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

GAC Project # 060-18	WE A	FEE										
Date of Notification (1) May 29, 2	2018				Name of Building Owne			/EDC	HTV C	- NI		
Agencies Notified		Motification	Tuno		RUTGERS, THE S	SIAIE	= UNIV	VERS	HYC	IF NJ		
⊠ EPA		Notification Initial Amen	Notific	ation	Street Address ENVIRONMENTAL 74 STREET 1603,	L HEA	LTH 8	& SAI	FETY	DEPT	. (REF	IS)
X DCA				(including	City, State, Zip Code	DLDC) 41 TO	, LIV	INGS	TON	HIVIFU	13
X DOL							. F	and a	F G		Property and Parling Street,	-
☑ DEP- No Longer REQUIRE	D		cation)	PISCATAWAY, NJ	0885	4		B M		A 100	
X DOH		□ Cance	lled		Name of Contact		[[]	Teler	hone	lumber	U W	IC I
IZI DOH	1				MICHAEL F. SMIT	H. EN	V. [848	-445-2	2550		
					HEALTH & SAFET							111
			17 11 11 11	FACILITY IN	FORMATION		111	133	JU	V 1	2010	- 111
Name of Facility Where Abatemen	nt is Takin	g Place (3)		7710121717171	Type of Facility (4)		1 -400	Ind I	00,	4 1	2018	F 1 1
RWJMS RESEARCH TO	WER	BI DC#	2622				į	į				- Annous
THE PROPERTY OF THE		DEDOM .	0000		School (K-12)		1	L	-		•	1
Street Address				No.	Subchapter 8 (other th	an K-12	2)	AS	SBEST	OS CO	MTRO	i 0
RBHS PISCATAWAY CA	MDHC	10			Other (i.e. private & co	ommercia	al buildi	ngs, ho	mes, let	GENSII	VG	- Ct
KDIIS PISCATAWAT CA	AIVIPU5).			Sq. Feet: N/A	# of Flo	oors: 8	Bldd	Age:	60± v	rears-	manufacture to describe to manufacture to the second control of th
City (5)	ounty (6)		Count	y Code (7)	-		00101	<u>Did</u>	g. 7 tgo.		curo	
	MIDDL	CCEV		Use Only)	Current Use (prior if beir	na doma	olichod		ADEMI	_		
TIOCATAVAT	MIDDLE	ESEX	Joiale	OSE OTILY)	Carroni Coc (prior il bell	ng denne	onsticuj	. AU	ADLIVII			
										*		
Name of Monitoring Firm Hired by	Blda. Ow	ner (8)	ASCM	No	Name of Contractor (9)							
ATC			0009		Name of Contractor (9)							
7			000.	50	GREENWOOD ABA	TEME	NITC	ONCI	II T A A	ITC IN	_	
Street Address						(I E IAIE	INIC	UNSU	LIAN	115, 11	C.	
3 TERRI LANE					Street Address							
O IZIGG ZAME					511 MAIN STREET							
011 01					SIT WAIN STREET							
City, State, Zip Code					City State, ZipCode							
	016				BUTLER, NJ 07405							
Project Manager for Monitoring Fir	m I	Telephone I	Vumber		Telephone Number		T	Licens	se Numl	ner		
BRIAN R. KEARNEY		609-386	-8800					LIOUTE	oc realin	201		
					973-492-0477			0084	LO.			
Scheduled Start Date (10)	5	Scheduled (Completi	on Date (11)	Name of OSHA Monitor			000				-
06/08/18		06/20/18			ENVIROVISION, IN	C						
Occupancy Status During Abate						<u> </u>						
□Facility Closed/Vacated Durin	a Entiro E	Poriod of A	hotoma.	-1	Street Address			00"				
Shotoment Perferent Cutility	y Linute r	-ellou ol A	vatemer	H.	20-21 WARGARAW	RUAL	D, BLL	JG# 3	5E			
Abatement Performed Outsid	e of Norm	nal Facility	Hours -	- 7am -3pm	City, State, Zip Code							
Describe: Schedule: 3PM - 5A	AWI (24 F	1RS. & W	EEKEN	NDS AS		40						
NEEDED)					FAIRLAWN, NJ 074	10						
X Facility Occupied During Aba	tement				1							
Other- Describe:												
Scope of Work (Check all that appl	(v)											
	111											
W 2 - 4 2 16				1777		Full C			ith Neg	ative Pr	essure	
≥ 3 sf or >3 lf				■ Renovation		☐ Mini	-Enclos	ure				
$\square \ge 160 \text{ sf or } \ge 260 \text{ l}$	lf			Demolition	[Glove	e bag Pi	rocedu	re / Wr	ap & Cu	ť	
						□Non-E						luro
Location of Asbestos-Containing	Is Locat	tion Normal	y Used	Description of Ast	pestos Containing Material		Amount			ment Typ		uro
Material (ACM) in Facility (13)	Solely b	y Maint./Cu	stodial		al systems insulation, surface	533	(Specify		Abate	Hellt Tyl	76	
	Staff? (1	12)		VAT, or other mis			or LF)	,		e Repair	Encap	
	YES	NO	NA		10 (800-2000)				Enclose	9		
R-B66		X		TOI								_
		IDI		TSI			80 S	F	X			
Name of Reg. Waste Hauler	l N	JDEP Was	te Haule	r ID #	Cubic Vanda after	10 C	V	Namo	of Pogis	stered La	ndfill	
See Hauler Below #1 & 2		See Below			Cubic Yards of Waste:	10 0	T			North		:11
	-							G.1\.\	J. W. J.	NOILII	Lanun	111
Hauler #1) Greenwood Abatemen	t Consulta	ants, Inc	Butler, 1	NJ 07405		Dispos	sal Date	9		City, Sta	ate	
NJDEP # 12561										100 Nev	v Ford N	/lill
Hauler #2) Newark Carting, Inc.,	Newark, I	NJ 04509				06/2	0/201	R	- 1	Rd. Moi	risville,	Pa
NJ DEP # 4509						0012	U/201	J		19067		
										215-736	-1700	
Completed by (Print or Type)						1						
	Title	1			Signature			Date				
			O.IFO	CT.	<u>Signature</u>	ar)		Date	20. 20	110		
RAYMOND C. PEDALING	SE	NIOR PI		СТ	Signature Raymond C. Pe	edaline			29, 20	18		

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

GAC Project # 060-18	PAI										
Date of Notification (1)	人直通	1. 原。即			Name of Building Owner	Operator (2))				
May 29, 2	2018				RUTGERS, THE S	TATE UN	VERS	O YTI	F NJ		
Agencies Notified		Notification	Type		Street Address						
				ation (2 work	ENVIRONMENTAL	HEALTH	8 SA	FETY	DEDT	/PEH	(2)
☐ EPA		Areas)		ation (2 Work	74 STREET 1603, I						
□ DCA			J. 181.			SLUG 411	e, LIV	IIVGO	ONCA	AIVIPU	0 5
X DOL	- 1			tification #	City, State, Zip Code		111 11		9 5		느
DEP- No Longer REQUIRE	_	☐ Emer	gency ((including	PISCATAWAY, NJ	08854	113	[
)	justifi	cation)		Name of Contact			hone N			
⊠ DOH		□ Cance			MICHAEL F. SMITH	I, ENV.	848	445-2	550	201	8
					HEALTH & SAFET		and book			- U 1	0
				FACILITY IN	FORMATION	•	-				
Name of Facility Where Abatemen	nt is Takir	ng Place (3)			Type of Facility (4)			ACDE	TOO O	Co. S. Vincen	
MARTIN HALL, BLDG#					School (K-12)			AODE	STOS C	UNIH	OL &
					Subchapter 8 (other that	- K 40)	L		LICENS	anda	Mark of other strains of
Street Address											
COOK CAMPUS					Other (i.e. private & co						
00011071111100					Sq. Feet: N/A	f of Floors:	4 Bld	g. Age:	80+ ye	ears	
City (5) Co	unty (6)		County	Code (7)	1						
NEW BRUNSWICK	MIDDL	ESEX	(State	Use Only)	Current Use (prior if bein	g demolished	d): AC	ADEMIC	;		
Name of Manitorian Fire Hind I	DI.I. O	(0)	10011								
Name of Monitoring Firm Hired by	Blag. Ow	vner (8)	ASCM		Name of Contractor (9)						
ATC			0009	98	00551111000 101						
0					GREENWOOD ABA	TEMENT	CONSU	JLTAN	TS, INC	; <u>. </u>	
Street Address					Street Address						
3 TERRI LANE											
					511 MAIN STREET						
City, State, Zip Code				-	City State, ZipCode						
BURLINGTON, NJ 08	016				BUTLER, NJ 07405						
Project Manager for Monitoring Fir		Telephone N	Number		Telephone Number		Licon	se Numb	0.5		-
BRIAN R. KEARNEY		609-386			Telephone (Valider		Licens	se munic	ei		
DIGITAL INCAME!		003-300	-0000		973-492-0477		0084	10			
Scheduled Start Date (10)		Scheduled (Completic	on Date (11)	Name of OSHA Monitor		000-	10			
06/08/18		6/20/18	Johnpiette	on bate (11)	ENVIROVISION, IN	_					
						J.					
Occupancy Status During Abate					Street Address						
☐Facility Closed/Vacated Durin				it	20-21 WARGARAW	ROAD, BL	DG# 3	35E			
☐Abatement Performed Outside	e of Norn	mal Facility	Hours -		01 01 7 0						
Describe:					City, State, Zip Code	4.0					
☑ Other- Describe: Schedule:	5PM -	5AM Daily	/ (2 PH/	ASES, 24	FAIRLAWN, NJ 074	10					
HOURS & WEEKENDS AS	NEEDE	D)									
		•									
Scope of Work (Check all that app	ly)									57.5	
						Full Contain	ment w	ith Neas	tive Pres	SUL	
□ ≥ 3 sf or >3 lf			1	Renovation	F	Mini-Enclos	IIII CIII VV	iarrivege	itivo i roc	o Gui C	
⊠ ≥ 160 sf or ≥ 260	E										
IM≥ 160 SI OF ≥ 260	H.			Demolition		Glove bag I					20
						Non-Exem					dure
Location of Asbestos-Containing		ation Normal			bestos Containing Material	Amou		Abater	nent Type	2	
Material (ACM) in Facility (13)		by Maint./Cι	ustodial		nal systems insulation, surfac	U 1		Remov	e Repair	Encan	
	Staff? (NO NO	NA	VAT, or other mis	cell.)	or LF)		Enclose		Liicap	
	123	NO	IVA								
Corridor 126 & 128, 111		X		VAT		250	0 SF	X			
Suite, 113 Suite				S IS							
			1,1								
Name of Reg. Waste Hauler	17	NJDEP Was	to Hauler	r ID #		05.01/	Momo	of Dogic	tered Lar	dell	
See Hauler Below #1 & 2	31 7	See Below		110#	Cubic Yards of Waste:	25 CY			North I		:
							G.K.	U.VV.S.	NOTELL	_anun	111
Hauler #1) Greenwood Abatemen	t Consult	tants, Inc	Butler, N	NJ 07405		Disposal Da	te		City, Stat	е	
NJDEP # 12561									100 New	Ford N	/III
Hauler #2) Newark Carting, Inc.,	Newark,	NJ 04509				06/20/20	18		Rd. Morr	isville,	Pa
NJ DEP # 4509						30/20/20	.0		19067		
									215-736-	1700	
Completed by (Print or Type)	7.00	-			Signature		Date				
	Title	e			Juliature		Date				
			ROJEC	CT		D. C		29 2	018		
RAYMOND C. PEDALING) SE	≘ ENIOR PI ANAGER		T	Raymond C. To	Edalino		29, 2	018		



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

CHECK# 1744

Date of Notification (1) 05/29/2018			Name o	of Building	Owner/0	Operato	r (2)							
Agencies Notified Type Notification EPA Initial			Street A	Address				Lancard College) []	GE		\mathbb{V}_{-}		
DEP Amended Amendment: Emergency (i		_	City, St HADI	ate, Zip C DONFIE	ode LD NJ	08033	3	Land of the land o	And the second state of th	JUN	1 - 2	018	The same of the Bolton	圳
DOH justification) Cancellation	inorading		Name o	of Contact IS GOD	IN			A PARTY PROPERTY OF A	1	lanhana A				-
Name of Facility Where Abatement is Taking	Place (3)	FAC	ILITY INF	ORMAT	ION	Typo	of Facility		HC!	S CON ENSIN	3	CS.	MAL SALES
RESIDENTIAL	11 1000 (1	٠,						School (K-	3 (8)					
Street Address								Subchapte Other (i.e. etc.)	r 8 (Oth	er than K- & comme	-12) rcial bui	ldings	, hom	ies,
City (5) HADDONFIELD								e Feet	# o	f Floors		3ldg. / 100+		
County (6) CAMDEN				Code (7) USE ONLY)		Currer	nt Use (Pr SIDENTI	ior if bei AL	ing demol	ished)			
Name of Monitoring Firm Hired by Building C ACER ASSOC.	wner (8)		ASCI	M No.		Name ASS	of Abat	ement Co ENVIR	ntractor ONME	(9) ENTAL S	SERVI	CES	INC).
Street Address 1012 INDUSTRIAL DRIVE							Addres	s IS RUN						
City, State, Zip Code WEST BERLIN NJ 08091						City, S MUL	State, Zip LLICA	p Code HILL NJ	08062	2				
Project Manager for Monitoring Firm MATT DEPALMA		Telepho 856-8	ne No. 09-1202	2		none No -304-4			License 01145					
Start Date (10) 06/11/2018	Schedule 06/18/			Date (11)		Name EMS		A Monitor						
Occupancy Status During Abatement (Check	Only Or	ne)					Address							
Facility Closed/Vacated During Entire P. Abatement Performed Outside of Norma Other – Describe: WORK AREA VACA	eriod of A al Facility NT DUR	Abatem Hours	nent S BATEME	ENT		City, S	state, Zip			77	- antev			
Scope of Work (Check All That Apply)						CIN	NAIVIII	NSON N	J 080 i	//				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	(Manageria)	Renova Demolit				> > > > > >	Mini Glov	Containm -Enclosure rebag Pro- -Exempte	e cedure					
	Is	Locati	on			Land	11011	Lxcmpto	u () and	J NOTIFI TIE	able Fit	Abat	emen	t
Location of Asbestos-Containing Material (ACM)		Normali d Sole			Des	scription	of				-		/pe	
TO BE ABATED In Facility (13)	Ma Cust	intenar todial S (12)	nce/ Staff?	Asbes (i.e.		saining N systems cing, VA niscellar	s insulat T, or	(ACM) ion,	(S	mount specify or LF)	Removal	Repair	Encapsulate	Enclosure
BASEMENT/CRAWLSPACE	Yes	No	N/A X		I DIDE	- 10101	II ATIO	N. 1		=			(D)	
BASEMENT			X		I- PIPE BOILE			300		SO LF	X			
BASEMENT		X		I- TANI					0 SF	X				
FIRST AND SECOND FLOOR			X			-3-E-040.63-		JN		0 SF	X			
Name of Registered Waste Hauler		l N.	JDEP W		NF1- F		IILE	Name of	2,000	SO SF	X			
ASSURED ENVIRONMENTAL SER	VICES	H	auler ID 034895	No.	of Was					NDFILL				
City, State MULLICA HILL NJ						al Date 9/2018		City, State WAYNI		RG, OH				
Completed by RON SWANSON	ON Title GENERAL						Kanel	ehu	CUADO		Date 05/29/	2018	3	

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 / /18 Street Address Agencies Notified Type Notification 400 SOUTH ORANGE AVENUE City, State, Zip Code EPA Initial Notification DEP Amended Notification SOUTH ORANGE, NEW JERSEY 07079 DOL Cancellation Telephone Number DOH Name of Contact **EMERGENCY NOTIFICATION** 973-761-9000 EXT. 5283 DCA VICTORIA PIVOVARNICK FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) ODES FOS CONTROL & SETON HALL UNIVERSITY Other (ie. private & commcl. bldgs., home SENSING Street Address # of Floors Square Feet Bldg. Age 400 SOUTH ORANGE AVENUE - UNIVERSITY CENTER 99,300 3 County (6) County Code (7) Current Use (Prior if being demolished) SOUTH ORANGE (STATE USE ONLY) ESSEX UNIVERSITY Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) TTI ENVIRONMENTAL INC. 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 JERSEY 08057 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number JIM GUILARDI 856-840-8800 845-369-7500 1101 EXPECTED START DATE (10): (RESTART) Sched. Completion Date (11) Name of OSHA Monitor /18 Day 23 QUALITY ENVIRONMENTAL SOLUTIONS & TECH. 5/ 7/ 30/ /18 Month 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 -Saturday 3:30 pm - 11:30 pm 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 >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 ENCAPSUL ENCLOSUR REMOVAL 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 1ST FLOOR SERVER BAY I X COMPLETE SPRAY ON FIREPROOFING 760 SF X 15 LF X 1ST FLOOR SERVER BAY I PIPE FITTING / INSULATION COMPLETE 1ST FLOOR SERVER BAY II X PIPE FITTING / INSULATION 15 LF X COMPLETE Х HALLWAY OF SERVER BAY X PIPE FITTING 15 LF COMPLETE X 760 SF X COMPLETE 1ST FLOOR SERVER BAY 1 VAT & MASTIC ADDITION TO SCOPE: 3,300 SF 1ST FLOOR SERVER BAY II AND HALLWAY VAT & MASTIC

Cubic Yards of Waste

Disposal Date

01/02/18-07/30/18

40

Signature

Name of Registered Landfill

PLAINFIELD TOWNSHIP, PA

City, State

GRAND CENTRAL SANITARY LANDFILL

Date

NJDEP Waste

Hauler ID No.

DIRECTOR OF OPERATIONS

913

Name of Registered Waste Hauler

NEWARK, NEW JERSEY 07105

Completed by (Print or Type)

NEWARK CARTING INC.

369 RAYMON BLVD.

BENJAMIN SANCHEZ

City, State

noux

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

CK 32197

		7.	uiouu	N. 10 NOAC 0.00-7 and 12.12							
Date of Notification (1)				Name of Building O SETON HALL UNIV	Owner/Operator	r (2)	F	(0)		D D	C
HA290-1000 POSITY 2000 POSITY 2000 POSITY AT 18. C					ERSITY		E	C	E	W	1 15 17
5 / 24 /18 Agencies Notified Type Notification				Street Address		اللااا		-			
				400 SOUTH ORANG							The state of the s
DEP X Amended Notification Cancellation	#3			City, State, Zip Code SOUTH ORANGE, I	NEW JERSEY (7079		JUN	1	- 201	8
X DOH On Hold X DCA EMERGENCY NOTIFIC	CATION			Name of Contact		Telephone N					
Z DEA LINERGENCY NOTIFIC	JATION			VICTORIA PIVOVAI	RNICK	973-761-9000	EXT	5283		OOLUE	
Name of Facility Where Abatement is Taking Place	(3)		F.	ACILITY INFORMATION	T		,	1		CONTR	ULB
,	(0)				Type of Facil School (JUNG	-
SETON HALL UNIVERSITY					X Subchar	oter 8 (Other than private & comm	K-12	!)		\	
Street Address 400 SOUTH ORANGE AVENUE - UNIVERSITY CENT	ΓER				Square Feet	# of Floors	ICI. DI	uys., 1	B	Bldg. Age 40+	
City (5) County (6) SOUTH ORANGE ESSEX				County Code (7) (STATE USE ONLY)	Current Use (F UNIVERSITY	Prior if being dem	olishe	ed)		40.	
Name of Monitoring Firm Hired by Building Owner (TTI ENVIRONMENTAL INC.	(8)			ASCM No.	Name of Abat	tement Contract	or (9)				
Street Address				3	PAR ENVIRO	NMENTAL COR	PORA	TION	l		
1253 NORTH CHURCH STREET					Street Address 313 SPOOK R						1
City, State, Zip Code MOORESTOWN, NEV	N JERSE	Y 080	57		City, State, Zip						
Project Manager for Monitoring Firm				Number	Telephone Nu	mber Lice	ense l	Numb	er		
JIM GUILARDI EXPECTED START DATE (10): (RESTART)	Ic-t		840-88		845-369-7500	110)1				
5 / 23 /18	Sched		pietioi 7 /	n Date (11) 30/ /18	Name of OSH	A Monitor IRONMENTAL S					
Month Day Year	Mo	onth		Day Year			OLU	HON	5 & 11	ECH.	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period	d of Ahate	ement			Street Address						
Abatement Performed Outside of Normal Fa	cility Hou	urs - De	escribe	9:	1376 ROUTE 9	9					
X Other - Describe: MONDAY -FRIDA	Y 7AM-12	2AM		URDAY 7AM-12AM	City, State, Zip	Code					
Scope of Work (Check all that apply) Demolition X X X X X X X X X X	Renov	ation		X Mini-Enclo		WAPPINGER pative Pressure	S FAL	LS, N	VY 125	590	
X >160 SF OR 260 LF				X Glovebag Non-Friab	Procedure le Procedure						
Location of		Location		Description of As		T	T	N. C. L. C.	Ahate	ement Typ	
Asbestos-containing Material (ACM)		nally u		Containing Materia	al (ACM)	Amount	R	R	m	Im I	C
TO BE ABATED	P	olely b		(ie. Thermal sys insulation, surfacir	stems	(Specify	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR	
in Facility (13)		taff (12		or other miscellar	neous)	SF or LF)	Š	코	PS	SO	
	Yes	No	N/A				-		=	둥	
1ST FLOOR SERVER BAY I	-	-	X	SPRAY ON FIREPROOFIN		760 SF	X				
1ST FLOOR SERVER BAY I			Х	PIPE FITTING / INSULATION	N	15 LF	X				
1ST FLOOR SERVER BAY II			X	PIPE FITTING / INSULATION	N	15 LF	X			COMPL	FTF
HALLWAY OF SERVER BAY			X	PIPE FITTING		15 LF	x			COMPL	
							1		1	JOONN E	-10
ADDITION TO SCOPE:									+	_	
1ST FLOOR SERVER BAY 1			x	VAT & MASTIC		760 SF	V	-	+	-	
						700 SF	X	+-	\vdash	-	
							-	-	+-	-	
		1	\vdash			-	-	-	-		
	-	-	\vdash								
	-	-	\vdash								
	-	-									
		-									
Name of Registered Waste Hauler	1										
NEWARK CARTING INC.	NJDEP Hauler I	CUO MITO		Cubic Yards of Waste 40	Name of Registe	ered Landfill					
369 RAYMON BLVD.		913		40	GRAND CENTE	RAL SANITARY L	AND	FILL		100	
City, State NEWARK, NEW JERSEY 07105				Disposal Date	City, State PLAINFIELD TO		_	-			
Completed by (Print or Type) Title				01/02/18-07/30/18	PLAIMFIELD TO			_/			
BENJAMIN SANCHEZ DIRECTOR OF OPI	ERATION	NS		Signature	\times	Date	(1	141	11/	

Name of Registered Waste Hauler

NEWARK, NEW JERSEY 07105

Completed by (Print or Type) BENJAMIN SANCHEZ

NEWARK CARTING INC.

369 RAYMON BLVD.

City, State

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/ /18 Street Address Agencies Notified Type Notification 400 SOUTH ORANGE AVENUE 2018 Initial Notification **IFPA** City, State, Zip Code DEP Amended Notification SOUTH ORANGE, NEW JERSEY 07079 DOL Cancellation 973-761-9000 EXT/S283 LICENSING DOH On Hold Name of Contact DCA **EMERGENCY NOTIFICATION** VICTORIA PIVOVARNICK 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 - UNIVERSITY CENTER 99,300 City (5) 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) ASCM No. Name of Abatement Contractor (9) TTI ENVIRONMENTAL INC. 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 JERSEY 08057 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number JIM GUILARDI 856-840-8800 845-369-7500 1101 EXPECTED START DATE (10): (RESTART) Sched. Completion Date (11) Name of OSHA Monitor 5 / 23 /18 30/ 7/ /18 QUALITY ENVIRONMENTAL SOLUTIONS & TECH. 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: MONDAY -FRIDAY 7AM-12AM 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 >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 REPAIR REMOVAL ENCAPSUL ENCLOSUR Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A 1ST FLOOR SERVER BAY I SPRAY ON FIREPROOFING X 760 SF 1ST FLOOR SERVER BAY I PIPE FITTING / INSULATION 15 LF 1ST FLOOR SERVER BAY II Х PIPE FITTING / INSULATION 15 LF X COMPLETE HALLWAY OF SERVER BAY PIPE FITTING 15 LF COMPLETE

Cubic Yards of Waste

Disposal Date

01/02/18-07/30/18

40

Signature

Name of Registered Landfill

PLANFIELD TOWNSHIP, PA

ity/State

GRAND CENTRAL SANITARY LANDFILL

Date

NJDEP Waste

Hauler ID No.

DIRECTOR OF OPERATIONS

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

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DEP	Amended Notification					, State, Zip Coo		14 41	U	J11:	-	- 2016	
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		OATION				TORIA PIVOVA	ARNICK	973-761-900	EXT	15283	INS	NG	
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rame of t domey where Abe	itement is Taking Place	(3)					Type of Faci						
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Street Address							Other (ii	e. private & comr	ncl. bl	dgs., I			
400 SOUTH ORANGE AVEN	UE - UNIVERSITY CEN	TER					Square Fee				E	Bldg. Age	3
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TTI ENVIRONMENTAL INC.						3	PAR FNVIRO	NMENTAL COR	tor (9)			
Street Address				V.	3		Street Addres		PURA	TION			
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City, State, Zip Code							City, State, Zi		-				
Billing	MOORESTOWN, NE	W JERSI	EY 080	57				EW YORK 10901					
Project Manager for Monitoring	g Firm		Tele	phone	Number		Telephone Nu			Numb	er		
JIM GUILARDI				840-88			845-369-7500			101110	- 1		
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NEWARK CARTING INC.	XXXX	Hauler I		1			Name of Registe	ered Landfill					
369 RAYMON BLVD.		0.000	913				GRAND CENTS	RAL SANITARY L	AND	-ILL			
City, State			11	I	Disposal Dat	te	City, State						
NEWARK, NEW JERSEY 0710					1/02/18-07/	Make was a series	PLAINFIELD TO	WNSHIP PA		150		i	
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BENJAMIN SANCHEZ	DIRECTOR OF OPE	ERATION	IS			K	XXX	Date	/	/	5	//	1
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

CK#31626

Date of Notification (1)			e of Building (ON HALL UNIV			(2)								
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Agencies Notified Type No	otification			400 \$	SOUTH ORAN	GE AVE	ENUE	1 7-17-50	\ F	= ((1 6	7 7	\mathbb{W}	E
	itial Notification			City,	State, Zip Cod	e		111	1 [3 1	9 1	- 1	10	
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Street Address						-2		private & comm		dgs., ł				
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Name of Monitoring Firm Hired	by Building Owner (8)				ASCM No.		Complete Street	ement Contrac	tor (9)					
TTI ENVIRONMENTAL INC.					3			IMENTAL COR						
Street Address						Stree	t Address							
1253 NORTH CHURCH STREET City, State, Zip Code								OCK ROAD						
C 10	OORESTOWN, NEW JERS	SEV 000	-7				State, Zip				Cryline			
Project Manager for Monitoring Fir	rm			Number				W YORK 10901						
JIM GUILARDI			840-88			0.0000000000000000000000000000000000000	hone Nun		ense l	Numb	er			
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BENJAMIN SANCHEZ	DIRECTOR OF OPERATI	ONS		١		1		Date	- /	2	11/	//	1	

CK# 3223 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) VERIZON /18 Street Address 5 (1) V Agencies Notified Type Notification 1 VERIZON WAY Initial Notification City, State, Zip Code #2 JUN 1-DEP Amended Notification 2018 BASKING RIDGE, NEW JERSEY 07920 DOL Cancellation On Hold DOH Name of Contact Telephone Number DCA **EMERGENCY NOTIFICATION** CONNOR BURD 732-336-1205 ASBESTOS CONTROL & LICENSING **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) **VERIZON** Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Bldg. Age Square Feet # of Floors 1196 EAST GRAND STREET 93,730 City (5) Current Use (Prior if being demolished) County (6) County Code (7) ELIZABETH UNION (STATE USE ONLY) COMMUNICATIONS Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **ESIS** PAR ENVIRONMENTAL CORPORATION 17 Street Address Street Address 10 EXCHANGE PLACE 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code JERSEY CITY, NEW JERSEY 07302 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KINGSBURY** 201-388-0620 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor /18 12 / 30 /18 QUEST ENVIRONMENTAL 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-3:30 PM City, State, Zip Code WAPPINGERS FALLS, NEW YORK 12590 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini-Enclo. >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure (EXTERIOR) Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount REPAIR ENCAPSUL **ENCLOS** REMOVAL 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) H Yes No N/A X CAULK 30 SF X X CAULK 9 SF X

NORTH ELEVATION **EAST ELEVATION** SOUTH ELEVATION X CAULK 25 SF X WEST ELEVATION X CAULK 10 SF X POWER BLDG. RISING WALL X ACM PAINT 150 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill NEWARK CARTING Hauler ID No. 30 GRAND CENTRAL SANITARY 369 RAYMOND BLVD. 913 City, State Disposal Date City, State NEWARK, NEW JERSEY 5/24/18-12/30/18 PLAINFIELD TOWNSHIP, PA Completed by (Print or Type) Signature Date BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS

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

Date of Notification (1)					e of Building (Owner/Operator	(2)	EC	E	N	7 E
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5 / 23 /18 Agencies Notified Type Notified	cation				et Address RIZON WAY			16+21			
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Name of Facility Where Abatement i	o Takina	Diago		-ACILITY IN	NFORMATION	IT	- (4)				
Name of Facility where Abatement	5 Taking	riace	(3)			Type of Facility School (K					
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Street Address						Square Feet	# of Flor			g. Age	
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Name of Monitoring Firm Hired by E	uilding O	wner	(8)		ASCM No.	Name of Abate					
ESIS Street Address	WA - 100		-		17	PAR ENVIRON Street Address	MENTAL CO	DRPORA	TION		
10 EXCHANGE PLACE						313 SPOOK RO	OCK ROAD				
City, State, Zip Code		1000	223.184195			City, State, Zip					\neg
JERSEY CIT	Y, NEW J					SUFFERN, NEV					
Project Manager for Monitoring Firm				Number		Telephone Num	iber	License	Numb	er	
Expected State Date (10)	Isch	1	388-0	etion Date	(11)	845-369-7500 Name of OSHA	Monitor	1101			
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Occupancy Status During Abatement (Street Address					\neg
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X Other - Describe: MON	DAY - FRI	DAY	7AM-	3:30 PM		City, State, Zip WAPPING	Code GERS FALL:	S. NEW Y	ORK	12590	
Scope of Work (Check all that apply)						ainment with Neg			2000		
>3SF OR LF	XRen	ovatio	n			g Procedure	(=)(====)				
x >160 SF OR 260 LF	l lo	Loca	tion			ole Procedure	(EXTERIOR		01 1		
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WEST ELEVATION			X	CAULK			10 SF	X	1	-	\vdash
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POWER BLDG. RISING WALL		\vdash	^	ACM PAIN	11		150 SF	X	+	+	\vdash
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City, State				Disposal D		City, State PLANFIELD TO			55-650	a	
NEWARK, NEW JERSEY Completed by (Print or Type)	Title			5/24/18-12	Signature	IPKAMFIELD TO	OWNSHIP, F		1	71.	7
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

CK# 32178

Date of Notification (1)					ne of Building (Owner/Operator	(2)) E	C	E	
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5 / 14 /18 Agencies Notified Type Notificat	ion				et Address RIZON WAY		The state of the s	\mathcal{M}			
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X DOH On Hold EMERG		NOTIF		ION COV	e of Contact NOR BURD		Telephone 732-336-12		LIC	SENS	ING
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Street Address						X Other (ie.	private & cor				
1196 EAST GRAND STREET						Square Feet 93,730	# of Floo	ors	Bld	g. Ag 97	Э
City (5) County UNION	(6)				ty Code (7)	Current Use (P	rior if being de	<u> </u>	d)	31	
Name of Monitoring Firm Hired by Buil	dina Ov	wner	(8)	(STATI	ASCM No.	Name of Abate		otor (0)			
ESIS			(-)		17	PAR ENVIRON			TION		
Street Address					•	Street Address					
10 EXCHANGE PLACE City, State, Zip Code						313 SPOOK RO					
JERSEY CITY, 1	IEW JE	RSE	Y 0730	02		City, State, Zip SUFFERN, NE		01			
Project Manager for Monitoring Firm		Telep	hone	Number		Telephone Nun		License	Numb	er	$\overline{}$
BRIAN KINGSBURY			388-06			845-369-7500		1101			
Expected State Date (10) 5 / 24 /18	Sche	d. Co		tion Date		Name of OSHA				7.5	
Month Day Year	Mo	nth	/	30 Day	/18 Year	QUEST ENVIR	ONMENTAL				
Occupancy Status During Abatement (Ch	eck only	one)				Street Address					
Facility Closed/Vacated During Abatement Performed Outside X Other - Describe: MONDA	of Norn	nal Fa	cility I	Hours - De	scribe:	1376 ROUTE 9					
Other - Describe. WONDA	r - FRIL	JAY /	AIVI-3	:30 PM		City, State, Zip	Code GERS FALLS	NEWA	ODV.	2500	
Scope of Work (Check all that apply)	APAC				Full Conta	ainment with Neg	ative Pressur	e .	UKK	12590	
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SOUTH ELEVATION				CAULK			25 SF	X	+	\vdash	\vdash
WEST ELEVATION				CAULK			10 SF	X	+		\vdash
POWER BLDG. RISING WALL				ACM PAIN	Т		150 SF	×	+		\vdash
				1010117111			130 31	- ^-	+-	-	\vdash
	+		-						+	-	\vdash
	-		-						+	_	\sqcup
	+-	_	_								
Name of Registered Waste Hauler	NUDE	D 14/-		Ouble V		TS: -=					
NEWARK CARTING		P Wa		Cubic Yard	s of Waste 30	Name of Register GRAND CENTR		v			
369 RAYMOND BLVD.		913			55	O -	WE SAMITAR	1			
City, State NEWARK, NEW JERSEY				Disposal D		City, State					
Completed by (Print or Type) Title)		1	5/24/18-12	/30/18 Signature	PLAINPIELD IC	WNSHIP, PA	Date C	1	1	
BENJAMIN SANCHEZ DIR		ROF	OPER	ATIONS				Date C	114	//8	

	Wally.	NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)													
Date of Notification (1) JUNE 1, 2018					f Building Owne E REED	er/Operato	r (2)		M	JU	N 1		201	8	111
Agencies Notified	Type Notification			Street A	ddress				1 11						
EPA DEP DOL	Initial Amended Amendment	t#			ate, Zip Code NG LAKE, N	J 07762			F	SBES	LICE	OC NSI	NG	₹OL	&
☐ DOH	Emergency justification)	(including		Name o	f Contact E REED			L	Tele	phone	Numb	er			
☐ DCA	Cancellation	1		DECEMBER OF STREET	LITY INFORM	ATION			4			-			
Name of Facility Where MARIE PROPER	Abatement is Takir	ng Place (3	3)				Туре	of Facility (1.5						
Street Address								School (K-1 Subchapter Other (i.e. p	8 (Othe	r than h	K-12) ercial b	ouild	ings,	home	es,
City (5) SPRING LAKE								etc.) are Feet 0 SF	# of 2	Floors			dg. A 920	ge	
County (6) MONMOUTH					Code (7) USE ONLY)		Curr	ent Use (Pri SIDENCE	or if bein	ig demo	olished)			
Name of Monitoring Fir N/A	m Hired by Building	Owner (8)		ASCN	₫ No.			atement Cor Touch As			emer	nt C	orp.	, Inc.	
Street Address							t Addre	ess pson Stre	et						
City, State, Zip Code	to a decision partir a de montre par							Zip Code ng Branch	, NJ 07	7764					
Project Manager for Mo N/A	onitoring Firm	Telepho	ne No.		hone N .222.8			Licens 0004							
Start Date (10) JUNE 11, 2018		Schedul			Date (11)	Name N/A		HA Monitor				17.45			
Occupancy Status Duri	ng Abatement (Chec	ck Only Or	ne)			Stree	t Addre	ss							
Facility Closed/Va Abatement Perform Other – Describe:	cated During Entire med Outside of Norr	Period of a	Abaten / Hours	nent S		City, S	State, Z	Zip Code							-
Scope of Work (Check	All That Apply)														-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		and the same of	Renova Demolit				Mi Gl	II Containme	e cedure	**************************************					
		Is	Locati	ion			<u>×</u> No	n-Exempted	ı () and	NOII-F	riable i		Abate	ment	
Locatic Asbestos-Containin TO BE At In Fac (13	g Material (ACM) BATED cility	Use Ma	Normal ed Sole intenal todial S (12)	ly by nce/	Asbestos C (i.e. therr su	Description ontaining I nal system rfacing, VA er miscella	Materians insul AT, or	ation,	(Sp	nount pecify or LF)		Removal	Ty Repair	e Encapsulate	Enclosure
EV7-5	2100	Yes	No	N/A								200		te	to .
EXTER	RIOR	-		X	/	AC SIDII	NG		500	00 SF	X				
		+									+	\dashv			
	11											1			
Name of Registered War Finishing Touch As		ent Corp.	I H	IJDEP W lauler ID 2058	No. of \	oic Yards Vaste CY		Name of FAIRLE							
City, State WEST LONG BRA	NCH, NJ 07764					posal Date 5/18	9	City, State	e ISVILL	E, PA					
Completed by JOSEPH P. MILLE	R	Title PRE	SIDE	NT		Signatur	len	Mh			Date 6/1/	18			

Print Form

CK# 4552

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

		B.A.A.	e (1.	11344	III 10 113A	C 8:00 and 12.12			1 1		0010	
Date of Notification (1	-29-18			Na	me of Build	ling Owner/Operato	* (2) SUNS	EXCLAUA-	1 1	6	2010	
Agencies Notified	Type Notificati	on			eet Addres	S.	SHORE	PO ASBEST	OS (CON	TRO	DL &
□ DEP	Amended Amendmen		_	City	, State, Zip	Code	MAY N					-
Ø DOH □ DCA	Emergency justification	1)	ng	Nai	me of Cont		r ir ir	Telephone Num			:,1_	_
				<u></u>				L	_	=	_	_
Name of Facility Where	Abatement is Tak	cina Pla	ce (3)		ACILITI	FORMATION	Type of Facility	(4)				
	SIDENC						School (K-1	2)				
Street Address							Subchapter Other (i.e., phomes, etc.)	8 (Other than K-1) private & commerci)	2) ial bui	dings	5,	
City (5)	LAPE W	AY					Square Feet	# of Floors	В	kdg. 1		
County (6)					unty Code	(7) (STATE	Current Use (P	nor if being demolis	shed)	30		_
	APE MA				2000	I Name of Abatem	nent Contractor (9	CANT		_	_	_
Name of Monitoring Firm (8)	n Hirea by Building	Owner		ASC	VI NO.			IWC				
Street Address	Y.F.		=1			Street Address		CUCE WIE				
City, State, Zip Code						City, State, Zip C	ode		_	=	_	
- 1. 2. - 1. 2.							PLE SH	ADE N.J	08	05	2	_
Project Manager for Mo	nitoring Firm		Tele	phone	e No.	Telephone No. 856-77	9-0472	License No.	44			_
Start Date (10) 6 - 8 - 18	Sch	eduled 0	S-	tion D	ate (11)	Name of OSHA N	Monitor N/A					_
Occupancy Status Durin	ng Abatement (Che	eck only	one)			Street Address						
Facility Closed/Vacati Abatement Performed	ed During Entire P d Outside of Norma	eriod of al Facili	Abater y Hour	nent s		City, State, Zip Co	ode	i de			_	=
Other - Describe:						L 			_	_		_
Scope of Work (Check a ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ill that apply)		enovation emolition			☐ Mini-End ☐ Gloveba	g Procedure	gative Pressure n-Friable Procedur	re			
			ocation ormaliy	n					A	bates Typ		
Location			Solely		Ashesi	Description of os Containing Mate	erial (ACM)	Amount			m	
Asbestos-Containing N <u>TO BE ABAT</u> IN Facility (13)		Cu	stodial Staff? (12)			thermal systems in surfacing, VAT, other miscellaneou	sulation, or	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A		0.1 .0.55		.:	V	\dashv	-	-
SIDING				X		EANSITE		1000 SE	X	\dashv	\dashv	-
									\vdash	\dashv	\dashv	-
			_						-	\dashv	\dashv	\dashv
	- Nada		INI	DEP V	Waste T	Cubic Yards	Name of Regis	tered Landfill				-
Name of Registered Was	INC			uler ID	No.	of Waste	C A	MCMUA			_	_
City, State	WE W.I					Disposal Date	City, State	BINIE		:		
Completed By	Title					Signature	M	Date	70	. 10	-	
MICHAEL KLOW	m 1	PRES				_ Marle	1h		27		2	$=$ \rfloor

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

			(ruis	dant to NOA	C 6:00 and 12.1	20)					9
Date of Notification (1)	29-18				ding Owner/Operati		EPER	1 -	- 20)lŏ	**************************************
Agencies Notified	Type Notificati	on	-	Street Addres			-				
□ ₽A	Initial □				661 Por	1 DAIA A	VE ASSEST	OS_C	ONT	ROI	_&_
□ DEP	Amended		-	City, State, Zij	The state of the s		† El	CEN	31. 45	4	arministra in
₩ BOL	Amendmen		. 1		TADDON F	HELD M	T 080	55			
⊠ рон	Emergency					TE CID VIC		9	_	14.3	
DCA	justification Cancellation			Name of Cont			Telephone Num	wer			
	- Surveness.		-		OM						
				FACILITY II	NFORMATION						
Name of Facility Where	Abatement is Tak	ing Place	(3)			Type of Facili	ty (4)				
classic or i daily vision	RESIDEA	ICI=	/			School (K-					
	ICE DIDE						er 8 (Other than K-1	2)			
Street Address	A4 10 W)					Other (i.e.,	private & commerci	ial bui	dings	5,	
						homes, et					
City (5)						Square Feet	# of Floors	25.7	ldg. A	2112/2014	
AU	ALOW					1000	_	_ _	00	+	
County (6)				County Code	(7) (STATE		Prior if being demoli	shed)			
CAPI	E MAY			USE ONLY)		VAC	CAMIT				
Name of Monitoring Firm		Owner	- A	SCM No.	Name of Abater	ment Contractor (
(8) M.I	I A	, Omio	1.			CO INI					
14	IA				Street Address			_		-	
Street Address	•					S SPRU	CE WILL				
							CE AVE				_
City, State, Zip Code					City, State, Zip (= A1 T	^ C-		_	
					MAPL	E SHAD	E N.J	080	22	2	_
Project Manager for Mor	nitoring Firm		Teleph	ione No.	Telephone No.	NOTE OF THE PARTY OF	License No.		8		
					1856-77	9-0472	004	40			
Start Date (10)	T Sch	aduled Cor	noletin	n Date (11)	Name of OSHA	Monitor					
		6-18				NIA					
6-8-18		0-13	5-1	5	Observ Address	141,					=
Occupancy Status Durin	ig Abatement (Ch	eck only or	ne)		Street Address	87					
▼ Facility Closed/Vacate	ed During Entire P	eriod of Al	pateme	ent							
Abatement Performed	d Outside of Norm	al Facility I	Hours		City, State, Zip C	Code .	5.				
Other - Describe:											
Scope of Work (Check a	Il that apply)										
Scope of Work (Officers		3552.0				ntainment with Ne	egative Pressure				
≥3 sf or ≥3 lf			vation		☐ Mini-En	closure ag Procedure					
≥160 sf or ≥260 ff		Demo	DUTTON				on-Friable Procedu	re			
		Is Loc	ation						bate	ment	
		Nom		1					Typ	æ	
Location of	of	Used S			Description of			-			
Asbestos-Containing M		Mainte			tos Containing Mai		Amount (Specify	7		En	m
TO BE ABAT		Cust		(i.e.	thermal systems in surfacing, VAT,	nsulation,	SF or LF)	Ren	Re	cap	Clc
IN Facility		(1:			other miscellaned		0. 0. 2. /	Removal	Repair	Encapsulate	Enclosure
(13)				-				<u>a</u>		ate	16
		Yes 1	10 0	I/A							
		-	-	,	TRANSI	F	1000 5=	X			
SIDIN	<u></u>		1	X	TICKING ST			10	-		
	(4)							-	-		-
				_				1		-234.100	
			LIUD	D Warts	Cubic Yards	Name of Rec	istered Landfill				
Name of Registered Was	te Hauler			P Waste er ID No.	of Waste		otorou cariom	. ^			
KLEMCO	INC		nauk	904	3	C.M	, C. M. U	H			
	2100		11/	1	Disposal Date	City, State	4				
City, State	11.4	* T					ODBINE	10			
MAPLE S	HADE	717			Signatura	1 000	I. Date			_	
Completed By	Title	5 0			Signature - (107/	Date	79	-18	-	
MICHAEL KL	cum _	SUP			_ Mu	w /u			-114		

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

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D . CAL	773									1	5 1		2	W	IC	In
Date of Notification						_	Owner / Operato				7					
	5/26/2018						rs Marketing &	Term	ninals, l	P-E	agle P	oint	Faci	lity		1
Agencies Notified EPA	Type Notific	ation	- 1		Addr						4	UN	1 -	2018		11
⊠ EPA □ DEP	□ Initio			-			int Road			14 1	71					5
□ DEP	│ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │	nded				Zip C					l		and the second			Save S
					of Co	NJ 08	8093				ASBE	ESTO	sco	NTR	DL&	
⊠ DOH □ DCA		rgency cellation	- 1			ntact ndorr						-	lepho		MARKET ADDRESS.	er
LI DOX	Can	Seliation		ROII	Rose	nuon	ı			Capacione		85	6-85	5-51	ວວ	
					CILIT	Y INF	ORMATION									eres e la
Name of Facility Whe Eagle Point Facil		ent is Taking Pl	ace (3	3)			Type of Facili									
Street Address							Subchap		Other tha	an K-	12)					
1250 Crown Poin	t Road						Other (i.e					dings	, hom	es, e	tc.)	
							Square Feet		# of Flo				g. Age			
City (5)		County (6)	Co	unty (Code (7)	7500			3		1755.77	_	60+		
Westville		Gloucester		•			Current Use (Prior if	f beina d	_	ished)			00.		
		0.00000.					Commercia	300						V		
Name of Monitoring	Firm Hired b	y Building Own	er (8)	n.	ASC	M No.	:			ctor (9	9)					
N/A Street Address						5777	Alpha Envir		ental							
Street Address							Street Addres									
City, State & Zip Co	de						PO Box 829 City, State & 2		do		-					
Oity, State & Zip Co	ue						Trenton, NJ									
Project Manager for	Monitoring F	irm	Telep	hone	Numb	per	Telephone Nu				Licens	e Nur	nber			
							609-847-295						0122	2		
Scheduled Start Date	te (10)	Scheduled Con	npletio	on Dat	te (11))	Name of OSH	IA Mor	nitor							
6/4/2018		6/30/2018					ALPHA Env	ironm	nental							0000300
Occupancy Status D		ment (Check or During Entire P			ateme	nt	Street Addres PO Box 829									
		utside of Norma					City, State & 2		de							
Describe:						. op	Trenton NJ									
Facility Occ	upied During	Abatement					Tronton No	0000	•							
Scope of Work (Che	The state of the s									1945-1						
								\boxtimes	Full Cor	tainm	nent witl	h Neg	gative	Pres	sure	9
≥3 sf or ≥3 l			\boxtimes		ovatio	100			Mini-En	closur	re					
≥160 sf ≥26	O If		\boxtimes	Den	nolition	n			Glove B	ag Pr	ocedure	es				
								П	Non-Exe	empte	ed and N	Non-F	riable	Pro	edu	re
	cation of			Locati			Description	of			Amount	t	Aba	teme	nt T	уре
	os-Containin	ig		nally l			Asbestos-Cont				(Specify					
	erial (ACM)			olely b			Material (AC			5	SF or LF	-)	Z	_	E	Щ
	BE ABATED Facility			tenan			(i.e., thermal sy insulation, surfac						Remova	Repair	Encapsulate	Enclsoure
	(13)		Cust	(12)	Jian :		or other miscella						ova	<u>a</u> .	sule	our
		İ	Yes	No	N/A				,				-		हि	CD
Powerhouse				\boxtimes			Pipe Insula	tion		1200	Olf					
Name of Registered	Waste Hau	er		NI	DEDI	Nacto	Cubic Yards	Name	e of Regi	etero	d Lands	511				
ramo or registered	vvaoto riadi	OI .			uler I		of Waste	IVallic	or regi	SICICI	u Lanui	111				
Service Transpor	t Group			- 1	0333		100	Mine	rva Lai	ndfill						
City, State							Disposal Date	City,	State							
New Castle DE							various	Wayı	nesbur	g. Ol	4					
Completed By (Print	or Type)			Titl			Signature					- 1	Date			
Rod Richardson					oject			-					5/26	/20	18	
				Ma	nage	r	1	1	7		9.7 <u>0.2</u> 2					
								1	7							

	M	NOT	TIFICA Pursu	State of ATION OF A ant to NJAC	SBE	STOS ABA	TEMENT	CK#	3	,2	21	18
2. 4.	Alle Alle Allender						Owner/Operato	or (2)				
Date of Notification (1)				MER	RCK	SHARP & I	DOHME CORP.	CONTRACTOR OF THE PARTY OF THE	IS (7 6	3 1	7/7
5 / 31 /18				Stre	et Ac	ddress				9 E	3	W
Agencies Notified Type No	tification			126	E. LI	NCOLN A	ENUE, P.O. BO	OX 2000, RY28-4	14	NA CONTRACTOR OF THE PARTY.		
DEP Am	ial Notifica ended Not		n	City	, Stat	te, Zip Code		and the second s		UN	1 -	2018
	ncellation Hold			Non	no of	Contact		1= 1				
	ERGENCY	/ NOT	IFICA			A JOHNSC	N.	Telephone Nur			0.00	NITOO
		1,0000000		FACILITY II					35		S QU ENSII	NTRO
Name of Facility Where Abatemen	t is Taking	Place	e (3)	MOILITTI	VI OI	MATION	Type of Faci	lity (4)		In the second	-11011	
MERCK SHARP & DOHME CORPO							School ((K-12) pter 8 (Other than	K-12)			
Street Address		-					X Other (ie	e. private & comm	cl. bld			
126 EAST LINCOLN AVENUE - BUI	LDING 84I	V					Square Fee 108,769	t # of Floors		Blo	lg. Ag 49	е
City (5) Co	unty (6)			Cour	nty C	ode (7)		Prior if being demo	oliebor	4)	43	
RAHWAY	ION					E ONLY)	RESEARCH I	_ABORATORY AN	VD OF	FICE	FACII	,
Name of Monitoring Firm Hired by	Building (Owner	(8)		A	SCM No.	Name of Aba	tement Contracto	or (9)		171011	
ENVIRONMETAL HEALTH INVEST	IGATIONS.	INC.				104		NMENTAL CORP	ORAT	ION		
655 WEST SHORE TRAIL							Street Addres					
City, State, Zip Code					-		313 SPOOK F					
SPARTA	, NEW JEF	RSEY	07871					EW YORK 10901				
Project Manager for Monitoring Firm				e Number			Telephone Nu		ense l	Numb	er	
WILLIAM S. KERBEL, CIH		973-	-729-5	5649			845-369-7500					
Expected State Date (10)	Scl			etion Date	(11)		Name of OSH	A Monitor		- 10	_	
6 / 12 /18 Month Day Year			3 /	30		/18	AMERISCI LA	BORATORIES IN	IC	#	11480	
Occupancy Status During Abatemen	(Check or	lonth	-1	Day		Year	Street Address					
X Facility Closed/Vacated D Abatement Performed Ou	uring Entire	e Perio	od of A	Hours - De	scrib	e:	117 EAST 30					
X Other - Describe: MO	NDAY -FR	DAY 7	7AM-3	3:30 PM			City, State, Zip					
Scope of Work (Check all that apply)						TEUI Conto	NE NE	W YORK, NEW Y	ORK)	10016	6	
Demolition Demolition		novatio	n			Mini Enclo	animent with Ne	gative Pressure				
X >3SF OR LF						Glovebag	Procedure					
>160 SF OR 260 LF					X	Non-Friab	le Procedure					
Location of		Loca				iption of As			A	baten	nent T	уре
Asbestos-containing Material (ACM)		rmally		Co		ning Materia	2 /	Amount	교			
TO BE ABATED		solely nt/Cus				Thermal sys		(Specify	REMO	REPAIR	N C	ENCLO
in Facility (13)		Staff (1				on, surfacir er miscella		SF or LF)	OVAL	5	ENCAPSUL	00
			N/A	1	ou ou i	ici illiscella	neous)		15	1	E	SUR
MER -SOUTHWEST AREA			х	SUCT SEA	NA C	ALII K		10.05	1.,	1	+	
		1	-	3001 3EA	NIVI C	AULK		10 SF	X	+-	-	-
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		+							+	-	-	
	_											
N												
Name of Registered Waste Hauler	0.000	EP W		Cubic Yard		Waste	Name of Regis	tered Landfill		1		
FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	Hau	ler ID I 15939			3		LYCOMING CO	OUNTY RESOUR	CE MA	ANAG	EMEN	IT SE
City, State		10938	7	Disposal Da	ate		City, State 7	ER DRIVE/ROUT	E 15			
FREEHOLD, NEW JERSEY				6/12-12/30/			MONTGOMER	Y PA 17752			,	
Completed by (Print or Type)	Title				Signa	ature ,	ZXX	Date	e /2	10	111	(
BENJAMIN SANCHEZ	DIRECTO	ROF	OPER	RATIONS		1-	$\langle XX \rangle$	<u> </u>	2	15	111	2



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

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CA	二丰	-32	249
			~ 1 1

Date of Notification (1)				Na Th	me of	Building (LEY HOSF	Owner/ PITAL	Operator	(2)			V - 12-0000		
5 / 31 /2018					reet Ac					- Income	TT-	700	1,000	11 11 17
Agencies Notified Type Notification	on					TH VAN D	IEN AV	ENI IE			占	6	13	$\mathbb{U} \mathbb{W}$
EPA Initial Not DEP X Amended X DOL Cancellat X DOH On Hold	ificati Notifi ion	ication		Cir RI Na	ty, Stat DGEW	e, Zip Code OOD, NEV	9	0.000.000.00	2 Telephoi	ne Num		JUN	1 -	2018
DCA EMERGE	NCY	NOTI				GANCSO	S		201-447	8141	10			
Name of Facility Miles of Abelian Alexandria		-	F	ACILITY	INFO	RMATION					ASB	EST	S C	ONTRO
Name of Facility Where Abatement is Ta	iking	Place	(3)				Type	of Facili School (F				LIC	ENS	ING
VALLEY HOSPITAL							X	Subchap	ter 8 (Othe private &	than K	(-12)	ao h		ata)
Street Address 620 WINTER AVENUE							Squ	are Feet 7,000	# of F	loors	, bidg	Bld	g. Ag 40+	etc.)
City (5) County (Cor	unty C	ode (7)		**************************************	rior if being	demol	ished		10	
PARAMUS BERGEN			(0)	(STA		E ONLY)	ABAN	NDONED						
Name of Monitoring Firm Hired by Build COLDEN CORPORATION Street Address	ing C	wner	(8)		A	SCM No.	PAR	ENVIRO	ement Cor NMENTAL			ION	1000-10	
131 VARICK STREET, SUITE 1022								t Address	OCK ROAI)				
City, State, Zip Code NEW YORK, N	EW Y	ORK	10013				City,	State, Zip						
Project Manager for Monitoring Firm		Tele	phone	Number				hone Nur			nse l	Numb	er	
JIM MIADES	10.		435-3				_	69-7500	12110000	110	1			
Expected State Date (10) 6 / 4 /18	Sch	ed. Co 12		tion Dat	e (11) 30	/18		of OSHA	A Monitor	99				
Month Day Year	Me	onth		Day	10	Year	EIVISI	#11506						
Occupancy Status During Abatement (Che X Facility Closed/Vacated During I Abatement Performed Outside of X Other - Describe: MONDAY	Entire of Nor	Perio mal Fa	d of A acility	Hours - D	t)escrib	e:	307 V	State, Zip	'H STREE		YOF	RK		
Scope of Work (Check all that apply) Demolition >3SF OR LF X >160 SF OR 260 LF	Ren	ovatio	n		X X	Full Conta Mini Enclo Glovebag Non-Friab	, Proced	t dure		3,				
Location of		Locat				iption of As			2000		A	baten	ent T	ype
Asbestos-containing Material (ACM)		mally i				ning Materia Thermal sys		Л)	Amo		RE	REPAIR	E	m Z
TO BE ABATED	and the second	7 S. C. C. C.	todial			ion, surfacir		г	(Spe SF or		0	PAI	Ş	5
in Facility (13)	Yes	taff (1 No	2) N/A			er miscella			0.01	_, ,	REMOVAL	70	ENCAPSUL	ENCLOSUR
1ST FLOOR FRONT OFFICE BATHROOM			x	WALL CO	OMPO	UND			150 SF		X			
1ST FLOOR SHOP SIDE BATHROOM				WALL CO					150 SF		X	T		\Box
1ST FLOOR FURNACE ROOM			X	WALL CO	OMPO	UND			400 SF		х			П
EXTERIOR EAST ROOF			Х	VENT TA	AR.				6 SF		Х			
EXTERIOR EAST ROOF			X	BUILT U	P ROC	FING			1,600 SF		Х			\Box
EXTERIOR SOUTH ROOF				VENT TA					6 SF		X			
EXTERIOR L ROOF				BLACK (32 SF		X	1		
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD	100000	EP Wa er ID I 913	aste	Cubic Ya			Name GRAN	of Regist ID CENTE	ered Landf RAL SANIT	ill ARY L	Accessor	FILL	-	日
City, State NEWARK, NEW JERSEY				Disposal 6/04 - 12			City, S	state //	OWNSHIP,	PA		1/2		,
Completed by (Print or Type) Title BENJAMIN SANCHEZ DIRE						ature	1/	(7)		Date		-/		1.0

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

Date of Notification (1)				100000000000000000000000000000000000000		Building C .EY HOSP	Owner/Operator PITAL	i deserve	F) IE	² n	D.O.
5 / 25	/2018			Stro	et Add	rocc			5 4		2	W
Agencies Notified	Type Notification	1					EN AVENUE	11:35	A CHARLES			
EPA DEP X DOL X DOH	Initial Notif Amended Cancellatio	Notificati n #1		RID	GEWC	ontact	/ JERSEY 07652	Telephone Nun	nber		- 2	
DCA	EMERGEN	ICY NO		CONTRACT CONTRACT		The state of the state of	S	201-447-8147	SBES	TOS	CON	TROL
Name of Facility Where A	hatament is Tak	ing Dla		ACILITY II	NFOR	MATION	Type of Facilit	L		ルピト	IŞING)
Name of Facility where A	batement is Tar	illy Flat	Je (3)				School (K					
VALLEY HOSPITAL							Subchapt	er 8 (Other than private & commo		e ho	mee	etc \
Street Address							Square Feet	# of Floors	T		g. Age	
620 WINTER AVENUE							7,000	1			40+	
City (5) PARAMUS	County (6) BERGEN)				de (7) ONLY)	Current Use (P ABANDONED	rior if being demo	olished)		
Name of Monitoring Firm		ng Own	er (8)			SCM No.		ement Contracto				
COLDEN CORPORATION								IMENTAL CORP	ORAT	ION		
Street Address 131 VARICK STREET, SU	ITF 1022						Street Address 313 SPOOK R					
City, State, Zip Code	1022					***	City, State, Zip			-		
	NEW YORK, NE						SUFFERN, NE	W YORK 10901				
Project Manager for Monito	oring Firm	Te	lephone	Number			Telephone Nun	nber Lic	ense N	lumb	er	
JIM MIADES			7-435-3				845-369-7500	110	01			
Expected State Date (10) 5 / 29	/18		Comple 12	tion Date 30		/18	Name of OSHA	Monitor				
Month Day	Year	Month	7.000	Day		Year	EMSL #11506					
Occupancy Status During A X Facility Closed/ Abatement Perl X Other - Describ	Vacated During E ormed Outside of	ntire Pe Normal	riod of A Facility	Hours - De	escribe	e:	Street Address 307 WEST 38T City, State, Zip	H STREET				
Scope of Work (Check all for Demolition >3SF OR LF X >160 SF OR		Renova		00 T III.			ainment i	NEW YORK, NEV	W YOF	RK		
Location o			cation			ption of As			A	baten	nent T	уре
Asbestos-conta Material (AC TO BE ABA) in Facility (1	M) ED	sole Maint/C	ly used ly by ustodial (12) N/A	in	(ie. T nsulatio	ing Materi hermal sy on, surfaci er miscella	stems ng, VAT,	Amount (Specify SF or LF)	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
1ST FLOOR FRONT OFFI	CE BATHROOM		X	WALL CO	MPOL	JND		150 SF	X			
1ST FLOOR SHOP SIDE I	BATHROOM		Х	WALL CO	MPOL	JND		150 SF	X			
1ST FLOOR FURNACE R	MOC		X	WALL CO	MPOL	JND		400 SF	X			
EXTERIOR EAST ROOF			Х	VENT TAI	R			6 SF	X			
EXTERIOR EAST ROOF			Х	BUILT UP	100 ROO	FING		1,600 SF	X			
EXTERIOR SOUTH ROOF			X	VENT TA	R			6 SF	X		7	
EXTERIOR L ROOF Name of Registered Waste	e Hauler	NJDEP	Waste	BLACK C. Cubic Yar	ds of \		Name of Regis		X			
NEWARK CARTING 369 RAYMOND BLVD		Hauler I	D No.		30		GRAND CENT	RAL SANITARY	LANDI	-ILL		
City, State NEWARK, NEW JERSEY				Disposal [5/29/18 -		18	City, State	OWNSHIP. PA		-/	/	1
Completed by (Print or Type BENJAMIN SANCHEZ		CTOR		RATIONS	Signa		7	Da	te S	//	25	//

HOOK

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

3215

Date of Notification (1)						LEY HOSF	Owner/Operator PITAL	(2)						
5 / 9 /2018				Stre	et Ad	dress								1
Agencies Notified Type Notification	n			223	NOR	TH VAN D	IEN AVENUE	and the same of th	7	3 (2 [3	1///	
EPA X Initial Not	Notifi		n	RID	GEW	e, Zip Code OOD, NEV	e V JERSEY 07652	2 Telephor			Destriction	1 -	2018	
DCA EMERGE	NCY	NOTI		TION GEO	ORGE	GANCSO	S	201-447-	8141	00.0	J 1 1	*	2010	
Name of Facility Add and Alexander T		D.		ACILITY I	NFOF	RMATION	-		ued		and the second	market bases	ec manuscript	1
Name of Facility Where Abatement is Ta	king	Place	(3)				Type of Facili School (F		A	SBE	STOS		NTRO VG	1
VALLEY HOSPITAL							X Other (ie.	ter 8 (Other	r than K	-12)	near and a circ			T
Street Address							Square Feet	# of F		. blag		g. Ag		1
620 WINTER AVENUE							7,000	1				40+		
City (5) County (6 PARAMUS BERGEN	5)					ode (7) E ONLY)	Current Use (P	rior if being	g demoli	ished)			
Name of Monitoring Firm Hired by Build	ing O	wner	(8)	1		SCM No.	Name of Abat							1
COLDEN CORPORATION Street Address					_		PAR ENVIRON Street Address		CORPO	RAT	ION			-
131 VARICK STREET, SUITE 1022							313 SPOOK R		D					
City, State, Zip Code NEW YORK, N	EW V	OPK	10013)			City, State, Zip SUFFERN, NE		10004					
Project Manager for Monitoring Firm				Number			Telephone Nur			nse N	lumb	er		1
JIM MIADES		-	435-3				845-369-7500	11001	1101		· uiiib	01		l
Expected State Date (10)	Sch			etion Date	(11)		Name of OSHA	A Monitor	11.0					1
5 / 29 /18 Month Day Year	N/A	12 onth	2	30)	/18	EMSL #11506							l
Occupancy Status During Abatement (Che			()	Day		Year	Street Address				-			
X Facility Closed/Vacated During Abatement Performed Outside of X Other - Describe: MONDAY	Entire of Non	Perio mal F	od of A	Hours - De	escrib	e:	307 WEST 381	TH STREET	Г					
	-1 1 111	JA 1	71111-0	.50 1 W				NEW YOR	K. NEW	YOF	RK			
Scope of Work (Check all that apply) Demolition >3SF OR LF X >160 SF OR 260 LF	Rend	ovatio	on		X X		ainment		746					
Location of	Is	Loca	tion		Descr	iption of As	sbestos-			TA	baten	nent 7	vpe	
Asbestos-containing			used	C		ning Materi		Amo						
Material (ACM) TO BE ABATED	1	olely	by stodial			Thermal sy ion, surfaci		(Spe		REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR	
in Facility (13)	S255-11-75-20-7	taff (1 22		ner miscella		SF or	LF)	S	=	PS	SC	
* 100 00	Yes	No	N/A		200					Г		-	朿	
1ST FLOOR FRONT OFFICE BATHROOM	1		X	WALL CO	MPO	UND		150 SF		X				
1ST FLOOR SHOP SIDE BATHROOM			X	WALL CO	MPO	UND		150 SF		X				
1ST FLOOR FURNACE ROOM		_	X	WALL CO	MPO	UND		400 SF		X				
EXTERIOR EAST ROOF			X	VENT TA	R			6 SF		X				
EXTERIOR EAST ROOF	_		X	BUILT UP	ROC	FING		1,600 SF		Х				
EXTERIOR SOUTH ROOF			X	VENT TA	R			6 SF		Х				
EXTERIOR L ROOF			X	BLACK C	AULK			32 SF		X				
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD	100000000000000000000000000000000000000	EP W er ID 913	No.	Cubic Yar	ds of 30	Waste	Name of Regis GRAND CENT			ande	FILL			
City, State		313		Disposal I		(4.0	City, State	014/4101						
NEWARK, NEW JERSEY Completed by (Print or Type) Title				5/29/18 -		ature	PLAWFIELD T	OWNSHIP.	, PA Date	Z	10	/10	7	
BENJAMIN SANCHEZ DIRI	ECTO	R OF	OPE	RATIONS		1/	$)$ \times \times		1	J ,	17	110)	



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

				(P	ursua	nt to NJA	4C 8	8:60 and 5:1	6)	last control) E	C	FI	7//	E	
Date of Notification (1)					Nam	e of Buildin	ig Ow	vner/Operator	(2)	$\left(\cdot \right)$	15	ال	15 11	\V/	L	-
05/	31 /	18	_			ate of Ne	_			In	1					-
Agencies Notified	Type Notific	cation			Stree	et Address		**	- Long-	\mathbb{H}	AND DESCRIPTION OF THE PERSON	JUN	1	2018		11
⊠ EPA	☐ Initial				12	5 W. State	e Str	reet		led 1	4			2010		-
⊠ DOLWD		101 (0125)			City.	State, Zip (Code				Lance	by Frysk Rossell y Park your getter				1
□ DCA	Amendn Emerger			_		enton, NJ					AS	BESTO	OS CO CENSII		DL &	
-a.(NJAC 5:23-8)	justificat		iuain	g		e of Contac			1	TT	elenho	one Nur	in the last section	NO	and the same	-
	☐ Cancella				Ed	Weinlein	ı (Ha	verstick-Bo	rthwick)	1		825-93				
					FA	CILITY IN	NFOF	RMATION								
Name of Facility Where A			Place	(3)					Type of Facility	y (4)						
New Jersey Executi	ve State H	ouse							School (K-1	12)						
Street Address									☐ Subchapter ☐ Other (i.e.,	8 (C	Other that	nan K-1	2) ercial b	uildin	15	
125 W. State Street									homes, etc	.)					, ,	
City (5) Trenton									Square Feet		# of FI	oors	В	ldg. A	ge	
County (6)					Cou	mb. Onda /	71/074	TE HOE ONLY	100,000		4			80		
Mercer					Cou	nty Code (/	(SIA	TE USE ONLY)	Current Use (F		if being	g demol	ished)			
Name of Monitoring Firm I	Hired by Buil	Idina O	wner	(8)	ASCM	No	Na	mo of Abatama	State House ent Contractor (9							
N/A		ung o		(0)	ACCIVI	140.			onmental, LLO							
Street Address							-	eet Address	Jilliental, ELC							
N/A								23 Cutler Av	/enue							
City, State, Zip Code							City	y, State, Zip Co	ode							-
N/A							10 3	laple Shade								
Project Manager for Monitor	oring Firm		- 550	Tele	phone	No.	-	ephone No.			Licens	e No.				
N/A				N.	Α		8	56-755-0099	ľ.		008	42				
Start Date (10)				7/2		ate (11)	Nar	me of OSHA M	lonitor							
					_ /	18	E	MSL Analyt	ical, Inc.							
Occupancy Status During					98		Stre	eet Address								
☐ Facility Closed/Vacated☐ Abatement Performed	During Enti	re Peri	od of	Abate	ment	.,		00 Route 13								
Time of Abatement:							0.00	, State, Zip Co								
						• • • • • • • • • • • • • • • • • • • •	С	innaminson	, NJ 08077							
Scope of Work (Check all t	tnat apply)							☐ Full Cont	ainment with Ne	nativ	e Pres	SSUITE				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf				novati				☐ Mini-Encl	losure	guar	70 1 100	Joure				
☐ ≥100 St 01 ≥200 II		L	De	molitic	n			☐ Glovebag	g Procedure mpted (*) and No	n-Fi	riahle l	Procedu	ire			
			ls	Locat	ion				mptod () dila itt	T	i doic i	100000		atem	ent T	vne
Location o		.		lorma d Sole				Description of		1			1	_		
Asbestos-Containing M TO BE ABAT		1)		intena				Containing Mat rmal systems i			Amo		Removal	Repair	nca	nclo
IN Facility			Cust	odial	Staff?	(1.0.	SI	urfacing, VAT,	or		(Spe		oval	=	Encapsulate	Enclosure
(13)		F	Yes	(12) No	N/A	-	oth	ner miscellaned	ous)						ate	Ф
Exterior						Mindou		ellein er		_						
Exterior						Window				_	330			Ш	Ц	
Exterior						Window	/ Gla	izing			407	LF				Ш
				Ш												
Name of Registered Waste	Hauler			111 3353	JDEP \ auler II	0.000000	Cub	ic Yards of	Name of Regis			dfill				
Freehold Cartage				11	15939	(19 mm) (19 mm)	5		Fairless L	and	fill					
City, State								osal Date	City, State							
Freehold, NJ		,					06	5/29/2018	Morrisville	, PA	4					
Completed By (Print or Typ	e)	Title						Signature	7		_		ate		,	
Christina Lynch		Vic	e Pre	eside	nt of (Operation	ıs	(msde		-		4	5/3	119	7	

Ch 1404	j	NOTIFI (P	CATIO	tate o New Jers 1 OF ASBESTO 1 O NJAC 8 60 a	ABATE	0)	and the second	D-	E C			V	Pr	int-For
Date of Notification (1) 5/29/18				of Building Owner		(2)		L Li	JU	N -	4	201	8	11
Agencies Notified Type Notification		_		In Equities Gr	oup									1
			One N	^{∖ooress} ∕ledowlandsP	laza Su	ite	803	P	SBES	TOS	CO	NTR	OL 8	
EPA Initial Amended		-		ate, Zip Code	iuzu Ou	ito	000	Military opposite		ICE			Mary Arrest	
DOL Amendment #				Rutherford, N.	07073									
Emergency (ir justification)	cluding			f Contact				Tel	ephone	Numb	er	51.75		-
DCA Cancellation			Ray F	lendry				1000000	3 807-					
			FAC	ILITY INFORMA	TION									
Name of Facility Where Abatement is Taking 5 Ports America Bayonne Terminal			2			Ту	pe of Facility	(4)						
Street Address	Dulluli	ıy # 4	<u>ی</u>				School (K-							
51 Port Terminal Boulevard						×	Subchapte Other (i.e.				build	lings,	home	es.
City (5)							etc.)	4 11 12 12 12 12 12 12 12 12 12 12 12 12						
Bayonne, NJ 07002							quare Feet 80000+	1 # 01	Floors			dg. A 0+	ge	
County (6)			County	Code (7)			rrent Use (Pr		na dema	olieher				
Hudson				USE ONLY)			acant	ioi ii beli	ng deme	Justice	۵)			
Name of Monitoring Firm Hired by Building Ox	vner (8)		ASCN	/ No.	Name	of A	Abatement Co	ntractor	(9)			100		_
							evelopmen							
Street Address					Street	Add	dress							
					000000000		wnsend Str	eet						
City, State, Zip Code							, Zip Code							
Desirable of M. S. J. E.							unswick, N	J 0890						
Project Manager for Monitoring Firm			Telepho		Teleph 732		e No. 5-3655		Licens 0128					
	Schedule 5/1/19	ed Com	pletion	Date (11)	Name EMC		SHA Monitor							
Occupancy Status During Abatement (Check		ie)		-	Street	18030	fress				_			
The second secon	•		ent				edith PI.							
Abatement Performed Outside of Normal	Facility	Hours	CIT		City, S	tate	, Zip Code			-	_			
Other – Describe:					Pisc	ata	way, NJ 08	8854						
Scope of Work (Check All That Apply)	12					_								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		tenovat emoliti			×		Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure					9	
	le	Locatio	าท					/ 2.10					ment	
Location of	N	Vormall	у	D	escription	of						Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED		d Solel intenan		Asbestos Cor	ntaining M	late		170070	nount		_		Щ	m
In Facility	Cust	odial S	taff?	(i.e. therma surf	acing, VA	T, 0	r		pecify or LF)		Remova	Repair	Encapsulate	Enclosure
(13)		(12)		other	miscellan	reou	is)		5		ova	pair	sula	Sur
	Yes	No	N/A										te	CO
windows/doors exterior			х		caulking)		11	2SF	K	:			
roof			х	roofi	ng/flash	uin	ıg	255	000SF	K				
main warehouse			x	gaig	e insula	tion	1	51	02LF	×				
office			х	2.3	/ceiling	_			00SF	- K	-			-
Name of Registered Waste Hauler		N.	JDEP W		Yards		Name of							
Newark Carting,Inc.		Ha	auler ID 509		aste		GROW		JU Lain	um.				
City, State Newark, NJ 07105					sal Date		City, Stat		^					
Completed by	Title				2018	1	Morris	/ille, P/	1	<i>p</i>	_			
Todd Grant	Presi	dent			Signature	0	W MY	W		Date 5/29)/18			

CK 1403		NOTIFI (P	ursuant	tate of New Jers OF ASBESTO ON AQ 8:60 a	SABATE nd 12:12	0)	г	D-	E C			V ^{Pri}	PLFC	Lamana and and and and and and and and and
Date of Notification (1) 5/29/18				of Building Owne In Equities G		P•(2)		lat lat	001	1	4 (CUIO	This seems to	7
Agencies Notified Type Notification		-	Street A	•	oup				00000			one rigories		-
X EPA X Initial			One N	MedowlandsF	laza Su	ite 80	03	A	SBEST	ICEN	NOS NISIN	TROI 3	&	
DEP Amended	ш.		100000	ate, Zip Code					Ministra Managaria				-	
Emergency (-		Rutherford, N	J 0/0/3	3	44634544-154454	T =				100.00		
DOH justification) Cancellation				lendry					one Nur 807-44:					
			-	ILITY INFORMA	TION									
Name of Facility Where Abatement is Taking 5 Ports America Bayonne Termina			3			Туре	e of Facility (4)						
Street Address	Danan	ig ir o				H	School (K-12 Subchapter 8		nan K-12	2)				
51 Port Terminal Boulevard						×	Other (i.e. pretc.)				dings,	home	es,	
City (5) Bayonne, NJ 07002					lla-a la	100000	are Feet 0000+	# of Flo	ors	1 1 1 1 1 1 2 2	ldg. A	ge		
County (6) Hudson				Code (7) USE ONLY)			ent Use (Prior cant	r if being o	demolish	ied)				
Name of Monitoring Firm Hired by Building (Owner (8))	ASCN	M No.	0.32355		atement Cont velopment		nc.					
Street Address						Addre	ess nsend Stree	o.t						
City, State, Zip Code							Zip Code	et						
					100000000000000000000000000000000000000		nswick, NJ	08901						
Project Manager for Monitoring Firm			Telepho	ne No.	Telepl 732	hone N 565-		11.53	cense No 1284	0.				
Start Date (10) 6/12/18	Schedul 6/1/19		pletion	Date (11)	Name EMC		HA Monitor	- I						
Occupancy Status During Abatement (Check	k Only Or	ne)			Street				32100					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	eriod of	Abatem	ent			100000000000000000000000000000000000000	lith Pl.							
Other – Describe:	ai i aciiity	, i louis					Zip Code ay, NJ 088	54						
Scope of Work (Check All That Apply)													-7-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	X C	Renova Demoliti	tion ion		> >	Mi GI	ull Containmer ini-Enclosure ovebag Proce on-Exempted	edure				۵		
	Is	Locati	on					() 5.1.5			Abate	ement		
Location of		Normall ed Solel			escription			,5001.00990		-	Ту	pe		
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	intenar todial S	ice/	Asbestos Co (i.e. therm				Amou (Spec		Z,	חד	Enc	E I	
In Facility (13)	Cus	(12)	itaii :		acing, VA miscellar			SF or	LF)	Removal	Repair	Encapsulate	Enclosure	
	Yes	No	N/A			,				'al	7	late	ıre	
windows/doors exterior			X		caulking	9		38S	F	<				
roof			х		ing/flash			252000		K				
roof					ict coup			36S	A.1100 III	ĸ			\dashv	
main warehouse					e insula			2955		K				
Name of Registered Waste Hauler			JDEP W	aste Cubi	c Yards		Name of R							
Newark Carting, Inc.		7.0	auler ID 509	No. of W 120			GROWS	i,Inc.						
City, State Newark, NJ 07105				3 St. 16	osal Date e 2018	Æ	City, State Morrisvil				V			
Completed by Todd Grant	Title Presi	ident			Signature	1 bu	WM	M	Dat 5/2	te 29/18	3			

nock	NOTIFICATIO	N OF AS o NJAC 8	lew Jersey BESTOS ABAT 3:60-7 and 12:12	20-7)		E C	匠		<u> </u>	
Date of Notification (1)			e of Building O	wner/Operator (GENE LLC	2)					ACCEPTANCE OF THE PERSON OF TH
5 / 30 /2018		6774706670	t Address			JUN	-	4 20	118	
Agencies Notified Type Notificatio	n		MORRIS AVENU	JE						-
EPA Initial Noti DEP X Amended X DOL Cancellati	Notification #1		State, Zip Code MIT, NEW JERS	SEY 07901	A	SBEST L	OS (CONT	ROL	E
X DOH On Hold	NCY NOTIFICATIO		e of Contact OS ANGELI		Telephone Nun 908-897-4646	nber				
		CILITY IN	FORMATION	Type of Facility	· (A)					
Name of Facility Where Abatement is Ta	king Place (3)			School (K						
CELGENE BUILDING 5A				Subchapte X Other (ie.	er 8 (Other than private & commo	K-12) cl. bldgs	s., hor	nes, e	tc.)	
Street Address 556 MORRIS AVENUE				Square Feet 10,000	# of Floors			. Age)+		
City (5) County (6	5)	Coun	ty Code (7)		rior if being demo	olished)				1
SUMMIT MORRIS			USE ONLY)	MECHANICAL		(0)				-
Name of Monitoring Firm Hired by Build McCABE ENVIRONMENTAL	ing Owner (8)		ASCM No.		ment Contracto		ON			
Street Address 464 VALLEY BROOK AVENUE				Street Address 313 SPOOK RO	OCK ROAD					
City, State, Zip Code				City, State, Zip	Code W YORK 10901	-010				
LYNDHURST, NE Project Manager for Monitoring Firm	W JERSEY 07071 Telephone N	umber		Telephone Nun		ense N	umbe	r		1
JOHN CHAIVIELLO	201-438-483			845-369-7500	11	01				
Expected State Date (10)	Sched. Completion			Name of OSHA	Monitor IRONMENTAL S	OLUTIO	ONS	2		
5 / 25 /18 Month Day Year	5 Month	30 Day	/18 Year	TECHNOLOGI		OLUTI	ONS (x 		
Occupancy Status During Abatement (Che	ck only one)			Street Address 1376 ROUTE						
Facility Closed/Vacated During Abatement Performed Outside of X Other - Describe: MONDAY	Entire Period of Aba of Normal Facility Ho -FRIDAY 7AM-3:30	ours - De	scribe:	City, State, Zip						
Other - Describe. MIONDAT	- I KIBAT TAW 0.00	5 1 111		WAR	PPINGERS FAL	LS, NY	12590)		
Scope of Work (Check all that apply) Demolition	Renovation		Full Conta	ainment with Neg	ative Pressure					
Demolition X >3SF OR LF	Tivellovation		Glovebag	Procedure						
>160 SF OR 260 LF				ole Procedure	т	1 0	h a t a m	ont T	/DO	-
Location of Asbestos-containing	Is Location normally used		Description of Assontaining Materi		Amount			ent Ty		1
Material (ACM)	solely by		(ie. Thermal sy		(Specify	REMO	REPA	ENC/	ENCL	
TO BE ABATED	Maint/Custodial		sulation, surfaci		SF or LF)	OVAL	AR R	APSUL	OSUR	
in Facility (13)	Staff (12) Yes No N/A		or other miscella	aneous)		_		۶	R	_
1ST FLOOR BOILER AREA		OILER F	LANGE GASKE	T	40 SF	Х				
ROOF	X	OOF FL	ASHING AREA		40 SF	X	_	_	_	4
Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste C Hauler ID No.	Cubic Yar	rds of Waste 30	Name of Regis GRAND CENT	tered Landfill RAL SANITARY	/ LANDI	FILL			+
369 RAYMOND BLVD	913	Disposal I	Date	City, State//	77		1			-
City, State NEWARK, NEW JERSEY			12/30/18	PLAINFIELD(I	OWNSHIP, PA	-6	/->		,	0
Completed by (Print or Type) Titl	RECTOR OF OPER	ATIONS	Signature	WAX.	\times	ate)	15	0/	/	K
			1	110		1	CIRCLE THE	1		U

Cubic Yards of Waste

Disposal Date

5/14/18 - 12/30/18

30

Name of Registered Landfill

MAINFIELD TOWNSHIP, PA

State

GRAND CENTRAL SANITARY LANDFILL

Date 5-15-18

Name of Registered Waste Hauler

NEWARK CARTING

City, State

369 RAYMOND BLVD

NEWARK, NEW JERSEY

BENJAMIN SANCHEZ

Completed by (Print or Type)

NJDEP Waste

913

DIRECTOR OF OPERATIONS

Hauler ID No.

Title

Date of Notification (1) 5-26-2018	Annual Luo		NOT	Name	of Boild	New Jers SBESTO AC 8:60 a	ind 12:1	20)	IT .			CE N-	*****	W 2018	
Agencies Notified	Type Notification	n			Shive Address					<u> </u>		J11	4 (.010	
EPA DEP	X Initial Amended			City S	tate, Zip	Code					ASBE	STOS	CON	TROL	- &
× DOL	Amendme Emergenc	nt #		Unio	n City,	NJ 070	37		l	Lawrence	THE PERSON NAMED IN THE PE	PROFESSIONAL PROPERTY.	- HARRIST COLUMN	C. Sellinger	NOS ALTONO
DOH DCA	justification	1)	ng	Name	of Conta					Te	elephone	Numbe	r		
	☐ Cancellation				Shive							rtumbe			
Name of Facility Where A	Abatement is Tak	ng Place	(3)	FAC	JILITY II	FORMA	TION	TTV	e of Facility (4	4)					
Street Address City (5)								 	School (K-12 Subchapter Other (i.e. pretc.)	2) 8 (Oth rivate	& comme	(-12) ercial bu	iilding	s, hon	nes.
Union City, NJ 0708	37								are Feet 39 SF	# 0	f Floors		Bldg.		
County (6) Hudson				County	Code (7)			rent Use (Prio	1	ina demo		125-		
Name of Monitoring Firm	Hired by Building	Owner (8	31		USE ON	-Y)									
	,	owner (c	2)	ASC	IVI NO.		Name	of Ab	atement Cont nvironmenta	ractor	(9)	110			
Street Address							Street			ai 3e	rvices,	LLC			
City, State, Zip Code									nia Avenue Zip Code						
Project Manager for M									ty, NJ 0730)4					
Project Manager for Moni	toring Firm			Telepho	ne No.		Teleph	none N	10.		License	No.			
Start Date (10)		Schedu	led Co	mpletion	Date (11	1	201-				00117	4			
5-26-2018		5-26-2	2018		Dute (11)	,			HA Monitor above						
Occupancy Status During							Street	Addre	SS						-
Facility Closed/Vacat Abatement Performe Other – Describe	ed During Entire d Outside of Norr	Period of nal Facilit	Abater y Hour	ment s			City, S	tate, Z	ip Code						
Scope of Work (Check All	That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		×	Renova Demoli	ation tion			×××	Fu Mi Glo	II Containmen ni-Enclosure ovebag Proced n-Exempted (dure					777
			Locat						1) and	14011-1116	Tole Pio		ement	-
Location of Asbestos-Containing N	faterial (ACM)	Use	Normal ed Sole	ly by	Asha	Des	scription	of				-	T	/pe	
TO BE ABA I In Facility (13)			todial S (12)		(i.e	stos Cont thermal surfac other m	systems sing, VAT niscellane	insula F. or	ation,	(Sp	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Basemer	nt	103	X	INA		Di								te	
Entrance		-	X				insulat				0 LF	х			
						Pipe	insulat	ion		8	LF	×			
Name of Registered Waste	Hauler											+			
Green Environmental			H	JDEP Wa auler ID I		Cubic of Was	rards te		Name of Re			11	-		
City. State			00	34889		. 3			Grows No	orth L	andfill.				
lersey City, NJ						Dispos 5-26-2	al Date	= 77.700	City, State			-			
Completed by		Title				1	grature		Morrisville	, PA		ate			
iliana Serrano		Office	Man	ager			1/10	111	TO HOP &	ETC		ale -26-20	18		1

Ch 10701		NOT	CATIC	State of AS	BESTO	SABATE	EMEN	т	B		G		U.	Pylint [
Date of Notification (1) 5/30/18				of Buildin		/Operato	r (2)			Jl	JN	- 4	21)18
Agencies Notified Type Notification	n			Address					Grand Andrews	ASBE	STC	S CA	ONT	ROL
DEP Amended Amendme				state, Zip (wood, N)1			ERCON PROGRAM	(Mr. Jorgalijanski)	ME AVOIT	THESE COLUM	THE STATE OF	AND PROPERTY.
□ DOH □ DCA □ DCA □ Emergence justification Cancellation	n)	ng	Name David	of Contac	ct				Telepho	ne Num	ber	**		
Name of Facility Where Abatement is Tak	ing Place	(3)	FAC	CILITY IN	FORMAT	TION	Tvn	e of Facility (4)					
Street Address City (5)							X	School (K-1 Subchapter Other (i.e. p etc.)	2) 8 (Other tha	an K-12) nmercial	bui	ldings	, hon	nes,
Lakewood							118	are Feet 34	# of Floo	ors	E	3ldg. /	Age	
County (6) Ocean			County (STATE	Code (7)	Y)		Cur	rent Use (Prid ne	or if being de	emolishe	d)			1430-143
Name of Monitoring Firm Hired by Building	Owner (8)	ASC	M No.		Name AAA	of Ab	atement Cor D PROFE	tractor (9) SSIONAL	_S			24-11.04	
Street Address						Street 6 WH		ess DOVE CO	DURT					
City, State, Zip Code								Zip Code OD, NJ 08	8701				<u> </u>	
Project Manager for Monitoring Firm			Telepho	one No.		Teleph 732-6	none 1	No.		ense No.				
Start Date (10) 6/1/18	Schedu 6/4/18		mpletion	Date (11))	Name	of OS	HA Monitor D PROFE		-			-	
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe:	Period of	Abater	ment s			Street 6 WH	Addre		URT					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli				×	Fu Mi GI	III Containme ni-Enclosure ovebag Proce on-Exempted	nt with Nega				0	
Location of	100	s Locat Norma			5							Abate	emen pe	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole aintena stodial ((12)	nce/	Asbes (i.e.	stos Cont thermal surfac	scription taining Massistems systems cing, VAT niscellane	ateria insul r, or	I (ACM) ation,	Amoun (Specify SF or LF		Remova	Repair	Encapsulate	Enclosure
EXTERIOR	Yes	No	N/A			Oldin a	_				-		ate	ē
						Siding			2000SI	F				
Name of Registered Waste Hauler NEWARK CARTING		H	JDEP W auler ID 4509		Cubic of Was			Name of R	egistered La	andfill	8			
City, State NEWARK, NJ	M					al Date		City, State	HEM PA					
Completed by JOSEPH PERLSTEIN	Title	JER				ignature			. ILIVII A	Date				

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

			(1	Pursua	int to NJV	AC 8:60 and 5:10	6)	Origina	11.0	41 .	341
Date of Notification (1)				Nam	e of Buildin	g Owner/Operator (2)	- Uligina	ck the		
05/3	31 /	18			cobs Den		1 30 10	1247	2 51		
Agencies Notified T	ype Notifica	ation		Stree	et Address			FR	PI	7/7 [7 6
] Initial			352050000	O Box 9			MEC		V	
	Amended	-			State, Zip	Code		HEAL			-11
⊠ DOH	Amendm		_	100000000000000000000000000000000000000		, NJ 08736		111711	1 4 0	0.48	
DCA (NJAC 5:23-8)	Emergen justification		ng		e of Contac			Telephone Numb	1 - 4 2	UTH	- 11
	☐ Cancellat			100000	nda	A		732-528-3800	(70)		1
						NFORMATION		A STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TRANSPORT NAMED IN COL	OS CON	ROL	E
Name of Facility Where Aba	atement is 7	Taking Pla	ce (3)		ACILITY II	NFORWATION	Type of Facility (4	L	ICENSING		COT BOOM
Residence			(-/				School (K-12)	(M)			
Street Address							Subchapter 8	(Other than K-12)			
							Other (i.e., pri homes, etc.)	vate and commerc	cial building	IS,	
City (5)							Square Feet	# of Floors	Bldg. A	70	_
Seaside Park							2000 sf	2	65	90	
County (6)				Cou	unty Code (7)(STATE USE ONLY)	Current Use (Price	or if being demolish			-
Ocean					- 50 Market A.A.		Residence	•	2.5.2 4 .		
Name of Monitoring Firm Hi	ired by Build	ding Owne	r (8)	ASCN	/ No.	Name of Abateme	ent Contractor (9)		1000		
Guardian Contracting	g, Inc.	8	110 50			The second second second	ntracting, Inc.				
Street Address				-		Street Address					
1889 Route 9, Unit 61						1889 Route 9	, Unit 61				
City, State, Zip Code						City, State, Zip Co	ode				
Toms River, NJ 08755	5						New Jersey 087	55			
Project Manager for Monitor	ring Firm		Te	elephone	e No.	Telephone No.		License No.			-
Nicholas Fernicola				732-34	9-9932	732-349-9932	<u>.</u>	00624			
Start Date (10)		Scheduled	Comp	oletion D	ate (11)	Name of OSHA M	lonitor				\dashv
05 /30 /			- 55	05/		E.M.S.L. Ana	lytical				
Occupancy Status During A	batement (Check only	v one)			Street Address					
☐ Facility Closed/Vacated I						1056 Stelton					
☐ Abatement Performed O					escribe	City, State, Zip Co	ode		1		-
Time of Abatement:	AM	PM/	P	M	_AM		New Jersey 088	54			
Scope of Work (Check all th	nat apply)					· ioodiamay,	tow octoby occ				
				121		☐ Full Conf	tainment with Nega	ative Pressure			
 ≥3 sf or ≥3 lf ≥160 sf or >260 lf 			Renov Demol	ation ition		☐ Mini-Enc	losure g Procedure				
		Д.	Joinioi	ition		Non-Exe Non-Exe	mpted (*) and Non	-Friable Procedur	е		
			Is Loc						Abatem	ent Ty	ре
Location of		. 11		nally olely by	BUSINES	Description of					
Asbestos-Containing Ma TO BE ABATE		1/		nance/		estos Containing Ma e., thermal systems		Amount (Specify	Repair	nca	nclo
IN Facility		Cı		al Staff?	(1.0	surfacing, VAT,		SF or LF)	Repair	psu	Enclosure
(13)		-	(1	1	_	other miscellane		7,		Encapsulate	e.
4		Yes	-		-			Sport Section 201		(5)	
exterior				A	asbest	os siding		2500 sf			
interior					asbest	os floor tile		350 sf			
interior					asbest	os pipe insulatio	n	150 If			
					Waste	Cubic Yards of	Name of Regist	ered Landfill			
Guardian Contracting, Inc. Hauler ID 20223						Waste	T.R.R.F.				
City, State					.5	6 Disposal Date	City, State				
Toms River, New Jers	sey					06/05/18		Pennsylvania			
Completed By (Print or Type	-	Title				Signature			to	i	
Nicholas Fernicola	,	0.000	ct Ma	naner		Signature		Da	5/3.1	10	

			(TDACONS)	_	an allen	-						PIII
Ch 1204		NOT	(Pursua	nt to NS	New Jers SBESTO AC 8:60 a	S ABATE	þ	ID-	G		\mathbb{V}	E
Date of Notification (1) 06/25/2018			Name	of Build	ing Owner	/Operator	(2)		JUN	- 4	2018	3
Agencies Notified Type Notification	on			Address				fiel bod				
EPA Initial				/ iddi co				A:	SBESTO	S CO	NTRO	DL &
DEP Amended				State, Zip					SBESTO	ENSI	VG.	
Emergence	y (includir	ng	-		NJ. 07	630						
DOH justificatio	n)		1	of Conta	act IRRAY			Teleph	one Num	per		
					NFORMAT	FION		'		_		
Name of Facility Where Abatement is Tak PRIVATE	ing Place	(3)		JILIT I	VI OKWA	IION	Type of Facil	ity (4)				
Street Address							School (K-12)				
out out Address							Subchar	ter 8 (Other th	an K-12)			
City (5)							etc.)	e. private & co		buildin	gs, ho	mes
EMERSON NJ. 07630							Square Feet 1,326 SF	# of Flo	ors	1/	g. Age	1
County (6)			County	Code (7	7)			Prior if being d	0 m = 1' = t		76	
BERGEN			(STATE	USE ON	ĹY)		Contain Coc (N/A	emolisne	۵)		
Name of Monitoring Firm Hired by Building N/A	Owner (8	3)	ASC	M No.		Name o	of Abatement (Contractor (9)				
Street Address						NOR	TH EAST E	NVIRONME	NTAL	LC.		
						Street A						
City, State, Zip Code							51- ST. ate, Zip Code					
								N NJ 07047				
Project Manager for Monitoring Firm			Telepho	ne No.		Telepho			ense No.			
N/A Start Date (10)							776 0642		00			
06/04/2018	Schedu 06/04		mpletion	Date (11	1)		f OSHA Monito			0.0350		
Occupancy Status During Abatement (Che							RO PROBE	INC,				
Facility Closed/Vacated During Entire	Periori of	Abator	ment			Street A 108 L	aaress BERTY ST					
Abatement Performed Outside of Non Other – Describe:	nal Facilit	y Hour	S				te, Zip Code	•			*	
						1000.00	ICHEN NJ.					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If						_						
≥3 sf or ≥3 lf≥160 sf or ≥260 lf	× I	Renova Demoli	ation tion	*		XX	Mini-Enclosu	ment with Nega are	ative Pres	sure		
						Ĥ	Glovebag Pr Non-Exempt	ocedure ed (*) and Non	-Friable I	Procod	150	
	1	Locat						7 (7 (3.10 (40.11	7 Hable I	10-15-2	temen	nt
Location of Asbestos-Containing Material (ACM)		Normal ed Sole			Des	cription o	f				уре	
TO BE ABATED	Ma	intena	nce/	Asbe (i.e	stos Conta thermal	aining Mai	erial (ACM)	Amount (Specifi		.	Ш	,
In Facility (13)	Cus	todial S (12)	otair?	*	surfac	ing, VAT,	or	SF or LF		Repair	cap	100
	Yes	No	N/A		outer th	iscellaneo	ous)		1 5	air	Encapsulate	chelosure
BASEMENT	100	X	INA		DIDE II						0	
D. IOLIVICIY!		^			PIPE IN	ISULAT	ION	35 LF.	X			
		-		71								
ame of Registered Waste Hauler		1				252 N. 15	es - 16 64					
RI STATE ASSOCC			JDEP Wa		Cubic Y			Registered La				-
ity, State		1	9951		TBD		MINER	RVA ENTER	PRISE	INC		
RONX NY.					Disposa		City, Sta					
ompleted by	Title				TBD		WAYN	ESBURG, (OHIO		2007	
ARLOS ESQUIVEL	IANAG	ER		inature	11	2.00	Date 06/25	100 ::				

Ch inni

State of New Jersey NOTIFICATION OF ASSESTED ABATEMEN

(D),	C			₩ Pr	int I	orm
	JUN	-	4	2018		

CI. Land			(Pursua	int to NJ	AC 8:60	md 12:12		-		JUN	- 4	20	18
Date of Notification (1) 06/25/2018			Name	e of Build	ing Owne	r/Operator	(2)	-					
			-	and the same of th	JRRAY		2000		ASE	ESTO	S C	ONTE	ROL
Agencies Notified Type Notifica	tion		Stree	t Address	S			L.		1.10	CHO	110	(SPEC
EPA Initial	6												
DEP Amende DOL Amende	7			State, Zip			2222						
Emerger	ncy (includia	ng			NJ. 07	630			141		惟		
DCA justificati	on)			of Conta				T	elephone M	himba	-	-	
E.J Garnens			1		NFORMA								
Name of Facility Where Abatement is Ta	aking Place	(3)	170	CILITI	NFURMA	HUN	Type of Facility	, (A)					
PRIVATE						1							
Street Address							School (K Subchapt	-12) er.8 (∩£	har than K	12)			
							Other (i.e.	. private	& comme	rcial bu	uilding	is, ho	mes
City (5)						-	etc.) Square Feet						
EMERSON NJ. 07630							1,326 SF	#1	of Floors 2		27.0	Age	
County (6)	TO THE OWNER.		County	Code (7	")		Current Use (P	rior if he	75-117			6	
BERGEN			(STATE	USE ON	Ĺŋ		Odirent OSE (F	N/A		ished)			
Name of Monitoring Firm Hired by Buildin	ng Owner (8)	ASC	M No.		Name	f Abatement Co	1000					
N/A	From T					NORT	TH EAST EN		NIMENIT	Λ1 11	0		
Street Address						Street A			I.VIVILLIVID.	AL LL			
							51- ST.						
City, State, Zip Code							ite, Zip Code						
							H BERGEN	NJ 07	047				
Project Manager for Monitoring Firm			Telepho	one No.		Telepho			License	No			
N/A						1	76 0642		1300	140.			
Start Date (10): 06/04/2018				Date (11)	Name of	OSHA Monitor		1	-	in the same of		
	06/04		3	£			RO PROBE I						
Occupancy Status During Abatement (Ch						Street A	ddress					-	
Facility Closed/Vacated During Entir	e Period of	Abater	nent			108 LI	BERTY ST.						
Abatement Performed Outside of No Other – Describe:	imal Facilit	y Hour	s				te, Zip Code			-			
Scope of Work (Check All That Apply)						METU	CHEN NJ.						
51	100					_							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli		\$			Full Containm	ent with	Negative	Pressu	ire		
-		Dellion	uon		•	X	Mini-Enclosure Glovebag Pro	е					
						Section 2	Non-Exempte	d (*) and	d Non-Fria	ble Pro	cedu	re	
		Locati								T	St. Same	emen	t
Location of		Normal ed Sole			Des	scription of					Ty	уре	
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	intena	nce/	Asbe	stos Conta	aining Mat	erial (ACM)	Ar	mount				
In Facility	Cus	todial S	Staff?	(1.6	. unermai surfac	systems in	sulation,		pecify	Re	Z	nce	Enc
(13)		(12)				niscellaneo		J.	or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A							<u>n</u>	-	late	lre
BASEMENT		Х			PIPE IN	ISULATI	ON			-			-
3						VOULATI	ON	35	LF.	X			
	-												
and the second s													
ome of Device													
ame of Registered Waste Hauler			JDEP W		Cubic Y	Street Color Color	Name of F	Register	ed Landfill	1			
RI STATE ASSOCC		1	auler ID I 9951	No.	of Wast		1		TERPRI		10		
ty, State		1 1	3331		TBD				LEKPKI	SE II	VC.		
RONX NY.					Disposa		City, State						
empleted by	Title						WAYNE	SBUF	RG, OHIO)	11		
ARLOS ESQUIVEL		TY M	IANAG	FR		gnature	1 11	do	Da				
r		-			19	que	July	7	06	3/25/2	2018		
B-41 (R-06-08)					/.	· Da J	- 11-1			-1.50.00			
B-41 (R-06-08)					/.	Do pot us	o this form for	/ nnhanta	- K				

		State	e of No	ew Jei	rsey - Notific	cation of Asbestos	Abate	men	A E	C		WE	B
CK 3127				(Purs	uarti lo <u>R.J.A.</u>	8:60 7 and 12 120-7)	11			JIIN	- W.H D46(P	018	A STEEL TO THE ASSESSMENT OF T
Date of Notification (1) May 30, 2018						Name of Building Owner				0011	-7 L	010	
Agencies Notified		No	tification	Type		Oratory Preparato Street Address	ry Sch	1001	-	alatonnyoen.	POLICE POLICE PROPERTY.		
					fication	1 Beverly Road		and an inches	ASE	BESTO	SCON	ROL	34
X EPA			Amende	ed Certi	fication	City, State, Zip Code		Description	THURSDAY	E. N. el	more more as		
xDCA x DOL			Emerg	ency (i	ncluding	Summit, NJ							
X DEP			justific			Name of Contact				hone N			
x DOH			Cance	lled		Robert Costello			908	-273-4	120		
Name of Facility Where Abate	ament is T	akina E	Place (3)		FACILITY INF					#F-670			
Oratory Preparation			lace (3)			Type of Facility (4) School (K-12)							
Street Address						Subchapter 8 (other tha	n K-12)						
1 Beverely Road						Other (i.e. private &		rcial bu	ildings,	homes,	etc.)		
						Sq. Feet: Unknown						years	3
City (5) Summit	County (<u>6)</u>			Code (7) Use Only)	Current Hee /asias if hair		: - I IV -					
Summe				Totate	OSC OTHY	Current Use (prior if being	g demoii:	snea):					
Name of Monitoring Firm Hire	d by Bldg.	Owne	r (8)	ASCM	No.	Name of Contractor (9)							
EnviroVision Cons	ultants	inc.	1	0007	9								
Street Address						GREENWOOD ABA	TEMEN	IT CO	NSU	LTAN	rs, inc		
20-21 Wagaraw Road	l. Blda	# 35E	Ξ			Street Address							
	,					511 MAIN STREET							
City, State, Zip Code Fairlawn, NJ 07410						City State, ZipCode							
Project Manager for Monitorin	a Firm	Tele	ephone N	lumber		Butler, NJ 07405 Telephone Number			Licone	e Numb	or		
Fred Larson	91 1111		73-636-			Telephone Number		-	LICEIIS	e Mullip	<u>eı</u>		
						973-492-0477			0084	00			
Scheduled Start Date (10) June 15,2018			neduled C		n Date (11)	Name of OSHA Monitor							
Julie 13,2010		Ju	ne ir,	2010		EMSL inc.							
Occupancy Status During A						Street Address							
Facility Closed/Vacate						1056 Stelton Road							
Abatement Performed Describe	Outside	01 1/01	mai Faci	iity Hour	S -	City, State, Zip Code							
Other - Describe:													
						Piscataway, NJ 08	854						
Source of Work (Check all that	of opply)											165-77-12	
Source of Work (Crieck all tha	it apply)						Full Co	ontainn	nent w	ith Nea	ative Pre	celira	
≥ 3 sf or ≥ 3 l	f				▼ Renovati	ion	ALCOHOLD STATE OF THE STATE OF	Mini-E			alive i re	33410	
□≥ 160 sf or ≥ 2	260				Demolition		Gloveb	bag Pro	ocedur	re			
										and Nor	n-Friable	Proced	dure
Location of Asbestos-Contain	ing Is L	ocation	n Normal	ly Used	Description of Asb	pestos Containing Material	x Wrap	mount		Abaten	nent Type)	
Material (ACM) in Facility (13)	59.55		Maint./Cu	ıstodial		al systems insulation, surfaci		Specify	SF	Remove	Repair	- Encan M	Enclose
	YE	ff? (12) S	NO NO	NA	VAT, or other miso	ceii.)	OI	r LF)	- 1	ivelliove	Перап	Liloap I	_1101030
Kitchen				X	TSI		3	0'		X	T		
Name of Reg. Waste Hauler See Hauler Below # 1 &	2	100	DEP Was e Below		ID#	Cubic Yards of Waste:		1.0			tered La	ndfill	
See Hauler Below # 1 &	_	366	e below			2				owfill L D.W.S	.anomii		
									0	3.11.0			
Hauler #1) Greenwood	Abatem	ent C	onsulta	ants. In	c. – Butler, NJ 0	7405	Disposa	al Date	2	T	City, Stat	e	
NJ DEP # 12				-, ···		547A215F15F	June			- 1	Route 2,	Box 68	
Hauler #2) Newark Carti	ing, Inc	- Newa	ark, NJ	04509, 1	NJ DEP # 19551						Bridgepo 304-842-		\
Completed by (Date - T		TEM -				0:			5 /				
Completed by (Print or Type) Marin Graure		Title SFN	IOR PI	SO IEC	т	Signature			Date Max	30, 2	012		
aim Olaule			NAGER			Marin Graw	re		ivia	30, 2	010		

Ch 1090	ı	NOTIFI (Pt	CATION	te of Nev OF ASBI o NJAC	ESTOS	ABATEI	VEN-		- A Company of the Co	D)-E	3 6	L.		M
Date of Notification (1) 05/30/2018				Building (uthority				ew Jersey		-	JUN	-	4 2	018
Agencies Notified Type Notification EPA Initial			Street A	ddress ie Stree	t					AS	SBES7	OS (
DEP Amended Amendment #				te, Zip Co City, N.		0				SMCCARA CSCHOOLSTC	manage and electricity (4.00)	C TOTAL	- INT	
DOH justification) Cancellation	cluding	1	Name of Uday I	Contact Vehta		***************************************			1/23/11	ephone Nu 1-595-48				
			FACI	LITY INFO	RMATI	ON								
Name of Facility Where Abatement is Taking Port Authority of NY & NJ	Place (3	3)						e of Facility (School (K-1	2)					
Street Address 252 Provost Street							×	Subchapter Other (i.e. p etc.)				lings,	home	s,
City (5) Jersey City							Squ	are Feet	# of	Floors	В	ldg. A	ge	
County (6) Hudson			County (Code (7) JSE ONLY)			Curi	rent Use (Pri	or if bei	ng demolis	hed)			
Name of Monitoring Firm Hired by Building O Port Authority of NY & NJ	wner (8)		ASCM	l No.				eterment Cor storation, I		(9)				
Street Address 241 Erie Street						Street 20 C		ess rnia Avent	ıe					
City, State, Zip Code Jersey City, NJ 07310								Zip Code , NJ 0750	3					
Project Manager for Monitoring Firm Uday Mehta			Telephoi 201-59	ne No. 95-4881		Teleph 973-				License N 01169	No.			
	Schedul 07/30/2		pletion I	Date (11)				SHA Monitor storation, I	nc.					
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Po			ent			Street 20 C		ess rnia Avent	ıe					
Abatement Performed Outside of Normal Other – Describe:	I Facility	Hours			_			Zip Code I, NJ 0750	3					
Scope of Work (Check All That Apply)	5 =2 31													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoliti				×	M	ull Containm lini-Enclosure lovebag Pro lon-Exempte	e cedure	J			e	
		Locati										Abate Ty	ment pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma Cus	ed Solel intenar todial S (12)	ly by nce/ staff?		tos Conta thermal surfac		Materi s insu T, or		(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A							100	-			
Service Garage #2	X				pipe	insula	tion			100	x			
Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic '	Yards		Name of	Registe	red Landfi				
D&S Restoration, Inc.		Н	auler ID 3506		of Was			Fairless						
City, State Paterson, NJ 07503					Dispos TBD	al Date		City, Stat Morrisv		No.				
Completed by Bogdan Joldzic	Title Pres	ident			S	ignature	2	con/	Sla		ate 5/30/2	2018		

Print Form

Ch8461		NOTII	FICATIO Pursuan	N.OF ASI	ew Jersey BESTOS 3-8:60 and	4BATE 12:12	رلا	in .	DE	G [<u> </u>	ing a
Date of Notification (1)					g Owner/C			56.5	I L	JUN	- 4	CUI	0
05/31/2018					partmen	ts & C	Coun	ty Club					
Agencies Notified Type Notification EPA Initial				Address erry Hill	Ln				ASB	ESTO LIG	S GC ENS!		OL 8
EPA Initial Amended Amendmen				tate, Zip C ridge, N	ode J 08857								
■ Emergency justification DCA Cancellation		9	Name o	of Contact	t		-100		Telephone N	umber			_
DCA Cancellation			Eric F	Prieto					732-727-1				
Name of Facility Where Ab at a series T. Li	D.	(0)	FAC	ILITY INF	FORMATI	ON							
Name of Facility Where Abatement is Takir Glenwood Apartments	ng Place i	(3)					Тур	oe of Facility (4)				
Street Address								School (K-1					
24 & 30 Cyprus Ln	2550						×		8 (Other than K- private & commer		ldings	, hom	es,
City (5) Old Bridge, NJ							2005	uare Feet	# of Floors	1	Bldg. /	Age	
County (6) Morris			County (STATE	Code (7) USE ONL	y)	_	Cur		or if being demoli	shed)		1000	11-11-11
Name of Monitoring Firm Hired by Building .N/A	Owner (8)	ASC	M No.			of Al	patement Cor	ntractor (9) truction, Inc.				
Street Address						Street		CONTRACTOR OF THE WOR	iruction, inc.				
									ie, PMB Suite	218			
City, State, Zip Code						City, S	state,	Zip Code NJ 07012	, cuito				
roject Manager for Monitoring Firm			Telepho	one No.		Teleph		Security and a security of the	License	No.			
								-0089	00693				
tart Date (10) 06/13/18	06/17/	18	mpletion	Date (11))			SHA Monitor ieral Const	ruction, Inc.				
occupancy Status During Abatement (Chec	k Only O	ne)				Street							
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norn Other – Describe:	Period of	Abater	ment			1360	Cli	fton Avenu	e, PMB Suite	218			
Abatement Performed Outside of Norn Other – Describe:	nal Facilit	y Hour	S					Zip Code					
cope of Work (Check All That Apply)					-	Clifto	on, N	NJ 07012					
≥3 sf or ≥3 if ≥160 sf or ≥260 If		Renova Demoli				×	M G	lini-Enclosure llovebag Proc	edure				
		. ~	ion				ı IV	on-Exempted	(*) and Non-Fria	ible Pro		e ement	
Location of		Locat Normal	lly			!4!	a.f				1.00	/pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	ed Sole aintena todial ((12)	nce/		stos Conta . thermal s	systems ng, VA	lateri s insu T, or	lation,	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure	
244.5.2	Yes	No	N/A							=		ate	Ге
24 A-D Cyprus Ln	Х			-	Pipe/Elbo				180 LF	X			
30 A-D Cyprus Ln	X		Pipe/Elbow Insulation						150 LF	X			
ame of Registered Waste Hauler	IIDED !:		101										
ervice Transport Group	IJDEP W lauler ID		Oubic Y of Wast			F STORY	Registered Landfi	II					
	0990	45500 OFF	6 CY				Landfill						
ty, State ew Castle, DE 19720					Disposa 06/17/			City, State		200	14.50		11-22-1-2
empleted by	Title					nature	· ·	vvaynes	sburg, OH 446				
lilan Niezic		Presi	dent		OIG.	mature	. C	(_		ate	040		

Ch 1554		NOTI	FICATION	State of A ON OF AS nt to NJA	BESTOS	ABATE	MEN (0)) E	G	E		Print Fe
Date of Notification (1) 5/31/18				of Buildin ert Palm		Operato	r (2)				JUN	- 4	20	18
Agencies Notified Type Notification Initial DEP Amended Amendm	I ent #		City, S	Address State, Zip (2				ASE	SEST(OS CO	ONTI	ROL &
DOH justification Cancellate		ng	Name	of Contac	t				Tele	phone N	lumber			
Name of Facility 188			FA	CILITY IN	FORMAT	ION								
Name of Facility Where Abatement is Ta Residential Home	king Place	(3)					Тур	e of Facility	(4)					
Street Address				polygon let be	- HUNE - 500-		×	School (K- Subchapte Other (i.e. etc.)	er 8 (Other	r than K- commer	·12) rcial bu	ildings	s, hon	nes,
City (5) Glen Rock							Squ 32	are Feet	# of I	Floors	- 1	Bldg. 60+/	57272	
County (6) Bergen			County (STATE	Code (7) USE ONL	Ŋ		Cur	rent Use (Presidential I	rior if being	g demoli	shed)			
Name of Monitoring Firm Hired by Buildir Project Manager	g Owner (8)	ASC	M No.				es Abatem		9)				
Street Address						Street 280		ess lidland Av	re.					
City, State, Zip Code								Zip Code Brook, NJ	07663					
Project Manager for Monitoring Firm			Teleph	one No.		Teleph	one I	400		License	No.			
Start Date (10) 6/11/18	Schedu 6/14/		mpletion	Date (11))	100000000000000000000000000000000000000		SHA Monitor				140 - 15-		
Occupancy Status During Abatement (Ch	eck Only C	ne)				Street	Addre	ess						
× Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe:	e Period of rmal Facili	Abater	ment s		}	City, St	tate, 2	Zip Code						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli				×	Mi Gl	ull Containm ini-Enclosure ovebag Pro on-Exempte	e cedure					
	1:	s Locat	ion						a () ana i	von-r na	Die i ic	100000000000	emen	t
Location of		Normal ed Sole				cription					_	Ту	/ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	aintena stodial s (12)	nce/		tos Conta thermal s surfac other m	systems ing, VA7	insul , or	ation,	Amo (Spe SF o	ecify	Removal	Repair	Encapsulate	Enclosure	
Dosessed	Yes	No	N/A								<u> </u>		ate	re
Basement		X				VAT			734	SF	X			
Name of Registered Waste Hauler			IDED !	last-	I o · · ·									
Il Stages Abatement		H	JDEP W auler ID 036592	No.	Cubic Y of Wast 3			Name of I				dfill		
City, State					Disposa	I Date		City, State	9					-
addle Brook, NJ	1			,	TBD			Pen Arg	gyl, PA					
Richard Cristofol	Title Pres	ident			Sig	nature	1		//	Da	ite (31/18	,		

Date of Notification (1) O 5 / 2 9 / 1 8 Agencies Notified	#: RIC Street #: City, S we Name	(Purse of Building Over the CHARD Harrist Address State, Zip Code st caldwell, not Contact CHARD Harrist CHARD HAR	vner/Operator (2)	2)	os Abatement 60 and 12:120)		Account of the second	ASBEST	OCTAS	. 20 ONTI	Dec stand from	
			CILITY INFORM	OITAN	N							
Name of facility where abatement RICHARD Harrison Street Address City (5)	t is taking place (3			Low	John Code (7)		Subch	(4) of (K - 12 napter 8 ((Private/C /Homes, # of Floo	Other Commetc.	ercial	(-12) ldg. A	Age
					unty Code (7) ate use only)		rrent Use (P	rior if boi	aa daa		a d/	
west caldwell	essex				,,		nent use (P	TIOT IT DEI	ng der	nolisn	ea)	
Name of Monitoring Firm Hired by	Bldg. Owner (8)		ASCM No.		Name of Abatemen	nt Contra	actor (9)					
Street Address City, State, Zip Code Project Manager for Monitoring Firm	n	Phone Num	ber		D & S RESTO Street Address 20 California a City, State, Zip Cod Paterson, NJ (Telephone Number	Ave. e 97503	N, INC.	License	· Numi	per		
					973-345-802)		2000000	1169			
Start Date (10)	Sched. Con	npletion Date (1	1)	-	Name of OSHA Mo			-				
06/11/18	06/29/18				D & S Restora Street Address	tion, In	c					
Occupancy Status During Abateme Facility closed/vacated during Abatement performed outside Describe: Other-Describe: NORMAL I	ent (Check only or g entire period of e of normal facility HOURS	abatement.			20 California A City, State, Zip Cod Paterson, NJ 0	9						
Scope of Work (check all that appl						Full Co	ntainment w	/negative	press	ure		
≥160 sf or ≥260 lf	Demolition			11-5-00-09/7		Gloveb	nclosure ag procedur xempted (*)		friable	proce	edure	
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location norm by maintenance staff(12) Yes N	e/custodial			sbestos-containing		Amount (Specify S LF)		R e m o v	Repai	E n c a p	E n c L
basement & above the ceiling			PIPE INSU	LATI	ON	85	l ft		e	f	П	
							- C			H	H	H
										一		古
Registered Waste Hauler												
D & S RESTORATION, INC. City, State	NJDÉP Ha 13506		ubic Yards of W yd.	/aste	Name of Registerer			COVER	Y			
PATERSON, NJ 07503		06/12/1			City, State TULLYTOWN	. PA						
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT		Signature			,		Date 05/29/2	2018			_
ASB-41	Do not use this f	orm for asbesto	s licensure eve	mnter	activities							

Abatement Performed Outside of Normal Facility Hours City, State, Zip Code	Completed by √oytek Roszkowski	Title Presider	nt	, ,	Signature (Sala	N I	Date 05/31/2	018		
Date of Rollication (1) Date of Rollication (2) Date of Rollication (3) Date of Rollication (3) Date of Rollication (3) Date of Rollication (4) Date of Rollication (5) Date of Rollication (6) Date of Rollication (7) Date of Rollicat	Newark, NJ			Dispo	sal Date						
Date of Rollication (1) Date of Rollication (2) Date of Rollication (3) Date of Rollication (3) Date of Rollication (4) Date of Rollication (5) DATE of Rollication (6) DATE of Rollication (7) DATE o	Name of Registered Waste Hauler Newark Carting Inc	Hauler ID			150,400,000	was the analysis of the second state of the second	<u>[</u>				
Date of Reification (1) Object of Reification (1) Object of Reification (1) Object of Reification (1) Object of Reification (2) Street Address Agencies Notified EPA DOL Initial Amended Amen								-			
Date of Reification (1) Date of Reification (1) Date of Reification (1) Purposition (1) Date of Reification (1) Document (1		+^+		poller	nterior c	ebris	30 CF	X			
Date of Reinfeation (1) Os/31/2018 Assessing Jerson (1) Os/31/2018 Assessing Jerson (1) Os/31/2018 Assessing Jerson (2) Asses		+ + +	X					х			
Dote of Notification (1) Ramspheliding Downer Operator (2) Street Address Street Address Subchapter 8 (Other Inan K-12) Subchapter 9 (Other Inan K-12)		Yes N						oval	ar	sulate	sure
Date of Notification (1) Date of Notificatio	Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Norr Used S Mainte Custodia	mally solely by enance/ al Staff?	Asbestos Cor (i.e. therma surfa	ntaining Ma Il systems acing, VAT	of aterial (ACM) insulation,	Amount (Specify		Abate	ement /pe	
Date of Notification (1) Date of Notification (1) Date of Notification (1) Date of Notification (1) Date of Notification (1) Date of Notification (1) Date of Notification (2) Date of Notification (3) Date of Notification (2) Date of Notification (3) Date of Notification (3) Date of Notification (4) Date of Notification (5) Date of Notification (6) Date of Notification (6) Date of Notification (6) Date of Notification (7) Date of Notificatio	≥3 sf or ≥3 If	=				Mini-Enclosu Glovebag Pr	ire ocedure			-e	
Date of Notification (1) 05/31/2018 Agencies Notified Type Notification Agencies Notified Type Notification Type Of Facility (4) School (K-12) Scho											
Date of Notification (1) 05/31/2018 Agencies Notified EPA	Facility Closed/Vacated During Entire Abatement Performed Outside of Norm	Period of Aba	tement								
Date of Notification (1) 05/31/2018 Agencies Notified EPA			18				nc.				
Date of Notification (1) Date of Notification (1) Date of Notification (1) Date of Notification (1) Date of Notification (1) Date of Notification (1) Date of Notification (1) Simple Puliding Dwner Operator (2) Raylian Johnson Associates LLC Agencies Notified Type Notification Type Notification Type Notification (2) Street Address 7 Johnson Drive City, State, Zip Code Raritan, NJ 08869 Name of Contact Steven Breitman Telephone Number 732-752-9000 Type of Facility (4) Street Address 10 Johnson Drive City (5) Raritan County (6) Somerset County (6) Somerset Name of Monitoring Firm Hired by Building Owner (8) ECS Mid-Atlantic, LLC Street Address 2 Executive Drive City, State, Zip Code (STATE USE ONLY) ASCM No. Name of Abatement Contractor (9) VMC Company, Inc. Street Address 2 O8 Piaget Avenue City, State, Zip Code	Sean Barnes Start Date (10)	Scheduled (609-8: Completion	32-3910	973-2 Name o	253-8828 of OSHA Monito	00704				
Date of Notification (1)	Moorestown, NJ 08057		Telepho	one No	Clifto	n, NJ 07011					
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) 05/31/2018 Agencies Notified Type Notification Agencies Notified Type Notification Type of Facility (4) Street Address Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age County (6) Square Feet # of Floors Bldg. Age County (6) Strate Use Only Vacant Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name Of Abatement Contractor (9) VMC Company, Inc.	100 Control of the Co	1			208 F	Piaget Avenu	ie				
Date of Notification (1)	Street Address				VMC	Company, I	nc.				
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 3:60 and 12:120) Date of Notification (1) 05/31/2018 Agencies Notified Type Notification Type Notification Type Notification Street Address 7 Johnson Drive City, State, Zip Code Raritan, NJ 08869 Name of Contact Steven Breitman Telephone Number 732-752-9000 FACILITY INFORMATION Type of Facility (4) Street Address 10 Johnson Drive City (5) Raritan County (6) County Code (7) Current Lise (Prior if being deposite both)	Name of Monitoring Firm Hired by Building	Owner (8)			Name	vacant of Abatement C	Contractor (9)				
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) 05/31/2018 Agencies Notified Type Notification Street Address 7 Johnson Drive Amended Amended Amendment # Emergency (including justification) Cancellation Name of Facility Where Abatement is Taking Place (3) Street Address 10 Johnson Drive Notification (1) Amelof Epididing Owner/Opetator (2) Raritan Johnson Associates LLC Street Address 7 Johnson Drive City, State, Zip Code Raritan, NJ 08869 Name of Contact Steven Breitman FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes. etc.) City (5)	County (6)		County	Code (7)		Current Use (F	Prior if being demo	iished)			orania de la constitución de la
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) 05/31/2018 Agencies Notified Type Notification Type Notification Type Notification Street Address Type Notification Type Notification Type Notification Street Address Type Notification Type Notification Street Address Type Notification Type Notification Type Notification Street Address Type Notification Type Notification Type Notification Street Address Type Notification Type Notification Type Notification Type Of Facility (4) Street Address Type of Facility (4) Street Address Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12)						etc.)					with Full
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) 05/31/2018 Agencies Notified Type Notification Street Address 7 Johnson Drive Asbestos Control & Licensing Amended Amended Amendment # Raritan, NJ 08869 DOL Amended Amendment # Steven Breitman DCA Name of Facility Where Abatement is Taking Place (3)						Subchap Other (i.e	ter 8 (Other than k	(-12) ercial bu	ildings	s, hom	ies.
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) 05/31/2018 Agencies Notified Type Notification Street Address 7 Johnson Drive ASBESTOS CONTROL & LICENSING City, State, Zip Code Raritan, NJ 08869 Amendment # Emergency (including justification) DCA DOH DCA DOH DCA Name of Contact Steven Breitman FACILITY INFORMATION		ng riace (s)				The same and the s	F 0		2,		
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) 05/31/2018 Agencies Notified Type Notification Street Address 7 Johnson Drive ASBESTOS CONTROL & LIGENSING City, State, Zip Code Raritan, NJ 08869 Emergency (including justification) Name of Contact Telephone Number					TION						
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Date of Notification (1) Date of Notification (1) Date of Notification (2) NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (2)		n	1 1 1 1	I had been	ssociate	s LLC		octowardans —	and the		
NOTIFICATION OF ASBESTOS ABATEMENT								JUN	4	2016	-
State of New Jersey	Cha012	NC	(Pursuan	N OF ASBESTO	S ABATE	MENT 0)					and the section of
	11/ 00:10	NC	STIFICATIO	State of New Jers	sey		ME	C		W	TE F

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Date of Notification (1) 05/31/2018				of Building clair Stat			(2)	TH			(Consequence)	
Agencies Notified Type Notification EPA Initial	ii)			Address mal Ave	nue				_JUN	-4	-20	8-
X DEP Amended Amendme				tate. Zip Co clair, NJ				A	SBEST	OS CO	ONTF	OL 8
□ DOH	1)	g		of Contact Ferdinan	d			Telephone		firefallowerp mage	nu tomaçou paşa	Marie and
Nome of Facility (All All All All All All All All All Al			FAC	LITY INFO	ORMAT	ION						
Name of Facility Where Abatement is Tak College Hall	ing Place	(3)					Type of Facility (4	.5.0	· · · · · · · · · · · · · · · · · · ·		30HI - 1 - 1 - 1	
Street Address 1 Normal Avenue							Subchapter	8 (Other than ivate & comn		iildings	, hom	es.
City (5) Montclair	***************************************						Square Feet	# of Floors		Bldg.	Age	
County (6) Essex				Code (7) USE ONLY))		Current Use (Prio	.l r if being den	nolished)	-		
Name of Monitoring Firm Hired by Buildin Detail Associates Inc.	g Owner (8	3)	ASC 001:	M No. 2			of Abatement Cont					***
Street Address 300 Grand Avenue		1					Address Piaget Avenue					
City, State, Zip Code Englewood, NJ 07631				****		City, S	tate, Zip Code					
Project Manager for Monitoring Firm Steven Jaraczewski			Telepho 201-5	one No. 69-6708			one No. 253-8828	Licens 0070	se No.	0.0001125		
Start Date (10) 06/04/2018	Schedu 06/15/		mpletion	Date (11)			of OSHA Monitor Company, Inc					
Occupancy Status During Abatement (Che	ck Only O	ne)		1 - 11 - 14 - 14			Address					
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe	Period of mal Facilit	Abater y Hour	nent s			City, S	tate, Zip Code					
Scope of Work (Check All That Apply)												
≥3 sf or ≥3 If × ≥160 sf or ≥260 II		Renova Demoli				×	Full Containmer Mini-Enclosure Glovebag Proce Non-Exempted	edure				
		s Locat Norma					1 Non-Exempled	() and Non-r	TIADIE PI	Abat	emen ype	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Us:	ed Sole aintena stodial ((12)	ely by nce/	Asbest (i.e.	os Cont thermal surfac	scription aining M systems cing, VA niscellan	aterial (ACM) insulation, I, or	Amount (Specify SF or LF)	Remova	T	Encapsulate	Enclosure
	Yes	No	N/A						<u>a</u>		ate	лe
Various locations 1st & 2nd floor		×		Pipe fitt	ing ins	ulation	"wrap & cut"	500 EA	×			
									-	+-		
Name of Registered Waste Hauler			JDEP W	Vaste	Cubia	Varde	N- (=					
Newark Carting Inc		H	lauler ID 5409		Cubic of Was			egistered Lan entral Sani		ndfill		
City, State Newark, NJ					Dispos	al Date	City, State Pen Argy	/I. PA				
Completed by Voytek Roszkowski	Title Pres	ident			S	ignature ()		Shi	Date 05/31.	2018		

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Agencies Notified Type Notification Street Address 2 Gateway Center, 14th Floor City, State, Zip Code Newark, NJ 07102 Emergency (including justification) Cancellation Street Address 2 Gateway Center, 14th Floor City, State, Zip Code Newark, NJ 07102 Name of Contact Glenn Milarczyk FACILITY INFORMATION	JUN	<u> </u>	201	E		
Agencies Notified Type Notification Street Address 2 Gateway Center, 14th Floor City, State, Zip Code Newark, NJ 07102 Emergency (including justification) Cancellation Street Address 2 Gateway Center, 14th Floor City, State, Zip Code Newark, NJ 07102 Name of Contact Glenn Milarczyk FACILITY INFORMATION	umbens	-4	201			
DEP DEP DOL Amended Amended Amended Amendent #02 Emergency (including justification) Cancellation Cancellation Cancellation Cancellation City, State, Zip Code Newark, NJ 07102 Name of Contact Glenn Milarczyk FACILITY INFORMATION	umbens	-4	201			
Amendment #02 Emergency (including justification) DCA Amendment #02 Emergency (including justification) Name of Contact Glenn Milarczyk FACILITY INFORMATION	umben s			-		
DOH justification) Name of Contact Glenn Milarczyk FACILITY INFORMATION						
FACILITY INFORMATION	March Co.	S CO	NTRO	3 JC		
		Mary Control	Secretary of the Secretary	MEKANTA LAN		
Name of Facility Where Abatement is Taking Place (3) Newark Airport - Building 345 Type of Facility (4)						
Street Address 350 Scargo Earhart Drive School (K-12) Subchapter 8 (Other than K-1 Other (i.e. private & commerce		ldings	, home	es,		
City (5) Square Feet # of Floors Newark 43,200 1	1 20	31dg. /	Age			
County (6) Union County Code (7) (STATE USE ONLY) Current Use (Prior if being demolis Mail Sorting Facility	shed)	10.44.1910				
Name of Monitoring Firm Hired by Building Owner (8) Matrix New World Engineering ASCM No. Name of Abatement Contractor (9) Brandenburg Industrial Service Co	ompa	any	<u> </u>			
Street Address 26 Columbia Turnpike Street Address 2217 Spillman Drive						
City, State, Zip Code Florham Park, NJ 07932 City, State, Zip Code Bethlehem, PA 18015	015					
Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-240-1800 610-691-1800 00721	No.					
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 06/04/2018 Brandenburg						
Occupancy Status During Abatement (Check Only One) Street Address						
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: DEMO - 6/18/2018-7/20/2018 City, State, Zip Code Detection Describe: DEMO - 6/18/2018-7/20/2018						
Scope of Work (Check All That Apply) Bethlehem PA 18015						
Solution Section Sect			re			
Is Location		Abat	ement			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Normally Used Solely by Maintenance/ Custodial Staff? (12) Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF)	Removal	Repair	e Encapsulate	Enclosure		
1st Floor Room 1A			0			
1st Floor Room 1A X Floor Tile - 12x12 40 SF Roof X Flashing 1600 SF	X					
Throughout Building X Pipe Sealant on Sprinkler Heads 885 Units	X					
Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Rrandonburg Industrial Service Co. Hauler ID No. of Waste		1		\vdash		
21838 30 IESI Bethlehem Landf	fill					
City, State Bethlehem, PA Disposal Date 06/11/18-06/22/1 Bethlehem, PA						
Stophen Corne	Signature Date					

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JUN	-	4	201 8	Print	Follows
	<u>U</u> JUN	<u> </u>	<u> </u>	<u> </u>	S E I V E

45100				N OF ASBEST t to NJAC 8:60					THEORY TO THE PERSON	nan bersama	20		
Date of Notification (1) 05/25/2018			Name of KIPP	of Building Own New Jersey	er/Operator	(2)	Language	ASBE	LICE	NSI	NG NG	OL.	<u> </u>
Agencies Notified Type Notification EPA Initial	1			Address ark Place #80)2			***************************************		-			
DEP Amended Amendment				ate, Zip Code ark, NJ 0710	2								
DOH Emergency justification Cancellatio)			of Contact Clarke		***************************************		Telephone 732-995				-	
NI. SEC. W. AND SEC. SEC.			FAC	ILITY INFORM	ATION	-		L					
Name of Facility Where Abatement is Taki Bragaw Avenue School Street Address	ng Place (3)				Ø:	of Facility (4) School (K-12)		W 403				
103 Bragaw Avenue							Subchapter 8 Other (i.e. private.)	rate & comr	nercial	build		-	es,
Newark						30,0	e Feet 00	# of Floors	3	1	lldg. A iO+	ge	
County (6) Essex				Code (7) USE ONLY)		Scho	nt Use (Prior OOI	if being den	nolishe	d)			
Name of Monitoring Firm Hired by Building Environmental Health Investigatio	Owner (8 ns, Inc)	ASCN 0104	VI No. 4	Name Bake	of Abat Cons	ement Contra struction &	actor (9) Restorati	ion, Ir	nc.		-	
Street Address 655 West Shore Trail		-				Addres A Rout	s e 46 Suite	3D					
City, State, Zip Code Sparta, NJ 07871		The selection of					p Code J 07512						
Project Manager for Monitoring Firm William Kerbel		Telepho 973-7	ne No. 29-5649		one No 256-7		License No. 00666					-	
Start Date (10) 06/15/2018	tart Date (10) Scheduled						A Monitor struction &	Restorati	on Ir	10		(1)	
Occupancy Status During Abatement (Che					Street	Addres							
Facility Closed/Vacated During Entire Abatement Performed Outside of Nom Other – Describe: Fri:6pm-2am;Sat:8s	Period of nal Facility im-11pm;S	Abaten y Hours iun:8an	nent s n-11pm		City, S	tate, Zi							
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit			Full Containment with Negative Pressu Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Pro								
		Locati						Activities and a second			Abate	meni	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normal ed Sole intenar todial S (12)	ly by nce/	Asbestos C (i.e. them	Description ontaining Nal systems facing, VA or miscellan	laterial s insulat T, or		Amount (Specify SF or LF)	with a firm and stell materials and Advantagements.	Remova	Repair	e Encapsulate	Enclosure
	Yes	No	N/A						1			te	10
Utility Tunnel		X	-		and elb			180 LF		X			
Basement Storeroom		X		TS	and Elb	ows		80 LF	- Inches	Х			
Name of Registered Waste Hauler		JDEP Wauler ID		ic Yards	I	Name of Re	gistered Lar	ndfill		-		-	
Bako Construction & Restoration, In City, State	nc.		0889	20	Vaste		Tullytown	Resourc	e Red	cove	ery F	acili	у
Totowa, NJ					osal Date 17/2018		City, State Tullytown	, PA					
Completed by Damir Valjevac	ect Ma	nager		Signature Date 05/25/201				2018					

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Date of Notification (1)			Name	of Building Owr	er/Operato	r (2)			JUN -	- 4	201	8	1100
05/31/2018				wood Apartr	nents & C	Count	ty Club				1808/01/202		
Agencies Notified Type Notificatio	n			Address erry Hill Ln				ASE	BESTOS	S OC	NTF	OL 8	\$
EPA Initial Amended		-		ate, Zip Code					LIGE	NSI	MG www.ma	entre itiai	****
DOL Amendmen				ridge, NJ 08	857								
DOH Emergency justification		9 -		of Contact				Teleph	one Num	hor			
DOH justification Cancellation			Eric F	Prieto					727-141				
Name of Facility Where Abatement is Tak	- 51	(0)	FAC	ILITY INFORM	ATION								
Glenwood Apartments	ng Place ((3)				Тур	e of Facility (4)					
Street Address							School (K-12		K 10				
22 Peach Ln						×	Subchapter 8 Other (i.e. pr	ivate & co	mmercia) I buil	dings	, hom	es,
City (5)							etc.) are Feet	# of Flo			Bldg. /		_
Old Bridge, NJ						2,0		2	013	100	siag. 7 50+	-ye	
County (6)			County	Code (7)		75.7	rent Use (Prio	7 7 7 7	demolishe		W 15 (15 /)	-	
Morris		100	(STATE	USE ONLY) _			artment			6			
Name of Monitoring Firm Hired by Building .N/A	Owner (8)	ASCI	M No.			atement Cont						
-N/A Street Address							eral Constr	uction, I	Inc.				
Succe Addiess					Street		5,707.6	D1/5	0	10			
City, State, Zip Code			-				ton Avenue Zip Code	enue, PMB Suite 218					
(20) 2 t							Zip Code IJ 07012						
Project Manager for Monitoring Firm		Τ.	Telepho	ne No.	Teleph	37		Lic					
			E(I		100000000000000000000000000000000000000		0089	4 952	00693				
Start Date (10)			pletion	Date (11)		2362/2012	SHA Monitor						100
06/13/18	06/17/	10.770			DIA General Construction, Inc.								
Occupancy Status During Abatement (Che					Street Address								
Facility Closed/Vacated During Entire Abatement Performed Outside of Nori Other – Describe:	Period of	Abatem	ent				ton Avenue	, PMB S	Suite 21	18			77.74.5
Other – Describe:	r aunt	, riouis					Zip Code IJ 07012						
Scope of Work (Check All That Apply)					Cill	υπ, I\	07012						_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovat Demolitio			×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						e	
	Is	Location	on								Abate	ement	
Location of		Normally ed Solely			Description				-		Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	intenan	ce/	Asbestos C	ontaining N nal systems			Amou (Speci	00.50	מג	l constant	Ē	Ш
In Facility (13)	Cus	todial St (12)	taff?	su	rfacing, VA	T, or		SF or L		Remova	Repair	caps	Enclosure
()		.,	N1/2	otne	er miscellan	eous)				val	air	Encapsulate	sure
20 4 D D	Yes	No	N/A	2000	629 V							Ф	
22 A-D Peach Ln	X			Pipe/I	Elbow Ins	ulati	on	180 L	.F	Κ			
lame of Registered Waste Hauler		25,187	DEP W		oic Yards		Name of Re	egistered l	Landfill				
Service Transport Group			uler ID 1990	No. of V	Vaste		Minerva	Landfill					
City, State				100000	osal Date		City, State						
lew Castle, DE 19720					Disposal Date City, State Waynesburg, OH 44688								
Completed by	Title				Signature	Signature Date							
Ailan Njezic	Vice	Presid	lent		1	()	6-1-4	1	5/3	1/20	118		

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

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Date of Notification (1)				Name of Building Owner/Operator (2) Verizon Communications / Check # PG1 of 3 ASBESTOS CON										11	
	31 /	18							1	# PG1 of 3	0.00	Mercen	Mar start		
Agencies Notified	Type Noti	fication			Stre	et Address	0			Nobes10:	S CC	MTEK JG	71. 8.		
	☐ Initial				1	00 Greenv	NOC	od Avenue	6.74co						
☑ DOLWD		W - 1000			City	, State, Zip	Co	de							
☑ DHSS ☐ DCA	Amend ☐ Emerg	iment #6			- 33	enkintowr									
(NJAC 5:23-8)	justific		iuuii	ig	Nan	ne of Conta	ct			Telephone Nur	nber				
	☐ Cancel	llation			Α	lex Baylor	r			301-583-00					
					F	ACILITY II	NF	ORMATION							
Name of Facility Where Ab	patement is	s Taking	Place	e (3)					Type of Facility	(4)					
Verizon Market CO									School (K-1	2)					
Street Address									Other (i.e.	8 (Other than K-1 private and comme	2) ercial t	nuildir	nas		
95 William Street									homes, etc.		Ji Oldi L	Juliuli	igo,		
City (5) Newark									Square Feet	# of Floors	E	Bldg. /	Age		
County (6)					10-		7) (0)								
Essex					Col	inty Code (/)(S	TATE USE ONLY)	Offices	rior if being demol					
Name of Monitoring Firm H	ired by Bu	ildina Ov	vner	(8)	ASCN	1 No	N	ame of Ahatema	ent Contractor (9	- (9)					
USA Environmental				(0)	710011	1110.	1	AbateTech, In)					
Street Address								treet Address	10.						
8436 Enterprise Ave.															
City, State, Zip Code					30 Maple Ave. PO Bo City, State, Zip Code										
Philadelphia, PA 1915	53							Lumberton, N							
Project Manager for Monitor	ring Firm			Tele	ephone	No.	_	elephone No.		License No.					
Mark Jenkins			/	2	15-365	5-5810		609-265-2107		00529					
Start Date (10)		Schedul	ed Co	omple	etion Da	ate (11)	Na	ame of OSHA M	onitor			William Co.			
8/_25_/_	17	6	_ /	_29	9_/	18)	1	EMSL Analyti	cal						
Occupancy Status During A					-		St	reet Address			-				
☐ Facility Closed/Vacated I	During Ent	ire Perio	d of A	Abate	ment		1	200 Route 130	North						
Abatement Performed On Time of Abatement: 7AM	utside of N	lormal Fa	cility	Hour	rs - Des	scribe	Cit	ty, State, Zip Co	de						
8/8/01		3PIVI-ZA	IVI				(Cinnaminson,	NJ 08077)77					
Scope of Work (Check all the	at apply)	1100						53 = 4 0		with Negative Pressure					
≥3 sf or ≥3 If			Rer	novati	on				inment with Neg	t with Negative Pressure					
≥160 sf or ≥260 lf				nolitic				☑ Glovebag	Procedure						
			la l			Т			npted (*) and No	n-Friable Procedu	1				
Location of				Locat ormal				Di-ti			Ab	-	ent T		
Asbestos-Containing Mat	terial (ACN	1)		Sole		Asbes	tos	Description of Containing Mate		Amount	Rer	Repair	Ē	Enclosure	
TO BE ABATE IN Facility	<u>D</u>			ntena	nce/ Staff?	(i.e.,		ermal systems in		(Specify	Remova	pair	aps	dosi	
(13)				(12)				surfacing, VAT, on the miscellaneous		SF or LF)	0		Encapsulate	lre	
		Y	es	No	N/A								e		
Please see attached				\boxtimes		Please s	ee	attached		Please see					
Basement				\boxtimes		Tank Ins	ula	ation		75 SF					
Basement	ement 🗆 🖂						ing	ıs		25 total					
st to 3 rd Floor Pipe Chase						Pipe Fitt	ittings 45 total								
								oic Yards of	Name of Regist	tered Landfill				\dashv	
AbateTech, Inc.				1000000	auler ID 18750	0010000000	Wa:	ste 0	G.R.O.W.S. Landfill						
City, State	****						Dis	posal Date	City, State						
Lumberton, NJ							6	/29/18	Tullytown,	PA					
Completed By (Print or Type)		Title						Signature	1	Da		_	1	0/	
Gwendolyn Trumbetti Operations (nator		CM	U		5	31		8	

State of New Jersey

MCK	NO			ON OF A	New Jersey SBESTOS ABA JAC 8:60 and 5:) EC		\mathbb{V}	E				
Date of Notification (1)					ling Owner/Operator	(2)	U JUN-	-4	2018	3	114			
	18		V	erizon C	ommunications	/ Job # Ch	eck# PG2 of	3						
Agencies Notified Type Notification	n		Stre	eet Address	s		ASBESTOS	CO	VTEC	71. 8				
⊠ EPA ☐ Initial			1	00 Green	wood Avenue	l-	LICE	NSI	IG _		*			
☑ DOLWD ☑ Amended ☑ DHSS Amendment	#6		City	, State, Zip	Code									
☐ DCA ☐ Emergency		ina	J	enkintow	n, PA 19046									
(NJAC 5:23-8) justification)		mg	Nan	ne of Conta	act		Telephone Num	ber						
☐ Cancellation			A	lex Baylo	or		301-583-004							
			F	ACILITY	INFORMATION									
Name of Facility Where Abatement is Tak	ing Pla	ce (3)				Type of Facility (4)							
Verizon Market CO						School (K-12))	127						
Street Address						Other (i.e., pr	(Other than K-12 ivate and comme	?) rcial h	uildir	าตร				
95 William Street						homes, etc.)				.901				
City (5) Newark						Square Feet	# of Floors	В	ldg. A	Age				
County (6)			-1-											
Essex			Cot	inty Code	(7)(STATE USE ONLY)	Current Use (Price	or if being demolis	shed)						
Name of Monitoring Firm Hired by Building	0	- (0)	1 000		Offices Name of Abatement Contractor (9)									
USA Environmental	Owner	(8)	ASCN	No.										
Street Address					AbateTech, Inc.									
8436 Enterprise Ave.						Street Address 30 Maple Ave. PO Box 25								
City, State, Zip Code						The state of the s								
Philadelphia, PA 19153					City, State, Zip Co									
Project Manager for Monitoring Firm	-	Tel	ephone	No	Lumberton, N	13 08048	Trees							
Mark Jenkins		1		5 <u>-5810</u>	Telephone No. 609-265-2107		License No.							
	duled (-		ate (11)	Name of OSHA M		00529							
_8 / 25 / 17	6		9 /	(3.25) 257	EMSL Analyti									
Occupancy Status During Abatement Chec	k only				Street Address									
☐ Facility Closed/Vacated During Entire Pe			ment	-	200 Route 130	North								
Abatement Performed Outside of Norma	I Facilit	ty Hou	rs - Des	scribe	City, State, Zip Co	31 T. T. T. T. T. T. T. T. T. T. T. T. T.								
Time of Abatement: 7AM-3:30PM/5PM	<u>2</u> AM				Cinnaminson,									
Scope of Work (Check all that apply)						,		-						
 ≥3 sf or ≥3 if ≥160 sf or ≥260 if 		enovat emolitio						е						
		Locat						Ab	atem	ent T	уре			
Location of Asbestos-Containing Material (ACM)		Norma ed Sole		Asha	Description of stos Containing Mate			Re	R	Щ	ū			
TO BE ABATED	100	intena			, thermal systems in		Amount (Specify	Removal	Repair	ıcap	ncio			
IN Facility (13)	Cus	todial ((12)	Starr?		surfacing, VAT,		SF or LF)	val	7	Encapsulate	Enclosure			
(.5)	Yes	No	N/A	1	other miscellaneo	us)				ate				
Basement Mechanical Loft		×		Pipe Fit	tinas		10 total		П					
7 th Floor					brick façade/bla	ck mastic	2,569 SF							
7 th Floor			_								분			
7 th Floor														
Name of Registered Waste Hauler			JDEP V		Cubic Yards of	Namo of Posister	3 windows		П	Ш				
AbateTech, Inc.		H	auler ID	No.	Waste	Name of Register G.R.O.W.S. L								
City, State			18750		40 Disposal Date		.u.rum	7,00						
Lumberton, NJ					6/29/18	City, State Tullytown, P	Δ							
Completed By (Print or Type) Title					Signature	Lange Will, F	Date	a 1						

Gwendolyn Trumbetti

Operations Coordinator

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) JUN -4 2018 5 31 1 18 Verizon Communications / Job # Check# PG3 of 3 Agencies Notified Type Notification Street Address ASBESTOS CONTROL & **⊠** EPA ☐ Initial 100 Greenwood Avenue **⊠** DOLWD City, State, Zip Code **⊠** DHSS Amendment #6 Jenkintown, PA 19046 □ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Alex Baylor 301-583-0048 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Verizon Market CO ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 95 William Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Newark County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Essex Offices Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **USA Environmental** AbateTech, Inc. Street Address Street Address 8436 Enterprise Ave. 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Philadelphia, PA 19153 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Mark Jenkins 215-365-5810 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 8 / 25 / 17 / 29 / 18 EMSL Analytical 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: 7AM-3:30PM/5RM-2AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ≥3 sf or >3 If □ Renovation Mini-Enclosure ≥160 sf or ≥260 If □ Demolition Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Encapsulate Removal Repair Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation. (Specify IN Facility Custodial Staff? surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A 4th Floor Exterior \boxtimes Pipe/ Fitting Insulation 10 LF \boxtimes 4th Floor Exterior \boxtimes Roof Flashing 30 SF X П П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. AbateTech, Inc. Waste G.R.O.W.S. Landfill 18750 40 City, State Disposal Date City, State Lumberton, NJ 6/29/18 Tullytown, PA Completed By (Print or Type) Title Signature Gwendolyn Trumbetti **Operations Coordinator**

State of New Jersey

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

CHECK #25274

Date of Notification (1) 05-29-18					of Building			(2)								
Agencies Notified	Type Notification				Address Iidden Ri	dge			Po	7	Ē (ව ව	E	\mathbb{V}		In
DEP X DOL	Amended Amendment		_ [City, Sta	ate, Zip Co , TX	de			2 Execute	们					- ne = o/	A THE PERSON NAMED IN COLUMN N
➤ DOH DCA	justification) Cancellation	including			of Contact Leonar	do			The state of the s		ephon 17) 7			201	8	
Name of Facility Where	Abatement is Taking	g Place (3)	FAC	ILITY INFO	ORMATI	ION	Type of Fa	acility (4) A	SBE		S CC ENSI		OL 8	,
Street Address 282 Washington Av	renue							Subc Subc	ol (K-12 hapter 8 r (i.e. pr	(Oth		n K-1	2)		, home	es,
City (5) Belleville				N. (1)				Square Fe 30,000	et	# of	Floor	S	1.00	Bldg. A	Age	
County (6) Essex					Code (7) USE ONLY)	_		Current Us Comme		if bei	ng dei	molisi	hed)			
Name of Monitoring Firm ESIS Health, Safety				ASC	И No.			of Abateme acle Envir								
Street Address P.O. Box 430							200 [Address Broad Str								
City, State, Zip Code North Versailles, PA				Telepho			Carls	tate, Zip Co tadt, NJ (
Chris Pierce	Project Manager for Monitoring Firm Chris Pierce Start Date (10) Scheduled					5	201-9	one No. 939-6565			Licer 007	nse N 56	lo.			
05-30-18(1)Project	8	pletion	Date (11)		Even	of OSHA Mo -Air Inc.	onitor									
Occupancy Status During Facility Closed/Vaca	ated During Entire P	eriod of A	batem	ent			10-59	Address Jackson		ue						
Abatement Performe		al Facility	Hours			_		tate, Zip Co Island Ci		111	01					
Scope of Work (Check Al ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	II That Apply)	and the same of th	enova emoliti				×	Full Con Mini-End Gloveba Non-Exe	losure g Proce	dure	2072.5				e	
Location	of	1000000	Locati			Dos									ement	
Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM) ATED	Mair Custo	d Solel ntenar odial S (12)	ice/ taff?		os Cont thermal surfac		aterial (ACN insulation, r, or	Л)	(S	nount pecify or LF		Removal	Repair	Encapsulate	Enclosure
2nd Floor - Fa	an Room	Yes	No	N/A X		VAT	& Mas	stic		40	00SF		x			-
ATC Inc / IBT (50071)								ste			ame of Registered Landfill Iinerva Enterprises					
City, State Shirley, NY / Bronx, N	NY		Disposa TBD				al Date		, State synesb	urg,	OH 4	1468	88			
Completed by Title Joseph Patrick Project M						Si	ignature	M)			Da 05	te -29-1	18		



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

Date of Notification (1)			Name	of Building	Owne	er/Operator (2	2)	Origina	(he	(c)			
	18		Dep	artment	of Mi	litary & Vet	Affairs	Check	12	3	4	54	
Agencies Notified Type Notificat	ion		Street	Address			F. F.		EIT	111			
☐ Initial			PO	Box 340	1		MEC			118			
☑ DOLWD ☑ Amended			City, S	tate, Zip C	ode	-	THAT			111			
☑ DOH Amendme ☐ DCA ☐ Emergence			Trei	nton, NJ	0862	5	11711 11	IN 1 - 2018		11			
(NJAC 5:23-8) justificatio		,	Name	of Contact	t		11 13. "	Telephone Num	ber	-			
☐ Cancellation	on		Will	iam McB	Bride			609-530-713	36	Ŋ.			
			FΔC	CILITY IN	FOR	MATION	ASBE	STOS CONTRO) <u>L&</u>				
Name of Facility Where Abatement is Ta	aking Place	(3)		212111111	. 0.11		Type of Facility	110-1001110		Marin Salarina			
NJ National Guard Armory Merc			oort				☐ School (K-12						
Street Address		,						(Other than K-12					
152 Scotch Road							Other (i.e., p homes, etc.)	rivate and comme	rcial bu	ilding	s,		
City (5)							Square Feet	# of Floors	Blo	dg. Ag	10		
West Trenton							10,000 sf	1	Name of the last	50			
County (6)			Coun	tv Code (7	VSTAT	E USE ONLY)		ior if being demoli					
Mercer			Joan	ity 0000 (i.	ησι	2 002 01121)	Armory	ioi ii boilig doilioil	onou				
Name of Monitoring Firm Hired by Build	na Owner	(8)	ASCM	Nn	Nam	e of Ahateme	ent Contractor (9)					-	
TTI Environmental Inc.	ing Owner	(0)	/ toolvi	140.			ntracting, Inc.						
Street Address						et Address	ntracting, inc.					_	
1253 North Church Street					100000000000000000000000000000000000000		Unit 61						
City, State, Zip Code		Mari U			1889 Route 9, Unit 61 City, State, Zip Code								
Moorestown, NJ 08057					Toms River, New Jersey 08755								
Project Manager for Monitoring Firm		Tolo	phone	No	Telephone No. License No.							-	
Mike Stocku		100000	56-840		1	2-349-9932	i i	00624					
	cheduled C				Name of OSHA Monitor								
	06 /	-)		M.S.L. Ana							
Occupancy Status During Abatement (C	heck only	one)			Stree	et Address	37/						
☐ Facility Closed/Vacated During Entire	ann an an an Aire		ment		17 (3 -0 -0	56 Stelton							
☐ Abatement Performed Outside of No				cribe		State, Zip Co	ode						
Time of Abatement:AM	PM/	PM-		AM			New Jersey 08	854					
Scope of Work (Check all that apply)													
⊠ >3 sf or >3 lf	⊠R	enovat	ion			☐ Mini-Enc	tainment with Neg	gative Pressure					
☐ ≥160 sf or ≥260 lf		emolitic				⊠ Glovebag	g Procedure						
					13	□ Non-Exe	mpted (*) and No	n-Friable Procedu					
9		s Loca Norma				5			Ab	ateme	ent T	уре	
Location of Asbestos-Containing Material (ACM)	100	ed Sole		Ashe		Description of Containing Ma		Amount	Re	Repair	En	E	
TO BE ABATED	Ma	aintena			e., ther	mal systems	insulation,	(Specify	Removal	pair	cap	Enclosure	
IN Facility	Cus	(12)	Staff?			urfacing, VAT er miscellane		SF or LF)	l a		Encapsulate	ure	
(13)	Yes	No	N/A		OUI	ei iiiscellane	ous)				te		
boiler room				25 ach	actor	containing	fittings	25 fittings					
boller roofil				25 aspe	25105	containing	i iiungs	25 littings		닏	_		
											Ш	Ш	
					=======================================								
Name of Registered Waste Hauler		JDEP V		Cub	ic Yards of	Name of Regi	stered Landfill						
Guardian Contracting, Inc.		F	dauler II		Was	ste	T.R.R.F.						
City, State			20223	,		osal Date	City, State						
Toms River, New Jersey					1	6/05/18	N	, Pennsylvania					
Completed By (Print or Type)	Title	-2-22				Signature	1	/	Date	-	1		
Nicholas Fernicola	Projec	t Man	ager				(].	1		30	118	-	
	,,,,,,					10	1 1h	/	1	10	11		

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 12:120)

	PA		(P	ursuant	to NJAC 8:60 ar	d 12:12	0)	IM E			\mathbb{W}	E
Date of Notification (1)					of Building Owner/					-Balancerto		
5-29-18) (N166-11		LIAI.	1	2010	.
Agencies Notified	Type Notification			Street A	Address				UN-	1	2018)
EPA DEB	Initial Amendo		-	City Ct	ate, Zip Code							
DEP DOL	Amended Amendmen	t#		- 53	100	/ a	obe.	J ASSE	STU	S-CC	NTR	OL&
П рон	Emergency			Name o	TERFORD f Contact	000	KKS K	Telephone Num	QLIC!	ENS	NG	
DCA	justification) Cancellation			. /		12.1	GINS	relephone re-				4
					ILITY INFORMAT		01.5			_		
Name of Facility Where		ng Place (3	3)				Type of Facility (4	4)				
RESIDENT	IAL						School (K-1					
Street Address		Ī					Subchapter Other (i.e. p	8 (Other than K-12 rivate & commercia	l) al build	dinas	home	25
							etc.)					
Living Co.		6,					Square Feet	# of Floors	10	ldg. A		
County (6)	- WORN			County	Code (7)		/600	or if being demolish		1	4	
County (c)					USE ONLY)		RESIDE		ea)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	A No.	Name	of Abatement Con		-			
ATTAS ENU								DUSTRUC	50	OR	1	
Street Address		2/100				Street	Address		//			
PO BOX 116	45					10	BOX 11:	587				
City, State, Zip Code	* **					City, S	State, Zip Code	2 2				
PHIA PA	19116					11-1	1/A PA	19116				
Project Manager for Mon	itoring Firm			Telepho			none No.	License No		Act With exect		
Start Date (10)		Cohodul	2	47-70	74-4693		784-4694	0127	6		2-2-11-0	
6-13-12	>		-13		Date (11)	_	of OSHA Monitor	Dun				
Occupancy Status During				10		Street	Address	1 CH	7			
Facility Closed/Vaca		15	1.5	ont			HENL	DAIN DI	/			
Abatement Perform	ed Outside of Norr	nal Facility	Hours	ient		City, S	tate, Zip Code	NIX PI.	E-1/0/20			
Other – Describe: _						PH	da PA	19116				
Scope of Work (Check A	II That Apply)	/				11/11/4 1/5 / 1/10						
≥3 sf or ≥3 lf		_	Renova				Full Containme	ent with Negative Pr	ressur	re		
≥160 sf or ≥260 lf			emolit	ion		-	Mini-Enclosure Glovebag Proc					
								(*) and Non-Friable	e Pro	cedur	е	
		Is	Locati	on							ment	
Location			lormal d Sole			scription	1670 ± 11		-	1 9	pe	
Asbestos-Containing TO BE ABA		Ma	intenar	nce/			faterial (ACM) s insulation.	Amount (Specify	70		E	_
In Facili		Cust	odial S (12)	Staff?	surfa	cing, VA	T, or	SF or LF)	Remova	Repair	caps	Enclosure
(13)				Г	other i	niscellan	neous)		oval	air	Encapsulate	sure
		Yes	No	N/A							Ф	
LIVING RO	007			/	Floor	TIL	15	HOUSE	V			
							-					
									-			$\overline{}$
Name of Registered Was	te Hauler		I N	JDEP W	aste Cubic	Yards	Name of F	Registered Landfill				
		10	Н	auler ID			1	3/73	1			
	NSTRUC	1100	-10	1036	(/57	/		FERN BER	RK	5	\subset	
City, State	2				Dispo	sal Date	1 1 00		1	2		
Completed by	<u>/</u>	Title) - / Signature	o MRY	SBORO	7	11		
FERAIM I	2011	1//	RE	- <		Sidiale		- L	- 7	C _	18	
2. M. 11. 1		VI/	110			1			×	1	, 0	

	DATE					TOS ABATEMENT 7 and 12:120-7	1			-		-	ministracji		
Date of Notification	i (1)					Owner/Operator		In	TEGI	EI	W	FT	M		
5/29/18			Li	z Fig	ens	hu					1.7 1	=			
Agencies Notified	Type Notifica	tion	Stree	et Addre	ss			11			11-12-1	-11	\mathbb{H}		
[]EPA	[X]Initial								UI JUN	1 - 2	018		91		
[]DEP	Notific	ation	City	State,	Zip	Code						-	- Annual Control		
[X]DOL	[]Amended					, NJ, 070	03	1	ASBESTO:	S CON	TROI	2	OCCUPANTA		
[X]DOH	Notifica		Name	of Cont	act			Telepho	110	ENSING			-		
[]DCA	[]EMERGENC		Li					I SECONIO					92.55		
	[]Cancella	tion								-					
					ITY :	INFORMATION									
Name of Facility Whe		is Takin	g Pl	ace (3)			Type	of Facil	Lity (4)						
Liz Figensh	u						11] School	(K-12) oter 8 (Othe	m than	v _1	21			
Street Address				20020100		A	1 1		(i.e., priva				1		
							b	uildings,	homes, etc	:.)					
							Cons	we Book	# -6 77	b	1 4 ~	7			
City (5)	ķ	County (6)		Cou	inty Code (7)	Squa	re Feet	# of Floo	ors B	ldg.	Age			
Bloomfield		Essex	K		(ST	TATE USE ONLY)	Curr	ent Use (Prior if be	ing de	moli	shed)		
Name of Monitoring F: Owner (8)	irm hired by 1	Building	AS	CM No.			Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.								
N/A						AZTECH M									
Street Address						Street Addres		L							
						86 Chris			•						
City, State, Zip Code	e					City, State, Montclai			42						
Project Manager for 1	Monitoring Fi	- Mol	Telephone Number Telephone Nu					070		icense	Misson	202			
rioject Manager for i	Monitoring Fi	N/		ie numbe	L	(973) 744		00	ľ	003		Jer			
Scheduled Start Date	(10) Sched	i. Comple	etion	Date (11)	Name of OSHA I	Monit	or							
06- 08- 18	3 0	6- 1	0-	18		N/A									
Month Day Ye Occupancy Status Duri	ear Mor		ay only	Year one)		Street Address	5				-				
[X] Facility Clos of Abatement	ed/Vacated Du														
[]Abatement Per	formed Outsid			Facility	,	City, State,	Zip Co	ode							
Hours - Descr []other - Descr	ibe: «OffHours			rint»											
Scope of Work (Check						11									
	17.7	07000							th Negative	Press	ure				
[x]>3 sf or [[]>160 sf or				ovation olition		[X]Mini- [X]Glove		sure Procedure							
- 1	 -)					70 5000		e Procedu		1-1					
Location	of		Is			Descriptio	n of			AD	ateme	E	E		
Asbestos-Cont		1	rmal. Used	- 1		Asbestos-Con		ng	Amount	R	RE	C	C		
Material (TO BE ABA		By Ma:		ance/		Material ((i.e., thermal		ems	(Specify SF or	O	P	A P S	L		
In Facili	ity		stodi ff (sulation, surfa			LF)	VA	AI	S	S		
(13)		Yes	No	N/A		or other miscel	LIaneo	ous)		L	R	L	R E		
Basement				X	Pi	pe Insula	tior	1	60 LF	X					
Name of Registered Wa		-	DEP W	aste ID No.	1 2000	oic Yards Waste 1.0		Registered Landfill EVA Enterprise INC							
AZTECH MANAGE	IMENT, INC		040						ruterpi	TISE	TT//(-			
City, State	07040					sposal Date	V 10	, State			1600				
Montclair, NJ	0/042				0	5/11/18/	Ma	ayneso	urg, Ohi	LO 44	2000	,			
Completed By (Print o	Annual Color Control of the Color of the Col	Le	61			Signature	j	/	/	Date					
Constantine Vi	lvian Pro	nt			Unst	an	Ing /	ha	5/	29/	18				

NOTIFICATION OF ASBESTOS ABATEMENT

		(Pursi	lant	to NJAC	8:60	-7 and 12:120-7	11								
Date of Notification	(1)	A II II				g Owner/Operato						-			-52/01/03
5/29/18	-3. A.M.	烈风水!	Ja	ames	Sca.	la		-			Thought was a company		DATE AND RESIDENCE	Defect of the last	-
Agencies Notified	Type Notific	ation	Stre	et Addr	229			- 1	F	EC) E	1	-W/	F.	A
[]EPA	[X]Initial							Service of the servic	ال			U	1.7		
[]DEP	Notific	cation	Cita	, State	Pin	2-1		-111	7)						
	[]Amended					NJ, 07203		1	-	JU	N 1	-	2018	SALES SALES	UJ
[X]DOL	Notific	ation						Ingl	Ancel					over tither	benear
[X]DOH	[]EMERGENO	Y.		of Con	tact		Tel	ephon	ne N	umber		201	TDA		
[]DCA	[]Cancella	tion	142	Z				1		,	LIVEN!	SIN	ITROL	. ča	
	t Journey	CION		FACT	T.TTV	INFORMATION				ALIGADES PARA					mediconou.
Name of Facility Whe	re Abatement	is Taki	ng Pi			INFORMATION	Type of 1	Facil	itv	(4)		-	-		
James Scala											38				
Observed 2012							[]Sch			8 (Oth	er th	an	K-12)		
Street Address							[X]Oth	her (:	i.e.	, priv	ate &	CO	mmerc	ial	
							buildi	ings,	hom	es, et	c.)				
							Square Fe	204	141	of Flo		m2 -	la. Ac		
City (5)		County	(6)		Cor	unty Code (7)	Square re	se L	"	OL PIO	ors	BIC	ig. Ag	je	
Roselle		Unic	n		(8	TATE USE ONLY)	Current t	Jse (I	Prio	r if b	eina d	dem	olish	ed)	
								*			9			,	
Name of Monitoring Fi Owner (8)	irm hired by	Buildin	g As	CM No.		Name of Abate	ment Contr	actor	(9)					
N/A			1			AZTECH M	ANAGEM	ENT,	, I	nc.					
Street Address						Street Address	S								
						86 Chris	topher	St.							
City, State, Zip Code	=					City, State, 2	Zip Code								-
						Montclai	r, NJ	0704	12						
Project Manager for M	Monitoring Fi		10 100	ne Numb	er	Telephone Numb			-01/3	-	Licens	se l	Numbe:	r	
		N	A			(973) 744	-8800			ĺ	003	371			
Scheduled Start Date		d. Compl	Letio	n Date	(11)	Name of OSHA N	Monitor								
06- 12- 18			4-	18		N/A									
Month Day Yes Occupancy Status Duri		th I	only	Year		Street Address									
[X] Facility Close	ed/Vacated Du	ring En	tire	Period		Street Address	3								
of Abatement []Abatement Per	formed Outsid	e of No	rmal	Facilit	7.7	City Chats B	d- 0-1-								
Hours - Descr	ibe: «OffHours	Descri	pt»		*	City, State, 2	ith code								
[]other - Descri			Desc	ript»											
Scope of Work (Check	all that app	LY)				ו רויים ו	Containmen	+	h M		. D		<u>201</u> 0		
[x] >3 sf or >	■ - S	[2	[] Ren	ovation			Enclosure	L WILL	77 746	sgative	e Fles	Suz	·e		
[] <u>≥</u> 160 sf or	: ≥260 lf	1]Dem	olition			-bag Proce riable Pro								
***************************************		Т.	Is.	T		[]NOL 21	Table FIO	T	-	-53/1-20	Al	bat	ement	Tvr	oe .
Location Asbestos-Cont			ocati	ly		Description						T	E		E
Material (A			Used Solel	У		Asbestos-Cont Material (A				Amount Specify		2	REP		N C
TO BE ABAT			inter	nance/		(i.e., thermal	systems			SF or		0	P A S		2
In Facili (13)	гĀ	Sta	aff (12)		sulation, surfa or other miscel		'		LF)	Z	A	# T	ŢΙ	3 J
		Yes	No	N/A		or other misser	zuicous)				I	-	I I		R E
Basement				X	Pi	pe Insulat	cion		15	5 LF	X				
												1		T	-
Name of Registered Was			DEP W		- 21	oic Yards	Name of I	Regis	tere	d Land	fill	-			
AZTECH MANAGE	MENT, INC		uler 704(ID No.	of	Waste 1.5	Miner	cva	En	terp	rise	1	NC		
City, State				36 <u></u>	Dis	sposal Date	City, Sta	ate		-	117-11-11				
Montclair, NJ	07042				6	15/18	Wayne		rg	, Ohi	Lo 4	46	88		
Completed By (Print or	m Mana a least a					/_/	1								
Constantine Vi	ALL THE RESERVE THE PROPERTY OF THE PERSON NAMED IN COLUMN TWO IN COLUMN	.e eside:	n+			Signature	1. /	/			Date				
						1/01151	authre	AVA	al	_	5/	25	/18		

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) *** F M F R G F N C Y ***

					EMER	GE	: N C Y ***	Chec	k# 899	5			_
Date of Notification		Na	me of Bu	ilding Owr	ner/Operator (2	()							
10151/1219	9/1/8	1.1		all Unive		ď.		ME	GE	1	V	3	7
Agencies Notified EPA	Type Notificati		et Addre						<u> </u>	Ш	W I	5	M
☐ DEP	Initial	11)range A	Avenue				IIIN 1	20	110	Pater value est	
DOL DOL	Amendn	2006	, State, Z				(14)	144	V V II — —	20	118	T	7
DOH		11.		range,			2				O D		
	☐ Cancella	tion	ne of Cor						ne Numbe		ROL	&	1
DCA			I om La	pcompte	e			973-2	044504	SING		tareans.	
				FAC	ILITY INFORM	1ATIO	N						
Name of facility wi			e (3)					Type of Facility					
Seton Hall Un	niversity - Moo	ney Hall							ol (K - 12)				
Street Address								The second secon	hapter 8 (C			-12)	
400 S. Orang	e Avenue								(Private/C ./Homes, e		rciai		
City (5)		County	(6)			1 0		Square Feet	# of Floor	rs	Bl	dg. A	ge
South Orange	٩		(0)			1 30/30	unty Code (7) ate use only)						
		Essex				(0.	ate ase only)	Current Use (I University	rior if bein	g dem	olish	ed)	
Name of Monitorin			(8)		ASCM No.	1	Name of Abatement (
Omega Enviro	onmental Sen	vices, Inc.					B & G Restoratio	n Inc					
Street Address				!		-	Street Address	.,					
280 Huyler St						1	105 Ryerson Roa	d					
City, State, Zip Cod						_	City, State, Zip Code			NT NO.		-	
South Hacker		06				.	Lincoln Park, NJ	07035					
Project Manager for			1	one Numb			Telephone Number		License	Numb	er		
Geiser Fajardo			20	1-489-8	700		973-696-6869		0378				
Scheduled Start Da	ite (10)	Sched, C	Completio	n Date (1	1)		Name of OSHA Monit				A-1-1-1		
05/30/2018		05/3	1/2018				B & G Restoration	n, Inc.					
Occupancy Status I	During Abatemen	(Check only	one)			-		A					
Facility closed	d/vacated during	entire period	of abater	ment.		1	105 Ryerson Roa City, State, Zip Code	.a					
Abatement per Describe: 4:0	erformed outside 00 p.m. start	of normal fac	ility hour	s-			ony, crate, zip code						
Other-Descrit	be:					_	Lincoln Park, NJ	07035					
Scope of Work (ch	eck all that apply)							□ wrap	& CU	<u> </u>		
☐ Demolition	9	Renovation					Full Containment w/neg	ative pressure	Glovek				
$\square > \underline{3} \text{ sf or } > \underline{3} \text{ If}$	₩ ≥	160 sf or <u>></u> 2	60 If			_	Mini-enclosure		✓ Non-fr				
Location of	T	Is location n	ormally u	sed solely	/			T		IR	R		
asbestos-con		by maintena staff(12)	ince/cust	odial		on of a	asbestos-containing	Amount		е	e	E n	E
material to be abated in faci					material ((Specify	SF or	m o	p a	С	n c
abated in laci	mey (10)	Yes	No	N/A				LF)		V	i	a p	L
Room 14A (fi	rst floor)		-	X	VAT			280 sf		e	-	·	
								200 31			౼	+	H
										Ħ	Ħ	Ħ	H
										Ħ	Ħ	Ħ	H
										H	一	Ħ	Ē
Registered Waste H B & G Restoration			Hauler II)# C	ubic Yards of V	Vaste	Traine of registered						
City, State	on, me.	19563		Disposal D	3		Tullytown Resour	rce & Recovery	Center		-		-
Lincoln Park, N.	J 07035		1		1/2018		City, State Tullytown, PA						
Completed by (Print		Title			Signature				Date				
Gordana Luna		Secretary/7	reasure	r			Gordana Luna		05/29	/2018	3		

RECEIVED 05/29/2018 03:37PM

05/29/2018

May 29 2018 15:32 NJ Asbestos Control 609,633,0664 page 1 PAID E State of Nu Notification of Asbestos Abatement B&G proj. #: 2018-118 (Pursuant to NJAC 8:60-7 and 12:120-7). *** EMERGENCY *** 10 Date of Notificetian (1) Name of Building Owner/Operator (2) 10151/12/81/11/81 Seton Hall University ASBERTOS CONTROL & Agencies Nothed Type Notification I EPA Street Addmas 1 打造時 400 S. Orange Avenue DEP City, State, Zip Code DOL DOL חשונות Amendment South Orange, NJ 07079 M DOH Name of Contact Cancellation T DCA Telephone Number Tom Lapcomote 973 204 4904 FACILITY INFORMATION Name of facility where abatement is taking place (3) Seton Hell University - Mooney Hell Type of Facility (4) School (K - 12) Straet Address Subchapter 8 (Other than K-12) 400 S. Orange Averiue Other (Private/Commandal Bidgs./Homes, etc. Cly (5) Equare Feet | # of Floors County (a) Bldg. Age County Code (7) South Orange (State use only) Esser (Justant Use (Prior If being demolished) Name of Monitoring Firm Hired by Blog. Owner (6) University ASCM No. Mame of Abatement Contractor (9) Omega Environmental Services, Inc. B & G Restorat, h. nc. Street Address 280 Huyler Street Street Address City, State, Zip Cade 105 Ryerson Rei d South Hackensack, NJ 07806 Ty, State, Zip Code Project Manager for Monitoring Firm Lincoln Park, N. 07035 Phone Number Geiser Fajardo License Number 201-489-8700 973-696-5869 Scheduled Start Date (10) 0378 Sched. Completion Date (11) Name of OSHA Mor DI 05/30/2018 B & O Restoration, Inc. 05/31/2018 Decupancy Status During Abatement (Check only one) Street Address Facility dosed/vacated during entire period of abetement. 105 Ryerson Ras Abstement performed outside of normal facility hours-Describs: 4:00 p.m. start City, State, Zlp Code Other-Describe:__ Lincoln Park, NI 07035 Scope of Work (check all that apply) ☐ Demolition Renovation Mas & chi Full Containment wines six pressure 2 3f or >3 W Glovebag procedure 2160 of or ≥260 if Mini-anciosure is location normally used solely Mon-frisèle procedure Location of Babbaston-containing by maintenance/custocial **हर्य का Isinatem** staff(12) Description of asbesics-containing 0 E Amaunt 8 n sbated in facility (13) meterial (ACM) 677 R ρ (Specify SF or Yes ć Nic NA 0 8 Room 16A (first floor) VAT 280 af Registered Waste Hallier Cubic Yards of Weste B& G Restoration, Inc. Name of Registered . Indill 19563 City, State Tullytown Resour e & Recovery Center Disposal Date Lincoln Park, NJ 07035 City, State 06/01/2018 Completed by (Print or Type) Tullytown, PA Signatura Gordane Luna Scoremy/Treasurer Great Som



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

Agencies Notified Type I Agencies Notified Type I EPA DEP DOL DOL DOH DOA Name of Facility Where Abat Rancocas Valley Regi Street Address 520 Jacksonville Road City (5) Mt. Holly County (6) Burlington Name of Monitoring Firm Hird Health & Safety Service	onal High School	В	Stre 520 City, Mt.	et Address) Jackso State, Zip Holly, I e of Conta tt Klein	nville Road ^{Code} NJ 08060	ATION	e of Facility (4)	ASB Telephone Nu 609-864-0	JUN 1 - 2018 ESTOS CONTRO MDM: CENSING 848			commonary confined and distributed format of the confined and confined
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City (5) Mt. Holly County (6) Burlington Name of Monitoring Firm Hird Health & Safety Service	ed by Building Owner (8)					-	Subchapte	r 8 (Other tha	n K-12)			
Mt. Holly County (6) Burlington Name of Monitoring Firm Hird Health & Safety Service	ed by Building Owner (8)								nmercial buildings, h	omes	etc	4
County (6) Burlington Jame of Monitoring Firm Hir Health & Safety Servio	ed by Building Owner (8)							Т	7		CIC.,	
Burlington Name of Monitoring Firm Hird Health & Safety Servio	ed by Building Owner (8)						are Feet	# of Floors	Bldg. Age			
Burlington Name of Monitoring Firm Hird Health & Safety Servio	ed by Building Owner (8)			County	Code (7)		0,000	2+	80+			
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Health & Safety Service	es inc						200					
	(L3, 111L.				ASCM No.		e of Abatement C					
					0090	Uni	corn Contrac	ting Corp.				
O Box 365						100000000	et Address	X-4.88				
ity, State, Zip Code						32 \	Willow Way					
Berlin, NJ 08009						City,	State, Zip Code					
						Woo	odland Park,	NJ 07424				
roject Manager from Monito im Proctor	ring Firm			Telepho	one No.	Telep	hone No.		License No.	91-31		
				856-4	52-311	973-	-333-9176		01331			
tart Date (10)			Schedu	led Compl	etion Date (11)	Name	of OSHA Monito	,		CHOICE VOCA		
/27/18 ccupancy Status During Abat			7/12/	18		Envi	rovision Con	sultants, Inc.				
							Address					
Facility Closed/Va	cated During Entire Per	riod of At	pateme	nt		20-2	1 Wagaraw F	Rd., Bldg. 35-	E			
	med Outside of Norma		Hours				tate, Zip Code					
Other - Describe:	Sub-8 Occupied Abat	ement_				Fair	Lawn, NJ 07	410				
ope of Work (Check All That	Apply)										_	
] ≥3 sf or ≥3 lf			X	Renova	ition	X	Full Contains	nent with Nec	ative Pressure			
≥160 sf or ≥260 lf				Demoli	tion		Mini-Enclosu		active i leasure			
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(13)		(12)				scellaneous)		SF or LF)	Ren	_	Enclosure Encapsulate
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ne of Registered Waste Haule			NJDEP W	aste Haule	r ID No.	Cubic V	ards of Waste		Name of D	1		
icorn Contracting Co	p.	- 1	003584			20	or worke	9	Name of Regustered			
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oodland Park, New Je	rsey					TBD	Date	///	City, State			
pleted by		Title					Signature	//	Morrisylle, PA	т —		
no Golcev		Genera	Mana	ger		1		/	1 11	Date		

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120) UH 1096

Date of Notification (5/30/18	1)				ding Owner/Operator (CKA		09	4	5
Agencies Notified	Type Notification				Board of Education	on		10000	E P E	пп	77 F		-
EPA				et Addres	T. ()				<u> </u>	11	# 1		h
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	☐ Amended		100000	, State, Zip				111111				-	-
N DOL	Amendment #_	udios	11/1/10/10		NJ07940				JUN 1 -	- 20	18		-
⊠ DOH	Emergency (included) justification)	uaing	1000000	ne of Conta				Telephone Num	iber	L-U	10	-	besi
⊠ DCA	☐ Cancellation		livir	. Wayne	e Desjadon			973-593-31	57			i i	
	Currenation				FACILITY INFORM	AATION		I A	SBESTUS CO	ONTE	301	2	
Name of Facility When	e Abatement is Taking Place (3)			PACILITY INFORM	Type of Fac	ille (d)	-	LICENS	ING	and the second second	inch	-
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^{City} (5) Madison						Square Feet		# of Floors	Bldg. Age				
1/19/12/011						80,000	1	2+	70				
County (6)			2000		y Code (7)			g demolished)	170		_		
Morris				(STATE	USE ONLY)	Middle S	chool	,					
Name of Monitoring Fir	m Hired by Building Owner (8)			ASCM No.	Name of Aba	atement Co-	tractor (0)					
KK Occupational	& Environmental Anal	ysis, Inc.			0090	Unicorn (
treet Address			Historia de Historia			Street Addre		ig corp.					_
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ity, State, Zip Code						City, State, Zi							
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roject Manager from N	fonitoring Firm			Telepho	one No	Woodland		07424					_
on Gilbert				WA	54-6316	973-333-9			License No.				
art Date (10)			Schedu		letion Date (11)	Name of OSH			01331				
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ccupancy Status During	Abatement (Check Only One)		10,00			Street Addres		ltants, Inc.					
Facility Close	d/Vacated During Entire	Period of Al	pateme	10				DII					
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Other - Descr		,				City, State, Zip		_					
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Date of Notification (1) 05-27-2018				of Building			r (2)		M				-	- 1	H
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Emergency (justification)	includin	g		of Contact					T	elephor	ne Ni	mber			THE PERSONS
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Name of Monitoring Firm Hired by Building O Whitman Environmental Consultan		3)	ASC	M No.				tement Co		or (9)			W-SW-		
Street Address							Addres		LLC						
7 Pleasant HIII Road						POE	30X 7	734							
City, State, Zip Code								ip Code			0.1173				
Cranbury NJ 08512						Woo	dland	Park N	J 074	24					
Project Manager for Monitoring Firm Kevin Lovely			Telepho			700	one No			Lice	nse N	lo.			
	0 1 1			90-5858			692-6			012	66				
06-11-2018	07-15			Date (11)				A Monito							
Occupancy Status During Abatement (Check	Only O	ne)				Street									
Facility Closed/Vacated During Entire P	eriod of	Abaten	nent			PO E	30X 7	34							
Abatement Performed Outside of Norma Other – Describe: OCCUPIED BUILDIN	al Facilit	y Hours	3			City, St	tate, Zi	p Code							
	u				_	Woo	dland	Park N	J 074	24					
Scope of Work (Check All That Apply)						penn	-								
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The second deal south second s			X		Accous	sucai c	elling	-	16	500 SF		x			
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City, State					Dispos			City, Stat	te		11771000				
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Tome Maslarkov	Proje	ect Ma	nager			/	11				05	-27-2	2018		

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Date of Notification (1) 5/28/18				of Buildin hia Mau		Operato	r (2)		EG		M		
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Name of Facility Where Abatement is	Taking Place (3)	FAC	ILITY IN	FORMAT	ION	Type of F	acility (4)	THE PARTY OF THE P	of marine and	********	^	
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Street Address							Sub	chapter 8 (Other than	K-12)			
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Essex			-8	USE ONL	y)		HOME						
Name of Monitoring Firm Hired by Bu	ilding Owner (8)		ASC	M No.			of Abatem						
Street Address							Address	nental S	ervices,L	.LC			
							3ox 483,	4 E Gate	Drive				
City, State, Zip Code							tate, Zip C)				
Project Manager for Monitoring Firm			Telepho	ne No.		-	wood, No.	J 07418	Licens	o No		7.0	
							764-2276	3	703	e NO.			
Start Date (10) 6/6/18	Schedule 6/23/18		npletion	Date (11)		Name	of OSHA M	Ionitor					
Occupancy Status During Abatement						Street	Address			920000-000			
Facility Closed/Vacated During E	ntire Period of A	haten	nent			Olloct	Address						
Abatement Performed Outside of Other – Describe: ATTIC	Normal Facility	Hours	3			City, S	tate, Zip Co	ode					
Scope of Work (Check All That Apply)													
23 sf or ≥3 lf	× R	enova	ition			×	Full Cor	ntainment v	vith Negativ	/a Prassi	Ira		
× ≥160 sf or ≥260 lf	D	emolit	ion				Mini-En			70 1 1033	ui G		
							Non-Ex	empted (*)	and Non-F	riable Pr	ocedu	е	
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TO BE ABATED In Facility		odial S (12)		(i.e.	thermal surfac	systems cing, VA	insulation, Γ, or		(Specify SF or LF)	Remova	Re	Encapsulate	Enclosure
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attic			X	V	ermicu	lite insi	ulation		140 SF	х			
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A. Jook Higgins	Presid	ent			1		141			5/28/1	8		



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r (2)	

Date of Notification (1)				Name	of Building	Owner/	Operator	(2)						3.07.1	
5/30/18				Paul	Boepple				1	3 厘	C	15		\mathbb{V}	
Agencies Notified	Type Notification	1		Street /	Address				l.	机			-	1.494	
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home	Abatement is Taki	ng Place (3)					Type of Fa	acility (4)						
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City (5)								etc.) Square Fe			A 10 A 10 A 10 A 10 A 10 A 10 A 10 A 10		· · · · · · · · · · · · · · · · · · ·		
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County (6)				County	Code (7)				se (Prior if t		molish				
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Name of Monitoring Firm	Hired by Building	Owner (8)	ASC	M No.			of Abateme							
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ony, orate, Esp code							The second second	tate, Zip Co wood, NJ							
Project Manager for Mon	itoring Firm		T	Telepho	ne No.			one No.	07410	Licer	nse No				
						9		764-2276		703					
Start Date (10)				mpletion	Date (11)		Name	of OSHA M	onitor						
6/8/18		6/20/1	-												
							Street	Address							
Facility Closed/Vaca	ited During Entire ed Outside of Norr	Period of a	Abater	nent			City Ci	ate, Zip Co	d =						
Other - Describe: _					2.	_	City, St	ate, Zip Co	ue						
Scope of Work (Check Al	I That Apply)														
≥3 sf or ≥3 lf		× F	Renova	ition			×	Full Con	tainment w	ith Negat	tive Pr	96611	re		
× ≥160 sf or ≥260 lf			emoli)	tion			V	Mini-End	losure			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
								Non-Exe	g Procedur mpted (*) a	e ınd Non-l	Friable	Pro	cedur	е	
		Is	Locat	ion									Abate	ement	1
			Vormal d Sole				scription						Ту	ре	
Asbestos-Containing TO BE ABA	Material (ACM) TED	Ma	intena	nce/				aterial (ACN insulation,		Amount (Specify		TI		En	m
	ty	Cus	odial 9 (12)	Staff?		surfac	ing, VA7	, or		SF or LF)		Remova	Repair	caps	nclo
(13)						other m	iscellane	eous)				oval	air	Encapsulate	Enclosure
L		Yes	No	N/A										Ф	
				Х		pipe	insulat	ion		110 LF		X			
baseme	ent			Х		flo	oor tile		1	150 SF		х			
Name of Registered Was	e Hauler		, Al	IDED W	lanta T	0.11		177							
			Н	JDEP W auler ID	207	Cubic `of Was			ne of Regis				1,001		
City, State	uning		1	7787		TBD			rin Broth	ers Sar	nitary	Lar	ndtill		
					1/100	Dispos	al Date	1 1 2 2 2 2 3 3 3	, State						
Bridgewater, NJ Completed by						TBD	gnature	EXI	ton, PA						
A. Scott Higgins		Presi	dent			31	griature	W			5/30	0/18	3		

. (P)		and the same		ew Jersey			Check	# 10	5272	
u	(Pursu	FICATI ant to	ON OF AS	SBESTOS ABATEMENT: 60-7 and 12:120-	7)		F (0 F	, П	NIE
Date of Notification (1)		Name o	of Build	ing Owner/Operato	r (2)		13 (7		₩塩
5/30/18		Sco	ott Fr	riedmann		1133				
Agencies Notified Type Notific	ation	Street	t Addres	s			11	i ki	A	2018
[]EPA [X]Initial							J JL	114 -	- 4	2010
[]DEP Notifi	cation	City,	State,	Zip Code				postana en mon	NOT STORE A TO	
[X]DOL []Amended				d, NJ, 0704	0	and the	ASBES	STOS	001	ITROL &
[X] DOH		Name c	of Conta	<u> </u>	mol only	one Number		LICE	Noin	UI .
[]DCA []EMERGEN	93000 S	Sco		CL	rerebuc	ne Number				
[]Cancella	ation									
				TY INFORMATION				-		
Name of Facility Where Abatement	is Takir	ng Pla	ce (3)		Type of Faci	lity (4)				
Scott Friedmann					[]School					
Street Address					[] Subchar	pter 8 (Oth (i.e., priv	er than	K-1	.2)	7
						, homes, et		comme	rcla	т.
	~				Square Feet	# of Flo	ors B	ldg.	Age	
City (5)	County (County Code (7) (STATE USE ONLY)						
Maplewood	ES	sex		(SIRIE OSE ONLI)	Current Use	(Prior if b	eing de	emoli	shed)
Name of Monitoring Firm hired by	Davi 7 di	- 1200		[11	(0)				
Owner (8)	Burraruc	ASC	M No.		ment Contracto MANAGEMENT					
N/A						., 1110.				
Street Address				Street Addres		•000				
					stopher St	••				
City, State, Zip Code				City, State,		112				
					Lr, NJ 070					
Project Manager for Monitoring Fi	rm Tel		Number	Telephone Num			License		ber	
		200227.		(973) 744			003	/ 1		
	ed. Compl			(\$0 (M A = 0 A -)	Monitor					
		av	18 Year	N/A						
Occupancy Status During Abatement	(Check	only o	ne)	Street Addres	s					
[X] Facility Closed/Vacated D of Abatement	uring Ent	tire Pe	eriod							
[]Abatement Performed Outsi			acility	City, State,	Zip Code					
Hours - Describe: «OffHour []other - Describe: «Other O			ipt»							
Scope of Work (Check all that app										
	-11			[]Full	Containment wi	th Negative	e Press	ure		
[x]\ge 3 sf or \ge 3 lf []\ge 160 sf or \ge 260 lf		[]Renov			Enclosure -bag Procedure	2				
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			riable Procedu					
Location of	Lo	Is cation	n	Dogarintic	n of		Ab	ateme	ent '	Type
Asbestos-Containing		ormally Used	Y	Description Asbestos-Con		Amount	R	R	N	N
Material (ACM)	5	Solely intena		Material ((Specify	1.7	E	CA	C
TO BE ABATED In Facility	Cu	stodia	1	(i.e., thermal insulation, surf		SF or LF)	V	A	PS	O S
(13)	Yes	No No	N/A	or other misce			A	R	U	U R
Basement	-		X P	ipe Insulat	ion	120 LF	×	-	·	E
2020men p			A P	The THRUTAL	-011	120 115	A	-		
	-							-	-	
Name of Registered Waste Hauler	h.	DEP Wa	ato	Cubia Vanda	Name of Regi	stored Torri	16:11			
AZTECH MANAGEMENT, IN	C Han	uler II		Cubic Yards of Waste 1.0	[1] T. H.	Enterp		TNI	C	
		7040	W-14104 200			- Larocap		-44	_	
City, State Montclair, NJ 07042				Disposal Date	City, State	11700 01-	i	160	5	
MONICCIAIL, NO 0/042				6/14/18	waynesb	urg, Oh:	TO 44	:00	9	
Completed By (Print or Type) Tit	le			Signature	, ,	/	Date			
Constantine Vivian Pr	eside	nt		1/ 2/2	lan bazil	na		30/	18	
				1 4137	11 - 11 me / /	11	<u></u>			

1 4	1
7014 1501	Print Form
IX d	

	Name (San)	(1			:60 and 12:12			I	NE	C	E	7	
Date of Notification (1) 5/24/2018				of Building C	wner/Operato	or (2)					And Andrews	LI L	, l
Agencies Notified Type Notificat	tion		Street A	Address	•				44	JUN	- 4	- 20	18
EPA Initial				Chestnut S				1000					
DEP Amender DOL Amender				ate, Zip Cod le NJ 072					ASE	BESTO	OS C	TNO	ROL
	ncy (including	7		of Contact			. 41	Telepi	hone No	Lic	ENS		district
DCA Cancella			BOB I	Butkocy				1_	10110 110	iiiiooi			
Name of Facility Where Abatement is Ta	eking Place /	31	FAC	ILITY INFO	RMATION	T.							
Private property	aking riace (3)					of Facility (
Street Address						×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Other t	than K-1 ommero	2) cial buil	dings	hom	es,
City (5) Roselle NJ							re Feet	# of FI	oors		3ldg. <i>A</i> -50	Age	
County (6) Union County				Code (7) USE ONLY)		Curre	ent Use (Prid	or if being	demolis	hed)			
Name of Monitoring Firm Hired by Buildi N/A	ng Owner (8)	ASCI N/A	M No.	Name	of Aba	tement Cor itions Ser	ntractor (9) vices LL	.C				
Street Address N/A						t Addre 5 51st	ss Street						
City, State, Zip Code N/A				7)			ip Code gen NJ 07	7047					
Project Manager for Monitoring Firm N/A			Telepho N/A	ne No.	1 2	hone N -552-9			icense N 1320	No.			
Start Date (10) 6/4/2018	Schedul 6/20/2	HA Monitor nmental L	aborato	ries									
Occupancy Status During Abatement (C						Addre							
Facility Closed/Vacated During Enti Abatement Performed Outside of N Other – Describe:	re Period of ormal Facilit	Abaten y Hours	nent s	11	City, S	State, Z	te 22 Wes ip Code 07803	st 	180	****			
Scope of Work (Check All That Apply)					- Onic	JII INJ	07603						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	processing	Renova Demolit				Mir	I Containme ni-Enclosure ovebag Proc n-Exempted	edure				9	
	Is	Locat	ion				- 1				Abate	ment	
Location of Asbestos-Containing Material (ACM)	Line	Normal ed Sole			Description						Ту	pe	
TO BE ABATED In Facility (13)	todial (12)	nce/ Staff?	(i.e. th	s Containing Nermal system surfacing, VA other miscellar	s insula AT, or		Amor (Spec SF or	cify	Removal	Repair	Encapsulate	Enclosure	
Roof	Yes	No	N/A			-1-			0.5			(D	
1st floor and 2nd floor		X		roofing shir	100		1800	222	X				
2nd floor		X	TIO	or tile and		3	2000		X				
			Х		ceiling ti			1000		Х			
Exterior Name of Registered Waste Hauler		I N	JDEP W		shingles si	aing	Name of 5	4000		Х			
Newark Carting Inc		Н	auler ID 4509		of Waste		Name of F				I		
City, State Po Box 5670				1	Disposal Date		City, State 2335 Ap		er Rd E	Bethle	hem	PA	
Completed by Marcos Regato	dent			Signature	1743	1/her	nto		ite 24/20	18			

		200						c1	6年	156	C	L	Pi	rint Fo
PAI	Expenses de la constant de la consta	NOT!	FICATIO	N OF AS	ew Jersey BESTOS A C 8:60 and	ABATE	MEN 0)				GI	3 1	\mathbb{V}	E
Date of Notification (1) 5/25/2018	and the same				g Owner/C				TK			C. C.	4444	
Agencies Notified Type Notification	r)			Address	nt Thom	as Mor	re		1111		UN-	- A	201	Q
				vent Rd					14 -		011	7	LUI	J
DEP Amended			City, St	ate, Zip C	Code				-	Lancon Control		0.00	- III	nominament 1 0
X DOL Amendmen Emergency			Morris	stown N.	J				archaeach.	ASBE		S CC ENSI		JL &
DOH justification	ľ	•		of Contact	t	oe - Urberio	- 112-2-			hone Nu	mber			
Cancellation	1			h Farias	FORMATIO	ON			9/3-	267-533	30 -			
Name of Facility Where Abatement is Takin	ng Place	(3)	170	ALIT I HAI	ORWATI	OIN	Тур	e of Facility (4))					
private Property								School (K-12)					
Street Address 4 Convent Rd							×	Subchapter 8 Other (i.e. pri				ildinas	hom	00
City (5)								etc.)						ES,
Morristown NJ							600	are Feet 0	# of F.	loors		Bldg.	Age	
County (6) Morris				Code (7) USE ONL			Curr	ent Use (Prior	if being	demolis	hed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASCI N/A	M No.				atement Contr)				
Street Address			IN/A			Street		tion Services	S LLC					
N/A								Street						
City, State, Zip Code						City, S	tate,	Zip Code						
N/A						North	n Ber	gen NJ 0704	7					
Project Manager for Monitoring Firm N/A			Telepho N/A	ne No.		Teleph 2015				icense N 1320	lo.			
Start Date (10)	Schedu	led Cor		Date (11))	20-20-20	2.00	SHA Monitor		1320	200			
5/26/2018	5/30/2	3000				Iris Er	nviro	nmental Lab	oratori	ies				
Occupancy Status During Abatement (Chec		56				Street .		17.74						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norn	Period of	Abaten	nent		-			e 22 West Zip Code						
Other – Describe:	Tai i doine	y i ioui.						21p Code 07803						
Scope of Work (Check All That Apply)	6. cont							-, -						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Property of the Parket of the	Renova Demolit				×	Mi	ull Containment ini-Enclosure ovebag Proced on-Exempted (dure	.550			'e	
	Is	Locati	on								T	Abat	ement	
Location of		Normal ed Sole				cription					_	Ty	ре	
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u>	Ma	intena	nce/		stos Conta . thermal s				Amo (Spe		R		En	E
In Facility (13)	todial 8 (12)	stan?			ng, VA	T, or	. 1	SF or		Removal	Repair	caps	Enclosure	
V-7	No	N/A		outer mi	Scellari	eous				val	ă ir	Encapsulate	sure	
basement			X		41 1	Elbows	s		41L	F	x	\vdash		
				ri M										
Name of Registered Waste Hauler		l N	JDEP W	/aste	Cubic Y	arde		Name of Re	nietorod	I andell				
Newark Carting Inc Hauler ID No. 04509					of Wast			ISES Bethle						
City, State PO Box 5670	2000		Disposa	I Date		City, State 2335 Appl	ehutte	r Rd Re	thlah	em E	Δ			
	5-51200				1				- watte	. Ha be	- IIICI	CHIL	1.1	

Completed by

marcos Regato

Title

President

Date

5/25/2018

Signature Allawer

Ch 042			NOT	Pursua	State of N ON/OF AS ht to NJA	8:60 a	nd 12:12	(0)	т	D	E	G			7 6	The state of the s
Date of Notification (1) 05-27-2018					of Building ark Publ			r (2)			, J	UN	- 4	201	g	\parallel
	Notification				Address	IC SCIR	JUIS			Las las				20	-	-
	nitial				Broad St	t					ACDE	OTC	SAFETONION NO COC		O I O	1
X DEP X	Amended			City, S	tate, Zip C	ode					ASBE		ENSI		UL &	L
	Amendment				ark NJ 0				,	-		and the second second	attern America			Acument
⊠ DOH	Emergency (ustification)	includin	g	Name	of Contact					Te	lephone	e Nu	mher			
I fermed .	Cancellation			Chris	stopher (Cerf					73-733					
				FAC	CILITY INF	ORMAT	ION	-								
Name of Facility Where Abatem	ent is Taking	Place	(3)		ali Gordina (Gordina)			Тур	e of Facility	(4)						
Newark Vocational School	Ol							П	School (K-	12)						
Street Address			Alexander of the second					×	Subchapte	r 8 (Oth	er than	K-1	2)			
301 W Kinney St									Other (i.e. etc.)	private	& comr	nerc	ial bui	ldings	, hom	ies,
City (5)	51747							Squ	are Feet	# 0	f Floors	5	TE	Bldg.	Age	
Newark NJ 07103								N/A	1	N/	Α		1	N/A	Ü	
County (6) Essex					Code (7)	n		Curr	ent Use (Pri	or if bei	ing dem	nolisi	hed)			-
Name of Monitoring Firm Hired to	ov Building C	wner (8	1		M No.		Namo		nool atement Co	-4	(0)					
Whitman Environmental (Consultant	t	7	7,00	W NO.				ntracting		(9)					
Street Address							Street									
7 Pleasant HIII Road							POE									
City, State, Zip Code Cranbury NJ 08512									Zip Code							
Project Manager for Monitoring F	Tirm			T. 1. 1.					d Park NJ	0742	4					
Kevin Lovely	-11(1)			Telepho	one No. 190-5858	,	Teleph				Licens		0.			1-1-1-1-00
Start Date (10)	Т	Schodu	led Cor		Date (11)		973-				0126	56				
06-04-2018		06-30			Date (11)		The sale of the sa		HA Monitor ntracting	II.C						
Occupancy Status During Abater							Street									
Facility Closed/Vacated Dur		-	30	nent			POE									
Abatement Performed Outs	ide of Norma	I Facilit	y Hours	6					ip Code	-		-				
Other - Describe: OCCUPI		G							d Park NJ	0742	4					
Scope of Work (Check All That A	pply)							-								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Democrated.	Renova Demolit				×	Mi	II Containme ni-Enclosure ovebag Proc	edure	17.					
		1						I NO	n-Exempted	(*) and	Non-F	riabl		Village Control	e ement	
Location of		10 000	Locati Normal	V2007		D									pe	
Asbestos-Containing Material	(ACM)		ed Sole		Asbes		scription aining M		(ACM)	Ar	nount					
TO BE ABATED In Facility			todial S			thermal	systems	insula		(S	pecify		Re	70	nc	Ē
(13)			(12)				ing, VAT			SF	or LF)		Remova	Repair	apsi	Enclosure
		Yes	No	N/A				Jouoj					/al	=	Encapsulate	иге
Ground Floor Office A	rea			X		Accous	stical ce	eiling		160	00 SF		x		-	
						, 100001	otioai ot			100	0 31	-	A			-
	**************************************															_
															-	-
Name of Registered Waste Haule	Г			JDEP W		Cubic '	Yards		Name of F	Register	ed Lan	dfill				
Amax Contracting LLC			(100,000)	auler ID 036184	0.7(2)(2)(2)(2)	of Was 9 cy	te		Fairless	(67)						
City, State						Dispos	al Date	-	City, State							
Woodland Park NJ 07424						07-05			Morrisvi							
Completed by		Title				Si	gnature	H	p			Date	9	et e e e e		
Tome Maslarkov		Proje	ct Ma	nager			1/	K			-	TO STATE OF	-27-2	2018		

Check #3129

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

GAC Project # 642-2018		1	41	11	100									
Date of Notification (1) June 1, 20	018	U Z	1		L	2)	Name of Building Own	er/Opera	ator (2)				EI	WE
Agencies Notified		Notification	Type				STEVENS INSTI	IUIE	OF IE	-CHN	OLOG	3YU		W IS
□EPA		XIInitial I	Notific	atior	1(2	areas	1 CASTLE POINT	ONH	UDS	INC	71			
D DCA		□Amend					City, State, Zip Code			111		JUN	- 4	2018
X DOL		□Emerg					HOBOKEN, NJ 07	7030		lesi	Berahi			2010
DEP- No Longer REQUIRED			cation	atta	ched	1)	Name of Contact MR. DAVID FERNAND	F7 MS		Tele	phone I	Number 4054	WHEN THE PERSON	
▼ DOH	1	□ Cancel	iea				DIRECTOR ENVIRON			1201	1-9 læ	OTSESE	IS CON ENSIN	TROL &
					FAC	II ITV IN	HEALTH & SAFETY FORMATION			(magners	OO THE OWNER OF THE OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER,	L.O	I-INOHA	G
Name of Facility Where Abatement	t is Takin	g Place (3)			7710	ALIT I III	Type of Facility (4)		-7700-0-1					
MC CLEAN HALL							School (K-12)							
Street Address							Subchapter 8 (other th	nan K-12))					
MAIN CAMPUS (507 RIV	ER ST	REET)					Sq. Feet: N/A	commerc	ial build	lings, h	omes, e	tc.)		
	unty (6)		Count	y Cod	ie (7)		Sq. reet. N/A	# of Flo	0018.	DIU(. Age:	~50	years	
HOBOKEN	HUDS	SON	(State	Use	Only)		Current Use (prior if bei	ing demo	olished): AC	ADEMI	C OFFI	CES	
Name of Monitoring Firm Hired by I	Blda Ow	ner (8)	ASCN	1 No			Name of Contractor (9)							
TTI ENVIRONMENTAL, I	NC.	(5)	000											l l
Street Address	STATE OF THE PARTY						GREENWOOD ABA	ATEME	NT C	ONS	JLTAN	ITS, IN	IC.	
1253 NORTH CHURCH ST	REET						Street Address							
City, State, Zip Code							511 MAIN STREET)						
1	8057						City State, ZipCode BUTLER, NJ 07405							
Project Manager for Monitoring Firm		Telephone N					Telephone Number			Licen	se Num	ber		
MR. JIM GUILARDI	8	356-840-	8800 e	ext.3	1		973-492-0477			000	40			
Scheduled Start Date (10)	<u>s</u>	Scheduled C	ompletio	on Dat	te (11))	Name of OSHA Monitor			008	40			
06/11/2018		06/14/201		To the selection	- 0									
Occupancy Status During Abatem	nent (Ch	eck only or	ne)				ENVIROVISION, IN Street Address	IC.						
☐ Facility Closed/Vacated During	g Entire I	Period of A	bateme	nt										
Abatement Performed Outside Describe	e of Norr	mal Facility	Hours -	-			20-21 WARGARAW	ROAL)					
SOther - Describe: 4:00 PM-	_12•00	MID (24	HDC	2.			City, State, Zip Code							
WEEKENDS AS NEEDED))	11110 (24	TIIKO.	O.			FAIRLAWN, NJ 074	110						
Source of Work (Check all that appl	,,													
Source of Work (Check all that appl	A 1						п	Full Cor	ntainm	opt with	h Nogat	ivo Dro	001150	
$\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$				X	Ren	ovation	_	Mini-En			nivegai	ive ries	ssure	
≥ 160 sf or ≥ 260 lf	f					molition		Gloveb)			
Location of Asbestos-Containing	la Lacat	ion None of		1.5			X	Non-Ex						ure
Material (ACM) in Facility (13)		ion Normall y Maint./Cu		(AC	SCRIPTIC SM) (i.	on of Asi .e. therm	pestos Containing Material al systems insulation, surfac	cina.	Amount (Specify	33	Abater	ment Ty	<u>oe</u>	
	Staff? (1 YES		NA			ther mis		Andrea IIII	or LF)	,	Remove	e Repair	Encap	Enclose
CEMS Dept. CHAIR OFFICE,	120	X	INA	FI	005	2 TII E	(including mastic)		458 S	_	X	_		
COPY ROOM, & CORRIDOR				1 -	.001	V IILL	(melauling mastic)	1.	430 3	-	I LOI			
CONFERENCE ROOM 120 & STORAGE 120A		X		FL	OOF	RTILE	(including mastic)	4	431 S	F	X			
Name of Reg. Waste Hauler See Hauler Below #1 & 2	. 63903	JDEP Wast	e Hauler	ID#			Cubic Yards of Waste:	20 CY	'		of Regis			
		ee Below								G.R.	0.W.S.	North	Landf	äll
Hauler #1) Greenwood Abatement NJDEP # 12561	Consulta	ints, Inc. –	Butler, N	NJ 074	405				sal Dat			City, Sta 100 Nev		Mill
Hauler #2) Newark Carting, Inc., N	lewark, N	NJ 04509						00/14	4/201	0		Rd. Mo		
NJ DEP# 4509												19067 215-736	3-1700	
Completed by (Print or Type)	Title				-		Signature		Т	Date				
RAYMOND C. PEDALINO	SE	NIOR PR		T			A second second	1 11-			lune 1	, 2018	3	
	MA	NAGER					Raymond C. Pe	dalim	2				1.2	

Check # 3130 State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7) GAC Project # 642-2018 Date of Notification (1) Name of Building Owner/Operator (2) June 1, 2018 STEVENS INSTITUTE OF TECHNOLOGY Notification Type Street Address 1 CASTLE POINT ON HUDSON JUN - 4 2018 ☐Amended Certification City, State, Zip Code □Emergency (including HOBOKEN, NJ 07030 justification attached) Name of Contact Telephone Minibel CONTROL & X DEP- No Longer REQUIRED MR. DAVID FERNANDEZ, MS □Cancelled 201-912-465 PENSING DIRECTOR ENVIRONMENTAL **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) MC CLEAN HALL ☐ School (K-12) Subchapter 8 (other than K-12) MAIN CAMPUS (507 RIVER STREET) Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 5 Bldg. Age: ~50 years County (6) County Code (7) HUDSON (State Use Only) Current Use (prior if being demolished): ACADEMIC OFFICES Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) TTI ENVIRONMENTAL, INC. 00003 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address 1253 NORTH CHURCH STREET 511 MAIN STREET City State, ZipCode MOORESTOWN, NJ BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number MR. JIM GUILARDI 856-840-8800 ext.31 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 06/25/2018 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement X Abatement Performed Outside of Normal Facility Hours -20-21 WARGARAW ROAD Describe: SUB 8 Occupied City, State, Zip Code ☑Other - Describe: 4:00 PM-12:00 MID (24 HRS. & FAIRLAWN, NJ 07410 WEEKENDS AS NEEDED) Source of Work (Check all that apply) X Full Containment with Negative Pressure $\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$ X Renovation ☐ Mini-Enclosure \boxtimes \geq 160 sf or \geq 260 lf ☐ Demolition ☐ Glovebag Procedure

■ Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) VAT, or other miscell.) Remove Repair Encap Enclose or LF) YES NO NA CEMS Dept. MANAGER X FLOOR TILE (including mastic) & 376 SF X OFFICE, ADMIN. ASST. SUSPENDED CEILING TILES OFFICE& NEW COPY ROOM Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste: 20 CY Name of Registered Landfill See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 12561 06/25/2018 100 New Ford Mill Hauler #2) Newark Carting, Inc., Newark, NJ 04509 Rd. Morrisville, Pa NJ DEP# 4509 19067 215-736-1700 Completed by (Print or Type) Date RAYMOND C. PEDALINO SENIOR PROJECT

Raymond C. Pedalino

June 1, 2018

MANAGER

Agencies Notified

X EPA

X DCA

X DOL

X DOH

Street Address

HOBOKEN

Street Address

06/15/2018

City, State, Zip Code

City (5)

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Date of Notification (1) 05/ 31 /2018	=7 11 12		Name		Owner	Operator (2)					С	heck	No	o. 11	112	
Agencies Notified	on			Address dge Aven	ue, Su	ite 150		Wy april 10 marries) []]	C	E		\mathbb{V}	E
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☑ Emergen☑ DOH☑ DCA☑ Cancellat			Name (Kerry	of Contact Dolan					eleph 32-9		Nur	nber	-	4_6	2016	\$
			FAC	ILITY INF	ORMAT			1		AS	BE	STO	SC	NO	TRO)L &
Name of Facility Where Abatement is T Building	Taking Place (3)					Type of Fa		let a	manufacture of the second	(Aleksana)	Eddana.	LIGI	ENS	SIN	~~~~ Z	
Street Address 200 Monmouth Street						☐ Subch	apter 8 (Other i.e. private & co	thai	n K-1: nercia	2) al bu	ildin	gs, h	ome	es, e	tc.)	
City (5) Red Bank, NJ 07701						Square Fee	et	#	of Flo	ors		E	3ldg	g. Ag	je	
County (6) Monmouth				Code (7) USE ONLY)	Current Us	e (Prior if being	de	molis	hed))					
Name of Monitoring Firm Hired by Build Brinkerhoff environmental Services	ding Owner (8) s, INC		ASC	M No.		Name of Ab Lilich Corp	atement Contro oration	acto	or (9)							
Street Address 1805 Atlantic Avenue						Street Addre										
City, State, Zip Code Manasquan, NJ 08736				E)		City, State, Woodland	Zip Code Park, New Je	erse	еу .							- 37291
Project Manager for Monitoring Firm Gary W.Fleming				one No 23-2225		Telephone N 973-225-8			10200	cens 1104		0.				
Start 06 /11/2018	Scheduled 06/ 25 /20		pletion	Date (11)		Name of OS Iris Enviror	HA Monitor mental Labo	rate	ories	, LL						
Occupancy Status During Abatement (0	Check Only One)					Street Addre										
 ☑ Facility Closed/Vacated During En ☐ Abatement Performed Outside of N ☐ Other – Describe: 	tire Period of Aba ormal Facility Ho	iteme urs	ent			City, State, 2 Union, NJ	Zip Code									
Scope of Work (Check All That Apply)																
 ≥3 sf or ≥3 lf □≥160 sf or ≥260 lf 	⊠ Ren □ Den	ovati				□ Mi	III Containment ini-Enclosure ove Bag Proce n-Exempted (*	dur	e / Li	mited	d Co	ontair	ıme	nt &	Tent	
1	Is Lo	catio			7 <u>2</u>				Amo (Spe	ount ecify			Ab		nent e	
Location of Asbestos-Containing Material (ACM TO BE ABATED In Facility (13)	Used S Mainte Custod	Solel enan ial Si 12)	y by ce/ taff?		estos Co e. therm sur	Description of ontaining Mater al systems ins facing, VAT, or r miscellaneou	ulation,		SF o	T LF))	I COLLOW	Removal	Repair	Encapsulate	Enclosure
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Metal Frame Windows				Window	v Glazi	ng		5	0				1			
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Name of Registered Waste Hauler		N	IDEP W	Vasto	Cubio	Yards	Name of Re	aiat	orod	lone	ıen		\perp			
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<u>Lilich Corporation</u> City, State Woodland Park, New Jersey		1	8724			sal Date /2018	Fairless L City, State Morrisville,	10000								
Completed by Adriana Olejarova	Title Presid	dent			8	Signature	10	/			Dat 0	e 5/31/	201	18		

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) 31 / NJ DOT / Job #1707-5182 Check # Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial PO Box 600 **⊠** DOLWD M Amended City, State, Zip Code ASBESTOS CONTROL & ☑ DHSS Amendment #4 Trenton, NJ 08625-0600 □ DCA ☐ Emergency (including) Name of Contact (NJAC 5:23-8) justification) Telephone Number ☐ Cancellation Matt Kolar 609-586-5005 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) NJ DOT Paterson Plank Rd. Bridge ☐ School (K-12)
☐ Subchapter 8 Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, Route 495 & Route 1 & 9 homes, etc.) City (5) Square Feet # of Floors Bldg. Age North Bergen, NJ County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Hudson Bridge Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) M.E.C.S. AbateTech, Inc. Street Address Street Address PO Box 341 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Crosswicks, NJ 08515 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. William Weisgarber 609-915-1140 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 3 / 5 / 18 6 / 29 / 18 EMSL Analytical 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) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure $\square \ge 3$ sf or ≥ 3 If ≥ 160 sf or > 260 lf □ Demolition ☐ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Removal Encapsulate Enclosure 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 X Transite Piping 5.200 LF \boxtimes П

Name of Registered Waste Hauler AbateTech, Inc.	4	1 (2)	NJDEP W Hauler ID 18750		Cubic Yards of Waste 40	Name of Regis					
City, State Lumberton, NJ					Disposal Date 6/29/18	City, State Tullytown,	PA				
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operat	ions	Coordin	ator	Signature	no	Da	te 5	31	11	8

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

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Date of Notification (1)					Nar	ne of Buildi	ng C	Owner/Operator	(2)	11	15	9	123 0	17		111
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Agencies Notified	Type Notif	fication	1	Ti 151	Stre	et Address				11 1		JUN	- 4	2018	}	1 40.00
⊠ EPA	☐ Initial				10	01 North 3	3rd S	Street			İ					
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☐ DHSS	Amend		_	27-23		illville, N.					,		JENSI		r - 100 1000	
(NJAC 5:23-8)	justifica	ation)	nciuali	ng		ne of Conta				Ti	elepho	ne Ni	ımber			
, , ,	☐ Cancell	lation			В	ob Ryan						858-5				
	NO.				F	ACILITY II	VFC	RMATION								
Name of Facility Where A	batement is	Takin	g Plac	ce (3)					Type of Facili	ty (4)			-			
Millville Senior High	School								School (K							
Street Address									Subchapte Other (i.e.	er 8 (C	other th	an K-	12)	حدثاء لتريح		
200 North Wade Blv	d.								homes, et		ile and	COMIN	ierciai i	Juliain	gs,	
City (5)									Square Feet		# of Flo	oors	E	Bldg. A	ge	
Millville									200,000		2			50+		
County (6)					Cou	inty Code (7	7)(S7	TATE USE ONLY)	Current Use (Prior	f being	demo	olished)	8		
Cumberland									Education	7						
Name of Monitoring Firm H					ASCN		Na	ame of Abatem	ent Contractor ((9)						A Tobacca
Brinkerhoff Environ	mental Se	rvice	s, Inc	:.	001	00		AbateTech, I	nc.							
Street Address							St	reet Address								
1805 Atlantic Avenue	e							30 Maple Ave	e. PO Box 25							
City, State, Zip Code							1	ty, State, Zip C								
Manasquan, NJ 0873								Lumberton, I	VJ 08048							
Project Manager for Monito	oring Firm				ephone		Te	lephone No.			icense	e No.				
Gary W. Fleming				-		3-2225		609-265-2107			0052	29				
Start Date (10)	4.0			ARTHUR ST.		ate (11)		me of OSHA N								
4///		/-	<u> </u>		_ /	18	I	EMSL Analyt	ical							
Occupancy Status During A							Str	eet Address								
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Time of Abatement: 7Al	M-3:30PM/	3:30P	M-12	y Hou AM	s - Des	scribe		y, State, Zip Co								
1000			-				(Cinnaminson	, NJ 08077							
Scope of Work (Check all the	nat apply)							☐ Full Cont	ainment with Ne	anativ	a Prac	curo				
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≥160 sf or ≥260 lf			∐ De	molitio	n			☐ Glovebag	g Procedure mpted (*) and N	on Er	ioble D					
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AbateTech, Inc.	naulei			110000	auler ID	10/10/2007	Was	oic Yards of ste	Name of Regi			fill				
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Lumberton, NJ								oosal Date /29/18	City, State	D.4						
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Gwendolyn Trumbetti		Up	erati	ons (oordi	nator		\times	11/6				5/3	111	8	

ASB-41 MAY 11

* 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)

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Date of Notification (1)	52500	0107411					wner/Operator	(2)	NEGE	1	W	E	
	31 /	18		P	SE&G / J	ob#	1803-5281	Check #		u			
Agencies Notified ☑ EPA	Type Notific	ation		1	et Address	v Ro	ad	The state of the s] JUN -	A 2	018	1117	
☑ DOLWD					State, Zip	79		5 😅	L. Odi	4 /	010	-	/
☑ DHSS	Amendm				outh Plain			ļ.	20.000	rej skeret sk per	erre de la comp		
☐ DCA (NJAC 5:23-8)	☐ Emerger justificati		ng		e of Contac			1	Telephone Numl		Facil	2,	
(115/10 0.20 0)	☐ Cancella				ic Lorenz			kara	215-247-054		2	- 4	
				F/	ACILITY IN	VFO	RMATION		1				
Name of Facility Where A	batement is	Taking Place	ce (3)					Type of Facility	y (4)				
PSE&G- Audubon G	as Facility							☐ School (K-1	12)				
Street Address									8 (Other than K-12)		ب الدائد،		
535 West Nicholson	Road							homes, etc.	private and commer .)	ciai d	ullaing	gs,	
City (5)			_0=0					Square Feet	# of Floors	В	ldg. A	ge	
Audubon, NJ													
County (6)				Cou	nty Code (7)(STA	TE USE ONLY)	Current Use (P	rior if being demolis	hed)	-113-11		
Camden								Gas Facilit	у				
Name of Monitoring Firm I	Hired by Build	ding Owner	(8)	ASCM	l No.	Nar	me of Abateme	ent Contractor (9)	- 11-	1000		
Bureau Veritas						A	AbateTech, I	nc.					
Street Address						Stre	eet Address						
109 North Center Dr	ive					3	0 Maple Ave	e. PO Box 25					
City, State, Zip Code						City	, State, Zip Co	ode					
North Brunswick, N.	J 08092					L	umberton, N	NJ 08048					
Project Manager for Monito	oring Firm		Tele	ephone	No.	Tele	ephone No.		License No.			7	
J-B Chadwick			7	32-489	-2813	6	09-265-2107	•	00529				
Start Date (10)		cheduled (Nån	ne of OSHA M	lonitor					
3/_28_/_		6		<u> </u>	18	E	MSL Analyti	ical					
Occupancy Status During	Abatement (6	Sheck only	one)_	decimination of the second		Stre	et Address						
☐ Facility Closed/Vacated						20	00 Route 13	0 North					
Abatement Performed (Time of Abatement:	Outside of No	rmal Facili	ty Hou	rs - Des	scribe	City	, State, Zip Co	ode					
					Aivi	С	innaminson	, NJ 08077					
Scope of Work (Check all t	hat apply)						П				-		
≥3 sf or ≥3 lf		⊠R	enovati	on			☐ Mini-Encl	ainment with Ne	gative Pressure				
		The state of the s	emolitic				Glovebag	Procedure					
							Non-Exer	mpted (*) and No	n-Friable Procedure)			
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Asbestos-Containing M		Use	ed Sole	ly by	Asbes	tos C	Description of Containing Mat		Amount	Re	Repair	En	En
TO BE ABAT		40 000000	intena todial		(i.e.	, ther	mal systems in	nsulation,	(Specify	Removal	pair	caps	Enclosure
IN Facility (13)		Jus	(12)	otan:			urfacing, VAT, er miscellaned		SF or LF)	<u>a</u>		Encapsulate	ure
(/		Yes	No	N/A	1	0						te	
Exterior				\boxtimes	Expansi	on C	Caulk		220 LF				
Exterior				\boxtimes	Window	Cau	ılk		80 LF				
Exterior				\boxtimes	Louver (Caul	k		50 LF				
Exterior					Transite	Win	ndow sills		112 SF				
Name of Registered Waste	Hauler		10000	JDEP V			ic Yards of	Name of Regis	tered Landfill				
Waste Management			H	auler ID 18750		Was 40		Fairless La	andfill				
City, State							osal Date	City, State	- 177 above			7	
Camden, NJ						6/2	29/18	Morrisville	, PA				
Completed By (Print or Type		Title					Signature	. A	Date	-	١	_	
Gwendolyn Trumbett	i	Operat	ions (Coordi	nator			MUI	16	5/2	11	18	

ASB-41 MAY 11

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

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Date of Notification (1)	24 /		0				ng Owner/Operator			UN -	4 2	2018	
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(NJAC 5:23-8)	justifica	ation)		Ü	Nam	ne of Conta	ct		Telephone N	umber			
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				401/T	F	ACILITY II	NFORMATION						
Name of Facility Where A	batement is	Takir	ng Plac	e (3)				Type of Facility	(4)				OF STREET
PSE&G- Hackensac	:k							☐ School (K-12					
Street Address								Subchapter 8			: 1 - 4 :		
60 South Newman S	Street							Other (i.e., pr homes, etc.)		nerciai c	uliain	igs,	
City (5)								Square Feet	# of Floors	E	Bldg. A	Age	22110
Hackensack, NJ											~		
County (6)					Cou	unty Code (7)(STATE USE ONLY)	Current Use (Pri-	or if being dem	olished)			
Bergen							•	Gas Facility	and the second s				
Name of Monitoring Firm	Hired by Bui	ilding	Owner	(8)	ASCN	1 No.	Name of Abateme	ent Contractor (9)		-X2000			
Bureau Veritas							AbateTech, I						
Street Address							Street Address	370972					775 3,94
109 North Center Dr	ive						30 Maple Ave	. PO Box 25					
City, State, Zip Code			-				City, State, Zip Co						
North Brunswick, N.	J 08092						Lumberton, N						
Project Manager for Monit				Tel	ephone	No.	Telephone No.	10 000 10	License No.			-	
J-B Chadwick						9-2813	609-265-2107		00529				
Start Date (10)	T	Sched	duled (A 100		ate (11)	Name of OSHA M		00323				
6/_13_/	0.000					18	EMSL Analyti						
Occupancy Status During	Abatement ((Chec	k only	one)			Street Address					-	-
☐ Facility Closed/Vacated		•			ment		200 Route 13	0 North					
☐ Abatement Performed (Outside of N	lormal	Facilit	y Hou	rs - Des	scribe	City, State, Zip Co					-	
Time of Abatement:	AM	PI	M/	PM		_AM	Cinnaminson						
Scope of Work (Check all t	hat apply)	-						,			-		
□ >2 of on > 2 %	\$170 TAU							ainment with Nega	ative Pressure				
≥3 sf or ≥3 lf≥160 sf or >260 lf			_	enovat emolitic			Mini-Encl Glovebag						
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Location of				Norma			Description of		12/19/19/19/19/19	D.	Z	ш	т
Asbestos-Containing M TO BE ABAT		n)	Ma	intena	nce/	Asbes	stos Containing Mat , thermal systems in	erial (ACM)	Amount (Specify	Removal	Repair	nca	nclo
IN Facility			Cus		Staff?		surfacing, VAT,	or	SF or LF)	oval	=	Encapsulate	Enclosure
(13)				(12)	1	-	other miscellaneo	ous)	31			late	Ф
Interior Office			Yes	No	N/A						-		
Interior Office						Pipe Ins	sulation		800 LF				
											П	П	П
Name of Registered Waste	Hauler		Acon	N	JDEP \	Waste	Cubic Yards of	Name of Registe	ered Landfill			1-1	_
Waste Management				Н	auler II		Waste	Fairless Lar					
City, State					18750	,	Disposal Date	City, State					
Camden, NJ							6/26/18	Morrisville,	PA				
Completed By (Print or Type	e)	Title		-			Signature		20101114	Date			
Gwendolyn Trumbett	,72°			ons (Coordi	inator		· +		512	11	18	

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no at		NOTIF	ICATIO	tate of New Jer N OF ASBESTO t to NJAC 8:60	S ABATE	EMEN (0)	т	IB.	E	E			D D
Date of Notification (1) 5-16-18				of Building Owne 'NJ Port New		r (2)			Jl	JN	4 20	18	
Agencies Notified Type Notificatio	n			Address Mclester Roa	ıd					STOS C		ROL	&
X EPA X Initial X DEP X Amended X DOL Amendme	nt #1			ate, Zip Code beth NJ, 0720	11			l-pu-	The Open State House,	LIGEN	SIN(S	Minimum States	n c Marchio
□ Emergence □ JOH justification □ DCA Cancellation	y (including	9	Name o	of Contact eth Tripaldi				1 55	elephone 73-589-				
				ILITY INFORMA	TION								
Name of Facility Where Abatement is Tak Port of Newark Building 270	ing Place ((3)				Тур	e of Facility						
Street Address 270 Port Street						×	School (K- Subchapte Other (i.e. etc.)	er 8 (Ot	her than I	K-12) ercial bu	ildings	, hom	es,
City (5) Newark, New Jersey 07114						0.0016	are Feet 000	1	of Floors		Bldg. 45 ye		
County (6) Essex				Code (7) USE ONLY)		Curi	rent Use (Pr NYNJ Po	rior if be	eing demo	olished)			
Name of Monitoring Firm Hired by Building PANYNJ	Owner (8)	ASCI	/ No.			atement Co y Group I		or (9)				
Street Address 241 Erie Street Rm 236					Street 3000		ess ns Avenu	ie					
City, State, Zip Code Jersey City NJ, 07310							Zip Code NY 1179	3					
roject Manager for Monitoring Firm			Telepho	ne No.	Teleph 516-		No. 0020		Licens 01085			=	
Start Date (10) 5-29-18	Schedu 12-15-		npletion	Date (11)			SHA Monitor y Group II						
Occupancy Status During Abatement (Che	eck Only O	ne)			Street		27			A-12/1/19			
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: Facility scheduled	mal Facilit	v Hours	J222-138	CV	City, S	tate, 2	ns Avenu Zip Code						
cope of Work (Check All That Apply)					Wan	tagh	, NY 1179	93					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	processor.	Renova Demolit			×	M GI	ull Containm ini-Enclosur lovebag Pro on-Exempte	e cedure				-0	
Location of		s Locati Normal	ly		escription		on Exempte	,,,,,	10 1101111		Abat	ement /pe	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole aintenar stodial S (12)	nce/	Asbestos Co (i.e. therm sur	ntaining M	Materia s insul T, or	lation,	(Amount Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
Doof Eleching	Yes	No	N/A	- Flank								ate	Гe
Roof Flashing			X		ing Root		el	_	50 SF	X			
Vermiculite FillX			X	Ve	rmiculite	fill		3	00 CY	X			
ame of Registered Waste Hauler		100	JDEP W		c Yards		Name of	Regist	ered Land	ifill			
orwith Trucks Inc.			auler ID 3227	300					erprises	, Cumb	oerlai	nd C	oun
orthampton, PA 18067					osal Date		City, Stat Wayne		OH; Sh	nippens	sberg	, PA	
ompleted by obert Lewin	Title	ronmo	ntal C	oordinator	Signature	1	7			Date	0		

h 10051	13		HOTI	EIC/	S	tate of N	ew Jersey		MECE		W	E	10	
1230-02	SUB .	8	VOII		Sua	t to NVA	BESTOS ABAT AC 8 60 and 5:1	6)		3			The second second second	
Date of Notification (1) 6 /	1 /	18	_		(B - B	4 4 5 1	g Owner/Operator (TOWNSHIP SCI	5 79 3 10	JUN -	- 4	2018	}		
Agencies Notified EPA	Type Notifica	ation				Address	PAAIN OTDEET		ASBESTOS)L &		
☑ DOLWD	☐ Amended	d					MAIN STREET	L	LICE	NSI	lG_	ergene e e e	No contracts	
☑ DOH	Amendm	ent#_				State, Zip (NAHAWI								
DCA (NUAC 5:22.8)	☐ Emergen justification		luding		0.000	of Contac	1000		Talanhana Numb					
(NJAC 5:23-8)	☐ Cancellat					DO FALA	00.2000		Telephone Numb 856 794-2010					
					FA	CILITY IN	IFORMATION				7.00	100		
Name of Facility Where A	batement is 7	Taking F	Place	(3)				Type of Facility	(4)					
OXYCOCUS SCHOO)L							School (K-1						
Street Address									8 (Other than K-12) private and commer		ildin	70		
250 N MAIN STREET	Γ							homes, etc.		Clai Di	JIIOIII	js,		
City (5)								Square Feet	# of Floors	BI	ldg. A	ge		
MANAHAWKIN								>50,000	1	1000				
County (6) OCEAN COUNTY				41:32-02-	Cour	nty Code (7)(STATE USE ONLY)		rior if being demolis	hed)				
Name of Monitoring Firm I	Hired by Build	ding Ov	vner (8	8)	ASCM	No.	Name of Abateme		1					
HEALTH & SAFETY				,			DELTA/BJDS		,					
Street Address						EQUIE W	Street Address	,					-	
PO BOX 365							1345 INDUST	RIAI BI VD.						
City, State, Zip Code							City, State, Zip Co							
BERLIN NJ 08009														
JIM PROCTOR					6 794		215 322-2900		00783					
Start Date (10)	5	Schedul	led Co				Name of OSHA M		00700	-/50-				
6/25/						18	CRITERION L							
Occupancy Status During				CO. 18.0			Street Address							
☐ Facility Closed/Vacated						88	400 STREET	ROAD						
Abatement Performed Time of Abatement: 7A					s - Des	cribe	City, State, Zip Co	ode						
		/\/	_PIVI-	Alvi			BENSALEM F	PA 19020						
Scope of Work (Check all	that apply)									5000				
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf	Magazin		⊠ Ren □ Den	novatio			Mini-Encl Glovebag	Procedure	gative Pressure on-Friable Procedure	е				
702 8554				Locati						Ab	ateme	ent T	vpe	
Location of Asbestos-Containing M		41		ormal Sole		Ashad	Description of				_			
TO BE ABAT		*	Mair	ntenai	nce/		stos Containing Mat , thermal systems i		Amount (Specify	Removal	Repair	Encapsulate	Enclosure	
IN Facility			Custo		Staff?	Vin	surfacing, VAT,	or	SF or LF)	oval	=	psu	bsur	
(13)		,	Yes	(12) No	N/A		other miscellaned	ous)				late	G,	
CRAWL SPACE				NO NO	N/A	PIPING	AND FITTINGS		1000 LF			П	П	
RMS-34,35 AND 39		Г		\boxtimes		FLOOR	TILE AND MAST	ric] [
TOTO THE CO			7.72	200000		FLOOR	TILE AND WAS	TIC .	5000 SF		Ш	Ш	Ш	
		L												
][
Name of Registered Waste SERVICE TRANSPO		,		Ha	JDEP V	No.	Cubic Yards of Waste	Name of Regis						
City, State			_		20990		Disposal Date	City, State						
58 PYLES LANE NEV	N CASTLE	DE					Diopodai Dato		URG, OHIO					
Completed By (Print or Typ		Title					Signature		/. Dat	e .				
CHRISTINE DEL VIS	CIO	ASS	ST. A	DMI	NISTR	ATOR	1/1/00	A1)	0.//	1	1	70	118	

Chloso	42	a .		IFIC	ATIO	OFAS	ew Jersey BESTOS ABA AC 8:60 and 5:1	TEMENT 6)	NEC		W	E	In)
Date of Notification (1)	NON.	- 21	113			-	g Owner/Operator	11		173 _0.		123	
6/	1 /	18	3				TOWNSHIP SCI		T)	i 1	0040		
Agencies Notified	Type Notific	ation	-5-5-5		Stree	t Address		get and a second	III JUN	-48	(U10	-	1
⊠ EPA	Initial						MAIN STREET						100.00 (1.00)
☑ DOLWD	☐ Amende	-				State, Zip (ASBEST(on con	THO	i ei	
☑ DOH □ DCA	Amendm Emerger	Description of the Party of the		-	MA	NAHAWI	KIN	-	£.[1]	FMORE		A-	
(NJAC 5:23-8)	justificat	ion)	iciuain	g	Name	e of Contac	t		Telephone Nu	ımber			
	☐ Cancella	10.50			AL	DO FALA	SCA		856 794-2				
					FA	CILITY IN	IFORMATION						
Name of Facility Where A	batement is	Takin	g Place	(3)				Type of Facility	(4)				
OXYCOCUS SCHOOL	OL							School (K-12	2)				
Street Address									8 (Other than K-				
250 N MAIN STREE	Т							homes, etc.	rivate and comn	nercial bi	ııldın	gs,	
City (5)								Square Feet	# of Floors	BI	dg. A	ge	
MANAHAWKIN								>50,000	1	1	9	J	
County (6)					Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demo	olished)			-
OCEAN COUNTY								SCHOOL		as areas			
Name of Monitoring Firm	Hired by Buil	ding (Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9))				
HEALTH & SAFETY							DELTA/BJDS	S, INC					
Street Address							Street Address						
PO BOX 365							1345 INDUST	RIAL BLVD.					
City, State, Zip Code							City, State, Zip Co	ode					
BERLIN NJ 08009							SOUTHAMPT	TON PA 18966					
Project Manager for Moni	toring Firm			Tele	ephone	No.	Telephone No.		License No.				
JIM PROCTOR					56 794		215 322-2900	i .	00783				
Start Date (10)						ite (11)	Name of OSHA M						
6 /15 /	18	-	8 /	30	_ / .	18_	CRITERION I	_ABS					
Occupancy Status During				-315000			Street Address						
☐ Abstament Referenced						.,	400 STREET	ROAD					
Abatement Performed Time of Abatement: 7/				y Hou - 7 AM	rs - Des	scribe	City, State, Zip Co						
		-		-/			BENSALEM I	PA 19020					
Scope of Work (Check all	that apply)						□ Full Cont	ainment with Neg	nativo Proceuro				
≥3 sf or ≥3 lf				novat				losure	gative Flessure				
≥160 sf or ≥260 lf			∐ De	molitio	on		☐ Glovebag	g Procedure mpted (*) and No	a Friable Dece	J			
		-	Is	Locat	ion		☑ Non-Exe	impled () and No	n-Friable Proced		7		
Location	of		1	Norma	lly		Description o	f			atem		
Asbestos-Containing N		1)		d Sole intena			stos Containing Ma	terial (ACM)	Amount	Ren	Repair	Enc	Enc
TO BE ABA' IN Facilit			100000000000000000000000000000000000000		Staff?	(i.e.	, thermal systems surfacing, VAT,		(Specify SF or LF)	Removal	air	aps	Enclosure
(13)	,			(12)	Т		other miscellane		SI GILI)	<u>a</u>		Encapsulate	ıre
			Yes	No	N/A							Ф	
CRAWL SPACE WRA						FITTING	S AND JOINTS		105 LF				
EXTERIOR LOUVERS						CAULK	10 LF PER SEC	TION 11 SEC	110 LF				
RMS-5,22,23 AND 26						FLOOR	TILE AND MAS	TIC	500 SF				
				\boxtimes									
Name of Registered Wast				12000	JDEP \		Cubic Yards of	Name of Regis	tered Landfill				
SERVICE TRANSPO	RT GROUP	•		Н	auler II 20990		Waste	MINERVA	LANDFILL				
City, State							Disposal Date	City, State					
58 PYLES LANE NE	W CASTLE	DE						WAYNESB	URG, OHIO				
Completed By (Print or Ty	pe)	Title					Signature	, (/ [Date,			
CHRISTINE DEL VIS	CIO	A	SST.	ADMI	NISTR	ATOR	111/1/2-	A A	0,1	6	1_	50	10

CKHI	15		NO.	TIFIC	CATIC	State of NOF A	SBE	Jersey ESTOS ABA 8:60 and 5:	TEMENT	DE	GE		/	5
Date of Notification (1)	100						2 1	Owner/Operator		HAL				
06 /	01 /	1	8		3332	erizon		оролагот	(2)	III III JI	JN - 2	20	18	
Agencies Notified	Type Notifi	ication		-	Stro	et Address				Aces Service				14-
⊠ EPA	☐ Initial	oution	M.			William		not.		ACDIC	27000	O 1 177	Nonemous A A I	1
□ DOLWD		55 Table 1				State, Zip				ASBES	STOS C	UNIT	10L	&
☑ DHSS	Amendr			=		ewark, N.				b	THE PROPERTY AND ADDRESS OF	n indoversity division	Part of the same	
DCA (NJAC 5:23-8)	☐ Emerge justifica		ncludir	ng		ne of Conta		102		1=:-				
(140/10 3.23-0)	☐ Cancell				1000	ex Baylo				Telephone N				
										301-802-	5112	0.000		
Name of Facility Where	Ahatement is	Takin	a Diac	0 (3)		ACILITY	NFC	DRMATION	1=					
Verizon	noatement is	I anii	ig Flac	e (3)					Type of Facility					5.0
Street Address				-					School (K-1	2) 8 (Other than K	(12)			
95 William Street									Other (i.e., p	private and com	mercial t	uildin	gs,	
City (5)				-					homes, etc.)				
Newark, NJ									Square Feet	# of Floors	E	Bldg. A	ge	
County (6)					Col	Inty Code	(7)/01	TATE LINE ON IN	10,000	3		50		
Essex					000	inty Code ((1)(5)	TATE USE ONLY)	Current Use (Pr	rior if being dem	nolished)			
Name of Monitoring Firm	Hired by Rui	ildina (Owner	(8)	ASCN	A No.	LNI							
USA Environmenta				(0)	ASCIN	1110.			ent Contractor (9))				
Street Address	Managaci	ment	IIIC.				-	JVN Restora	tion Inc					
8436 Enterprise Av	enue							treet Address						
City, State, Zip Code						-	-	47 Foster Ro						
Philadelphia, PA 19	153							ity, State, Zip Co						
Project Manager for Mon				To	onhone	No	_	Staten Island	INY 10309					
Mark Jenkins	itoring r iirii				ephone	5-5810		elephone No.	e.	License No.				
Start Date (10)		Scher	fuled C			ate (11)		718-605-6256 ame of OSHA M		00774				
06/11/	18	_(07_ /	3		<u> 18</u>	11	Testor Tech	ionitor					
Occupancy Status During							St	reet Address						
☐ Facility Closed/Vacate ☐ Abatement Performed	Outside of N	ire Pe	riod of	Abate	ement			10 59 Jackso	n Avenue					
Time of Abatement:	AM-	Pl	и/ 5:0 0	у пос)РМ-1	:30AM	scribe I		ty, State, Zip Co						
		_						LIC NY 11101						
Scope of Work (Check all	that apply)		⊠ Re	novo	ion			☐ Full Cont	ainment with Neg	gative Pressure				
≥160 sf or ≥260 lf			☐ De					☐ Mini-Encl ☑ Glovebag	losure Procedure					
								☐ Non-Exer	mpted (*) and No	n-Friable Proce	dure			
Location				Loca Norma							At	atem	ent T	vpe
Location Asbestos-Containing N		/I)	Use	ed Sol	ely by	Asha	etne	Description of Containing Mat				T		Ť
TO BE ABA	TED				ance/	(i.e	e., the	ermal systems i	nsulation,	Amount (Specify	Removal	Repair	nca	nclo
IN Facilit (13)	у		Cus	(12)	Staff?			surfacing, VAT,	or	SF or LF)	oval	7	Encapsulate	Enclosure
(10)			Yes	No	N/A	1	01	ther miscellaned	ous)				late	ro r
Sub - Basement Boile	r Room		\boxtimes			Duct In	sula	ation		3040 SF		П	П	П
Sub - Basement Boile	er Room		\boxtimes			Pipe In:	sula	tion and Fitti	nas	34 LF				
Sub - Basement Stair	rlanding		\boxtimes					and Mastic		120 SF			П	
1st Floor Storage Roo	om		\boxtimes			Floor T	lle a	and Mastic		205 SF			$\overline{\Box}$	
Name of Registered Wast	e Hauler			1	JDEP '			bic Yards of	Name of Regis					Ш
Newark Carting				H	lauler II		Wa	aste	G.R.O.W.S.					
City, State					NJ-56	06		posal Date		,				
Hackettstown, NJ							200	7/25/18	City, State	DΛ				
Completed By (Print or Ty	ne)	Title				5-51-2			Morrisville,					
Ralph Barnhardt	/	100000	roject	- Ma-	200-			Signature	1//		Date		200	_
CD 44			. OJECI	. ividi	ayer			MIII	MI		00	01]	7

														+ 11001 - Jailitoi cioset ripe ciidse	Ath Floor - lanitor Closet Disc Change	TO BE ABATED
														Pipe Fitting Insulation	pessi pasi of Aspestos containing Material (ACM)	Description of Ashestos Containing Matacial (ACM)
														6 LF	(SHOPLH)	EDIN SEC
To wante your dis-south to management array section and the section of the sectio	And the second s	B10	51	ţ,	NU GE	The same and the same and the same	and the same and t							Removal	Abatement Type	

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