													Р	rint F
MC			FICATIO	State of N ON OF AS of to NJA	BESTOS	ABATE		Т		) <u>[</u>	C I	<b>5 0</b>	$\mathbb{V}$	E
Date of Notification (1) 6/1/2018				of Building JPOR	g Owner/0	Operato	r (2)				JUN	- 5	2018	3
Agencies Notified Type Notification				Address					-	- Contractions	un a arrangen	-	Director on	
EPA Initial						VARD	), BL	JILDING #	11	ASBE	ESTOS LICE	CO	NTRO	16
DEP X Amended Amendment				tate, Zip C RISON,		29			Cit Management		CONTRACTOR AND	harmonia		umain.
□ Emergency (		9	Name	of Contac K A. TR	t				0.000	phone N 3-481-2				
			FAC	CILITY INF	FORMATI	ON				7 101 2				
Name of Facility Where Abatement is Taking METRO PLASTICS BUILDING	g Place (	(3)					Тур	e of Facility	(4)					
Street Address								School (K- Subchapte		r than K	12)			
1000 FRANK E. ROGERS BOULE	VARD						×	Other (i.e.				ldings	, hom	es,
City (5) HARRISON							Squ	etc.) iare Feet	# of	Floors	-	3ldg. /	Age	
County (6) HUDSON			County (STATE	Code (7)	r)	_	Cur	rent Use (Pri	or if bein	g demoli	shed)		/ - 1 - 3 · 3	
Name of Monitoring Firm Hired by Building C N/A	Owner (8	)	ASC	M No.				atement Cor ROTHERS			NG			
Street Address						Street								
City, State, Zip Code							-	LAND AV	ENUE					
								Zip Code A, NJ 0751	2					
Project Manager for Monitoring Firm		p.	Telepho	one No.		Teleph	one I			License 00494	No.			
Start Date (10)	Schedul	ed Cor	mpletion	Date (11)				SHA Monitor		00434				
	8/3/20			21 03	2.	SAM	E A	S (9) ABO	VE					
Occupancy Status During Abatement (Check	(2)	62				Street	Addre	ess						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma  Other – Describe: VACANT	eriod of a al Facility	Abaten / Hours	nent s			City, St	tate, 2	Zip Code						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf		Renova Demolit				×	Mi Gl	ull Containme ini-Enclosure ovebag Proc	edure					
	le	Locati	ion				1 1/10	on-Exempted	( ) and	Non-Fria	bie Pro	1 (37)	e ement	
Location of	1	Vormal	ly		Des	cription	of						ре	
Asbestos-Containing Material (ACM)  TO BE ABATED	Ma	d Sole intenar	nce/	Asbes	tos Conta	ining M	ateria	al (ACM)		ount			m	ш
In Facility (13)	Cus	todial S (12)	Staff?	(1.0.	surfac	ing, VA7	Γ, or			ecify or LF)	Remova	Repair	caps	Enclosure
(10)	Yes	No	N/A		other m	scellan	eous)				)Val	air	Encapsulate	sure
ROOF & SIDE WALLS	168	X	IN/A	METAL	COPP	FGAT	ED	PANELS	40.00	00 05	-			
BUILDING INTERIOR		X								00 SF	X			
DOLEDING INTENION				FIFE	(WRAI	Paci	)   (	JINLY)	50	LF				
Name of Registered Waste Hauler		I NI	JDEP W	lasta	Cubi- V	/osd-		I No. 1						
TWO BROTHERS CONTRACTING		H	auler ID 8743		of Wast			Name of F				.R.O	).W.S	S.
City, State COTOWA, NJ					Disposa 8/3/20			City, State		E, PA				
Completed by //VECA RAMOS	Title	IFCT	COOF	RDINAT		gnature		. 12			ate /1/201	0		

Date of Notification (1)				Nama	of Duildia	0	10 .	(0)		-111		JU	ki	-5	0010	
5/24/2018					of Building JPOR	Owner	/Operator	r (2)			land	JU	14 -	. J	2018	A Part of the Part
Agencies Notified  X EPA	Type Notification	1		100000000000000000000000000000000000000	Address SUPOR E	BOUL	EVARD	), BU	ILDING #	11	AS	BES	TOS	000	ITHO	L. &
EPA DEP DOL	Amended Amendmen	nt # 1		City, S	State, Zip Co	de				1			JOSI	Veir	(c) C = <del>rang</del>	HI TO THE REAL PROPERTY.
	Emergency justification	(including	1		of Contact	10 07	023			Tel	ephon	e Nur	nher			
DOH DCA	Cancellatio				RK A. TRI	200					3-48					
Name of Facility Where A	batement is Takin	ng Place (	3)	FAC	CILITY INFO	ORMA	TION	Тур	e of Facility (	4)						
METRO PLASTICS Street Address	BUILDING								School (K-1			2000000	120			
1000 FRANK E. RO	GERS BOUL	EVARD						×	Subchapter Other (i.e. p etc.)	8 (Oth rivate	er thar & com	n K-12 mercia	2) al buil	dings	, hom	es,
City (5) HARRISON	DAD = 10 12 9 2A 40 00 000							Squ	are Feet	# 0	f Floor:	S	E	3ldg. /	Age	
County (6) HUDSON					Code (7) USE ONLY			Curr	ent Use (Pric	or if bei	ng den	nolish	ed)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)	)	ASC	CM No.				atement Con			TIN	G	8 82		
Street Address						1924-26	Street	Addre								
City, State, Zip Code		130 50				City, S	tate,	Zip Code A, NJ 0751								
Project Manager for Monit	oring Firm		T	Telepho	one No.		Teleph				Licen	se No	D.			
Charl Data (40)									8700		004					
Start Date (10) ON HOLD		7/24/20		mpletion	Date (11)				HA Monitor S (9) ABO	νE						
Occupancy Status During	Abatement (Chec	ck Only Or	ne)				Street							30		
Facility Closed/Vacat Abatement Performe  Other – Describe: VA	d Outside of Norn	Period of / nal Facility	Abater Hour	ment s			City, S	tate, Z	Zip Code							
Scope of Work (Check All	That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		_	Renova Demoli				×	Mi GI	II Containme ni-Enclosure ovebag Proc	edure					_	
		Is	Locat	ion				1110	n-Exempled	( ) and	I NOII-I	Парі		September.	e ement	
Location of Asbestos-Containing M	of		iorma d Sole				scription							Ty	ре	
TO BE ABAT In Facility (13)	TED	Ma Cust	intena odial ( (12)	nce/ Staff?		herma surfa	taining M I systems icing, VA miscellan	insul T, or	ation,	(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
ROOF & SIDE	WALLS	Yes	No	N/A	METAL	COB	DECAT	EDI	PANELS	10.0	200.0	_			ю	
BUILDING INT			X				AP & CI		0.000	00000000	000 S 0 LF	F	X			
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Name of Registered Waste	Hauler		N	JDEP W	Vaste	Cubic	Yards	51000	Name of R	legiste	red I a	ndfill				
TWO BROTHERS CO	ONTRACTING	3	110.99	lauler ID 8743	No.	of Wa			WASTE				NT G	.R.C	.W.S	3.
City, State FOTOWA, NJ	=						sal Date		City, State MORRIS		F P	Δ				
Completed by /IVECA RAMOS		Title PRO.	JECT	COOL	RDINATO	1 8	Signature		L/6			Dat	e 4/20	118		
							1 16 1	~ ( (	~ 1	61 8		512	TIZU	10		

Print Form

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Date of Notification (1) 5/11/2018				J. SU	of Building IPOR	Owner/	Operator	(2)		200		Jl	)N	<del>- 5</del>	201	d
	pe Notification Initial				Address SUPOR E	BOULE	EVARD	, BUILD	ING #1	1	A	SBE	370: LIC:	S GC NGI	INTE	OL &
DEP DOL	Amended Amendment		_		tate, Zip Co RISON, N		)29									
☑ DOH ☐ DCA ☐	Emergency justification) Cancellation	-			of Contact K A. TRI	ONA				34,354,354	ephone					
				FAC	ILITY INFO	DRMAT	ION									
Name of Facility Where Abat METRO PLASTICS BU		g Place (	3)						Facility (4	seeni Seeni						
Street Address 1000 FRANK E. ROGE	RS BOULE	VARD						Sul	ochapter er (i.e. pr	8 (Oth				dings,	hom	es,
City (5) HARRISON					5//			Square		# of	Floors	i	В	ldg. A	\ge	
County (6) HUDSON					Code (7) USE ONLY)			Current	Use (Prio	r if bei	ng dem	olishe	ed)			
Name of Monitoring Firm Hire N/A	ed by Building	Owner (8)		ASCI	M No.			of Abaten				TINO	3			
Street Address				-			Street	Address REELAI								
City, State, Zip Code								tate, Zip ( OWA, N		2		<del>78-10-1</del>				
Project Manager for Monitorin	g Firm			Telepho	one No.		Teleph	one No. 956-870			Licens 0049					
Start Date (10) 5/24/2018		Schedule 7/24/20		npletion	Date (11)		Name	of OSHA IE AS (9	Monitor	/ <u></u>	0048	7 <del>4</del>				
Occupancy Status During Aba	atement (Chec							Address	) ABO	/ _						
Facility Closed/Vacated Abatement Performed O Other – Describe: VACA	During Entire Futside of Norm	Period of	Abaten	nent				tate, Zip (	Code	nu-ci-						
Scope of Work (Check All Tha	at Apply)												1000			
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	,		Renova Demolit				×	Mini-E Glovel	ontainmen nclosure pag Proce xempted	edure					9	
		le	Locati	on				. ,,,,,,	, diriptou	1 / 4.10	1110111	Habit		Sign WK	ement	
Location of		1	Vormai	ly		Des	scription	of						Ту	pe	
Asbestos-Containing Mate TO BE ABATED In Facility (13)	erial (ACM)	Ma Cusi	d Sole intenar todial S (12)	nce/ Staff?		os Cont thermal surfa	taining M	laterial (A insulation T, or		(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
ROOF & SIDE W	ALLS	Yes	No X	N/A	METAL	CORE	REGAT	ED DAI	JEI S	40.0	000 SI	_			to .	
BUILDING INTER			X			A00-00-00-00-00-00-00-00-00-00-00-00-00-		UT ONL			0 LF		Х			
Name of Registered Waste Ha	auler		- N	JDEP W	/aste	Cubic	Yarde	I N	ame of R	enista	red Las	odfill				
TWO BROTHERS CON			Н	auler ID 8743	1000	of Was	ste	1	VASTE				IT G	.R.O	.W.S	S.
City, State ГОТОWA, NJ						Dispos 7/24/2	sal Date 201,8	100000	ity, State	SVILL	.E, PA	Α			<del>1017-111</del>	
Completed by VIVECA RAMOS		Title PRO.	JECT	COOF	RDINATO		ignature			-47-7	Dear x = F	Date	1/20	18	W.Gran	

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1	te of Notification (1) 30/2018	Check	# 3189			of Building Leo's C		Operator	r (2)		h	1	1011	J	LUI	O
Age	encies Notified	Type Notification				Address	1101011				-	AGE		neutoness O O O	COMPANIES S. C.T.F.	01.0
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	DEP	Amended				ate, Zip C					1 F H THINGS	the international				
X	DOL	Amendmen Emergency		-		ton, NJ	07111									
	DOH DCA	justification Cancellation	)		Name of Fitzpa	of Contact					10	lephone N				
	DOA	Caricellation	1			ILITY INF	ODMAT	ION			91	73-342-5	8/3			-
	me of Facility Where		ng Place (	3)	1 70	ILIT IN	OKWAI	ION	Туре	of Facility (	4)					
Вι	urch Charter Scho	ool							X	School (K-1	2)					
250000	eet Address									Subchapter	8 (Oth			10.00 m		
	0 Linden Avenue	9								Other (i.e. p etc.)	rivate	& commer	cial bui	dings	hom	es,
	(5) ington								- 0.00	are Feet	10000000	f Floors	100	Bldg. A	Age	
	inty (6)				Country	O-d- (7)			25,0		3			50+		
	SSEX					Code (7) USE ONLY	)			ent Use (Prid	or if be	ing demoli:	shed)			
	me of Monitoring Firm	Hired by Building	Owner (8)		ASCI	M No		Name		atement Con	tractor	· /Q)		-1.55		-
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Stre	eet Address							Street			<u> </u>					
								426	69th	Street						
City	, State, Zip Code									Zip Code						
Dro	iont Manager for Man	W-3 FI			<del></del>					rg, NJ 070	93					
Pio	ject Manager for Mon	litoring Firm			Telepho	ne No.		Teleph 201-	none N 295-			License 01074	No.			
Star	rt Date (10)		Schedul	ed Cor	moletion	Date (11)		10 TO 10 CH		HA Monitor		01074				
	30/18		5/31/2		00 <b>5</b> 0000000000000000000000000000000000	(/				above						
Occ	supancy Status During	g Abatement (Che	ck Only Or	ne)				Street	Addre	ss						
X	Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of Norr	Period of a	Abaten Hours	ment s			City, S	tate, Z	Zip Code						
Sco	pe of Work (Check A	II That Apply)													_	
	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli	3703000			×	Mi Gl	II Containme ni-Enclosure ovebag Proc on-Exempted	edure				e	
			Is	Locat	ion									Abate	emen	t
	Location		1	Normal	lly		De	scription	of					Ту	ре	
- 19	Asbestos-Containing TO BE ABA			d Sole intena				taining N systems				mount Specify	77		m	т
	In Facili		Cus	todial ( (12)	Staff?	(1.0.	surfa	cing, VA	T, or			or LF)	Remova	Repair	Encapsulate	Enclosure
	(13)			(/			other r	niscellar	neous)				oval	air	sulat	sure
			Yes	No	N/A										Ф	255
	Baseme	ent		X			ceilir	ng clea	n up		2	1 SF		Х		
Nan	ne of Registered Was	te Hauler		- 1	JDEP W			Yards		Name of F	Registe	red Landfi	II			
Tri-	State Transfer As	ssoc		0.0	lauler ID 9551	No.	of Was	ste		Minerva	Ente	erprises I	nc			
City	State			1	0001			sal Date		City, State			****			
	nx. NY						TBD			Waynes		, ОН				
	pleted by		Title	20,7 47.01			S	ignature	1	20	0		ate			
Gin	a Retances		Offic	a Mai	nager				10	11	X	- 5	12012	010		

Chris		v ÓŢŢ	FICATIO	tate of New . NOF ASBES	TOS ABATE	EMEN	т	Green and Control	D)_E	C		P	rint F
Date of Notification (1) 05/31/18		100	Name	of Building Ov		2		1		JUI	\i -	5 2	2018
Agencies Notified Type Notification				ony Marin					1000				
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DEP Amended				ate, Zip Code					- AND DESCRIPTION OF THE PERSON OF THE PERSO		IGEN		
DOL Amendmen		<u> </u>		ark, NJ 071	04, USA								•
DOH justification) DCA Justification		9		of Contact				Tele	phone Nu	mber			
Cancellation	-			ony Marin	MATION			_					
Name of Facility Where Abatement is Takir	ng Place (	(3)	170	ILIT I IN OK	WATION	Тур	e of Facility (4	4)					
Anthony Marin							School (K-1						
Street Address							Subchapter Other (i.e. p	8 (Other	than K-1	2)	ildingo	ham	
City (5)						×	etc.)						ies,
Newark, NJ 07105, USA						Squ	are Feet	# of I	Floors		Bldg.	Age	
County (6)			County	Code (7)		Cun	rent Use (Pric	or if being	demolie	hed)			
Essex County, New Jersey				USE ONLY) _					y domono	nouj			
Name of Monitoring Firm Hired by Building	Owner (8	3)	A STATE OF THE PARTY OF THE PAR	M No.	Name	of Ab	patement Con	tractor (	9)				10 1000
NJ Abatement Services, LLC Street Address		/Upacpedie	?			-	ement Serv	rices L	LC				
199 Chestnut Ridge Rd					Street			- 0-1		3,10%			
City, State, Zip Code							stnut Ridge Zip Code	e Ka					
Montvale New Jersey 07645					5777		e New Jers	ev 076	45				
Project Manager for Monitoring Firm		T	Telepho	ne No.	Teleph				License N	lo.		-	
Nicole Intriago	3.5%			62-6500	201-	962-	-6500		01290	0.77.0			
Start Date (10) 05/31/18			mpletion	Date (11)	BU		SHA Monitor			<del>C</del>			-
Occupancy Status During Abatement (Chec	06/02						onmental L	abora	tories				
Facility Closed/Vacated During Entire I	370				Street		ess ite 22 west						
Abatement Performed Outside of Norm	nal Facility	y Hour	nent s				Zip Code						
Other – Describe:							07083						
Scope of Work (Check All That Apply)						2	7-2-2-11						
≥3 sf or ≥3 if ≥160 sf or ≥260 if	_	Renova Demoli			×	Mi	ull Containme ini-Enclosure lovebag Proce on-Exempted	edure				_	
	Is	Locat	ion					( ) and i	ton nab	T		ement	
Location of Asbestos-Containing Material (ACM)		Normal			Description	of				_	Ту	ре	
TO BE ABATED	Ma	intena todial S	nce/	Asbestos (i.e. the	Containing M rmal systems	lateria insul	al (ACM)		ount ecify	z		Ē	ш
In Facility (13)	Cus	(12)	otan r	8	urfacing, VA	T, or			r LF)	Remova	Repair	caps	nclos
	Yes	No	N/A	Oll	ner miscellan	eous)				val	air	Encapsulate	Enclosure
pipewrap	162	140	IN/A	nin	ouron has		-t	400		-		w .	
C P T T T T				Pipe	ewrap base	911161	IL .	100	LU	X			
	+					-				-	-		
										-			-
Name of Registered Waste Hauler		100 2507	JDEP W		ubic Yards		Name of R	egistere	d Landfill				
Newark Carting		1	auler ID 4509	No. of	Waste		IESI BE	(50)		NDF	ILL		
City, State 369 RAYMOND BLVD, NEWARK N	J 0710	5			sposal Date		City, State	UEM.	DA 400				$\neg$
Completed by	Title			100	Signature	27	BETHLE	.neivi,	PA 180				
NICOLE INTRIAGO	SUP	ERVI	SOR				= Jute	ides-	> 05	6/31/	18		

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Date of Notification (1)	18	3					vner/Operator ding Compa			JUN -	5 ?	2018	and the second of the second o
Agencies Notified Type Notif	ication			Stree	t Address	) T					- American	000000	Description of the last of the
☐ EPA ☐ Initial ☐ Amend				10	5 Morris	Stre	et		ASB	SESTOS LICE	CUN	HHUL G	. 65
☑ DOLWD ☐ Amend				City,	State, Zip	Code			The second designation of the second designa	Process C	G 1 . 1	10/1	
□ DCA □ Emerg			a	Mo	rristown	, NJ	07960						
(NJAC 5:23-8) justification	ation)		3	Name	of Contac	ct			Telephone	Number			
☐ Cancel	lation			Ph	ilip Apap	)			845-562				
				FA	CILITY	NFO	RMATION						
Name of Facility Where Abatement is	Takin	g Place	e (3)				· · · · · · · · · · · · · · · · · · ·	Type of Facility (	4)				
Mavis Tire	an company	•						School (K-12)	(c.5)				
Street Address								Subchapter 8	(Other than	K-12)			
105 Morris Street								Other (i.e., pri	ivate and con	nmercial	buildi	ngs,	
City (5)								Square Feet	# of Floors		Dida	Λαο	
Morristown								3000	1	*	Bldg.	yrs.	
County (6)				Cou	ntv Code (7	7)(STA	ATE USE ONLY)	Current Use (Price		molisher		y13.	
Morris					, (	η		Residence	or it being det	Holished	,		
Name of Monitoring Firm Hired by Bu	ilding (	Owner	(8)	ASCM	No.	Na	me of Abateme	ent Contractor (9)					
N/A				N/A			MAK-B Pro, I	2000					
Street Address							eet Address						
						1	04 Market S	treet					
City, State, Zip Code							y, State, Zip Co						
							Garfield, NJ (						
Project Manager for Monitoring Firm			Tele	phone	No.		ephone No.		License No				-
						1 000	73-931-3293		01365				
Start Date (10)	Sched	uled C	omple	tion Da	te (11)		me of OSHA M		01000				
06 /12 /18				1			same as abo						
Occupancy Status During Abatement	(Check	conly o	ne)				eet Address						
☐ Facility Closed/Vacated During En				nent		Sur	eet Address						
☐ Abatement Performed Outside of I	Vormal	Facilit	y Hour	s - Des	cribe	City	, State, Zip Co	ode					
Time of Abatement:AM	PN	Λ/	PM-		AM.	Oity	, otato, zip oo	oue .					
Scope of Work (Check all that apply)													-
☐ ≥3 sf or ≥3 lf		Π-						ainment with Nega	tive Pressure	е			
		_	novati molitio				Mini-Encl	osure procedure					
——————————————————————————————————————							⊠ Non-Exer	npted (*) and Non-	-Friable Proc	edure			
			Locat								bater	nent T	vpe
Location of			Vormal d Sole				Description of				1		
Asbestos-Containing Material (AC TO BE ABATED	VI)		intena		Asbe	stos (	Containing Mat rmal systems i	terial (ACM)	Amount	=	Repair	nca	nclo
IN Facility		Cust	odial S	Staff?	(1.0		urfacing, VAT,		(Specify SF or LF)		=	Encapsulate	Enclosure
(13)		Vaa	(12)	NI/A			ner miscellaned			%   ST	7.5.	late	œ.
Waiting Rm.		Yes	No	N/A	Pipe Ins	sulat	ion		54 LF		1 -	+	
Waiting Rm.					Floor Ti	Sec. 1			80 SF		-	분	
Roof					The Control of Control	Action 1	2550			- 2		12	
1001			_		Roof Fla	asnıı	ng		500 SF		1		Ш
Name of Decistored West Live			Ц										
Name of Registered Waste Hauler			5029	JDEP V auler ID	A STATE OF THE STA	Cub	ic Yards of	Name of Registe					
Newark Carting, Inc.				11222		30	)	G.R.O.W.S.,	North W/M	of PA			
City, State							osal Date	City, State	20.0			1-175	
Newark, NJ						6-	30-18	Morrisville, I	PA				
Completed By (Print or Type)	Title		200				Signature /	1 1	OVER 1	Date			
Biljana Nestorova	Pr	eside	nt				1911/	05/00	M	6-	1-1	8	
20.44	-					1000	1711/	1 0100	-	F	. /	6	1

		5								100		
Project#				FICATIO	State of New Jers ON OF ASBESTOS at to NJAC 8:60 a	ABATE		Check # 4	1333			
Date of Notification (1) 06/01/2018 Agencies Notified  EPA DEP DOL DOH DCA  Name of Facility Where House Street Address	Type Notification Initial Amended Amendmen Emergency justification Cancellation	t#_ (includin	ng	Name Steph Street City, S Dune Name Steph	of Building Owner nen Mennella Address state, Zip Code	/Operato	Type of Facilit School (k	Friends Sections	umber Solici	LIGE	NSI	NG
City (5) Dunellen							Square Feet	# of Floors		Bldg.	Age	
County (6) Middlesex					Code (7)		Current Use (F	Prior if being demolis	shed)			
Name of Monitoring Firm	Hired by Building	Owner (8	3)	ASC	M No.		of Abatement C					
Street Address							Restoration Address	LLC				
						72 Br	ookside Rd					
City, State, Zip Code							tate, Zip Code				Call Car	
Project Manager for Mon	itorina Firm			Telenh	one No.		olph, NJ 078					
,			- 1	relepin	one No.		none No. 33-2550	01358	No.			
Start Date (10)		Schedu	led Cor	mpletion	Date (11)		of OSHA Monito					
06/10/2018		06/11/	2018		0.40.40.000€0.000€0.	IRIS		•				- 1
Occupancy Status During	Abatement (Chec	k Only C	ne)			Street	Address				_	
Facility Closed/Vaca	ated During Entire F	Period of	Abaten	nent		2333	Rt 22 West					
Abatement Performe Other – Describe:	ed Outside of Norm	nal Facilit	ty Hours	S		City, S	tate, Zip Code					
Scope of Work (Check Al	171-14					Union	, NJ 07083					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	т ттак Арріу)	greenway	Renova Demolit				Mini-Enclosu Glovebag Pr				re	
			s Locati						T	Abat	emen	t
Location Asbestos-Containing TO BE ABA In Facilii (13)	Material (ACM)	Use Ma	Normal ed Sole aintenar stodial S (12)	ly by nce/	Asbestos Con (i.e. thermal surfa		aterial (ACM) insulation, Γ, or	Amount (Specify SF or LF)	Removal	Repair	e Encapsulate	Enclosure
Basement					TSI - pipe			180 LF	×			
					7.150			130 E1	+			
		-	-	-								

NJDEP Waste Hauler ID No.

0033782

Title

President

Cubic Yards of Waste

Disposal Date

Signature

TBD

TBD

Name of Registered Landfill

Date

06/01/2018

G.R.O.W.S

City, State Tullyfown, Pa

Name of Registered Waste Hauler

Nick Restoration LLC

City, State Randolph, NJ

Completed by

Nikica Mrda

012060	(Pur	Syant	to K	AS A	ew Jersey BESTOS-ABAT 2. 8:60 and 12:	120)	DEC	E 1	$\mathbb{V}$	E	Commen
Date of Notification (1)		Name	of B	Building	Owner / Operate	or (2)	IIIII BEAL	- 5	2010	- 1	
6-1-2018 Agencies Notified Type Notification					sity Hospital		LI LI JUN	- 0	2018		
⊠ EPA		Stree			Campus					S. A. S. S. S.	
☐ DEP ☐ Initial	1			& Zip			ASBEST	08 001	VTRO	12	incompanies.
☐ DOL ☐ Amended		Cherr	y Hill	, NJ 0	3002		L	CENSIA	G		
☐ DOH ☐ Emergency		Name	of C	ontact				Teleph	one N	lumb	ner .
☐ DCA ☐ Cancellation		Micha	el Mo	cClosk	еу				9-472		
Name of Equility Where Abet		F.	ACIL	ITY IN	FORMATION						
Name of Facility Where Abatement is Taking Pl Kennedy University Hospital-CPD area	ace (3)				Type of Fac						
Street Address					☐ School						
2201 Chapel Hill Campus					Subcha	pter 8 (Oth	er than K-12)				
					Square Feet	.e. private	& commercial building of Floors			c.)	
City (5) County (6)	Co	unty C	ode	(7)	250,00	S / 1000	2	Bldg. A			
Cherry Hill, NJ Camden		6					ing demolished)		52		
Name of Manifesia - Fig. 11: 11 - 2 - 11:					Hospital						
Name of Monitoring Firm Hired by Building Own Criterion Laboratories	er (8)		AS	CM No		atement Co	ontractor (9)				
Street Address					Resource Ma		Group, LLC				
3370 Progress Drive, Suite J					Street Addre 2115 Hamilto		4- 200				
City, State & Zip Code							ite 202				
Bensalem, PA, 19020					City, State & Trenton, NJ						
Project Manager for Monitoring Firm		hone I		ber	Telephone N	umber	License N	lumber			
Mr. Mike Panepresso	215-24				609-914-427	9		0118	35		
Scheduled Start Date (10) Scheduled Cor 6-18-2018			(11)		Name of OSI						
Occupancy Status During Abatement (Check on	6-28-2	2018					oratories, Inc				
Facility Closed/Vacated During Entire Pe	eriod of	Ahato	ment		Street Addres 2333 Route 2						
Abatement Performed Outside of Norma	I Hours	, ibate	mem		City, State &						
					Oity, Otate &	Zip Code					
Describe: Project to be conducted 2 <sup>nd</sup> Facility Occupied During Abatement	shift 6:0	00pm	to 2:0	00am	Union, NJ 07	083					
Scope of Work (Check all that apply)						80					
(enedical undeappry)						□    □    □    □    □    □    □	10-11-11-11				
≥3 sf or ≥3 lf	$\boxtimes$	Reno	vatio	n		⊠ Ful	I Containment with Ne ni-Enclosure	egative l	<sup>o</sup> ress	ure	
≥160 sf ≥260 lf		Demo	olition	า			ve Bag Procedures				
Location of	le l						n-Exempted and Non-	Friable	Proce	edure	9
Asbestos-Containing		ocatio			Description Asbestos-Con	n of	Amount	Aba	ateme	ent T	уре
Material (ACM)	So	lely by	,		Material (A	CM)	(Specify SF or LF)			П	
TO BE ABATED in Facility	Mainte				(i.e., thermal s	ystems	Of Of Et )	Re	Z.	nca	Enc
(13)	Custo	dial St (12)	aff?		insulation, surfac	ing, VAT		Remova	Repair	psu	Enclosure
(-7			N/A		or other miscella	aneous)		/ <u>a</u>	=:	Encapsulate	ure
CPD renovation area				Floor	tile & mastic		610.05	KZ		0	
CPD renovation area			Ħ		red plaster ceiling	a	610 SF 125 SF		님		뷔
CPD renovation area				Fitting		5	123 SF 15 each		님	님	
							15 Cacil		H	님	H
											-
Name of Posistered M								11	+	片	井
Name of Registered Waste Hauler				/aste	Cubic Yards of	Name of F	Registered Landfill				
Resource Management Group, LLC		Haul 0035		No.	Waste TBD	AND ADDRESS OF THE PARTY OF THE					
City, State		10000	210			Grows La					
Trenton, NJ					Disposal Date TBD	City, State Morrisville					
Completed By (Print or Type)		Title			Signature	7	/	Date			
Mr. Brian J. Haney		Presi	dent			/		6-01-2	018		

no Ch		NO			N OF AS	SBESTOS ABA AC 8:60 and 5:1		DE G	<u>E</u>		<u>/ [</u>	
Date of Notification (1)  5 / 15	. / _	18			ne of Buildir erizon	ng Owner/Operator	(2)	JUN	- 5	20	18	Annual or provide a province
⊠ EPA ⊠ DOLWD ⊠	oe Notification Initial Amended Amendment		1/18	15 City	et Address 5 East Mo State, Zip	ntgomery Place,	Lower Level	ASBEST(	OS CO DENS		IOL 8	&
DCA (NJAC 5:23-8)	Emergency justification)	(includi		Pi	ttsburgh, ne of Contac	PA 15212		Telephone Nur	mber			
	Cancellation			ıA	nthony Po	orta		412-633-40				
Name of Facility Where Abate	mont is Tak	na Dia	- (0)	FA	ACILITY IN	NFORMATION						
Verizon Paulsboro CO	ment is rak	ng Plac	æ (3)			18	Type of Facility  ☐ School (K-1					
Street Address							Subchapter	8 (Other than K-1	2)			
220 W Broad St.							Other (i.e., p	private and comm	ercial l	buildir	igs,	
City (5)							homes, etc.	# of Floors	E	3ldg. /	Age	
Paulsboro												
County (6)				Cou	inty Code (7	7)(STATE USE ONLY)	Current Use (P	rior if being demol	ished)			
Gloucester												
Name of Monitoring Firm Hired USA Environmental Ma			(8)	ASCN	No.	Name of Abateme		***				
Street Address	nagement						VIRONMENTA	L, INC.				
8436 Enterprise Ave						Street Address	DOTDEET					
City, State, Zip Code						1123 BEAVE						
Philadelphia, PA 19153						City, State, Zip Co BRISTOL, PA						
Project Manager for Monitoring	Firm		Te	lephone	No.	Telephone No.	13007	License No.				
Mark Jenkins				215-365		215-788-6040		00509				
Start Date (10)	Sche	duled (	10 0	letion Da		Name of OSHA M		00303				
5 /29 /18		5N		120			VIRONMENTA	L, INC.				
Occupancy Status During Abat						Street Address		* ************************************				
Facility Closed/Vacated Dur	ring Entire Po	eriod of	Abate	ement		1123 BEAVER	RSTREET					
Abatement Performed Outs Time of Abatement:	ide of Norma AMF	I Facilit M/ <u>5:0(</u>	y Hou PM- <u>1</u>	ırs - Des 1:30AM	scribe	City, State, Zip Co						
Scope of Work (Check all that a	apply)					BRISTOL, PA						
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			enova emoliti			☐ Mini-Encl ☐ Glovebag	Procedure	gative Pressure n-Friable Procedu	re			
Location of			Loca Norma			400000000000000000000000000000000000000			Al	patem	ent T	ype
Asbestos-Containing Materi  TO BE ABATED  IN Facility	al (ACM)	Use Ma	ed Sol	lely by ance/ Staff?	Asbes (i.e.	Description of stos Containing Mat , thermal systems in surfacing, VAT,	erial (ACM)	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
(13)		Yes	(12) No		-	other miscellaned		SF or LF)	<u>n</u>		sulate	ure
Basement Battery Area					Floor tile	e and mastic		245 SF				-
Basement Dryer Area						e and mastic		275 SF				
Basement Storage Room				$\boxtimes$	Floor tile	e and mastic		325 SF				
Boiler Room					Boiler Pa	acking & Gasket	ts	5 SF		1		
Name of Registered Waste Hau SERVICE TRANSPORT G		c.	100	NJDEP V Hauler ID	Vaste	Cubic Yards of Waste	Name of Regis	tered Landfill				
City, State				20990		Di 15 :	MINERVA I	LANDFILL				
NEW CASTLE, DE 19720						Disposal Date	City, State WAYNESR	URG, OH 44688	2			
Completed By (Print or Type)	Title	,				Signature	MAINLOD	- 1-				
Completed by (Fillt of 1406)	1 11111						•	) Da				

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

19		(	Pursu	ant to NJ	IAC 8:60 and 5:1	6)	1k# 33%	77			
Date of Notification (1)				ne of Buildi erizon	ing Owner/Operator	-	DEG	T		$\mathbb{V}$	E
Agencies Notified       Type Notified         ☑ EPA       ☑ Initial         ☑ DOLWD       ☑ Amend	led		1:	et Address 5 East Mc , State, Zip	ontgomery Place,	Lower Level	JUI	٧ -	5 2	018	
	ment #1-5				, PA 15212			Diene.		Antona non	
(NJAC 5:23-8)   justifica	ency (includation)	ing		ne of Conta			ASBEST	OS C	NOC	IRO	1. Bt
☐ Cancel	lation		A	nthony Po	orta		412-633-402		- J.	7 	THEFT
			F/	ACILITY I	NFORMATION		1				
Name of Facility Where Abatement is	Taking Pla	ace (3)				Type of Facility	(4)				
Verizon Paulsboro CO						School (K-12	2)				
Street Address						Subchapter	8 (Other than K-12	2)			
220 W Broad St.						homes, etc.)	rivate and comme	rcial b	uildin	gs,	
City (5)						Square Feet	# of Floors	В	Bldg. A	Age	
Paulsboro					(A)						
County (6) Gloucester			Cot	unty Code (	7)(STATE USE ONLY)	Current Use (Pri	ior if being demoli	shed)			
Name of Monitoring Firm Hired by Bu		er (8)	ASCN	No.	Name of Abateme	ent Contractor (9)					
USA Environmental Managen	nent				BRISTOL EN	VIRONMENTAL	L, INC.				
Street Address	X-114 (0) - 20				Street Address						
8436 Enterprise Ave					1123 BEAVE	R STREET	13				
City, State, Zip Code					City, State, Zip Co	ode				-	
Philadelphia, PA 19153					BRISTOL, PA	19007					
Project Manager for Monitoring Firm		Te	lephone	No.	Telephone No.		License No.				
Mark Jenkins			215-36		215-788-6040		00509				
Start Date (10)	Scheduled				Name of OSHA M						
		4 84	4 /	18	BRISTOL EN	VIRONMENTAL	., INC.				
Occupancy Status During Abatement					Street Address						
<ul> <li>☐ Facility Closed/Vacated During Ent</li> <li>☑ Abatement Performed Outside of N</li> </ul>	ire Period	of Abat	ement	.,	1123 BEAVER	RSTREET					
Time of Abatement:AM	PM/5:0	ity Ho OPM-	urs - De: 1:30AM	scribe	City, State, Zip Co						
					BRISTOL, PA	19007					
Scope of Work (Check all that apply)		Renova Demolit			☐ Mini-Encl	Procedure	ative Pressure	re.			
		Is Loca							atem	ent T	vne
Location of Asbestos-Containing Material (ACM	/) U:	Norm sed So	ally lely by	Ashe	Description of stos Containing Mat						T
TO BE ABATED	N	lainten			., thermal systems in	nsulation,	Amount (Specify	Removal	Repair	nca	nclo
IN Facility (13)	00	(12	Staff?		surfacing, VAT, other miscellaned	or	SF or LF)	oval	=	Encapsulate	Enclosure
()	Yes	No	N/A	1	other miscellaned	lus)				late	0
Basement Battery Area				Floor til	le and mastic		245 SF				$\vdash$
Basement Dryer Area			$\boxtimes$	Floor til	e and mastic		275 SF			П	
Basement Storage Room			$\boxtimes$	Floor til	e and mastic		325 SF				10
Boiler Room				Boiler P	acking & Gasket	s	5 SF		П	П	
lame of Registered Waste Hauler SERVICE TRANSPORT GROUP	P. INC.	102	VJDEP V Hauler II	No.	Cubic Yards of Waste	Name of Registe					
City, State			20990	)	Disposal Date		CHALIFF				
NEW CASTLE, DE 19720					Disposal Date	City, State WAYNESBL	JRG, OH 44688				
ompleted By (Print or Type)	Title				Signature		, Dat				
Brian Scafiro	Estima	ator			Brian	Scopio	19m 5		25.	18	<b>&gt;</b>

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

•	•	NOT	ΓIF	ICATI	ON OF A	SI	BESTOS ABA C 8:60 and 5:	TEMENT	CL#3	36	4		
Data of Notification (4)								•			FI	N	7 1
Date of Notification (1)  5 / 15	/18			17.5	ame of Build Verizon	ding	Owner/Operator	(2)	TOF	(C		\\/	
Agencies Notified Type No	otification		_	Str	reet Address	c			A Comment	4.44)	-	004	
⊠ EPA 9081   ⊠ Initia	1			1		_	tgomery Place	1	II I J	UN	- 0	201	b
□ DOLWD9 28 □ Ame				Cit	y, State, Zip	011	odo	, Lower Level					
	ndment#_								ASBE	270	2.00	MT12	C11 0
	rgency (inclication)	ludin	9		Pittsburgh				1	LICE	INSI	10	had lon G
Cano								(2000)	Telephone N	umber			-
	Chation		_		Anthony P				412-633-4	021			
None of Facility May				F	ACILITY	NF	ORMATION						
Name of Facility Where Abatement	is Taking	Place	(3)					Type of Facility	(4)				
Verizon Paulsboro CO								School (K-12	2)				
Street Address								☐ Subchapter 8	Other than K.	12)			
220 W Broad St.								Other (i.e., p	rivate and comn	nercial	build	ngs,	
City (5)						-		homes, etc.) Square Feet					
Paulsboro								Square Feet	# of Floors		Bldg.	Age	
County (6)			_	Co	unty Code (	71/9	STATE USE ONLY)	0 111					
Gloucester				00	unity Code (	1)(0	STATE USE CIVLY)	Current Use (Pri	or if being demo	olished	)		
Name of Monitoring Firm Hired by B	uilding Ov	mer /	31	LASCE	VI No.	1.							
USA Environmental Manage	ment	noi (c	٠,	ASCI	VI INO.	1		ent Contractor (9)			270		
Street Address	mont					1		VIRONMENTAL	., INC.				
8436 Enterprise Ave						18	Street Address	HER HER LAND					-
City, State, Zip Code							1123 BEAVER						
Philadelphia, PA 19153						0	City, State, Zip Co	ode					
							BRISTOL, PA	19007					
Project Manager for Monitoring Firm				ephone		T	elephone No.		License No.				
Mark Jenkins					5-5810		215-788-6040		00509				
Start Date (10)	Schedule	d Co	mpl	etion D	ate (11)	N	ame of OSHA Mo	onitor	00000				
_5 / _29 / _18	_ 6	_ / .	4	1/	18			/IRONMENTAL	DIAL				
Occupancy Status During Abatement	(Check or	nlv on	e)	-			treet Address		, INC.				
☐ Facility Closed/Vacated During Er	tire Period	of Al	nate	ment		1		OTDEET					
Abatement Performed Outside of	Normal Fa	cility I	Hou	re - Do	scribe	_	1123 BEAVER						
Time of Abatement:AM	PM/ <u>5</u>	:00PI	VI- <u>1</u>	:30AM	20010000		ity, State, Zip Coo						
Scope of Work (Check all that apply)							BRISTOL, PA	19007					
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		Reno						inment with Nega	tive Pressure				
	ш	Dem	DIIII	on			☐ Glovebag	Procedure	200				
		Is Lo	ocat	ion	1		□ Non-Exem	pted (*) and Non-	Friable Procedu	ire			
Location of	١.	No					Description of			Al	patem	ent T	уре
Asbestos-Containing Material (AC TO BE ABATED	M)	Jsed S Maint			Asbes	tos	Containing Mate	rial (ACM)	Amount	Z,	ZD.	m	m
IN Facility	C	ustod	ial :	Staff?	(i.e.,	, the	ermal systems in:	sulation.	(Specify	Removal	Repair	Encapsulate	Enclosure
(13)	-	(	12)			of	surfacing, VAT, o	or (e)	SF or LF)	Va	-	nsd	Jus
	Ye	s I	Vo	N/A		٠,	and miscellaneor	15)				late	G.
Basement Battery Area			]		Floor tile	a	nd mastic		245 SF				
Basement Dryer Area			]	$\boxtimes$	Floor tile	aı	nd mastic		275 SF		П		
Basement Storage Room			]	$\boxtimes$	Floor tile	aı	nd mastic		325 SF				=
			1						020 01		Ш	П	
Name of Registered Waste Hauler				JDEP V	Vaste 1	Cuk	oic Yards of	No. of D.					
SERVICE TRANSPORT GROUI	P. INC.			auler ID		Wa	ste	Name of Register					
City, State	**************************************			20990				MINERVA LA	NDFILL				
NEW CASTLE, DE 19720						Disp	posal Date	City, State	0.00				
Completed By (Print or Type)	Title							WAYNESBUR	G, OH 44688				
Brian Scafiro	Estim	ator					Signature	0 1	/ · Da	te _/	1	50220	
SB-41 % 0 : 0		ator					Drian	Scolie	12	5/1	5/1	8	

ASB-41 BS 18047

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

PAID	) (4	1(46	TIFICA:	State of New Jo DON OF ASBEST Jant to NJAC 8:60	OS ABAT	EMENT 20)	DE	CE		$\mathbb{V}$	
Date of Notification (1) 5/25/18			Nan US	ne of Building Owr EPA Region 2	er/Operate P/Riversi	or (2) de Ave RV4	lan ked	JUN -	5 8	018	The state of the state of
Agencies Notified Type Notific	ation			et Address	Δ			wite and the second	inii natae	mammani	
EPA X Initial DEP Amend	ed			90 Woodbridge State, Zip Code	Ave		ASE	SESTOS LIGE			_ &
X DOL Amend	ment#	dina		son NJ 08837							1000
DOH justifica Cancell	tion)	aing	Dav	e of Contact /id Rosoff			Telepho	one Num	ber		
Name of Facility Where Abatement is T Riverside Ave RV4	aking Plac	æ (3)	F	ACILITY INFORM	ATION	Type of Facility	(4)				
Street Address 29-47 Riverside Ave						Other (i.e.	12) r 8 (Other that private & cor	an K-12) mmercial	buildii	ngs, h	omes
City (5) Newark NJ 07104						etc.) Square Feet aprox 24,000	# of Floo	ors	Bld 50	g. Age	9
County (6) Essex				ty Code (7) "E USE ONLY)		Current Use (Pri Vacant aban	or if being de	emolished			
Name of Monitoring Firm Hired by Build Criterion Labs	ing Owner	(8)	AS	CM No.	Name	of Abatement Co e Environmen	ntractor (9)	la =!	research		
Street Address 400 St Rd		60			Street	Address Pine St	Lai rechno	ologies	inc		
City, State, Zip Code Bensalem PA 19020					City, S	tate, Zip Code					
Project Manager for Monitoring Firm Greg Sulon				none No. 630-4635	Teleph	olly NJ 08060 one No. '02-1500		nse No.			
Start Date (10) 6/11/18	Sched 7/3/1			Date (11)		of OSHA Monitor	012	99			
Occupancy Status During Abatement (Ch		77.00			Street A	Address					
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe:	e Period o rmal Facil	f Abate ity Hour	ment 's		City, Sta	ate, Zip Code					
Scope of Work (Check All That Apply)											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	X	Renova Demoli			×	Full Containme Mini-Enclosure Glovebag Proce Non-Exempted	dure			ire	
Location of		s Locat Normal	ly	Do	scription o				Aba	temen ype	ıt
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Cus	ed Sole aintena stodial S (12)	nce/ Staff?	Asbestos Con (i.e. thermal surfa	aining Ma	terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	T	Encapsulate	Enclosure
1st Floor	Yes	No	N/A	B:			11			te	0
2nd Floor	-		X		Insulation		1100 LF				
3rd Floor	+		X		Insulation Insulation		500 LF	X			
				ripe	IIISulatio	nı -	400 LF	X	-		
lame of Registered Waste Hauler		N.	DEP W			Name of Re	gistered Land	dfill			
ctive Environmental Technologies	Inc	Ha	uler ID	No. of Was	te	Conestog	<del>-</del>	pop Brazili			
ity, State t Holly			<u> </u>	Disposa 7/3/18		City, State Morganto	wn PA				
ompleted by atrick Dauria	Title Projec	ct Mar	nager	Sig	nature			Date /		In	~
					Mar	LX VIII		1/1	つ/	N	

F	7	Λ	П	
	"	么	Efficients of	ID)
Notifica	tion (	1)	- 6-2	
	5/	31/20	18	

Check # 25603

UT (A)	11 10)	(P	ursuant	to NJAC 8	3:60 an	d 12:12	0)		) E	C	E	П	1\//	C
Date of Notification (1) 5/31/201	8		Name o	of Building (	Owner/0	Operator	(2) Gao			U	15	11	/V/	<u></u>
Agencies Notified Typ	e Notification		Street A	Address				of the same		JUN	-	5 '	2018	
EPA X DEP DOL	Initial Amended Amendment #	_	City, Sta	ate, Zip Coo		rinceto	n, NJ 08540			ESTO	SC	ON	TRO	The state of
☑ DOH ☐ DCA ☐	Emergency (including justification) Cancellation		Name o	f Contact Jie G	20			Те	ephone	1.11	2. 14.81	SINC	2	-
			FACI	ILITY INFO	70.7	ION					-			
	ement is Taking Place (3 sidential	)					Type of Facility  School (K	-12)						
Street Address							Subchapt Other (i.e etc.)	private	& comm	nercial I	ouild	ings,	hom	es,
City (5)	eton, NJ						Square Feet 1800	# 0	f Floors 2			dg. A 0+/-		
County (6) Mercer				Code (7) USE ONLY)			Current Use (F	rior if bei	ng dem	olished	)			
Name of Monitoring Firm Hired MECS	d by Building Owner (8)		ASCN	/ No.			of Abatement C ens Environn			es, Ind	· .			
Street Address PO Box 3	341					Street	Address Box 322							
City, State, Zip Code Chesterfie	eld, NJ 08515						tate, Zip Code town, NJ 085	01						
Project Manager for Monitoring Bill Weisgarber	g Firm		Telephoi	ne No. 98-4070		Teleph	one No. 259-9688		Licens					
Start Date (10) 6/2/2018	Schedule			Date (11)		5	of OSHA Monito	r	0049					
Occupancy Status During Aba	tement (Check Only On		, ,,,				Address							
Facility Closed/Vacated D Abatement Performed Outline Describe: 7 am 3	itside of Normal Facility	baten Hours	nent			City, S	ox 341 tate, Zip Code sterfield, NJ 0	9515						
Scope of Work (Check All Tha	t Apply)					Ones	sterneid, NJ 0	0010			_			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	× R	enova emolit				×	Glovebag Pr	re ocedure					4	
Lacation	20.00	Locati ormal	SEC. 10			552452					-	-	ment	
Location of Asbestos-Containing Mater TO BE ABATED In Facility (13)	rial (ACM) Used Mai	d Sole ntenar odial S (12)	ly by nce/	(i.e. th	s Cont hermal surfac		aterial (ACM) insulation, T, or	(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
2nd Floor Bedro		X	INIA	Duct I	Insula	tion (\A	/rap&Cut)		9 If	2	-		50.F0	
Basement		X		Duot	111,000,000	Insula	SHIP STATE OF THE		2 sf	2	-	-		
Name of Registered Waste Ha Stevens Environmental S		10000	JDEP Waller ID I	No.	Cubic 'of Was			Registe s Land		dfill				
City, State Allentown, NJ						al Date /2018	City, Sta Morris		Ą					
Completed by Mahlon E. Stevens	Title Projec	t Ma	nager		Si	gnature		/		Date 5/3	31/1	8		

· Do hot use the form for asbestos licensure exempted activities.

ASB-41 (R-05-05)

- 00 CK		NO	TIFICA (Pursu	State of ATION OF A	ASBES	STOS ABA	TEMENT	Transmitte	m.	E	C	E [	
Date of Notification (1)				Nai		Building (	Owner/Operator	(2)	M				
5 / 23 /1	В			Stre	eet Ad	dress				J	UN	- 5	2018
Agencies Notified Type No	otification	1				ON WAY		į.	į				
DEP Ar	tial Notifi	Votificati	on	City BA	, State SKING	e, Zip Code 3 RIDGE, N	EW JERSEY 0	7920	F	ASBE		S CO ENSI	NTRO
	ancellation Hold		į.	Nar	me of (	Contact		Telephor	no Nive	la a s	nation and	TOTAL CONTRACTOR	
	MERGEN		ΓΙΓΙCΑ	TION CO		BURD		732-336		ber			
				FACILITY	INFOF	RMATION			102000000000				
Name of Facility Where Abatemen	nt is Tak	ing Plac	e (3)				Type of Facili	<-12)					
VERIZON							X Other (ie	ter 8 (Othe . private &	r than K	(-12) . bldg	s., ho	mes,	etc.)
Street Address 1196 EAST GRAND STREET							Square Feet 93,730		loors	Τ		g. Age 97	
ELIZABETH UN	ounty (6) NON					ode (7) E ONLY)	Current Use (F	rior if being	g demol	ished	)		
Name of Monitoring Firm Hired by ESIS	y Buildir	g Owne	r (8)	<del></del>		SCM No.	Name of Abat	ement Cor					
Street Address					1	17	PAR ENVIROR		CORPO	RATI	ION		
10 EXCHANGE PLACE							313 SPOOK R	53	D				
City, State, Zip Code JERSEY C	ITY. NE	W JERS	FY 07:	302			City, State, Zip SUFFERN, NE		10001				$\neg$
Project Manager for Monitoring Firm				e Number			Telephone Nur			nse N	lumb	er	
BRIAN KINGSBURY			1-388-0				845-369-7500		110				
Expected State Date (10) 5 / 24 /18		1	Compl 2 /	etion Date 30		/18	Name of OSHA		AL				
Month Day Year Occupancy Status During Abatemer	nt (Check	Month only on	e)	Day		Year	Street Address	10					
Facility Closed/Vacated I Abatement Performed Or	During En	ntire Peri Normal	iod of A	Hours - De	escribe	9:	1376 ROUTE	9					
X Other - Describe: MC	ONDAY -	FRIDAY	7AM-	3:30 PM			City, State, Zip WAPPIN	Code IGERS FAL	IS NE	W YC	DRK 1	12590	
Scope of Work (Check all that apply Demolition		Renovati	on			Full Conta Mini-Enclo	inment with Ned				,,,,,	12000	
>3SF OR LF × >160 SF OR 260 LF			~		X	Glovebag	Procedure le Procedure	(EXTERI	OP)				
Location of		Is Loca	ation		1	ption of As		(EXTERN	OK)	Т	natem	nent T	vne
Asbestos-containing		normally		C		ing Materia		Amo	unt				
Material (ACM) TO BE ABATED		solely Maint/Cu				hermal sys		(Spe		REMOVAL	REPAIR	ENCAPSUL	ENCL
in Facility (13)		Staff				er miscella		SF or	LF)	Š	Ā	PSC	OSUR
NORTHERE		res No	N/A							1	_	-	Ä
NORTH ELEVATION			X	CAULK				30 SF		Х	-	-	$\vdash$
EAST ELEVATION	-	-	X	CAULK		<del>,,</del>		9 SF		X	-	-	$\vdash$
SOUTH ELEVATION			X	CAULK				25 SF		X	_	-	$\vdash$
WEST ELEVATION POWER BLDG. RISING WALL			X	CAULK				10 SF		X	-	-	$\vdash$
FOWER BLDG. RISING WALL	-		X	ACM PAIN	VI.			150 SF		X	-		H
					7								Н
Name of Registered Waste Hauler		LIDED !	Veet-	Oubi- V	d= - f 1	N/	N. ZE						
NEWARK CARTING 369 RAYMOND BLVD.		NJDEP V Hauler ID	No.	Cubic Yar	as of V	/Vaste	Name of Regis GRAND CENT	tered Landf RAL SANIT	fill FARY				Ч
City, State		913		Disposal [	Date		City, State	<u> </u>					
NEWARK, NEW JERSEY	Term			5/24/18-12	2/30/18		BLAINFIELD T	OWNSHIP,			1	- /	
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIREC	CTOR OF	OPE	RATIONS	Signa	ature //	7) 3		Date	5	12	31	18
	- (72)					11	10			1		/	

		NOT (F	IFICA Pursua	State of TION OF A ant to NJA	ASBES	STOS ABA	TEMENT 120-7)	CK+	= =	2		78
Pote - 5 N - 45 44 \				Nai	me of	Building (	Owner/Operato	r (2)	15	5	5	$\mathbb{V}$
Date of Notification (1)					RIZON					****	- manufacture and the	
5 / 14 /18					eet Ad		E.	A COLUMN TO THE PARTY OF THE PA		no.	-	
Agencies Notified Type Notifica		lis.				N WAY			Jl	JN -	- 5	2018
EPA X Initial N DEP Amende			n	City	/, State	e, Zip Code	EW JERSEY 0	7020				
X DOL Cancell		Jatioi		I BA	SKING	KIDGE, N	IEW JERSEY U	7920	ASBES	TOR	CON	TOOL
X DOH On Hold		10.71	E10.1			Contact		Telephone N	lumber	LICE	VSIN	3
DCA EMERG	ENCY	1011		CONTRACTOR OF STREET		BURD		732-336-120	5	National Plans	-613,12. 0	
Name of Facility Where Abatement is 1	aking P	lace	(3)	FACILITY	INFOR	MATION	IT.ma of Facili					
the series of th	uning i	lacc	(5)				Type of Facil					
VERIZON							Subchap	ter 8 (Other tha	an K-12)			
Street Address							X Other (ie Square Feet	private & com	mcl. bld			
1196 EAST GRAND STREET							93,730	# 01 F1001 5	S		g. Age 97	1
City (5) County	(6)	A - 102		Cou	nty Co	de (7)	Current Use (F	Prior if being de	molished		-	
Rame of Monitoring Firm Hired by Buil	dina Ou	unor.	(0)	(STAT		ONLY)	COMMUNICA			<u></u>		
ESIS	unig Ov	ALICI	(0)		A	SCM No. 17	PAR ENVIRO	ement Contract	ctor (9)	ION		
Street Address					-		Street Address		VI OIOTI	1014		_
10 EXCHANGE PLACE City, State, Zip Code							313 SPOOK R					
JERSEY CITY, I	NEW JE	RSE	Y 073	02			City, State, Zip	Code EW YORK 1090	11			
Project Manager for Monitoring Firm				Number			Telephone Nu		icense l	Numbe	er	
BRIAN KINGSBURY			388-0				845-369-7500		1101			
Expected State Date (10) 5 / 24 /18	Sche	d. Co		etion Date		/18	Name of OSHA					
Month Day Year	Mor	nth		Day	,	Year	QUEST ENVIR	KONWENTAL				
Occupancy Status During Abatement (Ch Facility Closed/Vacated During Abatement Performed Outside X Other - Describe: MONDA	Entire F	Perional Fa	d of A	Hours - De	escribe	e:	Street Address 1376 ROUTE 9 City, State, Zip	9				
Scope of Work (Check all that apply)						l= "	WAPPIN	IGERS FALLS,	NEW Y	DRK 1	2590	
Demolition	Reno	vatio	n			Mini-Enclo		gative Pressure				
>3SF OR LF x >160 SF OR 260 LF					X	Glovebag	Procedure	/E//EED/00				
Location of	Is I	ocat	ion			ption of As	le Procedure	(EXTERIOR)	1 ^	h = 4 =	T	
Asbestos-containing	norm					ing Materia		Amount		baten		
Material (ACM)	100	lely l	50 mg/s			hermal sys		(Specify	REM	REP/	ENC/	ENCI
TO BE ABATED in Facility (13)	Maint	Cus aff (1		10.20		on, surfacir er miscella		SF or LF)	OVAL	AIR	APSUL	SO
	Yes		N/A		OI OUI	or miscena	neous)		=		=	.OSUR
NORTH ELEVATION			Х	CAULK				30 SF	×			
EAST ELEVATION			X	CAULK				9 SF	×			
SOUTH ELEVATION			Х	CAULK				25 SF	X	1	1	
WEST ELEVATION			X	CAULK				10 SF	X	$\vdash$		+
POWER BLDG. RISING WALL			X	ACM PAIN	JT			150 SF	×	+-	$\vdash$	$\vdash$
			^	7 TOWN 1 7 AN	4.			130 31	^	+	-	$\vdash$
	+								-	-	-	$\vdash$
	+	$\dashv$								-	-	
	+	-	-						-	-	_	
Name of Registered Waste Hauler	NJDE	P Wa	aste	Cubic Yar	ds of V	Vaste	Name of Regis	tered Landfill				
NEWARK CARTING 369 RAYMOND BLVD.	Haule				30	radio	GRAND CENT		Y			
City, State NEWARK, NEW JERSEY				Disposal D		/	City, State	OMMOUNE		040		
Completed by (Print or Type) Title				5/24/18-12	Signa	ture	PLAINPIELDI		ate C	1,11	/1	
BENJAMIN SANCHEZ DIF	ECTOR	OF	OPER	RATIONS		17	XX		7	14	//8	



Check # 25688

Date of Notification (1) 6/4/2	2018			Name o	of Building (	Owner/0	Operato	r (2) Pinelli		10)	E	C			/ E
Agencies Notified	Type Notification		+	Street A	Address					1	2				
X EPA	× Initial		L									JUN	- 5	20	18
DEP × DOL	Amended	. 44		City, Sta	ate, Zip Co		مدامات	4 D-4. N.I. O	0004						
	Amendmen Emergency	(including	-	Nama	of Contact		ignian	d Park, NJ 0		elepho	ASP	ESTO	NS CA	THIE	**************************************
DOH     DCA	justification) Cancellation			ivallie 0		tta Pin	elli		1	elepno	ne wn	mner		100	-
				FAC	ILITY INFO	RMAT	ION								
Name of Facility Where	Abatement is Takir Residential	ng Place (3	5)					Type of Facility	y (4)						
Street Address	residential							School (K		ther th	an K 1	21			
								Other (i.e					dings,	home	es,
City (5)								etc.) Square Feet	#	of Floo	ors	E	Bldg. A	ge	
	hland Park, NJ	08904						1800		2	:		70+/-	-	
County (6) Middlesex	<				Code (7) USE ONLY)			Current Use (F	Prior if b	eing de	emolis	hed)			
Name of Monitoring Firm ME(		Owner (8)		ASCN	И No.			of Abatement C ens Environn			ices.	Inc.			
Street Address							Street	Address			,				
	30x 341						1,500,000,000	3ox 322							
City, State, Zip Code Ches	terfield, NJ 085	15						state, Zip Code stown, NJ 085	501						
Project Manager for Mor Bill Weisgar				Telepho 609 2	ne No. 98-4070			none No. 259-9688		3000000	ense N	lo.			
Start Date (10) 6/13/2018		Schedule		npletion /27/201	Date (11)		0.00-00/00-00	of OSHA Monito	or	1					
Occupancy Status Durin	g Abatement (Chec	k Only On		121120		-	0.000	Address							
Facility Closed/Vac	ated During Entire	Period of A	baten	nent			PO E	341 Box							
Abatement Perform  X Other – Describe:	ed Outside of Norn	nal Facility	Hours	5		_		tate, Zip Code sterfield, NJ (	8515						
Scope of Work (Check A	II That Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Property Co.	enova emolit				×	Glovebag Pr	ire ocedure	9					
							×	Non-Exempt	ed (*) a	nd Nor	n-Friat	le Pro	11 SY NO. 11 TO 10 I	the State of	-
Location	v of		Locati Iormal			D							Abate Ty		
Location Asbestos-Containing	Material (ACM)	Used	d Sole	ly by		os Cont		faterial (ACM)		Amour	nt			ш	_
TO BE ABA		33777233	odial S		(i.e. t		systems cing, VA	s insulation, T, or		(Specif SF or L		Remova	Repair	Encapsulate	Enclosure
(13)			(12)	_		other n	niscellar	neous)			15	oval	bair	sula	sure
		Yes	No	N/A										ė	
2nd Floor Be	edrooms	1	X				VAT			400 s	f	X			
		1								54,5					
Name of Registered Was			101 9225	JDEP W auler ID	25,05	Cubic of Was		Name o	1		.andfil				
Stevens Environmer	ital Services			18292	51.5 A 50 C C C C C C C C C C C C C C C C C C		2	Fairle	1	IIITDI					
City, State Allentown, NJ						7.5	al Date 7/2018	©ity, Sta		PA					
Completed by Mahlon E. Stevens		Title Project	ct Ma	nager		S	ignature				Da	ite 6/4/1	18		



			NOTIF		N OF ASE		•	ENIE	ENT	3	P 7	m	n n	17.77	P	- Parameter -
			(F	ursuan	t to NJAC	8:60 an	d 12:12	20)	The state		區 (	G		$\mathbb{W}$	E	m
Date of Notification (1)			I		of Building	Owner/	Operator	r (2	2)							
5/25/2018	T ==			Mace					il		Ji	liNi	- 5	2019		U
Agencies Notified	Type Notification				Address	d Cant	a . Da a			-				-070	The sectors	rices and
EPA	× Initial		-		Deptfor		er Roa	aa	100	L	AODEC	* 100 mm			and the same of	
DEP DOL	Amended Amendment	#	8		tate, Zip C ford, NJ				1	,	ASBES	STOS	S COA ENSIN	ITRO	L &	
□ DOH	Emergency (		,		of Contact		1).		-		Telepho	- Andrewson Pro-	The second second second	<u> </u>	-	in care
DCA	justification) Cancellation			11.25	Rinaldo						585-2					
				FAC	ILITY INF	ORMAT	ION	-								
Name of Facility Where		Place (	3)					T	ype of Facilit	y (4)						
Deptford Mall Unit	#1160								School (K							
Street Address 1750 Deptford Cer	tor Bood								Subchapt Other (i.e					Idinas	hom	es
								-	detc.)					57.9		
City (5) Deptford								855	Square Feet 2453	- 1	# of Floo	ors		Bldg. 7		
County (6)					Code (7)	_		C	Current Use (F	Prior if	being d	emoli	shed)			
Gloucester				(STATE	USE ONLY	)		1	Retail							
Name of Monitoring Firm Hillmann Consulting		)wner (8	)	ASC	M No.				Abatement C ervices Inc		ctor (9)					
Street Address 304 Harper Drive, S	Suite 207						Street 1215		ddress Harris Ave							
City, State, Zip Code							1-750	200	te, Zip Code							
Moorestown, NJ 08	057								Beach NJ (	07735	5					
Project Manager for Mon	itoring Firm			Telepho			Teleph				1.0	ense	No.			
Craig Downs					21-2302				5-5855		00	843				
Start Date (10) 6-11-2018		Schedul 6-1-20		npletion	Date (11)				OSHA Monito ervices Inc							
Occupancy Status During	g Abatement (Check	Only O	ne)				Street	Ad	Idress							-
➤ Facility Closed/Vaca	ated During Entire P	eriod of	Abaten	nent			1215	5 H	larris Ave							
Abatement Perform Other – Describe:	ed Outside of Norm	al Facility	y Hours	5					e, Zip Code Beach, NJ	0773	5	-			-	
Scope of Work (Check A	II That Apply)						Office	111	Deach, NJ	0113						
≥3 sf or ≥3 lf	,	X .	Renova	tion			×	त	Full Cantains		.:41= N1=	Lat.	0			
× ≥160 sf or ≥260 lf		_	Demolit						Full Contains Mini-Enclosu		vitn iveg	jative	Pressu	ire		
							H	+	Glovebag Pr Non-Exempt			n Eric	hlo Dro	scodur	0	
		10	Locati	an				_	Non-Exempt	eu ( )	and No	11-1-116	ible Fit		ement	
Location	of		Normal	ly		De	scription	of						Ту	ре	
Asbestos-Containing	Material (ACM)		ed Sole iintenar			tos Cont	aining M	Nate	erial (ACM)		Amour	nt			ш	_
TO BE ABA		1 (100,000,000,000)	todial S		(i.e.		systems cing, VA		sulation, or		(Special SF or L		Removal	Re	Encapsulate	Enclosure
(13)	2		(12)			other n	niscellan	neo	us)		0. 0. 0	. ,	lova	Repair	sula	osur
		Yes	No	N/A									=		ate	0
Space-Unit	# 1160			Х	Joint C	ompou	nd (De	em	ising Walls		3950 5	SF	X			
										+			-			
										1			+	-		
										+			-			
Name of Registered Was	te Hauler		N	JDEP W	Vaste	Cubic	Yarde		Name o	f Regi	stered I	andf	1			
DSA Services Inc	- mariet		Н	auler ID		of Was			Miner				111			
			26	3990		30					irei hiis	5C				
City, State 1215 Harris Ave, Uni	on Beach, NJ 0	7735				Dispos	sal Date		City, Sta 8955 I	ate Miner	va Rd	. W=	vnesi	oura	ОН	44F
Completed by	*	Title				I	ignature		10,		/	_	ate	9,		E .
Carlo Frassetti		Proje	ct Ma	nager			(	,	100	~	6		-24-1	8		
									1	(						

PAID				State of New Jersey ON OF ASBESTOS ABATE t to NJAC 8:60-7 and 12:12		(	) k	/-	+	, , ,	3219-
Date of Notification (1)				Name of Building O SETON HALL UNIVI	wner/Operator	(2)					
5 / 24 /18				Street Address							
Agencies Notified Type Notification				400 SOUTH ORANG	SE AVENUE		(#)				
X EPA Initial Notification DEP X Amended Notification Cancellation	#3			City, State, Zip Code SOUTH ORANGE, N		7079		C	E		VEI
X DOH On Hold EMERGENCY NOTIFICA	ATION			Name of Contact VICTORIA PIVOVAR	RNICK	Telephone Nui 973-761-9000		5283			The state of the s
Name of Facility Where Abatement is Taking Place (3	2/		FA	CILITY INFORMATION	-			Jun	· =	-	2018 114
SETON HALL UNIVERSITY	5)				Type of Facilit School (K X Subchapt	(-12) er 8 (Other than	K-12)	507	001	200	TROL &
Street Address 400 SOUTH ORANGE AVENUE - UNIVERSITY CENTE	R				Square Feet 99,300	private & comm # of Floors	el. Dio	gs., n	omes - B	dg. A 40+	ge
City (5) County (6)				County Code (7)	No. 2007-2007-2007-2007-2007-2007-2007-2007	rior if being demo	olishe	d)		10.	
SOUTH ORANGE ESSEX  Name of Monitoring Firm Hired by Building Owner (8	,			(STATE USE ONLY)	UNIVERSITY			-/-			
TTI ENVIRONMENTAL INC. Street Address	)			ASCM No.	PAR ENVIRON	ment Contracto IMENTAL CORF		TION			
1253 NORTH CHURCH STREET					Street Address 313 SPOOK RO	OCK ROAD					
City, State, Zip Code MOORESTOWN, NEW	JERSE'	Y 0805	57		City, State, Zip						
Project Manager for Monitoring Firm		Telep	hone !	Number	Telephone Nun		nse N	lumbe	er		
JIM GUILARDI EXPECTED START DATE (10): (RESTART)	Caland		340-880		845-369-7500	110	1				
5 / 23 /18 Month Day Year	Mo	7		Date (11) 30/ /18	Name of OSHA QUALITY ENVI	Monitor RONMENTAL S	OLUT	TIONS	& TE	CH.	
Occupancy Status During Abatement (Check only one)				Day Year	Street Address		-				
Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Fac	ility Hou	rs - De			1376 ROUTE 9						
X Other - Describe: MONDAY -FRIDAY	7AM-12	AM	SATU	JRDAY 7AM-12AM	City, State, Zip		. = 4.				
Scope of Work (Check all that apply)				X Full Conta	I inment with Nega	WAPPINGERS	SFAL	LS, N	Y 125	90	
Demolition   X   >3SF OR LF   X   >160 SF OR 260 LF	Renova	ition		X Mini-Enclo X Glovebag	, Procedure	auve i ressure					rd
Location of	ls l	ocatio	n T	Description of Asi	e Procedure				A l 4 -		T
Asbestos-containing		ally us		Containing Materia		Amount	R	R			Type ]
Material (ACM) TO BE ABATED		lely by		(ie. Thermal sys		(Specify	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR	
in Facility (13)	600000000000000000000000000000000000000	/Custo aff (12		insulation, surfacing or other miscellar	•	SF or LF)	18	F	PS	20	
	Yes	No	N/A	or other miscellar	leous)		1		E	S	
1ST FLOOR SERVER BAY I			x :	SPRAY ON FIREPROOFIN	IG	760 SF	х				
1ST FLOOR SERVER BAY I			X	PIPE FITTING / INSULATION	ON	15 LF	х				
1ST FLOOR SERVER BAY II			X	PIPE FITTING / INSULATION	N	15 LF	Х			CON	IPLETE
HALLWAY OF SERVER BAY			X	PIPE FITTING		15 LF	Х			CON	IPLETE
ADDITION TO SCOPE:			$\vdash$				-		-		
1ST FLOOR SERVER BAY 1			x v	VAT & MASTIC		760 SF	х				
				The state of the s							

Cubic Yards of Waste

Disposal Date 01/02/18-07/30/18

40

Signature

NJDEP Waste

Hauler ID No.

Title DIRECTOR OF OPERATIONS

913

Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL

City, State
PLAINFIELD TOWNSHIP, PA
Date

Name of Registered Waste Hauler NEWARK CARTING INC. 369 RAYMON BLVD. City, State NEWARK, NEW JERSEY 07105 Completed by (Print or Type) BENJAMIN SANCHEZ Mock

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

CK # 32180

Data of No.45 of Co.				Name of Building C	wner/Operator	(2)	_				
Date of Notification (1)				SETON HALL UNIV	ERSITY						
5 / 15 /18				Street Address		business to the same	ar company	-		-	
Agencies Notified Type Notification				400 SOUTH ORANG	SE AVENUE	1177 18	= 11	2)	5 [	1 1/1	E m
X EPA Initial Notification DEP x Amended Notification Cancellation	#2			City, State, Zip Cod: SOUTH ORANGE, N		7079		<del>9 [</del>		W	<u> </u>
X DOH On Hold X DCA EMERGENCY NOTIFIC	ATION			Name of Contact	101.03	Telephone Nu 973-761-9000	mber	M	. 17	2010	11111
EMERGENCY NOTIFIC	ATION			VICTORIA PIVOVAI	RNICK	973-764-9000	EXT.	5283	- 5	2018	1141
Name of Facility Where Abatement is Taking Place (	3)		F	ACILITY INFORMATION	Type of Facili	h (h)					
SETON HALL UNIVERSITY	ā.				School (H	(-12) AS	3ES K-12	FOS	CON	VTRO	L &
Street Address					Other (ie	ter 8 (Other than private & comm	ct. btd	igs., I	nomes	etc.)	and the same of th
400 SOUTH ORANGE AVENUE - UNIVERSITY CENT	ER				Square Feet 99,300	# of Floors			BI	ldg. Age 40+	3
City (5) County (6) SOUTH ORANGE ESSEX				County Code (7) (STATE USE ONLY)	Current Use (F UNIVERSITY	rior if being dem	olishe	ed)			
Name of Monitoring Firm Hired by Building Owner (in TTI ENVIRONMENTAL INC.	3)			ASCM No.	Name of Abat	ement Contracte	or (9)				
Street Address	-		277	3	PAR ENVIRON	MENTAL CORF	PORA	TION			
1253 NORTH CHURCH STREET					313 SPOOK R						
City, State, Zip Code MOORESTOWN, NEW	/ IEDOE	V 000	. 7		City, State, Zip	Code					
Project Manager for Monitoring Firm	JERSE			Number	Telephone Nur	W YORK 10901	nno N	Numb			
JIM GUILARDI		0.000	340-8	And December	845-369-7500	110		NUMBE	er		
EXPECTED START DATE (10): (RESTART)  5 / 23 /18	Sched			n Date (11)	Name of OSHA	Monitor					
Month Day Year	Mo	onth	7 /	30/ /18 Day Year	QUALITY ENV	IRONMENTAL S	OLU	TIONS	S & TE	CH.	
Occupancy Status During Abatement (Check only one)				Duy I cai	Street Address						
Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Fac X Other - Describe: MONDAY -FRIDAY	cility Hou	urs - De	scribe	e:	1376 ROUTE 9						
X Other - Describe: MONDAY -FRIDAY	/AM-12	2AM			City, State, Zip	Code WAPPINGER:	2 541		11/ 405		
Scope of Work (Check all that apply)	7_			X Full Conta	I inment with Neg	ative Pressure	5 FAL	L5, N	17 125	90	
Demolition X >3SF OR LF	Renov	ation		X Mini-Enclo	) , Procedure						
X >160 SF OR 260 LF				Non-Friab	le Procedure						
Location of		Locatio		Description of As	bestos-		1		Abate	ment T	vpe
Asbestos-containing Material (ACM)		mally us olely by		Containing Materia		Amount	RE	REPAIR			
TO BE ABATED		t/Custo		(ie. Thermal system insulation, surfacing		(Specify SF or LF)	MO	PAI	S	CE	
in Facility (13)		taff (12		or other miscella		0.072.7	REMOVAL	70	ENCAPSUL	ENCLOSUR	
1ST FLOOR SERVER BAY I	Yes	No	N/A		77.		-	-	F	2	
	-	+	X	SPRAY ON FIREPROOFIN		760 SF	X	-	_		
1ST FLOOR SERVER BAY I	_	+-	Х	PIPE FITTING / INSULATION		15 LF	Х	_			
1ST FLOOR SERVER BAY II	-	-	Х	PIPE FITTING / INSULATION	NC	15 LF	Х			COMP	LETE
HALLWAY OF SERVER BAY		+-	Х	PIPE FITTING		15 LF	Х			COMF	LETE
		-	_								
		-									
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								-	-	_	
Name of Registered Waste Hauler	NJDEP	Waste		Cubic Yards of Waste	Name of Regist	L ered Landfill		1	1		
NEWARK CARTING INC. 369 RAYMON BLVD.	Hauler		8	40		RAL SANITARY I	AND	FILL			
City, State		913		Disposal Date							
NEWARK, NEW JERSEY 07105					City/State ) PLAINFIELD TO	WNSHIP PA					
Completed by (Print or Type)  BEN IAMIN SANCHEZ	DATIO	NO.		Signature	X	Date		0-	- /	1-	10

hour

Date of Notification (1)				Na	me of Buildin	g Owner/Oper	rator (2)	In the same	F	6	- In	7 0	D.C.	-
1 / 5 /18					The state of the s	NIVERSITY	u*		[5]	C	E	:	W	5
Agencies Notified Type Notification					eet Address 0 SOUTH ORA	NCE AVENUE	-	11/2/	1				13 [	7
X EPA Initial Notification				_			-	11171	ĺ					
DEP x Amended Notification	#1				y, State, Zip Co UTH ORANGE		-V 0707			JU	ļ	5	2018	
X DOL Cancellation					OTT OTVINGE	-, INCW JERSE	= Y U/U/	9	-					100
A SITTION					me of Contact		Īī	elephone N	lumbo	or	3.0			-
X DCA EMERGENCY NOTIF	ICATION			VIC	TORIA PIVOV	'ARNICK	9	73-761-900	0 EX	T 520	30S	CON	TROLS	I
Name of Facility Where Abatement is Taking Place	- (0)			FACILITY IN	<b>IFORMATION</b>					1.7	CLA	OCIN	3	z.
There Abatement is Taking Place	e (3)					Type of Fa						The Charles and the	Contract of the last	-
SETON HALL UNIVERSITY							ool (K-12							
						X Subc	chapter 8	Other tha	n K-1	2)				
Street Address						Square F	r (ie. pri	vate & com	mcl. b	ldgs.,				
400 SOUTH ORANGE AVENUE - UNIVERSITY CEN	ITER					99,300		# of Floors	,		E	3ldg. A		
City (5) County (6) SOUTH ORANGE ESSEX					nty Code (7)	Current Us		if being der	molieh	ned)		40+		
Name of Monitoring Firm Hired by Building Owner	(0)			(STAT	E USE ONLY)	UNIVERSI	TY	being dei	HOHSH	ieu)				
TTI ENVIRONMENTAL INC.	(8)				ASCM No.		bateme	nt Contrac	tor (9	))				-
Street Address		-			3	PAR ENVI	RONME	NTAL COR	POR	ATION	1			
1253 NORTH CHURCH STREET						Street Addr	000						C. San	
City, State, Zip Code						313 SPOO								
MOORESTOWN, NE	W JERSE	EY 080	)57			City, State, SUFFERN,	VEW S	OPV 4000						
Project Manager for Monitoring Firm		-	_	e Number		Telephone	Number			NI I	2015			
JIM GUILARDI		856	-840-8	3800		845-369-75				Numb	er			
EXPECTED START DATE (10): (RESTART)	Sched	. Com	pleti	on Date (11)		Name of OS		nitor 11	01					
Month Day Year			7 /	30/	/18	QUALITY E			SOLU	TIONS	S & TI	ECH		
Occupancy Status During Abatement (Check only one	)	onth		Day	Year						J W 11	_011.		
Facility Closed/Vacated During Entire Perio	d of Abat	ement				Street Addre								
Abatement Performed Outside of Normal Fa	acility Hou	urs - D	escrib	e:		1376 ROUT	E 9							
X Other - Describe: MON FRI. 7AM	-3:30PM					City, State,	Zip Cod	<u> </u>						
Scope of Work (Check all that apply)			23			1	W	APPINGER	S FAI	LLS. N	IY 125	590		
Demolition X	Renova	ation			X Full Con	tainment with N	Vegative	Pressure						
>3SF OR LF		auon			X Mini-Enc									
X >160 SF OR 260 LF					Non-Fria	g Procedure ble Procedure								
Location of	Is	Locatio	on		Description of A		$\neg$			_				
Asbestos-containing Material (ACM)		nally u		Co	ontaining Mater	rial (ACM)		Amount	D D	720		ment 1	Гуре	
TO BE ABATED		olely by t/Custo			(ie. Thermal sy	ystems		(Specify	M	EP	N C	NO.		
in Facility (13)	St	taff (12	odiai	ins	sulation, surfac	ing, VAT,		SF or LF)	REMOVAL	REPAIR	AP	0		
	Yes	No	N/A	1 "	n other miscell	aneous)			P		ENCAPSULE	ENCLOSURE		
1ST FLOOR SERVER BAY I			Х	SPRAY ON	I FIREPROOFI	INC	-			+	im	m		
1ST FLOOR SERVER BAY I			X		NG / INSULAT		760	SF	X	-				
1ST FLOOR SERVER BAY II							15 L	.F	X					
HALLWAY OF SERVER BAY	1	-	X	1	NG / INSULAT	ION	15 L	F	X					
The state of the s			Х	PIPE FITTII	NG		15 L	F	X					
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Name of Posistand M.										$\vdash$				$\dashv$
Name of Registered Waste Hauler NEWARK CARTING INC.	NJDEP I			Cubic Yards	of Waste	Name of Regis	stered I	andfill			-			_
869 RAYMON BLVD.	Hauler II				40	GRAND CEN	TRAL S.	ANITARY	ANDE	=11.1	L			$\dashv$
Dity, State		913		D:										
NEWARK, NEW JERSEY 07105			- 1	Disposal Dat	5353	City State								$\dashv$
Completed by (Print or Type) Title				01/02/18-07/	ignature	PLAINFIELD T	TOWNS			1		/		
BENJAMIN SANCHEZ DIRECTOR OF OPE	RATION	S		اد	ignature //	XXX		Date	1	1	-	//	(-	
		-				11)			/	/	>/	/	1	

GOCK

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

CK#31626

Special Maries    Part	Date of Notification (1)				Name of Building SETON HALL UN	Owner/Operat	or (2)		• )			10	a k
Section   Part													-
Initial Modification   Concentration   Conce	- ype redification					NGE AVENUE	111		2 /	D	F	/ W/	15
SOUTH CRANGE, NEW JERSEY 07078  SOUTH CRANGE, NEW JERSEY 07078  SOUTH CRANGE, NEW JERSEY 07078  Name of Facility Where Abatement is Taking Place (3)  SETON HALL UNIVERSITY  SETON HALL	A Initial Notification						111	II p				U	느느
DOI	Amended Notification				SOUTH ORANGE	. NFW IFRSEV	07070	111					
Decade   EMERGENCY NOTIFICATION   Name of Contact   Telephone Number	Cancellation					021.021	0/0/9	111	. 1	Livi	E	2016	3
Name of Facility Where Abatement is Taking Place (3)   FACILITY INFORMATION   Pacility (4)   LICENSING	On riold	ICATION			Name of Contact		Telephone	Numb	er U	UN	- J	7016	5
Name of Facility Where Abatement is Taking Place (3)   Type of Facility (4)   School (k-12)		CATION	1			ARNICK	973-761-90	00 EX	T. 528	33			
SETON HALL UNIVERSITY	Name of Facility Where Abatement is Taking Blace	(2)			FACILITY INFORMATION		1	f.			~ ~ -	- 1000	
Size Address Select Agrees South ORANGE AVENUE - LINVERSITY CENTER South Code (7) SOUTH ORANGE AVENUE - LINVERSITY CENTER South Code (7) SOUTH ORANGE AVENUE - LINVERSITY CENTER South Code (7) SOUTH ORANGE AVENUE - LINVERSITY CENTER South Code (7) SOUTH ORANGE AVENUE - LINVERSITY CENTER South Code (7) SOUTH ORANGE AVENUE - LINVERSITY CENTER South Code (7) SOUTH ORANGE AVENUE - LINVERSITY CENTER South Code (7) SOUTH ORANGE AVENUE - LINVERSITY CENTER SOUTH CODE (8) SOUTH ORANGE AVENUE - LINVERSITY CENTER SOUTH CODE (8) SOUTH ORANGE AVENUE - LINVERSITY CENTER SOUTH CODE (8) SOUTH ORANGE AVENUE - LINVERSITY CENTER SOUTH CODE (8) SOUTH ORANGE AVENUE - LINVERSITY CENTER SOUTH CODE (8) SOUTH ORANGE AVENUE - LINVERSITY CENTER SOUTH CODE (8) SOUTH ORANGE AVENUE - LINVERSITY CENTER SOUTH CODE (8) SOUTH ORANGE AVENUE - LINVERSITY CENTER SOUTH CODE (8) SOUTH ORANGE AVENUE - LINVERSITY CENTER SOUTH CODE (8) SOUTH ORANGE AVENUE - LINVERSITY CENTER SOUTH CODE (8) SOUTH ORANGE AVENUE - LINVERSITY CENTER SOUTH CODE (8) SOUTH ORANGE AVENUE - LINVERSITY CENTER (9) SOUTH ORANGE AVENUE - LINVERSITY SOUTH CODE (8) SOUTH ORANGE CANNOT - LINVERSITY SOUTH CODE (8) SOUTH ORANGE CANNOT - LINVERSITY SOUTH CODE (8) SOUT	, and the starting Flace	= (3)				Type of Fac	ility (4)	A.	3151-7	LICE	SLOW	MTRO	31 8
Company   Comp	SETON HALL UNIVERSITY					School	(K-12)			LIUS	:14911	<u> </u>	Pro-Companies and
Company   Comp						X Subcha	pter 8 (Other tha	an K-1	2)				
South Forward   South Grant						Other (	e. private & com	nmcl. b	oldgs.,	home	es, etc.	)	
SOUTH ORANGE		TER				Square Fee	# of Floor	s			Bldg. A	ge	1-1-1-1
Name of Mentioring Firm limited by Building Owner (8)  TI EEN/PROMISETAL INC.  Street Address Street Address Street Address Street Address Street Address 1313 SPOCK ROAD 1253 NORTH CHURCH STREET City, State, Zip Code MOCRESTOWN, NEW JERSEY (88057  Project Manager for Monitoring Firm Steet Address Street Address 1313 SPOCK ROAD 1313 SPOCK ROAD 1510 State, Zip Code SUFFERN, NEW YORK 10901  EXPECTED START DATE (10): (RESTART) Sched. Completion Date (11) Anoth. 2	[ County (o)				County Code (7)	32.22.22.22.22.22.22.22.22.22.22.22.22.2					40+		
ASCM/NO   Name of Abatement Contractor (9)					(STATE USE ONLY)	UNIVERSITY	Prior it being de	molisi	ned)				
Street Address   3   PAR ENVIRONMENTAL CORPORATION	TTI ENVIRONMENTAL INC	(8)						ctor /	2)				
1253 NORTH CHURCH STREET					3	PAR ENVIRO	NMENTAL COL	RPOR	ATIO	M:			
State	1253 NORTH CHURCH STREET					Street Addres	is	011	ATTO	•			
MOORESTOWN, NEW JERSEY 08057    City, State, 2D Code   SUFFERN, NEW YORK 10901													
Telephone Number   Ster-Penn, New YORK 1006115   Number   Ster-Penn, Name of Ster-Penn, New York 1006115   Number   Ster-Penn, New Yo	MOORESTOWN NEV	W JFR9	FY no	057		City, State, Zi	p Code						
SIMILAROII SIGNATORITE (10): (RESTART) Sched. Completion Date (11) 1	Project Manager for Monitoring Firm	· · · · · · · · · · · · · · · · · · ·			Number	SUFFERN, N	EW YORK 1090	11					
Annual	JIM GUILARDI		10000					cense	Numb	per			
Month Day Year    Month Day   Teach   Day   Day		Scher						101					
Occupancy Status Durling Abatement (Check only one)  Facility Closed/Vacated Durling Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe:    Describer   Street Abatement Performed Outside of Normal Facility Hours - Describe:	110					Name of OSH	A Monitor						
Facility Closed/Vacated During Entire Period of Abatement   Abatement Performed Outside of Normal Facility Hours - Describe:   MON FRI. 7AM -3:30PM		M	onth	0.07		QUALITY EN	VIRONMENTAL	SOLU	JTION	S&T	ECH.		
Abatement Performed Outside of Normal Facility Hours - Describe:    X	Facility Closed/Vacated During Fatire Paris					Street Address	5						
Scope of Work (Check all that apply)  Demolition  Scope of Work (Check all that apply)  Demolition  Sas OR LF  Location of Asbestos-containing Material (ACM) TO BE ABATED In Facility (13)  Staff (12) Yes No NA  SPRAY ON FIREPROOFING SERVER BAY I  ST FLOOR SERVER BAY II  ST FLOOR SERVER BAY I  ST FLOOR SERVER BAY II  ST FLOOR SERVER BAY I  ST FLOOR SERVER BAY II  ST FLO	Abatement Performed Outside of Normal Ea	of Abat	emen	t		1376 ROUTE	9						
Scope of Work (Check all that apply)  Demolition  Demolition  ASP OR LF  Location of Asbestos-containing Material (ACM) TO BE ABATED In Facility (13)  SIST FLOOR SERVER BAY I  SIST FLOOR SERVER BAY II  MAINT SUSDIAN  ASPERATOR IN FIREPROOFING  SIST FLOOR SERVER BAY II  SIST FLO	X Other - Describe: MON FRI 7AM -	3.30DM	urs - L	escribe	e:								
Demolition   A   Full Containment with Negative Pressure   X   Mini-Enclot   X   Glovebag Procedure	Agencies Notified Agencies Notified Agencies Notified Type Molification Agencies Notified Type Notification City, State, Zig Code SUITH ORANGE, NEW JERSEY 07079 Name of Cortact VICTORA PIVOVARNICK Telephone Type of Facility (Nere Abatement is Taking Place (3) SETON HALL UNIVERSITY SETON HALL UNI												
SSF OR LF X >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM) Material (ACM) TO BE ABATED Maint/Custodial Staff (12) Yes No N/A  STATION SERVER BAY I X PIPE FITTING / INSULATION 15 LF X I ST FLOOR SERVER BAY I ST FLOOR SERVER BAY I X PIPE FITTING / INSULATION 15 LF X I ST FLOOR SERVER BAY I X PIPE FITTING / INSULATION 15 LF X I ST FLOOR SERVER BAY I X PIPE FITTING / INSULATION 15 LF X I ST FLOOR SERVER BAY I X PIPE FITTING / INSULATION 15 LF X I ST FLOOR SERVER BAY I X PIPE FITTING / INSULATION 15 LF X I ST FLOOR SERVER BAY					X Full Conta	Inment with No.	WAPPINGER	RS FA	LLS, N	VY 12	590		
X		Renov	ation		X Mini-Enclo	o.	jative Pressure						
Location of Asbestos-containing Material (ACM) Material (ACM) TO BE ABATED in Facility (13)  Staff (12) Yes No NA  SPRAY ON FIREPROOFING HALLWAY OF SERVER BAY II  HALLWAY OF SERVER BAY  Name of Registered Waste Hauler Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL  Completed by (Pint or Type) Title  Name of Registered Visiter Name of Registered Landfill Rame of Registered Landfi					X Glovebag	Procedure							
Absteriat (ACM) Materiat (ACM) TO BE ABATED Main/Custodial Staff (12) Yes No N/A  IST FLOOR SERVER BAY I  IST FLOOR SERVER BAY II  IST FLOOR SERVE	AND AND A COMPANY OF A COMPANY AND A COMPANY OF A COMPANY	1			Non-Friab	le Procedure							
Material (ACM) TO BE ABATED In Facility (13)  Solely by Maint/Custodial Staff (12) Yes No N/A  IST FLOOR SERVER BAY I  ST FLOOR SERVER BAY II  NAME OF SERVER BAY II  NAME OF SERVER BAY  NO IN	Asbestos-containing				Description of As	bestos-				Abate	ement 7	Гуре	
ST FLOOR SERVER BAY I	Material (ACM)		450	2000	(ie Thermal sur	al (ACM)		RE	R			,,-	
ST FLOOR SERVER BAY I		Main	t/Cust	odial	insulation, surfacir	na VAT		MO	PA	Ç	5		
IST FLOOR SERVER BAY I  IST FLOOR SERVER BAY II  IST FLOOR SERVER BAY I	in racinty (13)			-	or other miscella	neous)	J SFOILF)	1	77	PS	SO		
IST FLOOR SERVER BAY II  IST FLOOR SERVER BAY II  HALLWAY OF SERVER BAY  X PIPE FITTING / INSULATION  15 LF  X PIPE FITTING  15 LF  X PIPE FITTING  16 LF  X PIPE FITTING  17 LF  X PIPE FITTING  18 LF  X PIPE FITTING  19 LF  X PIPE FITTING  19 LF  X PIPE FITTING  19 LF  X PIPE FITTING  10 LF  X PIPE FITTING  10 LF  X PIPE FITTING  11 LF  X PIPE FITTING  11 LF  X PIPE FITTING  12 LF  X PIPE FITTING  15 LF  X PIPE FITTING  16 LF  X PIPE FITTING  17 LF  X PIPE FITTING  18 LF  X PIPE FITTING  18 LF  X PIPE FITTING  19 LF  X PIPE FITTING  19 LF  X PIPE FITTING  19 LF  X PIPE FITTING  10 LF  X PIPE FITTI	1ST FLOOR SERVER BAY!	Yes	No	1		1980		1		E	25		
Name of Registered Waste Hauler NEWARK CARTING INC.  Name of Registered Waste Hauler NEWARK CARTING INC.  15 LF X  15 LF X  15 LF X  16 LF X  17 PIPE FITTING / INSULATION 18 LF X  19 PIPE FITTING / INSULATION 19 LF X  10 LF X  10 LF X  11 LF X  12 LF X  13 LF X  14 LF X  15 LF X  16 LF X  17 LF X  18 LF X  19 LF ITTING 19 LF X  19 LF ITTING 19 LF X  10 LF X  11 LF X  11 LF X  11 LF X  12 LF X  13 LF X  14 LF X  15 LF X  16 LF X  16 LF X  17 LF X  18 LF X  18 LF X  19 LF ITTING / INSULATION 15 LF X  16 LF X  16 LF X  17 LF X  18			_	_	SPRAY ON FIREPROOFIN	1G	760 SF	Y	1	1	1111	-	The state of
Name of Registered Waste Hauler NJDEP Waste NEWARK CARTING INC.  NAME OF REGISTER BAY SILE AND SILE AN				X	PIPE FITTING / INSULATION	ON			-	1	-		
Name of Registered Waste Hauler NEWARK CARTING INC. 369 RAYMON BLVD. 2013 369 RAYMON BLVD. 310 311 312 313 313 314 315 315 315 315 316 317 317 317 317 317 317 317 317 317 317									-	-	-		
Name of Registered Waste Hauler NJDEP Waste NEWARK CARTING INC. 369 RAYMON BLVD. Dity, State NEWARK, NEW JERSEY 07105 Disposal Date NEW	HALLWAY OF SERVER BAY				and the state of t	-11			-				
NEWARK CARTING INC.  369 RAYMON BLVD.  City, State  NEWARK, NEW JERSEY 07105  Completed by (Print or Type)  Title  Cubic Yards of Waste  40  GRAND CENTRAL SANITARY LANDFILL  City/ State  Disposal Date  01/02/18-07/30/18  PLAINFIELD TOWNSHIP, PA					CITING		15 LF	X					
NEWARK CARTING INC.  369 RAYMON BLVD.  City, State  NEWARK, NEW JERSEY 07105  Completed by (Print or Type)  Title  Cubic Yards of Waste  40  GRAND CENTRAL SANITARY LANDFILL  City/ State  Disposal Date  01/02/18-07/30/18  PLAINFIELD TOWNSHIP, PA				1									
NEWARK CARTING INC.  369 RAYMON BLVD.  City, State  NEWARK, NEW JERSEY 07105  Completed by (Print or Type)  Title  Cubic Yards of Waste  40  GRAND CENTRAL SANITARY LANDFILL  City/ State  Disposal Date  01/02/18-07/30/18  PLAINFIELD TOWNSHIP, PA			-	-									
NEWARK CARTING INC.  Hauler ID No. 913  Hauler ID No. 913  Disposal Date 01/02/18-07/30/18													_
NEWARK CARTING INC.  369 RAYMON BLVD.  City, State  NEWARK, NEW JERSEY 07105  Completed by (Print or Type)  Title  Cubic Yards of Waste  40  Registered Landfill  GRAND CENTRAL SANITARY LANDFILL  City State  PLAINFIELD TOWNSHIP, PA								-		-			
NEWARK CARTING INC.  Hauler ID No. 913  Hauler ID No. 913  Disposal Date 01/02/18-07/30/18								-					
NEWARK CARTING INC.  369 RAYMON BLVD.  City, State  NEWARK, NEW JERSEY 07105  Completed by (Print or Type)  Title  Cubic Yards of Waste  40  GRAND CENTRAL SANITARY LANDFILL  City/ State  Disposal Date  01/02/18-07/30/18  PLAINFIELD TOWNSHIP, PA													
NEWARK CARTING INC.  369 RAYMON BLVD.  City, State  NEWARK, NEW JERSEY 07105  Completed by (Print or Type)  Title  Cubic Yards of Waste  40  GRAND CENTRAL SANITARY LANDFILL  City/ State  Disposal Date  01/02/18-07/30/18  PLAINFIELD TOWNSHIP, PA				1									
NEWARK CARTING INC.  369 RAYMON BLVD.  City, State  NEWARK, NEW JERSEY 07105  Completed by (Print or Type)  Title  Cubic Yards of Waste  40  GRAND CENTRAL SANITARY LANDFILL  City/ State  Disposal Date  01/02/18-07/30/18  PLAINFIELD TOWNSHIP, PA			-	-									
NEWARK CARTING INC.  369 RAYMON BLVD.  City, State  NEWARK, NEW JERSEY 07105  Completed by (Print or Type)  Title  Cubic Yards of Waste  40  GRAND CENTRAL SANITARY LANDFILL  City State  Disposal Date  01/02/18-07/30/18  PLAINFIELD TOWNSHIP, PA													
NEWARK CARTING INC.  369 RAYMON BLVD.  City, State  NEWARK, NEW JERSEY 07105  Completed by (Print or Type)  Title  Cubic Yards of Waste  40  Registered Landfill  GRAND CENTRAL SANITARY LANDFILL  City State  PLAINFIELD TOWNSHIP, PA												A	
NEWARK CARTING INC.  369 RAYMON BLVD.  City, State  NEWARK, NEW JERSEY 07105  Completed by (Print or Type)  Title  Cubic Yards of Waste  40  Registered Landfill  GRAND CENTRAL SANITARY LANDFILL  City State  PLAINFIELD TOWNSHIP, PA	Name of Registered Western												
369 RAYMON BLVD.  City, State  NEWARK, NEW JERSEY 07105  Completed by (Print or Type)  Title  GRAND CENTRAL SANITARY LANDFILL  City State  Disposal Date  01/02/18-07/30/18  PLAINFIELD TOWNSHIP, PA	NEWARK CARTING III.			C	Cubic Yards of Waste	Name of Registe	red Landfill						
City, State  NEWARK, NEW JERSEY 07105  Disposal Date 01/02/18-07/30/18  Disposal Date 01/02/18-07/30/18  PLAINFIELD TOWNSHIP, PA					40	GRAND CENTR	AL SANITARY	ANDE	FILL	L			
Completed by (Print or Type) Title   Completed Description   Completed Descrip	City, State		913	- 1-			<)		· he he				
Completed by (Print or Type) Title   PLAINFIELD TOWNSHIP, PA	NEWARK, NEW JERSEY 07105					City) State					1		$\neg$
DIRECTOR OF OPERATIONS Date Date	Completed by (Print or Type) Title					PLAINFIELD TO	200			1	1		
	DIRECTOR OF OPER	RATION	S		oignature/	NXX	Date	1	76	11	11	1-	-

State of NJ B & G proj. #: 2018-768 Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) Check # 9002 \*\*\* NEW START DATE 06/04/2018 \*\*\* Date of Notification (1) Name of Building Owner/Operator (2) 10 16 1/10 11 1/11 18 1 Morristown National Guard Armory Agencies Notified Type Notification Street Address X EPA 430 Western Avenue Initial ☐ DEP City, State, Zip Code X DOL X Amendment Morristown, NJ 07960 Telephone Number NI HOL & DOH Name of Contact LICENSING Cancellation □ DCA Joe McBride 609-530-7136 **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K-12) Morristown National Guard Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 430 Western Avenue Bldg. Age Square Feet # of Floors County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demolished) Morristown Morris Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No.

The Whitman Companies, Inc. 0110 B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road 7 Pleasant Hill Road City, State, Zip Code City, State, Zip Code Cranbury, NJ 08512 Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Telephone Number License Number Phone Number (973)696-6869 00378 732-390-5858 Kevin Lovely Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 06/04/2018 \*\*\* 06/11/2018 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Occupied Sub-8 (7:00 am - 3:30 pm) Scope of Work (check all that apply) Demolition

 $\square > 3 \text{ sf or } > 3 \text{ if}$ Non-friable procedure ≥ 160 sf or >260 lf Is location normally used solely Location of E by maintenance/custodial e e asbestos-containing Amount Description of asbestos-containing n m staff(12) p C material to be (Specify SF or material (ACM) С 0 a abated in facility (13) a Yes No N/A Shower Room ceiling plaster X 380 saft

¥ Full Containment w/negative pressure

Mini-enclosure

Glovebag procedure

Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill B & G Restoration, Inc. 19563 Fairless Landfill

Disposal Date City, State City, State Lincoln Park, NJ 06/04/18 - 06/11/18 Morrisville.PA

▼ Renovation

Completed by (Print or Type) Signature Date Ciordana Luna Gordana Luna Secretary/Treasurer 06/01/2018

# State of NJ Notification of Asbestos Abatement

(Pursuant to NJAC 8:60-7 and 12:120-7) 2018-76B B & G proj. #: Check # N \*\*\* ON HOLD until further notice \*\*\* Date of Notification (1) Name of Building Owner/Operator (2) 10 |4 |/|2 |0 |/|1 |8 | Morristown National Guard Armory Agencies Notified Type Notification Street Address X EPA 430 Western Avenue X Initial □ DEP City, State, Zip Code ASBESTOS CONTROL & X DOL Amendment LICENSING Morristown, NJ 07960 M DOH Telephone Number Name of Contact Cancellation □ DCA Joe McBride 609-530-7136 FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Morristown National Guard Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. 430 Western Avenue Square Feet | # of Floors Bldg. Age County (6) County Code (7) City (5) (State use only) Current Use (Prior if being demolished) Morristown Morris Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. The Whitman Companies, Inc. 0110 B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road 7 Pleasant Hill Road City, State, Zip Code City, State, Zip Code Cranbury, NJ 08512 Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Phone Number Telephone Number License Number (973)696-6869 00378 732-390-5858 Kevin Lovely Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 04/23/2018 06/30/2018 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Occupied Sub-8 Scope of Work (check all that apply) Demolition Full Containment w/negative pressure Glovebag procedure >3 sf or >3 if Mini-enclosure Non-friable procedure ≥160 sf or ≥260 lf Is location normally used solely Location of E e by maintenance/custodial asbestos-containing Amount Description of asbestos-containing n m staff(12) p C (Specify SF or material to be material (ACM) C 0 a abated in facility (13) Yes No N/A v e Shower Room ceiling plaster X 380 saft Cubic Yards of Waste NJDEP Hauler ID# Name of Registered Landfill Registered Waste Hauler B & G Restoration, Inc. 19563 Fairless Landfill City, State Disposal Date City, State Lincoln Park, NJ 04/23/18 - 06/30/18 Morrisville, PA Signature Completed by (Print or Type) Title Date Gordana Luna Gordana Luna Secretary/Treasurer 04/20/2018

AEE-41 (R-04-04)

Completed by R. McDeneld Pon : WEY, PA 08072

100/1 Ken

President

<sup>\*</sup> De net use this form of assesses licensure exempled ectivities.

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Date of Notification (1) 06/01/18					of Building		Operator	r (2)		100				and the same of th	de la constitución de la constit	
Agencies Notified	Type Notification			Street	Address							JU	Ni -	- 5	2018	3
EPA	× Initial									l seek						
DEP x DOL	Amended Amendment	#			ate, Zip C HOLD I						A.S	SBES	TOS	CO	NTR	OL 8
	× Emergency	(including			of Contact	(0.655)				1	-	1	LICE	NSI	VG.	
DOH DCA	justification) Cancellation			ivaine (	or Cornact						tephon					
	000000000000000000000000000000000000000			FAC	ILITY INF	ORMAT	ION								-	_1.15-
Name of Facility Where	Abatement is Takin	g Place (	(3)					Ту	pe of Facility	(4)						
Street Address									School (K-							
Street Address								×	Subchapte Other (i.e.	r 8 (Oth private	er thar & comi	n K-12 mercia	) I buil	dinas	hom	es
City (5)								_	etc.)							
FREEHOLD								35.0	uare Feet 00	1 # 0	f Floor	S	E	Bldg. A	Age	
County (6)			Т	County	Code (7)				rrent Use (Pri		ina der	molish	ed)			
MONMOUTH				(STATE	USE ONLY	0			OME		mg dor		54)			
Name of Monitoring Firm	n Hired by Building	Owner (8	)	ASCI	M No.				batement Co							
Ctroot Address									AD PROFE	ESSIC	NALS	S				
Street Address							Street		ress E DOVE Co	OLIDT						
City, State, Zip Code		_								JURI	1					
									Zip Code OOD, NJ 0	8701						
Project Manager for Mor	nitoring Firm		T	Telepho	ne No.		Teleph		-		Licer	nse No				
				200					-9078		1200		10			
Start Date (10)				npletion	Date (11)				SHA Monitor							
06/04/18		06/06/					AAA	LE/	AD PROFE	SSIO	NALS	3				
Occupancy Status Durin							Street		ess DOVE CO	) I IDT			4.5	0.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		
Facility Closed/Vac Abatement Perform	ated During Entire F led Outside of Norm	Period of all Facility	Abaten	nent				STATE OF	Zip Code	JURI						
X Other – Describe:		idi i dollit	y i loui.	-			2.1		210 Code DOD, NJ 0	8701						
Scope of Work (Check A	II That Apply)									0.01		-				
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf			Renova Demolit				×	N	ull Containme lini-Enclosure Blovebag Prod lon-Exempted	e cedure					0	
		Is	Locati	ion						- ( ) a	3 11011			West 0 = 20%	ement	
Location	30 7 M	1	Normal	ly		De	scription	of						Ту	ре	
Asbestos-Containing TO BE AB	Material (ACM)		ed Sole iintenai		Asbes	tos Con	taining M systems	ater	al (ACM)		mount	- 1	_		щ	E
In Facil		Cus	todial 5 (12)	Staff?	(1.0.	surfa	cing, VA7	T, or			pecify or LF)		Remova	Repair	сар	ncla
(13)			( )	т		other r	niscellan	eous	5)				oval	air	Encapsulate	Enclosure
		Yes	No	N/A											te	
INTERI						F	looring			25	50SF		x			
EXTERI	OR					Sidi	ng deb	ris		1	00sf		x			
						L. Palini in										
								TIERRE								
Name of Registered Was				JDEP W		Cubic			Name of F	Registe	red Lar	ndfill				
NEWARK CARTING				auler ID 4509	140.	of Was	5(8		IESI							
City, State NEWARK, NJ							sal Date /18		City, State		ΡΔ					
Completed by		Title	-				ignature		JOETHILL	_1 1 _1 1 1 1	1.7	Date				
JOSEPH PERLSTEI	N	OWN	IER				-J. raturo					Date				

Check #/6276

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Date of Notification (1) Name of Building Owner/Operator (2) 0 EKINI Agencies Notified Type Notification Street Address [ ]EPA [ ]Initial Notification [ ]DEP [ ]Amended [ ]DOL Notification [ ]DOH Telephone Number 100 [ ]EMERGENCY [ ]DCA ERIK [ ]Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) [ ]School (K-12) [ ]Subchapter 8 (Other than K-12) Street Address [ ]Other (i.e., private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (STATE USE ONLY) MADLINOUR Current Use (Prior if being demolished) Name of Monitoring Firm hired by Building ASÇM No. Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc. N/A Street Address Street Address 86 Christopher St. City, State, Zip Code City, State, Zip Code Montclair, NJ 07042 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number N/A (973)744 - 880000371 duled Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor N/A ก็ลง Occupancy Status During Abatement (Check only one) Street Address [X] Facility Closed/Vacated During Entire Period of Abatement [ ]Abatement Performed Outside of Normal Facility City, State, Zip Code Hours - Describe: «OffHours Descript» [ ]other - Describe: «Other Occupancy Descript» Scope of Work (Check all that apply) [ ]Full Containment with Negative Pressure [ ]>3 sf or >3 lf 1Renovation Mini-Enclosure [ ]>160 sf or >260 lf √Demolition ]Glove-bag Procedure [ ]Non-Friable Procedure Abatement Type Location Location of Description of Normally Used Asbestos-Containing Asbestos-Containing NCAPSUL ROTORA Amount E Material (ACM) Solely Material (ACM) (Specify EP TO BE ABATED By Maintenance/ (i.e., thermal systems SF or OV Custodial In Facility insulation, surfacing, VAT, Staff (12) LF) (13)or other miscellaneous) No N/A CRAWL Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill AZTECH MANAGEMENT, INC. Hauler ID No. 17040 of Waste Minerva Enterprise INC City, State Disposal Date City, State rtclair, NJ 07042 Waynesburg, Ohio 44688 Completed By (Print or Type) Title Date Constantine Vivian President





Date of Notification (1) 06-01-2018			of Building Ballem	Owner/C	Operator	(2)	[m]	E G F	3 1	W	E	F	7		
Agencies Notified Type Noti	fication	Street	Address				HAL		u				COMMON SPECIAL		
▼ DOL	nded ndment #		ate, Zip Co Caldwe		7006		(Personal Control of C	JUN -	<del>- 5</del>	2018	3		<del>   -</del>		
DOH justif	rgency (including ication) cellation		of Contact Ballem				A	Telephon	e Num	ber	)L &	-			
L BOX	eliation	225000000000000000000000000000000000000	ILITY INF	ODMATI	ON			LIVE	PHORE			WALL WITH THE			
Name of Facility Where Abatement Sherman Ave Professional E	is Taking Place (3)	1 AO	ILIT INT	ORWATI	ON	Type of I	Facility (4)			V2 OIN			1000		
Street Address 230 Sherman Ave	ounding .					Sub Sub	er (i.e. priv	(Other than ate & comi	n K-12) mercial	buil	dings	, hom	es,		
City (5) Glen Ridge						Square F 13,000			S	100		\ge			
County (6) Essex			Code (7) USE ONLY	)		Current l	Jse (Prior i		nolishe	1 -					
Name of Monitoring Firm Hired by B Bioterra Solution	uilding Owner (8)	ASCI	M No.				nent Contra	ictor (9)							
Street Address 1130 W Chestnut St					Street	Address roy Lane									
City, State, Zip Code Union, NJ					City, S	tate, Zip C	ode	\.				12-7			
Project Manager for Monitoring Firm Rick Eustaquio		Telepho			Teleph	one No.	NJ 0703	Licen							
Start Date (10)	Scheduled C		94-3762 Date (11)			276-009 of OSHA 1	<u> </u>	0131	17			4			
06-16-2018	06-20-201					d Safety			te & commercial buildings, homes,  # of Floors Bldg. Age 50+ being demolished)  tor (9)  License No. 01317  License No. 01317  Abatement Type  Amount (Specify SF or LF)  Removal Repair						
Occupancy Status During Abatemen						Address oy Lane		3 50+  f being demolished)  actor (9)  Big 1  Big 2  Big 3  Big 1  Big 3  Big 3  Big 4  Big 3  Big 4  Big 4  Big 50+  Bi							
Facility Closed/Vacated During  Abatement Performed Outside  Other – Describe:	Entire Period of Abate of Normal Facility Hou	ement Irs			City, St	tate, Zip C	ode								
Scope of Work (Check All That Apply	7)				Linco	oln Park,	NJ 0703	35							
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	X Renov				×	Mini-Er Gloveb	nclosure ag Proced	ocedure							
	Is Loca	ation					iopiod (	and morn	Habit		Abate	ment	t		
Location of Asbestos-Containing Material (A)	Norm Used So		Aabaai	Des	cription	of aterial (AC		9	-		Ту	pe			
TO BE ABATED In Facility (13)	Custodial (12	Staff?	(i.e.	thermal s	systems ing, VA	insulation F, or	J(VI)	(Specify		Removal	Repair	Encapsulat	Enclosure		
Located Throughout Suite	C Yes No	N/A			VAT			1 007 SE	-	v		е			
					V/(1			1,097 31		Λ					
N(D)															
Name of Registered Waste Hauler United Safety LLC		NJDEP W Hauler ID 0036820	No.	Oubic Y of Wast TBD		33 000	ame of Reg rows Lar	istered Lar ndfill	ndfill						
City, State Lincoln Park, NJ		7030020		Disposa TBD	al Date	Ci	ty, State								
Completed by Vanco Petkov	Title Project M	lanager			gnature	and	(4)		Date 06-0	1-2	018				

CK#24511

- 12	(** P. R.	- 1	(P	ursua	ant to NJ	AC 8:60 and 5:1	16)	In E	C		1 W	E
Date of Notification (1) 6 /1 /	18	_				ng Owner/Operator eton Junction LL						
Agencies Notified Type Noti	fication			Stre	et Address				UUN	- :)	201	8
⊠ EPA				P	O Box 15	17						
☑ DOLWD ☐ Amend	led lment #			City,	State, Zip	Code		AS	SBESTO	3.00	NTR	01 8
DCA Emerg		udino	1	Vi	neland, N	IJ 08362				ENS		O E 01
(NJAC 5:23-8) justific	ation)	uumig		Nam	e of Conta	ct		Telephone	Number			-
☐ Cancel	lation			Ti	mothy Fr	ance		856-794				
				F/	ACILITY I	NFORMATION						
Name of Facility Where Abatement is	s Taking F	Place	(3)				Type of Facility	(4)				
Old Bank Property							School (K-12	2)				
Street Address							Subchapter	8 (Other than	K-12)		W-1000	
47 Princeton Hightstown Roa	nd						Other (i.e., p homes, etc.)	rivate and cor	mmerciai	DUIIG	ngs,	
City (5)							Square Feet	# of Floors	S	3ldg.	Age	
Princeton Junction, West Wi	ndsor To	wns	ship	9			6000	1		51-		
County (6)				Cou	inty Code (	7)(STATE USE ONLY)	Current Use (Pri	ior if being de	molished			
Mercer							Old Bank					
Name of Monitoring Firm Hired by Bu				ASCN		Name of Abateme	, ,					
Strategic Environmental Man	agemen	t, Ind	C.	003	0	Diamond Hui	ntbach Constru	uction Corp	).			
Street Address						Street Address	e Street, Unit I					
1634 South Delaware Street												
City, State, Zip Code						City, State, Zip Co						
Paulsboro, NJ 08066 Project Manager for Monitoring Firm						Philadelphia,	PA 19124					
Edward Keegan				phone		Telephone No.		License No	0.			
Start Date (10)	Cabadala	10			3-5711	215-739-8166		00646				
_6_ / _14_ / 18	Schedule 6				18 18	Name of OSHA M				- Contract		
	-			_ ′	10	Same as abo	ve					
Occupancy Status During Abatement  Facility Closed/Vacated During En						Street Address				3-5-077		
☐ Abatement Performed Outside of N Time of Abatement: 7AM-4:30PM	Normal Fa	cility	Hour	s - Des	scribe	City, State, Zip Co	ode					
Scope of Work (Check all that apply)												
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		Ren				☐ Mini-Encl	ainment with Negrosure Procedure Proted (*) and Nor					
		Is L	ocat	ion		,	- France ( ) and real	T TIADIC T TOO		nator	nent T	\/DO
Location of	.		ormal	lly ly by		Description of				-	_	· -
Asbestos-Containing Material (ACI TO BE ABATED		Main			Asbe	stos Containing Mat , thermal systems in	erial (ACM)	Amount		Repair	Encapsulate	Enclosure
IN Facility			dial 8 (12)	Staff?	(,,,	surfacing, VAT,	or	(Specify SF or LF)	) oval	=	psu	nusc
(13)	V	es	No	N/A	-	other miscellaned	ous)	***			late	G)
Utility Room				⊠ ×	Joint Co	ompound Assoc				-	-	_
Ground Floor rear entrance foye	100-0					150 SF						
Vault Room Rear		-			Floor Ti	mpound Assoc						
Vault Room Front		-						64 SF				
Name of Registered Waste Hauler				JDEP V		or Tile & Mastic 145 SF					Ш	
Service Transite Group			13.53.51	auler ID	S2071.77***	Cubic Yards of Name of Registered Landfill Waste Minerva Landfill						
City, State				A901#	20990	Disposal Data		iuiiii		-		
New Castle, DE						Disposal Date as needed	City, State Waynesburg	~ OH				
Completed By (Print or Type)	Title						waynesburg	у, ОП	_			
Wayne Huntbach	Proje	ct M	lana	ger		Signature	_/		Date	,	-/	P
SB-41				901		INN				-/	-/1	1

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B-1-711-17			Nan	ne of Building C	wner/Operator	(2)				
Date of Notification (1)			SET	ON HALL UNIV	ERSITY					D 5 7 F3
6 / 1 /18 Agencies Notified Type Notification				et Address		lin's	1 6	= ((	7	
				SOUTH ORANG	A CONTRACTOR CONTRACTOR		1	3 0		3 0 0
EPA Initial Notification  DEP x Amended Notification	#5		City	State, Zip Code	NEW JERSEY 07	1070	11	7-11-11-1		and and the second seco
X DOL Cancellation	,,0		1000	TIT OTVANGE, I	VEW JERSET U/	0/9		. 1	IN	- 5 2018 I
X DOH On Hold DCA EMERGENCY NOTIFIC.	MOITA			ne of Contact FORIA PIVOVAR	DNIICK	Telephone Nu				2010
		F		ORMATION	RIVICK	973-761 9000	1			
Name of Facility Where Abatement is Taking Place (	3)		TOILIT I IN	CHWATION	Type of Facilit	y (4)	A	SBE	510	S CONTROL &
SETON HALL UNIVERSITY					School (K Subchapt	er 8 (Other than	K-12	)	LIU	ENDHAG
Street Address					X Other (ie. Square Feet	private & comm	cl. bld	lgs., h	omes	, etc.)
400 SOUTH ORANGE AVENUE - UNIVERSITY CENT	ER				99,300	# of Floors			В	ldg. Age 40+
City (5) County (6) SOUTH ORANGE ESSEX				nty Code (7)	Current Use (P	rior if being dem	olishe	d)		
Name of Monitoring Firm Hired by Building Owner (8	3)		(STAT	ASCM No.	UNIVERSITY	ement Contracto	(0)			
TTI ENVIRONMENTAL INC.				3	PAR ENVIRON	MENTAL CORF	ORA	TION		
Street Address 1253 NORTH CHURCH STREET				*******************	Street Address					
City, State, Zip Code					313 SPOOK RO					
MOORESTOWN, NEW Project Manager for Monitoring Firm					SUFFERN, NE	W YORK 10901				
JIM GUILARDI		lephone 6-840-8	Number		Telephone Nun			Numbe	er	
EXPECTED START DATE (10): (RESTART)		ACCOUNT OF THE PARTY OF THE PAR	n Date (11)		845-369-7500 Name of OSHA	Monitor 110	1			
5 / 23 /18 Month Day Year		7/	30/	/18		RONMENTAL S	OLU	TIONS	S & TE	ECH.
Occupancy Status During Abatement (Check only one)	Month		Day	Year	Street Address					
Facility Closed/Vacated During Entire Period	of Abateme	nt			1376 ROUTE 9					
Abatement Performed Outside of Normal Factorial Control of Normal Cont	ility Hours - m - 11:30 pr	Describe n Sun	:: Hav - 7ΔM-3	-30PM	City, State, Zip	Codo				
			20) // (())			WAPPINGER:	S FAL	LS. N	IY 12	590
Scope of Work (Check all that apply)  Demolition  X	Renovation			Full Conta	inment with Neg	ative Pressure				
>3SF OR LF	Inenovation	lo.		Mini-Enclo	Procedure					
X >160 SF OR 260 LF				x Non-Friab	le Procedure					
Location of Asbestos-containing	Is Loca normally			Description of As ontaining Materia			_	1-		ement Type
Material (ACM)	solely			(ie. Thermal sys		Amount (Specify	É	南	NO.	NO.
TO BE ABATED in Facility (13)	Maint/Cu			sulation, surfacir	ng, VAT,	SF or LF)	REMOVAL	REPAIR	ENCAPSUL	6
	Yes No			or other miscella	neous)		12		SIL.	ENCLOSUR
1ST FLOOR SERVER BAY I		X	SPRAY OF	N FIREPROOFIN	NG	760 SF	x		-	COMPLETE
1ST FLOOR SERVER BAY I		X	PIPE FITT	ING / INSULATION	ON	15 LF	X	1		COMPLETE
1ST FLOOR SERVER BAY II		X		ING / INSULATION		15 LF	X	T	T	COMPLETE
HALLWAY OF SERVER BAY		X	PIPE FITT	Control of the Contro		15 LF	X		1	COMPLETE
1ST FLOOR SERVER BAY 1		X	VAT & MA	STIC		760 SF	X	T	1	COMPLETE
ADDITION TO SCOPE:							1	1	1	COMPLETE
1ST FLOOR SERVER BAY II AND HALLWAY		X	VAT & MA	STIC		3,300 SF	x	1	+	
						0,000 01	1	1	+	<del>                                     </del>
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							+	+	+	
							1	$\vdash$	+	
							-		-	
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							-	-	+	
Name of Registered Waste Hauler	NJDEP Wa		Cubic Yard	ls of Waste	Name of Registe	ered Landfill	1		_	
NEWARK CARTING INC. 369 RAYMON BLVD.	Hauler ID N 913			40	GRAND CENTE	RAL SANITARY	LAND	FILL		
City, State	913		Disposal D	ate	City, State					
NEWARK, NEW JERSEY 07105  Completed by (Print or Type)   Title			01/02/18-0	7739/18	PLAINFIELD TO					
BENJAMIN SANCHEZ DIRECTOR OF OPE	ERATIONS			Signature	35	Date	-	-	1/	8

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					to NJAC 8	:60-7 and 12:12	20-7)			E		5	W	FF
Date of Notification (1)						e of Building C ON HALL UNIV			2)			.23 1	i id	
5 / 31 /18					Stree	et Address						7	2000	- 111
Agencies Notified Type Notific						SOUTH ORANG		ENUE		į d	UN	- 0	2018	
	Notification ded Notification llation	#4				State, Zip Code TH ORANGE, N		ERSEY 07	079					
X DOH On Ho		TION			100000000000000000000000000000000000000	e of Contact ORIA PIVOVAI	RNICK		Telephone 973-761-9	e Numbe	. 5283	S C. ENSI	HITA NG	DL &
				FA	CILITY INF	ORMATION								
Name of Facility Where Abatement	is Taking Place (3	)					Туре	of Facility School (K	y (4) -12)					
SETON HALL UNIVERSITY							X	Subchapte	er 8 (Other private & co			homes	, etc.)	
Street Address 400 SOUTH ORANGE AVENUE - UN	JIVEDSITY CENTE	D						uare Feet	# of Flo				ldg. Ag	e
City (5)   Count		.13		-	Cour	ty Code (7)		99,300 ent Use (Pr	rior if being	demolish	ned)	-	40+	
SOUTH ORANGE ESSEX	X					USE ONLY)	UNIV	/ERSITY						
Name of Monitoring Firm Hired by I TTI ENVIRONMENTAL INC.	Building Owner (8)	)				ASCM No.			ment Cont			ı		
Street Address							Stree	et Address			,,,,,	•		
1253 NORTH CHURCH STREET City, State, Zip Code								SPOOK RO State, Zip	OCK ROAD		4	-72		
MOC	RESTOWN, NEW	JERSEY	****						W YORK 10	0901				
Project Manager for Monitoring Firm					Number		1 2	ohone Num	nber	License	Numb	per		
JIM GUILARDI EXPECTED START DATE (10): (F	RESTART)	Sched.		40-88	Date (11)			369-7500 e of OSHA	Monitor	1101	-			
5 / 23 /18			7		30/	/18			RONMENT	AL SOL	UTION	IS & T	ECH.	
Month Day Year Occupancy Status During Abatement	(Check only one)	Mor	าเก		Day	Year	Stree	et Address						
Facility Closed/Vacated Di Abatement Performed Out	uring Entire Period	of Abate	ment	Vitaria (No. 1900)			65.00000000	ROUTE 9						
X Other - Describe: Monda				scribe	1		City,	State, Zip	Code					
Scope of Work (Check all that apply)									WAPPIN		ALLS,	NY 12	590	
Demolition	<	Renova	tion			Mini-Encl		it with Neg	ative Press	ure				
>3SF OR LF X >160 SF OR 260 LF						Glovebag								
Location of		ls I	ocatio	n	l 1	x Non-Frial Description of A			1	T		Ahati	ement 1	Tyne
Asbestos-containing		norm	ally us	sed		ontaining Mater	rial (AC		Amou	int 7	교			урс
Material (ACM) TO BE ABATED			lely by /Custo		in	(ie. Thermal sy sulation, surfac		т	(Spec	10	REPAIR	ENCAPSUL	ENCLOSUR	
in Facility (13)		2000	aff (12			or other miscell			31 011	1)	72	USe	USC	
-		Yes	No	N/A				500 			+	1	Ā	
1ST FLOOR SERVER BAY I		_	-	X		N FIREPROOF			760 SF	X		_	COM	PLETE
1ST FLOOR SERVER BAY I			_	X		ING / INSULAT			15 LF	X	_			PLETE
1ST FLOOR SERVER BAY II			-	X		ING / INSULAT	ION		15 LF	X		+	The second	PLETE
HALLWAY OF SERVER BAY			-	X	PIPE FITT	yic area			15 LF	X		_	8800	PLETE
1ST FLOOR SERVER BAY 1		-		X	VAT & MA	STIC	-		760 SF	X	-	+-	COM	PLETE
ADDITION TO SCOPE:	IAI I IAIAN					0710					+	+	+-	
1ST FLOOR SERVER BAY II AND F	1ALLVVA Y			X	VAT & MA	STIC			3,300 SF	X	+	+	+-	
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×				1			All Finance				-	+	1	
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Name of Registered Waste Hauler		NJDEP			Cubic Yar	ds of Waste			tered Landfi					
NEWARK CARTING INC. 369 RAYMON BLVD.		Hauler I	ID No. 913			40	GRA	ND CENT	RAL SANIT	ARY LA	NDFIL	L		
City, State		1	010		Disposal E	Date	Çity,	State				2.1		
NEWARK, NEW JERSEY 07105 Completed by (Print or Type)	Title				01/02/18-0	7/30/18 / Signature /	PLA	NEIELD TO	OWNSHIP,	PA IDate		4,	1	1
	DIRECTOR OF OPI	ERATIO	NS			Orginature /	55	1		Date	5	15		1

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) CK 32197

Date of Notification (1)				Name of Building C SETON HALL UNIV	wner/Operator ERSITY	(2)	E	C		I W E	
5 / 24 /18 Agencies Notified Type Notification				Street Address 400 SOUTH ORANG	SE AVENUE					er eren i - region en energio de tran	Part I manual di
X EPA Initial Notification DEP X Amended Notification Cancellation	#3			City, State, Zip Code SOUTH ORANGE, N	3	7079	1	<del>(Ui</del>	-	2018	100000000000000000000000000000000000000
X DOH On Hold EMERGENCY NOTIFICA	ATION			Name of Contact VICTORIA PIVOVA	RNICK	Telephone Na 973-761-9000	mber EXT	5283	OS C	ONTROL &	<del> </del>
Name of Facility Where Abatement is Taking Place (			FA	ACILITY INFORMATION						SING	
SETON HALL UNIVERSITY	3)				Type of Facili School (N X Subchap		K-12	)			accomplish.
Street Address 400 SOUTH ORANGE AVENUE - UNIVERSITY CENTE		111-11-11-11			Other (ie Square Feet	private & comm	ncl. blo	lgs., h		etc.) dg. Age	
City (5) County (6)	:K			County Code (7)	99,300 Current Use (F	rior if being den	nolishe	ed)		40+	
Name of Monitoring Firm Hired by Building Owner (8 TTI ENVIRONMENTAL INC.	)		2000	(STATE USE ONLY) ASCM No.	UNIVERSITY Name of Abat	ement Contrac	tor (9)				
Street Address 1253 NORTH CHURCH STREET				3	Street Address		PORÁ	TION	1582 (1)		
City, State, Zip Code					313 SPOOK R City, State, Zip		-200				
MOORESTOWN, NEW Project Manager for Monitoring Firm	JERSE			Number		W YORK 10901					
JIM GUILARDI		856-8	340-88	800	845-369-7500	nber Lic	ense N	Numbe	36		
EXPECTED START DATE (10): (RESTART)  5 / 23 /18  Month Day Year			oletior /	n Date (11) 30/ /18	Name of OSHA QUALITY ENV	Monitor IRONMENTAL	SOLU	TIONS	3 & TE	CH.	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period		-		Day Year	Street Address						-
Abatement Performed Outside of Normal Fac X Other - Describe: MONDAY -FRIDAY	ility Hou	rs - De		e: 'URDAY 7AM-12AM	1376 ROUTE 9						
Scope of Work (Check all that apply)  Demolition  3SF OR LF  X >160 SF OR 260 LF	]Renova			X Full Conta X Mini-Enclo X Glovebag	inment with Neg	WAPPINGER	RS FAL	.LS, N	IY 125	90	
Location of	Isl	Locatio	n	Description of As	le Procedure bestos-		Т		Ahate	ment Type	
Asbestos-containing Material (ACM)		nally us olely by		Containing Materia (ie. Thermal sys	al (ACM)	Amount	RE	RE			
TO BE ABATED in Facility (13)	Main	t/Custo	dial	insulation, surfacing or other miscella	ng, VAT,	(Specify SF or LF)	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR	
1ST FLOOR SERVER BAY I			X	SPRAY ON FIREPROOFIN	NG	760 SF	x		1	~	
1ST FLOOR SERVER BAY I			Х	PIPE FITTING / INSULATION	ON	15 LF	x				- 70
1ST FLOOR SERVER BAY II			X	PIPE FITTING / INSULATION	ON	15 LF	X			COMPLETE	
HALLWAY OF SERVER BAY			X	PIPE FITTING		15 LF	X	-	-	COMPLETE	_
ADDITION TO SCOPE:							+	$\vdash$			$\neg$
1ST FLOOR SERVER BAY 1			х	VAT & MASTIC		760 SF	х				
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Name of Davidson LW									$\vdash$		$\neg$
Name of Registered Waste Hauler NEWARK CARTING INC. 369 RAYMON BLVD.	NJDEP Hauler I			Cubic Yards of Waste 40	Name of Regist GRAND CENTE	RAL SANITARY	LAND	FILL			$\exists$
City, State NEWARK, NEW JERSEY 07105	5.50			Disposal Date 01/02/18-07/30/18	CHY, State PLAINFIELD TO	OWNICHIE D.		,	200		$\dashv$
Completed by (Print or Type)  BENJAMIN SANCHEZ  DIRECTOR OF OPE	RATIO	NS.		Signature	E-VIINISTELD IC	Dat Dat	e (	1-	7///	10	$\dashv$

nouk		NOTIF	ICATI	ON OF AS	lew Jersey BESTOS ABATI 8:60-7 and 12:12	EMENT 0-7)		CK	4	<u> </u>	_ Z	218	30
Date of Notification (1)		(, ,	, , , , , , , , , , , , , , , , , , , ,	Nan	ne of Building C	wner/Ope	erator (			- Company of			_
					TON HALL UNIV	ERSITY		1150	E	6	E	1 11 11/7	FP.
5 / 15 /18 Agencies Notified Type Notification					et Address SOUTH ORANG	SE AVENU			15	U	į.	II W	L
X EPA Initial Notification							JE		1				
DEP X Amended Notification X DOL Cancellation X DOH On Hold	#2			sol	r, State, Zip Code UTH ORANGE, N		SEY 070	[1] [2	and the property of	JU	\i	5 2018	de annie proprieta
X DCA EMERGENCY NOTIFIC	CATION			1.553500	ne of Contact TORIA PIVOVAR	RNICK		Telephone Nu 973-761-9000		5283			-
			FA	CILITY IN	FORMATION					THE REAL PROPERTY.	- Vivo	MARTE	
Name of Facility Where Abatement is Taking Place	(3)				The second of th	Type of			MOU	1	C 29	ISING	1.8
SETON HALL UNIVERSITY							hool (K-				O 1	101112	**************************************
						Oth	bchapte her (ie. r	er 8 (Other than private & comm	K-12	las h	omoc	ete \	
Street Address 400 SOUTH ORANGE AVENUE - UNIVERSITY CEN						Square	e Feet	# of Floors	T Dic	iys., 11		dg. Age	-
City (5)   County (6)	IER					99,3		3			12.56	40+	
SOUTH ORANGE ESSEX				(STAT	nty Code (7) E USE ONLY)	UNIVER	Use (Pri	or if being dem	olishe	d)			
Name of Monitoring Firm Hired by Building Owner	(8)			(0	ASCM No.	Name of	Abate	ment Contract	or (9)				
TTI ENVIRONMENTAL INC. Street Address					3	PAR EN	VIRON	MENTAL CORF	PORÁ	TION			
1253 NORTH CHURCH STREET						Street Ad		CK ROAD			111-24		
City, State, Zip Code						City, Stat		Control of the Property of the Control of the Contr	_				
MOORESTOWN, NEV	W JERSE							V YORK 10901					
JIM GUILARDI		1	onone 340-88	Number		Telephor		12/2		Numbe	er		
EXPECTED START DATE (10): (RESTART)	Sched			Date (11)		845-369- Name of		Monitor 110	1				
5 / 23 /18 Month Day Year		7	1	30/	/18	QUALITY	Y ENVIE	RONMENTAL S	OLU"	TIONS	& TE	ECH.	
Occupancy Status During Abatement (Check only one)		nth	-	Day	Year	Street Ac							
Facility Closed/Vacated During Entire Perio	d of Abate	ement				1376 RO							
Abatement Performed Outside of Normal Fa X Other - Describe: MONDAY -FRIDA	acility Hou	rs - De	scribe	:		0:: 0::							
	1 / MIVI-12	Alvi				City, Stat	te, Zip C	ode WAPPINGER:	SEAL	1 C N	V 105	:00	
Scope of Work (Check all that apply)  Demolition	1200				X Full Conta	i inment wit	th Nega	tive Pressure	OIAL	.LO, IV	1 120	190	
Demolition X >3SF OR LF	Renova	ation			X Mini-Enclo								
X >160 SF OR 260 LF					X Glovebag Non-Friab								
Location of		Locatio	0.00000 #		Description of As	bestos-			T		Abate	ment Type	
Asbestos-containing Material (ACM)	Y. 1 AVSSV-5-57	nally us	0.000	С	Containing Materia			Amount	R	R			
TO BE ABATED	111 000000000000	olely by t/Custo	Tes 50	i.	ie. Thermal sys) nsulation, surfacir			(Specify	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR	
in Facility (13)		aff (12			or other miscella			SF or LF)	Š	77	PS	SO	
	Yes		N/A		or ourse missoula	110000)			-		F	ज़	
1ST FLOOR SERVER BAY I			X	SPRAY O	N FIREPROOFIN	1G		760 SF	X				
1ST FLOOR SERVER BAY I			X	PIPE FITT	ING / INSULATION	NC		15 LF	X				
1ST FLOOR SERVER BAY II				design in the second	ING / INSULATION			15 LF	X			COMPLET	F
HALLWAY OF SERVER BAY				PIPE FITT	Service			15 LF	X			COMPLET	
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	-		$\vdash$										

Cubic Yards of Waste

01/02/18-07/30/18 Signature

Disposal Date

40

Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL

Date

City/State/ PLANFIELD TOWNSHIP, PA

NJDEP Waste

Hauler ID No. 913

Title DIRECTOR OF OPERATIONS

Name of Registered Waste Hauler
NEWARK CARTING INC.
369 RAYMON BLVD.
City, State
NEWARK, NEW JERSEY 07105
Completed by (Print or Type)
BENJAMIN SANCHEZ
D

no UK

Date of Notification (1)						ne of Building ON HALL UNIV	Owner/Operator /ERSITY	(2)	17	ΙŒ		E	11 W 1
1 / 5 /18	3					et Address			12	-		() -++	to the second second second
Agencies Notified Type No	tification					SOUTH ORAN	GE AVENUE	į		1			
	tial Notification				City	State, Zip Cod	le			Î	JU	<u>!</u>	5 2018
	nended Notification	#1					NEW JERSEY 0	7079		1			4010
	ncellation							7904		L	of other and other		
	Hold IERGENCY NOTIFIC	ATION				e of Contact		Telephone N	umber	ASE	BEST	OS (	CONTROL
	LINGLING! NOTH IC	ATION				TORIA PIVOVA	RNICK	973-761-900	0 EXT	5283		CEN	SING
Name of Facility Where Abateme	ent is Taking Place (	(3)		F.	ACILITY IN	ORMATION	T						
1	, , , , , , , , , , , , , , , , , , , ,	.=/					Type of Facili						
SETON HALL UNIVERSITY								oter 8 (Other tha	n K_10	TY.			
Street Address							Other (ie	. private & comr	ncl. ble	das., h	nomes	etc.)	
400 SOUTH ORANGE AVENUE -	LINIVEDSITY OFNIT					3.,0	Square Feet	# of Floors				dg. Ag	
A1. (a)	unty (6)	EK			T 0		99,300	3				40+	
	SEX					ty Code (7) E USE ONLY)		rior if being der	nolishe	ed)			
Name of Monitoring Firm Hired I	by Building Owner (8	8)			(SIAIL	ASCM No.	Name of Abat	ement Contrac	4== /01		-		
TTI ENVIRONMENTAL INC.		7.50				3	PAR ENVIRO	NMENTAL COR	PORA	TION			į.
Street Address							Street Address		010	THOIS			
1253 NORTH CHURCH STREET City, State, Zip Code							313 SPOOK R						
	OORESTOWN, NEW	/ IEDSE	v none	. 7			City, State, Zip						
Project Manager for Monitoring Fire	m	TULKUL	_		Number			W YORK 1090					
JIM GUILARDI				840-88			Telephone Nur 845-369-7500	- T	ense l	Numb	er		
EXPECTED START DATE (10):	(RESTART)	Sched			n Date (11)		Name of OSH		01				
1 / 2 /18 Month Day Year			0.7	7 /	30/	/18		TRONMENTAL	SOLU	TIONS	S & TF	СН	
Month Day Year Occupancy Status During Abateme	ent (Check only one)	Mo	onth		Day	Year							
Facility Closed/Vacated	During Entire Period	of Ahate	ement				Street Address						
Abatement Performed (	Outside of Normal Fac	cility Hou	ırs - De	scribe	2:		1376 ROUTE 9	<del>j</del>					
X Other - Describe:	MON FRI. 7AM -	3:30PM					City, State, Zip	Code					
Scope of Work (Check all that appl	v)					·		WAPPINGER	RS FAI	LLS, N	VY 125	90	
Demolition	X	Renova	ation			X Full Conta X Mini-Encl	ainment with Neg	ative Pressure					
>3SF OR LF			4		1		Procedure						
X >160 SF OR 260 LF						Non-Friat	ole Procedure						
Location of Asbestos-containing			Locatio			escription of As					Abate	ment	Туре
Material (ACM)		100000000000000000000000000000000000000	nally us olely by		Co	ontaining Materi (ie. Thermal sy	ial (ACM)	Amount	RE	굠	E	EZ	
TO BE ABATED		1 100.00	t/Custo	74	ins	sulation, surfaci	no VAT	(Specify SF or LF)	REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE	
in Facility (13)		_	taff (12	)		or other miscella	aneous)	1 01 01 21)	NA.	77	JSc	JSC	
40T El 000 055 FF - 1		Yes	No	N/A							1	RE	
1ST FLOOR SERVER BAY I		-	_	X		FIREPROOF		760 SF	X				
1ST FLOOR SERVER BAY I				X	PIPE FITTI	NG / INSULATI	ON	15 LF	X				
1ST FLOOR SERVER BAY II				Х	PIPE FITTI	NG / INSULATI	ON	15 LF	X				
HALLWAY OF SERVER BAY				Х	PIPE FITTI	NG		15 LF	X				
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Name of Registered Waste Hauler		NJDEP			Cubic Yards	of Waste	Name of Regist	ered Landfill			1		
NEWARK CARTING INC. 369 RAYMON BLVD.	7000	Hauler I				40	GRAND CENTE	RAL SANITARY	LAND	FILL			
City, State			913	-	Disposal Da	to.	City   City   City						
NEWARK, NEW JERSEY 07105				- 1	01/02/18-07		City State	WNSHID DA			,	,	
Completed by (Print or Type)	Title	1985 1985 1985 1985 1	VANS			Signature		Date	е /	, /		/	10
BENJAMIN SANCHEZ	DIRECTOR OF OPE	RATION	4S	-		K	DXX		/	/	5	//	1
						1 /	1 1 19 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)					Name of Building O SETON HALL UNIVE	wner/Operator	(2)		1777	60	E-E-E	n n <i>n</i> Fæ
12 / 11 /	17					_110111		7	F.	110	H	I W E
	Votification				Street Address 400 SOUTH ORANG	E AVENUE	1	IJŀг			Name of Street	And the same of the same of the same of
DEP A	nitial Notification Amended Notification Cancellation				City, State, Zip Code SOUTH ORANGE, N		7079			JUN	<b>-</b> 5	2018
	On Hold EMERGENCY NOTIFICAT	TION			Name of Contact VICTORIA PIVOVAR	NICK	Telephone N 973-761-900		E202			
				F	ACILITY INFORMATION	u viole	373-701-900	U E . I .	5263	- 1		ONTROL 8
Name of Facility Where Abater	ment is Taking Place (3)				TOTAL OF WATTON	Type of Facilit	v (4)			Local Control	"ENS	HIV-D
SETON HALL UNIVERSITY						School (K X Subchapt		n K-12)				
Street Address						Square Feet	# of Floors		gs., n		, etc.) ldg. Ag	10
400 SOUTH ORANGE AVENUE		₹				99,300	3				40+	-
	ounty (6) SSEX				County Code (7)	Current Use (P	rior if being de	molishe	d)			
Name of Monitoring Firm Hired		-			(STATE USE ONLY)	UNIVERSITY						
TTI ENVIRONMENTAL INC. Street Address	- by Danianig Owner (0)				ASCM No.	Name of Abate PAR ENVIRON			TION			
1253 NORTH CHURCH STREET	Т					Street Address	201/ 2012					
City, State, Zip Code				-		313 SPOOK RO						
D-1 IV	MOORESTOWN, NEW J	ERSE	Y 0805	57		SUFFERN, NE		1				
Project Manager for Monitoring F JIM GUILARDI	irm		3888888		Number	Telephone Nun		cense N	lumbe	er		
EXPECTED START DATE (10):	(RESTART)	N - 1 - 1		340-88		845-369-7500	100	101				
1 / 2 /18	(RESTART)	scnea		oletioi 7 /	Date (11) 30/ /18	Name of OSHA						
Month Day Year		Мо	nth		Day Year	QUALITY ENVI	RONMENTAL	SOLU	IONS	3 & TE	CH.	
Occupancy Status During Abater Facility Closed/Vacate Abatement Performed X Other - Describe:	ment (Check only one) ed During Entire Period of d Outside of Normal Facili MON FRI. 7AM -3:3	ty Hou	ement irs - De	scribe		Street Address 1376 ROUTE 9						
Scope of Work (Check all that ap Demolition >3SF OR LF X >160 SF OR 260 LF Location of		Renova			X Full Contai X Mini-Enclo X Glovebag R Non-Friable	Procedure e Procedure	WAPPINGE	RS FAL	LS, N	IY 125	i90	
Asbestos-containing	1		Location		Description of Ast Containing Materia		************				ment T	уре
Material (ACM)	1		olely by		(ie. Thermal sys		Amount (Specify	图	REF	EN	ENC	
TO BE ABATED in Facility (13)		S	t/Custo	)	insulation, surfacing or other miscellan	g. VAT.	SF or LF)	REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE	
1ST FLOOR SERVER BAY I	1	'es	No	N/A				-		m	R	
1ST FLOOR SERVER BAY I		-	-	X	SPRAY ON FIREPROOFIN		760 SF	X	_	_		
1ST FLOOR SERVER BAY II			-		PIPE FITTING / INSULATIO		15 LF	X		_		
HALLWAY OF SERVER BAY		_		X	PIPE FITTING / INSULATIO	N	15 LF	X	_		<u> </u>	
TIMELWAT OF SERVER DAT		-		X	PIPE FITTING		15 LF	X				
	-	_	-	_								
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					Andreas International Control of the							
							Carrier Contract					
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						-			-	-		
Name of Registered Waste Haule	r N	JDEP	Waste		Cubic Yards of Waste	Name of Registe	red Landfill					
NEWARK CARTING INC.	Н		D No.			GRAND CENTR	AL SANITARY	/ LAND	FILL			
369 RAYMON BLVD. City, State		_	913				2					
NEWARK, NEW JERSEY 07105					Disposal Date 01/02/18-07/30/18	City State PLAINFIELD TO	MAIOLUD			,	/	,
Completed by (Print or Type)	Title				Signature /	- Allyrie Livio	Da	te /	2	/11	/,	
BENJAMIN SANCHEZ	DIRECTOR OF OPER	OITA	NS	-			Da	- /	4	1	//	1



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D. J. (1) (5) (1)							ALL V	_	( ! )	MA	10			
Date of Notification (1) 5/31/18			2 550	of Building C Construct	wner/Operato	r (2)								
Agencies Notified Type Notification	n			Address			House A	17.7	6	7 6	D.C.	-		
			1000000	Address 4 Porete A	VODUO		112	E	G	5 1	W	E		
EPA X Initial Amended			( Sept. 1999)					lancer				-		
DEP   Amended     X   DOL     Amendme	nt#			tate, Zip Cod			Im							
Emergence	y (including				NJ 07031		4,000		IIIN	- 5	2018			
DOH justification				of Contact				0	Numbe	٢	2010			
DCA Cancellation	on		Carla				201	997-	7161			- 2021 00		
Name of Facility Where Abatement is Tak	ing Place (S	5)	FAC	ILITY INFO	RMATION	T (5 m)	Diagram of the Control of the Contro	ASB	ESTO			DL 8		
home	ing i lace (s	,				Type of Facility	1	******	LICI	ENSI	VG	a-power		
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ou ou riddi coo						Subchapt  Other (i.e.	er 8 (Other private &	than k	(-12) arcial bu	ildina	s hom	200		
01- (5)						etc.)			si ciai bi	man ig.	5, 11011	165,		
City (5)						Square Feet	# of F	loors		Bldg.	Age			
Kearny						2300	2			60				
County (6)			County	Code (7)		Current Use (P	rior if being	demo	lished)					
Hudson			(STATE	USE ONLY)		HOME								
Name of Monitoring Firm Hired by Building	Owner (8)		ASCI	M No.	Name	of Abatement C	ontractor (9	9)				_		
						Environment		- 6	_C					
Street Address						Address								
					PO	Box 483, 4 E	Gate Driv	ve						
City, State, Zip Code						state, Zip Code								
						wood, NJ 07	418							
Project Manager for Monitoring Firm		T	Telepho	ne No.	The state of the s	none No.		iconso	ise No.					
					140	764-2276	- 01 6	703	s INO.					
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6/9/18	6/20/18		ripidadir	Date (11)	Name	OI OSHA MONILO								
Occupancy Status During Abatement (Che	ck Only On	e)			Stroot	Address								
					Street	Address								
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor	Period of A	baten	nent		City	t-t- 7:- 0t-								
Other - Describe:	mar r domity	i ioui.			City, S	tate, Zip Code								
Scope of Work (Check All That Apply)														
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					×	Non-Exempte	ed (*) and N	Non-Fri	iable Pr	ocedu	re			
	Is	Locati	ion								emen	t		
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TO BE ABATED In Facility	10 SAC 02000		Staff?		ermal systems		(Spe		Re	R	Encapsulate	Enclosure		
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	Voc	Nie	NUA		aror moderari	codo,			<u>a</u>	=	ulate	ure		
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		1:	5939		TBD									
City, State		Disposal Date	City, Sta											
Freehold, NJ				7	BD	Morrisville, PA								
Completed by	Title	¥ 1990			Signature	re // Date								
A. Scott Higgins	Presid	dent				M	5/31/18							

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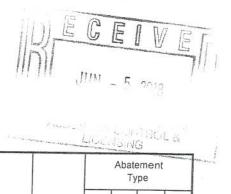
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6/1/18					of Building		Operato	r (2)										
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home									School (K-1	2)	L					Secolitical Participation of the Control of the Con		
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City (5)								×	etc.)				ai bui	aings	, nom	es,		
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Name of Monitoring Firm	Hired by Building	Owner (8	)	ASCI	M No.		Name	of Ab	atement Cont	tracto	r (9)							
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Street Address							Street											
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ony, otato, zip code									Zip Code d, NJ 074	1.0								
Project Manager for Mor	nitoring Firm			Telepho	one No.		Teleph	21-21-37-37		10	Licer	nse N	0					
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Start Date (10)				mpletion	Date (11)		Name	of OS	HA Monitor		V. 127-212	100						
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Facility Closed/Vaci	ed Outside of Norr	Period of nal Facilit	Abater v Hours	ment s			City S	tato	Zip Code									
Other - Describe:			,				City, S	iaie, 2	Tib Code									
Scope of Work (Check A	II That Apply)															-		
23 sf or ≥3 lf			Renova	ation			×	Fu	ıll Containmeı	nt with	Negat	tive P	ressu	re				
× ≥160 sf or ≥260 lf			Demoli	tion			-	Mi	ni-Enclosure					1.00				
									ovebag Proce on-Exempted		d Non-	Friabl	e Pro	cedur	е			
		10 200	Locat	1.700											ement			
Location Asbestos-Containing			Normal ed Sole				scription							13	ре			
TO BE ABA	ATED	Ma	intena	nce/		tos Cont thermal					mount Specify		R	_	En	Щ		
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throughout ap	Dartment	-		X		acous	tical ce	eiling		12	00 SF	-	Х					
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Freehold Cartage			111	5939	110.	TBD	Crave / Calalana I and Ell											
City, State						1 23	al Date		City, State		-			-				
Freehold, NJ						TBD Morrisville, PA												
Completed by A. Scott Higgins		Title	ident			Si	ignature	10	/	-		Dat						
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Name of Facility Where A	Abatement is Taking	Place (	(3)	FAU	ILITY INFO	RIVIAI	ION	Туре о	f Facility (4	1)	No. of Concession, Name of Street, or other Designation, Name of Street, or other Designation, Name of Street, Original Stree	October Comments	ULI	AOIIA	Gi	market property.			
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Street Address								∏ Si	ubchapter	8 (Oth	er than l	K-12)	1. 11			nanan.			
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Elizabeth						Square 2100	Feet	2	of Floors Bldg. Age 64										
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Union			USE ONLY)			НОМ			ng donn	0110110	۷,								
Name of Monitoring Firm Hired by Building Owner (8)					M No.				ment Cont										
Street Address								ABS Environmental Services,LLC											
		Street Address PO Box 483, 4 E						Gate Drive											
City, State, Zip Code		City, State, Zip Code																	
Project Manager for Monitoring Firm							Glenwood, NJ 07418												
Project Manager for Moni		Telepho	ne No.			none No.	70		Licens	e No.									
Start Date (10) Scheduled Co					Date (11)			764-22 of OSHA			703								
6/11/18 6/20/18					Date (11)		ivaine	UI USHA	IVIOTITO										
Occupancy Status During	Abatement (Check	Only O	ne)				Street	Address		-									
Facility Closed/Vacated During Entire Period of Abate Abatement Performed Outside of Normal Facility Hour Other – Describe: basement					ment City, State, Zip Code														
Scope of Work (Check All	That Apply)												_						
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	Renova Demolit	The state of the s					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure										
		100	Locati	-									Abatement						
Location Ashestos-Containing N			Normally Used Solely by				Description of						Туре		ре				
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)			intenar todial S (12)		ce/ Asbestos Containing			tems insulation, , VAT, or		Amount (Specify SF or LF)			Remova	Repair	Encapsulate	Enclosure			
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Name of Registered Waste	e Hauler		N.	IDEP W	aste I	Cubic '	Varde		lama of De	aniata	ad Lass	ICII							
Tony's Cleanup & Hauling					NJDEP Waste Cubic of Walter ID No. TBD			aste		Registered Landfill  Brothers Sanitary Landfill									
City, State Bridgewater NJ	***			(1927 <del>-19</del> 75)	1		al Date	City, State						-					
Completed by		Title					gnature		Exton, P	A		Date							
A. Scott Higgins President							A.			5/1/18									



_						(Purs	uant to NJAC 8:60	and 12	2:120)		( )	H 110	$\circ$							
	of Notification	(1)			Nam	e of Build	ng Owner/Operator (2)								-					
-	1/18					Lyndhurst Board of Education														
	ncies Notified		otification			t Address			V.C=	100	m	GET	W	15	Ti	711				
X	EPA	X	Initial		-	Fern L	(1) (1) (T)						and the same of th	description of	111					
	DEP		Amended		01 88	State, Zip									111	111				
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☑ DOH   justification)   Scott Bisig   ☐ Cancellation										20	1-438-568	3			-					
-	DCA		Cancellation				ACILITY INFORMA	TION			I	BESTOS CON	ITA	3L8	ž.					
Name	e of Facility Wh	ere Abat	ement is Taking Place (3)				ACILITY INFORMA		-55in- (4)		1	LICENSIN	G							
	dhurst High								e of Facility (4)		Lymnarous	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT								
	t Address								0.0000000000000000000000000000000000000											
	Weart Ave	nue							Subchapter											
									Other (i.e. p	rivat	te & Comm	ercial buildings, h	ome	s, etc	.)					
City (5		108.59			2.200			Saua	re Feet	H of	Floors	011. 4	and the second s							
Lync	thurst							1	,000+	2+	10013	Bldg. Age 70+								
Count	y (6)					County	/ Code (7)		ent Use (Prior if bei		emolished)	70+								
Bergen					(STATE	USE ONLY)		h School		amonsinea <sub>j</sub>										
Name of Monitoring Firm Hired by Building Owner (8)							ASCM No.													
McCabe Environmental Services, L.L.C						00118	Name of Abatement Contractor (9) Unicorn Contracting Corp.													
Street	Address						100116	0.5		ing	Corp.									
STATE OF STATE		k Ave						1200 2000	t Address											
X								32 Willow Way												
Lyndhurst, NJ 07071								City, State, Zip Code												
						_			odland Park, N	11 0	7424									
	project Manager from Monitoring Firm Ohn Chiaviello art Date (10) /21/18 ccupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Peri Abatement Performed Outside of Normal Other - Describe: Sub 8 Occupied Ope of Work (Check All That Apply)					one No.		hone No.			License No.									
and the second of the second o						38-4839	973-	-333-9176			01331									
							letion Date (11)		of OSHA Monitor											
		aa Aba			6/29/	18		Envi	rovision Cons	ulta	nts, Inc.									
								Street	Address											
						nt		20-2	1 Wagaraw R	d., E	3ldg. 35-E									
				l Facility	Hours			City, S	tate, Zip Code											
X	Other - Des	cribe:	Sub 8 Occupied					Fair	Lawn, NJ 074	10										
			Apply)																	
	≥3 sf or ≥3	950			X	Renov	ation	▼ Full Containment with Negative Pressure												
X	≥160 sf or ≥	260 If				Demol	ition	$\times$	Mini-Enclosur											
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									Non-Exempte	d (*	) and Non-I	Friable Procedure								
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	land Park, N	lew le	rsev					Disposa	ii Date	1	01	City, State								
mplet				Trial				TBD	Simular / /	Morrisville, PA										
	Golcev			Title	104				Signature	Date										
				Joenera	al Mana	ger			1///~	1	///		5/3	1/18	3					
									V//		1 1					100				



### State of New Jersey Notification of Asbestos Abatement Continuation Sheet

Location of		Loca						temen ype	t
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)	Used Solely by Maintenance/ Custodial Staff: (12)			Asbestos Containing Material (ACM)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Library Office Levelle and St. 2011	Yes	No	N/A					е	
Library Office - Inwalls and Floors & Above Ceiling		Х		Pipe Insulation	100 LF	Х			
Library Office		Х		Sink Undercoating	1 sink	Х			
Rooms, 149, 150, 219, 220, 228, 228 A, 228 F, & 228 G		X		9" Floor Tiles & Mastic with plywood & carpet	6,200 SF	Х			
Rooms, 149, 150, 219 & 220		Х		Presumed Chalk/ Cork Board Mastic	800 SF	X			
Basement for Plumbing Connections	X			Pipe Insulation	3 LF	X			
Room 150, 233 & 235		Х		3 Floor Core Locations in Floor Materials - 2" Diameter holes	1 SF	X			
Room 219, 220, & 228		х		3 Roof/ Ceiling Core Location - Roof/ Deck Materials - 2' x 2' each	12 SF	Х			

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 4-3/-Agencies Notified Type Motification Street Address BESTOS CONTROL & LICENSING EPA Initial DEP City, State, Zip Code Amended DOL Amendment # Emergency (including Name of Contact DOH justification) DCA Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Street Address School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age 400 County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Street Address Po Box // City, State, Zip Code BOX City, State, Zip Code Project Manager for Monitoring Firm Telephone No. Telephone No. 7-774-46 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement 100 Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Туре Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Encapsulate Maintenance/ TO BE ABATED (i.e. thermal systems insulation, (Specify Remova Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A M9U/ATTOW Name of Registered Waste Hauler NJDEP Waste Name of Registered Landfill Cubic Yards Hauler ID No. of Waste City, State City, State Disposal Date 6-15-12 BIRDSBORO

Completed by

Date

Signature

Print Form

May.30.2018 02:08 PM A	. Ma	c Co	nt.ra	actin	~		20100						
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5/20/18			Nam	o of Build	ing Owner	Operato	PELM		1	20 4	0	4	8
Agencies Nation Type Notifices	oh	-	Bires	R Address	mal	F 1990	PEG M		ASBE		S,d	her	AOL
DEP Amended			Cny.	Statu, Zig	Cada			-	PINE		-	-	WE
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City, Blate, 2p Code UNIUN N5 0708	3					City, B	late, Zip Co	1	_			-	
Project Manager for Monttoring Firm			Teleph	one No.	***************************************	Talanh	nd Park, l	J.J.					
RICH E.	Rehad	Jad N	908	-201	-0 az	201-2	62-5841		00156	Vo.			
5/31/18	1	/ /	mpusuon 7/1	Dele (11		Name of	OSHA Mil	tor mennel s	iervices ir				$\dashv$
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Name of Registered Waste Hauler								-		_		-	$\dashv$
Newark Carting, Inc.		N.	DEP W	este No.	Ouble You	ales :		Hegiste					-
City, State			509	,		2			Senitary	Len	dfill		
Newark, N.J. 07105 Completed by					5/30	O STO	Cky, !	inte Ingyl, PA	08072				-
R. McDonald	Tite Pres	Ident	and the second		Sign	77/1	Pen Pen	1	Date	17.	۵/	7	-