### 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) June 01, 2017 Rockaway Township Boar of Education Agencies Notified Type Notification Street Address X EPA X 16 School Road, P.O. Box 500 Initial City, State, Zip Code DEP Amended JUN - 8 2017 Hibernia, NJ 07842 X Amendment # DOL Emergency (including Name of Contact Telephone Number X DOH justification) Donnamarie Palmiere ASBESTOS CONTROL X DCA Cancelation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Catherine A. Dwyer School X School (K-12) Street Address Subchapter 8 (Other than K-12) 655 Mount Hope Road Other (i.e. private & Commercial buildings, homes, etc.) City (5) Bldg. Age Square Feet # of Floors Wharton 61,560 46 yrs. County Code (7) County (6) Current Use (Prior if being demolished) (STATE USE ONLY) School Morris Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Hillmann Consulting, LLC 00023 Unicorn Contracting Corp. Street Address Street Address 1600 route 22 East, Suite 107 32 Willow Way City, State, Zip Code City, State, Zip Code Union, NJ 07083 Woodland Park, NJ 07424 Project Manager fo Monitoring Firm Telephone No. Telephone No. License No. Craig Abrams 908-688-7800 01331 973-333-9176 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor June 22, 2017 July 2, 2017 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check Only One) Street Address X Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Rd., Bldg. 35-E Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Fair Lawn, NJ 07410 Scope of Work (Check All That Apply)

	≥3 sf or ≥3 lf		X	Renovation	1	X	Full Containment with Neg	ative Pressure				
X	≥160 sf or ≥260 lf			Demolition	1		Mini-Enclosure					
					3		Glovebag Procedure					
					81		Non-Exempted (*) and Nor	n-Friable Procedure				
			Is Locatio	on				¥9	T		temer	nt
	Location of	1	Normall		772	Desc	cription of			T	уре	_
	Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility  (13)	M	sed Sole- laintenar stodial S (12)	ice/	(i.e. the	rmal s urfac	ining Material (ACM) systems insulation, ing, VAT, or iscellaneous)	Amount (Specity SF or LF)	Remova	Re	Encapsulate	Enclosure
	59 - 5A	Yes	No	N/A					oval	Repair	late	sure
					***SEE COI	NTIN	IUATION SHEET***					
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e/										_		
lame	of Registered Waste Hauler		NJDEP /	Waste Hauler ID	No.	ubic \	'ards of Waste	Name of Regustered	.andfil	4		
Jnic	orn Contracting Corp.		00358	344	2	+0.		Fairless Hills Lar	ndfill			
ity, S	, State				0	ispos	al Date	City, State				
Noc	odland Park, New Jersey				T	BD		Morrisville, PA				
	lated by	Tiele					Signature	17 1	1000			

General Manager

June 01, 2017

Dimo Golcev

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



	1000000	Locat		4				ement rpe	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)	Use Mai	d Sole ntena	ely by nce/ Staff:	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A						
Boiler Room	Х			Pipe Fitting Insulation	140 LF	XX			
Boiler Room	Х			Boiler Breeching Insulation	300 SF	XX			
Boiler Room	Х			Boiler Furnace Compartment Gaskets	336 LF	XX			
Boiler Room	Х			Boiler Furnace Door Insulation	12 SF	XX			
Boiler Room	Х			Boiler Rib Gaskets	552 LF	XX			
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Date of Notification (1) 5-26-2017			f Building		Operator	(2)			ASBEST	28.0	OM	TRO	2		
	1 = 11 = 11				Dak Bui	ders						JEN!			L U
Agencies Notified  EPA	Type Notification	1		Street A	Address avis Av	enue									
DEP DOL	Amended Amendmen				ate, Zip C y, NJ 0			-							
DOH DCA	iustification Cancellatio	)		Name o	f Contact oares					Te	ephone Nu	mber			
Name of Facility Manager	- Ab -44: - T-1:	DI (6		FACI	LITY INF	ORMAT	ON								
Name of Facility When Residential	e Abatement is Takii	ng Place (3	5)					Ту	oe of Facility (4)						
Street Address								×	School (K-12 Subchapter 8 Other (i.e. pri etc.)	(Oth	er than K-1 & commerc	2) ial bui	ldings	, hom	ies,
City (5) Lyndhurst, NJ 070	071							155-51165	uare Feet 64	# o 2	f Floors	1000	3ldg 96+	Age	``
County (6) Bergen					Code (7) USE ONLY	)		Cu	rrent Use (Prior	if be	ng demolis	hed)			
Name of Monitoring Fi	rm Hired by Building	Owner (8)		ASCN	/ No.				batement Contr						
Street Address									nvironmenta	al Se	rvices, LI	_C			
							Street 235		inia Avenue						
City, State, Zip Code									Zip Code City, NJ 0730	)4					
Project Manager for M	onitoring Firm			Telepho	ne No.		Teleph 201-3		No. -8855		License N 01174	lo.			
Start Date (10) 5-27-2017		Schedule 5-27-20		mpletion	Date (11)				SHA Monitor s above						
Occupancy Status Dur	ing Abatement (Che	Toursenance: court					Street								
➤ Facility Closed/Va	acated During Entire med Outside of Nor	Period of A	Abater	nent				////	Zip Code						
Other – Describe:							Oity, O			-	-				
Scope of Work (Check  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	155,050		enova				×	1 1	ull Containmen Ini-Enclosure	nt with	Negative F	<sup>o</sup> ressu	ire		
							×	- ·	Slovebag Proce lon-Exempted (	dure	d Non-Friah	le Pro	cedu	re	
		Is	Locat	ion						7		T	Abat	emen	t
Locati			lorma d Sole				scription					-	T	уре	
Asbestos-Containir TO BE A	BATED	Mai	ntena odial S	nce/		tos Cont thermal			ial (ACM) ulation,		mount Specify	R	_	Enc	m
In Fac (13	Contract of the contract of th	Cust	(12)	olan:			cing, VA			SF	or LF)	Remova	Repair	Encapsulate	Enclosure
·	***	Yes	No	N/A		-7111			,			/al	=	ilate	ıre
Baser	ment		X			Pipe	insula	tion		3	0 LF	Х			$\Box$
Baser	ment	X				VAT			65	50 SF	Х				
Property p	erimeter	X			Asbe	stos Si	ding	3	10	00 SF	Х				
Name of Registered W	anta Llouine					T 6									
Green Environmen			H	IJDEP W lauler ID 034889	No.	Oubic of Was			Name of Re	A.					
City, State Jersey City, NJ				V=/*		Dispos 5-27-2	al Date 2017		City, State Morrisville	e, P	Α				
Completed by Liliana Serrano		Title					ignature		(		Da		2000 a		
Linaria Serrano		Office	ıvıar	iager			Lile	CE	ug)eru	la	w 5-	26-2	017		

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Date of Notification (1) 06/03/2017			Name of Daniel	f Building ( Tubb	Owner/0	Operator	(2)		i.d	Li I	J	UN	- 8	201	1	
Agencies Notified  Type Notification  EPA  DEP  Amended  Amendment			Street A	ddress ite, Zip Co	ide					AS	SBE		S CC ENS		ROL	&
X DOL Amendment Emergency S DOH JUSTIFICATION Cancellation		-	Wycko	off, NJ 07						Tele	phon	e Nur	nber			
DCA Cancellation			Daniel	Tubb	DRIMATI	ON							_		in the same of the	
Name of Facility Where Abatement is Takin House	g Place (3	)	1 701		ZKIIIATI		Туре	e of Facility								
Street Address							×	School (K-Subchapter Other (i.e.	r 8 (C					lings,	home	es,
City (5) Wyckoff							Squa N/A	etc.) are Feet		# of N/A	Floor	S		ldg. A	\ge	
County (6) Bergen			County C	Code (7) JSE ONLY)			Curr	ent Use (Pri use	ior if	bein	g der	nolish	ied)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	No.				atement Cor tement, Ir		tor (	9)					
Street Address						Street 11 R		ess igren Ave	nue				- 27			
City, State, Zip Code								Zip Code NJ 07512							******	
Project Manager for Monitoring Firm			Telephor	ne No.		Teleph 973-3					Lice 013	nse N 11	0.			
Start Date (10) 06/14/2017	Schedule 06/15/2		npletion [	Date (11)				HA Monitor tement, Ir								
Occupancy Status During Abatement (Chec						Street 11 R		ess igren Ave	nue							
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norn Other – Describe: Occupied	nal Facility	Hours	nent S			City, S	tate, 2	Zip Code NJ 07512								
Scope of Work (Check All That Apply)																
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>	-	enova emolit				×	M Gl	ull Containm ini-Enclosur lovebag Pro	e cedu	ire						
	ls	Locati	on			<u> </u>	J No	on-Exempte	a (*)	and	Non-	-Friab	1	Abate	ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED	Used Mai	ormal d Sole ntena odial S	ly by nce/		os Cont thermal	systems	fateria s insul	al (ACM) lation,		(Sp	nount	,	Re		pe Enca	Enc
In Facility (13)	Yes	(12) No	N/A			cing, VA niscellan		)		SF	or LF	.)	Removal	Repair	Encapsulate	Enclosure
Basement	X	1021		Furnac	ce Insu	latio	n		25	SF		Х				
Name of Registered Waste Hauler D&S Abatement, Inc.		H	IJDEP W lauler ID 0996		Cubic of Was TBD	Yards ste		Name of Waste	100000							
City, State Totowa, NJ					Dispos	sal Date	10	City, Stat		PA						
Completed by Oliver Hegedis	Title Projec	ct Ma	anager		S	ignature	#/	1	Collaboration -	er-szekele		Da 06	te 5/03/2	017		

								Pri	nt Eor
CK 2395 N	OTIFICATION	ate of New Jerse I OF ASBESTOS to NJAC 8:60 an	ABATE		REG	E		<u> </u>	
Date of Notification (1) 06/02/2017		f Building Owner/6 Baron Cohen	Operator	(2)	TIL JUN	- (	3 20	)17	1
Agencies Notified Type Notification	Street A	ddress			ASBEST	os c	CONT	TROI	_&
X EPA   X Initial   Amended   Amendment #_		ate, Zip Code Orange, NJ 07	052	-		CEN	SING	3	
	100000000000000000000000000000000000000	f Contact Baron Cohen			Telephone Nur	nber			
Name of Facility Where Abatement is Taking Place (3)	FACI	LITY INFORMAT	ION	Type of Facility	(4)				
House									
Street Address					r 8 (Other than K-12 private & commerci		dings,	home	s,
City (5) West Orange				Square Feet N/A	# of Floors N/A		ildg. A I/A	ige	
County (6) Essex		Code (7) USE ONLY)		Current Use (Pri House	or if being demolish	ned)			
Name of Monitoring Firm Hired by Building Owner (8) TBD	ASCN	ЛNo.		of Abatement Co Abatement, Ir					
Street Address				Address Rosengren Ave	nue				
City, State, Zip Code				State, Zip Code wa, NJ 07512					
Project Manager for Monitoring Firm	Telepho	ne No.	100000000000000000000000000000000000000	hone No. 345-8685	License N 01311	0.			
Start Date (10) Schedule: 06/13/2017 06/17/2	d Completion	Date (11)	1 CHI 20 32 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	of OSHA Monitor Abatement, Ir					
Occupancy Status During Abatement (Check Only One	:)			Address					
Facility Closed/Vacated During Entire Period of A Abatement Performed Outside of Normal Facility				Cosengren Ave	nue				
Other – Describe: Occupied	Tours			wa, NJ 07512					
Scope of Work (Check All That Apply)			1						
≥3 sf or ≥3 lf  x Re x ≥160 sf or ≥260 lf	Turne	Mini-Enclosur Glovebag Pro				e			
I to the second	ocation						Abate	ement	
Asbestos-Containing Material (ACM)  TO BE ABATED  Maii	Solely by otenance/odial Staff? (12)	Asbestos Cor (i.e. therma surfa		Material (ACM) is insulation, AT, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure

Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA
City, State Totowa, NJ			Disposal Date TBD	City, State Morrisville, PA
Completed by Oliver Hegedis	Title Projec	t Manager	Signature	Date 06/02/2017

Vermiculite

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850 SF

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## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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Date of Notification (1)				Name	e of Buildin	ng Owner/Operator (	(2)				1.72	
6/	5 /	17		Ev	elin Sant	cos			UN -	8 2	2017	i
Agencies Notified	Type Notific	ation		Stree	t Address							- 1
⊠ EPA								ASBES	STOS	CON	ITAC	JL &
□ DOLWD	☐ Amended			City,	State, Zip	Code		to the contract of	LICER	CILL	9	
□ DOH	Amendm		_		mden, N							
DCA (NJAC 5:23-8)	☐ Emergen justificati		ng		e of Contac			Telephone Nur	nher			
(NSAC 3.23-0)	Cancellat			5000	elin Sant			relephone real				
			1100000			NFORMATION						
Name of Facility Where A	batement is 1	Taking Plac	e (3)	- ' ^	OILII I II	er OrderA riole	Type of Facility	(4)				
Santos Residence		· ag · ia.	,				School (K-12					
Street Address							Subchapter	8 (Other than K-1		2		
							Other (i.e., p	rivate and comm	ercial bu	ıilding	JS,	
City (5)							Square Feet	# of Floors	BI	dg. A	ne .	
Camden							1,350	3	11 22	80	90	
County (6)				Cou	ntv Code (	7)(STATE USE ONLY)		ior if being demol				-13
Camden					, , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Residence	in the same and th				
Name of Monitoring Firm	Hired by Build	dina Owne	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)			-		
Mgmt. & Environme			4.00	100000000000000000000000000000000000000		And the second s	onmental, LLC					
Street Address						Street Address	,			75.		
PO Box 341						623 Cutler Av	venue					
City, State, Zip Code						City, State, Zip Co						
Chesterfield, NJ 085	515					Maple Shade						
Project Manager for Monit			Te	elephone	No.	Telephone No.		License No.				
Bill Weisgarber				609-298		856-755-0099	)	00842				
Start Date (10)	15	Scheduled	Comp	letion Da	ate (11)	Name of OSHA M	Monitor					
06/16/	A000000			19 /		EMSL Analyt	ical, Inc.					
Occupancy Status During	Abatement (	Check only	one)			Street Address						
□ Facility Closed/Vacate	d During Enti	re Period o	f Aba	tement		200 Route 13	0 North					
☐ Abatement Performed	Outside of No	ormal Facil	ity Ho	urs - Des		City, State, Zip Co	ode				**	
Time of Abatement:	AM	PM/	P	M	_AM	Cinnaminsor						
Scope of Work (Check all	that apply)									_		100
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≥3 sf or ≥3 lf		11	enov emol			☐ Mini-Enc	losure g Procedure					
			OIIIOI	idon			mpted (*) and No	n-Friable Proced	ure			
				ation					Ab	atem	ent T	уре
Location		11c	Norn	nally olely by	1	Description of			70	R	Ш	m
Asbestos-Containing N TO BE ABA	Material (ACM TED	17		nance/	Asbe (i.e	estos Containing Ma e., thermal systems	iterial (ACM)	Amount (Specify	Removal	Repair	ncar	ıclo
IN Facilit		Cu		al Staff?	1 100	surfacing, VAT	, or	SF or LF)	\sigma a	-	Encapsulate	Enclosure
(13)			(1:	1 10000	-	other miscellane	ous)				ate	
		Yes	-							_	_	-
Basement					Asbest	os Paper		12 LF			Ш	Ш
		П							П	П	П	П
			tn						$\exists \exists$			
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Freehold Cartage	o riduloi			Hauler II	D No.	Waste	The section of the se	orth Landfill				
City, State				15939	9	Disposal Date						
Freehold, NJ						Disposal Date 06/19/2017	City, State	DΛ				
*		I					Morrisville					
Completed By (Print or Ty	pe)	Title	3/2			Signature	0	1	ate		7	
Christina Lynch		Vice P	resid	dent of	Operatio	ns / //// \	Vac 1x )	11	0 15	11	1	

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Date of Notification (1)					Name	of Buildin	g Ow	ner/Operator (	2)						
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Agencies Notified	Type Notifica	ation			Street	Address				į					
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⊠ DOLWD			1		City, S	State, Zip C	Code		· ·		JCEN			o lic	
☑ DOH □ DCA	☐ Emergen	117			Mai	rlton, NJ	080	53							
(NJAC 5:23-8)	justification		adıng		Name	of Contac	t			Telephone N	lumber				
	☐ Cancellat	ion			Del	Hegarty	1				_				
					FA	CILITY IN	IFOF	RMATION							
Name of Facility Where	Abatement is T	aking F	Place	(3)	-				Type of Facility	(4)					
Residence									☐ School (K-1:	2)					
Street Address		/							Subchapter			<b>L</b>	l al :		
									Other (i.e., p		imercia	bui	iaing:	5,	
City (5)									Square Feet	# of Floors	П	Bld	g. Ag	e	
Mariton									3,000	3		8	0		
County (6)		*******			Cour	ty Code (7	)(STA	TE USE ONLY)	Current Use (P	rior if being den	nolished	d)		-	
Burlington							<b>C</b> ************************************		Residence			380			
Name of Monitoring Firm	n Hired by Build	ding Ov	vner (	8)	ASCM	No.	Nar	me of Abateme	ent Contractor (9	)				-	-
Mgmt. & Environm				20.20			1		onmental, LLC						
Street Address								eet Address	•						
PO Box 341					6	23 Cutler Av	/enue								
City, State, Zip Code				-			City	, State, Zip Co	ode			_			-
Chesterfield, NJ 08	8515							laple Shade							
Project Manager for Mor	nitoring Firm			Tele	phone	No.	Tel	ephone No.	<del>12(0.02</del>	License No	),				
Bill Weisgarber				60	09-298	-4070	8	56-755-0099	1	00842					
Start Date (10)	S	Schedul	led Co	omple	tion Da	te (11)	Nar	me of OSHA N	lonitor						
06 /01 /	17	06	_ /	07	/	17	E	MSL Analyt	ical, Inc.						
Occupancy Status Durin	ng Abatement (0	Check o	only o	ne)			Stre	eet Address							
□ Facility Closed/Vacat	ted During Entir	re Perio	od of A	Abate	ment		2	00 Route 13	0 North						
Abatement Performe							City	, State, Zip Co	ode						
Time of Abatement:	AM	PM/		_PM-		AM	C	innaminsor	n, NJ 08077						
Scope of Work (Check a	all that apply)							□ F./II C	tainment with Ne	antina Danas in					
≥3 sf or ≥3 lf		D	⊠ Rei	novat	ion			☐ Mini-Enc		gative Pressure	3				
		Ē	] Der	molitic	on			☐ Gloveba	g Procedure		-052-0555				
								Non-Exe	mpted (*) and No	on-Friable Proc					
*				Locat								Aba	teme	nt Ty	/pe
Location Asbestos-Containing		n			ely by	Ashe	stas	Description of Containing Ma		Amount		Re	Re	En	Enc
TO BE AB		"		ntena			., the	rmal systems	insulation,	(Specify		Removal	Repair	cap	Enclosure
IN Faci	*	-	Cust	odiai (12)	Staff?			urfacing, VAT		SF or LF)		a a		Encapsulate	ure
(13)		18	Yes	No	N/A	1	Oti	her miscellane	ous)					te	
Living Room						Floor T	ile a	nd Mastic		60 SF		X			
Bathroom	$\boxtimes$		Linoleu	m			15 SF		X						
									5						
	************	1	$\overline{\Box}$									5			
Name of Registered Wa	IN	JDEP \	Naste	Cub	oic Yards of	Name of Regi	stered Landfill								
Freehold Cartage				F	lauler II		Wa:			lorth Landfill					
City, State			-		15939		-	posal Date	City, State						
Freehold, NJ					6/07/2017	Morrisville	e, PA								
Completed By (Print or 1				L	Signature		Mentre Maria de la companya della companya della companya de la companya della co	Date	-						
Christina Lynch	(Abc)	Title	o Dr	aeida	ent of (	Operation	ne	Oh. S	10		LISTANCES COM	_		7	
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State of New Jersey

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Date of Notification (1)	-				Nam	e of Buildir	ng O	wner/Operator	(2)		11111	0	0047	111
6 /	5 /	17			GI	assboro	Boa	ard of Educat	ion		IUN -	g	2017	Louise
Agencies Notified  EPA	Type Notific	ation				et Address				ASDE	CTAC	~~	A 17:D 0	
☑ DOLWD		d				Williams :				HODE	SIUS		NTRO	L&
⊠ DOH	Amendm				10 252	State, Zip				- Chill - Strain College Colle	April Year Look &	:		
□ DCA	☐ Emerger	ncy (inc	luding	9		assboro,		08028	2					
(NJAC 5:23-8)	justificat					e of Contac				Telephone	Number			
	☐ Cancella	ition			Ne	wport Co	onst	truction						
					FA	CILITY II	NFO	RMATION						
Name of Facility Where A	batement is	Taking	Place	(3)					Type of Facility	(4)				
J. Harvey Rodgers	School								School (K-12		004000000			
Street Address									Subchapter i  Other (i.e., p			l hui	Idinae	
301 Georgetown Ro	ad								homes, etc.)		HITICICIA	Dui	umgs,	
City (5)									Square Feet	# of Floors		Bld	g. Age	
Glassboro									20,000	2		8	0	
County (6)	V		***************************************		Cou	nty Code (	7)(ST	ATE USE ONLY)	Current Use (Pr	ior if being de	molishe	d)		
Gloucester									School					
Name of Monitoring Firm	Hired by Buil	ding Ov	wner (	(8)	ASCM	No.	Na	ame of Abateme	ent Contractor (9)					
Environmental Desi	gn, Inc.				009	5		Shade Enviro	onmental, LLC					
Street Address							St	reet Address						
5434 King Avenue								623 Cutler Av	/enue					
City, State, Zip Code							Ci	ty, State, Zip Co	ode			-		
Pennsauken, NJ 081	109							Maple Shade	, NJ 08052					
Project Manager for Monit	oring Firm			Tel	ephone	No.	Te	elephone No.		License No	0.			
Tim Gromen				8	56-616	6-9516	1	856-755-0099		00842				
Start Date (10)06				200		ate (11) 17		ame of OSHA N EMSL Analyt						
Occupancy Status During	Abatement (	Check	only o	ne)	A		Str	reet Address						
☐ Facility Closed/Vacated							1	200 Route 13	0 North					
Abatement Performed							Cit	ty, State, Zip Co	ode					
Time of Abatement:	AIVI	PIVI/		_PIV	-	_AM	(	Cinnaminson	, NJ 08077					
Scope of Work (Check all	that apply)							□ Full Cont	ainment with Neg	ativo Proseur				
≥3 sf or ≥3 lf			⊠ Rei	nova	tion			☑ Mini-Enc		alive Fressur	5			
☐ ≥160 sf or ≥260 lf			_ Der	molit	on			Glovebag	Procedure	- F.: II - B	o and <b>P</b> orticion			85
			la.	Loca	tion.		-	⊠ Non-Exe	mpted (*) and No	n-Friable Proc		2.2		
Location of	of		121016	lorma	(B)(B)(B)(B)(B)			Description o			-	- 1	tement	T
Asbestos-Containing N	laterial (ACN	1)			ely by	Asbe	stos	Containing Ma		Amount		Removal	Encapsulate Repair	Enclosure
TO BE ABAT IN Facility					ance/ Staff?	(i.e		ermal systems i		(Specify		700	aps	losu
(13)			0.000	(12				surfacing, VAT, ther miscellane		SF or LF	)	<u>a</u>	ulat	Гe
X			Yes	No	N/A		.70						Ö	
Hallways								oof Decking		<25 SF		<b>a</b>		
Exterior		$\boxtimes$		Windov	v Ca	aulking/Glazii	ng	60 LF	0	<b>I</b>				
		]									[			
		[								-	[			
Name of Registered Waste	e Hauler			100	NJDEP '			bic Yards of	Name of Regist	tered Landfill				
Freehold Cartage				1	15939		Wa 2	iste ?	GROWS No	orth Landfill				
City, State	w :====================================						Dis	posal Date	City, State					
Freehold, NJ							0	6/30/2017	Morrisville,	PA				
Completed By (Print or Typ	oe)	Title						Signature			Date			
Christina Lynch		Vic	e Pre	esid	ent of	Operation	าร	Cmst	a) 25		10	15/	17	

Check#2804		NOT		ATIO	N OF AS	BEST	S ABA	TEMENT 6)				<u> </u>	
Date of Notification (1)				Name	of Buildin	a Owner	Operator	(2)			- 0	0.4=1	
06/	05 / 1	17			damo	g owner	operator	(2)		N -	8 2	017	
Agencies Notified	Type Notificatio	n		-	t Address				Longo	=00	2011	TOO	1 0
☐ EPA  ☑ DOLWD	Initial								ASBES	IOS ( ICEN			)L &
⊠ DHSS	Amended Amendment	#		City,	State, Zip	Code			i L	.IUIIV	OHE		-
DCA	☐ Emergency (		-	Belle	ville, NJ (	07109							
(NJAC 5:23-8)	justification)			Name	of Contac	t			Telephone Num	ber			
	Cancellation		40	Sal A	damo				_l.				
	= 0 (00 = 0.00)			FA	CILITY IN	NFORM/	ATION			-			
Name of Facility Where Al	batement is Taki	ng Place	(3)					Type of Facility	(4)		-		
Private house								School (K-1	2)				
Street Address								Subchapter	8 (Other than K-1 2 private and comme	!)	م منام ان		
								homes, etc.	.)	iciai bu	mamé	js,	
City (5)								Square Feet	# of Floors	BI	dg. A	ge	- 10
Belleville, NJ 07109													
County (6)				Cour	ty Code (7)	(STATE U	SE ONLY)	Current Use (P	rior if being demolis	shed)			
Essex Name of Monitoring Firm I	disad by Building	0	(n) T										
o. Montoning I init I	med by building	Owner	(0)	ASCM	No.	line and		ent Contractor (9	9)				
Street Address						Gr Tec							
01100171001033							Address	2000					
City, State, Zip Code							lley Rd #						
						S CONTRACTOR OF STREET	ate, Zip C						
Project Manager for Monit	oring Firm		Tele	phone	No	Teleph	, NJ 0747	70	License No.				
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Start Date (10)	Sche	eduled C	omple	tion Da	te (11)		of OSHA N	Ionitor	01127				
	17	06 /	15	_ /	17	Enviro	vision Co	nsultants,Inc					
Occupancy Status During	Abatement (Che	ck only o	one)				Address	iisuitants,iiic				777	-
Facility Closed/Vacated	During Entire P	eriod of	Abate	ment		20-21 \	Vaoaraw	Road, Bldg .#	35F				
Abatement Performed ( Time of Abatement:	Outside of Norma	al Facilit	y Hour	s - Des			ate, Zip Co		332				
		- IVI/	- 101_		AM	Fair La	wn, NJ 0	7410					
Scope of Work (Check all t	that apply)					H			nation with negative	press	ure		
>3 sf or >3 If 2 160 sf or 260 If		⊠ Re	novati	on		Н	Mini-Enc	tainment with Ne Iosure	gative Pressure				
∐ ≥ 160 sf or ≥260 lf		☐ De	molitio	n		×	Glovebag	Procedure	Tent with Negative	Press	ure		
		I	Locat	ion	1		поп-ехе	mpted (*) and No	on-Friable Procedu	-	1	-	
Location o		1	Vormal	ly		De	scription o	f		Ab	atem		/pe
Asbestos-Containing M TO BE ABAT			d Sole			stos Cont	aining Ma	terial (ACM)	Amount	Rer	Rep	Enc	Enc
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(13)			(12)	1			niscellane		Gir Gr Er y	<u> </u>		Encapsulate	6
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Basement				$\boxtimes$	Pipe insu	ılation			80 LF	X			
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Gr Tech LLC City, State			] 0	03378	5	TBI		T.R.R.F. Inc					
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Date of Notification (1) 6/5/17				of Building ic Site C			(2)	H	load		61.81W.		0_4	UI	
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DOH Emergency justification DCA Cancellation	)			f Contact					Tel	anhona 1	Numb	er			
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City (5) Lakewood								re Feet	# 01	Floors		В	dg. A	ge	
County (6) Ocean				Code (7)	)		Curre	nt Use (Prid	or if bei	ng demo	lished	l)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	л No.			of Aba	tement Con			V				
Street Address							LEAD	PROFE	SSIO	NALS					
						6 WH	HITE [	DOVE CO	DURT	ij.					
City, State, Zip Code								p Code DD, NJ 08	3701						
Project Manager for Monitoring Firm			Telepho	ne No.		0.0000000000000000000000000000000000000	one No 668-9			License	e No.				
Start Date (10) 6/6/17	Schedule 6/6/17	ed Con	pletion	Date (11)		2010/03/2019		A Monitor PROFE	SSIO	NALS					
Occupancy Status During Abatement (Che		<b>e</b> . 1	ile constant		12		Addres	SOVE CO	URT	8		1100			
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	mal Facility	Hours	ient			City, S	tate, Zi	p Code DD, NJ 08							
Scope of Work (Check All That Apply)						L/1111		JD, 140 00	3701						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ACCRECATE TO	enova emolit				×	Min Glo	Containme i-Enclosure vebag Prod i-Exempted	edure					4	
	(A)	Locati lormali										_		ment	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Mai	d Sole intenar odial S (12)	ly by nce/		tos Cont thermal surfa	scription taining M systems cing, VA niscellan	laterial s insula T, or		(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A									al	- 51	ate	Гe
EXTERIOR					Siding			2	000	X					
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Name of Registered Waste Hauler NEWARK CARTING		Н	JDEP W auler ID 1509		Cubic of Was 10	Yards ste		Name of F	Registe	red Land	dfill				
City, State NEWARK, NJ					Dispos 6/7/1	sal Date 7		City, State BETHLE		I PA					
Completed by JOSEPH PERLSTEIN	Title OWN	ER			9	Signature					Date		281, 1110	=1121=	

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Date of Notification (1)		T		f Building O		Operator	(2)	-						
6/1/17				Wendlar	ıd					) E	C.	E		W
Agencies Notified Type Notification			Street A	ddress									1 11	- 0
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Emergency	(including	-  -	The section of	f Contact	070	700			Telephone	Nlumb	or			
	·		Jason						1 1 Cleanum	180111111	e)i		100	ITIO
Cancellatio				LITY INFO	RMAT	TION					11	1:1-1	IU. Nisi	ITRO
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home								School (K-12	2)					
Street Address									Other than		المائد ، حا		homo	
								other (i.e. pr etc.)	ivate & comm	erciai	Dulla	irigs,	HOTHE	5,
City (5)							2000	re Feet	# of Floors		1000	dg. A	ge	
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Name of Monitoring Firm Hired by Building	Owner (8)	le	ASCN	ЛNo.		100000000000000000000000000000000000000		tement Cont ronmental	ractor (9) Services, L	LC				
Street Address						Street	Addre	SS						-
						PO	Box 4	83, 4 E G	ate Drive					
City, State, Zip Code						1000		ip Code I, NJ 0741	8					
Project Manager for Monitoring Firm		T	Telepho	ne No.			none N -764-2		Licens	se No.				
Start Date (10) 6/10/17 or 6/11/17	Schedule 6/30/1		npletion	Date (11)		Name	of OSI	HA Monitor						
Occupancy Status During Abatement (Che	ck Only Or	ne)				Street	Addres	SS						
Facility Closed/Vacated During Entire	Period of	Abatem	nent								+			
Abatement Performed Outside of Nor     Other – Describe: Saturday/sunday w	mal Facility	Hours			_	City, S	State, Z	ip Code						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	-	Renova Demolit				<u> </u>	Mir Glo	ni-Enclosure ovebag Proc	nt with Negati edure (*) and Non-F				е	
	Is	Locati	on							1			ement	
Location of		Vormal	ly		D	escription	n of			-		1 y	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole intenar todial S (12)	nce/	(i.e. t	herma surfa	ntaining Mal system acing, VA miscella	s insula AT, or	ation,	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
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basement			Х		pipe	e insula	ation		180 LF		×			
			-				***************************************			-				
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Name of Registered Waste Hauler		13 633	IJDEP W lauler ID		of Wa	c Yards aste		1	Registered Lar			11.00		
Freehold Cartage			5939		TBD			vvesterr	n Berks Lar	natill		A =		
City, State Freehold, NJ			1		Dispo	osal Date	)	City, State Birdsbo						
Completed by	Title				T	Signatur	e	1		Date				
A. Scott Higgins	Pres	ident					h			6/1	/17			

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Date of Notification (1) 5/31/17				of Building e Renova			(2)			1 12	P	r	П	NΠ
Agencies Notified Type Notific	ation	_	Street A	Address						)	6	E	<u> </u>	₩-
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Name of Facility Where Abatement is	Taking Place (3	3)		and the second second second second			Тур	oe of Facility (	4)				54 ( I S )	
vacant property								School (K-1						
Street Address							×		8 (Other that rivate & com		nuildi	nas.	home	es.
20 Boright Avenue								etc.)						
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County (6)		T	County	Code (7)				rrent Use (Pric	a	moliched		,		
Union				USE ONLY				ilding	n ii being de	Honshed	2			
Name of Monitoring Firm Hired by Bui	Iding Owner (8)		ASC	И No.		Name		batement Con	tractor (9)					
								vironmenta		, LLC				
Street Address			-			Street /		ress 483, 4 E G	ate Drive	9 (5				
City, State, Zip Code			-					Zip Code						
						Glen	woo	od, NJ 0741	18					
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph				nse No.		-		
								-2276	703	3				
Start Date (10) 6/10/17	8/30/1		npletion	Date (11)		Name o	of O	SHA Monitor						
Occupancy Status During Abatement	(Check Only Or	ne)		22/10/12/20/10/20		Street /	Addr	ess					continue	
Facility Closed/Vacated During E Abatement Performed Outside of Other – Describe: Monday-Frida	Normal Facility	Hours	3	s well		City, St	tate,	Zip Code						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	-	Renova Demolit				×	N G	full Containme Mini-Enclosure Blovebag Proc Jon-Exempted	edure				20	
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Asbestos-Containing Material (ACI TO BE ABATED In Facility (13)	Ma Cust	d Sole intena todial S (12)	nce/ Staff?		tos Con therma surfa		ateri insu T, or		Amount (Specify SF or LF		Removal	Repair	Encapsulate	Enclosure
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roof			X		roc	of materi	ial		10,000	) ×		-		
Name of Registered Waste Hauler		IN	JDEP W	/aste	Cubic	Yards		Name of F	Registered La	andfill				
To Be Determined			lauler ID		of Wa	aste		TBD	rogiotered La	ariwilli	si	¥		
City, State Freehold, NJ					Dispo TBD	sal Date		City, State	1					
Completed by A. Scott Higgins	Title Presi	dent			3	Signature		ha		Date 5/31	/17			

## State of New Jersey

		NO		CATION	OF ASBI	ESTOS	ABATE		Cla	lal	116	5	51	<i>(</i>	
Date of Notification (1)					Building	Owner/0	Operator	(2)				(3)		F1./	
6/1/17				Rose I							n) E	G_	E	V	
Agencies Notified	Type Notification			Street Ad	ddress					Contract to					
□ EPA	× Initial									11			. */		
DEP	Amended	c.m.		-	te, Zip Co		000			1		JUN	- 8	201	7
× DOL	Amendmen Emergency		-		Brook	NJ 07	086			-					
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DCA	Cancellation	1		Jason						1			ENS!		ROL
Name of Facility Where	Abatement is Takir	ng Place (3)		FACIL	ITY INFO	ORMATI	ION	Type	of Facility (4)	<u>`~~</u>		THE PARTY OF THE P		140	ALE CAUSE
home	Todiomonicio Takii	19 / 1400 (0)							5 103						
Street Address		*************							School (K-12) Subchapter 8		er than K-1	2)			
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City (5)									etc.) re Feet	# of	Floors	TR	ldg. A	26	
Bound Brook								2,10		2	110013		3	90	
County (6)				County C	`ode (7)				nt Use (Prior		ng demolisi				
Somerset					ISE ONLY)	)			le family h		ig demons	icuj			
Name of Monitoring Fire	m Hired by Building	Owner (8)		ASCM	No		Name	_	tement Contr		(9)				
rvanie or wontoring r in	III Tilled by ballaling	Owner (0)		AGGIVI	140.				onmental			2			
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Oli Cel Madress									33, 4 E Ga	te D	rive				
City, State, Zip Code									p Code						
Oity, State, Zip Gode									, NJ 07418	8					
Project Manager for Mo	nitorina Firm		-	Telephor	ne No			one No			License N	lo.			
	mitoring Firm						973-	764-2	276		703		-		
Start Date (10) 6/14/17		Scheduled 6/30/17	Con	npletion [	Date (11)		Name	of OSH	HA Monitor				Gi .		
Occupancy Status Duri	ng Abatement (Che	ck Only One	)				Street	Addres	SS			3			
	cated During Entire med Outside of Norn basement						City, S	tate, Zi	p Code				e		
Scope of Work (Check	All That Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			nova molit				×	Mir Glo	I Containmer ni-Enclosure ovebag Proce n-Exempted	dure	040 250 V. C			3	
		1-1	ocati										Abate		
Lanatio			rmal	2-000		Do	scription	of					Ту	ре	
Locatio Asbestos-Containin <u>TO BE Af</u> In Fac	g Material (ACM) 3ATED	Used Main Custo	tenar	nce/		tos Con thermal surfa	taining M I systems icing, VA	Material s insula T, or		(8	mount specify or LF)	Remova	Repair	Encapsulate	Enciosure
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basen	nent			X		pipe	insula	tion		8	5 LF	X			
Name of Registered Wa	aste Hauler		TN	IJDEP W	aste	Cubic	Yards		Name of R	egiste	red Landfil				
Freehold Cartage			100	lauler ID 5939	No.	of Wa	ste		Western	977.00			A.		
City, State Freehold, NJ						Dispo TBD	sal Date		City, State Birdsbor		A				

Date 6/1/17

Signature

A. Scott Higgins

Completed by

Title

President

n	-
Print	Form

	1		CATION	ate of New N OF ASBE to NJAC 8	STOS	ABATE		0	100	W.	1	6	5Z	)(	)
Date of Notification (1) 6/1/17				of Building C	Owner/	Operator	(2)				- I	C	E		/ 虚
Agencies Notified  Type Notification  EPA  DEP  Amended  Amended			-	ate, Zip Coo					The Company of the Co		J	JN	- 8	20	17-
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Name of Facility Where Abatement is Taking	Place (3	)	FACI	ILITY INFO	RMAT	ION	Туре	of Facility (4	)			_			
home Street Address								School (K-12 Subchapter 8 Other (i.e. pretc.)	?) 3 (Other ivate &	comme					es,
City (5) Union							Squa 2,20	re Feet 0	# of F	Floors		7 BI	dg. A O	ge	
County (6) Union				Code (7) USE ONLY)				nt Use (Prio le family h		g demol	lishe	d)			
Name of Monitoring Firm Hired by Building C	wner (8)		ASCN	И No.			of Aba	tement Cont ronmental	ractor (9		_C				
Street Address							Addres	ss 83, 4 E Ga	ate Dri	ve		J.			
City, State, Zip Code	INTERNACIONALIA			open irila est est i se		2000 CO		ip Code I, NJ 0741	8				H		
Project Manager for Monitoring Firm		1	Telepho	ne No.			764-2			License 703	No.				
Start Date (10) 6/12/17	Schedule 6/30/17		pletion	Date (11)		Name	of OSI	HA Monitor							
Occupancy Status During Abatement (Check	Only On	e)		***		Street	Addres	ss							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma  Other – Describe: basement						City, S	State, Z	ip Code							
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	and the same of th	enova emoliti				×	Mir Glo	l Containme ni-Enclosure ovebag Proce n-Exempted	edure					e	
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	lormall d Solel intenar odial S (12)	y by nce/		os Cor therma surfa	escription ntaining N al system: acing, VA miscellar	Material s insula T, or		(Sp	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
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basement			X		pipe	e insula	ition		80	LF	-	×			
Name of Registered Waste Hauler Freehold Cartage		Н	JDEP W auler ID 5939	575555	of Wa			Name of R Westerr	100						
City, State Freehold, NJ					Dispo	sal Date		City, State Birdsbor						3	
Completed by A. Scott Higgins	Title Presi	dent				Signature	le	2		100	Date 6/1				

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Date of Notification	31/17					ELP C		TIANS	Aca	501	47	)	
Agrocies Notified  D EPA	Type Northbeston		1	Street Ad	CT BOO	BELHO		AUEW	AIVER		§	Sell Sener	- مادسور
D DOL	Amended Amendment 8	-1	_	NO4	R, Zip Code	JA LED	CAG(	NI.	07508	?			DOSES NAME OF THE PARTY OF THE
E DOH	25 Emergency (Li justification) D Constitution	country		11. A	Mores.	HULS	elos		Telephora 1	Munaber			
Memo of Pacility W	are Abstracts is Taking Pi	seer (3)		PACIL	ATY MEO	RMATION		of Facility (4)					
MARIO HE	LP CHRISTIAN.		CAD	ENT	le		0	Sebool (K-12)					
Street Address ← ⊆ ♀	BELHOUT	1.100		J			2	Subdispier 8 (i Other (i.e. priv	Other this K- this & counties	eogal pesy 13)	ihg.	houses,	etc.)
City (5)	KH HULE DO						Squar 35	6010	# ef Floors	1-2		96	<b>5</b>
Country (6)	PASSAIC		T	County C	ode (7)		Custe	g'Use (Prior i	1				
Name of Meditoring	Firm Have by Building Co			ASCN	Color Color Color Service		rgo of Aben	SCHOOL Comm	(9)	-			
	されるいいとというできて	AC			-			moval Inc	<u> </u>				_
Street Address:	as LEVANCES				-		450 So	uth River	Street				
City, State, Zip Cod				-		Ch	y, Suis, Zij	Code		ARTHUR			
Project Manager for	TAIN LAKE	5		Telephon	10.54		inckens cubune No	ack, NJ 0		pp Pia.			_
Lachery tetteralise, act	mer Summide			teselomin	as rad.	14		29-7444		0038	8		
Steet Date (40) 6/2/1	7	Schechule	/5/		æ(i1)	1	Oment	A Montor Environm	nombal				
Occupancy Beating D	Auting Abstitutes (Check Or		/	, ,	- 4		Address			-			
El Facility Closes M Abstraces Fo	(Vacated During Entire Per Street Outside of Normal I	iod of Abe	doment wes			- C	250 Ht	ryler Street	94		-		
D Other - Dayor						-, [	South	Hackensa	ck, NJ 07	606			
Scope of Work (Ch Charles after 22th	nic All That Apply)		Ranover Dersolit				10 MG	I Containment nd-Enclosure yeahing Freedi p-Enterprise (*	1100 -				<b>\$</b>
		T	s Leons	ion	T		THE THO	D-Exemples (	J BRILL PROJECT	ALL SHOWS		ne storing	rt.
	opetion of stokes Meterial (ACM)	Us	Normal ed Sole	ly by	Arhani	Descrip tos Conteinin	ntion of	(ACM)	Amount	na		Туря	T
10.	NEARATED n Facility		Modest Modfad !	md?	(i.m. sheet	mai systems i	invulation, i	sufusing.	(Specify SF or LF)			Encargandate	Eard above
	(13)	Yes	(12) No	TNA		Other miso	(ersemile					- A	34 04
64	M	165	NO	NA	THER M.	AL SYST	BH TUS	ULTION	941	= }		1	士
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Name of Registerer	Wastin Parisa			ODEP W	-	Cubic Yes	4	Maria -070-	Makeued Land	HISTER			
14 emisch ett syntillenbetreit				lauler to	No.	of Wanta	1/204	Mi	inverva E		ises,	LLC	:
Best Remov	at mc		and the same of										
						G/S		Chy, State	esburg, O	H 446	88		

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BEST REMOVAL INC

Challs/			ICATION		Jersey STOS ABATE :60 and 12:12		NT		E C	regioniejo tiko nadifikania			intF
Date of Notification (1) 05/31/17			Name o Mark		Owner/Operato	r (2)			JUL	V - 8	201	1	Lymes
Agencies Notified Type Notificat	ion		Street A	(1) (1) (1) (1)					20507		O 1 1 7 7	201	-
EPA     Initial							1	A	SBEST LI	OS C ICENS		HUL	Čι
DEP Amende  X DOL Amendr	The same same			ate, Zip Coon nfield, NJ								umaneteri viiriteit (17	
Emerger	ncy (including	-		of Contact	07003			Tal	ephone N	Viimhar			
			Mark					1	epriorie i	-			
Name of Facility Wilson At a second T	Li Di /		FAC	ILITY INFO	RMATION	T =		-					
Name of Facility Where Abatement is Ta Private House	aking Place (3	3)				Ту	pe of Facility						
Street Address						H	School (K- Subchapter		er than K	(-12)			
						×	Other (i.e. ) etc.)	orivate 8	& comme	ercial bu	ildings	, hom	es,
City (5)						Sq	uare Feet	# of	Floors		Bldg.	Age	
Bloomfield County (6)			Carratic	Code (7)		0		151		F 1 - 1			
Essex				Code (7) USE ONLY)		Cu	rrent Use (Pri	or if bei	ng demo	ilished)			
Name of Monitoring Firm Hired by Buildi	ing Owner (8)		ASCN	M No.	100		batement Co						
Competent Supervisor Street Address							ny Construc	ction Ir	ic.				
Street Address					Stree 205		iress 46 West Si	uite 14	L				
City, State, Zip Code					5,0		, Zip Code	u110 1 1					
					Tota	owa,	NJ 07512						
Project Manager for Monitoring Firm			Telepho	ne No.	Telep 973		No. 2-4244		License 01155				
Start Date (10) 06/10/17	Schedule 06/17/		npletion	Date (11)	Name	of C	SHA Monitor s above						
Occupancy Status During Abatement (C	Control of the Contro		-44 Copyright		Stree		CONTRACTOR INCOME.						
Facility Closed/Vacated During Ent Abatement Performed Outside of N Other – Describe:	ire Period of	Abatem			City,	State	, Zip Code	-10-11-			***************************************		
Scope of Work (Check All That Apply)													
× ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Control of the Contro	Renova Demolit					Full Containm Mini-Enclosure Glovebag Pro Non-Exempte	e cedure				re	
	Is	Locati	ion				Ton Enompto	<u> </u>			Abat	emen	t
Location of	1	Normal ed Sole	ly		Descriptio						T	ype	1
Asbestos-Containing Material (ACM)  TO BE ABATED	Ma	intenar todial S	nce/		os Containing hermal system	is ins	ulation,	7 7 7 7 7 7	mount Specify	7	70	Enc	m
In Facility (13)	Cus	(12)	otan :		surfacing, Va other miscella			SF	or LF)	Remova	Repair	Encapsulate	Enclosure
V 1	Yes	No	N/A	1						2	=	late	ıre
2nd Floor Bathroom		100.00	X		Plaste	r		6	0 SF	X			-
						27.							
Jame of Registered Waste Hauler		l NI	JDEP W	Vacto	Cubic Yards		News	Deci-+	endl	1611			
cademy Construction Inc.		Н	lauler ID 34422	2000	of Waste		Name of GROW	5220		11111			
City, State					Disposal Date	9	City, Stat	е					
otowa, NJ					TBD		Tullyto	wn, PA	4				
Completed by Filip Geleski	Title	erviso	r		Signatur	e	1 /	0 1	9	Date 05/31	/17		

Date of Notification	(4)		10	lomo	of Dui	Idina C	Owner / Operator	(2)		117	15	1	5	1	<b>7</b>	51
Date of Notification	5/29/2017				enim	•	owner / Operator	(2)		11	1		-	****	nii 7 mailanii	
Agencies Notified	Type Notifica	ation			Addre					+H	1	12.111			1 1 70	- Company
⊠ EPA	. ypo rroumou				, 10.01.0							JUN	- {	3 20	11/	
☐ DEP						Zip C	ode			and the second						
□ DOL	Amer Amer				laven						ASBE	STO	\$ C	ON	FRO	18
⊠ DOH		gency	100		of Co					-		Tele	hon	ie///H	impe	<u></u>
☐ DCA	☐ Cano	ellation	i i	don h	enim	ore					_					
				FAC	CILIT	Y INFO	ORMATION									
Name of Facility Will Residence	here Abateme	ent is Taking Pl	ace (3	)			Type of Facilit									
Street Address							Subchapt	53	Other tha	n K-12)						
							Other (i.e					ngs, h	ome	es, e	tc.)	
							Square Feet		# of Floo			Bldg.				
City (5)		County (6)	Co	unty C	Code (	7)	1500			2				50+		
Fair Haven		Monmouth					Current Use (	Prior if	being de	emolish	ed)					
							Residential									
Name of Monitoring	Firm Hired b	y Building Owr	ner (8)		ASC	M No.										
	**************************************						Alpha Envir		ntal Se	rvices						
Street Address							Street Addres									
City Otata 9 7in Ca	-1-						2129 Route City, State & 2		do							
City, State & Zip Co	ode						Hamilton, N									
Project Manager for	r Monitoring F	irm	Telep	hone	Numb	er	Telephone Nu 609-847-295			Li	cense		er 122:	2		
Scheduled Start Da		Scheduled Cor	npletic	n Dat	e (11)		Name of OSH	IA Mon	itor							HARLES AND
6/7/201		6/9/2017		ner til en ett en ett		**********	EMSL Analy									
Occupancy Status I		ment (Check or During Entire P			ofomo:	o é	Street Addres	0.000								
E-mail		utside of Norm					City, State & 2									
Describe:	renonneu O	utside of North	ai i ioi	JI 5 - 1	raili ic	Jopin	Westmont,									
653160	cupied During	Abatement					avesamont,	110 00	100							
Scope of Work (Ch																
					1007			Security 1	Full Con		nt with	Nega	tive	Pres	sure	
≥3 sf or ≥3					ovatio			-	Mini-End		ā	_				
≥160 sf ≥26	80 If		$\bowtie$	Den	nolition	1			Glove B							
								Samuel .	Non-Exe	empted	and No	on-Fri	-			
20 00	ocation of			Locati			Description				nount		Aba	teme	ent T	ype
	tos-Containin terial (ACM)	g		nally tolely b			Asbestos-Con Material (A)			SF	pecify or LF)				ш	-
	BE ABATED		1.	tenan			(i.e., thermal sy		.	•	J ,		Removal	Re	Encapsulate	Enclsoure
	n Facility		Custo	odial S	Staff?	i	nsulation, surfac	ing, V	AΤ				von	Repair	psu	Sou
	(13)			(12)	LALIA		or other miscella	aneous	5)				8	_	ate	le le
			Yes	No	N/A							-				
Exterior			Ш	$\boxtimes$	Ш		Siding			800sf				П	Ш	
Name of Registered	d Waste Haul	er	L		DEP V	Vaste	Cubic Yards of Waste	Name	e of Regi	stered I	Landfill	1				
ALPHA ENVIRO	NMENTAL				0333		10	Grov	vs Land	lfill						
City, State							Disposal Date	City,	State							Q1-15-150-
Trenton, NJ							Various	Morr	isville,	PA						
Completed By (Prin				Titl	777		Signature		~				ate		4 500	
Rod Richardson					oject		Rod Rich	and	เกท			5	129	/20	17	
				Mis	anage	31	- Mai . Anu	wes 41-	4-1			1				

					N OF ASB			VIL: VI	Ch	er. K	4-1	38	5	)	*********
Date of Notification (1)				Name of	Building O	wner/Op	erator (2	)	- (1)	115	A E	T I	5	W	F
5–31–17				<b>KPMG</b>	, Inc.							9 1	5	U	
Agencies Notified	Type Notification			Street Ac	ldress						Ni -		0.70		-
Ø EPA	□ Initial			3 Ch	estnut	Rid	ge Ro	oad		1	and the state of t	UN -	0	004	7
□ DEP	☐ Amended			City, Star	te, Zip Code	2				- 111	14	11/14	_ 8	201	
X DOL	Amendment			Mont	vale,	NJ	07645	5		Ì	1				
DOH DCA	Emergency ( justification)  Cancellation			Name of						Telep	hofie Num	ELOS LICE			OL
D DCA	Li Cancenation			F . C.						-		Lity	IVA	Z Z	
Name of Facility Where Aba	atement is Taking F	Place (3)		FACII	LITY INFO	RMAT	ION	200	2 F 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
75 Chestnut R		idec (5)						Type o	of Facility (4)						
Street Address	rage moda								chool (K-12)						
DOSCOVOR NATION PROPERTY.	dan Dond								Subchapter 8 (			L			
75 Chestnut R	lage Road							- 173	Other (i.e. priv	vale & c	ommerciai	building	gs, noi	nes, et	c.)
City (5)								Square		# of !	Floors	В	ldg. A	ge	
Montvale									,000		3		50yı	s.	
County (6)				County C				Curren	it Use (Prior i	f being	demolished	i)			
Bergen				STATEL	SE ONLY)	_			cant						
Name of Monitoring Firm H		2000	-	ASCM	l No.		Name o	of Abate	ment Contrac	ctor (9)					
Whitestone As	sociates,	Inc.							h Envir		ental (	Co.	Inc		
Street Address				-1				Address				/-			
1500 Manor Dr	ive								s Avenu	e					
City, State, Zip Code								tate, Zip		200					
Chalfont, PA	1001/									104	01				
Project Manager for Monitor				Telephon	- N/-				own, PA	194					
Jeremy Hasset				0.50		00	10.750.00010.00	one No.	0000		License N				
Start Date (10)	<u> </u>	6111			712–27	00	// // // // // // // // // // // // //	2010)20100	-9920		00398	3			
		Scheduled	Comp	oletion Da	te (11)				\ Monitor		2				
6-1-17		6-1	5–1	7					n Envir	onme	ntal (	.,I	nc.		
Occupancy Status During Al	batement (Check O	nly One)					Street A								
☑ Facility Closed/Vacate	d During Entire Per	iod of Abat	ement				923	Haws	Avenue	е					
☐ Abatement Performed ☐ Other – Describe:	Outside of Normal	Facility Hou	irs				City, S	tate, Zip	Code	**********					
Other - Describe							Norr	risto	ownm PA	194	01				
Scope of Work (Check All T	hat Apply)														
≥3 sf or ≥3 lf		ĽX R	enovat	ion				1 Full	Containmen	t with N	egative De	occura			
≥160 sf or ≥260 lf			emolit						i-Enclosure	t with 19	egative rit	SSUIC			
								50000	vebag Proced						
							2	Nor	n-Exempted (	*) and N	Non-Friable	Proced	-		_
		1	Locati	10000000										ement	
Location		1000000	lormal d Solel				scription					-	1)	pe	
Asbestos-Containing N TO BE ABA			intena				aining M				nount			_m	
In Facility		Cust	odial S	Staff?	(i.e. ther		ems insu VAT, or		urfacing,		pecify or LF)	Ren	70	nca	Enc
(13)	-		(12)				miscellar			01	Of Li	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								=		ate	Te .
Exterior		1		1						200	077	-			
EVECTION		X			Lar	On C	concr	ete		300	SF.	X			
												-	-		-
		-		-											
Name of Registered Waste F			5.9	JDEP W		\$200 CON (CON)	Yards		Name of R	egistere	d Landfill	-	-	-	
Newark Carting	I		F	fauler ID	No.	of Wa			M2		251	1 7			
City, State				4509			-				andfi.	ΓŢ			
Newark, NJ							sal Date		City, State		~ ~~				
							5–17		wayne	spur	g, OH				
Completed by		Title				1	Signature		AMI	2		ate			
James Kelly		E	res	ident	lo	V	Min	30 11	VVVLa	/	:	5-31-	-17		
						1	Pull	1	1						
ASB-41 (R-06-08)						1		Do no	t use this form	n for asl	pestos licer	sure ex	empte	d activ	ities.
							1. 7						999		

		(P	ursuant	to NJAC	8:60 an	d 12:12	0)		- The second		11151		5 00	
Date of Notification (1) 5/25/2017 Check #3017				of Building				ION	T.		-JUN	3 Y	3 20	11/
Agencies Notified Type Notification				Address		_				ASE	BEST	OS (	ONT	ROL
Z EPA [7] Initial		-		Kenned	<u> </u>	E				Commence of the Control of the Contr			SING	
EPA DEP DOL Initial Amended Amendment				ate, Zip Co nberg, N		93								
DOH Emergency (	including	+		of Contact					Tel	ephone N	lumber			
DOH justification)  DCA Cancellation				rd Sanfo										
Name of Facility Where Abatement is Taking	Place (3	3	FAC	ILITY INF	ORMAT	ION	Tv	oe of Facility (4)						
Galaxy Tower Building	, , , , , , , , , , , , , , , , , , , ,	,						School (K-12						
Street Address								Subchapter 8	(Oth					
7004-Kennedy Blvd E- Bldg 3- Unit	6-E						X	Other (i.e. pri etc.)	vate 8	k comme	rcial bu	ilding	s, hon	nes,
City (5) Guttenberg								uare Feet 0,000	# of	Floors		Bldg 50+	Age	
County (6) BERGEN				Code (7)	)		Cu	rrent Use (Prior	if bei	ng demol	ished)	2.5		
Name of Monitoring Firm Hired by Building C	Owner (8)		ASCN			Name	1500000	esidentiai batement Contr	actor	/Q)				
N/A			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1		ices Corpora						
Street Address						Street		17 T W						
City, State, Zip Code						100000		Street Zip Code						
***						11 X X X 7 1 A X 7		erg, NJ 070	93					
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph				License				
Start Date (10)	Cahadula	7.0		Date (11)				-1700		01074				
	Juni					- STATE STATE OF THE PARTY OF T		SHA Monitor s above						
Occupancy Status During Abatement (Check	Only On	e)	<i>_</i>			Street	X		5000					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: 8:30 AM to 4 PM	eriod of A al Facility	batem Hours	ent			City, S	tate,	Zip Code						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	-	enova emolit				×	1	full Containmen Mini-Enclosure Blovebag Proce Jon-Exempted (	dure	839			ıre	
	Is	Locati	on									Aba	temer	nt
Location of Asbestos-Containing Material (ACM)		lormal d Sole		A = h = =		scription		:-1/4040				Т	уре	T
TO BE ABATED In Facility (13)	E	ntenar odial S (12)			thermal surfa	systems cing, VA niscellan	s insi T, or		(S	nount pecify or LF)	Removal	Kepair	Encapsulate	Enclosure
	Yes	No	N/A										e	,,
Kitchen / Dining Room		Х			Mastic	on cor	ncre	te	46	0 SF	х			
Living Room		Х			Mastic	on cor	ncre	te	22	20 Sf	x			Ш
							Spring.					-		
Name of Registered Waste Hauler		IN	JDEP W	looto	Cubia	Yards		Name of Re			en en			
Tri-State Transfer Assoc		Н	auler ID 9551	77.7	of Was			Minerva	177					
City, State Bronx, NY					Dispos	sal Date		City, State Waynesk	)Wra	ОН				
Completed by	Title					ignature	/	Vayriest	9,9,		Date			
Gina Betances	Office	Mar	ager				1/	Vinal			5/25/2	017		

		NOT	IFICA	TION OF AS	lew Jersey BESTOS ABAT 8:60-7 and 12:12	EMENT	,	7	) =	+-	ZA (	227
Date of Notification (1)		7,	2,000	Nan	ne of Building ( FON HALL UNIV	Owner/Operato	r (2)	-F	· ·		<i>\(\frac{1}{2}\)</i>	12/
5 / 31 /17						ERSITY	I	Peanson /	F	0	F	n n n
Agencies Notified Type Notification					et Address SOUTH ORANG	GE AVENUE	1		15		E	. U W
EPA Initial Notification								1		0.2152		
DEP X Amended Notification	#10				, State, Zip Code JTH ORANGE, I		7079					
X DOL Cancellation	00000000				JIII OIVIIIOL, I	TALAN DELIGET (	17079		i.	JUN	4 -	8 2017
X DOH On Hold				Nam	ne of Contact		Telephone N	umber	1			2004
X DCA EMERGENCY NOTIFIC	CATION			VIC	TORIA PIVOVAI	RNICK				6.00		
Name of Facility Where Abatement is Taking Place	(3)		F	ACILITY IN	FORMATION	IT			NUD	LS1	OS OF	<del>CONTRO</del> (SING
SETON HALL UNIVERSITY	(0)					Type of Facil School (		- V 10	\	[m]	O Luci	ZOLIACE
Ctored A II						Other (ie	. private & comr	ncl. ble	<i>)</i> dgs., h	nomes	, etc.)	
Street Address 400 SOUTH ORANGE AVENUE - UNIVERSITY CENT						Square Fee					ldg. A	
City (5)   County (6)	IER					60,000	3				40+	
SOUTH ORANGE ESSEX					nty Code (7) E USE ONLY)	Current Use (I UNIVERSITY	Prior if being den	nolishe	ed)			
Name of Monitoring Firm Hired by Building Owner (	(8)			1 (01////	ASCM No.		ement Contrac	tor (9)			72 42 40	
TTI ENVIRONMENTAL INC. Street Address					3	PAR ENVIRO	NMENTAL COR					
1253 NORTH CHURCH STREET						Street Address	50kmaran-ranga					
City, State, Zip Code			-			313 SPOOK F						
MOORESTOWN, NEV	V JERSE	EY 080	57				EW YORK 10901	1				
Project Manager for Monitoring Firm		Tele	phone	Number		Telephone Nu		ense	Numb	er		
JEFF SEAMAN			-889-5			845-369-7500	11	01				
EXPECTED START DATE (10): (RESTART) 6 / 5 /17	Sched			on Date (11)	47	Name of OSH	(4) (4) (5) (5) (1) (5) (5) (5)	autractoric se		VIVI-03 (MASS)	A GALLET CO.	
Month Day Year	Me	onth	1 /	30/ Day	17 Year	QUALITY ENV	'IRONMENTAL	SOLU	TIONS	8 & TE	CH.	
Occupancy Status During Abatement (Check only one)					1001	Street Address						
X Facility Closed/Vacated During Entire Period	of Abat	ement				1376 ROUTE	9					
Abatement Performed Outside of Normal Fa  X Other - Describe: MON-FRI 7AM-12:00AM	Cility Hou	urs - D	escrib	e:		011 011 71						
	SATO	NUAT	/AIV	11-3.30 PIVI		City, State, Zip	WAPPINGER	S EVI	10 1	IV 125	:00	
Scope of Work (Check all that apply)	_				X Full Conta	ı inment with Neg	ative Pressure	OIA	LO, N	11 120	000	
Demolition X >3SF OR LF	Renov	ation			X Mini-Enclo	),						
X >160 SF OR 260 LF						Procedure le Procedure						
Location of	Is	Locati	on		Description of As	The second section of the second section is		_		A 1		-
Asbestos-containing		mally u			ontaining Materia		Amount	R	720	Abate Im		Type
Material (ACM)	1808 (3)	olely b			(ie. Thermal sys		(Specify	REMOVAL	REPAIR	ENCAPSU	ENCLOSU	
TO BE ABATED in Facility (13)	345	toff (1)			sulation, surfacir		SF or LF)	18	<del>_</del>	APS	16	
in admity (10)	Yes	taff (12 No	N/A	-	or other miscellar	neous)		P		Ĕ	URE	
KITCHEN			X	PIPE FITTI	NGS		15 LF	×	+	m	m	
BACK HALL			X	PIPE FITTI			35 LF	x	+	_		
BACK HALL			X		INSULATION		500 SF	7.00	+	-		
DISHWASHING AREA & ASSOCIATED			1	011011 011	INOULATION		500 SF	X	1	-		
HALL			X	PIPE FITTII	NGS		0515	X	-	-	-	
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RECEIVING AREA							15 LF	X	-	-		
BOARD DINING		+	X	100000000000000000000000000000000000000	INSULATION		1,530 SF	X	-	-		
SEVERY BAY 1	-	+		PIPE FITTI			25 LF	X				
SEVERY BAY 1	-	-	X	PIPE FITTIN			15 LF	X	-	_	_	
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SEVERY BAY 2		-	X	PIPE FITTIN			15 LF	X	-			
		-	X	PIPE FITTIN			15 LF	X				
KITCHEN		-	X	FIRE WALL			40 SF	X				
1ST FLOOR RESTROOMS & GAS ROOM Name of Registered Waste Hauler	NUDER	10/	X	FIREPROO			200 SF	Х				
NEWARK CARTING INC.	NJDEP Hauler		9	Cubic Yards		Name of Regist						
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NEWARK, NEW JERSEY 07105				12/23-11/30	/2017	PLAINFIELD TO	WNSHIP, PA			1	. /	/
Completed by (Print or Type) Title SENJAMIN SANCHEZ	-DATIO	VIC.		S	Signature	X	Date	9	5	12	11	12

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SETON HALL UNIVERSITY						School (		n K-1	2)						
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Data of Novice at 100				Name of Building	Owner/Operat	or (2)			11111	
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in Facility (13)		Staff (12	2)	or other miscella	neous)	SF or LF)	X	2	.OSI	
NIFA	Yes	No I					1		교	
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e of Registered Waste Hauler /ARK CARTING INC.	-	EP Was	200	Cubic Yards of Waste	Name of Registe	ered Landfill				
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Name of Facility Where Abatement is 1	Taking Plac	e (3)	FACI	LITY INFORMA		acility (4)						-
to the testing of the control of the		- * 7				ool (K-12)						
SETON HALL UNIVERSITY					X Sub	chapter 8 (Other tha	n K-12	)				
Street Address			-		Square	er (ie. private & com		igs., h		, etc.) ldg. Age		-
400 SOUTH ORANGE AVENUE - UNIVE	ERSITY CEI	NTER			60,00				Ь	40+		
City (5) County	25 50			nty Code (7)		se (Prior if being der	nolishe	ed)				
SOUTH ORANGE ESSEX  Name of Monitoring Firm Hired by Buil		r (8)	(STATE	ASCM No.	UNIVERS		1 (0)					
TTI ENVIRONMENTAL INC.	ang owne	(0)		3		Abatement Contract IRONMENTAL COF						
Street Address					Street Add		2002			<del>)</del>		
1253 NORTH CHURCH STREET City, State, Zip Code						OK ROCK ROAD		1000				
MOORESTOWN	, NEW JER	SEY 080	57			, Zip Code I, NEW YORK 1090	1					
Project Manager for Monitoring Firm	Te	ephone I	Number		Telephone		cense i	Numbe	er			
JEFF SEAMAN		3-889-51			845-369-7	200000	01					
Expected State Date (10) 3 / 3 /16			ion Date ( 30/	<b>11)</b> 17		OSHA Monitor	00111	TIONIC		-011		
Month Day Year	Month		Day	Year	QUALITY	ENVIRONMENTAL	SULU	HONS	& I E	ECH.		
Occupancy Status During Abatement (Ch X Facility Closed/Vacated During					Street Add							
Abatement Performed Outside				scribe:	1376 ROU	ITE 9						
	RIISATURI				City, State	, Zip Code	,					
Scope of Work (Check all that apply)			1	V ] [  C		WAPPINGE	RS FAL	LS, N	Y 125	590		
Demolition X	Renovat	on		X Full Conta X Mini-Encl		Negative Pressure					1	
>3SF OR LF				X Glovebag	Procedure							
X >160 SF OR 260 LF Location of	T Inlan	-e I			le Procedur	e	-		ies es			
Asbestos-containing	Is Loc normall			Description of As ontaining Materi		Amount	70			ment Type		
Material (ACM)	solel			(ie. Thermal sy	stems	(Specify	E S	REPAIR	NC.	NO		
TO BE ABATED in Facility (13)	Maint/Cu Staff			sulation, surfaci or other miscella		SF or LF)	REMOVAL	F	ENCAPSUL	SO		
,()	Yes No			of other miscene	ineous)		-		ULE	ENCLOSURE		
KITCHEN		X F	PIPE FITTI	NGS		15 LF	X					
BACK HALL		X P	PIPE FITTI	NGS		35 LF	x					
BACK HALL		x s	PRAY ON	N INSULATION		500 SF	X					
DISHWASHING AREA & ASSOCIATED							X					
HALL		X P	IPE FITTI	NGS		85 LF	X					
RECEIVING AREA	+	X P	IPE FITTI	NGS		15 LF	X					
RECEIVING AREA		X S	PRAY ON	INSULATION		1,530 SF	X					
BOARD DINING	++	X P	IPE FITTI	NGS		25 LF	X					
SEVERY BAY 1	$\perp$	X P	IPE FITTI	NGS		15 LF	X					
SEVERY BAY 1	$\perp$	X S	PRAY ON	INSULATION		760 SF	X					
HALLWAY BETWEEN SEVERY BAYS		X P	IPE FITTI	NGS		15 LF	X					
SEVERY BAY 2	+		IPE FITTII	NGS		15 LF	X					
Name of Registered Waste Hauler	NIDEDI		IRE WALL			40 SF	Х					
NEWARK CARTING INC.	NJDEP V Hauler ID			s of Waste 200		egistered Landfill ENTRAL SANITARY	IAND	FII.1				
369 RAYMON BLVD.	91:	3										
City, State NEWARK, NEW JERSEY 07105		1 10 10	isposal Da 2/23-11/30		City, State	D FOWNSHIP, PA						
Completed by (Print or Type) Titl	e	1.		Signature /	/ JAINFIEL	Dai	e /	7/	7-	111-	,—	
BENJAMIN SANCHEZ DIF	RECTOR OF	OPERA		for	$\times \times$	X	0	4	1	////		

	١	NOTIFIC	Sta CATION (	te of No	ew Jersey BESTOS ABAT	EMENT			parent from					
		(Pur	suant to N		:60-7 and 12:12			(2)	100	) E				W/ I
Date of Notification (1)					e of Building ( ON HALL UNIV			(2)	14	/ [				1-1 1 <sub>-</sub>
2 / 27 /17				Stree	et Address			-	111	1				
Agencies Notified Type Notification		- 87		400	SOUTH ORANG	GE AVE	NUE				JU	Ņ -	- 8	2017
EPA Initial Notification			70 - 2005	100000000000000000000000000000000000000	State, Zip Code					1				
X DOL X Amended Notification  Cancellation			+5	SOU	TH ORANGE, I	NEW JE	RSEY 0	7079		ACE	1200	700		NTROL
X DOH On Hold				Nam	e of Contact			Telenhone No	mhar	MO.			100 1187	
X DCA EMERGENCY NOTIFIC	ATION			VICT	ORIA PIVOVA	RNICK						+	1 10000	10 May 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Name of Facility Where Abatement is Taking Place (	2)		FACILI	TY INF	ORMATION									
Manie of Facility Where Abatement is Taking Place	3)						of Facili School (I							
SETON HALL UNIVERSITY						X	Subchap	ter 8 (Other than						
Street Address							Other (ie are Feet	private & comm	icl. blo	igs., h		etc.) dg. A	ne en	
400 SOUTH ORANGE AVENUE - UNIVERSITY CENT	ER					0.0000300	0,000	3			- U	40+	90	
City (5) County (6) SOUTH ORANGE ESSEX					ty Code (7)			rior if being dem	olishe	ed)				
Name of Monitoring Firm Hired by Building Owner (8	3)		(	STATE	ASCM No.		ERSITY	ement Contract	(0)					
TTI ENVIRONMENTAL INC.	-,				3	1/22/20/20		MENTAL COR						
Street Address 1253 NORTH CHURCH STREET							Address							
City, State, Zip Code			0.50	700			POOK R	OCK ROAD						
MOORESTOWN, NEW	JERSEY	08057						W YORK 10901						
Project Manager for Monitoring Firm	- 1		one Num	ber		Teleph	none Nur	nber Lice	ense N	Numbe	er			
JEFF SEAMAN Expected State Date (10)		856-88	9-5182 etion Dat	- (44)			69-7500	110	)1		- UNIVERSAL			
3 / 3 /16	Scried.	11 /		e (11)	17			Monitor	SOLU	TIONS	& TF	СН		
Month Day Year  Occupancy Status During Abatement (Check only one)	Mon	th		Day	Year									
X Facility Closed/Vacated During Entire Period	of Abaten	nent					Address ROUTE 9							
Abatement Performed Outside of Normal Fac	cility Hours	s - Desc				10,01	.0012							1
Other - Describe: MON-FRI 7AM-3:30PM	SATURE	DAY 7	'AM-3:30	PM		City, S	tate, Zip		0.541			00		
Scope of Work (Check all that apply)				Г	X Full Conta	I ainment	with Neg	WAPPINGER ative Pressure	S FAL	.LS, N	Y 125	90		
Demolition X	Renovati	ion			X Mini-Enclo	ο,								1
>3SF OR LF X >160 SF OR 260 LF				ŀ	X Glovebag Non-Friab									
Location of		ocation		D	escription of As				T		Abate	ment	Type	
Asbestos-containing Material (ACM)	1 10000 10000	ally use elv bv	d		ntaining Materia		)	Amount	RE				]	
TO BE ABATED	2.21	Custodi	al		(ie. Thermal sys			(Specify SF or LF)	REMOVAL	REPAIR	CAF	CLC		
in Facility (13)		ff (12)			r other miscella			0, 5, 2, 7	AL	1	ENCAPSUL	ENCLOSUR		
KITCHEN	Yes I								-	-	m	ñ		
BACK HALL	1	×		FITTI				15 LF	X	-	-	_	30	
BACK HALL	-	X		FITTI				35 LF	X	-	-	_		
DISHWASHING AREA & ASSOCIATED		X	ISPR	AT ON	INSULATION			500 SF	X	+	-	-	-	
HALL		×	DIDE	FITTI	NCC		8	0515	X	-		-		
RECEIVING AREA		×		FITTI				85 LF 15 LF	X	+	-	_		
RECEIVING AREA		×		100	INSULATION		C 10 - HI 1- I	1,530 SF	x	+				
BOARD DINING		×		FITTI				25 LF	X	+		-		
SEVERY BAY 1		×		FITTIN		-7.341		15 LF	X	-		-		
SEVERY BAY 1		X			INSULATION		<u>Y                                    </u>	760 SF	X	$\vdash$				
HALLWAY BETWEEN SEVERY BAYS		X		FITTIN				15 LF	X	1				-
SEVERY BAY 2		X		FITTIN				15 LF	x	-				
KITCHEN		X		WALL	- William Control			40 SF	X					
Name of Registered Waste Hauler	NJDEP V	Vaste			of Waste	Name o	of Regist	ered Landfill	11					
NEWARK CARTING INC. 369 RAYMON BLVD.	Hauler ID				200	GRANI	CENT	RAL SANITARY	LAND	FILL			-	
City, State	9	13	Dispo	osal Da	ite	City, St	ate		awa a din					
NEWARK, NEW JERSEY 07105				3-11/30	/2017			WNSHIP, PA				,		
Completed by (Print or Type) BENJAMIN SANCHEZ Title DIRECTOR OF OPE	ERATIONS	S		S	Signature	×		Date		3/	>	11	7	

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		(F	ursua		3:60-7 and 12:1:	20-7) Owner/Operator	(2)	110		E (	n li	7 11	1//
Date of Notification (1)					ON HALL UNIV		(2)	1120	KT.			- No. of the control of	-
2 / 27 /17				Stre	et Address			-111	11.	* 1			0.047
Agencies Notified Type Notification				400	SOUTH ORAN	GE AVENUE				JL	IN -	- 8	2017
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X DOH On Hold				Nam	e of Contact		Telephone I	Number				Non	4 476
X DCA EMERGENCY NOTIFI	CATION			1 (100)	TORIA PIVOVA	RNICK	i relepitorie	AUTIDE!	-		re-sold-rise of		
			F	ACILITY INF	ORMATION					-			
Name of Facility Where Abatement is Taking Place	(3)					Type of Facili							
SETON HALL UNIVERSITY						School (	<-12) ter 8 (Other th	an K-12	1				
Street Addition						Other (ie	. private & con	nmcl. blo	, dgs., t	nomes,	etc.)		
Street Address 400 SOUTH ORANGE AVENUE - UNIVERSITY CEN	TER					Square Feet	하기 없는 얼굴하게 되었다.	S	250)	BI	dg. Ag	ge	
City (5)   County (6)	TER	MISS.		Coun	ty Code (7)	60,000 Current Use (F	2 Prior if being de	molisha	24/		40+		
SOUTH ORANGE ESSEX					USE ONLY)	UNIVERSITY	nor ii being de	monsne	eu)				
Name of Monitoring Firm Hired by Building Owner TTI ENVIRONMENTAL INC.	(8)				ASCM No.	Name of Abat							
Street Address		-			3	PAR ENVIROR Street Address		RPORA	TION				
1253 NORTH CHURCH STREET						313 SPOOK R							
City, State, Zip Code						City, State, Zip	Code						
MOORESTOWN, NE	W JERSE			Number		SUFFERN, NE							
JEFF SEAMAN			889-5°			Telephone Nui 845-369-7500		icense I 101	Numb	er			
Expected State Date (10)	Sched			n Date (11)		Name of OSH		101					_
3 / 3 /17 Month Day Year	1		1 /	30/	17	QUALITY ENV	IRONMENTAL	SOLU	TIONS	S & TE	CH.		
Occupancy Status During Abatement (Check only one	) 1010	onth		Day	Year	Street Address							
X Facility Closed/Vacated During Entire Perio	d of Abate	ement				1376 ROUTE							
Abatement Performed Outside of Normal Fa X Other - Describe: MON-FRI 7AM-12:00AM	acility Hou	urs - De	escribe	2:20 DM		Cit. Ct. 1 - 7:	0 1	CHITTEN C					
	n SATO	NUAT	Aivi	-3.30 PW		City, State, Zip	WAPPINGE	RS FAL	LS N	JY 125	90		
Scope of Work (Check all that apply)  Demolition						ainment with Neg							
Demolition X >3SF OR LF	Renov	ation		-	X Mini-Enclo	o , g Procedure							
X >160 SF OR 260 LF						le Procedure							
Location of Asbestos-containing		Location			escription of As						ment 7	Гуре	
Material (ACM)		mally u olely b			ontaining Materi (ie. Thermal sy		Amount (Specify	REMOVAL	REPAIR	E	EN		
TO BE ABATED	Main	t/Custo	odial		sulation, surfaci		SF or LF)	NO.	AIF	ΑP	10		
in Facility (13)	Yes	taff (12 No	2) N/A	0	r other miscella	ineous)		Æ		ENCAPSULE	ENCLOSURE		
KITCHEN	1.03	1100	X	PIPE FITTI	NGS		1515	- V	+	l m	m		
BACK HALL	+-		X	PIPE FITTI			15 LF 35 LF	X	+	+			
BACK HALL			X		INSULATION		500 SF	×	+	+	-		
DISHWASHING AREA & ASSOCIATED			1	OI TONT OIL	INSOLATION		1500 SF	X	+	+	-		
HALL	1		x	PIPE FITTII	NGS		85 LF	×	+				
RECEIVING AREA	1		X	PIPE FITTI			15 LF	×	+				
RECEIVING AREA			X		INSULATION		1,530 SF	X	+	-	-		
BOARD DINING		1	X	PIPE FITTI	W. Co. 17		25 LF	X	1		-		
SEVERY BAY 1			X	PIPE FITTI			15 LF	×	1				
SEVERY BAY 1			X	Carrie and	INSULATION	***	760 SF	×	+	1			-
HALLWAY BETWEEN SEVERY BAYS			X	PIPE FITTI	No. 20		15 LF	×	+				-
SEVERY BAY 2			x	PIPE FITTIN	Design The Control of		15 LF	X	1				-
KITCHEN				FIRE WALL			40 SF	x				100 m	
Name of Registered Waste Hauler	NJDEP	Waste		Cubic Yards		Name of Regist	10.000		1				
NEWARK CARTING INC. 369 RAYMON BLVD.	Hauler				200	GRAND CENTE	RAL SANITAR	Y LAND	FILL				
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				DISDUSALLIA		ICIIV SIZIE							
NEWARK, NEW JERSEY 07105  Completed by (Print or Type)   Title				Disposal Da 12/23-11/30		City, State PLANT/ELD TO	WNSHIP, PA				/		

55.		NOTIFICAT (Pursua		60-7 and 12:12			1 1	1	<b>F N</b>	J [	7 11	11/7
		(r aroda			Owner/Operator	(2)		11		p il		IV/
Date of Notification (1)				ON HALL UNIV		(-)	1100	31				
3 / 13 /17				t Address					17	141	0 0	017
Agencies Notified Type Notification			400 S	OUTH ORAN	GE AVENUE		[4]		JL	IN -	- 8 2	JI/
DEP X Amended No		(200 mm)		State, Zip Code			1					
X DOL X Amended No Cancellation		#7	SOUT	TH ORANGE, I	NEW JERSEY 0	7079	-	AS	BES	TOS	CON	TA
X DOH			Name	of Contact		Telephone	Number		1.04		MSHV	
X DCA EMERGENO	CY NOTIFICATION		VICTO	ORIA PIVOVA	RNICK	1				M. St. St. Line	***	
		F	ACILITY INFO	ORMATION				100				
Name of Facility Where Abatement is Tal	king Place (3)				Type of Facil							
SETON HALL UNIVERSITY					School (	K-12) iter 8 (Other ti	an K 12	V:				
	4-0				Other (ie	private & co	nmcl. ble	) das., h	omes	. etc.)		
Street Address 400 SOUTH ORANGE AVENUE - UNIVER	PITY CENTER				Square Feet	# of Floo				ldg. Ag	le	
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SOUTH ORANGE ESSEX				USE ONLY)	Current Use (F UNIVERSITY	rior if being d	emolishe	ed)				
Name of Monitoring Firm Hired by Buildin	ng Owner (8)			ASCM No.	Name of Abat	ement Contr	actor (9)					
TI ENVIRONMENTAL INC.				3	PAR ENVIRO	NMENTAL CO	RPORA	TION				
treet Address 253 NORTH CHURCH STREET					Street Address 313 SPOOK R							
ity, State, Zip Code					City, State, Zip			-				
	OWN, NEW JERSEY	1-0287/2/2/20			SUFFERN, NE		01					
Project Manager for Monitoring Firm EFF SEAMAN		Telephone			Telephone Nu	mber	icense l	Numbe	er			
err Seaman expected State Date (10)	leahad	856-889-5	182 n Date (11)		845-369-7500		1101					
3 / 3 /17	Scried.	11 /	30/	17	Name of OSHA QUALITY ENV		LSOLL	TIONS	2 9 TE	CH		
Month Day Year	Mor		Day	Year	GOVERN EIV	IITONINENTA	L SOLU	HONS	0 00 10	CH.		
Occupancy Status During Abatement (Chec X Facility Closed/Vacated During E	k only one)	mont			Street Address							
i donity Glosco, vacated Buillid E												
Abatement Performed Outside of	f Normal Facility Hour	rs - Describe	e:		1376 ROUTE 9	}						
Abatement Performed Outside of X Other - Describe: MON-FRI 7A	f Normal Facility Hour	s - Describe	e: l-3:30 PM		City, State, Zip	Code						
Abatement Performed Outside of X Other - Describe: MON-FRI 7A	f Normal Facility Hour	s - Describe	e: I-3:30 PM	<b>-</b>	City, State, Zip	Code WAPPING	ERS FAL	LS, N	IY 125	90		
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Abatement Performed Outside of X Other - Describe: MON-FRI 7A cope of Work (Check all that apply)  Demolition X  >3SF OR LF	f Normal Facility Hour	rs - Describe DAY 7AM	e: I-3:30 PM X X	Mini-Enclo	City, State, Zip	Code WAPPING	ERS FAL	LS, N	IY 125	90		
Abatement Performed Outside of X Other - Describe: MON-FRI 7A cope of Work (Check all that apply)  Demolition X >3SF OR LF X >160 SF OR 260 LF	f Normal Facility Hour M-12:00AM SATUR Renova	rs - Describe DAY 7AM tion	-3:30 PM	Mini-Enclo Glovebag Non-Friab	City, State, Zip ainment with Neg 0 , 1 Procedure le Procedure	Code WAPPING	ERS FAL	LS, N	IY 125	90		
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Date of Notification (1)							ALL UNIV		(2)		Ur				
5 / 3 /17					Stree	et Add	ress			-11	11		_		
Agencies Notified Type Noti	fication			50				GE AVENUE				JU	IN	- 8	2017
EPA Initia	al Notification				City,	State	, Zip Code	9		1 114	1				2011
	ended Notification			#8	sou	JTH O	RANGE, N	NEW JERSEY 07	7079	1	L	**.**	·		
X DOL Can	cellation				Nom	o of C	ontact		IT-1b	1					MTRO
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				F	ACILITY INF	31-52-207-221			1					181122	
Name of Facility Where Abateme	nt is Taking Place (3	)				0100		Type of Facilit	ty (4)						
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SETON HALL UNIVERSITY									ter 8 (Other t						
Street Address			Sallan				-	Square Feet	private & co		lags.,		, etc., ldg. A		
400 SOUTH ORANGE AVENUE - I	UNIVERSITY CENTE	R						60,000	3				40+		
	nty (6)						de (7)	Current Use (P	rior if being o	demolish	ned)	-			
SOUTH ORANGE ESS  Name of Monitoring Firm Hired by					(STATE	_	ONLY)	UNIVERSITY				- TOP - 1-10-			
TTI ENVIRONMENTAL INC.	y building Owner (8)	)				AS	CM No.	Name of Abate			State of the second	j.			
Street Address							-	Street Address		OINFOI	ATIO	<u> </u>			
1253 NORTH CHURCH STREET								313 SPOOK R	OCK ROAD						
City, State, Zip Code	ODESTOWN NEW	IEDOE		_				City, State, Zip							
Project Manager for Monitoring Firm	OORESTOWN, NEW	JERSE			Number			SUFFERN, NE		-	NI		_		
JEFF SEAMAN			856-8					Telephone Nun 845-369-7500	nber	License	Numi	oer .			
	(RESTART)	Sched			n Date (11)			Name of OSHA	Monitor	1101					
5 / 16 /17	750 889		11	1	30/		17	QUALITY ENV	IRONMENT	AL SOL	JTION	IS & TE	ECH.		
Month Day Year Occupancy Status During Abatement	nt (Check only one)	Мо	nth		Day		Year	Street Address						111111111111111111111111111111111111111	
X Facility Closed/Vacated	During Entire Period							1376 ROUTE 9							
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X Other - Describe: MON	I-FRI 7AM-12:00AM	SATUF	RDAY	7AM	-3:30 PM			City, State, Zip		) ED0 E		NV 400	-00		
Scope of Work (Check all that apply	·)				1	X	Full Conta	I ainment with Neg	WAPPING ative Pressu		ALLS,	NY 125	990		
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				X	PIPE FITTI				25 LF	X	+	+	-		
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HALLWAY BETWEEN SEVERY BA	NYS			X	PIPE FITTI	-			15 LF	X	-	-	-		
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Mama of Registered Wests Hauler		NIDEE	10/	X	FIRE WALI			lu	40 SF	Х					
Name of Registered Waste Hauler NEWARK CARTING INC.		NJDEP Hauler			Cubic Yard	ls of W 200	aste	Name of Registe GRAND CENTR			DEIL		_		
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City, State					Disposal Da			City, State	1						
NEWARK, NEW JERSEY 07105 Completed by (Print or Type)	Title				12/23-11/30			PLAINFIELDTE		444	_			, .	_
BENJAMIN SANCHEZ	DIRECTOR OF OPE	RATIO	NS			Signat	ule /	XXX		Date	5 -	3	-	15	/

/			NO	TIFIC	State of N ATION OF AS uant to NJAC to	New Jersey SBESTOS ABA	ATEMENT		- Inches	NATIONAL ADMINISTRA	~	
Date of Notification (1)				(1 015)	Nan	ne of Building	g Owner/Oper	rator (2)		1		CEIW
	/17				L	et Address			-11-	31		The second of the second
	Notification						NGE AVENUE		1		2.5	17.
	Initial Notification				City	, State, Zip Co	ode			1	J.	IN - 9 201
	Amended Notification Cancellation				SOL	JTH ORANGE	, NEW JERSE	Y 07079				
X DOH x	On Hold	#9			Non	ne of Contact			į	_10	DEC	Miles Services and the services
X DCA	EMERGENCY NOTIFIC	CATION				TORIA PIVOV	ARNICK	Telepho	ne Numb	er	d-d 1_	JOENSING
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Name of Facility Where Abate	ment is Taking Place	(3)					Type of Fa	acility (4)				
SETON HALL UNIVERSITY							Scho	ol (K-12)				
							X Subo	hapter 8 (Other	than K-1	12)		
Street Address 400 SOUTH ORANGE AVENUE							Square F	r (ie. private & c	commcl. t	oldgs.,		s, etc.) Bldg. Age
01: 1-1	County (6)	ER					60,000	3				40+
SOUTH ORANGE	SSEX				Coun	ty Code (7) USE ONLY)	Current Us	e (Prior if being	demolis	hed)		
Name of Monitoring Firm Hire	d by Building Owner (	8)			(STATE	ASCM No.	100000000000000000000000000000000000000	2.00				
TTI ENVIRONMENTAL INC. Street Address						3		batement Con RONMENTAL (	tractor (	9)	NI.	
1253 NORTH CHURCH STREE	Т						Street Addr	ess		ATIOI	4	
City, State, Zip Code	1							K ROCK ROAD	)			
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Project Manager for Monitoring F	irm				e Number		Telephone	NEW YORK 1	U901 License	Numb		
JEFF SEAMAN EXPECTED START DATE (10):	(DECTA DE)	1-		-889-5			845-369-75		1101	Num	Jer	
5 / 16 /17	(RESTART)	Sched			on Date (11)	025	Name of OS	SHA Monitor				
Month Day Year		Mo	onth	1 /	30/ Day	17 Year	QUALITY E	NVIRONMENT	AL SOLI	JTION	S&T	ECH.
Occupancy Status During Abater	ment (Check only one) ed During Entire Period						Street Addre	ess			-	
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Location of Asbestos-containing			Location		De	escription of As	sbestos-				Abate	ement Type
Material (ACM)		The American	olely b		Cor	ntaining Materi ie. Thermal sy	ial (ACM)	Amour	t R	R	P	
TO BE ABATED in Facility (13)		Maint	t/Custo	odial	insu	ulation, surfaci	ng, VAT.	(Specif SF or Li		REPAIR	ENCAPSU	15
in racinty (13)		Yes St	aff (12	7	or	other miscella	neous)	0, 0, 1	'   A	R	USc	ENCLOSU
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BACK HALL				X	PIPE FITTIN			35 LF	X			
DISHWASHING AREA & ASSOC	IATED		-	X	SPRAY ON I	NSULATION		500 SF	X			
HALL									X			
RECEIVING AREA				X	PIPE FITTING			85 LF	X			
RECEIVING AREA			-	X	PIPE FITTING			15 LF	Х			
BOARD DINING				X	SPRAY ON II			1,530 SF	X			
SEVERY BAY 1				X	PIPE FITTING	GS		25 LF	Х			
SEVERY BAY 1				X	PIPE FITTING	GS		15 LF	Х			
				Х	SPRAY ON I	NSULATION		760 SF	X			
HALLWAY BETWEEN SEVERY B	AYS			X	PIPE FITTING	GS		15 LF	X			
SEVERY BAY 2				X	PIPE FITTING	SS		15 LF	Х			
Name of Registered Waste Hauler				$\overline{}$	FIRE WALL			40 SF	X			
NEWARK CARTING INC.		NJDEP V Hauler ID			Cubic Yards o		Name of Regis	stered Landfill				
369 RAYMON BLVD.			) NO. 913		20	10	GRAND CENT	FRAL SANITAR	RY LAND	FILL		
City, State					Disposal Date		City/State//	7				
NEWARK, NEW JERSEY 07105 Completed by (Print or Type)	Title				12/23-11/30/20	017	PLAINPIELDA	OWNSHIP, PA	4	1	?	1
BENJAMIN SANCHEZ	DIRECTOR OF OPER	RATIONS	S		Sig	nature	XX	× 10	ate C	1	15	11-7-

Check # 11777 Date of Notification (1) May 26, 2017 Name of Building Owner / Operator (2) May 17, 2017 Bank of America Agencies Notified Type Notification Street Address EPA 522 Main Street DEP DOL Initial City, State & Zip Code Amended Bradley Beach, NJ 07720 XIDOH. Amendment # 1 DCA Cancellation Name of Contact Telephone Number Dino Nappi **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Bank of America School (K-12) Street Address Subchapter 8 (Other than K-12) 522 Main Street Other (i.e., private & commercial buildings, home, etc.) Square Feet # of Floors Bldg. Age City (5) 6,500 3 + Basement **Bradley Beach** Current Use (Prior if being demolished) Bank County (6) County Code (7) Monmouth USE ONLY Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) New York Environmental Synatech, Inc. Street Address Street Address 88 Harbor Road 829 Radio Road City, State & Zip Code City, State & Zip Code Port Washington, NY 11050 Little Egg Harbor, NJ 08087 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Michael Baudo 516-805-2703 609-296-6916 00817 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor June 10, 2017 June 27, 2017 Synatech, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 829 Radio Road X Abatement Performed Outside of Normal Hours City, State & Zip Code Other - Describe: Little Egg Harbor, NJ 08087 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure  $\geq$ 3 sf or  $\geq$  50 lf Renovation Mini-Enclosure ≥160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted(\*) and Non-Friable Procedure Location of Is Location Normally Used Description of Abatement Type Asbestos-Containing Material (ACM) Solely by Maintenance or Asbestos-Containing Amount (Specify TO BE ABATED Custodial Staff? (12) Material (ACM) SF or LF) IN Facility (i.e., thermal systems Encapsulate (13)insulation, surfacing, VAT Enclosure Remova Repair or other miscellaneous) Yes N/A No Stairwell Wall and Ceiling Plaster 250 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill Hauler ID No. Synatech, Inc. 27429 15 Fairless Hills City, State Disposal Date City, State Little Egg Harbor, NJ 08087 June 28, 2017 Morrisville, PA Completed By Title Signature Date May 26, 2017 Diane Aloia **Executive Administrator** May 17, 2017

Check # 11762 Date of Notification (1) Name of Building Owner / Operator (2) May 17, 2017 Bank of America Agencies Notified Type Notification Street Address L EPA 522 Main Street DEP XIDOL Initial City, State & Zip Code Amended Bradley Beach, NJ 07720 X DOH Amendment # DCA Cancellation Name of Contact AST Telephone Number Of Dino Nappi **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Bank of America School (K-12) Street Address Subchapter 8 (Other than K-12) 522 Main Street Other (i.e., private & commercial buildings, home, etc.) Square Feet # of Floors Bldg. Age City (5) 6,500 3 + Basement 45 Bradley Beach Current Use (Prior if being demolished) Bank County (6) County Code (7) Monmouth USE ONLY Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) New York Environmental Synatech, Inc. Street Address Street Address 88 Harbor Road 829 Radio Road City, State & Zip Code City, State & Zip Code Port Washington, NY 11050 Little Egg Harbor, NJ 08087 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Michael Baudo 516-805-2703 609-296-6916 00817 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor May 27, 2017 June 27, 2017 Synatech, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 829 Radio Road X Abatement Performed Outside of Normal Hours City, State & Zip Code Other - Describe: Little Egg Harbor, NJ 08087 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure >3 sf or > 50 lf Renovation Mini-Enclosure ≥160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted(\*) and Non-Friable Procedure Location of Is Location Normally Used Description of Abatement Type Asbestos-Containing Material (ACM) Solely by Maintenance or Asbestos-Containing Amount (Specify TO BE ABATED Custodial Staff? (12) Material (ACM) SF or LF) IN Facility (i.e., thermal systems (13)Encapsulate insulation, surfacing, VAT Enclosure Remova or other miscellaneous) Repair N/Δ Ves No Stairwell Х Wall and Ceiling Plaster 250 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill Hauler ID No. Synatech, Inc. 27429 15 Fairless Hills City, State Disposal Date City, State Little Egg Harbor, NJ 08087 June 28, 2017 Morrisville, PA Completed By Title Signature Date Wence Diane Aloia **Executive Administrator** May 17, 2017

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Date of Notification (1)	UCF					ing Owner Operator			JUN	- Q	20	17
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Agencies Notified	Type Notification	341		Stre	et Address	S	· · · · · · · · · · · · · · · · · · ·		7077	-		
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⊠ DOLWD	☐ Amendec	25427		City	State, Zip	Code	1		*EIGE	TIVE	NG	
DOH DCA	Amendment  Emergency	***************************************		M	arlton, N	J 08053	100		1/_	لــــا		
NJAC 5:23-8)	justification			Nan	ne of Conta	ect	13	Telephone (	vumber		Manager Commission of the Comm	MARK 1 - 1881
	☐ Cancellation	1		D	eb Hegar	ty				-		
				F,	ACILITY I	NFORMATION			***************************************		minan ·	
Name of Facility Where	Abatement is Tak	ing Pla	ce (3)				Type of Facilit	V (4)		·	************	
Residence							School (K-	12)				
Street Address							Subchapte	8 (Other than a private and com	K-12)			
							homes, etc		imercial	DUNGI	ngs	
City (5)							Square Feet	F of Fisors		Blag	Age	
Mariton							3,000	3		80	.00	
County (5)				Cou	unty Code	(7) STATE USE ONLY:	Current Use (F	rior if being den	nolished	ļ		
Burlington							Residence					
Name of Monitoring Firm				ASCN	A Na.	Name of Abatem	ent Contractor (§	3)	***************************************		-/	-
Mgmt. & Environme	ental Consultin	ig Sen	rices			Shade Enviro	onmental, LL(					
Street Address						Street Address					***********	PRO-A 1621
PO Box 341						623 Cutler A	venue					
City, State, Zip Code				11,111		City, State, Zip C	ode	······································				
Chesterfield, NJ 08						Maple Shade	, NJ 08052					
Project Manager for Mon-	toring Firm		Te	iephone	Na.	Telephone No.		License No				Sections
Bill Weisgarber					8-4070	856-755-0099	)	00842				
Start Date (10)					ate (11)	Name of OSHA N	lonitor			Periodo Pagas		_
06 /01 /		06	/(	)2/	17_	EMSL Analyt	icai, Inc.					
Occupancy Status During				***************************************		Street Address	THE RESERVE OF THE PARTY OF THE	***************************************		**************************************	**********	
S Facility Closed/Vacate						200 Route 13	0 North					
Abatement Performed Time of Abatement:						City, State, Zip Co	ode					
		141			_AIV	Cinnaminson	. NJ 08077					
Scope of Work (Check all	that apply)									****		MARKETONIA
≥3 sf or ≥3 if     ≥160 sf or ≥260 if			enova emolii			☐ Mini-End						
		1	s Loca						A	paten	ent 1	Tyc
Location :		Lis	Norm ed So	ally lely by	¥0.0000	Description o			bran contra			
Ascestos-Containing N TO BE ABA		M	annen	ance/	ASD6	estos Containing Mai	tenal (ACM)	Amount (Specify	Removal	Repair	Encapsulate	
IN Facility	7	Cus	stodia (12	Staff?		surfacing VAT.	or	SF or LF)	Š	=	DSU	
(13)		Yes	i No	<del></del>		other miscellaned	ous)				30	
total Division			×	П	Floor	ile and Mastic			K-7		<del></del>	
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	e Hauler			NJDEP !	) No.	Cubic Yards of Waste	Name of Regis					
ame of Registered Waste Freehold Cartage	a Hauler			UDEP	) No.	Waste 1	GROWS N	stered Landfill orth Landfill				
ame of Registered Waste Freehold Cartage ity State	a Hauler			NJDEP !	) No.	Waste 1 Disposal Date	GROWS N	orth Landfill				
Jame of Registered Waste Freehold Cartage Oity State Freehold, NJ				NJDEP !	) No.	Waste 1	GROWS N	orth Landfill	Date			Proceedings, Addition



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Date of Notification (1)  06 / 01			of Buildin	g Owner/Operator ( nolition	2	3,000										
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	dment #		20	Ma	nasquan	, NJ 08736										
	gency (ir cation)	iciuaing	l		of Contac	<u> </u>	Telephone Number									
☐ Cano				Lin	da			1								
	121100000000			FA	CILITY IN	FORMATION		1-								
Name of Facility Where Abatement	is Takin	g Place	(3)			Oranization	Type of Facility	(4)								
Residence								School (K-12)								
Street Address						□ Subchapter 8 (Other than K-12) □ Other (i.e., private and commercial buildings,										
							ullaling	ys,								
City (5)							# of Floors	of Floors Bldg.								
Manasquan					1600 sf	1		65								
County (6)				Cour	nty Code (7	7)(STATE USE ONLY)	Current Use (Pr	ior if being demo	lished)	/=1-2-01D						
Monmouth							Residence									
Name of Monitoring Firm Hired by	Building (	Owner (	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)									
2						Guardian Co	ntracting, Inc.									
Street Address						Street Address	00 HACCOCHE DOCKSONNI									
0.4						1889 Route 9						5.0				
City, State, Zip Code						City, State, Zip Code										
Project Manager for Manitedian Fire	T	ephone		222	New Jersey 08											
Project Manager for Monitoring Firm	No.	Telephone No.	e e	License No.												
Start Date (10)	ompl	etion Da	to (11)	732-349-9932 Name of OSHA M												
06 /12 /17					0.73	E.M.S.L. Analytical										
USEA W. SER.	7					Street Address										
						1056 Stelton										
					cribe	City, State, Zip Co	ode									
				-	AIVI	Piscataway, I	New Jersey 08	854	4							
Scope of Work (Check all that apply	<b>'</b> )					□ Full Cont	ainment with Neg	native Pressure								
□ ≥3 sf or ≥3 lf		Re				☐ Mini-Enc	losure	ure								
⊠ ≥160 sf or ≥260 lf			molit	ion		☐ Glovebag ☐ Non-Exe	lure	ıre								
		Is	Loca	ation			( ) 4.14			Abatement Type						
Location of		(2.53%)	Norm	ally lely by		Description o				-	_	T				
Asbestos-Containing Material (A TO BE ABATED	CM)	522233		ance/		stos Containing Ma ., thermal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure				
IN Facility		Cust		Staff?	(1.0	surfacing, VAT,		SF or LF)	ova	=	psu	Sur				
(13)	(12		-	other miscellane	ous)	6.53	1 222		late	O)						
	Yes	No					1550 sf	-	-							
exterior					asbesto	os siding										
			П	П						To	$I_{\Pi}$					
						Cubic Yards of	Name of Regis	stered Landfill								
					O No.	Waste	T.R.R.F.									
City, State					3	3 Disposal Date	City, State									
Toms River, New Jersey						06/14/17	A Comment of a comment of the commen	Tullytown, Pennsylvania								
Completed By (Print or Type)				Signature	// Date / /											
Nicholas Fernicola				1	1	1,1	1-	}								
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Date of Notification (1)	S				Name	of Buildin	g Owner/Operator	HIL JUN	- 8	20	1							
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Agencies Notified	Type Notific	cation			Stree	t Address		ASBESTOS CONTROL & LICENSING										
⊠ EPA	☐ Initial					Box 9			<u> </u>	CVIIL	1170	n to supplier in the State of						
☑ DOLWD	Amende Amende				City,	State, Zip	Code											
□ DCA	⊠ Emerger	_	luding		Ma	nasquan	, NJ 08736											
(NJAC 5:23-8)	justificat		iddinig		Name	of Contac	t		Telephone Nun	nber								
	☐ Cancella	ation			Lin	da												
					FA	CILITY IN	FORMATION	· · · · · · · · · · · · · · · · · · ·	_									
Name of Facility Where	Abatement is	Taking I	Place	(3)				Type of Facility										
Residence								School (K-12		2)								
Street Address							□ Subchapter 8 (Other than K-12) □ Other (i.e., private and commercial buildings, homes, etc.)											
City (5)	100000000000000000000000000000000000000			77.7				Square Feet	# of Floors	BI	dg. A	ge						
Point Pleasant								1600 sf	1	65								
County (6)					Cour	nty Code (7	)(STATE USE ONLY)	Current Use (Prior if being demolished)										
Ocean								Residence										
Name of Monitoring Firm Hired by Building Owner (8)				ASCM	No.	Name of Abateme	ment Contractor (9)											
						Guardian Co												
Street Address							Street Address 1889 Route 9, Unit 61											
City, State, Zip Code						City, State, Zip Code												
							Toms River, New Jersey 08755											
Project Manager for Monitoring Firm Teleph					phone	No.	Telephone No.		License No.				-					
							732-349-9932		00624									
Start Date (10) Scheduled Completion Date (11)						te (11)	Name of OSHA M	Monitor										
<u>06 / 02 / 17</u> <u>06 / 05 / 17</u>							E.M.S.L. Analytical											
Occupancy Status During	Abatement (	Check of	only o	ne)			Street Address					-						
□ Facility Closed/Vacated During Entire Period of Abatement							1056 Stelton											
Abatement Performed Outside of Normal Facility Hours Time of Abatement:AMPM/PM						City, State, Zip Code												
		PIVI/		_PM-		AM	Piscataway, I	New Jersey 08	854									
Scope of Work (Check all	that apply)						Π											
≥3 sf or ≥3 If			Rer	novati	on		☐ Mini-Enc	tainment with Neg losure	gative Pressure									
≥160 sf or ≥260 lf     ☐ Demolition							☐ Glovebag	g Procedure empted (*) and Non-Friable Procedure										
			le	Loop	ion		⊠ Non-Exe	mpted (*) and No	n-Friable Procedu									
Location of Sabestos-Containing Material (ACM)  Is Location of Norma  Used Sole  Used Sole							Description o	.f		Ab	Abatement Type							
					-	Asbe	stos Containing Ma		Amount	Ren	Repair	Encapsulate	Enclosure					
TO BE ABA IN Facilit				ntena odial	Staff?	(i.e	., thermal systems surfacing, VAT,		(Specify	Removal	ar.	aps	osu					
(13)	·y			(12)			other miscellane		SF or LF)	<u>m</u>		ulat	Ге					
			Yes	No	N/A							Ф						
exterior				$\boxtimes$		asbesto	s siding		800 sf									
		[																
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Name of Registered Was	te Hauler			IN	JDEP \	Vaste	Cubic Yards of	Name of Regis	tered Landfill									
Guardian Contracting, Inc.  Hauler ID No. 20223						No.	Waste 3	T.R.R.F.										
City, State							Disposal Date	City, State										
Toms River, New Je	•						06/06/17	Tullytown,	Pennsylvania									
Completed By (Print or Ty	/pe)	Title	38 W	850			Signature		A D	ate /	1	/%						
Nicholas Fernicola	Pro	ject	Mana	ager		71 10	1	11.	11'	1								

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Date of Notification (1) 6/2/2017				of Building Ov AN COUN					The second secon		ال	IN	- 8	201	7	
Agencies Notified Type Notification				Address LLEGE DF	RIVE				AS					ROL		
EPA Initial DEP X Amended Amendment	# 1		City, Sta	ate, Zip Code	LICENSING											
	including		Name o	of Contact BRUNO					Tele	ephone	Num	ber				
Garagian				ILITY INFOR	RMATION				1							
Name of Facility Where Abatement is Taking OCEAN COUNTY COLLEGE - INS	Place (	3) TION					Тур	e of Facility (4 School (K-12								
Street Address 1 COLLEGE DRIVE							×	Subchapter 8 Other (i.e. pr	(Othe				dings,	hom	es,	
City (5) TOMS RIVER						Squ	Square Feet # of Floors Bldg. Age									
County (6) OCEAN	1271			Code (7) USE ONLY)		-	Current Use (Prior if being demolished)									
Name of Monitoring Firm Hired by Building C WHITMAN COMPANIES	Owner (8	)	ASCN	M No.	100,000		e of Abatement Contractor (9) O BROTHERS CONTRACTING, INC.									
Street Address 7 PLEASANT HILL ROAD	-						st Address /REELAND AVENUE									
City, State, Zip Code CRANBURY, NJ 08512					State, Zip Code TOWA, NJ 07512											
Project Manager for Monitoring Firm KEVIN LOVELY			Telepho (732)	ne No. 390-5858	Te	eleph	one l			Licen:						
Start Date (10) 6/6/2017	ed Cor	- Al	Date (11)	Na	lame of OSHA Monitor SAME AS (9) ABOVE											
Occupancy Status During Abatement (Check		T-2000					Addre		/E			101		1000		
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of	Abater	nent s					Zip Code						-		
Scope of Work (Check All That Apply)										W-2						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli				×	M G	ull Containmer ini-Enclosure lovebag Proce on-Exempted	dure	05.6				0		
	lo	Locat	ion				- 14	on-Exempled	( ) ario	NOTE	Tiable	110	Land Control	ement		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Norma ed Sole iintena todial s (12)	lly ely by nce/	(i.e. thermal system			ing Material (ACM) stems insulation, g, VAT, or			Amount (Specify SF or LF)		Remova	Ty Repair	e Encapsulate	Enclosure	
	Yes No N/A		N/A									<u>m</u>		ate	ē	
EXTERIOR	X	WINDOV				DW CAULK			0 LF		Х					
MECHANICAL ROOM, 1ST FL		X	FITTII				TINGS			SF		X				
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		H	IJDEP W lauler ID 8743	Title	Cubic Yard of Waste 12	ds		Name of R				T G	.R.C	).W.S	3.	
City, State TOTOWA, NJ		Disposal Date 6/16/2017					City, State MORRISVILLE, PA									
Completed by VIVECA RAMOS	Title PRO	JECT	COOF	RDINATOF	Signa	-		a Rha	74	_, . ,	Date 6/2/		7			

			1000									11.				
Date of Notification (1) 5/25/2017					of Building AN COUI					maga and a second		L	JUN	-	8 2	2017
Agencies Notified  X EPA	Type Notification				Address LEGE [	DRIVE				and the same		ASI	BEST			
DEP  DOL	Initial Amended Amendment	t #			ate, Zip Co		8754	-			-71.+5	tion plants among	LI	CEN	<u>S</u>	9
☑ DOH □ DCA	Emergency justification)  Cancellation			Name o	f Contact BRUNO					Tele	phor	эе Мііі	mher			
П вол	Cancellation				ILITY INFO		ION							-		- muse
Name of Facility Where A						JIMAII	ION	_	Facility (4	· ·						
Street Address 1 COLLEGE DRIVE								Su X Otl	bchapter 8 ner (i.e. pr	(Other				dings,	hom	es,
City (5) TOMS RIVER			2.00		99. Sal   Lab. 10			Square		# of l	Floo	rs	В	ldg. A	.ge	
County (6) OCEAN					Code (7) USE ONLY	)		Current	Use (Prior	r if bein	g de	molisi	ned)			
Name of Monitoring Firm WHITMAN COMPAN		Owner (8)	)	ASCN	M No.				ment Cont			CTIN	G, IN	C.		
Street Address 7 PLEASANT HILL F	ROAD							Address REELA	ND AVE	NUE						
City, State, Zip Code CRANBURY, NJ 085	512						1	State, Zip	Code IJ 07512	2						
Project Manager for Monit	oring Firm			Telepho (732)	ne No. 390-585	8	5000000	hone No. -956-87	00			nse N	lo.			
Start Date (10) 6/6/2017		Schedul 6/12/2		mpletion	Date (11)			of OSHA	Monitor 9) ABOV	/F						
Occupancy Status During	Abatement (Chec							Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				-			
Facility Closed/Vacat Abatement Performe Other – Describe: Ex	d Outside of Norn	Period of a	Abaten Hour	nent s			City, S	State, Zip (	Code							
Scope of Work (Check All	That Apply)							-0							_	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli				×	Mini-E Glove	ontainmer Enclosure bag Proce Exempted	edure						
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Location	of	1	Vorma	lly		De	scription	n of							ре	
Asbestos-Containing N TO BE ABA In Facility (13)	Material (ACM) TED	Ma Cus	ed Sole intena todial (12)	nce/ Staff?	Asbesi (i.e.	tos Cont thermal surfa	taining N	Material (A s insulatio T, or	CM)	(Sp	noun pecif or Li	y	Removal	Repair	Encapsulate	Enclosure
EXTERIO	DR	Yes	No	N/A		WIND	OW C	AULK	_	200	0 LI	=	X			
										200						
Name of Registered Waste	e Hauler			IJDEP W	/aste	Cubic	Yards		Name of R	egister	ed I	andfill				
TWO BROTHERS CO		}	H	lauler ID 8743		of Was		100	WASTE					.R.C	.W.	S.
City, State FOTOWA, NJ						Dispos 6//12/2	sal Date	1	City, State MORRIS	ŞVILL	E, F	PA				
Completed by VIVECA RAMOS		Title PRO	JECT	COOF	RDINAT		Signature			Je v	74	Da	ite 25/20	17		

Print Form

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Date of Notification (1) 06-02-2017					f Building ne E Ca		Operator	(2)		-		UN	- 8	20	17	
Agencies Notified  X EPA X DEP X DOL	Type Notification  Initial Amended Amendmen				ate, Zip C		050			-	ASBE	STO				. &
⊠ DOH □ DCA	Emergency justification Cancellation	(including		Name of Joe Zin	f Contact mmerm	ian				Tel	ephone	Numb	er			
Name of Facility Where Private Dwelling Street Address	Abatement is Takii	ng Place (	3)	FACI	LITY INF	ORMATI	ON		of Facility ( School (K-1 Subchapter Other (i.e. p	2) 8 (Oth			build	dings	, home	es,
City (5) Morris Plains									etc.) e Feet	# o	f Floors A			ldg. A	Age	
County (6) Morris				County (	Code (7) USE ONLY	)		Curre	nt Use (Prid	or if bei	ng dem	olishe	d)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCN	l No.				ement Cor ety LLC	ntractor	(9)					
Street Address							Street / 12 Ma		s Ave #F2	(8)						
City, State, Zip Code							City, St Pine		p Code k, NJ 070	58						
Project Manager for Mon	itoring Firm			Telephor	ne No.		Teleph 973-2				Licens 0131					
Start Date (10) 06-13-2017		06-16-	2017	npletion [	Date (11)				A Monitor ety LLC							
Occupancy Status During    X   Facility Closed/Vaca   Abatement Perform	ated During Entire	Period of	Abaten	nent				aple A	ve #F2			N .				
Other - Describe:		nal Facility	Hours			_	City, St Pine		Code , NJ 070	58						
Scope of Work (Check A  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	ll That Apply)		Renova Demolit				×	Min Glo	Containme -Enclosure vebag Prod -Exempted	edure					e	
Location	of	1	Locati Iormal	ly		Des	scription							Abate	ement pe	ŝ
Asbestos-Containing TO BE AB/ In Facil (13)	Material (ACM) ATED	Ma	d Sole intenar todial S (12)	nce/		tos Conta thermal surfac	aining Ma	aterial insulat r, or		(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
Baseme	ent	Yes	No X	N/A		Pine	e Fitting	ns.		2	6 Ea		х		te	(b
											- Lu		21			
													-			
Name of Registered Was United Safety LLC	te Hauler		Н	JDEP Wa auler ID I 036820	No.	Cubic Y of Was TBD			Name of F			dfill				
City, State Pine Brook, NJ			7.11			Dispos TBD	al Date		City, State Tullytow							
Completed by Vanco Petkov		Title Proje	ct Ma	nager	·	Si	gnature	10	The said	_		Date 06-0	2-2	017		

CHGE	511			CATION	ate of Ne NOF ASB to NJAC	ESTOS	ABATE		т		) <u>E</u>	C	E		$\mathbb{V}$	
Date of Notification (1)	3 1				f Building		-					LILAI		0 0	047	
05/31/2017					ady of L	ourdes	s Paris	h			L.	JUN	-	8 2	UI/	L
Agencies Notified	Type Notification			Street A		220										
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× EPA × DEP × DOL	Amended	Си			ate, Zip Co							LIC	EN	SIN	3	-
	Amendment Emergency				son, NJ	0/524						-				
Ď DOH □ DCA	justification)				f Contact	<u>.</u>				Tel	ephone	Numb	per			
DCA	Cancellation	1			Bodker											
Name of Facility Where	Abatement is Takir	ng Place (	3)	FAC	ILITY INF	ORMAT	ION	Typ	e of Facility (	4)						
Friendship Corner		·g / .ass (														
Street Address					A STATE OF THE STA			H	School (K-1 Subchapter		er than	K-12)				
186 Butler Street								×	Other (i.e. p				build	dings.	home	es,
City (5)				IC - CONTROL OF				Sau	etc.) are Feet	1#0	f Floors		TB	ldg. A	an	
Paterson								100	,000	3	110015			01	.90	
County (6)			- 1	County	Code (7)				rent Use (Pric		na dem	olishe	1			-
Passaic					USE ONLY	)			ligious Sch				-,			
Name of Monitoring Firm	Hired by Building	Owner (8	)	ASCN	Λ No.		Name		atement Con		(9)		-0.75		-	
<b>Envirovision Consu</b>	ultants, Inc.						Incir	nia C	ontracting	, Inc.						
Street Address							Street	Addr	ess							707
20-21 Wagaraw Ro	oad - Bldg. 35E						1360	0 Cli	fton Avenu	e, Un	it 365					
City, State, Zip Code							City, S	State,	Zip Code							
Fair Lawn, NJ 074							Clift	on, N	NJ 07012							
Project Manager for Mor	nitoring Firm	October Medical		Telepho			Teleph	none l	No.		Licens	e No.	2	2.4 (7.117.2.4)		
Fred Larson					636-914	5	(973	3) 45	0-9500		0103	6				
Start Date (10)					Date (11)				SHA Monitor				7			
06/10/2017		06/11/							ontracting,	, Inc.	<u> </u>		ne iliano			
Occupancy Status Durin	g Abatement (Chec	k Only O	ne)				Street			r r						
× Facility Closed/Vac	ated During Entire I	Period of	Abaten	nent				and the second second	ton Avenu	e, Un	ıt 365					
Abatement Perform  Other – Describe:	Saturday - Sunday, 7,	nai Facilit AM - 5PM.	/ Hours	3					Zip Code							
Scope of Work (Check A	II That Apply)						Cilit	on, r	NJ 07012							
	ш тпаг Арргу)	100		100100-00-0			_									
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		The state of the s	Renova Demolit				×		ull Containme ini-Enclosure		Negativ	ve Pre	essur	e		
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(13)			(,-/	_		other n	niscellar	neous	)				oval	air	Encapsulate	Enclosure
		Yes	No	N/A											e	
Two Upper Cl	assrooms		Χ		ACM	Blisteri	ng Cei	iling	Plaster	2	4 SF		Х			
		+										-				
		-										_				
Name of Dealer 115	4-11-2			I I												
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Atlantic Carting			17,527	J641		30			Grand (	Centra	al Sant	tiary	Lar	dfill	Corp	).
City, State							sal Date		City, State							
Wayne, NJ						TBD			Pen Arg		Ą					
Completed by		Title				S	ignature	1/1	IN		T	Date				
Milena Zoric		Direc	ctor				1	111	W/			5/3	1/20	17		

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Date of Notification (1)			1	Name of	Building Or	wner/Ot	perator (2)	100	CAL						
6/2/17	otification			Street Ac		) CE		1/6	2010		11				_
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- m	nitial mended	9	H	City, Sta	te, Zip Code						I				
Z DOL A	mendment#_			0	WHS	IDE	PA	RK	. NI	5	9739E	SPOS	CO	NTR	OL 8
	mergency (inci	luding	7		Contact .					Tele	phone Nun	<b>bei</b> CE	NSI	₹G	
,	ancellation				R. 61										3
Name of Facility Where Abatement	is Taking Plac	æ:(3)		FACI	LITY INFO	RMAT	NOI	Type o	of Facility (4	)					-1
MR 80			enn	د					ichool (K-12						
Street Address	wa c	510	50.	4	***			.D S	ubchapter 8	(Other	than K-12)	505 WWW	2		
01.000					7		ŀ		Other (i.e. pr	ivate &	commercia	buildin	gs, ho	nes, e	tc.)
City (5)								Square	Feet	# of	Floors	В	ldg. A		
CLIFFSIDE	E PAC	LIC			* 2	٠, ٠			200		Z	~-	15	360	
County (6)					Code (7)			Curren	t'Use (Prior		*** *** ******************************	d)			
BERGEN					USE ONLY)			A.11 .	Co.						
Name of Monitoring Firm Hired by	Building Own	टा (8)		ASCN	A No.				ment Contra						
G:							Street A	_	moval I	1C					
Street Address						•	†		th Rive	r Ctra	at				
City, State, Zip Code								tate, Zip		SHO	UL				_
~ ·		93						A CONTRACTOR	ack, NJ	07601					
Project Manager for Monitoring Fin	m		1:	Telephor	ne No.		Telepho	one No.			License N				
		100			10.1		2	201-3	29-7444		00	388			
Start Date (10)	S	chedule			ate (11)				Monitor						
6/15/17			6/1	6/1	7			_	Environ	menta	<u>ul</u>	-			
Occupancy Status During Abatemer					•			Address O Hir	yler Stre	et					.
☐ Facility Closed/Vacated Durin ☐ Abatement Performed Quiside		T TT-		۵.,		-4	The second second	ate, Zip							$\neg \neg$
Other - Describe: 8:00	bu To	2 8	:02	PM		<del>-</del>	Sc	outh F	Tackens	ack, N	JJ 0760	6			
Scope of Work (Check All That Ap	ply)	-								-		`			
≥3 sf or ≥3 lf		D R	enovati	OΠ				Full	Containme	nt with N	Negative Pr	essure			
□ ≥160 sf or ≥260 lf			emoliti		ři.		100000		i-Enclosure						
							-		vebag Proce -Exempted		Non-Friable	Proced	ure		
		Ie	Locatio	222	T								Abate		
Location of		1	Normall;	у		De	scription	of				-	13	pe	-
Asbestos-Containing Material	(ACM)		d Solely sintenan		Asbest	os Cont	aining Ma	aterial (A	ACM)		mount pecify	-		En	E
, TO BE ABATED In Facility		1424,9510	todial S		(Le. therr		ems insul VAT, or	ation, st	macing,		or LF)	Remova	Repair	Encapsulate	Enclosure
(13)			(12)			other	miscellan	eous)	1			val	=	ulate	ure
		Yes	No	N/A						٠.					
BASERENT BOLE	R ROOM				THERM	LSV	TEHL	ונצע	MODE	4	SLF	7			
					1										
				-									-		
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Name of Registered Waste Hauler			- N	DEP W	aste I	Cubic	Yards		Name of F	Registere	d Landfill	1	<u> </u>		-
			0.850	auler ID	0.0110.0000	of Wa	ste /						т	T (1)	
Best Removal Inc				171	09	D.		2e)	City, State		va Ente	rprise	S, L	LU	
City, State Hackensack, NJ 0760	ſ						sal Date	7			g, OH	14689	2		
Completed by		Title					Signature	4				ate		-	
J. Maiorano			stima	tor			V	Oa	יסוכי	3		6/	2/1	7	

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

Project # State of New Jersey  NOTIFICATION OF ASBESTOS ABATEMENT Check # 381				
DOTATION OF ADDITION OF				
	5			
(Pursuant to NJAC 8:60 and 12:120)				
Date of Notification (1) Name of Building Owner/Operator (2)	0		n	D. C.
06/01/2017 Maisano Builders [D] [5]	(6	E		W
Agencies Notified Type Notification Street Address				
EPA Initial 6 Howard St				
DEP Amended City, State, Zip Code	IUN	-	8	2017
Amendment # Verona, 07044			10	-017
DOH justification) Name of Contact Telephone Numb	ber			
DCA Cancellation David Mausano		3	201	PTI)
FACILITY INFORMATION  Name of Facility Where Abatement is Taking Place (3)  Type of Facility 171				٧,
House				
House School (K-12) Street Address Subchanter & (Other than K-12)				
Street Address  Subchapter 8 (Other than K-12) Other (i.e. private & commercial		dings	, hom	ies,
etc.)				- 50
City (5) Square Feet # of Floors	B	Bldg. A	Age	
County (6) County Code (7) Current Use (Prior if being demolished	-47			
Essex (STATE USE ONLY)	(0)			
Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Abatement Contractor (9)	-			
Nick Restoration LLC				
Street Address Street Address			-	
72 Brookside Rd				
City, State, Zip Code City, State, Zip Code		_		
Randolph, NJ 07869				
Project Manager for Monitoring Firm Telephone No. Telephone No. License No.				
973933-2550 01133				
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor				
06/10/2017   06/12/2017   IRIS				
Occupancy Status During Abatement (Check Only One)  Street Address	-			
Facility Closed/Vacated During Entire Period of Abatement 2333 Rt 22 West				
Abatement Performed Outside of Normal Facility Hours City, State, Zip Code				_
Other – Describe: Union , NJ 07083				
Scope of Work (Check All That Apply)	-			
≥3 sf or ≥3 lf				
Non-Exempted (*) and Non-Friable				
Is Location	-		emen ype	t
Location of Normally Description of Used Solely by		')	700	
Aspestos-Containing Material (ACM)  Maintenance/ Aspestos Containing Material (ACM)  Amount	20		En	Ш
In Facility (12)  Custodial Staff? (1.e. thermal systems insulation, (Specify Surfacing, VAT, or SF or LF)	Removal	Repair	cap	nclo
(13) other miscellaneous)	oval	air	Encapsulate	Enclosure
Yes No N/A			te	
Crawl Space area x TSI wrap & cure 20 LF				

NJDEP Waste Hauler ID No.

0033782

Title

President

Cubic Yards of Waste

Disposal Date

Signature all 101

TBD

TBD

Name of Registered Landfill

Date

06/01/2017

G.R.O.W.S

Tullytown, Pa

City, State

Name of Registered Waste Hauler

Randolph, NJ

Nick Restoration LLC

City, State

Completed by

Elvira Mrda

164 4749

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

JUN - 8 2017

(Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) LASPENOS CONTROL & WELSH Tons Type Notification Street Address Agencies Notified POMONIA 🔀 Initial Amended DEP City State, Zip Code ₩ BOL Amendment # HADDON FIELD Emergency (including DOH DCA justification) Name of Contact Cancellation TOM FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) RESIDENCE School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private & commercial buildings, homes, etc.) # of Floors Square Feet Bldg. Age City (5) 50 1000 County Code (7) (STATE Current Use (Prior if being demolished) County (6) USE ONLY) VACANIT Name of Monitoring Firm Hired by Building Owner Name of Abatement Contractor (9) ASCM No. (8) .EMCO Street Address Street Address 369 City, State, Zip Code City, State, Zip Code MAPI SHADE Telephone No Project Manager for Monitoring Firm Telephone No 856-7 00 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) NIA 6-19-Street Address Occupancy Status During Abatement (Check only one) ▼ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure Renovation ] ≥3 sf or ≥3 lf Glovebag Procedure Demolition ≥160 sf or ≥260 lf Non-Exempted (\*) and Non-Friable Procedure Abatemen! Is Location Type Normally Used Solely by Description of Location of Asbestos Containing Material (ACM) Amount Maintenance/ Asbestos-Containing Material (ACM) ncapsulate Custodial (i.e., thermal systems insulation, (Specify TO BE ABATED SF or LF) Staff? surfacing, VAT, or IN Facility other miscellaneous) (12)(13)N/A No YPS TRANSITE 3500 SE SIDING Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler Hauter 10 No 17904 Waste INC KLEMCO City, State Disposal Date City, State JOOD BINE MAPLE SHADE Signature \_ Date

Completed By

MICHAE

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CK4 4249

## State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT

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		(P	ursua	nt to NJA	C 8:60 and 12:12	(0)		N -	8	201	7
Date of Notification (1)			Na	_	ing Owner/Operato		DEVR				
Agencies Notified Type Notificat	ion		Str	eet Addres	S	**************************************	ASBES*	OS ICEN	COI	VTR IG	OL 8
DEP Amended Amendmen			Cit	, State, Zip			.T 080	33		-,40	
☐ Emergency justification DCA ☐ Cancellation	n)	iing	Nai	ne of Conta			Telephone Num				
			F		FORMATION						_
Name of Facility Where Abatement is Tal						Type of Facili					
Street Address	لالة	==				School (K-	12) er 8 (Other than K-1	2)			
						homes, et	private & commerc c.)				
City (5) STONIC	HA	RDO	OR			Square Feet	# of Floors	_   .	SIdg.		
County (6) CAPE WHY				unty Code E ONLY)	(7) (STATE	Current Use (I	Prior if being demoli	shed)			
Name of Monitoring Firm Hired by Building	Owne	r	ASCI	A No.	Name of Abatem	ent Contractor (	9)				
(8) N/A			_		Street Address	CO IN					-
Street Address					369 5		CE AVE				
City, State, Zip Code					City, State, Zip C	ode 5 SHAO	E N.J	28C	2 C	2	
Project Manager for Monitoring Firm		Tel	ephone	No.	Telephone No. 856 - 77	9-0472	License No.	44	1		
				ate (11)	Name of OSHA N						
Occupancy Status During Abatement (Ch		19 (one)	-11		Street Address	14   \$4					=
▼ Facility Closed/Vacated During Entire P	eriod o	f Abate	ment		0: 0: 7: 0						_
Abatement Performed Outside of Norm Other - Describe:	al Facili	ty Hou	rs		City, State, Zip Co	∞de 	+=				
Scope of Work (Check all that apply)					☐ Full Con	tainment with Ne	egative Pressure				
23 sf or ≥3 lf 2160 sf or ≥260 lf		enovat emolitic			☐ Mini-Enc ☐ Gloveba	losure g Procedure	on-Friable Procedu	re			
	1	Location						T	bate	ment	
Location of	Used	ormally Solet	y by		Description of			-	.,,		$\vdash$
Asbestos-Containing Material (ACM)  TO BE ABATED	C	ntenan ustodia			os Containing Mate thermal systems in	sulation.	Amount (Specify	Re	R	Encapsulate	Enc
IN Facility (13)		Staff? (12)			surfacing, VAT, other miscellaneou		SF or LF)	Remova	Repair	psul	Enclosure
(13)	Yes	No	N/A					E		ale	.е
SIDING			X		TRANSIT	E	1000 SF	X			-
										-	$\dashv$
										-	
Name of Registered Waste Hauler		IN	JDEP Y	Vaste	Cubic Yards	Name of Regi	stered Landfill				$\neg$
KLEMCO INC		H	outer 10	No.	of Waste	C.M.	C. M.U	A			
City, State			/ · · ×		Disposal Date	City, State	DUBINE				
MAPLE SHADE  Completed By  Title	M.	)			Signature _ n	0-1	Date	7	17		=
MICHAEL KLOWM	SU	φ.			Mul	11)6	=   -6-	6	-11	_	

			(F	ursuant	to NJAC	8:60 and	d 12:12	0)		0	K#	:10	V	)	
Date of Notification (1) 6/2/2017				Name o Rocha	of Building a Builder	Owner/C	perator	r (2)		IT.	J E	P	F	77 1	/ F
Agencies Notified	Type Notification			Street A	Address iolden Av	venue				1	<del>排</del>	<u>U</u>	Lin	11 /	7 1
EPA DEP X DOL	Initial Amended Amendment	#		City, Sta	ate, Zip Co	de	1					JUN	- 8	20	17
× DOH	Emergency justification)	(including			f Contact	0703-				Telep	hone Nu	ımber			
☐ DCA	Cancellation				Almanza							1.16	J.	ONT	ROL
Name of Facility Where	Abatement is Takin	g Place (	3)	FACI	ILITY INFO	ORMATI	ON	Tyr	oe of Facility (4	4)		111	EINE	<u> Prin</u>	
House									School (K-1	- 50 - 100					
Street Address								×	Subchapter Other (i.e. p etc.)				dings	home	es,
City (5) Union City									uare Feet 218 SF	# of F	loors 2		Bldg. A Built	\ge 1887	
County (6) Hudson				County (	Code (7) USE ONLY)				rrent Use (Pric npty House	r if being	demolis	hed)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCN	/ No.				batement Con Contracting		))				
Street Address							Street 32 W		ress w Way						
City, State, Zip Code									Zip Code nd Park, NJ	07424	,				
Project Manager for Mor	nitoring Firm			Telepho	ne No.		Teleph 973-		No. -9176	100	icense 1	No.			
Start Date (10) 6/3/2017		Schedul 6/5/20		npletion I	Date (11)				SHA Monitor sion Consul	tants, I	nc.				
Occupancy Status Durin	g Abatement (Chec	k Only Or	ne)				Street								
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norn	Period of A	Abater / Hour	nent s			City, S	State,	agaraw Rd.		35-E				
Scope of Work (Check A						_	Fair	Law	n, NJ 0741	10					_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Designation of the last of the	Renova Demoli				×		full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure				e	
		25.25	Locat	30000000									Abate	ement	
Location Asbestos-Containing TO BE AB in Faci (13)	Material (ACM) ATED iity	Use Ma Cus	Normal ed Sole intena todial ( (12)	ely by nce/ Staff?		os Conta thermal surfac		Mater s insi kT, or		(Spe	ount ecify r LF)	Removal	Repair	Encapsulate	Enclosure
4-4-511	- D	Yes	No	N/A		DI	. 5				0.5			(D	
1st Floor Livi				X		y Plas White J			1000	500		XX			
151 F1001 B	earoom			^	OII-V	/vnite J	ioint C	om	pouna	300	SF	XX			
												-			
Name of Registered Was	ste Hauler		533	J JDEP W	5749775	Cubic `	Yards		Name of F	Registere	d Landfil	ı			
Unicorn Contracting	Corp.			lauler ID 035844		of Was 15+	te		Fairless	Hills La	andfill				
City, State Woodland Park, Nev	w Jersey					TBD	///	/	City, State	ifle, P					
Completed by Dimo Golcev		Title Gene	eral M	lanager	r	Si	gnature	y	9	7		ate /2/201	17		

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT MO#24219191261 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) - 8 2017 03 / 17 06 Alice Wilcox Agencies Notified Type Notification Street Address ASBESTOS CONTROL & ☐ EPA ✓ Initial LICENSING **⊠** DOLWD Amended City, State, Zip Code X DHSS Amendment # Emergency (including ☐ DCA Harrington Park, NJ 07640 (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Alice Wilcox **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Harrington Park, NJ 07640 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Bergen Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 06 / 13 / 17 06 / 14 / 17 Envirovision Consultants, Inc Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_\_AM-\_\_\_PM/ Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 lf > 160 sf or >260 lf Renovation Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Non-Exempted (\*) and Non-Friable Procedure Demolition Is Location Abatement Type Normally Location of Description of Used Solely by Remova Repair Asbestos-Containing Material (ACM) Encapsulate Enclosure Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A $\times$ Basement X Pipe insulation 230 LF Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature / Date lewic wenged N.Jevtic Owner 06/03/17 ASB-41

K# 0589 Name of Building Owner/Operator (2) Date of Notification (1) 310 Centennial Avenue LLC 6/3/17 Street Address Agencies Notified Type Notification 220 Park Ave EPA Initial City, State, Zip Code Amended DEP JUN 2017 × DOL Amendment # Florham Park, NJ 07932 Emergency (including Telephone Number Name of Contact justification) X DOH ASBESTOS CONTROL & Cancellation Jeremey Garlock DCA LICENSING **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Former Gas Station School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, X 310 Centennial Ave etc.) Square Feet # of Floors Bldg. Age City (5) 2000 50 +Cranford Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) Former Gas Station Union Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Harmony Contracting Inc n/a Street Address Street Address 360 Palisade Ave n/a City, State, Zip Code City, State, Zip Code Garfield, NJ 07026 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 01255 973460.6026 n/a n/a Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Harmony Contracting Inc 6/12/17 6/14/17 Street Address Occupancy Status During Abatement (Check Only One) 360 Palisade Ave Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: Scheduled for Demo Garfield, NJ 07026 Scope of Work (Check All That Apply) Renovation Full Containment with Negative Pressure ≥3 sf or ≥3 lf Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure X Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Encapsulate Maintenance/ Enclosure (Specify Removal TO BE ABATED (i.e. thermal systems insulation, Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) (13)Yes No N/A Mastic 60 SF Office Area X Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler of Waste Hauler ID No. **GROWS** Landfill Harmony Contracting Inc. TRD 0035088 Disposal Date City, State City, State Morrisville, PA TBD Lincoln Park, NJ Date Title Signature Completed by 6/3/17 Secretary Tina Caporino 20

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(n)	
D&S Prcj. #:	1750
Dao Picj. #.	1/-38

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

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	,	JUN	-	8	2017		

									JUN ·	- 8	2017		
Date of Notification (1)    0   5   /   3   1   /   1     7	l ro		uilding Owr	ner/Operator (2	2)			ASI	BESTO			DL &	To de la constante de la const
Agencies Notified Type Notific  EPA Initial  DEP Amended		eet Addr						E The Post of the	F 84 2/s	MOIN	11-	ne-chairpean, be	
Amendment		y, State,	Zip Code										
Emergenc			nj 07203	3		A 1877 - In 1875 - Mills 1876 -							
justification	n) Nar	ne of Co	ntact					Telepho	ne Numbe	er			
DCA Cancellation	on <u>1</u>	robert j.	eichhorn					_ '				=	
			FAC	ILITY INFORM	IATIO	N							
Name of facility where abatement	t is taking place	e (3)					$\prod$	Type of Facility	(4) ol (K - 12)	)			
robert j. eichhorn								=	apter 8 (0		han K	(-12)	
Street Address							7	Other	(Private/C	omme		– /	
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City (5)	County	(6)			Cor	unty Code (7)	-	oquate i eet	# 011 100	13		ug. / t	90
50000 A 2000 A		. navvani				ate use only)	1	Current Use (P	rior if beir	ng den	olish	ed)	
roselle Name of Monitoring Firm Hired by	UNIC				L.,	This of About	<u> </u>	( ) (0)					
Name of Monitoring Firm Fined by	blug. Owner	(0)	- 1	ASCM No.		Name of Abateme							
Street Address					_	D & S RESTO	DRAT	TON, INC.					
						20 California	Δνο						
City, State, Zip Code					-	City, State, Zip Co	THE RESERVE					-	
						Paterson, NJ	0750	3					
Project Manager for Monitoring Fire	m	Ph	none Numb	er		Telephone Number	er		License	Numb	er	_	
						973-345-802			0	1169			
Start Date (10)	Sched. C	completion	on Date (11	1)		Name of OSHA M D & S Restor							
06/02/1717	06/3017	7				Street Address	ation,	, Inc.		_			
Occupancy Status During Abateme		120				20 California	Aven	ue					
Facility closed/vacated during Abatement performed outside Describe:	e of normal fac	of abate	ment. rs-			City, State, Zip Co	de						
Other-Describe: NORMAL					_	Paterson, NJ	07503	3					
Scope of Work (check all that app	ly)					Ī	=	Containment v	/negative	press	ure		
≥3 sf or >3 lf     □	Renovation					L	=	ii-enclosure vebag procedu	ro.				
≥160 sf or ≥260 lf	Demolition						_	n-Exempted (*)		friable	proc	edure	
Location of asbestos-containing	Is location n by maintena									R	R	E n	Е
material (acm) to be	staff(12)			Description material (		sbestos-containing		Amount (Specify S	For	m	р	С	n
abated in facility (13)	Yes	No	N/A		,			LF)		V V	i	a p	Ľ
basement		X		PIPE INSU	LATI	ION		138 l ft		e			
basement		X		chimney thi	mble	packing		6 sq ft		X			
Registered Waste Hauler	INJEE	Haules !		ubic Yards of W	lasts	INIoms of Date	- 11	1511					
D & S RESTORATION, INC.	13506	Hauler I	500000 P. (25%)	yds.	vasie	Name of Register TULLYTOWN			COVER	Υ			
City, State			Disposal Da	ate		City, State				10 44/21			
PATERSON, NJ 07503			06/03/17			TULLYTOW	N, PA	1					
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDEN	JT		Signature					Date	/2017	-11		
ASB-41	* Do not use th		for asbesto	s licensure exe	mpte	d activities.			05/31	201/			

D&S Proj. #: 17-161

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

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IKI				
	JUN	- 8	2017	

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Date of Notification (1)	Na	ame of Building	Ow	ner/Operator (2	2)							1	i i
10 16 /10 11 / 117	с	hris bernard						ASB	ESTOS	CON	TEC	11 12	-
Agencies Notified Type Notifica	ation Str	eet Address							LICE	MSIN	3	A. OI	$\rightarrow$
								8 - 42		************	Company de la justica	-	
DEP Amendment #	#. Cit	y, State, Zip Co	da										1.0000
IXI DOI I		50 0 5		Li oceano in antendo									
DOH Emergency	-	atlantic highla	ands	s, nj 07716									
justification	ı)   Nar	me of Contact						Telepho	ne Numb	er			
☐ DCA ☐ Cancellation	on	chris bernard						Ī.					
			FAC	ILITY INFORM	IATIO	N		_					
Name of facility where abatement	is taking plac	e (3)					$\neg$	Type of Facility	(4)		1640		
chris bernard								School	ol (K - 12				
Street Address			_				- 1	The state of the s	napter 8 (			(-12)	
officer Address								Other Bldgs.	(Private/ /Homes,	Comme etc.	ercial		2-1-5-2
City (5)	I Count	, (C)					- 1	Square Feet	# of Flo	ors	В	ldg. A	ge
City (3)	County	(6)				unty Code (7)							
atlantic highlands	monn	nouth			(518	ate use only)		Current Use (P	rior if bei	ng den	nolish	ed)	
Name of Monitoring Firm Hired by			-	ASCM No.		Name of Abatem	ent C	ontractor (0)					
, j		(-)	- 1	AGGINI NO.				The state of the s					
Street Address					_	D & S RESTO	ORA	TION, INC.			- 50		
Street Address						Street Address							
City State 7in Code						20 California	-	).					
City, State, Zip Code						City, State, Zip Co	ode						
						Paterson, NJ	075	03					
Project Manager for Monitoring Firm	n	Phone N	umb	er	-	Telephone Numb			License	e Numl	per		
						973-345-80	20			01169			
Start Date (10)	Sched. (	Completion Date	e (1	1)	-	Name of OSHA N	/lonito	or					
06/05/17	0.6/0.0/4					D & S Resto	ratio	n, Inc.					
	06/30/1		STATE OF	OF THE STREET		Street Address							
Occupancy Status During Abateme						20 California	Ave	nue					
Facility closed/vacated during Abatement performed outside	entire period	of abatement.				City, State, Zip Co	ode						
Describe:		ality nours-											
Other-Describe: NORMAL I	IOURS					Paterson, NJ	0750	03					
Scope of Work (check all that appl	y)						7 Fi	III Containment v	/negative	nress	ure	-	
☐ > <u>3</u> sf or > <u>3</u> lf	Renovation					İ		ini-enclosure	ogaar	, p. сос			
≥160 sf or ≥260 lf	Demolition							ovebag procedu	re				
			1.1				N	on-Exempted (*)	and Non			edure	
Location of		ormally used so ance/custodial	olely							R	R	E	E
asbestos-containing material (acm) to be	staff(12)					sbestos-containing	1	Amount (Specify S	E 0-	m	p	n	n
abated in facility (13)	Yes	No.	^	material (	ACM)			(Specify S LF)	ור טר	0	a	a	C
	163	No N/	A							v e	i	р	-
basement bathrm, bedrm/closet		X		popcorn cei	ling c	on sheetrock		155 sq ft		ă	T	П	
FIRST FLOOR bedrm./closet/bathrm,kitchen		X		popcorn cei				395 sq ft			F	Ħ	Ħ
					<u> </u>			1		H	H	H	H
					-	Marine Constitution of the	WALLEST THE			##	님	H	H
			=					-		+-	屵	片	12
Registered Waste Hauler	INIDED	Hauler ID#		Libic Yards of W	Vasto	Name of Registe	red I	andfill			Ш		
D & S RESTORATION, INC.	13506		1000	yds	- 4310			anatili ESOURCE RE	COVE	RY			
City, State		Dispos				City, State	· · , IC	LOUGICE RE	OU VE	<u> </u>			-
PATERSON, NJ 07503		06/0				TULLYTOW	N P	Α					
Completed by (Print or Type)	Title			Signature		TODDITOW	14, 1	4.1	Date			_	
BOGDAN JOLDZIC	PRESIDEN	VT.		The state of the s					06/01	/17			
ASB-41		his form for asb	esto	s licensure exe	mpted	d activities.			1 00/01	***			



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

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M	JUN	-	8	2017		

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Date of Notification (1)	Na	ame of Bu	uilding Owr	er/Operator (2	2)							
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Agencies Notified Type Notifica	tion	reet Addr	ess				a with the same and considerable	LIULI	VIII	4	-	
DEP Amended							ą.	1			-	- 1
Amendment #	:   Ci	ty, State,	Zip Code									
DOL Emergency		MOUN	TAINSID	E, NJ 7092	-117-2287							
DOH (including justification	Na	me of Co	ntact				Telepho	one Numbe	r			
DCA Cancellation		RICK T	URNER									
				ILITY INFORM	IATIOI	N	277				=	
Name of facility where abatement	is taking place	ce (3)				T	Type of Facility	(4)				
AMALCO								ool (K - 12) chapter 8 (C		nan K	12\	
Street Address							2000000	r (Private/C			-12)	
								s./Homes, e				
							Square Feet	# of Floor	rs	BI	dg. Ag	ge
City (5)	Count	y (6)			1800000	unty Code (7)						
MOUNTAINSIDE	UNI	ON			(518	ate use only)	Current Use (	Prior if bein	g dem	olish	ed)	
Name of Monitoring Firm Hired by				ASCM No.	-	Name of Abatement	Contractor (9)			_		
						D & S RESTOR	ATION INC.					
Street Address					-	Street Address	111011, 1110.					
						20 California A	ve.					
City, State, Zip Code						City, State, Zip Code	WHITE STATE OF THE	de de la companion de la compa			1402	
						Paterson, NJ 07	503					
Project Manager for Monitoring Fire	n	Pl	none Numb	er	_	Telephone Number		License	Numb	er		
						973-345-8020		0	1169			
Start Date (10)	Sched.	Completi	on Date (1	1)	_	Name of OSHA Mon						
06/07/17	06/30/	17				D & S Restorati	on, Inc.					
Occupancy Status During Abateme					-	20 California Av	zanua.					
Facility closed/vacated during			ement.			City, State, Zip Code						_
Abatement performed outside	e of normal fa	cility hou	rs-			ony, onato, Esp occo						
Describe: NORMAL I	HOURS				_	Paterson, NJ 07	503					
Scope of Work (check all that app						П	Full Containment	w/negative	press	ure		
≥3 sf or ≥3 lf	Renovation						Mini-enclosure					
☐ ≥160 sf or ≥260 lf	Demolition						Glovebag proced					
	Is location	normally	used solely	/			Non-Exempted (	) and Non-	TR R	Proc	E	
Location of asbestos-containing	by mainter				on of a	asbestos-containing	Amount		e	е	n	E n
material (acm) to be	staff(12)			material (			(Specify	SF or	m o	p a	c a	c
abated in facility (13)	Yes	No	N/A				LF)		v e	į	p	L
GROUND LEVEL		X		BOILER E	XTEI	RIOR INSULATIO	N 32 SQ FT		×			
					NINE COLUMN							
Registered Waste Hauler D & S RESTORATION, INC.		P Hauler )6		ubic Yards of \ yd	Vaste	Name of Registered		ECOVER	Y			
City, State		200 U	Disposal D			City, State	ooonon	LCO TEI	-			
PATERSON, NJ 07503			06/08/1	7		TULLYTOWN,	PA		7,220			
Completed by (Print or Type)	Title	000-24		Signature				Date	200			
BOGDAN JOLDZIC	PRESIDE		f 1			1 - 41 - 41		06/02	/2017			
ASR-41	Do not use	unis torm	ior aspesto	os licensure ex	empte	d activities.						

Karen Ricco

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CV-139	NO		ATION (	e of New OF ASBES NJAC 8:	STOS	ABATE			D(	)L	10	DA	/		
Date of Notification (1) 5/31/2017	1	000		Building O Camden		perator	(2)	Permenent states	J	A China	1	201 <b>7</b> /			
Agencies Notified Type Notification		100	treet Add	dress rket Stre	eet					9			to the same of the		1
EPA Initial Amended Amendment #	<b>‡</b>			e, Zip Cod					AW	ER Al	PPI	201	/ED		П
X Emergency (in justification)  DCA Cancellation	ncluding	100	lame of C						Tele	nh *	1	1			
			FACIL	ITY INFO	RMATI	ON	-	- 5 E 11 h - 6	-			and the latest trans	Contract to the last		=
Name of Facility Where Abatement is Taking Vacant Structure	Place (3)						П	of Facility ( School (K-	H )],	THE REAL PROPERTY.		5 [		7 6	1
Street Address 1255 Kaighn Avenue							<u> </u>	Subchapter Other (i.e. p	nivate (	comme Floars	rcial	0			111
City (5) Camden					5			e Feet	1 1				200	*	四
County (6) Camden			County C	ode (7) SE ONLY)			Curre Vaca	nt Use (Pri	or if be	BEST	OS CEA	CON ISIN	VTA	OL 8	k
Name of Monitoring Firm Hired by Building C	wner (8)		ASCM	No.			of Abarew Ri	tement Cor	tractor	(9)	967	Olla	G		-
Street Address							Addres Creek	Road							
City, State, Zip Code								ip Code NJ 0803	1						
Project Manager for Monitoring Firm		T	Telephon	e No.		Telep	hone N 466.6	0.		Licens 01339		8			
Start Date (10) ASAP	Scheduled 06/30/20		pletion D	)ate (11)		100000000000000000000000000000000000000	of OSI rew R	A Monitor							
Occupancy Status During Abatement (Chec	k Only One	)					Addres	ss Road							
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of At nal Facility	oatem Hours	ent		_	City,	State, Z	ip Code NJ 0803							
Scope of Work (Check All That Apply)						1									
≥3 sf or ≥3 if ≥160 sf or ≥260 if		enovat emoliti					Min	II Containm ni-Enclosur ovebag Pro	e cedure						
							☐ No	n-Exempte	d (*) ar	nd Non-F	riable		edure Abate		
		Locati			D	escriptio	n of						Ty	be	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Mair	Sole ntenar odial S (12)	nce/		los Cor therma surf		Materia ns insul AT, or			Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		2 (			-						io i	
			-						-		-				
Alarma of Docistand Maste Houles		I N	JDEP W	laste	Cubi	ic Yards		Name	Regis	tered La	ndfill				
Name of Registered Waste Hauler Ricco Construction Corp		H	lauler ID 8909		of W	aste BD		Salem	Cour						
City, State Bellmawr, NJ						osal Da	te	City, St.							
Completed by	Title Owne				-	Signati	le la	1	-	1	Da 05		2017		

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20/02/2011		45									
			Stale	af Ne	rw Jersey			sus in M	411	<u>~</u> Ω-	-12017
		NOTIF	ICATION O	FASI	BESTOS ABAT	EMENT	noulling	ال	١١١٧	U	C011
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8 /	2 /	17	Kelle	Barry			11/11		LIGH		
Agencies Notified	Type Natific	nolle	Street Ad	dragg				1			
Ø EPA	⊠ Initial									_	
Ø DOLWO	- Amenda	d	City, Stat	a, Zip (	ode	1	VANUED ACT	2/2/1	HEL	1	
₩ DOH	Amendm				II. NJ 08648	ν	ALVINE TO THE	1:37	41.3		]
D DCA	⊠ Emerger  ustificat	ncy (including	Name of				Talanhana Numb	es r			
(NJAC 6:23-8)	Canoalia	(5	Katle	Berry		4	1			******	
			FACIL	ITY IN	FORMATION						
Name of Facility Whore	Abatemen is	Taking Place (	3)			Type of Facility	* 5				
Barry Residence						School (K-1:	2) 8 (Olher than K-12)				
Street Address			***			Other (i.e., p	rivate and commer	cial dui	Idings		1
		WW. 88-9902-90-55				homas, etc.		nia	H 0 -		
City (5)						Square Feet	d of Floors		g Ago	-	
Lawrencevilla						2,300	3	- 1 - 57			_
County (S)			County	Code (	(STATE USE ONLY)	Current Use (P	rior if being damalia	ncuj			
Mercer					Name of Abstern	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		inger - t		_	-
Name of Monitoring Firm	Hired by Bul	iding Owner (8	) ASCM Ne	).		nmantal, LLC					1
Arcedie U.S., Inc.			Į.		Street Address	Military and man		all the second	3 (5)	, e-u = u -	-
Street Address					823 Cutter At	en nui e					1
10 Friends Lane, 8	ulta 200				City. State, Zip Co				***	(d)	
City, State, Zip Code					Maple Shade		•				
Newtown, PA 1894		1.1.79	Talanhine No		Talapirone No.	***************************************	License No.				
Project Managor for Mon	חונסייחם רוניים		287-885-1		856-765-0099		00842				
David Hillneki		Schedulad Co	mpidlen Deta	500000000000000000000000000000000000000	Name of OSHA	fonitor		-			
9(art Onte (10) 00 / 06 /	17	08 /	18 /	17	EMSL Analys	(cal, Inc.					
Occupancy Status Durin			Participant of the Control of the Co	S 20	Street Address			C'9 11	4		
S Facility Closed Vacat	ed During Fn	tire Period of A	Abatement		200 Routo 13	10 North					
☐ Abetement Parletmo	d Quiside of I	Normal Facility	Hours - Dager	lbe	City, Stale, Zip C	ode					
Time of Abstement:	AM	PM/	_PM·A	М	Cinnaminson						
Scope of Work (Check a	Il thet apply)				The second second	for him many a	anthus Practice				
N 100 C 20		RT Da	novation		□ Mini-End	106U/9	gative Praccure				
≥3 ml or ≥3 ll ≥ 180 st nr ≥260 lf		O Dei	molition		Gloveba	g Placedure	in Crimbin Bresadil	140			
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			Location formsity		Description	of.		-	-	-	
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Aubeston-Contenting	ATED	) V past	mienance/	(1.	e., thormal systems	insulation,	(Specify SF or LF)	Removal	ef.	encapsulate	enus de la maria
IN Fact	lily	Cust	odial Stoff?		euntscing, VAT	, or suas	סר מו גרי)	=		N K. K.	75
(13)		Territor.	in his green		Carried Livings and Children		1		1 1	130	

Morriaville, PA

Date

6/21

Scope of Work (Check all that apply)    23 at or 23 it	⊠ Re	novat	tion		Glovebas	Placedure		40.			
EN S. LOVE III	In	Loca	ilos		Non-Exe	ubidd ( ) and (4	n-Frieble Procedur		atame	ent Tr	ppo
Location of Aubestos-Conteining Material (ACM) TO BE ABATED IN Facility (13)	Use Ma	d Sol	sily lely by ence/ Stoff?		Description of cate Containing Mage, thermal systems euroscing, VAT, other miscellane	terial (ACM) insulation, or	Amount (Specify SF or LF)	Removal	Repair	entrinedexig	Enclosure
(15)	Yes	No	N/A	<u></u>				-		-	
Throughout			Ø	Sheet	ock with Acousti	cal Spray	1,665 SF	Ø	Ц		l L
TALL THE PERSON NAMED IN COLUMN NAMED IN COLUM											
	1			<u> </u>	19718000						
MATERIAL MAT	12		17	-	11.19			Tu			
Name of Registered Weete Hauler Preshold Cartage		NJDEP I Hauler II 13939	No.	Cubic Y ards of Waste 20		stered Landfill lorth Landfill	_1.7				

ABB-A CI MAL

Clly, State

Freshold, NJ

Christina Lynch

Completed By (Print or Type)

Vice President of Operations

08/18/2017

Bignelura

<sup>\*</sup> Do not use this form for asbestos itemsure exempled eccluitios.

(K#317)

## State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT

E	P	F		W	F	Timeron
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-	JUN		U	LUII		-

			\$ Bark	usuant)	io mjal	atou and 1	12.120	, III	JUN - 8	2017		4	
Date of Notification (1)			11	Name of		Owner/Ope			ì		t i		
65112			1		m. I	Ce U	J; \ _	100	ASBESTOS CO	WT 131	71 8		1_
Agencies Notified	Type Notification		The same of	Street Ac	idress	1000		8.00	LICENSI	NG_	J_ W		j
₩ EPA	1 Initial		1	01. 01.	7.00	4		4.0					
DEP DEP	Amended Amendment	#	1	F	te, Zip Co		и.	\					
DOL DOL	Emergency (		- !	Name of	dontact	onch,	14	cw Jes	delephone Nu	mber			
DOH DOH	justification) Cancellation		3		1. Ke				. 001001101101101				
口 DCA	LI Carromazon					ORMATIO	N.		. R				72.23
Name of Facility When	e Abatement is Taking	Place (3)		1			1	Type of Facility	(4)				
W.Isn T	residence 1	Gar	44	2)				School (K-					
Street Address	^						and the sail	Subchapte	r 8 (Other than K-1. private & commerc	2) at huitr	finas	home	es
							o principal de	etc.)	production operations				
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Long Bra	nch						-	500			50	+	
County (6)	. \ .			County C	Code (7) USE ONLY	n	440000	_	ior if being demolis				
INUUM		200	-				Alama	of Abagement Co	92014				
Name of Monitoring Fi	rm Hired by building t	Jumer (a)		ASCN	3 140.			insulation Co.					
Street Address								Address	, 1110				
Street Address								ontrose Rd					
City, State, Zip Code							City, SI	ate, Zip Code					
						grana deptil ja	Colts	Neck, New J	ersey				
Project Manager for M	onitoring Firm			Telephor	ie No.	5		one No.	License N	lo.			
			al property					294 1757	00029				
Start Date (10)	2007-004	Schedule	. 1	npletion l	Date (11)	1	Name :	of OSHA Monitor					
(P114)17		1 2 1 1	101	Lt_			Cirnot	Address					
Occupancy Status Du						Carlo de Car	OUTE:	ricul 683					
Facility Closed/Va	acated During Entire F rmed Outside of Norm	Period of A al Facility	batem Hours	rent		. 1	City, St	ate, Zip Code					
Other - Describe:	79m-7	m					**						
Scope of Work (Check	: All That Apply)									-			
≥3 sf or ≥3 lf		Пв	enova	tion			No.	Full Containm	ent with Negative I	ressu	re		
≥160 sf or ≥260 lf	Ŧ.	DI D	emoliti	ion			-	Mini-Enclosur / Glovebag Pro					
							T.	- Non-Exemple	cedure ed (*) and Non-Fria	ble Pro	cedu	e	
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City, State Colts Neck, New J				Disposal	Luate	City, Sta	n PA						
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Date of Notification (1) 6/2/17	)		-	Long	of Building Branch				lad be	. Transport				1	
Agencies Notified	Type Notification		- Andread and a second		Address Aain Stra	eet				ASBESTO LIC	ENSI	IG	TOL	α	
EPA DEP DOL	Initial Amended		1		ate, Zip C										-
	Amendmen    X   Emergency				ville, Ne	Section of the sectio	ey 070	45							
DOH DCA	justification Cancellation	)		Name of	of Contact					Telenho	nn Missel	200			-
				-	ILITY INF	ORMAT	NOT								- Page 1
Name of Facility Where A Long Branch Partne		ng Place	(3)					Тур	e of Facility	(4)					
Street Address	13 Floperty		-10-00					H	School (K- Subchanter	12) r 8 (Other tha	n K-12)				
155 Broadway							Part of the same o	x		private & com		buil	dings	, hom	es,
City (5)							Co-	Squa	are Feet	# of Floo	rs	E	ildg. /	\ge	
Long Branch County (6)					6 l m			200		2		1	55+		
Monmouth					Code (7) USE ONLY	n		sto		ior if being de	molishe	d)			ĺ
Name of Monitoring Firm	Hired by Building	Owner (8	)	ASC	M No.				atement Co						
Street Address							1		lation Co.	, Inc.					
Oliect Address							Street 95 M		ess ose Rd						
City, State, Zip Code						1		Zip Code	ersey 0772	12			-		
Project Manager for Monit	oring Firm		- Indian	Telepho	ne No.		Teleph				nse No.			-	
			Opposite Administra				7322	9417	757	000	29				and the second
Start Date (10) 6/1/17		6/1/17	,	npletion	Date (11)		Name	of OS	SHA Monitor						90.000
Occupancy Status During		- 5					Street	Addre	355						and the same
Facility Closed/Vacat Abatement Performe  Other – Describe: 7a	d Outside of Norn	Period of nal Facilit	Abater y Hour	nent s		_	City, S	tate, Z	Zip Code						and to a contract the contract to the contract
Scope of Work (Check All	That Apply)									10.					and the state of t
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Seemen	Renova Demolii				X	Mir Gk	ni-Enclosure ovebag Proc					9	and the color of t
		ls.	Locat	ion					// Exemptor	i jasa Hose	111000		Abate	ement	
Location of Asbestos-Containing N		7.5	Normal ed Sole	-		De	scription	of			-		Ту	pe [	- Apple
TO BE ABAT In Facility (13)	ED	Ma	intena todial 3 (12)	nce/	Asbes (i.e.	thermal surfa	taining M systems cing, VA niscellan	insul. T, or	lation.	Amoun (Specify SF or LF		Remova	Repair	Encapsulate	Enclosure
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								-				10000			
Name of Registered Waste	Hauler	-	H	JDEP W auler ID		Cubic of Was			Name of I	Registered La	endfill endfill				Statement of same
City, State			3	5217	and the same of th		al Date		City, State	;					And the second s
Tinton Falls, New Jers Completed by	ey	Title				6/1/17			Easton,	PA	15:				
Bree McGuire			elary '	Treasu	rer	01	gpatpre	A 1 1	1		Date 6/2/1	7			-

		(F	Pursuant	t to NJAC	8:60 an	d 12:120	0)			CK	#	0:	260	020	
Date of Notification (1) 6/2/17					of Building Inita Fac			(2)		11 .	JUN	- O	20	17	16
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EPA DEP DOL	Initial Amended Amendmen	t #			ate, Zip Co					A	SBESTC LLC	IS CO		ROL	&
	Emergency	(including		,	of Contact	470			***	Tel	ephone Nu	mhar		-	-
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Name of Facility Where	Abatament is Takir	na Place (3	1	FAC	ILITY INF	ORMAT	ION	Т.	pe of Facility	(4)					
Residential	Abatement is Takii	ig i lace (c	9					1 7	School (K						
Street Address			- S					×	Subchapte	er 8 (Othe			dings	, hom	es,
City (5) Wayne									quare Feet 000 +	# of 2	Floors	-133	3ldg. <i>A</i>	\ge	
County (6) Passaic					Code (7) USE ONLY	)			urrent Use (Pi esidence	rior if bei	ng demolis	hed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCI	M No.				Abatement Contracting &			Cons	sultin	g, In	c.
Street Address							Street 1141		dress oute 23						
City, State, Zip Code							100000000000000000000000000000000000000		e, Zip Code NJ 07470						
Project Manager for Mon	itoring Firm		Telepho	ne No.		Teleph 973-6		e No. 3-9200		License N 00408	lo.				
Start Date (10) 06/12/17		Schedule 06/13/1		mpletion	Date (11)				SHA Monito Vision Con		s, Inc.				
Occupancy Status During	Abatement (Che	ck Only On	e)		u.		Street			DI	4- #OFF				
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire ed Outside of Norr	Period of Annal Facility	bater Hour	ment s			City, S	tate	Vagaraw R , Zip Code vn, NJ 074		ag. #35E				
Scope of Work (Check A	I That Apply)		-				I all	Lav	VII, 145 07 4	10					
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			enova emoli				×		Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure				e	
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City, State Wayne, New Jersey						Dispos	sal Date	-1100	City, Sta Pen Ar		nnsylvar	nia			
Completed by Jerry Bijelonic		ot Ma	anager		S	ignature				Da 6/	ite 2/17				

Print Form

		(Pu	rsua	nt to N	JAC 8:6	60 and 12:120)			11101 -	9 2	117	- 1	1
ate of Notification (1)						Owner/Operator (	2)	The state of the s	L			1	1
6/5/17			1 -		Odoon	n		_	ACDERTOS	0001		70	1
gencies Notified	Type Notification		St	reet Ad	Idress				ASBESTOS LICEN			Lä	
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DEP	Amended				e, Zip Co								
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and of Escility Where	e Abatement is Taking	Place (3)		864			Type	of Facility (4 hool (K-12)	+)				
esidence	o Abatomonia						Hen	hchanter 8	(Other than K-12)	10			
treet Address							님이	her (i.e., pri	vate 8 commercial	buildin	gs,		
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ity (s) Villingboro, NJ							2200		2 If haing domolie	_	10		=
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ame of Monitoring Fi 3)						AEi2, LLC					_		=
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treet Address						361 E. Flemi	ng Pike	2			_		=
Ot to 7in Code						City, State, Z	ip Cod	e 027					
City, State, Zip Code						Hammonton,	NJ 08	037	T II No				=
Project Manager fo	r Monitoring Firm		Telep	hone N	0.	Telephone No.	202		License No. 00689				
Project Manager 10	1 Mountoining					609-481-21			00003				=
15 4 (10)	Sched	luled Con	npleti	on Date	(11)	Name of OSHA	Monitor						
Start Date (10)	6/21/					AEi2, LLC						_	=
6/14/17	uring Abatement (Chec	k only or	ne)			Street Addres							
Occupancy Status Di	acated During Entire P	eriod of A	Abate	ment		361 E. Flen		ke					=
Abatament Perfor	med Outside of Normal	Facility	Hours	3		City, State, Zip	Code	2037					
Other - Describe:	Outside Work Ar	ea				Hammonton							_
Scope of Work (Che						Full C	ontainn	nent with N	egative Pressure				
Scope of work (Office	ok an arac app. 37	-					Enclosur						
>3 sf or ≥3 lf		Ren	ovation	n 1		Glove	bag Pro	cedure	I Eriabla Proces	lure			
∑≥160 sf or ≥260	If					⊠ Non-	Exempte	ed (*) and N	lon-Friable Proced	A	bater	nent	
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TO BE A	ABATED		stodia taff?	1	(1.e	surfacing, VA	AT, or		SF or LF)	m o	p a	p	
IN Fa	acility (3)		12)			other miscellar	neous)			a.	i	u 1	١
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	J.Mosta Haular	-		NJDEP		Cubic Yards	IN	lame of Re	gistered Landfill				
Name of Registered	g yyaste naulei		1	Hauler I	D No.	of Waste	,	TBD					
AEi2, LLC			- 12	21376		.5 Disposal Date	-	City, State			33		
City, State					TBD		TBD	1					
Hammonton, N.					Signatur	10	/	Date					
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16 4M2	NOTIFI (	CAT Pur	TION C	te of New OF ASBE to NJAC	STO	sey OS ABATI and 5:16	EMENT	The second secon	EGI		W			20
Date of Notification (1)	-	1	Name of	f Building O	wner	/Operator (2	)		JUN	- 8	20	17		习
	17		Dioce	ese of Car	mde	n		1	b-				1	
			Street A	ddress					ASBESTO	8.00	NT.	ROI	-8	
Agencies Notified				/larket Str	reet				LIC	ĔNS!	\G			
⊠ DOLWD ☐ Amended		-	City, Sta	ate, Zip Coo	de						Mal			
□ DOH Amendment				den, NJ 0		!			***					
DCA Emergency [UNIAC 5:23-8]		-	Name o	f Contact					Telephone Nun	nber				
(NJAC 5:23-8) justification)  Cancellation			Pat V	Villiams									_	
			FACI	ILITY INFO	ORM	IATION								
Name of Facility Where Abatement is Tak	ing Place (3	3)					Type of	Facility (4	1)				5,000	
Saint Mary's School		c. <b>F</b> c.:					⊠ Scho	ol (K-12)	(Oth th 1/ 1	2)				
Street Address							☐ Subc	hapter 8 r (i.e., pri	(Other than K-1 vate and comme	۷) ercial b	uildi	ngs,		
735 Union Road								es, etc.)						
City (5)							Square	Feet	# of Floors	В	ldg.	Age		
Vineland							10,00		1		80			
County (6)			County	y Code (7)(S	STATE	USE ONLY)	Current	Use (Pric	or if being demo	lished)				
Cumberland							Scho	ol	and the second second					
Name of Monitoring Firm Hired by Buildin	g Owner (8)	) /	SCM N	10.	Name	of Abateme	ent Contra	actor (9)						
MDG Environmental, LLC	5.				Sh	ade Enviro	nmenta	al, LLC						
Street Address					Stree	t Address								
1000 Maplewood Drive, Suite 207	7				623	3 Cutler Av	renue							
City, State, Zip Code				(	City,	State, Zip Co	ode							
Maple Shade, NJ 08052					Ma	ple Shade	, NJ 080	)52						
Project Manager for Monitoring Firm		Tele	phone N	10.		hone No.			License No.					
Chris Macri		85	6-755-			6-755-0099			00842					_
Start Date (10) Sc	heduled Co	mplet	ion Date	e (11)		e of OSHA M								
06 /17 /17	06 /	20	_ / _	17	EN	ISL Analyt	ical, Inc							
Occupancy Status During Abatement (Ch	neck only or	ne)				t Address								
□ Facility Closed/Vacated During Entire	Period of A	bater	nent		20	0 Route 13	0 North		Harrison and Color					
Abatement Performed Outside of North	mal Facility	Hour	s - Desc			State, Zip Co								
Time of Abatement:AM	_PM/	PIVI-		AM	Ci	nnaminsor	n, NJ 08	077						
Scope of Work (Check all that apply)				•		N F. II C	tainmant	with Neg	ative Pressure					
The state of the s	⊠ Ren	ovati	On			☐ Mini-End	tainment closure	with Neg	alive Flessure					
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf	Section 1	nolitic				☐ Gloveba	a Proced	lure	- Friehla Broom	duro				
						∐ Non-Exe	empted (	) and No	n-Friable Proce		hat	ame	nt Ty	ne
		Locat orma				Description (	o.f				-			1.334-21
Location of Asbestos-Containing Material (ACM)			ely by	Asbes		ontaining Ma		CM)	Amount	Kellova		Repair	Encapsulate	Enclosure
TO BE ABATED		ntena	nce/ Staff?	(i.e.,		mal systems		n,	(Specify SF or LF)	2		=	psu	Sur
IN Facility	Cusio	(12)	otan:			ırfacing, VAT er miscellane			0, 0, 1, ,				late	Ф
(13)	Yes	No	N/A										39.5	
Boiler Room	П		Mud Fitt	tings				5 LF	D					
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Name of Registered Waste Hauler		150	NJDEP V			ic Yards of			stered Landfill					
Freehold Cartage	D No.	Was	te	GR	ROWS N	orth Landfill								
City, State	9		osal Date	City,	State									
Freehold, NJ			3/20/2017	Mo	rrisville	e, PA								
Completed By (Print or Type)				Signature				Date						
Completed By (Pfill of Type)  Christina Lynch	Title Vice Pro	esid	ent of	Operation	าร	Chi	(onl	0		01	5	17	2	
Official Lyrion	A 200 (200 (200 (200 (200 (200 (200 (200					1/1/1	N W	X		~	V18/	- 1	-	_

### New Jersey Department of Health Consumer, Environmental and Occupational Health Service PO Box 369

Trenton, NJ 08625-0369 Fax: 609-826-4975

Telephone: 609-826-4950

## NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES OS CONTROL &

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

ate of Notification:  ☐ Initial ☐ Amender  ☐ Yppe of Work: ☐ Demo	d Cancellation  Dilition Renovat	☐ Eme			100 100 g 110 A			
		II. BUILDING	INFORMATION	N				
Name of Building Owner/C	S		Dioces	e of Camden				
Name of Building Owner/C Street Address: 631 Ma	orket Street	City: Ca	mden	State:	NJ	Zip:	08102	
Street Address: 031 Wa	Williams	_ 0.0,	Т	elephone No				
Name of Contact: Pat V								
			Y INFORMATIO					
Name of Facility Where W	Vork Activity is to Take F	Place:		Saint Mary's S	chool			
			001100	•				
725 Un	nion Road	City: Vii	neland	State:	INJ	_ ZIP: _	00000	
			COUNTY LODGE L	State Use Offish.				
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#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) .ILIN - 8 2017 Ginger Lai 17 6 Street Address Type Notification ASBESTOS CONTROL & Agencies Notified **⊠** EPA LICENSING ☐ Amended City, State, Zip Code □ DOLWD Amendment #\_ Pennsauken, NJ 08110 X DOH □ Emergency (including) Telephone Number ☐ DCA Name of Contact justification) (NJAC 5:23-8) Ginger Lai ☐ Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) Lai Residence Other (i.e., private and commercial buildings, Street Address homes, etc.) Bldg. Age # of Floors Square Feet City (5) 80 3 1,100 Pennsauken Current Use (Prior if being demolished) County Code (7)(STATE USE ONLY) County (6) Residence Camden Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Shade Environmental, LLC Mgmt. & Environmental Consulting Services Street Address Street Address 623 Cutler Avenue PO Box 341 City, State, Zip Code City, State, Zip Code Maple Shade, NJ 08052 Chesterfield, NJ 08515 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 00842 856-755-0099 609-298-4070 Bill Weisgarber Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) EMSL Analytical, Inc. 06 / 16 / 17 06 / 15 / 17 Street Address Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/\_\_\_PM-\_ Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Mini-Enclosure ☐ Glovebag Proce □ Renovation ≥3 sf or ≥3 lf Glovebag Procedure □ Demolition ■ Non-Exempted (\*) and Non-Friable Procedure ≥160 sf or ≥260 lf Abatement Type Is Location Encapsulate Description of Remova Repair Normally Location of Amount Used Solely by Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) (Specify (i.e., thermal systems insulation, Maintenance/ TO BE ABATED SF or LF) Custodial Staff? surfacing, VAT, or IN Facility other miscellaneous) (12)(13)N/A Yes No 10 LF M Pipe Insulation **Basement** П Name of Registered Landfill Cubic Yards of NJDEP Waste Name of Registered Waste Hauler GROWS North Landfill Waste Hauler ID No. Freehold Cartage 15939 City, State Disposal Date City, State Morrisville, PA 06/16/2017 Freehold, NJ Date Signature Completed By (Print or Type) G15/17 Vice President of Operations Christina Lynch

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M DOH DCA	Cancellation			Rose	TV INFO	RMATION				_				
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Project Manager for Mo	nitoring Firm			n/a	6 140.	1 1 2		.6026	0	1255				
n/a		Scheduled		1 W. (100)	ate (11)	Nam	e of C	SHA Monitor						
Start Date (10) 6/10/17		6/12/17		P		Hai	rmor	ny Contractir	ng Inc					
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Ch 2179	١		CATION	ate of New Je I OF ASBEST to NJAC 8:60	OS ABATE				G		201		
Date of Notification (1) 05/31/17				f Building Own Curtiss	er/Operator	(2)	To and the state of the state o	L	JUN	- 8	201	<i>i</i>	
Agencies Notified Type Notification			Street A	ddress				ASBI	ESTO	S CC	NTE	OL 8	
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DEP Amended Amendment	#			ate, Zip Code norne, NJ 07	7506								
Emergency ( justification)  DCA  Cancellation	including		Name of	f Contact Curtiss				Telep	hone N	lumber			
Caricellation			THE CASE OF	LITY INFORM	ATION								
Name of Facility Where Abatement is Taking Private House	g Place (3	3)				Туре	e of Facility (4	Option Control					
Street Address						×	Subchapter Other (i.e. pietc.)	8 (Other	than K- commer	-12) rcial bu	ilding	s, hom	ies,
City (5) Hawthorne						Squa	are Feet	# of F	loors		Bldg.	Age	
County (6) Passaic				Code (7) USE ONLY)		Curr	ent Use (Pric	or if being	demol	ished)			
Name of Monitoring Firm Hired by Building C Competent Supervisor	Owner (8)		ASCN	1 No.			atement Con / Construct						
Street Address	36				Street								
City, State, Zip Code					1.0.0000000		6 West Su Zip Code	iite 14					
City, State, Zip Code							NJ 07512						
Project Manager for Monitoring Firm			Telepho	ne No.	Telepi 973-		No. 4244		icense )1155				
Start Date (10) 06/12/17	Schedule		npletion	Date (11)			SHA Monitor above						
Occupancy Status During Abatement (Chec		317	<u> </u>		Street								
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of A	Abatem			City, S	State, 2	Zip Code						
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Name of Registered Waste Hauler		N	JDEP W	/aste Cu	ubic Yards		Name of F	Registere	d Land	Ifill			
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City, State Totowa, NJ				100	sposal Date BD		City, State						
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#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT MO#24219191272 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 06\_\_\_/ 01 / 17 JUN - 8 2017 Iris Stern Agencies Notified Type Notification Street Address ☐ EPA ✓ Initial **ASBESTOS CONTROL & ⊠** DOLWD ☐ Amended City, State, Zip Code LICENSING X DHSS Amendment # Morristown, NJ 07960 DCA Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Iris Stern FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Morristown, NJ 07960 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Morris Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor \_\_06\_\_ / \_\_10\_\_ / \_\_17 06 / 11 / 17 Envirovision Consultants,Inc Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/ Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure Renovation >3 sf or >3 If 2 160 sf or 260 If Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Demolition Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Remova Repair Encapsulate Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A Basement $\boxtimes$ Pipe insulation $\boxtimes$ 130 LF Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City. State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date ewic wenad N.Jevtic Owner 06/01/17 ASB-41

## State of New Jersey

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Date of Notification (1)					Name	of Building	a Own	er/Operator (	(2)			( - ()	- CU	1	T
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	Name of Monitoring Firm Hired by Building ATC Group Services LLC			B)	ASCM	No.				Contractor (9)	INC				
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Street Address			Name:					et Address							
Bromley Corporate	Center-Three	ee Ter	rri La	ne				123 BEAVE							
City, State, Zip Code							1	, State, Zip C							
Burlington, NJ 080					BRISTOL, PA										
Project Manager for Mon	itoring Firm				phone		1	phone No.							
Michael Keehn					09-386			15-788-6040			00509				
Start Date (10)		Chedu		omple	tion Da			ne of OSHA N							
//			6		_ / .	17	В	RISTOL EN	IVIR	RONMENTAL	_, INC.				
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□ Facility Closed/Vacate							11	123 BEAVE	R S	TREET					
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Time of Abatement: 6	:00AM-3:30P	/IVI/	PI	VI	AIVI		В	RISTOL, PA	A 19	9007					
Scope of Work (Check al	l that apply)							□ FII Co.	-4-1-	ment with Nog	ative Pressure				
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Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.			NJDEP Waste Hauler ID No.  18706  Cubic Yards Waste					FAIRELESS LANDFILL							
City, State			2000				Disp	posal Date	(	City, State					
BRISTOL, PA 19007										MORRISVI	LLE, PA 1906	7			
Completed By (Print or T		Title						Signature		0	1.1	Date_/	/		
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Date of Notification (1)		17					ng Owner/Operator  University-Office		Construction	UN -	8 2	017	
Agencies Notified	Type Notifi		_			et Address 0 Elm Dr			ASBES	STOS (			L&
☑ DOLWD ☑ DHSS	⊠ Amende Amende	ed ment # <b>2-</b> :	5/3/1	7		State, Zip							
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(NJAC 5:23-8)	justifica				20020000	e of Conta			Telephone N	lumber			
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					FΑ	CILITY	NFORMATION						
Name of Facility Where			Place	(3)				Type of Facility					
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Street Address								Other (i.e., p			ouildir	igs,	
Prospect Ave				yaran.				homes, etc.					
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County (6) MERCER					Cou	my Code (	I NOTATE USE ONLT	Current use (F)	ioi ii beilig deli	iolistico)	8		
Name of Monitoring Fir	m Hired by Bui	ilding Ow	ner (	8)	ASCM	No.	Name of Abateme	ent Contractor (9)	1	- 5/100			
ATC Group Service	ces LLC						BRISTOL EN	VIRONMENTA	L, INC.				
Street Address		200					Street Address						
Bromley Corporat	te Center-Th	ree Teri	ri La	ne	1993		1123 BEAVE	R STREET					
City, State, Zip Code							City, State, Zip Co	ode					
Burlington, NJ 08	016						BRISTOL, PA	19007					
Project Manager for Mo	nitoring Firm				ephone		Telephone No.		License No.				
Michael Keehn					09-386		215-788-6040		00509				
Start Date (10) 5 / 1		Schedule 6					Name of OSHA M BRISTOL EN	fonitor VIRONMENTA	L, INC.				
Occupancy Status Durin	ng Abatement (	(Check o	nly o	ne)		- Massac-5	Street Address						
					ment		1123 BEAVE	R STREET					
Abatement Performe	ed Outside of N	lormal Fa	cility	Hou	rs - Des		City, State, Zip Co						
Scope of Work (Check a	all that apply)			-						=======================================			
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>	,,		Rer				☐ Mini-Enc	ainment with Neg losure g Procedure mpted (*) and No		dure			
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Asbestos-Containing TO BE AB		л)			ince/		stos Containing Ma ., thermal systems i		Amount (Specify	Remova	Repair	Encapsulate	Enclosure
IN Faci		(	Custo		Staff?	(	surfacing, VAT,	or	SF or LF)	val	-	sula	sure
(13)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	es	(12) No	N/A		other miscellaned	ous)				ate	
Men's Room 2 <sup>nd</sup> floo	or	-   -			$\boxtimes$	Windov	v caulk		20 LF				
Men's Room 1st floor	r		]			Windov	v caulk		14 LF				
2 <sup>ND</sup> Floor			]		$\boxtimes$	Windov	Caulk & Glazin	g	40 LF				
Name of Registered Was	ste Hauler			N	JDEP V	Vaste	Cubic Yards of	Name of Regist	ered Landfill				
BRISTOL ENVIRON		VC.		Н	auler II 18706	A CONTRACTOR OF THE PROPERTY O	Waste		LANDFILL				
City, State							Disposal Date	City, State					
BRISTOL, PA 1900	7								LE, PA 1906	7			
Completed By (Print or T	ype)	Title		9.76			Signature	0 1 1	.  1	Date	1		
Brian Scafiro		Estir	nato	r			Dream	Scalio /-	K	5/3	1/1	7	

ASB-41 MAY 11 B 5 17 049

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

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□ EPA 🛛	e Notifica nitial			S	treet Addre	SS	_		BEST	OS (		
	Amended		F18143	C	ity, State, Z	ip Code			Liv	J-1 1	Stir AV	
	Amendme Emergend					, NJ 08544						
	ustificatio		uoing	N	ame of Con	tact		Telephone	Numbe	or .		ethric
	Cancellati	оп			Robert O	rtego		1		**		
						INFORMATION						
Name of Facility Where Abater	nent is Ta	aking F	lace (3		· / (OIL())	THE ORIGINATION	Type of Facil	ity (4)				
Princeton University- Co			1.000	,			School (K					
Street Address							Subchapte	er 8 (Other than	K-12)			
Prospect Ave							Other (i.e. homes, et	, private and co	mmerci	al buil	dings	<b>S</b> ,
City (5)							Square Feet			DIA		
Princeton							Square reet	# of Floor	S	Blad	g. Age	е
County (6)				10	ounty Code	17)/STATE LISE ONLY	Current Head					
MERCER				10	ourny code	(7)(STATE USE ONLY)	Current Use (	Prior if being de	molishe	d)		
Name of Monitoring Firm Hired	hy Ruildi-	00 0	or /0\	TACC.	Af No	Nome of At-	nt Ca -t-: t	0)				
ATC Group Services LLC		ig Owr	iei (8)	ASC	IM No.	Name of Abateme		3350				
						BRISTOL EN	VIRONMENT	AL, INC.				
Street Address	Th	~				Street Address						
Bromley Corporate Cente	er- i nree	erri	Lane			1123 BEAVER						
City, State, Zip Code						City, State, Zip Co						
Burlington, NJ 08016						BRISTOL, PA	19007					
Project Manager for Monitoring F	irm		1	elephon		Telephone No.		License No	),			
Michael Keehn				609-38	36-8800	215-788-6040		00509				
	0 :							00003				
Start Date (10)5 /1 /17	140				Date (11)	Name of OSHA Mo BRISTOL ENV						
5 / 1 / 17		5	/_		75-10 (1.1. 1.1. 1.1. 1.1. 1.1. 1.1. 1.1. 1							
	nent (Che	5 eck onl	y one) of Abat	4 / ement		BRISTOL ENV	TRONMENTA					
	nent (Che g Entire P	5 eck onl Period of al Faci	y one) of Abat	ement	17	Street Address 1123 BEAVER	STREET					
	nent (Che g Entire P	5 eck onl Period of al Faci	y one) of Abat	ement	17	Street Address 1123 BEAVER City, State, Zip Cod	STREET					
5 / 1 / 17 Decupancy Status During Abater  ☐ Facility Closed/Vacated During ☐ Abatement Performed Outside Time of Abatement: 7:00AM-	nent (Che g Entire P of Norm 3:30PM/	5 eck onl Period of al Faci	y one) of Abat	ement	17	Street Address 1123 BEAVER	STREET					
5 / 1 / 17  Occupancy Status During Abater  Facility Closed/Vacated During  Abatement Performed Outside  Time of Abatement: 7:00AM-  cope of Work (Check all that app	nent (Che g Entire P of Norm 3:30PM/	5 Period of al Faci	y one) of Abat	ement urs - De AN	17	BRISTOL ENV  Street Address 1123 BEAVER  City, State, Zip Cod BRISTOL, PA 1	STREET le 19007  nment with Negsure Procedure	AL, INC.				
5 / 1 / 17  Occupancy Status During Abater  Facility Closed/Vacated During  Abatement Performed Outside  Time of Abatement: 7:00AM-  cope of Work (Check all that app	nent (Che g Entire P of Norm 3:30PM/	5 Period (al Faci	y one) of Abat lity Hou PM	ement urs - De AN	17	BRISTOL ENV  Street Address 1123 BEAVER  City, State, Zip Cod BRISTOL, PA 1	STREET le 19007  nment with Negsure Procedure	L, INC.				
5 / 1 / 17  Decupancy Status During Abater  Facility Closed/Vacated During  Abatement Performed Outside  Time of Abatement: 7:00 AM-  cope of Work (Check all that app  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	nent (Che g Entire P of Norm 3:30PM/	5 Period (al Faci	y one) of Abat lity Hou PM Renova semoliti	ement urs - DeAlv	17	Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA  Full Contai Mini-Enclos Glovebag F Non-Exemp	STREET le 19007  nment with Negsure Procedure	AL, INC.		baten	nent T	Гур
5 / 1 / 17  Occupancy Status During Abater  Facility Closed/Vacated During  Abatement Performed Outside  Time of Abatement: 7:00AM-  cope of Work (Check all that app	nent (Che g Entire P of Norm 3:30PM/	5 Period of all Facilities Described on the second of the	y one) of Abat lity Hou PM Renova emoliti s Loca Norma ed Sole	ement urs - De Ah		Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA  Full Contai Mini-Enclos Glovebag F Non-Exemp	STREET  le 19007  Inment with Negsure Procedure oted (*) and No	gative Pressure	A	-	T	1
5 / 1 / 17  Decupancy Status During Abater  Facility Closed/Vacated During Abatement Performed Outside Time of Abatement: 7:00AM-  cope of Work (Check all that app  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material ( TO BE ABATED	nent (Che g Entire P of Norm 3:30PM/	5 Period of all Faci	y one) of Abat lity Hou PM demoliti s Loca Norma ed Sola aintena	ement urs - De Ah		Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA  Full Contai Mini-Enclos Glovebag F Non-Exemp  Description of stos Containing Mater, thermal systems ins	STREET  le 19007  Imment with Negsure Procedure oted (*) and No	gative Pressure n-Friable Proce	A	-	T	1
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5 / 1 / 17  Decupancy Status During Abater Facility Closed/Vacated During Abatement Performed Outside Time of Abatement: 7:00AM- cope of Work (Check all that app ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material ( TO BE ABATED IN Facility (13)  en's Room 2 <sup>nd</sup> floor  en's Room 1 <sup>st</sup> floor	nent (Che g Entire P of Norm 3:30PM/	5 eck online of the control of the c	y one) of Abat lity Hor PM Renoval emoliti s Loca Norma ed Sola aintena stodial (12) No	ement urs - De AN tion on tion ally ely by ance/ Staff?	Asbes (i.e.	BRISTOL ENV  Street Address  1123 BEAVER  City, State, Zip Cod  BRISTOL, PA 1  Full Contai  Mini-Enclor  Glovebag F  Non-Exemp  Description of stos Containing Mater, thermal systems ins surfacing, VAT, or other miscellaneous  caulk  caulk	STREET  le 19007  Imment with Negsure Procedure oted (*) and No  rial (ACM) ulation,	gative Pressure n-Friable Proces Amount (Specify SF or LF) 20 LF 14 LF	Removal 🛛 🗎	-	T	-
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5 / 1 / 17  Decupancy Status During Abater Facility Closed/Vacated During Abatement Performed Outside Time of Abatement: 7:00AM- cope of Work (Check all that app 3 > 3 sf or > 3 lf > 160 sf or > 260 lf  Location of Asbestos-Containing Material ( TO BE ABATED IN Facility (13)  en's Room 2nd floor  sh's Room 1st floor  Floor  The of Registered Waste Hauler RISTOL ENVIRONMENTAL	nent (Che g Entire P of Norm 3:30PM/	5 eck online of the control of the c	y one) of Abat lity Hor PM Renoval emoliti s Loca Norma ed Sole aintena stodial (12) No	ement urs - De Alvition on tion ally ely by since/ Staff?	Asbes (i.e.  Window Window Window Vaste No.	Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA  Full Contai Mini-Enclos Glovebag F Non-Exemp  Description of stos Containing Mater thermal systems ins surfacing, VAT, or other miscellaneous  caulk caulk Caulk & Glazing  Cubic Yards of Naste	STREET  le 19007  nment with Negsure Procedure oted (*) and No  ial (ACM) ulation, s)  lame of Register  FAIRELESS	gative Pressure n-Friable Proces Amount (Specify SF or LF)  20 LF 14 LF 40 LF	Removal 🛛 🖂	-	T	1
5 / 1 / 17  Decupancy Status During Abater  Facility Closed/Vacated During Abatement Performed Outside Time of Abatement: 7:00AM- cope of Work (Check all that app  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material ( TO BE ABATED IN Facility (13)  en's Room 2 <sup>nd</sup> floor en's Room 1 <sup>st</sup> floor  Floor  RISTOL ENVIRONMENTAL , State	nent (Che g Entire P of Norm 3:30PM/	5 eck online of the control of the c	y one) of Abat lity Hor PM Renoval emoliti s Loca Norma ed Sole aintena stodial (12) No	ement urs - De Alvinon on tion ally ely by ance/ Staff?	Asbes (i.e.  Window Window Window Vaste No.	Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA  Full Contai Mini-Enclos Glovebag F Non-Exemp  Description of stos Containing Mater thermal systems ins surfacing, VAT, or other miscellaneous  caulk caulk Caulk & Glazing  Cubic Yards of Naste	STREET  le 19007  Inment with Negsure Procedure oted (*) and No  rial (ACM) ulation, s)  Iame of Registe FAIRELESS  lity, State	gative Pressure n-Friable Proces Amount (Specify SF or LF)  20 LF 14 LF 40 LF	Removal 🛛 🖺	-	T	1
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Date of Notification (1)				Name of D.	1141: 0 1141:-			CYA	5	26	21
4 / 20	/	17		Princeto	ilding Owner/Operate on University-Office	or (2) se of Design a	L L	991		<u> </u>	UIV
Agencies Notified Type No		n		Street Addre			- Income	EST			Tar
□ EPA □ Initial				200 Elm	Dr			Lic	EN	SINC	3
Ø DOLWD 3337 ☐ Amer Ø DHSS 3320 Amer	ided dment			City, State, Z	Zip Code						1 Pinnage
□ DCA □ Emerg					n, NJ 08544						
(NJAC 5:23-8) justific	cation)	11101001	iig	Name of Cor			Tolopho				
☐ Cance	llation			Robert O	rtego		1 1711111111111111111111111111111111111	DO KILIF	nher		
					INFORMATION						
Name of Facility Where Abatement i	s Takir	g Plac	e (3)		IN ONINATION	Type of Facilit	(4)		0.0		
Princeton University- Corwir	Hall		5000 Test.			School (K-					
Street Address						Subchapte	8 (Other the	an K-12	2)		
Prospect Ave						Other (i.e.,	Drivate and c	comme	rcial l	buildir	ngs,
City (5)						homes, etc	.)				
Princeton						Square Feet	# of Floo	ors	E	Bldg. A	Age
County (6)				County Code	ITMETATE HEE ONLY	Current II					
MERCER			1	,	(7)(STATE USE ONLY)	Corrent Use (P	nor if being d	lemolis	hed)		1.70
Name of Monitoring Firm Hired by Bui	Iding O	wner (	8) A:	SCM No.	Name of Abateme	-4 C4 - 1 - 1					
ATC Group Services LLC	•	Control No.		0.00							
Street Address					Street Address	TRUNINENTA	L, INC.				
Bromley Corporate Center-Thr	ee Te	rrilar	16			070000					
City, State, Zip Code			-		1123 BEAVER						
Burlington, NJ 08016					City, State, Zip Con						
Project Manager for Monitoring Firm		- 1	Telepho	one No.	BRISTOL, PA	19007	_				
Michael Keehn				386-8800	Telephone No.		License No	0.			
	chedul	ad Con		Date (11)	215-788-6040		00509				
The state of the s				/ _ 17	Name of OSHA Mo						
Occupancy Status During Abatement (C				1	BRISTOL ENVI	RONMENTAL,	INC.				
Facility Closed/Vacated During Entire					Street Address						
Abatement Performed Outside of Nor	mal Fa	cility H	oure C	L .	1123 BEAVER						
Time of Abatement: 7:00AM-3:30PM	f/	PM-	A	M	City, State, Zip Code					-	
cope of Work (Check all that apply)					BRISTOL, PA 19	3007					
					□ Eull Contoin					-	
≥3 sf or ≥3 lf		Renova			☐ Mini-Enclose	ment with Negati	ve Pressure				
≥160 sf or ≥260 If		Demoli	tion		☐ Glovebag Pr	ocedure					
	T	Is Loca	ofion	1	Non-Exempt	ed (*) and Non-F	riable Proced	fure			
Location of	-		20 12 12 12 12 12 12 12 12 12 12 12 12 12						h = 4 = -	ment '	Туре
Location of	1	Norm		1	December 1	1		-	pater	_	m
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Asbestos-Containing Material (ACM)  TO BE ABATED	IV	sed So lainten	lely by ance/	Asbesto. (i.e., th	s Containing Materia nermal systems insul	I (ACM) ation,	Amount (Specify	A	_	Enca	nclo
Asbestos-Containing Material (ACM)	IV	sed So lainten	lely by ance/ Staff?	(i.e., th	s Containing Materia nermal systems insul surfacing, VAT, or	I (ACM) ation,	Amount (Specify SF or LF)	-	Repair	Encapsul	nclosur
Asbestos-Containing Material (ACM)  TO BE ABATED  IN Facility	IV	sed So iainten stodial (12)	lely by ance/ Staff?	(i.e., th	s Containing Materia nermal systems insul	I (ACM) ation,	(Specify	A	_	Encapsulate	nclosure
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Asbestos-Containing Material (ACM)  TO BE ABATED  IN Facility  (13)  1's Room 2 <sup>nd</sup> floor	Yes	sed So lainten stodial (12) No	lely by ance/ Staff?	(i.e., th	s Containing Materia nermal systems insul surfacing, VAT, or other miscellaneous)	I (ACM) ation,	(Specify SF or LF)	< Removal	_	Encapsulate	nclosure
Asbestos-Containing Material (ACM)  TO BE ABATED  IN Facility  (13)  1's Room 2 <sup>nd</sup> floor	Yes	sed So lainten stodial (12) No	lely by ance/ Staff?	(i.e., the	s Containing Materia nermal systems insul surfacing, VAT, or other miscellaneous)	I (ACM) ation,	(Specify SF or LF)	A Removal	_	Encapsulate	nclosure
Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  1's Room 2 <sup>nd</sup> floor I's Room 1 <sup>st</sup> floor	Yes	sed Solainten.stodial (12)	lely by ance/Staff?	Window ca	s Containing Materia nermal systems insul surfacing, VAT, or other miscellaneous)	I (ACM) ation,	(Specify SF or LF)	Removal 🛛 🕅	_	Encapsulate	nclosure
Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  n's Room 2 <sup>nd</sup> floor 's Room 1 <sup>st</sup> floor	Yes	sed Solainten.stodial (12)	lely by ance/ Staff?  N/A	Window ca Window ca	s Containing Materia nermal systems insul surfacing, VAT, or other miscellaneous)  ulk ulk  vic Yards of Nan	ation,	(Specify SF or LF) 20 LF 14 LF	Removal 🛛 🕅	_	Encapsulate	nclosure
Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  n's Room 2 <sup>nd</sup> floor I's Room 1 <sup>st</sup> floor  of Registered Waste Hauler ISTOL ENVIRONMENTAL, INC.	Yes	sed Solaintenstodial (12) No	lely by ance/ Staff?  N/A  N/A  DDEP Waller ID	Window ca Window ca	s Containing Materia nermal systems insul surfacing, VAT, or other miscellaneous)  ulk ulk  vic Yards of Nan	ation,	(Specify SF or LF) 20 LF 14 LF	Removal 🛛 🕅	_	Encapsulate	nclosure
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#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Check#2800 Name of Building Owner/Operator (2) Date of Notification (1) 01 / 17 06 Jeff Lemanowicz ASBESTOS CONTROL & Street Address Agencies Notified Type Notification LICENSING ✓ Initial X EPA Amended **⋈** DOLWD City, State, Zip Code Amendment # X DHSS Nutley, NJ 07110 Emergency (including ☐ DCA Telephone Number Name of Contact justification) (NJAC 5:23-8) Cancellation Jeff Lemanowicz FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-1 2) Private house Other (i.e., private and commercial buildings, Street Address homes, etc.) # of Floors Bldg. Age Square Feet City (5) Nutley, NJ 07110 Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) County (6) Essex Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 01127 973-638-1777 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) 06 / 13 / 17 06 / 12 / 17 Envirovision Consultants, Inc. Street Address Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/\_\_PM\_\_\_ Fair Lawn, NJ 07410 Clean up and decontamination with negative pressure Scope of Work (Check all that apply) Full Containment with Negative Pressure Renovation Mini-Enclosure Glovebag Procedure Tent with Negative Pressure >3 sf or >3 lf > 160 sf or >260 lf Demolition Non-Exempted (\*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Repair Encapsulate Enclosure Remova Location of Used Solely by Amount Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Maintenance/ (i.e., thermal systems insulation, (Specify TO BE ABATED Custodial Staff? SIF or LF) surfacing, VAT, or IN Facility other miscellaneous) (12)(13)No N/A Yes $\boxtimes$ 95 LF $\boxtimes$ Pipe insulation Basement X 200 SF X VAT floor tiles Basement П П П NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Name of Registered Waste Hauler TBD T.R.R.F. Inc 0033785 Gr Tech LLC Disposal Date City, State City, State Tullytown, PA TBD Wayne, NJ 07470

Completed By (Print or Type)

N Jevtic ASB-41

MAY 11

Title

Owner

Signature

Date

06/01/17

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

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Date of Notification (1)					MERC	K SHA	RP & DO	HME	Operator (2) CORP.		JUN	- 8	20	17	14
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Project Manager for Monitoring Fi		T	elepho	ne Ni	umber				ephone Num	ber		Se Mu	IIDei		
			73-729						-369-7500		1101				
WILLIAM S. KERBEL, CIH	S	ched	. Comp	letic	n Date	(11)		Nar	me of OSHA	Monitor	S INIC		#11	480	
Expected State Date (10)	/17		5 /		3′	1	/17	AM	ERISCI LAB	ORATORIE	.S IIVO				
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10	NOTIFICATION	to NJAC 8	ew Jersey BESTOS ABAT 60-7 and 12:12 of Building O	20-7)			CEIVE
Date of Notification (1)	**	MERC	K SHARP & D	OHME	CORP.		JUN - 8 2017
5 / 4 Agencies Notified	17 Type Notification	Street 126 E	Address LINCOLN AV	ENUE,	P.O. BOX 2	2000, RY28-41	14
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X DOL X DOH DCA	Cancellation On Hold EMERGENCY NOTIFICATI	ON Sandi	of Contact a M. Schenk		[-	Telephone Nui	mber
		ACILITY IN	FORMATION	Tune	of Facility	(4)	
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126 EAST LINCOLN AVE	NUE - BUILDING 75	0	ty Code (7)			or if being den	nolished)
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Name of Monitoring Firr	n Hired by Building Owner (8)		104	PAF	RENVIRON	MENTAL COR	PORATION
ENVIRONMETAL HEALT	H INVESTIGATIONS, INC.		10,		et Address		
Street Address					SPOOK RO	CK ROAD	
655 WEST SHORE TRAI	L				, State, Zip		
City, State, Zip Code	SPARTA, NEW JERSEY 07871			SUF	FERN, NE	N YORK 1090	
	J			Tole	sphone Num	ther II	icense Number

License Number Telephone Number Telephone Number Project Manager for Monitoring Firm 1101 845-369-7500 973-729-5649 WILLIAM S. KERBEL, CIH Name of OSHA Monitor Sched. Completion Date (11) Expected State Date (10) AMERISCI LABORATORIES INC #11480 117 30 6 / /17 22 5/ Year Day Month Year Day Month Street Address Occupancy Status During Abatement (Check only one) 117 EAST 30TH STREET Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: City, State, Zip Code MONDAY -FRIDAY 7AM-3:30 PM NEW YORK, NEW YORK 10016 Other - Describe: Full Containment with Negative Pressure Scope of Work (Check all that apply) Mini Enclo, Renovation Demolition Glovebag Procedure >3SF OR LF Non-Friable Procedure 260 LF >160 SF OR Abatement Type Description of Asbestos-Is Location ENCAPSULE ENCLOSURE Location of Amount Containing Material (ACM) REMOVAL normally used Asbestos-containing (Specify (ie. Thermal systems solely by Material (ACM) SF or LF) insulation, surfacing, VAT, Maint/Custodial TO BE ABATED or other miscellaneous) Staff (12) in Facility (13) Yes No N/A 20 SQ. FT. X EXTERIOR WINDOW CAULK ROOF SOUTHWEST WINDOWS Name of Registered Landfill Cubic Yards of Waste NJDEP Waste LYCOMING COUNTY RESOURCE MANAGEMENT SE Name of Registered Waste Hauler 10 FREEHOLD CARTAGE, INC. Hauler ID No. 447 ALEXANDER PRIVE/ROUTE 15 15939 825 HIGHWAY 33 City, State Disposal Date City, State MONTGOMERY, PA 17752 5/22/17-6/30/17 FREEHOLD, NEW JERSEY Signature Title Completed by (Print or Type) DIRECTOR OF OPERATIONS BENJAMIN SANCHEZ

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) MERCK SHARP & DOHME CORP. 17 HIA 2017 Street Address Agencies Notified Type Notification 126 E. LINCOLN AVENUE, P.O. BOX 2000 RY28-414 EPA Initial Notification City, State, Zip Code DEP Amended Notification #2 ASSESTOS CONTROL & RAHWAY, NEW JERSEY 07065 DOL Cancellation LICENSING DOH On Hold Name of Contact Telephone Number DCA EMERGENCY NOTIFICATION PATRICIA JOHNSON FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) MERCK SHARP & DOHME CORPORATION School (K-12) Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address 126 EAST LINCOLN AVENUE - BUILDING 28 EXTERIOR PIPE RACK Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) Current Use (Prior if being demolished) RAHWAY UNION (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) VACANT ENVIRONMETAL HEALTH INVESTIGATIONS, INC. ASCM No. Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION 104 Street Address 655 WEST SHORE TRAIL Street Address 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code SPARTA, NEW JERSEY 07871 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number WILLIAM S. KERBEL, CIH License Number 973-729-5649 845-369-7500 Expected State Date (10) 1101 Sched. Completion Date (11) Name of OSHA Monitor /17 5 / Month 31 117 AMERISCI LABORATORIES INC Day Year Month #11480 Day Year Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Street Address 117 EAST 30TH STREET Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: SATURDAY & SUNDAY 6 AM-11 PM City, State, Zip Code Scope of Work (Check all that apply) NEW YORK, NEW YORK 10016 HEPA VACUUM/WET METHOD/PATCH REPAIR Demolition Renovation Mini Enclo. >3SF OR LF Glovebag Procedure >160 SF OR & TENT 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Asbestos-containing normally used Abatement Type Containing Material (ACM) Amount Material (ACM) solely by REMOVAL ENCAPSULE REPAIR ENCLOSURE (ie. Thermal systems TO BE ABATED (Specify Maint/Custodial insulation, surfacing, VAT, in Facility (13) SF or LF) Staff (12) or other miscellaneous) Yes No N/A UNDER PIPE RACK CLEAN UP PIPE RACK-PIPE INSULATION 40 SQ FT ADDITION TO SCOPE: EXTERIOR PIPE RACK X PIPE INSULATION 25 LN FT X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste FREEHOLD CARTAGE, INC. Name of Registered Landfill Hauler ID No. LYCOMING COUNTY RESOURCE MANAGEMENT SE 60 825 HIGHWAY 33 15939 447 ALEXANDER DRIVE/ROUTE 15 City, State Disposal Date FREEHOLD, NEW JERSEY City State 5/16/17-06/15/17 MØNTGOMERY, PA 17752 Completed by (Print or Type) Title Signature BENJAMIN SANCHEZ Date DIRECTOR OF OPERATIONS

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Date of Notification (1)	M	Name of Building Owner/Operator (2)  MERCK SHARP & DOHME CORP.													
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ENVIRONMETAL HEALTH INV	/ESTIGA	TION	OWI	ner (8	)	ASCM		Name of Ab	batement Contractor (9)						
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655 WEST SHORE TRAIL						Street Address									
City, State, Zip Code								313 SPOOK	ROCK ROAD						
SPARTA, NEW JERSEY 07871						City, State, Zip Code									
Project Manager for Monitoring	ne Number	SUFFERN, NEW YORK 10901													
WILLIAM S. KERBEL, CIH				Telephone N		License	Num	ber							
Expected State Date (10)								845-369-7500		1101					
5 / 16 Month Day V	15			Name of OSHA Monitor											
Duy 18	Day	5 /17 AMERISCI LABORATORIES INC #1													
Occupancy Status During Abate	ment (Ch	eck o	nly or	ne)				Street Addres	c c						
X Facility Closed/Vacate	ea During	Entir	e Pei	riod of	Abatement			117 EAST 30							
Abatement Performed X Other - Describe:	SATUR	OLING	ormal	Facili	ty Hours - Des	scribe:									
		MIO	4 201	YAUN	6 AM-11 PM		I	City, State, Zij	Code						
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) MERCK SHARP & DOHME CORP. 17 Agencies Notified Street Address Type Notification 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 EPA Initial Notification DEP City, State, Zip Code Amended Notification RAHWAY, NEW JERSEY 07065 DOL ASBESTOS CONTROL & Cancellation DOH On Hold LICENSING Name of Contact DCA EMERGENCY NOTIFICATION Telephone Number PATRICIA JOHNSON Name of Facility Where Abatement is Taking Place (3) FACILITY INFORMATION Type of Facility (4) MERCK SHARP & DOHME CORPORATION School (K-12) Subchapter 8 (Other than K-12) Street Address Other (ie. private & commcl. bldgs., homes, etc.) 126 EAST LINCOLN AVENUE - BUILDING 28 EXTERIOR PIPE RACK Square Feet # of Floors City (5) Bldg. Age County (6) RAHWAY County Code (7) Current Use (Prior if being demolished) UNION Name of Monitoring Firm Hired by Building Owner (8) (STATE USE ONLY) VACANT ENVIRONMETAL HEALTH INVESTIGATIONS, INC. ASCM No. Name of Abatement Contractor (9) Street Address PAR ENVIRONMENTAL CORPORATION 655 WEST SHORE TRAIL Street Address City, State, Zip Code 313 SPOOK ROCK ROAD SPARTA, NEW JERSEY 07871 City, State, Zip Code Project Manager for Monitoring Firm SUFFERN, NEW YORK 10901 Telephone Number WILLIAM S. KERBEL, CIH Telephone Number 973-729-5649 License Number Expected State Date (10) 845-369-7500 Sched. Completion Date (11) 1101 Name of OSHA Monitor /17 AMERISCI LABORATORIES INC /17 Month Occupancy Status During Abatement (Check only one) Day Year #11480 Facility Closed/Vacated During Entire Period of Abatement Street Address Abatement Performed Outside of Normal Facility Hours - Describe: 117 EAST 30TH STREET Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM City, State, Zip Code Scope of Work (Check all that apply) NEW YORK, NEW YORK 10016 Demolition HEPA VACUUM/WET METHOD/PATCH REPAIR Renovation >3SF OR LF Mini Enclo, >160 SF OR Glovebag Procedure 260 LF Non-Friable Procedure Location of Is Location Asbestos-containing Description of Asbestosnormally used Containing Material (ACM) Material (ACM) Abatement Type solely by Amount TO BE ABATED (ie. Thermal systems REPAIR REMOVAL ENCAPSULE ENCLOSURE Maint/Custodial (Specify in Facility (13) insulation, surfacing, VAT, Staff (12) SF or LF) or other miscellaneous) Yes No N/A UNDER PIPE RACK CLEAN UP PIPE RACK-PIPE INSULATION 40 SQ FT X Name of Registered Waste Hauler NJDEP Waste FREEHOLD CARTAGE, INC. Cubic Yards of Waste Name of Registered Landfill Hauler ID No. 825 HIGHWAY 33 40 LYCOMING COUNTY RESOURCE MANAGEMENT SE City, State 15939 447 ALEXANDER DRIVE/ROUTE 15 FREEHOLD, NEW JERSEY Disposal Date City, State Completed by (Print or Type) 5/16/17-5/26/17 MONTGOMERY, PA 17752 Title BENJAMIN SANCHEZ Signature DIRECTOR OF OPERATIONS Date

& Emergency &

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

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				2020/202		27472			UIN	. (	017	- Ö	201		t but			
Date of Notification (1) 5/31/17				Name of Building Owner/Operator (2) Anthony Villare Private Home														
Agencies Notified	Type Notification		Street Address					ASBESTOS CONTROL & LICENSING										
EPA DEP	Initial Amended	-	City, State, Zip Code															
DOL DOL	Amendment	3																
⊠ DOH	DOH Emergency (including justification)							Name of Contact Telephone Number										
DCA	Cancellation		Tom	LITY INFO	RMAT	ION												
Name of Facility Where		.,	of Facility (4)			2 411 7												
Anthony Villare Private Home Street Address								$\sqcap$	School (K-12 Subchapter 8	Othe								
		Other (i.e. private & commercial buildings, etc.)										, hom	es,					
City (5)									Square Feet # 0				Bldg. Age					
Paulsboro NJ 08066					Code (7)			1000+ 2 Current Use (Prior if be		ing demolished		35+						
County (6) Gloucester		County Code (7) (STATE USE ONLY)					036 (F1101	" Del	ng derrion	Jilou)								
Name of Monitoring Firm	Hired by Building	Owner (8)		1					of Abatement Contractor (9)									
N/A Street Address						Pernaco Inc Street Address												
Street Address					100000000000000000000000000000000000000	Box 3												
City, State, Zip Code				5.70		ip Code in NJ 0809	91											
Project Manager for Monitoring Firm					ne No.		100000	ohone No. License No.										
					D-1. (2.1)			6-753-9800 00727										
Start Date (10) Scheduled Co 6/1/17 6/12/17					Completion Date (11) Name of OSHA Monitor Same													
Occupancy Status During Abatement (Check Only One)					Street Address													
Facility Closed/Vacated During Entire Period of Abate Abatement Performed Outside of Normal Facility Hou					ement													
Other – Describe:		)				_		11.5 - 2.115										
Scope of Work (Check A							Full Containment with Negative Pressure											
≥3 sf or ≥3 lf						Mir	il Containmei ni-Enclosure ovebag Proce	Dow	itul-1	he I	use m	nent						
								n-Exempted	(*) an	nd Non-Friable Procedu				re				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility  Is Location of Norm Used So Mainten Custodial						900	22 - 24 - 24 - 24						Abatement Type					
						os Con	escription taining N		Amount				ш					
						therma	I systemation	s insula		(Specify SF or LF)		Remova	Repair	ncap	Enclosure			
(13)	(12)	_			miscellar					oval	pair	Encapsulate	sure					
		Yes	No	N/A							20.05		-	(0)				
Basement				Х	x vinyl floori			ng 2500 SF			00 SF	x	-	-	-			
		-										-	+	-				
													-	+				
					NJDEP Waste   Cubic Yards										1			
United Containers				Hauler ID No. of Waste 22459 4			iste	G.R.O.W.S.										
City, State							sal Date		City, State		۸ ۱۸۸۶۲							
Elm NJ						6/12	/1 / Signature	7	Morrisvi	ile P		9067 Date						
Completed by Anthony T Perna							Jigriature	L			1 5	5/31/ <sup>-</sup>	17					
	AND THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.												_	_	_			

nh 398	7	NO	IITC		NOITA	OF AS	BESTOS ABAT AC 8:60 and 5:1	10	DEG		$\mathbb{V}$		M
Date of Notification (1)  5 /	31 /	17					ng Owner/Operator ( of Fatima Church	2)	JUN JUN	- 8 2	2017		
Agencies Notified  EPA  DOLWD  DOH	Type Notification Initial  Amended Amendm	d ent #			50 City, S	State, Zip	ikle Place	Control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contro	ASBESTO LIG	S CON ENSIN		J L &	
	☐ Emergen justificati ☐ Cancella	on)	ding		Name	of Conta	ct		Telephone Nu	ımber			
					FA	CILITY I	NFORMATION						
Name of Facility Where A Our Lady of Fatima Street Address 499 New Market Ro	School	Taking Pl	ace	(3)					12) r 8 (Other than K- private and comn		ıilding	IS,	
City (5)				Terminal Control		::::::::::::::::::::::::::::::::::::::		Square Feet	# of Floors	ВІ	dg. A	ge	
Piscataway								60,000	2		40+		
County (6) Middlesex					Cour	nty Code (	(7)(STATE USE ONLY)	Current Use (F School	Prior if being demo	olished)			
Name of Monitoring Firm	Hired by Build	ding Own	er (8	3)	ASCM	No.	Name of Abateme	ent Contractor (9	9)				
TTI Environmental,	Inc.				0000	03	Shade Enviro	onmental, LLC					
Street Address							Street Address						
1253 N. Church Str	eet						623 Cutler Av	venue					
City, State, Zip Code							City, State, Zip C	ode					
Moorestown, NJ 08	3057						Maple Shade	, NJ 08052					
Project Manager for Mon	itoring Firm	**********		Tele	phone	No.	Telephone No.		License No.				
Jeff Seaman				85	56-840	-8800	856-755-0099	)	00842				
Start Date (10)06 /26 /		Schedule 06		100	tion Da		Name of OSHA M EMSL Analyt						
Occupancy Status During	Abatement (	Check on	lv or	ne)			Street Address						
□ Facility Closed/Vacate					ment		200 Route 13	0 North					
☐ Abatement Performed	[14] M. H.					cribe	City, State, Zip Co	ode					
Time of Abatement: _	AM	PM/		_PM-		AM	Cinnaminsor						
Scope of Work (Check al	I that annly)							,,					
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>				ovati			☐ Mini-End ☐ Gloveba	losure g Procedure	egative Pressure	dure			
			ls l	ocat	ion						ateme	ent T	vpe
Location Asbestos-Containing TO BE ABA IN Facili (13)	Material (ACM TED	'/	Jsed Mair	ntena	ely by		Description of estos Containing Ma e., thermal systems surfacing, VAT other miscellane	terial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Ye	es	No	N/A							1.00	
Gym Lobby and Stair	well		]			Ceiling	g Plaster		797 SF				
		L									Ш	Ш	Ш
			]										
			1										
Name of Registered Was Freehold Cartage	te Hauler			1000	JDEP \ lauler II 15939	O No.	Cubic Yards of Waste 40	20 0000 00 000 00 00 00 00 00 00 00 00 0	istered Landfill North Landfill				
City, State Freehold, NJ							Disposal Date 6/30/2017	City, State Morrisvill	e, PA				
Completed By (Print or Ty	ype)	Title	10000				Signature			Date			
Christina Lynch		Vice	Pre	side	nt of (	Operatio	ons ()MAS	260	±0 (1)	5/31	17	-	

Ch 3980	9		NOT		MOITA		BES	BTOS ABAT :60 and 5:1		DEG		<u> </u>	E						
Date of Notification (1)	1 /	17						ner/Operator (	2) School Distric		N - 8	201	7	L					
Agencies Notified	Type Notific	ation			Street	Address Jackson				ASBEST	OS CO	NTR VG	OL (	&					
☑ DOLWD ☑ DOH ☑ DCA	Amender Amendm  Emerger	ent#_		g	Мо	State, Zip ( unt Holly	, NJ		-	South									
(NJAC 5:23-8)	justificati  Cancella	ion)	•			of Contac				Telephone Number									
					FA	CILITY IN	IFOR	RMATION											
Name of Facility Where A Rancocas Valley Re Street Address				(3)								uilding	19						
520 Jacksonville Ro	oad								homes, etc.				, ,						
City (5) Mount Holly									Square Feet 60,000	# of Floors		dg. A <b>70</b>	ge						
County (6) Burlington					Cour	nty Code (7	7)(STA	TE USE ONLY)	Current Use (P	rior if being den	nolished)								
Name of Monitoring Firm	Hired by Buil	ding C	wner	(8)	ASCM	No.	Na	me of Abateme	ent Contractor (9	))									
Westchester Enviro	nmental, L	LC			0012	27	5	Shade Enviro	onmental, LLC	;									
Street Address			11111111				Str	eet Address					1777						
307 N. Walnut Stree	t						6	23 Cutler Av	/enue										
City, State, Zip Code							City	y, State, Zip Co	p Code										
West Chester, PA 1	9380						N	Maple Shade	, NJ 08052										
Project Manager for Moni	toring Firm			Tele	phone	No.		ephone No.		License No									
Matt Abraham Start Date (10)		Schod	ulad C	1	0-431	-7545 te (11)	8	56-755-0099	<u> </u>	00842									
						17		MSL Analyt											
Occupancy Status During							Stre	eet Address											
□ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facility Closed/Vacate     □ Facil							2	00 Route 13	0 North										
Abatement Performed Time of Abatement:						cribe AM		/, State, Zip Co Sinnaminson											
Scope of Work (Check all	that apply)								<del>TO HITTO TO BE A SECTION OF</del>				7						
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>				novati molitic				☐ Mini-Enc ☐ Glovebag	ainment with Ne losure g Procedure mpted (*) and No										
			Is	Locat	on		V- 100				Ab	atem	ent T	уре					
Location ( Asbestos-Containing M TO BE ABA IN Facilit (13)	Material (ACN TED	1)	Use Ma	Norma ed Sole intena todial ( (12)	ly by nce/		., the	Description of Containing Ma rmal systems surfacing, VAT, ner miscellane	terial (ACM) insulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure					
,/			Yes	No	N/A		200						Ф						
Room List Attached(1	Containme	ent)				9"x9" F	loor	Tile and Ma	stic	8,805 SF	Part of the second								
Room List Attached(1		$\boxtimes$		2'x4' Ce	eiling	g Tile		9,310 SF											
Room List Attached(1	Containme	ent)		$\boxtimes$		Glue Do				2,390 SF									
Classroom C-111				$\boxtimes$		Pipe TS	I Ell	oow		10 Units									
Name of Registered Wast Freehold Cartage	e Hauler				JDEP V auler ID	No.	Was	oic Yards of ste 00	Name of Regi	stered Landfill Iorth Landfill									
City, State Freehold, NJ					15939		Disp	oosal Date /14/2017	City, State Morrisville	e, PA									
Completed By (Print or Ty	ne)	Title		3.43167-24				Signature	1		Date								
Christina Lynch	eside	esident of Operations						/17	1/17										

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Location	Material	Quantity
B-1-22 (Room 1)	Floor Tile & Mastic	240 SF
B-1-23 (Room 2)	Floor Tile & Mastic	240 SF
Classroom C100	Floor Tile & Mastic	785 SF
Classroom C102	Floor Tile & Mastic	785 SF
Data Pro	Floor Tile & Mastic	785 SF
Classroom C103	Floor Tile & Mastic	785 SF
Classroom C104	Floor Tile & Mastic	785 SF
Classroom C105	Floor Tile & Mastic	785 SF
Classroom C106	Floor Tile & Mastic	785 SF
Classroom C107	Floor Tile & Mastic	785 SF
Classroom C108	Floor Tile & Mastic	785 SF
Classroom C109	Floor Tile & Mastic	785 SF
C-1-2 (Room 5)	Floor Tile & Mastic	280 SF
C-1-4 (Room 4a)	Floor Tile & Mastic	195 SF

Location	Material	Quantity
B-1-22 (Room 1)	Ceiling Tile	240 SF
B-1-23 (Room 2)	Ceiling Tile	240 SF
Classroom C100	Ceiling Tile	785 SF
Classroom C102	Ceiling Tile	785 SF
Data Pro	Ceiling Tile	785 SF
Classroom C103	Ceiling Tile	785 SF
Classroom C104	Ceiling Tile	785 SF
Classroom C105	Ceiling Tile	785 SF
Classroom C106	Ceiling Tile	785 SF
Classroom C107	Ceiling Tile	785 SF
Classroom C108	Ceiling Tile	785 SF
Classroom C109	Ceiling Tile	785 SF
Classroom C111	Ceiling Tile	785 SF
C-1-4 (Room 4a)	Ceiling Tile	195 SF

Location	Material	Quantity
Classroom C-100	Glue Dots	190 SF
Classroom C-102	Glue Dots	270 SF
Data Pro	Glue Dots	260 SF
Classroom C103	Glue Dots	270 SF
Classroom C104	Glue Dots	190 SF
Classroom C105	Glue Dots	190 SF
Classroom C106	Glue Dots	190 SF
Classroom C107	Glue Dots	170 SF
Classroom C108	Glue Dots	190 SF
Classroom C109	Glue Dots	270 SF
Classroom C111	Glue Dots	200 SF

<sup>\*</sup>All work to be performed in one (1) containment



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

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Date of Notification (1)		Name o	f Building O	wner/Ope	arator (2)	On						
6/2/17 Agencies Notified Type Notification		Street A	ddress	AVC	٢	900 ND	ASB	ESTOS C	ON	RO	L &	
			120	1 1	VEST	BLAN	<u> </u>	- ISCEN	SINC	<u>i</u>		
☐ EPA ☐ Initial ☐ Amended	19	City, St		e			_					
DOL Amendment #			L	120	EN.	N5.0	970	36				
DOH justification)	ciding	Name o	f Contact	4	HONE		l Tele	nhone Numb	er.			
□ DCA □ Cancellation	,	FAC	LITY INFO	THOY	ONL	K	13					
Name of Facility Where Abatement is Taking Pla			LAIT HAP	JAIVIN PI	Ty	pe of Facility (	4)					
Sour co	HPOUNI	7 -										
Street Address					.0	Subchapter of Other (i.e. p	(Other arivate &	than K-12) commercial b	uildin	gs, hor	nes, e	tc.)
1201 WEST	BLANCK	\$ 3				uare Feet		Floors		dg. A		
City (5)				w	So	200	# 01	1	.   "		40	
County (6)		County	Code (7)		Cı	nrent'Use (Prio	r if being	demolished)				
UNION			USE ONLY)		-	-	nos ce	عد		5		
Name of Monitoring Firm Hired by Building Ow	ner (8)	ASC	M No.			batement Contr						
						Removal I	nc				10.00	
Street Address					Street Add		m Com	ot				
City, State, Zip Code					City, State	South Rive	a Sue	CL				
Cuy, State, Lip Cone						ensack, NJ	07601	l	-			
Project Manager for Monitoring Firm		Telepho	one No.		Telephone	No.		License No.				
						1-329-744	4	003	88			
Start Date (10)	Scheduled Cor					SHA Monitor	mank	.1		17		
Occupancy Status During Abatement (Check On		7/17			Street Add	ga.Environ	шепи	11			- N-	
		nt	3	: [		Huyler Str	eet			01600	` `	
Facility Closed/Vacated During Entire Period  Abatement Performed Outside of Normal F  Other - Describe: 730 AM TO	acility Hours	1	4-1		City, State	, Zip Code th Hackens	nole N	JI 07604	)			
	7-0211				Soul	ui mackens	ack, I	43 07000				
Scope of Work (Check All That Apply)						Full Containme	- د باشرون	Jametina Drace	entre			
☐ ≥3 sf or ≥3 if ☐ ≥160 sf or ≥260 if	☐ Renov					Mini-Enclosure	•	-cganve rica	Jul 0			
						Glovebag Proc Non-Exempted	edure (*) and	Non-Friable I	roced	ure		
	Τ,,					. con monipos				Abate		
Location of	Is Loc Norm	ally		Des	scription of				-	Ty	pe	
Asbestos-Containing Material (ACM)	Used So Mainter		Asbes	stos Conta	rining Mater	rial (ACM)		mount Specify	<b>8</b>	_	En	E
TO BE ABATED In Facility	Custodia	I Staff?	(Le. the	7	VAT, or	on, surfacing,		or LF)	Removal	Repair	Encapsulate	Enclosure
(13)	(12		4	other n	niscellaneou	is)			Val.	-	late	ure
	Yes No					0	-	- 20	1		-	-
TRAILER		X	FLASHI	NG RE	ofine	MATSHIRE	2	00 SF	×	-		-
i-												-
(40/4))				III. See See See				17 100	L.,			
Name of Registered Waste Hauler		NJDEP V Hauler II		Cubic Y	ta /		_	d Landfill				
Best Removal Inc		171			242	/ -		va Enter	prise	s, L	LC	
City, State				Disposa	1 010	City, Stat		OH 4	1600	2		٠
Hackensack, NJ 07601	Tiv.			6		Way	nesbu	rg, OH 4		•		
Completed by J. Maiorano	Title Estin	nator		3	ignature	Parano	مسو			2/1	7	
J. HIGHGIGH	_ ESUII	Татог			X						-	
ASB-41 (R-06-08)					() * Do	not use this fo	rm for as	bestos licensu	re exe	mpted	activ	ities.

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) "ate of Notification (1) Name of Building Owner/Operator (2) 6-1-1 BRUNO Agency Notified Type Notification ASBESTOS CONTROL & SUC GLICENSING Q EPA a hitial O DEP ☐ Amended State, Zip Code 歌 DOL Amendment # 1DGFWOOD N.I. 07450 C Emergency (including Name of Contact B DOH sustification) Telephone Number D DCA ☐ Cancellation BRUND **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) J. BRUNO School (K-12) ☐ Subchapter 8 (Other than K-12) @ Other (i.e. private & commercial buildings. homes, etc.) Square Feet # of Floors Bldg. Age RIDGEWOOD 3000 -2 110 YRS County Code (7) (STATE USE Current Use (Prior if being demolished) BERGEN RESIDENCE Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) Best Removal Inc Street Address Street Address 450 South River St City, State, Zip Code City, State, Zio Code Hackensack, N.J. 07601 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 201-329-7444 00388 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 6-19-17 6-20-17 Omega Environmental Occupancy Status During Abatement (Check only one) Street Address 280 Huyler St Pacifity Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: 8 AM 5 PM City, State, Zip Code S. Hackensack , N.J. 07606 Scope of Work (Check all that apply) D Full Containment with Negative Pressure >3 f or > 3 f Renovation @ Mini-Enclosure ☐ ≥ 160 sf or ≥ 260 # ☐ Demolition Glovebag Procedure Q Non-Exempted (\*) and Non-Friable Procedure Is Location **Abatement** Type Normally . Location of Used Solely by Description of Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Maintenance/ Amount Encapaulate TO BE ABATED Removal (i.e., thermal systems insulation, Enclosure Custodia! (Specify Repair IN Facility SHAP swifacing, VAT, or SF or LF) (13) other miscellaneous) (12)No NA BASEMENT V THERMACINSULATION 90 LE Name of Registered Waste Hauler NJDEP Waste Hauler Cubic Yards of Name of Registered Landfell Best Removal Inc ID No Waste Minerva Enterprises ,LLC 17109 1/2 /10.

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

Estimator

Disposal Date

Signature

6-20-17

City, State

Waynesburg,

Oh, 44688

6-1-17

City, State

Completed by

R. VELDRAN

Hackensack , N.J. 07601

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) Cherry Hill Public Schools 6 1 17 Agencies Notified Type Notification Street Address ASBESTOS CONTROL & **⊠** EPA LICENSING 45 Ranoldo Terrace **⊠** DOLWD ☐ Amended City, State, Zip Code Amendment # **⊠** DOH Cherry Hill, NJ 08034 ☐ Emergency (including) □ DCA Name of Contact Telephone Number (NJAC 5:23-8) justification) Cancellation Tom Carter **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Cherry Hill High School East School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 1750 Kresson Road homes, etc.) City (5) Square Feet # of Floors Bldg. Age Cherry Hill 100,000 3 80 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Camden School Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) TTI Environmental, Inc. 00003 Shade Environmental, LLC Street Address Street Address 1253 N. Church Street 623 Cutler Avenue City, State, Zip Code City, State, Zip Code Moorestown, NJ 08057 Maple Shade, NJ 08052 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 856-755-0099 00842 Jim Guilardi 856-840-8800 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 09 / 15 / 17 06 / 22 / 17 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/\_\_\_PM-\_\_AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure $\boxtimes \ge 3$ sf or $\ge 3$ If □ Renovation ☐ Mini-Enclosure ☐ Glovebag Proc ≥160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Remova Encapsulate Enclosure Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? SF or LF) IN Facility surfacing, VAT, or (12)(13)other miscellaneous) Yes No N/A $\boxtimes$ Throughout $\boxtimes$ Window Glazing/Caulking 600 LF 200 LF $\boxtimes$ Throughout Door Caulk $\boxtimes$ Window Stool 15 SF B-Wing NJDEP Waste Cubic Yards of Name of Registered Landfill Name of Registered Waste Hauler Hauler ID No. Waste Freehold Cartage GROWS North Landfill 15939 10 City, State Disposal Date City, State 9/15/2017 Freehold, NJ Morrisville, PA Completed By (Print or Type) Title Date Signature Christina Lynch Vice President of Operations (0/

Date of Notification (1)   6 / 2   17   MSRCK SHARP & DOHME CORP.   JUN - 8   2   2   17   MSRCK SHARP & DOHME CORP.   Sized Address   Sized				NC	TIFIC	CATION	OF A	New Jersey SBESTOS AB 3:60-7 and 1	2:120	1-7)	Managaman Andrewski		3 (	G [		V - 20
Agencies Notified    FPA	Date of Notification (1)						Nan MEF	ne of Building RCK SHARP 8	g Owr & DOI	ner/Operato	г (2)		J	UN	- 8	201
EPA							Stre	et Address				-				
EPA   DOP   Amended Notification #2   City, State, 2p Code   City, State, 2p City, State, 2p Code   City, State, 2p City, State, 2p Cit		ype Notifica	tion				126	E. LINCOLN	AVEN	IUE, P.O. BO	OX 2000, RY	28-414	RE	STO	SCC	NTF
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Name of Facility Where Abatement is Taking Place (3)							Nam	e of Contact			Telephon	o Numb	er			
Name of Pacility Where Abatement is Taking Place (3)	DCA	EMERG	BENC'	Y NO	TIFIC	ATION	Sand	dra M. Schenk	<							
School (K-12)   School (K-12)   School (K-12)   Subchapter 3 (Other than K-12)   Subchapter 3 (Other than K-12)   Subchapter 3 (Other than K-12)   Subchapter 4 (Other than K-12)   Subchapter 4 (Other than K-12)   Subchapter 5 (Other than K-12)   Subchapter 5 (Other than K-12)   Subchapter 5 (Other than K-12)   Subchapter 5 (Other than K-12)   Subchapter 5 (Other than K-12)   Subchapter 5 (Other than K-12)   Subchapter 5 (Other than K-12)   Subchapter 5 (Other than K-12)   Subchapter 5 (Other than K-12)   Subchapter 5 (Other than K-12)   Subchapter 5 (Other than K-12)   Subchapter 5 (Other than K-12)   Subchapter 5 (Other than K-12)   Subchapter 5 (Other than K-12)   Subchapter 5 (Other than K-12)   Subchapter 5 (Other than K-12)   Subchapter 5 (Other than K-12)   Subchapter 5 (Other than K-12)   Subchapter 5 (Other than K-12)   Subchapter 5 (Other than K-12)   Subchapter 5 (Other than K-12)   Subchapter 5 (Other than K-12)   Subchapter 5 (Other than K-12)   Subchapter 5 (Other than K-12)   Subchapter 5 (Other than K-12)   Subchapter 5 (Other than K-12)   Subchapter 5 (Other than K-12)   Subchapter 5 (Other than K-12)   Subchapter 5 (Other than K-12)   Subchapter 5 (Other than K-12)   Subchapter 5 (Other than K-12)   Subchapter 5 (Other than K-12)   Subchapter 5 (Other than K-12)   Subchapter 5 (Other than K-12)   Subchapter 5 (Other than K-12)   Subchapter 5 (Other than K-12)   Subchapter 5 (Other than K-12)   Subchapter 5 (Other than K-12)   Subchapter 5 (Other than K-12)   Subchapter 5 (Other than K-12)   Subchapter 5 (Other than K-12)   Subchapter 5 (Other than K-12)   Subchapter 5 (Other than K-12)   Subchapter 5 (Other than K-12)   Subchapter 5 (Other than K-12)   Subchapter 5 (Other than K-12)   Subchapter 5 (Other than K-12)   Subchapter 5 (Other than K-12)   Subchapter 5 (Other than K-12)   Subchapter 6 (Other than K-12)   Subchapter 6 (Other than K-12)   Subchapter 6 (Other than K-12)   Subchapter 6 (Other than K-12)   Subchapter 6 (Other than K-12)   Subchapter 6 (Other than K-12)   Subchapter 6 (Ot	Name of Facility 188					FACIL	ITY I	NFORMATION	V					_		
Subchapter 8 (Other than K-12)  Street Address 128 EAST LINCOLIN AVENUE - BUILDING 53 & 59  City (5) City (6) County (7) UNION Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC.  STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC.  STORE Address 855 WEST SHORE TRAIL City, State, Zip Code SPARTA, NEW JERSEY 07871  Sched. Completion Date (11) Month Day Year  Sched. Completion Date Material (ACM) Month Material (ACM) Month Month Month Month Month Month Month Month Month Month Month Month Month Month Month Month Month Month Month Month Month Month Month Month Month Month Month Month Month Month Month Month Month Month Month	Name of Facility Where Aba	atement is 1	Taking	Plac	ce (3)				T							
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City (5)		E - BIIII DIN	C = 2	° F0					- 1	Square Feet						
RAHWAY  UNION  STATE USE ONLY  Name of Monitoring Firm Hired by Building Owner (8)  ENVIRONMETAL HEALTH INVESTIGATIONS, INC.  Street Address SS WEST SHORE TRAIL  City, State, Zip Code  SPARTA, NEW JERSEY 07871  Foliphone Number  WILLIAM S. KERBEL, Cilt  Bay Year  Occupancy Status During Abstement (Check only one)  X Facility Closed/Vacated During Entire Period of Abstement Abstement Performed Outside of Normal Facility Hours - Describe:  X Other - Describe:  X Other - Describe:  X Renovation  Assestos-containing Material (ACM)  Assestos-containing Material (ACM)  To Be ABATED  In Facility (13)  State (13)  Street Address  S1steet Address  S1steet Address  S1steet Address  S1steet Address  SUSFERN, NEW YORK 10901  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Street Address  SUFFERN, NEW YORK 10901  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Street Address  Suspended Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Numb				& 59											63	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC.  ASOM No. ENVIRONMETAL HEALTH INVESTIGATIONS, INC.  Street Address 655 WEST SHORE TRAIL  City, State, Zip Code  SPARTA, NEW JERSEY 07871  Foliation of Manager for Monitoring Firm  Telephone Number  Telephone			(6)				Coun	ty Code (7)	Ci		Prior if being	demolis	shed	d)		
ENVIRONMETAL HEALTH INVESTIGATIONS, INC.  104 PAR ENVIRONMENTAL CORPORATION Street Address 855 WEST SHORE TRAIL  313 SPOCK ROCK ROAD  City, State, Zip Code SPARTA, NEW JERSEY 07871  Project Manager for Monitoring Firm Telephone Number WILLIAM S. KERBEL, CiH 973-729-5649  Expected State Date (10) 6 / 2 / 1/7 Month Day Year  Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY - FRIDAY 1:30PM-8:30 PM  Scope of Work (Check all that apply) Demolition X SEP OR LF 100 SF OR 260 LF  Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) Maint/Custodial in Facility (13)  Staff (12) Yes No N/A  MASTIC  104 PAR ENVIRONMENTAL CORPORATION Street Address 117 EAST 30TH STREET  City, State, Zip Code NEW YORK, NEW YORK 10016  Street Address 117 EAST 30TH STREET  City, State, Zip Code NEW YORK, NEW YORK 10016  Street Address 117 EAST 30TH STREET  City, State, Zip Code NEW YORK, NEW YORK 10016  Street Address 117 EAST 30TH STREET  City, State, Zip Code NEW YORK, NEW YORK 10016  Street Address 117 EAST 30TH STREET  City, State, Zip Code NEW YORK, NEW YORK 10016  Street Address 117 EAST 30TH STREET  City, State, Zip Code NEW YORK, NEW YORK 10016  Street Address 117 EAST 30TH STREET  City, State, Zip Code NEW YORK, NEW YORK 10016  NEW YORK, NEW YORK 10016  Staff (12)  Full Containment with Negative Pressure  Mini Enclo Glovebag Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Fri			-11		101	(S	TATE			(*************************************						
Street Address 655 WEST SHORE TRAIL  City, State, Zip Code  SPARTA, NEW JERSEY 07871  Project Manager for Monitoring Firm  WILLIAM S. KERBEL, Cith  973-729-5649  Address SUFFERN, NEW YORK 10901  Telephone Number 973-729-5649  Address SUFFERN, NEW YORK 10901  Telephone Number 1010	ENVIRONMETAL HEALTH IN	rea by Buil	ding (	Jwne	er (8)											
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City, State, Zip Code  SPARTA, NEW JERSEY 07871  Project Manager for Monitoring Firm  WILLIAM S. KERBEL, CIH  Spart State Date (10) 6 / 2 2 /17 Month  Day  Sched. Completion Date (11) 7 / Month  Day  Sched. Completion Date (11) 7 / Month  Project Manager for Monitoring Firm  WILLIAM S. KERBEL, CIH  State Date (10) 6 / 2 2 /17 Month  Day  Sched. Completion Date (11) 7 / Month  Day  Sched. Completion Date (11) 7 / Month  Day  Sched. Completion Date (11) 7 / Month  Day  Sched. Completion Date (11) 7 / Month  Day  Sched. Completion Date (11) 7 / Month  Day  Sched. Completion Date (11) 7 / Month  Project Manager for Monitoring Firm  Male of OSHA Monitor  AMERISCI LABORATORIES INC #11480  Street Address 117 EAST 30TH STREET  City, State, Zip Code NEW YORK, NEW YORK 10016  Street Address 117 EAST 30TH STREET  City, State, Zip Code NEW YORK, NEW YORK 10016  NEW YORK, NEW YORK 10016  Street Address 117 EAST 30TH STREET  City, State, Zip Code NEW YORK, NEW YORK 1016  Minit Enclo Glovebag Procedure X Non-Friable Procedure X Non-Friable Procedure X Non-Friable Procedure X Non-Friable Procedure X Non-Friable Procedure X Non-Friable Procedure X Non-Friable Procedure X Non-Friable Procedure X Non-Friable Procedure X Non-Friable Procedure X Non-Friable Procedure X Non-Friable Procedure X Non-Friable Procedure X Non-Friable Procedure X Non-Friable Procedure X Non-Friable Procedure X Non-Friable Procedure X Non-Friable Procedure X Non-Friable Procedure X Non-Friable Procedure X Non-Friable Procedure X Non-Friable Procedure X Non-Friable Procedure X Non-Friable Procedure X Non-Friable Procedure X Non-Friable Procedure X Non-Friable Procedure X Non-Friable Procedure X Non-Friable Procedure X Non-Friable Procedure X Non-Friable Procedure X Non-Friable Procedure X Non-Friable Procedure X Non-Friable Procedure X Non-Friable Procedure X Non-Friable Procedure X Non-Friable Procedure X Non-Friable Procedure X Non-Friable Procedure X Non-Friable Procedure X Non-Friable Procedure X Non-Friable Procedure X Non-Friable Procedure X Non-Friab																
SPARTA, NEW JERSEY 07871  Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIII  Faceted State Date (10) 6 / 2 /17 Month Day Year  Sched. Completion Date (11) Month Day Year  Street Address T17 Amen of OSHA Monitor AMERISCI LABORATORIES INC #11480  Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: X Other - Describe: MONDAY - FRIDAY 1:30PM-8:30 PM  Scope of Work (Check all that apply) Demolition X > 355 OR LF  Location of Asbestos-containing Material (ACM) TO BE ABATED In Facility (13) Saff (12) Yes No N/A  ROOF EXHAUST FAN CURB  X MASTIC  Disposal Date ADDITION TO SCOPE: IR HANDLING UNIT 1 & 2  IR HANDLING UNIT 1 & 2  IR HANDLING UNIT 1 & 2  Disposal Date Signature  Telephone Number 1109 Telephone Number 845-369-7500 1100 Telephone Number 1101 Telephone Number 845-369-7500 1100 Telephone Number 1101 Telephone Number 845-369-7500 1100 Telephone Number 1101 Telephone Number 1101 Telephone Number 1101 Telephone Number 1101 Telephone Number 1101 Telephone Number 1101 Telephone Number 1101 Telephone Number 1101 Telephone Number 1101 Telephone Number 1101 Telephone Number 1101 Telephone Number 1101 Telephone Number 1101 Telephone Number 1101 Telephone Number 1101 Telephone Number 1101 Telephone Number 1101 Telephone Number 1101 Telephone Number 1101 Telephone Number 1101 Telephone Number 1101 Telephone Number 1101 Telephone Number 1101 Telephone Number 1101 Telephone Number 1101 Telephone Number 1101 Telephone Number 1101 Telephone Number 1101 Telephone Number 1101 Telephone Number 1101 Telephone Number 1101 Telephone Number 1101 Telephone Number 1101 Telephone Number 1101 Telephone Number 1101 Telephone Number 1101 Telephone Number 1101 Telephone Number 1101 Telephone Number 1101 Telephone Number 1101 Telephone Number 1101 Telephone Number 1101 Telephone Number 1101 Telephone Number 1101 Telephone Number 1101 Telephone Number 1101 Telephone Number 1101 Telephone Number 1101 Telephone N												ii 				
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH Serpected State Date (10) 6 / 2 /17 Month Day Year Month Day Year Month Day Year Month Day Year Month Day Year Month Day Year Month Day Year Month Day Year Month Day Year Month Day Year Month Day Year Month Day Year Month Day Year Month Day Year Month Day Year Month Day Year Month Day Year Month Day Year Month Day Year Month Day Year Month Day Year Month Day Year Month Day Year Month Day Year Month Day Year Month Day Year Month Day Year Month Day Year Month Day Year Month Day Year Month Day Year Month Day Year Month Day Year Month Day Year Month Day Year Month Day Year Month Day Year Month Day Year Month Day Year Month Day Year Month Day Name of OSHA Monitor AMERISCI LABORATORIES INC #11480  Street Address 117 EAST 30TH STREET  17 EAST 30TH STREET  17 EAST 30TH STREET  18 Code NEW YORK, NEW YORK 10016  18 Cotton Imment with Negative Pressure MEW YORK, NEW YORK 10016  19 City, State, Zip Code NEW YORK, NEW YORK 10016  19 City, State, Zip Code NEW YORK, NEW YORK 10016  10 City, State, Zip Code NEW YORK, NEW YORK 10016  10 City, State, Zip Code NEW YORK, NEW YORK 10016  10 City, State, Zip Code NEW YORK, NEW YORK 10016  10 City, State, Zip Code NEW YORK, NEW YORK 10016  10 City, State, Zip Code NEW YORK, NEW YORK 10016  10 City, State, Zip Code NEW YORK, NEW YORK 10016  10 City, State, Zip Code NEW YORK, NEW YORK 10016  10 City, State, Zip Code NEW YORK, NEW YORK 10016  10 City, State, Zip Code NEW YORK, NEW YORK 10016  10 City, State, Zip Code NEW YORK, NEW YORK 10016  10 City, State, Zip Code NEW YORK, NEW YORK 10016  10 City, State, Zip Code NEW YORK, NEW YORK 10016  10 City, State, Zip Code NEW YORK, NEW YORK 10016  10 City, State, Zip Code NEW YORK, NEW YORK 10016  10 City, State, Zip Code NEW YORK, NEW YORK 10016  10 City, State, Zip Code NEW YORK, NEW YORK 10016  10 City, State, Zip Code NEW YORK, NEW YORK 10016  10 City, State, Zip Code NEW YORK, NEW YORK 10016  10 City, State, Zip Code NEW YORK, NEW YORK 10016  10 City, State, Zip Code NEW YORK, N		DARTA NEI	A/ IEE	CEV	0707											
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Expected State Date (10) 6 / 2 / 17 Month Day Year  Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: X Other - Describe: MONDAY - FRIDAY 1:30PM-8:30 PM  City, State, Zip Code NEW YORK, NEW YORK 10016  Full Containment with Negative Pressure Mini Enclo , Sass OR LF > 18 Location of Asbestos-containing Material (ACM) TO BE ABATED In Facility (13)  TO BE ABATED In Facility (13)  Staff (12) Yes No N/A  ROOF EXHAUST FAN CURB  X MASTIC  Sched. Completion Date (11) Name of OSHA Monitor AMERISCI LABORATORIES INC #11480  Street Address 117 EAST 30TH STREET  City, State, Zip Code NEW YORK, NEW YORK 10016  Full Containment with Negative Pressure Mini Enclo , Glovebag Procedure Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  Non-Friable Procedure  No		A LIIIII					oer		Te	lephone Nur	mber	Licen	se N	Numbe	er	
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Scope of Work (Check all that apply)  Demolition  X >3SF OR LF >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  NEW YORK, NEW YORK 10016  Asbestos-containing Maint/Custodial Staff (12) Yes No N/A  ROOF EXHAUST FAN CURB  X MASTIC  AMASTIC  AMAGE Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT STABLE PLANA COUNTY RESOURCE MANAGEMENT STABLE PLANA COUNTY RESOURCE MANAGEMENT STABLE PLANA COUNTY STABLE PLANA COUNTY STABLE PLANA COUNTY RESOURCE MANAGEMENT STABLE PLANA COUNTY RESOURCE MANAGEMENT STABLE PLANA COUNTY RESOURCE MANAGEMENT STABLE PLANA COUNTY RESOURCE MANAGEMENT STABLE PLANA COUNTY RESOURCE MANAGEMENT STABLE PLANA COUNTY RESOURCE MANAGEMENT STABLE PLANA COUNTY RESOURCE MANAGEMENT STABLE PLANA COUNTY RESOURCE MANAGEMENT STABLE PLANA COUNTY RESOURCE MANAGEMENT STABLE PLANA COUNTY RESOURCE MANAGEMENT STABLE PLANA COUNTY RESOURCE MANAGEMENT STABLE PLANA COUNTY RESOURCE MANAGEMENT STABLE PLANA COUNTY RESOURCE MANAGEMENT STABLE PLANA COUNTY RESOURCE MANAGEMENT STABLE PLANA COUNTY RESOURCE MANAGEMENT STABLE PLANA COUNTY RESOURCE MANAGEMENT STABLE PLANA COUNTY RESOURCE MANAGEMENT STABLE PLANA COUNTY RESOURCE MANAGEMENT STABLE PLANA COUNTY RESOURCE MANAGEMENT STABLE PLANA COUNTY RESOURCE MANAGEMENT STABLE PLANA COUNTY RESOURCE MANAGEMENT STABLE PLANA COUNTY RESOURCE MANAGEMENT STABLE PLANA COUNTY RESOURCE MANAGEMENT STABLE PLANA COUNTY RESOURCE MANAGEMENT STABLE PLANA COUNTY RESOURCE MANAGEMENT STABLE PLANA COUNTY RESOURCE MANAGEMENT STABLE PLANA COUNTY RESOURCE MANAGEMENT STABLE PLANA COUNTY PRESOURCE	X Other - Describe:	MONDAY	(	FRI	DAY	1:30PM	-8-30	PM	Cit	Ctota 7:-	0-4-					
Demolition X > 3SF OR LF > 160 SF OR 260 LF  Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  SCOOF EXHAUST FAN CURB  ACCOF EXHAUST FAN CURB  ACC						1.001 111	0.50	1 101	City			EW VOI	א אכ	10016		
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Location of Asbestos-containing Material (ACM) Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  Staff (12) Yes No N/A  ROOF EXHAUST FAN CURB  X MASTIC  ADDITION TO SCOPE:  IN HANDLING UNIT 1 & 2  ADDITION TO SCOPE:  IN HANDLING UNIT 1 & 2  ADDITION TO SCOPE:  IN HANDLING UNIT 1 & 2  ADDITION TO SCOPE:  IN HANDLING UNIT 1 & 2  ADDITION TO SCOPE:  IN HANDLING UNIT 1 & 2  ADDITION TO SCOPE:  IN HANDLING UNIT 1 & 2  ADDITION TO SCOPE:  IN HANDLING UNIT 1 & 2  ADDITION TO SCOPE:  IN HANDLING UNIT 1 & 2  ADDITION TO SCOPE:  IN HANDLING UNIT 1 & 2  ADDITION TO SCOPE:  IN HANDLING UNIT 1 & 2  ADDITION TO SCOPE:  IN HANDLING UNIT 1 & 2  ADDITION TO SCOPE:  IN HANDLING UNIT 1 & 2  ADDITION TO SCOPE:  IN HANDLING UNIT 1 & 2  ADDITION TO SCOPE:  IN HANDLING UNIT 1 & 2  ADDITION TO SCOPE:  IN HANDLING UNIT 1 & 2  ADDITION TO SCOPE:  IN HANDLING UNIT 1 & 2  ADDITION TO SCOPE:  IN HANDLING UNIT 1 & 2  ADDITION TO SCOPE:  IN HANDLING UNIT 1 & 2  ADDITION TO SCOPE:  IN HANDLING UNIT 1 & 2  ADDITION TO SCOPE:  IN HANDLING UNIT 1 & 2  ADDITION TO SCOPE:  IN HANDLING UNIT 1 & 2  ADDITION TO SCOPE:  IN HANDLING UNIT 1 & 2  ADDITION TO SCOPE:  IN HANDLING UNIT 1 & 2  ADDITION TO SCOPE:  IN HANDLING UNIT 1 & 2  ADDITION TO SCOPE:  IN HANDLING UNIT 1 & 2  ADDITION TO SCOPE:  IN HANDLING UNIT 1 & 2  ADDITION TO SCOPE:  IN HANDLING PROBLEM OF ABBIT SOLUTION TO SCOPE ABOVE TO SCOPE ABOVE TO SCOPE ABOVE TO SCOPE ABOVE TO SCOPE ABOVE TO SCOPE ABOVE TO SCOPE ABOVE TO SCOPE ABOVE TO SCOPE ABOVE TO SCOPE ABOVE TO SCOPE ABOVE TO SCOPE ABOVE TO SCOPE ABOVE TO SCOPE ABOVE TO SCOPE ABOVE TO SCOPE ABOVE TO SCOPE ABOVE TO SCOPE ABOVE TO SCOPE ABOVE TO SCOPE ABOVE TO SCOPE ABOVE TO SCOPE ABOVE TO SCOPE ABOVE TO SCOPE ABOVE TO SCOPE ABOVE TO SCOPE ABOVE TO SCOPE ABOVE TO SCOPE ABOVE TO SCOPE ABOVE TO SCOPE ABOVE TO SCOPE ABOVE TO SCOPE ABOVE TO SCOPE ABOVE TO SCOPE ABOVE TO SCOPE ABOVE TO SCOPE ABOVE TO SCOPE ABOVE TO SCOPE ABOVE TO SCOPE ABOVE TO SCOPE ABOVE TO SCOPE ABOVE TO SCOPE ABOVE TO SCOPE ABOVE TO SCOPE ABOVE TO SCOPE ABOVE								Gloveba	g Pro	cedure				_ ~ 1		*****
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Material (ACM) TO BE ABATED in Facility (13)  ROOF EXHAUST FAN CURB  X MASTIC  30 SQ. FT.  X PIPE INSULATION DEBRIS  Alticular (Specify SF or LF)  Alticular						1							Ab	oatem	ent T	vpe
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in Facility (13)			Staff (			other miscel	laneous)	SF or LF)	REMOVAL	N	PS	OS.
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BCA	LEMI	ERGE	NCY	NOT	FICATION	V Sa	me of Con ndra M. Sc	bool			Telephone	Num	ber		
Name of E					EAC										
Name of Facility Where	Abatement	is Ta	king	Place	(3)	ILITY	INFORMA	TION						-	
					(0)				Type of	Facilit	y (4)				
MERCK SHARP & DOHN	<b>JE CORPOR</b>	ATIC	N						So	hool (K	-12)				
									Su	bchapte	er 8 (Other t	han V	10)		
Street Address									X Oth	her (ie.	private & co	mmal.	-12)		
126 EAST LINCOLN AVE	NUE - BUIL	DING	53						Square	Feet	# of Flor	ore	niags	., hon	nes, etc
City (5)	Cour	ty/s	1						125,9		# 01 F100	515			Age
RAHWAY	111110					Cour	ity Code (	7)						6	3
Name of Monitoring Firm	Hirad I. D	** **			(5	STAT	E USE ON		VACANT		or if being d	emolis	shed)		
	1 INVESTIC		ig Ov	ner (	8)		ASCM	_			20-10				
ou cet Address		11101	15, IN	VC.			104		PAR ENI	UDON	nent Contra	actor (	9)	V. 10.5	
655 WEST SHORE TRAIL							40.00		Street Ad	dra.	MENTAL CO	RPOF	RATIO	N	
City, State, Zip Code															
, in code	CDART.								313 SPU(	JK RO	CK ROAD				
Project Manager for Monito	SPARTA, N	EW.						1	City, State	e, Zip C	ode				
WILLIAM S. KERBEL, CIH	ring Firm		7	eleph	none Numb	ber		-	OUFFERN	, NEW	YORK 1090	01			
Expected State B.			9	73-72	29-5649	504E8			elephone		er I	icens	e Nun	nber	
Expected State Date (10)		S	ched	. Con	npletion D	) 2 to / 4	(4)		45-369-7		1-	1101			
24 22	/17	- 1		6 /	-Protioti D	5		IN	lame of C	SHA M	onitor				
	Year		Mont		Da		/17	A	MERISCI	LABO	RATORIES	INC		#111	00
Occupancy Status During A	batement (C	neck	only o	ne)		_	Ye:	-1						#114	-80
L. Goilly Close()/V	acated Durin	- F- 6			of Abateme	enf		S	treet Add	ress					
Abatement Perfor X Other - Describe:	med Outside	OT N	ormal	Facil	lity Hours	D	riho:	11	17 EAST	30TH S	TREET				
Other - Describe:	MONDA	Y-F	RIDAY	7/	AM-3:30 PI	M	ille.	-							
Scope of Work (Check all that								Ci	ty, State,	Zip Co	de		1000		
Demolition Demolition		_					Full Co	ntoin		NEW Y	ORK, NEW	YORK	(1001	6	
X >3SF OR LF	X	Re	novat	ion			Mini Er	ndanın	ient with I	Negativ	e Pressure				
1 100 0=	60.15						Glovet	1010 ,							
Location of	60 LF					X	Non-Eri	ay Pro	ocedure rocedure						
Asbestos-containi	2_	1	s Loc	ation			cription of	Aut P	rocedure						
Material (ACM)	ig	no	rmally	/ used	d	Cont	aining Mate	ASDEST	OS-		100	1	Abater	nent 7	Type
TO BE ABATED	,		solely	by by	1	(ie	. Thermal s	evetor	CIVI)		Amount	R	R		
in Facility (13)	).	Mai	nt/Cu	stodia	al	insula	ation, surfa	cine \	S /AT		(Specify	REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
			Staff (			or o	ther miscel	lanco.	A1,		SF or LF)	18	<del>≧</del>	P	15
00E EXILA		Yes	No	N/A				-GITEUL	15)			A	1~	US	JS
OOF EXHAUST FAN CURB				X	MASTIC	c.				-				E	교
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ne of Registered Waste Hau		NJDE	P Wa	ste	Cubic Yar	ds of	Waste	Name	of Regis	torest	1511				
EHOLD CARTAGE INC.		Tallle	r ID N	lo.		5		1.000	- or regis	reled L	andtill			T	
EHOLD CARTAGE, INC. HIGHWAY 33								II ALA	INVIEW C	71121-					
EEHOLD CARTAGE, INC. HIGHWAY 33 , State			5939					147 A	MING CO	YTAUC	RESOURC	E MAI	VAGE	MEN	TSE
EEHOLD CARTAGE, INC. HIGHWAY 33 , State EHOLD, NEW JERSEY				-	Disposal D	Date				ER DRI	RESOURC VE/ROUTE	E MAI 15	VAGE	MEN	T SE
ne of Registered Waste Hau EEHOLD CARTAGE, INC. HIGHWAY 33 , State EEHOLD, NEW JERSEY Ipleted by (Print or Type) JAMIN SANCHEZ	Title				Disposal D 5/18/17-5/3	Date 30/17		City, S		LNUR	VE/ROUTE	E MAI 15	VAGE	MEN	T SE

NOCH

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

JUN - 8 2017

Date of Notification	(1)	v-Danies-	Nam	e of Build	ing Owner/Operator (2)							-	-	
June 01, 2017			Bel	mont C	onstruction Corp.			į	ASBESTOS	001	TO	O.I.	-0	
Agencies Notified	Type Notification			et Address					LICEN	ICINI	2	UL	α	
⊠ EPA	- Initial	)	240	W. Pas	ssaic Street, Suite 1:	1		L	LICEN	(0314	<u>u</u>	-		
□ DEP			City,	State, Zip	Code									
⊠ DQF	Amendment #	3	Ma	wwood,	NJ 07607									
	Emergency (including	1g	Nam	e of Conta	ct			Telephone Num	ber	9				
⊠ DOH	justification)		Fran	nk Belgi	ovine			1						
⊠ DCA	☐ Cancelation													
At				I	FACILITY INFORMAT									
Oak Tree School	ere Abatement is Taking Place (3)					Тур	e of Facility (4)							
	JI						School (K-1	2)						
Street Address						×	Subchapter	8 (Other than	K-12)					
45 Wilus Way									nercial buildings,	home	s etc	- 1		
City (5)						-		T						
Iselin						100	are Feet	# of Floors	Bldg. Age					
							+000	3	1950's					
County (6)	V				/ Code (7) E USE ONLY)	1 111	ent Use (Prior if be	ing demolished)						
Middlesex Cour				JAIL	. OJE OINET/	Sch	nool							
	Firm Hired by Building Owner (8)				ASCM No.	Nam	ne of Abatement Co	entractor (9)						
vicCabe Enviror	nmental Services, LLC				00118	Uni	icorn Contract	ing Corp.						
Street Address							et Address					- 50		
164 Valley Broo	k Avenue, #3A					32	Willow Way							
City, State, Zip Code						City, State, Zip Code								
yndhurst, NJ 0	7071					Woodland Park, NJ 07424								
roject Manager fo M	onitoring Firm			Telenh	one No.		phone No.	43 07424						
	lo/Jarred Panecki			The state of	138-4839		-333-9176		License No.					
tart Date (10)	12/12/12/12/12/14		Cabadi		Walter Control of the Control				01331					
une 05, 2017	\				letion Date (11)	1007-5	e of OSHA Monitor							
	ing Abatement (Check Only One)		July 3	30, 2017	/		irovision Cons	ultants, Inc.						
				100			t Address							
	sed/Vacated During Entire Pe			nt		20-2	21 Wagaraw R	d., Bldg. 35-E						
	Performed Outside of Norm	al Facility	Hours			20000	State, Zip Code							
Other - Des	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s					Fair	Lawn, NJ 074	10						
ope of Work (Check /														
≥3 sf or ≥3			X	Renov	ation	X	Full Containn	nent with Nega	tive Pressure					
≥160 sf or ≥	≥260 If			Demol	ition									
						☑ Glovebag Procedure								
						X	Non-Exempte	ed (*) and Non-	Friable Procedure	3				
			Is Locatio	in						_	Abat	emer	nt	
	Location of		Normali			Des	cription of		E.		Т	уре		
	Containing Material (ACM) TO BE ABATED		sed Solely taintenan				ining Material (ACI		Amount					
	In Facility		stodial St		(i.e. th		systems insulation,		(Specity			m	1	
	(13)		(12)				ing, VAT, or niscellaneous)		SF or LF)	Re	_	Encapsulate	Enc	
		Yes	No	N/A	338					Remova	Repair	sulat	Enclosure	
*SEE CONTINU	ATION SHEET***				***SEE CC	NTIN	UATION SHEE	T***		10	15	'n	e e	
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me of Registered Was	sta Haular		NUD			20020000	loons of the same							
				aste Haul			ards of Waste		Name of Regustered					
nicorn Contracti	ing corp.		00358	44		30+			Fairless Hills Landfill					
/, State				1	Disposa	al Date		City, State						
oodland Park, N	New Jersey	ТВІ						Morrisville, PA						
npleted by		Title					Signature	J2-p5	20	Date				
no Golcev		Genera	al Mana	ager				7	7	Jun	e 01	. 20	17	



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

	1000	Loca						em ent	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)	Use Ma	ed Sol intena	ely by ance/ Staff:	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Ground Floor and First Floor Offices, Classrooms and Storage Rooms			X	9"X9" Floor Tile - Gray and Black	6,030 SF	xx			
Boiler Room			Х	Boiler Insulation	440 SF	XX			
Boiler Room	X Boiler Breaching Insulation 250 SF					XX			
Boiler Room			Х	Boiler Expansion Tank Insulation	75 SF	XX			
Throughout Building - Exposed Within Chases, Above Ceilings			Х	Mudded Elbows	246 Fittings	XX			
Throughout Building - Exposed Within Chases, Above Ceilings			х	Aircell Pipe Insulation	4,560 LF	XX			
Consession Area			Х	Sink Undercoating	4 SF	XX			
Gym and Copy Room			Х	Acoustic Ceiling Plaster	6,679 SF	XX			
Copy Room			Х	Tan 12"x12" Floor Tile & Mastic	884 SF	XX			
Interior Boiler Room Door			х	Boiler Room Door Frame Caulk	1 Door (18 LF)	XX			
Exterior of Gym Windows			Х	Window Frame Caulk Window Glazing Compound	990 LF	xx			The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa
Loading Dock Roof			X	Gray Roof Sealant	175 SF	XX			
Main Roof (High Roof)			Х	Main Roof Flashing Remnant	30 SF	XX			the state of any other factors and
									Actor Despise
									10000
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									TAN OR SEE AN
									SCHOOL SECTION

NY 399	2	NO	OTI		ATION		BES	TOS ABAT 60 and 5:16			EG	E		<u>//_                                   </u>	L,			
Date of Notification (1)  6 /	2 /	17						ner/Operator ( ruction Com		1	JUN	- 8	2	017				
Agencies Notified  ☑ EPA  ☑ DOLWD	Type Notifica  ☑ Initial  ☐ Amended	1			71	t Address <b>West Par</b> State, Zip (	and the same			ASBESTOS CONTROL & LICENSING								
<ul><li>☑ DOH</li><li>☑ DCA</li><li>(NJAC 5:23-8)</li></ul>	Amendme	cy (includ	 ding		Vin	Vineland, NJ 08360  Name of Contact  Telephone Number												
•	☐ Cancellat	ion			Tai	nmy Joh	nsor	n - Tamco Co	onstruction									
					FA	CILITY IN	IFOF	RMATION										
Name of Facility Where Acant Residence Street Address		aking Pl	ace	(3)					Type of Facilit  ☐ School (K- ☐ Subchapte ☐ Other (i.e.,	12) r 8 (Ot privat			bui	ldings				
447 Melrose Avenu	ne e								homes, etc	,			Dis					
City (5) Lawnside									Square Feet 1,100	#	f of Floors			g. Age <b>0</b>	е			
County (6)					Cou	nty Code (7	7\/STA	TE USE ONLY)	Current Use (F	Prior if		olished			_			
Camden					Cou	nty Code (7	ДОТА	TE GOL ONETY	Residence		boing dom	01101100	7					
Name of Monitoring Firm	n Hired by Build	ding Own	ner (8	3)	ASCM	No.	Nar	me of Abateme	ent Contractor (									
Mgmt. & Environm									onmental, LL									
Street Address		Street Address																
PO Box 341			623 Cutler Avenue															
City, State, Zip Code			City	, State, Zip Co	ode													
Chesterfield, NJ 08515								laple Shade	, NJ 08052									
Project Manager for Mor	ephone	No.	Tel	ephone No.		L	icense No.	3										
Bill Weisgarber				6	09-298	3-4070	8	56-755-0099	ĺ		00842							
Start Date (10)	15	Schedule	d Co	mple	etion Da	ate (11)	Nar	me of OSHA N	lonitor									
06 /12 /	17	06	_ /	_ 1-	4_ /	17	E	MSL Analyt	ical, Inc.									
Occupancy Status Durin	g Abatement (0	Check or	nly or	ne)			Street Address											
□ Facility Closed/Vacat	ed During Entir	re Period	of A	Abate	ment		200 Route 130 North											
Abatement Performed Time of Abatement: _							City, State, Zip Code Cinnaminson, NJ 08077											
Scope of Work (Check a	ll that apply)									o a o tiv	o Droccuro							
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			Rer   Der					☐ Mini-Enc ☐ Gloveba	losure g Procedure	n Negative Pressure d Non-Friable Procedure								
			Is	Loca	tion								Aba	teme	nt Ty	уре		
Location Asbestos-Containing TO BE AB/ IN Facil (13)	Material (ACM ATED	"	Used Mair	ntena odial (12)	ely by ance/ Staff?		e., the	Description of Containing Ma rmal systems surfacing, VAT her miscellane	terial (ACM) insulation, , or		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure		
Fitalian		Y	es	No	N/A	Roofing	a Ma	torial			253 SF		<b>a</b>					
Exterior			-							-	72 SF		<u> </u>					
Bedroom					Floor	iie a	nd Mastic		-	1235								
			$\sqsubseteq$		-				-									
			1	1 - 1		15 (5	<u> </u>	11 - 100				ш	Ш					
Name of Registered Was Freehold Cartage	NJDEP Hauler I 1593	D No.	Wa 5		Name of Registered Landfill GROWS North Landfill													
City, State Freehold, NJ	7	.000		Dis	posal Date 6/14/2017	City, State Morrisville, PA												
Completed By (Print or T	Vne)	Title		5-26-017			Signature	Date										
Christina Lynch	λhe)		Pre	esid	ent of	Operatio	ns	Chrs	XO) &	>			(2/2/17					
									-									

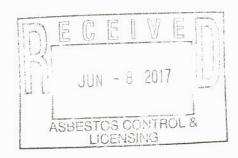
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

Initial Non-Friable

		**			, ,,,,,,					MOL	IIIG	auon / C	21160	N.	m. u	33	11
Date of Notification	on (I)		Na	me of	Build	ling	Owne	r/Operati	or	(2)		and a second	N -	8	201	7	11
0 5 / 3	1 1/11	7	IIN	iclas V	Voitec	ki				30							-
Agencies Notified	Type Notif	cation		reet A								ASBES.	TOSI	20	NITE	301	8,
[X]EPA	[X]Initia	a 1					Ī					ASBES	JCEN	ISI	NG	102	
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⊠100r	[ ]Amende	ed ication	v	/atchur	ng, N.	J 070	07069										
(×) DOH	[ ]Cance		Na	Name of Contact Telephone Number													
[ ]DCA	[ ]Cance.	LIALION	10	wner													
				FAC	CILIT	Y IN	FORMA	TION									
Name of Facility W	here Abatem	ent is Ta	aking	g Place	e (3)				Ty	pe of Fa	cili	ty (4)					
Residence										[ ]Su	bcha	(K-12)	Other	tì	nan 1	K-12	)
Street Address											her al b	(i.e., p uildings	rivat . hom	e 8	et.	nmer c.)	-
									Şq	uare Fee	t	# of Flo	ors	Blo	ig.	Age	
City (5)		Count	y (6	)		Coun	nty Co	de (7)	C	2,500	e (P	Prior if	being	de	50 emol	ishe	<u>d)</u>
Watchung, NJ 07069 Some					1	(217	Vacant Residence										
Name of Monitoring Owner (8)		ASCM	No.		Name	of Abate	emen	t Contra	ctor	(9)		steam					
S&S Environmental Sciences, Inc.								Strong B		ers, Inc.							
98 Sand Park Rd.			180 9	Sargeant	Ave	enue					52.0						
City, State. Zip Code							City.	State,	Zip	Code							
Cedar Grove, NJ 07009 Project Manager for Monitoring Firm Telephone Number								n, NJ 070				Li	cense	N	umbe	r	
Prakash Khaitan 973-857-7188 Scheduled Start Date (10) Sched.Completion Date (1)								614-0377		itor		00	807	_			
0   6   /   1   0   /   Month / Day / Occupancy Status D	1 7       Year	0   6   /   Month /	1   2 Day	2   /   1 only o	7  ear	_		Strong B		ers, Inc.	_		• • • •				
[ ] Facility Clos of Abatement [ ] Abatement Fer Hours - Descr	ed/Vacated	During E	ntir	e Peri	od		180 S	Sargeant State.	Zip	enue Code							
[ ]Other - Descr							Clifto	n, NJ 070	013								
Scope of Work (Che	ck all that	apply)					-	[ ]Ful:	1 Cc	ntainmen	it wi	ith Negat	ive F	Pre	ssui	e	
[ ]Demolit [ ]>3 sf o [X]∑160 sf			×	[ ]Mi [ ]Gl						ni-Enclosure ovebag Procedure on-Friable Procedure							
			Lo	Is cation									At	oat	emer	E	E
Asbestos- Materia TO BE in Fac	ABATED ility		s by te	rmally Used olely Main- nance/			Asbe: Ma i.e., sulat	ion. sur	ACM) Sys	taining		Amount (Specif SF or LF)	fy i	N C P S	REPA	NCAPSU	N C T. O S U
(1	3)		St	stodia aff(12   No N	)		or other miscell			Laneous)				A L	R	L	R
Basement				X	VA	AT_						800 SF	>				
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			-	-	+						_		-	-			
Name of Registered Waste Hauler NJDEP Haule							Cubic of Wa	Yards ste	Na	ame of Re	egis	tered Lar	ndfil.	1			
Four Strong Builders, Inc. 12609							N	N		R.O.W.S		ic.					
City. State	41:						nrsbo	sal Date	C	Lty. Stat	Le						
Clifton, NJ										ullytown,	PA						
Completed By (Prin	t or Type)	Title						Signatur	e	H		1		Da	te		
Bilyana Kulakovska		Office A	dmir	istrato	r			BY	K	w	2			5/	31/1	7	
ASB-41 JUN 95											/			1875-31			- 1

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

Date of Notification	on (1)		Nam	ne of	Bui	lding	Owner	/Operato	r (2)									
0 6 1 0	1 1/11	7	Ne	wark	Pub	lic Sc	chools		N#.		JUN -	- 8	201	7	U			
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			II De	<u> </u>			NFORMAT	TON										
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Barringer High Scho	ol								[ ]Su	bchapter her (i.e.	8 (Oth	ate 8	COM	mer-	-			
Street Address								1	Square Fee	al huildi	nas. h	omes.	. etc	. )	_			
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Newark, NJ 07104 Essex									School					•				
Name of Monitoring Owner (8)	Firm Hired	by Build	ling	ASCI	M No		Name	of Abate	ment Contra	ictor (9)								
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#### 1.0 SCOPE OF WORK

### 1.1 Asbestos Survey Information:

The presence of asbestos containing materials has been identified in the Boiler Room of the Barringer High School, located at 90 Parker Street, Newark NJ 07014. The subject of the Asbestos Abatement Project Specification addresses 100% removal of ACM on/above the Boiler Room to accommodate new boiler installation, including demolition of existing boilers by the Abatement Contractor.

## 1.2 Base Bid Scope of Work:

		Base Bid Scope of Asbestos Abatem	ient						
Floor	Location	Material Description	Quantity	Abatement Method					
		ACM Plaster Drop Ceiling	6,000 sq ft						
		Fiberglass TSI	750 ln ft						
		ACM TSI (fittings/elbows on fiberglass lines)	220 ln ft						
	İ	ACM TSI (pipe insulation)	650 ln ft						
		ACM TSI (concealed above plaster ceiling)	TBD						
		ACM Boiler Exhaust Breeching	90 sq ft						
		Reserve Tank Insulation	400 sq ft						
	)	Boiler #1 Jacket Interior Insulation	500 sq ft						
		Boiler #1 Gaskets	12 sq ft						
		Boiler #1 Breeching	15 sq ft						
		Boiler #1 Interior Fire Brick	275 sq ft						
		Boiler #2 Jacket Interior Insulation	500 sq ft						
		Boiler #2 Gaskets	12 sq ft						
		Boiler #2 Breeching	15 sq ft	Full Containment Subchapter-8 Occupie					
1st Floor	Boiler Room	Boiler #2 Interior Fire Brick	275 sq ft	Subchaptor-6 Georges					
		Boiler #3 Jacket Interior Insulation	500 sq ft						
		Boiler #3 Gaskets	12 sq ft						
		Boiler #3 Breeching	15 sq ft						
		Boiler #3 Interior Fire Brick	275 sq ft						
		Boiler #4 Jacket Interior Insulation	500 sq ft	1					
		Boiler #4 Gaskets	12 sq ft						
		Boiler #4 Breeching	15 sq ft						
		Boiler #4 Interior Fire Brick	275 sq ft	_					
		Boiler #5 Jacket Interior Insulation	350 sq ft						
		Boiler #5 Gaskets	8 sq ft						
		Boiler #5 Breeching	10 sq ft						
		Boiler #5 Interior Fire Brick	200 sq ft	-1-					
		HVAC Duct Insulation							

<sup>\*</sup>All measurements incorporated in this section are approximations for estimation purposes only.

Additional potential concealed ACM TSI/SSI and debris should be assumed to exist above existing ceiling and/or inside boilers — include allowance on base bid price. Abatement Contractor is responsible for the verification of all measurements.

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Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.		Name of Abatement Contractor (9) Green Environmental Services, LLC							
Street Address							t Address Virginia Avenue							
City, State, Zip Code								, Zip Code City, NJ 073	304					
Project Manager for Mon	itoring Firm	T	Telephor	ne No.	Telep	hone	- 5.0	504	License N	No.				
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<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

## State of New Jersey

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Street Address							Street Address  14 Read Driv	е							
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Project Manager for Monitoring Firm Tele						No.	Telephone No. 856-318-1341	856-318-1341 01158							
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ASB-41 MAY 11

Completed By (Print or Type)

Vernice Graham

Title

President

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