CK # 8245

			(Purs	uant to N	JAC 8:60	and 12:12	20)						
Date of Notification (1)			Na	me of Bui	lding Owne	er/Operato	r (2)			UN	2.8	201	7
Agencies Notified Type Notificati	on							i i	ļ				
M 504	011			eet Addre	ss LE AVE.			-	ASBES	STOS	CO	NTA	01.8
III DEF				, State, Z						LICE	NSI	10	
X DOL Amendme	ent #/		CL	IFTON.	NJ 070	11					7,		
DOH Emergency justification	cy (includ in)	ing		ne of Con		111			-				
DCA Cancellati			1	wigh	17 7	THOM	140	1	Telephone	Numb)er		
Name of Facility Where Abatement is Tal	king Place	9 (3)	F	ACILITY	INFORMA	TION							
PS E + (+	9 1 100	c (o)					Type of Fa	cilit (4)					
Street Address							School	ol (k -12)	0.11				
150 CiRCLE	AVE	5					Other	(i.e priva	Other than te & comm	K-12) ercial l	huildin	as h	omoo
	///	,					etc.) Square Fee						
County (6) A							15,000		# of Floors			g. Age	
PASSAic			Cour	nty Code	(7)		Current Use	P (P ior if	2 heing dem	aliehad	APP	461	1 yr
Name of Monitoring Firm Hired by Building	•			TÉ USE O	VLY)		OF	Fic		361			250
ENVIRONMENTAL TACTICS	Owner ((8)	12,200,000	SCM No.		Name	of Abatemen	t Contrac	tor (9)		ے د		
Street Address			00	45		UNIC	UE SYST	ENS O	FAMER	ICA			
64 BROAD ST.							Address						
City, State, Zip Code							VHITEHEA						
MATAWAN, NJ 07747						City, St	ate, Zip Code H RIVER,	e N. I. O.O.	200				
Project Manager for Monitoring Firm TOM GEIGER			Telep	hone No.		Telepho		, 14) 088					
			732-	290-22		732-4	32-8350		License 01111				
Start Date (10)	Schedu	led Co	mpletic	n Date (1	1)		f OSHA Mon	itor	01111				
Occupancy Status During Abatement (Chec	7	/3	//	7		UNIQ	JE SYSTE	EM3 OF	AMERIC	CA			
						Street A	ddress						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm	Period of	Abater	nent				HITEHEA						
	nai i aciiit	y Hour	5			City, Sta	te, Zip Code						
Scope of Work (Check All That Apply)						3001	H RIVER,	N. 088	82				
≥3 sf or ≥3 lf	X	Renova	ition				_						
≥160 sf or ≥260 lf		Demolit					Full Contain Mini-Enclos	nme nt wit	h Negative	Press	ure		
							Glovebag P	Proceeduro					
	Is	Locati	on				Non-Exemp	oted (*) ar	id Non-Fria	ble Pr			
Location of	1	Normal	ly		Dec	cription of						ement /pe	t
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	d Sole	ly by nce/	Asbe	stos Conta	ining Mate	erial (ACM)		mount		T	1	
In Facility	Cust	odial S	taff?	(1.6	thermal s	systems in ing, VAT, i	sulation.	(3	Specify	Re	l z	Enc	g l
(13)		(12)		1	other mi	iscellaneo	us)	Si	or LF)	Remova	Repair	Encapsulate	Enclosure
157 -12	Yes	No	N/A							8	1	late	lre
1 ST FIR MAIN OFFICE		X		VAT	* MA	AST;	2	40	O SF	V			
								1	0	1			
										-			
Name of Basis Little										-		-	
Name of Registered Waste Hauler		NJ	DEP W	/aste	Cubic Ya	ards	Name o	f Register	ed Landfill				
WASTE MANAGEMENT		1112	uler ID 25	No.	of Waste			VS NOF					
City, State		1			APPX Disposal				STI1				
ELIZABETH, NJ Completed by						BD	City, Sta MORR	ite :IS`/ILLI	= PΔ				
CAROL RAIMO	Title					nature	//	7		te .			
-	OFFIC	E MG	K.		1	/] 	e Ka	· m) /	e /2	77/	10	
							- /	- MA	1 4	10	1/1	/	

Chh# 3228

O'		(Pursua	INT TO NJA	AC 8:60 and 5:1	6)	1100				
Date of Notification (1) 6 / 26 /	17				g Owner/Operator ((2)		JUN 2	8 9	201	7
Agencies Notified Type Notifi	cation		Stree	et Address							
			71	Madison	Ave		ASUE.	STOS	CO	VIA	UL
☑ DOLWD ☐ Amende			City,	State, Zip	Code		- Non-American	LICE	25		
	nent # ncy (includi	-	Je	rsey City	, NJ 07034						
(NJAC 5:23-8) justifica		iig	Nam	e of Contac	ot .		Telephone Nur	mber			
☐ Cancell	ation		Ale	ex Baylor	A.C.		1				
	111		FA	CILITY IN	NFORMATION	-	A				
Name of Facility Where Abatement is	Taking Place	ce (3))			Type of Facility	(4)		-		
Verizon Bergen Central Office	9					☐ School (K- 2					
Street Address						Subchapter 8	3 (Other than K-1	2) arcial h	uildin	70	
71 Madison Ave						homes, etc)		Ciciai Di	ununi	go,	
City (5)						Square Feet	# of Floors	В	ldg. A	ge	
Jersey City						113,347	7		+-50		
County (6)			Cou	inty Code (7)(STATE USE ONLY)	Current Use (Fri	or if being demo	lished)			
Hudson						Verizon Cor	nmunications				
Name of Monitoring Firm Hired by Bu	Iding Owne	r (8)	ASCN	1 No.	Name of Abateme	ent Contractor (§)					
USA Environmental Managem	ent Inc.				BRISTOL EN	VIRONMENTAL	L, INC.				
Street Address					Street Address	-				-	
8346 Enterprise Ave					1123 BEAVE	R STREET					
City, State, Zip Code					City, State, Zip Co	ode					
Philadelphia, PA 19153					BRISTOL, PA	19007					
Project Manager for Monitoring Firm		T	elephone	No.	Telephone No.		License No.			-	
Mark Jenkins			215-36	5-5810	215-788-6040)	00509				
Start Date (10)	Scheduled				Name of OSHA M	Monitor					
7 / _12_ / _17_	7	/_	21 /	17	BRISTOL EN	VIRONMENT/	_, INC				
Occupancy Status During Abatement	(Check only	one))		Street Address						
☐ Facility Closed/Vacated During En					1123 BEAVE	R STREET					
Abatement Performed Outside of N					City, State, Zip Co	ode	· · · · · · · · · · · · · · · · · · ·				
Time of Abatement:AM	PIVI/ <u>5:0</u>	<u>U</u> PM	- <u>2:30</u> AM		BRISTOL, PA	19007					
Scope of Work (Check all that apply)						. 2 1 21 22	20 520				AT ITEM
≥3 sf or ≥3 If	⊠R	Renov	ation			tainment with N∈g dosure	ative Pressure				
≥160 sf or ≥260 lf		emol				g Procedure					
			C-04.0700		∐ Non-Exe	mpted (*) and N	n-Friable Proced	-1			
Location of			cation mally		Description of			Ab	atem	ent T	ype
Asbestos-Containing Material (ACI		sed S	olely by	Asbe	stos Containing Ma		Amount	Rer	Repair	Enc	Enc
TO BE ABATED IN Facility	1000		nance/ al Staff?	(i.e	thermal systems		(Specify	Removal	air	Encapsulate	Enclosure
(13)		(1			surfacing, VAT, other miscellane		SF or LF)	<u>a</u>		ulat	life
	Yes	N	lo N/A			,				æ	
1st Floor Janitors Closet				9x9 Bro	own VAT/Mastic		20 SF				
1 st Floor Janitors Closet				Pipe In:	sulation		50 LF				
Basement-Sprinkler Room				9x9 Bro	own VAT/Mastic	-	190 SF				
Basement-Sprinkler Room				Drywall	Ceiling		6 SF				
Name of Registered Waste Hauler			NJDEP		Cubic Yards of	Name of Regist	tered Landfill				
SERVICE TRANSPORT GROU	P, INC.		Hauler I 2099		Waste 3	MINERVA L	ANDFILL				
City, State			2033	·	Disposal Date	City, State					
NEW CASTLE, DE					TBD	WAYNESI	URG, OH				
Completed By (Print or Type)	Title				Signature		6 10	ate	-		
Dillan DeCaro	Estima	ator			Mill an	1 DOP ALL	194	(2-2)	(0 -	17	

Chut 3228

IT		I PgE	b 8 2	₩ 017		
- 0.5 C C COMMUNICATION OF A PROPERTY OF A P		ASBESTOS LICE	GON MSIN		L &	
		Telephone Numb	per			
f Facility lool (K-1) ochapter er (i.e., nes, etc	2) 8 (oriv	Other than K-12) ate and commer	cial bui	ldings	S,	
Feet		# of Floors	Bld	g. Ag	е	
347		7		-50		
		if being demolis	ned)			
ractor (numoanons			1100	
MENT.		INC.				
	-					
EET						
,						
7	-	License No.			-	
		00509				
		00000				
	-	00000				
MENT	٦L,					
	٦L,				X	
	\L,					
EET	λL,					
EET 7 nt with N	 ∋ga			atema	ent Tv	vpe
dure	 ∋ga	INC tive Pressure	Aba		ent Ty	
EET 7 at with N	 ∋ga	INC tive Pressure		ateme	ent TY Encapsulate	e Enclosure
EET 7 at with N dure (*) and I	 ∋ga	tive Pressure -Friable Procedu Amount (Specify	Aba			
EET 7 at with N dure (*) and I	 ∋ga	tive Pressure -Friable Procedu Amount (Specify SF or LF)	A Removal			
EET 7 at with N dure (*) and I	 ∋ga	tive Pressure -Friable Procedu Amount (Specify SF or LF)	Abo Removal			Enclosure
EET 7 ant with N adure (*) and I	 ∋ga	INC tive Pressure Friable Procedu Amount (Specify SF or LF) 80 SF 36 SF	Removal			Enclosure

Date of Notification (1)				Name o	of Building	Owner/Operator (2	2)	1			1	
6 /	26 / 1	7		Veriz	zon Com	munications		Language and the control of the cont			_	
Agencies Notified	Type Notification	1		Street A	Address			- ASUESTOS I LICEN	CON.	THO	LA	
⊠ EPA	Initial			71 M	ladison A	Ave	L_	E C C C	Land of the			
□ DOLWD	☐ Amended		ŀ	City, St	ate, Zip C	ode						
□ DOH	Amendment			Jers	ey City,	NJ 07034						
☐ DCA (NJAC 5:23-8)	Emergency (justification)	including		Name o	of Contact			Telephone Number	er			
(1.10.10 0.10 0)	☐ Cancellation			Alex	Baylor			58			92	
				FAC	ILITY INI	FORMATION						
Name of Facility Where A	batement is Taki	ng Place	(3)				Type of Facility					
Verizon Bergen Cer	ntral Office						School (K-12) (Other than K-12)				
Street Address							Other (i.e.,)	ivate and commerc	ial bui	dings	ί,	
71 Madison Ave							homes, etc)					
City (5)							Square Feet	# of Floors		g. Ag	е	
Jersey City							113,347	7	1000	-50		
County (6)				Count	y Code (7)	(STATE USE ONLY)		or if being demolish	ed)			
Hudson								nmunications		4	1,007.6	
Name of Monitoring Firm			8)	ASCM N	No.	Name of Abateme						
USA Environmenta	l Management	Inc.					VIRONMENT	L, INC.				
Street Address						Street Address	0.000000					
8346 Enterprise Av	e					1123 BEAVE						
City, State, Zip Code						City, State, Zip Co						
Philadelphia, PA 19			T = 1		To the second	BRISTOL, PA	19007	License No.				
Project Manager for Mon	itoring Firm		1 00000	phone N 5-365-		Telephone No. 215-788-6040	Ý.	00509				
Mark Jenkins	l Cab	eduled C	100000			Name of OSHA M		00000				
Start Date (10) 7 / 12 /		7 /				PROPERTY AND	VIRONMENT \	L, INC				
Occupancy Status During						Street Address						
Facility Closed/Vacate				ment		1123 BEAVE	R STREET					
Abatement Performed	Outside of Norm	nal Facility	/ Hour	s - Des	cribe	City, State, Zip C	ode -					
Time of Abatement: _	AM	PM/ <u>5:00</u>	PM- <u>2:</u>	:30AM		BRISTOL, PA						
Scope of Work (Check al	I that apply)					N. F. 11.0	A . T	ative Procesure				
☐ >3 sf or ≥3 lf		⊠ Re	novati	on		⊠ Full Con ⊠ Mini-End	tainment with N a	gative Flessure				
≥160 sf or ≥260 lf		☐ De				⊠ Gloveba	g Procedure	n-Friable Procedure	2			
		l la	Lagar	ion		□ Non-Exe	empled () and the	III-Friable Frocedure	_	atema	ent Ty	me
Location	of	4 33	Locat Norma			Description of	of					
Asbestos-Containing		170,000	d Sole			stos Containing Ma	aterial (ACM)	Amount	ζem	Repair	inca	inclo
TO BE ABA	ATED		intena todial	Staff?	(i.e	., thermal systems surfacing, VAT		(Specify SF or LF)	Removal	Ŧ	Encapsulate	Enclosure
IN Facil (13)	ity		(12)			other miscellane					late	е
		Yes	No	N/A								
Basement-Air Dryer	Cabinet Area			\boxtimes	9x9 Bro	own VAT/Mastic		80 SF				
Basement-Store Roc	om			\boxtimes	9x9 Bro	own VAT/Mastic		36 SF				
Basement-Building S	Storage Room			\boxtimes	9x9 Bro	own VAT/Mastic		285 SF	\boxtimes			
Basement-Fan Room	1			\boxtimes	Duct In	sulation		50 SF		\boxtimes		
Name of Registered Was	ste Hauler		1.00	JDEP \		Cubic Yards of		stered Landfill				
SERVICE TRANSP	ORT GROUP, I	INC.		lauler II 20990		Waste 3		LANDFILL				
City, State						Disposal Date	City, State	21100 011				
NEW CASTLE, DE	Medius incompensorery					TBD	WAYNES	BURG, OH				
Completed By (Print or T	ype) T	Title				Signature	An.) On Da		7/	j	7
Dillan DeCaro		Estima	tor			Pillan	DeCaro!	91- 1	0/0	16	-(/
ASB-41 00/0077												

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

Check # 25534

JUN 2 8 2017

Date of Notification (1)	/27/17			Nam	ne of Buildi	ng Owner/Operato						
Agencies Notified	Type Notificat	ion		Stre	et Address		Marrer	ASUE	110	e c ENS	ONL	HOI
□ EPA	Initial					2			Lit	SUL		-
□ DEP ☑ DOL	Amended Amendmen		_	City,	State, Zip		Roselle, NJ (7203				
⊠ DOH	justificatio	n)	9	Nam	ne of Conta		(030110, 143 (Telephone Nun	nher			_
□ DCA	Cancellatio	n			Н	ector Marrero)		1001		_	
				FA	ACILITY IN	FORMATION					Ξ	
Name of Facility Where		2.00	5 5 5 5				Type of Facil	y (4)				
Street Address	R	esidenti	aı				School (K-	12) r 8 (Other than K-1	12)			
- Circuit idanoss							Other (i.e.,	private & commerc	cial bu	ilding	s,	
City (5)							homes, et Square Feet	# of Floors	TF	Bldg.	Age	
	Rosel	le, NJ 0	7203	3			1500	2	Ι,		5+/-	
County (6)	Jnion			Cou	unty Code (E ONLY)	7) (STATE	Current Use (rior if being demol	ished)			
Name of Monitoring Firm		a Owner	_	ASCN	1 No.	Name of Abatem	ent Contractor	2/		_		_
	MECŚ	9			. , , , .	The state of the s		mental Service	es I	nc		
Street Address		30.00				Street Address						_
	PO Box 3	41					PO	30x 322				
City, State, Zip Code	sswicks, NJ	0851	5			City, State, Zip C		NII 00501				
Project Manager for Mor		0031	and the second	phone	No	Telephone No.	Allentov	n, NJ 08501				_
Bill We			100000000000000000000000000000000000000		98-4070	(609) 25	9-9688	License Ne.	0049	3		
Start Date (10)		neduled C				Name of OSHA N			7047	<i>5</i>	_	_
7/6/17		7	/10/1	17				IECS				
Occupancy Status Durin						Street Address						_
☐ Facility Closed/Vacate ☐ Abatement Performed	ed During Entire	Period of	Abater	nent				3ox 341				
Other - Describe:		nai Facility	/ Hour	S		City, State, Zip C		- NI 00515				
Scope of Work (Check a							Crosswic	s, NJ 08515			_	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novation molition			☐ Mini-End Gloveba	losure g Procedure	gative Pressure	re			
			ocation mally	n		***************************************	100//		1	bate		
Location o		Used	Solely			Description of				Тур	e	
Asbestos-Containing M TO BE ABAT		1,000,000,00	tenano stodial	S755		os Containing Mate thermal systems in		Amount (Specify	_		ш	
IN Facility (13)	 -		taff? (12)		(1.0.,	surfacing, VAT,	or	SF or LF)	Removal	Repair	ıcap	inde
(13)		Yes	No No	N/A		other miscellaneo	us)		oval	air	Encapsulate	Enclosure
Baseme	nt		×		The	ermal Pipe Ins	ulation	5 lf	X			_
		+++	-								-	\dashv
Name of Registered Wast	e Hauler			DEP V		Cubic Yards	Name of Reg	stered Landfill				-
Stevens Environm	ental Service	es, Inc.	- Ha	uler ID 182		of Waste 1 cu	/	Fairless Land	lfill			
City , State	Allentown,	NI				Disposal Date 7/10/17	City, State	7				
Completed By	Tit					Signature///	1-01-	Morrisville,	PΑ			_
Mahlon E. Stev	11.00	500	ject :	Man	ager	////	1//		6/27	/17		
SB-41						77/						

Date of Notification (1) 06/17/2017		Name	of Building Ow r Dell BOE	ner/Operato	г (2)		JUN	2	3 21)17	-
Agencies Notified X EPA X DEP X DOL X DOH X DOH X DCA X Cancellation	nt # (including)	Street 230 City, S Rive	Address Woodland A State, Zip Code r Edge, NJ 0 of Contact	7661			ASBEST(EN.	<u>StlyC</u>		-8
Name of Facility Where Abatement is Taking River Dell Middle School			nas Bonfiglio		Type of Facility	0.00					
Street Address 239 Woodland Avenue City (5)					School (K-Subchapte Other (i.e. etc.) Square Feet	8 (Oti rivate	ner than K- & commerce	12) cial bu	iilding Bldg.		nes,
River Edge County (6) Bergen		County (STATE	/ Code (7) EUSE ONLY)		Current Use (Pr School			shed)	Didg.	Age .	
Name of Monitoring Firm Hired by Building Ahera Consultants Inc Street Address	Owner (8)	ASC 005	CM No. 7	VMC	of Abatement Co Company Inc	tracto	r (9)				
PO Box 385 City, State, Zip Code				208	Address Piaget Avenue tate, Zip Code						
Oceanville, NJ 08231 Project Manager for Monitoring Firm John Smoyer			one No. 552-1833	Clifto	on, NJ 07011 none No.	-	License 1	No.			
Start Date (10) 08/01/2017	Scheduled 08/11/20	Completion		Name	253-8828 of OSHA Monitor Company Inc		00704	3 (A SO) H.			
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe: occupied	Period of Aha	itement ours		Street	Address tate, Zip Code						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if	Part of the same o	ovation polition		×	Full Containmon Mini-Enclosure Glovebag Prod Non-Exempted	e edure					
Location of	Norr	cation mally		Description		() an	a Non-r nat	le Più	Abat	ement /pe	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mainte Custodi (1	olely by nance/ al Staff? 2)	Asbestos C (i.e. therr	ontaining Manal systems orfacing, VAT or miscelland	Cterial (ACM) insulation, r, or	(8	mount specify or LF)	Removal	Repair	Encapsulate	Enclosure
Crawlspace	Yes N	o N/A	Pi	pe insulat	ion	74	10 LF	X		te	10
Name of Registered Waste Hauler Newark Carting Inc		NJDEP W Hauler ID 05409		oic Yards Vaste	Name of F		red Landfill				
City, State Newark, NJ Completed by	Langua		Dis	posal Date	City, State Morrisvi		4				
Voytek Roszkowski	Title Presider	nt	/	Signature	Boloas	L1	Dai 06	e /17/2	017		

Date of Notification (1)				T Name	of Buildi	ng Owner	Operate	r (2)							
06/17/2017				Scot	ch Plair	ns/Fanw	ood B)F (2)	1		JL	IN 2	8	2017	1 1
Agencies Notified	Type Notification	1			Address				1						- 1
× EPA	× Initial			The second secon		reen Ave	enue		Į.	A	SBEŞ	ros	001	TOC	1 9
X DEP X DOL	Amended Amendmen	+ #		City, S	State, Zip	Code	7070				I.	ICEN	ISIN,	G G	La
	Emergency	(includin	g			ns, NJ 0	7076					12 m 1 2 m	1,449		
≥ DOH ≥ DCA	justification) Cancellation	1			of Contac					Tolo	nhono l	dumh	r		
						IFORMAT	ION			501					
Name of Facility Where	Abatement is Takir	ng Place	(3)	170	OILIT III	II ONWAI	TON	Туре	of Facility (4)						
J. Ackerman Coles Street Address	Elementary Sc	hool							School (K-12						
16 Kevin Road	12								Subchapter 8	(Othe	r than K	-12)			
City (5)									Other (i.e. pri etc.)	ate &	comme	rcial b	uilding	s, hor	nes,
Scotch Plains									re Feet	# of	Floors		Bldg	Age	
County (6)				Count	0 1 7										
Union				(STATE	Code (7)) -Y)		Scho	nt Use (Prior	f bein	g demol	ished)			
Name of Monitoring Firm	Hired by Building	Owner (8)	ASC	M No.		Name		tement Contr	-1	0)				
Envirovision Consul	tants Inc .			007			VMC	Com	pany Inc	ctor (3)				
Street Address			74					Addres							
20-10 Maple Avenue	9						208 F	Piaget	Avenue						
City, State, Zip Code Fair Lawn, NJ 07410	1						City, S	tate, Zi	p Code		100000				
Project Manager for Moni			· ·	700 1 1					07011						
Willy Morales	tomig i iiii			Telepho	one No. 49-352:	5		one No 253-88			License	No.			
Start Date (10)		Schedul	ed Cor		Date (11	220			A Monitor		00704				
07/24/2017	1	07	131	120	17)	′ I			any Inc						
Occupancy Status During	Abatement (Chec	k Only Or	ne)	100	V_ }		Street			-					
Facility Closed/Vacat	ed During Entire F	eriod of	Abaten	nent											
Abatement Performe Other – Describe: 00	a Outside of Norm cupied	al Facility	/ Hours	3			City, St	ate, Zip	Code					100000	THE STATE OF THE S
Scope of Work (Check All	That Apply)														
≥3 sf or ≥3 lf				N. C. C.			[c]								
× ≥160 sf or ≥260 lf		The second second	Renova Demolit					Full Mini	Containment Enclosure	with N	egative	Press	ure		
								Glov	ebag Proced	ire					
	- 20	le	Logati					Non-	Exempted (*	and N	Ion-Fria	ble Pr	(527.2)		
. Location o	of	_ N	Locati Iormal	ly		5	- 1. 1.							emen ype	t
Asbestos-Containing M			d Sole intenar		Asbes	stos Conta	cription on the cription of th	aterial (ACM)	Amo	unt		T		T
TO BE ABAT In Facility	The second secon		odial S		(i.e	. thermal s	systems ing, VAT	insulati	on,	(Spe	cify	Re	70	Enc	g
(13)			(12)			other m	iscellane	, or eous)		SF or	LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								<u>n</u>	7	late	Jre .
Boiler Roc	om	X				Pipe i	nsulati	on		480	IF	x	-		
Boiler Roo	m	X			E	Breechir				550		×		٠	
Boiler Roc	om	X				Interior		5		18 5		+-			
Boiler Roo	m	X					gaske					X			
Name of Registered Waste	Hauler		N.	JDEP W	aste	Cubic Y	3276	20.00	Name of Reg	40 L		X			
Newark Carting Inc			Ha	auler ID I 409		of Wast		100	GROWS	stered	Landilli				
City, State				.00		Disposa	I Date								
Newark, NJ						Dioposa	. Date		Dity, State Morrisville,	PA					
Completed by		Title				Sig	naturę~				Da	ite			
oytek Roszkowski		Presid	lent			1	1	- 1 ×-	1		10000	117/2 3/17/2	017		

merge	7.4	NOTIFICATION (Pursual	Read of New Jer DN OF ALRESTO TO NUAC 2:50 TO NUAC 2:50	and (2:120)				8, 21 iY	17	
Date of Notification (1)	June 22, 20	17	o dring and anny	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Janet	一个思	विह	3 \$	ROL	*
Agencies Notified	Type Notification		Address .			45	را	4	1	1
E EPA	initial Amended Amendment		State, Zip Code	Hada	lon H	eurle +s	PA	1 V	803	5
DOH DCA	Emergency (noticition) Cancellation	7	anet D	مروزده ف	<u> </u>	This hand	Number			
Name of Edity Where	Abstement & Taking Pl		ASIEN I HAT MINE		Type of Facility (4)				
Single	family	Dusell	ing		School (K-1 Subchapter Other (I.e. p	2) 8 (Othe than Hivate & comi	r K-12) marcial bi	u il dings	, home	₽,
City (5)	11 1		T 601	125	Square Fast	S of Floor	6	åldg .		-
Hada	lan Heigh			35	Current Lise (Pri	ar if half a rise	nolishadi) +-	No.
County (6) Co.	nden	(STA	nty Code (7)		of Abelement Co.					_
5 PC II	m Hired by Building Ow	har (6) A	SCM Ne		Address		legis		Lo	1000
Street Addition	Box 33	17			O. BOX Sister, Zip Code	337) din	9.6		-68
City, State, Zip Gode	toke.	M2 0	8533 Iphone Ns.	N	hone No.	Lion	n No.	214	33	400
Project Manager for M	enen ker	33 33 13 23	758-33	65 609 Name	758-334 of OSHA Monito	25	00	5	H	
Start Date (10)	26-17	6-27	1-17		AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS	has los	ies	Inc	I to the second	ı
	ing Apatement (Check)			1	P.O. Boy	317				
Facility ClosedNo Abatement Perfor Other - Describe	scaled Ouring Entire Permed Outside of Normal	riod of Abatement Facility Hours		City.	State. Zio Code		0	85	33	i.
Scope of Work (Check		1			251	- Company of the second			,	
23 sfor 23 ff 2160 sfor 2260 l	e s	Renovation Demotition	•	> >	D Mini-Enclose	ment wit Neg re poedure set (*) aj d No			lina	
					O Non-graympa	BER () 81 A 140	-	Ab	alamen	H
kacel	tan of	is Location Normally Used Salaly		Description	to no	mou	<u>.</u>	T	Туре	T
Asbeelos-Contein TO SE	ng Material (ACM) ABATED Icility	Maintanance Custodial State	(Le. th	ernal system auriscing, Y	Meterial (ACM) na mautation, 'AT, or	Spac 8 ° or	ffy	Remova	Encapsulate	-
	3)		INV ,	ether miscell	eusans)			B ,	6 10	
(1		X		- Boak	Insulation	116	SF	X		1
	7		The same of the sa	- december 6 - mar			-	_	+	
Baseme	nt	4-					1			1
	<u> </u>							_	-	-
Baseme)FB Warle	Cubic Yardi	Name	of Regil ared	Landin			
		. NJE	DEF Warts ster ID No.	Cubic Yardi of Wasta Disposal De	We	ster11 a		ent	96	Con

IN 22 2017 03:41 PM NJ ASDESIUS CONTON 003,000,000

Ch 5703			ICATIO Pursuan	t to NJAC 8	STOS ABATI :60 and 12:12	20)	т	Annual Control of the	7.6	(G [28	201	rint C
Date of Notification (1) 6/22/17				of Building O on Proper	wner/Operato	or (2)			***	OUI			
Agencies Notified Type Notificatio	n		Street A	Address	e. Suite 41	2			ASul	ESTOS LICE			IOL 8
DEP . Amended Amendmen				ate, Zip Cod Orange, N									
Emergence justification DCA Cancellation	1)		Name of Henry	of Contact				T	lephone f	Vumber			
None of Facility Address About 11 To 1				ILITY INFO	RMATION		-		***			-	
Name of Facility Where Abatement is Tak	ing Place (3)				Тур	e of Facility (4						
Street Address						×	School (K-1) Subchapter Other (i.e. pretc.)	8 (01	er than K & comme	(-12) ercial bu	ildings	, hom	es.
City (5) Kearny						Squ	are Feet	#	of Floors		Bldg	Age	
County (6) · Hudson			County (STATE	Code (7) USE ONLY)		Cun	rent Use (Prio	r if b	ing demo	lished)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASCI	M No.	100 C C C C C C C C C C C C C C C C C C		atement Con D PROFE						
Street Address			- Ji.			t Addre	DOVE CC	UR'					
City, State, Zip Code							Zip Code OD, NJ 08	3701					
Project Manager for Monitoring Firm			Telepho	ne No.	Telep	hone i			License	No.			
Start Date (10) 6/26/17	Schedu 6/26/1		npletion	Date (11)			HA Monitor D PROFES	SSIC	NALS				
Occupancy Status During Abatement (Che						Addre							
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of mal Facilit	Abaten y Hours	nent		City, S	State, 2	DOVE CO Zip Code OOD, NJ 08						
Scope of Work (Check All That Apply)						2415	,		-			-	
≥3 sf or ≥3 lf — ≥160 sf or ≥260 lf		Renova Demolit	tion ion		to the second se	Mi GI	ull Containment ini-Enclosure ovebag Proce on-Exempted	edure					
Location of		Locati Normal	ly		Description		on-Exempled	() al	u Non-Fii	able Fit	Abat	ement /pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole intenar todial S (12)	nce/	(i.e. th	s Containing Nermal system surfacing, VA other miscellar	Aateria s insul T, or	ation,	(mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
X	Yes	No	N/A						-	<u>a</u>		late	re
INTERIOR					Piping				0 LF	Х			
Name of Registered Waste Hauler		N	JDEP W	/aste (Cubic Yards		Name of R	eaist	red Land	fill			
NEWARK CARTING		Н	auler ID 1509	No.	of Waste		IESI	-3.00	-5 20110				
City, State NEWARK, NJ				971	Disposal Date 5/26/17		City, State BETHLE	HEI	1 PA				
Completed by JOSEPH PERLSTEIN	Title	IER			Signature	2				Date			



		(Pursua	nt to NJ	AC 8:60 and 1	12:120)	1 1	JUN 2	0 20	111	- 1	7
Date of Notification (1)	. ,7	Name		ling Owner/Op		2	Lilian			1	
0-9	6-17	Stree	//lar	-11	nchi 1	EMIC	ASUESTOS LIGE	NONT DIVIDA	HO M	L Ci.	1
gencies Notified Type Not		7.0	34	8 Hur	ffville.	ORE	nloch	Kour	×		1
EPA Initia	ended	City,	State, Z	ip code Sevic	11 1	JJ	08080)			-
□ Em	endment #ergency (including	Nam	e of Cor	tact	• 1		Telephone Numb	ar.			ı
	ification) ncellation		Man	K FRO	inch I						4
ame of Facility Where Abatemen	t is Taking Place (3)		ACILITY	INFORMATIC	Type o	f Facility 4) .				
Single fam		lling)			chool (K- 2 ubchapte	o (Other than K-12)				
treet Address	- / ,		1) DC 0	other (i.e.) tc.)	ivate & commercial	Dunun ig.		nes,	
				CONVI		e Feet	# of Floors	Bldg.	Age SO	t -	
ity (5) Winslow	TWO	NJ		18004	Currer	nt Use (P	or if being demolished		:1.		-
ounty (6)		(ST	inty Cod ATE USE	ONLY)	-15	19le	family	Duc	llı.	19	
lame of Monitoring Firm Hired by	y Building Owner (8)	P	ASCM N	0.	Name of Abat	tement Con	itractor (9)	ies	W.	n	
ame of Monitoring Pitti Paris	nologies			I/A_	Street Address	= 15 S		154		8 4 2	1
Street Address	, 237				P.O.	Boi	334				_
City, State, Zip Code	X JU!	20 P	106	:22	City State, Z	ip Code	TLA SA	08	5	33	A STATE OF
New Equi	ST No) <u>C</u>	lephone	No.	Telephone N	0.	License N	0. 2	a	1	
Project Manager for Monit ri g	im Ka	6	097	58-3365	609 758	3-326	5 O	33	1	1_	_
Start Date (10)	1 2 3	ed Compl	letion Da	nte (11) 2 () [7	Idallic of oc		hnologies	In	<u></u>		
Till le all		uly Be)	1,0	2017	Ctroot Addre	222	~				
Occupancy Status During Abate Facility Closed/Vacated During	wing Entire Period of	Abateme	nt		City, State,	Zin Code	337				_
Abatement Performed Out	side of Normal Facilit	ty Hours			New	Egypt	TU .	085	3	3_	
Other - Describe:	Appiv)							Decognic			
Scope of Work (Check All That ≥3 sf or ≥3 lf		Renovati	on		пν	lini-Enclo it	ment with Negative ure	Plessure	-		
≥160 sf or ≥260 lf	X	Demolitio	n			lovebag 'r	rocedure ted (*) and Non-Fria	ble Proc	edure		_
								,	Abate Tyj	ment	
		Normally	y		Description of ontaining Mater	ial (ACM)	Amount			Щ	
Location of Asbestos-Containing Mater	rial (ACM)	sed Solel Maintenan	ice/	(ie therr	nal systems ins	ulation,	(Specify SF or LF)	Remova	Repair	Encapsulate	
TO BE ABATED In Facility	C	ustodial S (12)	ian?	su oth	er miscellaneou	is)		oval	air	ulate	
(13)	Yes	s No	N/A				0222	_	_		-
2	1.110	+	x	Siding	Shing	es_'	2000 SF	- X	-		H
Exterior 1	ialls) J.	·		-	+		+
							-				1
			11050:	Masta C	ubic Yards	Nar ie	e of Registered Lan	dfill		1	-
Name of Registered Waste H		h	NJDEP V Hauler ID	No. of	Waste 10	Wo	iste Manag	emen	t o	E :	2
EPC Tech	nologies		170	00			04-4-				
City, State	ot NI	, 7		1	July 7, 20	217 Mo	rnisville			, -	_
Completed by	U. ITH	lo lo	0 +		Signature	35.	Kech	Date 0	26	-1	1
Steve Schent	sea I	Resid	yen i		1					d acti	

Ch 145104				OF ASBESTOS to NJAC 8:60 an								
Date of Notification (1) JUNE 26, 2017			Name o	f Building Owner/ A BODZAS	Operator	(2)						
Agencies Notified Type Notificat	ion		Street A	Address								
EPA Initial Amender	ent #			ate, Zip Code BRUNSWICK	(, NJ 0	3816		-				
DOH justificati				f Contact BORSTELMA	NN		Te	enhone Mi	imbor			
			FACI	LITY INFORMAT	ION							
Name of Facility Where Abatement is Ta BODZAS PROPERTY	iking Place (3)				Type of Facility						
Street Address						Other (i.e.	er 8 (Oth	er than K-		dings	hom	es,
City (5) EAST BRUNSWICK	20-20-1					etc.) Square Feet 2076 SF	# c	Floors		8ldg. <i>A</i> 1950		
County (6) MIDDLESEX	**************************************			Code (7) USE ONLY)		Current Use (P RESIDENC		ng demolis	shed)			
Name of Monitoring Firm Hired by Buildi N/A	ng Owner (8)	ASCN	ΛNo.		of Abatement Co shing Touch A			nent (Corp.	, Inc	,
Street Address						Address hompson Str	eet					
City, State, Zip Code						tate, Zip Code t Long Branc	h, NJ (7764				
Project Manager for Monitoring Firm			Telepho	ne No.		none No. 222.8372		License I 00040	No.			
Start Date (10) JULY 7, 2017	Schedul			Date (11)	Name N/A	of OSHA Monito	г		7			
Occupancy Status During Abatement (C	heck Only O	ne)			Street	Address						
Facility Closed/Vacated During Enti Abatement Performed Outside of N Other – Describe:	re Period of ormal Facilit	Abatem y Hours	ent	Y	City, S	tate, Zip Code						
Scope of Work (Check All That Apply)												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demoliti			×	Full Containr Mini-Enclosu Glovebag Pro Non-Exempto	re ocedure				е	
	Is	Locati	on						1	Abate		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma Cus	Normall ed Solel aintenar todial S (12)	ly by nce/ staff?	Asbestos Con (i.e. thermal surfa	scription taining M I systems cing, VA niscellar	laterial (ACM) s insulation, T, or	(:	mount pecify or LF)	Removal	Repair	e Encapsulate	Enclosure
BASEMENT	Yes	No	N/A X	TOI D	UCT EI	DOM/		2SF	V	_		
BASEMENT			X		SITE B			3SF	X			
				110111					1			
Name of Registered Waste Hauler Finishing Touch Asbestos Abater	nent Corp	ı H	JDEP W auler ID 2058		Yards ste			red Landfi ANDFILI				
City, State WEST LONG BRANCH, NJ				Dispo 7/10/	sal Date /17	City, Sta MORE		_E, PA				
Completed by JOSEPH P. MILLER	Title PRE	SIDE	NT	5	Signature	r piller			ate 5/26/1	7		

(K#318)

1 1		E		Print	Form
1	***************************************				
	JUN	2	8	2017	

TB									Ш	1	1014	_ 0	20	1.6
Date of Notification (1) 6/24/17						wner/Operato				-				
ATTACAMENT TO	T N-65 - 6		_			nercial Rea	II Esta	ate	_	ASIA	570	9.0	THE	POL
Agencies Notified	Type Notification				Address	Mari				NOUL	LIC	ENS	MG	IOL
EPA DEP DOL	✓ Initial		1		0 Horizon				_			i 4 Server	in the second	
DEP DOL	Amended Amendmen	+ #			ate, Zip Cod		054							
	Emergency		-			Jersey 080	J54							
DOH DCA	justification				of Contact			1	Ге	lephone Nu	ımber			
□ DCA	Cancellation	n		Deb	W EN/ 11/50	200 1 27 2 2 1								
Name of Facility Where	Abatement is Takin	na Place (3)	FAC	ILITY INFO	RMATION	Typ	e of Facility (4)	-					
Instersate property		.ga.o (o	/				1,99							
Street Address							H	School (K-12) Subchapter 8 (Off	ner than K-1	(2)			
597 RT 38							x	Other (i.e. priva	e	& commerc	ial bu	Idings	s, hom	nes,
City (5)							Can	etc.) are Feet	-	of Floors		DI-I-		
Maple Shade							500		1	Floors	- 1	Bldg. 55+	Age	
County (6)				County	Code (7)		1	rent Use (Prior if		in a de acelia	1	JJT		
Burlington					USE ONLY)		1	s stateiona a						
Name of Monitoring Firm	m Hired by Building	Owner (8)		LASCI	M No.	Name		atement Contra						
, crame or monitoring (iii		Owner (o)		AGG	WITHO.			lation Co., In		(9)				
Street Address							t Addre							
							7.0.000.000	ose Rd						
City, State, Zip Code								Zip Code						
, , , , , , , , , , , , , , , , , , ,						2		ck, New Jers	W	07722				
Project Manager for Mor	nitorina Firm		-	Telepho	ne No	Telepi			, ,	License N	lo			
,	J			olopito	110 110.		294			00029	VO.			
Start Date (10)		Schedule	d Con	noletion	Date (11)		3703200	SHA Monitor		00020				
7/3/17		7/19/17		ipiouoii	Date (11)	Ivaille	0100	IA WOILD						
Occupancy Status Durin	ng Abatement (Chec	k Only One	e)			Street	Addre	266	-				-	
Facility Closed/Vac		- 6	5	ont.			, 100,	,,,,						
Abatement Perform	ned Outside of Norm	nal Facility	Hours	ient		City, S	State, 2	Zip Code						_
X Other - Describe:	7am-7pm					-		-p						
Scope of Work (Check A	All That Apply)													
× ≥3 sf or ≥3 lf		□ Re	enova	tion] _E ,	ıll Containment	itt.	Mogative I	Proces			
× ≥160 sf or ≥260 lf		promote and a second	emoliti				- Mi	ni-Enclosure		i Negauve i	10000	u e		
						×		ovebag Procedu		d Non-Fried	1. D.			
				0000			7 140	on-Exempted (*)	13 1	u Nor-Frac	Je Pit		emen	+
1 8	5	1200	ocation or mall				8						уре	
Location Asbestos-Containing		Used	Solel	y by	Ashestos	Description Containing N		N (ACM)	٨	mount		T		
TO BE AB	ATED	100000000000000000000000000000000000000	ntenar odial S			ermal system				Specify	D	-	Enc	四
In Facil (13)		C #	(12)	naii:		surfacing, VA			SF	or LF)	Remova	Repair	aps	Enclosure
(13)		-			0	ther miscellar	neous)				laval	air	Encapsulate	sure
		Yes	No	N/A									0	
gas station	n -roof			X	t	ar on duct	work		1	00 If	x			
car wash	roof			х		roof fashi	na		4	00 If	x			
							3		-		-	-		
		-	-							1100	-			
Name of Basistand Ma	ata Mandar		1	IDEE:										
Name of Registered Was				JDEP W auler ID		Cubic Yards of Waste		Name of Reg	i ite	red Landfill				na strong příde
Ace Insulation Co., I	nc		1	2086		0		Chrins						
City, State			-		1	Disposal Date		City, State	_		-	(-
Colt Neck, New Jere	esy							Easton, PA	1					
Completed by		Title			1	Signature	7	1	_	Da	te			
Bree McGuire		Secret	ary 7	Freasu	rer		21	, A		6/	24/1	7		
		-				-	/	11						

CK# 8221

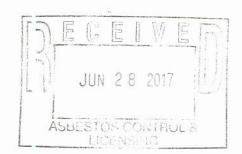
9		(Pursuar	nt to NJA	6 8:60 at	nd 12:12	U)			11	INI :	2 8	201	7
Date of Notification (1)			Name PSE	of Buildin &G	g Owner/	Operator	r (2)				JIV -	<u> </u>	<u> 2</u> U1	/
Agencies Notified Type Notifica	tion			Address CIRCLE	AVE.					ASBES		CO NSI		OL (
× DOL Amenda				tate, Zip (TON, N		1			-			34 30 CA	and the second	
DOH justificat	on)	3	Du	of Contac	77	401	nA	'S	Те	lephone Ni	umber	-		
Name of Facility Where Abatement is T	aking Place (3)	FAC	CILITY INI	FORMAT	TON	Тур	oe of Facility	(4)					
Street Address 150 CIRCLE AVE.							×	Other (i e.	er 8 (Oth	ner than K-	12) cial bu	ildings	s, hon	nes,
City (5) CLIFTON							-	etc.) uare Feet ,000	# 0	f Floors		Bldg. APP.	Age X 61	VD
County (6) PASSAIC				Code (7)	Y)			rent Use P		ing demolis	shed)	ALT.	X 0 1	i
Name of Monitoring Firm Hired by Build ENVIRONMENTAL TACTICS	ng Owner (8))	ASC 004	M No.				system			A			
Street Address 64 BROAD ST.					-	Street	Addr							
City, State, Zip Code MATAWAN, NJ 07747						City, S	tate,	Zip Code RIVER, N		32				
Project Manager for Monitoring Firm TOM GEIGER			Telepho 732-2	one No. 90-2217	,	Teleph 732-4	one	No.		License N	No.			
Start Date (10) 6/29/17	Schedule	ed Cor	mpletion	Date (11)		Name	of OS	SHA Moni or SYSTE M			Α			
Occupancy Status During Abatement (C Facility Closed/Vacated During Enti			ment			Street /	Addr							
Abatement Performed Outside of N Other – Describe: NECESSARY OF	ormal Facility	Hours	0	= HR	5_			Zip Code RIVER, N	J 0888	32				
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If		Renova Demolit				×	M G	ull Contair m ini-Enclos un lovebag Fro on-Exemple	e cedure				Α.	
Location of		Locati Iormal							<u> </u>	21101111100	10110	Abat	ement pe	Ł
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Sole intenar odial S (12)	nce/	Asbes (i.e.	tos Conta thermal surfac	scription of aining Massistems systems bing, VAT miscellane	ateria insu , or	lation,	(S	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A								<u>a</u>		late	ıre
1 ST FIR. MAIN OFFICE	•	X		VAT	+/	nAsi	T; C	7	3	80051	XX			
Name of Registered Waste Hauler		1 933	JDEP W		Cubic \	1 (THE HT)	7	Name of	Register	red Landfill				
WASTE MANAGEMENT City, State		1,03010	auler ID 125	No.	of Was	45		GROIV		RTH	-1U			
ELIZABETH, NJ	1 ==				Dispos	33		City, State MORISI		E, PA				
Completed by CAROL RAIMO	Title OFFI	CE M	GR.		Si	gnature	ر ن	exa	in.	Da Da	te//	15/	17	

NOCK

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7

NO/	1K			NOTIFICAT		SBESTOS A C 8:60-7 Al			100	F	[S]	14	Ei
Date of Notification	(1)			(FORSOAI	NAME AND ADDRESS OF TAXABLE PARTY.	Building Ov				12-7		-	=
06_ / _20_	/17					EVELOPME		20.50	1100				
/	/				Street Ad		(D			JUN	28	2017	1
Agencies Notified	Type of No	otificat Initial				MERCE BL\ e, Zip Code							
☑ EPA DEP	l 🖺	Amen				DT, NJ 070				-	t tribe years.		
□ DOH			dment #	<u> </u>	Name of 0			-	Telephói	ne Numbe	r: 50	VIHU	Lo
☑ DOL				/ justification	DOMINIC	K TUCCI				Lik	LAST	11.2	
		Cance	ellation		A CILLETY II	IFODMATI/	DNI .						-
				F	ACILITY	NFORMATIO	JN						- 1
Name of Facility Wh	nere Abatem	ent is	Taking I	Place (3)		Type of Fa	cility (4)						
FORMER MERCK U	NION												
Cturat Adduses							School (K	(-12) er 8 (Other t	han K 12)				- 1
Street Address 1011 MORRIS AVE								., private &					
								mes, etc.)					
City (5)	County (6)			County Code (7)	Square Fe		# Of Floor		Building	Age		
UNION	UNION						500	being dem	lichod\	ļ	40 +	<u></u>	
				L			PRODUCT		msneuj		40 1	-	
Name of Monitoring	Firm Hired	by Blo	la. Own	er (8)	ASCM NO		KOBOOT	ioit					\neg
					100 900 3								
EHI								RACTING G	ROUP, INC				
Street Address 655 WEST SHORE	TRAII					Street Add	iress						
City, State, Zip Cod	AND VALUE OF THE PARTY OF THE P					32 William	s Parkway						
SPARTA, NJ 07871						City, State							
Project Mngr. For N	lonitoring Fi	rm		Telephone Nu	mber	1_		520					- 1
WILLIAM KIERBIL	(40)			973-729-5649	4)		ver, NJ 079	936	License	Mumbar			-
Sheduled Start Date	(10)		1. Comp 12	letetion Date (1	17	Telephone	Number		License	number			- 1
-07//-03	/	-	12 /			973-88	4-8682			00	860		
Occupancy Status I						Name of C							
		ted Du	ring Ent	ire Period of				RACTING G	ROUP, INC				
Abateme Abateme		d Outs	ide of N	lormal Facility		Street Add	iress						- 1
	escribe:	u out	nuc or re			32 William	s Parkway				D		
☑ Other - D	escribe:	7:00 A	M-3:30	PM		City, State							
0 (11/ 1/01	-LAUTE-6	A I .				East Hano	ver, NJ 079	936					_
Scope of Work (Che	eck All I hat	Apply)											
☐ Demolition	on		7	Renovation	\checkmark	Full Conta	inment wi	th Negative	Pressure				- 1
						Mini - Enc							- 1
	r ≥260 If				✓	Glovebag		e nd Non-Friat	ale Proced	ure			
						NOII-LACII	ipteu () ai	ia Non-i ne c	71C 1 10CCG	aro			- 1
Location	of		ls	I	Descript	ion of			Abateme	nt Type			
Asbestos Con	taining		cation	As	bestos - C				R		E N	E	
TO BE ABA	TED		rmally Ised	1 0	Material e., therma	The second secon		Amount (Specify	M	R	C	C	- 1
in Facilit			olely			facing, VAT	Γ,	SF or LF	0	P	A	L	- 1
(13)	•		Main-			ellaneous)			V	Α	Р	0	i
			ance/						A	R	S U	S	
			stodial ff (12)						-	K	L	R	
			NO N/A	İ									
U6				VAT MASTIC				370 SF	J				
U6			70	VAT				2,100 SF	7				
U6				CAULK				415 LF	<u> </u>			-	-
U6 Name of Registered	Waste Hau			LAB TOP NJDEP Waste	Cubic	Name of F	Registered	40 SF Landfill					
NEWARK CARTING		101		Hauler ID No.	Yards	I.E.S.I.	.55.50000						
		jurzen en			of Waste								
City, State					1941 10774	City. State		105					
NEWARK, NJ					Date	DETHIEH	EM, PA 18	105					
Completed by (Prin	t or Type)			Title			Signature	7	7	-	Date		
-							1 / >	5 /	,			0.100.11	_
Steve Stiles				Project Manage	er		121	Ver R.			1 0	6/20/1	1

Location of Asbestos Containing									1	ge 2	_
In Facility (13) by Maintenance/ Custodial Staff (12) ROOF FLASHING STORE STOR	Asbest	tos Containing	N	ocat orma	ally	Asbestos - Containing Material (ACM)		R E	R R	E N	E
			te Cu St	y Ma nan istoc aff (in- ce/ dial 12)	insulation, surfacing, VAT,		O V A	P A I	A P S	O S U
	110		YES	-							1
	06		10	7		ROOF FLASHING	510 SF	7			
			14	Ш	Ц						
				Ц	<u> </u>						T T
				Ш	Ц						Ti
								П	In		
				Ц				П		Ħ	
									n	T T	
										 	
										In	H
								F			H
								T		H	H
								n			
								П		H	
								H			
									H		H
					H						
			U					-			
					\Box						



				NOTIFICA	TION OF A	SBESTOS A	ABATEMEN		[77]	F L	FI	WE
Date of Notification	(1)			(PURSUA	The Real Property lies and the State of the	AC 8:60-7 Al Building Ov	The second second		_	1.7 (-)	CD U	11 125
06_ /20_	/17				RUSSO E	DEVELOPMI			1000	ì		
Agancias Natified	Type of N	otificat	ion		Street Ad	Idress MERCE BL\	VD.		الما	JUI	1 2 0	2017
✓ EPA	20.00					e, Zip Code						
☐ DEP						ADT, NJ 070				CHEET	05.00	Janu k
☑ DOH				-	Name of				Other than K-12) ate & compercial etc.)			
☑ DOL				v/ justification	DOMINIC	K TUCCI					D S & AB S	100
				ı	FACILITY I	NFORMATIO	ON	-				
Name of Facility Wh	nere Abatem	nent is	Taking	Place (3)		Type of Fa	acility (4)		-			
FORMER MERCK U	NION						School (K	-12\				
Street Address						1 =			nar K-12)			
1011 MORRIS AVE							Other (I.e.	, private & c				
Cit. (F)	TC	`		I Country Code	(7)	C	bldgs., ho		_	I D ilalia		
City (5) UNION)		County Code	(7)	Square Fe	et 500	# Of Floors		Bullaing	g Age	
	of Notification (1) 6							being demo	lished)	†	40 +	
							PRODUCTI	ON				
Name of Monitoring	Firm Hired	by Bld	g. Own	ier (8)	ASCM NO) (
EHI						NORTHST	AR CONTR	RACTING GR	OLP, INC	D.		
Street Address						Street Add						
	TOTAL PROPERTY.					32 William	e Darburas					
SPARTA, NJ 07871	е					32 William City, State	e, Zip Code		A V 0			
	lonitoring F	irm		Telephone Nu	ımber	10.0,, 0.000	, <u>-</u> .p					
WILLIAM KIERBIL				973-729-5649			ver, NJ 079	36				
//	/				/	Telephone	Number		Lisense	Number		
//	/	-	12	/ <u></u>		973-88	34-8682			0	0860	
						Name of C	SHA Moni			100		
		ted Dur	ing En	tire Period of				RACTING GR	OLP, INC	D		
		d Outs	ide of N	Normal Facility		Street Add	dress					
Hours - D	escribe:					32 William	s Parkway					
Other - D	escribe: _	7:00 A	M-3:30	PM			, Zip Code					
Scope of Work (Che	ck All That	(ylaaA				Last Hano	ver, NJ 079	36			BC - 10-200-0	
					_	102 SEC.21 10	20 0 20					
		E	✓	Renovation		Full Conta Mini - Enc		h Negative F	re ssure			
					H		Procedure					
	_				~	Non-Exem	npted (*) an	d Non-Friab	e Proced	lure		
Location	of		ls	1	Descript	ion of			At ateme	ent Type		
		Loc	ation	As	sbestos - C	Containing			R		E	E
TO DE ADA	ren	1000000		0	Material .e., therma			Amount	E M	R	N C	N C
				100		i systems facing, VAT	f	(Specify SF or LF)	0	P	A	L
	'					ellaneous)		,	V	Α	P	0
		0.000							A	1	S	S U
									L	R	L	R
		YES	NO N/A									
U7		_	411	VAT MASTIC				90 SF	V			
U7 U7				LAB TOP ROOFING				12 SF 1,400 SF	▽	1	1-1-	+
07				KOOFING				1,400 35	7		1 1	
Name of Registered	Waste Hau		71	NJDEP Waste			Registered	Landfill			hand	
NEWARK CARTING				Hauler ID No.	Yards of Waste	I.E.S.I.						
City, State				1 4509	Disposal	City. State						
NEWARK, NJ					Date		EM, PA 181	05				
C	Tu1			T:410			Sign Attur	<u> </u>			IDate	
Completed by (Print	or type)			Title			Signature	Va	-		Date	
Steve Stiles				Project Manage	er		selle	10	60		06	/20/17

		NOTIFICA	TION OF	F NEW JERSEY ASBESTOS ABATEN JAC 8:60-7 AND 12:1	1ENT 20-7		ECELVE
Date of Notification (1)	_		Name of RUSSO	f Building Owner / O DEVELOPMENT INC	perator (2)		JUN 2 8 2017
Agencies Notified EPA DEP DOH DOL	Notification Initial Amended Amendment Emergency	t # w/ justification	City, Sta CARLST Name of	ddress MMERCE BLVD Ite, Zip Code ADT, NJ 07072 Contact CK TUCCI			ASDESTOS CONTROL 8
	Cancellation	า		INFORMATION			-
Name of Facility Where Abate	ment is Taking		PACILITY				
FORMER MERCK UNION	ment is raking	y Flace (3)		Type of Facility (4)			
Street Address 1011 MORRIS AVE				✓ Other (I)	(K-12) pter 8 (Other t .e., private & o homes, etc.)	than K-12) cmm ercial	
City (5) County (UNION UNION	6)	County Code	(7)	Square Feet 11,000	# Of Floors		Building Age
Nome of Maritaria Fig. 11				Current Use (Prior OFFICE / PRODUC		olish∋d)	40 +
Name of Monitoring Firm Hire EHI Street Address	d by Bldg. Owi	ner (8)	ASCM N	NORTHSTAR CON Street Address	TRACTING GF	ROUP, INC	
655 WEST SHORE TRAIL City, State, Zip Code SPARTA, NJ 07871 Project Mngr. For Monitoring F	-1	I 		32 Williams Parkwa City, State, Zip Cod			
VILLIAM KIERBIL		Telephone Nu 973-729-5649		East Hanover, NJ 0	7936		
Sheduled Start Date (10)	Sched, Comp	oletetion Date (1	1) 17	Telephone Number		Lic inse N	√umber
Occupancy Status During Abat Facility Closed/Vaca Abatement Abatement Performe	ted During En	tire Period of		973-884-8682 Name of OSHA Mo NORTHSTAR CON' Street Address		OUF, INC.	00860
Hours - Describe:Other - Describe:	7:00 AM-3:30	-		32 Williams Parkway City, State, Zip Cod East Hanover, NJ 07	le		
Scope of Work (Check All That	Apply)						
 □ Demolition □ ≥3sf or ≥3lf □ ≥160 sf or ≥260 lf 	V	Renovation		Full Containment w Mini - Enclosure Glovebag Procedur Non-Exempted (*) a	'e		ire
Location of Asbestos Containing	Is Location	Asi	Descript	ion of ontaining		Aba emen	
TO BE ABATED in Facility (13)	Normally Used Solely by Maintenance/ Custodial	(I.e	Material a, thermal	(ACM)	Amount (Specify SF or LF)	E	E E N N C C C L O S S R U U
	<u>Staff (12)</u>				-		L R
12 12		LAB TOPS ROOF FLASHIN	IG		655 SF 3,557 SF		
12 ame of Registered Waste Haul EWARK CARTING		TANK FLASHIN NJDEP Waste Hauler ID No.	G Cubic	Name of Registered	100 SF		
ity, State EWARK, NJ		4509	of Waste Disposal	City. State BETHLEHEM, PA 18	105		
ompleted by (Print or Type)		Title		Signature	1/		Date
teve Stiles SB-41		Project Manager		1,200	en S	1	06/20/17

D-4- (N 00			(PURSU	ANT TO N	IJAC 8:60-7 AND 12	:120-7		11 15	66	1 \//
Date of Notification 06 20	(1) /			Name of	of Building Owner / DEVELOPMENT IN	Operator (2)				***************************************
Agencies Notified	Type of	f Notification			Address			11	JUN 2	8 2017
☑ EPA	Type of				MMERCE BLVD		1			
☐ DEP		Initial			ate, Zip Code			1		
☐ DOH		Amended		CARLS	TADT, NJ 07072		1	ASOF	STOS	SOMETIN
☑ DOL		Amendmen	t #		of Contact		eleph	one Nur	mber N	CHUD
		Cancellatio	w/ justification	DOMIN	ICK TUCCI				TENNETH IN	21 252
				FACILITY	INFORMATION				τ	
Name of Facility WI FORMER MERCK U	nere Abate	ement is Taking	g Place (3)		Type of Facility ((4)	_			
ORIVIER WERCK U	NON					202				
Street Address						ol (K-12)				
1011 MORRIS AVE					Subcl	napter 8 (Other	than K-12	2)		
						(I.e., private & d	m nercia	al		
City (5)	County	(6)	County Code	(7)	Square Feet	, homes, etc.) # Of Floors		15		
JNION	UNION		, , , , , , , , , , , , , , , , , , , ,	(.)	22,000	# Of Floors	i C	Build	ing Age	
s 11		A Comment			Current Use (Price	or if hoing day	olic be d	-	Approximation of the second	
					OFFICE / PRODU	or it being demo	nis nea)		40	+
lame of Monitoring	Firm Hire	d by Blda. Ow	ner (8)	ASCM N		TION				
		, -a. 9	(~)	AGGINI IN	ή'					
HI					NORTHSTAR CO.	NTDACTING OF	O ID	0		
treet Address					NORTHSTAR CO	NTRACTING GE	O JP, IN	C.		
55 WEST SHORE T					Street Address					
ity, State, Zip Code										
PARTA, NJ 07871					32 Williams Parkw	ay .				
oject Mngr. For M	onitoring	Firm	Talanhana	rma la	City, State, Zip Co	ode				
ILLIAM KIERBIL	ornicorning i	rum	Telephone Nu	ımber						
neduled Start Date	(10)	School Com	973-729-5649	1.0	East Hanover, NJ	07936				
07 / 05	/ 17		oletetion Date (1	/	Telephone Number	er	Li :ense	Number	r	
——// ——	/	12	/ 30 /							
ccupancy Status D	uring Aba	tement (Charle	Only 4)		973-884-8682				00860	
Facility CI	osed/Vaca	ated During En	tire Derived of		Name of OSHA M	onitor				
Abatemen		accurating En	me remod of		NORTHSTAR CON	TRACTING GR	OLP, INC).		
254 192	-	ed Outside of N	lormal E- '''		Street Address					
Hours - De	scribe.	ou outside of f	ioiiiiai Facility		22 14/30					
		7:00 AM-3:30	PM		32 Williams Parkwa	ay				
		7.00 AIVI-3.30	<u> </u>		City, State, Zip Co	de				
ope of Work (Chec	k All That	Apply)			East Hanover, NJ (07936				
Demolition	i		Renovation		F 0					
≥3sf or ≥3I			Renovation	H	Full Containment	with Negative P	re: sure			
≥160 sf or	>260 If				Mini - Enclosure					
					Glovebag Procedu	ire	on the second			
					Non-Exempted (*)	and Non-Friable	e Froced	ure		
Location of		Is		Descript	ion of					
Asbestos Contai		Location	Δο		ontaining		Ab iteme	nt Type	1	
	950	Normally	731	Material (R	_	E	E
TO BE ABATE	D	Used	0.2	., thermal		Amount	E	R	N	N
in Facility		Solely			a systems facing, VAT,	(Specify	M	E	C	C
(13)		by Main-	oro	ther mice	ellaneous)	SF or LF)	0	P	A	L
107000000 5		tenance/	0, 0	arer misc	enaneous)		V	A	P	0
		Custodial				1 1	A	1	S	S
		Staff (12)				1 1	L	R	U	U
		YES NO N/A				-			L	R
9A			CAULK			1015				
9A			ROOF TAR			10 LF	7			
9A			ROOF FLASHIN	IG		10 SF	2			
			OOI I LASHIN			1,600 SF	2			
ne of Registered W	aste Haul	er	NJDEP Waste	Tubic 1	Name of David	1200				
WARK CARTING			Hauler ID No.	Vardo	Name of Registered	Landfill				
		i		of Waste	I.E.S.I.					
, State					014 01 1					
VARK, NJ					City. State					
			10	Date	BETHLEHEM, PA 18	3105				
pleted by (Print or	Type	1	Title							
p seed by (r rint Or	(Abe)		Title		Signatur	e /			Date	
					1 1	1/	gerren .		1	
e Stiles		I.	Project Manager		1//-	1/1	()		1	

=			(PURSUA		IAC 8:60-7			1	1771				
Date of Notific	ation (1) 20 / 17	_		Name of RUSSO	f Building (DEVELOPN	Owner / Ope MENT INC.	erator (2)		100	JUN	2 8	2017	
/	/			Street A	ddress								
Agencies Notif	7.	Notification		570 CON	MERCE B	LVD		1	1_				
100000	PA 🗵	Initial			ite, Zip Coo			2	AS	DEST		MINU	
F-99	EP	Amended			ADT, NJ 07	072		L		and the same of the same	ENSI	NG	
0.000	OH	Amendment			Contact			Teleph	one Nun	nber			
		Cancellation	w/ justification	DOMINIC	CK TUCCI			1					
				FACILITY	INFORMAT	ION				-			
Name of Facilit		ment is Taking	Place (3)		Type of F	acility (4)							
FORMER MER	CKUNION					Sahaal (I	(42)						
Street Address					- -	School (F	ter 8 (Other	the 1/ 41					
1011 MORRIS A	AVE						., private &						
			_			bldgs., he	omes, etc.)	CHIMICICIO	21				
City (5)	County (6)	County Code	(7)	Square F		# Of Floors	3	Build	ing Age			
UNION	UNION					3,200		2					
							being dem	olislied)	7	40) +		
Name of Monito	oring Firm Hire	d by Bldg Own	or (8)	ASCM NO		PRODUCT	ION						
		_ J Diag. OWI	(0)	ASCIVI NO	7'								
EHI					NORTHS	TAR CONT	RACTING GI	ROLP IN	C				
Street Address	Contract — Contract Service (Fig. 7)				Street Ad		010111100	1001, 111	0.				
655 WEST SHO						xxxx/8025/5006							
City, State, Zip		The second secon	-			ns Parkway							
SPARTA, NJ 07					City, State, Zip Code								
Project Mngr. F WILLIAM KIERB		-irm	Telephone Nu	mber									
Sheduled Start		Isched Comp	973-729-5649 Dietetion Date (1	4)	East Hanover, NJ 07936 Telephone Number Lic ense Number								
//	5 / 17	12	30 /	17									
//_	_/	/		1.7	973-8	84-8682		1		00860			
Occupancy Stat	us During Aba	tement (Check	Only 1)			OSHA Moni	tor			00000			
Facil	ity Closed/Vaca	ated During Ent	tire Period of				RACTING GF	ROU?. IN	C.				
	ement				Street Ad								
Abate	ement Performe	ed Outside of N	Iormal Facility										
	s - Describe: _ r - Describe: _		DM			s Parkway						State Comment	
Other	- Describe: _	7:00 AIVI-3:30	PIVI			e, Zip Code ver, NJ 079							
Scope of Work (Check All That	Apply)			Last Hallo	vei, NJ 079	36						
Demo	olition	V	Renovation		Eull Conta	inmont wit	h Negative I						
	or_>3If		removation		Mini - Enc	losure	n Negative	Pressure					
	sf or ≥260 If			ă		Procedure							
				V	Non-Exem	npted (*) an	d Non-Friab	le P oced	lure				
Locati	an af												
Asbestos C		Is Location	۸۵۱	Descript	on of ontaining			Abi teme	ent Type		4		
. 10200100	ontaining	Normally	ASI	Material (•		Amount	R		E	E		
TO BE A	BATED	Used	(1.6	e., thermal			(Specify	M	R	N	N		
in Fac	cility	Solely			facing, VAT		SF or LF)	Ö	P	A			
(13	3)	by Main-			ellaneous)	•	o. o. <u>z.</u> ,	v	A	P	0		
		tenance/						Α	1	S	s		
		Custodial						L	R	U	U		
		Staff (12)								L	R		
J10			LAB TOP				60.65		-	_			
J10			CAULK				60 SF	7					
J10		The second name of the second name of the second	ROOF TAR				1,650 LF 5 SF	<u> </u>	1 1	1 1	+	<u> </u>	
J10			ROOF FLASHIN	1G			6,385 SF	7	1 =	++	+	H	
ame of Registe			NJDEP Waste		Name of R	egistered L	andfill	<u> </u>				Ц	
EWARK CARTI	NG		Hauler ID No.	Yards	I.E.S.I.								
ity Ctat-				of Waste									
ity, State					City. State			Printer and the second					
LVVARN, NJ				Date	RFIHFEHE	EM, PA 1810)5						
ompleted by (P	rint or Type)		Title			Signature	0			IDate			
	21-7		onedia i		į	VA	Ve	7		Date		1	
teve Stiles			Project Manager			sle	y Les			0	6/20/1	17	
SB-41						7	-	CONTRACT SECURISION			THE REAL PROPERTY.	-	

				NEW JERSEY SBESTOS ABA	TERRELIT		1 7	\ E	CE	NA E
				AC 8:60-7 AND				15	G. IP	
Date of Notification (1)06 /20 /17		`	Name of RUSSO I	Building Owne DEVELOPMENT	r / Opera	tor (2)	r.	1 r E	LIM 2	R 2017
Agencies Notified Type o	f Notification	-	Street Ac				ul :		-	
EPA	Initial			MERCE BLVD te, Zip Code			+	1		
DEP	Amended			ADT, NJ 07072			1	ASSE	STOS C	CONTROL
☑ DOH	Amendment		Name of			Te	lepho	ne Num	ber	Silvia
DOL _	Emergency v Cancellation	v/ justification	DOMINIC	K TUCCI		!				
	V V		FACILITY I	NFORMATION						
Name of Facility Where Abat FORMER MERCK UNION	ement is Taking	Place (3)		Type of Facili	ty (4)					
				933.50	hool (K-1					
Street Address 1011 MORRIS AVE				✓ Oth		8 (Other than private & cmr es, etc.)				
City (5) County		County Code	(7)	Square Feet		Of Floors		Buildir	ng Age	
UNION UNION				10,500		3		1		
				Current Use (I OFFICE / PRO			ed)		40	+
Name of Monitoring Firm His	ed by Bldg. Own	er (8)	ASCM NO		DUCTIO	V			-	
	ou sy blug. om	ici (o)	ACOM NO	1						
EHI				NORTHSTAR		CTING GROU	P, INC) .		
Street Address 655 WEST SHORE TRAIL				Street Addres	S		A Mar			
City, State, Zip Code			32 Williams Parkway							
SPARTA, NJ 07871				City, State, Zip						
Project Mngr. For Monitoring	g Firm	Telephone Nu	mber	1,						
WILLIAM KIERBIL		973-729-5649		East Hanover,						
Sheduled Start Date (10)		eletetion Date (1	/	Telephone Nu	mber	Li	ense	Number		
$\frac{07}{0} / \frac{05}{05} / \frac{17}{05}$	- 12	/ <u> </u>		973-884-86	382			8	00860	
Occupancy Status During Ab	patement (Check	Only 1)		Name of OSH					00000	
Facility Closed/Va				NORTHSTAR	CONTRA	CTING GROU	P, INC) ,		
Abatement				Street Address	S					
Abatement Perfor Hours - Describe:		Normal Facility		32 Williams Pa	rkway					
Other - Describe:		PM		City, State, Zip						
Scope of Work (Check All Th				East Hanover,						
ocope of work (offect All III	ат Арріу)									
☐ Demolition	\checkmark	Renovation		Full Containm		Negative Pre	sure			
≥3sf or ≥3lf≥160 sf or ≥260 lf				Mini - Enclosu Glovebag Prod						
2100 31 01 <u>2</u> 200 11				Non-Exempted		Non-Friable F	roced	ure		
			_					1500(5)		
Location of	Is		Descript			At		nt Type		100
Asbestos Containing	Location Normally	As	bestos - C Material			Amount	R E	l _p	E N	E
TO BE ABATED	Used	1 0	e., therma	1		(Specify	M	R	C	N C
in Facility	Solely	1,000		facing, VAT,		SF or LF)	0	P	A	Ľ
(13)	by Main-			ellaneous)			V	A	P	0
	tenance/						Α	1	S	S
	Custodial Staff (12)						L	R	U	U
	YES NO N/A	 			-			-	L	R
U14	TEG NG N/A	LAB TOPS			60	00 SF	7		+ -	
U14		TRANSITE				SF	V		1 5	15
U14		SILL CAULK			20	00 LF	V			
U14		GLAZING	10-11		200	WINDOWS	V			
Name of Registered Waste H NEWARK CARTING	auler	NJDEP Waste Hauler ID No.	Cubic Yards	Name of Regis	stered La	natili				
			of Waste							
City, State	V			City. State					-	
NEWARK, NJ			Date	BETHLEHEM,	PA 18105					
0		1		L	(0			le :	
Completed by (Print or Type)		Title		Sign	nature	1/-	0		Date	
Steve Stiles		Project Manage	er		160	n Al	L	ノ	0	6/20/17
ASB-41							Parameter 1		-	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO T

Pge 2

Location of	Is	Description of		IAL	Je	<u>~</u>	
Asbestos Containing	Location			Abateme	ent Type	l-	I-
7.5505.05 Johnanning	Normally		A	R E	15	E	E
TO BE ABATED	Used	(I.e., thermal systems	Amount	M	R	N	N
in Facility	Solely	insulation, surfacing, VAT,	(Specify	0	P	C	C
(13)	by Main-	or other miscellaneous)	SF or LF)	V	1	A P	L
(10)	tenance			Ă	A.	S	o s
	Custodia			Ĺ	l R	U	
	Staff (12)			_		ľ	U R
	YES NO N				+	-	K
U14		ROOF FLASHING	1,110 SF	[7]			
					1 5	1 1	T
	 						
				- H			-
							
				П			
				T	T in		H

				NOTIFICA (PURSU	ATION OF	OF NEW JER F ASBESTON NJAC 8:60-7	S ABATEM	ENT 0-7	Transaction of the second)), [[C E	I W E		
Date of Notification	(1)				Name	of Building O DEVELOP	Owner / Or	perator (2)	1 1		JUN 2	8 2017		
Agencies Notified	Type of	Motifie	ation.		Street	Address			1		E12]N N			
∠ EPA	ype of	Initia				OMMERCE E			i	-				
☐ DEP			nded			tate, Zip Co			1	ASUL	SIUS (CONTROL		
☑ DOH			ndmer		Name	of Contact	1012		II alonh	one Num	LICEN	SHIG		
☑ DOL		Eme	rgency cellatio	w/ justification		IICK TUCCI			Traiebii	one Num	iber			
					FACILITY	Y INFORMAT	TION							
Name of Facility Who FORMER MERCK UN	ere Abate NON	ment is	Takin	g Place (3)			Facility (4)							
Street Address 1011 MORRIS AVE							Other (I.	K-12) oter 8 (Other e., private & omes, etc.)	tha i K-12 cmi iercia	!) al				
City (5) UNION	County (6)		County Code	(7)	Square F	eet	# Of Floor	s	Buildi	ng Age			
	ONION						,400		1					
						OFFICE	PRODUCT	f being dem	olis red)		40	+		
Name of Monitoring	Firm Hire	d by Blo	dg. Ow	mer (8)	ASCM N	VOI	FRODUC	ION						
EHI														
Street Address								RACTING GI	ROLP, IN	C.				
655 WEST SHORE TE	RAIL					Street Ad	ldress							
City, State, Zip Code					-	- 32 Willian	ns Parkway							
SPARTA, NJ 07871						City, Stat	e, Zip Code	9						
Project Mngr. For Mo WILLIAM KIERBIL	nitoring F	irm		Telephone Nu	mber	7								
Sheduled Start Date (10)	School	Com	973-729-5649 pletetion Date (1	4)		over, NJ 079	936	-					
07//05	/ 17		1. Com 12	30	17	Telephon	e Number		Lic ense	Number				
// /				//		973-8	84-8682			,	00860			
Occupancy Status Du	ring Abat	ement (Check	Only 1)		Name of 0	OSHA Mon				30000			
Facility Clo		ted Dur	ing Er	ntire Period of		NORTHST	TAR CONTI	RACTING GF	ROUP, INC) .				
		d Outs	ide of	Normal Facility		Street Ad	dress							
Hours - Des	scribe: _					32 William	s Parkway							
Other - Des	cribe: _	7:00 A	M-3:30	PM		City, State	, Zip Code		_					
Scope of Work (Check	All That	A man Las				East Hano	ver, NJ 079	36						
scope of work (Check	All Inat	Apply)												
□ Demolition □ ≥3sf or ≥3lf ≥160 sf or ≥		[2	2	Renovation		Mini - Enc Glovebag	losure Procedure	h Negative F						
					ت	NOII-LAGII	ipieu () an	d Non-Friabl	e P oced	ure				
Location of Asbestos Contain	ning	1.000			Descrip				Ab: teme	nt Type	Source Comment			
Assested Contain	iiig	Loca Norn		Asi		Containing		2.0000000000000000000000000000000000000	R		E	E		
TO BE ABATE	<u>D</u>	Us		(Le	Material	(ACIVI) Il systems		Amount	E	R	N	N		
in Facility		Sol	ely	insula	ation, sur	facing, VAT	,	(Specify SF or LF)	M	E P	C	C		
(13)		by M		or o	ther misc	cellaneous)	·	0. 0. 2. /	V	A	P	0		
	- 1	tenar						- 1	Α	1	S	S		
		Staff		1					L	R	U	U		
		YES N	Q N/A								L	R		
15				ROOFING				400 SF	7					
15				ROOF FLASHIN	G			157 SF	-5-		H	++-		
			1-											
ame of Registered Wa	aste Haul	er		NJDEP Waste	Lubic	Name of Re	agistared	on dfill						
EWARK CARTING		2000		Hauler ID No. Y	ards	I.E.S.I.	-Aistelea F	anuilli						
ity State				4509 c	f Waste	N-00/11/00/10/10						- 1		
ity, State EWARK, NJ					isposal ate	City. State BETHLEHE	M, PA, 1810)5						
ompleted by (Print or	Tuncl			7'41				(i		
piocod by (Fillit Of	· ype)			Title		5	Signature	V.	6)		Date			
eve Stiles				Project Manager		i.	200	n Il	(2)	ı	000	00/47		
SB-41	The second second			331	ACCOUNT OF THE PARTY OF THE PAR		7 4	12 /			06/	20/17		

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7

				NOTIFIC	ATION OF	ASBESTOS ABA	TEMENT		E A E	I W B
Date of	Notification (1)	- I	(PURSL		JAC 8:60-7 AND			to the	I W E
06		/17	_		RUSSO	f Building Owne DEVELOPMENT	INC.			
A =====1	/ /				Street A				JUN 2 8	2017
Agencie	es Notified EPA		Notification			MMERCE BLVD				
	DEP		Initial Amended			ate, Zip Code ADT, NJ 07072		1 1		
$\overline{\mathbf{Y}}$	DOH		Amendment	t #		f Contact		IT lanks	SNESTOS CO one Number NS	MINOLI
[V]	DOL			w/ justification	DOMINI	CK TUCCI		Te lepite	Me reditiber MS	10
			Cancellation	1	EACH ITY	INFORMATION				
Namaa	f Coaility Wha	- Al1			TAGILITI					
ORME	f Facility Wher R MERCK UNI	ON	ment is Taking	Place (3)		Type of Facili	ty (4)			
Charact A							hool (K-12)			
	ddress DRRIS AVE					☐ Sul	bchapter 8 (Other	thar K-12)	
TOTT IVIC	DIMMO AVE						ner (l.e., private &	cmn ercial		
City (5)	0	County (6)	County Code	e (7)	Square Feet	gs., homes, etc.) # Of Floors		Building Age	
NOINL	L	INION			, ,	9,500	# O1110013	3	Building Age	
							Prior if being demo	olist ed)	40) +
lame of	Monitoring Fi	rm Hiro	d by Bldg O	nor (8)	lacour	OFFICE / PRO	DUCTION			
	omtoring FI	mie	a by blug. UWI	161 (0)	ASCM N	91				
HI						NORTHSTAR (CONTRACTING GE	ROUP, INC).	
	ddress ST SHORE TRA	\ II				Street Address		,		
	te, Zip Code	1L				-				
	, NJ 07871					32 Williams Pa City, State, Zip	rkway			
roject I	Mngr. For Mon	itoring F	irm	Telephone N	umber	Joily, State, 21p	Code			
	1 KIERBIL	-		973-729-5649)	East Hanover, I	NJ 07936			
hedule 07	d Start Date (1	67.60		oletetion Date (Telephone Nur	mber	Lic ense	Number	
	// / ·	17		/ <u></u>	/17	973-884-86	00			
ccupar	ncy Status Dur	ing Abat	tement (Check	Only 1)		Name of OSHA			00860	
	Facility Clos	ed/Vaca	ited During En	tire Period of			CONTRACTING GR	OUP, INC		
	Abatement					Street Address				
	Hours - Desc	cribe:	ed Outside of i	Normal Facility		22 Williams Day	elo			
$\sqrt{}$			7:00 AM-3:30	PM		32 Williams Par City, State, Zip				
cone of	Work (Check	All That	Apply			East Hanover, N	NJ 07936			
cope of		All Illat	Apply)							
	Demolition			Renovation			ent with Negative F	res sure		
	≥3sf or_≥3lf ≥160 sf or ≥2	60 If				Mini - Enclosur				
band.		.00 11				Glovebag Proc	edure (*) and Non-Friab	lo Di scodi	uro	
						Tron Exempted	() and Non-i nab	ie Froceut	ure	
Δsh	Location of estos Containi	ina	ls Location		Descript			Aba temer		
7100	cotos contann	ing	Normally	l As	sbestos - C Material		Amount	R	E	E
<u>T</u>	O BE ABATED	ī	Used	(1	.e., therma		Amount (Specify	E	R N C	N C
	in Facility		Solely	insu	ılation, sur	facing, VAT,	SF or LF)	Ö	P A	L
	(13)		by Main- tenance/	or	other misc	ellaneous)		/	A P	0
			Custodial					A	I S	S
			Staff (12)					-	R U	U R
0			YES NO N/A							1
8				LAB TOPS			455 SF			
8				CAULK ROOF FLASHI	INIC		845 LF			
8				ROOFING	ING		4,740 SF 600 SF			
	Registered Wa	ste Haul		NJDEP Waste		Name of Regist		[7]		
WARK	CARTING			Hauler ID No.	Yards	I.E.S.I.	······································			
ty, State				4509	of Waste	011				
v. Oldie					Disposal Date	City. State	A 19105			
	LVJ				Dare	BETHLEHEM, P.	V 10102			
	, 190				1		/			
WARK,	d by (Print or T	Гуре)		Title		Signa	ature /	}	Date	
WARK,	d by (Print or T	Гуре)		Title Project Manage		Signa	ature	05		6/20/17

NOCH		NOTIFICA	TION OF A	NEW JERSEY SBESTOS ABATEME AC 8:60-7 AND 12:120	-7	DEGELVE						
Date of Notification (1)			RUSSO E	Building Owner / Ope DEVELOPMENT INC.	erator (2)	The second secon		JN 28	2017			
✓ EPA ✓ DEP DOH DOL	Initial Amended Amendment # Emergency w		City, Stat	MERCE BLVD e, Zip Code ADT, NJ 07072 Contact		Telephor	ASBES	LOUGHLO	ONTROL 8			
	Cancellation	F	ACILITY I	NFORMATION								
FORMER MERCK UNION Street Address	ment is Taking	Place (3)			ter 8 (Other							
		1		bldgs., h	., private & omes, etc.)							
UNION UNION	5)	County Code	(7)	Square Feet 200 Current Use (Prior in OFFICE / PRODUCT	Section of the second section is the second		Building	g Age 40 +				
Name of Monitoring Firm Hire	d by Bldg. Own	er (8)	ASCM NO			ROUP, INC						
County County				Street Address 32 Williams Parkway		Fig. 10 at 1						
Project Mngr. For Monitoring I WILLIAM KIERBIL		Telephone Nu 973-729-5649		City, State, Zip Code		1	y					
	_12 /	30	11) / <u>17</u>	Telephone Number 973-884-8682		License I		0860				
Facility Closed/Vaca Abatement Abatement Perform	ated During Ent	ire Period of		Name of OSHA Mon NORTHSTAR CONT Street Address		COUP, INC						
	7:00 AM-3:30	PM .		32 Williams Parkway City, State, Zip Code East Hanover, NJ 079		****						
Scope of Work (Check All That	Apply)		- Washington		,00							
≥3sf or ≥3lf	7	Renovation		Full Containment wi Mini - Enclosure Glovebag Procedure Non-Exempted (*) an	9		ure					
Asbestos Containing TO BE ABATED in Facility	Location Normally Used Solely by Maintenance/ Custodial Staff (12)	(I. insu	Material e., therma lation, sur	Containing (ACM)	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R			
76 TANK SHED		ROOFING			200 SF							
Name of Registered Waste Had NEWARK CARTING	iler	NJDEP Waste Hauler ID No. 4509		Name of Registered I.E.S.I.	Landfill			<u> </u>				
City, State NEWARK, NJ			Disposal Date	City. State BETHLEHEM, PA 18	105							
Completed by (Print or Type)		Title	***************************************	Signature	- /	Date						

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7

Date of Notification (1) 06 / 20 / 17				Building Owner / Ope	rator (2)		4	IN 28	0047			
$\frac{06}{20} / \frac{20}{17}$			Street Ad		-	- 111		IN 2 K	2017			
Agencies Notified Type of No	otification			MERCE BLVD			Į.		}			
☑ EPA ☑	Initial			e, Zip Code			ASSESTOS CONTROL					
☐ DEP ☐	Amended			DT, NJ 07072								
DOH DOL	Amendment # Emergency w		Name of O			Te spho i	ne Numb	er				
DOL	Cancellation	justilication	DOMINIC	(1000)				_				
		F	ACILITY IN	IFORMATION								
Name of Facility Where Abatem	ent is Taking F	Place (3)		Type of Facility (4)								
FORMER MERCK UNION				☐ School (K	-12)							
Street Address	W. The state of th				er 8 (Other th	nan K-12)						
1011 MORRIS AVE					, private & ci	nm ercial						
					mes, etc.)	-	In and					
City (5) County (6) UNION		County Code (7)	Square Feet 77,000	# Of Floors		Buildin	g Age				
ONION				Current Use (Prior if	being demo	ish ed)	†	40 +				
				OFFICE / PRODUCTI								
Name of Monitoring Firm Hired	by Bldg. Owne	er (8)	ASCM NO	1								
				NODTHOTAD CONT	NACTING OD	OLLA INC						
EHI				NORTHSTAR CONTE	RACTING GR	00 3, INC						
Street Address 655 WEST SHORE TRAIL				Street Address								
City, State, Zip Code		-		32 Williams Parkway								
SPARTA, NJ 07871				City, State, Zip Code								
Project Mngr. For Monitoring Fi	irm	Telephone Nu 973-729-5649	mber	East Hanover, NJ 079	136							
WILLIAM KIERBIL Sheduled Start Date (10)	Sched Comp	letetion Date (1	1)	Telephone Number	130	License	Number					
07 / 05 / 17	12	30 /	17	Totophione manibe.								
/	/	/		973-884-8682				00860				
Occupancy Status During Abate				Name of OSHA Moni		OLLO INIC						
Facility Closed/Vacat	ted During Ent	ire Period of		NORTHSTAR CONTE	RACTING GR	00 , 1140		-				
Abatement Performe	d Outside of N	ormal Facility		Otreet Address								
Hours - Describe:				32 Williams Parkway								
Other - Describe:	7:00 AM-3:30 I	PM .		City, State, Zip Code East Hanover, NJ 079								
Scope of Work (Check All That	Apply)	-		Last Hanover, No ore								
Demolition		Renovation		Full Containment wi	th Negative F	Pres sure						
≥3sf or≥3lf	ŭ	Reliovation	H	Mini - Enclosure	iii wegative i	10. 3010						
≥160 sf or ≥260 lf				Glovebag Procedure								
			V	Non-Exempted (*) ar	nd Non-Friab	le Froced	lure					
Location of	ls		Descript	ion of		Ab iteme	ent Type					
Asbestos Containing	Location	As	bestos - C			R	I	E	E			
	Normally		Material		Amount	E	R	N	N			
TO BE ABATED	Used		e., therma		(Specify	M	E	C	C			
in Facility	Solely			facing, VAT, ellaneous)	SF or LF)	0 V	A	A P	L			
(13)	by Main- tenance/	Or o	other misc	elialieous)		Å	1î	s	s			
	Custodial					L	R	U	U			
	Staff (12)							L	R			
	YES NO N/A											
			FILLO		140.750.05		1	1 +	1 -			
U1		WATER PROC MASTIC	FING		10,750 SF 17,175 SF	7	+ +	+ +	+ +			
U1 U1		CAULK			810 LF		╁┼	1 1	+ -			
Name of Registered Waste Hau		NJDEP Waste	Cubic	Name of Registered								
NEWARK CARTING		Hauler ID No. 4509	Yards of Waste	I.E.S.I.								
City, State			Disposal	City. State								
NEWARK, NJ			Date	BETHLEHEM, PA 18		0						
Completed by (Print or Type)		Title		Signature	1	15		Date				

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7 Name of Building Owner / Operator (2)

06_ / 20	/ 17				EVELOPMENT INC.	rator (2)			111N 2	A 2017
	/			Street Add	dress		l led	1		
Agencies Notified	Type of N	otification		570 COMN	MERCE BLVD			in the second		
☑ EPA	V	Initial			e, Zip Code		All level	ASINE	STASO	CONTRO
☐ DEP		Amended			DT, NJ 07072	- Mariana				
☑ DOH		Amendment #		Name of C			Telephon	ie-Numb	er	4.1.4
☑ DOL		Emergency w	justification	DOMINIC	K TUCCI					
		Cancellation		A CIL ITY IN	FORMATION					
				ACILITY IN	NFORMATION					
Name of Facility W	here Abaten	nent is Taking F	Place (3)		Type of Facility (4)		-			
FORMER MERCK I	NOINL				_					
						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Street Address										
1011 MORRIS AVE							mmerciai			
C:t.: /E\	County (6	\	County Code	(7)				Buildir	ng Age	
City (5) UNION)	County Code	(1)		# 01 1 10018		Dunan	ig Age	
UNION	ONION					f being demo	lished)	†	40 -	+
									-2700	
Name of Monitorin	a Firm Hired	by Bldg Owne	er (8)	ASCM NO						
I wante of wormtorn	School (K-12) County (6) UNION County Code (7) County (6) UNION County Code (7) County (8) UNION County Code (7) Square Feet 54,000 Current Use (Prior if being demt lished) OFFICE / PRODUCTION NORTHSTAR CONTRACTING GI OUP, INC. Street Address Street Address Code 71 City, State, Zip Code Cotten (10) Sched. Completetion Date (11) So 17 Cus During Abatement (Check Only 1) ty Closed/Vacated During Entire Period of ment ment Performed Outside of Normal Facility S- Describe: Describe: Tobaccibe: Tobacc									
EHI				Subchapter 8 (Other than K-12) Other (I.e., private & commercial bidgs., homes, etc.) Square Feet # Of Floors 54,000 Current Use (Prior if being demo 0FFICE / PRODUCTION (8) ASCM NO NON NORTHSTAR CONTRACTING GIOUP, INC. Street Address 32 Williams Parkway City, State, Zip Code East Hanover, NJ 07936 Telephone Number 973-884-8682 nly 1) Name of OSHA Monitor NORTHSTAR CONTRACTING GIOUP, INC. Street Address 32 Williams Parkway City, State, Zip Code East Hanover, NJ 07936 Telephone Number 973-884-8682 novation NorthSTAR CONTRACTING GIOUP, INC. Street Address Treet Address Tree						
Street Address	Subchapter 8 (Other 1 an K-12) Other (I.e., private & mmercial bidgs, homes, etc.)									
655 WEST SHORE	TRAIL									
City, State, Zip Co.	de									
SPARTA, NJ 07871					City, State, Zip Code	9				
	Monitoring F	irm		mber		000				
WILLIAM KIERBIL		Ta : : : :				936	Linanaa	Number		
Al .	1		/	1	l elephone Number		License	Number		
//	/_1/	12/	$\frac{30}{}$		973-884-8682			,	00860	
Occupancy Status	During Abat	ement (Check	Only 1)			itor				
Facility	Closed/Vaca	ted During Ent	ire Period of				OUP, INC	j		
Total Control					NAME OF TAXABLE PARTY OF TAXABLE PARTY.					
		ed Outside of N	ormal Facility							
Hours -	Describe:									
☑ Other -	Describe: _	7:00 AM-3:30 I	<u>PM</u>							
				S-21-9,	East Hanover, NJ 07	936				
Scope of Work (Ch	neck All That	Apply)								
Demolit	ion	[J]	Renovation		Full Containment w	ith Negative	Pressure			
						•				
	_				Non-Exempted (*) a	nd Non-Frial	le Proced	ure		
							I A L	- 1 T		
		ls				1	R	nt Type	ΙE	ĮΕ
Asbestos Co	ntaining	Location	As	sbestos - C Material		Amount	E	R	N	N
TO DE AD	ATED	Normally Used	l //	.e., therma		(Specify	M	E	C	c
TO BE AB		Solely	9.50		facing, VAT,	SF or LF)	1	P	A	L
(13)	ity	by Main-			ellaneous)		V	A	P	0
(10)		tenance/					Α	1	S	S
		Custodial	1			1	L	R	U	U
		Staff (12)							L	R
		YES NO N/A				0.000.00	-	1	-	+
U2			VAPOR BARR	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	К	3,000 SF		+ 4	 	
U2			CEILING PLAS			1,080 SF	7	1 1		
U2			ROOFING FLA	ASHING		14,000 SF 60 LF	7	\vdash	1 +	++
U2	d Waste Ha		NJDEP Waste	Cubic	Name of Registered					
Name of Registers NEWARK CARTIN		nei	Hauler ID No.		I.E.S.I.	Landill				
INCAMIN OWN IIIN	J			of Waste						
City, State				Disposal	City. State					
NEWARK, NJ				Date	BETHLEHEM, PA 18	3105				
							_			
Completed by (Pri	nt or Type)		Title		Signatur	e	(/		Date	
1			1		1 X)	~	V 0	()		

						STA	TE OF NE	W JERS	SEY	_ 7	Name of Street, Street	E 10-1	E 11	W	E
					NOTIFICA	TIOI	N OF ASB	ESTOS	ABATEMEN AND 12:120-7	T i		EU	<u>5 1</u>	_V.	
					(PURSUA	AN I	me of Rui	Idina C	wner / Opera	ator (2)					1
	otification (1)	17				RI	JSSO DEV	ELOPN	MENT INC.	, ,	1 11	13 (3)	20	004	7
	$/\frac{20}{}$					St	reet Addre	ess			1	JUIN	L U	LUI	
Agencies	Notified 17	Type of Noti	ificatio	n			O COMME								-H
/generos	EPA		nitial			Ci	ty, State, 2	Zip Cod	le		F	SBESTO	SOC	MITE	8 101
	DEP		Amende				ARLSTAD		0/2	ITA	enhon	e Number	FNS	NG	
V	DOH			ment #_	tification		ame of Co			1.5	орнон		2 30.1	Name of Street	
~	DOL		Emerge Cancell		justification	P	OWNINGR	10001							
			ancen	ation	AND THE RESERVE OF THE PARTY OF	FAC	CILITY INF	ORMAT	ION						- 1
				200		20000000									_
Name of I	Facility When	re Abateme	nt is Ta	aking P	ace (3)		T	ype of l	Facility (4)						- 1
FORMER	MERCK UNI	ON					- 1		School (K	-12)					
						_			Subchapte	er 8 (Other than	K-12)				- 1
Street Ad	idress RRIS AVE						- 1	V	Other (I.e.	, private & cmr	ercial				- 1
TOTTIVIOR	KKIS AVL								bldgs., ho			Duilding	Ago		
City (5)		County (6)			County Cod	e (7)	S	quare		# Of Floors 2		Building	Age		- 1
UNION		UNION					Ļ	1	4,000	being demolis	ied)	t	40	+	
							——()	FFICE	/ PRODUCTI	ON					
	Monitoring F	Tiem Liesel	by Ride	Owno	r (8)	IA	SCM NO		, , , , , , , , , , , , , , , , , , , ,	ALVAYOU.					
Name of	wonitoring i	- IIIII Alleu I	Jy Diag	J. OWING	. (0)						IID INO	ž.			
EHI								_		RACTING GRO	IP, INC				
Street Ac	ddress						1	Street A	ddress						
	ST SHORE TE							32 Willia	ms Parkway						
	te, Zip Code								ate, Zip Code						
SPARTA Droinet N	, NJ 07871 Mngr. For Mo	nitoring Fi	rm		Telephone	Num	ber								
WILLIAM	KIERBIL				973-729-564	19			nover, NJ 079		20000	Number			
	d Start Date	(10)			etetion Date	(11		Telepho	one Number	ľ	Cerise	Marrison			
07	/ _ 05	/_17_	1	2 /	30	-/		973	-884-8682			00	860		
0	ncy Status D	uring Abate	ment (Check	Only 1)			Name o	f OSHA Mon	itor					
Occupai	Facility Cl	osed/Vacat	ed Dur	ing Ent	ire Period o	f				RACTING GRO	JP, INC	<i>)</i>			
	Abatemen	it						Street A	Address						
			d Outsi	ide of N	ormal Facili	ity		32 Willi	ams Parkway						
-	Hours - De	escribe: escribe:	7:00 A	M 3:30	DM		1	City, St	ate, Zip Cod	е					
	Other - De	scribe	1.007	W 5.00				East Ha	anover, NJ 07	936			-		
Scope o	of Work (Che	ck All That	Apply)												
	10000000000000000000000000000000000000					_	$\overline{\mathcal{A}}$	Eull Co	ntainment w	ith Negative P	essure				
	Demolitio		L	1	Renovation	1			Enclosure						
	>3sf or >3 >160 sf or							Gloveb	ag Procedur	е		4			
[2]	2100 51 01						~	Non-Ex	kempted (*) a	and Non-Friabl	Proce	aure			
							Descripti	on of			batem	ent Type	/2		980
	Location o		4.00	ls cation		As	bestos - C		ng		R		E		E
As	bestos Cont	airiirig	1000000	rmally			Material (ACM)		Amount	E	R	N C	- 1	N C
1	TO BE ABA	TED	100000	sed			e., thermal			(Specify SF or LF)	M	P	A		L
	in Facility			olely	i		ation, sur			SF OF LF)	V	A	P		0
1	(13)		1000	Main-		orc	ther misc	enaneo	usj		Α	1	s		S
1				ance/ stodial							L	R	U		U R
				ff (12)									1-	\rightarrow	K
-				NO N/A						600 SF			+		
U3				V	LINOLEUN	ΛAN	D MASTIC			1,060 LF	7	1 1	+		
U3 CAULK							FING			3,200 SF	7				
U3			1		ROOF FLA					3,120 SF	7				
U3 Name (of Registered	Waste Hai		ااان	NJDEP W	aste	Cubic		of Registere	d Landfill					
	RK CARTING				Hauler ID		Yards	I.E.S.I							
	Access and the analysis and the second				1 4	4509	of Waste Disposal	City S	State						
City, St							Date	BETH!	LEHEM, PA 1	8105					
NEWA	KK, NJ								1= 0				IDat	te	
Compl	eted by (Prin	t or Type)			Title				Signatu	1/			Dai		
					l				1 10%	To no AA	12		1	001	20117

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7

1							Account on the Control of the Contro	ill J	UN 2	8 20	17
	/_1/						- 1				
Agencies Notified	Type of No	tification		570 COMM	IERCE BLVD		-	1			
	V	Initial					the same of the sa		LICENS		ROL
					- Company of the Comp		Te ephor	ne Numbe	r	P. P. Cornell Bridge	
Agencies Notified Type of Notification City, State, Zip Code CARLSTADT, NJ 07072 Name of Contact DOMINICK TUCCI The sphone Number FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) FORMER MERCK UNION Type of Facility (4) Street Address 1011 MORRIS AVE City (5) UNION County (6) UNION County Code (7) Square Feet 20,000 Current Use (Prior if being demolisi ed) OFFICE / PRODUCTION NORTHSTAR CONTRACTING GROL P, INC.											
		Caricenation	F	ACILITY IN	FORMATION						
Name of Facility Wh	ere Abateme	ent is Taking P	lace (3)		Type of Facility	(4)					\neg
			,		82-42						- 1
0							an K-12)				- 1
1011 MORRIS AVE					☑ Othe	r (I.e., private & cr	nn ercial				
City (5)			County Code (7)	Square Feet			Building) Age		
UNION	UNION				Current Use (Pr		ist ed)	†	40 +	l	
	Second Control Street Address Stre		-								
Name of Monitoring	Firm Hired	by Bldg. Owne	r (8)	ASCINI NO							
EHI						ONTRACTING GR	OL P, INC	;.			
Street Address					Street Address						
					32 Williams Dark	oway					
	е										\neg
	Ionitorina Fi	rm I	Telephone Nu	Street Address S70 COMMERCE BLVD City, State, Zip Code CARLISTADT, NJ 07072 Type of Facility (4)							
WILLIAM KIERBIL	iomtoring i i										
Sheduled Start Date	(10)		/		Telephone Num	nber	License	Number			
07_//05_	/_17	_12/		1/	973-884-868	32		0	0860		
Occupancy Status I	Ouring Abate	ement (Check (Only 1)		Name of OSHA	Monitor	1				
_ I o	losed/Vacat	ted During Enti	ire Period of		NORTHSTAR C	ONTRACTING GR	OLP, INC).			
Abateme	nt				Street Address						
		d Outside of N	ormal Facility		32 Williams Par	kway					
		7:00 AM-3:30 F	PM								
Other - D	escribe	7.007111 0.001									
Scope of Work (Che	eck All That	Apply)									
☐ Demolitie	on	$\overline{\mathcal{Q}}$	Renovation	~			Pre ssure				
≥3sf or_>	3lf										
≥160 sf co	or ≥260 If				Non-Exempted	edure (*) and Non-Friab	le 'roce	dure			
						,,					
Location	of	The state of the s						ent Type	I=	l=	
Asbestos Con	taining		A:			Amount		R	0.55		
TO BE ARA	TED		1 (1				1	E	С	C	
			inst	ılation, sur	facing, VAT,	SF or LF)				2000	
			or	other misc	cellaneous)	i		100	13		
							0.000				
							_		L		
U4			VAT & MASTI				1-2	1 -		+	<u> </u>
								1 1	1 -	-	
								+ +	1 1	+	H
	d Maste He-				IName of Regis						
NEWARK CARTING	u vvaste nat	nei	Hauler ID No.	Yards	I.E.S.I.	neumeum (spainteis) (19.9 pp. 45 200 / 54 200					
						PA 18105					
			Trial-		le:	nature	7)		Date		
Completed by (Prin	nt or Type)		Title		Sigi	Story &	1,5)		16/20/1	17

/ batement Type Description of Is E Location of R Asbestos - Containing Location N C N Asbestos Containing R Amount Ε Material (ACM) Normally С E (Specify M (I.e., thermal systems Used LO TO BE ABATED 0 P SF or LF) insulation, surfacing, VAT, in Facility Solely P V Α or other miscellaneous) by Main-S (13)S 1 A tenance/ U U R L Custodial R Staff (12) YES NO N/A 1 200 EA GLUE DABBS 日同日 J 60 FL CAULK U4 3,500 SF 7 ROOF FLASHING U4 П

JUN 2 8 2017

ASSESTOS CONTROL 8

LICENSING

				ST. NOTIFICATIO	ATE OF	ASRES	JERSET TOS ABATE	MENT	ī				7.71	n n.a	E F
			1	(DIIPSIIAN)	TO N	IAC 8:6	0-7 AND 12	120-7		1	1 6	= (Lang
e of Notification	(1)			I N	lame o	f Buildi	ng Owner / OPMENT I	Opera	itor (2)		4.1				
06 / 20	/17			13	Street A	ddress						1118	128	3 2017	
ncies Notified	Type of Notif	fication			70 CO	MMERC	E BLVD			- 11	-1	001			
EPA	☑ In	itial			City, St	ate, Zip	Code NJ 07072			ì	_ [
DEP		mended mendment	#		Name o	f Conta	act			Tele	phone	Numb	ers o	ONTRO	JL &
☑ DOH ☑ DOL	□ E	mergency v	v/ jus	tification	DOMIN	ICK TU	CCI							31 113	
	□ c	ancellation		F	ACILITY	INFO	RMATION								
							e of Facility	(4)		2					
ne of Facility W	here Abateme	nt is Taking	Plac	e (3)		ligh									
RMER MERCK L	JNION					_		ool (K	-12) er 8 (Other i	nan	K-12)				
eet Address							Oth	er (l.e.	, private &	mm	ercial				
11 MORRIS AVE								gs., ho	# Of Floors			Buildir	ng Age)	
y (5)	County (6)		Co	ounty Code (7)	1	uare Feet 19,000								
NON	UNION					Cu	rrent Use (F	rior if	being dem	lish	ed)			40 +	
					Lies		FICE / PRO	DUCT	ION	_	-				
me of Monitorin	ng Firm Hired b	y Bldg. Ow	ner (8)	ASCM				2 2	2011	D 1110				
									RACTING G	ROU	P, INC				
reet Address		1				St	reet Addres	5							
5 WEST SHORE	TRAIL	-	_			32	Williams Pa	arkway	72	_					
ty, State, Zip Co PARTA, NJ 0787	1					Ci	ty, State, Zi	p Code	e						
roject Mngr. For	Monitoring Fi	rm	Te	elephone Nu 73-729-5649	ımber	E	ast Hanover	NJ 07	936	-		Numbe			
ILLIAM KIERBIL heduled Start Da	ate (10)	Sched. Cor	nplet	etion Date (11)		elephone N	umber		Li	cense	Numbe	#1		
07_ /05	11	_12_	/	/			973-884-8	8682					0086	0	
// occupancy Statu	s During Abate	ement (Che	ck Or	nly 1)		N	ame of OSH	IOM AF	nitor TRACTING (ROI	JP. IN	C.			
Facility	y Closed/Vaca	ted During	Entire	e Period of			treet Addre		TOTOTITO						
Abater	ment ment Performe	d Outside	of No	rmal Facility	,) orland	v						
Hours	- Describe:					3	2 Williams F ity, State, Z	ip Coo	de	_					
Other	- Describe:	7:00 AM-3:	30 PI	<u>VI</u>		E	ast Hanove	r, NJ 0	7936				-		-
Scope of Work (Check All That	Apply)													
		V	I	Renovation			ull Contain	ment v	with Negati	e Pr	essure	Э			
>3sf c	or >3lf					= ,	Mini - Enclo Glovebag P								
≥160 :	sf or ≥260 If					וֹ וֹ	Non-Exemp	ted (*)	and Non-Fr	able	Proce	edure			
					Do	scriptio	on of		T	1		nent Ty	pe .		E
Locati Asbestos (on of	ls Locatio	n		Asbest	os - Co	ntaining		Amou	15	R	R			N
Asbestos (Julianning	Norma	ly		Ma	terial (ACM) systems		(Spec	y	M	E	- 1	С	C L
TO BE A		Used Solel		in	sulatio	n, surfa	acing, VAT,		SF or I		0	P		A P	0
	cility 3)	by Mai	n-		or othe	r misce	llaneous)				A	1		S	S
ζ.	**	tenand									L	R		U L	U R
		Staff (12)						+	-		+			
		YES NO	-	PIPE & FIT	TINGS				52 LF		7				-
U5 / 5A			-	PIPE & FIT	NGS				4 EA		7	+	H		1
U5 / 5A			U						-	-					
				NJDEP Wa	stelCu	bic	Name of R	egiste	red Landfill						
Name of Regis	tered Waste H TING	auier		Hauler ID I	No. Ya	rds	I.E.S.I.								
				4	509 of Di	Waste sposal	City. State		V10010-000-00						
City, State NEWARK, NJ						te	BETHLEH	EM, PA	18105						
				Title				Signa	iture		//			Date	
Completed by	(Print or Type)							A	loon		11	2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	06	3/20/1
				Project Ma	nager			1	N CON	-		ALCO DE LA COLONIA DE LA COLON		AND DESCRIPTION OF THE PERSON	

				NOTIFICA	STATE OF	NEW JERSEY	Λ ΔΤΕΜΕ	NT /	/ [ENE		1 200	
	0000			(PURSUA	LIN OT THE	AC 8:60-7 AND	12:120	-7	ka	elf-S	AND IE	2899	
Date of Notification	(1)				Name o	of Building Owr	ner / Op	erator (2)					
$\frac{-50}{2}$	/	-			ST. DEMETRIOS GREEK ORTHODOX CI I						JUM 2	8 2017	
Agencies Notified	Type of	Notificat	tion			/ISTERIA STRE	ET		1	1			
EPA		Initial			City, Sta	ate, Zip Code			-				
☐ DEP ☑ DOH		Amen		w.c		AMBOY, NJ				ASD	ESTOS (CONTROL	
☑ DOL		Amen		t _ w/justification		f Contact			Tel		125 P-10	SHIIG	
			ellatio		VINCEN	IT ALBANESE							
					FACILITY	INFORMATION			-				
Name of Facility Wh ST. DEMETRIOS GR	nere Abate	ment is	Taking	g Place (3)	15.4	Type of Faci	ility (4)						
	VELIX OIV	HODOX	CHUR	CHIAODITORIO	IVI	l □ s	chool (I	<-12\					
Street Address								ter 8 (Othe	than K	-12)			
1 WISTERIA STRE						☑ 0	ther (I.e	e., private & omes, etc.)	comme	ercial			
City (5) PERTH AMBOY	County (County Code	(7)	Square Feet		# Of Floc		Buil	ding Age		
C.VIII AIVIDOT	MIDDLES	SEX				10,00			1		5 5		
	1					Current Use CHURCH/AU	(Prior if	being der	olished	1)	40)+	
lame of Monitoring	Firm Hire	d by Bld	g. Ow	ner (8)	IASCM N		ואטווטאו	UIVI					
ET Street Address						NORTHSTAF	CONTI	RACTING (ROUP.	INC.			
8 NORTH PENNELL	ROAD				·	Street Addre	SS						
ity, State, Zip Code		-				32 Milliama D)arkwa.						
IEDIA, PA 19063						32 Williams P City, State, Z							
roject Mngr. For Mo		Firm		Telephone Nu	ımber	- Care, 2	.p 000e	• 00					
RIC HOUSEKNECH				908-218-1108		East Hanover	, NJ 070	36					
heduled Start Date	, ,			pletetion Date (1	1	Telephone N			License	e Numb	er		
	$/-\frac{17}{}$	0	18	<u>/ — 11</u> _/	17	072.004.0	0000						
ccupancy Status D	uring Aba	tement (Check	Only 1)		973-884-8 Name of OSH		tor			00860		
Facility CI	osed/Vaca	ated Duri	ing Er	ntire Period of		NORTHSTAR			ROUP	INC			
Abatemen	it					Street Addres			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Abatemen Hours - De	t Perform	ed Outsi	de of l	Normal Facility			- 18						
Other - De	scribe: _	_ 7.00 am	1 to 3;	ou pm		32 Williams P							
			IAL			City, State, Zip Code East Hanover, NJ 07036							
cope of Work (Chec	k All That	(Apply)				Eddt Hallover,	143 070	50					
Demolition	1	✓	1	Renovation	V	Full Contains		h M					
≥3sf or ≥3!	f		1	renovation		Full Containn Mini - Enclose		n Negative	Pressu	re			
≥160 sf or	≥260 If					Glovebag Pro							
						Non-Exempte			le Proc	edure			
Location of		Is			Deceries	ion of				-,			
Asbestos Conta		Loca		As	Descript bestos - C	ontaining			Abatem R	ent Type		In	
TO DE 1		Norm			Material	(ACM)		Amount	E	R	E	E N	
TO BE ABATE	<u>:D</u>	Use		(1.0	e., therma	l systems		(Specify	М	E	C	C	
in Facility (13)		Sole by Ma		insul	ation, sur	facing, VAT,		SF or LF)	0	P	A	L	
(10)		tenar		ord	uner misc	ellaneous)			V	A	P	0	
		Custo	odial						A L	R	S	S	
		Staff							_	100	L	R	
JDITORIUM		YES NO											
			+-	VAT/MASTIC MASTIC				7,350 SF	V				
DITORIUM ROOF		-	╫	IVIASTIC				10 SF	7	1 -			
DITORIUM ROOF			_							1 1	1 1	1 4	
DITORIUM ROOF	Vaste Hau		VC	NJDEP Waste Hauler ID No.	Cubic Yards	Name of Regis	stered L	andfill			1 [
me of Registered W			x-000		of Waste								
ime of Registered W DRTHSTAR CONTRA													
IDITORIUM ROOF Ime of Registered W DRTHSTAR CONTRA	ACTING G				Disposal	City. State							
me of Registered W PRTHSTAR CONTRA y, State	ACTING G					City. State TULLYTOWN,	PA		-)				
me of Registered W DRTHSTAR CONTRA ry, State ST HANOVER, NJ 0	ACTING G					TULLYTOWN,	1	/	7		Is :		
me of Registered W DRTHSTAR CONTRA	ACTING G					TULLYTOWN,	PA paturé	- (7		Date		