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Date of Notification (1) 06/15/2017					f Building Conicell		Operator	r (2)			JUN	2 2	2017	7	\parallel
Agencies Notified	Type Notification			Street A	ddress										1
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DOH DCA	justification) Cancellation	ricidaling			f Contact Conicelli					Telepho	ne Nu	mber			
Name of Facility Where	Abatement is Taking	Place (3)		FACI	LITY INFO	ORMAT	ION	Type o	f Facility (4)		-				
Residence	Abatement is Taking	riace (3)						_	chool (K-12)						
Street Address								St St	ibchapter 8 her (i.e. priv	(Other tha			dings,	home	es,
City (5) Long Valley, NJ 078	353							Square		# of Floo	ors	E	Bldg. A	ge	
County (6) Morris					Code (7) USE ONLY	,		Current	Use (Prior	if being de	emolis	ned)			
Name of Monitoring Firm	Hired by Building C	wner (8)		ASCN	/I No.				ment Contra ation LLC						
Street Address		16-17-18-18-18-18-18-18-18-18-18-18-18-18-18-						Address	e Rd						
City, State, Zip Code								State, Zip dolph, N	Code NJ 07869						
Project Manager for Mon	itoring Firm		Telepho	ne No.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	none No. 933-25	50	1.3320.000	ense N	lo.				
Start Date (10) 06/25/2017	/2017 06/26/2 ncy Status During Abatement (Check Only On						Name IRIS	of OSHA	Monitor						
Occupancy Status During	Abatement (Check	2)					Address					- ***			
Facility Closed/Vaca Abatement Perform Other – Describe:							City, S	Rt 22 State, Zip					-50-9-1		-
	u T (A) \						Unio	n, NJ 0	7083						
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City, State Randolph, NJ 07869		1000000	33	0102		0.000	sal Date		City, State Tullytown	(1)-63 					
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Date of Notification (1)				Name	of Building	g Owner	Operator (2)		JUN 2 2	201	7	肶	Ж
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☑ DOEWD	Amended Amendment #		Ī	City, S	State, Zip C	Code				LIOLIVOI	140	-	-	-
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N				FA	CILITY IN	IFORM.	ATION							
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Name of Monitoring Firm	Hired by Building ()wner (8) /	ASCM	No.	Name	of Abateme	ent Contract	or (9)					
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City, State, Zip Code							tate, Zip Co							
Project Manager for Moni	itorina Firm		Tala		N-		e, NJ 0747	0		T				
r roject Manager for Mon	ntoring Film		reie	ohone l	NO.	Lanca and the same	one No.			License No.				
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Occupancy Status During							Address			7		-		
Facility Closed/Vacate						20-21	Wagaraw	Road, Bld	g .# 3	5E				
Abatement Performed Time of Abatement:	Outside of Normal AM- Pi	Facility M/	/ Hours	s - Des	cribe AM	City, S	tate, Zip Co	ode						
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Scope of Work (Check all	that apply)					H				ation with negative ative Pressure	press	ure		
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City, State						Dispos	al Date	City, Stat	te					
Wayne, NJ 07470						TE	BD	Tullytow	vn, PA	1				
Completed By (Print or T	ype) Title	е				S	ignature	she .	.6	Date	е			
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(NJAC 5:23-8)	justification					of Contac	t			Telephone Numb	er			
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					FAC	CILITY IN	IFORMATION							
Name of Facility Where A	Abatement is T	aking Pla	ace ((3)				Type of						
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Street Address								Other Other In the last of the last o	r (i.e., pri	ivate and commerc	ial bu	ilding	s,	
C:t- (5)									es, etc.)	[c=:				
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County (6)					Coun	tv Code (7	()(STATE USE ONLY)		Use (Pric	or if being demolish				
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Name of Monitoring Firm	Hired by Build	lina Own	er (8) [ASCM	No.	Name of Abateme	1000000						
N/A				, I.			Guardian Co							
Street Address							Street Address		3,	WII-7-2	e-1-1-15			
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City, State, Zip Code							City, State, Zip Co	•				-		-
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Project Manager for Mon	itoring Firm			Tele	phone	No.	Telephone No.			License No.				
() () () () () () () () () ()							732-349-9932			00624				
Start Date (10)	S	chedule	d Co	mplet	ion Da	te (11)	Name of OSHA M	lonitor						
06 /16 /	17	06	1	19	/	17	E.M.S.L. Ana	lytical						
Occupancy Status During	Abatement (0	Check on	ılv or	ne)			Street Address						4711-4-7	
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5 to 10 to 1	7.					cribe	City, State, Zip Co	ode						
Time of Abatement: _	AM	PM/_		PM-		AM	Piscataway, I		sev 088	354				
Scope of Work (Check al	I that apply)] . ,		,					
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Name of Registered Was	ste Hauler			N	JDEP \	Vaste	Cubic Yards of	Name	of Regist	tered Landfill	All Market	1		
Guardian Contracti	wood 6) n Monitoring Firm Hired by Building Own ddress te, Zip Code Manager for Monitoring Firm te (10)					O No.	Waste 3	T.R.	R.F.					
City, State					20223	,	Disposal Date	City, S	tate					-
Toms River, New J	ersey						06/20/17			Pennsylvania				
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Nicholas Fernicola		Proj	ect	Mana	ager		1	7/	1 .	1 1	1.0	1.	-	

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		(Pu	rsuant	to NJAC 8:60 and	d 12:120)		IIUII		0 0	001	7
Date of Notification (1)			Name of	Building Owner/C		tion.	1004	IUN	22	201	/
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DEP Amended Amendment Emergency (injustification) DOA Cancellation		- L	Vame of	CTOR.	1 10:	070	Telephone_Num	ber	*	-	(. ************************************
Name of Facility Where Abatement is Taking	Dlace /2	2) -	FACI	LITY INFORMATI		ype of Facility (4)				-1
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County (6)	1 1			Code (7) JSE ONLY)	C	urrent Use (Pric	or if being demolish	1 4	(a)		\exists
Name of Monitoring Firm Hired by Building C	Owner (8)		ASCN	1 No.	Name of	Abatement Gor	Y <u>12e Si Cle</u> htractor (9) IN DNRSELS	110	Ψ.		
Street Address 140 boylevand.	26 101	3.5			Street Ad	dress	No.	110			
City, State, Zip Code LH. YOULES. NJ	070)4b				e, Zip Code	IRK NJ	0	10	35	
Project Manager for Monitoring Firm	RY	q	Telephor	5884811	Telephon	e No. 9426	License No.		(.		
Start Date (10) 6 - 28 - 17.	Schedule	-3.	pletion (Date (11) -		OSHA Monitor					
Occupancy Status During Abatement (Checi Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of A	Abatem	ent		Street Ad	dress e, Zip Code					
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Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If		Renovat Demoliti			MICH	Mini-Enclosure Glovebag Prod				•	
	1-	Landi						T	Abate		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Use Ma	Location Normall and Solel internant todial S	y y by ice/	Asbestos Con (i.e. therma		erial (ACM) esulation,	Amount (Specify SF or LF)	Remova	Repair		Enclosure
(13)	Yes	(12) No	N/A	other i	miscellaneo	ous)		oval	air	sulate	sure
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	+										
Name of Registered Waste Hauler	· ·		JDEP W auler ID	No of Wa	Yards iste	Name of	Registered Landfill	CMO	n Ma	111	-,
City, State	12.		1007	140 Dispo	sal Date	City, Stat		PA	. K	100	7.
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Toward Strain				1.0		7		V=2		4	

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) JUN 22 2017 06/09/17 Noel Cranford Agencies Notified Type Notification Street Address ASBESTOS CONTROL & × EPA Initial City, State, Zip Code × DEP Amended × DOL Amendment # Mountainside, NJ 07092 Emergency (including Name of Contact Telephone Number × DOH justification) × DCA Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Noel Cranford School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, × City (5) Square Feet # of Floors Bldg. Age Mountainside County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Union County Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Pro Abatement Street Address Street Address 8600 Newkirk Ave. City, State, Zip Code City, State, Zip Code North Bergen, NJ 07047 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 201-293-6305 01223 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 06/20/17 HILMAMM CONSULTING LLC Occupancy Status During Abatement (Check Only One) Street Address 1600 ROUTE EAST SUITE 107 Facility Closed/Vacated During Entire Period of Abatement 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 Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, (Specify Remova Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)other miscellaneous) (13)Yes No N/A Basement VAT 360 SF NJDEP Waste Name of Registered Waste Hauler Cubic Yards Name of Registered Landfill Hauler ID No. of Waste NEWARK CARTING WASTE MANAGEMENT GROWS N. 04509 City, State Disposal Date City, State MORRISVILLE PA HILLSIDE, NJ Completed by Signature Date Bryan Parra Project Manager 06/09/17

Print Form

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Date of Notification (1) 06/13/2017				Name Wana	of Buildin que Boa	g Owner/ ard of Ed	Operator lucation	(2)		check#		check	# 41	h/-)	7
Agencies Notified	Type Notification	1			Address Ringwoo	od Ave	()						- U'	W - [
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				FAC	CILITY IN	FORMAT	ION					ICEN	SING	HUL	æ
Name of Facility Where A Haskell Elementary sc	batement is Takir	ng Place (3)					Туре о	f Facility	y (4)		-			
Street Address 973 Ringwood Ave	11001							□ S □ O	chool (K ubchapt ther (i.e	er 8 (Oth	er than K- & commer	12) cial bui	ldings	, hom	es,
City (5) Haskell								etc.) Square	Feet	# 0	f Floors	E	3ldg.	Age	
County (6) Passaic					Code (7)			Curren		Prior if bei	ng demoli	shed)			***************************************
Name of Monitoring Firm RJB Environmental, In-	Hired by Building	Owner (8))	ASC	M No.		Name of Lilich (of Abate	ement C	ontractor	(9)				
Street Address 56 East Bridge Street							Street A 606 Mc								
City, State, Zip Code Morrisville, PA 19067							City, Sta Woodla	ate, Zip and Pa	Code irk, Nev	w Jersey	,				
Project Manager for Monit James Frisbee	toring Firm			Telepho 267-99	one No 91-9212		Telepho 973-22				License 01104	No.			
Start Date (10) 06-26-2017		Schedul 07-07-2	ed Cor	mpletion	Date (11))	Name o				ies, LLC		10000	12	
Occupancy Status During	Abatement (Chec	ck Only Or	ne)				Street A								
Facility Closed/Vaca Abatement Performe Other – Describe:ur	d Outside of Norn	Period of and Facility	Abater / Hours	ment			City, Sta		Code	t			-		
Scope of Work (Check All							Offici	1, 145 0	7003						
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf	ттас Арріу)	1000000	Renova Demolit					Mini- Glove	Enclosu ebag Pro	re ocedure	Negative			°e.	
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Room 113				×	Wall P					270 SI	hout or	X			
Room 114				X	Wall p					270 SF		X	-		
Room 110				x			non-fria	hlal		64 SF		X			
Name of Registered Waste	e Hauler		IN	JDEP W		Cubic			Vame of		red Landfil	X		L	
Lilich Corporation		H	lauler ID 18724	11000	of Was				V.S Land						
City, State Woodland Park, Ne	w Jersey					Dispos	sal Date		City, Sta		isville, PA	١			
Completed by Adriana Olejarova		Title pre	siden	i		S	ignature	1	22	r. 7-		ate 06/13/2	2017		
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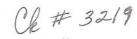
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() DCA	justification () Cancellat	on)	ading		of Contact Gorczyca					Tel. Nur	nber	X	
					ITY INFOR	RMATION							
Name of Facility Whe	re Abatement	is Takir	ng Place	(3)				of Facili					
Edward Williams Ha Street Address 150 Kotte PI	all						() Su (X) Ot	hool (K- bchapte her (i.e. omes, e	er 8 (other private &	than K-12 commerc	l) al buile	dings	,
City (5) Hackensack	Auto-Carone - CAIR							e Feet	2000	Floors	Bldg	Age	
County (6) Bergen County				County USE O	Code (7) NLY)	(STATE	Currer	nt Use (Prior if beir	ng demoli	shed)		
Name of Monitoring F	irm Hired by E	Ildg. Ov	vner	ASCM	No.	Name of 0	Contract	or (9)					
(8) EMWA						CID CON	ISTRU	CTION	SERVICE	ES, LLC			
Street Address 100 Misty Lane						Street Add							
City, State, Zip Code Parsippany NJ 070	54					City State	, Zip Co						
Project Manager for N		Tele	ephone N	Number		Garfield, Telephone				License	Numb	er	
Craig Gord				73)703-6	6649					01191	'A"		
Scheduled Start Date	(10)	Sch (11)		Completio	on Date	Name of 0		lonitor					
06/23/1			07	7/10/17		Testor Te	V-80-, C-0:						
Occupancy Status Du	uring Abateme	nt (Che	ck only c	ne)		Street Add							
(X) Facility Closed/Va	acated During	Entire P	eriod of	Abateme	ent	10-59 Ja			Ĭ				
() Abatement Perfor () Other – Describe:		t Norm	al Facility	y Hours		Long Isla	0 2		1101				
Source of Work (Che	ck all that appl	y)											
$(X) \ge 3 \text{ sf or } \ge 3 \text{ lf}$ $(X) \ge 160 \text{ sf or } \ge 260$	If		Renova Demolit			() Min () Glo	ni-Enclo	sure Proced				-0	
		- 4				(\times) NC	III-EXEIII	ipted ()	and Non-I	1	ateme	D. Calabara	pe
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1 st FI – Administrative	Office			Х		Floor Materi	al		540 SF	Х			
Name of Reg. Waste		NJD		te Haule		oic Yards of	Waste	72 255	of Reg. La	andfill			
City, State	ervices, LLC		# 32	2 00		posal Date		110 S	State				
Garfield, NJ Completed by	Title				Signatu			Melvill	e, AVY	Date	:10014	7	
Roque G Schipilliti	Project I	vianagi	er			90			1		6/09/1	<u> </u>	



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Date of Notification (1) 06/13/2017				Name Hacke	of Building ensack Bo	Owner pard of	Operator Educati	r (2) on		che che	# 4774	4		DISTRIBUTE ON	
Agencies Notified	Type Notification	1			Address econd Str	reet	4				Ш	JUN	2 2	201	7
□ EPA															
☑ DEP ☑ DOL	☐ Amended Amendmen	nt #			tate, Zip Censack, N		5				ASE	BESTO	SCC	ONTR	OL
1000 NOTES	Emergency (of Contact					L	- la sura Al	THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN	EN\$	ING	hite-chic.
☑ DOH □ DCA	justification) □ Cancellatio	n			t Blancha					Tele	phone N	umber			
Name of F - 104 Ann				FAC	ILITY INF	ORMAT	TION								
Name of Facility Where Jackson Ave Eleme	e Abatement is Taki ntary School	ng Place (3)					Туре	e of Facility	(4)					
Street Address 421 Jackson Avenue	е								School (K- Subchapte Other (i.e.	er 8 (Other	r than K-	12) cial bui	ldings	, hom	es,
City (5) Hackensack								Squa	are Feet	# of	Floors		Bldg. /	Age	
County (6) Bergen					Code (7) USE ONLY)		Curr	ent Use (P	rior if bein	g demoli:	shed)			
Name of Monitoring Fir The Whitman Comp	rm Hired by Building anies	Owner (8)	ASC	M No.		Name Lilich	of Ab	atement Co	ontractor (9)		A CONTRACTOR		
Street Address 7 Pleasant Hill Road	I						Street 606 N		ess de Ave						***************************************
City, State, Zip Code Cranbury, NJ 08512									Zip Code Park, Nev	v Jersey					*******
Project Manager for Mo Kevin Lovely	onitoring Firm			Telepho 732-39	one No 90-5858		Teleph 973-2				License 01104	No.			
Start Date (10) 06-26-2017		Schedul 06-29-2	led Cor 2017	mpletion	Date (11)	14			HA Monito imental La		es, LLC				
Occupancy Status Duri	ing Abatement (Che	ck Only O	ne)				Street			7					
☒ Facility Closed/Va☐ Abatement Perform☐ Other – Describe:	acated During Entire med Outside of Norr	Period of mal Facility	Abater y Hours	ment s			City, S	tate, Z	22 West Zip Code J 07083						
Scope of Work (Check							J Oline		&M method						
≥3 sf or ≥3 lf≥160 sf or ≥260 lf	,		Renova Demolit					Fu Mi G Glo	III Containn ni-Enclosu ovebag Pro n-Exempte	nent with I re ocedure	10 TO				
		ls	Locati	ion				1101	Lacinple	, and r	TOTI-T TIGE	7100	10000	ement	
Location			Normal	lly		De	escription	of					Ty	/ре	r
Asbestos-Containin <u>TO BE AI</u> In Fac (13	BATED	Ma	todial (12)	nce/	Asbes (i.e.	therma surfa	ntaining Mal systems acing, VA miscellan	s insul T, or	ation,	(Spe	ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure
Boiler room		110	X	water t	ank			-	20 SF		×	-			
Boiler room			X	elbows	Sand Alexand		-		6 LF	***	X	-			
		+		 	CIDOWS					O LI		^			
Name of Registered Wa	aste Hauler		N	IJDEP V	Vaste	Cubic	Yards		Nama	Registere	d Lands				
_ilich Corporation	commission (2005-2015-2016)		Н	lauler ID 18724		of Wa				V.S Landfil					
City, State Woodland Park, I	New Jersey					Dispo	sal Date		City, Sta	te	ville, P	Α			
Completed by Adriana Olejarova		Title	sident	t		C.	Signature		0		D	ate 06/13/	2017		
		,,,				1	iles	5	Wa	·		00/13/	2017		

\			(Pursuar	nt to NJAC	8:60 a	nd 12:12	0)		1	NE	C	E		
Date of Notification (1) 06/13/2017				Name Nj De	of Building partment	Owner/ of Child	Operator	r (2) d Fam	ilies		リー	neck#		U V	
Agencies Notified	Type Notification	1			Address st State S	Street	,					JUN	2-2	201	7
□ EPA 図 DEP 図 DOL	☑ Initial☐ AmendedAmendmen	-			tate, Zip C on, NJ 08					and the second s	AS	BEST			OL 8
☑ DOH □ DCA	Emergency (justification) □ Cancellation				of Contact d Wybrar					Tele	ephone		CENS OF T	THE RESIDENCE OF THE PARTY OF	right.
				FAC	CILITY INF	ORMAT	ION								
Name of Facility Where DCF-Union Campus	Abatement is Taki	ng Place (3)						of Facility						
Street Address 1524 Terill Road									School (K- Subchapte Other (i.e.	er 8 (Othe	er than k comm	K-12) nercial	buildir	igs, ho	mes,
City (5) Scotch Plains								etc.) Squa	are Feet	# of	Floors		Bld	g. Age	
County (6) Union					Code (7))		Curre	ent Use (P	rior if beir	ng dem	olished	1)		
Name of Monitoring Fire The Whitman Compa	m Hired by Building anies	Owner (8)		ASC	M No.		Name Lilich	of Aba	atement Co oration	ontractor	(9)				** *** *** *** *** *** *** *** *** ***
Street Address 7 Pleasant Hill Road							Street	Addre		2001-0-1200					*****
City, State, Zip Code Cranbury, NJ 08512							City, S	State, Z	ip Code Park, New	v Jersev					
Project Manager for Mo Kevin Lovely	nitoring Firm			Telepho 732-39	one No 90-5858		Teleph 973-2	none N	0.		Licens 01104	20			
Start Date (10) 06-26-2017		Schedule 06-29-2	ed Cor	mpletion	Date (11)				HA Monitor mental La						<u>. 14)</u>
Occupancy Status Durin	ng Abatement (Che	ck Only Or	ne)				Street		A						
☑ Facility Closed/Vac☐ Abatement Perforn☐ Other – Describe:	cated During Entire ned Outside of Norn	Period of nal Facility	Abater Hours	ment			City, S	tate, Z	22 West						
Scope of Work (Check A	All That Apply)						Unio	on, NJ	07083						
□ ≥3 sf or ≥3 lf ⊠ 160 sf or ≥260 lf	macrippiy)		Renova Demolit					l Ful Mir	ll Containm ni-Enclosur	nent with	Negativ	ve Pres	ssure		
							[X		vebag Prod n-Exempte		Non-Fr	iahle P	roced	ure	
Locatio	n of		Locat						- Annihito		11011-11	labier	221020	ateme Type	nt
Asbestos-Containing TO BE AB In Faci (13)	n Material (ACM) ATED lity	Ma	d Sole intena odial ((12)	nce/	Asbes (i.e.	tos Con thermal surfa	scription taining N systems cing, VA niscellan	laterial s insula T, or	I (ACM) ation,	(Sp	nount ecify or LF)		Remova	Encapsulate	Enclosure
xterior		No	N/A	1.00									ate	9	
Accitor			X	Windo	w cauli	K			180 LF		X	-	-	-	
Name of Registered Was	ste Hauler		N	JDEP W	/aste	Cuhic	Yards		Name of	Register	ed! ar	dfill			
ilich Corporation			H	auler ID 18724		of Wa			G.R.O.W	175 144-15019 - 1415		uiill			
City, State Woodland Park, N	lew Jersey					Dispos	sal Date	0	City, Stat		sville,	PA			
Completed by Adriana Olejarova		Title pre:	sident	t		S	ighature	1	(06			Date	3/20	17	O.
						1.6	- 10	the word		Name of the last o					

Do not use this form for asbestos licensure exempted activities.



Date of Notification (1)					Name	e of Buildin	g Owner/Operator ((2)					
06/	16 /	17					mmunications	(2)	MEC			\mathbb{V}	EI
Agencies Notified	Type Notific	ation			Stree	t Address			#14				7
⊠ EPA						4 Market	Street						11
⊠ DOLWD	Amende	d				State, Zip (JU JU	N 2	3 2	017	
⊠ DOH	Amenda	nent#											
	☐ Emerger		cludin	g		wark, NJ							
(NJAC 5:23-8)	justificat Cancella					of Contac			Telephone Nun	bed (NUC	3 1 HC	IL CL
	☐ Caricella	ILIOIT				x Baylor			-				
Niero (F. 33 JAN A)					FA	CILITY IN	FORMATION						
Name of Facility Where Ab			g Place	(3)				Type of Facility (1 (0)				
Street Address	Jenual On	ice						School (K-12) (Other than K-12	2)			
654 Market Street								Other (i.e., pr	ivate and comme	rcial b	uildin	gs,	
City (5)								homes, etc.) Square Feet	# of Floors		Ida A		
Newark								30,970	4		ldg. A +-50		
County (6)					Com	nty Code (7)(STATE USE ONLY)	Current Use (Pri			50		
Essex						ity oddo (i	NOTHTE GOE ONET	F	nmunications	sileu)			
Name of Monitoring Firm H	lired by Buil	dina (Owner	(8)	ASCM	No	Name of Abateme		manications				
The state of the s				,		. 10.		VIRONMENTAL	INC				
Street Address	-						Street Address	VIICONIIIENTAL	-, 1140.				
8346 Enterprise Ave							1123 BEAVE	RSTREET					
City, State, Zip Code		Southern					City, State, Zip Co						
Philadelphia, PA, 19	153						BRISTOL, PA						
Project Manager for Monito				Tele	ephone	No.	Telephone No.	. 10007	License No.				
Mark Jenkins				10.00	15-365		215-788-6040	i e	00509				
Start Date (10)		Sched	uled C	omple	tion Da	ite (11)	Name of OSHA M	lonitor			30.00		
7 / 6 /	17		7/	1;	3_ /	17	BRISTOL EN	VIRONMENTAL	, INC				
Occupancy Status During A	Abatement (Check	conly c	one)			Street Address		•				
					ment		1123 BEAVER	RSTREET					
Abatement Performed C	Outside of N	ormal	Facility	y Hou	rs - Des	scribe	City, State, Zip Co						
Time of Abatement:	AM	PN	Λ/ <u>5:00</u>	PM-2	:00AM		BRISTOL, PA						
Scope of Work (Check all t	hat apply)												
☐ ≥3 sf or ≥3 lf			57 D-		(202)			ainment with Nega	ative Pressure				
≥ 160 sf or ≥260 lf			-				Mini-Encl Glovebace Gloveba	osure g Procedure					
					1550		☐ Non-Exer	mpted (*) and Non	-Friable Procedu	re			
	_									Ab	atem	ent T	уре
		1)				Ashai	Description of stos Containing Mat		A	Re	Re	m	m
TO BE ABAT	ED	''					, thermal systems i		Amount (Specify	Remova	Repair	cap	Enclosure
			Cusi	(12)	Staff?		surfacing, VAT,		SF or LF)	val	"	Encapsulate	sure
(13)			Yes	No	N/A	1	other miscellaned	ous)				ate	
1st Floor Stair Tower						9x9 VA	Γ/Mastic		142 SF		I_{I}		П
Tower Landings betwe	en 1-2 Flo	or				9x9 VA	Γ/Mastic		78 SF		Ħ		
2 nd Floor Stair Tower L	anding				\boxtimes	9x9 VA	Γ/Mastic		75 SF				
2 nd Floor Landing to Ro	oof					9x9 VA1	Г/Mastic		50 SF		П	П	Inl
Name of Registered Waste	Hauler			N	JDEP V	Vaste	Cubic Yards of	Name of Registe					
All the second of the second o	RT GROUF	P, INC	:	H	20990	J P. A. W. B. T. L.	Waste 1	MINERVA L					
City, State							Disposal Date	City, State					
NEW CASTLE, DE	Initoring Firm Hired by Building Owner (8) Initoring Firm Hired by Building Owner (8) Irronmental Management Inc. Initoring Firm Hired by Building Owner (8) Irronmental Management Inc. Initoring Firm Hired by Building Owner (8) Irronmental Management Inc. Initoring Firm Hired by Building Owner (8) Irronmental Management Inc. Initoring Firm Hired by Building Owner (8) Initoring Firm Hired by Building Owner (9) Initoring Firm Hired by Building Owner (9) Initoring Firm Hired by Building Owner						TBD	WAYNESBU	JRG, OH				
Completed By (Print or Type	e)	(11010000000)					Signature	, ,	Da	te ,	/		
Dillan DeCaro		Es	stimat	or			Di//20	Dolaro / C	ne	6/1	6/1	7	

Pursuant to NACC 8607 and 12:1207			NOT	IFICAT	State of N	BESTOS ABAT	TEMENT	In) E	C	E		7 E
Ageocials Notified Type Notification			/1	u, oudi	Nam	ne of Building	Owner/Operator	(2)	1	-	CV- orange may	- L./	
Agendes Northed Speech	Date of Notification (1)				SET	ON HALL UNIT	VERSITY						
Proceedings						33 3 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	IOE AVENUE			JUN	1 2	5 50.	7
DEP X DOL X DOH X On Hold Cancellation Cancellat									1_				
Name of Facility Winer Abatement is Taking Place (3)	DEP X Amended Notification	1 #12						7079	ASB				10L 8
Name of Facility Winer Abatement is Taking Place (3) FACILITY INFORMATION Type of Facility (4) School (K-12) Sch					Nam	e of Contact		Telephone N	lumher		CEN	ISING	
Name of Facility Where Abatement is Taking Place (3)	X DCA EMERGENCY NOTIF	FICATION			VICT	TORIA PIVOVA	ARNICK						
SETON HALL UNIVERSITY	Name of Facility Wilson About 11 Table 2			F.	ACILITY INF	ORMATION							
SETON HALL UNIVERSITY X Subchapiter 8 (Other Han K-12) Other (in private & commend tidge, homes, etc.)	Name of Facility where Abatement is Taking Place	ce (3)											
Syeel Address	SETON HALL UNIVERSITY						X Subchap	oter 8 (Other tha				-1- \	
400 SOUTH ORANGE AVENUE - UNIVERSITY CENTER										ugs., n			
SOUTH OFFINE SESEX		NTER						0.070					
Name of Monitoring Firm Hired by Building Owner (8) TENDRONMONENTAL INC. Street Address 313 SPOOK ROCK ROAD ASOM No. Street Address 313 SPOOK ROCK ROAD City, State, 2p Code MOORESTOWN, NEW JERSEY 08057 Project Manager for Monitoring Firm Telephone Number SEPECTED START DATE (10): (RESTART) Monith Day Year Street Address 313 SPOOK ROCK ROAD SUFFERN, NEW YORK 10901 Telephone Number SEPECTED START DATE (10): (RESTART) Monith Day Year Sepecial Manager for Monitoring Firm Telephone Number SEPECTED START DATE (10): (RESTART) Monith Day Year Occupancy Status During Abatiement (Check only one) Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: A Minite-Back Colorabate Procedure Norn-frielate Proc			A					Prior if being de	molish	ed)			
TITENI/RONMENTAL INC. 3		er (8)			(SIAIR			ement Contra	ctor (9				
1253 NORTH CHURCH STREET	TTI ENVIRONMENTAL INC.												
City, State, Zip Code		b-,											
MOORESTOWN, NEW JERSEY 08057 SUFFERN, NEW YORK 10901 SUFFERN, NE													
Frieghone Number Telephone Number Se6-889-5182 Se7-889-5182 Se7-889-518		EW JERSE	EY 080	57					1				
EXPECTED START DATE (10): (RESTART) Sched. Completion Date (11) 17 30 17 7 7 7 7 7 7 7 7			Tele	phone	Number					Numbe	er		
State								1,01	101				
Month Day Year Month Day Year		Sched		17.000	200000000000000000000000000000000000000	17	1		00111	TIONIC		-011	
X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MON-FRI 7AM-12:00AM SATURDAY & SUNDAY 7 AM-3:30 PM Scope of Work (Check all that apply) Demolition	Month Day Year			1 /			QUALITY ENV	IRONMENTAL	SULU	HONS	5 & I E	ECH.	
X Other - Describe: MON-FRI 7AM-12:00AM SATURDAY & SUNDAY 7 AM-3:30 PM	X Facility Closed/Vacated During Entire Per	riod of Abat	ement										
Scope of Work (Check all that apply) Demolition Saff OR LF Saff O	Abatement Performed Outside of Normal	Facility Hor	urs - D	escribe	9:			710					
Scope of Work (Check all that apply)	X Other - Describe: MON-FRI 7AM-12:00/	AM SATU	RDAY	& S	UNDAY 7 A	M-3:30 PM	City, State, Zip		DO E4				
Demolition X Renovation X Mini-Enclo X Clovebage Procedure Non-Friable Procedure Non-F	Scope of Work (Check all that apply)				1	X Full Cont	I tainment with Nec		RS FA	LLS, N	IY 125	90	
X >160 SF OR 260 LF		Renov	ation			X Mini-Enc	lo,	,					
Location of Asbestos-containing Material (ACM) Asbestos-containing Material (ACM) TO BE ABATED (Specify (13)) KITCHEN KITCHEN ACK HALL ACK HAL													
Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) Main/Custodial Staff (12) Yes No N/A MAIN/Custodial Staff (12) Yes No N/A MINION MAIN/Custodial Staff (12) Yes No N/A MAIN MAIN/Custodial Staff (12) Yes No N/A Manuel Main/Cust		Is	Locati	on					_		Abata	mont Turn	
State 12					Co	ontaining Mater	rial (ACM)	Amount	P.				ž.
State 12		10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -							MC	PA	SA.	[E	
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NEWARK CARTING INC. Hauler ID No. 913 Disposal Date City State C		NJDEP	Waste	-			Name of Regist		1^	1		COMPLE	110
City, State Disposal Date City, State		Hauler				250			LANE	FILL			
Disposar Date Gry, Glate			913		Dieness! D	to	C:MOC++						
TIMES THOUSEN THE PRINTING FOR A A A	50						PLAINFIELD TO	MINSHID DA		,			
Completed by (Print or Type) Title BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS Signature Date 1 2 1 -	Completed by (Print or Type) Title									11	7	112	_

			NO	TIFICATION	VOF.	of New Jers ASBESTO	SABATEMENT			p					
				(Pursuant to	NJA	C 8:60-7 a	nd 12:120-7)			III	1	F	C.	15	
Date of Notification (1)						Building C HALL UNIV	Owner/Operator ERSITY	(2)		Service of the	AT.	125	(6)	[]	U
12 / 19 /16		2/				dress				111	11		£1111	0.6	3
Agencies Notified Type Notific	ation			400	SOU	TH ORANG	GE AVENUE			The state of the s	1.		JUN	2.2	
	Notificati ded Noti		n #1			e, Zip Code DRANGE, 1	NEW JERSEY 0	7079				-			
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X DOH On Ho X DCA EMER	id GENCY	NOT	IFICA			Contact A PIVOVAI	RNICK	Telephone No	umber		-	-		ENS	1:1
				FAC	LITY	INFORMA	TION					***			_
Name of Facility Where Abatement is	Taking	Place	(3)				Type of Facili	(B) (B) (B) (B) (B)							
SETON HALL UNIVERSITY								ter 8 (Other than					re.		
Street Address							Square Feet	private & comm		igs., h		dg. A			
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Project Manager for Monitoring Firm	NORTH CHURCH STREET						Telephone Nur		ense î	Vumbe	er				-
JEFF SEAMAN	MORTH CHURCH STREET						845-369-7500	11			7.10				
Expected State Date (10)	SEAMAN 856-889 ted State Date (10) Sched. Comp 12 / 23 /16 11 / th Day Year Month						Name of OSHA	Monitor					a Section .		
	l N		1 /	30/ Day		17 Year	QUALITY ENV	IRONMENTAL	SOLU	TIONS	8 & TE	ECH.			
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HALL	_	-	X	PIPE FITT	INGS			85 LF	X	-	_	_			_
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		R OF	OPER	RATIONS	Jigilia	W/	XX	Dat	٠/,	4	110	7/	11	0	

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) SETON HALL UNIVERSITY 12 /16 Street Address Agencies Notified Type Notification 400 SOUTH ORANGE AVENUE JUN 22 50 EPA Initial Notification City, State, Zip Code DEP Amended Notification SOUTH ORANGE, NEW JERSEY 07079 DOL Cancellation STOS CONTROL & X DOH On Hold Name of Contact Telephone Number DCA EMERGENCY NOTIFICATION VICTORIA PIVOVARNICK FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) SETON HALL UNIVERSITY Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 400 SOUTH ORANGE AVENUE - UNIVERSITY CENTER 60,000 3 40+ City (5) County (6) County Code (7) Current Use (Prior if being demolished) SOUTH ORANGE ESSEX (STATE USE ONLY) UNIVERSITY Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) TTI ENVIRONMENTAL INC. 3 PAR ENVIRONMENTAL CORPORATION Street Address Street Address 1253 NORTH CHURCH STREET 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code MOORESTOWN, NEW JERSEY 08057 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number JEFF SEAMAN 856-889-5182 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 12/ 23 11 / 30/ 17 QUALITY ENVIRONMENTAL SOLUTIONS & TECH. Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1376 ROUTE 9 Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY - FRIDAY 7AM-3:30PM City, State, Zip Code WAPPINGERS FALLS, NY 12590 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini-Enclo, >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount REPAIR ENCLOSURE REMOVAI ENCAPSULE Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A KITCHEN PIPE FITTINGS 15 LF X BACK HALL X PIPE FITTINGS 35 LF X **BACK HALL** SPRAY ON INSULATION 500 SF X DISHWASHING AREA & ASSOCIATED X HALL X PIPE FITTINGS 85 LF X RECEIVING AREA PIPE FITTINGS 15 LF X RECEIVING AREA X SPRAY ON INSULATION 1,530 SF X **BOARD DINING** PIPE FITTINGS 25 LF X SEVERY BAY 1 X PIPE FITTINGS 15 LF X SEVERY BAY 1 X SPRAY ON INSULATION 760 SF SEVERY BAY 2 PIPE FITTINGS 15 LF X HALLWAY BETWEEN SEVERY BAYS X PIPE FITTINGS 15 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill NEWARK CARTING INC. Hauler ID No. 200 GRAND CENTRAL SANITARY LANDFILL 369 RAYMON BLVD. 913 City, State Disposal Date City, State NEWARK, NEW JERSEY 07105 12/23-11/30/2017 PLATNFIELD TOWNSHIP, PA Completed by (Print or Type) Title Signature Date BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS

State of New Jersey

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Project Manager for Monitoring F	MOORESTOWN, NEV	V JERSE			Number		SUFFERN, NE							
JEFF SEAMAN			1 .	889-51			Telephone Nun 845-369-7500	SUBSECTION OF THE PROPERTY OF	icense I 101	Number				
EXPECTED START DATE (10):	(RESTART)	Sched			n Date (11)		Name of OSHA		101		-			
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SEVERY BAY 1				100	PIPE FITTINGS			15 LF	×	+	+			
SEVERY BAY 1					SPRAY ON INS			760 SF	×	++	+			-
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NEWARK, NEW JERSEY 07105				- 1	Disposal Date 12/23-11/30/201	7	City, State	WNSHIP PA						
Completed by (Print or Type)	Title		2553		Signa		ZXX			<u></u>	7 -	- /		
BENJAMIN SANCHEZ	DIRECTOR OF OPE	RATION	IS			1	XXX) ,	2	/	1	

Company of the Compan		٨		CATION	OF AS	ew Jersey BESTOS ABATE 3:60-7 and 12:12			The same	F	(Pa	 IE	<u> </u>	7\17
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Project Manager for Monitoring Fire	m		Teleph	one Nu	ımber		Telephone Num	nber	License N	lumbe	r	-		
JEFF SEAMAN		la		39-5182		*	845-369-7500		1101					
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BENJAMIN SANCHEZ	DIRECTOR OF OPE	ERATION	NS.	- Carl III was write		16	カメ>		4	3/,	14	/	/_	

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Project Manager for Monitoring Firm JEFF SEAMAN			ephone -889-5	Number			Telephone Nu		cense I	Numb	er							
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SEVERY BAY 2	-			PIPE FITTII	NGS			15 LF	X									
KITCHEN Name of Registered Waste Hauler	NIDE			FIRE WALL			le.	40 SF	x									
NEWARK CARTING INC.	NJDEF Hauler			Cubic Yards	s of W 200	aste	Name of Registe GRAND CENTR		LAND	E(I)					_			
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NEWARK, NEW JERSEY 07105 Completed by (Print or Type) Title				12/23-11/30	/2017 Signat		PLANNFIELD TO			,	,	2	5	_				
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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) SETON HALL UNIVERSITY /17 Street Address IIIN Agencies Notified Type Notification 400 SOUTH ORANGE AVENUE **EPA** Initial Notification City, State, Zip Code DEP Amended Notification #3 SOUTH ORANGE, NEW JERSEY 07079 ASSESTOS CON TROL & DOL Cancellation DOH On Hold Name of Contact DCA X EMERGENCY NOTIFICATION VICTORIA PIVOVARNICK FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) SETON HALL UNIVERSITY Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 400 SOUTH ORANGE AVENUE - UNIVERSITY CENTER 60,000 City (5) County (6) County Code (7) Current Use (Prior if being demolished) SOUTH ORANGE **ESSEX** (STATE USE ONLY) UNIVERSITY Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) TTI ENVIRONMENTAL INC. 3 PAR ENVIRONMENTAL CORPORATION Street Address Street Address 1253 NORTH CHURCH STREET 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code MOORESTOWN, NEW JERSEY 08057 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number JEFF SEAMAN 856-889-5182 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 12 / 23 /16 11/ 30/ 17 QUALITY ENVIRONMENTAL SOLUTIONS & TECH. Month Day Year Month Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1376 ROUTE 9 Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY- SATURDY 7AM-3:30 PM City, State, Zip Code WAPPINGERS FALLS, NY 12590 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini-Enclo, >3SF OR LE Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount REPAIR ENCLOSE ENCAPSULE REMOVAL Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) URE Yes No N/A KITCHEN X PIPE FITTINGS 15 LF BACK HALL PIPE FITTINGS 35 LF X BACK HALL X SPRAY ON INSULATION 500 SF X DISHWASHING AREA & ASSOCIATED X HALL X PIPE FITTINGS X 85 LF RECEIVING AREA X PIPE FITTINGS 15 LF RECEIVING AREA SPRAY ON INSULATION 1,530 SF X BOARD DINING PIPE FITTINGS X 25 LF SEVERY BAY 1 X PIPE FITTINGS 15 LF Х SEVERY BAY 1 X SPRAY ON INSULATION 760 SF X HALLWAY BETWEEN SEVERY BAYS X PIPE FITTINGS 15 LF SEVERY BAY 2 PIPE FITTINGS 15 LF KITCHEN X FIRE WALL 40 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill NEWARK CARTING INC. Hauler ID No. GRAND CENTRAL SANITARY LANDFILL 369 RAYMON BLVD. 913 City, State Disposal Date State NEWARK, NEW JERSEY 07105 12/23-11/30/2017 PLAINFIELD TOWNSHIP, PA Completed by (Print or Type) Date **BENJAMIN SANCHEZ** DIRECTOR OF OPERATIONS

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JEFF SEAMAN			856-	889-51	182			845-369-7500	110)1					
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NEWARK CARTING INC. 369 RAYMON BLVD.		Hauler I				200		GRAND CENTR	AL SANITARY	LAND	FILL				
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NEWARK, NEW JERSEY 07105					12/23-11/30			PLAINFIELD TO	WNSHIP, PA				7		
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DEI TOMINITY OMINOPIEZ	DIRECTOR OF OPE	KATIO	42			11 1	/		1	-	-1	<	11	1-	- 1

State of New Jersey

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) SETON HALL UNIVERSITY 21 /17 Street Address Agencies Notified Type Notification 400 SOUTH ORANGE AVENUE EPA Initial Notification City, State, Zip Code 単心 DEP Amended Notification SOUTH ORANGE, NEW JERSEY 07079 ASSESTOS CONTROL & Cancellation DOL Telephone DOH Name of Contact EMERGENCY NOTIFICATION DCA VICTORIA PIVOVARNICK **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) SETON HALL UNIVERSITY Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address # of Floors Square Feet Bldg. Age 400 SOUTH ORANGE AVENUE - UNIVERSITY CENTER 60,000 3 40+ City (5) County (6) County Code (7) Current Use (Prior if being demolished) SOUTH ORANGE **ESSEX** (STATE USE ONLY) UNIVERSITY Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) TTI ENVIRONMENTAL INC. PAR ENVIRONMENTAL CORPORATION 3 Street Address Street Address 1253 NORTH CHURCH STREET 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code MOORESTOWN, NEW JERSEY 08057 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number JEFF SEAMAN 856-889-5182 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor /17 Day 3/ 3 11 / 17 QUALITY ENVIRONMENTAL SOLUTIONS & TECH. 30/ Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1376 ROUTE 9 Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MON-FRI 7AM-12:00AM SATURDAY 7AM-3:30 PM City, State, Zip Code WAPPINGERS FALLS, NY 12590 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini-Enclo. >3SF OR LE Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount ENCLOSURE REMOVAL REPAIR **ENCAPSULE** Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A KITCHEN X PIPE FITTINGS X 15 LF BACK HALL PIPE FITTINGS 35 LF X **BACK HALL** SPRAY ON INSULATION 500 SF X DISHWASHING AREA & ASSOCIATED X HALL PIPE FITTINGS X 85 LF RECEIVING AREA PIPE FITTINGS 15 LF X RECEIVING AREA SPRAY ON INSULATION 1,530 SF X **BOARD DINING** PIPE FITTINGS 25 LF X SEVERY BAY 1 X PIPE FITTINGS 15 LF X SEVERY BAY 1 X SPRAY ON INSULATION 760 SF X HALLWAY BETWEEN SEVERY BAYS X PIPE FITTINGS 15 LF X SEVERY BAY 2 PIPE FITTINGS 15 LF KITCHEN FIRE WALL 40 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill NEWARK CARTING INC. Hauler ID No. GRAND CENTRAL SANITARY LANDFILL 369 RAYMON BLVD. 913 City, State Disposal Date City, State

12/23-11/30/2017

DIRECTOR OF OPERATIONS

Signature

AMFIELD TOWNSHIP, PA

Date

NEWARK, NEW JERSEY 07105

Completed by (Print or Type)

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) SETON HALL UNIVERSITY 5 / 117 Street Address Agencies Notified Type Notification 400 SOUTH ORANGE AVENUE EPA Initial Notification City, State, Zip Code DEP Amended Notification SOUTH ORANGE, NEW JERSEY 07079 ASSESTOS CONTROL 8 DOL Cancellation ICENSING DOH On Hold Name of Contact DCA **EMERGENCY NOTIFICATION** VICTORIA PIVOVARNICK FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) SETON HALL UNIVERSITY Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 400 SOUTH ORANGE AVENUE - UNIVERSITY CENTER 60,000 City (5) Current Use (Prior if being demolished) County (6) County Code (7) SOUTH ORANGE ESSEX (STATE USE ONLY) UNIVERSITY Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) TTI ENVIRONMENTAL INC. 3 PAR ENVIRONMENTAL CORPORATION Street Address Street Address 1253 NORTH CHURCH STREET 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code MOORESTOWN, NEW JERSEY 08057 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number JEFF SEAMAN 856-889-5182 845-369-7500 EXPECTED START DATE (10): (RESTART) Sched. Completion Date (11) Name of OSHA Monitor 5 / 16 /17 Day Year QUALITY ENVIRONMENTAL SOLUTIONS & TECH. 11 / 17 Year Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 1376 ROUTE 9 Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MON-FRI 7AM-12:00AM SATURDAY 7AM-3:30 PM City, State, Zip Code WAPPINGERS FALLS, NY 12590 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini-Enclo, >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount **ENCAPSULE** REMOVAL REPAIR ENCLOSURE Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) No N/A KITCHEN PIPE FITTINGS 15 LF X BACK HALL PIPE FITTINGS 35 LF X BACK HALL X SPRAY ON INSULATION X 500 SF DISHWASHING AREA & ASSOCIATED X HALL PIPE FITTINGS 85 LF X RECEIVING AREA PIPE FITTINGS 15 LF X RECEIVING AREA SPRAY ON INSULATION 1,530 SF X **BOARD DINING** X PIPE FITTINGS 25 LF X SEVERY BAY 1 X PIPE FITTINGS X 15 LF SEVERY BAY 1 X SPRAY ON INSULATION X 760 SF HALLWAY BETWEEN SEVERY BAYS PIPE FITTINGS 15 LF X SEVERY BAY 2 X PIPE FITTINGS 15 LF Х KITCHEN X FIRE WALL 40 SF Name of Registered Waste Hauler NJDEP Waste Name of Registered Landfill Cubic Yards of Waste NEWARK CARTING INC. Hauler ID No. 200 GRAND CENTRAL SANITARY LANDFILL 369 RAYMON BLVD. City, State Disposal Date City State NEWARK, NEW JERSEY 07105 12/23-11/30/2017 PLAINPELD TOWNSHIP, PA Completed by (Print or Type) Signature Date BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS

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5 / 31 /17					Stree	et Address			***************************************			11/1		0 0	047	1
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Name of Facility Where Abatemer	t is Taking Place (3)						ool (K-1	7,05	n K 12)						
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City, State, Zip Code MC	ORESTOWN, NEW	JERSEY	0805	7			City, State SUFFERI		YORK 109							
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BOARD DINING				X	PIPE FITT				25 LF	X		1				
SEVERY BAY 1				X	PIPE FITT				15 LF	X						
SEVERY BAY 1				X		N INSULATIO	N		760 SF	X						
HALLWAY BETWEEN SEVERY BA	AYS	1		X	PIPE FITT				15 LF	X						
SEVERY BAY 2		1	1	X	PIPE FITT				15 LF	X						٦
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Name of Registered Waste Hauler	2	NJDEP	Waste	1		ds of Waste		Registe	red Landfill							
NEWARK CARTING INC. 369 RAYMON BLVD.		Hauler	ID No. 913			250		1//	AL SANITA	RY LANI	DFILL		E			
City, State					Disposal I		City, Star	le /	WNSHIP, F	ο Λ		j	1			
NEWARK, NEW JERSEY 07105 Completed by (Print or Type)	Title				12/23-11/3	Signature /	T CANNET	CD 10		Date (-	12	11	19		-
BENJAMIN SANCHEZ	DIRECTOR OF OP	ERATIO	NS			V	7)7	\times)/	11	//	7		

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Date of Notification (1)					Nan		ing O	wner/Operator	(2)	150					
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Street Address 1253 NORTH CHURCH STREET								Street Address							
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Project Manager for Monitoring Fi	rm		Tele	phone	e Number			Telephone Nur		icense	Numb	er			
JEFF SEAMAN		,		-889-5				845-369-7500		101					
EXPECTED START DATE (10): 6 / 5 /17	(RESTART)	Sched			on Date (11)	(5,220)		Name of OSHA							
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Occupancy Status During Abatem	ent (Check only one)							Street Address							
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Scope of Work (Check all that app	ly)	10.			-			nment with Neg	ative Pressure						
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DISHWASHING AREA & ASSOCI	ATED		-	-						X					
HALL			-	X	PIPE FITTIN	NGS			85 LF	X					
RECEIVING AREA				X	PIPE FITTIN	NGS			15 LF	X					
RECEIVING AREA				X	SPRAY ON	INSULATIO	NC		1,530 SF	X					
BOARD DINING				X	PIPE FITTIN	NGS			25 LF	X					
SEVERY BAY 1				X	PIPE FITTIN	NGS			15 LF	X					
SEVERY BAY 1				X	SPRAY ON	INSULATIO	ON		760 SF	x					
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KITCHEN				X	FIRE WALL				40 SF	×	1		-		
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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	JUN	2	2	2017		

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Date of Notification (1)	26/17			Name	of Building	g Owner/Operator	(2) Rice					
Agencies Notified	26/17 Type Notification		-	Street	Address		Rice)3 C(HOL	<u> </u>
EPA	☐ Initial				71001000			LIC	ENS	ING		
DEP DOL	Amended Amendment #_ Emergency (in	1 cluding		City, S	tate, Zip C		sey City, NJ	07305				
M DOH □ DCA	justification) Cancellation	oluding	1	Name	of Contac	t Paul Rice		Telephone Numb	er			
				FAC	ILITY INF	ORMATION						
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	MECS						ens Environi	mental Service	es, In	c.		_
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City, State, Zip Code Cr	osswicks, NJ	0851	5			City, State, Zip C		n, NJ 08501				_
Project Manager for Mo Bill We	nitoring Firm eisgarber			phone 9) 29	No. 8-4070	Telephone No. (609) 25	59-9688	License N o.	0493	3		
Start Date (10)	Sched	luled C	omple	tion Da	te (11)	Name of OSHA		7.66				
6/10/17			/18/	17)	M	ECS				_
Occupancy Status Durin	· · ·			mont-		Street Address	PO F	30x 341				
☐ Abatement Performe Control Control	d Outside of Normal					City, State, Zip C	ode	s, NJ 08515				_
Scope of Work (Check							CIOSSWICK	28, 143 00313			_	-
≥3 sf or ≥3 if ≥160 sf or ≥260 if	ан ттас арруу)		enovati emolitio			☐ Mini-En	aa Procedure	gative Pressure	re			
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City- State			<u>-</u> 1.	104	. 72	Disposal Date	City, State	/	/			
Completed By	Allentown, N					6/18/17 Signature	MY /	Morrisville,	PA			-
Mahlon E. St			rojec	t Mar	nager		\square		6/1	5/17	\ <u></u>	

Check # 25511

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Date of Notification (1) 5/26/17			Nam	e of Buildin	ng O	wner/Operator	(8 50	115/		O-America		
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(8)	MECS								mental Servic	es II	nc.		
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Project Manager for M	onitoring Firm		Tele	ephone	No.	Te	lephone No.		License Ne.				=
Bill W	eisgarber	- 100	(60	09) 29	8-4070		(609) 25	9-9688		0049	3		
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6/10/17	4	6	5/16/	17				M	IECS				
Occupancy Status Dur	ring Abatement (C	Check only	one)			Str	eet Address						
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Abatement Perform			ty Hou	rs		Cit	y, State, Zip C	ode					
Other - Describe:	8 am to 4 pr	m						Crosswick	ks, NJ 08515				
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D DOH justification	3)	•	Name	of Contact	100	NIL	ECENAL W	HIDE	
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Street Address						☐ School (k	er 8 (Other than K-	12)	
on out manage				9		Other (i.e etc.)	. private & commen	iaf bu	
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Name of Monitoring Firm Hired by Building	Owner (B)	ASC	M No.	Name	of Abatement C	The state of the s		
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Street Address					- Landanian	Address	75 . 7		
			·		I Y.C). 1504	1614		
City, State, Zip Code					OND	tate, Zip Code	NO 08	25	7
Project Manager for Monitoring Firm		1	Telepho	one No.	Teleph	one No.	500 00°23		
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Abatement Performed Outside of Nor	Period of	Abaten N. Hours	nent		CBV St	ate, Zip Code			
Other - Describe:		.,			010	Boide	N.J. 088	57	
Scope of Work (Check All That Apply)					L		1010		***************************************
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Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator SETON HALL UNIVERSITY 6			A CONTRACTOR	N	-	-		7
6 / 13 /17 Street Address Agencies Notified Type Notification 400 SOUTH ORANGE AVENUE EPA Initial Notification City, State, Zip Code	07079							1
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DCA EMERGENCY NOTIFICATION VICTORIA PIVOVARNICK	_Telephone Nu	nber	-					
FACILITY INFORMATION						-	-	-
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City, State, Zip Code MOORESTOWN, N	IEW.	IEDO	EVP 0	0057			State, Zip									
Project Manager for Monitoring Firm	ALVV.		_	e Number		_	phone Nun	W YORK 1090		Numbe	or .				-	
JEFF SEAMAN			-869-5				369-7500	11		Numbe	-1					
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EXTERIOR -DINING ROOM STORE FROM		 "	x	FIRE PRO				90 SF	X	+	-	-			100	
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NEWARK , NEW JERSEY				5/22-8/30/		City, PLAI	WFIELD TO	OWNSHIP, PA			1	/	1			
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Agencies Notified Type Notified	ation		***	400	SOUTH ORAN	GE AVENUE		5						
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			i TIFICAT		TORIA PIVOVA	RNICK	Telephone Nu	mner						
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SETON HALL UNIVERSITY							iter 8 (Other than							
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400 SOUTH ORANGE AVENUE						Square Feet N/A	# of Floors N/A			В	dg. Age N/A	a		
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Project Manager for Monitoring Firm		Te	lephone	Number		Telephone Nu	mber Lice	ense N	Numbe	er			1	
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Name of Registered Waste Hauler	_	NJDEP		Cubic Yar	ds of Waste	Name of Regis		Engelselve		111				
NEWARK CARTING 369 RAYMOND BLVD.	1	Hauler I			80	GRAND CENT	RAL SANITARY	LAND	FILL					
City, State		91		Disposal C	Tate	City, State)	100						
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NEWARK , NEW JERSEY Completed by (Print or Type)				5/22-8/30/	/		OWNSHIP, PA		_	_	/	_/.		

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

Cubic Yards of Waste

Disposal Date

5/22-8/30/17

80

Signature,

NJDEP Waste

Hauler ID No.

Title

913

DIRECTOR OF OPERATIONS

Name of Registered Waste Hauler

NEWARK CARTING

City, State

369 RAYMOND BLVD.

NEWARK, NEW JERSEY

BENJAMIN SANCHEZ

Completed by (Print or Type)

Name of Registered Landfill

PLAINFIELD TOWNSHIP, PA

tate

GRAND CENTRAL SANITARY LANDFILL

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CKAOR		NOT	IFICATION	ON OF A	New Jers SBESTOS AC 8:60 ar	ABATE	EMEN 20)	VT	2)-[<u>EC</u>		\ <u>//</u>	E	The same of the sa
Date of Notification (1) 6-13-2017			Name	of Buildi	ng Owner Developr	Operato	or (2)			JUN	2.2	201	I	
Agencies Notified Type Notificati	on		Street	Address Clinton							VO. 00	ANITT	501	2.
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DOH justification Cancellation	n)	ig		of Conta Winsch		V-100000000			Te	elephone N	Numbe	r J		
Name of Facility Where Abatement is Tal	ring Place	(2)	FAC	CILITY IN	FORMAT	ION							-	
Commercial Building	drig Place	(3)					Тур	e of Facility	(4)					
Street Address							H	School (K- Subchapte		ner than K	-12\			
720 Clinton Street							×	Other (i.e.	private	& comme	rcial bu	uilding	s, hor	nes,
City (5) Hoboken, NJ 07030							10000	etc.) Jare Feet 200	# 0	of Floors		Bldg.	Age	
County (6) Hudson			County	Code (7)		Cur	rent Use (Pri		ina demol	ished)			
Name of Monitoring Firm Hired by Buildin	- 0	0)		USE ON	_Y)						/			
	g Owner (8)	ASC	M No.		Name Gree	of Ab n Er	atement Cor nvironmen	ntractor tal Se	(9) rvices, l	LLC			
Street Address						Street 235 V		ess nia Avenu						
City, State, Zip Code	·							Zip Code						
Project Manager Control								ity, NJ 073	04					
roject Manager for Monitoring Firm			Telepho	one No.		Teleph 201-3				License 01174	No.			
tart Date (10) 5-14-2017	Schedu 6-17-2	led Co	mpletion	Date (11)			SHA Monitor	-					
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Scope of Work (Check A ≥3 sf or ≥3 If ≥160 sf or ≥260 If	All That Apply)		Renova Demoli					- !	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure						
Occupancy Status Durin Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire	Period of A	Abaten	nent s			(50.0)	Mill		1						
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Project Manager for Mor	nitoring Firm	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Telepho	ne No.		Teleph 973-		No. 3-9652		License 1257	e No.				
City, State, Zip Code							City, S	State	, Zip Code n NJ 0750	1						-
Street Address							Street 144	Add					20-040			
Name of Monitoring Firm	n Hired by Building	Owner (8)	Č.	ASCN	/I No.	-	Name ARIA		Abatement Co	ntractor	(9)					
County (6) Cape May					Code (7) USE ONL			Cu n/	ırrent Use (Pr 'a	ior if be	ing demo	olished)				
City (5) North Wildwood								1	uare Feet 000	# 0	f Floors			dg. A 930	ge	
Street Address 201 West Walnut A	lve) - 130						V	School (K- Subchapte Other (i.e. etc.)	r 8 (Oth			uild	ings,	hom	ies,
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EPA DEP DOL	Initial Amended Amendmen	t #			ate, Zip C Wildwo	ode od NJ (08260									
Agencies Notified	Type Notification			Street A	ddress	Ave										
Date of Notification (1) 06/09/17				Name o	f Building f North	Owner/0 Wildwo	Operator	r (2)		A	SBF81	OS C			IOL	č

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT CKAI (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) 6 Date of Notification (1) KATH LEEN Type Notification Agencies Notified Initial EPA City, State, Zip Code DEP Amended TRIDGE WOOD. Ø Amendment # DOL Emergency (including Name of Contact Z DOH iustification) MS. TROCKEY Cancellation ☐ DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) MS. KAHLEEN 20016 ☐ School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) Bldg, Age Square Feet # of Floors City (5) 1935 RIDGEWOOD 2500 Current'Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) - RESIDEN CE BERGEN Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Best Removal Inc Street Address Street Address 450 South River Street City, State, Zip Code City, State, Zip Code Hackensack, NJ 07601 License No. Telephone No. Project Manager for Monitoring Firm Telephone No. 201-329-7444 00388 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Omega Environmental 6/231 Street Address Occupancy Status During Abatement (Check Only One) 280 Huyler Street ☐ Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours
Other - Describe: 73004 TO 58M South Hackensack, NJ 07606 Other - Describe: 73004 TO Scope of Work (Check All That Apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf
 ≥160 sf or ≥260 lf Renovation ☐ Mini-Enclosure Demolition ☐ Glovebag Procedure 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/ (Specify Enclosure (i.e. thermal systems insulation, surfacing, TO BE ABATED Custodial Staff? VAT, or SF or LF) In Facility (12)other miscellaneous) (13)Yes No NA 850 SFTX BASEMENT VAT × Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Cubic Yards Hauler ID No. of Waste Minverva Enterprises, LLC 10078 Best Removal Inc 17109 Disposal Date City, State City, State

6/26/1

Signature

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

Waynesburg, OH 44688

Completed by

J. Maiorano

Hackensack, NJ 07601

Title

Estimator

	(Pu	ırsuant t	o NJAC 8:60 and	112:120)		. mi				
Date of Notification (1) 6 - 15 - 1.7			Building Owner/C		Den	nelition	Den	22	2017	
Agencies Notified Type Notification	Arran 1	Street Ac	idress	20	take to the	SRC, lastis		1		
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Project Manager for Movif ril g Firm	1	Telephor		Telephone No		License No	7	19	H	
Start Date (10)	cheduled Con	poletion I	758-3365 Date (11)	609 758 Name of OSH		S CA			-	
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Steve Schenker	Presid	KNT		Just)) Che	sh	0-	10	ď	1

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#2810 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) IIIN 22 2017 06 _ / _ 17 / 17 Sindy Lay Type Notification Agencies Notified Street Address ASBESTOS CONTROL & ☐ EPA M Initial LICENSING X DOLWD Amended City, State, Zip Code X DHSS Amendment # Nutley, NJ 07110 □ DCA ☐ Emergency (including Name of Contact (NJAC 5:23-8) | Telephone Number justification) Cancellation Sindy Lay 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 Nutley, NJ 07110 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) 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 / 27 / 17 06 / 28 / 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/ PM_ AM Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure □ Renovation Mini-Enclosure Glovebag Procedure Tent with Negative Pressure > 160 sf or >260 lf Demolition Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Used Solely by Encapsulate Removal Enclosure Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A X X Basement Pipe insulation 120 LF П П 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 Date Signature N.Jevtic Owner 06/17/17

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Print Form

Date of Notification (1) 6/13/2017				Name o	f Building e Fenne	Owner/0				70-0017)][C	E		W	E
Agencies Notified	Type Notification			Street A		5				1150	1					
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Street Address N/A	et Address State, Zip Code						Street 1435		ress st Street							
City, State, Zip Code N/A	State, Zip Code ect Manager for Monitoring Firm								Zip Code ergen NJ 07	047					*********	
Project Manager for Mon N/A	State, Zip Code A ect Manager for Monitoring Firm A t Date (10) Sche				ne No.		Teleph 201-		No. -9685		Licens 01320					
Start Date (10) 6/23/2017		Schedule 6/25/20		npletion	Date (11)				SHA Monitor ronmental L	abora	tories					
Occupancy Status During	g Abatement (Ched	k Only Or	ne)				Street									
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Agencies Notified Type	Notification			Street A				-			灯					
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City, State, Zip Code							2.0		Zip Code d, NJ 0741	8						
Project Manager for Monitoring	Firm			Telepho	ne No.		Telep	hone N	lo.		Licen 703	se No	•			
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Freehold, NJ						TBI			Birdsbor	o, PA		,				
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Date of Notification (1) 6/12/17			Name	of Build	ing Own	er/Operato	r (2)	Lle		16:) [0	
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Amenoed				State, Zip						<u> </u>		U C/	
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Scott Higgins	Presid	dent				agriatii e	11-			Date	17		
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Date of Notification (1) 6/14/2017					32,000		Owner/Operator (2)			A 2 may re	201	٦						
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Name	of Engility W/h	ana Abas				FA	CILITY INFORMAT											
			ement is Taking Place (3)					Type of Facil	ity (4)									
	-	Offive	ersity - Science Bldg.					☐ Sch	ool (K-1	2)								
	Address							-12)										
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			ed by Building Owner (8)				ASCM No.	Name of Abatement Contractor (9)										
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Street	Address							Street Addre	ss									
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Man	asquan, NJ	0873	6					Woodland		NI 07424								
	t Manager fo N					Telepho	na Na	Telephone N		143 07424	Time							
Jason Hooper 732-223-2225								973-333-9			License No.							
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	/2017	ring Aba	tement (Check Only One)		112/19	/2017				sultants, Inc.								
								Street Addres										
			acated During Entire Peri			nt		20-21 Wa	garaw f	Rd., Bldg. 35-E								
\times	Abatemen	t Perfo	rmed Outside of Normal	Facility	Hours													
X			10:30pm - 7:00am					Fair Lawn, NJ 07410										
Scope	of Work (Check	All That	Apply)															
	≥3 sf or ≥3	If			\times	Renova	ation	☑ Full Containment with Negative Pressure										
X	≥160 sf or	≥260 ľ	f			Demoli	ition											
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			8:															
Vame	of Registered V	Vaste Ha	uler		NJDEP V	Vaste Haul	er ID No.	Cubic Yards o	f Waste		Name of Regustered	Land	fill					
Unico	orn Contra	cting C	orp.		00358	44		30+			Fairless Hills La							
City, St	ate							Disposal Date	0		City, State							
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					al Man	ager			/	// .//		1995		017				
Dimo Golcev Ge					neral Manager /// 6/									/2017				

State of New Jersey Notification of Asbestos Abatement Continuation Sheet

JUN 22 2017

JUN 22 2017

ASBESTOS CONTROL &

NJCU

Throughout Project Area X Black Vinyl Floor Mastic 25,140 SF X Black Composite Lab Top & Pegboard Mastic 2,500 SF X	Removal X X		ement /pe Encapsulate	Enclosure
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Throughout Project Area Used Solely by Maintenance/ Custodial Staff: (12) Used Solely by Maintenance/ Custodial Staff: (12) Yes No N/A Black Vinyl Floor Mastic Zescription of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF) Black Composite Lab Top & Pegboard Mastic	X X	Repair	Encapsulate	Enclosure
Throughout Project Area X Black Vinyl Floor Mastic 25,140 SF X Throughout Project Area X Black Composite Lab Top & Pegboard Mastic 2,500 SF	Х			
Throughout Project Area X Black Composite Lab Top & 2,500 SF X	Х			
Pegboard Mastic 2,500 SF				
Throughout Project Area X Black Window Glazing 350 SF	Х			
	\rightarrow			
Throughout Project Area X Gray Transite/Composite Fume Hoods 100 SF	Х			
Throughout Project Area X Black Transite/Composite Fume Hoods 60 SF	X			
Throughout Project Area X Fire Rated Doors (Assumed) 9 Doors	x			
Throughout Project Area X Electric Panel Components (Assumed)	х			
	_	_		
		1		_
		+	+	_
	1			

* Energency *

R Emerger 4	/ N			OF ASBES NJAC 8:		ABATEME I 12:120)	CKC	2168							
Date of Notification (1) 6/15/17	(perator (2) ard of Ed	MEC	; [1	J E					
Agencies Notified Type Notification			Street Add					1							
			22 Hart	ford Rd.	•			313	1 2	2 2/	117				
DEP Amended		(A DESCRIPTION OF THE PROPERTY	e, Zip Cod				THE JU	14 C :	2 21	$I \mid I$	-			
DOL Amendmen		- L		NJ 0807	75				- trace	e januar tahan					
		1	Name of (Contact Î DiGiov	onni			Telephone Nu	mper /	VV1.	ROL	L&			
DCA Cancellation	1			ITY INFO		ON						_			
Name of Facility Where Abatement is Taki	ng Place (3))	FACIL	II Y INFO	KWAT	ON T	ype of Facility (4	4)							
Delran Middle School	3,					D	School (K-1	2)							
Street Address							Subchapter	8 (Other than K-1 rivate & commerc	2) ial build	inae	home				
905 S Chester Ave.					L	etc.)	iivate & continerc	iai buliu							
City (5)						Square Feet	# of Floors	0.000	dg. A	je					
Delran NJ 08075							10000+	1		5+					
County (6) Burlington			County C (STATE U	ode (7) SE ONLY)		_ '	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building		ASCM	No.		Name of	Abatement Con	tractor (9)								
Coastal Environmental Compliance						Perna	ernaco Inc								
Street Address							eet Address								
PO Box 167							ox 329								
City, State, Zip Code						1000000	te, Zip Code Berlin NJ 080	001							
Hammonton NJ 08037		o No		Telepho		License I	Vo.			-					
Project Manager for Monitoring Firm Cathy Ledden			Telephon	20-9312			53-9800	00727							
Start Date (10)		Name of	OSHA Monitor												
6/16/17	6/17/1		npletion D			Same									
Occupancy Status During Abatement (Che	eck Only Or	ne)				Street A	ddress	4.							
Facility Closed/Vacated During Entire	Period of	Abaten	nent					28							
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe: work will start at	rmal Facility	/ Hours	5			City, Sta	ite, Zip Code								
Scope of Work (Check All That Apply)						×	WET WOUD !	L CUT				1			
≥3 sf or ≥3 lf	-	Renova					Full Containment with Negative Pressure								
≥160 sf or ≥260 lf		Demoli	tion			X	Glovebag Pro	rocedure							
							Non-Exempte	d (*) and Non-Fria	on-Friable Procedure						
	1000	Locat	0.000								ement /pe	.			
Location of		Norma ed Sole				escription of		Amount							
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	aintena	ince/				aterial (ACM) insulation,	(Specify	Re	D	Ence	Enc			
In Facility	Cus	todial (12)				acing, VAT miscellane		SF or LF)	Remova	Repair	Encapsulate	Enclosure			
(13)			1		Ollici	misochane	.000)		<u> </u>		ate	Ге			
Maintenance Office	Yes	No	N/A	Pine I	nsula	tion (wet	wrap cut)	2'.4"	x						
	-		+			•	t wrap cut)	4' 4" per RM	x						
Girls Locker & Boys Locker RM		X		-		•		7 LF		-					
Roof Pent House	X					ows Glo			x	-					
Roof Pent House					Clean u		unknown	X							
Name of Registered Waste Hauler			NJDEP W Hauler ID		of W	c Yards aste		Registered Land	IIII						
United Containers			22459	.10.	2		G.R.O								
City, State Elm NJ					Disp 6/19	osal Date 9/17									
Completed by	Title					Signature	7		Date						
Anthony T Perna				1	5/31/17										

CK#1016

Date of Notification ((1)		Name	of Buildin	g Owner/Operator (2)											
6/13/2017					dence Board of E	ducati	on	Jakaning		= 1	7.77	F	1			
Agencies Notified	Type Notification			Address				[]]		5	W	E				
EPA					od Avenue			1154			-11/10/2002		711			
☐ DEP	☐ Amended		100 CONTRACTOR - C	ate, Zip C				A STATE OF	1:				111			
⊠ DOL	Amendment #		New	Provid	dence, NJ 07974	10 0 00% = 2 2017										
	☐ Emergency (including		Name o	f Contact		Telephone Number										
⊠ DOH	justification)		Jame	s E. Te	esta, School Busir											
⊠ DCA	□ Cancelation								ASBESTOS			OL	8			
Name of Facility Whe	re Abatement is Taking Place (3)			F/	ACILITY INFORMA		F. W. 181. 121		LICE	VSI	JG_	-	-			
	mentary School						of Facility (4)									
Street Address	mentary scribbi						School (K-1	5								
35 Pioneer Dri	1/0						_ Subchapter	8 (Other than K-	12)							
33 FIGHEEF DIT	ve			Other (i.e. private & Commercial buildings, homes												
City (5)						Sauar	e Feet	# of Floors	Bldg. Age							
New Providence	ce							1								
County (6)				County	Code (7)	92,920 1 49 yrs Current Use (Prior if being demolished)										
Union				100000000000000000000000000000000000000	USE ONLY)	Scho		onig demonstredy								
	Firm Hired by Building Owner (8)	-			1,000.00	Name of Abatement Contractor (9)										
	ering and Environmental	Services			ASCM No.	and the second second		Per California III maranta anta anta anta anta anta anta ant								
	or mg and environmental.	oci vices	,		00099	Unicorn Contracting Corp.										
Street Address	- 41 51					Street Address										
300 Kimball Driv	ve, 4th Floor					32 V	Villow Way									
City, State, Zip Code	2222						tate, Zip Code									
Parsippany, NJ						Woo	odland Park	, NJ 07424								
Project Manager fo M	**************************************			Telepho	ine No.	Teleph	none No.		License No.							
Darshan Desai						973-	333-9176		01331							
					etion Date (11)	Name	of OSHA Monito	r								
7/7/2017			7/21/	2017		Envi	rovision Co	nsultants, Inc.								
Occupancy Status Duri	ing Abatement (Check Only One)						Address									
	sed/Vacated During Entire Peri	od of Aba	atemen	ement 20-21 Wagaraw Rd., Bldg. 35-E												
	t Performed Outside of Normal															
☐ Other - Des																
Scope of Work (Check	All That Apply)					1	Lawn, NJ 0						-			
□ ≥3 sf or ≥3	If		X	Renova	ation	▼ Full Containment with Negative Pressure										
≥160 sf or ≥	>260 If			Demol		☐ Mini-Enclosure										
			_	Demoi	111011	Glovebag Procedure										
						Non-Exempted (*) and Non-Friable Procedure										
		T	s Location	,		A	Non-Exemp	ted (*) and Non-F	Tiable Procedur	=	Aba	temer	it			
	Location of	48	Normally			Desc	ription of					ype				
Asbestos-	Containing Material (ACM)	4	ed Solely		Asbest		ning Material (A	CM)	Amount							
	TO BE ABATED	1 2200	intenand todial Sta		(i.e. 1	thermal s	ystems insulatio	n,	(Specity			E				
	In Facility (13)	Cus	(12)	ui r			ng, VAT, or		SF or LF)	Re		lcap	Enc			
	(13)	Yes	No	N/A		otner mi	iscellaneous)			Remova	Repair	Encapsulate	Enclosure			
SEE CO	NTINUATION SHEET	163	140	IN/A	**055	CONITIN	IUATION SHE			= =	==	le le	e			
355 60	WINOATION SHEET				3EE I	CONTIN	IUATION SHE	-177		-	+	+-	\vdash			
		-								+	+	+	\vdash			
		-									-	-				
Name of Brains 1111	lead that is					1	managama ang managaman ang			\perp						
Name of Registered W		1		aste Haul	ler ID No.		ards of Waste		Name of Regustere							
Unicorn Contra	icting Corp.		00358	44		20+			Fairless Hills	Lanc	ifill					
City, State	1.20					Disposa	al Date		City, State							
Woodland Park	k, New Jersey	-				TBD		1	Morrisville, F	PA						
Completed by		Title					Signature	7 8	,	Da						
Dimo Golcev		Gener	al Mar	nager			6	1)/		6,	/13/2	2017	7			
							//	1								

State of New Jersey Notification of Asbestos Abatement Continuation Sheet



Salt Brook Elementary School

	Is Location Normally						Abatement Type					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Sole intena todial (12)	ely by ince/ 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			
P.E. Office	Yes	No X	N/A	12"x12" Beige Floor Tiles &	90.55	100						
T.L. Office		^		Associated Mastic	80 SF	XX						
Boy's Locker Room, Girl's Locker Room, P.E. Office, Room 122		Х		Pipe Insulation & Associated Joints (Concealed within Wall, Floor and Ceiling Cavities)	255 LF	xx						
Exterior Facade		Х		Transite Panel	180 SF	xx						
Exterior By Main Entrance		Х		Suspect Foundation Waterproofing Materials	200 SF	xx						
Exterior By Main Entrance, Upper Boiler Room		Х		Weatherproofing Behind Face Bricks	20 SF	XX						
					×							

Check #145

Date of Notification (1)	Name of Building Owner/Operator (2)												200000				
06/15/17				18 86th St LLC										W	E	In	
Agencies Notified	Type Notification			Street A	ddress Main S	t										A STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN C	
DEP DOL	Initial Amended Amendment	#	ŀ		ate, Zip Co nawkin,		8050		271XX		J	UN	22	201	1	lease and	
ĭ DOH	Emergency justification)	including	-	Name of Contact										appropriate to the second	OL	102	
DCA DCA	Cancellation	1144		110000000000000000000000000000000000000	79.		TION			1		ngkanite anticiri					
Name of Facility Where	Abatement is Takin	g Place (3)		FACI	LITY INFO	DRMA	IION	T	Type of Facility	(4)						-	
Spec house		3 (.)						School (K-12)									
Street Address						Marine St.		Subchapter 8 (Other than K-12)									
7 E 78th St								12	Other (i.e. etc.)	private	& comn	nercia	al build	dings,	home	es,	
City (5)							-	S	Square Feet	# 0	f Floors	}	В	ldg. A	ge		
Harvey Cedars								1	1550	1			5	+0			
County (6) Ocean	Hard of Man Andrews				Code (7) USE ONLY				Current Use (Presidence	rior if be	ing dem	nolish	ed)				
Name of Monitoring Fire	m Hired by Building	Owner (8)		ASCN	I No.		Name	e of	Abatement Co	ontracto	r (9)						
n/a	, ,	, ,					1 33		ay Abatem								
Street Address			a 0		Street	t Ac	ddress			-		1000					
						8 Bartlett Ave											
City, State, Zip Code							te, Zip Code Creek, NJ 0	8092									
Project Manager for Mo		Telepho	ne No.		1 5		ne No. 85955		Licen 0131		ο,						
Start Date (10)		npletion	Date (11)		200000000000000000000000000000000000000	e of	OSHA Monito	r									
6/24/2017	Ab-d	6/30/201					n/a	٠ ٨ -	ddasss								
Occupancy Status Durin							Street	I AC	ddress								
Abatement Perform Other – Describe:	cated During Entire F med Outside of Norm	Period of Ab nal Facility H	aterr ours	nent			City, S	Stat	te, Zip Code								
Scope of Work (Check												-				-	
	All Itlat Apply)							Full Containment with Negative Pressure									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	novation molition					Mini-Enclosu		n Negat	ive P	ressu	re				
		2.30 x 2.50							Glovebag Pro	ocedure	d Nam I	Crick	o Dro	oodur			
		Τ		vii	[Non-Exemple	ted (*) and Non-Friable Procedure Abateme						ŀ	
	orveras e n	ls Lo	ocati rmal											ре			
Location Asbestos-Containing	The state of the s	Used	Sole	ly by	Asbes	Description tos Containing N				1	Amount				m		
TO BE A	BATED	Maint Custoo				therma	al system	ns ir	nsulation,		Specify		Rer	Re	nca	End	
In Fac			12)				acing, VA miscella			3	F or LF)		Remova	Repair	Encapsulate	Enclosure	
		Yes	No	N/A									<u>n</u>		ate	e	
Exter	rior		х			Brea	kaway	bo	ard	5	500 sf		х				
								2111									
Name of Registered Wa	aste Hauler		10.00	JDEP W		120000000	c Yards		Name of	f Regist	ered La	ndfill	rit— a ra	707.			
Timster Trucking In	ic			auler ID 1079	NO.	of W			Waste		igeme	nt		07 25			
City, State West Creek, NJ 08	092			4.		Dispo TBD	osal Date)	9	City, Sta		A						
Completed by		Title	3	S-24-1-1-1			Signatur	е	1	_		Dat	te	1,			
Amanda Mears		Owner	Owner- Safeway						10 0 6/1								