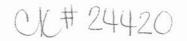
State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

CHECK# 1706

Date of Notification (1) 07/20/2017				Name o	of Building	Owner/ AN HC	Operator OMES,	r (2) LLC.		E (7 E		W	- 11		
	ype Notification			Street A	Address IELDCF	RESTA	VE. 5	TH FLOOI	R	JUL 2	7 2	N17	1000		
DEP DOL	Initial Amended Amendment	#			ate, Zip C ON NJ		7								
DOH DCA	Emergency (justification) Cancellation	including			f Contact KIEFFE				LAS		COL	ino.	- &	\exists	
				FAC	ILITY INF	ORMAT	ION								
Name of Facility Where Aba RESIDENTIAL	tement is Taking	Place (3)					Type of Fa							
Street Address								Subch	ol (K-12) napter 8 (C (i.e. privat	ther than K	(-12) ercial bu	iilding	s, hom	nes,	
City (5) EAST BRUNSWICK								Square Fee 2104		of Floors		Bldg. 43	Age		
County (6) MIDDLESEX					Code (7) USE ONLY)		Current Use RSIDEN	e (Prior if b	eing demo	lished)				
Name of Monitoring Firm Hir HEALTH & SAFETY S		Owner (8)		ASCN	/I No.			of Abatemer SURED EN			SERV	ICES	INC) .	
Street Address 318 12TH STREET		-					100000000000000000000000000000000000000	Address CLEMS R	UN						
City, State, Zip Code HAMMONTON NJ 08	8037						City, S MUL	state, Zip Coo LICA HILL	de _ NJ 080	62					
Project Manager for Monitori JIM PROCTOR	State - Predict Control (Control (Contr							none No. 304-4676		License 01145					
Start Date (10) 07/21/2017		Schedule 07/25/2			Date (11)		Name of OSHA Monitor EMSL								
Occupancy Status During Ab	patement (Check	Only One	e)					Address RT. 130 N	ORTH						
Facility Closed/Vacated Abatement Performed C Other – Describe:	During Entire P Outside of Norma	eriod of A al Facility	baten Hours	nent											
Scope of Work (Check All Th	nat Apply)						Olivi	WANTI VOO	14 140 00						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		(CARLEST)	enova emolit					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
		is i	Locati	ion				1 11011 EXO	Tiptod () c		Idbio i i	Aba	atement		
Location of	- 1-1 (4.046)		ormal I Sole				scription				-	T	ype	ī	
Asbestos-Containing Mat <u>TO BE ABATE</u> In Facility (13)		Mair Custo	ntena odial 8 (12)	nce/ Staff?		thermal surface				Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
OUTSIDE		Yes	No	N/A X		ED A NIC	VITE O	DINIO		150.05			0		
OUTSIDE	OUTSIDE						SITE SI	IDING	2	150 SF	X				
									-	-					
			t/F												
Name of Registered Waste H ASSURED ENVIRONM		VICES	H	JDEP Wauler ID 034895	No.	Cubic of Was 20							1,		
City, State MULLICA HILL NJ	Disposal Date City, State 07/26/2017 WAYNESBURG, OH					4									
Completed by RON SWANSON	ERAL MANAGER Signature Control Date 07/20/2017						7								

97/29/2017 10:2144 .										
07/20/2017 10:31AM 1	8562248799		AS	SSURED	SERVICES	Frank Fr 1	f.3	PA	GE	03
		LUTIFICATI	State of New Ja DN OF ASBEST nt to NJAC 8:60	OR ADAT	EMENT				Plotes	***
Date of Notification (1) 07/20/2017		Name	of Building Own	20000000		HECK#	7.2	وال	017	14
Agencies Notified Type Notific	ation	۸. ۲	NAMANIAN I	HOMES,	LLC.					1
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DEP Arment	ied Iment # ency (including	City, 8	state, Zip Code SON NJ 088	37	1				_	
DOH Justifica	miton)	Name BOB	of Contact KIEFFER	,		Telsphone	Mirmh	_		
Name of Facility Where Abatement is	Taking Place (3)	FAC	CILITY INFORM	ATION		_		-	_	
RESIDENTIAL Street Address				V	Type of Facill		-		-	
	10	-			Other (i.t	K-12) far 8 (Other than k 5. private & commo	(-12) arolal b	ulld for	is ha	···
City (5) EAST BRUNSWICK					Squere Feet 2104	# of Ficors		Bidg		
Dounty (5) MIDDLESEX		County	Code (7) USE ONLY)		Current Use (2 nor if being demo	lished)	43		
ame of Monitoring Firm Mired by Bulk HEALTH & SAFETY SERVICE	ling Owner (8)		M No.	Name	MAINFAIL	AL				
treet Address 318 12TH STREET				Street	URED ENVI	entractor (9) RONMENTAL	SERV	/ICE	S IN	C.
ity, State, Zip Goda HAMMONTON NJ 08037				570	CLEMS RUN	T				
plect Manager for Mondarine Elem		Telepho	** 11-		tate, Zip Code LICA HILL N	J 08082	-			
IM PROCTOR art Date (10)		609-7	04-8550	810-	one No. 304-4676	License 01145				
17/21/2017	07725720	Completion I	Date (11)	Name of EMS	of OSHA Monito L	r				
Facility Closed/Vacated During Ent	lee Danie de la			Street A	Address RT. 130 NOR	T11				_
Abatement Performed Outside of N Other - Describe:	ormal Facility Ho	usment ours		City, St.	ale. Zip Code					_
tape of Work (Chack All That Apply)				LINK	IAMINSON	JJ 08077	_			
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Location of	Is Loc				THE PARTY OF THE P	d (*) and Non-Fris	Die Pro	Abate		t
Asbestos-Containing Material (ACM) TO BE ARATED	Used S. Mainte	olaly by	Asbestos Con	scription o	marini (ACNA)	Amount	-	Ту	ps	Т
In Facility (13)	Custodis (1)	Il Steff7	(I.S. the ma)	systems in cing, VAT, niscellance	neuletian.	(Specify SF or LF)	Removal	Repair	Encapsulate	Sahahirar
OUTSIDE	Yes N						l law	(A)	Sudalic	Serve
OUISIDE	+	X	TRANS	ITE SID	ING	2150 SF	X			
	+++	++		.						
ne of Registered Waste Hauler		4055							-	
SURED ENVIRONMENTAL SE	RVICES	NJDEP Was Hauler ID N 0034895	of Was			Registered Landfill VA LANDFILL				
Slate LUICA HILL NJ		-	Disposi 07/26	el Dale	City State				_	
pleted by N SWANSON	Title	II Massa	1 0	gnalufo	WAYNE	SEURG, OH	Pab .			
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

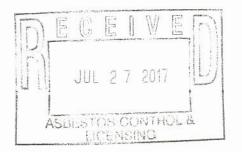
CHECK# 23915/23925/24001/24174/24335/24338/2442

Date of Notification (1)				Name o	of Building				/23925/2	4001/2	41/4	:/243	33/	243	30/2	24420
07-20-17				Unilev		OWNER	орегасог	(2)			F		-	ΠŅ	Ą I	F F
Agencies Notified	Type Notification			Street A	Address ylvan Av	/ODLIO				M				-		7/
EPA DEP	Initial Amended		-		ate, Zip Co						1	111 /		0.0	4-	-11
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⊠ DOH □ DCA	Emergency justification)				f Contact					Tele	phone	Numb	er			
☐ DCA	Cancellation	1			ish Joshi		ION							-51	HÛL	. &
Name of Facility Where	Abatement is Takir	ng Place (3	3)	FAC	ILITY INFO	JKMAI	ION	Туре	e of Facility	(4)			10	1:14		
									School (K-	12)						
Street Address 700 Sylvan Aveue								×	Subchapte Other (i.e.				build	dinas.	hom	es.
City (5)								_	etc.) are Feet		Floors			ildg. A		
Englewood Cliffs														nug. F	ige .	
County (6) Bergen					Code (7) USE ONLY)		_		ent Use (Pri mmercial	ior if bein	ig dem	olished	i)			
Name of Monitoring Firm ALC Environmental		Owner (8)		ASCN	/I No.		7.500			Contractor (9) nmental Corp.						
Street Address 121 West 27th Street	et, Suite 402						Street 200 l		ess d Street	Į						
City, State, Zip Code									e, Zip Code							
	New York, NY 10001							A 1999 AV. 5	tadt, NJ 07072 Dine No. License No.							
Shawn Waldron							Teleph 201-9				Licens 0075					
Start Date (10) 03-18-17(2)04-04-1	7	Schedule (6)09-3		Completion Date (11) Name of OSHA Mor Even-Air Inc.												
Occupancy Status During	Abatement (Chec	k Only On	e)	Street Address									-			
Facility Closed/Vaca Abatement Performe										enue						
Other – Describe:	ed Outside of Norn	iai Facility	Hours	urs City, State, Zip Code Long Island City						IY 1110	01					
Scope of Work (Check Al	I That Apply)		. Serie Vos	Long Island Ci												
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	enova emolit				×	Mi	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
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Location		N	lormal d Sole	ly	A1400000 1000	Des	scription	of				-	-	Ту	pe	
Asbestos-Containing TO BE ABA		Mai	intenar	nce/			aining M systems				nount pecify		70	-	Enc	E I
In Facilit (13)	ty	Cust	odial S (12)	otan?			cing, VA		y .	SF	or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A				/					<u> </u>	-	late	ıre
Building D: 2	nd Floor			X		Fire	eproofin	ng		11,0	00SF	: 6	<			
Building D: 1		×			VAT			1	25SF	:	<					
Building D: 1		х		Pipe	Insula	tion			16LF		c					
Building D: 3		х		Fire	proofin	ng		11,0	00SF		<					
Name of Registered Wast	1000000	JDEP W	201020TM N	Cubic of Was			Name of									
ATC, Inc. / JBT (5007	71)			Hauler ID No. of V 24310 TBI			Minerva Enterprises									
City, State Shirley, NY / Bronx, N				Dispos TBD	al Date		City, State Waynes		OH 4	4688						
Completed by					Date											
Richard Doran	ct Ma	Manager),	AJA)3/c		07-2	0-1	7				

Title Of Project: 700 Sylvan Avenue, Englewood Cliff, NJ Additional Materials / Floors

Pg. 2

			* 8	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal Repair, Encapsulation or Enclosure)
Building D: 2nd Floor	N/A	or other miscellaneous) Pipe & Fittings	1,400LF	Removal
Building D: 3rd Floor	N/A	Pipe & Fittings	1,400LF	Removal
Building B: Basement	N/A	Fireproofing	144SF	Removal
Building B: 2nd Floor	N/A	Mastic	1,200SF	Removal
Building A: Ground Floor	N/A	Pipe Insulation	6LF	Removal
Building A: Ground Floor	N/A	Pipe Insulation	11LF	Removal
Building A: Ground Floor	N/A	Pipe Insulation	10LF	Removal
Building A: Ground Floor	N/A	Debris	100SF	Removal
Building A: 1st Floor	N/A	Pipe Insulation	6LF	Removal
(2)Under Pedestrian Bridge between Bldgs. B&C	N/A	Pipe Insulation	60LF	Removal
(2)Under Pedestrian Bridge between Bldgs. A&B	N/A	Pipe Insulation	65LF	Removal
(3) Building A: 3rd Floor	N/A	Glue Dots	15,000SF	Removal
(5) Building B: 2 Level Cafeteria	N/A	Mastic	8,000SF	Removal
Building B: 1 st Floor	N/A	VAT	200SF	Removal
Building A: 2 nd Floor	N/A	Mastic	100SF	Removal
Building A: 4 th Floor	N/A	VAT	8,000SF	Removal
(6)Building D: 3rd Floor	N/A	Fireproofing	120SF	Removal
(6)Building D: 2nd Floor	N/A	Floor Mastic	200SF	Removal
(6)Building D: 2nd Floor	N/A	Wall Mastic	100SF	Removal
(6)Building D: 2nd Floor	N/A	Pipe Insulation	4LF	Removal



CV # 1128			CATIO	tate of New N OF ASB to NJAC	ESTOS !	ABATE		łT	Day of the second) [
Date of Notification (1) 07-21-17				of Building Soares	Owner/C	Operator	r (2)				1111	0	7 (045		
Agencies Notified Type Notification	n		Street A	Address					il.		IUL	-2	1-6	U1/-	1	
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DEP Amended				ate, Zip Co					1	ASUL.	STC	18 (YUN	THU	L&	
DOL Amendme	nt # y (including	<u>, </u>		y City, N.	J 0730	7						LN	SHY	١		
DOH justificatio	n)	1		of Contact					Te	lenhone	Mumi	3.2.5			55	
DCA Cancellati	on			Soares					_							
Name of Facility Where Abatement is Tal	ing Place i	3)	FAC	ILITY INFO	ORMATI	ON	I Tw	pe of Facility ((A)	-	-					
Private Home	ung i iacc (0,					1 7									
Street Address							z z	School (K-1 Subchapter Other (i.e. p	8 (Oth				dings	home	es,	
City (5) Kearny	An and a second						Sq	etc.) uare Feet	# 0	f Floors	-	В	ldg. A	\ge		
County (6)			County	Code (7)			Cu	ment Llee /Pri	or if he	inn dame	lieha	<u> </u>				
Hudson				USE ONLY)			Ou	110111 030 (1 11	Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Buildin N/A	g Owner (8)	ASCA	ЛNo.				batement Cor ontracting L		(9)						
Street Address			1			Street	Add	ress								
						522	7th	St.								
City, State, Zip Code	y, State, 7ip Code							. 7ip Code ity NJ 0708	7							
Project Manager for Monitoring Firm		1	Telepho	ne No.		Teleph	none	No.		Licens	e No.					
			201 216-9603					-9603		01206	5					
Start Date (10) 07-31-17	Schedul 08-01-		Completion Date (11) Name of OSHA Monitor Delfa Contracting L						LC							
Occupancy Status During Abatement (Ch	eck Only O	ne)	Street Address 522 7th St.										-			
Facility Closed/Vacated During Entire																
Abatement Performed Outside of No Other – Describe: 7:00 Am - 5:00 Pm	rmal Facilit	y Hours	urs City, State, Zip Code Union City NJ 070													
Scope of Work (Check All That Apply)																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				z z	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
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l analism of		s Locati Normal												ре		
Location of Asbestos-Containing Material (ACM)	Use	ed Sole	ly by	Asbest		cription aining iv		ial (ACM)	A	mount	Γ	3		т		
TO BE ABATED In Facility		todial S		(i.e.	thermal:	systems sing, VA				Specify For LF)		Rer	Re	nca	Enc	
(13)	***************************************	(12)				iscellan			31	or cry	1	Remova	Repair	Encapsulate	Enclosure	
	Yes	No	N/A									3		ate	Ге	
Basement	X			Pipe	Insula	tion		1:	50 LF		ζ					
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								10 mm								
Name of Registered Waste Hauler		100000	JDEP W		Cubic \			Name of f	Registe	ered Land	Hill				al allege	
Delfa Contracting LLC		H	3524	of Was	?	Tullytown Resource Recovery Facility				у						
City, State Union City, NJ		Dispos 08-0									# # # # # # # # # # # # # # # # # # #					
Completed by	Title	h 4	Sig					18			Date		7			
Jaime Delgado	Proj.	wana	anager.					14	07-21-17							

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

CHECK # 24372

NO CK					t to NJAC				11		C	HECK	# 2	437	2		
Date of Notification (1) 07-19-17					of Building ge & Roo				line of		E	C E	<u> </u>	W	7 [
	e Notification				Address e Hill Pla	ıza											
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× DOH DCA	Emergency (justification) Cancellation	including			of Contact	er					Tel	ephone	Nun	ber-		8	
				FAC	ILITY INF	ORMAT	ION				- COLUMNIC OF	Sport with the	e i de la companion de la comp	1 0			
Name of Facility Where Abate	ement is Takin	g Place (3)					Тур	Scho	acility (ool (K-1	2)	82					
Street Address 275 West Grand Avenu	е							×			8 (Oth rivate 8				dings	, hom	es,
City (5) Montvale								Squ	uare Fe	eet	# 01	Floors	;	E	Bldg. A	Age	
County (6) Bergen					Code (7) USE ONLY)				se (Prio	or if bei ion	ng dem	nolish	ed)			
Name of Monitoring Firm Hire Roco Rescue, Inc.	d by Building (Owner (8)	ASCI	M No.				patement Contractor (9) Environmental Corp.								
Street Address 7077 Exchequer Drive								et Address Broad Street									
City, State, Zip Code Baton Rouge, LA						City, S Carls			ode 07072	2							
Project Manager for Monitoring Dennis O'Connell	g Firm		Telepho 1-800-	ne No. -406-762	26	Teleph 201-9					Licens 0075		,				
Start Date (10) 07-20-17(1)Project Post	poned	Schedul 08-31-		Completion Date (11) Name of OSHA Moni EMSL Analytical							l с.						
Occupancy Status During Aba		Only Or	ne)				Street	Addr	ess				L Frontie				
Facility Closed/Vacated D Abatement Performed Ou Other – Describe:																	
Scope of Work (Check All That	t Apply)																
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		_	Renova Demoliti				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
		100	Locati			1025		8							Abate Ty	ment pe	
Location of Asbestos-Containing Mater TO BE ABATED In Facility (13)	rial (ACM)	Use Ma Cus	ed Sole intenar todial S (12)	y by nce/		tos Cont thermal surfa	scription taining M systems cing, VAT niscelland	ateria insu r, or	lation,		(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A												(D	
Ground: Electric I		Х	E	lectric	Cable	Wra	ap		1,5	00LF		x					
Name of Registered Waste Har	uler		N.	JDEP W	/aste	Cubic	Yards		Nar	ne of R	Register	ed Lan	dfill				
ATC, Inc. / JBT (50071)			1000	Hauler ID No. of Wa 24310 TBD				aste Minoryo Enterprises									
City, State Shirley, NY / Bronx, NY	Disposal Date City, State TBD Waynesburg, OH 44688																
Completed by Kevin Moriarty	ect Manager Signature Date 07-19-17																

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

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7) GAC Project # 060-1 Date of Notification (1) Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ July 21, 2017 Notification Type Street Address Agencies Notified ENVIRONMENTAL HEALTH & SAFETY DEPT □Initial Notification ☐ EPA ☑ Amended Notification #1 -27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS D DCA correct address City, State, Zip Code ASBESTOS CONTROL & X DOL PISCATAWAY, NJ 08854 □Emergency (including Totaliana Minihar ☑ DEP- No Longer REQUIRED Name of Contact justification) X DOH MICHAEL SMITH, ENV. **□**Cancelled **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) SCHOOL OF DENTAL MEDICINE, BLDG# 7253 ☐ School (K-12) ☐ Subchapter 8 (other than K-12) Street Address X Other (i.e. private & commercial buildings, homes, etc.) RBHS NEWARK CAMPUS Sq. Feet: N/A # of Floors: 3 Bldg. Age: 60+ years City (5) County (6) County Code (7) Current Use (prior if being demolished): ACADEMIC (State Use Only) NEWARK **ESSEX** Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 268 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 00840 973-492-0477 Name of OSHA Monitor Scheduled Start Date (10) Scheduled Completion Date (11) 07/28/17 07/31/17 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD ☐ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe XOther - Describe: Schedule: 3PM - 5AM (24 HOURS & WEEKENDS AS NEEDED) FAIRLAWN, NJ Scope of Work (Check all that apply) ☐Full Containment with Negative Pressure ☐ Mini-Enclosure $\boxtimes \ge 3 \text{ sf or } \ge 3 \text{ lf}$ **X**Renovation $\square \ge 160 \text{ sf or} \ge 260 \text{ lf}$ ☐ Glove bag Procedure / Wrap & Cut ■ Demolition X 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) VAT, or other miscell.) or LF) Remove Repair Encap Enclose YES NO NA Rooms C703, C705, C707, X X VAT 400 SF Room C734 X VAT 100 SF X NJDEP Waste Hauler ID # Name of Reg. Waste Hauler Name of Registered Landfill Cubic Yards of Waste: 10 CY See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State 100 New Ford Mill NJDEP # 12561 Rd. Morrisville, Pa Hauler #2) Newark Carting, Inc., Newark, NJ 04509

07/31/2017

Raymond C. Pedalino

Date

July 21,2017

19067

215-736-1700

MANAGER

SENIOR PROJECT

NJ DEP # 4509

Completed by (Print or Type)

RAYMOND C. PEDALINO

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7) GAC Project # 060-17 JUL 2 / Name of Building Owner/Operator (2) Date of Notification (1) July 18, 2017 RUTGERS, THE STATE UNIVERSITY OF NJ Notification Type Agencies Notified ENVIRONMENTAL HEALTH & SAFETY DEPTION THOU & ☑Initial Notification ☐ EPA 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS V. ☐ Amended Notification # DCA □Emergency (including City, State, Zip Code X DOL PISCATAWAY, NJ 08854 justification) ☑ DEP- No Longer REQUIRED Name of Contact □ Cancelled X DOH MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) SCHOOL OF DENTAL MEDICINE, BLDG# 7253 ☐ School (K-12) ☐Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) COLLEGE AVENUE CAMPUS # of Floors: 3 Bldg. Age: 60+ years Sq. Feet: N/A City (5) County Code (7) County (6) Current Use (prior if being demolished): ACADEMIC NEW BRUNSWICK MIDDLESEX (State Use Only) ASCM No. Name of Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) 0098 ATC GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **268 MAIN STREET** City State, ZipCode City, State, Zip Code BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 07/28/17 07/31/17 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD ☐ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe X Other - Describe: Schedule: 3PM - 5AM (24 HOURS & WEEKENDS AS NEEDED) FAIRLAWN, NJ Scope of Work (Check all that apply) ☐Full Containment with Negative Pressure \boxtimes > 3 sf or > 3 lf **X**Renovation ■ Mini-Enclosure \square > 160 sf or > 260 lf ☐ Demolition ☐ Glove bag Procedure / Wrap & Cut ■ Non-Exempted (*) and Non-Friable Procedure Description of Asbestos Containing Material Amount Location of Asbestos-Containing Is Location Normally Used Abatement Type (Specify SF (ACM) (i.e. thermal systems insulation, surfacing, Solely by Maint./Custodial Material (ACM) in Facility (13) Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) or LF) YES NO NA Rooms C703, C705, C707, 400 SF X X VAT

Room C734 X 100 SF X VAT Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill 10 CY Cubic Yards of Waste: G.R.O.W.S. North Landfill See Hauler Below #1 & 2 See Below Disposal Date City, State Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 100 New Ford Mill NJDEP # 12561 Rd. Morrisville, Pa Hauler #2) Newark Carting, Inc., Newark, NJ 04509 07/31/2017 19067 NJ DEP # 4509 215-736-1700 Completed by (Print or Type) Date July 18,2017 RAYMOND C. PEDALINO SENIOR PROJECT Raymond C. Pedalino MANAGER

(Pursuant to NJAC 8:60 and 5:16) Chee # 11349

Date of Notification (1)	-			Name	e of Buildin	ia Ov	vner/Operator (2)							
7 / 24 /	17	<u>=</u> 4				25-25		ation Building	NEGE	7	V/ [7		
Agencies Notified Type Notific ⊠ EPA □ Initial	cation 7/20	NAS SU7			t Address	wn	Plaza	and the second	1			Annual Applications of the Party of the Part			
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(NJAC 5:23-8) justificat				Ivanic	or Contac				Leichione Braun	ick ful	THU.	AL 64			
				FA	CILITY IN	NFO	RMATION	l-see							
Name of Facility Where Abatement is			3)					Type of Facility				13014017			
Ashbrook Golf Course and Cl	ub Hou	se						School (K-1		V					
Street Address									8 (Other than K-12) private and commer		uildin	as.			
1210 Raritan Road								homes, etc.							
City (5)								Square Feet	# of Floors	BI	ldg. A	ge			
Scotch Plains											50+				
County (6)				Cour	nty Code (7)(STA	ATE USE ONLY)	Current Use (P	rior if being demolis	hed)					
Union								club house	to be demolished	ed					
Name of Monitoring Firm Hired by Bui	lding Ow	ner (8))	ASCM	No.	Na	me of Abateme	ent Contractor (9	intractor (9)						
T & M Associates						Controlled Environmental Systems									
Street Address						Street Address									
40 Monmouth Park Highway, S	Suite 2,					1121 N. Bethlehem Pike - Suite 60									
City, State, Zip Code						City, State, Zip Code									
West Long Branch, NJ 07764						5	Spring House, PA 19477								
Project Manager for Monitoring Firm			Tele	phone	No.	Tel	lephone No.	one No. License No.							
KEVIN BURNS			7:	32.676	.4000	2	215 542 7000	00 00847							
Start Date (10)	Schedule	ed Cor	nple	tion Da	ite (11)	Na	me of OSHA M	Monitor							
8 / 1 / 17	8	_ / _	30	_ /	17	(CES								
Occupancy Status During Abatement	Check o	nly on	e)			Str	eet Address								
☐ Facility Closed/Vacated During Ent						1	121 N. Bethl	ehem Pike - S	uite 60						
☐ Abatement Performed Outside of N					scribe	City	y, State, Zip Co	ode							
Time of Abatement: 8:00AM-5:00F	PM/	_PM		_AM		8	Spring House	e, PA 19477							
Scope of Work (Check all that apply)			5005-1111												
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		Rend					 ⊠ Full Containment with Negative Pressure □ Mini-Enclosure □ Glovebag Procedure 								
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Offices							ers of flooring	na	3555 SF						
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Name of Registered Waste Hauler	-	_ -	IN	JDEP \		Cut	oic Yards of	Name of Regis	stered I andfill						
Champion Waste Hauler			12,832	auler II		Wa		Grows-Tul							
City, State						Dis	posal Date	City, State							
Hainesport, NJ						8.	/30/17	Morrisville	, PA 19067						
Completed By (Print or Type)	Title					-	Signature	11	Dat	e/	1				
Patricia Visco	Offic	ce Ma	nag	ger			Patuce	w Viec	et 7	1/2	4/1	7			

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Date of Notification (1)	25 / 1	17	N		Building (Owner/Operator (2 en			<u> </u>	1		
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(NJAC 5:23-8)	justification) Cancellation		1		Contact S Rizzo		-					
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1037 N 32 nd STREE	T STRUCTUR	E Ing i lace	(0)				☐ School (K-12)					
Street Address	10111001011						Subchapter 8	(Other than K-12) vate and commercia	l build	dings,		
1037 N 32nd STREI	ET STRUCTUR	RE					homes, etc.)					
City (5)							Square Feet	# of Floors	958.5	. Age	9	
Camden							varies	varies	50)+		
County (6)				County	/ Code (7)	(STATE USE ONLY)		or if being demolishe EEMED UNSAFE		-11		200
Name of Monitoring Firm	Hired by Buildin	g Owner (8) /	SCM N	0.	Name of Abateme						
Traine of memoring						Controlled E	nvironmental S	ystems				
Street Address						Street Address 1121 N. Beth	lehem Pike - St	uite 60				
City, State, Zip Code						City, State, Zip C						
Oily, Olars, E.P.						Spring Hous	e, PA 19477					
Project Manager for Mon	itoring Firm		Telep	ohone N	lo.	Telephone No. 215 542 7000)	License No. 00847				
Start Date (10) 7 / 26 /	100000	heduled C		ion Date	3000 Carlotte	Name of OSHA N	Monitor					
Occupancy Status Durin	g Abatement (Ch	neck only	one)			Street Address						
☑ Facility Closed/Vacat	ed During Entire	Period of	Abater	nent			lehem Pike -Su	ite 60				
Abatement Performe	d Outside of Nor 7:00AM- <u>5:00</u> PM	mal Facilit	y Hour VI	s - Desc _AM	cribe	City, State, Zip C Spring Hous						
Scope of Work (Check a ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ill that apply)	-	enovati emolitio			☐ Mini-En	an Procedure	native Pressure				
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City, State Fairless Hills, PA						Disposal Date 8/31/17	City, State Tullytown	PA				
Completed By (Print or	Type)	Title				Signature	11	Da	te/	/		
Patricia Visco	. /	Office	Mana	ager		Pater	aw Usc	es -	7/2.	1/1	7	

ASB-41 JAN 13

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

(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)			Name	of Buildin	g Owner/Operator ((2)	.,,	- 1						
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Agencies Notified Type Notifica	ation		Street	Address							7			
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Name of Facility Where Abatement is T	aking Place	e (3)				Type of Facility	(4)				100			
Frost School						School (K-1								
Street Address							8 (Other than K-12) private and commer		ilding	10				
65 Frost Ave						homes, etc.		olal bi	anding	,				
City (5)	1					Square Feet	# of Floors	В	dg. A	ge				
East Brunswick									50+					
County (6)		111111111111111111111111111111111111111	Cour	nty Code (7)(STATE USE ONLY)	Current Use (P	rior if being demolis	hed)						
Middlesex						School								
Name of Monitoring Firm Hired by Build	ding Owner	(8)	ASCM	No.	Name of Abatement Contractor (9)									
Environmental Design Inc					Controlled Environmental Systems									
Street Address				a recording	Street Address					12.1				
5434 King Avenue, Suite 101					1121 N. Bethlehem Pike - Suite 60									
City, State, Zip Code					City, State, Zip C	City, State, Zip Code								
Pennsauken, NJ 08109					Spring Hous	e, PA 19477								
Project Manager for Monitoring Firm		Tele	ephone	No.	Telephone No.		License No.							
Jay Murray			56 616		215 542 7000									
The second secon	Scheduled (1000	Name of OSHA N	Monitor								
8 / 7 / 17	8		/ _	17	CES									
Occupancy Status During Abatement (0					Street Address									
Facility Closed/Vacated During Entir						lehem Pike - S	uite 60							
Abatement Performed Outside of No Time of Abatement: 7:00 AM-7:00 P				scribe	City, State, Zip Co									
Scope of Work (Check all that apply)					Spring Hous	e, PA 19477					_			
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≥3 sf or ≥3 lf≥160 sf or ≥260 lf		enovat emoliti			☐ Mini-End 図 Gloveba	a Procedure い	RAP + CUT	Par	CINC	NE	35			
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City, State					Disposal Date	City, State								
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Completed By (Print or Type)	Title	Signature Date /					1	1						
Patricia Visco	Office	Mana	ger		Walter	00/10	0 7	1/2	6/	17)			

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Date of Notification (1)				Nai	ne of Buil	ding Owner/Op	perator (2)		573						
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				F	ACILITY	INFORMAT	TION			ICENS	ING					
Name of Facility Where A	batement is	Taking Place	e (3)					Type of Facility	<i>i</i> (4)							
Warnsdorfer School	l							School (K-12	2)							
Street Address									r 8 (Other than K-12) private and commercial buildings,							
8 Harden Lane								homes, etc.		nercial b	uilding	gs,				
City (5)				-				Square Feet	# of Floors	D	Ida A					
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Middlesex								School		-0.0000000 -18000 4 00						
Name of Monitoring Firm	Hired by Buil	ding Owner	(8)	ASC	M No.	Name of	Name of Abatement Contractor (9)									
Environmental Desi	gn Inc					Contro	olled Er	Environmental Systems								
Street Address						Street Ad	ldress	ress								
5434 King Avenue,	Suite 101					1121 N	N. Bethl	lehem Pike - S	n Pike - Suite 60							
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Project Manager for Moni	toring Firm		T	elephor	e No.	Telephon	e No.		License No.	8						
Jay Murray				856 616 9516 215 542 7000					00847							
Start Date (10)		Scheduled	Com	pletion	Date (11)	Name of 0	OSHA M	lonitor								
8 / 7 /	17	8	_	11	_17_	CES										
Occupancy Status During	Abatement (Check only	one))		Street Ad										
☐ Facility Closed/Vacate						1121 N	ehem Pike - S	uite 60								
Abatement Performed Time of Abatement: 7:					escribe	City, State	e, Zip Co	ode								
		F				Spring	Spring House, PA 19477									
Scope of Work (Check all	tnat apply)					□ Б	Full Cont	ainment with Ned	ative Pressure							
≥3 sf or ≥3 lf				ation			Mini-Encl	losure .	**************************************	$\overline{}$						
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Asbestos-Containing N				olely by nance/	//3	bestos Contai			Amount	Remova	Repair	nc	Enclosure			
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City, State						Disposal D	Date	City, State								
Hainesport, NJ						8/11/17		Morrisville	, PA							
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