Check#3253

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Check#3253	厂代息	Į.		(Pur	suant	to NJAC	8:60	and 5:16))		The commence of the comment					
Date of Notification (1)				Т	Name o	of Building	Owner	/Operator (2))	1			$-\frac{\eta g}{\eta}$			
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Agencies Notified	Type Notificat					Olsen Address				1		. 7 .		-	11	1
⊠ EPA	Initial	1011			Street /	Address				14.17	JAN	1 2 8	2019	1		
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DCA (NJAC 5:23-8)	☐ Emergency justification		ing			l, NJ 0764 of Contact					Telepho	ne Numb	ier			
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Street Address									Sul	ochapter 8	Other th					
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City (5)									10000	e Feet	# of Flo	oors	Bld	g. Ag	е	-
Oradell, NJ 07649																
County (6)					County	y Code (7) (STATE	USE ONLY)	Currer	nt Use (Pr	ior if being	demolis	hed)			
Bergen																
Name of Monitoring Firm	Hired by Buildi	ing Own	er (8) /	SCM N	No.	Name	of Abatemen	nt Con	tractor (9)						
1000							Gr Te	ch LLC								
Street Address							Street	t Address								
							576 V	alley Rd #2	283							
City, State, Zip Code							City, S	State, Zip Co	de	***************************************					S/ 12/981	
								e, NJ 0747	0							
Project Manager for Mor	nitoring Firm			Telep	phone N	No.	Telep	hone No.			Licens	se No.				
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Start Date (10) 02 / 05	22.50	chedule				9 99	Name	of OSHA M	onitor							
					_ / _	17	-	ovision Cor	nsulta	nts,Inc						
Occupancy Status Durin								t Address								
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Time of Abatement:						AM		State, Zip Co								
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]													
Name of Registered Wa	ste Hauler			NJE	EP Waste	Hauler ID No.	Cubic	Yards of Wast	e Nan	ne of Regi	stered Lar	ndfill				
Gr Tech LLC				0	03378	35	Т	BD	T.R	R.F. Inc	18					
City, State							107	osal Date		State						
Wayne, NJ 07470							Т	BD	Tull	ytown, F	PA					
Completed By (Print or	Type)	Title						Signature	1			D	ate			
N.Jevtic		Owner	г						Henry	= Wer	ad	0	/24/19)		
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Name of Building Owner / Operator (2) Date of Notification (1) Ocean County College 1-23-2019 Type Notification Street Address Agencies Notified 1 College Drive **EPA** City, State & Zip Code DEP Initial \boxtimes Toms River, NJ 08754 Amended (Scope) DOL Telephone Number Name of Contact Emergency DOH 732-255-0400 Mike Bruno DCA Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Ocean County College-#9 Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) 1 College Drive Building #9 # of Floors Bldg. Age Square Feet 52 19,000 County (6) County Code (7) City (5) Current Use (Prior if being demolished) Ocean Toms River NJ Nursing Building Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Resource Management Group, LLC Brinkerhoff Environmental Services Street Address Street Address 2115 Hamilton Ave, Suite 202 1085 Atlantic Avenue City, State & Zip Code City, State & Zip Code Trenton, NJ 08619 Manasquan, NJ 08736 License Number Telephone Number Project Manager for Monitoring Firm Telephone Number 01185 732-223-2225 609-914-4279 Gary Fleming Scheduled Completion Date (11) Name of OSHA Monitor Scheduled Start Date (10) J&S Environmental Laboratories, Inc. 3-1-2019 1-7-2018 Street Address Occupancy Status During Abatement (Check only one) 2333 Route 22 West Facility Closed/Vacated During Entire Period of Abatement Abatement Performed during regular operating Hours: City, State & Zip Code Union, NJ 07083 Describe: 8:00am - 5:00pm -Monday through Sunday Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure Renovation ≥3 sf or ≥3 lf Glove Bag Procedures П ≥160 sf ≥260 lf Demolition Non-Exempted and Non-Friable Procedure X Abatement Type Amount Description of Is Location Location of Asbestos-Containing (Specify Normally Used Asbestos-Containing Encapsula SF or LF) Material (ACM) Solely by Enclosure Material (ACM) Remova Repair (i.e., thermal systems Maintenance or TO BE ABATED insulation, surfacing, VAT Custodial Staff? in Facility or other miscellaneous) (12)(13)N/A Yes No \boxtimes 300 SF Double layer floor tile & mastic M Room # 122 Food Service

Name of Registered Waste Hauler

Resource Management Group, LLC

NJDEP Waste Hauler ID No. of Waste TBD

O35218

Disposal Date

City, State

President

City, State
Trenton, NJ 08619

Completed By (Print or Type)

Title

Disposal Date
TBD
Morrisville, PA

Signature

Mr. Brian Haney

Dim MMO

Date 1-23-2019

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Date of Notification							wner / Operator	(2)	JAN Z	3 2019			
Agencies Notified	12-20-2018 Type Notific	ation			Addre	ty Colle	ege			0 6010	-		
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				FA	CILIT	Y INFO	RMATION						
Name of Facility W		ent is Taking Pl	ace (3))			Type of Facility						
Ocean County Colle	ege- #9						School (K-		- V 12\				
Street Address	14:00 #0						Subchapte Subchapte	er 8 (Other tha	iii N-12) mercial huild	inas hom	es e	tc.)	
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City (5)		County (6)	Cou	inty C	ode (7)	19,000	1	P. L. D		52		\dashv
Toms River NJ		Ocean					Current Use (F		emolisnea)				
Name of Monitoring	Cirm Lirad	by Building Own	or (9)		TASC	M No.	Nursing Buildir Name of Abate		tor (9)				_
Brinkerhoff Environ			iei (o)		ASC	IVI INO.	Resource Man						
Street Address	montal corri	000					Street Address						
1085 Atlantic Aven	ue						2115 Hamilton)2				
City, State & Zip Co	ode						City, State & Z						
Manasquan, NJ 08				· manual a			Trenton, NJ 08		II income	Number			
Project Manager fo	r Monitoring	Firm	Telep 732-2			er	Telephone Nu 609-914-4279	mber	License	0118	35		
Gary Fleming Scheduled Start Da	ato (10)	Scheduled Cor					Name of OSH	A Monitor					
1-7-201		ocheduled ool	3-1-2		(,		J&S Environm		ories, Inc.				
Occupancy Status		ement (Check or	nly one	2)			Street Address	3					
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		00pm -Monday th	rough S	Sunda	У		Union, NJ 070	83					
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Throughout 1st flo					\boxtimes		drain Pipe Insula	tion	24 each			님	
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Name of Registere	ed Waste Ha	uler				vvaste D No.	of Waste	Name of Reg	Jistereu Lanui	1111			
Resource Manage	ment Group.	LLC			35218		TBD	Grows Landf	ill				
City, State							Disposal Date	City, State					
Trenton, NJ 08619	9						TBD	Morrisville, P	Α				
Completed By (Pri	int or Type)			Ti	tle		Signature			Date			
Mr. Brian Haney	,, ,	16 6		Pr	eside	nt				12-2	0-20	18	
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State of New Jersey

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Date of Notification (1) 1/23/19					f Building E Haigh		Operator	(2)			EG	FI	W	775 1775	
Agencies Notified	Type Notification			Street A					1	U	150 Vol.	+ 11.00		1.55 <u>0</u>	711
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■ DOH	Emergency justification)				Contact					Tel	ephone Nu	mber			i sh
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Name of Facility Where	Abatement is Takir	g Place (3	3)	FACI	LITY INFO	JRMAII	ON	Туре	of Facility (4)	Trade A	91 4 2 59	.95***		- (10)
home								Пѕ	chool (K-1	2)					
Street Address								S X	ubchapter	8 (Oth	er than K-1 & commerc	2) ial build	dings,	home	s,
City (5) Belleville								Square 2000		# 0	f Floors	100	ldg. A 5	ge	
County (6)				County C							ng demolis				
Essex	h h			·).	JSE ONLY)	W. 		home							
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	1 No.		ABS	Envir			(9) vices, LL(2			
Street Address								Addres Box 48	s 3, 4 E G	ate D	rive				
City, State, Zip Code								tate, Zij	Code NJ 074	118					
Project Manager for Mor	nitoring Firm			Telephor	ne No.		Teleph	one No 764-22	•		License N	lo.		-	
Start Date (10)		Schedule	ed Cor	npletion [Date (11)			economic and	A Monitor		703				
2/2/19		2/9/19													
Occupancy Status Durin	g Abatement (Che	ck Only Or	ne)				Street	Addres	S						
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norr	Period of A mal Facility	Abaten / Hours	nent s			City, St	tate, Zip	Code						
Scope of Work (Check A	All That Apoly)										-				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	****		Renova Demolit				×	Mini	-Enclosure vebag Pro	e cedure	n Negative I			e	
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	No. of the last of	Yes	No	N/A										ate	е
basem	ent			X		pipe	insulat	tion		1:	20 LF	х			
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Name of Registered Wa	ste Hauler	,	- 1	JDEP W			Yards		Name of	Registe	ered Landfil	1	-		
Freehold Cartage			- 33	fauler ID 5939	INO.	of Wa	ste		Cumbe	erland	Landfill				
City, State Freehold NJ						Dispo:	sal Date		City, Stat						
Completed by		Title					Signature		Newbu	ig PA		ate			
TEACH TO THE PARTY OF THE PARTY							5		11		0				

President

A. Scott Higgins

1/23/19

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) MRC Agencies Notified Type Notification Street Addres EPA Initial DEP Amended City, State, Zip Code M DOL Amendment # Emergency (including A DOH Name of Contact justification) DCA П Cancellation MAS FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) X City (5) Square Feet # of Floors Bldg. Age 90 County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) NOVAI Street Address Street Address City, State, Zip Code City, State, Zip Code Project Manager for Monitoring Firm Telephone No. Telephone No License No. CO Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 1700 Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Normally Location of Type Description of Asbestos-Containing Material (ACM) Used Solely by Asbestos Containing Material (ACM) Maintenance/ TO BE ABATED Amount (i.e. thermal systems insulation, surfacing, Custodial Staff? (Specify incapsulate In Facility inclosure VAT, or (12)SF or LF) (13)other miscellaneous) Yes N/A BASEMENT < 100 L Name of Registered Waste Hauler NJDEP Waste

Cubic Yards

Disposal Date

Signatur

of Waste

Hauler ID No.

INC

ASB-41 (R-06-08)

PARIOS

City, State

GID Completed by

Do not use this form for asbestos licensure exempted activities.

Name of Registered Landfill

Cify, State

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Date of Notification (1) 01/22/2019				Building C an Bacza		Operator	(2)						1 - 2 - 4		
Agencies Notified Type Notification			Street Ad	dress						JAN	2	5 2()19	1	
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Emergency (in justification)	cluding	1.1	Name of		000			10	Tele	ephone	Numb	er		1 ((= 1	1-614
DCA Cancellation				an Bacz											_
Name of Facility Where Abatement is Taking	Place (3)	FACIL	LITY INFO	RMA	TION	Type o	of Facility (4)						\dashv
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Street Address								Subchapter (Other (i.e. pr				build	ings, l	nome	s,
City (5)							Square	tc.) e Feet	# of	Floors		Ble	dg. Ad	ie .	_
Rockaway							N/A		N/A	4		N	/A		
County (6) Morris			County C (STATE L	Code (7) ISE ONLY)			Currer Hous	nt Use (Prio se	r if bei	ng dem	olishe	d)			
Name of Monitoring Firm Hired by Building Ov N/A	vner (8)		ASCM	No.		F 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		ement Con		(9)					
Street Address						1	Addres	s ren Aven	ue						
City, State, Zip Code							State, Zij	p Code J 07512							
Project Manager for Monitoring Firm	77	T	Telephor	ne No.			hone No 345-86			Licens 0131					
	Schedule		npletion [Date (11)				A Monitor ement, Inc	D.						
Occupancy Status During Abatement (Check	Only On	ie)				Street	Addres	s							
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma X Other – Describe: Occupied						City, S	State, Zi								
Scope of Work (Check All That Apply)						1010	wa, N	J 07512						-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demolit					Min Glo	Containme i-Enclosure vebag Prod	edure						
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Location of	1	Locati Normal	ly		D	escription	n of						Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Sole intenar todial S (12)	nce/		therm surf	ntaining I al system facing, VA miscella	is insula AT, or		(8	mount Specify or LF)		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A									<u>a</u>	7	ate	6
Basement		Х		D-102		VAT			6:	20 SF		X			
Name of Registered Waste Hauler D&S Abatement, Inc.	F	IJDEP W lauler ID 0996		200000000000000000000000000000000000000	ic Yards /aste)		Name of Fairless			ndfill					
City, State Totowa, NJ					osal Date	е	City, State Morissy		PA						
Completed by Ned Joksimovic	Title Proje	ect Ma	anager			Signatur	re S	U			Dat 01		2019		

(K.7645 PA)		NOTII	FICATIO	N OF AS	BESTOS	ABATE	MENT 0)		E) F	N W	7.35 7.35 7.37	19	
Date of Notification (1) 01/23/19			Name of Black	of Building	g Owner/ operties	Operator	r (2)		1 A	M 2 c	2 0046			
Agencies Notified Type Notification			Street /	Address				- 1	UA	N 28	2019		1 1	11
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X DOL Amendment												76-		
Emergency justification)	includin	9	Name o	of Contact	1				Tel	ephone l	Number		-	
DCA Cancellation			Charle	es Mors	el					3-850-				
Nome of Facility Manage About 11 This			FAC	ILITY INF	ORMAT	ION								
Name of Facility Where Abatement is Takin	g Place ((3)					Туре	of Facility	(4)					
Street Address							×	School (K- Subchapte Other (i.e. etc.)	er 8 (Oth	er than k & comme	(-12) ercial bu	ildings	s, hom	nes,
City (5) Plainfield								re Feet	# 01	f Floors		Bldg.	Age	
County (6) Union			County (STATE	Code (7) USE ONL	n		Curre	ent Use (Pr	rior if bei	ng demo	lished)			
Name of Monitoring Firm Hired by Building (Owner (8)	ASC	M No.				itement Co						
Street Address						Street 6 WH		ss DOVE C	OURT					
City, State, Zip Code						City, S	tate, Z	ip Code OD, NJ (
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 732-6	one N	0.	70,01	License	e No.			
Start Date (10) 02/03/19	Schedul 02/10/		npletion	Date (11)		Name	of OSI	HA Monitor						
Occupancy Status During Abatement (Check	Only Or	ne)				Street	2244			VALS				
Facility Closed/Vacated During Entire P	eriod of	Ahaten	nent					DOVE C	OURT					
Abatement Performed Outside of Norm Other – Describe:	al Facility	y Hours	3					ip Code OD, NJ (08701					
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	and the same of	Renova Demolit				×	Mir Glo	l Containm ii-Enclosur vebag Pro n-Exempte	e cedure				·e	
	Is	Locati	on									Construction of the Constr	emen	t
Location of		Normal			Des	scription	of					Ty	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Sole intenar todial S (12)	nce/		tos Conta thermal surfac	aining M	aterial insula r, or		(S _I	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
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City, State NEWARK, NJ	į.				Dispos 02/10/			City, Stat BETHL		PA				
Completed by JOSEPH PERLSTEIN	Title OWN	ER			Si	gnature		<u></u> <u>_</u>	730.		Date 01/23/	19		

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Date of Notification (1) 01/23/2019				f Building (perator	(2)	W. 7		JAN	2 8	20	19	To the second se	1
Agencies Notified Type Notification			Street A	ddress		31:5-33	SHE COL								
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DOL Amendment		_	1500	ENFIEL								los e	100		
DOH Emergency (if justification)	ncluding	İ		f Contact					Tele	ephone	Numb	er			
DCA Cancellation			JUAN	LITY INFO	DMATI	ON									
Name of Facility Where Abatement is Taking	Place (3	3)	FACI	LITTINFC	KWAII	ON	Туре	of Facility (1)						_
PRIVATE								School (K-1							
Street Address							×	Subchapter Other (i.e. p				build	ings,	home	es,
City (5)								etc.) are Feet	# of	Floors		BI	dg. A	ge	_
BERGENFIELD NJ							2,0		2			955	0		
County (6)			County (Code (7) USE ONLY				ent Use (Prid	or if bein	ng dem	olishe	d)			
BERGEN Name of Monitoring Firm Hired by Building O	wner (8)		ASCM	3500 Y 0 100 C 100 C 100 C 100 C		Name	N/A	atement Con	tractor	(9)					
N/A	wrier (o)		AGOIV	i NO.				EAST EN		700	TAL	LLC			
Street Address						Street		West of the Control o							
0'h 0'h 7' 0 d								st. STREE	ΞΤ						
City, State, Zip Code								Zip Code BERGEN	NJ. 0	7047					
Project Manager for Monitoring Firm N/A			Telepho	ne No.		Teleph 201-		No. 0642		Licens					
	Schedule	ed Co	mpletion	Date (11)				HA Monitor		1000					-
	01/26/		2					NALYTICA	AL INC). 					
Occupancy Status During Abatement (Check						Street		ess 8th STRE	ΕT						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:						City, S	State, 2	Zip Code							
Scope of Work (Check All That Apply)					_	NY.I	NY.								-
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	_	Renova				2 2	M G	ull Containme ini-Enclosure lovebag Proc on-Exempted	e edure					e	
		Loca												ement pe	i
Location of		Norma ed Sole	ally ely by	Achoo		scription		al (ACM)	٨	mount			.,		
Asbestos-Containing Material (ACM) TO BE ABATED		intena todial	ance/ Staff?		thermal	system	s insu		(8	pecify		Rer	Re	Encapsulate	End
In Facility (13)		(12)				cing, VA niscellar)	31	or LF)		Remova	Repair	sula	Enclosure
	Yes	No	N/A									-		ite	(D
SECOND FLOOR		Х		VA	AT. FLO	OOR T	TILE	9X9	50	0 SF.		Х			
Name of Registered Waste Hauler			NJDEP W	/aste	Cubic	Yards		Name of	Registe	red La	ndfill				
TRI. STATE		1	Hauler ID 19951		of Wa			MINER	5078			E II	VC.		
City, State			19901		Dispo	sal Date)	City, Stat		DC C		-2000			-
BRONX NY. Completed by	Title				TBE) Signatur		WAYN	//	KG O	HIO.				
CARLOS ESQUIVEL		ETY	MANA	GER		- Ignatuli	/0	Janny	my	S	1	3/20)19		

UK 1350 PAI		NOTI	Pursuar	nt to NJAC 8	STOS ABATI 3:60 and 12:12	EMENT 20)	THE G		Ŋ?		
Date of Notification (1) 01/16/2019				of Building O MEN SUF	Owner/Operato	or (2)	JAN	200	010	4000	1
Agencies Notified Type Notification EPA Initial			Street	Address		ļ	JAN	4 0 7	019_		end f
DEP Amended Amendment				tate, Zip Cod IONT NJ,	de	*		*		**************************************	
DOH justification) Cancellation		9	Name of BRY	of Contact AN			Telephone I	Number			
Name of Facility Where Abatement is Takin	g Place	(3)	FAC	ILITY INFO	RMATION	Type of Facili	ty (4)				
PRIVATE Street Address City (5)						Other (i.e etc.)	oter 8 (Other than K e. private & comme	ercial bui	276.5		ies,
DUMONT NJ						Square Feet 1,400	# of Floors	- 1	31dg. <i>1</i> 98	Age	
County (6) BERGEN			County (STATE	Code (7) USE ONLY)		Current Use (YES	Prior if being demo	lished)			
Name of Monitoring Firm Hired by Building (N/A	Owner (8)	ASCI	M No.	- 1	of Abatement (RTH EAST E	Contractor (9) NVIRONMENT	AL			
Street Address						Address 5 51 STREE	Г				
City, State, Zip Code						State, Zip Code RTH BERGE	N NJ				
Project Manager for Monitoring Firm			Telepho	one No.	4	none No. 776-0642	License 01300				
Start Date (10) 01/17/2019	Schedul 01/17/			Date (11)	Name N/A	of OSHA Monit					
Occupancy Status During Abatement (Check						Address					-
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of al Facility	Abaten y Hours	nent s		City, S	tate, Zip Code					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	_	Renova Demolit				Mini-Enclose Glovebag P				e	
Location of	24	Locati			5				Abate Ty	ment pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma Cus	ed Sole intenar todial S (12)	ly by nce/ Staff?	(i.e. th	Description s Containing Mermal systems surfacing, VA ther miscellan	laterial (ACM) s insulation, T, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
EXTERIOR SIDING	Yes	No	N/A	TE	RANSITE S	IDING	1,200	X		Ф	
				11,	CANOTIL 3		1,200	^			
								-			
Name of Registered Waste Hauler TRI STATE		H	JDEP W auler ID 9951		Cubic Yards of Waste TBD	1	of Registered Landf		VC.		
City, State BRONX NY.					Disposal Date	City, St	ate NESBURG OHI	0	=		
Completed by CARLOS ESQUIVEL	Completed by Title				Signature		allo 1	Date 01/ 16	/ 201	9	

State of New Jersey

From:GREENWOOD ABATEMENT

10734920133 01/21/2D19 14:06 #007 P.002/0D4

From:GREENWOOD A	BATE	MENT		19734920	153 01	21/21	319 14	:06	E 0	97 P.00	2/604	8
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	8	Design of 14	ew Je Peri	rsey - Induli Boot to N.J.A.C	cation of Asbesto 2 8:60-7 and 12:120	18 AD:	ateme	20		- 10		**** ** 4 *
GAC 670-2019			,			•				7.:1		
Date of Notification (1) January	94 9	648			Name of Building Ow MR. TIM OWEN	ner/Ope	relor (2)		la.			
Agencies Nathfield	a ve es	Nothication	Typa		Street Address	5				-		-
EPA EDCA		Dinitial N					3			1/		
DOL DOL		M Emen		tification #	Chy. Signa, Zip Code MAPLEWOOD, I	JEW A	EDGE		JAN.	2 8 2	019	
DEP- No Longer REQUIR	ED	Juatific	atton)	fu sermon S	Name of Contact		PARE			Vumber	-	-
В рон	-	E Canca	lied		MR. TIM OWENS	}		1				
Name of Facility Where Abstern	sal in Te	kina Piece (2)		PAGILITY IN	FORMATION Typic of Facility (4)	-		-				
OWENS RESIDENCE					Select (K-12)							
Street Address					DSubchapter 8 (other	than Ko	2)					
					So. Feet; N/A	# of Fig	rciel build Dors: 2	inga, ho Bida.	me, e Aos:	16.) 60+ va	RPS	
MAPLEWOOD 2	Caunty IB) 385X		(Code (7) Use (Colv)				V1950-1717-0015			24.00	
	-				Current Use (prior if b	ang ce	nolished	k ree	edenc	36		
Name of Manitoring Firm Hand to ENVIROVISION, INC.	b' Ploto.	Owner(B)	ASCM 000		Name al Contrador (9)			Million Control				
			666	1 8'	GREENWOOD AS	ATEN	ENT C	onsu	LTAR	ITS. INC.		
Street Address 20-21 WARGARAW ROA	LD)			32	Street Address					- Gr		
	acceptance of				511 MAIN STREE	and a second						ĺ
Chy. State, Zip Code FAIRLAWN, NJ	Pairlawn, NJ											
Protect Messager for Monitoring F		BUTLER, NJ 0740	7D		Licens	e Num	Der		-			
FRED LARSON		973-492-0477			0084							
School and Start Date (10) 01/22/2019		Scheduled C		n Date (11)	Name of OSHA Monitor			One			- Avenue	
9116212018		01/24/201	18		ENVIROVISION,	NC.			*		S	
Occupancy Status During Abat Facility Closed/Vacated Du	ement (Check only or	18)	-1	Street Address	7000			was and the			
Abstement Performed Outs	ide of N	nw renog of s ormal Feellity	Moure :	ME	20-21 WARGARA	W RO	AD					
Describe Facility Occupied During En					City, State, Zip Code		200			Service and		\neg
SHIFT HOURS BAN - 5	PM (2	a Hours e	en: I Røsd	lad)	Esimi alami si				12			
Source of Work (Check all that a			-		FAIRLAWN, NJ							
	Market Co.			222	(E Fu	i Contan	meni w	an Ne	gative Pros	oli Latin	
M≥ 3 of or ≥ 8 if M≥ 160 of or ≥ 260	10			Renovation Demolition		I MI	I-Enclos	ufa e7b		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-0-40-6	- 1
460 01 01 5 X00	N			■ Dempileon			vebag P	rocedui	19 na Nas	-Friable Pi	marehia-	
Location of Asbeatos-Constituto	leta	callon Normall	ullese	Design - 23	codes Containing Materia		-	-			rés gris.	
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Kitchen & Basement		[2]		PIPE INSULA	ATION		30 LI	F		TT	T	_
Name of Rep. Wasse Mauler		AUDEP Was	e Maule	Iffr 4								
Newark Carting, Inc.		NJ DEP		-142-E	Subla Yersa of Waste:	15	CY			Mortin L		
Newark, NJ 04509												
Notes: None							124/201			City, State		I.
									-	Morrisvies 216-738-1	Pa 1806	
PAYMOND C PEDALIN		Die Dieman de	A IE	aqp	Simalum	in dealer-		Date			100	
RAYMOND C. PEDALINO SENIOR PROJECT MANAGER					Raymond C. C.	Sale	es l	Jant	ery 2	1, 2019		

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Date of Notification							Owner / Operato	or (2)		The Line of the Land of the La	5 1	11 \	Ť.	
Agencies Notified	1/23/19	otion				Monn	nouth							1
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□ DOL	Amer	nded	100			NJ 07								1
□ DOH	☐ Emer	rgency				ntact				A A	Telepho	ne N	umb	er.
☐ DCA	Cano	ellation	C	asey	Ho!	rnstra				T get as	102 40		30 .	
					ILIT	Y INFO	ORMATION							
Name of Facility Wh	ere Abateme	ent is Taking Pl	ace (3)				Type of Facil							
Street Address							School ((OII - II	14.40				
Street Address									(Other tha				4-1	
							Square Feet		# of Floo	mercial buildir			tc.)	
City (5)		County (6)	Cou	nty C	ode (7)	45000		# 01 1100	3	Bldg. Ag	55+		
Tinton Falls		Monmouth		nty O	ouc ((,,)	Current Use		if being de	(100)		22+	_	
- mion i ano		Moninoatii					Carrent Goo	(1101	ii boilig de	arrionarica)				
Name of Monitoring NV5	Firm Hired b	y Building Own	er (8)		ASC 000	M No.	Name of Aba Bristol Env							
Street Address					1000		Street Addres		iloiitai, ii	10.				
850 Bear Tavern	E-100 (100 (100 (100 (100 (100 (100 (100						1123 Beave	r Str	eet					
City, State & Zip Coo							City, State &							
Trenton, NJ 0862 Project Manager for		irm	Tolonk	onol	Al. mak		Bristol, PA			11:				
Ryan Broadwater			Teleph 609-3	23-2	555		Telephone N (215) 788-6	040		License 1 00509	Number			
Scheduled Start Dat 2/4/19	e (10)	Scheduled Con	npletion 2/4/1		e (11))	Name of OSI Bristol Env			c.				
Occupancy Status D	uring Abater	ment (Check or	ly one)				Street Addres	SS						
		During Entire Po					1123 Beave							
Abatement F Describe:	erformed Ot	utside of Norma	al Hou	rs – 7	am to	3pm	City, State &							
Facility Occu	pied Durina	Abatement					Bristol, PA	1900	/					1
Scope of Work (Che														-
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≥3 sf or ≥3 lf ≥460 =f >200				Rend					Mini-Encl					
≥160 sf ≥260) IT		\boxtimes	Dem	olitior	1				g Procedures	F - 1.1.	_		
10	cation of		le L	ocatio	vn.		Description	Not.	Non-Exer	mpted and Nor				
	os-Containing	g	Norma		2004 Aug 19		Asbestos-Con		a	Amount (Specify	ADa	teme	int 1)	ype
	erial (ACM)			ely by			Material (A	CM)		SF or LF)			四	m
	E ABATED Facility		Mainte			in	(i.e., thermal s				Rem	Repair	cap	ncls
	(13)			12)	lalif		nsulation, surfactor or other miscellation				Remova	bair	Encapsulate	Enclsoure
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Exterior Roof						Ro	oof/Chimney	Flash	ing	10 SF				
			4											
			++		님	17,000						Щ	Щ	님
			H	H	H	17.							H	님
Name of Registered	Waste Haule	er L		NJI	EP V	Vaste I	Cubic Yards	Nam	e of Regis	tered Landfill				Ш
		5500		Hau	ler ID	No.	of Waste							
Service Transpor	t Inc.			209	90		1 Cu Yd		erva Lan	dfill				
City, State Yardley, PA						1.0	Disposal Date t bd		State nesburg	, ОН				
Completed By (Print				Title		1	Signature	-		A754	Date			
Gino Pizzigoni					ject nage	_	Dino E	in	ninn	1. 19pc	1/23	/19		
GI 18247				Ividi	iage	1	NOW I	1	J. John	1/				
QT 10011														

	CK27d	PAI	D			t to NJAC						E A	F I	\	** 	
	te of Notification (1) /24/2019				Name o	of Building a Pace	Owner/0	Operator	r (2)	-			e same			
-	encies Notified	Type Notification			Street A	Address				1	: ii,	JAN	28	2019		
×	EPA DEP DOL	Initial Amended Amendmen			City, Sta Palisa	ate, Zip C ades Pa	ode irk NJ				1_		3.70	pi, i	1	
×	DOH DCA	Emergency justification) Cancellation		,		of Contact Pace	F.W.	e Bally		one de la	Tel	ephone N	ımber	- 11 - 12 - 12 - 12 - 12 - 12 - 12 - 12		7.0
Al-					FAC	ILITY INF	ORMAT	ION								
N	me of Facility Where A /A	batement is Takir	ig Place (3)					- Comment	of Facility						
Str	eet Address								×	School (K- Subchapte Other (i.e. etc.)	8 (Othe	er than K-1 & commerc	I2) cial buil	dings	hom	es,
Cit P	y (5) alisades Park									re Feet	# of 2	Floors		3ldg. <i>A</i> 1900		
	unty (6) ergen					Code (7) USE ONLY	o		Curre	ent Use (Pri dence	or if bei	ng demolis	shed)			
Na	me of Monitoring Firm	Hired by Building	Owner (8)	ASCI	M No.		Name Che	of Aba ckma	tement Co rk Indust	ntractor rial	(9)				
Str	eet Address								Addre:							
City	y, State, Zip Code									ip Code I 07871						
Pro	ject Manager for Monit	toring Firm			Telepho	ne No.			none N -570-2			License I	No.			
	rt Date (10) /25/2019		Schedu 1/31/2		mpletion	Date (11)				HA Monitor	rial			- Headel		12-12-11
Oc	cupancy Status During	Abatement (Chec	k Only O	ne)					Addres							
×	Facility Closed/Vacat Abatement Performe Other – Describe:	d Outside of Norn	Period of nal Facilit	Abaten y Hours	nent s			City, S		ip Code						
Sco	ope of Work (Check All							Spai	ila Nu	07871	especial co.					
×	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	,	Discount	Renova Demolit				×	Mir Glo	I Containm i-Enclosure ivebag Pro- n-Exempted	e cedure				e	
			2.100	Locati							XxXX			Abate	ement	ij
	Location of Asbestos-Containing N TO BE ABA In Facility (13)	Material (ACM) TED	Use Ma	Normal ed Sole aintena todial s (12)	ely by nce/		tos Cont thermal surfac		Material s insula T, or		(S	mount pecify or LF)	Remova	Repair	e Encapsulate	Enclosure
	first flagraticies		Yes	No	N/A										te	
_	first floor livin			X				oor tile:			04-140	S1 SF	X			
	second floor h	naliway		X			flo	oor tiles	S		2	5 SF	X			
Nar	ne of Registered Waste	e Hauler		IN	JDEP W	laste	Cubic	Varde		Name of	Pogisto	red Landfil				
Atla	antic Carting	-		4 23	lauler ID		of Was			Townson and		gement	1			
Wa							Dispos	al Date		City, State Tulleyto		Ą				
	Wayne NJ Completed by Corey Stankovic Title CEC						S	ignature	(<	Farko	·		ate /24/20	019		

State of New Jersey

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)		- 12 , [] [
Date of Notification (1) Name of Building Owner/Operator (2)	JAN 2 8 2019) [[4]
Agencies Notified Type Notification Street Address (1)	Mark The Control of Co	
DEPA Initial		
DEP DOL Amended Amendment # City, State, Zip Code Amendment # HACUETT TO WW	11.10	184
DOH justification) Cancellation Name of Contact.	Telephone Number	0 0
Name of Facility Where Abatement is Taking Place (3) Type of Facility (1)	Valent, Marine	-
MANS UNISLEY		
Street Address School (K-12) Subchapter 8 (O	ther than K-12)	
HACK attack A 1,242 N \ OOC//r Square Feet		ig. Age
County (6) County Code (7) (STATE USE ONLY) County Code (7) (STATE USE ONLY)	peing demolished)	20
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor	Actuain	75
Street Address	tase (pa	ST.
Cisi State. Zip Code Street Address Cipi State. Zip Code	12	
DANTA W City State, Zip Code HACKETS	Town	
Mill leavel Calephone No. 96 PU	License No.	68
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor	1 00 1	00
Occupancy Status During Abatement (Check Only One) Street Address		
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: ACSUAN HOURS City. State, Zip Code		
Scope of Work (Check All That Apply)		
☐ ≥3 sf or ≥3 lf ☐ >160 sf or ≥260 lf ☐ Renovation ☐ Renovation	h Namai - D	
☐ Mini-Enclosure ☐ Glovebag Procedure	d Non-Friable Procedure	
Is Location Location of Normally	7.51	atement
Asbestos-Containing Material (ACM) Used Solely by Asbestos Containing Material (ACM) Maintenance/ Asbestos Containing Material (ACM)	Amount	Туре
In Facility Custodial Staff? (i.e. thermal systems insulation, surfacing,		Enca
Yes No N/A	(Specify SF or LF)	Enclosure Encapsulate
TANK TARM / TRANSITE TO INC. SI	20 //	1.
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IANC FAM ROOF LANGUSTE 18	ALL I	+
Name of Registered Waste Hauler	9111	
WASTE MANASCHIEUT NODET Waste Cubic Yards of Waste And Cubic Yards Of Waste Of Waste Of Waste		
Disposal Date / C City. State		,
	61.112 /	L
TOHN WASHAM M PACS West John Washer	Date	1

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

page 1

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			A		CATION	nto of New Of ASBE (o NJAC 8:	SOTE	ABATEN						ll l	
Date of Notification (1) 01/22/2019						Building O y of Esse		Operator ((2)	1	H. JAN	2 8	- 20	19	
Agencies Notified EPA	Тур	e Notification	11.	1	Street A	ddress loom(leid	Aver	лие			1	1 7		i Maria	11:
□ DEP	15	Amended Amendment				te, Zip Cod	8			1	1	1			
	12	Emergency	(including	-	Veron	Contact				1.	Telephone N	nupet			+
DOH DCA		justification) Cancellation				injeev Va	arahe	ese		·	973-226-8			2	
	1					LITY INFO									=
Name of Facility Where			ng Place (3	1)		-				of Facility (4	80				
Hall of Records Bu Street Address 465 Dr. Martin Lut			d						8	Other (i.e. pr	l) 8 (Other than K- ivale & commer	12) ciał bull	ldings,	home	3,
City (5)	ilies t	ang at Dis	u,							tc.) e Foot	# of Floors		Bidg. A	ge	-
Newark,									30,0	7.	5	10.	90	(5 16)	1
County (6) Essex					County C	Code (7) ISE CALLY)	_	_	Offic		if baling demoli	shed)			
Name of Monitoring Fire		The state of the s	Charles and the same		ASCN N/A	No.				ement Constral Constr	ructor (9) ruction, inc.		_	- 1-0517-001	
Street Address				Stream.			D140 0 11-	040			\neg				
2333 Route 22 We City, State, Zip Gods	981							100000	2	on Avenu	e, PMB Suite	218			
Union, NJ 07083										07012					
Project Manage: for Mo	nitorin	g Firm			Telepho			Teleph			License	2.000			
Rick Eustaquio						06-0073			389-0		00693				
Start Date (10) 01/23/2018			9chedule 01/24/			Date (11)				A Moniter	ruction, Inc.				
Occupancy Status Duni	no Abs	tement (Che			-			Streat		-	Satural Hara			_	_
Facility Closed/Vso Abstament Perform Other - Describe:	cated"	Duting Entire	Period of /	Albater				City, S	eta, Zi	p Code	e, PMB Sulte	218	- 1777		
Scope of Work (Chank								Gime	אוו, ועב	07012					$\overline{}$
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Noon	IDI		<u> </u>	-	+	11	perci	DOW III	PORBLIC	-	- 5 - 1	1	+		\vdash
			+	-	+	-	,						+		-
			+		+	-	-						+	-	1
Name of Registered We Service Transport				1	NJDEF W Hauler ID 20990		of Wa				Registered Land	31		1	
City, State New Castle, DE 19	720	•					Dispo	sel Date 4/2019		City, State Wayne	sbug, OH 44	883			
Completed by Krutarth Jagad			Proj	ect M	lanagei	r	1	Signatura	V	5		Date 01/22	/2019	9	

CK	.9271	PA	UD	NO	TIFICAT (Pursu	State of I ION OF AS ant to NJA	SBESTO	SARATE	EMENT		- G	II.		7		
01	e of Notification (1) /22/2019				Nam	e of Buildir unty of E	ng Owner	r/Operato	r (2)		1.4.5			• 4	1	
Age	ncies Notified	Type Notification	on	1	Stree	et Address				1117	JAN	28	20	19		111
	EPA DEP	Initial				Bloomfi		enue		l						f
×	DOL	Amended Amendme	nt#		City,	State, Zip o	Code			PV	3 T. 1 1	185.7	1,1			-
×	DOH	Emergence justification	y (includ	ing		e of Contac	×+			to the man		• •		******		
	DCA	Cancellation	n) on			Sanjeev		9299				hone N		r		
Nom	o of Facility NA					CILITY IN					9/3-	-226-8	500			
Ha	ne of Facility Where A II of Records Bu	Abatement is Tak Ildina	ing Place	e (3)					Type of I	acility (4)						
	et Address	nully							Sch	ool (K-12)						
46	5 Dr. Martin Luth	er Kina Jr. Bl	/d						Sub	chapter 8	(Other t	than K-	12)		2001	
City		3 011 01							eic.		ate & C	ommer	cial bu	ııldıng	s, ho	mes,
Ne	wark,								Square F	eet	# of FI	oors		Bldg.	Age	
	nty (6)				Count	y Code (7)			30,000	los (D-ii	5			90		
Ess					(STAT	E USE ONL	n		Office	lse (Prior i	T being	demolis	shed)			
Name	of Monitoring Firm	Hired by Building	Owner (8)		CM No.		Name		ent Contra	ctor (9)					
	Environmental L	aboratories, l	LC		N/A	4		DIA	General	Constru	ction,	Inc.				
	3 Route 22 Wes	t						Street /	Address							
	State, Zip Code									Avenue,	PMB .	Suite :	218			
	on, NJ 07083								ate, Zip Co							
Projec	ct Manager for Monit	oring Firm			Teleph	one No.		Telepho	n, NJ 07	012						
	Eustaquio					206-0073	3		389-0089	9		cense N 0693	lo.			
100	Date (10) 23/2019		Schedu	led Co	mpletion	Date (11)			f OSHA M			7093	-	-		
	ancy Status During	Ab-t 1 (0)	01/24	/2019	1			DIA	General (Construc	ction, I	nc.				
								Street A	ddress							
	acility Closed/Vacati batement Performed	Outside of Norn	Period of	Abater	nent					venue, l	PMB S	Suite 2	218			
X C	other - Describe: 4:	00 PM - 12:00 AM		ty riour					ate, Zip Co							
Scope	of Work (Check All	That Apply)						Cilitor	n, NJ 07	012						
(Printer)	3 sf or ≥3 lf 160 sf or ≥260 lf		×	Renova Demolit				×	Gloveba	tainment volosure g Procedu mpted (*)	re					
			l	s Locati	on					picu ()	and No	II-FIIADI	Pro	Abate		-
Act	Location o			Normal ed Sole			Des	cription o	f						/pe	
ASI	pestos-Containing M TO BE ABAT		Ma	aintenar	nce/	Asbest	os Conta	ining Mai	terial (ACN	1)	Amour	nt			Ш	
	In Facility (13)		Cus	todial S (12)	Staff?	(1.6.	surfaci	ing, VAT,	or		(Specif SF or L		Removal	Re	Encapsulate	Enclosure
	(10)						other mi	iscellaneo	ous)			. ,	SVOL	Repair	lusc	uso
			Yes	No	N/A								=		ate	6
	Room B1		X			Pi	pe/Elbo	ow Insu	lation		9 LF		×			
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	f Registered Waste				DEP W		Cubic Y		Nam	e of Regis	tered La	andfill				_
	e Transport Gro	nb dr		(60.72	uler ID I	NO.	of Waste	е	4	erva La						
City, Sta							Disposa	l Date		State ^						
	astle, DE 19720					1	01/24/2			ynesbuk	a. OH	4468	R			
Complet	ed by h Jagad		Title				Sig	nature	0	7	5, 5,1	Date				
Mulan	n Jayati		Proje	ct Ma	nager			1	2		1		22/2	019		

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) Charles Luk and Vicky Luk 28 1/25/2019 Agencies Notified Type Notification Street Address × **EPA** Initial City, State, Zip Code DEP Amended Alpine, NJ × DOL Amendment # Emergency (including Telephone Number Name of Contact × DOH justification) Antonio Pacuku Cancellation DCA FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) N/A School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, × Square Feet # of Floors Bldg. Age City (5) 11,000 1994 Alpine Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) unoccupied ASCM No. Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) Checkmark Industrial Street Address Street Address 54 Morgan Dr City, State, Zip Code City, State, Zip Code Sparta NJ 07871 License No. Telephone No. Project Manager for Monitoring Firm Telephone No. 01334 973-570-2645 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Checkmark Industrial 2/20/2019 2/8/2019 Street Address Occupancy Status During Abatement (Check Only One) 54 Morgan Dr Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Sparta NJ 07871 Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 If Demolition Mini-Enclosure × ≥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) Encapsulate Maintenance/ Enclosure (i.e. thermal systems insulation, (Specify Remova TO BE ABATED Repair Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)other miscellaneous) (13)Yes No N/A 1840 SF X roofing membrane roof NJDEP Waste Cubic Yards Name of Registered Landfill Name of Registered Waste Hauler of Waste Hauler ID No. Waste Management Atlantic Carting 20 City, State Disposal Date City, State Tulleytown PA Wayne NJ Date Signature Completed by Title 1/25/2019 Corey Stankovic CEO

OKANG PAII) N	OTIFI (P	CATION	ate of New I OF ASB to NJAC	ESTOS	ABATE	MENT O)			CF		7		
Date of Notification (1) 1/25/2019			Name of Allegr	f Building o Devel	Owner/0 opmer	Operator nt Com	(2) pany		J	AN 2	8 20	19		
Agencies Notified Type Notification EPA Initial			Street A 212 S	ddress outh Ce	ntral A	ve, Su	ite 301		<u> </u>		i e		3.	
DEP Amended Amendment #		_ [ite, Zip Co Jis, Miss		3105		#11.19			10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
DOH Emergency (i justification) Cancellation	ncluding			f Contact el Dolec	cki					ephone N '3-440-2				
Name of Facility Where Abatement is Taking	DI (0)		FACI	LITY INFO	ORMATI	ION								
N/A	Place (3)							Facility (4	5					
Street Address 200 Old Hook Road							Su	hool (K-12 bchapter 8 ner (i.e. pr	(Oth	er than K & comme	-12) rcial bu	ilding	s, hon	nes,
City (5) Harrington Park							Square 100,00	Feet	# o	Floors		Bldg.	Age 9	
County (6) Bergen				Code (7) JSE ONLY)	W _y		Current	Use (Prior upied	r if bei	ng demol	ished)			
Name of Monitoring Firm Hired by Building O	wner (8)		ASCN	l No.		Name Che	of Abater ckmark	nent Cont Industria	ractor al	(9)				
Street Address			I.				Address Iorgan I	Or						
City, State, Zip Code							tate, Zip (ta NJ 0							
Project Manager for Monitoring Firm			Telephor	ne No.			one No. 570-264	45		License 01334				
Start Date (10) 2/11/2019	Scheduled 2/26/20	Com	pletion [Date (11)			of OSHA ckmark	Monitor Industria	al					
Occupancy Status During Abatement (Check							Address lorgan [)r						
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	eriod of Ab al Facility F	atem lours	ent			City, S	tate, Zip 0	Code	2 1112			-		-
Scope of Work (Check All That Apply)						Opai	ta INO O	7071						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Eminance	novat moliti				×	Mini-E Glove	ontainmer inclosure bag Proce ixempted	dure					
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Location of	No Used	rmall				scription					-		уре	_
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Main Custo	tenan	ce/	Asbest (i.e.	thermal surfac	aining M systems cing, VA niscellan		CM) n,	(S	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A								<u>a</u>]	ate	Гe
first floor kitchen		Χ			r	mastic			2	,000	X			
					-									
Name of Registered Waste Hauler														
Atlantic Carting		100000	JDEP Wa auler ID I		Cubic of Was 7			lame of Re Naste N						
City, State Wayne NJ					Dispos	al Date		ity, State Fulleytov	vn P	Ą				
Completed by Corey Stankovic	Title CEO				S	ignature	(enkon			Date 1/25/2	2019		



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Date of Notification (1)				Name	e of Buildi	na Owner/	Operator (2)	2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	9		196	/
01/18/2019				OS	TER FA	IRLAWN	PROPE	RTIES LLC	上上	_6#		W	
Agencies Notified	Type Notification	n		Stree	t Address					P 4 4 7 1 7 6 7 11 7 10 7 10 7 10 7 10 7 10 7	historia and		1
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DEP X DOL	Amended Amendmer	n† #		(CA16) (C) (C)	State, Zip			1	1	UAN Z	ŏ i	2019	1
X DOH	Emergency	(includir	ng		of Conta		FS, NJ 0	8612		Consulta	29 D SS		į
DCA DCA	justification Cancellatio) n		1	N KON			# #	Telephor				
				1		IFORMAT	ION		201-56	57-0070			me er e
Name of Facility Where A	Abatement is Taki	ng Place	(3)	- 1.0	OILIT IN	II ONWAT		ype of Facility (4)				
FORMER PATHMA	RK CENTER	STOR	ES					School (K-12					
Street Address 22-00 MAPLE AVE				77				Subchapter 8	(Other tha	n K-12)			
							×	Other (i.e. pri etc.)	vate & com	mercial b	uildin	gs, ho	mes,
City (5) FAIRLAWN							Sc	quare Feet	# of Floor	'S	Bldg	. Age	
County (6)							1	1,000	1		60÷		
BERGEN				(STATE	y Code (7) E USE ONL) V)	Cı	rrent Use (Prior	if being der	molished)			
Name of Monitoring Firm	Hired by Building	Owner (21					TRIP CENTE		ES			
BIO-TERRA SOLUT	IONS	Owner (c)	ASC	CM No.			Abatement Contr					
Street Address								T DIAGNOS	IIC LLC				
2333 ROUTE 22							Street Add	NWILD AVE					
City, State, Zip Code								, Zip Code					
WEST UNION, NJ 0								IINGDALE N	1 07403				
Project Manager for Monit	oring Firm				one No.		Telephone			ise No.			
RICK EUSTARIO					194-376		973-928		011				
Start Date (10) 01/30/2019					Date (11)		SHA Monitor					
Occupancy Status During	Abatament (Cha-	02/30					HAZMA	T DIAGNOS	TIC LLC				
PRINCE .							Street Add						
Facility Closed/Vacate Abatement Performed	ed During Entire F d Outside of Norm	Period of al Facilit	Abater v Hour	ment				WILD AVE					
Other - Describe:			y . 10u.				City, State,	The state of the s	107100				
Scope of Work (Check All	That Apply)						BLOOM	INGDALE, N	J 07403				
≥3 sf or ≥3 lf		П	Renova	ation									
≥160 sf or ≥260 lf			Demoli				×	ull Containment	with Negat	ive Press	ure		
							×	Blovebag Proced	ure				
		Is	Locat	ion			1	Ion-Exempted (*) and Non-F	-riable Pi		ire temen	
Location of			Vormal	ly		Des	cription of					ype	·
Asbestos-Containing M TO BE ABAT	aterial (ACM)	Ma	d Sole	nce/	Asbes	stos Conta	ining Materi	al (ACM)	Amount			m	
In Facility	==	Cus	todial S	Staff?	(I.e.	thermal s. surfaci	ystems insung, VAT, or	ılation,	(Specify SF or LF)	Rer	₽.	nca	Enc
(13)			(12)			other mi	scellaneous	:)	Si di LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A						8	1	late	re
ROOF				X	В	BUILT-LII	P ROOFII	VG .	11,000 SF	= 32		-	
ROOF				X			FLASHING					-	
STORE #22	-02			X			Contract of the Contract of th	J	850 SF	X	_		
				^		LINC	DLEUM		350 SF	X			
Name of Registered Waste	Hauler		K+	IDECT									
BRYCE ALTERIO/HAZ		CTIC		JDEP W auler ID		Cubic Ya	A	Name of Reg					
	IVIA I DIAGNO	20110			035440			MINERVA	LANDFII	LL/FAIF	RLLE	SS L	.AN
City, State MILESBURG, PA / BLO	OMMODAL	- 611				Disposa	Date	City, State					
Completed by	JOWINGDALL	Control of the contro				TBD		WAYNESE	BURG,OH	H/MOR	RISV	ILLE	,PA
ATIANA ROTARU		Title COO				Sig	nature	- V	7	Date			
		550					Kall	gul		01/18/	2019		
								/ /					

B & G proj. #: 2019-24

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

	進						Check	# 9120				-
Date of Notification	(1)	I Name	of Building Ow	ner/Onerato	(2)		· we in the second	0 0 0	ST C	rough	- 1	79.
0 11 1/12 15	1/11 8	11	nship of Fai		(2)			GEI	M	1.5		
Agencies Notified	Type Notificati	———	Address				Harris I			-	111	111
☐ EPA ☐ DEP	X Initial		Fairfield Ro	oad			J.	AN 2 R	201	9	1 m]]
X DOL	Amenda		tate, Zip Code rfield, NJ 07	004						. = .		
✗ DOH		Name o	of Contact	hine and the same		and a second	Telephor	ne Number				A STREET, STREET,
☐ DCA	Cancella	Joe	e Catenaro				973-8	82-2700 x	250)0		2226. (2
		100	FA	CILITY INFO	RMATION	N						
Name of facility wh	nere abatement is	s taking place (3)			T	Type of Facility		inihees			
Police Headq								ol (K - 12) napter 8 (Othe	r th	an K-	12)	
Street Address							X Other	(Private/Com				
230 Fairfield	Road						Square Feet	/Homes, etc. # of Floors	1	Bld	g. Ag	ge
City (5)		County (6)	***************************************			unty Code (7)						
Fairfield		Essex			(518	ate use only)	Current Use (F		emo	olishe	d)	
Name of Monitorin	g Firm Hired by I	Bldg. Owner (8)		ASCM N	0.	Name of Abatement				-0		
Omega Envi	ronmental Se	rvices Inc.		00120		B & G Restorat	tion, Inc.					
Street Address 280 Huyler S	Street					Street Address 105 Ryerson F	Road					
City, State, Zip Coo						City, State, Zip Code			-			
South Hacke	ensack, NJ 07	606				Lincoln Park,	NJ 07035					
Project Manager fo			Phone Nun			Telephone Number (973)696-686	39	License Nu 0037		er		
Stan Blackm			201-489			Name of OSHA Mon		0037	0			
Scheduled Start Da	ate (10)	1	npletion Date (11)		B & G Restora						
02/04/2019		02/06/20)19			Street Address						
Occupancy Status						105 Ryerson F						
Facility close Abatement p	d/vacated during erformed outside					City, State, Zip Code						100
Describe: Other-Descri	be:					LincolnPark, N	J 07035					
Scope of Work (ch	neck all that apply	/)				wrap & cut						
Demolition	X	Renovation				Full Containment w/ne	gative pressure	Glovebag	pro	cedu	ire	
> 3 sf or $> 3 $ If	X	≥160 sf or ≥260	lf			Mini-enclosure		✗ Non-friab	ole p	roced	dure	
Location of		Is location non		ely				. 1	3	R	E	E
asbestos-cor material to be		staff(12)			ription of rial (ACM)	asbestos-containing	Amount (Specify	SE OF	m	р	С	n
abated in fac		Yes	No N/A	. 1:	nai (AOW		ĹF)	,	,	a i	a p	L
Computer Room	m		×	VAT &	mastic		50 sf		X			
office			×	mastic			250 sf		X			
Register d Waste l B & G Restora		NJDEP H 1956		Cubic Yards 2	s of Waste	Name of Registered Grand Centra						
City, State Lincoln Park,	NJ		Disposa	Date 02/06/19		City, State Pen Argyl, PA						
Completed by (Prir	nt or Type)	Title		Signatu	re	Gordana Luna		Date	20.1			
Gordana Luna	a .	Secretary/T	reasurer			Jordana Luna		01/25/2	201	9		

2019-23

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

Check # 9119 Date of Notification (1) Name of Building Owner/Operator (2) 10 11 1/12 15 1/11 19 1 Karen Giantomasi Agencies Notified Type Notification Street Address JAN 2 8 2019 EPA X Initial DEP City, State, Zip Code ASSESTED COMP Amendment Butler, NJ 07405 X DOL Name of Contact Telephone Number X DOH Cancellation Karen Giantomasi DCA **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Karen Giantomasi Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. Square Feet Bldg. Age # of Floors City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Butler Morris residential Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Project Manager for Monitoring Firm Phone Number (973)696-6869 00378 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 02/04/2019 02/07/2019 Street Address 105 Ryerson Road Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) Demolition Full Containment w/negative pressure Glovebag procedure X Renovation Mini-enclosure Non-friable procedure X ≥160 sf or ≥260 lf >3 sf or >3 lf Ε Is location normally used solely E Location of by maintenance/custodial n Amount Description of asbestos-containing n asbestos-containing m p C staff(12) (Specify SF or C material to be material (ACM) 0 a a L abated in facility (13) V Yes No N/A p VAT & mastic 240 sf X X basement VAT & mastic 25 sf X boiler room X Cubic Yards of Waste Name of Registered Landfill Registered Waste Hauler NJDEP Hauler ID# Grand Central Landfill 19563 5 B & G Restoration, Inc. Disposal Date City, State Pen Argyl, PA 02/07/19 Lincoln Park, NJ Signature Date Completed by (Print or Type) Title Ciordana Luna 01/25/2019 Secretary/Treasurer Gordana Luna

Check# 13410

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

GAC 670-2019 Date of Notification (1) Name of Building Owner/Operator (2) January 21, 2019 MR. TIM OWENS Agencies Notified Notification Type Street Address 2019 □ EPA □Initial Notification DCA ☐ Amended Certification # City, State, Zip Code X DOL MAPLEWOOD, NEW JERSEY 07040 ☑ DEP- No Longer REQUIRED iustification) Name of Contact Telephone Number X DOH MR. TIM OWENS □ Cancelled FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) OWENS RESIDENCE School (K-12) ☐Subchapter 8 (other than K-12) Street Address X Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 2 Bldg. Age: 60+ years City (5) County (6) County Code (7) MAPLEWOOD **ESSEX** (State Use Only) Current Use (prior if being demolished): RESIDENCE Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ENVIROVISION, INC. 00079 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 20-21 WARGARAW ROAD 511 MAIN STREET City, State, Zip Code City State, ZipCode FAIRLAWN, NJ BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number FRED LARSON 973-636-9145 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 01/22/2019 01/24/2019 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours -20-21 WARGARAW ROAD Describe City, State, Zip Code ☐ Facility Occupied During Entire Period of Abatement SHIFT HOURS 8AM - 5PM (24 Hours as needed) FAIRLAWN, NJ Source of Work (Check all that apply) Full Containment with Negative Pressure X > 3 sf or > 3 If X Renovation ■ Mini-Enclosure □ > 160 sf or > 260 lf ☐ Demolition Glovebag Procedure ■ Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) Remove Repair Encap Enclose VAT, or other miscell.) or LF) YES NO NA Kitchen & Basement X PIPE INSULATION 30 LF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill Cubic Yards of Waste: 15 CY Newark Carting, Inc. NJ DEP # 4509 G.R.O.W.S. North Landfill Newark, NJ 04509 Disposal Date City, State Notes: None 01/24/2019 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700 Completed by (Print or Type) Signature Date RAYMOND C. PEDALINO SENIOR PROJECT January 21, 2019 MANAGER Raymond C. Ledalino

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

X14 100	7991 v.		(F	Pursuant	to NJAC	8:60 ar	nd 12:12	0)		E L		15.			
Date of Notification (1) 01/22/2019					f Building				4	1 4	N 28	2010	1		
Agencies Notified	Type Notification			Street A 5800 I	ddress	DE A	/E.			UA	N CO	-2013	,		
EPA DEP DOL	Initial Amended Amendment				ate, Zip C		NJ.070	093	17	7.000		Por Contract			
DOH DCA	Emergency (justification) Cancellation	including			f Contact O FLOF						hone Nur -619-29	nber			
				FACI	LITY INF	ORMAT	TON					-			
Name of Facility Where PRIVATE	Abatement is Taking	g Place (3	3)					_	of Facility (4 School (K-1)						
Street Address								X	Subchapter Other (i.e. pretc.)				dings,	home	es,
City (5) WEST NEW YORK	NJ.								are Feet	# of F	loors	19 25	ldg. A 92	ge	
County (6) HUDSON				County (Code (7) USE ONLY	,		Curre	ent Use (Prio	r if being	demolish	ned)			
Name of Monitoring Firm	Hired by Building (Owner (8)		ASCN	l No.				atement Con			_ LLC).	** - 10	
Street Address							Street	Addre	ess					W. L.	
							1126	5. 51	st. STREE	T					
City, State, Zip Code							10 0000		Zip Code BERGEN	NJ. 07	047				
Project Manager for Mor N/A	nitoring Firm			Telephor	ne No.		Teleph 201-	none N 776-0		1	License N 1300	0.			
Start Date (10)				mpletion I	Date (11)				HA Monitor						
01/24/2019		01/25/)					VALYTICA	L INC.				- 1	
Occupancy Status Durin	g Abatement (Chec	k Only Or	ne)					Addre	ss 8th STREE	=т					
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire F ned Outside of Norm	Period of A al Facility	Abater / Hour	ment 's				State, Z	Zip Code						
Scope of Work (Check A	II That Apply)						1				****				Green .
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	,,,	27000000000	Renova Demoli				XX	Mi Gl	II Containme ni-Enclosure ovebag Proc	edure				e	
		Is	Loca	tion									Abate	ement	
Location	n of	1	Vorma	ally		De	escription	of				-	Ту	ре	
Asbestos-Containing TO BE AB. In Facil (13)	ATED lity	Ma	intena	Staff?		. therma	ntaining Notes in the systems acing, VA miscellar	s insul T, or	ation,	(Sp	ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										е	
BASEM	ENT		Х			PIPE	INSULA	ATIO	N	13	30	Х			
	The second secon			+								-			
				-								-	-		-
Name of Registered Was	ste Hauler		1	NJDEP W	laste	Cubic	Yards		Name of F	Renistera	ed Landfill				
TRI. STATE	sto i ladioi		ŀ	Hauler ID 19951		of Wa	aste		MINER				NC.		
City, State						10	sal Date		City, State						
BRONX NY.						TBI	D		WAYNE	SBUR	G OHIC).			
CARLOS ESOLUVE	F	Title	ETV	MANIAC	SED		Signature	100	gernedde	ma	Da Da	te	110		

CKTUOS PAI	D		CATION	ate of Ne OF ASB to NJAC	ESTOS	ABATE		г) F		7.00 1209 1209		7
Date of Notification (1) 01/25/19				Building Star Res			(2)		J	AN 2	8 201	9		
Agencies Notified Type Notification			Street A	ddress						,			# # # #	
EPA Initial Amended Amendment		_	City, Sta	te, Zip Co	ode			15	/					- 20
DOH Emergency (in justification) DCA Cancellation	nciuaing			Contact Star Res	toration	n				ephone N 2-395-2				
End Surroundin				LITY INFO					10.	2 000 2	.000	<u> </u>		
Name of Facility Where Abatement is Taking	Place (3))					Тур	e of Facility ((4)					
Street Address			100001 0000				×	School (K-1 Subchapter Other (i.e. petc.)	8 (Othe			dings	, hom	es,
City (5) Newark							Squ	are Feet	# of	Floors	E	Bldg. A	\ge	
County (6) Essex			County C	Code (7) USE ONLY)		Curi	rent Use (Pri	or if bei	ng demol	ished)	10		
Name of Monitoring Firm Hired by Building C	wner (8)		ASCM	l No.				atement Cor						
Street Address						Street 6 WH		ess DOVE CO	DURT					
City, State, Zip Code								Zip Code	8701					
Project Manager for Monitoring Firm			Telephor	ne No.		Teleph 732-6	one l	No.		License 1200	No.			
	Schedule 02/11/1		npletion [Date (11)				SHA Monitor D PROFE	SSIO	100000000				
Occupancy Status During Abatement (Check	201000000000000000000000000000000000000					Street	Addre							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:	eriod of A al Facility	batem Hours	ent			City, St	tate,	Zip Code OOD, NJ 0						
Scope of Work (Check All That Apply)						LAIL	_ , , , ,)OD, N3 0	0/01					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Discourage Co.	enova emolit				×	M G	ull Containmo ini-Enclosure lovebag Prod on-Exempted	e cedure				re	
000000000000000000000000000000000000000		Locati			\$1000	900.000	53					Abat	emen	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair	Sole ntenar odial S (12)	ly by		tos Conta thermal surfac		lateria s insu T, or		(S	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A										te	(D
INTERIOR				k	Kitchen			ay		00SF	x			
					allway			3	0SF					
				k	Citchen	and H	allw	ay	10	00SF				
Name of Degistered Wests Useds		1	IDES	***		·/								
Name of Registered Waste Hauler NEWARK CARTING		H	JDEP Wa auler ID I 1509		of Was			Name of IESI	Registe	red Land	till			
City, State NEWARK, NJ					Dispos 02/11	al Date /19		City, State BETHL		PA				
Completed by JOSEPH PERLSTEIN	Title OWNI	ER			S	ignature				31 63	Date 01/25/	19		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

K.00011	PA			(Pu	ırsuan	t to NJA	C 8:60 and 5:16	6)					
Date of Notification (1)	15 65 6				Name	of Building	Owner/Operator (2)	JAN	28	2019		
01 /	24 /	19			Mik	e Lake			1	3 5	91	D	77 . 33
Agencies Notified	Type Notifica	ation			Street	Address			A		r. 7		-
⊠ EPA										2 A.			
□ DOLWD	☐ Amended	5.			City S	state, Zip C	Code		10 10 10 10 10	(+ · · · · · · · ·			
⊠ DOH	Amendm	Maria Carlos	_		1850	n, NJ 07							
DCA (NJAC 5:23-8)	☐ Emergen justificati		ding			of Contact	5 550	<u> </u>	Telephone Nur	mher			
(110/10/03/20-0)	☐ Cancellat				0.55	e Lake	,		Telephone Nul	TIDOT			
					FAC	CILITY IN	FORMATION						
Name of Facility Where A	batement is 1	Taking Pl	ace	(3)			/	Type of Facility	(4)				
Residence								School (K-12					
Street Address								Other (i.e., pr	3 (Other than K-1 rivate and comm		ilding	s,	
City (5)			-					homes, etc.) Square Feet	# of Floors	Blo	dg. Ag	10	_
Avon								2000 sf	2		30	,0	
County (6)	102-111				Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	ior if being demo	lished)			
Monmouth							^ 13.550	Residence					
Name of Monitoring Firm	Hired by Build	ding Own	er (8	3)	ASCM	No.	Name of Abateme						
Guardian Contracti		1070						ntracting, Inc.					
Street Address							Street Address						
1889 Rte. 9, Unit 61							1889 Route 9	, Unit 61					
City, State, Zip Code				27-1-11			City, State, Zip Co	ode					
Toms River, New Je	ersey 08755	i .					Toms River,	New Jersey 08	755				
Project Manager for Moni	toring Firm			Tele	phone	No.	Telephone No.		License No.				
Nicholas Fernicola				73	32-349	-9932	732-349-9932	?	00624				
Start Date (10)		Schedule		9.2			Name of OSHA N	Monitor					
02 /04 /	19	02	_ /	_ 05	_ / _	19	E.M.S.L. Ana	lytical					
Occupancy Status During	Abatement (Check on	ly o	ne)			Street Address						
☐ Facility Closed/Vacate							1056 Stelton						
Abatement Performed							City, State, Zip Co	ode					
Time of Abatement: _	AIVI	PIVI/_		_PIVI-		AIVI	Piscataway, I	New Jersey 08	854				
Scope of Work (Check all	that apply)						П= ::0						
≥3 sf or ≥3 If		\boxtimes	Ren	ovati	on		☐ Mini-Enc	tainment with Neg closure	gative Pressure				
☐ ≥160 sf or ≥260 lf				nolitio				g Procedure					
							☐ Non-Exe	mpted (*) and No	n-Friable Proced				
Location	of			Local orma			Describera			Ab	atem	ent Ty	ype
Asbestos-Containing		1) (Jsec	d Sole	ely by	Asbe	Description of stos Containing Ma		Amount	Re	Repair	En	E
TO BE ABA					ince/ Staff?		., thermal systems	insulation,	(Specify	Removal	pair	ap	Enclosure
IN Facilii (13)	ty		Justi	(12)	Stail!		surfacing, VAT other miscellane		SF or LF)	<u>a</u>		Encapsulate	ure
()		Y	es	No	N/A		other miscellane	(cous)				te	
basement]	\boxtimes		asbesto	os pipe insulatio	on	50 If				
		T	1								П		
			1	$\overline{\Box}$									
			-		12					$ \parallel$ \square	Ш	Ш	
Name of Desisters of Mrs.	- II- I					ļ							
Name of Registered Was				100	IJDEP \ lauler II		Cubic Yards of Waste	Name of Regis	stered Landfill				
Guardian Contracti	ng, inc.				20223		3	T.R.R.F.					
City, State							Disposal Date	City, State					AT 1923-12
Toms River, New Je							02/05/19	Tullytown,	Pennsylvania	3			
Completed By (Print or T	ype)	Title					Signature		//	Date	Page 1		
Nicholas Fernicola		Proj	ect	Man	ager		1	, 1	1	. 1 .	, /	1 25	

									,	/4 Li, 1	UAN 2	0 6	UIY	- [1]
Date of Notification (1)	24		•					wner/Operator	(2)	1		70		1
/	24 /	1	9		W	arren Zin	nme	erman		4. A.	至何相			- 4
Agencies Notified EPA	Type Notifi	cation			Stre	et Address								
⊠ EPA														
⊠ DOH	Amendr		£		City,	State, Zip	Cod	le						
□ DCA	☐ Emerge			-	Pi	scataway	/, N.	J 08854						
(NJAC 5:23-8)	justifica	tion)		J	Nam	e of Conta	ct			Telephone	Number	1		
	☐ Cancella	ation			W	arren Zin	nme	rman		\$ A				
					FA	CILITY	NFC	RMATION						
Name of Facility Where A	batement is	Takin	g Place	e (3)					Type of Facility	y (4)				
Residence									School (K-1	12)				
Street Address									Subchapter	8 (Other than	K-12)			
									Other (i.e., homes, etc	private and cor .)	mmercial	buildir	igs,	
City (5)									Square Feet	# of Floors	s I	Bldg.	Aae	_
Piscataway									2500	2		80	.5-	
County (6)					Cou	nty Code (7)(ST	ATE USE ONLY)	Current Use (P	rior if being de	molished)			
Middlesex									Residence					
Name of Monitoring Firm I		lding (Owner	(8)	ASCM	No.	Na	ame of Abateme	ent Contractor (9	9)				
Guardian Contractin	g, Inc.							Guardian Co	ntracting, Inc.	•				
Street Address							St	reet Address						
1889 Rte. 9, Unit 61								1889 Route 9	, Unit 61					
City, State, Zip Code							Ci	ty, State, Zip Co	ode					
Toms River, New Jer		5						Toms River, I	New Jersey 08	8755				
Project Manager for Monito	oring Firm				ephone		Te	elephone No.		License N	0.			
Nicholas Fernicola Start Date (10)						9932		732-349-9932		00624				
	10					ite (11)		ame of OSHA M						
					5_/	19		E.M.S.L. Anal	ytical					
Occupancy Status During	Abatement (Chec	conly c	one)			Str	reet Address						
☐ Abatement Performed (During Enti	re Pe	riod of	Abate	ment			1056 Stelton						
Time of Abatement:	AM-	ormai Pi	гасшту Л/	/ Hou PM	rs - Des -	ΔM	Cit	y, State, Zip Co	ode					
						, uvi	F	Piscataway, N	New Jersey 08	8854				
Scope of Work (Check all t	nat apply)													
☐ ≥3 sf or ≥3 lf			⊠ Re	novat	ion			☐ Mini-Encl	ainment with Ne	gative Pressure	е			
≥160 sf or ≥260 lf			☐ De	moliti	on				Procedure					
			le	Loca	lion			☐ Non-Exer	npted (*) and No	n-Friable Proc	cedure			
Location of			l N	lorma	lly			Description of			A	batem	ent T	уре
Asbestos-Containing Ma	aterial (ACM	1)	Use	d Sole	ely by	Asbe	stos	Containing Mat		Amount	Re	Re	町	E
TO BE ABATI IN Facility	ED				Staff?	(i.e	., the	ermal systems in	nsulation.	(Specify	mo	Repair	cap	Enclosure
(13)				(12)			ot	surfacing, VAT,	or ous)	SF or LF)) <u>a</u>		Encapsulate	ure
			Yes	No	N/A								te	
basement/crawlspace				\boxtimes		asbesto	os p	ipe insulation	1	385 If				
									•	303 11				
				_										
				Ш										
												П	П	
Name of Registered Waste				10000	JDEP V		Cub	oic Yards of	Name of Regis	stered Landfill				
Guardian Contracting	, Inc.			H	auler IE		Wa		T.R.R.F.					
City, State					20223		Dis	posal Date	City, State					
Toms River, New Jers	sey							2/15/19		Pennsylvan	ija			
Completed By (Print or Type	e)	Title				- 0°		Signature	. any covin,	- cinisyivan				
Nicholas Fernicola		1	oject	Mana	ager			Signature		//	Date	1	The same	100
SB-41					J - 1			}-	Jul en	-1		12.	411	7

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.IAC 8:60 and 5:40)

CK 35911	O PA	JUD	N	OTIF	ICATI (Purs	ON OF A	AS ALV	BESTOS AE	3ATEM 5:16)	ENT			AN	2	8 .	2010
Date of Notification (1	1) 24	, ,	0					g Owner/Operat	or (2)		- 1	h la	- 113	A VEST	-	-013
		-	9	is .		Jess Moi	nzo				350	Mr. G	704	SA	106	. 7
Agencies Notified EPA	Type No ⊠ Initia	otification	n		St	reet Addre	ss				2	14	-		1.7	Seekii See
⊠ DOLWD	☐ Ame											4** 4		4- 1 -	100	
⊠ DOH		ndment :	#		Cit	y, State, Z	ip C	ode								
DCA	☐ Eme	rgency (i	nclud	ling	1	North Arl	ing	ton, NJ 07031	1							
(NJAC 5:23-8)	Justif	ication)				me of Con					Telephon	e Numb	or			
	☐ Cano	ellation				less Mon	ZO				relephon	ic radillo	CI			
Name of Facility When	e Ahatement	io Tokin	- DI	(0)	F	ACILITY	INI	FORMATION								
Residence	c Abatement	is rakin	ig Pla	ice (3)						of Facility (
Street Address									□ Sc	chool (K-12)	r Common man					
										ubchapter 8 ther (i.e., pri	(Other tha	n K-12)	-11			
City (5)									ho	omes, etc.)	vate and C	ornmerc	iai b	uildir	igs,	
South Seaside Pa	ark								Squa	re Feet	# of Floo	ors	В	ldg. /	Age	
County (6)	300 100 100 100 100 100 100 100 100 100			_	10-					00 sf	1		1	65		
Ocean					100	unty Code	(7)	STATE USE ONLY) Curre	nt Use (Prio	r if being d	lemolish	ed)	- 11 (12.2		
Name of Monitoring Fin	m Hired by B	Building (Jwno	r /9\	1000				Res	sidence						
N/A		runding (JWIIE	1 (0)	ASC	M No.		Name of Abater								100
Street Address			_					Guardian C	ontracti	ing, Inc.						
							1	Street Address								
City, State, Zip Code			_					1889 Route		61						
							1	City, State, Zip (×					
Project Manager for Mo	nitoring Firm			To	lephone	. No	-	Toms River	, New J	ersey 087	55					
No. 10 September 2011	•			10	ehilotti	e No.	1	Telephone No.			License N	Vo.				
Start Date (10)		Sched	uled (Compl	etion D	ate (11)	٠,	732-349-993			00624					
02 /05 /	19	0:	2	/ O	6 /	19		Name of OSHA								
Occupancy Status Durin	g Abatement	t (Check	only	000)			1	E.M.S.L. Ana	alytical							
□ Facility Closed/Vacat	ed During Fr	ntire Peri	od of	Abote	mont		S	Street Address								-
LI Abatement Performed	d Outside of	Normal I	Facili	h, Ha	- D	scribe	_	1056 Stelton								
Time of Abatement: _	AM	PM	/	PM		_AM	C	ity, State, Zip C						7		
Scope of Work (Check a	Il that apply)							Piscataway,	New Je	rsey 0885	4					
≥3 sf or ≥3 lf	7400 T.W.							☐ Full Con	tainment	with Negati	vo Process					
≥160 sf or ≥260 If		[⊥ R∈ ⊠ D∈	enovat emoliti	ion on				closure		ve riessui	re				
								☐ Gloveba 図 Non-Exe	g Proced	ure	riable De-					
Location				Loca						, and 14011-1	nable P100		A 1			
Asbestos-Containing	Material (AC	M)	Use	Norma	elv bv			Description of	of					teme	_	1
TO BE ABA	TED	,	Ma	intena	nce/	Asbe	stos	s Containing Ma nermal systems	terial (AC	CM)	Amount		Remova	Repair	Encapsulate	Enclosure
IN Facility (13)	ty		Cus	(12)	Staff?	,		surfacing, VAT	. or	·	(Specify SF or LF		200	air.	aps	losu
(, -)		97	Yes	No	N/A	1	0	ther miscellane	ous)		01 01 11	, ;	-		ulat	ıre
exterior				\boxtimes	-										Ф	
			_	700		asbesto	os s	siding			1000 sf		3			
												I	7	П	П	П
		[7	=		
													-			
Name of Registered Wast	e Hauler			N.	JDEP V	Vaste	Cul	bic Yards of	Name	of Pogister	d I ==			Ш		
Guardian Contractin	ng, Inc.			Ha	auler ID 20223	No.	Wa	aste	T.R.	of Registere	u Landfill					
City, State					20223		Dis	posal Date	City, St	2205255						
Toms River, New Je	-							2/06/19			anoul.					
completed By (Print or Type	pe)	Title						Signature	rully	rtown, Per	insylvan			1		
Nicholas Fernicola		Proj	ect l	Mana	ger			Signature	1	The state of the s	/	Date		No. of Street, or other Persons, or other Person		
B-41					<u> </u>			[V]	1	0-1		: / ^	4	114		

NO

State of New Jersey	71.0		Toronto Mining	-	CONTRACTOR OF	-	Division?
TIFICATION OF ASBESTOS ABATEMENT			E	C	E	11	M
(Pursuant to NJAC 8:60 and 5:16)		17		-	Ling	- 11	Lar

Date of Notification (1)				Name	of Building	g Owner/Operator (2)				111	111
U 8.7	19	9			wan Univ	5 XXX		JAN 2	8 2019	9	1.	
Agencies Notified Type Not	fication	1		Street	Address							- 6
⊠ EPA ⊠ Initial				300000000000000000000000000000000000000		Hill Road		Asserbics	,			
☑ DOLWD ☐ Amen	led				State, Zip C			1/201	1 -41%().1	et inte		-
	lment #			lor-specialis		NJ. 08028				1-4		63
DCA Emerg		ncluding	3		of Contac			Telephone Nu	ımhor			
(NJAC 5:23-8) justific				1000	n Gallia	ı.		856-256-4				
				FA	CILITY IN	IFORMATION						
Name of Facility Where Abatement	s Takin	g Place	(3)				Type of Facility (4)				Marie Comme
Evergreen Hall			, ,				School (K-12)					
Street Address							☐ Subchapter 8	(Other than K-				
201 Mullica Hill Road							Other (i.e., pr homes, etc.)	ivate and comr	nercial bu	ilding	s,	
City (5)						Ti di	Square Feet	# of Floors	BI	dg. A	ge	
Glassboro							80,500	3		+/- 7	0	
County (6)				Cour	ty Code (7)(STATE USE ONLY)	Current Use (Prid	or if being dem	olished)			
Gloucester							Vacant					
Name of Monitoring Firm Hired by B	uilding (Owner ((8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Pars Environmental Service	5					USA Environ	mental Manage	ement, Inc.				
Street Address						Street Address						
500 Horizon Drive #540						8436 Enterpr	ise Avenue					
City, State, Zip Code						City, State, Zip Co	ode					
Hamilton Township NJ. 0869	1					Philadelphia,	PA 19153					
Project Manager for Monitoring Firm			Tele	phone	No.	Telephone No.		License No.				
Rafael Torres			60	9-890	-7277	215-365-5810		1156				
Start Date (10)		duled C	Z			Name of OSHA N	lonitor					
1/24/19	- Wes	1_/		_ / _	19	USA Environ	mental Manage	ment, Inc				
Occupancy Status During Abatemen						Street Address						
Facility Closed/Vacated During E						8436 Enterpr						
Abatement Performed Outside of Time of Abatement: 7:00 AM-11						City, State, Zip Co Philadelphia,						
Scope of Work (Check all that apply	fi -					i illiadelpilla,	1 A 10100					-
□ >3 sf or >3 lf		M Da	novati	00		☐ Full Conf	tainment with Neg	ative Pressure				
⊠ ≥160 sf or ≥260 lf			molitic				g Procedure					
				307.07			mpted (*) and Nor	n-Friable Proce	dure			
			Locat						Ab	atem	ent T	уре
Location of Asbestos-Containing Material (A	20.41		Norma ed Sole		Acho	Description o stos Containing Ma		Amount	Re	Re	Ē	ш
TO BE ABATED	JIVI)	Ma	intena	nce/		., thermal systems		(Specify	Removal	Repair	cap	Enclosure
IN Facility		Cus	todial ((12)	Staff?		surfacing, VAT		SF or LF)	Val		Encapsulate	ure
(13)		Yes	No	N/A	1	other miscellane	ous)				te	
Evergrren Hall Room 119					Floor T	ile & Mastic Non	-Friable	60 SF				
					Emerge	ency						
			П								П	
			П								П	
Name of Registered Waste Hauler				JDEP \	Vaste	Cubic Yards of	Name of Regist	ered Landfill				1-
Service Transport			2500	auler I		Waste	Minerva La					
City, State						30 Disposal Date	City, State					
New Castle De.						1/26//19	Waynesbur	g Pa.				
Completed By (Print or Type)	Title	e				Signature	1		Date			
Kevin Meldrum		roject	Man	ager		X	- Mila			29	-1	9

CINCIA.	I A	是是		(P	ursua	nt to NJA	AC 8:60 and 5:1	6)		•			į
Date of Notification (1)					Nam	e of Buildin	g Owner/Operator ((2)	J	AN 2	8 2	2019	- [
	24/	19			KF	RE Group			35	591	5		113
	ype Notific	ation			Stree	t Address			Lucia	17 3		25-15-1	
F7	☑ Initial				10	0 Stonehi	ill Road				dia.	e e e N	
☑ DOLWD [☐ Amende	373:			City,	State, Zip (Code						
	Amendm Emerger						NJ 07081						
(NJAC 5:23-8)	justificat		Cludin	9		e of Contac			Telephone Nu	mher			_
	Cancella	tion			Ca	z Kowalc	zyk		973-222-19				
					FA	CILITY IN	IFORMATION						
Name of Facility Where Aba	atement is	Taking	Place	(3)				Type of Facility ((4)				
Summit Hill Apartme	nts Buildi	ing D)					☐ School (K-12)				
Street Address	30							Subchapter 8	(Other than K-	12)			
100 Stone Hill Road								Other (i.e., pr homes, etc.)	ivate and comm	nercial b	uildin	gs,	
City (5)								Square Feet	# of Floors	В	ldg. A	ge	
Springfield								8,000 sf	2	1	60	-	
County (6)					Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demo	olished)			
Union								Apartments		50			
Name of Monitoring Firm Hi		ding C	wner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)			- 50		
Guardian Contracting	ı, Inc.						Guardian Cor	ntracting, Inc.					
Street Address							Street Address						
1889 Rte. 9, Unit 61							1889 Route 9	, Unit 61					
City, State, Zip Code							City, State, Zip Co	ode					
Toms River, New Jers		5					Toms River, I	New Jersey 087	755				
Project Manager for Monitor	ing Firm			Tele	phone	No.	Telephone No.		License No.				
Nicholas Fernicola				7	32-349	-9932	732-349-9932		00624				
Start Date (10)				. 100		ite (11)	Name of OSHA M	lonitor					
02/04/					2_/	19	E.M.S.L. Anal	ytical					
Occupancy Status During A							Street Address					Towns falls	
Facility Closed/Vacated I	During Enti	re Per	iod of	Abate	ment		1056 Stelton						
Abatement Performed On Time of Abatement:	utside of No	ormal	Facility	y Hou	rs - Des	scribe	City, State, Zip Co	ode					
		PIV	nv	PIVI-		AW	Piscataway, N	New Jersey 088	54				
Scope of Work (Check all th	at apply)							F0					
≥3 sf or ≥3 lf			⊠ Re	novat	on		☐ Full Conta	ainment with Nega	ative Pressure				
≥160 sf or ≥260 lf			☐ De					Procedure					
							☐ Non-Exer	mpted (*) and Non	-Friable Proced	lure			
Location of				Locat Norma						Ab	atem	ent T	ype
Asbestos-Containing Ma	terial (ACM	1)	Use	d Sole	ely by	Asbe	Description of stos Containing Mat		Amount	Re	Re	En	En
TO BE ABATE				intena	nce/ Staff?		., thermal systems i	nsulation,	(Specify	Removal	Repair	cap	clos
IN Facility (13)			Ousi	(12)	otaii!		surfacing, VAT, other miscellaned		SF or LF)	/a		Encapsulate	Enclosure
			Yes	No	N/A	1	other miscellanet	ous)				ite	
crawlspace			П	\boxtimes		asbesto	s pipe insulation	n	235 If		П	П	П
						1000000	o pipe modiation	<u>'</u>	233 11				
		-											
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Name of Registered Waste I	Hauler				JDEP 1		Cubic Yards of	Name of Registe	ered Landfill			_	_
Guardian Contracting	, Inc.			Н	auler II	5.7011M-54340	Waste	T.R.R.F.					
City, State					20223	,	4 Disposal Date	City, State					
Toms River, New Jers	еу						02/22/19	170.00	Pennsylvania				
Completed By (Print or Type)	Title					Signature	1		Date /	1	_	
Nicholas Fernicola		7.00.75.75.0	oject	Mana	ager			< 1 -	/		u li	ej.	
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Date of Notification (1)					Nam	e of Buildin	g Ov	vner/Operator ((2)	1			/13	F-21
	24 /	19			KF	RE Group				Ĺ	2	>	91.	
Agencies Notified	Type Notific	ation			Stree	t Address					775 <u>8</u> 75		11	*
⊠ EPA					10	0 Stoneh	ill R	oad		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		4.04.7		
⊠ DOLWD	Amende				City,	State, Zip (Code)						
□ DOH	Amendm			-		ringfield,								
(NJAC 5:23-8)	☐ Emerger justificat		cludin	g		e of Contac				Telephone N	Jumher			
(**************************************	☐ Cancella				62(0/0)75.75	z Kowalc	357			973-222-				
		odistane.					-			313-222-	1901			
Name of Facility Where A	Ahatement is	Takin	n Dlace	(3)	FA	CILITY	IFU	RMATION	T	· · ·				
Summit Hill Apartm				= (3)					Type of Facility (0.00				
Street Address	ients bund	ilig A							School (K-12		(-12)			
100 Stone Hill Road	4								Other (i.e., pr	ivate and com	mercial	build	ngs,	
City (5)	4								homes, etc.)					
Springfield									Square Feet	# of Floors		2.30	Age	
County (6)					10-	nh. 0 1 - 7	7\/0=	ATE 1105 0111 11	8,000 sf	2		60		
Union					Cou	nty Code (/)(51)	ATE USE ONLY)	Current Use (Pri	or if being den	nolished	6		
Name of Monitoring Firm	Hirad by Duil	dina C	Juman	/0\	I ACCE	N-	1		Apartments					
Guardian Contracti		aing C	wner	(8)	ASCM	No.	1		ent Contractor (9)					
Street Address	ng, mc.						1		ntracting, Inc.					
1889 Rte. 9, Unit 61								eet Address						
		×					1	1889 Route 9						
City, State, Zip Code	0077							y, State, Zip Co						
Toms River, New Je		•		-			-		New Jersey 087	755				
Project Manager for Moni Nicholas Fernicola					lephone		1	lephone No.		License No).			
Start Date (10)					32-349			732-349-9932		00624				
02 /04 /					etion Da	25 50	8100	me of OSHA M						
					2_/	19	E	E.M.S.L. Anal	lytical					
Occupancy Status During							Str	eet Address						
☐ Facility Closed/Vacate	d During Enti	re Pei	riod of	Abate	ement		1	056 Stelton						
Abatement Performed Time of Abatement: _	AM-	ormal PN	Facility	y Hou	ırs - Des	scribe	City	y, State, Zip Co	ode	1				
			'"	_' ''		_AIVI	F	Piscataway, N	New Jersey 088	354				
Scope of Work (Check all	that apply)							П		N 52				
≥3 sf or ≥3 lf			⊠ Re	nova	tion			☐ Full Cont	ainment with Neg	ative Pressure	•			
≥160 sf or ≥260 lf			☐ De						Procedure					
		249						☐ Non-Exe	mpted (*) and Nor	n-Friable Proce	edure			
Location	of		17:2	Loca Norma					. 1		A	bate	ment 7	Гуре
Asbestos-Containing I		1)	Use	d So	lely by	Ashe	stos	Description of Containing Mar		Amount	7	7 7	I I	En
TO BE ABA	TED				ance/ Staff?	(i.e	., the	ermal systems i	nsulation,	(Specify	Kemova	Kepair	cap	Enclosure
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crawlspace						achasta		ipe insulatio	_	00=10		+-	, -	
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Name of Registered Wast	e Hauler			Ц,	NJDEP '	Maste	Cut	oic Yards of	Name of Decision	a a a d 1 c - 1000		1 _		
Guardian Contractir				100	Hauler II		Wa		Name of Regist	ered Landfill				
City, State	3,				20223	3	4		T.R.R.F.					
Toms River, New Je	rrov.						1000000	posal Date	City, State					
	•	r=					0	2/22/19	Tullytown,	Pennsylvan	ia			
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Nicholas Fernicola		Pr	oject	Mar	ager			M	. 11		110	4 /	19	

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LUMIO	A SAME SEED		(1	rursua	ant to NJ	AC 8:60 and 5:1	6)		^			į
Date of Notification (1)				Nan	ne of Buildi	ng Owner/Operator	(2)	 	N 2	8 8	2019	-
01 /2	4 /	19		K	RE Group	0		25	11	3		1
Agencies Notified T	ype Notificatio	n		Stre	et Address			L-den	1.1.	nearch and		
The state of the s	Initial			10	0 Stone	nill Road					.,	1.59
□ DOLWD □	Amended	ш			State, Zip				3.5) 13
	Amendment Emergency (_	The configuration		l, NJ 07081						
(NJAC 5:23-8)	justification)	inciuuli	ıg	_	e of Conta			Telephone Nur				
] Cancellation			71 /	z Kowal			973-222-19				
						NFORMATION		373-222-13	UI			
Name of Facility Where Abar	tement is Taki	ng Plac	e (3)	-	, oiLiiii	IN OKWATION	Type of Facility	(4)				
Summit Hill Apartmen							School (K-12	500.F0				
Street Address							☐ Subchapter 8	Other than K-1	2)			
100 Stone Hill Road							Other (i.e., pr	rivate and comme	ercial b	uildir	gs,	
City (5)							homes, etc.) Square Feet	# of Floors	15			
Springfield							8,000 sf	# 01 Floors		Bldg. A	Age	
County (6)				Cou	inty Code (7)(STATE USE ONLY)	Current Use (Pri		- l d\	60		
Union						n toe onely	Apartments	or it being demot	isnea)			
Name of Monitoring Firm Hire		Owner	(8)	ASCN	l No.	Name of Abateme	1000				-	
Guardian Contracting,						M	ntracting, Inc.					
Street Address						Street Address	nuacung, mc.		-			
1889 Rte. 9, Unit 61						1889 Route 9	Unit 61					
City, State, Zip Code						City, State, Zip Co			-			
Toms River, New Jerse							New Jersey 087	755				
Project Manager for Monitoring	ng Firm		Tel	ephone	No.	Telephone No.	tew dersey do	License No.				
Nicholas Fernicola			7	32-349	9-9932	732-349-9932		00624				
Start Date (10)	Sche	duled (Comple	etion Da	ate (11)	Name of OSHA M		00024				
02 /04 /1					19	E.M.S.L. Anal						
Occupancy Status During Aba	atement (Chec	k only	one)			Street Address	2 11 1 11 1					
□ Facility Closed/Vacated Drawn	uring Entire Pe	eriod of	Abate	ment		1056 Stelton						
	side of Norma	I Facilit	v Hou	rs - Des	scribe	City, State, Zip Co	de					
Time of Abatement:	_AMP	M/	PM		AM		lew Jersey 088	54				
Scope of Work (Check all that	apply)					. routarray, r	icw dersey dod	34				
☐ >3 sf or >3 lf		□ □	novat	1200		☐ Full Conta	ainment with Nega	ative Pressure				
≥160 sf or ≥260 lf			molitic			☐ Mini-Encle ☐ Glovebag	osure					
		WE THE SE				☐ Non-Exer	npted (*) and Non	-Friable Procedu	re			
		100	Local							atem	ent T	vne
Location of Asbestos-Containing Mate	rial (ACM)		Norma ed Sole			Description of				_		
TO BE ABATED	nai (AON)	Ma	intena	nce/	Asbe (i.e.	stos Containing Mat ., thermal systems in	erial (ACM)	Amount	em	Repair	inca	ncl
IN Facility (13)		Cus	todial (12)	Staff?	(surfacing, VAT,	or	(Specify SF or LF)	Removal	=	ısdı	Enclosure
(13)		Yes	No	N/A	1	other miscellaneo	us)	12.0 So	-		Encapsulate	Ö
crawlspace			57.75	_								
					aspesto	s pipe insulation	1	235 If	\boxtimes			
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Name of Registered Waste Ha	uler			JDEP V	Vaste	Cubic Yards of	Name of Death			Ш	Ц	Ш
Guardian Contracting, I			Н	auler ID	No.	Waste	Name of Registe	red Landfill				
City, State		-		20223		Diameter Dete	T.R.R.F.					
Toms River, New Jersey	,					Disposal Date	City, State					
Completed By (Print or Type)						02/22/19	I ullytown, P	ennsylvania	62		1	
Nicholas Fernicola	Title		Mon			Signature	1 1	Da	1	7	1	
SB-41		roject	walla	ger		$ \perp$ \setminus \setminus .	-111		د/ ۱	4/	19	
						3 1	1			-1		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

CK35914PAI	D	NC	TIFI (CATI Pursi	ON OF AS	SBESTOS ABA JAC 8:60 and 5:	TEMENT			0 (NA Transce
Date of Notification (1) 01 / 24	/ _ 1	9			me of Buildi	ing Owner/Operator	(2)		JAN	a 1	5 20)19
Agencies Notified Type No	tification	1		Str	eet Address			1	(پ	1.1.	\mathcal{I}_r	
☑ EPA ☑ Initial				100000	00 Stone					200	440	
☑ DOLWD ☐ Amer					y, State, Zip			741 W 123.000			*******	
	ndment #		-			i, NJ 07081						
Allegan	gency (ii cation)	nciud	ng		me of Conta							
☐ Cance				- 11	az Kowal			Telephone N		3		
								973-222-1	901			
Name of Facility Where Abatement	is Takin	n Dla	20 (3)		ACILITY	NFORMATION						
Summit Hill Apartments Bui	ildina C	y ria	Je (3)				Type of Facilit					
Street Address	iding c						School (K-	12)				
100 Stone Hill Road							Other (i.e.	r 8 (Other than K- private and comm	12)	لمانيط		
					2.1955-0395-		homes, etc	c.)	riercia	bulla	ings,	
City (5) Springfield County (6) Union Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc. Street Address 1889 Rte. 9, Unit 61 City, State, Zip Code Toms River, New Jersey 08755 Project Manager for Monitoring Firm Nicholas Fernicola Start Date (10) 02	# of Floors		Bldg.	Age								
							8,000 sf	2		60		
				Co	unty Code (7)(STATE USE ONLY)	Current Use (F	Prior if being demo	olished)		
							Apartment	S		· ·		
Guardian Contraction 1	uilding C	Owner	(8)	ASC	M No.	Name of Abateme			-			_
					100 mm - 1-110							
	200					1889 Route 9	Unit 61					
The second contract of												
								R755				
			Tel	ephone	e No.			License No.				
			7	32-34	9-9932	1						
N 51	Schedu	uled (Compl	etion D	ate (11)	The state of the s		00624				
02/04/19						10000						
Occupancy Status During Abatement	(Check	only	one)				yucai					
□ Facility Closed/Vacated During En	tire Peri	ind of	Ahate	ment								
Abatement Performed Outside of	Normal F	Facilit	v Hou	ro Da	scribe							
Time of Abatement:AM	PM	1/	PM	-	_AM	1						
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☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf]		novat molitic			☐ Mini-Enclo	Sure Procedure					
		Is	Locat	ion		□ Non-Exem	ipted (*) and No	n-Friable Procedu	ıre			
Location of		1	Vorma	lly		Description of			A	batem	ent T	уре
Asbestos-Containing Material (ACI TO BE ABATED	M)	Use	d Sole intena	ely by	Asbes	tos Containing Mate	erial (ACM)	Amount	Re	Re	m	ш
IN Facility				Staff?	(i.e.,	, thermal systems in	sulation	(Specify	Removal	Repair	cap	clo
(13)	_		(12)			surfacing, VAT, other miscellaneou	or (s)	SF or LF)	val	'	Encapsulate	Enclosure
oreside -		Yes	No	N/A			,				ate	1 25
crawlspace	[\boxtimes		asbestos	s pipe insulation		235 If			П	
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Name of Registered Waste Hauler			N.	JDEP V	Vaste 1	Cubic Yards of	Name					
Guardian Contracting, Inc.			Ha	auler IE	No.	Waste	Name of Regist	ered Landfill		3		
City, State				20223		4 Disposal Data	T.R.R.F.					
Toms River, New Jersey						Disposal Date 02/22/19	City, State	D				
Completed By (Print or Type)	Title						Tullytown,	Pennsylvania				
Nicholas Fernicola	11/2/2020/00/	iect I	Vlana	ger		Signature	110	Da	1			
SB-41				301		1	-14	Î	12:	///	9	
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Date of Notification (1) 01/23/2019	
Agencies Notified	T
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

CHECK# 1767

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Date of Notification (1) 01/23/2019			Name of LEGA	of Building ACY AT	Owner/0 EAST (Operator GREEI	r (2) NWICH	ILLC	Tanan I	EG	E		7	
Agencies Notified Type Notification EPA Initial				Address QUESTF	RIAN D	RIVE				1A M	2 0	001		The state of the s
DEP Amended Amendment #		_		ate, Zip Co _INGTO		8016				-JAN	20	-20 1	9	1 1 2
DOH DCA Emergency (i justification) Cancellation	ncluding			of Contact SAWY	ER			\$	Telep 609	hone Nur -332-99	mber 174	oni: asul	7.4	
1			FAC	ILITY INF	ORMATI	ION								
Name of Facility Where Abatement is Taking RESIDENTIAL	Place (3)							f Facility (4 chool (K-12	(f) (7)					
Street Address							SI O	ubchapter of ther (i.e. pr c.)	8 (Other	than K-12 commerci	2) al buil	dings	home	es,
City (5) CLARKSBORO							Square 1164	Feet	# of F	loors		8ldg. <i>F</i> 50+	ige	
County (6) GLOUCESTER				Code (7) USE ONLY)		Current GAR	t Use (Prio AGE	r if being	demolish	ned)			
Name of Monitoring Firm Hired by Building O ACER ASSOC.	wner (8)		ASC	/I No.		Name ASS	of Abate SURED	ment Cont	tractor (9 ONMEN) NTAL SE	ERVI	CES	INC	
Street Address 1012 INDUSTRIAL DRIVE							Address							
City, State, Zip Code WEST BERLIN NJ 08091							State, Zip _LICA F	Code HILL NJ (08062					
Project Manager for Monitoring Firm MATT DEPALMA		T	Telepho 856-8	ne No. 09-1202			none No.		4 10	icense N	0.			
Start Date (10) 01/28/2019	Scheduled 01/29/20	Com	pletion	Date (11)		Name EMS		Monitor						
Occupancy Status During Abatement (Check	Only One)					Street	Address							
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma	eriod of Ab	atem	ent			200	RT. 130	NORTH	1					
Other – Describe: Scope of Work (Check All That Apply)	a admity i	louis			_		state, Zip NAMIN	SON NJ	08077					
						_	7							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novat					Mini-	Containment Enclosure bag Proce	edure	-				
						IA	_ Non-	Exempted	(*) and N	Non-Friab	7	Abate		
Location of	(C) (C)	ocatio rmally			D	a a stage of a							pe	
Asbestos-Containing Material (ACM)	Used S			Asbes	bes tos Cont	scription aining N	ot Naterial (A	ACM)	Amo	ount			ш	
TO BE ABATED In Facility	Maint Custod			(i.e.	thermal	systems	s insulation	on,	(Spe	ecify	Re	70	inca	Enc
(13)	(12)				cing, VA niscellan			SF or	r LF)	Remova	Repair	Encapsulate	Enclosure
CARACE	Yes	No	N/A								<u>a</u>		late	Te
GARAGE			X	180233040000			G & W	ALLS	300	SF	X			
GARAGE			X		NF1 F	LOOR	TILE		20	SF	Х			
Name of Registered Waste Hauler		100000	DEP W		Cubic '			Name of R	egistered	d Landfill				
ASSURED ENVIRONMENTAL SER	/ICES		auler ID 34895		of Was			MINER	/A LAN	DFILL				
City, State MULLICA HILL NJ					01/30	al Date 0/2019		City, State WAYNE	SBURG	G, OH				
Completed by RON SWANSON	Title GENEI	RAL	MAN	AGER	Si	ignatu/e	Kuxek	2 Dux	m oo m	Da Da	te 1/23/2	2019		

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ASSURED SERVICES

PAGE 03/04

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Data of Notification (1) 01/23/2019			Name (of Building ACY AT	Owner/ EAST	Operator GREE	WICH LLC	<u>, 13</u>	.23		mem , .	<u> </u>	
Agencies Notified Type Notification EPA Initial		-	Street	Addrese QUEST		VEN			الاس	M	2 /	20	19
DEP Amended Amendment		_	City, St BUR	iata, Zip C LINGTO	S LV MC	8016	1_		-1	U	/	1	- i
DOH justification) DCA Canositation	•		MIKE	of Contact SAVVY	ER			Telapha 609-3	55a Nu	nber 74			
Name of Facility Where Abatement is Tekin	g Place (3	35	FAC	ILITY IN	ORMAT	ION	Type of Feci	litu (A)					
RESIDENTIAL Street Address						-	School Subcha		en K-12 mmerci	2) al buli	dings	, hom	125,
CLARKSBORO							Square Feet 1164	# of Flo	OF5		lidg. 4	Age	
County (5) GLOUCESTER			County (STATE	Code (7) USB ONL	n		Current Use GARAGE	(Prior if baing d	emolish	ied)			
Name of Monitoring Fam Hired by Building of ACER ASSOC.	Owner (B))	ASC	M Na.		Name ASS	of Abatement URED ENV	Contractor (9) /IRONMENT	'AL SE	RVI	CES	INO	 I.
Street Address 1012 INDUSTRIAL DRIVE							Address CLEMS RU	IN					
City, State, Zip Cods WEST BERLIN NJ 08091	18					City, S MUL	tate, Zip Code LICA HILL	NJ 08062					
Project Manager for Monitoring Firm MATT DEPALMA				09-120			one No. 304-4676		enes M 145	5 .			
Start Date (10) 01/28/2019	01/29/3	2019	mpletton	Dats (11)		Name EMS	of OSHA Moni	tor					
Occupancy Status During Absternent (Check Facility Closed/Vaceted During Entire P	arlad at a	fratan	nant				Address RT. 130 NO	RTH					
Apatement Performed Outside of Norm Other - Describe:	al Facility	Houn	3		_	City, SI	lats, Zip Code VAMINSON	NJ 08077					
Scope of Work (Check All That Apply)	_			-									\neg
≥3 sfor≥3 lf ≥160 sfor≥250 lf		enove emoil				E	Mini-Enclose Glovebec F						
	1	Locat								_	Abate	ment	
Location of Asbestos-Contelning Material (ACM)	Used	omsi Sola Itenai	w be	Asbes	tos Cont	cription sining M	sterial (ACAA)	Amour	vd.		Ту		\dashv
TO BE ABATED in Facility (13)	Cristic	(12)	Steff?	(1.e.	thermal surfac	systems ing, VA1 ilecellani	insulation, . or	(Specif SF or Li	y	Кетюча	Repair	Encapsulate	Enclosure
	'Yes	No	N/A							N.	-4	lale	aug.
GARAGE			X	TRAN			& WALLS	300 8	F	X			
GARAGE			X		NF1 F	LOOR	TILE	20 8	F	X			
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Name of Registered Weste Pauler ASSURED ENVIRONMENTAL SER	VICES	H	JDEP W autor ID 034895	Na.	Gubic of Was			of Registered L ERVA LANDI					
City, State MULLICA HILL NJ						el Date /2016	City, SI WAY	late NESBURG,	OH				-
Completed by RON SWANBON	Title GENE	HAL	MAN/	AGER	SI	gnature	7 1 1	MOMON	Date	/23/2	2019		\dashv

^{*} Do not use this form for asbestos (Icansure exempled activities.

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001									20.2				- 11	7 11		
Date of Notification (1) 01/23/2019 OFF HOLD				Name of Building Owner/Operator (2) Montclair Board of Education JAN 2 (Check# 1376)									376).			
Agencies Notified	Type Notification		Street Address 22 Valley Road													
□ EPA ⊠ DEP ⊠ DOL	☐ Initial ☑ Amended Amendment #_		City, State, Zip Code Montclair, New Jersey 07042								471 4 4 1 24 CH2 1 4 4 5 5 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6					
⊠ DOH □ DCA	☐ Emergency (including justification)☐ Cancellation	100000		Contact schmann		Telephone Number 973-509-4044										
				FACIL	LITY INFO	RMATI										
Name of Facility When Bradford School	re Abatement is Takin	g Place (3)					Type of Fac	(K-12)								
Street Address 87 Mt Hebron Road	l							pter 8 (Othe .e. private &	comme	rcial building						
City (5) Montclair, New Jers	sey 07042			Square Feet # of Floor 30,000 2							Bldg. Age 50+					
County (6) Essex					Code (7) ISE ONLY)		Current Use	(Prior if beir Schoo		olished)						
Name of Monitoring F Detail Associates, I	irm Hired by Building nc	Owner (8)	F	ASCM	tractor (ctor (9)										
Street Address 300 Grand Ave							Street Addre									
City, State, Zip Code Englewood, NJ 076	331						City, State, 2 Woodland	Zip Code Park, New	Jersey							
Project Manager for N Anthony Valentine	Nonitoring Firm			Telephone No 201-569-6078				lephone No. License No. 01104								
Start Date (10) Scheduled C 01/24/2019 01/25/19				etion [Date (11)		Name of OSHA Monitor Iris Environmental Laboratories, LLC									
Occupancy Status During Abatement (Check Only One)				nt			Street Address 2333 Route 22 West									
□ Facility Closed/Vacated During Entire Period of Aba □ Abatement Performed Outside of Normal Facility Ho □ Other – Describe: 5PM			lours	iii.		_	City, State, 2 Union, N									
Scope of Work (Chec	k All That Apply)									70						
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			ovation nolition	1			□ M ⊠ G	ull Containme ini-Enclosure love Bag Pro	e ocedure	/ Limited Co	ntain	ment	&Ten	nt		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Is Loc Norr Used S Mainte Custodi								on-Exempted	i (") and	Abatement Type						
				by e/		os Con thermal surfa	scription of taining Materi I systems insu icing, VAT, or miscellaneous	lation,	Amount (Specify SF or LF)		Removal	Repair	e Encapsulate	Enclosure		
V		Yes	No N/A										Ю			
Tunnel		Х			Pipe Ins	ulatio	n			Х						
Name of Registered	Waste Hauler		Hau	DEP Wiler ID 724		Cubic of Wa 2	Yards aste	Name of Fairless		ered Landfill						
City, State Woodland Park, No	ew Jersey					Dispo 01/25	sal Date /2019	City, Stat Morrisvi	lle, PA	72						
Completed by Adriana Olejarova		Title Presi	dent				Signature	50			Date 01/23/2019					
ASB-41 (R-06-08)				191			* Do loot use	e this form fo	r asbes	tos licensure	exer	npted	activ	ities.		

Date of Notification (1) 01/18/2019 PROJECT PUT ON HOLD			Name of Building Owner/Operator (2) Montclair Board of Education (0)							ck# 1	374)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Agencies Notified Type Notification		Street Address 22 Valley Road						UAN Z	401	3	500 M	* !			
□ EPA □ Initial □ DEP □ Amended □ DOL Amendment		C M	ity, Stat Iontclai	e, Zip Code ir, New Je	rsey 07	7042		A Company of the Line of the L							
☐ Emergency justification) ☐ DCA ☐ Cancellation		100 (200)		Contact chmann				Telephone Num 973-509-4044	elephone Number 73-509-4044						
			FACIL	ITY INFOR	OITAMS										
Name of Facility Where Abatement is Ta Bradford School	king Place (3)					Type of Facility School (K	-12)	Y				111111111111111111111111111111111111111			
Street Address 87 Mt Hebron Road					111111111111111111111111111111111111111	184	er 8 (Other i private & co	ommercial buildir							
City (5) Montclair, New Jersey 07042						Square Feet 30,000		# of Floors 2	50	ig. Aç +	je 				
County (6) Essex				Code (7) ISE ONLY)		Current Use (F	School	=			nijosens				
Name of Monitoring Firm Hired by Buildin Detail Associates, Inc	ng Owner (8)		ASCM	No.		Name of Abatement Contractor (9) Lilich Corporation									
Street Address 300 Grand Ave						Street Address 606 McBride									
City, State, Zip Code Englewood, NJ 07631					And of the latest of the lates	City, State, Zip Woodland Pa		ersey							
Project Manager for Monitoring Firm Anthony Valentine			elephor 201-569		-	Telephone No. License No. 973-225-8400 01104									
Start Date (10) 01/17/2019 PUT ON HOLD	Scheduled 01/18/19	Com	pletion l	Date (11)		Name of OSHA Monitor Iris Environmental Laboratories, LLC									
Occupancy Status During Abatement (C	heck Only One)					Street Address	5								
☐ Facility Closed/Vacated During Er☐ Abatement Performed Outside of	ntire Period of Ab	aten	2333 Route 22 West atement ours City, State, Zip Code Union, NJ 07083												
▼ Other – Describe: <u>5PM</u>			MIRCONES ISM			Officit, 140									
Scope of Work (Check All That Apply)															
⊠ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf	1000 CO	novati				☐ Min	i-Enclosure	nt with Negative I cedure / Limited ((*) and Non-Fria	Contain	ment	&Ten	it .			
				T		1,000					ement	t			
	4	ocation promally Description of								Туре					
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Name of Registered Waste Hauler	4000	JDEP V		100 100 100 100 100	Yards	Name of I	Registered Landfill								
Lilich Corporation		4000	tauler II 18724) No.	of Wa		Fairless I				-H				
City, State Woodland Park, New Jersey					01/18	sal Date /2019	City, State Morrisvil	le, PA							
Completed by Adriana Olejarova						Signature	Lass	Be !	01/18	/201	9				

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Date of Notification (1) 01/24/2019	N D	ame of enholt	Building Ov z Associat			(Check	# 13			And the state of t						
Agencies Notified Type	Notification			treet Ad 4 Cliffw	idress vood Ave,	Suite	200		12.		U	AN 2	ð	2019	-	1 1.35 F	
☑ DEP ☐ A	nitial mended Amendment #				te, Zip Code n, New Je		7739	Lance of the Control									
⊠ DOH j	Emergency (i justification Cancellation	ncluding	0.70		Contact rigorian		10.7	Telephone Number 732-956-3108									
				FACIL	LITY INFOR	RMATIC	NC		· = - ::::- //\								
Name of Facility Where Abatem Racioppi's Restaurant	nent is Taking	Place (3)						□ Sch	Facility (4)								
Street Address 107 Oakland Street								□ Sub 図 Oth	chapter 8 (er (i.e. priva	Other ate & o	than I	(-12) ercial b	ldgs,	home	s, etc.	.)	
City (5) Red Bank, New Jersey								Square 30		# of	Floor 1	S	Blo	dg. Ag 55+			
County (6) Monmouth					Code (7) USE ONLY)	·		Curren	Use (Prior Restau		ng de	molishe	ed)				
Name of Monitoring Firm Hired Brinkerhoff Environmental S		ASCM	1 No.			e of Abatement Contractor (9) h Corporation											
Street Address 1805 Atlantic Avenue						et Address McBride Ave											
City, State, Zip Code Manasquan, New Jersey 08736							City, State, Zip Code Woodland Park, New Jersey										
Project Manager for Monitoring Gary W Fleming		Telephone No 732-223-2225			Telephone No. 273-225-8400 License No. 01104												
Start Date (10) 02/06/2019	pletion 9/2019	Date (11)		ne of OSHA Monitor Environmental Laboratories, LLC													
Occupancy Status During Abatement (Check Only One)							Street Address 2333 Route 22 West										
☐ Facility Closed/Vacated D☐ Abatement Performed Ou☐ Other – Describe:	Abatem Hours	ent			City, S Unio	State, Zip Code nion, NJ 07083											
Scope of Work (Check All That □≥3 sf or ≥3 If ☑≥160 sf or ≥260 If	enovati Jemoliti	nolition					□ Full Containment with Negative Pressure □ Mini-Enclosure □ Glove bag Procedure □ Non-Exempted (*) and Non-Friable Procedure										
	Locati	on										Abate					
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Exterior Front of Building at Ba	y Windows	Yes	No	N/A X	Exterior	Wind	dow Ca	aulk				100 LF x					
Perimeter of Exterior Roc		Х	Parapet	et Wall Roof Core				825 SI			X						
Name of Registered Waste Ha	JDEP V		of Waste														
Lilich Corporation City, State				18724		Dispo	0 osal Date		City, State	e				7-18-7			
Woodland Park, New Jerse Completed by	еу	Title					09/2019 Signatur	1 /3 :	Morrisvil	ie, PA	4		ite			_	
Adriana Olejarova								01/24/2019									

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Pate of Notification (1)			Na De	me of Bu	uilding Owne Associates	er/Operato	or (2)		匡(Check	# 1379)			
gencies Notified	Type Notification		Str 14	eet Addi Cliffwo	ress od Ave, Su	uite 200				AN 2	3 2010			f	
EPA DEP DOL	☑ Initial☐ AmendedAmendment #		Cit Ma	y, State, atawan,	Zip Code New Jerse	ey 07739)		1	MIN L	2019	27.	1	5	
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d DCA				FACILI	TY INFORM	ATION	Time of I	Eacility (4)							
Name of Facility Where A San Remo Restauran	Abatement is Taking I t	Place (3)					□ Scho	f Facility (4) ool (K-12) ichapter 8 (Other than K-12)							
Street Address 115 Oakland Street						10	⊠ Othe	r (i.e. priva	ate & co	mmercial					
City (5) Red Bank, New Jerse	ey .						Square I	0	1 55+						
County (6) Monmouth				ounty Co	ode (7) SE ONLY) _		Current Use (Prior if being demolished) Restaurant								
Name of Monitoring Firm Brinkerhoff Environm	n Hired by Building O ental Services Inc.	wner (8)		ASCM	No.	Lili	ch Corpora	tion	nt Contractor (9) n						
Street Address 1805 Atlantic Avenue						606	eet Address 6 McBride /								
City, State, Zip Code Manasquan, New Je	rsey 08736					City	y, State, Zip oodland Pa	Code rk, New J							
Project Manager for Mo Gary W Fleming			T	elephon 32-223	e No -2225	Tel 97	lephone No. 3-225-8400)		License N 01104	10.				
Start Date (10) 02/04/2019		Scheduled	d Comp 02/09	pletion D /2019	Date (11)	Na Iris	me of OSHA Environm	Monitor ental Lab	boratories, LLC						
Occupancy Status Duri				200		Str 23	reet Address 33 Route 2	22 West							
☐ Facility Closed/Va☐ Abatement Perfor☐ Other – Describe:	acated During Entire F med Outside of Norm	Period of A nal Facility	batem Hours	ent		- Cit	ty, State, Zip Union, NJ (Code 07083							
Scope of Work (Check □≥3 sf or ≥3 lf □≥160 sf or ≥260 lf	All That Apply)		enovati				☐ Mini-l	Enclosure	nment with Negative Pr sure Procedure pted (*) and Non-Friab						
												South Joo.	ment		
	ng Material (ACM)	Use Ma	Locati Normal d Sole intenai todial S (12)	ly ly by nce/	(i.e. th	s Contain nermal sys	ption of ing Material stems insula g, VAT, or cellaneous)	(ACM) tion,	(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure	
Main Building		Yes	No	N/A X	Parapet \	Wall Ro	ofing		1300) SF	х				
						- C276									
										Lagad I ac	4611				
Name of Registered \	Waste Hauler			NJDEP V Hauler II		Cubic Ya of Waste 20		Fairless	Landfil	tered Land	41III			-,	
City, State Woodland Park, No	ew Jersev			18724		Disposa 02/09/	Disposal Date O2/09/2019 City, State Morrisville, PA								
Completed by Adriana Olejarova		Title Pres	ident			Sig	mature (102/	le.	X	Date 01/24/	2019			

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	PAID	NOTIF	ICATIO	N OF AS	ew Jerse BESTOS C 8:60 an	ABATE	MEN ⁻ 0)	г ;;	EG	E	l W		management
Date of Notification (1) 01/21/19 Check	#3318				g Owner/0 Mt. Carr			1001	JAN	28	201	9	
	otification tial			Address ounty Ro	oad				1 <u>.</u> /w/2.10	Salamen Carlotta Carlotta	ΔĒ,		
DEP Ar	nended nendment #			ate, Zip C				ALC:	1 407		- 7 seas	observe.	10-6
Ŭ DOH jus	nergency (including stification) ancellation		Name o	of Contac	t				Telephone Nu 201-906-43				
			FAC	ILITY IN	ORMATI	ON							
Name of Facility Where Abatement Our Lady of Mt. Carmel	nt is Taking Place (3)					Тур	e of Facility (4)					
Street Address	chool						×	School (K-12)					
10 County Road							H		(Other than K-1 vate & commerc		ldings	, hom	es,
City (5) Tenafly							Squ. 20,0	are Feet 000	# of Floors	100	Bldg. / 50+	Age	
County (6) Bergen			(STATE	Code (7) USE ONL			Curr		if being demolis	hed)			
Name of Monitoring Firm Hired by N/A	Building Owner (8)		ASCN N/A	ЛNo.		Name EA S		atement Contr ces	actor (9)				
Street Address N/A						Street 426 6		37373					
City, State, Zip Code N/A								Zip Code rg, NJ, 0709	93	9.55			
Project Manager for Monitoring Fir N/A	m		Telepho N/A	ne No.		Teleph 201-2			License N	10.			
Start Date (10) 02/01/19	Schedule 02/03/2		npletion I	Date (11))	Name N/A	of OS	HA Monitor					
Occupancy Status During Abatem	ent (Check Only Or	ne)				Street	Addre	ess					
Facility Closed/Vacated Durin Abatement Performed Outsid	ng Entire Period of A e of Normal Facility	Abaten / Hours	nent			N/A City, S	tate, Z	Zip Code					
Other – Describe: 12pm						N/A						1/2	
Scope of Work (Check All That Ap ≥3 sf or ≥3 If ≥160 sf or ≥260 If	X R	Renova Demolit				×	Mi Gl	ni-Enclosure ovebag Proced	t with Negative F dure *) and Non-Friab			e	
Location of	100	Locati	0.00		D	-1-41			, and 11011 1 1100		Abate	ement rpe	
Asbestos-Containing Material (TO BE ABATED In Facility (13)	ACM) Use Mai	d Sole intenar todial S (12)	ly by nce/		stos Conta thermal surfac		ateria insul T, or	ation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
124 227 144	Yes	No	N/A									te	(h
Boiler Room	X				Boiler	Insula	ation		8 SF		х		
Name of Registered Waste Hauler		l NI	JDEP W	asta	Cubic	/ords		Nom- of D	alatona d I 20°0				
Tri-State Transfer Associate	s	Н	auler ID 9551		of Was			Minerva-E	gistered Landfill Entreprise				

Disposal Date TBD

Signature

Title

Office Clerk

City, State Bronx, NY

Completed by

MIchael Fajardo

Date

01/21/09

City, State Waynesburg, OH

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OLMA 10			Name	e of Buil	ding Owner/o	Operator	(2)				111		
Date of Notification (1) 01/11/2019				West of the Name of Street	Managem	ent		14.	JAN 28	2019	-	3 1 1	1
Agencies Notified	Type Notification			et Addre							1		
Agencies Noulled					s Street						- 4		
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▼ DOL	Amendment # Emergency (incl	uding	1000000	ne of Co					Telephone Numb	er			
DOH	iustification)	5			e Davis				201-358-9399	}			
DOA DCA	Cancellation				Y INFORMA	TION							-
	· · Tables D	oce (3)	٢	ACILII	I IN OIGH		Type of Fa	acility (4)					
Name of Facility Where	Abatement is Taking F	ace (0)					Scho	ol (K-12)	0.11 - 15 1/ 12\				
Estates at Englew	500							hapter 8 (Other than K-12) ate & commercial	building	s, ho	mes,	
Street Address							Othe etc.)	. (i.o. p					-
63 W Hudson Ave	nue					100	Square F	eet	# of Floors	Blag.	. Age		
City (5)							3000		2				_
Englewood, NJ			Col	unty Coo	de (7)				if being demolishe	ed)			
County (6)			(ST	ATE USE	ONLY)		Apartm						-
Bergen		(0)	1	ASCM N	lo.	Nam	e of Abatem	ent Contra	actor (9)				
Name of Monitoring Fin	m Hired by Building Ow	mer (o)	1			DIA	A General	Constru	iction, Inc				_
N/A						Stree	et Address		17 0 th 010				
Street Address									//B Suite 218			-	-
						City,	, State, Zip C	Code					
City, State, Zip Code							fton, NJ 0	1012	License No				\dashv
	La Yaring Eirm		Te	lephone	No.		phone No.		00693	J.			
Project Manager for M							2-921-469		00030		_		\neg
2: 1 Data (10)		Scheduled		letion Da	ate (11)	Nan	ne of OSHA A Genera	Monitor Constr	uction				
Start Date (10) 01/14/2019		01/15/20	119			1	eet Address	001100					
O 1/ 14/2013	iring Abatement (Check	Only One)				Stre	et Address	Ave. Pi	MB Suite 218				
	Entire Di	eriod of Ab	ateme	nt			, State, Zip						
Abatement Perro	offied Outside of Herman	al Facility H	lours				lifton, NJ (**************************************			
Other - Describe	e:								-1180000000 -0.500				
Scope of Work (Chec	k All That Apply)						C Full (Containme	ent with Negative	Pressure	9		
>3 sf or ≥3 lf		X Re	novation	on			Mini-	Fnclosure	1				
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							11011				Abate	ment	
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1.00	ation of		ormally Solely		1 - h - c+00	Descrip	otion of ng Material	(ACM)	Amount			四	m
Ashestos-Contai	ining Material (ACM)	Mai	ntenan	ice/	(i.e. the	ermal sys	tems insulat	ion,	(Specify	Ren	Re	cap	nck
TO BE	ABATED	Custo	odial S	itaff?	- 200	surfacing	i, VAT, or		SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Facility (13)		(12)		0	ther misc	cellaneous)			<u>m</u>		ale	0
		Yes	No	N/A									
	Poilor Poom	×				Pipe In	sulation		10LF	X	-		
	Boiler Room	X				Crawl	Space		10LF	X	+	-	
	Iding C	×				Pipe In	sulation		80LF	X	1	-	
Exterior Bet	ween Bldg B & C	^_		1									
			l N	JJDEP V	Vaste	Cubic Ya	ards	1	f Registered Land	fill			
Name of Registere	d Waste Hauler			Hauler II	No.	of Waste	1	Miner	va Landfill				
Service Transp	ort Group		2	20990	-	4 CY	2.4.	City, St					
			1			Disposal		Meyn	esburg, OH 4	4688			
City, State New Castle, DE	=					01/15/2	//	avayii	Cabarg, Orr.	Date			
		Title				Sig	rature			01/11	/201	9	
Completed by Krutarth Jagad		Pres	sident	t			lle			2000	200		

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

page 1

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			NOT	THEAT	State of New ON OF ASSI	ESTOS AS	ATEME 2:120)	NT	JAN	28	201	9	
Date of Notification (1)				Name	of Building (Ownerlong	eralor (2)	(Talder			- 1
01/11/2019				Pref	erred Man	nemepa	t			100	MY	- 14	6
Agencies Notified	Type Netfication	п		Stree	Address			$-\dot{+}$	1			-	-
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EPA DEP DOL	Amended Amendmen	ur di			State, Zip Co					7		+-	-
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					CILITY INFO				201-358-	3389		i,t	1
lame of Facility Where At Estates at Englewoo	etament is Taki	ng Place	(3)			The state of		pe of Facility	(4)				
beet Address	<u>a</u>							School (K-	3/42		100		
63 W Hudson Avenu								Subchapte	r 8 (Other than K	-12)	12.00		
Hy (5)	-							other (i.e.	private & comme	relal bu	Hiding	s, hor	nes,
Englewood, NJ							4 000	uare Foot	# of Floors		Bldg,	Ága	-
ounty (8)				Carat	Mad- M			200	2		60	_	
Sergen			4	(STATE	Code (7)				or if being demoi	iched)		_	
ame of Monitoring Firm H	ired by Building	Owner (8)		M No.	IN	1	batement Co	résident (O)				_
VA.			- Pul			(0	NA Ger	neral Consi	ruction, inc				
reel Address						The same of the sa	reet Add		- variatili (100				_
hi Odele Ste S				0		1	360 CI	liton Ave, F	MB Sulte 218	3			
ty, State, Zip Code		MISSE - COL				Cit	ty, State,	Zip Code	-			_	
ujedt Manager for Monito	ting Flem			MP.1.				NJ 07012					
	AND CHILL			Teleph	one No.	24 121090	dephone		Licensa	No.			_
ert Date (10)		Sched	aled Co	moletion	Date (11)	9.1	32-921	→691 SHA Monitor	00693				
1/14/2019		01/18	1/2019)	- Jana (11)	D	IA Gar	SHA Monitor Ieral Const	ruction	Sala-Walland		Alexanton	
ocupancy Status During A							neet Addi						
Facility Ciosed/Vacate Abstement Performed Other - Describe:	d During Entire	Period o	Abate	ment					MB Suite 218	1			
Abstement Performed Other - Describe:	Ontaide of Norn	nal Facili	ty Hou	ra		Cit	y, State,	Zip Code				_	_
ope of Work (Check A) T	hat Apply)					- 0	lifton, i	NJ 07012				_	
		(5)	Danie										
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Location of	andal 44 mm	1.5-	Norma ed Sol			Descript	tion of					/pe	_
Aspertos-Containing Me TO BE ABATE	Lenei (ACM)	M	aintena	inco/	Asbestos	s Containin ermal syste	c Materi	al (ACM)	Amount	_		m	
In Fmollity (13)		Cu	stadiel (12)			surfacing,	VAT. ar		(Specify SF or LF)	Remora	Repair	Encepselete	Endopure
1.47		1	7		°	ther miscs	II STIGOUS)		98	M.	Sale	Strate
Building & Boiler	Deam	Yes	No	N/A	<u> </u>							ति	9
		×	-			Pipe Inse			10LF	X			
Building C		X	_			Crawi S	pace	7	1DLF	x			
Exterior Between B	dg 5 & C	X				Pipe Insu	ulation		BOLF	X			_
a of Paris										1	Г	_	
me of Registered Waste I		380	1 1	JDEP W	/aste C	Cubic Yard	5	Name of R	logistered Landill	1			
vice Transport Grou	ID Q			0880 santal in		Waste		Minerva	Landfill				
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w Castle, DE		-			0	1/15/201	19		burg, OH 446	88			
tarth Jagad		Title	dent	13		Signati	Una		D	ia a			-
		1 -1.02	inent						0	1/11/2	2019		

ASE-41 (R-06-08)

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

CK 33414 PAID

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

EGFIW

Date of Notification (1)				1	Name of Building (Owner/Operator	(2)					
		MERCK SHARP & I	DOHME CORP.	3	1		1.4	ว	0			
	/19 Notification		_		Street Address			1 (JA	N	8 2019
,,po.,				0	126 E. LINCOLN AV		X 2000, RY28-41	4	1			
	Initial Notific Amended N	ation	on #0		City, State, Zip Code	9				1.4		
	Cancellation	ouncau 1	on #9		RAHWAY, NEW JE	RSEY 07065			1.		W.	
X DOH	On Hold				Name of Contact		TT 1 1 1 1			- 1	10.1	i melagi.
DCA	EMERGENO	CY NOT	TIFICA	TION	PATRICIA JOHNSO	N	Telephone N 732-594-7746	umber			7.4	A CHARLES A TOTAL A CO.
Name of E. W. Co.					FACILITY INFORMA		752-354-7740	,				
Name of Facility Where Abatemen	t is Taking	Place	(3)			Type of Facil	ity (4)					
MERCK SHARP & DOHME CORPO	DATION					School						
METON OTAMI & BOHIME CORPC	MATION					Subcha	oter 8 (Other than	K-12)				
Street Address		_				X Other (ie	e. private & comm	cl. bld	gs., h	omes,	etc.)	
126 EAST LINCOLN AVENUE - BU	LDING 33					Square Fee 98,230	N GENERAL STREET				Bldg. A	ige
City (5)	County (6)			1	County Code (7)		7 Prior if being dem				71	
RAHWAY L	INION			(S	TATE USE ONLY)	COMMERCIA	l peing dem	olished	1)			
Name of Monitoring Firm Hired by ENVIRONMETAL HEALTH INVEST	Building O	wner (8)	VIII CONTRACTOR	ASCM No.	Name of Abat	ement Contract	or (9)				
Street Address	GATIONS,	INC.			17	PAR ENVIRO	NMENTAL CORF	ORAT	ION			
655 WEST SHORE TRAIL						Street Address	3					
City, State, Zip Code						313 SPOOK R						
SPAR	TA, NEW J	ERSEY	0787			City, State, Zip	Code W YORK 10901					
Project Manager for Monitoring Firm		Te	lephon	e Numbe	r	Telephone Nur		ense N	li imb			
WILLIAM S. KERBEL, CIH			3-729-			845-369-7500	46		vumb	er		
Expected State Date (10)	S	ched. (etion Dat		Name of OSHA	A Monitor	0		_		
Month Day Year		Month	6 /	D	30 /19	AMERISCI LA	BORATORIES IN	С	#	11480		
Occupancy Status During Abatement	(Check only	v one)		Day	/ Year							
IX Facility Closed/Vacated D	Juring Entire	Parind	of Aba	atement		Street Address 117 EAST 30T						
Abatement Performed Ou	itside of Nor	rmal Fa	cility H	ours - De	scribe:	117 EAST 301	HSIREEI					
Other - Describe: S/	ATURDAY 7	'AM-5P	M			City, State, Zip	Code					
Scope of Work (Check all that apply)							NEW YORK	NEW	YOR	K 100	16	
Demolition	X Re	enovatio	on		Mini-Enclo	inment with Nega	ative Pressure	X	WE	T WIF	PE HE	PA VACUUM
X >3SF OR LF					Glovebag	Procedure						
>160 SF OR 260 LF					Non-Friabl	e Procedure						
Location of Asbestos-containing		Is Loca	ation		Description of As	bestos-		T		Abot	omont	T
Material (ACM)	l n	normally			Containing Materia	al (ACM)	Amount	00	D D		ement	1 ype
TO BE ABATED	l _M	solely aint/Cu			(ie. Thermal sys	stems	(Specify	186	1 E	NO.	l S	
in Facility (13)	141	Staff (1	insulation, surfacing or other miscellar	ıg, VAT,	SF or LF)	코	11 8	P	5	
	Ye	s No	N/A	1	or other miscellar	neous)		CONTROL		ENCAPSUL	ENCLOSUR	
3RD FLOOR ROOM 305			X	FIRE PE	ROOFING DUST		10 SF	X	+	1	120	
3RD FLOOR ROOM 303			X	FIRE PE	ROOFING DUST		10 SF	x	-	\vdash	-	
3RD FLOOR ROOM 304			X	FIRE PE	ROOFING DUST		10 SF			-	-	
3RD FLOOR ROOM 319			X	FIRE PE	ROOFING DUST			V				
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) MERCK SHARP & DOHME CORP. /19 Street Address Agencies Notified Type Notification 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 Initial Notification City, State, Zip Code DEP Amended Notification #8 RAHWAY, NEW JERSEY 07065 DOL Cancellation DOH On Hold Name of Contact DCA Telephone Number EMERGENCY NOTIFICATION PATRICIA JOHNSON 732-594-7746 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) MERCK SHARP & DOHME CORPORATION Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address 126 EAST LINCOLN AVENUE - BUILDING 33 Square Feet # of Floors Bldg. Age 98,230 City (5) County (6) County Code (7) Current Use (Prior if being demolished) UNION (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) COMMERCIAL ENVIRONMETAL HEALTH INVESTIGATIONS, INC. ASCM No. Name of Abatement Contractor (9) 17 PAR ENVIRONMENTAL CORPORATION Street Address 655 WEST SHORE TRAIL Street Address 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code SPARTA, NEW JERSEY 07871 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number WILLIAM S. KERBEL, CIH License Number 973-729-5649 845-369-7500 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 11/ /18 6/ 30 /19 AMERISCI LABORATORIES INC Month Day Year #11480 Month Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 117 EAST 30TH STREET Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: SATURDAY 7AM-5PM City, State, Zip Code Scope of Work (Check all that apply) NEW YORK, NEW YORK 10016 Full Containment with Negative Pressure Demolition X Renovation X WET WIPE HEPA VACUUM Mini-Enclos. >3SF OR LE Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Asbestos-containing normally used Abatement Type Containing Material (ACM) Amount Material (ACM) DUST solely by ENCAPSUL ENCLOSU REPAIR (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A H 3RD FLOOR ROOM 305 FIRE PROOFING DUST 3RD FLOOR ROOM 303 10 SF X FIRE PROOFING DUST X 10 SF 3RD FLOOR ROOM 304 X FIRE PROOFING DUST 10 SF 3RD FLOOR ROOM 319 X X FIRE PROOFING DUST 10 SF 3RD FLOOR ROOM 320 X FIRE PROOFING DUST X 3RD FLOOR ROOM 321 10 SF X FIRE PROOFING DUST X 10 SF 3RD FLOOR ROOM 323 X X FIRE PROOFING DUST 10 SF 3RD FLOOR ROOM 325 X FIRE PROOFING DUST 3RD FLOOR ROOM 326 10 SF X FIRE PROOFING DUST 10 SF 3RD FLOOR ROOM 327 X FIRE PROOFING DUST 10 SF 3RD FLOOR ROO, 332 X X FIRE PROOFING DUST 6TH FLOOR ROOM 614 10 SF X FIRE PROOFING DUST X 2ND FLOOR ROOM 227 10 SF X FIRE PROOFING DUST 10 SF 4TH FLOOR ROOM 405 X FIRE PROOFING DUST 10 SF 4TH FLOOR ROOM 426 X FIRE PROOFING DUST 6TH FLOOR ROOM 627 10 SF FIRE PROOFING DUST 7TH FLOOR ROOM 724 10 SF X X FIRE PROOFING DUST 10 SF 4TH FLOOR ROOM 405 X X FIRE PROOFING DUST 10 SF 4TH FLOOR ROOM 426 X X FIRE PROOFING DUST 6TH FLOOR ROOM 627 10 SF X FIRE PROOFING DUST X 10 SF 7TH FLOOR ROOM 724 FIRE PROOFING DUST X Name of Registered Waste Hauler 10 SF NJDEP Waste X FREEHOLD CARTAGE, INC. Cubic Yards of Waste Name of Registered Landfill Hauler ID No. LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES
447 AGEXANDER DRIVE/ROUTE 15 55 825 HIGHWAY 33 15939 City, State Disposal Date City, State (MONTGOME FREEHOLD, NEW JERSEY 11/01-6/30/19 Completed by (Print or Type) PA 17752 Signature BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS Date

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) MERCK SHARP & DOHME CORP. /19 Street Address Agencies Notified Type Notification 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 Initial Notification City, State, Zip Code DEP Amended Notification #7 RAHWAY, NEW JERSEY 07065 DOL Cancellation DOH On Hold Name of Contact DCA **EMERGENCY NOTIFICATION** Telephone Number PATRICIA JOHNSON 732-594-7746 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) MERCK SHARP & DOHME CORPORATION School (K-12) Subchapter 8 (Other than K-12) Street Address Other (ie. private & commcl. bldgs., homes, etc.) 126 EAST LINCOLN AVENUE - BUILDING 33 Square Feet # of Floors Bldg. Age 98.230 City (5) County (6) County Code (7) RAHWAY Current Use (Prior if being demolished) UNION (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) COMMERCIAL ASCM No. ENVIRONMETAL HEALTH INVESTIGATIONS, INC. Name of Abatement Contractor (9) 17 PAR ENVIRONMENTAL CORPORATION Street Address 655 WEST SHORE TRAIL Street Address City, State, Zip Code 313 SPOOK ROCK ROAD City, State, Zip Code SPARTA, NEW JERSEY 07871 Project Manager for Monitoring Firm SUFFERN, NEW YORK 10901 Telephone Number Telephone Number WILLIAM S. KERBEL, CIH License Number 973-729-5649 845-369-7500 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 11/ /18 6 / 30 /19 AMERISCI LABORATORIES INC Month Day Year #11480 Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 117 EAST 30TH STREET Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: SATURDAY 7AM-5PM City, State, Zip Code Scope of Work (Check all that apply) NEW YORK, NEW YORK 10016 16 Full Containment with Negative Pressure Demolition X WET WIPE HEPA VACUUM X Renovation Mini-Enclos, >3SF OR LF Glovebag Procedure >160 SF OR 260 I F Non-Friable Procedure Location of Is Location Description of Asbestos-Asbestos-containing normally used Abatement Type Containing Material (ACM) Amount Material (ACM) CONTROL solely by REPAIR (ie. Thermal systems ENCAPSU ENCLOSUR (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A 3RD FLOOR ROOM 305 FIRE PROOFING DUST 3RD FLOOR ROOM 303 10 SF FIRE PROOFING DUST X 10 SF 3RD FLOOR ROOM 304 X FIRE PROOFING DUST 10 SF 3RD FLOOR ROOM 319 X FIRE PROOFING DUST 3RD FLOOR ROOM 320 10 SF X FIRE PROOFING DUST X 3RD FLOOR ROOM 321 10 SF X FIRE PROOFING DUST X 10 SF 3RD FLOOR ROOM 323 X X FIRE PROOFING DUST 3RD FLOOR ROOM 325 10 SF FIRE PROOFING DUST 3RD FLOOR ROOM 326 10 SF X FIRE PROOFING DUST 3RD FLOOR ROOM 327 10 SF X X FIRE PROOFING DUST 10 SF 3RD FLOOR ROO, 332 X X FIRE PROOFING DUST 6TH FLOOR ROOM 614 10 SF X FIRE PROOFING DUST 2ND FLOOR ROOM 227 10 SF X FIRE PROOFING DUST 10 SF ADDITION TO SCOPE X 4TH FLOOR ROOM 405 FIRE PROOFING DUST 4TH FLOOR ROOM 426 10 SF X FIRE PROOFING DUST 6TH FLOOR ROOM 627 10 SF X FIRE PROOFING DUST 7TH FLOOR ROOM, 724 10 SF X FIRE PROOFING DUST Name of Registered Waste Hauler 10 SF NJDEP Waste Cubic Yards of Waste FREEHOLD CARTAGE, INC. Name of Registered Landfil Hauler ID No. LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 50 825 HIGHWAY 33 447 ALEXANDER DRIVE/ROUTE 15 City. State Disposal Date City, State MONGOMERY , PA 17752 FREEHOLD, NEW JERSEY 11/01-6/30/19 Completed by (Print or Type) BENJAMIN SANCHEZ Signature DIRECTOR OF OPERATIONS Date

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

2019

			IVC	(Pursuant to NJA	C 8:60-7 ai	S ABATEMENT nd 12:120-7)				100		(2)	
Date of Notification (1)		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.							4.322				
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					-	ENUE, P.O. BOX	2000, RY28-41	4		. 1	0	JAN	* O
	Notificati nded Noti		#6	City, State	, Zip Code	RSEY 07065		10.27			1		
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X DOH On H		(NOT)		Name of 0			Telephone Nu	mber			F.		
EME	RGENCY	NOTIF	ICAT		JOHNSO		732-594-7746				100		
Name of Facility Where Abatement is	Taking F	Place (3	1	FACILITY	INFORMAT	TION	(4)						
		(0				Type of Facility School (K	/ (4) -12)					Control Draw or	
MERCK SHARP & DOHME CORPORA	TION					Subchapt	K-12)						
Street Address						X Other (ie.	cl. bld	gs., h	omes,	etc.)			
126 EAST LINCOLN AVENUE - BUILD	ING 33						Square Feet # of Floors 98,230 7					ge	
	nty (6)			County Co	ode (7)		4	olisher	4)		71		
Name of Monitoring Firm Hired by Bu	N ildina O	(0)		(STATE USE	STATE USE ONLY) COMMERCIAL								
ENVIRONMETAL HEALTH INVESTIGA	TIONS, II	vner (8) NC.		A	SCM No. 17	Name of Abate	ment Contracto	or (9)					511 E C-
Street Address			7 7 7 7		11	PAR ENVIRON Street Address	MENTAL CORP	ORAI	ION				
655 WEST SHORE TRAIL City, State, Zip Code					3	313 SPOOK RO	CK ROAD						
SPARTA.	NEW JEF	RSFY 0	7871			City, State, Zip (
Project Manager for Monitoring Firm				Number		SUFFERN, NEV Telephone Num		ense N	lumb	0.5			
WILLIAM S. KERBEL, CIH		973-7				845-369-7500	460		dillo	81			
Expected State Date (10)	Sch			tion Date (11)	01175	Name of OSHA	Monitor						
Month Day Year	l M	6 fonth	1	30 Day	/19 Year	AMERISCI LAB	DRATORIES IN	С	#	11480)		
Occupancy Status During Abatement (C	heck only	onel	8		rear	Street Address			_				
X Facility Closed/Vacated Durin Abatement Performed Outsic	ng Entire F	Period o	of Aba	atement		117 EAST 30TH	STREET						
X Other - Describe: SATU	RDAY 7A	M-5PM	шу н	ours - Describe:		City, State, Zip C				S. 10			
Scope of Work (Check all that apply)							NEW YORK	NEW	YOR	K 100	16		
	X Ren	ovation	ó		Full Contai Mini-Enclo	nment with Nega	ive Pressure					PA VACI	UUM
X >3SF OR LF		ovation			Glovebag I								
>160 SF OR 260 LF					Non-Friable	e Procedure							
Location of Asbestos-containing		Location Location		Descri	ption of Asl	pestos-	250000000000000000000000000000000000000			Abate	ment	Туре	
Material (ACM)		solely by			ing Materia hermal sys		Amount	CONTROL	R	E	E		- 1
TO BE ABATED		nt/Custo			n, surfacin		(Specify SF or LF)	N C	PAI	ENCAPSUL	ENCLOSUR		
in Facility (13)		Staff (12	/	or othe	er miscellar	neous)	0, 0, 2, ,	20	77	Sc	SC		
3RD FLOOR ROOM 305	res	_	N/A X	FIRE PROOFING	DUOT			-	_	-	カ		
3RD FLOOR ROOM 303			X	FIRE PROOFING	DUST		10 SF	X	<u> </u>	-	_		
3RD FLOOR ROOM 304				FIRE PROOFING			10 SF 10 SF	X	-	-	-		
3RD FLOOR ROOM 319)		FIRE PROOFING			10 SF	X	-	-	-		
3RD FLOOR ROOM 320		>	<	FIRE PROOFING	DUST		10 SF	X			-		\dashv
3RD FLOOR ROOM 321 3RD FLOOR ROOM 323		>	_	FIRE PROOFING		1900	10 SF	X					\neg
3RD FLOOR ROOM 325	_			FIRE PROOFING			10 SF	Х					
3RD FLOOR ROOM 326	_	X	_	FIRE PROOFING FIRE PROOFING			10 SF	X					
BRD FLOOR ROOM 327		X		FIRE PROOFING			10 SF	X	4				
3RD FLOOR ROO, 332		X		FIRE PROOFING			10 SF 10 SF	X		-	_		
STH FLOOR ROOM 614		X		FIRE PROOFING			10 SF	X	_		-		
ADDITION TO SCOPE:		X						-					\neg
2ND FLOOR ROOM 227			-	FIRE PROOFING	DUST		10 SF	Х					\neg
Name of Registered Waste Hauler	NJDF	P Was	te (Cubic Yards of Wa	ete II	Name of Deale	ad I == 460						
REEHOLD CARTAGE, INC.		er ID No		50		Name of Register LYCOMING COU	ed Landfill NTY RESOLIRO	E MA	NACE	EMENI	TOFF	VICES	
325 HIGHWAY 33 City, State		15939				447 ALEXANDER	DRIVE/ROUTE	15	4/\GE	LIVIEIN	, SEF	MICES	
REEHOLD, NEW JERSEY				Disposal Date 1/01-6/30/19	10	City, State MONT GOMERY,					-		
Completed by (Print or Type)	ISignati	ure ,	VICTORIERY,	PA 17752 Date	-	1	10	-/-					
BENJAMIN SANCHEZ D	IRECTOR	OF OF	PERA	TIONS	1	$A \setminus X$		/	//	7	//	9	
					1	111		1	1	1	1	1	

				OTIFICAT (Pursuar	it to NIAC 8-sc	7 and 10.100 7)					CONTRACTOR STATE	
Date of Notification (1)				N	lame of Buildin	-7 and 12:120-7) ng Owner/Operato	or (2)	-		3 /2	9 IF	3 11 1/
1945 10 535 777				N	IERCK SHARP	& DOHME CORP		:0		 	20.0	1 1
Agencies Notified Type No		_			treet Address						_	
ypo III	otification			11	26 E. LINCOLN	AVENUE, P.O. B	OX 2000, RY28-41	4				2 0 00
	itial Notifica mended Not	tion	- 45	C	ity, State, Zip C	ode				-J	AN	2 8 20
X DOL Ca	ancellation	illicatio	11 #5	I ^R	AHWAY, NEW	JERSEY 07065						
	n Hold			N	ame of Contact		Telephone N		-			22.00
L DCA L EI	MERGENCY	Y NOTI	FICAT	TION P	ATRICIA JOHN	SON	732-594-7746		<i>Y.</i>		3.7	
Name of Facility Where Abatement	is Taking P	lace (3	8)	FA	CILITY INFOR						1 0	
		iace (c	"			Type of Fac	ility (4) I (K-12)					
MERCK SHARP & DOHME CORPOR	RATION						apter 8 (Other than	V 10)				
Street Address						X Other	ie, private & comm	icl. bld	as ho	omes	etc)	
126 EAST LINCOLN AVENUE - BUIL	DING 33					Square Fe	et # of Floors	T	3-11-11		Bldg. A	ge
City (5) ICo	ounty (6)	-		Co	ounty Code (7)	98,230	7				71	5 201
RAHWAY UN	NON			(STA	TE USE ONLY	COMMERCIAL COMMERCIA	(Prior if being dem	olished	1)			
Name of Monitoring Firm Hired by E ENVIRONMETAL HEALTH INVESTIG	Building Ow	mer (8))	NEW TOWN	ASCM N	o. Name of Ab	atement Contracto	or (9)			-	
Street Address	27110110, 11	¥O.			17	PAR ENVIR	DNMENTAL CORP	PORÁT	ION			
555 WEST SHORE TRAIL						Street Addre	ss ROCK ROAD					
City, State, Zip Code	A NIEW IE	20514				City, State, Z	ip Code			_		
Project Manager for Monitoring Firm	A, NEW JEI			e Number		SUFFERN, N	IEW YORK 10901					
WILLIAM S. KERBEL, CIH			729-5			Telephone N		ense N	lumbe	er		
Expected State Date (10)	Scl	ned. Co	omple	tion Date	(11)	845-369-7500 Name of OSH	46	0				
11 / 1 /18 Month Day Year		. 6	5/	3	30 /19	AMERISCI LA	ABORATORIES IN	C	22.4	1480	-	
Occupancy Status During Abatement (Check only	Month		Day	Yea	ar		U	# 1	1480		
X Facility Closed/Vacated Du	ring Entire F	Period o	of Aba	tement		Street Address 117 EAST 30						
Abatement Performed Outs	-1-1 1 44											
IX Other - Deceribe: CAT	side of Norm	nal Faci	lity Ho	ours - Desc	ribe:	117 LAG 1 30	HIGHEE					
Other - Describe: SA	TURDAY &	sund	lity Ho	ours - Desc M-3PM	ribe:	City, State, Zi	Code					
Scope of Work (Check all that apply)	TURDAY & :	SUNDA	ility Ho AY 7A	ours - Desc M-3PM		City, State, Zi	Code NEW YORK		YOR	< 1001	6	
Scope of Work (Check all that apply) Demolition	TURDAY & :	SUNDA	ility Ho AY 7A	ours - Desc M-3PM	Full Co	City, State, Zi	Code NEW YORK	NEW	YOR!	< 1001 T WIP	6 E HEF	PA VACUUI
Scope of Work (Check all that apply)	TURDAY & :	SUNDA	ility Ho AY 7A	ours - Desc M-3PM	Full Co Mini-Er Gloveb	City, State, Zi	Code NEW YORK		YORI WE	< 1001 T WIP	6 E HEF	PA VACUUI
Scope of Work (Check all that apply) Demolition X >3SF OR LF >160 SF OR 260 LF Location of	X Ren	SUNDA	AY 7A	ours - Desc M-3PM	Full Co Mini-Er Gloveb Non-Fr	City, State, Zi ntainment with Ne nclos, ag Procedure lable Procedure	Code NEW YORK		YOR!	< 1001 T WIP	6 E HEF	PA VACUUI
Scope of Work (Check all that apply) Demolition X >3SF OR LF >160 SF OR 260 LF Location of Asbestos-containing	X Ren	SUNDA novation s Locat rmally t	AY 7A	М-ЗРМ	Full Co Mini-Er Gloveb Non-Fr Description of	City, State, Zi	o Code NEW YORK gative Pressure	X]WE	T WIP	E HEF	
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Scope of Work (Check all that apply) Demolition X >3SF OR LF >160 SF OR 260 LF Location of Asbestos-containing	X Ren	SUNDA novation s Locat rmally t solely t	ility Ho AY 7A	M-3PM	Full Cc Mini-Er Glove Non-Fr Description of Containing Mat (ie. Thermal	City, State, Zi	o Code NEW YORK gative Pressure	X]WE	T WIP	E HEF	
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) MERCK SHARP & DOHME CORP. 11 8 /18 Street Address Agencies Notified Type Notification 2019 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 EPA nitial Notification City, State, Zip Code DEP Amended Notification #4 RAHWAY, NEW JERSEY 07065 DOL Cancellation DOH On Hold Name of Contact Telephone Number EMERGENCY NOTIFICATION DCA PATRICIA JOHNSON 732-594-7746 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) MERCK SHARP & DOHME CORPORATION Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address # of Floors Square Feet Bldg. Age 126 EAST LINCOLN AVENUE - BUILDING 33 98,230 7 City (5) County (6) Current Use (Prior if being demolished) County Code (7) RAHWAY UNION (STATE USE ONLY) COMMERCIÁL Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ENVIRONMETAL HEALTH INVESTIGATIONS, INC. 17 PAR ENVIRONMENTAL CORPORATION Street Address Street Address 655 WEST SHORE TRAIL 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code SPARTA, NEW JERSEY 07871 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number WILLIAM S. KERBEL, CIH 973-729-5649 845-369-7500 460 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 11/ /18 6 / 30 /19 AMERISCI LABORATORIES INC #11480 Year Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 117 EAST 30TH STREET Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY - FRIDAY 6PM-1:30 AM City, State, Zip Code Sunday 7am-5pm NEW YORK, NEW YORK 10016 Scope of Work (Check all that apply) Full Containment with Negative Pressure X WET WIPE HEPA VACUUM Demolition X Renovation Mini-Enclos, >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount DUST CONTROL REPAIR ENCAPSUL ENCLOSUR Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT. SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A 3RD FLOOR ROOM 305 X FIRE PROOFING DUST 10 SF 3RD FLOOR ROOM 303 X FIRE PROOFING DUST 10 SE X 3RD FLOOR ROOM 304 X FIRE PROOFING DUST 10 SF 3RD FLOOR ROOM 319 X FIRE PROOFING DUST 10 SF 3RD FLOOR ROOM 320 X FIRE PROOFING DUST 10 SF 3RD FLOOR ROOM 321 X FIRE PROOFING DUST 10 SF 3RD FLOOR ROOM 323 FIRE PROOFING DUST X 10 SF lχ 3RD FLOOR ROOM 325 FIRE PROOFING DUST 10 SF X 3RD FLOOR ROOM 326 FIRE PROOFING DUST 10 SF X 3RD FLOOR ROOM 327 X FIRE PROOFING DUST 10 SF lχ 3RD FLOOR ROO, 332 FIRE PROOFING DUST X 10 SF X 6TH FLOOR ROOM 614 FIRE PROOFING DUST 10 SF ADDITION TO SCOPE: 2ND FLOOR ROOM 227 FIRE PROOFING DUST 10 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill FREEHOLD CARTAGE, INC. Hauler ID No. 50 LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 825 HIGHWAY 33 15939 447 ALEXANDER DRIVE/ROUTE 15

Disposal Date

11/01-6/30/19

DIRECTOR OF OPERATIONS

Signature

City, State MONT GOMERY, PA 17752

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Date

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City, State

FREEHOLD, NEW JERSEY

Completed by (Print or Type) BENJAMIN SANCHEZ

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) MERCK SHARP & DOHME CORP. 11 /18 Street Address Agencies Notified Type Notification 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 EPA Initial Notification City, State, Zip Code DEP Amended Notification #2 RAHWAY, NEW JERSEY 07065 DOL Cancellation DOH On Hold Name of Contact DCA Telephone Number EMERGENCY NOTIFICATION PATRICIA JOHNSON 732-594-7746 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) MERCK SHARP & DOHME CORPORATION School (K-12) Subchapter 8 (Other than K-12) Street Address Other (ie. private & commcl. bldgs., homes, etc.) 126 EAST LINCOLN AVENUE - BUILDING 33 # of Floors Bldg. Age City (5) 98,230 County (6) County Code (7) Current Use (Prior if being demolished) RAHWAY UNION (STATE USE ONLY) COMMERCIAL Name of Monitoring Firm Hired by Building Owner (8) ASCM No. ENVIRONMETAL HEALTH INVESTIGATIONS, INC. Name of Abatement Contractor (9) 17 PAR ENVIRONMENTAL CORPORATION Street Address Street Address 655 WEST SHORE TRAIL 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code SPARTA, NEW JERSEY 07871 Project Manager for Monitoring Firm SUFFERN, NEW YORK 10901 Telephone Number Telephone Number WILLIAM S. KERBEL, CIH License Number 973-729-5649 Expected State Date (10) 845-369-7500 460 Sched. Completion Date (11) Name of OSHA Monitor 11/ /18 6/ Month AMERISCI LABORATORIES INC Year #11480 Month Day Occupancy Status During Abatement (Check only one) Year Facility Closed/Vacated During Entire Period of Abatement Street Address Abatement Performed Outside of Normal Facility Hours - Describe: 117 EAST 30TH STREET Other - Describe: MONDAY - FRIDAY 6PM-1:30 AM City, State, Zip Code SATUDAY 7AM-5 PM Scope of Work (Check all that apply) NEW YORK, NEW YORK 10016 Full Containment with Negative Pressure Demolition X WET WIPE HEPA VACUUM Renovation Mini-Enclos >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos Asbestos-containing Abatement Type normally used Containing Material (ACM) Material (ACM) Amount CONTROL solely by (ie. Thermal systems REPAIR ENCAPSUL TO BE ABATED (Specify NCLOSUR Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A 3RD FLOOR ROOM 305 FIRE PROOFING DUST X 3RD FLOOR ROOM 303 10 SF X FIRE PROOFING DUST 3RD FLOOR ROOM 304 10 SF X FIRE PROOFING DUST 3RD FLOOR ROOM 319 10 SF X FIRE PROOFING DUST 3RD FLOOR ROOM 320 10 SF FIRE PROOFING DUST 10 SF 3RD FLOOR ROOM 321 X FIRE PROOFING DUST 3RD FLOOR ROOM 323 10 SF X FIRE PROOFING DUST 3RD FLOOR ROOM 325 10 SF X FIRE PROOFING DUST 3RD FLOOR ROOM 326 10 SF X FIRE PROOFING DUST X 10 SF 3RD FLOOR ROOM 327 X FIRE PROOFING DUST 3RD FLOOR ROO, 332 10 SF X X FIRE PROOFING DUST 6TH FLOOR ROOM 614 10 SF X FIRE PROOFING DUST X 10 SF ADDITION TO SCOPE: X 2ND FLOOR ROOM 227 FIRE PROOFING DUST 10 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill FREEHOLD CARTAGE, INC. Hauler ID No. 825 HIGHWAY 33 50 LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 15939 City, State 447 ALEXANDER DRIVE/ROUTE 15 Disposal Date FREEHOLD, NEW JERSEY 11/01-6/30/19 MONTGOMERY, PA 17752 Completed by (Print or Type) BENJAMIN SANCHEZ

Signature

Date

DIRECTOR OF OPERATIONS

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Pate of Notification (1) MERCK SHARP & DOHME CORP. 10 Street Address Agencies Notified Type Notification 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 FPA Initial Notification City, State, Zip Code DEP Amended Notification #1 RAHWAY, NEW JERSEY 07065 DOL Cancellation DOH On Hold Name of Contact DCA EMERGENCY NOTIFICATION elephone Number PATRICIA JOHNSON 732-594-7746 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) MERCK SHARP & DOHME CORPORATION Subchapter 8 (Other than K-12) . 0 Other (ie. private & commcl. bldgs., homes, etc.) Street Address 126 EAST LINCOLN AVENUE - BUILDING 33 Square Feet # of Floors Bldg. Age County (6) County Code (7) Current Use (Prior if being demolished) RAHWAY UNION (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) COMMERCIAL ASCM No. ENVIRONMETAL HEALTH INVESTIGATIONS, INC. Name of Abatement Contractor (9) 17 PAR ENVIRONMENTAL CORPORATION Street Address Street Address 655 WEST SHORE TRAIL 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code SPARTA, NEW JERSEY 07871 Project Manager for Monitoring Firm SUFFERN, NEW YORK 10901 Telephone Number Telephone Number WILLIAM S. KERBEL, CIH License Number 973-729-5649 Expected State Date (10) 845-369-7500 Sched. Completion Date (11) Name of OSHA Monitor 11/ /18 6 / 30 /19 Month AMERISCI LABORATORIES INC Year #11480 Year Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Street Address Abatement Performed Outside of Normal Facility Hours - Describe; 117 EAST 30TH STREET Other - Describe: MONDAY - FRIDAY 6PM-1:30 AM City, State, Zip Code Scope of Work (Check all that apply) NEW YORK, NEW YORK 10016 Full Containment with Negative Pressure Demolition Renovation X WET WIPE HEPA VACUUM Mini-Enclos >3SF OR LF >160 SF OR Glovebag Procedure 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Asbestos-containing normally used Abatement Type Containing Material (ACM) Material (ACM) Amount TSUG solely by ENCAPSU ENCLOSU REPAIR (ie. Thermal systems TO BE ABATED (Specify Maint/Custodial insulation, surfacing, VAT, in Facility (13) SF or LF) Staff (12) or other miscellaneous) Yes No N/A 3RD FLOOR ROOM 305 H FIRE PROOFING DUST X 3RD FLOOR ROOM 303 10 SF X IX FIRE PROOFING DUST 3RD FLOOR ROOM 304 10 SF X FIRE PROOFING DUST 10 SF 3RD FLOOR ROOM 319 X FIRE PROOFING DUST 3RD FLOOR ROOM 320 10 SF X FIRE PROOFING DUST 3RD FLOOR ROOM 321 10 SF X FIRE PROOFING DUST 10 SF 3RD FLOOR ROOM 323 X FIRE PROOFING DUST 3RD FLOOR ROOM 325 10 SF X FIRE PROOFING DUST 3RD FLOOR ROOM 326 10 SF X FIRE PROOFING DUST 10 SF 3RD FLOOR ROOM 327 X FIRE PROOFING DUST X 3RD FLOOR ROO, 332 10 SF X FIRE PROOFING DUST 10 SF 6TH FLOOR ROOM 614 X FIRE PROOFING DUST ADDITION TO SCOPE: 10 SF X 2ND FLOOR ROOM 227 FIRE PROOFING DUST 10 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste FREEHOLD CARTAGE, INC. Name of Registered Landfill Hauler ID No. LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 825 HIGHWAY 33 15939 447 AJEXANDER DRIVE/ROUTE 15 City, State FREEHOLD, NEW JERSEY Disposal Date 11/01-6/30/19 MONEGOMERY . PA 17752 Completed by (Print or Type) BENJAMIN SANCHEZ Title DIRECTOR OF OPERATIONS Date

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.IAC 8:60.7 and 12:120.7)

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Date of Notification (1)			Na	me of	Building (Owner/Operator	2)			112	12.3	- Hay	II Vo		
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	EMERGE	INCY	NOI	IFICA	10000		A JOHNSO		732-594-7746				¥.,		11 4 4
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MERCK SHARP & DOHME CO				(0)		.0*		Type of Facilit School (R	y (4) (-12) er 8 (Other than	K-12)					
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655 WEST SHORE TRAIL								Street Address 313 SPOOK RO	OCK BOAR		76716				
City, State, Zip Code		1011125		SAMP COS		-		City, State, Zip							
Project Manager for Monitoring F	ARTA, NEV	V JER					22.00	SUFFERN, NE							
WILLIAM S. KERBEL, CIH	IIII)				e Number			Telephone Num		ense N	Numb	er			
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