(: 3369)

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# State of New Jersey HOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:121)

	· , ,	(1	STATE OF THE DELICE	U.C. 6:00 XUII 11:11	(1)	1.77	Se True
Low or Southenion (	VIEY AN		Name of But	Ming Owner 10 per are	≥ (7)	- H	v
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describt Appriles	Type Hollacator	i	Sueel Addie				45
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שנט	Cancellation)		Nante of Con			I slebbous House	,
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			FACILITY	INFORMATION			
The Olfaction What	e Abatement is Takin	m Place (9)			Type of Facility (	7	
C > Carry (Fire)	0	41800 (3)			1	100	
	LUS DERL	=			School (K-12)		74
. Addresi	, ,				J Superspiels	Asis & COUNTAINS!	
9 \$41	MILTON PE	ACE.			homes, etc.)	Asta e countains	outoing 1
. 15.					Square Feet.	V OI TIOOIS	8100 AQ#
	15 ANTINE		W		1000中		407
17.11	14 4 10 3 100		I County Cod	e (1) (STATE	Cureni Use (Prix	ned and demotion	1001
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ATLAN		O-001	ASCH NO	Hame of Abate	meni Coniracioi (9)		
וא פחחטי מסוניים יבי	ים אונפיט או מייםיות י	CHINE			nco Inc		
	· N			Sugel Addiess		,	
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V.C. IYBUBASI IQ W	oraiding rain			8.56.7	74.0472.	(10.17	٠/
			(11) sis Chais	Hame d. OSHA			
conerge .		ones comp	relan Usie (11)	50% 5			
7/29/1	9	8/29		Sugel Address		1/-1	
. Scanc, Status Du	ring Abatement (Che	eck buly one	)		/ CAA	= Avs	- 94
Louis CosediVac	ared Dunng Entre P	ence of Aba	tement	369		7111	
Carouson: Penan	nen Muisiae al Normi	al Factily Mo	wrs.	Cay, State, Up	cose >	—	
Orner Describe				MNPE	5 5,1.0 DE	N. J. 63.	<u>- :                                   </u>
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r memo prako istoriar		Renor	alion ''	D Win ⋅ E	Aciosuie Sincosuie		
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16. 41 5 (2) 60 m				[CI MATIN	ZVII QUAL TONG		A
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7, 200	Kiemm	Υ.	1				

NO CK

ASB-41 JAN 13

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

Date of Notification (1)	16	/ 14				of Building EG	Owner/Operator (	<b>2)</b>	& LICENS		,, d	-	
Agencies Notified	Type N	otification				Address Hadley F	Road		@ LICENS	MG		i.	
☑ DOH ☑ DOFMD	☐ Ame	nded ndment#				state, Zip C	ode ld, NJ 07080						
☐ DCA (NJAC 5:23-8)	justi	rgency (in fication) cellation	cluding		Name	of Contact gory Playe			Telephone Numb	er			
					FA	CILITY IN	FORMATION						_
Name of Facility Where A PSEG Belleville Subs Street Address 747 Main Street	batemer station	nt is Taking	Place	(3)				Type of Facility  ☐ School (K-12 ☐ Subchapter (I.e., p. homes, etc.)	) 3 (Other than K-12) dvate and commerc	al bui	iding	s,	
City (5)		r-see allowing						Square Feet N/A	# of Floors N/A		ig. Ag N/A	ie	
Belleville, NJ County (6)					Cour	nty Code (7	)(STATE USE ONLY)	Current Use (Pr	ior if being demolish	ned)			***
Essex Name of Monitoring Flrm N/A	Hired by	Bullding (	Owner	(8)	ASCM N/A	No.	Name of Abatem WRS Environ	ent Contractor (9) mental Services,					
Street Address N/A							Street Address 17 Old Dock	Road					
City, State, Zip Code							City, State, Zip C Yaphank, NY						
N/A Project Manager for Mon	toring F	rm		1	phone	No.	Telephone No. 631-924-8111		License No. 01136		200.000		
N/A Start Date (10)		Sche	duled C	comple	N/A etion Da	ale (11)	Name of OSHA Name as abo						
7 / 28 / Occupancy Status During		-			='-	=	Street Address .			Т			-
☐ Facility Closed/Vacate     ☐ Abatement Performed         Time of Abatement:	ed During	Entire Pe	riod of I Fadil	Abate v Hou	rs - Des	scribe _AM	N/A City, State, Zip C N/A	ode					
Scope of Work (Check all			⊠ R	enovat	lon		☐ Mini-En	- Depondure	gative Pressure on-Friable Procedur	е			
			1 1	s Loca	tion	T				Ab	alem	-	T
Location Asbestos-Containing <u>TO BE AB/</u> IN Fadil (13)	Material	(ACM)	Us M Cus	Norma ed Sol alntena stodial (12)	ally ely by ance/ Staff?	1.0	Description estos Containing M a., thermal systems surfacing, VAT other miscelland	aterial (ACM) Insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Exterior Ductbank			Yes	No	N/A	-	Transite Pipe		300 LF	区	口		
			冒	旨	<del> </del>					早			
			口							믐	님		
Name of Registered Was	te Haule	ır			UDEP Hauler I	Waste D No.	Cubic Yards of Waste 100 yds	Name of Regl Conestoga		1-			
ETGI			-	П.	S710	7	Disposal Date	City, Stale	100.00				
City, State Flanders, NJ					200		8/11/14	Morgantown	ı, PA	nte			
Completed By (Print or T · Michael DiMaria	ура)	Tit	e Project	Mana	ger		Signature	hoel 16		7/16/1	4		
ASB-41 JAN 13			Do no	t use t	his forn	n for asbes	tos licensure exem	pted activities.					



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					CATION	ate of New Jerse I OF ASBESTOS to NJAC 8:60 an	ABATE		т					PA	
Date of Notification (1)				T	Name o	f Building Owner/0	Operator	(2)					20	10	
07/15/14						iocese of New								14 JUL	
Agencies Notified	_	otification			Street A	ddress							ri na j		
EPA DED		tial		-		ate, Zip Code		-					- (	2 / / /	
X DEP X DOL	_ An	nended nendment	# (including	_		rk,NJ 07104								- 4/68	
X DOH		tification)			Name o	f Contact				Tele	ephone Nu	mber			
DCA	Ca	ncellation	1		Rev.	John Ferrara									
					FAC	LITY INFORMAT	ION	1				18			
Name of Facility Where			ng Place (	3)			Type of Facility (4)								
Holy Family Church	n / Rect	ory				The Company of the Co			School (K-1	2)					
Street Address									Subchapter					***	
28 Brookline Ave.								×	Other (i.e. poetc.)	rivate &	commerc	al buil	dings,	homes,	
City (5)	10							Squ	are Feet	# of	Floors	В	Ildg. A	\qe	
Nutley							i i	4500 2					00+		
County (6)					County	Code (7)						hed)	Tage		
Essex						USE ONLY)	Rectory								
Name of Monitoring Firm	Hired hy	Building	Owner (8	<u> </u>	ASCN	4 No	Name	1	patement Con	tractor	/Q)			-	
N/A	rrinca by	Dullulling	c) ionwo	,	Addi	7140.			ervices Inc.		(3)				
Street Address							Street								
Street Address															
Cit. Ctata 7:- Cada						156 Maple Ave.									
City, State, Zip Code									, State, Zip Code						
						Υ.	l	allington, NJ 07057				a- Na			
Project Manager for Mor	nitoring Fi	rm			Telepho	ne No.	3/2				License N	11 AB 1 1 AB 1			
									-7341		01107				
Start Date (10)					npletion	Date (11)	CONTRACTOR		SHA Monitor						
07/25/14		72	08/01/	14		5.000	Lesl	aw N	Valodka						
Occupancy Status Durin	g Abatem	ent (Che	ck Only O	ne)		V	Street								
Facility Closed/Vac	ated Durir	ng Entire	Period of	Abatem	nent		156	Мар	le Ave.						
Abatement Perform		le of Norr	nal Facilit	y Hours	;		City, S	State,	Zip Code						
Other – Describe:							Wall	lingto	on,NJ 0705	7					
Scope of Work (Check A	II That Ap	ply)										tide-ti-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			-	Renova Demolit			×	N G	ull Containme fini-Enclosure Blovebag Proc Ion-Exempted	edure				e	
			le	Locati	on								Abate	ement	
Location	o of		100	Normal		Do	scription	n of					Ту	ре	
Asbestos-Containing	Material	(ACM)		ed Sole		Asbestos Con			al (ACM)	A	mount			m	
TO BE AB			100	aintenar todial S		(i.e. thermal			ulation,		pecify	Re	Z.	Enc	
In Facil (13)				(12)			cing, VA niscellar		()	SF	or LF)	Remova	Repair	Enclosure Encapsulate	
(10)				T	T	04,011	oconui		'			la la	15	late	
			Yes No N/A												
crawlsp	ace			*		pipe	insula	tion		2	40lf.	*			
						TORON CONTROL									

City, State Newark, NJ		Disposal Date 08/02/14	City, State Morrisville, PA	
Completed by	Title	Signature	/ /	Date
Leslaw Nalodka	President		wh	07/15/14

Cubic Yards of Waste

10

NJDEP Waste Hauler ID No. 05409

Name of Registered Waste Hauler

Newark Carting Inc.

Name of Registered Landfill

G.R.O.W.S

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

ck #	
1617	P - 11/08
2814 JUL	23 5

Date of Notification (1) Name of Building Owner / Operator (2)								1 3:	41								
	7/17/2014		1	Woolston Contruction							& LICENSING ROL						
Agencies Notified	Type Notifica	ation		Street	Addre	ess				& 1	leit.	Ç.,;	17/6	Ωı			
☐ EPA					ox 86	Andrew Inc.				1	CA	0/14	9	υi.			
DEP	Initial		100	200	State 8									177			
□ DOL	Amer Amer	1.5.5.52			entov		J							.,			
⊠ DOH		gency	100		of Co					ΙTe	lepho	ne N	umbe	er			
☐ DCA	Cano	ellation		Ritch	Woo	Iston											
				FA	CILIT	Y INF	ORMATION										
Name of Facility W	here Abateme	ent is Taking Pl	ace (3	3)			Type of Facili			ii							
Residence							School (F										
Street Address	232 0000 0							ter 8 (Other th									
3837 Crosswicks	Hamilton S	Sq Road						e. private & co					tc.)				
	35						Square Feet	# of FI	oors	Blo	lg. Ag	е					
City (5)		County (6)	Co	unty (	Code (	7)	exterio		exterior		ex	cteri	or				
Hamilton		Mercer					Current Use (	Prior if being	demolishe	ed)							
							Not in use										
Name of Monitoring	Firm Hired b	y Building Own	er (8)		ASC	M No.	And the Control of th										
							Alpha Envir	CHAPTER PROPERTY OF THE PARTY O	ervices								
Street Address							Street Addres										
City State 9 7in Co	ndo						PO Box 829							_			
								City, State & Zip Code Trenton, NJ									
Project Manager for	Telep	hone	Numb	er	Telephone Nu 609-847-295		Lic	ense Nu	mber <b>0122</b>	2							
Scheduled Start Da 7/22/201		Scheduled Con 7/24/2014	npletio	on Da	te (11)		Name of OSH EMSL Analy		2								
Occupancy Status		nent (Check or During Entire P			.t		Street Addres	ss	10								
		utside of Norma					107 Haddon	The second second second									
Describe:	renomied O	utside of Norma	al HO	115 -	alli to	o opini	City, State & 2										
	cupied During	Abatement					Westmont,	NJ 08108									
Scope of Work (Ch											4990	Wise					
			_	223	122				ntainmen	t with Ne	gative	Pres	sure				
≥3 sf or ≥3			Ц		ovatio				nclosure								
≥160 sf ≥26	O IT		$\bowtie$	Den	nolition	1		☐ Glove	Bag Proce	edures							
								Non-E	xempted a								
	ocation of			Locat			Description			ount	Aba	ateme	ent T	ype			
	tos-Containin terial (ACM)	g		nally l			Asbestos-Cont			ecify			т				
	BE ABATED			olely l tenan			Material (AC (i.e., thermal sy		SF (	or LF)	₽.	70	nc	ᄪ			
	n Facility				Staff?		insulation, surfac				Remova	Repair	aps	clsc			
2.5	(13)			(12)		20	or other miscella				val	≌.	Encapsulate	Enclsoure			
			Yes	No	N/A					100			Œ	4. S.			
Exterior				$\boxtimes$			VAT		120sf								
Name of Registered	d Waste Haul	er		1 SYSTEM	DEP V		Cubic Yards	Name of Re	gistered L	andfill							
ALPHA ENVIRON	MENTAL			1000000	uler IE 03333		of Waste	Grows Lar	dfill								
City, State			- 1			41.04	Disposal Date	City, State		700 1000 70	E project		11221				
Trenton, NJ					various Morrisville, PA					643							
Completed By (Prin	t or Type)			Tit		Signature Date											
Rod Richardson F																	

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

1777		
	KE	Ph

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

Date of Notification (1)	Name of Building Owner/Operator (2)														
07-17-2014				Sally A Dankos						2014 JUL 23 PM 3 43					
Agencies Notified	Type Notification			Street A	ddress	WHOVE:				-					Ĵ
□ EPA	Initial			24 Bir	chwood	Rd.			11.3	D			-		
DEP	Amended			500	te, Zip Co					à 1_1	LAN	* ;	Ma.	n Jl	
DOL DOL	Amendment # Emergency (i		_			07834-12	202				120.00	- 1	14(1)		4
DOH DOH	justification)	liciduling			Contact				Tel	ephone	Numbe	r			-
DCA DCA	Cancellation				A Danko										
N	AL	DI (0)		FACI	LITY INFO	ORMATIO	N	- FF - 104 - /	45						
Name of Facility Where	Abatement is Taking	Place (3)	)				Тур	e of Facility (4	4)						
								School (K-1	ol (K-12) hapter 8 (Other than K-12)						
Street Address								Other (i.e. p				uild	inas.	home	es.
24 Birchwood Rd.								etc.)		*****************			e lle <del>s</del> les re		117.5
City (5)							Squ	are Feet	# 0	f Floors		BI	dg. A	ge	
Denville, NJ															
County (6)					Code (7) JSE ONLY)		Cun	rent Use (Prid	or if bei	ng dem	olished)				
Morris															
Name of Monitoring Firm	Hired by Building C	wner (8)		ASCN	1 No.	atement Con		(9)							
N/A								ntracting L	LC						
Street Address							Street Addr								
							522 7th								
City, State, Zip Code					*87	(	City, State,								
								ty NJ 0708	37						
Project Manager for Mon	itoring Firm			Telepho	ne No.			ephone No. License No.							
							(CONT. OF CO. C.)	01206							
Start Date (10)		Schedule		pletion l	Date (11)	1		me of OSHA Monitor elfa Contracting LLC							
07-29-14		07-30-2						U	LC_						
Occupancy Status During	g Abatement (Check	Only On	е)	Street Address											
	ated During Entire P														
Abatement Perform Other – Describe:	ed Outside of Norma		Hours			Zip Code	_								
			Union City NJ 070												
Scope of Work (Check A	ll That Apply)	2000													
≥3 sf or ≥3 lf			enova					ull Containme		Negativ	ve Pres	sur	е		
≥160 sf or ≥260 lf			emoliti	on				lini-Enclosure llovebag Prod							
								on-Exempted		d Non-F	riable F	roc	edur	9	
		ls	Locati	on								1		ment	
Location	n of		ormall			Desc	ription of				<b> </b> -		Ту	pe	-
Asbestos-Containing			d Sole				ning Materi			mount	١١.	_		щ	_
TO BE AB		Custo	odial S	staff?	(i.e.		stems insung, VAT, or	llation,		Specify or LF)	1		Re	ıcap	inclo
(13)	,		(12)				cellaneous	)	0,	0, 2, ,	3	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A							١.	-		ate	e
<b>5</b>		++	7,000		S-16333	D: 1				20.15		$\dashv$			
Baseme	ent	$\perp$	Х				nsulation		- 17	20 LF	Х				
Attic			X		Ve	ermiculit	e Insulati	ion	2	0 SF	x				
									1			1			
		1 1							-			1			
Name of Registered Was	I N	JDEP W	aste	Cubic Ya	ards	Name of I	Registe	ered Lan	dfill				$\vdash$		
	1000	auler ID		of Waste		100000000000000000000000000000000000000	1 T			01	.n. r	ocil:	<u>,  </u>		
Delfa Contracting LLC					35240 2 Tu					Tullytown Resource Recovery Facility					
City, State					3.500 MR N 0.000 1 1 1 1 1	Disposa		City, State							
Union City NJ 07087				08-01-2014 Tullytow				town, PA							
Completed by Title				Signature Date				17-2014							
Jaime Delgado Proj. Mar				anager Anglis (and							07-1	1-2	2014		

### State of New Jersey - Notification of Asbestos Abatement

CK 11087

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

								1111	1.5	
Date of Notification (1)	4.4				Name of Building Owner/ Celgene Corporati					
July 16, 20	11						-00	01/	0 1 5	
Agencies Notified		Notification Initial		on	Street Address 86 Morris Avenue	2814 JUL	_ 23	l i i	3: 40	
X EPA		⊠Amend			City, State, Zip Code			1		
DCA					Summit, NJ 07901	F 3525		1 1	- A (3)	
x DOL		□ Emerg		cluaing					lumber	
X DEP		justific			Name of Contact	<i>*</i> : '.	relepr	none iv	iumber	
x DOH		☐ Cance	lled		Ms. Kim Hope,					
X BOIT					Environmental H&S	5				
				FACILITY INF	ORMATION					
Name of Facility Where Abates	nent is Tal	king Place (3)			Type of Facility (4)					
Celgene Corporation					☐ School (K-12)					
	10 00 00				Subchapter 8 (other than	K-12)				
Street Address					Other (i.e. private &		uildings	homos	oto )	
86 Morris Avenue					Sq. Feet: 50k # of F					
City (5)	County (6		County C	Pada (7)	Current Use (prior if being	demolished)	y. Adm	inietr	rius year	5
7 TO 1 TO		77	(State Us		Offices/Research Facility		. Auni	misu	ative	
Summit	Morris		(State Us	se Only)	Offices/Research Facility	165				
Name of Monitoring Firm Hired	by Bldg. (	Owner (8)	ASCM N		Name of Contractor (9)					
McCabe Environme	ental So	ervices.	00118							
Inc.					GREENWOOD ABAT	LEMENT CO	ONSU	LTAN	ITS, INC.	
						Secretary Control				
Street Address					Street Address					
464 Valley Brook Ave	nue # 3	A								
					268 MAIN STREET					
City, State, Zip Code					City State, ZipCode					
Lyndhurst, NJ					Butler, NJ 07405					
Project Manager for Monitoring	Firm	Telephone N	Number		Telephone Number		Licens	e Num	ber	
John Chiavello		732-438-	4839							
		VILOUSCIE CIPCUI RISPASSONI			973-492-0477		0084	0		
Scheduled Start Date (10)		Scheduled C	Completion	Date (11)	Name of OSHA Monitor		(C. 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10			
06.27.14		08.31.14								
					EMSL inc.					
Occupancy Status During Ab	atement (	Check only o	ne)		Street Address					
☑ Facility Closed/Vac				ement-						
Not Sub 8		.5			1056 Stelton Road					
Abatement Performed	Outside o	f Normal Fac	ility Hours	_	City, State, Zip Code					
Describe										
☑ Other – Describe:S	hift Hours	5pm - 5a	am		Piscataway, NJ 08	854				
And 24 Hours on Wee										
Source of Work (Check all that	A CONTRACT OF THE PARTY OF THE	(as neede	u)							
Source of Work (Crieck all that	арріу)					V Full Conta		الم طالماند.	anativa Dra	
						X Full Conta			egative Pre	ssure
≥ 3 sf or ≥ 3 lf				□ Renovat	ion	Mini-Er				
	60			Demolition		x Glovebag				
						x Non-Exem				Procedure
Location of Asbestos-Containing		cation Norma			bestos Containing Material	Amoun	CC CONTROL	Abate	ement Type	
Material (ACM) in Facility (13)		ly by Maint./C		VAT, or other mis	nal systems insulation, surfact		ry SF	Remov	ve Repair Er	ncap Enclose
	YES	f? (12) S NO	NA	VAT, OF OTHER THIS	iceii.)	or LF)				
Vi	1.00		95239985	TOL D: I		0.15	-	ाज		
Various Areas		X		TSI- Pipe Ins		9 LF	_	X		
Various Areas		X	1 1	TSI- Duct Ins		150 L	(V215)	X	1 1	
Various Areas		X		VAT, Transite	e,Bench Tops, Fire	5,000	SF	X		
			1 1	Doors (18 to						
2 <sup>nd</sup> Floor		X		Fireproofing		100 8	SF	X		
3 <sup>rd</sup> Floor		X			500	40 SF	255	X		
3 1001		1 123		Fireproofing						
Name of Reg. Waste Hauler		NJDEP Was	te Hauler II	D#	Cubic Varde of Master		Namo	of Poo	istered Land	HEII
See Hauler Below # 1 & 2	i	See Belov		U#	Cubic Yards of Waste:	WIDO	100 100 100 100 100 100 100 100 100 100		orth Land	A CONTRACTOR OF THE PARTY OF TH
						YDS		ARO IA		
Hauler #1) Greenwood A	bateme	nt Consulta	ants, inc.	- Butler, NJ 0	7405	Disposal Da			City, State 100 New F	
NJ DEP # 125	61					August 3	7, 201	4	Road, Mor	
Hauler #2) Newark Carti	ng. Inc	Newark, N.	I 04509. N	J DEP # 19551					19067	iloville, FA
						1				
									215-736-1	/00
Hauler # 3) Horizon Disno		ces, Inc. Tre	nton N.I. 0	)8611 N.IDEP #	22612				215-736-1	700
Hauler # 3) Horizon Dispo		ces, Inc. Trei	nton NJ 0	)8611 NJDEP #	22612		•		215-736-1	700

### State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Completed by (Print or Type) Raymond C. Pedalino	Title SENIOR PROJECT	Signature Raymond C. Pedalino	Date July 16, 2014	
	MANAGER			1

GAC # 2014-451- Amendment # 2. Add ACM- Fireproofing 2<sup>nd</sup> & 3<sup>rd</sup> Floors

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

GAC Floject # 451-14	-													
Date of Notification (1)  June 26,	2014	1			Name of Building Owner/Operator (2) CELGENE CORPORATION									
Agencies Notified  EPA		Notification Initial	Notifica	ation otification #1 –	Street Address 86 MORRIS AVEN City, State, Zip Code									
°□DCA		new com	pletion	date & add	SUMMIT, NJ 0790	1								
⊠ DOL	_	method (	Full Co	ntainment &	Name of Contact			Tele	phone l	Number				
☑ DEP- No Longer REQUIRE ☑ DOH	D	Glovebag	g)		MS. KIM HOPF -									
I DOH		☐ Emer	gency	(including	Environmental He	ealth	&	1						
			cation)		Safety									
		☐ Cance	elled									7		
Name of Facility Where Abateme	-41- 7-	Line Di (0)		FACILITY IN	FORMATION									
CELGENE CORPORATION	nus ra	iking Place (3)	1		Type of Facility (4)  School (K-12)									
					Subchapter 8 (other th	on K 1	2)							
Street Address					Subchapter 8 (other th			dinas b		to \				
86 MORRIS AVENUE					Sq. Feet: 50,000	# of F	loors: 3	aings, n B. Blda	omes, e	.c.) ~60+	vears			
	ounty (6			ty Code (7)			0010.	, Diag	. rigo.		youro			
SUMMIT	MC	DRRIS	(State	Use Only)	Current Use (prior if bei	ng der	nolished	d): AD	MINIST	RATIVE	OFFIC	CES/		
Name of Monitoring Firm Hired by	Dist	0 (0)	1,000		RESEARCH FACILITIE	ES								
McCABE ENVIRONMEN	TAI	Owner (8)	ASCM 001		Name of Contractor (9)									
SERVICES, LLC			001	10	GREENWOOD ABA	TEM	ENT C	ONS	JLTAN	ITS. IN	C			
Street Address					Street Address					,				
464 VALLEY BROOK AV	ENUE	#3A												
011 01 1 7 0 1					268 MAIN STREET									
City, State, Zip Code LYNDHURST, NJ				City State, ZipCode BUTLER, NJ 07405										
Project Manager for Monitoring Fi								Licor	se Num	hor				
JOHN CHIAVELLO		732-438			Telephone Number			Licei	ise muili	Dei				
0.1 11 10: 10 10:					973-492-0477			008	40					
Scheduled Start Date (10) 06/27/14		08/31/14		on Date (11)	Name of OSHA Monitor									
00/21/14		00/31/14			ENVIROVISION, IN	C.								
Occupancy Status During Abate	ement (	Check only o	ne)		Street Address	<u> </u>		~						
☑ Facility Closed/Vacated Duri	ing Ent	ire Period of	Abateme	ent (NOT SUB 8)	00 04 1444 70 4 7 4 14		_							
☐ Abatement Performed Outsid Describe	de of N	ormal Facility	Hours		20-21 WARGARAW	ROA	ND							
	D	: a al a f A L _ L			City, State, Zip Code									
☐ Facility Occupied During Ent Hours 5PM — 5AM M-F	ire Peri	lod of Abaten	nent											
And 24 Hours on WEEK	FND	S las noo	(hah		FAIRLAWN, NJ									
Scope of Work (Check all that app	ly)	O (do need	acuj			-								
2523					X	Full	Contain	ment w	ith Neg	ative Pr	essure			
$\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$				☒ Renovation	X	Min	i-Enclos	ure (Ci	ıt & Wra	ap)				
<b>⊠</b> ≥ 160 sf or ≥ 260	lf			Demolition	X		vebag F							
Location of Asbestos-Containing	1 1-1-		0.11	15	X	Non-				-Friable		lure		
Material (ACM) in Facility (13)		cation Normally by Maint./Ci			bestos Containing Material nal systems insulation, surfac	cina	Amour (Speci		Abate	ment Typ	<u>oe</u>			
	Staff	? (12)		VAT, or other mis		g,	or LF)		Remov	e Repair	Encap	Enclose		
V	YES		NA	<del>  </del>										
Various Areas		X		TSI - PIPE IN			9 L		X					
Various Areas		X			INSULATION		150 L	.F	X					
Various Areas		X		ADHESIVE	TE DELIGITADA					-				
Vallous Aleas					ITE, BENCH TOPS,		5,000	SF	X		1			
Name of Reg. Waste Hauler	1	NJDEP Was	te Hauler	FIRE DOORS		00.0	• • • • • • • • • • • • • • • • • • • •	Namo	of Pogi	stered La	ndfill			
Newark Carting, Inc.	1	NJ DEP		10 H	Cubic Yards of Waste:	60 C	, Υ			North		7U		
Newark, NJ 04509					20									
					Disposal Date City, State									
Notes: None							31/14			100 Nev	v Ford N			
					Morrisville, Pa 19067 215-736-1700						900/			
Completed by (Print or Type)  Title					Signature			Date						
RAYMOND C. PEDALING	6.10	SENIOR PI		1	Raymand C. Pedalino June 26, 2014									
	Months and a second	, sagemana O. I saanno												

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

June 18, 2014   Agencies Notified   Agencies	GAC Froject # 451-14			- 34											
Second Price   Seco	Date of Notification (1)  June 18	. 2014													
Dispay	Agencies Notified	,	Notification		ation	Street Address		<u> </u>				-			
DOL     DOL     DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL   DOL				20000000000000000000000000000000000000											
District Actions   District Ac			☐ Emerg	gency	(including		01								
Environmental Health & Safety    Environmental Health & Safety			justific	cation)					Tele	phone N	lumber				
ENVIRONMENT   Safety Where Abatement is Taking Place (3)   FACILITY INFORMATION   Street Address   Safety Manager Abatement is Taking Place (3)   Safety Address   Safety Manager Abatement is Taking Place (3)   Safety Address   Safety Manager Abatement is Taking Place (3)   Safety Manager (3)   Safe	DEP- No Longer REQUIR	ED	☐ Cance	elled							1				
Name of Facility Union Absternent (NoT Substance Standards Start Date (10)   Scheduled Start Date (10)   Schedul	I I DON					Environmental He	ealth	&							
Same of Reality/Where Absterment is Taking Place (3)						Safety									
School (K-12)   Street Address					FACILITY IN	FORMATION	7.30								
Subchapter 8 (Other than K-12)   Subchapter 9 (Other than K-12)	Name of Facility Where Abatem	ent is Ta	king Place (3)	1											
SE MORRIS AVENUE   County (5)   County (6)   MORRIS   County (6)   MORRIS   County (6)   MORRIS   County (6)   MORRIS   County (7)   County (7)   County (8)   MORRIS   Count		14					oon V 1	12)							
Sum   County (6)   Sum   County (7)   Sum   County   Code (7)   Sum   County   Co									dinae h	omes et	c )				
SUMMIT    MORRIS   County Code (7)   Cisted Lise Caphby   Current Use (prior if being demolished): ADMINISTRATIVE OFFICES/ RESARCH FACILITIES   Name of Monitoring Firm Hired by Bidg. Owner (8)   ASCM No.   No.						Sq. Feet: 50,000	# of F	loors: 3	Bldg	. Age:	~60+	years			
Name of Monitoring Firm Hired by Bids, Owner (6)   ASCM No. 00118   Name of Centractor (9)   GREENWOOD ABATEMENT CONSULTANTS, INC.									20000000 <del>0</del>	N-NAW (CHS.C)	200				
MCCABE ENVIRONMENTAL   SERVICES, LLC   GREENWOOD ABATEMENT CONSULTANTS, INC.				ISIALE	Ose Only)	RESEARCH FACILITIE	ing der ES	molished	i): AD	MINIST	RATIVE	OFFIC	ES/		
SERVICES, LLC  Street Address  464 VALLEY BROOK AVENUE #3A  Street Address  464 VALLEY BROOK AVENUE #3A  Street Address  468 MAIN STREET  City. State. Zip. Code LYNDHURST, NJ  Telephone Number  732-438-4839  Telephone Number  733-492-0477  00840  Street Address  Street	McCARE ENVIRONMENT	y Bldg.	Owner (8)			Name of Contractor (9)				1			100-2-1-100-2-1		
Street Address   A64 VALLEY BROOK AVENUE #3A   Sireet Address   268 MAIN STREET		IIAL		001	18	GREENWOOD ABA	ATEM	IENT C	ONSI	II TAN	TS IN	C.			
288 MAIN STREET   City State. Zip Code   LYNDHURST, NJ   Drosect Manager for Monitoring Firm JOHN CHIAVELLO   732-438-4839   Telephone Number   Telephone Number   Total Proceedings   Telephone Number   Total Proceedings   To	Street Address														
City State. Zip Code   LYNDHURST, NJ	464 VALLEY BROOK AV	ENUE	#3A			268 MAIN STREET									
LYNDHURST, NJ   Substitution   Telephone Number   Tolephone Number	City, State, Zip Code					Transfer has the second control of the second secon									
Scheduled Start Date (10)   O731/14   Scheduled Completion Date (11)   O7/31/14   O7/							5								
Scheduled Start Date (10) 06/27/14  Scheduled Completion Date (11) 07/31/14  ENVIROVISION, INC.  Street Address  Street Address  30-21 WARGARAW ROAD  City, State, Zip Code  FAIRLAWN, NJ  FAIRLAWN, NJ  FAIRLAWN, NJ  FAIRLAWN, NJ  FAIRLAWN, NJ  FAIRLAWN, NJ  FUII Containment with Negative Pressure  Mini-Enclosure (Cut & Wrap) Glovebag Procedure  Non-Exempted (*) and Non-Friable Procedure  Location of Asbestos-Containing Material (ACM) in Facility (13) Staff? (12) YES NO NA  Various Areas  Various Areas  Su TSI - PIPE INSULATION ADHESIVE  Various Areas  Various Areas  Various Areas  Various Areas  NDEP Waste Hauler Newark Carting, Inc. Newark, NJ 04509  Notes: None  Scheduled Completion Date (11) Name of CSHA Monitor  ENVIROVISION, INC.  Street Address  20-21 WARGARAW ROAD  City, State, Zip Code  FAIRLAWN, NJ  Full Containment with Negative Pressure  Mini-Enclosure (Cut & Wrap) Glovebag Procedure  Non-Exempted (*) and Non-Friable Procedure  Non-Exempted (*) and Non-Friable Procedure  Amount (Specify Soft) Stement Type (ACM) (i.e. thermal systems insulation, surfacing, Non-Exempted (*) and Non-Friable Procedure  Amount (Specify Soft) Specify		irm				Telephone Number			Licer	se Numb	er		- 1000		
Scheduled Start Date (10)   Of/27/14   Of/31/14   Scheduled Completion Date (11)   Of/31/14   ENVIROVISION, INC.	JOHN CHIAVELLO		132-438	4839		973-492-0477			008	40					
ENVIROVISION, INC.				Completio	on Date (11)	Name of OSHA Monitor			1						
Street Address   Str	06/2//14		07/31/14			ENVIROVISION IN	IC.								
□ Abatement Performed Outside of Normal Facility Hours Describle □ Facility Occupied During Entire Period of Abatement Hours 5PM - 5AM M-F And 24 Hours on WEEKENDS (as needed)  Source of Work (Check all that apply) □ ≥ 3 sf or ≥ 3 if □ ≥ 3 sf or ≥ 260 lf □ □ bemolition □ Demolition □ Demolition □ Demolition □ Demolition □ Norm-Exempted (') and Non-Friable Procedure □ Solely by Maint./Custodial Staff? (12) YES NO NA  Various Areas □ □ TSI - PIPE INSULATION ADHESIVE  Various Areas □ Non-Exempted (') And Non-Friable Procedure □ Solely by Maint./Custodial Staff? (12) YAT, TRANSITE, BENCH TOPS, FIRE DOORS (~18 total)  Name of Req. Waste Hauler Newark, NJ 04509  Notes: None □ Signature □ Date □ June 18, 2014	Occupancy Status During Abat	ement (	Check only or	ne)						_					
Describe □ Facility Occupied During Entire Period of Abatement Hours 5PM - 5AM M-F And 24 Hours on WEEKENDS (as needed)  Source of Work (Check all that apply) □ ≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf □ Demolition □ Covebag Procedure □ Non-Exempted (*) and Non-Friable Procedure □ Non-Exemp	Facility Closed/Vacated Du	ring Enti	ire Period of A	Abateme	ent (NOT SUB 8)	20 24 WADCADAM	, ,,								
Facility Occupied During Entire Period of Abatement Hours 5PM - 5AM M-F   And 24 Hours on WEEKENDS (as needed)   Source of Work (Check all that apply)   □ ≥ 3 sf or ≥ 3 lf	Describe Describe	ide of No	ormal Facility	Hours			KUA	עט							
Hours 5PM - 5AM M-F And 24 Hours on WEEKENDS (as needed)  Source of Work (Check all that apply)  □≥3 sf or ≥ 3 lf □≥ 160 sf or ≥ 260 lf □ Demolition □ Demolition □ Demolition □ Glovebag Procedure □ Non-Exempted (*) and Non-Friable Procedure □ No		tire Peri	od of Abatem	ent		Sometimes and code									
Source of Work (Check all that apply)  □≥3 sf or ≥ 3 lf □≥3 sf or ≥ 260 lf □□ Demolition □□ Glovebag Procedure □Non-Exempted (*) and Non-Friable Procedur	Hours 5PM - 5AM M-F		, , , , , , , , , , , , , , , , , ,			EAIDI AMAN ALI									
□≥ 3 sf or ≥ 3 If □≥ 160 sf or ≥ 260 lf □□ Demolition □□ Clovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempt	And 24 Hours on WEE	KEND	S (as need	led)		PAINLAVIA, NJ									
Miniterclosure (Cut & Wrap)   Glovebag Procedure   Mon-Exempted (*) and Non-Friable Procedure   Mon-Exempted (*) and Non-Exempted (*) and	Source of Work (Check all that ar	oply)				-		22 15 35			F 88				
Demolition	□> 3 sf or > 3 lf				X Penovation							ssure			
Location of Asbestos-Containing Material (ACM) in Facility (13)    Solely by Maint/Custodial Staff? (12) YES NO NA   Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)    Various Areas   X		If								[[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (1) [[] (	p)				
Location of Asbestos-Containing Material (ACM) in Facility (13)  Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA  Various Areas  Amount (Specify Sport Filles Areasing Area					_ Demonton			100			Friable	Proced	ure		
Various Areas  Variou					Description of Ast	pestos Containing Material	-	Amour	nt				ui Ç		
Various Areas  Variou	Material (ACM) in Facility (13)			stodial			cing,		fy SF	Remove	Repair	Encap	Enclose		
Various Areas    X			NO	NA		***************************************		Oi Li )							
Various Areas    VAT, TRANSITE, BENCH TOPS, FIRE DOORS (~18 total)   Name of Reg. Waste Hauler   Ny DEP Waste Hauler ID # Ny DEP # 4509   Notes: None   Disposal Date   O7/31/14   City, State   O7/31/14   ON New Ford Mill Rd. Morrisville, Pa 19067   One waste   One								9 L	.F	X					
Various Areas    X	Various Areas		X			NSULATION		150 L	.F	X					
Name of Reg. Waste Hauler Newark Carting, Inc. Newark, NJ 04509  Notes: None    NJDEP Waste Hauler ID # NJ DEP # 4509   Cubic Yards of Waste:   60 CY   Name of Registered Landfill   G.R.O.W.S. North Landfill	Various Areas	-	[ <u>S</u> ]			ITE DENCH TODS		F 000		FC71	-	-			
Name of Reg. Waste Hauler Newark Carting, Inc. Newark, NJ 04509  Notes: None    Name of Registered Landfill   G.R.O.W.S. North Landfill   Disposal Date   100 New Ford Mill Rd.   Norrisville, Pa 19067   215-736-1700   215-736-1700   Date   G.R.O.W.S. North Landfill   Norrisville, Pa 19067   215-736-1700   Date   G.R.O.W.S. North Landfill   North La								5,000	SF	IXI					
Newark Carting, Inc. Newark, NJ 04509  Notes: None  Disposal Date 07/31/14  Disposal Date 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700  Completed by (Print or Type) RAYMOND C. PEDALINO  RAYMOND C. PEDALINO  REPRESENTATION SENIOR PROJECT  Resume and Paragraphy Date June 18, 2014							60 0	Y					1		
Notes: None    Disposal Date   100 New Ford Mill Rd.   Morrisville, Pa 19067   215-736-1700		1	NJ DEP #	4509					G.R.	D.W.S.	North	Landf	ill		
Notes: None  O7/31/14  Too New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700  Completed by (Print or Type) RAYMOND C. PEDALINO  Senior PROJECT  Resumant (Palatical June 18, 2014)	Newark, NJ 04509						T 5:								
Completed by (Print or Type) RAYMOND C. PEDALINO    Morrisville, Pa 19067 215-736-1700	Notes: None										lill Rd.				
Completed by (Print or Type) RAYMOND C. PEDALINO SENIOR PROJECT Signature  Part June 18, 2014						Morrisville, Pa 1906					3.555 Value Value				
RAYMOND C. PEDALINO SENIOR PROJECT Policy June 18, 2014												-			
	RAYMOND C. PEDALIN				т		deli			18, 20	014				

23

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

Date of Notification (1)		Name of Building Owner/Operator (2)  Verizon												
	/ _	14		vei	rizon	-		****				F.	ł.	
	ype Notifica	ation		Street	Address			JUL	23	2014		7d 00		
	Initia	e		1000		orris Street								
☑ DOLWD ☐	Amended Amendme			City, S	State, Zip	Code					6		90	
		cy (including	1	Do	ver, NJ 0	7801								
(NJAC 5:23-8)	justification			Name	of Contac	ct		Telephon	e Numbe	er ·		22 1	1030	
	] Cancellat	ion		Bri	an Kings	sbury								
	222			FA	CILITY II	NFORMATION		***						
Name of Facility Where Aba	tement is T	aking Place	(3)				Type of Facility	(4)					-	
Verizon							School (K-12							
Street Address					☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings,									
36 South Morris Stree	t						homes, etc.)					,0,		
City (5)							Square Feet	# of Floo	ors	BI	dg. A	ge		
Dover							150000	2		1 9	75			
County (6)				Cour	nty Code (	7)(STATE USE ONLY)	Current Use (Pri	or if being o	demolish	ed)				
Morris														
Name of Monitoring Firm Hir	ed by Build	ling Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)							
ESIS				5633	35	JVN Restora	tion Inc							
Street Address						Street Address								
10 Exchange Place						47 Foster Ro	ad							
City, State, Zip Code						City, State, Zip Co	ode							
Jersey City, NJ 07392						Staten Island								
Project Manager for Monitori	ing Firm		Development	phone		Telephone No.		License	No.					
Brian Kingsbury				-1233	718-605-6256		0077	4						
Start Date (10)	cheduled C				Name of OSHA M	lonitor								
08 /01 /	14	08 /	09	9_/	14	Testor Tech								
Occupancy Status During Ab	Check only	one)			Street Address									
☐ Facility Closed/Vacated □					10 59 Jackso	n Avenue								
Abatement Performed Ou Time of Abatement:														
Scope of Work (Check all that	at apply)			•		LIC, NY 1110	1							
П. 2 - f 2 И	10.15 (0.0)	Пъ.												
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		100000000000000000000000000000000000000	novat				osure g Procedure	rocedure						
		10-33				rocedure	)							
		1000	Loca Norma							Ab	atem	ent T	ype	
Location of Asbestos-Containing Mat	erial (ACM	11.	d Sole		Ashe	Description of estos Containing Ma		Amou	ınt	Re	Re	En	四	
TO BE ABATE		Ma	intena	ince/ Staff?		e., thermal systems	insulation,	(Spec	ify	Removal	Repair	cap	Enclosure	
IN Facility (13)		Cus	(12)	olan !		surfacing, VAT other miscellane		SF or I	LF)	<u>a</u>		Encapsulate	ure	
(15)		Yes	No	N/A		other miscenarie	ous)					é		
Basement Area			$\boxtimes$		VAT/M	ASTIC		5508	F	$\boxtimes$				
						-						П	П	
								-		_		$\overline{}$		
			_	-							Ш			
										Ш	Ш	П		
					Waste D No.	Cubic Yards of Waste	Name of Regis	tered Landf	fill					
Newark Carting		1	NJ-56		20	T.R.R.F								
City, State						Disposal Date	City, State							
Newark, New Jersey						08/09/14	Tullytown I	Pa.						
Completed By (Print or Type)	)	Title				Signature			Date	Э				
Ignatius Marraccino		Projec	t Mar	nager		0.7	in Man	LAMA I	1 7	<b>-</b> -	22	1	4	
100.11						regreu	my / wru	uviv			00	•		

ASB-41 MAY 11

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

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		and an entire the first teach	ATION C	OF ASE	ew Jersey BESTOS ABA 8:80 and 12:	102100000000000000000000000000000000000	DO	L - 10	D	A\	7.	
Date of Notification (1)			Name	of Buildin	o Derth A	r (2)	minal, Li	ic 1/	-/			
7-21-14					o reren r	mocy re	miliai, m	24	1	117		1
Agency Notified  Q:EPA	Type Notification		1 0		way Plaz	a Suite	100000000					
DOT REDEL	Amended Amendment # Emergency (in		Hou		a, TX 770	46	WAIVE	ER AP	r r	(U	AHD_	
DEDCA	Justification)  Q Cancellation	accing		of Conta			Telephone Num	ाभ्यं				
			FACE	LITY INF	ORMATION							
Name of Facility Where A	balement is Takin	g Place (3)				Type of Fedit	ly (4)		-	11	1 2	
Buckeye Pert	h Amboy	rermina	1	-		D School (K-1	(2) r 8 (Olher (han K-12	. !		JU	123	3 201
Singladdiess 380 Maurer	71 (1945) - 1941 (1944) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946) (1946)						private & commercia					
City (5)						Square Feel	# of Floors	Bidg. A	3330			
Perth Amboy						7500	1	+/-3	.00	)		
County (6)			County		(STATE USE		Palor If being demol	@ #eg)			7	
Middlesex						pipe ra		i				
Name of Monitoring Firm (8) Finog Envi	Hired by Building ( ronmental	Owner AS	CM No.			en Contrador (8) nvironmental Services, Inc.						
Street Address 617 Stokes I	. 8		Sireel Address	aley St			-	-	7			
City, Spale, Zip Code Medford, NJ			City, State, Zip Philade.	Code Lphia, P	A 19137							
	Project Meneger for Moraloding Firm Teleph Mark Rubinetz 888				Telephone No. 215-533	-5155	Ucense No. 01166		Ī			
Start Date (10) 7 - 22 - 14	7 - 25	ed Completion -14	Date (11)	,	Name of OSHA Finog Ex	Monilor nvironme	ntal					
Occupancy Status During Abelement (Cirect only one)  Differential Closed Vacaled During Entire Period of Abelement  Abelement Periormed Outside of Normal Facility Hours  Other - Describe: OULS ide removal				Street Address 617 Stokes Road, Suite 4-318 City, State, Zip Code Medford, NJ 08055								
Scope of Work (Check all □ ≥ 3 sf or ≥ 3 ll ᡚ≥ 160 sf or ≥ 260 lf	(hal apply)		2 Ren	noillon	□ Minl	Containment with	th Negalive Pressur	r <del>e</del> .				
•							rempled (*) and Non-Friable Procedure					
Location Asbestos-Containing TO BE AB IN Fact (13)	Malerial (ACM) ATED Illy	Nor Used S Mainte Cus St	callon mally Solely by enance/ lodial aff?		Description slos Containing M ., in memai system surfacing, VA other miscellan	laterial (ACM) s Insulation. T, or	Amount (Specify SF or LF)			Encapsudate	П	
		-	N/A							8	10	
Outside remov	al	×	ACP:	I	***************************************	100LF	×		F	H		
		#						_	+	-		
Name of Registered Was	P Waste H	lauler	Cubic Yards of	Name of Reg	Islered Landfill			-				
Service Transport					Waste	A & L :	Salvage					
CAy, State Morrisville, PA					Disposal Date	Isposal Dale City, Stele Libson, OH						
Completed by Jennifer Niv	Tille	of Ope		1	Signature			Date 7-21				



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

Date of Notification (1) 7/22/14		Name of Building Owner/Operator (2) Federal Aviation Administration														
Agencies Notified	Type Notification		- 0	Street A					.11	11 2 :	2014	9	- 1			
DEP  DOL	Initial Amended Amendment	#	L	City, Sta		ode					2 2014	-				
× DOH	Emergency justification) Cancellation	(including	Name of Contact Michael Mulligan													
<u> </u>	Canochation	<u> </u>				ORMATI	ON								-	
Name of Facility Where A Teterboro Air Traffic				1 7011		OKWATI	OIL		of Facility (							
Street Address 225 Fred Wehran Di	rive							×	Subchapter Other (i.e. p	8 (Othe			ildings	, hom	ies,	
City (5) Teterboro				etc.) Square Feet # of Floor 5,000 6							Floors		Bldg. Age 40 years			
County (6) Bergen		-		County Code (7) (STATE USE ONLY)					ent Use (Pri trol Towe		g demol		,			
Name of Monitoring Firm AET	Hired by Building	Owner (8)		ASCM	No.	3.6	127-240-000-00-00		itement Cor	ntractor (	(9)					
Street Address 28 N. Pennell Road							Street	Addre		liahwa	v Suite	<u> 500</u>				
City, State, Zip Code Media, PA 19063							City, S	State, Z	ip Code 19341		y, out	-				
Project Manager for Monit	100	Telephone No. Tele				hone N 872-8	0.	License 01161	No.			-				
Start Date (10) 8/1/14		The contract of the contract o					HA Monitor		01101		-		7			
Occupancy Status During							Street	Addre		+h		•				
Facility Closed/Vaca Abatement Performe Other – Describe: A	batem Hours	ement 200 Route 130 North  City, State, Zip Code  Cinnaminson, NJ 08077														
Scope of Work (Check All							Cini	namın	ison, NJ	08077						
≥3 sf or ≥3 if ≥160 sf or ≥260 if	тпаг дрргу)		enova emolit	Glovebag Procedure								n-Friable Procedure				
		2 T. S. S. S. S.	ocati	201					Lacinple	a ( ) una	14011111	<u>ubic i i</u>	Aba	emen	it	
Location Asbestos-Containing N TO BE ABA In Facilit (13)	Material (ACM) TED	Used Mair Custo	ormali Sole itenar idial S (12)	ly by nce/		stos Cont thermal surfa	Description of containing Material (ACM) Amount (Specify arracing, VAT, or er miscellaneous)					Repair	Encapsulate	Enclosure		
		Yes	No	N/A										ê	0	
Elevator Machi	ne Room	X			- 1	Floor til	e and	masti	c	40	0 SF	Х	-	-		
Name of Registered Waste	e Hauler		1000	JDEP Wa		Cubic of Was			Name of GROW			fill			1	
City, State Exton, PA							sal Date		City, State	e						
Completed by Jack Bally		Title Sr. Pro	oject	Manag	ger	TBD	ignature	1 12	Morrisv	me, PA	T	Date 7/22/1	4			
ASB-41 (R-06-08)						1	* Do no	ot use t	his form for	asbesto				activ	ities.	

CK # 24596

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

Date of Notification (1) 7/21/14						Name of Building Owner/Operator (2)  Manzanares											
Agencies Notified	Type Notif	fication		+	Street	Address				JU	Ĺ	23	2	<del>) 4</del>			
<b>⊠</b> EPA	Initial						2	212 Powers St	reet					_			
DEP	Amend	led lment#			City, S	tate, Zip C		D	II 00001		S 23//						
55-50	☐ Emerg	ency (in	cluding					Brunswick, N			_	_		_			
DOH DCA	justific Cancel				Name of Contact Leonor Manzanares  Telephone Number												
Name of Facility Where	Abatement i	e Taking	Place	JILITY INF	ORMATION	Type of Facility	(4)				_						
Name of Facility Where	Abatement	Resid						School (K-1)	2)								
Street Address	Street Address							Subchapter 8 (Other than K-12)									
	2 Pow	ers S		Other (i.e., private & commercial buildings, homes, etc.)													
City (5)							73	Square Feet	# of Floors		Blo	lg. A					
	Nev	v Brui	iswic	k, N			- (07475	1500	2		-	75	+/-	_			
County (6) Count						onty Code (	7) (STATE	Current Use (P	nor it being dem	olisne	a)	185					
Name of Monitoring Firm		uilding C	Owner	$=_{\top}$	ASCM	No.		ment Contractor (9									
(8)	MECS			_				vens Environi	nental Serv	ices,	In	c.					
Street Address							Street Address	DO I	2 222								
PO Box 341							000 000 700		30x 322	_	_		_				
City, State, Zip Code Crosswicks, NJ 08515							City, State, Zip Code Allentown, NJ 08501										
						No.	Telephone No.		License No.	6 - X (X X X Y )	_	-					
						8-4070		59-9688	1	004	193						
Start Date (10) Scheduled Completion Da						te (11)	Name of OSHA										
7/31/14 8/6/14								M	ECS								
Occupancy Status Duri							Street Address	PO F	341 Box								
☐ Facility Closed/Vaca ☐ Abatement Performe							City, State, Zip (		OX 341	-	_			_			
Other - Describe:			i i dolli	y 1100			Crosswicks, NJ 08515										
Scope of Work (Check	all that apply	/)							active December								
<b>★</b> ≥3 sf or ≥3 lf			<b>⋉</b> Re	enovat	ion		☐ Mini-Er	ntainment with Ne closure	gative Pressure								
≥160 sf or ≥260 lf				emolitic			Gloveb	vebag Procedure -Exempted (*) and Non-Friable Procedure									
			Is	ocatio	on		THORFE	complete ( ) and ( )	71111000		Α	bater	nent				
	_£			omally Solel			Description of	Description of					Туре				
Location Asbestos-Containing	Material (AC	M)	Maii	ntenan	ice/		tos Containing Ma	aterial (ACM)	Amount		Z	Z.	Щ	.ш			
TO BE ABA				ustodia Staff?	31	(i.e.	thermal systems, values	insulation, , or	(Specify SF or LF)		Remova	Repair	ncap	Enclosure			
(13)	*			(12)	,		other miscellane	eous)			<u>sa</u>		Encapsulate	ure			
			Yes	No	N/A			20					te				
Basem	ent				×		Pipe Insula	tion	120 lf	_ ;	×						
			500														
Name of Registered Waste Hauler NJDEP Waste							Cubic Yards	Name of Peg	stered Landfill								
5001 500		antal					of Waste	Ivalle of Reg	T\R.R.F.	Inc							
City, State	Stevens Environmental Hauler ID No. 18292						Disposal Date	Øity, State	/	, IIIC	_	_		_			
Jan, State	Allentown, NJ						8/6/14	NAM	Tullytow	n, P	1						
Completed By		Title					Signature	1	Date		10 1	/1 /	1.92				
Mahlon E. Stevens Project Manager						nager	_///	1			141	/14	_	_			

ASB-41 MAR 00

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

W 006267

D&S Proj. #: 2014-292

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

									3		• • •	11	:1			
Date of Notification (			lame of Bu	uilding Own	er/Operator (2)								1			
0 7 /1 8			kim shep						1111	2 2 20	11/1					
Agencies Notified EPA	Type Notificat Initial	ion   S	treet Addr	ess					002		1			3.9165		
□ DEP [	Amended		60 fair h	ill drive								-0				
	Amendment #:	[	city, State,	Zip Code									1			
⊠ DOL [	Emergency		WESTF	TELD, NJ	07090											
M DOH	(including justification)	N	ame of Co	ntact					Telepho	ne Numb	er	3255				
☐ DCA	Cancellation	- 11	shari ho	ltzman												
				FAC	ILITY INFORM	IATION	1									
Name of facility whe	ere abatement i	s taking pla	ace (3)	_				Туре	of Facility		.Str					
• • • • • • • • • • • • • • • • • • • •								[	Scho	ool (K - 12	2)					
kim shepcaro										hapter 8 (			-12)			
Street Address								[	Othe Bldgs	r (Private/ s./Homes,	Comme etc	ercial				
60 fair hill drive								Squa	re Feet	# of Flo		BI	dg. A	ge		
City (5)		Cour	nty (6)			Cou	nty Code (7)									
						(Sta	te use only)	Current Use (Prior if being demolished)								
WESTFIELD			ION								25.00					
Name of Monitoring	Firm Hired by	Bldg. Owne	er (8)		ASCM No.		Name of Abateme	nt Contrac	tor (9)	X- 8/X-X-X-						
							D & S RESTO	RATION	I, INC.							
Street Address							Street Address									
							20 California									
City, State, Zip Code							City, State, Zip Coo	de								
							Paterson, NJ									
Project Manager for I	hone Numb	er		Telephone Numbe			- The 2011 of the 2011 of	e Numb	oer							
			973-345-802				01169		_							
Start Date (10) Sched. Completion Date (11)							Name of OSHA Mo									
07/28/14		08/15	5/14				D & S Restora	ation, inc								
Occupancy Status Di	uring Abatemer		SDEEKSWO		22-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	-	20 California	A vanua								
Facility closed/	-			ement.			City, State, Zip Coo									
Abatement per	formed outside	of normal	facility hou	ırs-			Oity, Otato, Esp oot	20								
Describe:  Other-Describe	e: NORMAL H	IOURS				-1	Paterson, NJ (	07503								
Scope of Work (che								Teull Con	tainment	w/negativ	e press	ure				
>3 sf or >3 lf		Renovatio	on.				1	Mini-end		gaar	о р. оо.					
≥160 sf or ≥26		Demolition						Gloveba	-				ore Decreso			
	- <u> </u>		W	used solely	,	-	L	Non-Ex	empted (	) and Nor	n-friable	Proc	edure	1		
Location of asbestos-conta	aining	by mainte	enance/cus	stodial	2	an cf -	abaataa at-l-l		Amount		е	e	n	E		
material (acm)	to be	staff(12)			material (		sbestos-containing		(Specify	SF or	m	p a	C	n c		
abated in facili	ty (13)	Yes	No	N/A					LF)		V	i	a p	L		
DACEMENTO OD ATTO	CDACE			1	ACM DEB	DIC		12/	SQF	r	e	<del>                                      </del>				
BASEMENT CRAWL	SPACE		X		ACM DEB	MO		120	J D Q I'I			片	片	H		
				-							╡┼	片	片	믐		
				-		-				_	┽	片	片	11		
***************************************												片	片	+		
Registered Waste Ha	uler	INID	EP Hauler	ID# IC	ubic Yards of \	Waste	Name of Register	ed Landfill				Ш	Ш			
D & S RESTORA	TION, INC.	135			2 YDS	· rasic	TULLYTOWN			ECOVE	RY					
City, State				Disposal D		-	City, State									
PATERSON, NJ	07503			07/29/1	4		TULLYTOW	N, PA								
Completed by (Print of		Title			Signature					Date						
BOGDAN JOLD	ZIC	PRESID					and the same of th			07/1	8/2014	1				
10D 44	,	Do not ue	a this form	for achaet	ne liconeura av	amnta	d activities									

x 00 03 an

D&S Proj. #: 2014-291

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

Date of Notification (1)	barbara	(T)	er/Operator (2)			9.0	2004/40								
Agencies Notified Type Notificati	Street Add	ress							ä	r:					
☐ DEP ☐ Amended	4 ballar					7									
	City, State	, Zip Code	Several Manager and Severa				JUL Z	3 2014	•						
Li Emergency		wn, NJ 074	10												
DOH (including justification)	Name of Co	ontact					Telephor	Telephone Number							
DCA Cancellation	barbara	bolton	72.				26	1							
		FACI	LITY INFORMA	NOITA											
Name of facility where abatement is	s taking place (3)						Type of Facility		,						
barbara bolton								ol (K - 12	• 00	V	10)				
Street Address				~		-		apter 8 ( (Private/0			-12)				
W-10 00 00 00 00 00 00 00 00 00 00 00 00 0								/Homes,		, Oid,					
4 ballard place					Square Feet # of Floors Bldg. Age										
City (5)	County (6)				nty Code (7)	71 L									
Fair Lawn	BERGEN			(Stat	(State use only) Current Use (Prior if being demolished										
Name of Monitoring Firm Hired by I	Bldg. Owner (8)		ASCM No.	11	Name of Abatem	nent Co	ntractor (9)								
					D & S REST	ORAT	TION. INC.								
Street Address				=	Street Address	***************************************		-							
				Ш	20 Californi	a Ave.									
City, State, Zip Code				-	City, State, Zip C	ode									
					Paterson, N.	J 0750	13								
Project Manager for Monitoring Firm	er	-  -	Telephone Numb			License	e Numb	er							
				973-345-80	020			01169							
Start Date (10)	Sched. Complet	tion Date (11	)	-1	Name of OSHA I										
07/29/14	00/15/14				D & S Resto	ration	, Inc.								
07/28/14 Occupancy Status During Abatemen	08/15/14		VC-163-20	-11	Street Address	740000000									
Facility closed/vacated during		tement		11	20 California		nue								
Abatement performed outside Describe:	of normal facility ho				City, State, Zip C	oae									
Other-Describe: NORMAL H	OURS			-11	Paterson, N.	J 0750	3								
Scope of Work (check all that apply	1)					Ful	Containment v	v/negativ	e press	ure					
$\boxtimes$ >3 sf or >3 lf	Renovation						ni-enclosure								
≥160 sf or ≥260 lf	Demolition						ovebag procedu on-Exempted (*)				edure	)			
Location of	Is location normally by maintenance/cu								R	Re	E	E			
asbestos-containing material (acm) to be	staff(12)	Stoulai			bestos-containin	g	Amount (Specify S	SE or	m	p	n	n			
abated in facility (13)	Yes No	N/A	material (A	ACIVI)			LF)	JI 01	0	a	a	L			
S 23 E.		1875							е	r	р				
BASEMENT			PIPE INSUI	LATIO	ON		83 1 ft			Щ	Ш	<u> </u>			
								1							
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler 13506	C100	ibic Yards of W YD	/aste	Name of Registe TULLYTOW		indfill ESOURCE RI	ECOVE	RY	Va.	8				
City, State		Disposal Da	ate		City, State							-			
PATERSON, NJ 07503		07/29/14	1		TULLYTOV	VN, P	A								
Completed by (Print or Type)	Title		Signature					Date							
BOGDAN JOLDZIC	PRESIDENT	I See House See				07/18	/2014								
ACD 44	Do not use this form	n for achaeta	e liceneure eve	motod	activities										