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## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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M		JUN	İ		2017		
	ASF	BEST HU	OS (	300	YTRO	)L &	

Date of Notificetion (1)   Name of Building Owner(Ogneror (2)   Touck 115   Touch 115	Lycon		(Pt	irsuant	to NJAC 8:60 and	12:120)		Comments of the Comments of th		200	117	-
Agencies Notified    Street Address   St	Date of Notification (1)											
Telephone Number    Series Address   County Ede (7)   County Edd (7)   Cou	5/26/17					=12_	124CF1119			Area of the second	~~~~	
Display   Control   Cont	,		S	treet Ado	tress 451	FRE	-/inghyy	SEX ASBES	ros c	SING	ROL	. &.
DOH	DEP Initial Amended		C	ity, State	7 in Code		1 1/					
DOH   Cancellation   FACILITY INFORMATION     Name of Facility Where Abasement is Taking Place (3)   Type of Facility (4)     Street Address   Type of Facility (4)   School (K-12)   Subdeputer 8 (Note than K-12)   Subdep	Emargancy (ir		N	ame of (	Contact			Telephone Num	ber			
Name of Facility Where Abatement is Taking Place (3)  Street Address  Who have a set of the commercial building, homes, etc.)  Street Address  County (6)  County (6)  County (6)  County (6)  County (7)  County (7)  County (8)  County			1	umo or v	17/6	兰人						
Sures Address    Source Address   School (K-12)   Subchapter 8 (Other than K-12)   Other				FACIL	ITY INFORMAT	ION	Tyme of Facility (4	)				-
Street Address    Dispose   Section   Street Address   Dispose   Section   S	Name of Facility Where Abatement is Taking Pl	ace (3)										
County (6)  County Cate (7)  County (6)  County (7)  C	Caract Address						Cubobanter 8	(Other than K-12)	building	os hor	nes, et	tc.)
County (6)   Co	50 Washington	5+		27			.5					
County (6)   Co	City (5) (114-1132)	07	5 10015				52000	1				
Name of Monitoring Firm Hirred by Building Owner (8)  First of Factorine Hirred by Building Owner (8)  First of Factorine Hirred by Building Owner (8)  First of Factorine Hirred by Building Owner (8)  Street Address  Life Addr			10	County C	ode (7)		Current Use (Prior	if being demolished	i)	ŧ.		
Street Address			(5	STATE U.	SE ONLY)		WEARL	0136 / 0.H100	- A	-		
Street Address    City   State   Zip   Code   City   State   City   State   Zip   Code   City   State   Zip   City   City	Name of Monitoring Firm Hired by Building Ov	vner (8)		ASCM	No.	Name	of Abatement Contra	Jan (3)	11117	1/27	1/	0
City, State, Zip Code  City, State  Completed by  City, State  City, State  Completed by  City, State  City, Stat	FINES ENVIRONMENTAL	edyll.				Street	Address	f A				
Telephone No.   Scheduled Completion Date (11)   Name of Registered Waste Hauler   Name of Registered Waste   Name of Registered Waste   Name of Registered Waste   Name of Registered Waste   Name of Registered Landfill   Name of Registered Waste   Name of Registered   Name	Street Address	+ 4-31	8			121	2 BURLIN	ation it	ILC_			
Project Manager for Monitoring Firm    Feliphone No.   Feliphone No.	Ciry, State, Zip Code	( = =====				City,	State, Zip Code	MITO	(C)	(		
Start Date (10)  Scheduled Completion Date (11)  Scheduled Completion Date (11)  Scheduled Completion Date (11)  Facility Closed/Nacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  City, State. Zip Code Muddrad PJ Uses  City, State. Zip Code Muddrad PJ Uses  Scope of Work (Check All That Apply)  Sope of Work (Check All That Apply)  State 2160 sf or 2260 lf  Renovation Demolition  Scope of Work (Check All That Apply)  State 2160 sf or 2260 lf  Scope of Work (Check All That Apply)  State 2160 sf or 2260 lf  Scope of Work (Check All That Apply)  State 2160 sf or 2260 lf  Scope of Work (Check All That Apply)  State 2160 sf or 2260 lf  Scope of Work (Check All That Apply)  Scope of Work (Check All That Apply)  State 2160 sf or 2260 lf  Scope of Work (Check All That Apply)  Scope o		165.7	1.7	`-lbon	a No	Teleni	hone No.	License N	0.			
Start Date (10)  Scheduled Completion Date (11)  Scheduled Completion Date (11)  Scheduled Completion Date (11)  Facility Closed/Nacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  City, State. Zip Code Muddrad PJ Uses  City, State. Zip Code Muddrad PJ Uses  Scope of Work (Check All That Apply)  Sope of Work (Check All That Apply)  State 2160 sf or 2260 lf  Renovation Demolition  Scope of Work (Check All That Apply)  State 2160 sf or 2260 lf  Scope of Work (Check All That Apply)  State 2160 sf or 2260 lf  Scope of Work (Check All That Apply)  State 2160 sf or 2260 lf  Scope of Work (Check All That Apply)  State 2160 sf or 2260 lf  Scope of Work (Check All That Apply)  Scope of Work (Check All That Apply)  State 2160 sf or 2260 lf  Scope of Work (Check All That Apply)  Scope o	Pfoject Manager for Monitoring Firm		15	55-7	15-2211	6-6	9-346-09	16 81	071	ر ر		
Occupancy Status During Abatement (Check Only Ofic)    Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours   Other - Describe:		Scheduled C	- 1			1	CODITA MI					
Facility Closed/Vacated During Entire Period of Abatement   Abatement Performed Outside of Normal Facility Hours   City, State, Zip Code   Muddend   Sufface   Suffa	5/34/17		11	<u>)                                    </u>							-	-
Pacifity Closed valued by Manual Pacifity Hours   City, State, Zip Code   Muldered   Full Containment with Negative Pressure   Mini-Enclosure   Mini-Enclosu						Street	G17 Stalled	Rel. Sut	4-	318		
Scope of Work (Check All That Apply)  □ ≥3 sf or ≥3 if □ ≥160 sf or ≥260 lf □ Renovation □ Demolition □ Renovation □ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and	Abatement Performed Outside of Normal I	iod of Abaten Facility Hours	ent			City,	State, Zip Code Medford 105	18055				
≥3 sf or ≥3 lf   ≥160 sf or ≥260 lf   □   Renovation   □   Mini-Enclosure   Mini-Enclosure   □   Mini-Enclosure   □   Mini-Enclosure   □   Mini-Enclosure   □   Glovebag Procedure   Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Friable Procedure   Abatement Type   Asbestos-Containing Material (ACM)   Asbestos-Containing Material (ACM)   Amount (Specify VAT, or other miscellaneous)   SF or LF   □   □   □   □   □   □   □   □   □												
Demoitton   Demoitton   Description of   Asbestos-Containing Material (ACM)   Normally   Used Solely by   Maintenance/ Custodial Staff? (12)   Yes   No   N/A     N/A	10 300						☐ Full Containme ☐ Mini-Enclosure	nt with Negative Pr	essure			
Secretarion of Asbestos-Containing Material (ACM)   Secription of Used Solely by Maintenance (Custodial Staff? (12)   VaT. or other miscellaneous)   Secription of Other miscellaneous (Specify SF or LF)   Secription of Other misce	_ ≥160 sf or ≥260 lf	_E Den	nolitio	on			Glovehag Proce	dure	Proced	ure		
Description of Asbestos-Containing Material (ACM)   Asbestos-Containing Material (ACM)   Maintenance/ Custodial Staff? (12)   Ves No N/A   Normally (I3)   Ves							Mon-Exempled	( ) and ivon-i made	1	Abat		
Lccation of Material (ACM) Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Yes No N/A  Name of Registered Waste Hauler  NIDEP Waste Hauler ID No. 20547  Disposal Date City, State  Completed by  Completed by  LCcation of Material (ACM) Maintenance/ Custodial Staff? (12)  Yes No N/A  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  SF or LF)  Regain Registered (Specify SF or LF)  Regain Registered Waste Signature  Date  Cubic Yards of Waste  LUM of A  LULyteux n  Date  Completed by  Light Completed by  L					D	ecorintio	n of		-	T	rpe I	
Yes No N/A    The first of Waste   Name of Registered Landfill	Ashestos-Containing Material (ACM)	Used	Solely	by by	Ashestos Con	taining 1	Material (ACM)		20	=	Enc	Em
Yes No N/A    The first of Waste   Name of Registered Landfill	TO BE ABATED	Custoo	lial St		(3)	VAT, o	T I		VOILE	epai	apsul	closu
Name of Registered Waste Hauler  NJDEP Waste Hauler ID No.  20547  Disposal Date  City, State  Completed by  Light Co.  Title V. Rittadent.  Signature  Date  Date  Date			12)		other	miscella	ineous)		=		ale	97
Name of Registered Waste Hauler  NJDEP Waste Hauler ID No. 20547  Disposal Date City, State  Completed by  Title V. Rittlident.  Signature  Date  Date		Yes	No	N/A			7=-		+	-		
Name of Registered Waste Hauler  NJDEP Waste Hauler ID No.  20547  Disposal Date  City, State  Completed by  Little  Visibilited Ent.  Signature  Date  Date	y				500 D	Herc	PZIL		+			
Name of Registered Waste Hauler  Hauler ID No.  20547  Disposal Date  Title  V. Rittident  Signature  Date  Date  Date					WE 78	119	et Jew.		+	-		
Name of Registered Waste Hauler  Hauler ID No.  20547  Disposal Date  Title  V. Rittident  Signature  Date  Date  Date									-			
Name of Registered Waste Hauler  Hauler ID No.  20547  Disposal Date  Title  V. Rittident  Signature  Date  Date  Date							None of	Pagistered Landfill				
City, State  Disposal Date  Title  Completed by  Title  V. Rittident  Signature  Disposal Date  Title  Signature  Date	Name of Registered Waste Hauler						Name of 1	/ /				
Completed by  Signature  Completed by  Letter V. Rittident.	AND DE LLC			2054	7		lim	ot 1A				
Completed by Title V. Rittident. Signature 5/7/17		11			Dispo	Sal Date	1 20 5		1/2	8		
Completed by Jeph 1 thill. V. Rittident.		).     Title		) F					ate /		1	
* Do not use this form for asbestos licensure exempted activities.	Completed by	V. B	i Ei	dent.			AH.		7/7	4/	14	
	The state of the s						* Do not use this for	m for asbestos licer	sure ex	empte	d activ	ities.

27	R02 R03 R04 R05 R07	40 42 48 50 51 52 53	Hormogenous Area 07 00 11
Pipe Gasket 12"x 12" Vinyl Floor Tile & Associated Mastic	Boiler Insulation Roofing Flashing Tar (bottom layer) Roofing Composite (top layer) Roofing Composite Roofing Flashing Tar Roofing Flashing Tar	9" x 9" Tan Vinyl Floor Tile & Associated Mastic Ceramic Floor Tile Glue 9" x 9" Tan Vinyl Floor Tile & Associated Mastic S" x 9" Tan Vinyl Floor Tile & Associated Mastic Canvas Jacket to Fiberglass Piping Overhead Tank Insulation Flue Insulation Flue Insulation Transite Pipe Boiler Insulation	Exterior Window Caulk  (black) Roofing Material  12" x 12" Vinyl Floor Tile & Associated in
Boiler Room No.  South Warehouse Office Offi	Warehouse Roof Areas On	Warehouse	Structure
Warehouse Area Upper Roof (south)  Mot visible, assumed to be present  Offices to Loading Dock	Boiler Room - 12' Floor to ceiling stack. Boiler Room - Boiler #1 to ribs. Boiler Room - Boiler # 2 to ribs Office Area Roof Office Area Roof Office Area Roof Warehouse Area Upper Roof /	Office to Loading Dock Throughout N. Warehouse Offices Office Bathroom #3 Entrance Door Boiler Room - (overhead runs& drops) Boiler Room Boiler Room	Location (exterior) West Elevation Offices (exterior) North Wall
N Damaged N Damaged Unknown Unknown	Y Damaged Y Good Y Damaged Y Damaged N Damaged N Damaged N Sig. Dam.	N Sig. Dam. N Sig. Dam. N Damaged Y Sig. Dam. N Damaged Y Sig. Dam. Y Sig. Dam. Y Good Y Damaged	УЗШКУ
1600 SF 260 SF 35 Unlls	2' x 11' ( 2 Units) 12" Pipe - 15 LF 8.5 x 5 (2 sides) 8.5 x 5 (2 sides) 400 SF 300 SF	36 LF 15 SF 152 SF 5035 SF 20 SF 20 SF 20 SF 27 SF 85 LF (Allowance) 2 Tanks	Approximate Quantity 2528 SF

TABILE 2
ASBESTOS SURVEY SUMMARY
ICON ENGINEERING - 50 WASHINGTON AVE

NOTIFICATION OF ASBESTOS AI (Pursuant to NJAC 8:60-7 and 1	BATEMENT I2:120-7) DECEIVE
Name of Buildi	ing Owner/Operator (2)
Date of Notification (1)	
5 / 25 /17 Street Address	1111 7011 7 0 0017
United the second of the secon	RANGE AVENUE UU JUN 7 2 2017
EPA Initial Notification City, State, Zip ( DEP Amended Notification SOUTH ORANGE)	
X DOL Cancellation SOUTH ORANG	GE, NEW JERSEY 07079  ASSESTOS CONTROL &
X DOH x On Hold #9 Name of Contac	LIOCULOU IN
X DCA EMERGENCY NOTIFICATION VICTORIA PIVO	A PRODUCTION OF THE PROPERTY O
FACILITY INFORMATION	N
Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
SETON HALL UNIVERSITY	School (K-12)
	X Subchapter 8 (Other nan K-12) Other (ie. private & c nmcl. bldgs., homes, etc.)
Street Address	Square Feet # of Flc rs Bldg. Age
400 SOUTH ORANGE AVENUE - UNIVERSITY CENTER  City (5)   County (6)   County Code (7)	60,000 3 40+
SOUTH ORANGE ESSEX County (6) County Code (7)  SOUTH ORANGE ESSEX (STATE USE ONL)	
Name of Monitoring Firm Hired by Building Owner (8)  ASCM N	By and the state of the state o
TTI ENVIRONMENTAL INC.	PAR ENVIRONMENTAL C DRPORATION
Street Address 1253 NORTH CHURCH STREET	Street Address
City, State, Zip Code	313 SPOOK ROCK ROAD
MOORESTOWN, NEW JERSEY 08057	City, State, Zip Code SUFFERN, NEW YORK 10 01
Project Manager for Monitoring Firm Telephone Number	Telephone Number _icense Number
JEFF SEAMAN 856-889-5182	845-369-7500   1101
EXPECTED START DATE (10): (RESTART)   Sched. Completion Date (11)   5 / 16 /17   11 / 30 / 17	Name of OSHA Monitor
Month Day Year Month Day Year	QUALITY ENVIRONMENT. L SOLUTIONS & TECH.
Occupancy Status During Abatement (Check only one)	Street Address
X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe:	1376 ROUTE 9
X Other - Describe: MON-FRI 7AM-12:00AM SATURDAY 7AM-3:30 PM	City, State, Zip Code
Soons of Mark (Charlette)	WAPPING ERS FALLS, NY 12590
	ontainment with Negative Pressu 3
>3SF OR LF X Glove	ncio , bag Procedure
X  >160 SF OR 260 LF   Non-Fr	riable Procedure
Location of Is Location Description of Asbestos-containing pormally used Containing Assets	f Asbestos- Abatement Type
Assestos-containing normally used Containing Mai Material (ACM) solely by (ie. Thermal	Amoun RR R R R R R R R R R R R R R R R R R
TO BE ABATED Maint/Custodial insulation suf-	Lerial (ACM)  Amour  R R R R NO NO C Specif  SF or LI  V A R R R O C C C C C C C C C C C C C C C C
in Facility (13) Staff (12) or other misci	Amour REMAIN Amour REMAIN REMAINSTRANT REMAI
Yes No N/A KITCHEN	
PACKUALI	15 LF X
BACK HALL	35 LF X
DISHWASHING AREA & ASSOCIATED X SPRAY ON INSULATION	DN 500 SF X
HALL	X
PECELVINO APEA	85 LF X
A THE FITTINGS	15 LF X
RECEIVING AREA X SPRAY ON INSULATION	ON 1,530 SF X
BOARD DINING X PIPE FITTINGS	25 LF X
SEVERY BAY 1 X PIPE FITTINGS	15 LF X
SEVERY BAY 1 X SPRAY ON INSULATIO	N 760 SF X
HALLWAY BETWEEN SEVERY BAYS X PIPE FITTINGS	15 LF X
SEVERY BAY 2 X PIPE FITTINGS	15 LF X
KITCHEN X FIRE WALL	40 SF X
Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste NEWARK CARTING INC. Hauler ID No. 200	Name of Registered Landfill
[1.14410, 15.110, 200	
369 RAYMON BLVD. 913	GRAND CENTRAL SANITAL Y LANDFILL
City, State Disposal Date	1 17
Cit. State 513	GRAND CENTRAL SANITAI Y LANDFILL  City, State  PLAINFIELD TOWNSHIP, P.  It ite

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) 15 Date of Notification (1) SETON HALL UNIVERSITY 5/ /17 Street Address Agencies Notified Type Notification 400 SOUTH ORANGE AVENUE - 0 Initial Notification EPA City, State, Zip Code DEP Amended Notification #8 SOUTH ORANGE, NEW JERSEY 07079 X DOL Cancellation X DOH On Hold Name of Contact Telepho a Number DCA X EMERGENCY NOTIFICATION VICTORIA PIVOVARNICK ENSING FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) SETON HALL UNIVERSITY Subchapter 8 (Other than K-12) Other (ie. private & mmcl. bldgs., homes, etc.) Street Address # of Fl ors Square Feet 400 SOUTH ORANGE AVENUE - UNIVERSITY CENTER 60,000 3 40+ County (6) County Code (7) Current Use (Prior if being demolished) SOUTH ORANGE **ESSEX** (STATE USE ONLY) UNIVERSITY Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Con ractor (9) ASCM No. TTI ENVIRONMENTAL INC. 3 PAR ENVIRONMENTAL ORPORATION Street Address Street Address 1253 NORTH CHURCH STREET 313 SPOOK ROCK ROAL City, State, Zip Code City, State, Zip Code MOORESTOWN, NEW JERSEY 08057 SUFFERN, NEW YORK 1 901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number JEFF SEAMAN 856-889-5182 845-369-7500 EXPECTED START DATE (10): (RESTART) Sched. Completion Date (11) Name of OSHA Monitor 5 / 16 /17 11 / 30/ 17 QUALITY ENVIRONMENT AL SOLUTIONS & TECH. Day Year Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1376 ROUTE 9 Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MON-FRI 7AM-12:00AM SATURDAY 7AM-3:30 PM City, State, Zip Code WAPPIN ERS FALLS, NY 12590 Scope of Work (Check all that apply) Full Containment with Negative Press re Demolition Renovation Mini-Enclo . >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amou t ENCAPSULE ENCLOSURE Material (ACM) REPAIR solely by (ie. Thermal systems (Spec / TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or L :) in Facility (13) Staff (12) or other miscellaneous) No N/A KITCHEN PIPE FITTINGS 15 LF BACK HALL PIPE FITTINGS 35 LF X BACK HALL X SPRAY ON INSULATION 500 SF X DISHWASHING AREA & ASSOCIATED X HALL PIPE FITTINGS 85 LF X RECEIVING AREA PIPE FITTINGS 15 LF RECEIVING AREA SPRAY ON INSULATION 1,530 SF X **BOARD DINING** Х PIPE FITTINGS 25 LF X SEVERY BAY 1 PIPE FITTINGS 15 LF X SEVERY BAY 1 SPRAY ON INSULATION 760 SF X HALLWAY BETWEEN SEVERY BAYS PIPE FITTINGS 15 LF X SEVERY BAY 2 PIPE FITTINGS 15 LF X KITCHEN FIRE WALL 40 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill NEWARK CARTING INC. Hauler ID No. GRAND CENTRAL SANITA RY LANDFILL 200 369 RAYMON BLVD. 913 City, State Disposal Date City, State NEWARK, NEW JERSEY 07105 12/23-11/30/2017 LOWNSHIP, F Completed by (Print or Type) Signature

BENJAMIN SANCHEZ

DIRECTOR OF OPERATIONS

State of New Jersey

Frankline of section 3			NOTI	FICAT	ION OF AS	lew Jersey BESTOS ABAT 3:60-7 and 12:1:	EMENT			C	E	î î	VE	: [r
			(1	ursua			Owner/Operato	r (2)	- Chouse company	Ar	<u> </u>		- Annual Contact	111
Date of Notification (1)						ON HALL UNIV			-					Per years
3 / 13 /17					Stre	et Address			1	JUN		2 20	117	111
Agencies Notified Type No	tification				400	SOUTH ORAN	GE AVENUE		and the same of th	V W 10		in the fat	.,	has
	tial Notification					State, Zip Cod			L	Statute.				See Co.
	nended Notification			#7	SOL	JTH ORANGE,	NEW JERSEY (	7079	ASB	CST	08 (	ONT	BOLE	š.
	ncellation Hold				Nam	ne of Contact		J= 1	mer representation and the second	L	Til	SING		al afternt
	ERGENCY NOTIFIC	ATION				ie of Contact FORIA PIVOVA	RNICK	Telephone	umber		_			
		0107500		F		FORMATION	TUTION	4						
Name of Facility Where Abatem	ent is Taking Place (	3)		•	AOILITT II II	ORMATION	Type of Facil	ity (4)	-					29/51/2
							School (	V-50-1-5-1-5						
SETON HALL UNIVERSITY							X Subchar	oter 8 (Other th	n K-12	)				
Street Address							Other (ie	e. private & con		igs., h				
400 SOUTH ORANGE AVENUE -	UNIVERSITY CENT	ER					60.000	# of Floo	,		ы	dg. Age 40+	2	
123 M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	unty (6)				Coun	ty Code (7)	Current Use (F		nolishe	d)		70		
	SEX					EUSE ONLY)	UNIVERSITY			7				
Name of Monitoring Firm Hired I	by Building Owner (8	3)				ASCM No.	Name of Aba							
Street Address						3	PAR ENVIRO Street Address		PORA	TION				
1253 NORTH CHURCH STREET							313 SPOOK F							
City, State, Zip Code							City, State, Zip		-					
	OORESTOWN, NEW	JERSE	7				SUFFERN, NE	EW YORK 109	1					
Project Manager for Monitoring Fir JEFF SEAMAN	m		1000000		Number		Telephone Nu	1	cense N	Numbe	er	The Control of Control		
Expected State Date (10)		Schod		389-51	182 n Date (11)		845-369-7500	and the second s	01					
3 / 3 /17		ocned		/	30/	17	Name of OSH, QUALITY ENV		SOLUE	TIONS	9 TE	CH		
Month Day Year		Мо	nth	3010	Day	Year	GOVERN EIG	IIIONWENTA	JOLU	HONG	XIL	Cri.		
Occupancy Status During Abateme	ent (Check only one)	-6.44					Street Address							
Abatement Performed (	Outside of Normal Fac	or Abate	ment rs - De	scribe	٠.		1376 ROUTE	9						
X Other - Describe: MO	N-FRI 7AM-12:00AM	SATUR	RDAY	7AM	-3:30 PM		City, State, Zip	Code	-		-			
Scope of Made (Charle all that and					r			WAPPINGE	RS FAL	LS, N	Y 125	90		
Scope of Work (Check all that appliance Demolition	(X	Renova	tion			X Full Conta X Mini-Enck	ainment with Neg	ative Pressure						
>3SF OR LF		Interiors	tuon		ł		Procedure							
X >160 SF OR 260 LF							le Procedure							
Location of			ocatio			escription of As				9.	Abate	ment T	уре	
Asbestos-containing Material (ACM)		500000000000000000000000000000000000000	nally us plely by			ontaining Materi (ie. Thermal sy	A DO STORES OF THE STORES	Amount	REMOVAL	REPAIR	EN	ENCLOSURE		
TO BE ABATED		ACCUSON OF	/Custo			sulation, surfaci		(Specify SF or LF	No.	PAI	CAF	15		
in Facility (13)			aff (12			or other miscella		0.0121	AL.	70	ENCAPSUL	USU		
		Yes	No	N/A							E	R		
KITCHEN			_	X	PIPE FITTI	NGS		15 LF ,	X					
BACK HALL				X	PIPE FITTI	NGS		35 LF ·	X					
BACK HALL				Х	SPRAY ON	INSULATION		500 SF	X					
DISHWASHING AREA & ASSOCIA	ATED								X					
HALL				Х	PIPE FITTI	NGS		85 LF	X			111111111111111111111111111111111111111		
RECEIVING AREA				Х	PIPE FITTII	NGS		15 LF	X					
RECEIVING AREA				X	SPRAY ON	INSULATION		1,530 SF	X					
BOARD DINING				X	PIPE FITTII	NGS		25 LF	×					
SEVERY BAY 1					PIPE FITTI			15 LF	X	-	-	100		-
SEVERY BAY 1					Good washing	INSULATION				+-	-	_		
HALLWAY BETWEEN SEVERY B	AYS				PIPE FITTI			760 SF	X	-				
SEVERY BAY 2	The state of the s							15 LF	X	-	-			
KITCHEN					PIPE FITTI			15 LF	- X	-		-		_
Name of Registered Waste Hauler		NJDEP	Waste		FIRE WALL Cubic Yards		Name of Regist	40 SF	X			-		
NEWARK CARTING INC.		Hauler I				200	GRAND CENT		LAND	FILL				
369 RAYMON BLVD.	0		913			- An Array	32.11	- STATE (1711)	2,040					
City, State NEWARK, NEW JERSEY 07105					Disposal Da		City State	9)	1000		ESP. V	25		
Completed by (Print or Type)	Title				12/23-11/30	V2017 Signature	PLAINFIELD T			- 1		7		
BENJAMIN SANCHEZ	DIRECTOR OF OPE	RATION	NS		1	originature /	7	- P	:e	3/	12	117	7	

		(PI	ursuan	t to NJAC 8	BESTOS ABA :60-7 and 12:1	20-7)			1171	12	11.77	E	- 11	17
		(, ,				Owner/Operate	or (2)			1		La resi		-
				SET	ON HALL UNI	VERSITY			m	Į				
					et Address	IOE AVENUE			-		JU	\! -	2	201
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		(*	ui oui	Nan	ne of Building	Owner/Operato	r (2)	1111	上	10	-15	1 1// 1		
Date of Notification (1)					ON HALL UNI			1	T	-	de Grand			
2 / 27 /17 Agencies Notified Type Notification					et Address			m	de la constantina	T				
EPA Initial Notification				-	SOUTH ORAN			-	Gran to sale	JU	Ŋ -	2 2017		
DEP X Amended Notification			华		State, Zip Cod			GC2 6995	Name and Parties					
X DOL Cancellation				300	I'H ORANGE,	NEW JERSEY (	07079	-	<u></u>	ee meer				
X DOH On Hold				Nam	e of Contact		Telephone	lumber		24.0	COST TO	CATROL		
X DCA EMERGENCY NOTIFIC	CATION			VICT	TORIA PIVOVA	RNICK					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5-19159		
Name of Facility Where Abatement is Taking Place	(3)		F	FACILITY INF	FORMATION	7-	LS LS				20,0			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(5)					Type of Facil School (								
SETON HALL UNIVERSITY							oter 8 (Other t	an K-12	)					
Street Address						Other (ie	. private & co	imcl. blo	, dgs., h	nomes	, etc.)			
400 SOUTH ORANGE AVENUE - UNIVERSITY CENT	TER					Square Fee 60,000		S		BI	ldg. Age			
City (5) County (6)	240000			Coun	ty Code (7)	Current Use (	2 Prior if being o	molishe	241		40+			
SOUTH ORANGE ESSEX					USE ONLY)	UNIVERSITY	nor ir being c	monstre	su)					
Name of Monitoring Firm Hired by Building Owner ( TTI ENVIRONMENTAL INC.	8)				ASCM No.	Name of Aba								
Street Address					3	PAR ENVIRO		RPORA	TION			Western State of the State of t		
1253 NORTH CHURCH STREET						313 SPOOK F	5);							
City, State, Zip Code	====					City, State, Zip	Code							
MOORESTOWN, NEV	V JERSE	_		Number		SUFFERN, NE								
JEFF SEAMAN			889-5			Telephone Nu 845-369-7500	mber	cense l	Numbe	er				
Expected State Date (10)	Sched			n Date (11)		Name of OSH	A Monitor	101						
3 / 3 /17 Month Day Year			1/	30/_	17	QUALITY ENV		SOLU	TIONS	8 & TE	CH.			
Occupancy Status During Abatement (Check only one)	-	onth		Day	Year	Street Address	S. S	- COLOTIONS & TECH.						
X Facility Closed/Vacated During Entire Period	of Abat	ement				1376 ROUTE								
Abatement Performed Outside of Normal Fa	cility Hou	urs - De	scrib	e:										
THE POSSIBE. MOTHER TANK 12.00 AND	SATU	RDAY	7AN	1-3:30 PM		City, State, Zip	Code	20 =						
Scope of Work (Check all that apply)	_			[	X Full Conta	I sinment with Neg	WAPPING	RS FAL	LS, N	Y 125	90			
Demolition X	Renov	ation			X Mini-Enclo	ο,								
X >160 SF OR 260 LF				F		Procedure								
Location of	Is	Locatio	n	D	escription of As		Г			Abatas	ment Ty	.202		
Asbestos-containing Material (ACM)	0 1000	nally us		Co	ntaining Materia	al (ACM)	Amount	R	22			pe		
TO BE ABATED		olely by t/Custo		inc	(ie. Thermal sys ulation, surfacir	stems	(Specify	MC	REPAIR	ÇA	5			
in Facility (13)		taff (12)			r other miscella		SF or LF	REMOVAL	77	ENCAPSUL	ENCLOSURE			
KITOLIEN	Yes	No	N/A					1		JLE	ᇛ			
KITCHEN			Χ	PIPE FITTIN	NGS		15 LF	X						
BACK HALL			X	PIPE FITTIN	NGS		35 LF	X						
BACK HALL			X	SPRAY ON	INSULATION		500 SF	X						
DISHWASHING AREA & ASSOCIATED								X						
HALL			X	PIPE FITTIN	IGS		85 LF	X						
RECEIVING AREA			X	PIPE FITTIN	IGS		15 LF	X						
RECEIVING AREA			X	SPRAY ON	INSULATION		1,530 SF	X						
BOARD DINING			Χ	PIPE FITTIN	IGS		25 LF	X						
SEVERY BAY 1			Χ	PIPE FITTIN	IGS		15 LF	X						
SEVERY BAY 1			Х	SPRAY ON	INSULATION		760 SF	×						
HALLWAY BETWEEN SEVERY BAYS			Х	PIPE FITTIN	IGS		15 LF	X						
SEVERY BAY 2			Х	PIPE FITTIN	IGS		15 LF	X						
KITCHEN				FIRE WALL			40 SF	x						
Name of Registered Waste Hauler NEWARK CARTING INC.	NJDEP Hauler I			Cubic Yards		Name of Regist	ered Landfill							
369 RAYMON BLVD.		913		2	200	GRAND CENTE	RAL SANITAR	LAND	FILL					
City, State				Disposal Dat		City, State	7							
NEWARK, NEW JERSEY 07105  Completed by (Print or Type) Title				12/23-11/30/	2017	PLAINFIELD TO			j		1			
BENJAMIN SANCHEZ DIRECTOR OF OPE	RATION	NS		S	ignature	1 X	D	:e	1/	17	1/1	7		

8	Y		NOT	IFICA Pursu	ATION OF AS	SBESTOS ABA 8:60-7 and 12:	TEMENT			es e				
Date of Notification (1)					Na	me of Building	Owner/Operato	or (2)					od quality and a graph of the	
	_				SE	TON HALL UN	IVERSITY	lend .	IF	3	0 1	7 7	$\mathbb{W}$	F
	7 otification					eet Address SOUTH ORAN	NOT AVENUE		1	3			niemetrany o	1
	itial Notification					, State, Zip Co			1					chean
DEP X AI	mended Notification ancellation			id.			, NEW JERSEY	07079	No.		JN .	- 2	2017	To the second second
	n Hold				1000000	me of Contact		Telephone N	lumber			-		378
A DCA L LE	MERGENCY NOTIFIC	ATION				TORIA PIVOVA	ARNICK					:00	NTRO	JL &
Name of Facility Where Abatem	nent is Taking Place (	(3)			FACILITY IN	FORMATION	T (F				LICE	NSII	VG.	t to continue and the
SETON HALL UNIVERSITY		-,					Type of Faci School X Subcha			**- *				
Street Address							Other (i	e. private & cornr	mcl. bl	dgs., l	nomes	s, etc.)	1	
400 SOUTH ORANGE AVENUE	- UNIVERSITY CENTE	ER					Square Fee 60,000				В	ldg. A	ge	
City (5)	ounty (6)				Cour	nty Code (7)	300 BM (CCC)	3 Prior if being der	nolisha	100		40+		
Name of Monitoring Firm Hired	SEX				(STAT	E USE ONLY)	UNIVERSITY							
TTI ENVIRONMENTAL INC. Street Address	by Building Owner (8	3)				ASCM No.	Name of Aba PAR ENVIRO	tement Contrac NMENTAL COR	tor (9)	TION	1			
1253 NORTH CHURCH STREET							Street Addres	S						
City, State, Zip Code							313 SPOOK F City, State, Zi							
Desirably 5 M	OORESTOWN, NEW	JERSE	Y 080	57				EW YORK 1090)	1					
Project Manager for Monitoring Fir JEFF SEAMAN	rm				e Number		Telephone Nu		ense l	Numb	er			
Expected State Date (10)		Schad		889-5	182 on Date (11)		845-369-7500	11	01					
3 / 3 /16				1 /	30/	17	Name of OSH QUALITY EN	A Monitor /IRONMENTA <mark>L</mark> .:	SOLLE	TIONS	2 8 TE	ECH.		
Month Day Year Occupancy Status During Abatem	ent (Check only one)	Mo	onth		Day	Year			3020	HON	3 04 11	2011.		
X Facility Closed/Vacated	During Entire Period	of Abate	ement				Street Address							
Abatement Performed	Outside of Normal Faci	ility Hou	ırs - De	escrib	e:		1370 KOOTE	3						
X Other - Describe: MO	N-FRI 7AM-3:30PM	SATUF	RDAY	7AN	4-3:30 PM		City, State, Zip	Code			**************************************			
Scope of Work (Check all that app						X Full Cont	I ainment with Neg	WAPPINGER	RS FAL	LS, N	IY 125	90		
Demolition >3SF OR LF	X	Renova	ation			X Mini-Encl	ο,	junto i ressure						
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Location of		ls l	Locatio	on		escription of As		T	T		Abata	ment	Tunn	
Asbestos-containing Material (ACM)		12-12-400-573	nally u		Co	ontaining Materi	al (ACM)	Amount	R		m	m	ype	
TO BE ABATED		00	olely by t/Custo		ins	(ie. Thermal sy sulation, surfaci	stems	(Specify	MC	REPAIR	CA	Ę		
in Facility (13)		St	aff (12	!)		or other miscella		SF or LF)	REMOVAL	코	ENCAPSUL	OSL		
KITCHEN		Yes	No	1					ľ.		E	ENCLOSURE		
BACK HALL			-	X	PIPE FITTI			15 LF	X					
BACK HALL				X	PIPE FITTI	0253 90c+ ou+1 To		35 LF	X					
DISHWASHING AREA & ASSOCIA	ATED			X	SPRAY ON	INSULATION		500 SF	X					
HALL	ATED		-	-					X					
RECEIVING AREA			-	X	PIPE FITTI			85 LF	Х					
RECEIVING AREA				X	PIPE FITTI			15 LF	X					
BOARD DINING		-	-	X		INSULATION		1,530 SF	X					
SEVERY BAY 1			-	X	PIPE FITTIN			25 LF	X					_
SEVERY BAY 1				X	PIPE FITTIN	VV. CONTRACTOR VIII.		15 LF	X					
HÀLLWAY BETWEEN SEVERY BA	AVS			X		INSULATION		760 SF	X					
SEVERY BAY 2				X	PIPE FITTIN			15 LF	X	_				
CITCHEN				X	PIPE FITTIN			15 LF	X	_				
Name of Registered Waste Hauler		NJDEP 1	Waste	X	Cubic Yards		Name of Regist	40 SF	X					
NEWARK CARTING INC.		Hauler II			Production of the Control of the Con	200		ered Landfill RAL SANITARY I	LANDI	FILL				
369 RAYMON BLVD. City, State			913							100				
NEWARK, NEW JERSEY 07105					Disposal Da 12/23-11/30		City, State	NAMIOLUS S.						
Completed by (Print or Type)	Title					Signature	PLAINFIELD TO	Date	-	71		1		
BENJAMIN SANCHEZ	DIRECTOR OF OPER	RATION	IS			1-1	~ \	Jaco		5/	>	11 -	7_	

			NC	OTIFICATION (Pursuant	ON OF	of New Jers ASBESTO AC 8:60-7 a	SABA	TEMENT												
Date of Notification (1)				N:	ame o	f Building (	Owner	Operator	(2)				7	10	E	G		1	W	E
2 / 27 /17				St	treet A	ddress							111	1	F.23		14113	4.2 		e - company
Agencies Notified Type Noti	fication	ë li				UTH ORAN	GE AV	ENUE					11	1						
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DISHWASHING AREA & ASSOCIATED											X									
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Name of Registered Waste Hauler NEWARK CARTING INC.		IDEP W		Cubic Yar		10.00000000		of Registe												
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				(Pursi	Name	NJA e of	C 8:60-7 Building	and 12: Owner	120-7)	r (2)		- 1	Section 1	E	
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	itial Notii mended			#2			e, Zip Coo					-	and Beach	i	
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400 SOUTH ORANGE AVENUE - L	NIVERS	SITY C	ENT	ER				10000	uare Feet 60.000	# of Floor	rs		E	3ldg. A	
City (5)	unty (6)				County	Co	ode (7)	and the same of the same of	C. 2.4	Prior if being de	emolish	ed)		40+	•
	SEX			(8	STATE	USE	ONLY)	UNIV	ERSITY						
Name of Monitoring Firm Hired by TTI ENVIRONMENTAL INC.	Buildin	g Owr	er (8	3)		AS	SCM No.	Nam	e of Abat	ement Contra	ctor (9	)		- 1	-
Street Address						-	3		ENVIROR t Address	NMENTAL CO	RPOR	ATION	1		
1253 NORTH CHURCH STREET										OCK ROAD					
City, State, Zip Code  MOORESTO	NA/NI NIE	=\^/ \=	Dec	V 00057					State, Zip						
Project Manager for Monitoring Firm	27714, 141		_	hone Numb	per	-			-ERN, NE hone Nur	W YORK 1090			_		
JEFF SEAMAN		11.2		89-5182					169-7500	1	icense 101	Numb	er		
Expected State Date (10)	1	Sched		npletion D	ate (11)	)		Name	of OSHA	Monitor					
Month Day Year		Mont	11 /	30/ Da	av.		17 Year	QUAL	ITY ENV	IRONMENTAL	SOLU	TION	S&T	ECH.	
Occupancy Status During Abatemen	(Check	only o	ne)			-	1 Cai	Street	t Address		-				
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RECEIVING AREA		$\top$	X		ITTING	_				85 LF	X	-	-	_	
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NEWARK CARTING INC. 369 RAYMON BLVD.		auler ID	No.		200			GRAND	CENTR	AL SANITARY	LAND	FILL			
City, State		91	3	Disposa	al Data	_									
NEWARK, NEW JERSEY 07105					1/30/20	17		City Sta		WNSHIP, PA					,
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SETON HALL UNIVERSITY						X	Subcha	pter 8 (Other t	han K-	12)				
Street Address						-	Other (i	e. private & co	mmcl.	bldgs.,	, home	es, etc	:.)	
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	unty (6)		Co	unt	y Code (7)	Curr	hed)	40+						
Name of Monitoring Firm Hired by	SEX Building (	)	(STA	TE	USE ONLY	) UNI	/ERSITY							
TTI ENVIRONMENTAL INC.	Danung (	owner (8)			ASCM No		e of Aba	tement Contr	actor (	9)				
Street Address				_		PAR ENVIRONMENTAL CORPORATION Street Address								
1253 NORTH CHURCH STREET City, State, Zip Code							SPOOK I							
MOORESTO	WN NEW	IERSEV	09057			City,	State, Zi	p Code						
Project Manager for Monitoring Firm			ne Number	-		SUFF	hone Nu	EW YORK 109						
JEFF SEAMAN		856-889	-5182				69-7500	100000000000000000000000000000000000000	License 1101	Numi	ber			
Expected State Date (10)  12 / 23 /16	Sch		oletion Date	e (11	)			A Monitor	1101					
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Material (ACM)		mally used solely by	1 0	Cont	aining Mate . Thermal s	rial (ACM	)	Amount	교	R			Type	
TO BE ABATED	Mair	nt/Custodia	al ir	nsul	ation, surfac	ystems ina VAT		(Specify SF or LF)	MO	REPAIR	CA	SC.		
in Facility (13)		taff (12)		or o	ther miscell	aneous)		SF OF LP)	REMOVAL	Z	ENCAPSU	ENCLOSU		
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ACK HALL	_	X	PIPE FITT					35 LF	X					
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ALL	-	-		1000					X					
ECEIVING AREA		X	PIPE FITTI	-				85 LF	X					
ECEIVING AREA	-	X	PIPE FITTI					15 LF	X					
OARD DINING		X	SPRAY ON	N IN	SULATION			1,530 SF	X					
EVERY BAY 1		X	PIPE FITTI	ING	S			25 LF	X					
EVERY BAY 1	_	×	PIPE FITTI	ING	S			15 LF	X					
	-	X	SPRAY ON	N IN	SULATION			760 SF	X					
ALLWAY BETWEEN SEVERY BAYS EVERY BAY 2	+	X	PIPE FITTI					15 LF	X					
TCHEN		X	PIPE FITTI		S			15 LF	×					
ame of Registered Waste Hauler	NIDE	P Waste	FIRE WALL		***			40 SF	X					
EWARK CARTING INC.	1	bic Yards of Waste Name of Registered Landfill  200 GRAND CENTRAL SANITARY LANDFILL												
9 RAYMON BLVD, ty, State		_00		GRAND	CENTR	AL SANITARY	LAND	FILL		8				
EWARK, NEW JERSEY 07105			Disposal Da		20220	City, Sta	(ke/)							
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Name of Monitoring Firm Hired by B	uilding	Owne	r (8)	1 (5	IAIL	USE ON ASCM	_	UNIV	ERSITY			V0.00375540E				
TTI ENVIRONMENTAL INC. Street Address	COMME.		(-)			ASCIVI 3	INO.	Name	e of Aba	tement Contr	actor	(9)	XXX.XX			
1253 NORTH CHURCH STREET								Stree	t Addres	NMENTAL CO	JRPO	RATIO	NC			
City, State, Zip Code								313 S	POOK F	ROCK ROAD						
MOORESTON	/N. NEV	V JER	SFY	08057				City, S	State, Zip	Code						
Project Manager for Monitoring Firm	SEAMAN Telephon							SUFF	ERN, N	W YORK 109						
JEFF SEAMAN	SEAMAN 856-889-								hone Nu 69-7500			e Nun	nber			
10 /	ed State Date (10) Sched. Comple									A Monitor	1101					
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Material (ACM) TO BE ABATED		solely	by		(ie	e. Therma	I syste	ems		Amount (Specify	R	RE	E	E	]	
in Facility (13)		nt/Cus Staff (1		al	insu	lation, surf	facino	. VAT		SF or LF)	REMOVAL	REPAIR	ENCAPSU	ENCLOS	1	
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Date of Notification (1) 5/26/2017				of Building Services		perato	r (2)		ш		JUN			2017	and the same of th	Lad
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DOH justification)  Cancellation	,		Chad	of Contact Quinn (a		51. V = -91.60	ner)			Tolonh	none l	Numb	er			
Name of Facility Where Abatement is Takin Elizabeth Gas Plant - Control Bldg	g Place (	3)	FAC	ILITY INFO	DRMATI	ON	Туре	e of Facil								
Street Address 300 3rd Avenue								School ( Subchar Other (i. etc.)	oter 8				ouilo	dings,	hom	es,
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County (6) Union			(STATE	Code (7) USE ONLY)			offic	ent Use ( ce and	contr	0		lished	)			
Name of Monitoring Firm Hired by Building EHS Environmental, Inc.	Owner (8)	)	ASCI	M No.		Neuk	oer E	nvironr				, Inc.				
Street Address 411 Southgate Court, Suite E City, State, Zip Code							idge	Road								
Mickleton, NJ 08056						Phoe	enixvi	Zip Code ille, PA	1946							
Project Manager for Monitoring Firm Jack Carney				24-0080		Teleph 610-	933-4	1332		1.28	cense 0836					
Start Date (10) 6/13/2017	6/20/2	017	npletion	Date (11)		Neut	er E	HA Monit	200	c.						
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire R Abatement Performed Outside of Norm Other – Describe:	Period of	Abaten	nent s		_	City, S	idge tate, Z	Road Zip Code ille, PA	1946	 60						
Scope of Work (Check All That Apply)							7									
× ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	Min	II Contair ni-Enclos ovebag P on-Exemp	ure Proced	ure					3	
Location of	1	Locati	lly		Des	cription		III EXCITE	7,000	and w	J11-1 11	lable 1			ment	
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Ma	ed Sole intenar todial S (12)	nce/		os Conta thermal s	ining M systems ing, VA	lateria s insula T, or	ation,		Amou (Spec SF or	cify	0000	Removal	Repair	Encapsulate	Enclosure
Generator Room - Control Bldg.	Yes	No	N/A X	TS	SI, pipe	and e	elbov	vs		60	f	X			te	
							T.									
Name of Decister 1994																
Name of Registered Waste Hauler Horizon Disposal		Н	IJDEP W lauler ID 0416	11 11 11 11 11 11 11 11 11 11 11 11 11	Oubic Y of Wast 30					istered Fulleyt			dfill			
City, State Fairless Hills, PA	.10				Disposa 6/2017			City, S Morri		, <b>P</b> A						
Completed by leff LaRiviere	Title Pres.				Sig	hature				لاسن		Date 5/26/	20	17		

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

UNCE 13020

				(Pi	ırsua	nt to NJA	AC 8:60 and 5:1	6)		M		C	E	1	1
Date of Notification (1)					Name	e of Buildin	g Owner/Operator	(2)		1					
	23 /	17	-		10		wich 2, LLC	(-)	ONE COLUMN	M)		FILAR	- 1	20	17
Agencies Notified	Type Notifi	cation			Stree	t Address			-#		1	JUN_		_20	1/_
⊠ EPA					10	00 Lenola	Road								
□ DOLWD   □   □   □   □   □   □   □   □   □	☐ Amende				City.	State, Zip (	Code				ASBI	ESTO	SCO	ITMC	301
□ DOH	Amendr				100000000000000000000000000000000000000		e, NJ 08052						ENS		100
DCA (NJAC 5:23-8)	☐ Emerge justifica		ding		-	e of Contac			Tala	nhone	Num	hor-			-
(110/10/01/20/0)	☐ Cancella				10000	ida Popel	00	.4	1010	priorie	, Ivurr	DCI			
					FA	CILITY IN	IFORMATION					-	New York		
Name of Facility Where	Abatement is	Taking P	lace	(3)		SANCE OF THE PARTY OF THE SANCE		Type of Facility (4	4)						
Former Diner								School (K-12)	100						
Street Address								Subchapter 8	(Othe						
170 Berkley Road								Other (i.e., pri	vate	and co	omme	rcial bu	uildin	gs,	
City (5)								homes, etc.) Square Feet	1 # 0	f Floo		DI	da A	~~	
Clarksboro								3,000	1 1		IS	1/4	dg. A	ge	
County (6)					Cou	nty Code /7	)(STATE USE ONLY)					01 ~	50		
Gloucester					Cou	nty Code (/	)(STATE USE UNLY)	Current Use (Prio	DE IT DE	eing a	emolis	inea)			
Name of Monitoring Firm	Hired by Bui	ildina Owr	ner (8	3)	ASCM	No	Name of Ahatem	ent Contractor (9)							
Whitestone Assoc		9 0,	(	-/	, 100m	110.		vironmental Co	Inc						
Street Address	,						Street Address	IVII OIIIII EII LAI CO	, 1110	•			-		
1600 Manor Drive							923 Haws Av	re.							
City, State, Zip Code							City, State, Zip C								_
Chalfont, PA 18914							Norristown,								
Project Manager for Mon	itoring Firm			Tele	phone	No.	Telephone No.		Lice	ense I	No		11-73		_
JEREMY M. HASSE	ETT				30	-2700	610-239-9920	)	1 000	0398					
Start Date (10)		Schedule	d Co	mple	tion Da	ite (11)	Name of OSHA N			-					
_6_/_9_/		6					EMSL	ionitor							
Occupancy Status Durin							Street Address								
□ Facility Closed/Vacate	ed During Ent	tire Period	of A	bater	ment		521 Plymoutl	n Road							
Abatement Performed	d Outside of N	lormal Fa	cility	Hour	s - Des	scribe	City, State, Zip Co	ode	-						_
Time of Abatement: _		PM/_		_PM-		AM		eting, PA 19462	2						
Scope of Work (Check a	ll that apply)														
≥3 sf or ≥3 lf		П	Ren	ovati	on		☐ Full Con	tainment with Nega	itive F	ressu	ıre				
≥160 sf or ≥260 lf		-		nolitio			☐ Gloveba	g Procedure							
			ls l	ocat	ion	1	⊠ Non-Exe	mpted (*) and Non-	-Frian	ole Pro	cedur		atem	ont T	
Location	of		N	orma	lly		Description of	ıf						_	1
Asbestos-Containing		VI)	Jsec	l Sole ntena	ly by		stos Containing Ma	terial (ACM)	P	Amour	nt	₹en	Repair	Enc	inc
TO BE ABA					Staff?	(i.e.	, thermal systems			Specif		Remova	ai.	aps	Enclosure
(13)	Ly		.000,700,00	(12)	2077010101		surfacing, VAT other miscellane		S	F or L	-)	<u>n</u>		Encapsulate	ře
W 0/2 400		Ye	es	No	N/A		7.50.100 (1.10 <del>- 1.10 - 1.10   1.10 </del>	,						Ф	
roof						roofing	tar		3	300SF	=				
									10			П	П	П	П
			1	П	П									П	
			1												
Name of Registered Was	te Hauler			☐ N	JDEP \	Naste	Cubic Yards of	Name of Registe	red I	andel	1		Ш	Ш	
Robinson Waste Ha				1000	auler II 17304	O No.	Waste 5	GROWS Lar			1				
City, State					11304		Disposal Date	City, State	- All Maries						
Voorhees, NJ 08043							6/19/17	Morrisville, I	PA						
Completed By (Print or Ty	ype)	Title					Signature	p			Dat	te	<i>/</i> *	,	
James M, Kelly		Vice	Pre	side	nt							57	17/		

2/9/08

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

Date of Notification (1)			Nar	ne of Buildin	ng Owner/Operator (	(2)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	N -	2	2017	
	17		G	arozzo &	Scimeca Constru	uction, Inc.	BIG	16	3	L,U11	a de la constante de la consta
Agencies Notified Type Notifica	ation		Stre	et Address			ACREO	TOO	001		
⊠ EPA ⊠ Initial			2	922 Fries	Mill Road		ASBES	JCEN	ISINI	HKU B	L&
☑ DOLWD ☐ Amended			City	State, Zip	Code		Andrew a cold management of the consistency of the constant of	77.455	-	-	
☑ DOH   Amendme     ☐ DCA   ☐ Emergence	A CONTRACTOR OF THE PARTY OF TH		W	'illiamsto	wn, NJ 08094		11 m				
DCA Emergency [DCA   DCA   justification		ng		ne of Conta			Telephone Numb	er			-
☐ Cancellat			В	ob Scime	ca		Totophono Italia				
			F	ACILITY II	NFORMATION						
Name of Facility Where Abatement is T	aking Plac	ce (3)				Type of Facility (	(4)				-
Lindenwold School #4						School (K-12					
Street Address						Subchapter 8	(Other than K-12)				
900 E Gibbsboro Road						homes, etc.)	ivate and commer	cial bu	ilding	js,	
City (5)						Square Feet	# of Floors	BI	dg. A	ae	
Lindenwold						56,500 sf	1	100	60		
County (6)			Co	unty Code (	7)(STATE USE ONLY)		or if being demolis	hed)			
Camden					. //	School	or it being derivens	icu			
Name of Monitoring Firm Hired by Build	ing Owne	r (8)	ASC	И No.	Name of Abateme						
N/A	ing Owne	(0)	AGGI	VI IVO.	The anti-time and a second second second second	ntracting, Inc.					
Street Address						ntracting, inc.					
olicet Address					Street Address	11.11.04					
City State 7:2 Code					1889 Route 9						
City, State, Zip Code					City, State, Zip Co						
5						New Jersey 087	755				
Project Manager for Monitoring Firm		Te	lephon	e No.	Telephone No.		License No.				
					732-349-9932		00624				
	cheduled				Name of OSHA N						
			30/	17	E.M.S.L. Ana	lytical					
Occupancy Status During Abatement (C					Street Address						
☐ Facility Closed/Vacated During Entire					1056 Stelton						
Abatement Performed Outside of No					City, State, Zip Co	ode	· ·				
Time of Abatement:AM	PIVI/	P	VI	_AIVI	Piscataway, I	New Jersey 088	354				
Scope of Work (Check all that apply)					П= ::0		_				
≥3 sf or >3 If	⊠R	enova	ation		☐ Full Cont	tainment with Neg	ative Pressure				
☐ ≥160 sf or ≥260 lf	100000000000000000000000000000000000000	emoli				g Procedure					
					Non-Exe     Non-Exe	mpted (*) and Nor	n-Friable Procedur	е			
		ls Loc Norm	200100000000000000000000000000000000000					Ab	atem	ent T	уре
Location of Asbestos-Containing Material (ACM)	Us		olely by	Ach	Description o estos Containing Ma		A	Re	R	ш	ū
TO BE ABATED	M	lainter	nance/	(i.e	e., thermal systems		Amount (Specify	Remova	Repair	cap	Co
IN Facility	Cu	stodia (12	ll Staff?		surfacing, VAT,	or	SF or LF)	val	-	Encapsulate	Enclosure
(13)	Yes		1	1	other miscellane	ous)				ate	"
exterior				caulk			225 If				
exterior				transit	e panels		40 sf				
							<u> </u>	П	П	П	П
			+					H			
Name of Registered Waste Hauler		ᅼ		Waste	Cubic Yards of	Name of Regist	tered Landfill			ш	
Guardian Contracting, Inc.			Hauler		Waste	T.R.R.F.	Lereu Landiiii				
City, State			202	23	4						
					Disposal Date	City, State					
Toms River, New Jersey					6/30/17	Tullytown,	Pennsylvania				
Completed By (Print or Type)	Title		-		Signature		Dat	e i			
Nicholas Fernicola	Projec	t Ma	nager	·		- te		>1:	15/	1	1

ASB-41 JAN 13

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

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

		N	ЭТІІ					STOS ABA 8:60 and 5:		m	EG			$\overline{\mathbb{W}}$	E
Date of Notification (1)  05 /	25 /	17	20		1.			wner/Operator meca Constr		THI	<b>D</b>	41	200	Z017	
Agencies Notified ⊠ EPA	Type Notific	cation	-		Stree	et Address 22 Fries				A CONTRACTOR OF THE CONTRACTOR	BÚN,	Γ	2 )	201/	
☑ DOLWD ☑ DOH ☐ DCA	Amende Amende	nent#	ding			State, Zip		e NJ 08094		A	SBESTO LIC		SIN		<u>L8</u>
(NJAC 5:23-8)	justificat	tion)	airig		Nam	e of Conta	ct			Telephone	e Number				
					FA	CILITY II	NFO	RMATION				_			
Name of Facility Where A Lindenwold School Street Address 550 Chews Landing	#5	Taking Pl	ace (	(3)					Type of Facility ( School (K-12) Subchapter 8 Other (i.e., pri	) (Other that	n K-12) ommercia	ıl bu	ilding	js,	
City (5) Lindenwold	, itouu								homes, etc.) Square Feet	# of Floo	rs	1	dg. A	ge	
County (6) Camden			Acres		Cou	nty Code (	7)(ST	ATE USE ONLY)	52,700 sf Current Use (Price School	1 or if being d	lemolishe		60	1000	
Name of Monitoring Firm N/A	Hired by Buil	lding Own	er (8	)	ASCM	l No.	10000		ent Contractor (9)	, <u>, , , , , , , , , , , , , , , , , , </u>					
Street Address								reet Address 1889 Route 9	9, Unit 61						
City, State, Zip Code								ty, State, Zip C Toms River,	ode New Jersey 087	755					
Project Manager for Moni	toring Firm			Tele	phone	No.	Те	lephone No. 732-349-9932		License I					
Start Date (10) 06 /20 /		Scheduled 06				ate (11)	10000	me of OSHA N E.M.S.L. Ana			2				
Occupancy Status During  Facility Closed/Vacate  Abatement Performed	d During Enti	ire Period	of At	bater	ment	ariba	1	reet Address 1056 Stelton							
Time of Abatement:	AM	PM/	anty i	PM-	s - Des	_AM	12-1-1/10	y, State, Zip Co Piscataway, I	ode New Jersey 088	54					
Scope of Work (Check all  ≥3 sf or ≥3 if ≥160 sf or ≥260 if	that apply)	-	Rend					☐ Mini-End	tainment with Nega losure g Procedure mpted (*) and Non-						
1				ocati								Aba	atem	ent T	уре
Asbestos-Containing N TO BE ABA IN Facility (13)	Material (ACN	"   r	Ised Maint ustoo (	tenar dial S (12)	ly by nce/ Staff?		e., the	Description of Containing Ma ermal systems surfacing, VAT, ther miscellane	terial (ACM) insulation, or	Amour (Specif SF or L	nt fy F)	Removal	Repair	Encapsulate	Enclosure
exterior		Ye	-	No	N/A	transite	nar	nels		60 sf		<b>X</b>	П		П
						Li di loito	, pui	1010		00 51					
											[				
Name of Registered Waste Guardian Contractin				Ha	IDEP \ auler II <b>2022</b> 3	O No.	Cub Wa		Name of Registe T.R.R.F.	ered Landfil	I				
City, State Toms River, New Jer	rsey						Dis	posal Date /30/17	City, State Tullytown, P	Pennsvlva	nia			33.7	
Completed By (Print or Type Nicholas Fernicola	oe)	Title Proje	ct M	lana	ger		16/2000	Signature	An	1	Date 5	25	5/	7	

ASB-41 JAN 13

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

		NO	rieic	A TIO	State of N	lew Jers	sey	TEMENT		* *				
MO#24219199912		140			nt to NJ				In	EC			/ [	3 /
Date of Notification (1)				Name	e of Buildin	g Owner	Operator (	(2)	114	T		3 [	1 1	211
	25	17		Rein	o Inc.				M					
Agencies Notified	Type Notifica	ition		_	t Address					+ JUN-	- 2	20	7	111
☐ EPA	Initial			520 N	North Ave	nua								- Bridge
⊠ DOLWD	Amended			marine in the same	State, Zip					ASBESTOS	0.00	3 1700	-	1
DHSS	Amendme		_		field, NJ (					LICE	ENSI	AC NATH	OL 8	Ŕ.
(NJAC 5:23-8)	justification		g		of Contac				Tre	ephone Numb	-		-	-
	Cancellati				Reinco				1,0	opnone num	701			
					CILITY II	VEODM/	TION				_			
Name of Facility Where	Abatement is T	aking Place	e (3)	- 17	OILII II	AT OKIMI	ATION	Type of Facilit	(14)					
Comercial bldg.		<u>.</u>	- (-)					School (K-						
Street Address								Subchapter	8 (Ot	er than K-1 2)	į			
520 North Avenue								Other (i.e.,	privat	and commerc	cial be	uildin	gs,	
City (5)								homes, etc	1	of Floors	D	Ida A		
Plainfield, NJ 07060								oquale reet	"	JI 1 10015	D	ldg. A	.ge	
County (6)				Cour	ty Code (7)	(STATE II	SE ONLY	Current Use (F	Prior if	aing demolis	hod)			
Union					., (-)	(	01 01121)	Ourient ose (i	1101 11	Jenny demons	neu)			
Name of Monitoring Firm	Hired by Build	ing Owner	(8)	ASCM	No.	Name	of Abateme	I ent Contractor (9	2)					
						Gr Tec		00111.00101 (	*)					
Street Address			-				Address							
							lley Rd #	1782						
City, State, Zip Code							ate, Zip Ci							
						0.0000	NJ 0747							
Project Manager for Moni	toring Firm		Tel	ephone	No.	Telepho			TL	cense No.				
						973-63	8-1777		0	127				
Start Date (10)	S	cheduled (					of OSHA N	Ionitor		127	7000	-		
		06		5 /	17	Iris Env	ironmen	tal Laboratorio	es					
Occupancy Status During	Abatement (C	heck only	one)			Street A								
Facility Closed/Vacate	ed During Entire	e Period of	Abate	ement		2333 R	oute 22 V	Vest						
Abatement Performed Time of Abatement: _	Outside of No AM-	rmal Facilit	ty Hou PM		cribe AM	City, St	ate, Zip Co	ode						
\$ 4 min						Union,	NJ 07083	3						
Scope of Work (Check all	that apply)					H		and decontam			press	sure	-	
>3 sf or >3 If > 160 sf or >260 If		⊠ Re	enovat	ion		H	Mini-Enc	tainment with Ne losure	egative	Pressure				
$\square \ge 160 \text{ sf or } \ge 260 \text{ lf}$		□ De	emoliti	on		$\boxtimes$	Glovebag	Procedure	Tent	vith Negative	Press	sure		
		1	s Loca	tion	1		Non-Exe	mpted (*) and N	on-Fri	ble Procedure	e	1		
Location	of	1240	Norma			Do	scription o				Ab	atem	ent T	уре
Asbestos-Containing N				ely by	Asbe			terial (ACM)		Amount	Re	Repair	Enc	Enc
TO BE ABA IN Facilit		7.1	intena itodial	Staff?	(i.e		systems i			(Specify	Remova	pai	aps	Enclosure
(13)	1		(12)				cing, VAT, niscellane			3IF or LF)	/al		Encapsulate	ure
		Yes	No	N/A									O	
Crawl space				$\boxtimes$	Pipe inst	ılation			60 L	7		П	П	П
				1	pe mst				OU L	-		<u>-</u>		
			1_	1					-	-		Ц	Ш	Ш
		- U	Ш	14										
												П	П	
Name of Registered Wast	e Hauler		NJ	DEP Waste	Hauler ID No.	Cubic Ya	rds of Waste	Name of Regi	stered	Landfill	1			
Fr Tech LLC				003378	35	TBI	)	T.R.R.F. Inc						
City, State						Disposa	-	City, State						$\neg$
Vayne, NJ 07470						TBI	)	Tullytown, P	Α					
Completed By (Print or Ty	pe)	Title					nature /	1 an 1 to wii, 1	- 1	Dat	e			-
I.Jevtic		Owner					//	Ic Wena	0		25/17	7		
SB-41				4800 No	70 20		Hei	~ wena	4	103/2	1110			



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

	N			o NJAC 8:					m	E	C			VI (		7
Date of Notification (1) 05-24-2017				Building On Doherty					K							Participanian of the Participa
Agencies Notified Type Notification			Street Ad					9040			JUN	_	2 20	)17	an a	7
X EPA X Initial Amended Amendment #_				te, Zip Cod Plains, N		950		polyment and a second		ASE	BEST		CONT	ROL	&	Control of the second
□ Emergency (inc justification)     □ DCA □ Cancellation	duding	3 8	Name of Daniel	Contact Puentes				L	en aris to take	Tele	phone				ana an	······································
Name of Facility Where Abatement is Taking F	Place (3)		FACIL	LITY INFOR	RMATI	ON	Туј	pe of Facil	ity (4)							
Private Dwelling Street Address		77 17					×	School ( Subchar Other (i.	oter 8	(Othe	er than	K-12	2) al build	lings,	home	s,
City (5) Morris Plains							Sq N/	etc.) uare Feet 'A		# of N/A	Floors	s	2 4	ldg. A	ge	
County (6) Morris			County C	Code (7) ISE ONLY)			Cu	irrent Use	(Prior	if beir	ng den	nolish	ned)			
Name of Monitoring Firm Hired by Building Ow N/A	mer (8)		ASCM	No.		11000000000000000000000000000000000000		Abatement Safety LL		ractor	(9)					
Street Address						Street 12 N		iress le Ave #l	-2							
City, State, Zip Code								e, Zip Code ook, NJ (		88						
Project Manager for Monitoring Firm			Telephor	ne No.			-276	5-0099			Licer 013		lo.			
06-03-2017	6-05-2	2017	npletion [	Date (11)				SHA Mon Safety Ll								
Occupancy Status During Abatement (Check Company Facility Closed/Vacated During Entire Pe			ent			Street 12 N		dress le Ave #1	F2							
Abatement Performed Outside of Normal Other – Describe:	Facility	Hours			_			e, Zip Code ook, NJ		58						
Scope of Work (Check All That Apply)	-	enova emolit					×	Full Conta Mini-Enclo Glovebag Non-Exem	sure Proce	edure					e	
		Locati Iormal												Abate Ty	ement pe	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Ma Cust	d Sole intenar odial S (12)	ly by nce/ Staff?		os Con herma surfa		Mate ns in: AT, o			(5	mount Specify F or LF	/	Removal	Repair	Encapsulate	Enclosure
Basement	Yes	No	N/A		Pipe	e Insula	atio	n	+	8	80 LF		x			
Dadoment									1							
					- 500				1							
Name of Registered Waste Hauler			IJDEP W		Cubic of Wa	Yards este		0.0000000		00000	ered L	andfil	I			
United Safety LLC		108.2	036820	200	TBD					S Lar	iatill					
City, State Pine Brook, NJ					TBD	sal Date	e		State	n, P	4					
Completed by Vanco Petkov	Title Proje	ect Ma	anager		1	Signatur		i De		Se	Ž		ate 5-24-	2017		

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- 6		и	11,	FU	rm

		NOT	FICATIO	State of New Jo DN OF ASBEST Int to NJAC 8:60	OS ABATE	EMENT) E	CE		K	书	72	4
Date of Notification (1) 5/24/2017			Name Elshi	of Building Own iekh Enterpri	ner/Operato ses	111 111	IIN -	2 2017				
Agencies Notified Type Notification	n			Address ia Vitale	7		IUN	. 2017	SPERMINANT		- Andrewski	
DEP Amended  X DOL Amendmen				state, Zip Code worth NJ		ASBE	STOS	CONTRO ISING	L&			
DOH justification Cancellation	1)	g		of Contact y Elshiekh			Te	elephone N	umber	•	J	
Name of Facility Where Abatement is Tak	na Place	(3)	FA	CILITY INFORM	IATION	T= -:=						
Private Property	ng riace	(3)				Type of Facilit						
Street Address		20.				School (k Subchapt Other (i.e etc.)	er 8 (Oth	ner than K- & commer	12) cial bu	ilding	s, hon	nes,
City (5) westfield NJ						Square Feet 800SF	2	of Floors		Bldg. +50	Age	
County (6) Clerk			County (STATE	Code (7) USE ONLY)		Current Use (P	rior if be	ing demolis	shed)		6 1	N
Name of Monitoring Firm Hired by Building N/A	Owner (8	3)	ASC N/A	M No.	Name ACM	of Abatement C I Solutions Se	ontractor	r (9) LLC				
Street Address N/A					100000000000000000000000000000000000000	Address 51st Street				-		
City, State, Zip Code N/A						tate, Zip Code n Bergen NJ (	07047					
Project Manager for Monitoring Firm N/A			Telepho N/A	one No.	Teleph	none No. 552-9685		License N	No.			
Start Date (10) 6/1/2017	Schedu 6/5/20		mpletion	Date (11)		of OSHA Monito						
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Newsik, NJ 0	7105	************	-					Disposal	3/17 au	City, State Petri Arci	yl. PA 08072		^~ <b>™</b> 8.00	-	
Joseph Vocau	iro			Vice	Presid	ent		Sign	Islura .		i Date	,			
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## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1)		Name	of Building				ber land					(heper
5/24/17		M		ENE	SE	NSALE	<u>L</u>	7717777		78.175	VCVI (	
Agencies Notified Type Noti		Street	Address	30.00 Sec. 200			SA.	BESTO: LICI				X 
☐ EPA A Initia		City, S	tate, Zip Co	de		-		-6-				100000
	ndment#	-   7	3060	ATO	. NI	. 076	53					
	rgency (including ication)		of Contact					hone Numi	er		-000	
□ DCA □ Cano	ellation		45. S								1	
Name of Facility Where Abatement is	Colona Diage (2)	FAC	ILITY INI	ORMAT		Type of Facility (	· · ·					
								(4)				
Street Address	SENSALE					School (K-1 Subchapter	:2) 8 (Other th	an K-12)				
Suot Findress		200	177	4	-	Other (i.e. p	rivate & co	ommercial				etc.)
City (5)			y *3		S	quare Feet	# of F		I	Bldg. A	de 43	-
5060	(4					1800	1	2		1)	40	9
County (6) BEKS	. = 2 \		Code (7)		0	Current'Use (Prio	rifbeinge SIOE					
Name of Monitoring Firm Hired by Bu			M No.		Noma of	Abatement Contr		10 (0			-	-
· Maine of Montacing I the Trice by Bu	iding Owner (6)	ASC	WI 140.		000000000000000000000000000000000000000	Removal I						
Street Address					Street Add		IIC		_			
				•	Ī	South Rive	r Street					
City, State, Zip Code						e, Zip Code	A Ducc					
15 <b></b>					Hack	ensack, NJ	07601					
Project Manager for Monitoring Firm		Telepho	one No.		Telephone	No.		License No.				
					20	1-329-744	4	003	88			
Start Date (10)		Completion I	Date (11)			OSHA Monitor				-		
Occupancy Status During Abatement (C		10/17			Ome Street Add	ga Environ	mental		_			
		and a state of		1		Huyler Str	eet				~ ~	
Abatement Performed Outside of 1	Normal Facility Hours	S		14		, Zip Code						-
Other - Describe: 730 AM	TO 5 LOOPM			·	Sou	th Hackens	ack, N.	07606				
Scope of Work (Check All That Apply)							-					$\neg$
23 sf or ≥3 lf	Ren	ovation				Full Containme	nt with Ne	gative Pres	sure			
□ ≥160 sf or ≥260 lf		nolition				Mini-Enclosure	:					-
						Glovebag Proce Non-Exempted		n-Friable F	roced	ure		
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/ TO BE ABATED In Facility		ial Staff?	(i.e. the		ems insulation VAT, or	on, surfacing,	. (Spe		Remova	Repair	ncar	Encl
(13)		12)			niscellaneou	rs)	0.		oval	Dair	Encapsulate	Enclosure
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Name of Registered Waste Hauler		NUDEP W Hauler ID	- T. C. T. C.	Cubic Y	C 200 00 00 00 00	Name of R	legistered l	Landfill	.,			
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City, State Hackensack, NJ 07601				Dispose		City, State		077			1	
Completed by	That				12/17	Wayn	esburg	OH 44				_
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Agencies Notification (1)  Agencies Notification (1)  Agencies Notification (1)  EPA DEP DOL Amended Amendme Emergency justification DCA  Name of Facility Where Abatement is Taking	nt # (includir n)		City,	State, Zip Code  Set Vell  of Contact  CILITY INFORMA	CZSG NJ	095 Center, 0808	Stree 30	ESTOS LICEN F.	CON7 ISING	BOL	0.2
	igh S			hogs looke	/ Roem	Type of Facili  School (i  Subchapp  Other (i.e		mercial bui	ldings,		, etc.)
County (6)				y Code (7) E USE ONLY)		Current Use (P	rior if being dem	olished)			
Name of Monitoring Firm Hired by Building (	Owner (8)			CM No.	Name o	of Abatement Co	ntractor (9)	1	11		
Street Address					ANI Street A	ddress)	hidemen	Leiu R	, litra	71/	100
City, State, Zip Code						2 Di RII ate, Zip Code	notan	Mile			
Project Manager for Monitoring Firm			Telepho	one No.	Telepho		Lice	OSC nse No.	)(		
Start Date (10)  Occupancy Status During Abatement (Check O		led Com	pletion D	Date (11)		OSHA Monitor		C/ 6/	7)		
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	iod of Ab	atement ours				te, Zip Code	<b>.</b>				
Scope of Work (Check All That Apply)  □ ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovat Demolit			0000	Mini-Enclosur Glovebag Proc	ent with Negativ e edure I (*) and Non-Fr		dure		
Lecation of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Us M Cus	S Location Normall and Solely aintenant stodial S (12)	y y by ce/	Asbestos Contai (i.e. thermal system V	cription of ning Mate ns insulation AT, or iscellaneou	rial (ACM) on, surfacing,	Amount (Specify SF or LF)	R	Abat	ement /pe   Encapsulate	Enclosure
boy 5 low Ker Roam	Yes	No	N/A	elbows			2.60	1	1	6	
1										+	
Name of Registered Waste Hauler		Ha	DEP Was		rds	Name of R	egistered Landfi	ill			
City, State Delance 1	j	1-2	5517	Disposal 1.	Date E.D	City, State	ot 14 Ilytawn	Piz			
Completed by Japan Thall.	Title V. {	Rittad	ent.		nature (	AL.	7 1200	Date	4	<u>i</u>	

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916501								1.9	Print Fo	
141			State of New Je FICATION OF ASBESTO Pursuant to NJAC 8:60	OS ABATE		m.	ECE	IVE	M	
Date of Notification (1) 05/25/2017			Name of Building Own William Ciccone	er/Operato	r (2)		111N - 2	2017		
Agencies Notified	Type Notification		Street Address				JUN - 2	2011		
X EPA X DEP X DOL	Initial Amended Amendment		City, State, Zip Code Verona, NJ 07044	a a salah a sa		DECEMBER OF THE PERSON OF THE	ASBESTOS C	ONTROL & SING		
DOH DCA	Emergency justification) Cancellation		Name of Contact William Ciccone				Telephone Num	ber _		
Name of Facility Mar A	b - 1 1 + - 1 + - 1 + - 1 +	DI (0)	FACILITY INFORM.	ATION						
Name of Facility Where A House	batement is Takir	ig Place (3)			Type of Fa	10-1 - 1200 (P)				
Street Address					Subc	ol (K-12) hapter 8 r (i.e. priv	(Other than K-12) rate & commercia	) I buildings, ho	mes,	
City (5) Verona					Square Fe N/A	et	# of Floors N/A	Bldg. Age N/A		
County (6) Essex			County Code (7) (STATE USE ONLY)		Current Us House	se (Prior i	f being demolishe	ed)		
Name of Monitoring Firm N/A	Hired by Building	Owner (8)	ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address				1000000	Address osengren	Avenu	e			
City, State, Zip Code				City, S	state, Zip Co wa, NJ 07	de				
Project Manager for Monit	toring Firm		Telephone No.		none No. 345-8685		License No 01311	V.		
Start Date (10) 06/07/2017		Scheduled Cor 06/08/2017	mpletion Date (11)		of OSHA Me Abateme		1			
Occupancy Status During Facility Closed/Vacat			nent	Street Address 11 Rosengren Avenue						
Abatement Performe  Other – Describe: 00	d Outside of Norm	nal Facility Hours	S		tate, Zip Co wa, NJ 07					
Scope of Work (Check All	That Apply)									
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>		X Renova		×	Mini-End		with Negative Pro	essure		

≥160 sf or ≥260 lf	personal contracts	Demolit		×	Mini-Enclosur Glovebag Pro				e	
Location of	1	Locati Normal		Description of					ement rpe	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole intenar todial S (12)	nce/	Asbestos Containing Ma (i.e. thermal systems surfacing, VAT other miscellane	iterial (ACM) insulation, , or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A				=		ate	9
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Name of Registered Waste Hauler		100000	JDEP Wa		100000000000000000000000000000000000000	Registered Landf				
D&S Abatement, Inc.	TBD Waste Management of PA									
City, State		Disposal Date City, State								

TBD

Signature

Title

Project Manager

Ned Joksimovic

Totowa, NJ

Completed by

Date

05/25/2017

Morrisville, PA

71			S FICATION Pursuant		BESTOS	ABATE		The Annual Control of the Control of	D)r	EG	E		7 [	Ti
Date of Notification (1) 05/25/2017				of Building		Operato	r (2)	or the same of the		JUN	- ^	204		
Agencies Notified Type Notification	on			Address				- 1	ledi j	UUN	2	201	7	H
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DEP Amended				ate, Zip C					- 1	SBESTUS LICE	CON	ITRE	1 2	
× DOL Amendme			Hawth	norne, N	NJ 0750	)6		-	Marie Ma	LICE	NSIN	G	- 02	
DOH justificatio		}		of Contact					Te	leph <del>one</del> Nu	ımber	1		-
N			FAC	ILITY INF	ORMAT	ION	2.12.		14					
Name of Facility Where Abatement is Tall House	ting Place (	3)					Туре	of Facility (	4)					
Street Address								School (K-1	2)					
Street Address								Subchapter Other (i.e. p	8 (Oth	ner than K-1	2)	Idinaa	hom	00
								etc.)	iivate	o commerc	iai bui	lulrigs	, 110111	es,
City (5) Hawthorne							Squa N/A	re Feet	# c	of Floors A	111111	Bldg N/A	Age	
County (6)				Code (7)				nt Use (Prid	or if be	ing demolis	hed)			
Passaic			(STATE	USE ONL	r)		Hou							
Name of Monitoring Firm Hired by Buildin N/A	g Owner (8)	)	ASC	И No.				tement Contractor (9) ement, Inc.						
Street Address						100000000000000000000000000000000000000	Addres	ss gren Aver	nue					
City, State, Zip Code	ate, Zip Code						State, Zi	p Code J 07512						
Project Manager for Monitoring Firm		Telephone No. T				Telephone No. License No.								
St- 4 D 4 4 4 8	1		9							01311				
Start Date (10) 06/07/2017	06/08/2	2017	7 Name of OS D&S Abat						C.					
Occupancy Status During Abatement (Ch		11 Danas A						95	IIIE					
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe: occupied	Period of A													
Scope of Work (Check All That Apply)						1000	wa, N	J U/512						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	antinomica.	Renova Demoli				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure					e			
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TO BE ABATED In Facility		todial	Staff?	(i.e.	. thermal	systems cing, VA		tion,		Specify or LF)	Ren	Re	Encapsulate	Enclosure
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Basement	1,7920						tion		1	0 LF	x			
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Name of Registered Waste Hauler	NJDEP Waste Cubic Yards				ubic Yards Name of Registered Landfill									
D&S Abatement, Inc.		Hauler ID No. of Waste						gement o						
City, State Totowa, NJ		Disposal Date City, S				City, State Morrisvil		PA						
Completed by	Title	TBD Signature				The second secon								
Ned Joksimovic	A STATE OF THE PARTY OF THE PAR	ct Ma	anager			-griditale	1	TA		1000	110 5/25/	2017		

Print Form

CKU 4239

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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	JUN	_	2	2017		

		(Pu	rsuant to NJA	AC 8:60 and 12:12	20)	III JUN	2	2017		beautiff.	
Date of Notification (1)	7			ding Owner/Operato	1 (2) WEIL	SEHA DE	ros	TRO	)L &		
	tification		Street Addre	ss		LICE					
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DEP Amer			City, State, Zi	p Code				- 25			
	ndment # gency (includ	ina		SEA IS	IE CI	T					
☑ DOH justif	ication) ellation		Name of Con	tact MIKE		Telephone Num	nber				
	-			NFORMATION				-		-	
Name of Facility Where Abatement		ce (3)			Type of Facil						
Street Address					Subchapte	er 8 (Other than K-1	2)				
					Other (i.e.	, private & commerce	ial bu	lding	S,		
City (5)					homes, et Square Feet	# of Floors	- 1 -	Bldg.	Age		
SEA IS	SLE C	IT			1000	_	_   _	50			
COUNTY (6) CAPE M	Ay		USE ONLY)	(7) (STATE		Prior if being demoli	shed)				
Name of Monitoring Firm Hired by B	uilding Owner		ASCM No.	Name of Abatem							
Street Address		<u>—</u> L:		Street Address	ess						
Street Address				369 5	. SPRU	PRIXE AUE					
City, State, Zip Code				City, State, Zip C	Code						
				MAPCE							
Project Manager for Monitoring Firm		Telep	shone No.	Telephone No.	79-0472 License No.						
21-12-142	· · · · · · · · · · · · · · · · · · ·	20-0101	on Date (11)	Name of OSHA N							
Start Date (10)			U1211 - 1.0 - 171	Name of OSRA N	N/A				000 00 60		
Occupancy Status During Abatemen	t (Check only	one)		Street Address					-		
Facility Closed/Vacated During Er	ntire Period of	Abatem	ent								
Abatement Performed Outside of	Normal Facili	ty Hours		City, State, Zip Co	ode						
Other - Describe:											
Scope of Work (Check all that apply)											
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≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		enovation emolition	3	☐ Mini-Enc	osure g Procedure						
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Asbestos-Containing Material (ACM		ntenance		tos Containing Mate	erial (ACM)	Amount			т		
TO BE ABATED	Ct	ustodial Staff?	(i.e.	thermal systems in		(Specify	Re	R	nca	Enc	
IN Facility (13)	11	(12)		surfacing, VAT, other miscellaneou		SF or LF)	Removal	Repair	Encapsulate	Enclosure	
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	Yes	No	N/A								
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KLUMCO INC.		Hau	PDU No.	of Waste	C. W.	C. M.U	. 4	1		_	
City, State MAPLE SHADE	N.J			Disposal Date	City, State	DBINE					
Completed By	Title			Signature ()	A /	Date			_	-	
MICHAEL KLENM	SUP.			Mile	1) lu	5-	23	,-1	1		

#### State of NJ Notification of Asbestos Abatement 2017-63-A (Pursuant to NJAC 8:60-7 and 12:120-7) B & G proj. #: \*\*\* AMEND EM ERGENCY \*\*\* Check # 8401 Date of Notification (1) Name of Building Owner/Operator (2) 0 15 1/12 10 1/11 17 Atlantic Health System Agencies Notified Type Notification Street Address ☐ EPA LICENSING Initial 100 Madison Avenue DEP City, State, Zip Code X DOL X Amendment Morristown, NJ 07960 X DOH Name of Contact Telephone Number Cancellation ☐ DCA Michelle DiGangi **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Chilton Medical Center Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial 97 West Parkway Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Pompton Plains, NJ 07444 Morris Hospital (non sub 8) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Phone Number Telephone Number License Number (973)696-6869 00378 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 05/24/2017 05/29/2017 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: work shift 3:30pm - 12:00am LincolnPark, NJ 07035 Scope of Work (check all that apply) Demolition X Renovation Full Containment w/negative pressure ★ Glovebag procedure × >3 sf or >3 If >160 sf or >260 lf X Mini-enclosure Non-friable procedure Is location normally used solely Location of E E by maintenance/custodial asbestos-containing n Description of asbestos-containing Amount staff(12) m n material to be material (ACM) (Specify SF or С 0 C abated in facility (13) a Yes No N/A p Main Bldg 1st floor cons area X fittings associated with fiberglass 16 fittings X Respiratory Storage VAT & mastic & ceiling tiles X 110 sf & 110 sf X \*\*Main Bldg. Const. area floor mastic 2700 sqft X bathroom X white caulk & fittings 48 If & 6 fittings X jet bathroom VAT & mastic, white caulk 48 sf & 8 lf X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill B & G Restoration, Inc. 19563 6 Tullytown Resource & Recovery Center City, State Disposal Date

05/30/2017

Secretary/Treasurer

Signature

Tullytown, PA

Gordana Luna

Date

05/26/2017

Lincoln Park, NJ

Gordana Luna

Completed by (Print or Type)

B & G proj. #: 2017-63	1			State fication of Asi ant to NJAC t	best 8:60	tos Abatem 1-7 and 12:						) <sub>r</sub>	E	C			$\mathbb{V}$			
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Name of facility where abatemen	it is taking	place (3)			Name and Address of the Owner, where the Owner, which is the Ow			П	Туре	of Fe	CHIS (4	1)	Alberry Co.	mangama bijin	THE REAL PROPERTY.		-			
Chilton Medical Center									Ē	=	School	Ü	Š							
Street Address									-		Bubche Wher (F					1)				
97 West Parkway							2		u	E .	aner (r Sidge./i	tomes,	alc.	merc						
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						B&G	Restora	tio	n, Inc											
Streat Address					Street Address							SHIP WATER	100		NAME OF STREET		Suppr -			
			Market Co.		105 Ryerson Road															
Cey, State, Zip Cods						City, State,	zo Code n Park,		1070	25							COMP			
Project Manager for Monitoring Fil	m	IPh	one Num	ber	and the same	Telephone		174	010	~~	-	Licens	e Mu	PANAS						
(t) 5				(973)696-6889									037							
Scheduled Start Date (10)	Sch	ed. Completio	in Date (1	1)		Name of O											-			
05/24/2017	05	/27/2017	-	27	-	B&GF	THE RESERVE OF THE PERSON NAMED IN	tlo	n, inc				-	100			E8			
Occupancy Status During Abetem	ant (Charak	aniv ana)			_	Street Addit	(100 miles									25000000				
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A Other Describe: Work Shift	3:30pm	- 12:00an			-1	Lincoln	Park, N	J C	7035	ř.										
Scope of Work (shack all that app	(Y					-		Personal Control					- Parade			-				
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asbestos-containing material to be	staff(12)			Description material (A	TAR	isbactos-cont	gninia			MOL	int ify SF	or	m	P	n	n				
abated in facility (13)	Yes	No	N/A	The server (se	Linery				Ĺ	P)			0	8.	8	L				
Visin Bldg 1st floor cons area			8	fittings asso	Niet.	and with lih	eralsee		40	4144	nas		8	+	1	-	***			
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Respiratory Storage			SCHOOL SECTION	mpound		110 sf & 110 af 5 fittings & 50 s						15	1	11	-					
bathroom	white caulk						& fittings 48 If & 6 fittings						H	H	1	-				
jet bathroom	athroom VAT & mass						estic, white caulk 48 af & 8 if PRINTIN						T	-						
Registered Waste Hauser B & G Restoration, Inc.		19563	# CI	ibic Yelds of YV9	Waste Name of Registered Landfill						-									
City, State Lincoln Park, NJ	Tullytown Resource & Recovery Center City, State Tullytown, PA					•														
	State ncoin Park, NJ Disposal Date 05/30/2017  Title Secretary/Treasurer  Disposal Date 05/30/2017  Signature							<b>Α</b>												

(Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) JUN - 2 2017 5 26 17 Talisha Garcia Agencies Notified Type Notification Street Address **⊠** EPA ASBESTOS CONTROL & □ DOLWD ☐ Amended LICENSIMO City, State, Zip Code Amendment #\_ **⊠** DOH Audubon, NJ 08106 ☐ DCA Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Talisha Garcia **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Audubon 3.000 3 80 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Camden Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Mgmt. & Environmental Consulting Services Shade Environmental, LLC Street Address Street Address PO Box 341 623 Cutler Avenue City, State, Zip Code City, State, Zip Code Chesterfield, NJ 08515 Maple Shade, NJ 08052 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Bill Weisgarber 609-298-4070 856-755-0099 00842 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 06 / 09 / 17 06 / 15 / 17 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: AM- PM/ PM-Cinnaminson, NJ 08077 Scope of Work (Check all that apply)  $\boxtimes \ge 3$  sf or  $\ge 3$  If □ Renovation ☐ Mini-Enclosure ≥ 160 sf or > 260 lf □ Demolition ☐ Glovebag Procedure ■ Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Enclosure Used Solely by Removal l-ncapsulate Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Attic Vermiculite  $\boxtimes$ 800 SF  $\boxtimes$ Crawlspace  $\boxtimes$ Debris 10 SF X П Basement X Paper (Glovebag) 8 LF X Name of Registered Waste Hauler NJDEP Waste Name of Registered Landfill Cubic Yards of Hauler ID No. Waste Freehold Cartage GROWS North Landfill 15939 5 City, State Disposal Date City, State Freehold, NJ 06/15/2017 Morrisville, PA Completed By (Print or Type) Signature Date Christina Lynch Vice President of Operations 2617

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

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CARKER SESSION

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

				565	I A R IUII
Date of Notification (1)	Name of Building (		(2)		
05-26-2017 Agencies Notified Type Notification	Kennedy Universit	y Hospital			
Agencies Notified Type Notification	Street Address		14 41	JUN - :	2 2017
☐ DEP ☐ Initial	2201 Chapel Hill C City, State & Zip C				
□ DOL □ Amended	Cherry Hill, NJ 080		- I	ASBESTOS C	ONTROL
☐ DOH ☐ Emergency	Name of Contact	702			elephone Number
☐ DCA ☐ Cancellation	Mr. Jeff Alber		Annual Association of the Control of		siephone ivumber:
Name of Facility Where Abatement is Taking Place	FACILITY INF				
Kennedy University Hospital-5 <sup>th</sup> Floor Conference	(3) Poom	Type of Facili			
Street Address	TOOM	School (I		40)	
2201 Chapel Hill Campus			ter 8 (Other than K- e. private & comme		homos eta l
, , , , , , , , , , , , , , , , , , , ,		Square Feet	# of Floors		dg. Age
City (5) County (6)	County Code (7)	250,000		Dic	52
Cherry Hill, NJ Camden	, (- /		Prior if being demo	lished)	32
		Hospital	. Hor in boiling define	iiorica)	
Name of Monitoring Firm Hired by Building Owner	(8) ASCM No.		tement Contractor (	9)	
Criterion Laboratories			nagement Group, L		
Street Address		Street Addres			
3370 Progress Drive, Suite J		2115 Hamilton	n Ave, Suite 202		
City, State & Zip Code		City, State & 2	Zip Code		
Bensalem, PA, 19020		Trenton, NJ 0			
Project Manager for Monitoring Firm	elephone Number	Telephone Nu	ımber	License Nu	mber
Mr. Mike Panepresso 2	15-244-1300	609-914-4279	)		01185
Scheduled Start Date (10) Scheduled Comp	etion Date (11)	Name of OSH	A Monitor		
	-16-2017		nental Laboratories,	Inc	
Occupancy Status During Abatement (Check only	one)	Street Addres	S		
Facility Closed/Vacated During Entire Period		2333 Route 2	2 West		
Abatement Performed Outside of Normal F	ours: 2 <sup>nd</sup> shift 4:30pm	City, State & 2	Zip Code		
to 12:30am Describe:					
Facility Occupied During Abatement		Union, NJ 070	183		
Scope of Work (Check all that apply)					
(Chook all that apply)				ment with Nec	gative Pressure
≥3 sf or ≥3 If	⊠ Renovation		Mini-Enclosu		jauve i ressure
☐ ≥160 sf ≥260 lf	Demolition		Glove Bag P		
					riable Procedure
Location of Asbestos-Containing	Is Location Normally Used	Description Asbestos-Cont		Amount	Abatement Type
Material (ACM)	Solely by	Material (AC		(Specify SF or LF)	
	laintenance or	(i.e., thermal sy		Or Or Er)	Re
		insulation, surfac			Enclosure Encapsula Repair Removal
(13)	(12)	or other miscella	aneous)		Encapsulat Encapsulat Repair Removal
_th	es No N/A				
5 <sup>th</sup> Floor Conference Room [		applied insulation	n 70 L	_F	
L					
				<del>7000000000000000000000000000000000000</del>	<del>                                     </del>
					<del>                                      </del>
Name of Registered Waste Hauler		Cubic Yards of	Name of Registere	ed Landfill	
	Hauler ID No.	Waste	S. Trogistore		
Resource Management Group, LLC	0035218	TBD	Grows Landfill		
City, State		Disposal Date	City, State		
Trenton, NJ		TBD A	Morrisville, PA		
Completed By (Print or Type)		Signature			Date
Mr. Brian J. Haney	President	417014	11. 6		05/26/2017
		1// 1/1//	1111		



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

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Name of	Register	d Landfill		SI	-	

Date of Notification (1)		ı		Building Ov			0		Ш	JUN -	2 4	2017		L
5/26/17		-		Re	5010	AIUU		YME	1					
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☐ Emergency (in		- 1	Name of (	Contact					Tele	phone Number		- 2.00 minutes		
DOH justification DCA Cancellation		1		SYI	CES									
DCA Cancellation		- 1		TTY INFO		ION			<del>-</del>					
Name of Facility Where Abatement is Taking Pla	ice:(3)					1	Type of	Facility (4	)					
MR. GER		S	YK	₹S		1		thool (K-12						
Street Address			-	- ,			St	ubchapter 8	(Other	than K-12) commercial bu	ildina	e hor	nec et	to )
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City (5)							Square	Feet	# of	Floors	Blo	dg. Aş		
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County (6)		16	County C	ode (7)		- (	Current			demolished)				
County (6) RENCEN		(	STATE U	SE ONLY)				RE	SID	SN/CE	8.			
Name of Monitoring Firm Hired by Building Ow	ner (8)		ASCM	No.		Name of	Abater	nent Contr	actor (9)	)				
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Street Address				-		Street Ad								
						450	Sour	th Rive	r Stre	et				
City, State, Zip Code						City, Star								
City, Date, Dip Over						Hack	ensa	ck, NJ	0760	1				
Project Manager for Monitoring Firm		1.	Telephone	e No		Telephor				License No.				
rioject manager for mornoring run			2010			20	01-32	29-7444	£	003	88			
Start Date (10)	Scheduled	Comp	letion Dat	te (11)		Name of	OSHA	Monitor						
6/14/17		•	5/1			Ome	ega.F	Environ	ment	al		- 20		
Occupancy Status During Abatement (Check Onl					Street Address									
		ement				280 Huyler Street								•
☐ Facility Closed/Vacated During Entire Period ☐ Abatement Performed Outside of Normal F ☐ Other - Describe: Zâo AM TO	acility Hou	IS ON	,	City, Star	te, Zip	Code	, ,	11 07/0/						
Other - Describe: Z30 AH TO	1:00	3 ( )-1			·	Sot	uth H	lackens	ack, I	NJ 07606				
Scope of Work (Check All That Apply)							- 100		1	-				
□ ≥3 sf or ≥3 lf	₽ Re	enovati	ion	*15		-0				Negative Press	ure			
≥160 sf or ≥260 if	□ De	emoliti	ion					-Enclosure						
							GIOV	rebag Proce	aune					
				5.7		17500	Non-	-Fxemnted	(*) and	Non-Friable P	rocedu	пс		
	T						Non	-Exempted	(*) and	Non-Friable P		Abatt	ment	
		Location						-Exempted	(*) and	Non-Friable P				
Location of	N	Location lormally disolely	y	Achee		scription o	of		(*) and	Non-Friable P		Abatt	pe	Γ
Location of Asbestos-Containing Material (ACM) TO BE ABATED	Used Mai	lormail d Soleh intenar	y y by nce/	Asbes	tos Cont mal syst	escription of taining Man tems insular	of terial (A	ACM)	(*) and	Amount Specify		Abate Ty	pe	Γ
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Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  BASEMENT  Name of Registered Waste Hauler  Best Removal Inc	V Used Mai Custo	lormall d Solely intenant odial S (12)	y by hy	(i.e. ther	other continuation of Was	escription of taining Man terms insular VAT, or miscellane	of terial (A tion, su ous)	ACM) refacing,  ATC	(*) and A (3 SI	Amount Specify For LF)	Removal	Abata Ty Repair	e Encapsulate	Γ
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  BASEMENT  Name of Registered Waste Hauler  Best Removal Inc  City, State	V Used Mai Custo	lormall d Solely intenant odial S (12)	y by hy loce/ staff?  N/A  UDEP Waiauler ID	(i.e. ther	other continual systematic other continual systematic other continual systematic of the continual systematic of th	escription of carining Man terms insular terms insular to VAT, or miscellane.  Yards ste 3 e 7 sal Date 1	of terial (A tion, su ous)	Name of N	(*) and A (3) SI Register	Amount Specify For LF)  3755F  ed Landfill rva Enterp	Removal	Abata Ty Repair	e Encapsulate	Γ
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  BASEMENT  Name of Registered Waste Hauler Best Removal Inc  City, State Hackensack, NJ 07601	New Used Main Custo	lormall d Solely intenant odial S (12)	y by hy loce/ staff?  N/A  UDEP Waiauler ID	(i.e. ther	other in Cubic of Was	Secription of taining Manerus insular VAT, or miscellane  Yards  Step  S	of terial (A tion, su ous)	Name of N	(*) and A (3) SI Register	Amount Specify For LF)  3 7 5 5 F	Removal >>	Abata Ty Repair	e Encapsulate	Γ
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Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  BASEMENT  Name of Registered Waste Hauler Best Removal Inc  City, State Hackensack, NJ 07601	Ves Title	lormall d Solely intenant odial S (12)	y by hy local staff?  N/A  N/A  UDEP Watauler ID  1710	(i.e. ther	other in Cubic of Was	Secription of taining Manerus insular VAT, or miscellane  Yards  Step  S	of feerial (Artion, Surous)	Name of N	(*) and A (3) SI Register finve	Amount Specify For LF)  3755F  ed Landfill rva Enterp	Removal > 1	Abate Ty Repair	e Encapsulate	Enclosure

State of New Jersey NOTIFICATION OF ASBESTOS ABATEME (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 05 26 17 Maureen Jennings Type Notification Agencies Notified Street Address **⊠** EPA ASBESTOS CONTROL & □ DOLWD ☐ Amended LICENSING City, State, Zip Code Amendment #\_ ☑ DOH Seaside Heights, NJ 08751 ☐ Emergency (including ☐ DCA (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Maureen Jennings FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Seaside Heights 1000 1 65 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A Guardian Contracting, Inc. Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 732-349-9932 00624 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 06 / 06 / 17 06 / 07 / 17 E.M.S.L. Analytical Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_ PM/ PM- AM Piscataway, New Jersey 08854 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ >3 sf or >3 If ☐ Renovation ☐ Demolition ≥160 sf or ≥260 lf ☐ Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Encapsulate Used Solely by Enclosure Remova Repair Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Exterior  $\boxtimes$ asbestos siding 1000 sf П X П П П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Guardian Contracting, Inc. T.R.R.F. 20223 3 City, State Disposal Date City, State Toms River, New Jersey 06/08/17 Tullytown, Pennsylvania

ASB-41 JAN 13

Completed By (Print or Type)

Nicholas Fernicola

Title

Project Manager

Signature

Date



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

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	Telephone Num	ber			
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(ACM)	Amount	Re	Re	Ē	Ē
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me of Regis	stered Landfill				
R.R.F.	ROIGU LAIIUIIII				
, State					

Date of Notification (1)				Name	of Buildin	g Owner/Operator (	2)	IN THE SAME	2 2017	
	26 /	17		Ma	ureen Je	nnings		1 L 31	972	,
Agencies Notified	Type Notifica	tion		Street	Address			ASBESTO	S CONTRO	JL &
⊠ EPA				-			3	LICE	ENSING	and any original to the
⊠ DOLWD	Amended Amendme			City, S	State, Zip (	Code				
DOH □ DCA	☐ Emergence		-	Sea	aside Hei	ghts, NJ 08751				
(NJAC 5:23-8)	justificatio		ij	Name	of Contac	t		Telephone Numb	er	
	☐ Cancellati	on		Ma	ureen Je	nnings		1		
				FA	CILITY IN	IFORMATION				
Name of Facility Where A	batement is Ta	aking Plac	e (3)				Type of Facility	(4)		
Residence							School (K-1			
Street Address								8 (Other than K-12) private and commerce.)		5,
City (5)							Square Feet	# of Floors	Bldg. Ag	e
Seaside Heights							1000	1	65	
County (6)				Cour	nty Code (7	)(STATE USE ONLY)	Current Use (P	rior if being demolish	hed)	
52 3250						,, ,		3		
Name of Monitoring Firm I	Hired by Build	ing Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9	9)		
N/A						Guardian Co	ntracting, Inc			
Street Address						Street Address				
						1889 Route 9	, Unit 61			
City, State, Zip Code						City, State, Zip Co	ode			
						Toms River,	New Jersey 0	8755		
Project Manager for Monit	oring Firm		Tele	ephone	No.	Telephone No.		License No.		
						732-349-9932		00624		
Start Date (10)		cheduled (				Name of OSHA M				
06 /06 /				7_/_		E.M.S.L. Ana	lytical			
Occupancy Status During						Street Address				
<ul> <li>         □ Facility Closed/Vacated         □ Abatement Performed     </li> </ul>					a sib a	1056 Stelton				
Time of Abatement:						City, State, Zip Co				
Scope of Work (Check all					\ 	Piscataway, I	New Jersey 08	8854		
Scope of Work (Check all	шас арріу)					☐ Full Cont	tainment with Ne	egative Pressure		
☐ ≥3 sf or ≥3 lf ☐ >160 sf or >260 lf		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	enovat			☐ Mini-Enc	losure			
△ ≥100 St 01 ≥200 II		M D	emoliti	on			g Procedure mpted (*) and N	on-Friable Procedure	e	
			s Loca			<del></del>			Abateme	ent Type
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Asbestos-Containing M TO BE ABAT			aintena			stos Containing Ma ., thermal systems		Amount (Specify	Repair	nclo
IN Facility		Cus		Staff?	(1.0	surfacing, VAT,	or	SF or LF)	oval	Enclosure Encapsulate
(13)		Yes	(12) No	N/A		other miscellane	ous)			ate
Exterior			×		asbesto	os siding		900 sf		
						100				
		ᆛ片	H	+-	-					
Name of Desisters 1347	a Llauda -			L	Mani	louis v	IN .			
Name of Registered Waste Guardian Contractin				NJDEP \		Cubic Yards of Waste	Charles The Control of the Control	istered Landfill		
	ıy, IIIC.			20223		3	T.R.R.F.			
City, State						Disposal Date	City, State	_		
Toms River, New Je						06/08/17	Tullytown	, Pennsylvania		
Completed By (Print or Ty	pe)	Title				Signature	/	Dat	te//	
Nicholas Fernicola		Projec	t Man	ager			>-te	1 5	124/1	7
ASB-41									1	

		1		CATIO	tate of Ne N OF ASE t to NJAC	BEST.OS	ABATE				0 5	0 (0		Annual annual properties of the Control of the Cont	A STATE STATE STATE OF THE STAT
	2017			Name o	of Building G	Owner/0	Operator	г (2)		The state of the s	JUN 2	201	7	L	7
Agencies Notified	Type Notification				Address FRANK	RODG	ERS E	BLVD.	177	ASBI	ESTOS C		ROL	and .	and the last of the last
EPA DEP ▼ DOL	Initial Amended Amendment Emergency		_		ate, Zip C RISON,		29		Page 10 to 1	* up ===1,114,14	LICENS	invo	**************************************		-
DOH DCA	justification)  Cancellation				of Contact BRAS					Tel	ephone Nu	mber			
Name of Facility 100				FAC	ILITY INF	ORMAT	ION			į.					
Name of Facility Where A	Abatement is Takir	ig Place (3	()						of Facility School (K-						
Street Address GRASSELLI STAT	ION ROAD /	REM	16	y P	0:N7	RI	٥.	×	Other (i.e. etc.)		er than K-1 & commerc		dings	, hom	es,
City (5) LINDEN								Squa N/A	re Feet	(1) No. 10 No. 1	f Floors N/A		Bldg. A N/A	\ge	
County (6) UNION					Code (7) USE ONL	0			nt Use (Pr		ng demolis	hed)			
Name of Monitoring Firm ENVIRONMENTAL	Hired by Building TACTICS	Owner (8)		ASC1 0045					tement Co		(9) AMERIC	Α			
Street Address 64 BROAD STREE	4 BROAD STREET							Addres	ss EHEAD	AVE.					
City, State, Zip Code MATAWAN, NJ 077	MATAWAN, NJ 07747								ip Code IVER, N	J 0888	2				
Project Manager for Mon TOM GEIGER	Project Manager for Monitoring Firm						Teleph	none No 432-8	D.		License N	lo.			
Start Date (10) 4/17	12017	Schedule			Date (11)		Name	of OSH	A Monitor		AMERICA	Α			
Occupancy Status During	Abatement (Chec	k Only On	e)				Street	Addres							
Facility Closed/Vaca Abatement Perform Other – Describe: 0	ed Outside of Norn	Period of A nal Facility	Hours	nent S			City, S	state, Zi	p Code						-
Scope of Work (Check A							500	IHK	IVER, N.	J 0888	2				
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			enova emolit				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure						re		
							×	Nor	vebag Pro n-Exempte	cedure d (*) and	i Non-Friab	le Pro	cedur	е	
Location		N	Locat ormal	ly		Des	scription	of					Abate Ty	ment pe	
Asbestos-Containing TO BE ABA In Facili (13)	TED	Mai	d Sole ntena odial S (12)	nce/		tos Cont thermal surfac	aining M	laterial s insula T, or		(S	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A										ite	е
PROPANE TA	NK FARM		Χ			TAR	/MAST	TIC		13,8	393 SF	X			
N-															
WASTE MANAGEMENT					NJDEP Waste Cul Hauler ID No. of V 1125 AP				Name of GROW		red Landfill RTH				
City, State ELIZABETH, NJ						Dispos TBD	al Date		City, Stat		E, PA				
Completed by CAROL RAIMO	DE M	IGR.		Si	ignature	, 0	1		I Da	te /2	-/-	011	7		

		CATION		BESTOS ABATEMENT 8:60 and 12:120)								The second secon	A STANSON OF THE PROPERTY OF T	
Date of Notification (1), 3/3/2017		1000	Name o	f Building C G	)wner/C	perator	(2)		J	UN - 2	2017			
Agencies Notified Type Notification		100	Street A 2000 F	ddress RANK F	RODG	ERS B	LVD.	distance of the same	ASSE	STOS CO	NTR	OL &	d d	Ballow And A com
EPA   X Initial   Amended   Amendment #				ate, Zip Coo		29		Lance		LILLENSIII	Marin Marin (V	- A - A - A - A - A - A - A - A - A - A	- magines (dentines) the	E-7
Emergency (ir justification)  DCA  Emergency (ir justification)  Cancellation	cluding			f Contact BRASS					Tele	ephone Num	ber			
Name of Facility Where Abatement is Taking	Place (	3)	FACI	LITY INFO	RMATI	ON	Type o	f Facility	(4)					
PSE&G	•						S	chool (K-	12)					
Street Address GRASSELLI STATION ROAD / 7	En	1/64	1 Po	DINT	RD	) .		ther (i.e.		er than K-12 & commercia		dings,	home	es,
City (5) LINDEN							Square N/A		3	Floors I/A		ldg. A	ge	
County (6) UNION			Code (7) USE ONLY)	-			Use (Pr		ng demolish	ed)				
Name of Monitoring Firm Hired by Building OF ENVIRONMENTAL TACTICS	)	ASCN 0045					ment Co		(9) AMERICA					
Street Address 64 BROAD STREET						Address WHITE	HEAD	AVE.						
City, State, Zip Code MATAWAN, NJ 07747					tate, Zip TH RI\	Code /ER, N	J 0888	2						
Project Manager for Monitoring Firm TOM GEIGER		Telepho 732-29	ne No. 90-2217		Teleph	one No.		License No. 01111						
Start Date (10) 4/17 /2017		Date (11)		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA										
Occupancy Status During Abatement (Check		Street Address 396 WHITEHEAD AVE.												
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe: OUTDOORS	Abatem y Hours	ent			City, S	City, State, Zip Code SOUTH RIVER, NJ 08882								
Scope of Work (Check All That Apply)						300	ITIKI	/EK, IV	J 0000					
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	_	Renovat Demoliti				×	Mini- Glove	Enclosur ebag Pro	e cedure	Negative Pr				
	Is	Location	on.			Abatement								
Location of Asbestos-Containing Material (ACM)		Normall ed Solel	olely by Description of							Туре				
TO BE ABATED In Facility (13)	intenan todial S (12)		(i.e. t	hermal surfac	systems sing, VA niscellan	insulation	on,	Amount (Specify SF or LF)		Remova	Repair	Encapsulate	Enclosure	
	Yes	No	N/A										lte	(D
PROPANE TANK FARM		X			TAR	/MAS	ΓIC		13,893 SF		X			
							7							
Name of Registered Waste Hauler		48.00	JDEP W auler ID		Cubic of Was			Name of	Registe	red Landfill				
WASTE MANAGEMENT			125	140.	APPX	. 650		GROW	50 2720.522	RTH				
City, State ELIZABETH, NJ					Dispos TBD	al Date		City, Stat MORR						
Completed by CAROL RAIMO	ICE M	GR.		S	ignature	1	Lac	·mi	Dat	8/3	/2	01	7	

- Print Form

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

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Date of Notification (1)	7	- 11			ner/Operator (2	)	11		1	0.011		7111		Journal		
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☐ DEP ☐ Amer			ity State	e, Zip Code												
DOL Amendr		$-\parallel$	-		07016											
DOH Emer		I N	ame of 0	FORD, NJ	0/016				Telephon	e Numbe	25					
justifi	cation)		arrie or c	Joniaci					relephon	e mumbe	31					
DCA Cand	ellation		carol	dreyer												
				FAC	ILITY INFORM	ATIO	N									
Name of facility where abate	ement is	taking pla	ace (3)						Type of Facility (							
carol dreyer										I (K - 12			( 10)			
Street Address								=	Other (	apter 8 (( Private/						
									Bldgs./	Homes,	etc.					
Oit (E)		I Cour	t. (C)					=	Square Feet	# of Floo	ors	В	ildg. A	ge		
City (5)		Cour	ity (6)		County Code (7) (State use only)				Current Use (Prior if being demolished)							
CRANFORD		UN	ION				,,		Cullent Ose (F)	arrent Ose (Prior it being demonstred)						
Name of Monitoring Firm His	red by B	ldg. Owne	r (8)		ASCM No.		Name of Abatem	nent C	nt Contractor (9)							
					-		D & S REST	ORA	TION, INC.							
Street Address							Street Address	100								
0						_	20 Californi		e.							
City, State, Zip Code		City, State, Zip C														
Project Manager for Monitorin		Phone Numb	er.	_	Paterson, N. Telephone Numb		003	License	Numl	or						
r roject manager for mornton	FIIONE NUMB	iei .		973-345-80			License Number 01169									
Start Date (10)		Sched	Comple	etion Date (1	1)	_	Name of OSHA Monitor									
				stion Date (1	1)		D & S Restoration, Inc.									
06/13/17		06/30	CONTRACTOR OF THE PARTY OF THE				Street Address									
Occupancy Status During Aba  Facility closed/vacated				tomont			20 California		enue							
Abatement performed of							City, State, Zip C	ode								
Describe: NOR						-	Paterson, N.	1075	03							
Scope of Work (check all that						- 1	1 aterson, 14.		ull Containment w	/negative	nrocc	uro				
	111	Renovatio	n					=	fini-enclosure	megative	piess	uie				
≥160 sf or ≥260 lf	=	Demolition					Glovebag procedure									
				v used solely	,			Пи	Ion-Exempted (*)	and Non-	-friable	Proc	edure	<del> </del>		
Location of asbestos-containing		by mainte			1	n of a	asbestos-containin	n.	Amount		e	е	n	E n		
material (acm) to be abated in facility (13)	1	staff(12)			material (			9	(Specify S	F or	m o	p	c	c		
abated in facility (13)		Yes	No	N/A					LF)		v e	i	p	L		
basement			X		PIPE INSU	LAT	ION		128 l ft		×					
garage			X		PIPE INSU	LAT	ION		12 l ft		M					
Registered Waste Hauler D & S RESTORATION,	INC	NJDE 135	P Haule 06		ubic Yards of V 2 yds.	Vaste			andfill ESOURCE RE	COVE	2 V	- 11 - 1 - 1				
City, State		_1		Disposal D			City, State	14, 1	LOUNCE RE	COVE	V I					
PATERSON, NJ 07503				06/14/1			TULLYTOV	VN, I	PA							
Completed by (Print or Type)	1 3	Title		*	Signature					Date						
BOGDAN JOLDZIC	I	PRESIDI	ENT							05/25/	2017					

D&S Proj. #: 17-156

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

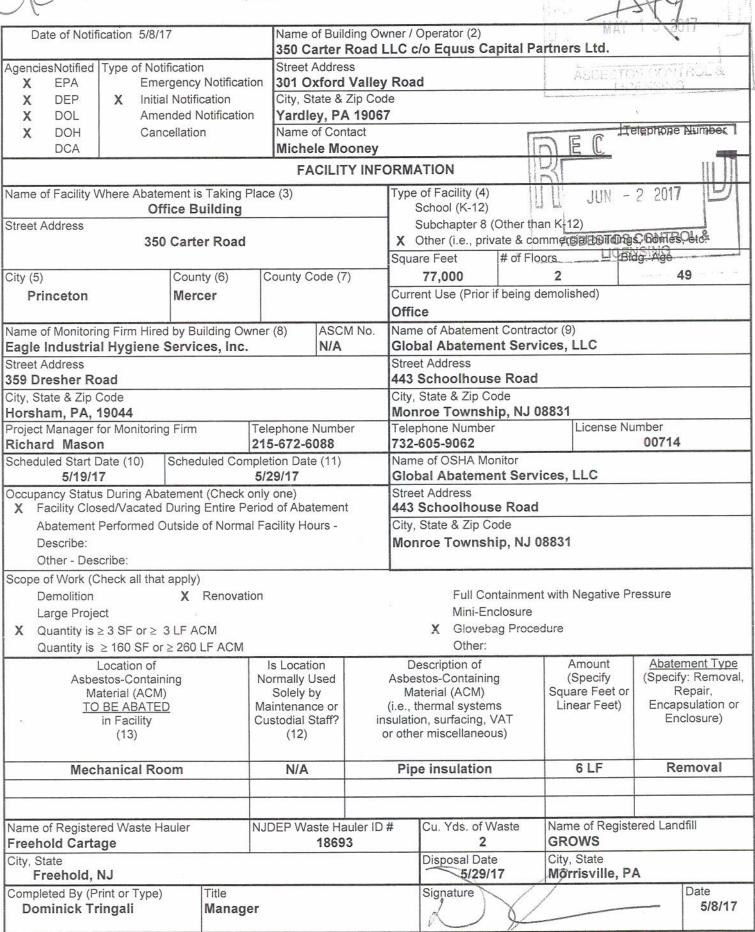
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		JUN	- 1	2	2017		

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Date of Notification (1)		Name of B	uilding Ov	vner/Operator (	(2)			1 10	N -	2 0	101/	11.
0 5 / 2 4 / 1 7		ALIAL	GIBORI									
Agencies Notified Type Notifi	cation	Street Addr	ess				1 2	ASRES	TOS ( JCEN			11 &
DEP Amended					-		TOCIY	MICH	<u>u</u>			
Amendment	:#:	City, State,	Zip Code				114					
DOL Emergen		PARAN	MUS, NJ	07652								
DOH (including justification		Name of Co					Teleph	none Numi	ber			
DCA Cancellat		ALIAL	GIBOR	I					0.07.31			
				CILITY INFORI	MATIO	N						
Name of facility where abatemer	nt is taking r	place (3)	718333.0				Type of Facility	h - (4)				
							Type of Facility Sch	ty (4) 1001 (K - 1.	2)			
ALI ALGIBORI							. Sub	chapter 8	(Other	than	K-12)	ľ
Street Address	_						Othe	er (Private	/Comm	ercia	1	
							Square Feet	s./Homes,		1 6	3ldg. A	Λαο.
City (5)	Cou	unty (6)			Cou	unty Code (7)	- Gquare reet	# 01 1 10	0015	'	nuy. A	rge
CLIFTON	DA	100110			(Sta	ate use only)	Current Use	(Prior if be	ing der	nolisi	ned)	
Name of Monitoring Firm Hired b	v Bldg Owr	ASSAIC		T 4001111	<u>.L.,</u>						3-38	
The second secon	y Diag. Owi	iei (0)		ASCM No.		Name of Abateme						
Street Address					_	D & S RESTO Street Address	RATION, INC.					
City, State, Zip Code					_	20 California City, State, Zip Cod						
7 <del>0</del>						Paterson, NJ (						
Project Manager for Monitoring Fir	m	Ph	one Numi	per	_	Telephone Number	COLUMN CO	Licens	e Numl	ner		
						973-345-802			01169			
Start Date (10)	Schee	d. Completio	n Date (1	1)	-	Name of OSHA Mo	onitor					
05/26/17	06/2	0/17				D & S Restora	tion, Inc.					
Occupancy Status During Abateme				Property and Australia		Street Address						
Facility closed/vacated during	entire peri	iod of abater	ment.			20 California A						
Abatement performed outsid Describe:	e of normal	facility hours	S-			City, State, Zip Cod	е					
Other-Describe: NORMAL	HOURS				-	Paterson, NJ 0	7503					
Scope of Work (check all that app	ly)							/~~~**				
$\boxtimes$ >3 sf or >3 lf	Renovation	on				<b>-</b>	Full Containment Mini-enclosure	w/negative	e press	ure		
≥160 sf or ≥260 lf	Demolition	n					Glovebag proced	ure				
Location of	Is location	n normally u	sed solely	/			Non-Exempted (*	) and Non	-friable	proc	1	1
asbestos-containing	by mainte staff(12)	enance/custo	odial	1	nn of as	bestos-containing	Amount		e	e	E n	E
material (acm) to be abated in facility (13)		122		material (	ACM)	ocotos containing	(Specify	SF or	m	p	С	n
8 7/ 3/	Yes	No	N/A				LF)		v	i	a p	L
basement		$\square X$		PIPE INSU	LATIO	ON	148 L FT		e	П	П	$\vdash$
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Registered Waste Hauler												靣
D & S RESTORATION, INC.	NJDE 135	EP Hauler ID		ubic Yards of V yds.	Vaste	Name of Registered						
City, State			isposal D			City, State	RESOURCE R	ECOVER	Υ			_
PATERSON, NJ 07503			05/29/17			TULLYTOWN	. PA					
Completed by (Print or Type)	Title			Signature			,	Date		-		
BOGDAN JOLDZIC	PRESIDI							05/24	/2017			
ASB-41	Do not use	this form fo	r asbesto	s licensure exe	moted	activities		1				

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05/24/2017

CX 7526



Check# 12710

May 30, 2017

Raymond C. Pedalino

GAC# 604-2017 Name of Building Owner/Operator (2) Date of Nutification (1) BOROUGH OF OAKLAND May 30, 2017 Street Address Agencies Notified Notification Type 1 MUNICIPAL PLAZA ■Initial Notification X FPA City, State, Zip Code ■ Amended Notification #1 – X DCA OAKLAND, NJ 07436 New Start Date X DOL Name of Contact ■ Emergency (including DEP- No Longer REQUIRED MR. Richard Kunze -OL 8 justification) X DOH Borough Administrator LICENSING □ Cancelled FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Borough of Oakland - "Library" BUILDING School (K-12) Subchapter 8 (other than K-12) Street Address ☐ Other (i.e. private & commercial buildings, homes, etc.) 2 MUNICIPAL PLAZA Sq. Feet: N/A # of Floors: 2 Bldg. Age: ~70+ years County Code (7) City (5) County (6) (State Use Only) Current Use (prior if being demolished): LIBRARY BASEMENT & BERGEN OAKLAND EQUIPMENT ROOM Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Contractor (9) ASCM No. McCABE ENVIRONMENTAL 00118 GREENWOOD ABATEMENT CONSULTANTS, INC. SERVICES, LLC Street Address Street Address 464 VALLEY BROOK AVENUE #3A **268 MAIN STREET** City State, ZipCode City, State, Zip Code BUTLER, NJ 07405 LYNDHURST, NJ 07071 License Number Telephone Number Project Manager for Monitoring Firm Telephone Number JOHN CHIAVELLO 201-438-4839 00840 973-492-0477 Scheduled Completion Date (11) Name of OSHA Monitor Scheduled Start Date (10) 05/31/17 06/06/17 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 X Facility Occupied During Entire Period of Abatement - Area Vacated FAIRLAWN, NJ 07410 (SUB 8 - OCCUPPIED - M - F 7am - 4 pm (24 hrs & weekends as needed) Scope of Work (Check all that apply) Full Containment with Negative Pressure ■ Renovation ■ Mini-Enclosure (Tent)  $\square > 3 \text{ sf or } \ge 3 \text{ lf}$ Demolition ☐ Glovebag Procedure X > 160 sf or ≥ 260 lf ■ Non-Exempted (\*) and Non-Friable Procedure Description of Asbestos Containing Material Amount Abatement Type Location of Asbestos-Containing Is Location Normally Used (Specify SF (ACM) (i.e. thermal systems insulation, surfacing, Material (ACM) in Facility (13) Solely by Maint. Remove Repair Encap Enclose or LF) /Custodial Staff? (12) VAT, or other miscell.) YES NO NA IXI TSI - Mudded Joint Fitting 50 SF Basement & Boiler Room X X TSI - Flue Packing 10 SF Basement & Boiler Room X X 25 LF Basement & Boiler Room X TSI - Aircell Pipe Insulation X X Remnant Old Generation Joint Compound 1000 SF Various Locations 150 SF X X TSI - Preformed Flue Pipe Insulation Various Locations NJDEP Waste Hauler ID # Name of Registered Landfill 40 CY Name of Reg. Waste Hauler Cubic Yards of Waste: G.R.O.W.S. North Landfill NJ DEP # 4509 Newark Carting, Inc. Newark, NJ 04509 Disposal Date 100 New Ford Mill Rd. 06/06/17 Notes: None Morrisville, Pa 19067 215-736-1700 Date Signature Completed by (Print or Type)

SENIOR PROJECT

MANAGER

RAYMOND C. PEDALINO

GAC# 604-2017 CK	12	710										
Date of Notification (1)  May 19, 2	2017				Name of Building Own	ner/Opera	ator (2)	E	G	EI	W E	
Agencies Notified	1	Notification		ation	Street Address 1 MUNICIPAL PL			1			-	1
X EPA		Ameno			City, State, Zip Code	-M4M	111 1		JUN	2 2	1017	-11
X DCA				including	OAKLAND, NJ 0	7436	14 1	i.	JUN	- 2 2	2017	1
X DOL			cation)		Name of Contact		1	Tele	phone	Number		1
DEP- No Longer REQUIRE		☐ Cance			MR. Richard Kui	nze –						
<b>⊠</b> DOH	-				Borough Admini	istrator	-		HG	EMBIR	9	
				FACILITY IN	IFORMATION		- Sandara et H	ALTERNATION NAMED IN	-			
Name of Facility Where Abatemen					Type of Facility (4)		-					
Borough of Oakland - "Lik	prary" B	UILDING			School (K-12)							
Street Address					Subchapter 8 (other							
2 MUNICIPAL PLAZA					Other (i.e. private & Sq. Feet: N/A #						ore	
City (5)	unty (6)		Count	y Code (7)	<u> </u>	0111001	<u> </u>	iag. A	go.	10. ye	uio	
OAKLAND	BERG	EN		Use Only)	Current Use (prior if be EQUIPMENT ROOM	eing dem	olished	): LIB	RARY	BASEM	ENT &	
Name of Monitoring Firm Hired by McCABE ENVIRONMEN		ner (8)	ASCM 001		Name of Contractor (9)							
SERVICES, LLC	IAL		001	10	GREENWOOD AB	ATEME	ENT C	ONSL	JLTAN	NTS, IN	C.	
Street Address					Street Address							
464 VALLEY BROOK AVE	ENUE #3	3A			268 MAIN STREE	Т						
City, State, Zip Code					City State, ZipCode							
LYNDHURST, NJ 07071					BUTLER, NJ 0740	15						
Project Manager for Monitoring Fir JOHN CHIAVELLO	-	elephone N 732-438-			Telephone Number			Licen	se Num	ber		
JOHN CHIAVELLO	1	132-430	-4033		973-492-0477			0084	40			
Scheduled Start Date (10)	S	cheduled C	ompletic	on Date (11)	Name of OSHA Monitor			-				
05/30/17	0	6/06/17	(A) (B) (B) (B)									
Occupancy Status During Abate	mont (Chr	ook oply o	201		ENVIROVISION, I Street Address	NC.				-		
Facility Closed/Vacated During				nt	Street Address							
☐ Abatement Performed Outside					20-21 WARGARAN	W ROA	D					
Describe	0 01 1101111	iai i aomity	. 10010		City, State, Zip Code							
■ Facility Occupied During Ent	ire Period	of Abatem	nent - Ar	ea Vacated	FAIRLAWN, NJ 07	7.4.4.0						
(SUB 8 - OCCUPPIED - M - F	7am – 4 p	om (24 hrs	& weel	kends as	PAIKLAVIN, NJ U/	410						
needed) Scope of Work (Check all that app	L 1											
Scope of Work (Check all that app	<u>(Y)</u>				rs	S Full C			4L NI	- E - D -		
□≥ 3 sf or ≥ 3 lf				▼ Renovation		Mini-E			_	ative Pre	ssure	
🗵 > 160 sf or > 260	lf			□ Demolition			baa Pro	complete power				
_							•			-Friable	Proced	ure
Location of Asbestos-Containing	Is Locati	on Normall	y Used	Description of Ast	bestos Containing Material		Amoun			ment Typ		0.0
Material (ACM) in Facility (13)	Solely by		0)		al systems insulation, surfa	~	(Specify	y SF		e Repair		Coologo
	YES	al Staff? (1: NO	NA	VAT, or other mis	icell.)		or LF)		IXEMOX	e ixepail	Liicap	LIGOSE
Basement & Boiler Room		X		TSI - Mudded Jo	oint Fitting	-	50 SF		X		T	1
Basement & Boiler Room		×		TSI – Flue Pack		_	10 SF		X	+	+	+
Basement & Boiler Room		X		TSI - Aircell Pip			25 LF		X	_	+	+
Various Locations		X		Remnant Old G	eneration Joint Compo	und	1000 S	F	X	+	+	+
Various Locations		X		TSI - Preformed	d Flue Pipe Insulation		150 SF	=	X	$\neg$	+	†
										_	1	1
Name of Reg. Waste Hauler		IDEP Wast		ID#	Cubic Yards of Waste:	40 C	Y			stered La		
Newark Carting, Inc.	N	IJ DEP#	4509					G.R.	D.W.S	. North	Land	fill
Newark, NJ 04509							em-(Ashari	Plan.				
Notes: None							sal Dat	<u>e</u>		City, Sta 100 Nev		Aill Rd
notes: None						06/0	6/17			Morrisvil		
Consolidad by (D.)	1									215-736		
Completed by (Print or Type) RAYMOND C. PEDALING	Title	VIOR PR	0 150	т	Signature		- 1	Date	40 0	0.47		
TOTALINO		NAGER			Raymond C. P	edalin	0	way	19, 2	017		

CK 14540	NOT	TIFICATIO	state of New Jer N OF ASBESTO t to NJAC 8:60	S ABATE			a E		11/P 2017	rint Fo
Date of Notification (1) MAY 26, 2017		Name o	of Building Owne NT BASIE TH	r/Operato	r (2)		1/1 -		2017	1
Agencies Notified Type Notification  EPA Initial	L)		Address ONMOUTH S	STREET		ASBES	TOS			DL &
X DOL Amended Amendmen			ate, Zip Code BANK, NJ 0	7701	y					
DOH justification)  DCA Cancellation			of Contact IG POLIZZI			Telephone N	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2	3	
		FAC	ILITY INFORMA	TION	<u> </u>			-		
Name of Facility Where Abatement is Takir COUNT BASIE THEATER/PHOE	ng Place (3) NIX BLDG.				Type of Facility	50/6 III				
Street Address 99 MONMOUTH STREET					Subchapter	8 (Other than K- private & commer	12) cial bu	ildings	, hom	es,
City (5) RED BANK					Square Feet 2880 SF	# of Floors		Bldg.		
County (6) MONMOUTH			Code (7) USE ONLY)		Current Use (Pri- PERFOMINO	or if being demoli ARTS CENT	shed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASC	M No.	Name Finis	of Abatement Cor shing Touch As	ntractor (9) bestos Abater	ment	Corp	., Inc	;.
Street Address					Address hompson Stre	et				
City, State, Zip Code					tate, Zip Code t Long Branch	, NJ 07764				
Project Manager for Monitoring Firm N/A		Telepho	ne No.		one No. 222.8372	License 00040	No.			
Start Date (10) JUNE 6, 2017	Scheduled C JUNE 7, 2		Date (11)	Name N/A	of OSHA Monitor					
Occupancy Status During Abatement (Chec	k Only One)			Street	Address					
Facility Closed/Vacated During Entire F     Abatement Performed Outside of Norm     Other – Describe:	Period of Abate nal Facility Hou	ement urs		City, S	tate, Zip Code					
Scope of Work (Check All That Apply)										
≥3 sf or ≥3 If × ≥160 sf or ≥260 If	Renov Demo	lition	III NONF	RINSEX	Mini-Enclosure Glovebag Proc				<b>Q</b>	
Location of	Is Loca Norm	ation ally		escription				Abate	ement pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used So Mainten Custodial (12	ance/ I Staff?	Asbestos Cor (i.e. therma surf	ntaining M	aterial (ACM) insulation, I, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
FRONT WINDOW	Yes No	N/A X	AC WINE	OW CA	I II KING	120 LF			ate	œ'
		, A	710 771171	OW OA	DEMING	120 LF	X			
Name of Registered Waste Hauler Finishing Touch Asbestos Abatemer	ot Corn It	NJDEP WAREN ID 1 12058				Registered Landfil SS LANDFILL				-
City, State West Long Branch, NJ 07764			Dispo 6/9/	sal Date	City, State Morrivill		-			
Completed by Joseph P. Miller	Title Presiden	t		Signature	1 Plush		ate /26/1	7		

Date of Notification (1) 05/16/2017			Name o Monto	of Building C clair Kim	Owner/O berly	Operator Acad	(2) emy	Service Contraction	li JU	ch# E	4719	0	
Agencies Notified  I⊠I EPA  I⊠I DEP  I⊠I Initial  Amended				Address alley Ro ate, Zip Coo		1	~~~		ASBEST	OS C	ONT	ROL	. &
I⊠1 DOL Amendmen	Military of the Colombia and Colombia and a former	and the second second	Monte	lair, NJ	0704	2		-	har?	<u> </u>			
© Emergency justification □ DCA © Cancellati			Mark 1	of Contact Dombros					'- shone N	umber			
Name of Facility Where Abatement is Takir	g Place (	3)	FAC	ILITY INFO	RMAT	ION	Type of Fac	ility (4)					
Upper School Street Address 6 Lloyd Road				4	<del>5107 - 10 7.</del>		⑥区 Subc	School (K- hapter 8 (	12) Other than ke & commer		dings,	hom	es.
City (5) Montelair							Square Fee	t #	of Floors		Bldg. /	\ge	
County (6) Essex				Code (7) USE ONLY)			Current Use school	(Prior if b	eing demoli	shed)			
Name of Monitoring Firm Hired by Building Detail Associates, Inc	Owner (8)		ASCI	M No.		Name Lilich	of Abatemen Corporat	t Contract tion	or (9)				
Street Address 300 Grand Ave							Address IcBride A	ve			NI PORTO		
City, State, Zip Code Englewood, NJ 07631				***************************************		City, S Wood	tate, Zip Cod lland Park	e k, NJ 07	7424	ACTION STREET OF A LABOR			
Project Manager for Monitoring Firm Anthony Valentine		2	Telepho 201-56	one No. 59-6708		Teleph 973-2	one No. 25-8400		License 01104	No.			Section 2011
Start Date (10) 06-20-2017	Schedu 07-03-	led Cor 2017	npletion	Date (11)		Name Iris E	of OSHA Mor nvironme	nitor ntal La	boratorie	s, LL	C	*******	
Occupancy Status During Abatement (Check IXI)  Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe: unoccupied	e Period	of Abate	ement rs			2333 City, S	Address Route 22 tate, Zip Code 1, NJ 0708	e			manufic (manufic)		
Scope of Work (Check All That Apply)												****	
<ul><li> ≥3 sf or ≥3 lf</li><li> ≤160 sf or ≥260 lf</li></ul>	6		Renovat Demoliti			(X) (G) (G) (G)	Mini-En Gloveb	iclosure ag Proced	with Negation			lure	
3 - 1 - 3	1:	s Locat	ion						•		Abat	emen	nt
Location of		rmally l Solely l		Ashast		scription					1	/pe	1
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	aintena stodial ( (12)	nce/	(i.e. t	hermal surfa	taining iv I systems icing, VA miscellan			Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enciosure
Our action was H21	Yes	No	N/A	VAT and	Most			2.52	C.P.			ro.	
Opposite room #21 & room #24	posite room #21 x							352 440		X			
Old IT room	X	-	VAT and				600		X	ļ			
	culty Break room x							280		X	ļ		
Name of Registered Waste Hauler Lilich Corporation	N H	JDEP W auler ID 3724	11,503/277		Yards	Nam GR(		stered Landf		<u> </u>			
City, State Woodland Park, New Jersey	ate land Park, New Jersev					sal Date	City, Mor	State risville	. PA			w	
Completed by Adriana Olejarova	Title presid	ent			S	granire W	1	ed.		Date 5/16/20	017		

NO Ch				to NJAC			i Ac	IIDI	56			W	31	
Date of Notification (1) 05/24/2017			Name o NJ Dep	f Building of t. of Milit	Owner/C ary & V	Operator eterans	(2) Affairs	IKI						
Agencies Notified Type Notification			Street A 1010 E	ddress ggerts Ci	rossing	Road			JUN	-	2 2	017		ש
<ul> <li>区 EPA</li> <li>区 DEP</li> <li>区 DOL</li> <li>X Amended</li> <li>Amendment #_</li> </ul>	1		City, Sta Lawren	ate, Zip Co nceville, N	de IJ 0864	8		A	SBEST				L &	
Emergency (incl  incl  justification)				f Contact 'oussef /	Bismar	k Const	r. Corp	Τ	<u>L</u>	CEN	SIIV	<u> </u>		
□ DCA □ Cancellation				ILITY INFO										
Name of Facility Where Abatement is Taking I	Place (3	)	FACI	ILIT INC	JKIMATI	ON	Type of Facil	ity (4)						
Teaneck National Armory Guard							☐ School (	K-12)						
Street Address 1799 Teaneck Road							☐ Subcha ☑ Other (i	.e. privat	ther than te & comr			dings,		
City (5) Teaneck							Square Feet		of Floors	5	В	ldg. A	ge	
County (6) Bergen				Code (7) USE ONLY)			Current Use Armory guard		eing dem	nolishe	ed)			
Name of Monitoring Firm Hired by Building Ov The Whitman Companies	vner (8)		ASC	M No.			of Abatement Corporation	Contract	tor (9)					
Street Address 7 Pleasant Hill Road							Address cBride Ave				******		O Course To	
City, State, Zip Code Cranbury, NJ 08512						City, S Wood	tate, Zip Code land Park, N	ew Jers	sey					
Project Manager for Monitoring Firm Kevin Lovely	0.000		Telepho 732-39	ne No 0-5858			none No. 25-8400		Licen 0110	se No 4				
	Schedule 6-30-2		npletion	Date (11)			of OSHA Mon nvironmental		tories, L	LC				
Occupancy Status During Abatement (Check	Only Or	i <del>e)</del>					Address	To T						
□ Facility Closed/Vacated During Entire Pe     □ Abatement Performed Outside of Normal     □ Other – Describe:	eriod of	Abaten / Hours	nent			City, S	Route 22 We tate, Zip Code on, NJ 07083							_
Scope of Work (Check All That Apply)							limited con	ainm.wi	th negati	ive air				
□ ≥3 sf or ≥3 lf X ≥160 sf or ≥260 lf		Renova Demoliti					Glovebag	sure Procedu	re w	rap/re	epair/	cut/	)	
II Is	ls	Locati	on								16	Abate		Į.
Location of		Normal ed Sole				scription						Ту	pe	T
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Ma	intenai todial S (12)	nce/		therma surfa				Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
1	Yes	No	N/A										ro	
1st floor: men's/ladies room			Х	Pipe in	sulatio	n/elbc	ws/joints	150	O LF			Х		
Basement(men's shower/lckr/rooms		х	Pipe in	sulatio	n/elbc	ws/joints	165	LF			Х			
Rooms: 311, 204, 205, 206		х	Pipe in	sulatio	n/elbc	ws/joints	430	) LF	200		x			
Basement & room 311		x	Debris	clean	up		100	) SF		Х				
Name of Registered Waste Hauler Lilich Corporation	H	JDEP V lauler ID 18724		Cubic of Wa	Yards este		of Regi	stered La andfill	indfill					
City, State Woodland Park, New Jersey	City, State						City,		rrisville, F	PA	1			
Completed by Adriana Olejarova	Title pre	sident			\$	Signature	" ( Petro	her	<u> </u>	Dat 05	e /24/2	017		

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) NEWARK PUBLIC SCHOOLS 05/23/2017 ASBESTOS CONTROL & Agencies Notified Type Notification Street Address 2 CEDAR STREET LICENSING **EPA** Initial City, State, Zip Code DEP Amended NEAWRK, NEW JERESY 07102 X Amendment # DOL Emergency (including Telephone Number Name of Contact DOH justification) BENJAMIN OLAGADEYO Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) ARTS HIGH SCHOOL School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, 550 MARTIN LUTHER KING JR BLVD etc.) Bldg. Age Square Feet # of Floors City (5) 1500 **NEWARK** Current Use (Prior if being demolished) County (6) County Code (7) (STATE USE ONLY) SCHOOL **ESSEX** Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) OPTIMUM ENVIRONMENTAL SOLUTION LLC 00110 WHITMAN COMPANIES INC Street Address Street Address 2717 LINWOOD ROAD 7 PLEASANT HILL ROAD City, State, Zip Code City, State, Zip Code UNION, NEW JERSEY 07083 CRANBURY, NEW JERSEY 08512 Telephone No. License No. Telephone No. Project Manager for Monitoring Firm 732-390-5858 908-418-2737 01227 KEVIN LOVELY Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) 06/16/2017 07/16/2017 Street Address Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: OCCUPIED Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Туре Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Maintenance/ (i.e. thermal systems insulation, (Specify Remova ncapsulate TO BE ABATED Repair Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)other miscellaneous) (13)N/A Yes No BOILER INSILSTION, GASKET 600 X **BOILER ROOM** X 900 X **BREECH INSULATION BOILER ROOM** Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler Hauler ID No. of Waste MINERVA ENTERPRISE 9000 MINERV TRI-STATE 2A456 Disposal Date City, State City, State WAYNESBURG, OHIO 44688 1199 RANDALL STREET, BRONX, NEW YORK 10474 Date Signature Completed by 05/23/2017 CEO/OPERATIONS MGR EMMANUEL CHIOBI Dunau

Print Form

NOCH	N			to NJAC 8:60					, LS (6)		<u>U \</u>	7 1	=.
Date of Notification (1) 05/23/2017				f Building Own ARK PUBLIC					JUN	- 2	20	17	de
Agencies Notified Type Notification		173	Street A	ddress AR STREE	Т			1	DDFOT				-
EPA Initial DEP Amended Amendment #		(	City, Sta	ite, Zip Code /RK, NEW J		07102	200		SBEST	JENS JENS	ING	HOL	. & .
Emergency (ir justification)		1	Name of	f Contact				Tale	nhone Nu	mber			
X DCA Cancellation	52 mm - 100			AMIN OLAG									
Name of Facility Where Abatement is Taking ARTS HIGH SCHOOL	Place (3	)	PAGI	LITT IN OKM	ATION	Type of F	acility (4						
Street Address 550 MARTIN LUTHER KING JR BL	VD					x Sub	chapter a	g (Othe	er than K-1 commerc		dings,	home	es,
City (5) NEWARK						Square F	eet	# of	Floors	В	ldg. A	ge	
County (6) ESSEX				Code (7) USE ONLY)		Current U		r if beir	ng demolis	hed)			
Name of Monitoring Firm Hired by Building O' WHITMAN COMPANIES INC	wner (8)		ASCN 0011			of Abatem				DLUT	ION	LLC	
Street Address 7 PLEASANT HILL ROAD					DATE OF STREET	Address LINWO	OD RO	)AD					
City, State, Zip Code CRANBURY, NEW JERSEY 08512						State, Zip C ON, NEW		SEY 0	7083				
Project Manager for Monitoring Firm KEVIN LOVELY		10.0	Telepho	ne No. 90-5858	100000000000000000000000000000000000000	none No. 418-2737	7		License N 01227	10.			
	Schedule 07/16/2		pletion	Date (11)	Name	of OSHA N	Monitor						
Occupancy Status During Abatement (Check	Only On	e)			Street	Address					1.0150		
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe: OCCUPIED			ent		City, S	State, Zip C	ode						
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		tenovat emoliti				Mini-Er Gloveb	nclosure ag Proc	edure	Negative I			۵	
	le	Locatio				1 NOTE	kempted	( ) and	1 NOTE HA	1	Abate		
Location of	1	Normall	y		Description	n of					Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cust	d Solel intenan todial S (12)	ce/ taff?	(i.e. ther	Containing N mal system urfacing, VA er miscellar	s insulation AT, or		(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
DOUGE BOOM	Yes	No	N/A	DOU ED IN	ICII CTIO	N CACK			500	V	_		
BOILER ROOM	X			BOILER IN			SAMES .			X			
BOILER ROOM	X			BKEE	CH INSU	JLATION			900	X			
Name of Registered Waste Hauler TRI-STATE		Ha	JDEP Wauler ID		ibic Yards Waste	1 0.0		a Proper	red Landfil NTERPR		000	MIN	ERV
City, State 1199 RANDALL STREET, BRONX, I	VEW Y	ORK	10474		sposal Date		ity, State		RG, OHI	O 446	888		
Completed by EMMANUEL CHIOBI	Title CEO	OPE	RATIC	NS MGR	Signature	1 /	Cl	no	1 / 1	ate 5/23/:	2017	8	

Ch 2028	>			Pursuan	State of Nev DN OF ASB Int to NJAC	ESTOS ABA 8:60 and 12	2:120	0)	т	Company of the same	E G		2 2	₩ <u>.</u> 1	rint Fo
Date of Notification (1) 5/25/2017					of Building AN COUN							1	la de	UII	l loss
	Type Notification	1			Address	RIVE				1	ASBEST LI	OS C			L&
DEP DOL	Amended Amendmer	nt #			tate, Zip Co S RIVER,		4			<b>Тителичения</b>					
▼ DOH DCA	Emergency justification Cancellatio	)	3	Name	of Contact					TAI	enhana Ni	·mhar			5
Ч	_				CILITY INFO								a		
Name of Facility Where All OCEAN COUNTY C	batement is Taki OLLEGE - IN	ng Place ( STRUC	3) TION					Тур	e of Facility School (K-	W W					
Street Address 1 COLLEGE DRIVE								×	Subchapte Other (i.e. etc.)	r 8 (Oth	er than K-1 & commerc	12) cial bui	ldings	s, hom	ies,
City (5) TOMS RIVER								Squa	are Feet	# of	Floors		Bldg.	Age	
County (6) OCEAN				County (STATE	Code (7) USE ONLY)			Curr	ent Use (Pr	ior if bei	ng demolis	shed)			
Name of Monitoring Firm F WHITMAN COMPAN		Owner (8)	)	ASCI	M No.				atement Co OTHERS			1G, IN	1C.		
Street Address 7 PLEASANT HILL R	ROAD					710000		Addre	ess LAND AV	'ENUF					
City, State, Zip Code CRANBURY, NJ 085	12					Cit	y, St	tate, 2	Zip Code		· · · · · · · · · · · · · · · · · · ·				
Project Manager for Monito KEVIN LOVELY	oring Firm			Telepho (732)	one No. 390-5858	Tel	lepho	one N			License N	10.			
Start Date (10) 6/6/2017		Schedule 6/12/20	ed Con		Date (11)	Na	me c	of OS	HA Monitor S (9) ABC		00101				
Occupancy Status During A	Abatement (Ched	k Only Or	ne)					Addre							
Facility Closed/Vacate Abatement Performed  Other – Describe: EX	Outside of Norn	Period of Anal Facility	Abatem / Hours	nent		City	y, Sta	ate, Z	Zip Code						
Scope of Work (Check All 1													11674		
<ul> <li>× ≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>	тат трруу		Renova Demoliti				×	Mir	II Containmoni-Enclosure Divebag Production Divebag Production	e cedure					
Location of		1	Location	У		Descript	ion o		III Exemples	2 ( ) and	Non-r nac	ne i io	Abate	ement pe	
Asbestos-Containing Ma <u>TO BE ABAT</u> In Facility (13)		Mai	d Solel intenar odial S (12)	ice/	(i.e. th	es Containing hermal system surfacing, other miscel	ems VAT	insula , or	I (ACM) ation,	(Sp	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								<u> </u>	,	late	Ire
EXTERIO	R	X		V	VINDOW	CA	ULK		20	0 LF	Х				
Name of Registered Waste	Hauler	N.	JDEP W	'aste	Cubic Yards	3		Name of F	Register	ed Landfill					
TWO BROTHERS CO		Ha	auler ID 3743	7000	of Waste 10					AGEME	NT G	.R.O	.W.S	S.	
City, State OTOWA, NJ						Disposal Da 6/12/2017			City, State MORRI		E, PA				
Completed by /IVECA RAMOS		Title PROJ	IECT	COOR	RDINATO	Signatu R //	ure	2 18	- 0	N 2	Dat 5/2	te 25/20	17		

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Print Form

	(1	Pursua	nt to NJ	AC 8:60 and	12:120)		11 1.	LITECH	201	7	9	
ate of Notification (1)		Name	of Build	ling Owner/Or	perator (	2)	1	1				
05-24-2011		Street	t Addres	& And	TEG	L MIC		ASBESTOS C	ONTE	ROL	&	
gencies Notified Type Notification		Ouec	1					LICENS	SING	and the second		H
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iustification)			e of Con		K							1
DCA Cancellation		F	ACILITY	INFORMATI	ON		-Th- (4)					1
Name of Facility Where Abatement is Taking Pla	ce (3)	./.	-100	Jan	(	Type of Fa						
Residence Dwelli	na	1-	ICK	residen	ice)	Married At 8	ol (K-12) hapter 8 (C	Other than K-12)		e hor	000)	
Street Address	,					Othe etc.)		te & commercial b		_		4
			•			Square Fe		# of Floors	Bldg.	Age 8y		-
City (5) Cherry Hill		0.00				1480	on (Prins if	being demolished		<u>n</u> Å	1 3	-
County (6)		Cou	inty Cod ATE USE	e (7) :ONLY)		TPO	ider	tial				
Camden	0= /91	1	ASCM N		Name	of Ahatem	ent Contra	ctor (9)		-3-300	Saudinik	Name and Address of the Owner, where
Name of Monitoring Firm Hired by Building Own Quality Environmental Concepts	E (0)	1 .	lone		- 2		onmenta	! Concepts				-
Street Address					Stree	at Address 3 North T	uckahoe	Road				-
1053 North Tuckahoe Road					City	State 7in C	ode					
City, State, Zip Code Williamstown, New Jersey 08094					Will	liamstown	, New Jo	ersey 08094				_
Project Manager for Monitoring Firm		Te	lephone	No.	Tele	phone No.	-	License No 01086				
Edward Knorr	17.00		56-629		# NT-25-01	5-629-116 ne of OSHA		0.000				
Start Date (10)	cheduled 06-	Compl	letion Da	ite (11)	Qu	ality Envi	ronment	al Concepts				
06-03-2017 Check Cocupancy Status During Abatement (Check	Only One	00		111	Stre	et Address	Turksho	o Dood				
FI - W. Classical Macated During Entire Pe	god of Al	bateme	nt			53 North		e Modu				
Abatement Performed Outside of Normal Other – Describe: Exterior	CALMERS !!	5 112200			Cay	, State, Zip Illiamstow	n, New .	Jersey 08094				
arcond .	- September 1	- 1			1	-						:0 :5
Scope of Work (Check All That Apply)	· R	enovati	on			Full (	Containme	nt with Negative P	resslire L	3		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		emolitic			- 3	5 A 013	Eridosure ebag Proc	arlinea	Ja Dene	artems	<u>.</u>	
						L Non-	Exempted	(*) and Non-Friab	1	Abate	mem	
		Locatio	1	*			protestage		<u></u>	Ty	pe	
Location of	Use	Normally ed Solet	y by	Asbestos (	Descrip Containii	no Material	(ACM)	Amount			Enc	m
Asbestos-Containing Material (ACM) TO BE ABATED		intenan todial S		(i.e. the	mal sys	tems insulat , VAT, or	ion,	(Specify SF or LF)	Remova	Repair	apsi	Enclosure
In Facility (13)	A CONTRACTOR OF THE PARTY OF TH	(12)		oti	ner misc	ellaneous)			val	=	Encapsulate	re
	Yes	No	N/A					075-	1	1		-
Exterior Garage			X	2 sec	tion	s of d	uct-	65%F:	+	-	-	-
(interior)	1			WORK	(Air	cell in	sulation	3)	+-	100	-	-
Attached to home				lin 2 c	orna	ers ins	ide		-	uses -	-	+
w/no access to home				agra	ge			Registered Land	<u>l</u>	-		1
Name of Registered Waste Hauler			UDEP V	2000	Cubic Ya of Waste		Sale	m County	Solid	لعال	rep	3.
Quality Environmental Concepts			9710	4	су	7	Corr	spiex				
City, State					Disposal	Date -7 - 17	City, Sta	way, NJ				•
Williamstown, New Jersey	1 720				-	uejnie	1	1/ 1	Date	-0	1.1	17
Completed by Edward Knorr	Title Vic	e Pres	sident			8000	au A	Etmenn [	05	5-6	4-	1 (
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Date of Notification (1)  5 / 24	/ 1	7		100000000000000000000000000000000000000	e of Build	ing Owner/Operator owski	(2)		JUN -	2 20	)17	
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(NJAC 5:23-8) jus	stification) ancellation	iriciaali	ig	Company of the Company	e of Conta			Telephone	Number			
						NFORMATION						<u> </u>
Name of Facility Where Abatem	ent is Takir	ng Plac	e (3)				Type of Facility	(4)				
Langowski Residence Street Address							School (K-1 Subchapter Other (i.e., p	8 (Other than private and cor	K-12) mmercial	buildir	ıgs,	
City (5) Cherry Hill							Square Feet 2,300	# of Floors	3	Bldg. /	Age	
County (6) Camden				Cou	nty Code	(7)(STATE USE ONLY)	Current Use (P		molished			
Name of Monitoring Firm Hired b	171.00 E 17			ASCM	No.	Name of Abateme		*/.				
Mgmt. & Environmental C Street Address	onsulting	g Serv	ices				onmental, LLC					
PO Box 341						Street Address 623 Cutler Av	(ODIIO					
City, State, Zip Code						City, State, Zip Co	20 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T					
Chesterfield, NJ 08515						Maple Shade						
Project Manager for Monitoring F	irm		Tel	ephone	No.	Telephone No.	,	License No	0.			
Bill Weisgarber			6	09-298	3-4070	856-755-0099		00842				
Start Date (10)	100 to 10				ate (11) 17	Name of OSHA M EMSL Analyti						
Occupancy Status During Abater  Facility Closed/Vacated Durin  Abatement Performed Outside  Time of Abatement:  Al	g Entire Pe e of Norma	eriod of I Facilit	Abate y Hou			Street Address 200 Route 13 City, State, Zip Co	ode					
Scope of Work (Check all that ap	ply)											
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf     .		110	enovat emoliti									
20 860 800			Loca Norma			111			А	batem	ent T	уре
Location of Asbestos-Containing Material TO BE ABATED IN Facility (13)	(ACM)	Use Ma	ed Sole intens	ely by ince/ Staff?		Description of estos Containing Mat e., thermal systems i surfacing, VAT, other miscellaneo	terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Basement		Yes	No 🖂	N/A	Dustin	sulation		2.05				
Basement			10000	1=				2 SF		1		Ш
basement					Transit	e Board		3 SF			Ш	Ш
		Ш		Ш								
Name of Registered Waste Haule Freehold Cartage	r		118733	IJDEP \ lauler IC <b>1593</b> 9	No.	Cubic Yards of Waste 1	Name of Regis	tered Landfill orth Landfill				
City, State Freehold, NJ						Disposal Date 06/06/2017	City, State Morrisville,	PA				
Completed By (Print or Type)	Title	)				Signature			Date			
Christina Lynch	Vi	ice Pr	eside	nt of C	Operation	ns On	2-6-		< 1º	11/	(7	

					OTIFICATION (Pursuant to	1.00 0.1	ou-/ and	12.120.71	5.7		0 1/		F 70
Date of Notification (1)						Name o	of Buildir	a Owner/O	perata- (c)	7) 13	- P	- 5	44
5 / 25						MERCK	SHARP	& DOHME (	CORP	11		-	U
Agencies Notified	Type N	17				Street A	ddress			11			
EPA						126 E. L	INCOLN	AVENUE D	.O. BOX 2000,		JUN	- '	2 21
DEP	lIn	itial No	otifica	ation		City, Sta	te, Zip C	nd-	.O. BOX 2000,	RY28-4	14		
X DOL	X A	mende	d No	tificati	on #1	RAHWA	Y NEW	Jae JERSEY 07(					
X DOH	1	ancella 1 Hold	tion		L			LINGET U/(	165	ASB	ESTO	SC	ONT
DCA			=NC\	V NIOT	TFICATION	Name of	Contact		- IT :		_LiG	ENS	ING
						PATRICI.	A JOHNS	SON				_	
Name of Facility Where Al	patemer	t ie T	lei m -	- 01	FACILIT	Y INFOR	RMATION	1					
				Plac	e (3)				Facility (4)				
MERCK SHARP & DOHME	CORPO	RATIC	140					Sch	nool (K-12)				
		. 0 1110	214					Sub	ochapter 8 (Oth	o., 45			
Street Address								X Oth	er (ie. private &	er than K	-12)		
126 EAST LINCOLN AVENU	E - BUI	LDING	28 E	EXTER	RIOR PIDE DA	CIZ		Square	Feet # of	Floors	. bldgs	., hor	nes,
City (5) RAHWAY	Cou	inty (6	)		WORTHE RA	ICK	441-00-7-1				1	Bldg	. Age
Namo of Marris	11.15.11				(87)	unty Co	de (7)	Current U	se (Prior if bein	a demoli	chod)		
Name of Monitoring Firm H	ired by	Buildi	ng O	wner	(8)	ATE USE		VACAIVI					
ENVIRONMETAL HEALTH II	VESTI	SATIO	NS, I	NC.	1-7	AS	CM No.	Name of	Abatement Co	ntractor	(9)		
655 WEST SHORE TRAIL							104	I MILLIAN	RUNMENTAL	CORPO	RATIO	N	
City, State, Zip Code								Officer Add	iress	110000	1110		_
								313 SPOC	K ROCK ROAL	)			
Project Manager for Monitoring	PARTA,	NEW J	IERS	EY 07	7871			City, State	, Zip Code				
WILLIAM S. KERBEL, CIH	3 Firm			Telep	hone Number			SUFFERN	NEW YORK 1	0901			
Expected State Date (10)		_		973-7	29-5649			Telephone	Number	Licens	se Nun	ber	
5 / 16	147	S	che	d. Cor	npletion Date	(11)		845-369-75	00	1101			
Month Day	/17 Year	- 1		6 /	1:		7	AMEDICAL	SHA Monitor				
Occupancy Status During Abat	omont (	heck	noivi	ith	Day		Year	AIVIERISCI	LABORATORIE	ES INC		#114	180
					of 01.			Street Addre	299				
Abatement Performe  X Other - Describe:	ed Outsid	le of N	orma	al Faci	If Abatement		- 1	117 EAST 3	OTH STREET				
X Other - Describe:	SATU	RDAY	& SL	JNDA	Y 6 AM-11 PM	scribe:	L						
cope of Work (Check all that a	0-2010				· O AMI-TI PIV	ļ.	19	City, State, 2	Zip Code				
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>160 SF OR 260	F							rocedure					
Location of	-1	Τ.		nero Jugaren		Noi	n-Friable	Procedure	& TENT				
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Material (ACM)			Solel	y use y by	- 0	ntaining i	Material (	ACM)	Amoun	- <u> -</u>	Abaten	nent 7	
TO BE ABATED		Mai	nt/Ci	ustodia		ie. Therr	nal syste	me	(Specify		RE	E	EN
in Facility (13)		_ 5	Staff	(12)		ulation, s	urfacing,	VAT,	SF or LF		REPAIR	ENCAPSULE	ENCLOSURE
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e of Registered Waste Hauler													
EHULD CARTAGE INC	-	NJDE	P Wa	aste	Cubic Yards o	f Waste	Man	ne of Da					
HIGHWAY 33		Haule		Vo.	60		II VC	OMING OC	ered Landfill			1	$\dashv$
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State													-
State EHOLD, NEW JERSEY					Disposal Date			" " " "	K DRIVE/ROU	ΓE 15			
State	Title				5/16/17-06/15/	17 nature /	City,	State	, PA 17752	TE 15			$\dashv$

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) MERCK SHARP & DOHME CORP. 5 25 17 Street Address Agencies Notified Type Notification 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 EPA Initial Notification City, State, Zip Code DEP Amended Notification #1 RAHWAY, NEW JERSEY 07065 DOL ASBESTOS CONTROL Cancellation DOH On Hold LICENSING Name of Contact DCA EMERGENCY NOTIFICATION Telephone Number PATRICIA JOHNSON Name of Facility Where Abatement is Taking Place (3) FACILITY INFORMATION Type of Facility (4) MERCK SHARP & DOHME CORPORATION School (K-12) Subchapter 8 (Other than K-12) Street Address Other (ie. private & commcl. bldgs., homes, etc.) 126 EAST LINCOLN AVENUE - BUILDING 28 EXTERIOR PIPE RACK Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) RAHWAY Current Use (Prior if being demolished) UNION (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) VACANT ENVIRONMETAL HEALTH INVESTIGATIONS, INC. ASCM No. Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION Street Address 104 655 WEST SHORE TRAIL Street Address City, State, Zip Code 313 SPOOK ROCK ROAD City, State, Zip Code SPARTA, NEW JERSEY 07871 Project Manager for Monitoring Firm SUFFERN, NEW YORK 10901 Telephone Number WILLIAM S. KERBEL, CIH Telephone Number License Number 973-729-5649 Expected State Date (10) 845-369-7500 Sched. Completion Date (11) Name of OSHA Monitor 5 / 16 /17 6 / Month 15 Day /17 AMERISCI LABORATORIES INC Year Occupancy Status During Abatement (Check only one) Day #11480 Year Facility Closed/Vacated During Entire Period of Abatement Street Address Abatement Performed Outside of Normal Facility Hours - Describe: 117 EAST 30TH STREET Other - Describe: SATURDAY & SUNDAY 6 AM-11 PM City, State, Zip Code Scope of Work (Check all that apply) NEW YORK, NEW YORK 10016 HEPA VACUUM/WET METHOD/PATCH REPAIR Demolition Renovation Mini Enclo, >3SF OR LF Glovebag Procedure >160 SF OR 260 LF & TENT Non-Friable Procedure Location of Is Location Description of Asbestos-Asbestos-containing normally used Abatement Type Containing Material (ACM) Material (ACM) Amount solely by REMOVAL REPAIR (ie. Thermal systems ENCAPSULE ENCLOSURE TO BE ABATED (Specify Maint/Custodial insulation, surfacing, VAT, in Facility (13) SF or LF) Staff (12) or other miscellaneous) Yes No N/A UNDER PIPE RACK CLEAN UP X PIPE RACK-PIPE INSULATION 40 SQ FT ADDITION TO SCOPE: EXTERIOR PIPE RACK Х PIPE INSULATION 25 LN FT X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste FREEHOLD CARTAGE, INC. Name of Registered Landfill Hauler ID No. 825 HIGHWAY 33 LYCOMING COUNTY RESOURCE MANAGEMENT SE 15939 City, State 447 ALEXANDER DRIVE/ROUTE 15 FREEHOLD, NEW JERSEY Disposal Date City, State Completed by (Print or Type) 5/16/17-06/15/17 MONTGOMERY , PA 17752 Title BENJAMIN SANCHEZ Signature DIRECTOR OF OPERATIONS Date\_

				(Puis	uant to NJ/	AC 8	60-7 and 1	BATEMEN	4.1	11-11-10-10-10-10-10-10-10-10-10-10-10-1	T-	6	F= 1	77.77
Date of Notification (1)					N.	ame	of Building	Owner/0	Operato	or (2)		<u>C</u>		
5 / 16 Agencies Notified T	17						Address				1	11.151		0.01
	Type Notifi				12	26 E.	LINCOLN A	AVENUE,	P.O. B	OX 2000, RY	28-414	JUN	- 2	201
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DCA X	100000000000000000000000000000000000000	RGENC	YNO	TIFICA	TION DA	ame o	f Contact			Telephone	Numb			
					Secure 100		IA JOHNS							
Name of Facility Where Aba	atement is	Takin	g Pla	ce (3)	FACILITY	INFO	RMATION							
			J	00 (0)					of Facil					
MERCK SHARP & DOHME C	ORPORA	TION							chool (					
Street Address								X	ubcnap	ter 8 (Other t	han K-1	(2)		
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126 EAST LINCOLN AVENUE City (5)	: - ROILD	ING 28	EXT	ERIOR	PIPE RAC	K		1		# 01 1 10	UIS	Ŀ	3ldg. A	Age
RAHWAY	Count				Cou	inty C	ode (7)	Current	Use (P	rior if being d	emolish	ned)		
Name of Monitoring Firm Hir	red by Ru	ildina	0	- (0)	(STAT		E ONLY)	VACAN	IT					
ENVIRONMETAL HEALTH IN	VESTIGA	TIONS	INIC	r (8)		1	SCM No.	Name o	of Abate	ement Contra	actor (9	9)		
Street Address		110110,	nvo.				104	PAR EN	VIRON	IMENTAL CO	RPOR	ATION	1	
655 WEST SHORE TRAIL								Street A						
City, State, Zip Code										OCK ROAD				
SP SP	ARTA, NE	EW JEF	RSEY	07871				City, Sta		Code N YORK 109				
Project Manager for Monitoring	Firm		Tel	ephone	Number			Telepho	ne Mum					
WILLIAM S. KERBEL, CIH Expected State Date (10)				-729-5				845-369		Dei .	License	e Num	ber	
5 / Date (10)	/17	Sch			tion Date (	(11)		Name of		Monitor	1101			
Month Day Y	Year	NA.	onth	5 /	26		/17	AMERIS	CI LAB	ORATORIES	INC		#1148	20
Occupancy Status During Abate	ement (Ch	eck onl	v one	)	Day		Year				1000.000		<i>n</i> 1 1 TC	,0
X   Facility Closed/Vaca	ited During	Fntire	Dorie	d of A	atement			Street Ac		STREET				
Abatement Performe  X Other - Describe:	ed Outside	of Non	mal F	acility H	dours - Des	scribe	e:	III LAS	1 3011	SIKEEI				
Other - Describe:	MONDA	Y -FRI	DAY	7AM-	3:30 PM			City, Stat	e, Zip C	Code				
Scope of Work (Check all that a	(vlag				г		V17229000000			YORK, NEW		1001	6	
Demolition	X	Teans		_	-	X					/ YORK	1001		
X >3SE OR LE		LIVELLO	vatio	n			Mini Factor	CUUM/WE	TMET	HOD/PATCH	YORK REPAI	R		
- 00, 01, 1			vatio	n	F		MINI Enclo	,	TMET	HOD/PATCH	YORK REPAI	R		
>160 SF OR 260 L	LF		vatio	n			Glovebag	, Procedur	T MET	HOD/PATCH	YORK REPAI	R		
>160 SF OR 260 L Location of		Isi	Locat	ion [	De		Mini Enclo Glovebag Non-Friable	, <mark>Procedur</mark> e Procedu	T MET	HOD/PATCH	REPAI	IR		
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Date of Notification (1)			Т	Name of	Building C	)wner/Ot	erator (2)	)	-	l L	JU	V -	2 20	117	7
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Agencies Notified	Type Notification		_	Street A	1					A	ŞBEST	OSC	ONT	ROL	2
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DEPA	Initial Amended		T	City, Sta	te, Zip Cod	le									
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DOH DOH	☐ Emergency (in justification)	cluding	Ī	Name of	Contact	1,				Tele	mhone Nu	mber			
□ DCA	☐ Cancellation				5 CI					*					
				FACI	LITY INF	ORMAT	TON	T	Facility (	11					
Name of Facility Where A							1	Type of	Facility (4	+)					
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City (5)								Square			Floors		Bldg. A		
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Project Manager for Monit	oring Firm		-	Telephor	ne No.		Telepho	one No.	29-744		License				
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Start Date (10)		Scheduled			ate (11)			of OSHA							
6.18/17			0/	9/1	/				nviron	ment	21				
Occupancy Status During	Abatement (Check Onl	y One)		/				Address	ler Str	201					~
☐ Facility Closed/Vaca	ted During Entire Perio	d of Abat	ement		4.5	1925									
Abatement Performer	Outside of Normal Fa	acility Hot	20	~			City, St	tate, Zip	ackens	ack 1	JJ 0760	06			
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Scope of Work (Check All	That Apply)	ona			33		9.								
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≥160 sf or ≥260 lf			emoli	ion			, L	- Glov	ebag Proce	dure					
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TO BE AB In Facil			todial	THEOREM STORMS	(Le. the		ems insul VAT, or	anon, su	racing,		or LF)	Removal	Repair	caps	Enclosure
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Hackensack, NJ	0/601						19/1	1	Wayı	nesbu	rg, OH		Ö		
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Estimator

J. Maiorano

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Date of Notification (1)	ζ										1-6-	U L	77	U_	<u> </u>	5.11
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	26, 2017				al Electr	ic Com	pany					IIM .		21	117	
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Z 501	Emergency		g		Bergen,				L	-		LICE	NS	ING		
DOH	justification)			Name o	of Contact					Te	lephone	Numb	er			
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Name of Facility Where A	Abatament is Takir	a Place	(2)	FAC	ILITY INF	ORMAT	ION	T =								
		ig Flace	(3)					Туре	of Facility (4	1)						
General Electric Com Street Address	ipany							Щ	School (K-12							
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6001 Tonnelle Ave								$\boxtimes$	etc.)	iivato	a commi	croiai i	Juni	uniga	, mon	es,
City (5)								Squa	are Feet	# 0	f Floors		В	ldg.	Age	
North Bergen, NJ									TBD		TBD				TBD	
County (6)					Code (7)			Curr	ent Use (Prio	r if be	ing demo	olished	)			7.35
Bergen				(STATE	USE ONLY	9	-			ı	unknow	/n				
Name of Monitoring Firm	Hired by Building	Owner (8	)	ASCI	M No.		Name	of Aba	atement Cont	ractor	(9)		-			
CB&I							The N	ЛАСК	Group, LL	C.						
Street Address							-	t Addre	A CONTRACTOR OF THE PARTY OF TH							
200 Horizon Center							1500	Kinas	HWY'N, S	STF	209					
City, State, Zip Code									Zip Code	J 1 L	200					
Trenton, New Jersey	08691						10-8107		NJ 08034							
Project Manager for Monit				Telepho	ne No.			hone N			Licens	e No				
Gary Wyrwa	Telescock <del>s</del> of contracts				39-3770	17	(973)				00781	0 110.				
Start Date (10)		Schedu			Date (11)				HA Monitor	_	00761					
6/12/17				6/30/1						0						
Occupancy Status During	Abatement (Chec	k Only O	ne)	0/30/1	1			Addre	Group, LL	.U.						
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Facility Closed/Vacat Abatement Performer	ted During Entire I d Outside of Norm	Period of	Abates v Hour	ment					HWY N, S	SIE.	209		000		_	
Other - Describe:		iai i aoint	, riour				2000 Sept. 1		ip Code							
Scope of Work (Check All	That Apply)						Cherry	y HIII,	NJ 08034							
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≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Political Co.	Renova Demoli				ŀ		II Containmer ni-Enclosure	nt with	Negativ	e Pres	sur	е		
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TO BE ABAT			todial		(i.e.	. thermal	systems cing, VA		ation,		Specify	1	D D	J	nca	Enc
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Date of Notification (1)	10-e				Nan	ne of Build	ng Owner/Operato	r (2)		1110	- 2	21	117		111
5/	16 /	17			D	elran Lar	nd Investment, L	LC.	111	0011	-	(_ \	JII		
Agencies Notified	Type Notifi	cation			Stre	et Address	F		100						
⊠ EPA					7	West Ma	in Street			ASBESTO				L&	
□ DOLWD	☐ Amende	17. 53			City	State, Zip	Code			14	-154741				-
⊠ DOH	Amendr Emerge	ACCOUNT TO		_	M	oorestov	vn, NJ 08057								
DCA (NJAC 5:23-8)	justifica		iciuain	g	Nan	ne of Conta	act		1	Telephone	Numbe	er			
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Name of Facility Where A	sbatement is	Taking	n Plac	e (3)	- 17	CILITI	NIONWATION	Type of Fa	cility (4	1)					
Stelwagon Nursery		· Giving	9 1 140	0 (0)				School		7)					
Street Address								─ Subcha	pter 8	Other than					
116 Hartford Road								Other (in homes,		vate and cor	mmerci	al b	uildin	gs,	
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Delran								3,000	J.L	2	5		ldg. A <b>80</b>	ige	
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Burlington					00	inty Code	(1)(31A1E USE UNLY	Current Use	e (Pho	r ir being de	molish	ea)			
Name of Monitoring Firm	Hirad by Rui	Idina (	Jumor	/0\	ASC	A No.	Name of Abater		(0)						
Mgmt. & Environme					ASCI	1110.									
Street Address	iitai Oolist	aiting	Serv	ices			Shade Envi	ronnentai, i	LLC						
PO Box 341							Street Address 623 Cutler A	luanua.							
City, State, Zip Code							050000000000000000000000000000000000000								
Chesterfield, NJ 085	15						City, State, Zip (								
				T	i e d		Maple Shad	e, NJ 08052							
Project Manager for Monit	oring Firm				lephone		Telephone No.			License N	0.				
Bill Weisgarber		Cabad				8-4070	856-755-009			00842					
Start Date (10)	V/2000				9 /	ate (11) 17	Name of OSHA  EMSL Analy								
Occupancy Status During	Abatement (	Check	only	one)			Street Address						10. T. 17.		
Facility Closed/Vacate	1,000						200 Route 1	30 North							
Abatement Performed				500			City, State, Zip 0	Code							
Time of Abatement:	AIVI-	PN	/I/	PIV	-	_AIVI	Cinnaminso	n, NJ 08077							
Scope of Work (Check all	that apply)		_					ntainment with	Nega	tive Pressur	e				
≥3 sf or ≥3 lf			⊠ Re	nova molit			☐ Mini-En	closure ag Procedure							
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Asbestos-Containing M TO BE ABAT		A)			ance/		estos Containing M			Amount	- 1	em	Repair	nca	ncic
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Name of Registered Waste	Hauler			112	NJDEP Hauler I		Cubic Yards of Waste	Name of R	33777						
Freehold Cartage				_	1593		vvaste 1	GROWS	S Nor	th Landfill					
City, State							Disposal Date	City, State							
Freehold, NJ							06/09/2017	Morrisv	ille, F	PA					
Completed By (Print or Typ	e)	Title	·				Signature		-		Date				
Christina Lynch		Vie	ce Pr	esid	ent of	Operatio	ns ()M	& los			5/	21	01	7	

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Date of Notification (1) 05/26/2017			e of Building h Terry	g Owner/	Operato	r (2)			JUN	- (	-201	- In-
Agencies Notified  Type Notification  Initial Amended Amendment	t #	City,	et Address State, Zip ( cataway,		54			ASB	ESTC: LICI	S CC ENSI		IOL &
➤ DOH Emergency justification Cancellatio	)	Name	e of Contac h Terry					T-1-6	Nimbor			
Name of Facility Where Abatement is Taki	ng Place (3)	FA	CILITY IN	FORMAT	ION	T	7 F 70 7	.1				
House	ig Flace (3)					Тур	e of Facility (4 School (K-1)	- 21				
Street Address						×	Subchapter	8 (Other than Frivate & comme	(-12) ercial bu	ildings	s, hom	es,
City (5) Hillside						Squ N/A	are Feet	# of Floors N/A		Bldg. N/A	Age	
County (6) Union			ty Code (7) E USE ONL			Curr		r if being demo	lished)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)	AS	CM No.		100000000000000000000000000000000000000		atement Cont tement, Inc					
Street Address					Street 11 R		ess Igren Aven	ue				
City, State, Zip Code					G. C.		Zip Code NJ 07512					
Project Manager for Monitoring Firm		Telep	hone No.		Telepi 973-			License 01311	2000 CO			
Start Date (10) 06/08/2017	Scheduled 06/09/20		on Date (11)	)	11 12 13 13 13 13		HA Monitor tement, Inc	),				
Occupancy Status During Abatement (Che					Street		17.7					
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: occupied	Period of Abmal Facility H	atement lours			City, S	State, 2	gren Aven Zip Code NJ 07512	ue				
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<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>		novation molition			×	Mi Gl	ni-Enclosure ovebag Proce	nt with Negative edure (*) and Non-Fri			re.	
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Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Maint Custod	Solely by enance/ lial Staff? 12)		stos Coni . thermal surfa	taining M	Materia s insul T, or	ation,	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
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Name of Registered Waste Hauler  D&S Abatement, Inc.		NJDEP Hauler I 20996	시아 아무리를 하는데	Cubic of Was TBD			Paramo de anno	egistered Land anagement				
City, State otowa, NJ				Dispos	al Date		City, State Morrisvill	e , PA				
Completed by Dliver Hegedis	Title Project	Manage	·r	S	ignature	PT	/		<u>D</u> ate 05/26/2	2017		

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) Southern Regional High School District 8 18 16 2017 JUN -Agencies Notified Type Notification Street Address **⊠** EPA 105 Cedar Bridge Road ASBESTOS CONTROL & ☑ DOLWD ☐ Amended City, State, Zip Code LICENSING Amendment # **⊠** DOH Manahawkin, NJ 08050 Emergency (including) □ DCA Telephone Number Name of Contact (NJAC 5:23-8) justification) Cancellation Dean Adams FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Southern Regional High School School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 90 Cedar Bridge Road homes, etc.) City (5) Square Feet # of Floors Bldg. Age Manahawkin 50,000 2 70 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Ocean School Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) PARS Environmental, Inc. Shade Environmental, LLC Street Address Street Address 500 Horizon Drive, Suite 540 623 Cutler Avenue City, State, Zip Code City, State, Zip Code Robbinsville, NJ 08515 Maple Shade, NJ 08052 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Julian Fernandez-Obregon 609-890-7277 856-755-0099 00842 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 06 / 12 / 17 06 / 23 / 17 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/\_\_\_PM-\_\_\_AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure  $\boxtimes \ge 3$  sf or  $\ge 3$  If □ Renovation ☐ Mini-Enclosure ≥ 160 sf or > 260 lf □ Demolition ☐ Glovebag Procedure Is Location Abatement Type Normally Location of Description of Remova Repair Encapsulate Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? surfacing, VAT, or SF or LF) IN Facility (12)other miscellaneous) (13)No N/A Yes X Cement Board 1,700 SF X Exterior of Gymnasium NJDEP Waste Name of Registered Waste Hauler Cubic Yards of Name of Registered Landfill Hauler ID No. Waste **GROWS North Landfill** Freehold Cartage 15939 20 City, State Disposal Date City, State

ASB-41 JAN 13

Freehold, NJ

Christina Lynch

Completed By (Print or Type)

Vice President of Operations

06/23/2017

Signature

Morrisville, PA

Date

5/2017

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TOTAL COLUMN
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Date of Notification (1) 5/26/17			311		Building Ov Smeltin			2)	1	Contraction of the Contraction o	JUN	- 2	2	UTT		
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Street Address							Street	Address								
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City, State, Zip Code								tate, Zip								
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Project Manager for Monitoring	Firm		1000	elephon	e No.		1	one No.			License 01255					
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Scope of Work (Check All Tha	t Apply)															
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≥ 160 sf or ≥260 lf		× D	emolitic	on			-	Mini	-Enclosure rebag Prod	edure						
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Dennora, PA		-				TBE		9	vvaiiiD	ery, c	711	Date				
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Tina Caporino		0001	oldiy				An. CC	ence	vi-				_			

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

Date of Notification (1)		1	vame of	Building Owner									
5/26/17			F	PR. PET	ER	LE	NZ	Å	SEEST			301	8
Agencies Notified Type Notification		15	treet Ad	ldress			,		110	ENC	MG		
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DOH justification)	nearing.	1	vame or	Contact .				Tele	phone Num	ber			I
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Name of Facility Where Abatement is Taking Pla	~~(3)		FACII	LITY INFORMA	TION	Type	of Facility (4	4)					4
HR. PETER LEN													
	-						School (K-1: Subchapter 8	(Other	than K-12)				
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Street Address						Address							
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City, State, Zip Code						State, Zi		Duo					
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Project Manager for Monitoring Firm	-	17	elephon	e No.	1000000	none No			License No	).			
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Start Date (10)	Scheduled	Compl	etion Da	te (11)	Name	of OSH	A Monitor						
6/13/15			4/15	(7)	Or	mega	Environ	menta	1				
Occupancy Status During Abatement (Check Only		-			Street	Address	5						
☐ Facility Closed/Vacated During Entire Perio	d of Abate	ment		1	2	80 H	ryler Str	eet					
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Describe: 130 AM 110	2:201	1 1			S	outh	Hackens	ack, I	47 0 / 000	·			
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City, State Hackensack, NJ 07601					)   A   1.	6			rg, OH	4629	3		
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Jude Ulokameje	S 0				925090		- SECTION -	39024			0133					
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06/07/2017		06/30							wukaife	•						
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							etc.)			1755 	· ·	74
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Name of Monitoring Firm Hired by Building	Owner (8	)	ASC	Л No.	Name	of Aba	tement Cor	ntractor (9)				
Standard Environmental					Ama	ax Cor	ntracting	LLC				
Street Address			-		Street	t Addres	SS					
2108 Fulton St, Suite 2A					PO	BOX 7	734					
City, State, Zip Code					City, S	State, Z	ip Code					
Brooklyn NY 11233					Woo	odland	Park NJ	07424				
Project Manager for Monitoring Firm			Telepho	ne No.	Telepi	hone N	0.	Licer	nse No.			
Kayode Adefisoye			347-2	41-7673	973-	-692-6	298	012	66			
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06-02-2017	06-06-		47. <b>8</b> 54 - 1200 CENTRO CO. S		Ama	x Cor	ntracting l	LLC				
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max Contracting LLC		10	050	104 6	CY		Fairless	S MIIIS				
City, State					sposal Date		City, State					
Voodland Park NJ 07424				06	-15-2017	//	Morrisv	ille PA				

Tome Maslarkov

Completed by

Title

Project Manager

Signature

Date

05-24-2017

			140	(Pursi	uant to	NJAC 8:60 and	12:120)	,					
Date o	of Notification (1)	5-27-17		Na	The same of the sa	uilding Owner/Op	perator (2) H. Ahm	Yisra	el JUN	- 2	20	17	1
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Proje	ect Manager for Mo	oit ri g Firm			elephone	e No. 1 <b>58-</b> 3365	Telephone No 609 758	-336		3	q	1	
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之品	Facility Closed/Va Abatement Perfor Other – Describe:	ncated During Entire Permed Outside of Norma	eriod of Al al Facility	Hours	ent		City, State, Zi	p Code		85	3	3_	
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Date of Notification (1) 5/26/2017					of Building Services		Operator	(2)	70	UL	. JU	11	2 6	<del>]     -</del>	1
Agencies Notified	Type Notification			Street A	oddress eachtre	e Place	e, Suite	e 100	00	-	ASBEST	ros (	CON	TROI	- &
DEP  DOL	Initial Amended Amendmen				ate, Zip C a, GA 3		- 3				ļ	1021	011 60		
⊠ DOH □ DCA	Emergency justification) Cancellation				f Contact Quinn (		or Owr	ner)		Тта	Janh N	lumba	*		
			-	FAC	ILITY INF	ORMAT	ION	27							
Name of Facility Where A Elizabeth Gas Plant		ng Place (3	)					Туре	of Facility ( School (K-1	č 50 					
Street Address 300 3rd Avenue								×	Subchapter Other (i.e. petc.)				ilding	s, hom	ies,
City (5) Elizabeth								Squa 9,90	are Feet 00	# 0	of Floors 2		Bldg. 40+	Age	
County (6) Union					Code (7) USE ONLY	n			ent Use (Pri ce and co		ing demol	lished)			
Name of Monitoring Firm EHS Environmental,		Owner (8)		ASCN	/ No.				atement Cor nvironme			, Inc.			
Street Address 411 Southgate Cour	t, Suite E						Street 42 R		ess Road						
City, State, Zip Code Mickleton, NJ 08056	i						00000 0-		Zip Code ille, PA 19	9460					
Project Manager for Monit Jack Carney	toring Firm			Telepho 856-22	ne No. 24-0080		Teleph 610-9				License 00836				
Start Date (10) 6/13/2017		Schedule 6/27/20		npletion l	Date (11)				HA Monitor nv. Svcs.,	Inc.					
Occupancy Status During	Abatement (Chec	k Only One	e)				Street	Addre	ss						
Facility Closed/Vacat Abatement Performe Other – Describe:								tate, Z	Koad Lip Code ille, PA 19	9460					
Scope of Work (Check All	That Apply)						1 1100	21.102.41		7100	-				
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City, State Fairless Hills, PA			-			Dispos 6/201			City, State Morrisvi		Α				
Completed by Jeff LaRiviere		Title Pres.				Si	gnature					Date 5/26/2	017		

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

Print-Ferm

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DOH	justification)			di	r. cre	507	<u> </u>	-			_		-
DCA	☐ Cancellation	1	FAC	TLITY	INFORMAT	ION	Type of Facili	tv (4)					
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City, State, Zip Code						H	ackensack	, NJ 07	001	cense No.			
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NOCK				<b>FIFICATION</b>	ATION OF ASBESTOS ABATEMENT Juant to NJAC 8:60-7 and 12:120-7)						E C			
ASS OF 10000 1000 1000					Name of Building Owner/Operator (2)								-	
Date of Notification (1)					SETON HALL UNIVERSITY						11	111 0	2017	
						Street Address					JU	)IV - 5	7 2017	
						400 SOUTH ORANGE AVENUE							1	
EPA Initial Notification DEP X Amended Notification #2					City, State, Zip Code SOUTH ORANGE, NEW JERSEY 07079					Ā	SBES	TOS C	ONTROL &	
	ncellatio	n			LICEN								NG	
	Hold IERGEN	CV NO	TIEICAT		Name of Contact Lone Number									
BCAEN	IERGEN	CYNU	Same because	VICTORIA PIVOVARNICK FACILITY INFORMATION								-		
Name of Facility Where Abatemen	t is Takir	ng Plac	e (3)	FACIL	III Y INFORMA	Type of Facilit	v (4)		-				-	
3.50			School (F											
SETON HALL UNIVERSITY				ter 8 (Other than										
Street Address						X Other (ie. Square Feet	private & comm # of Floors	cl. bldg	gs., ho		etc.) g. Age		-	
400 SOUTH ORANGE AVENUE						N/A	N/A				N/A			
1 1 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1					ty Code (7)	Current Use (Prior if being demolished)							1	
				(STATE	USE ONLY)	UNIVERSITY								
Name of Monitoring Firm Hired by TTI	pullaing	Owne	(0)		ASCM No. Name of Abatement Contractor (9)  PAR ENVIRONMENTAL CORPORATION									
Street Address						Street Address		†						
1253 NORTH CHURCH STREET					313 SPOOK ROCK ROAD									
City, State, Zip Code  MOORESTO	WN NE	W IEDS	EVB	0057		City, State, Zip Code								
Project Manager for Monitoring Firm	VVIN, INC.			Number	SUFFERN, NEW YORK 10901 Telephone Number License Number							1		
JEFF SEAMAN		1000	5-869-5		845-369-7500 1101									
Expected State Date (10)	etion Date (	**************************************							1					
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X >160 SF OR 260 LF			ble Procedure							<u> </u>				
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TO BE ABATED Maint/Custodial in Facility (13) Staff (12)					sulation, surfaci or other miscella		SF or LF)	AVO	5	PSI	.08			
in Facility (13) Staff (12) Yes No N/A				1	n other miscella	ineous)		-		JLE	PE			
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					CAULK		90 SF	Х					•	
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NEWARK CARTING 369 RAYMOND BLVD.  Hauler ID No. 913					50	ORAND CENTI	VUT OVINITAKI	LAND	ILL					
City, State Dispo					sal Date City, State									
NEWARK , NEW JERSEY 5/22-4 Completed by (Print or Type) Title					8/30/17 PLAINFIELD TOWNSHIP, PA									
BENJAMIN SANCHEZ	RATIONS	Signature Date												

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) SETON HALL UNIVERSITY 5 19 117 Street Address Agencies Notified Type Notification 400 SOUTH ORANGE AVENUE IIIA! EPA Initial Notification City, State, Zip Code DEP Amended Notification SOUTH ORANGE, NEW JERSEY 07079 DOL Cancellation DOH On Hold #1 Name of Contact SBESTOS CONTROL & EMERGENCY NOTIFICATION DCA VICTORIA PIVOVARNICK **VSING** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) SETON HALL UNIVERSITY Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 400 SOUTH ORANGE AVENUE N/A N/A N/A City (5) County Code (7) County (6) Current Use (Prior if being demolished) SOUTH ORANGE **ESSEX** (STATE USE ONLY) UNIVERSITY Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION 3 Street Address Street Address 1253 NORTH CHURCH STREET 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code MOORESTOWN, NEW JERSEYB 08057 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number JEFF SEAMAN 856-869-5182 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 5 / 22 /17 8/ 30 /17 QUALITY ENVIRONMENTAL SOLUTIONS & TECH. Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1376 ROUTE 9 Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY - FRIDAY 7AM-3:30PM City, State, Zip Code WAPPINGERS FALLS, NY 12590 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini Enclo , >3SF OR LF Glovebag Procedure (WRAP AND CUT) >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount REMOVAL ENCAPSULE ENCLOSURE REPAIR Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A GROUND-DINING ROOM AREA X VAT & MASTIC 11,300 SF X EXTERIOR-DINING ROOM STORE FRONT X WINDOW CAULK 90 SF X EXTERIOR -DINING ROOM STORE FRONT FIRE PROOFING 150 SF OVERHANG Name of Registered Waste Hauler NJDEP Waste | Cubic Yards of Waste Name of Registered Landfill NEWARK CARTING GRAND CENTRAL SANITARY LANDFILL Hauler ID No. 369 RAYMOND BLVD 913 City, State Disposal Date State NEWARK, NEW JERSEY 5/22-8/30/17 PLAINFIELD OWNSHIP, PA Completed by (Print or Type) Signatur Date BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS

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Date of Notification (1)				Name of E		Owner/Operator	(2)		- 11	17)	E 6 1	
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SETON HALL UNIVERSITY							er 8 (Other than	K-12	)			
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Street Address						Square Feet	# of Floors				g. Age	
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1253 NORTH CHURCH STREET						313 SPOOK RO	OCK ROAD					
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MOORESTOW Project Manager for Monitoring Firm	N, NEW					SUFFERN, NEW YORK 10901						
JEFF SEAMAN		- I		Number		Telephone Num			Number			
Expected State Date (10)	190		369-5	tion Date (11)		845-369-7500	111	01				
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