0477		0084	10			
Scheduled Start Date (10) January 18, 2018		Scheduled C January			Name of OSHA Monitor						
January 10, 2010		January	21, 20	10	EMSL inc.						
Occupancy Status During A					Street Address						
Facility Closed/Vacate					4050 Challen Dand						
Abatement Performed Describe	d Outside o	f Normal Fac	ility Hour	S -	1056 Stelton Road City, State, Zip Code						
Other – Describe: Va	cant				Oity, Otate, 215 Oods						
Other Decombe. V	04111				Piscataway, NJ 08	854					
	200										
Source of Work (Check all that	t apply)										
. 2 - (2)				D		Full Contain Mini-Er			gative Pre	essure	
≥ 3 sf or ≥ 3 l □≥ 160 sf or ≥ 2				Renovation Demolition		x Glovebag					
heat = 100 31 01 = 2	.00			Demonitori		Non-Exemp			n-Friable	Proce	dure
				y		X Wrap & C	Cut				
Location of Asbestos-Contain Material (ACM) in Facility (13)		cation Normal y by Maint./Cu			pestos Containing Material al systems insulation, surfaci	ing, (Specif		Abate	ment Typ	9	
Material (AOM) III I acility (13)		? (12)	istodiai	VAT, or other mis		or LF)	y Oi	Remov	e Repair	Encap	Enclose
	YES	NO	NA	Costs C. H. Have a sent of the cost of the	93130500						
Kaleidoscope Wing			X	TSI- Glove B	_	9'		X			
Connector Area				TSI-Wrap & 0	Cut	65'		X			
Name of Reg. Waste Hauler		NJDEP Was	to Houles	ID #	Cubic Verde of Wester		Namo	of Pog	istered La	ndfill	
See Hauler Below # 1 &	2	See Below		10#	Cubic Yards of Waste: 20		Mead	dowfill	Landfill	HUIIII	
TI 1 (11) 0	A L =1	-1.0- "		- D. (!)!!!	7.405	Dianagal Da		O.W.S	City, Sta	0	
Hauler #1) Greenwood NJ DEP # 12			ants, in	c. – Butler, NJ (0/405	Disposal Da		118	Route 2,		
Hauler #2) Newark Carti			04509.1	NJ DEP # 19551		- Industry	. ,		Bridgepo		4
,	0,		,						304-842-	2104	
Completed by (Print or Type)		<u>'itle</u>		100000	Signature		Date		no ser		
Marin Graure	1000	SENIOR PI		T	Marin Grau	n. e.	Jan	uary	18, 201	8	
	7	MANAGER	1		118 12 12 12 12 12 12 12 12 12 12 12 12 12	20					

Check#2968	MO	A FI	ATIC	ONOFA	New Jersey SPESTOS ABA	TEMENT	MEC) E		V	E
	U	A.F.	dr\$u	an to N	IAC 8:60 and 5:	16)					
Date of Notification (1)		Concey	Nar	ne of Build	ing Owner/Operator	(2)	$+ \Pi _{- \Lambda }$	M O	1	0010	
	18		Pau	l Melillo			IU LI JA	N 2	4 0	2010	
Agencies Notified Type Notified	fication	. Orași a com		et Address	3				and the second	NEWSTAN	and Company
☐ EPA ☐ Initial ☐ Amend	JI V.VE						ASBES)L 8
	led ment #		City	, State, Zip	Code		- Inches	LICE	VSIN	G	-
	ency (includi	— na	Free	hold, NJ	07728						
(NJAC 5:23-8) justifica	ation)			ne of Conta			Telephone Nur	mber			-
Cancel	lation		Paul	Melillo							
			F.	ACILITY	INFORMATION		-				
Name of Facility Where Abatement is	Taking Plac	ce (3)				Type of Facilit	y (4)				
Private house						School (K-	12)				
Street Address						Subchapte Other (i.e.	r 8 (Other than K-1 private and comme	2)	siIdi.u		
City (5)						homes, etc	c.)	er crar r	Juliair	igs,	
City (5)						Square Feet	# of Floors	1	Bldg.	Age	-
Freehold, NJ 07728 County (6)										10:00 E	
			Cou	inty Code (7	(STATE USE ONLY)	Current Use (F	Prior if being demol	ished)			
Monmouth Name of Monitoring Firm Hired by Bu	ildina O	(0)									
Maine of Mointoring Firm Filed by Bu	liaing Owner	(8)	ASCN	A No.	Name of Abatem	ent Contractor (9)				
Street Address					Gr Tech LLC						
onest radicas					Street Address						
City, State, Zip Code					576 Valley Rd						
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					City, State, Zip C						
Project Manager for Monitoring Firm		Tel	ephone	No	Wayne, NJ 074	70					
		100	phone	. 140.	(I)		License No.				
Start Date (10)	Scheduled (Comple	etion D	ate (11)	973-638-1777 Name of OSHA N	Annitor	01127				
01/30/18	01				1						
Occupancy Status During Abatement					Envirovision Co Street Address	onsultants,Inc					
☐ Facility Closed/Vacated During En	tire Period of	Abate	ment -		1	Dard Did. "	255				
Abatement Performed Outside of N	lormal Facili	ty Hou	rs - De	scribe	20-21 Wagaraw City, State, Zip C	Koad, Bidg .#	35E			-	
Time of Abatement:AM	PM/	—PM		_AM	Fair Lawn, NJ 0						
Scope of Work (Check all that apply)			W		Clean u	and decontami	nation with negative	e pres	sure	-	
>3 sf or >3 If	⊠ Re	enovat	on		Full Con Mini-End	tainment with Ne	gative Pressure				
≥ 160 sf or ≥260 lf		emolitio			Gloveba	a Procedure	Tent with Negative	e Pres	sure		
		s Locat	ion		☐ Non-Exe	mpted (*) and N	on-Friable Procedu	re	1		
Location of		Norma			Description of			At	atem	ent T	ур
Asbestos-Containing Material (ACN TO BE ABATED	Λ) Use	ed Sole aintena		Asbe	stos Containing Ma	terial (ACM)	Amount	Re	Re	E	
IN Facility		todial		(i.∈	e., thermal systems surfacing, VAT	insulation,	(Specify	Remova	Repair	caps	0000
(13)		(12)	_		other miscellane		SIF or LF)	à	7	Encapsulate	2
	Yes	No	N/A							e e	
asement			\boxtimes	Pipe inst	ılation		250 LF		П		Г
											-
		П						1		Ш	L
			-					14	Ш	Ш	L
ame of Registered Waste Hauler		L Aur	ED West	He to 18 to		1					
				Hauler ID No.		Name of Regis	stered Landfill				
Tech LLC ity, State		0	03378	35	TBD	T.R.R.F. Inc					
					Disposal Date	City, State			753275		
ayne, NJ 07470 ompleted By (Print or Type)	Title				TBD	Tullytown, P.	4				
	Title				Signature		Da	te			
Jevtic B-41	Owner					ente Weno	01/	19/18			

□ EPA	7 Notification noted ment #:_	-	NOEL I Street Addr City, State, fanwoo	uilding Ow DEMARS ress Zip Code d, nj 070 ontact DEMARS	ner/Operator (2	2)	s Abatement 0 and 12:120)			JAN 2	CON: NSING	018	la de la constante de la const	
Name of facility where abate	ement is	taking p	lace (3)	22.00				T	Type of Facility					
NOEL DEMARSICO									=	ol (K - 12 apter 8 (than k	(-12)	
Street Address					26				Other	(Private/ /Homes,	Comm			
	- 11							_	Square Feet	# of Flo		В	ldg. A	ge
City (5)		Cou	inty (6)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	unty Code (7) ate use only)		Current Use (P	rias if hai	do.		!\	
fanwood		un					**************************************			nor ii bei	ing der	HOHSH	ea)	
Name of Monitoring Firm Hir	red by BI	dg. Own	ier (8)		ASCM No.		Name of Abatem			550-560-				
Street Address						_	D & S RESTO	ORA	TION, INC.					
							20 California	ı Av	e.					
City, State, Zip Code							City, State, Zip Co			TARE CONTRACTOR	CHARLES			
Project Manager for Monitorin	na Firm		I Ph	none Numb	ner	-	Paterson, NJ Telephone Numb		503	License	e Num	her		
•	.3			TOTIO TYGINIS	-		973-345-80				01169			
Start Date (10)		Sched	d. Completion	on Date (1	1)	=	Name of OSHA			-				2
01/04/18	7	01/2	THE RESERVE OF THE PERSON NAMED IN COLUMN 1				D & S Resto Street Address	ratic	on, inc.					
Occupancy Status During Aba Facility closed/vacated							20 California		enue					
Abatement performed of							City, State, Zip Co	ode						
Describe: NORM Other-Describe: NORM	MAL HO	URS					Paterson, NJ	075	03					
Scope of Work (check all that >3 sf or >3 lf									ull Containment w	/negative	e press	sure		
≥ 160 sf or ≥260 lf	=	enovatio							lini-enclosure Hovebag procedur	e				
		emolitio	n n normally i	used solely	/				Ion-Exempted (*)	and Non	-friable	Proc		_
Location of asbestos-containing	b		enance/cus			on of a	sbestos-containing	1	Amount		e m	e	E n	E n
material (acm) to be abated in facility (13)	-	Yes	No	N/A	material ((Specify S LF)	F or	0	a	a	C
hagamant			110	1 1 1	DIDE DICH	LATI	OM		240 L ET		е	r	p	
basement	F				PIPE INSU	LAII	ON		240 L FT			H	H	H
									Name and Address of the Address of t		言			
							A de manimiento de Concesso de Maria de Carlo de							
Registered Waste Hauler	L	INJD	EP Hauler I] D# C	ubic Yards of V	Vaste	Name of Registe	red I	andfill			Ш	Ц	Щ
D & S RESTORATION, I	INC.	135	06	3	YDS		TULLYTOW		ESOURCE RE	COVE	RY			
Dity, State PATERSON, NJ 07503				Disposal D 01/05/13			City, State TULLYTOW	/N I	PA					
Completed by (Print or Type) BOGDAN JOLDZIC	1	itle RESID	ENT		Signature					Date 12/22/	/2017			

D&S Proj. #: 18-05 Date of Notification (1) 0	tracy Street	Notific Purse or Building Own woods Address	cation of Ash yant to NJA6	360	Abatement and 12:120)		ASBES	N 2 4	2018 NTR			
DOL Emergency (including		PLEWOOD,	NJ 07040				Telephone	Number				
justification)		y woods					, 5,00					
Cancellation	1		CILITY INFORM	ATION			-					
Name of facility where abatement is	taking place (3					Ту	pe of Facility (4					
		•					=	(K - 12)	410 410	an V	12)	
tracy woods Street Address						-	Other (F	pter 8 (O Private/Co	mme		-12)	
						S		Homes, e		BI	dg. Ag	e
City (5)	County (6)			Cour	nty Code (7)	- _	quare r cot	. 0111001				
				(Stat	e use only)	C	urrent Use (Pri	ior if bein	g dem	olish	ed)	
MAPLEWOOD Name of Monitoring Firm Hired by B	ldg. Owner (8)		ASCM No.		Name of Abateme	ent Cont	ractor (9)					
					D & S RESTO	DRATI	ON, INC.					
Street Address					Street Address					13.5		
City, State, Zip Code		37 -41 -4	+		20 California City, State, Zip Co	Oliver Street,						
Oity, State, Zip Gode					Paterson, NJ							
Project Manager for Monitoring Firm		Phone Numl	ber	-	Telephone Number			License		er		
					973-345-80 Name of OSHA M				1169			
Start Date (10)	Sched. Con	npletion Date (1	1)		D & S Restor		Inc.					
01/18/2018	01/31/201	CONTRACTOR DE LA CONTRA			Street Address							
Occupancy Status During Abatement Facility closed/vacated during e Abatement performed outside of Describe: Other-Describe: NORMAL HO	entire period of of normal facility	abatement.		_	20 California City, State, Zip Co	ode	e					
Scope of Work (check all that apply) 3 sf or >3 f						Mini- Mini-	Containment wa enclosure ebag procedur -Exempted (*)	е	friable	proc	1	
Location of	by maintenance staff(12)	mally used sole e/custodial			sbestos-containing		Amount (Specify S LF)	For	Remove	Repair	E n c a p	E n c L
basement		X	PIPE INSU	JLATI	ON		98 l ft					
									1		H	H
			=	-	THE RESERVE OF THE PROPERTY OF THE PERSON OF	OSHIWATHET SWALL			旨	H	H	
Registered Waste Hauler D & S RESTORATION, INC. City, State	NJDEP Ha 13506	Disposal	Cubic Yards of 1 yd Date	Waste	Name of Registe TULLYTOW City, State	red Lan N, RE	dfill SOURCE RE	COVER	LY_			
PATERSON, NJ 07503		01/19/	18		TULLYTOW	VN, PA						
	Title PRESIDENT	farm for noboo	Signature	comptor	Lactivities		Make Hood was a street of the	Date 01/04/	2018	3		

A85-41

MAY 11

page 1 01/18/2018 12:45PM 9736381778 PAGE 82/84 JAN 24 2018 Stale of New Jers NOTIFICATION OF ASSESTOS ABAT Check#2967 (Pursuant to NJAC 8:50 and 5:16) ESTOS CONTROL & Date of Notification (1) Name of Building Owner/Operator (2) LICENSING 01 18 18 Roger Gupta Agencies Notified Type Notification E EPA Straet Address M Initial DOLWD Amendad DHS5 Amendment # V. QUESTO LIS COMM DOCA Emergency (Including Rocksway, NJ 07866 (NJAC 5:23-8) Justification) Name of Contact Telephone Number Cancellation Roger Gupta FACILITY INFORMATION Hams of Facility where Abatement is Taking Place (3) Private house Type of Fit Hib (4) Schoo K-12)
Subchalter 3 (Other than K-12)
Other (e., private and commercial buildings, Street Address homes, etc.) Square Fit E Rockaway, NJ 07866 # of Floors Bidg. Age County (6) County Cods (7) (STATE USE COLLY) | Current Us , (Prior if being demalished) Morris Name of Monitoring Firm Hirsd by Building Owner (8) ASCM NO. Name of Abatement Contract (1) Gr Tech LLC Street Address Street Address 576 Valley Rd #223 City, State, Zlp Code Cay, State, Zip Code Project Manager for Monitoring Firm Wayns, NJ 07470 Telephone No. Talaphone No. License No. Start Date (10) 973-632-1777 Scheduled Completion Data (11) 01127 Name of OSHA Monitor 01 / 19 / 18 01 / 22 / 18 Occupancy Status During Abstement (Check only one) Envirovision Consultants, I c Facility ClosedNecated During Entire Period of Abstemant Street Address Abstement Pastermed Outside of Normal Facility Hours - Describe 20-21 Wagaraw Road, Blil : # 35E City. State, Zip Code Time of Abalement AM-PM Scope of Work (Check all that apply) Fair Lewn, NJ 07410 Clean up and propri and latter with regative pressure 2 >3 sī er >3 if 2 ≥ 180 sf or ≥260 ir Full Containment wit Negative Pressure Ranovation Ranovacion Demolition Mini-Enclosure Glovebeg Procedur: Tent with Negative Pressure Non-Exampled (*) it i N in-Friable Procedure la Location Location of Normally Abatemani Type Asbestos-Containing Material (ACM) Used Sciely by Description of Asbestos Containing Material (ACN) TO BE ABATED Repair Maintenanca/ Encapsulata Amount (i.e., themse systems insulation, Custodal Staff? IN Facility Spediy (13) suffacing, VAT, er (12)SIF DE LEY other miscellaneous) You No NIA Exterior siding D Transite siding 1,700 SF X n Name of Registered Waste Hauler UDEP House having to No. | Cubic Yords of Waster Hame of egistered Lending Gr Tech LLC 0033785 TBD TRRF. DE City, State Disposed Date City, Otal Wayne, NJ 07470 Completed By (Print or Type) TED Tullyton & FA FRIA enteutie NJevtic Date Owner

i de

Do not use this form for asbessus licensure exempted activities

II SUN BUR

01/18/18

Project #	Name	- NOT		State of	New Jerse	y		_					
r roject #	Ļ	NO1	(Ru/sua	bato W	SBESTOS AC 8:50 am	d 12:12	NENT (0)	70	Check#	4130			_
Date of Notification (1)			Name	e of Buildin	ng Owner/0	Operato	r (2)	$-\Pi$	ME	C	E	T	\//
01/11/2018				oury BC				- 11	U	0		U	U
Agencies Notified Type Notificat	on		1 3333	t Address					M			Carry III	
EPA Initial Amended					Iside Av	е	E 00			LAN	2	1)	<u> 110</u>
DEP Amended DOL Amendm			1	State, Zip				1				T _	JI
Emergen	cy (includi	ng		of Conta	a, 07876			-		Thoughpu and			_
DOH justification DCA Cancellar				Eschm				L	elephone P	EST!	OSC	CNO	RO
	22.511/2	-			NFORMATI	ON		4			=NS	SING	manana.
Name of Facility Where Abatement is Ta	king Place	(3)				0.11	Type of Facili	ty (4)					
School							School (I	(-12)					
Street Address							Subchap	ter 8 (Ot	her than K	-12)	427.55	82	
1 Bryant Drive							etc.)	e. private	& comme	rcial bu	ilding	s, hon	nes
City (5) Succasunna NJ							Square Feet	#	of Floors		Bldg.	Age	_
County (6) Morris			Count	y Code (7	")		Current Use (I	Prior if be	ing demol	shed)			-
Name of Monitoring Firm Hired by Buildir	a Our=== '	01	100	WHO DESIGN				D					
Aero Environmental	g Owner (8)	ASC	CM No.			of Abatement C		r (9)				
Street Address							Restoration	LLC	- E-14%				
275 Rt 10 East						2000	Address						
City, State, Zip Code							ookside Rd						_
Succassuna, NJ 07876				14			olph, NJ 078	260					
Project Manager for Monitoring Firm			Teleph	one No.			none No.	009	License	No.			_
Michael Berta			973-9	20-906	1		33-2550		01133	1151			
Start Date (10)	Schedu	ıled Co	mpletion	n Date (11			of OSHA Monito	or	10.100				
01/12/2018	01/12/	2018				IRIS							
Occupancy Status During Abatement (Ch							Address						
Facility Closed/Vacated During Entire	Period of	Abate	ment				Rt 22 West						
Abatement Performed Outside of No Other – Describe: 3PM	imai Facili	ty Hour	S				tate, Zip Code						
Scope of Work (Check All That Apply)						Jnion	, NJ 07083						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Tanaman .	Renovi Demoli			e		Full Contains Mini-Enclosu Glovebag Pr Non-Exempt	re ocedure)	
	1	s Locat	ion					1	a month ma	1		emen	
Location of		Norma			Desc	cription	of				Ty	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole aintena stodial ((12)	nce/ Staff?	Asbe: (i.e	stos Conta e. thermal s	ining M ystems ng, VA1	aterial (ACM) insulation, Γ, or	(8	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
	-Yes	No	N/A							<u> </u>	-	late	Гe
uditorium	ditorium							12 sf		×			
	-												
ame of Registered Waste Hauler													
ck Restoration LLC			JDEP W auler ID		Cubic You				red Landfill				
ity, State		0	03378	2	TBD		G.R.O.						
Randolph, NJ					Disposal TBD	Date	City, Sta Tullytov						
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CK1374

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

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Date of Notification (1) 1/22/18	\$ 15 Die.	Name Beni	of Building cia D'sa	Owner/0	Operato	r (2)			JA	N :	. 4	2018		世
Agencies Notified Type Notificati I EPA I Initial		City, S	Address State, Zip Conelle Park		7660		de de la constante de la const		N SBES	TOS HCE	CO:	VTR()L &	
	cy (including	Name	of Contact cia D'sa	., 140 07	7002			Ţ	elephor	ne Nu	mber			
Name of Facility Where Abatement is Ta Residential Home	king Place (3)	FAC	CILITY INF	ORMAT	ION		of Facility		1					
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City (5) Rochelle Park			A			1750		2				Bldg. 70 +/		
County (6) Bergen Name of Monitoring Firm Hired by Buildin	- O (0)	(STATE	Code (7) USE ONLY)		Res	ent Use (Pr idential I	Home		molisi	hed)			
Project Manager Street Address	g Owner (8)	ASC	M No.		All S	tages	Abatem	ontracto nent	or (9)				0	
City, State, Zip Code	52				100/1500/150495	N. Mid	dland Av	e.						
Project Manager for Monitoring Firm		Telepho	one No.			lle Br	ip Code ook, NJ	07663		nse N	0			
Start Date (10) 1/23/18	Scheduled (Completion	Date (11)		3201	-600-		7	013					
Occupancy Status During Abatement (Ch Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe:			Street /		p Code									
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if	process.	ovation olition			×	Min Glo	Containm i-Enclosur vebag Pro 1-Exempte	e cedure						
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All Stages Abatement City, State		Hauler ID 0036592	No.	of Wast 1 CU	e		Grand (Centra			Lan	dfill		
Saddle Brook, NJ	Tiele			Disposa TBD			City, State Pen Arg		4					
Richard Cristofol	Title Presiden	t		Sig	nature-				>	Date 1/2	e 2/18			

Print Form

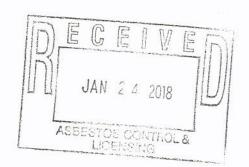
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Name of Facility Where Residential Home	Abatement is Tak	ing Place (3)					Type of Facil	ity (4)						
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Project Manager								ages Abate							
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City, State, Zip Code								ate, Zip Code e Brook, No	10766	•					
Project Manager for Mor	nitoring Firm			Telepho	ne No.		Telepho		0/00		se No.				
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Start Date (10) 1/24/18		1/28/18		npletion	Date (11)		Name o	f OSHA Monit	or						
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AND THE PROPERTY OF THE PROPER			fish	7/1/	$\overline{}$		1/22/	18							

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7 Date of Notification Name of Building Owner / Operator (2) 23 18 BRISTOL MYERS SQUIBB, INC. Street Address Un Agencies Notified Type of Notification ONE SQUIBB DRIVE EPA 4 Initial 1 City, State, Zip Code DEP Amended NEW BRUNSWICK, NJ 08903 V DOH Amendment # Name of Contact Telephofie Number /()18 1 DOL Emergency w/ justification PHIL DESPIRITO Cancellation AGDESTOS CONTROL & FACILITY INFORMATION LICENSING Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) BRISTOL MYERS SQUIBB School (K-12) Street Address Subchapter 8 (Other than K-12) ONE SQUIBB DRIVE Other (I.e., private & cmmercial 1 bldgs., homes, etc.) City (5) County (6) County Code (7) Square Feet # Of Floors **Building Age NEW BRUNSWICK** MIDDLESEX Current Use (Prior if being demolished) 40 LABORATORY/RESEARCH Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM NO ENVIRONMENTAL HEALTH INVESTIGATIONS, INC. 0104 NORTHSTAR CONTRACTING GROUP, INC. Street Address Street Address 655 WEST SHORE TRAIL City, State, Zip Code 32 Williams Parkway SPARTA, NJ 07871 City, State, Zip Code Project Mngr. For Monitoring Firm Telephone Number WILLIAM KERBEL 973-729-5649 East Hanover, NJ 07936 Sheduled Start Date (10) Sched. Completetion Date (11) Telephone Number License Number 06 18 03 18 973-884-8682 00860 Occupancy Status During Abatement (Check Only 1) Name of OSHA Monitor Facility Closed/Vacated During Entire Period of NORTHSTAR CONTRACTING GROUP, INC. Abatement Street Address Abatement Performed Outside of Normal Facility Hours - Describe: 32 Williams Parkway Other - Describe: 7:00 AM-3:30 PM City, State, Zip Code East Hanover, NJ 07936 Scope of Work (Check All That Apply) Demolition 7 Renovation V Full Containment with Negative Pressure >3sf or >3lf Mini - Enclosure 1 ≥160 sf or ≥260 If 7 Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure 1 Location of Is Description of Abatement Type Asbestos Containing Location Asbestos - Containing R Normally Material (ACM) Amount E R N N TO BE ABATED Used (I.e., thermal systems (Specify С M Ε C in Facility Solely insulation, surfacing, VAT, SF or LF) 0 P L A (13)by Mainor other miscellaneous) V Α 0 tenance/ S S A Custodial L R U U Staff (12) R YES NO N/A VAT/MASTIC 150 SF 7 SEAM CAULK 35 LF 7 VAT/MASTIC 100 SF V П MASTIC 10 10 4,000 SF 7 NJDEP Wastel Cubic Name of Registered Landfill Hauler ID No. Yards WASTE MANAGEMENT - FAIRLESS HILL LANDFILL

B 97, 2ND FLOOR B 97, 2ND FLOOR B 97, 2ND FLOOR B 97, 2ND FLOOR Name of Registered Waste Hauler NORTHSTAR CONTRACTING GROUP INC 30534 of Waste City, State Disposal City. State EAST HANOVER, NJ Date MORRISVILLE, PA Completed by (Print or Type) Signature Date Steve Stiles Project Manager 01/23/18

Location of	ls		Description of		Abatem	ent Type		
Asbestos Containing TO BE ABATED in Facility (13)	Locati Norma Use Sole by Ma tenand Custod Staff (ally d ly in- ce/ dial	Asbestos - Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R E M O V A L	R E P A I	ENCAPSUL	ENCLOSUR
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B 97, ROOM 1112			PIPE INSULATION	1 LF	7			1 -
B 97, ROOM 123			PIPE DEBRIS	3 SF	7			
B 97, ROOM 123			PIPE AND FITTING INSULATION	45 LF	Ø			
B97			FIRE DOORS	45 EACH	7			П
B97			ROOF FLASHING	3,000 SF	Image: Control of the			
B97 FAÇADE			VAPOR BARRIER PAPER	17,000 SF	V			
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Print Form

Date of Notification (1) 1/22/18			of Building Transpor			(2)		\ P	<u>a</u>		ת ה	п			
Agencies Notified	Type Notification	1			Address Vater Stre	eet) []	6	5		<u> </u>	4
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				FAC	ILITY INFO	DRMAT	ION			7.5000000000000000000000000000000000000	LICI		m	HOL	2
Name of Facility Where A Railyard - Raritan C		ng Place (3))					Type of Facil School	(K-12)		Delica Delica del per	TURNING		- See See	
Street Address 900 Green Lane										Other than te & com			dings	hom	es,
City (5) Union, NJ 07083								Square Feet		# of Floor	S		Bldg. A	\ge	
County (6) Union	0.70	he o			Code (7) USE ONLY)			Current Use Vacant	(Prior if	being der	molish	ed)			
Name of Monitoring Firm AECOM	Hired by Building	Owner (8)		ASCN	И No.			of Abatement n Response		tor (9)					
Street Address 4840 Cox Road								Address Fechnology	Lane						
City, State, Zip Code Glen Allen, VA 2306	0							tate, Zip Code rt, PA 1563							
Project Manager for Monit Mark Connors	toring Firm	78		Telepho 732-67	ne No. 72-7519			one No. 325-3330		Licer 011	nse No 21		-		
Start Date (10) 01/08/2018		Schedule 02/02/2		npletion	Date (11)		Name AEC	of OSHA Moni OM	tor			77-22			
Occupancy Status During				Street .	Address										
➤ Facility Closed/Vacat								Cox Road							
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Scope of Work (Check All	That Apply)						_	7							
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Name of Facility Where Abatement is Ta Railyard - Raritan Corrdior Line	aking Place (3)						of Facility	-37-57		1000-000			
Street Address									er 8 (O	ther than K-				
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Name of Monitoring Firm Hired by Buildi	ng Owner (8))	ASCI	M No.				ement Co		or (9)				
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4840 Cox Road						and the same of th		ology L	ane		29			
City, State, Zip Code Glen Allen, VA 23060								p Code 15632						
Project Manager for Monitoring Firm Mark Connors	Ti.		Telepho 732-6	ne No. 72-7519):	6,000,000,000	none No 325-33			License 01121	No.			
Start Date (10) 01/08/2018	Schedul 02/02/2		npletion	Date (11)		Name		A Monitor						
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					FA	CILITY	NFORMATION		-					
Name of Facility Where Al	batement is	Taking	Place	e (3)		194		Type of Facility (4)					
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Street Address							Street Address							
8436 Enterprise Ave	nue						47 Foster Ro	ad						
City, State, Zip Code							City, State, Zip Co	ode						
Philadelphia, PA 191							Staten Island	NY 10309						
Project Manager for Monito	oring Firm			100000000000000000000000000000000000000	phone		Telephone No.		License 1	Vo.				
Mark Jenkins		0 1 1				5-5810	718-605-6256		00774					
Start Date (10)		Schedu 02				ite (11) 18	Name of OSHA M Testor Tech	onitor						
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☐ Facility Closed/Vacated					nent		10 59 Jackson	n Avenue						
Abatement Performed C	Outside of N	ormal F	acility	y Hour	s - Des	scribe	City, State, Zip Co							
Time of Abatement:	AM	PM/	5:00	PM- <u>1</u> :	<u>30</u> AM		LIC NY 11101							
Scope of Work (Check all t	hat apply)													
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☐ ≥160 sf or ≥260 lf		_	CONTRACTOR OF THE PARTY OF THE	molitic			⊠ Glovebag							
							☐ Non-Exer	mpted (*) and Non-	-Friable Pro	cedure				
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City, State					NJ-56	6	15		1110,					
Hackettstown, NJ							Disposal Date 02/16/18	City, State , Morrjsville,P	2.4					
Completed By (Print or Type	۵)	Title						Worldsville, P	Α	15				
Ralph Barnhardt	-,		oject	Man	ager		Signature	1/1/	2	Date	23	-2	019	3

ASB-41 MAY 11

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

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Date of Notification (1)	23 /	18			9.55398	e of Buildir rizon	ig Ov	vner/Operator	(2)		Total Contract	JA	AN.	2 4	20	18	
Agencies Notified EPA	Type Notific	cation				et Address William S	troo	.t	All Annua La		1	ASSES	TOS	CO	NTA	01.6	
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Name of Facility Where A	batement is	Taking	Place	(3)					Type of Facility	(4)							
Verizon									School (K-1	2)							
Street Address									Subchapter	8 (C	Other	than K	12)				
95 William Street									Other (i.e., p		ite ar	na comi	mercia	al bu	ilding	S,	
City (5)									Square Feet		# of	Floors		Ble	dg. A	ne er	
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Name of Monitoring Firm	Hired by Buil	dina C)wner ((8)	ASCM	No	Na	me of Ahatem	ent Contractor (9)	\							
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Street Address								eet Address									
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City, State, Zip Code		-		_				y, State, Zip C					-			-	
Philadelphia, PA 19	153						1000000000	Staten Island									
Project Manager for Monit				Tale	ephone	No	-	ephone No.	1111 10000		Licor	nse No.					
Mark Jenkins	3			1 75		5-5810	10000000	18-605-6256				774	f				
Start Date (10)		uled C	100	ite (11)		me of OSHA N				114							
02 / 08 /						18		estor Tech	ionitor								
Occupancy Status During								eet Address									
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Abatement Performed						scribe		0 59 Jackso									
Time of Abatement:	AM	PN	1/5:00	PM- <u>1</u>	:30AM		1 55	y, State, Zip Co .IC NY 11101									
Scope of Work (Check all	that apply)							IC NY 11101									
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	шас арріу)		⊠ Re	novat moliti				Mini-Enc Glovebage Glovebag	tainment with Neg losure g Procedure mpted (*) and No								
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Asbestos-Containing N TO BE ABAT		1)		a Soli intena	ely by ince/			Containing Ma rmal systems				nount		Removal	Repair	Encapsulate	Enclosure
IN Facility			Cust		Staff?	(1.6		surfacing, VAT,				pecify or LF)		ova	H.	psu	nsc
(13)		-		(12)		-	otl	her miscellane	ous)					_		late	œ'
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Basement						Store R						80 SF	-			П	П
Basement	ement 🛛 🗀 Wo										27	0 SF					
Basement			\boxtimes			Store R	oom	Closet			70	0 SF	-				
Name of Registered Waste	Hauler			IN	JDEP 1	Waste	Cub	oic Yards of	Name of Regis	stere	ed La	indfill					
Newark Carting				F	lauler II		Was		G.R.O.W.S	., Ir	ıc.						
City, State					NJ-56	00	1: Disr	oosal Date	City, State								-
Hackettstown, NJ								2/25/18	Morrisville	,PA	١						
Completed By (Print or Typ	ne)	Title							1/1	, ,			Dot-				
Ralph Barnhardt	~)		roject	Man	anor			Signature	//// -				Date	7	2	(N.S.	5
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 1/23/18 Victorian Towers Agencies Notified Type Notification Street Address 608 Washington Street X FPA Initial City, State, Zip Code DEP ASSESTOS CONTROL & Amended Amendment # 2 X DOL LICENSING Cape May, NJ Emergency (including Name of Contact Telephone Number DOH justification) DCA Mr. Mike Peronaci Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Victorian Towers School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, 608 Washington Street etc.) City (5) Square Feet # of Floors Bldg. Age Cape may 120,000 50+ County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Cape May Residential Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Vertex ecoservices, LLC Street Address Street Address 700 Turner Way 303 B National Road City, State, Zip Code City, State, Zip Code Aston, PA 19014 Exton, PA 19341 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Dave Turotsy 610-558-8902 484-872-8884 01161 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor December 20, 2017 February 28, 2018 **EMSL** Occupancy Status During Abatement (Check Only One) Street Address 200 Route 130 North Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Work only in segregated, unoccupied areas Cinnaminson, NJ Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure × ≥160 sf or ≥260 lf Demolition Mini-Enclosure × Glovebag Procedure × Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, (Specify Remova Custodial Staff? Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A See attached Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Waste Management **GROWS** Landfill 100 City, State Disposal Date City, State Trenton, NJ TBD Morrisville, PA Completed by Date Signature Jack Bally Sr. Project Manager 1/23/18

Work Area Work Area Handicap unit, 2nd floor Handicap unit, 3rd floor Handicap unit, 4th floor Handicap unit, 4th floor Handicap unit, 5th floor Handicap unit, 5th floor Handicap unit, 5th floor Handicap unit, 5th floor		19 y					
Staff? D D D D D D D D D D D D D			Removel / Remain/Enc	Regulated	TEM		
c c c c c c	Description	Amount Units	diversi	-570	req'd	_	Fee
c c c c c c	popcorn ceiling treatment	240 sf	fremove	yes	yes	\$	200.00
c c c c c	VAT & mastic	250 sf	f remove	yes	yes	ě	
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t, 1 sf/apt. n	popcorn encapsulate	600 sf	. e	ou	ou))) ; *
, as encountered	fitting insulation	25 Each	th remove	ou	01		*
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n moo	VAT	144 sf	remove	ou	no		*
	VAT	10 sf	remove	ou	no		*
u ao	VAT	140 sf		ou	no		*
c	tar paper	540 sf	100	ves	Ves		200.00
Elevator cars A & B Fle	Floor tile	130 sf		ou	no	+ +	

No further fee due at this time per telecon with Tom Voorhees and Maya. December 27, 2017_ * facility notification fee of \$200.00 for all work areas below NESHAPS.



800.00

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Ch 3804		NOT	Pursual	State of N N OF AS N OWJA	C 8:60 a	nd 12:12	0)	IT)) [[[ع و		\mathbb{V}	[5]
Date of Notification (1) 1/17/2018		u	Name City	of Buildin of News	g Owner ark Dep	Operator artmen	r (2) t of I	Public W	orks	U JA	IN ?	2.4	2018	
Agencies Notified Type Notification X EPA Initial	1		Street	Address relinghu	/300				\vdash	ASBES				L&
DEP Amended Amendmer			City, S News	State, Zip (ark, NJ,	Code 07104						LICE	NSIN	G	
DOH justification Cancellatio)		Khali	of Contact	as	TION.			, Te	elephone N	umbe	r		
Name of Facility Where Abatement is Taki Fire Damaged Structure	ng Place	(3)	FAC	CILITY IN	FURIVIA	ION	Тур	e of Facility	5 5000					
Street Address 12-14 Garden Street							×	School (K Subchapt Other (i.e etc.)	er 8 (Ot	her than K- & commer	12) cial bu	ıilding	s, hon	nes,
City (5) Newark								are Feet 000	4	of Floors		Bldg. 50+	Age	
County (6) Essex			County (STATE	Code (7)	Y)			rent Use (P andoned	rior if be	eing demolis	shed)			
Name of Monitoring Firm Hired by Building NA	Owner (8)	ASC	M No.		Name Yann	of Ab uzzi	atement C	ontracto mental	r (9) I Services	s, Inc			
Street Address						Street .		ess elon Rd.						
City, State, Zip Code								Zip Code NJ 0740)5					
Project Manager for Monitoring Firm	3 6		Telepho	one No.		Teleph 908-2				License N	No.			
Start Date (10) 1/13/18	Schedul 1/29/1		npletion	Date (11)				HA Monito Environr		Services	. Inc			
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire I		1000	nent			Street A	Addre							
Abatement Performed Outside of Norm Other – Describe:	al Facility	/ Hours	S					Zip Code NJ 0740	15					
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	EASTER DE	Renova Demolit				×	Mi	II Containm ni-Enclosur ovebag Pro on-Exempte	re ocedure				·o	
Location of	1	Locati	У		Des	scription (() (1)	a (von 1 mac		Abat	ement /pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Sole intenar odial S (12)	ice/		tos Conta thermal surfac	aining Ma	ateria insula , or		(8	mount Specify For LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A								<u>ai</u>	-	late	ire
Entire Structure			X		Entire	Structi	ure		Entire	e Struct皆	Х			
Name of Registered Waste Hauler		1000	IDEP W		Cubic \ of Was			Name of	Register	red Landfill				
/annuzzi Group, Inc.		756.1623	467		600 Disposa			Grows	2					
(innelon, NJ						/29/18		City, State Morrisv		4				
Completed by ohn Mucha `	Title Senio	r Proj	ect Ma	inger	Sig	gnature	<	ha		Dai	te 17/20	118		

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

CHECK # 433

Date of Notification (1)	-	- And	U		Name of Building O			4 -	100		
01/17/20	18		- 10 m	The same of the sa	Name of Building O	wner/Operat	or (2)				
Agencies Notified		Notificatio	п Туре		Street Address	SOCIALION	117		GE		WF
⊠ EPA		Initial N	1-476		7002 Boulevard Ea	st Apt 5J				3 U	
□ DCA		□ Amend	otificati	on	City, State, Zip Code	е	In				
⊠ DOL		□ Emerge	ency not	ification (includin	Guttenberg, NJ	07093		- 1	AM o		
□ DEP		Justification	n)	meadorr (includin	Name of Contact		14 Tel	ephone	Number	4 21	018
⊠DOH		☐ Cancell	ed		Katherine Kim		1	S A LI O LI C	TOTAL	<u>51</u>	
							1	1000	0700		THE PERSON NAMED IN
Name of Facility Where A	hatement is	Taking Diago	(2)	FACILITY	INFORMATION	10000000	1	ASBE	SIOS	CONT	ROL &
Galaxy Towers C	ondomin	ium Anarte	(3)	= 1	Type of Facility (4)		MARKET COMMANDE	AND DESCRIPTION OF THE PERSON	CONTRACTOR VALUE OF	PINIT	morreson tra-
Street Address		Talli Aparti	ment :)J	☐ School (K-12) ☐ Subchapter 8 (ot	handh 16 d					
	a4 5 4 F 1				x Other (i.e. private	ner than K-1	1 buildings				
7002 Boulevard Ea	st Apt 5J				Sq. Feet: # 860,000	of Floors:44	Blda Aa	, nome	s, etc.)		
<u>City (5)</u>	County (6)		Coun	ty Code (7)	Current Use (prior if t	being demoli	shed):	0. 41			
Guttenberg	Hu	dson		e Use Only)	42						
Name of the Name											
Name of Monitoring Firm	Hired by Bld	g. Owner (8)	ASC	Л No.	Name of Contractor (S	9)					
N/A						27					
Street Address			1		BL Contracting Inc.						
					Street Address						
City City Tile					5 Marguerite Lane						
City, State, Zip Code		+1.11			City State, Zip Code						
Project Manager for Monito	oring Firm	Γ=			Towaco NJ 07082						
2. Spoct Manager for World	Jillig Firm	Telephone N	<u>lumber</u>		Telephone Number		Licen	se Nun	nher		
6 5					973-901-0153		0126		1001		
Scheduled Start Date (10)		Scheduled (omplet	ion Date (11)	Name of OOUR II						
02/05/18	#	02/16/18	31110101	ion bate (11)	Name of OSHA Monitor	<u>or</u>					
Occupancy Status During A	hotomes + (01 1	-								
△ Facility Closed/Vacated	During Entir	Dariad of AL			Street Address		7. T.				
Pungrement Lenottled Of	itside of Nor	mal Facility H	ours -	TT.	5 Marguerite Lane						
Describe			0410		City State 7:- 0						
□Other - Describe: 8 AM-	4 D14				City, State, Zip Code						
Describe. 6 AWI-	4 PIVI				Towaco NJ 07082						
Course of Maria (O)											
Source of Work (Check all t	hat apply)										
≥ 3 sf or ≥	3 If										
	r > 260 If			⊠ Renov		☐ Mini-Enc					
				☐ Demoli	tion	□Glove-bag	Procedure	9			
Location of Asbestos-	Isloc	ation Normall	, 1	Description 1.		Non-Fria	ble Proced	ure			
Containing Material (ACM) in	Used	Solely by	,	(ACM) (i.e. there	sbestos Containing Materi mal systems insulation,		ount	Aba	tement	Type	
Facility (13)	Maint	/Custodial Sta	iff?	surfacing, VAT,	or other misc)	(Spe	ecify SF or				
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lame of Reg. Waste Hauler		UDED:::						1			
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L Contracting Inc		0000/04		1	8		T.R.R.F		00 _	241111	
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72						Disposal I	Jate		ity, Sta		
						02/09/2018	3		ullytow	I, PA	
ompleted by (Print or Type)		itle			Signature						
ledo Vasilio	P	roject Manag	er		3.1	1.1	Date 01/17/20	142			
					/Vedo Va	Silic	01/1//20	710			-

B & G proj. #: 2017-127

Notification of Asbestos Abatement (Pursuant to NJAC 8 60-2 and 12:120-7)

*** New location / quantity *** Check # 8792 Date of Notification (1) Name of Building Owner/Operator (2) <u>|0 |1 |/|1 |9 |/|1 |7 |</u> Atlantic Health System Agencies Notified Type Notification Street Address EPA 100 Madison Avenue Initial JAN 24 2018 DEP City, State, Zip Code DOL Amendment Morristown, NJ 07960 X DOH ASBESTOS CONTROL S Name of Contact Telephone NumberICENSING Cancellation □ DCA Peter Palmer **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Morristown Medical Center (NON Sub 8) Subchapter 8 (Other than K-12) Street Address X Other (Private/Commercial 100 Madison Avenue Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Morristown Morris Hospital (non sub 8) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) T&M Associates 0145 B & G Restoration, Inc. Street Address Street Address 11 Tindall Road 105 Ryerson Road City, State, Zip Code City, State, Zip Code Middletown, NJ 07748 Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Phone Number Telephone Number License Number Kevin Burns (973)696-6869 732-676-4000 00378 Scheduled Start Date (10) Name of OSHA Monitor Sched. Completion Date (11) B & G Restoration, Inc. 12/18/2017 03/31/2018 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Other-Describe: Work shift 3:30pm - 12:00am LincolnPark, NJ 07035 Scope of Work (check all that apply) Demolition | Renovation Full Containment w/negative pressure ≥160 sf or ≥260 lf Mini-enclosure Non-friable procedure Is location normally used solely Location of by maintenance/custodial asbestos-containing Ε е Description of asbestos-containing e Amount n staff(12) material to be m n p material (ACM) (Specify SF or C abated in facility (13) 0 C a Yes No LF) a N/A Morgue pipe insulation 50 If X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill B & G Restoration, Inc. 19563 Tullytown Resource & Recovery Center City, State Disposal Date Lincoln Park, NJ 12/18/17 - 04/02/18 Tullytown, PA Completed by (Print or Type) Signature Date Gordana Suna Gordana Luna Secretary/Treasurer 01/19/2018

State of N.J. Notification of Asbestos Abatement 2017-127 B & G proj. #: to NUAC 8:60-7 and 12:120-7) MERGENCY*** Check # 8731 Date of Notification (1) Name of Building Owner/Operator (2) 11 2 / 1 5 / 1 17 Atlantic Health System Agencies Notified Type Notification Street Address ☐ EPA JAN 24 2018 100 Madison Avenue Initial DEP City, State, Zip Code X DOL Amendment Morristown, NJ 07960 ASBESTOS CONTROL & X DOH Name of Contact Telephone Number Cancellation ☐ DCA Peter Palmer **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Morristown Medical Center, Anderson E Wing (NON Sub 8) Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial 100 Madison Avenue Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Morristown Morris Hospital (non sub 8) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) T&M Associates 0145 B & G Restoration, Inc. Street Address Street Address 11 Tindall Road 105 Ryerson Road City, State, Zip Code City, State, Zip Code Middletown, NJ 07748 Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Phone Number Telephone Number License Number (973)696-6869 Kevin Burns 732-676-4000 00378 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 12/18/2017 03/31/2018 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Other-Describe: Work shift 3:30pm - 12:00am LincolnPark, NJ 07035 Scope of Work (check all that apply) Demolition X Renovation Full Containment w/negative pressure Glovebag procedure \times >3 sf or >3 lf >160 sf or >260 lf Non-friable procedure Is location normally used solely Location of Ε by maintenance/custodial E asbestos-containing e n Description of asbestos-containing Amount staff(12) material to be m n p material (ACM) (Specify SF or C abated in facility (13) C 0 a Yes No N/A LF) 1st floor renovation area pipe/pipe fitting insulation 22 If X Registered Waste Hauler NJDEP Hauler ID# 19563 Cubic Yards of Waste Name of Registered Landfill B & G Restoration, Inc. Tullytown Resource & Recovery Center City, State Disposal Date Lincoln Park, NJ 12/18/17 - 04/02/18 Tullytown, PA Completed by (Print or Type) Signature Date

Ciordana Luna

12/15/2017

Gordana Luna

Secretary/Treasurer

2K-2493, 2491, 2)46	Not	IFICATION	ON OF A	New Lers SBESTO: AC 8:60 a	d A DIALT	MED)		EC	E		V [
Date of Notification (19) 1-18-2018			Name	of Buildin	ng Owner Contrac	/Operator	r (2)	H	JAN	24	-20	10	#
Agencies Notified Type Notification			Street	Address 2nd Stre	8:				ASBESTO	S CC	NTR	01.	8
DEP Amended	erae:		City, S	State, Zip	Code			THE REAL PROPERTY.	LIC	ENSI	NG		~
Emergency	(includi	ng			NY 1194	14							
DCA justification) Cancellation				of Contac Kostic				Te	elephone N	lumbei			
Name of Facility Where Abatement is Takin	a Place	/2\	FAC	CILITY IN	IFORMAT	TION							
Commercial	ig Flace	(3)					Type of Facility						
Street Address 3850 S Delsea Dr.							X Other (i.e	er 8 (Oth	her than K- & comme	·12) cial bu	ilding	s, hor	mes.
City (5) Vineland, NJ 08360							etc.) Square Feet 84180		of Floors		Bldg.		
County (6) Cumberland			County (STATE	Code (7)) .Y)		Current Use (P		ing demol				
Name of Monitoring Firm Hired by Building (Owner (B)		M No.		Name	of Abatement C	ontracto	r (0)				_
Street Address						Gree	n Environme	ntal Se	r (9) ervices, L	LC			
						THE CONTRACTOR ASSESSMENT	^{Address} ⁄irginia Aven	ue					
City, State, Zip Code			0418				ate, Zip Code y City, NJ 07	7304					
Project Manager for Monitoring Firm			Telepho	one No.		Telepho		304	License	No.			
Start Date (10) 1-29-2018	Schedu 3-16-2	led Co	mpletion	Date (11))	of OSHA Monito	7	01174					
Occupancy Status During Abatement (Check						Street A	r Technology	/					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Normal Other – Describe: Nighttime Shift	eriod of al Facili	Abater y Hour	ment s			10000 10000	Jackson Ave	enue					
Scope of Work (Check All That Apply)							Island City, N	NY 111	01				
≥3 sf or ≥3 If	□	Renova	4*			×							
× ≥160 sf or ≥260 lf		Demoli	ation tion			×	Full Containm Mini-Enclosur Glovebag Pro	re ocedure					
	1:	Locat	ion				Non-Exempte	d () and	Non-Fria	ble Pro	2.87	re emen	it
Location of Asbestos-Containing Material (ACM)		Norma ed Sole		A = h = -		scription o		25		-	Ty	уре	т
TO BE ABATED In Facility (13)		intena todial ((12)		(i.e	. thermal surfac	aining Ma systems i ing, VAT niscellane	terial (ACM) insulation, , or	(S	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A							val	Ħ	ulate	ure
Throughout Store		Х			VAT	Г/ Masti	С	800	00 FS	x			
2nd Floor- SW Storage		Х			Joint (Compoi	ınd		00 SF	х			
Main Roof		X			FI	ashing	11	396	30 SF	х			
Name of Registered Wasta Usulas			155										
Name of Registered Waste Hauler Green Environmental Services		Н	JDEP W auler ID 034889	No.	Cubic Y of Wast 300				ed Landfill orth Land			7. Canada	
		Н	auler ID	No.	of Wast	te al Date		W.S No	orth Lan				



Print Form



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

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

CHECK #5384

Date of Notification (1) 01-18-18		Name of Building Owner/Operator (2) Verizon Communication							7\/7	E						
Agencies Notified	Type Notification			Street Address									<u>. II</u>	W	5	
□ EPA	× Initial				idden Ridg	е				7					1	
DEP	Amended	. #			ate, Zip Code				11		JA	N Z	2 4	2018		
▼ DOL	Amendmen Emergency		-		TX 75038				To	lanhar	o Mun	hor				
DOH DCA	justification) Cancellation				as O'Hare				-TE	lephor				VTRO)L&	
				FAC	ILITY INFORM			DOMESTIC STOP	RONDON CONT.	105	MSIV	IG	A SHARLING AND ADDRESS OF THE PARTY OF THE P			
Name of Facility Where	Abatement is Takir	ng Place (3)					Type of Facility (4								
Street Address			No.				\dashv	School (K-12) Subchapter 8		ner tha	n K-12)				
256 Ocean Avenue								Other (i.e. pr etc.)	ivate	& com	mercia	l buil	dings	, home	es,	
City (5)								Square Feet	357	f Floor	rs	- 1	Bldg. A	Age		
Middletown				01	0 - 1 - (7)			25,000	2		1:-1-		953	-		
County (6) Monmouth					Code (7) USE ONLY) _			Current Use (Prior Commercial	rirbe	ing ae	molisn	ea)				
Name of Monitoring Firm			ASCN	И No.			of Abatement Cont									
ESIS Health, Safety	y & Environmer	ital						acle Environme	ntai	Corp	•			-		
P.O. Box 430							Broad Street									
City, State, Zip Code								tate, Zip Code								
North Versailles, PA				Talaaba	N-		S. IVANA	tadt, NJ 07072		11:	NI		- 1/1-2			
Project Manager for Mon Johnny De Los San		p		1/2	356-5168	20	01-9	one No. 939-6565		007	nse No 56).				
Start Date (10) - 01-29-18		Schedule 02-28-1		npletion	Date (11)	1000000		of OSHA Monitor -Air Inc.								
Occupancy Status During	g Abatement (Chec	k Only On	e)			1000		Address								
Facility Closed/Vaca								Jackson Aven	ue						_	
Other – Describe:	Ca Catalac of 14011	iui i dointy	1 1001	•		100	5000	Island City, NY	Y 11101							
Scope of Work (Check A	II That Apply)	%:====#f					90000									
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		1000	enova emolit				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
		ls	Locati	ion				1 Non-Exempled) an	u ivoir	Парі	5 1 10	Charles	ement		
Location	of	N	ormal	ly		Descrip	tion	of					Ту	ре		
Asbestos-Containing TO BE ABA		Mai	d Sole ntenai	nce/				aterial (ACM) insulation,		mount Specify		Z	_	Enc	띠	
In Facili (13)		Custo	odial 5 (12)	Staff?	s	surfacing, her misce	VA7	Γ, or		or LF		Remova	Repair	Encapsulate	Enclosure	
(10)		Yes	No	N/A	00	101 1111300	Jilaili	5003)				/al	=	ilate	ure	
Cellar: MER	R Room		117	X	F	Plaster (Ceil	ina	5	OSF		х			\dashv	
	Cellar, IVIER ROOM					riaster defining 5501 X										
Name of Registered Waste Hauler				NJDEP Waste												
May work Corting Inc				Hauler ID No. of Waste TBD Grand Central Sanitary Landfill												
City, State Newark, NJ 07105				Disposal Date City, State TBD Pen Argyl, PA 18072												
Completed by Title				Signature Date												
Joseph Patrick Project M																



CHECK # 5981

Date of Notification (1)				Building Ow	DIEPOS.			п г								
01-12-18			Charles and	n Commur	nication			IN EGELVE								
Agencies Notified Type Notification			Street A 700 Hi	^{ddress} dden Ridg	e											
EPA Initial Amended				te, Zip Code		17.15			144	2	4 20	118				
DOL Amendment #		100		TX 75038							4 (1	710				
DOH justification)	icidaling	1 8		Contact as O'Hare				Tjelephohe	Number	961						
DCA Cancellation		-1'		LITY INFOR	MATION			1	L		SING	ROL &				
Name of Facility Where Abatement is Taking	Place (3)		IAGI	LITT IN OIL	IIIA II OIK	Туре	e of Facility (4)								
							School (K-12	2)	17.40							
Street Address 242-246 South Salem Street								8 (Other than ivate & comn		ilding	s, hom	ies,				
City (5)						Squa	are Feet	# of Floors	3	Bldg.	Age					
Randolph						30,0		3		1950	3					
County (6) Morris				Code (7) USE ONLY) _			ent Use (Prio mmercial	r if being dem	nolished)							
Name of Monitoring Firm Hired by Building O ESIS Health, Safety & Environment			ASCN	1 No.	The state of the s		atement Cont Environme									
Street Address P.O. Box 430						t Addre Broa	ess d Street									
City, State, Zip Code North Versailles, PA 15137							Zip Code , NJ 07072									
Project Manager for Monitoring Firm		Т	elephor	ne No.		hone N			se No.							
Chris Pierce		(347) 8	886-6714	201-	939-	6565	0075	56							
	Scheduled 02-28-18		pletion [Date (11)	10.00	of OS n-Air	HA Monitor Inc.									
Occupancy Status During Abatement (Check	Only One))				Addre										
Facility Closed/Vacated During Entire Po Abatement Performed Outside of Norma			ent			10-59 Jackson Avenue City, State, Zip Code										
Other – Describe:	ii raciiity r	10015					nd City, N	/ 11101								
Scope of Work (Check All That Apply)						Zong loland only,										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novati molitic				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure										
) No	on-Exempted	(*) and Non-l	Friable P							
		ocatio									itemer Γype	it				
Location of Asbestos-Containing Material (ACM)	Used		y by	Asbestos	Description Containing N		al (ACM)	Amount			Tm					
TO BE ABATED In Facility (13)	Custo	tenan dial St (12)		(i.e. the	ermal system surfacing, VA ther miscellar	s insu AT, or	lation,	(Specify SF or LF)	Kemoval	Repair	Encapsulate	Enclosure				
	Yes	No	N/A								0					
Ground Floor: Garage Office	Ground Floor: Garage Office					ation		7LF	х	8	1					
Name of Registered Waste Hauler		NJ	IDEP W	aste C	Name of R	of Registered Landfill										
Newark Carting, Inc.	uler ID 509	No. o	f Waste BD			entral San		andfil	I							
91																
City, State Newark, NJ 07105				10000	Disposal Date	:	City, State Pen Arg	yl, PA 180	72							



	A CLUB	J	1					(0)		5 6) the	11 L				
Date of Notification (1) 1/18/18			S	ame of B outh St	uilding Ow treet Co	ner/Op	perator ction	(2)				+ 9f	118	And the second second	W	Щ
Agencies Notified	Type Notification			treet Add 28 Clift	ress on Ave i	#45	- 1		111	JA	AN 2	7 4	710		1	
DEP DOL	Initial Amended Amendment #				, Zip Code od, NJ 0						STOS		rac)L&		
☑ DOH DCA	Emergency (in justification) Cancellation	ncluding	1 188	ame of C Vorman	Contact Meyer			10		<u>Jele</u>	phone M	umbër	20.2-20			
				FACILI	TY INFOR	RMATIC	ON		Facility /A	\						
Name of Facility Where	Abatement is Taking	Place (3)						Sc Su	Facility (4 hool (K-12 bchapter 8 her (i.e. pr) 3 (Othe	r than K-	12)	ildin	as h	omes	
Succernations								× Ot				Ciai bu				
City (5) Deal				Alt				Square 4342			Floors		Bldg	g. Ag	9	
County (6) Monmouth				County Co	ode (7) SE ONLY)			home	Use (Prio			ished)				
Name of Monitoring Fir	m Hired by Building C	Owner (8)		ASCM	No.		Name	of Abate LEAD	ment Cont PROFE	ractor SSIOI	(9) NALS					
Street Address								Address HITE D	OVE CC	URT						
City, State, Zip Code								State, Zip EWOO	Code D, NJ 08	3701						
Project Manager for M	onitoring Firm		1	elephon	e No.			hone No. -668-90			License 1200	No.				
Start Date (10) 1/28/18		Scheduled	d Com	pletion D	ate (11)		Name	of OSHA LEAD	Monitor PROFE	SSIO	NALS					
Occupancy Status Dur							Stree 6 W	t Address HITE D	OVE CO	DURT			4/5			
Facility Closed/Vi Abatement Perfo Other – Describe	acated During Entire I rmed Outside of Norn	Period of Al nal Facility	batem Hours	ent		_	City,	State, Zip								
Scope of Work (Check 23 sf or ≥3 lf 2160 sf or ≥260 l		Description of the last of the	enova emoliti					Mini Glov	Containme -Enclosure rebag Prod -Exempte	e cedure)	
														Abate	ment	
Asbestos-Contain TO BE /	tion of ing Material (ACM) ABATED acility 13)	N User Mai Cust	Locati formal d Sole ntenai odial S (12)	ly ly by nce/	Asbest (i.e.	os Cor therma surfa	al syster acing, V	Material ns insula	(ACM) tion,	(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
	12100	Yes	No	IN/A		Δ	ACM N	lud		1	700SF	×				
	RIOR						of Flas				10SF	2		50.58		
	ERIOR							Blazing		2	00 LF			_		
EXTE	ERIOR			-		A A 11 I	GOVV C									
Name of Registered \ NEWARK CARTI			H	NJDEP W Hauler ID 4509		of W	ic Yards /aste		Name of		ered Lan	ndfill				
City, State NEWARK, NJ				2/9/			City, Sta		МРА							
Completed by JOSEPH PERLS	Title OWN	IER				Signat	ure			e	Date					

Date of Netification (1) 01/16/2018	LIL	NO	#7.07000	et theus	of New Je FASBEST(NJAC 8:80	28 ABAT and 12:1	20)	DE	y je salszere		. [5
			Pr	inceton	illding Owns Board of E	ducation	or (2)		10 -	42018	2
□ EPA 🖾 Initial	ion		Str	Valley F	Ma		•		- 25 57 - 5	#5116	
☑ DEP ☐ Amended ☑ DOL Amendan	ent#		Cit	y, State, 2	Zip Code New Hers	av.	<u> </u>	ASSE			
DOA DOA Datificati	on I	iding	Na	me of Cor	1fard	~,	1	Talepho	V		
96 1.0	***	_			INFORMA				1 1 1 1 1 1 1 1 1	~(E1)	
Name of Facility Where Abatement is Ta Princeton High School	king Pla	(3)		VAITI	INFORMA	TION	Type of Faci	liby (d)			
Street Address 151 Moore Street City (5). Princaton, New Jersey 08540						*,	School (F	54 - 32 33 S	(-12) Prolei b	idga, home	
County (6)							Square Feet 10.000	# of Floor		(Bldg. A	lge:
Mercer Name of Monitoring Firm Hired by Building	Outre	c/#\	(\$TA	nty Code TE USE O	(7) NLY)		Current Use	Prior if being den	relished		7
Street Address	Owne	r (0)	AS	SCM No.		Name Lilich	of Abatement of Corporation	Contractor (9)			
PO BOX 385 City, State, Zip Code						Street	Address CBride Aye			1	+
Mccauvie New Jelsey 088240						City, Si	ala Zin Code		- 1	resident of annual section of the se	- I disc
Project Manager for Monitoring Firm			Telep 609-8	hone No 852-183	3	Telepha	and Park, Ne	W Jarsey Licens		a the same of the	*:- j
Start Date (10) 11/19/2018	Sche	duled Co		n Data /1		Name n	6-8400 OSHA Monito	0110	4	j	
Occupancy Status During Abatement (Char	k Only	Onei		0		ins En	vironmental L	aboratories, LL	C .	<u> 195 Ani</u>	, <u>((</u>
Facility Closed/Vacated During Entire F Abstement Performed Outside of Norm Other - Describet 3:30 PM Start			ent				oute 22 Was	t		. 449 (48)	7. 6(3)
COCA of Work (Chart all That	_					Union	ite, Zip Code i, NJ 07083				
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Location of	1	ls Location	v					7 2112 (4011-77)		Abetera	
Location of Aspesios-Containing Material (ACM) TO BE ABATED In Facility (13)	1 N	ed Splei Isintenan stodisi S (12)	y by	Asba (l.e	stos Conta s. themnal s surfaci	ription of ining Mat ystems in 19, VAT, of collanes	erial (ACM) sulation,	Amount (Specify SF or LF)	Removal	Туре	
Freezer Area Near Loading Dock	X	No	NA	VATRA					Биа	Sulate	ems
				TAT UT	Mastic (DO	H NORFI	ableMethod)	425 SF	×	1 75	e :
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46000									1.	2 1 2 2 2	4
ne of Registered Waste Hauler	40000	I AT IT	DÉP W						100		1:
ch Corporation		Hat	ler ID	aste No,	Cubic Ya	rds	Name of F	Registered Landill		Abatuman	¥
, State odland Park, New Jersey		18	724		Diaposal	Date	City, State	endfill		Type	
npleted by rizing Olejarova	Tibe Presid	dent			01/23/2	218 Leid	City, State Morrisvill	OPA DE	· ·	- 1 P	in Way
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Date of Notification (1)	A CAS	. A.A.									3 (7 13	11	\mathbb{W}		mì	N. Carrier
01/15/2018				Name of Building Owner/Operator (2) Marion Lee Daly										Che	ck No	51	4
Agencies Notified	Type Notification	n		Stree	et Addres	S					JA	N :	1 2		100	IJ)	-
	☑ Initial								İ	and in case				THEE.	and the same	-	
□ DEP	Amended			City,	State, Zij	Code											_
E 5011	☐ Amendme	nt #		New	on, New	Jersey 078	860	ASSESTES CONTROL & LICENSING									
D DCA	 Emergence justification 	y (includir n)	ng	Nam	e of Cont	act		Telephone Number									
1	☐ Cancellatio			Mario	n Lee Da	ily					1	elenho	ne N	ımhe	r		
					CUITVI	NEODII.	T1011							15			
Name of Facility Where Ab	atement is Tak	ing Place	(3)		CILITY	NFORMAT	HON	Type	of Facilit	v. (4)							-
Private Residence			3 10							C 1000							
Street Address								□ Scl	nool (K-	12)							
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City (5)						1					- a co	minero	iai bu	iluliig	5, 110	nes,	etc.)
Newton, New Jersey 07860)							Square	e Feet			of Floo	rs		Bldg	Age	
County (6)				_				2500			2				55+		
Sussex				Count	y Code (7	7)		Curren	t Use (F	rior if	being	demol	ished)	_		
65					É USE ON	LY)		Private	Reside	nce							
Name of Monitoring Firm Hi Garden State Environmenta	red by Building	Owner (8	3)	AS	CM No.		Nar	me of A	batemer	nt Cor	ntracto	r (9)			0011000		
-27	ii inc						Lilio	ch Corp	oration			. (0)					
Street Address							Stre	eet Add	ress	-				:Hyear			
550 South Broad Street, Su	ite K						606	McBric	le Aveni	ue							
City, State, Zip Code	20-13-13-13-13-13-13-13-13-13-13-13-13-13-						City	State	Zip Cod	10				(3)	Urr	-	
Glen Rock, New Jersey 074	52						Woo	odland l	Park, Ne	ie ew Jer	sev 0	7424				-	
Project Manager for Monitor	ing Firm			Telenh	one No.												
201-652-1119	and the second the Common Li			201-65	2-1119	1	973	phone -225-84	NO. 00			Licer 0110		0.			
Start Date (10)		Schedul	ed Co	moletica	Date (1				1745 1			0110	-	Ħ	ann	cs e	(0.)
01/30/2018		02/01/20	018	mpletio	Date (1	1)	IRIS	ne of OS	SHA Mo nmental	nitor	ratoria						
Occupancy Status During Ab	atement (Chec	L Only O	201							Labo	ratorie	s, LLC				400	
							Stre	et Addr	ess 22 Wes								
☐ Facility Closed/Vacated ☐ Abatement Performed Out	Juring Entire Pe Itside of Norma	Priod of Ab	atem	ent													
Other Describe:	tolde of Nollila	r r aciity r	nours				City,	State,	Zip Cod	е							
Scope of Work (Check All Th	at Annly)						Onio	m, new	Jersey	07083	5						
O-4 (4 D-4)	at Apply)												11-25	14			
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			Renov					□ Fu	ıll Conta	inmer	nt with	Negat	ive P	ressu	re		
C4. 8- 1.			Demol	ition				⊔ M	ini-Enc	osure	Э						-
St Free		44						⊠ G	love bag on-Exen	Proc	edure	d Non I		- D			
No. 12 to the second		Is	Locat	ion					OII EXCII	ipicu	() all	u IVOII-I	Hab		2000		
Location of			lorma													emen rpe	t
Asbestos-Containing Mate	erial (ACM)	Use	d Sole	ly by	Ashe	Des stos Conta	criptio	n of	1 (4 0 8 4)						,		T
TO BE ABATED	2		intena odial s		(i.e	thermal s	systen	ns insul	ation.			mount pecify		חד		m	m
In Facility (13)		Cust	(12)	otan:		surfaci	ing, V.	AT, or				or LF)		(em	Repair	cap	nclo
		-			-	other mi	iscella	aneous)						Remova	air	ncapsulate	Enclosure
		Yes	No	N/A										-		ate	Ö
sement				X	Thermal	System In:	sulatio	on		75	LF			X		5/15/2	
		-														(A261)	
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lame of Registered Waste Ha	uler		N	JDEP W	aste	Cubic Y	arda		NIa	-65							
ilich Corporation				auler ID		of Waste			Name Fairles	of Re	gister idfill	ed Lan	dfill		e jung		
				3724		3	200		· unio	- C L G I	railli				1214	75711	
ity, State /oodland Park, New Jersey						Disposa	l Date		City, S	tate			-			-	
						02/01/20		1	Morris	ville, F	enns	ylvania					
ompleted by		Title				Sig	nature	l	1	11	T					1	3
driana Olejarova		Presider	nt				NOA	20	11	00	X	1.00	Date 01/1	5/201	8		100
SB-41 (R-06-08)						110	1	CA	-11	VV)		_			500		.5
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