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) 07-16-19 Verizon Communication Agencies Notified Type Notification Street Address 700 Hidden Ridge Road JUL 2 4 2019 **EPA** Initial DEP City, State, Zip Code Amended × DOL Amendment # 2 Irving, TX 75038 Emergency (including Telephone Number SING DOH Name of Contact justification) DCA Renzo Contreras Cancellation (973) 951-0542 **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) 502 Main Street Other (i.e. private & commercial buildings, homes, × etc.) City (5) Square Feet # of Floors Bldg. Age Fort Lee 45,000SF 3 45 yrs. County (6) County Code (7) Current Use (Prior if being demolished) Bergen (STATE USE ONLY) Commercial Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) TTI Environmental, Inc. Pinnacle Environmental Corp. Street Address Street Address 1253 North Church Street 200 Broad Street City, State, Zip Code City, State, Zip Code Moorestown, NJ 08057 Carlstadt, NJ 07072 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Kris Smith (609) 313-8218 201-939-6565 00756 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 07-08-19(1)07-15-19 12-31-19 Even-Air Inc. Occupancy Status During Abatement (Check Only One) Street Address 10-59 Jackson Avenue Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Long Island City, NY 11101 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 Туре Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, Enclosure (Specify Remova Custodial Staff? Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Basement: Boiler Room X Pipe Insulation 160LF x Basement: Boiler Room X **Duct Insulation** 1,000SF x Basement: Fire Pump Room Pipe Insulation X 40LF x Hallway (Outside Boiler Room) Х VAT/Mastic 420SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Newark Carting, Inc. G.R.O.W.S. North Landfill 04509 TBD City, State Disposal Date City, State Newark, NJ 07105 TBD Morrisville, PA 19067 Completed by Title Signature Date Joseph Patrick Project Manager 07-16-19

D&S Proj. #: 19-152 Date of Notification (1) 0 7 / 1 7 / 1 9 Agencies Notified Type Notifica EPA Initial Amended Amendment #	tion	AID	(Pursu	ner/Operator (2)	cesto 2 8:6	J es Abatement 0 and 12:120)	D AS	JUL 2	4 2(CONT		September of the septem	production of the control of the con
DOH (including justification)	I	lame of Con	tact				Telepho	ne Number				
DCA Cancellation		Carol He	mington					A STATE OF THE PARTY OF THE PAR				_
			FAC	ILITY INFORM	ATIO	N						
Name of facility where abatement Residential Street Address	s taking pl	ace (3)					Subc	(4) ol (K - 12) hapter 8 (O (Private/Co ./Homes, el	mmer		?)	
							Square Feet	# of Floor	s		Age	
City (5) Edison, NJ 08837		nty (6) ddlesex				unty Code (7) ate use only)	1,200 Current Use (I Residential	02 Prior if being		60 olished)		=
N/A Street Address City, State, Zip Code					_	D & S RESTOR Street Address 20 California A City, State, Zip Code Paterson, NJ 07	ve.					=
Project Manager for Monitoring Firm Start Date (10)		Pho I. Completio	one Numb			Telephone Number 973-345-8020 Name of OSHA Mon	itor	License 0	Numbe	er		_
08/08/19 Occupancy Status During Abatemer Facility closed/vacated during Abatement performed outside	nt (Check o	od of abater				D & S Restoration Street Address 20 California Av City, State, Zip Code	/enue					=
Describe: NORMAL H	OURS				_	Paterson, NJ 07	503					
Scope of Work (check all that apply □ >3 sf or >3 lf □ ≥160 sf or ≥260 lf							Full Containment Mini-enclosure Glovebag procedu Non-Exempted (*	ıre			ıre	
Location of asbestos-containing material (acm) to be abated in facility (13)		n normally u enance/custo No				sbestos-containing	Amount (Specify : LF)	SF or	R e m o v e	R E r p c a a i r	n c L	
Basement		X		Pipe Insulat	ion		79 LF					1
Registered Waste Hauler		EP Hauler ID		ubic Yards of V	/aste	Name of Registered			ب إل		4 _	7
D & S RESTORATION, INC. City, State PATERSON, NJ 07503	135		Disposal D	2 yds Pate		TULLYTOWN, City, State TULLYTOWN,		ECOVER	Y			_
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESID	ENT		Signature	Ro	och Th	^_	Date 07/17/1	19			

IN# 30	19	State of N	ew Je	rsey - Notifi	ication of Asbestos Ab	atemer	INECEIVE
UK326	4 I	AIID	(Purs	uant to N.J.A.C	C. 8:60-7 and 12:120-7)		
Date of Notification (1) July 18, 2019					Name of Building Owner/Oper Diocese of Paterson NJ	erator (2)	JUL 2 4 2019
Agencies Notified		Notification			Street Address		- Constitution of the Cons
X EPA				fication	777 Valley Road City, State, Zip Code		ASSESTOS CONTROL &
DCA		Amende			Clifton, NJ 07013		LICENSING
x DOL		Emerger		cluding	Name of Contact		Telephone Number
X DEP		justific Cance			Dennis Rodano		973.777.8818
x DOH		- Carice	lieu	EACH ITY IN	FORMATION		
Name of Facility Where Abate	ement is Ta	aking Place (3)		PAGILITTIN	Type of Facility (4)		
Diocese of Paterson			enter		School (K-12)		
Street Address	1.0 (2000) 30-20				Subchapter 8 (other than K-	12)	
775 Valley Road					Other (i.e. private & com		uildings, homes, etc.)
							. Age: 50 years
City (5) Clifton	County (6			/ Code (7) Use Only)			
Cilitori	Passa	ic	ISlate	OSE OTHY)	Current Use (prior if being de	molished)):
Name of Monitoring Firm Hire	d by Blda	Owner (8)	ASCM	No	Name of Contractor (9)		
EnviroVision Const			0007		TWEET ST CAMERICATION (9)		
		me.			GREENWOOD ABATEM	MENT C	ONSULTANTS, INC.
Street Address	. D				Street Address		
20-21 Wagaraw Road	, Bldg #	735E			511 MAIN STREET		
City, State, Zip Code					City State, ZipCode		
Fairlawn, NJ 07410					Butler. NJ 07405		
Project Manager for Monitorin	g Firm	Telephone N	lumber		Telephone Number		License Number
Fred Larson		973-636-	9145		070 100 0177		
Scheduled Start Date (10)		Scheduled C	amplatio	n Data (11)	973-492-0477 Name of OSHA Monitor		00840
July 31, 2019		August 1			NS HA MONITOR		
					EMSL inc.		
Occupancy Status During Al					Street Andress		
Facility Closed/Vacate x Abatement Performe					1056 Stelton Road		
Describe	u Outside	OI NOITIAI FA	cility Hot	IIS -	City, State, Zip Code		
Other - Describe:					Piscataway, NJ 08854		
Source of Work (Check all that	t apply)					V00000 00 000	
2 -5 2 15				-			ment with Negative Pressure
\geq 3 sf or \geq 3 lf \square \geq 160 sf or \geq 2				Renovation		Mini-End	
<u>== 100 \$1 01 = 2</u>	00			Demolition			Procedure oted (*) and Non-Friable Procedure
						/rap & Cu	
Location of Asbestos-Containi	9	ocation Normall			bestos Containing Material	Amoun	1.000.000.000.000.000
Material (ACM) in Facility (13)	U1 500 000 000	ely by Maint./Cu f? (12)	IStodiai	VAT, or other mis	al systems insulation, surfacing, cell.)	(Specify or LF)	Y SF Remove Repair Encap Enclose
	YES		NA			0, 2. /	
Boiler Room			X	TSI-Fittings		9 If	X
N							
Name of Reg. Waste Hauler See Hauler Below # 1 & 2)	NJDEP Wast See Below		· ID #	Cubic Yards of Waste:		Name of Registered Landfill
Oce Haulel Delow # 1 & 2	_	See Delow			1		Fairless Landfill Grand Central Landfill
Hauler #1) Greenwood Aba			c. – But	tler, NJ 07405	Disposal Date	City, Sta	
NJ DEP # 12561			MINO	# 10551	August 1, 2019		New Ford Rd, Morrisville, PA 19067
Hauler #2) Newark Carting, 1	ne. – New	ark, NJ 04509,	NJ DEP	# 17551			lo.18072 63 Pen Argyle Rd
Completed to (D1)		T					yle,PA 18072, Permit No. 100265
Completed by (Print or Type) Marin Graure		<u>Title</u> Sr. Project	Mana	ner	Signature		Date
maili Oraule		or, i roject	widild	gei	Marin Graune		July 18, 2019
					1000000		

OK 1028	3025	5											
OK 1038	8	PAII	NOTIF		SBESTOS ABAT .J.A.C. 7:26-2.12				E (BE		E	110
Date of Notification (1) July 15, 2019					Name of Build PSEG Fossil		Operator (2)	A CONTRACTOR OF THE PARTY OF TH	.11	12.	4 2019	The sales of the s	Mineral Barbara
Agencies Notified (X) EPA		Notification (X) Initial			Street Addres 80 Park Plaza							Affice And Affice	l muse
(X) DEP (X) DOL (X) DOH		() Amended () Cancelle	d Certificat		City, State, Zi Newark, NJ ()	ACSES	TOS C LICENS	ONTRO)L &	trans who
(X) DCA				EACH ITY IN	Name of Cont Domenic Fio				lumber 620-520	5			
Name of Facility Valley as A	l t t !- 7	Ol (0)	FACILITY	FORMATION								
Name of Facility Where Al		aking Place (<u>3)</u>		Type of Facilit () School (K- () Subchapte	-12) er 8 (other th							
Street Address 4001 S. WOOD AVE					(X) Other (i.e. Sq. Feet_80			2 (8)					
City (5) LINDEN	County (6) UNION		County C (State Us		Bldg. Age 80 Current Use (demolished)	Electri	c Gener	ating S	tation		
Name of Monitoring Firm	Hired by Bldo	. Owner (8)	ASCM N	0.			Name of Co Absolut Ac		(9)				
Street Address		300			Street Addres PO BOX 295								
City, State, Zip Code					City State, Zip FLORHAM P		932						
Project Manager for Monit	oring Firm	Telephone I	Number		Telephone Nu (973) 410-921			<u>Licens</u> 00225	se Numb	er			
Scheduled Start Date (10) Aug 1, 2019		Scheduled (July 31, 202		Date (11)	Name of OSH MECS	A Monitor	ere its issesta, orundii — V						
Occupancy Status During () Facility Closed/Vacated () Abatement Performed	d During Enti	re Period of Al	patement		Street Address 5 Linwood Ct						-00 < 80.07 12.00		
Describe					City, State, Zin Hamilton, NJ								
Other – Describe Two Sh Source of Work (Check all		s each, 24 ho	ur plant c	overage			10		*****				
() Demolition (X) Rend	ovation	2M() /) CM D-	-: (- 05 -4)	20.05									
(X) Large Proj. (>160 SF of X) Full Containment with	Negative Pro	SIVI) () SIVI PI	0j. (>25< 10 Mini-Encl	00 SF 01 > 10 < 20	Glovebag Proce		j. (<25 SF or	<10 LF	ACIVI)				
Location of Asbestos- Containing Material (ACM) Facility (13)	Is Loc	ation Normally by Maint./Cus	Used	Description of thermal system surfacing, VAT	ACM (i.e. ns insulation,		Specify SF or	LF)	Abater	ment Ty	pe		
BASEMENT TO	YES	NO X	NA	miscell.) Boiler and pig		25,000 sq	uare feet		Rem.	Rep.	Encap	Enclose	<u>e</u>
PENTHOUSE, WAREHOUSE & GARAG	ES			TRANSITE &									
Name of Reg. Waste Haul Waste Management of No	er ew Jersey	NJDEP Was 17273	te Hauler I	D#	Cubic Yards of 200	f Waste			of Reg. own Res		Recover	ry	
City, State Elizabeth, NJ 07114-2436	5						Disp. Date			ity, Sta ullytow	<u>te</u> /n, PA 1	9007	
Completed by (Print or Type	oe)	<u>Title</u>			Signature			<u>Date</u>					
ROBERT GROGAN		<u>VP</u>			6	1		7/15/1	9				

								01		100	00	
Trut 12	Irm	DATT	NOT	IFICATION OF A (Pursuant to N	\SBESTOS ABA \.J.A.C. 7:26-2.1		7.			Ud	08	
Date of Notification (1)	001	المالك		· · · · · · · · · · · · · · · · · · ·				1) E	G	E	W	3 (2)
July 15, 2019					PSEG Fossi		r/Operator (2)	KIT				7
Agencies Notified		Notification	Type		Ctroot Addre		- 1		1111	- 1 - a	10176	
			ST 65452 10		Street Addre 80 Park Plaz		The same of the sa	1 M	JUL	24	2019	
(X) EPA (X) DEP		(X) Initial N			City Ctata 7	in Onda	-	1				
(X) DOL		() Cancell		20011	City, State, Z Newark, NJ		9	AS	BEST	OS CO	VTROL	હૈા
(X) DOH (X) DCA					Name of Cor	ato at	L	Talak	NI PORTON AND AND AND AND AND AND AND AND AND AN	CENSIA	lG .	The law was
					Name of Cor ELVIN VI		N2		umber 18-122			
Name of Equility Where Abore				FACILITY II	NFORMATION							
Name of Facility Where Aba Sewaren Generating Station	on	laking Place (<u>3)</u>		Type of Facil () School (K							
Street Address					() Subchapt	er 8 (other	than K-12)					
751 Cliff Road					(X) Other (i.e	. private &	commercial blo	dgs., hom	ies, etc	2.		
City (5)	County (6)		T 0	0 1 (7)	Sq. Feet_1,	000,000		# of Flo	ors 8			
	/liddlesex			Code (7) Ise Only)	Bldg. Age 70							
Name of Monitoring Firm His	ed by Ride	Owner (8)	ASCM N	lo.	Current Use	(prior if beir	g demolished			rating S	tation	
	od by blue	. Owner (o)	ASCIVIT	<u>40.</u>			Name of Co Absolut Ac		(9)			
Street Address					Street Addres							
					PO BOX 295							
City, State, Zip Code					City State, Zir	Code						
					Florham Pari		2					
Project Manager for Monitor	ng Firm	Telephone I	Number	1	Telephone Nu	ımber		License	e Numi	per	 	
					(973) 410-921	17		00225				
Scheduled Start Date (10) Aug 1, 2019		Scheduled (n Date (11)	Name of OSH	IA Monitor						
• 2		Aug 1, 2020			MECS							
Occupancy Status During At (X) Facility Closed/Vacated	During Ent	Check only on ire Period of A	<u>e)</u> hatement		Street Addres 5 Linwood Ct							
() Abatement Performed Ou	itside of N	ormal Facility I	Hours -		5 Lillwood Ci	.						
DescribeAREAS WE AR	E WORKIN	IG WILL BE V	ACATED		City, State, Zig Hamilton, NJ							
Other - Describe Two Shift				OVARAGO	, idamicon, ito	00000						
			ui piani c	overage								
Source of Work (Check all th	at apply)											
() Demolition (X) Renova		M) () CM D-	.: (- 05 -4	00 OF 40 0		. were						
(X) Large Proj. (>160 SF or > (X) Full Containment with No	egative Pre	ssure (X)	Mini-Enc		Glovebag Proce		oj. (<25 SF or	<10 LF A	ACM)			
Location of Asbestos- Containing Material (ACM) in		tion Normally by Maint./Cus	Used	Description of	ACM (i.e.		Specify SF or	LF)	Abate	ment Ty	ре	
Facility (13)	Staff?	(12)	louiai	thermal systen surfacing, VAT								
FUEL OIL AREA	YES	NO	NA	miscell.) Pipe insulatio		4.500.1.5			Rem.	Rep.	Encap I	
Air Heaters	X			Thermal Syste		1,500 LF 2,000 SQ	UARE FEET		X	X	X	X
BASEMENT & SERVICE BLDG	X			Pipe Insulatio	n	4,000 Lin	ear Feet		X	X	X	X
							107	-	NT-III-			
Name of Reg. Waste Hauler Waste Management of New	Jersev	NJDEP Was 17273	te Hauler I	<u>D#</u>	Cubic Yards of 200	Waste		Name o				
	,				200			Tullyto	wn Kes	source	Recover	У
City. State Elizabeth, NJ 07114-2436							Disp. Date 8-18 thru 12-	-18		ity, Stat	<u>e</u> n, PA 19	3007
Completed by (Print or Type)		Title				-	<u>5-10 tillu 12</u>		'	unytow	II, FA 13	,501
		Title			Signature /	/*	\	Date				
ROBERT GROGAN		<u>VP</u>					1	7-15-19				

Tov#130	JJ-	3					-					
CK 10288)	PAII	NOTII	FICATION OF A (Pursuant to N	SBESTOS ABA .J.A.C. 7:26-2.1		Constitution of the Consti)[[G [E ()	VE	m
Date of Notification (1) July 15, 2019					Name of Buil NESTLES U		Operator (2)	The Control of the Co	JUL 2	2 4 20)19	
Agencies Notified		Notification	Type		Street Address 61 JERSEYV			-				
(X) EPA (X) DEP (X) DOL (X) DOH (X) DCA		(X) Initial N () Amend () Cancell	ed Certifica	tion	City, State, Z FREEHOLD,	NJ	and the second	Secretaria de la composição de la compos	N. W. S.	CONT	ROLA	
(1) 20.1					Name of Con WILSON RO				lumber 682-040)5		
Name of Facility Where Abate	ment is T	aking Place	(3)	FACILITY IN	Type of Facili	ity (4)						
Same as above Street Address					() School (K () Subchapte (X) Other (i.e	-12) er 8 (other th		das hor	nes etc			
	ounty (6)		County (Code (7)	Sq. Feet_1,	at these to be		290., 1101	1100, 010	•		
	TUOMING	Н	(State U		Bldg. Age 72		. 10010 10					
Name of Marchael and Time III	II. DIII	0 (0)	100111		Current Use (
Name of Monitoring Firm Hire	a by Blag	. Owner (8)	ASCM N	<u>10.</u>			Name of Co Absolut Ac		<u>r (9)</u>			
NA Street Address					Street Addres	ss						
					PO BOX 295							
City, State, Zip Code					City State, Zig FLORHAM P		932					
Project Manager for Monitoring	g Firm	Telephone	Number		Telephone Nu (973) 410-921			Licens 00225	se Numb	<u>oer</u>	***************************************	
Scheduled Start Date (10) Aug 1, 2019		Scheduled Aug 1, 202		n Date (11)	Name of OSH MECS	A Monitor						
Occupancy Status During Aba () Facility Closed/Vacated Du () Abatement Performed Outs	ring Entire	e Period of A	batement		Street Addres 5 Linwood C							
Describe					City, State, Zi Hamilton, NJ							
Other - Describe- PLANT IS C	PEN				riamitori, No	00030						
Source of Work (Check all that	t apply)										III-II-III-II-II-II-II-II-II-II-II-II-I	
(x) Demolition () Renovat (X) Large Proj. (>160 SF or >2	60 LF AC	CM)()SMP	roj. (>25<1	60 SF or >10 <2	60 LF ACM)	() Minor Pro	oj. (<25 SF or	<10 LF	ACM)			
(X) Full Containment with Neg Location of Asbestos-	gative Pre	ssure (X) Mini-Enc	losure (X)	Glovebag Proce		if: OF		A h = 4 =	and To		
Containing Material (ACM) in	Solely	by Maint./Cu		Description of thermal system	ns insulation,	Amount (8	Specify SF or	LF)	Abate	ment Ty	<u>pe</u>	
Facility (13)	Staff? YES	(12) NO	NA	surfacing, VAT miscell.)	, or other				Rem.	Rep.	Encap	Enclose
BASEMENT- Floors 1- ROOF	X			Boiler,pipe in Roofing, Tile	sulation,	25,000 sq	uare feet		X	Х	X	Х
										50		
N(B		1										
Name of Reg. Waste Hauler BY OWNER		NJDEP Wa	ste Hauler	<u>ID#</u>	Cubic Yards o	t Waste		Name	of Reg.	Landfill		
City, State				11202-1121-01-01-01			Disp. Date		2	City, Sta	<u>te</u>	
Completed by (Print or Type)		Title			Signature ,	7		Date				
ROBERT GROGAN		<u>VP</u>			_/	1	S	7/15/20	019			

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12) Date of Notification (1 Name of Building Owner/Operator (2) July 15, 2019 PSEG Fossil, LLC JUL 24 Agencies Notified Notification Type Street Address 80 Park Plaza (X) EPA (X) Initial Notification (X) DEP ASPESTOS CONTROL 8 () Amended Certification City, State, Zip Code (X) DOL () Cancelled LICENSING Newark, NJ 07102-4109 (X) DOH (X) DCA Name of Contact Tel. Number Domenic Fiorino (732) 620-5205 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) KEARNY GENERATING Station () School (K-12) () Subchapter 8 (other than K-12) Street Address (X) Other (i.e. private & commercial bldgs., homes, etc. FOOT OF HACKENSACK AVE Sq. Feet__1,000,000 # of Floors 8 City (5) County (6) County Code (7) KEARNY HUDSON (State Use Only) Bldg. Age 78 Current Use (prior if being demolished) Electric Generating Station Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) Absolut Ace Inc. Street Address Street Address PO BOX 295 City, State, Zip Code City State, ZipCode FLORHAM PARK, NJ 07932 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number (973) 410-9217 00225 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Aug 1, 2019 July 31, 2020 MECS Occupancy Status During Abatement (Check only one) Street Address () Facility Closed/Vacated During Entire Period of Abatement 5 Linwood Ct () Abatement Performed Outside of Normal Facility Hours -Describe City, State, Zip Code Hamilton, NJ 08690 Other - Describe Two Shifts, 12 hours each, 24 hour plant coverage Source of Work (Check all that apply) (X) Demolition (X) Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) (X) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure Location of Asbestos-Is Location Normally Used Description of ACM (i.e. Amount (Specify SF or LF) Containing Material (ACM) in Abatement Type Solely by Maint./Custodial thermal systems insulation, Facility (13) Staff? (12) surfacing, VAT, or other YES NO miscell.) Rem. Rep. Encap Enclose BASEMENT TO X Boiler and pipe insulation, 25,000 square feet PENTHOUSE, Warehouse X X Transite & Mastic & Garages Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste Waste Management of New Jersey Name of Reg. Landfill Tullytown Resource Recovery City, State Disp. Date City, State Elizabeth, NJ 07114-2436 Tullytown, PA 19007 Completed by (Print or Type) Title Signature Date ROBERT GROGAN VP 7/15/2019

NOTIFICATION OF ASBESTOS ABATEMENT

	MALLU		(17)			AC 8:60 and 5:1						
Date of Notification (1)	22 / 4/			Name	of Buildin	g Owner/Operator ((2)	DECI			7 [8	3 [
	22 / 19			Pri	nceton U	g Owner/Operator (Iniversity-Office	of Design and	Construction_	5 L	1 0		-
Agencies Notified	Type Notification	(Stree	t Address		7					
☑ EPA ☑ DOLWD	☐ Initial			200	Elm Dr.		ACTOR AND ADDRESS OF THE ADDRESS OF	U U JUL	2 4	201	9	
☑ DHSS	Amended Amendment #			City,	State, Zip (Code						-
⊠ DCA	☐ Emergency (ir		1	Pri	nceton, N	NJ 08544		L				-
(NJAC 5:23-8)	justification)		,	Name	of Contac	at .	1	Telephone Numb	erici	NTA NG	OL 8	1
	☐ Cancellation			Ro	bert Orte	go	L	609-258-1841	.1401	- N-4	-	Direct way
				FA	CILITY IN	FORMATION						
Name of Facility Where A		700	100000000000000000000000000000000000000		2.000		Type of Facility	(4)	-			
Princeton Universit	y-Tunnel from 2	20 Wa	shing	ton R	d to Gree	en Hall	School (K-12					
Street Address							Subchapter	8 (Other than K-12) rivate and commerc	ial b	ildina		
Washington Rd							homes, etc.)		al Di	ıllallığ	S,	
City (5)						7	Square Feet	# of Floors	BI	dg. A	ge	
Princeton							· ·			70	5.0	
County (6)				Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demolish	ned)			
MERCER							Office/Class					
Name of Monitoring Firm	Hired by Building (Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
TTI Environmental I	nc			0000	03	BRISTOL EN	VIRONMENTA	L, INC.				
Street Address						Street Address						
1253 North Church	Rd					1123 BEAVE	R STREET					
City, State, Zip Code		-11-11-11-11-11-11-11-11-11-11-11-11-11				City, State, Zip Co	ATT COMMENT OF STREET					
Moorestown, NJ 080	057					BRISTOL, PA	19007					
Project Manager for Monit	oring Firm		Tele	phone	No.	Telephone No.		License No.			-	
Michael Keehn			60	09-386	-8800	215-788-6040		00509				
Start Date (10)	Sched	fuled C	omple	tion Da	te (11)	Name of OSHA M	lonitor		771.75			
8 / 5 /	19	8/	25	5_/	19	BRISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status During	Abatement (Chec	k only o	ne)			Street Address						
☐ Facility Closed/Vacated				ment		1123 BEAVER	RSTREET					
☐ Abatement Performed	Outside of Normal	Facilit	y Hou	rs - Des	cribe	City, State, Zip Co			_			
Time of Abatement: 7:	00AM-3:30PM/_	P	M	AM		BRISTOL, PA						
Scope of Work (Check all	that apply)											
≥3 sf or ≥3 lf		⊠ n.					ainment with Neg	gative Pressure				
≥ 160 sf or ≥260 lf		⊠ Re	novati molitic			☐ Mini-Enc ☐ Glovebag						
								n-Friable Procedure	1			
220 94070		1 633	Locat						Ab	atem	ent T	уре
Location of		17 (72)	Vorma d Sole			Description o			D	Z,	ш	ш
Asbestos-Containing N TO BE ABA		Ma	intena	nce/	Aspe	stos Containing Ma ., thermal systems i	terial (ACM)	Amount (Specify	Remova	Repair	าса	nclo
IN Facility		Cus	odial (12)	Staff?		surfacing, VAT,	or	SF or LF)	val	=	Encapsulate	Enclosure
(13)		Yes	No	N/A	-	other miscellane	ous)				ate	(D
Tunnel			INO		Di !	- ulatia -		400.1-	E-3			_
						sulation		460 LF			Ц	
Tunnel					Pipe Fit			40 LF				
Tunnel		\boxtimes	Ш		Contam	inated Fiberglas	ss	550 LF				
Name of Registered Waste			3.00	JDEP V		Cubic Yards of	Name of Regis					22311
BRISTOL ENVIRONI	MENTAL, INC.		H	18706		Waste	FAIRLESS	LANDFILL				
City, State						Disposal Date	City, State			0.00		ON DAY
BRISTOL, PA 19007							FAIRLESS	HILLS, PA				
Completed By (Print or Ty	pe) Title)				Signature		Date	9			
Brian Scafiro	E	stima	or			Buan	Scalin	7		12	-19	j.
ASB-41 no : Chara						1 JULION	- John		-		1 1	0.00

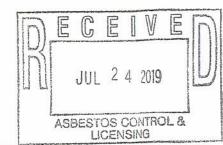
T/V # 13029 B&G proj. #: 2019-155

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

Check # 9450

•	TATI	التعلقا					Cilec	K# 3430				
Date of Notification (1)	IIN	ame of Bui	Iding Own	er/Operator (2)		ME	CE			3 6	
0 17 1/12 12 1/11 19 1		Michael					川川岸	<u> </u>	U L	<u> </u>	-,	1
Agencies Notified Type Notificati	on S	treet Addre	SS								111	111
X EPA X Initial								JUL 24	20	19		91
DEP _		ity, State, Z						, , , , , , , , , , , , , , , , , , ,			1	Ī
DOL Amendn	nent	Morristo	wn, NJ	07960			ASS	ESTOS C	ONTE	OL	_i	destable
X DOH		ame of Con	tact				Telepho	one Númbe	iiVG	Programme and the second		
☐ DCA ☐ Cancella	tion	Michael	Myers				! -	-				
			FAC	ILITY INFORM	IATION							
Name of facility where abatement is	taking pla	ce (3)				T	Type of Facility					
Michael Myers								ool (K - 12) chapter 8 (C	ther th	nan K	-12)	
Street Address							X Othe	r (Private/C	omme		,	
							Bldgs Square Feet	# of Floor		Bl	dg. Ag	10
City (5)	Coun	ty (6)			Cou	nty Code (7)	Oquato i cet	# 011100			-33	
Morristown, NJ 07960	Moi	rris			(Sta	te use only)	Current Use (Prior if bein	g dem	olish	ed)	
Name of Monitoring Firm Hired by E	Blda, Owne	r (8)		ASCM No.		Name of Abatement (10010011000					
,	J			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		B & G Restorati	V					
Street Address		-			-	Street Address	011, 1110.					
				**************************************		105 Ryerson R	oad					
City, State, Zip Code						City, State, Zip Code Lincoln Park, I	VI 07035					
Project Manager for Monitoring Firm		l Ph	one Numb	ner .		Telephone Number	40 07 000	License	Numb	er		
1 Toject Manager for Monitoring 1 infi		1	One Humb			(973)696-6869	9		378			
Scheduled Start Date (10)	Sched	. Completic	n Date (1	1)		Name of OSHA Moni						
08/05/2019		9/2019	•	; * -		B & G Restorati	on, Inc.					
Occupancy Status During Abatemen						105 Ryerson Re	nad					
Facility closed/vacated during	3.3%	- 1500	ment.			City, State, Zip Code					15.	
Abatement performed outside Describe:	of normal t	acility hour	s-									
Other-Describe:					_	Lincoln Park, N	J 07035				- 55	
Scope of Work (check all that apply)				□ w	rap & cut		762-75				
☐ Demolition 🔀	Renovatio	n			XF	ull Containment w/neg	ative pressure	Glove	bag pr	oced	ıre	
☐ > <u>3</u> sf or > <u>3</u> If	≥160 sf or	≥260 If				fini-enclosure		☐ Non-fi		oroce	dure	
Location of		normally u			8	12	A		R	R	E n	E
asbestos-containing material to be	staff(12)	narroor odo.		Descripti material		sbestos-containing	Amount (Specify		m	p a	С	n
abated in facility (13)	Yes	No	N/A				LF)		V	i	a p	L
Attic			X	verrmiculi	te		750 sf		e X			
-				1								
							-					
						41						H
	1,:::			ubic Yards of	Magta	Mama of Docistors	Londfill			Ш	Ш.	
Registered Waste Hauler B & G Restoration, Inc.		P Hauler I 9563	D# C	ubic Yards of	vvaste	Name of Registered Grand Central		and the second second second				
City, State Lincoln Park, NJ			Disposal Dis	Date 3/09/2019		City, State Pen Argyl, PA					(P. 150) [1] 	
Completed by (Print or Type)	Title			Signature				Date			Y	
Gordana Luna		ry/Treasu	ırer			Gordana Luna		07/2	2/201	9		

IN#13	302	AIII	OTIF	IC.	ATIO	State of N N OF AS	BE	Jersey STOS ABA 8:60 and 5:1	TE	EMENT		R	E	0	0 [E [
Date of Notification (1)	· ·	-		_									<u> </u>	111	1	9 1	-00	10
V	22 /	19						wner/Operator Developer U				14 17		UU	L "	- 4	2U1	4
	Type Notifical			_			02	. Developer o	,,,,	Jan Kenewa	i, LLG							
F	i ype ivouiicai □ Initial	uon				et Address							ASB	ES	TOS	CO	NTE	DL 8
F7								lesford Road,	, 5	Suite 400			-	L	ICE	NSI	VG	
⊠ DOH	Amendme	-			100	State, Zip												-
	☐ Emergenc		ling		_	ayne, PA		187	_									
(NJAC 5:23-8)	justification Cancellation					e of Contac	-					ephone N						1
		JII				nathan P					6	10-648-	-1700					
Name of Escility Where At	-1	5			FA	CILITY IN	VFO	RMATION]
Name of Facility Where About Commercial	atement is Ta	iking Pla	ice (3)					13	Type of Facility	(4)							1
Street Address][School (K-1	2)							
357 Wilson Avenue										☐ Subchapter ☑ Other (i.e., p	8 (Oth orivate	er than r	K-12) imerci	ial bi	uildin	ns		
City (5)										homes, etc.)			.u. D.	anom;	341		
Newark									8	Square Feet	# 0	of Floors		BI	ldg. A	ige		1
					1-													
County (6) Essex					Cour	nty Code (7	7)(ST	ATE USE ONLY)	0	Current Use (P	rior if b	eing den	nolish	ed)				1
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Mark Jovic Consulting LLC								ame of Abateme										1
	treet Address							ALL PRO MANAGEMENT LLC										1
	Street Address																	
87 Main Street, Suite City, State, Zip Code	Α						1	27 Outwater I	La	ane								
Lincoln Park, NJ 070	25						Cit	ty, State, Zip Co	ode	e								
							_	Garfield, NJ	07	7026								
Project Manager for Monitor Mark Jovic	ing Firm				phone		1000	lephone No.	272		Lic	ense No).					
Start Date (10)	10-	L - 1.1. 1	$\overline{\perp}$			-0932		973-928-4888	1100									
07 /22 /	10	heduled						me of OSHA M										
					/20 ALL PRO MANAGEMENT LLC													
Occupancy Status During A					88			eet Address				O A HILLIAN						
 ☑ Facility Closed/Vacated I ☑ Abatement Performed Or 	Juring Entire	Period c	of Ab	aten	nent	a aith a		27 Outwater L										
Time of Abatement:	AM-	PM/	iity i	PM-	s - Des	AM		y, State, Zip Co										
Scope of Work (Check all th							(Garfield, NJ (07	026								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ас арріу)		Reno					☐ Mini-Encl	los g P									
			Is Lo											Aba	ateme	ent T	/pe	
Location of Asbestos-Containing Ma	terial (ACM)	Us		mal Sole	ly ly by	Ashar	-1	Description of	f			55	ŀ		1			
TO BE ABATE		N	laint	enar	nce/	(i.e.	stos ., the	Containing Mat ermal systems in	teri	ral (ACM)		Amount Specify		Removal	Repair	Encapsulate	Enclosure	
IN Facility (13)		Cu		iai S 12)	Staff?	,	5	surfacing, VAT,	or			F or LF)		oval	Ŧ	psu	Sur	
(13)		Yes		No.	N/A		ot	her miscellaned	ous	s)						late	9	
Unit #6,7,8 (attached)- F	Roof					Duille II	Da		_				_	_			_	
Unit #11- North & South ex		_	-	_	_	Built-Up	1-11-2				25	,000 SF						
					×	Window	/ Gl	azing				30 LF		\boxtimes				
Unit #11- Roof				-		Roof Fla	ashi	ing			1,	600 SF		\boxtimes				
Unit #5- Roof				_		Built-Up	Ro	ofing	1111		4,	000 SF		\boxtimes				
Name of Registered Waste I					JDEP V		Cul	bic Yards of	1	Name of Regis GROWS North	tered L	andfil.	rless	lan	dfill /		\neg	
Century Waste, LLC/N	ewark Cart	ung	2.00			/ 0283	A	s Needed	1	Grand Centra	I Sanit	ary Lan	dfill					
City, State								posal Date	0	City, State								
Elizabeth, NJ / Newark		ield, NJ	l				· T	BD	1	Morrisville	, PA/	Pen Ar	gyl, I	PA				
Completed By (Print or Type) T	Γitle						Signature	-			1	Date				-	
Allen Monchik		Projec	ct M	ana	ger			Allow.	2	Manchik	6.		7/2	2/4	٥			



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8-60-7 AND 12:1207) CONTINUATION SHEET

	1		-	-7 CONTINUATION STILL	-			~ 3-0-07	
	_			357 Wilson Avenue, Newark, NJ		Abatement Type			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	No Main	ls Local ormally Solely tenanc	Used by e/Custo	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a I	R e p a i	E n c a p s u l	E n c l o s u r e
	Yes	No	N/A				· ·		-
Unit #5- Roof			X	Roof Flashing	2,200 SF	Х			
	i	1	-	Transite Panels assoc. with 2nd	2,200 3F				
Unit #12- Roof		_	Х	Layer Upper Roof	10,000 SF	Х			
		-	-						
	-								
			_						
									37.50
						_		-	
			$\overline{}$						
	-								
	-	_							
			-						
		_	-						
		_							
					Althority and the second secon				
								_	
					Language of the second	- 1			

Completed by: (Print or type) Allen Monchik	Title:	Project Manager	Signature: Allen Monchik	Date:
			A was money	7/22/19