### State of New Jersey

	NO			OF ASBES					CI	HECK # 5	9	117		
Date of Notification (1) 03-07-17				Building Ov Commu			(2)		per.	WiP11	UL	011		
Agencies Notified Type Notification		- 3	treet Ad	<sub>dress</sub> Iden Rid	ae				ASB	ESTOS LICEN	CON	TRO	L &	The state of the s
EPA Initial Amended Amendment #_		C	ity, State	e, Zip Code	e					Lel Ob.,	<u> </u>			
➤ DOH	cluding	7833	lame of Carol S						Tele	phone Nun	nber			
DCA Cancellation				ITY INFOR	2MATIC	)N								
Name of Facility Where Abatement is Taking F	Place (3)		FACIL	111111101	CINIZITO		Туре	e of Facility (4	)					
Street Address							H	School (K-12 Subchapter	8 (Othe	er than K-12	2)			
507 Bangs Avenue							×	Other (i.e. pretc.)	ivate &	commerci	al buildi	ngs, l	nome	S,
City (5)								are Feet	# of 5	Floors		ig. Aq 160	ge	
Asbury Park		To	County C	ode (7)				000 rent Use (Pric	-	ng demolish				-
County (6) Monmouth				SE ONLY)		_	Co	mmercial			3,			
Name of Monitoring Firm Hired by Building Ov ESIS Health, Safety & Environmenta	vner (8) I		ASCM	No.		Name Pinna	of Ab acle	eatement Con Environme	tractor ental C	<sup>(9)</sup> Corp.				
Street Address P.O. Box 430						Street 200 l		ess ad Street						
City, State, Zip Code North Versailles, PA 15137								Zip Code :, NJ 07072	?					
Project Manager for Monitoring Firm Brian Kingsbury			elephon 201) 3	ne No. 56-5166	,		939-	6565		License N 00756	lo.			
Clari Date (14)	Schedule 06-30-1		pletion D	Date (11)		Name Ever		SHA Monitor Inc.						
Occupancy Status During Abatement (Check	Only On	e)				Street		ess ckson Ave	nue					
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Norma	riod of A	batem	ent					Zip Code	ilue					
Abatement Performed Outside of Norma Other – Describe:	i racility	110013			_			and City, N	Y 111	01				
Scope of Work (Check All That Apply)	22.70						_				_			
≥3 sf or ≥3 lf  x  ≥160 sf or ≥260 lf		enovat emoliti					N	ull Containmonini- Mini-Enclosure Glovebag Prog Non-Exempte	e cedure				۵	
		( 4)					<u> </u>	NOTI-Exemple	2 ( ) an	4 1101111110		Abate	ement	
Location of	N	Location	y			scription			70			1 y	ре	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	d Solel intenan odial S (12)	ice/	Asbest (i.e. t	thermal surfa	taining I system cing, VA niscella	ns insi AT, or		(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A			<b>-</b> /2.2			0	80SF	x			
3rd Floor: Room 301			X		(5,5)	T/Mas	2 8 10 8 10 00	<u> </u>		000SF	X			
3rd Floor: Power/Battery Room			X		VA	T/IVIas	Suc		1,	00001	-			
			-								+			
Name of Registered Waste Hauler			JDEP W			Yards			12	ered Landf				
Newark Carting, Inc.		2000	auler ID 4509	No.	of Wa	(Sec. 2004) (				al Sanita	ry Lar	dfill		
City, State Newark, NJ 07105					Dispo TBD	sal Date	d	City, Sta	gyl, P	A 18072				
Completed by Joseph Patrick	Title Proje	ect Ma	anager	9	5	Signatu	re	M			ate 3-07-	17		

Print Form

r 41027	NOTIF	Oursua	ON OF A	New Jersey ASBESTOS A IAC 8:60 and	12:120)	<u> </u>			C E		97i	nt F	Drin T
ate of Notification (1)		Name	of Build	ding Owner/O Group- Ke	perator ( an Pro	<sup>(2)</sup> perties, Ll	_C		1017111				T
03/03/17 gencies Notified Type Notification			t Addres					ASE	BESTOS	CON	TRO	)L &	
general				ris Avenue					LICE	NSIN	<u> </u>		+
EPA   Initial   Amended				ip Code									
DEP Amended Amendment #_ DOL Emergency (inc	luding		on, No e of Cor	07083				Teleph	one Numb	er_			
Z DOH justification)		100000000000000000000000000000000000000	e of Cor ce Fad							_			_
DCA Cancellation				INFORMAT	ON		(4)						-
lame of Facility Where Abatement is Taking F	Place (3)					Type of Fa							
Kean University Freshman Residenc	e						ol (K-12) hapter 8 (	Other t	han K-12)			000000	1
Street Address						Othe	r (i.e. priv	ate & c	ommercial	building	s, ho	mes,	
1000 Morris Ave						etc.) Square Fe	et	# of FI	oors	Bldg			
City (5)										25+			_
Union	1-11-1-1	Cou	inty Cod	le (7)				if being	demolishe	ed)			
County (6)		(STA	ATE USE	ONLY)		Dorm F							_
Union Name of Monitoring Firm Hired by Building Ov	wner (8)	A	SCM N	0.		e of Abatem			))				
Health and Safety Services					100000000000000000000000000000000000000	e Enterpris	ses, mc	•					
Street Address					Stree	et Address 26 Delilah	Road						
PO Box 365					City	State Zip C	ode					10.000	
City, State, Zip Code					Eg	g Harbor	Townsh	ip, NJ	08234				_
Berlin, NJ 08009		Tel	ephone	No.	Tele	phone No.			License No 01172	ο.			
Project Manager for Monitoring Firm			56-452			9-567-125			01172				_
James Proctor Start Date (10)	Scheduled		etion Da	ate (11)	Nam	ne of OSHA ealth & Sa	Monitor faty Ser	vices	Inc.				
03/17/2017	04/07/20					et Address	lety ou	V1000					
Occupancy Status During Abatement (Check	(Only One)	)				D Box 365	is:						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: Vacant	eriod of Ab	atemer	nt			v, State, Zip o erlin, NJ 0							
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	⊠ De	enovatio	n T			Mini-	Enclosure	e dura	Negative	ble Proc	edure	ment	2000
		Locatio ormally			Descrip	otion of		92	0.00000004		,		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used	d Solely ntenan odial St (12)	y by ce/	(i.e. there	Containir mal sys urfacing	ng Material ( tems insulat , VAT, cr ellaneous)	ACM)	(	Amount Specify F or LF)	Removal	Repair	Encapsulate	
***	Yes	No	N/A					1	125 sf	Х			T
West Building			Х			ile		-	790 sf	X			1
West Building			X		Tile/N	Mastic				X	-		+
West Building			X		Cau	Iking		-	1	-	-		+
			X			SI		f Danie	1 stered Land	Ifill X			1
Child Study  Name of Registered Waste Hauler		N	JDEP V	Vasto	Cubic Ya								
Site Enterprises Inc.			lauler ID 03522	20 2	20 cy Disposal	Date	City, St	ate	andfill.				
City, State 6626 Delilah Road Egg Harbor To	ownship,	NJ			04/07/2		Bristo	ol, PA		Date 03/03	3/20-	7	
Completed by Eric Keys	OM					lil	ely -			00/00		d act	

Location of	1	Location Normall	y	Description of			Abate Ty	ement	ı
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Solel intenan todial S (12)	ice/	Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Christianis
	Yes	No	N/A					ite	9
Child Study			X	Caulking	J	X			
Child Study			入	Tile mastic	4,25055	X			
Child Study	4		X	Tile mastre   carpet	590 sf	X			
East '			X	Plashing	425sf	X			
East	-		X	Caulking		X			
North	-		X	Tile mastic	400 SF	X			
North			Χ	Caul King		Х			L
Suth	4		X	Tilelmastiz	200 et	x			
South	+-+		X	Caulking		×			
	-			8.	•				
									_
					version of the second				
	1-1			Parameter and approximately the second of th					
1	+-+								_
	+-			WAR and the second seco			_		
	+								
	1-1								
	++		-+		1				
	+-+				-				****
	1								
	1 1		and the control of th						
Acceptance of the Community of the Commu				***************************************					
				CONTROL NO. 10 THE CONTROL OF THE CO					
	1						_		
	1					_		_	
The property of the state of th						1		_	
						_	1	_	-
	$\vdash$					_		-	_
grant and the second se					1		-		ryte-
	1					-			
				and the latest and the second			_		
and the same and t	1								
	-								
	1			MEGELVE			$\dashv$		
				111), 5 6 6 1 V E	= 101	/	51	_	
								_	-
				MAR 1 3 2017	111.771				

K 286	[	(Pur	ATION suant	OF AS to NJA	ew Jersey BESTOS AB C 8:60 and 1		117.7	D	E C E I	2017		1	1
		N	lame o	f Buildin	g Owner/Ope	rator (2	2)						
ate of Notification (1) 3/06/2017		10.73	Reside					AS	SBESTOS CO	NTRO	L &		
gencies Notified	Type Notification	5	Street A	Address	Ĭ				LICENS	ING_			
	x Initial	1	Oity St	ate, Zip	Code								
EPA DEP DOL	Amended		Little	Silver,	N.J. 0773	9		- 1 =	elephone Numbe	r			
DOL	Amendment # Emergency (includi			of Conta				1 1	elepriorie iviii				
DOH	justification)		Mona	Ryan									
DCA	Cancellation		FAC	CILITY I	NFORMATIC	N	Type of Fa	cility (4)					
The Market Market	e Abatement is Taking Plac	e (3)					F 01-	-I (V 12)					
lame of Facility When Residence	e Apatome						Subcl	hapter 8 (C	other than K-12)	huildinas	hom	es,	
Street Address							Other	r (i.e. priva	te & commercial				1
Street Address							etc.) Square Fe	,01	# of Floors	Bldg.	Age		1
O:t /E)							1 808		2	65			-
City (5) Little Silver				1.0-2-	(7)		Current U	se (Prior if	being demolishe	a)			1
County (6)			(STA	ty Code	ONLY)								+
Manmouth	<u> </u>	of the second		SCM No		Nam	e of Abatem	ent Contra	ctor (9)				
-f Monitoring	Firm Hired by Building Owne	er (8)	AS	SCINI INO		Brin	nks Tank S	Services					
A. Seine Lightho	ouse Solutions					Stree	et Address						
Street Address							56 Liberty						Ť
P.O Box 354						City	, State, Zip C	Code					
City, State, Zip Code	3					7	lside, N.J.	07203	License N	0.			
South Orange,	N.J. 07079		Tele	ephone	No.	Tele	ephone No.	:5	01316				
Project Manager for	Monitoring Firm		20	1-349-	2666		4-462-746						
Sarah Calandra		cheduled (	Comple	etion Da	te (11)	Nar	me of OSHA	Monitor hthouse	Solutions				
Start Date (10)	0:	3/24/20	17				eet Address						
03/20/2017	During Abatement (Check C	only One)				Str	O Box 35	4					
	· Falia Dot	TOO DO ALL	diction	nt		Cit	y State 7in	Code					
Facility Closed Abatement Per Other – Desc	d/Vacated During Entire Per erformed Outside of Normal ribe:	Facility H	ours			S	outh Oran	ige, N.J.	07079				
	neck All That Apply)	Re     De	novatio molitio	on n			× Min	i-Enclosure	ent with Negative cedure d (*) and Non-Fri	able Proc	edure Abate	ement pe	
		le l	Locatio	n			20 202-000-000-00			-	i y	P0	_
Ashactas-Cal	_ocation of ntaining Material (ACM) BE ABATED In Facility (13)	Used Mai	ormally d Solely ntenan odial S (12)	y by ce/	(i.e. the	Contair rmal sy	iption of ning Material ystems insula ng, VAT, or scellaneous)	ation	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	
	X	Yes	No	N/A					150LF	X			1
	D mont		X			F	oipe		1002				1
	Basement											+	+
											+	+	+
			-	-									
				1	Manta	Cubic '	Yards	Name	of Registered La	ndfill	1611		
	tered Waste Hauler		1	NJDEP Hauler I )4509	VVUOLO	of Was	ste		te Manageme	nt Lanc	11111		
Newark Cart	ing					Dispos	sal Date	City, S	Argyle, PA				
City, State	NE I						0/2017	1 6111		Date		year.	
East Orange		Title				5	Signature			03/0	6/20	17	
Completed by			siden	it			/ 1						

Energency

Name of Facility Where Abatement is Taking Place (3)

Alex & Jennifer Hargaden Private Home

Name of Monitoring Firm Hired by Building Owner (8)

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours

Health & Safety Services, Inc.

Project Manager for Monitoring Firm

Type Notification

Initial

Amended

Amendment #

justification)

Cancellation

Emergency (including

Date of Notification (1)

Agencies Notified

**EPA** 

DEP

DOL

DOH

DCA

Street Address

Cherry Hill NJ 08003

City (5)

County (6)

Camden

Street Address

PO Box 365

Jim Proctor

Start Date (10)

3/9/17

City, State, Zip Code

Berlin, NJ 08009

Other - Describe:

≥3 sf or ≥3 If

≥160 sf or ≥260 lf

Scope of Work (Check All That Apply)

Location of

Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility

Family Room

Name of Registered Waste Hauler

3/8/17

X

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

County Code (7)

Telephone No.

Scheduled Completion Date (11)

Renovation

Demolition

Is Location Normally

Used Solely by

Maintenance/

Custodial Staff?

(12)

No

NJDEP Waste

Hauler ID No.

22459

Yes

Title

President

(STATE USE ONLY)

Signature:

										Pr	int l
CATIO	tate of Ne N OF ASE t to NJAC	BESTOS	ABATE		CK		Egg.		$\mathbb{V}$	L	
	of Building & Jenni				ate Home		MAR	3	201	7	L
	Address	ioi riai	gaaon	1 1100							-
					1	AS	SBESTOS			OL	2
	ate, Zip C				L		LICE	MSI	VG.		
	ry Hill N		3								
	of Contact					Tel	lephone Nun	nber			
Alex	ILITY INF	ODMAT	ION								
FAC	ILIT IN	UKWAI	ION	Туре	of Facility	(4)					
						r 8 (Oth	er than K-12 & commercia		dings	, hom	es,
					are Feet		f Floors	- 1	Bldg. A	Age	
D	0 - 1 - (7)			100		1			35+		
	Code (7) USE ONLY	0	55	Hou		or if bei	ing demolish	ed)			
ASCI	M No.		Name		atement Co	ntractor	(9)				
			l	naco			(3)				
			Street	Addre	SS						_
			PO	Box 3	329						
			City, S	State, Z	Zip Code						
			l		lin NJ 08	091					
	ne No.		100000000000000000000000000000000000000	none N			License No	).			
200720000	452-131	26		753-9	ramatara		00727				
pielion	Date (11)		Sam		HA Monitor						
			Street	N	99						
ent			Cucot	,		4					
2110			City, S	tate, Z	ip Code				-		
			538550								
on on			×	Min	ni-Enclosur ovebag Pro	e cedure	Negative Pr			re	55. 55
n										ement	
by			scription						1 9	ре	
ce/		tos Cont thermal					mount Specify	Z.	-	Enc	Щ
aff?		surfa	cing, VA	T, or			or LF)	Removal	Repair	aps	Enclosure
		outerr	niscellar	ieous)				val	Ħ	Encapsulate	ure
N/A				-						,,,	
Х		Floo	r Tile o	only		30	00 SF	Х			
		_							-		
		-3-1-35-11-12		111							
DEP W	/aste	Cubic	Yards		Name of	Registe	red Landfill	-			
uler ID		of Was			G.R.O.	853	. ou Eurium				
459		2			(5)000000000						
		3/10/	al Date		City, Stat		A 19067				
		1 V/ IU/	11		IVIUITIS	THE PA	1000/				

Anthony T Perna

United Roll Off

City, State

Completed by

Elm NJ

Date

3/8/17

										0/.		Prir	nt Fo	rm
K 590	18	(Pu	CATIO Irsuan	N OF A	New Jersey SBESTOS A AC 8:60 and	12.120/		R	EG					
e of Notification (1)	D		Name	of Build	ing Owner/Onerty Privat	erator (	2) e		MΑ	R 13	2017			The second second
3/17				Addres						TOS CO	NITRO	1 8		
ncies Notified	Type Notification					-		I A	SBES	JCENSI	NG		_	1
EPA			City, S	State, Zi	p Code	20								
DEP DOL	Amendment # Emergency (incl	luding			m NJ 0800	J6 		1	Telepho	ne Number				1
DOH	iustification)	luding	Jan	of Con	laci			-					_	4
DCA	Cancellation		FA	CILITY	INFORMAT	ON	- (50)	sility (A)						1
mo of Facility Where	Abatement is Taking P	lace (3)					Type of Fac							
anett Doherty Pri	vate Home							il (K-12) napter 8 (0	Other th	an K-12)	uildings	. hon	nes.	
eet Address							Other etc.)	(i.e. priva	ate & co	mmercial b			1100,	- 2
							Square Fe	et	# of Flo	ors	Bldg. 35+			7
y (5)	2008						1000+	(F. )	2	iomoliched				_
Ship Bottom NJ 08	3008		Cou	nty Cod	e (7)	.V.53.00	Current Us	se (Prior i	r peing (	Telliolizileo	7			
ounty (6) Ocean			100	TE USE		I NICH	House e of Abateme	ent Contra	ctor (9)			110,000		
ame of Monitoring Fire	m Hired by Building Ov	wner (8)	A	SCM No	0.		naco Inc.		2531 (437)					
I/A						1000	et Address							
treet Address							Box 329							_
						City,	State, Zip C	ode	14					
ity, State, Zip Code						27095-5	est Berlin N	40 0008	/ I L	icense No.				
Project Manager for M	onitoring Firm		Tel	ephone	No.		phone No. 6-753-980	0		00727				
Tojour manag		Scheduled (	2	otion Da	ite (11)		ne of OSHA I							
Start Date (10)		3/27/17	Combi	ellon Da	( ,	1.000	ame							-
3/21/17	ring Abatement (Checl		V.			Stre	et Address		4-					
	acated During Entire Formed Outside of Norm	period of Aba	atemer	nt		City	, State, Zip 0	Code						
Scope of Work (Chec ≥3 sf or ≥3 If ≥160 sf or ≥260	k All That Apply)	Rei	novatio molitio	on n			Mini-l	Enclosure	e dura	Negative P			e	
100 0101							V   V   V	Exemples	1 / 0			Ahate	ment	
△ = 100 5, 6, = 200											1		DE	
<u> </u>			ocatio			Doggrin					/	Ту		3
Loca Asbestos-Contai <u>TO BE</u> In I	ation of ning Material (ACM) <u>: ABATED</u> Facility (13)	Used Mair	ocatio ormally Solely ntenan odial S (12)	y by ce/ taff?	(i.e. the	rmal sys		ACM) on,	A (S	mount Specify or LF)	Removal		Encapsulate	
Loca Asbestos-Contai <u>TO BE</u> In I	ation of ning Material (ACM) <u>ABATED</u> Facility	Used Mair	ormally Solely ntenan odial S	y by ce/	(i.e. the	Containi rmal sys surfacing her misc	otion of ng Material ( tems insulati g, VAT, or cellaneous)	ACM)	A (S SF	mount Specify or LF)		Ту		
Loca Asbestos-Contai <u>TO BE</u> In I	ation of ning Material (ACM) <u>EABATED</u> Facility (13)	Used Mair Custo	Solely Solely ntenan odial S (12)	y by ce/ taff?	(i.e. the	Containi rmal sys surfacing her misc exterio	otion of ng Material ( stems insulati g, VAT, or cellaneous) or siding	ACM)	A (S SF	mount Specify	Removal	Ту		
Loc: Asbestos-Contai <u>TO BE</u> In I	ation of ning Material (ACM) <u>ABATED</u> Facility	Used Mair Custo	Solely Solely ntenan odial S (12)	y by ce/ taff?	(i.e. the	Containi rmal sys surfacing her misc exterio	otion of ng Material ( tems insulati g, VAT, or cellaneous)	ACM)	A (S SF	mount Specify For LF)	Removal	Ту		
Loc: Asbestos-Contai <u>TO BE</u> In I	ation of ning Material (ACM) : ABATED Facility (13) ior siding	Used Mair Custo	Solely Solely ntenan odial S (12)	y by ce/ taff?	(i.e. the	Containi rmal sys surfacing her misc exterio	otion of ng Material ( stems insulati g, VAT, or cellaneous) or siding	ACM)	A (S SF	mount Specify For LF)	Removal	Ту		
Loc: Asbestos-Contai <u>TO BE</u> In I	ation of ning Material (ACM) : ABATED Facility (13) ior siding	Used Mair Custo	ormally Solely ntenan odial S (12)	y by cel taff?	(i.e. the	Containi rrmal sys surfacing her misc exterio	otion of ng Material ( stems insulati g, VAT, or cellaneous) or siding	on,	A (S SF	mount Specify For LF)	Removal	Ту		
Asbestos-Contai TO BE In I exter	ation of ning Material (ACM) E ABATED Facility (13) ior siding	Used Mair Custo	ormally Solely ntenan odial S (12)	y by ce/ taff?	(i.e. the	Containi rmal sys surfacing her misc  exterio  Floo  Cubic Ya of Waste	otion of ng Material ( stems insulati g, VAT, or sellaneous) or siding or Tile	Name o	A (S SF	mount Specify For LF) 900 SF 00 SF	Removal	Ту		
Asbestos-Contai TO BE In I  exter 2n  Name of Registere	ation of ning Material (ACM) E ABATED Facility (13)  ior siding ad floor  d Waste Hauler	Used Mair Custo	ormally Solely htenan odial S (12) No	/ by by cel taff?	Vaste	Containi rrmal sys surfacing her misc  exterio  Floo  Cubic Ya of Waste	otion of ng Material ( stems insulati g, VAT, or cellaneous) or siding or Tile	Name of G.R.C	A (S SF	mount Specify or LF) 000 SF 000 SF	Removal	Ту		
Asbestos-Contai TO BE In I  exter 2n  Name of Registere United Roll Off	ation of ning Material (ACM) E ABATED Facility (13)  ior siding ad floor  d Waste Hauler	Used Mair Custo	ormally Solely htenan odial S (12) No	y by cel taff?	Vaste	Containi rmal sys surfacing her misc  exterio  Floo  Cubic Ya of Waste 5  Disposa	otion of ng Material ( stems insulati g, VAT, or cellaneous) or siding or Tile	Name of G.R.C	A (S SF	mount Specify For LF) 900 SF 00 SF tered Land	Removal x x	Ту		
Asbestos-Contai TO BE In I  exter 2n  Name of Registere	ation of ning Material (ACM) E ABATED Facility (13)  ior siding ad floor  d Waste Hauler	Used Mair Custo	ormally Solely htenan odial S (12) No	y by cel taff?	Vaste	Containirmal sys surfacing her misc  exterio  Floo  Cubic Ya of Waste 5  Disposa 3/27/1	otion of ng Material ( stems insulati g, VAT, or cellaneous) or siding or Tile	Name of G.R.C	A (S SF	mount Specify For LF) 900 SF 00 SF	Removal	Ty		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) HUNIT DASBESTOS CONTROL Date of Notification (1) Street Addres Type Notification Agencies Notified City, State, Zip Telephone Numbe M Initial Amended D BA D DOL Amendment # Emergency (including Name of Contact MSON justification) ☐ Cancellation FACILITY INFORMATION Type of Facility (4) DOH DCA School (K-12) Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, Name of Facility Where Abatement is Taking Place (3) Bldg. Age RESIDENCE homes, etc.) # of Floors Square Feet Current Use (Prior if being demolished) Street Address VACANT County Code (7) (STATE City (5) Name of Abatement Contractor (9) USE ONLY) NO EMC County (6) ASCM No. Name of Monitoring Firm Hired by Building Owner Street Address PRUCE State, Zip Code LADE Street Address License No MAPCE Telephone No. City, State, Zip Code 856-7 Telephone No. Name of OSHA Monitor Project Manager for Monitoring Firm Scheduled Completion Date (11) Street Address Start Date (10) Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours City, State, Zip Code ] Full Containment with Negative Pressure Mini-Enclosure Other - Describe Non-Exempted (\*) and Non-Friable Procedure Scope of Work (Check all that apply) Abatement Renovation Type Demolition ]≥3 sf or ≥3 H ≥3 \$1 01 =0 11 ≥160 sf or ≥260 lf Amount Is Location Description of Asbestos Containing Material (ACM) Removal (Specify Normally (i.e., thermal systems insulation, Used Solely by SF or LF) surfacing, VAT, or other miscellaneous) Maintenance/ Location of Asbestos-Containing Material (ACM) Custodial Staff? TO BE ABATED (12)3500 SE IN Facility NIA (13)No TRANSI Yes SIDING Name of Registered Landfill Cubic Yards NJDEP Waste of Waste Hauter ID No State Name of Registered Waste Hauler Disposal Date Signature City, State

SUP

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

Data of Natification (1)			-		1	(5.					- 11					00		111
Date of Notification (1)  03 / 09	_ / _	17	_			ne of Buil VH Dem			er/Operator (	(2)	delinery fractional and	in a	Li M	3	13	201	6	
1	e Notifica	ition				et Addre		201	a surfi				ASBES				ROL	&
	mended								urt 		L			LICE	NSI	NG		
□ DOH   □ A	mendme	ent #_				State, Z												
	mergeno		cluding	3	-	ayville,		5/2	1			_				2 .		
1	ustificatio	1.5				ne of Con	tact					Te	elephone N	lumb	er			
	Cancellati	on			10	ony												
					F	ACILITY	INFO	DRI	MATION									
Name of Facility Where Abater	ment is Ta	aking	Place	(3)						Type of F	acility (	(4)						
Residence Street Address										School			ther than h	(-12)				
Street Address										Other			e and com		ial b	uilding	js,	
Čity (5)										Square F	eet	#	of Floors		BI	dg. A	ge	
Long Branch										2500			2			80		
County (6)					Co	unty Cod	e (7)(ST	TAT	E USE ONLY)	Current L	Jse (Prid	or if	being den	nolish	ed)			
Monmouth									2012/00/20/20/00/19/50/00/00/19/50/00/00/19/50/00/00/19/50/00/00/00/00/00/00/00/00/00/00/00/00/	Reside			•		*			
Name of Monitoring Firm Hired	by Buildi	ing O	wner (	(8)	ASC	Л No.	Na	am	e of Abateme	ent Contrac	ctor (9)					-		_
Guardian Contracting, Ir		Pi							uardian Cor		200							
Street Address				-					et Address	aouing	,					-		
1889 Rte. 9, Unit 61									89 Route 9	Unit 61								
City, State, Zip Code									State, Zip Co	0,								
Toms River, New Jersey	08755							_	ms River, I		. no.	755						
Project Manager for Monitoring				To	lephone	a No				vew Jers	ey uo	-			- 111.5			
Nicholas Fernicola	1 11111			100000	STATE OF STREET	9-9932	2.00		ohone No.				icense No	No.				
Start Date (10)	100	chodu	ulad C			ate (11)			2-349-9932				00624					
03/22/17							10000		e of OSHA M <b>VI.S.L. Anal</b>									
Occupancy Status During Abate							Sti	tree	t Address									
□ Facility Closed/Vacated Duri								10	56 Stelton									
Abatement Performed Outsi	de of Nor	rmal F	acility	/ Но	urs - De	escribe	Cit	ity,	State, Zip Co	de					_			
Time of Abatement:A	AM	PM	/	_PN	Λ	_AM			scataway, N		ev 088	354						
Scope of Work (Check all that a	apply)								- 0,500 									
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			☐ Rei ☑ Der						☐ Full Conta	osure Procedur	е							
			ls	Loc	ation				□ Non-Exer	ripted ( ) a	IIIU INOII	1-1-11	lable Pioci	edure		-1		edono
Location of			N	lorm	ally			Г	Description of	f					122	atem		
Asbestos-Containing Materia	al (ACM)				lely by	As	bestos		ontaining Mat		1)		Amount		Removal	Repair	Enc	Enclosure
TO BE ABATED IN Facility					ance/ I Staff?				nal systems in		81		(Specify		VOD	ar.	aps	losi
(13)				(12					rfacing, VAT, er miscellaned				SF or LF)		<u>a</u>		Encapsulate	Гe
			Yes	No	-												6	
boiler room				$\boxtimes$		ceilir	g plas	ste	er				600 sf		$\boxtimes$			
basement				$\boxtimes$		asbe	stos p	oip	e insulation	n			20 If		$\boxtimes$			
				П	П										П	П	П	П
Name of Registered Waste Hau	ler			一	NJDEP	Waste	Cu	ıbic	Yards of	Name of	Registe	erer	d Landfill					ш
Guardian Contracting, In				- 10	Hauler 2022	ID No.	Wa	aste	Э	T.R.R	-	CIC	J Landilli					
City, State						70-16			sal Date	City, Sta	te			77-12-12				
Toms River, New Jersey							3	3/3	0/17	Tullyt	own, F	Per	nsylvan	ia				
Completed By (Print or Type)	1:	Title			-			3	Signature	1	/	1		Date	1	-1		
Nicholas Fernicola		Pro	ject	Mai	nager				V	1-/				3		91	7	
20.44		2015.000							476 4	1	1			1	1	1/	,	

2K 5420	٨		CATION	ate of New OF ASBE to NJAC 8	ESTOS A	BATE		Sample of the second se		G C		3 /	2017	Prin	) EE
Date of Notification (1) 03/10/17				Building (				5							
Agencies Notified Type Notification			Street Ad	ddress					AS	BEST L	OS (	CON	VTR IG	OL 8	Š.
EPA X Initial DEP Amended X DOL Amendmen	t #		City, Sta	te, Zip Co	de										
▼ DOH justification     □ DCA Cancellation	)		Name of SOL	Contact			2-2-4015		Tele	phone	Numb	er			
			FACI	LITY INFO	ORMATIO	NC	_								
Name of Facility Where Abatement is Takin	ng Place (3	)					Тур	e of Facility							
Street Address 319 DEWEY AVE							×	School (K- Subchapte Other (i.e.	r 8 (Othe	r than comm	K-12) ercial	buildi	ngs,	home	ıs,
City (5) LAKEWOOD							Squ 200	etc.) are Feet )0	# of 2	Floors		Blo	dg. A	ge	
County (6) OCEAN			County (	Code (7) JSE ONLY)		_	Cur	rent Use (Pr me	ior if beir	ng dem	olished	d)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	1 No.				atement Co AD PROFI							
Street Address							HITE	DOVE C	OURT			NAME OF			
City, State, Zip Code								Zip Code DOD, NJ (	8701						
Project Manager for Monitoring Firm			Telephor	ne No.		Telep 732-		No. 9078		Licens 1200		8			
Start Date (10) 03/19/16	Schedule 03/20/1		npletion (	Date (11)	124-5-00			SHA Monitor AD PROFE		NALS					
Occupancy Status During Abatement (Che						Street 6 W		ess DOVE C	OURT						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:						City, S	State,	Zip Code							
Scope of Work (Check All That Apply)		·											7. (5.		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	X C	lenova emolit	ition tion			ľ		ull Containm Ini-Enclosur Slovebag Pro Ion-Exempte	e cedure						
	10.00	Locat			Doc	scription		ion-Exemple	u ( ) and	1 14011-1	Habit		Abate	ment pe	
Location of Asbestos-Containing Material (ACM) TO BE AEATED In Facility (13)	Use Ma	d Sole intena odial ( (12)	ely by nce/ Staff?	Asbesi (i.e.	tos Cont thermal	aining I system cing, V	Materi ns insu AT, or		(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
EVTERIOR	Yes	No	N/A			SIDING	_		25	00SF	-	x		te	
EXTERIOR						אוועונ	<i>-</i>		23	0031		x	07-21-0		
				new person								^			
Name of Registered Waste Hauler NEWARK CARTING		F	NJDEP W Hauler ID 4509		Cubic of Was			Name of	Registe	red Lai	ndfill				
City, State NEWARK, NJ						sal Date	9	City, Sta	te _EHEM	1 PA					
Completed by	Title	IFR				ignatur	е				Date	)	Ser (958)		

N 2980	(Pur	ATION suant	OF ASI	ew Jersey BESTOS AB. 3:60 and 1:				G E MAR 1	1 W	E 7	D	And the second Contract of Contract Con
T 0 10 0	N	ame of	f Buildin	g Owner/Ope	rator (2	<sup>2)</sup> arter Schoo		m min				
Date of Notification (1) 2/7/2017 Check# 2980	E	Empo	werme	ent Acaden	ly On	arter Schoo			CONTE	101	2	1
3/7/2017 Check# 2900 Agencies Notified Type Notification	S	treet A	ddress ge Av	anue			AS	BESTOS (	ISING	101		
Agencies ivoline			ate, Zip					Earl College				
LI EPA	(	Jity, St Jerse	v City.	NJ 07304				hone Number		_	-	-
DEP Amendment #  DOL Emergency (include	ing	Name (	of Conta	ct			lelep	Notic Marriso.				
iustification)		Duar	ne Moe	ller								
DCA Cancellation	1	FAC	CILITY I	NFORMATIC	N	Type of Facili	ity (4)					
Name of Facility Where Abatement is Taking Place Empowerment Academy Charter School Street Address	ce (3) ol					School	(K-12) pter 8 (Othe .e. private &	r than K-12) commercial b	ouildings,		es,	
240 Ege Avenue						Square Feet	# of	Floors	50+	.5		
City (5)						50,000		ng demolished	i)			
Jersey City, NJ		Coun	ty Code	(7)		School	(Prior il bei	19 0011111111111				
County (6)		(STA	TE USE (	ONLY)	1 16.1	e of Abatemen	t Contractor	(9)				
HUDSON  Name of Monitoring Firm Hired by Building Own	er (8)	AS	SCM No.		Nam	Services		N988				4
Name of Monitoring Pitti Filed by					100000000000000000000000000000000000000	et Address						
Street Address					42	6 69th Stree						$\dashv$
Street Address					City	, State, Zip Co	de					
City, State, Zip Code						uttenberg, N	J 07093	License No	).			
		Tele	ephone I	No.	Tele	ephone No. )1-295-1700	r.	01074				
Project Manager for Monitoring Firm		1			20	me of OSHA M	Ionitor					
S	cheduled (	Comple	etion Dat	te (11)	Na	ame as abo	ve					
	3/20/201				10000	reet Address						
Status During Abatement (Check	Only One)											-
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe: Starting 8 AM			nt		Cit	ty, State, Zip C						
Scope of Work (Check All That Apply)   ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	⊠ Re □ De	novatio molitio	on n			Mini-E	nclosure	vith Negative ure and Non-Fria	ble Proc	edure Abate		
		ocatio	ın.							Ту	oe T	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Used Mai	ormally Solely ntenan odial S (12)	y by ice/	(i.e. the	Contain rmal sy	ription of ning Material (/ ystems insulati ng, VAT, or scellaneous)	ACM) on,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(10)	Yes	No	N/A					3 LF		Х		
WALLEST STORY OF STORY		Х		1	-	Insulation		2 LF		Х		
Baement/Multipurpose area		X			Pipe	Insulation				A		
Basement/Kitchen	-									-		1
			+					a mintered Lar	ndfill			
Name of Registered Waste Hauler		1	NJDEP Hauler I	Waste D No.	Cubic of Was TBD		Cumber	tegistered Lar land Landf	ill			
Freehold Carting			15939			sal Date	City, State	e DA				
City, State Freehold, NJ					TBD	Signature /	Newbu	g, FA	Date 3/7/2	017		
Completed by	Title		lanage	г		E	fueas		3/1/2			

Gina Betances

PHILLOHII

N	. / /	1
B	Amended	X
00	11.	/

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

ew Material G

Print Form

			0.0					1	rew c	nec.	K. G	ww.	-	1047		111
Date of Notification (1) 2/27/17					f Building Wainwr			r (2)	100		WAL	110	۷	UIT	1	2
Agencies Notified	Type Notification			Street A					1	/ Ot	DECTO	0.00	777	TO	N 0	
⊠ EPA										HOE	BESTO	ENS			JE &	
DEP	Amended			City, Sta	ate, Zip Co	ode			-							
☑ DOL	Amendment			North	Beach	Haver	NJ 08	800								
⊠ DOH	Emergency justification)	(including		Name o	f Contact					Tale	anhana l	N1	r			
DCA	Cancellation			Brian									,			
Name of Facility 100	Ab -11:- T-1:-	- DI //		FACI	ILITY INF	ORMAT	TION	1 -	C = 101							
Name of Facility Where A Brian Wainwright F								Туре	of Facility							
Street Address	Tivate Home Fi	ivate i i	onie					-	School (K- Subchapte		ar than k	(12)				
Street Address									Other (i.e.				uilo	lings,	hom	es,
City (5)								_	etc.)	111.1					S.	(0)
City (5) North Beach Haver	n N I 08008							100	are Feet	2	Floors			ldg. A 5+	ige	
County (6)	11110 00000			County	Code (7)				ent Use (Pr		na domo	lichod)		JŦ		
Ocean					USE ONLY	)		Ho		ioi ii beii	ng demo	nisticu,				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	A No.		Name	14 14 14 16 16 16 16 16 16 16 16 16 16 16 16 16	atement Co	ntractor	(9)					
N/A	, ,							naco			(-/					
Street Address			X-17				Street	Addre	ess					-110	1100-00	-
							PO	Box 3	329							
City, State, Zip Code							City, S	State, Z	Zip Code	<u> </u>						
							Wes	st Ber	lin NJ 08	091						
Project Manager for Mon	itoring Firm			Telepho	ne No.			hone N			License					
								-753-			0072	7				
Start Date (10)				npletion	Date (11)		The property of the second		HA Monitor							
3/9/17		3/15/1					Sam									
Occupancy Status During	g Abatement (Chec	k Only Or	ne)				Street	Addre	SS	4						
X Facility Closed/Vaca Abatement Perform							City C	Note 7	in Cada		15000					
Other – Describe:		iai Facility	nouis	19.			City, S	state, Z	Zip Code							
Scope of Work (Check A	Il That Apply)											-		= 1- 0 0.5	-	
☐ ≥3 sf or ≥3 lf	ac., pp.y/			tion.			Г	٦	II Cantainm	ant with	Negotiv	o Droo	~	_		
≥3 ST OF ≥3 IT ≥160 Sf or ≥260 If		-	Renova Demolit						II Containm ni-Enclosur		negativ	e Pies	Sui	е		
		_					>		ovebag Pro		d Non Er	iable F	)ror	odur		
		T		-	I		12	NO INC	n-Exempte	d ( ) and	1 1/10/11-51	lable F		31/21/5/02/2	emeni	t .
			Locati Vormal												ре	
Location Asbestos-Containing		Use	d Sole	ly by	Asbes		escriptior ntaining N		I (ACM)	A	mount				Ш	
TO BE ABA	ATED	100000000000000000000000000000000000000	intenar todial S			therma	al system	s insul			pecify	1 2	O	Z,	nce	En
In Facili (13)	ity	000	(12)	, carr.			acing, VA miscellar			SF	or LF)	200		Repair	Encapsulate	Enclosure
(10)		Yes	No	N/A		0.1.01	moodia.	.0000)				2	3	7	late	IГе
		res	INO	IN/A								-	-			
exterior s				Х			erior sid			190	00 SF	X				
and Fl	000			X	FI	oor	Til	6		700	55	X	4			
Name of Registered Was	te Hauler	10000	JDEP W			Yards		Name of	Registe	red Land	fill					
United Roll Off		528916	auler ID 2459	NO.	of Wa	aste		G.R.O	.W.S.							
City, State						Dispo	sal Date		City, Sta							
Elm NJ						3/15	/17		Morris	ville PA	1906	7				
Completed by		Title				1	Signature	77	х.			Date				
Anthony T Perna		Pres	ident					C		-		2/27	/17	7		

8 & 6 proj. #: 2017-30		(	Putsuar	nt to NJAC 8	esto :60-	J os Abatement 7 and 12:120-7) NO HEAT ***	Company of the property of the	Check	E C	Prince I and	<u>[]</u>	₩ 201	
Date of Notification (1)  10 13 1/0 18 1/1 17  Agencies Notified Type Notified EPA  initial	stion Str	Antoinett sei Addrei	e Prove	er/Operator (2) erbs				AS	REST	OS CE)			DL&
-	iment	y, State, Z East Ora me of Con	inge, N	J 07017			110	ephone	Numbai	\$22 }.	17.7		)
☐ DCA ☐ Cence	lation	Antoine	te Pove	rbs					1.3				
Control Miles (III)			-	ILITY INFORM	ATIO	N .					_	-8 /	
Name of facility where absternant AntoInatte Proverbs	is taking plac	ş (3)						School Subcha	(K - 12) pter \$ (0			(-12)	
Street Address						1	225	Bidgs./F	rivale/Co iomes, s	te.	fcial	Agrand to the party	
City (5)	Count	(3)	-		Cal	unty Cade (7)	Square	est /	of Floor	S	81	dg. Ag	j û
East Orange, NJ 07017	Esse		-			ste use only)	reside	ntial	or if bain	g dem	iolish	ed)	
Name of Montoring Pitra Hired by Street Address	Bldg, Owner	(8)		ASCM No. n/a	3000	B & G Restorati Street Address 105 Ryerson R	on, Inc.	(9)					
City, State, Zip Code						City, State, Zip Gode Lincoln Park, I	NJ 07035					- Company	Consumptions,
Project Manager for Monitoring Fin			ne Numb			Telephone Number (973)698-6869	- Allender to		Licensia 00	378	iet		
Scheduled Start Date (10) 03/09/2017	14 222/00	Completion 1/2017	1 Date (1	)		Name of OSHA Monit 6 & G Restorati Sireet Address		i i i i i i i i i i i i i i i i i i i		_			in the same of the
Occupancy Status During Abatems Facility closed/vacated during Abatemant performed outside Describe: Other-Describe:	dintre period	ofebaten			-	105 Ryerson Ro Chy, State, Zip Code Lincoln Park, N.							<b>m</b> -p.
Scope of Work (check all that app	4)						-	-	-				
Demolition III	Renovation ≥160 of or ≥3	860 H				Full Containment w/neg Wni-speissure	ative press	_	] Gloveb ] Non-fri				
Location of asbestor-containing malerial to be abated in facility (13)	is location in by maintain etaff(12)			V 222 22.20		abestos-containing		lount locify SF	òr	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2007	M n c m p	Enpl
basement			X.	pipe insula	tion		101	f		E			口
					-					日			
				200						片	쒸	+	7
					ANTHON					5		<u> </u>	
Registered Weste Hauler  B & G Restoration, Inc.		Hauler 10 563	*   C	obic Yards of Vi	anie	Name of Registered I	Resource	& Rec	ovarv	Cent	er	-incomediate	
City, State Lincoln Park, NJ		0	03/1	ate 0/2017		City, State Tullytown, F		2 1 1000	2.31,			1	
Completed by (Print of Type) Gordana Lune	Title Secretary	Trassur	er	Signatura	(	Gadana Luna	- Annual Particular of the Control o		Data 03/08	/201	7		

#### State of NJ

Notification of Ashestos Abatement

B & G proj. #:	2017-30		(F	Pursuant	to NJAC 8:	60-7	and 12:120-7) O HEAT ***	DE Check#	8281	<u>//</u>	E	Commence of the commence of th	The second statement of the se
Date of Notification	(1)	N	ame of Build	ling Owne	r/Operator (2)			IIII MAF	7 1 3 2	017	1		
10 13 1/10 18			Antoinette	Prover	bs	2 PATE CAPTE - 47		Suel basi					+
Agencies Notified EPA	Type Notification	on St	reet Addres	S				ASBEST	OS CON	TR	OL i	1 &	
☐ DEP	X Initial							11	CENSING	3			
X DOL	Amendm		ty, State, Zi East Ora		07017					ere-			
X DOH		11	me of Cont	act				Telephone	Number				
☐ DCA	Cancella	tion	Antoinet	te Pover	bs							_	_
				FACI	ITY INFORM	ATION							
Name of facility wh	nere abatement is	taking pla	ce (3)					Type of Facility (4					
Antoinette Pro	overbs							☐ Subcha	pter 8 (Other			12)	
Street Address								Bldgs./H	lomes, etc.	Т		g. Ag	10
0:1 (5)		I Cour	ty (6)			Cou	nty Code (7)	Square Feet #	FOTFIOOIS		Did	9.7.8	
City (5)	NII 07047						te use only)	Current Use (Pri	or if being de	emo	lishe	d)	
East Orange		Ess			1001111		Name of Abatement	residential		-		-	
Name of Monitorin	g Firm Hired by I	Blag. Owne	er (8)		ASCM No. n/a		B & G Restora						
Ot at Address						-	Street Address	tion, me.					
Street Address							105 Ryerson I	Road				_	
City, State, Zip Cod	le						City, State, Zip Code						
			I Dh	ana Numb	or.	_	Lincoln Park, Telephone Number	NJ 07035	License Nu	mbe	er	_	
Project Manager fo	r Monitoring Firm		Pno	one Numb	81		(973)696-686		0037	8			
Scheduled Start Da	ate (10)	Sched	. Completio	n Date (11	)	-	Name of OSHA Mor B & G Restora						
03/09/2017		03/	10/2017				Street Address	ition, me.		-			
Occupancy Status	During Abatemer	nt (Check o	nly one)				105 Ryerson F	Road					
Facility close Abatement p	d/vacated during erformed outside	entire peri	od of abater	ment. s-			City, State, Zip Code						
Describe: Other-Descri	be:					=	Lincoln Park, I	NJ 07035		_			
Scope of Work (ch	neck all that apply	/) Renovatio	n			(42.5)	ull Containment w/ne	egative pressure	Glovebag				
$\times$ >3 sf or >3 lf		≥160 sf or	≥260 If			X I	Mini-enclosure	L	Non-friab			_	
Location of			n normally ι enance/cust		50 2000	023		Amount	6		R e	E n	E n
asbestos-coi material to b	Section and the section of the secti	staff(12)	1	<del></del>	Descripti material		sbestos-containing	(Specify S	For c	1	p a	c	С
abated in fac		Yes	No	N/A		•		LF)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		i r	р	L
basement				X	pipe insul	ation		10 lf					
20001110111										4		닏	뷰
						-				믞	님	믐	片
										븪	님	믐	H
	Tayler.	INUD	ED Haular I	D# 10	ubic Yards of	Waste	Name of Registere	d Landfill			ш_		
Registered Waste I B & G Restora			EP Hauler I 19563		1		Tullytown	n Resource & Re	covery C	ent	er		
City, State Lincoln Park,	NJ			Disposal Dis	Date 10/2017		City, State Tullytown	, PA					
Completed by (Prin	nt or Type)	Title	l iry/Treasu	-	Signature		Gordana Luna		Date 03/08/2	201	7		
Gordana Luna	2	Deciele	i yr i i cast	1101	1					-		_	

	E C	E		$\mathbb{V}$	13	F
111 (1: MAD 4 2 2011 / 1 11 5	 L I A	D 1	2	201	7	

1000	NOTIFICA (Pursua	TION O	e of New Jersey F ASBESTOS ABATEI JAC 8:60-7 and 12:120 Name of Building Own	MENT -7) per/Operator (2)	IDE C		<u> </u>			
W C.E			Name of Building Own MERCK SHARP & DOI	HME CORP.	IIIII MA	R 13	2017	111		
Date of Notification (1)		- 4		A	End box.					
2 / 8 17			Street Address 126 E. LINCOLN AVEN	NUE, P.O. BOX 2	000, RY28-414 ASBES	173017	MIRO	18		
Agencies Notified Type Notification	naprece-		City State Zip Code			ICENS	ING	1		
EPA Initial Notifica	ation		RAHWAY, NEW JERS	SEY 07065						
Cancellation			\$100 per		Telenhone Number					
X DOL On Hold			Name of Contact Sandra M. Schenk	i.	A 280 1 0			_		
X DOH SMITTER	CY NOTIFICA	ATION		<u> </u>				-		
	71 (2)		ITY INFORMATION	Type of Facility	(4)					
Name of Facility Where Abatement is Taki	ng Place (3)			School (K-	12)	2)				
				Subchapte	r 8 (Other than K-12 private & commcl. b	lags., noi	nes, etc.	)		
MERCK SHARP & DOHME CORPORATION				X Other (ie. ] Square Feet	# of Floors	Diag	. Ago			
Street Address				40,000	1		55	_		
126 FAST LINCOLN AVENUE - BUILDING	30N		County Code (7)	Current Use (Pr	ior if being demolish	hed)				
City (5)			(STATE USE ONLY)	VACANT	. Contractor (	9)				
ILINION	og Owner (8		ASCM No.	Name of Abate	ement Contractor ( IMENTAL CORPOR	RATION				
Name of Monitoring Firm Hired by Building ENVIRONMETAL HEALTH INVESTIGATION	NS, INC.		104	Street Address	IIVILIVIAL COLU. O.					
ENVIRONMETAL HEALTH INVESTIGATION	A SALAN D. CONTRACTOR	XXVIII		313 SPOOK R	OCK ROAD			-		
Street Address 655 WEST SHORE TRAIL				City State Zip	Code					
	LEDSEV 07	271		SUFFERN, NE	W YORK 10901	nse Numb	er	$\neg$		
SPARTA, NEV	Telep!	hone N	umber	Telephone Nu	mber Licei					
Project Manager for Monitoring Firm	973-7	29-564	9	845-369-7500	The state of the s					
WILLIAM S. KERBEL, CIH	Sched. Co	mpletio	on Date (11)	Name of OSHA Monitor AMERISCI LABORATORIES INC #11480						
Expected State Date (10)	3	1	8 /17 Day Year					$\neg$		
Day Vear	Month		Day	Street Addres	S TU STREET					
Occupancy Status During Abatement (Che  X Facility Closed/Vacated During	Entire Perior	d of Aba	atement	117 EAST 30	IN STREET					
	ni Nullial i c	2011112		City, State, Z	ip Code	ODI( 400	16			
X Other - Describe: MONDA	Y - FRIDAY 7	7 AM- 3	4. 40 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	N	EW YORK, NEW T	OKK 100	10	- 1		
					egative Pressure					
Scope of Work (Check all that apply)  Demolition	Renovatio	n	X Mini-Er	oag Procedure						
>3SF OR LF			X Non-Fr	iable Procedure		T Aba	tement T	vne		
X >160 SF OR 260 LF	Is Loca	tion	Description of	Asbestos-	Amount			回		
Location of Asbestos-containing	normally	used	Containing Ma	terial (ACIVI)	(Specify	REMOVAL	ENCAPSULE	ENCLOSURE		
Material (ACM)	solely	by	(ie. Thermal insulation, surf	facing, VAT,	SF or LF)	OVA	PSI	SC		
TO BE ABATED	Maint/Cu Staff (	stodial	or other misc	cellaneous)		-	E	ᇛ		
in Facility (13)	Yes No					X				
		X	BLACK GLUE DABS/S	SEALANT	330 SQ. FT.					
GROUND FLOOR LABS		×	COUNTER TOPS/SIN		1,180 SQ. FT.		-	+		
GROUND FLOOR LABS			FIRE STOP PUTTY		231 LN. FT.	X	_	+		
GROUND FLOOR LABS		X			350 SQ. FT.	X	-	+		
GROUND FLOOR LABS		X	LAB HOODS		375 SQ FT.	Х		+		
GROUND FLOOR LABS		X	DOORS/LEAFS		46 LN. FT.	X				
GROUND FLOOR LABS		X	PIPE FITTINGS		4,970 SQ. FT	. X				
GROUND FLOOR LABS		Х	VAT & MASTIC	TING	750 SQ. FT.	X				
GROUND FLOOR LABS		Х	SOUND PROOF BAT		175 SQ. FT. X					
GROUND FLOOR LABS		X	GASBESTOS DUCT WORK					MENT C		
Name of Registered Waste Hauler	NJDEP		Cubic Yards of Wast	Name of Registered Landill  LYCOMING COUNTY RESOURCE MANAGEMEN  447 ALEXANDER DRIVE/ROUTE 15						
FREEHOLD CARTAGE, INC.	Hauler 15	1D No.				JUIE 13	-5-			
825 HIGHWAY 33	10		Disposal Date	City, State	MERY, PA 17752					
					or -					
City, State FREEHOLD, NEW JERSEY			2/1-10/30/17   Signature	1//	1	Date	8/17	Y		

/		NOTIF	FICAT	ION	te of New Jersey OF ASBESTOS ABATE NJAC 8:60-7 and 12:12	.0-7)	OF E	3094	5	9	// E	
		(F)	uisuai	10 10	Name of Building Ov MERCK SHARP & DO	vner/Operator (	2)					
ate of Notification (1)	9 17				Otros Addross		2000 PY28-4	MAH	1	3 21	J1 //	22 - Care
1 / 19	Type Notification				126 E. LINCOLN AVE	ENUE, P.O. BOX						#
EPA DEP	X Initial Notifica	otification	n		City, State, Zip Code RAHWAY, NEW JER	SEY 07065	AS	BEST LI	OS ( CEN	SIN(	3	_ \a
X DOL	Cancellation				Name of Contact		Telephone Nu	umber				
X DOH	On Hold EMERGENO	Y NOTI	FICAT	TION								-
DCA	EWILITOLITE				LITY INFORMATION		(4)					$\dashv$
Name of Facility Where	Abatement is Takin	ng Place	e <b>(</b> 3)			Type of Facili						
						Subchan	ter 8 (Other tha	n K-12	)			
MERCK SHARP & DOH	ME CORPORATION	E				X Other (ie	. private & com	mcl. blo	dgs., t	dg. A	ge etc.	+
n. Malaran		13.000				Square Feet 40,000	# of Floor	s	D	55	90	
Street Address 126 EAST LINCOLN AV	ENUE - BUILDING 8	30N			- 1 O - 1 - (7)	Current Use (	Prior if being de	emolish	ed)			$\neg$
City (5)	County (6)				County Code (7) (STATE USE ONLY)	VACANT						4
BALDAIAN/	UNION	a Owno	r (8)		ASCM No.	Name of Aha	tement Contra	actor (9	) ^TIO			
Name of Monitoring Fi ENVIRONMETAL HEAL	rm Hired by Buildin	NS, INC.	. (0)		104		NMENTAL CO	RPORA	41101	4		-
Street Address	TIT HAVEOTTO, T.T.					Street Addres	s ROCK ROAD					
655 WEST SHORE TRA	AIL					City, State, Zi	p Code			100		
City, State, Zip Code		IFRCEN	v 0787	71		SUFFERN, N	EW YORK 109	901				
	SPARTA, NEW	Te	elepho	ne N	umber	Telephone No		Licens	se Nur	nber		
Project Manager for Mo	CIH		3-729			845-369-7500		1101				
WILLIAM S. KERBEL, Expected State Date (				pleti	on Date (11) 30 /17	Name of OSI	ABORATORIE:	SINC		#11	480	
2 /	1 /17	Monti	10 /		30 /17 Day Year	1						
Month Day	v Year	IVIOLITI										
	Abstoment (Cher	ck only o	ne)		Day	Street Addre	SS OTH STREET					
Occupancy Status Duri	ing Abatement (Che		ne) eriod o	of Aba	atement	Street Addre	ss OTH STREET					
Occupancy Status Duri	ing Abatement (Chec sed/Vacated During I Performed Outside o	of Norma	ne) eriod o Il Facil	iity i i	atement ours - Describe:	Street Addre	OTH STREET		DV 10	0016		
Occupancy Status Duri	ing Abatement (Chec sed/Vacated During I Performed Outside o	of Norma	ne) eriod o Il Facil	iity i i	atement ours - Describe: ::30 PM	Street Addre 117 EAST 30 City, State, 2	OTH STREET  Zip Code  NEW YORK, NE	EW YO	RK 10	016	<u> </u>	
Occupancy Status Duri  X Facility Clos  Abatement  X Other - Des	ing Abatement (Check sed/Vacated During & Performed Outside of scribe: MONDAY	of Norma	one) eriod o Il Facil AY 7 A	iity i i	atement ours - Describe: :30 PM	Street Addre 117 EAST 30 City, State, 2	OTH STREET  Zip Code  NEW YORK, NE	EW YO	RK 10	016		
Occupancy Status Duri  X Facility Clos Abatement X Other - Des  Scope of Work (Check	ing Abatement (Checked/Vacated During It Performed Outside Cocribe: MONDAY all that apply)	of Norma	one) eriod o Il Facil AY 7 A	iity i i	atement ours - Describe: :30 PM  X Full Co	Street Addre 117 EAST 30 City, State, 2 Notationment with Noclo,	OTH STREET  Zip Code  NEW YORK, NE	EW YO	RK 10	0016		
Occupancy Status Duri  X Facility Clos  Abatement  X Other - Des  Scope of Work (Check  Demolition  >3SF OR L	ing Abatement (Checked/Vacated During It Performed Outside Cocribe: MONDAY all that apply)	of Norma	one) eriod o Il Facil AY 7 A	iity i i	atement ours - Describe: 330 PM  X Full Co X Mini-Er X Glovet X Non-Fr	Street Addre 117 EAST 36 City, State, 2 ntainment with Naclo, pag Procedure iable Procedure	OTH STREET  Zip Code  NEW YORK, NE	EW YO			ent Tv	ne
Occupancy Status Duri  X Facility Clos Abatement X Other - Des  Scope of Work (Check Demolition >3SF OR L X >160 SF O	ing Abatement (Checked/Vacated During Beneformed Outside Corribe: MONDAY (all that apply)  X  F  R  260 LF	Renov	eriod o al Facil AY 7 A ation	n	atement ours - Describe: 330 PM    X	Street Addre 117 EAST 36 City, State, 2 Note of the control of the	OTH STREET  Zip Code  NEW YORK, NE	ure	Ab	ateme	ent Ty	
Occupancy Status Duri  X Facility Clos Abatement X Other - Des  Scope of Work (Check Demolition >3SF OR L X >160 SF O	ing Abatement (Checked/Vacated During Beneformed Outside Corribe: MONDAY  (all that apply)  X  F  R  260 LF  ion of	Renova	eriod o Il Facil AY 7 A ation	n sed	atement ours - Describe: ::30 PM  X Full Co X Mini-Er X Glovet X Non-Fr  Description of Containing Mai	Street Addre 117 EAST 36 City, State, 2 ntainment with Noclo, pag Procedure iable Procedure Asbestos- terial (ACM)	Zip Code NEW YORK, NE Negative Pressu	ure	Ab	ateme		
Occupancy Status Duri  X Facility Clos  Abatement  X Other - Des  Scope of Work (Check  Demolition  >3SF OR L  X >160 SF O  Locat  Asbestos-  Materia	ing Abatement (Checked/Vacated During Beneformed Outside Corribe: MONDAY  (all that apply)  X  F  R  260 LF  ion of containing I (ACM)	Renovation Solution	eriod o eriod o al Facil AY 7 A ation ocation ally us lely by	n sed	atement ours - Describe: :30 PM  X Full Co X Mini-Er X Glovet X Non-Fr  Description of Containing Mat (ie. Thermal insulation, surf	Street Addre 117 EAST 36 City, State, 2 Intainment with Noclo, pag Procedure iable Procedure Asbestos- terial (ACM) systems facing, VAT,	Zip Code NEW YORK, NE Negative Pressu	ure unt cify	Ab			
Occupancy Status Duri  X Facility Clos  Abatement  X Other - Des  Scope of Work (Check  Demolition  >3SF OR L  X >160 SF O  Locat  Asbestos-  Materia  TO BE A	ing Abatement (Checked/Vacated During Beneformed Outside Cocribe: MONDAY  (all that apply)  X  F  R 260 LF  ion of containing I (ACM)  ABATED	Renovaling Is Lands and Maintain	eriod o eriod o al Facil AY 7 A ation ocation ally us lely by	n sed	atement ours - Describe: ::30 PM  X Full Co X Mini-Er X Glovet X Non-Fr  Description of Containing Mai	Street Addre 117 EAST 36 City, State, 2 Intainment with Noclo, pag Procedure iable Procedure Asbestos- terial (ACM) systems facing, VAT,	Zip Code NEW YORK, NE Negative Pressu  Amou	ure unt cify		ateme		
Occupancy Status Duri  X Facility Clos  Abatement  X Other - Des  Scope of Work (Check  Demolition  >3SF OR L  X >160 SF O  Locat  Asbestos-  Materia  TO BE A	ing Abatement (Checked/Vacated During Beneformed Outside Corribe: MONDAY  (all that apply)  X  F  R  260 LF  ion of containing I (ACM)	Renovaling Is Lands and Maintain	eriod o all Facil AY 7 A ation ocation ally us lely by /Custo aff (12	n sed v	atement ours - Describe: ::30 PM    X	Street Addre 117 EAST 36 City, State, 2 Note of the control of the	Zip Code NEW YORK, NE Negative Pressu Amou (Spec	unt cify LF)	Ab	ateme		
Occupancy Status Duri  X Facility Clos Abatement X Other - Des  Scope of Work (Check Demolition >3SF OR L X >160 SF O Locat Asbestos- Materia TO BE A in Faci	ing Abatement (Checked/Vacated During Berformed Outside Corribe: MONDAY  (all that apply)  X  F  R  260 LF  ion of containing I (ACM)  ABATED  lity (13)	Renovalist Landing Solution State St	eriod o Il Facil AY 7 A ation ocation ally us lely by /Custo aff (12	n sed v	atement ours - Describe: :30 PM  X Full Co X Mini-Er X Glovet X Non-Fr  Description of Containing Mat (ie. Thermal insulation, surf or other misc	Street Addre 117 EAST 36 City, State, 2 Note of the control of the	Zip Code NEW YORK, NE Negative Pressu  Amou (Special Section of Se	unt cify LF)	REMOVAL X	ateme		e ENCLOSURE
Occupancy Status Duri  X Facility Clos  Abatement  X Other - Des  Scope of Work (Check  Demolition  >3SF OR L  X >160 SF O  Locat  Asbestos-  Materia  TO BE A  in Faci	ing Abatement (Checked/Vacated During Beneformed Outside of Scribe: MONDAY  (all that apply)  X  F  R  260 LF  ion of containing I (ACM)  ABATED  ABS	Renovalist Landing Solution State St	ation  ocation  ocati	n sed / odial )	atement ours - Describe: ::30 PM    X	Street Addre 117 EAST 36 City, State, 2 Note of the control of the	Zip Code NEW YORK, NE Negative Pressu  Amou (Spec SF or	unt cify LF) FT.	Ab REMOVAL X X	ateme		
Occupancy Status Duri  X Facility Clos Abatement X Other - Des  Scope of Work (Check Demolition >3SF OR L X >160 SF O  Locat Asbestos- Materia TO BE A in Faci	ing Abatement (Checked/Vacated During Beneformed Outside Corribe: MONDAY  (all that apply)  X  F  R 260 LF  ion of containing I (ACM)  ABATED  lity (13)	Renovalist Landing Solution State St	ation  ocation  ocation  ocation  lely by  /Custo aff (12  No   No   No   No   No   No   No   No	n seed / odial )	atement ours - Describe: :30 PM  X Full Co X Mini-Er X Glovet X Non-Fr  Description of Containing Mat (ie. Thermal insulation, surf or other misc	Street Addre 117 EAST 36 City, State, 2 Note of the control of the	Zip Code NEW YORK, NE Negative Pressu  Amou (Spec SF or  330 SQ. F  1,180 SQ  231 LN. F	unt cify LF) FT.	REMOVAL X X	ateme		
Occupancy Status Duri  X Facility Clos  Abatement  X Other - Des  Scope of Work (Check  Demolition  >3SF OR L  X >160 SF O  Locat  Asbestos-  Materia  TO BE A  in Faci  GROUND FLOOR LA  GROUND FLOOR LA	ing Abatement (Checked/Vacated During Beneformed Outside of Caribe: MONDAY  (all that apply)  (b)  (c)  (c)  (c)  (d)  (d)  (d)  (d)  (d	Renovalist Landing Solution State St	ation  ocation  ocati	n seed / odial ) N/A X	atement ours - Describe: :30 PM  X Full Co X Mini-Er X Glovet X Non-Fr  Description of Containing Mai (ie. Thermal insulation, surf or other misc  BLACK GLUE DABS/S	Street Addre 117 EAST 36 City, State, 2 Note of the control of the	Zip Code NEW YORK, NE Negative Pressu  Amou (Special Special S	unt cify LF)  FT.  0. FT.  FT.	REMOVAL X X X	ateme		
Occupancy Status Duri  X Facility Clos Abatement X Other - Des  Scope of Work (Check Demolition >3SF OR L X >160 SF O  Locat Asbestos- Materia TO BE A in Faci  GROUND FLOOR LA GROUND FLOOR LA GROUND FLOOR LA	ing Abatement (Checked/Vacated During Is Performed Outside of Caribe: MONDAY  (a all that apply)  X  X  ABATED  ABS  ABS  ABS  ABS	Renovalist Landing Solution State St	ation  ocation  ocati	n n seed / odial ) N/A X	atement ours - Describe: :30 PM  X Full Co X Mini-Er X Glovet X Non-Fr  Description of Containing Mat (ie. Thermal insulation, surf or other misc  BLACK GLUE DABS/S  COUNTER TOPS/SIN  FIRE STOP PUTTY  LAB HOODS  DOORS/LEAFS	Street Addre 117 EAST 36 City, State, 2 Note of the control of the	Amou (Spec SF or 330 SQ. F 1,180 SQ 231 LN. F 350 SQ.	unt cify LF) FT. FT. FT. FT.	REMOVAL X X X X	ateme		
Occupancy Status Duri  X Facility Clos Abatement X Other - Des  Scope of Work (Check Demolition >3SF OR L X >160 SF O  Locat Asbestos- Materia TO BE A in Faci  GROUND FLOOR LA GROUND FLOOR LA GROUND FLOOR LA GROUND FLOOR LA	ing Abatement (Checked/Vacated During Is Performed Outside of Scribe: MONDAY  (all that apply)  X  F  R 260 LF  ion of Containing I (ACM)  ABATED  lity (13)  ABS  ABS  ABS  ABS  ABS  ABS	Renovalist Landing Solution State St	ation  ocation  ocati	n sed / odial ) N/A X X X	atement ours - Describe: :30 PM  X Full Co X Mini-Er X Glovet X Non-Fr  Description of Containing Mai (ie. Thermal insulation, surf or other misc  BLACK GLUE DABS/S  COUNTER TOPS/SINI FIRE STOP PUTTY  LAB HOODS	Street Addre 117 EAST 36 City, State, 2 Note of the control of the	Amou (Spec SF or 330 SQ. F 1,180 SQ 231 LN. F 350 SQ. 46 LN. F	unt bify LF)  FT. FT. FT. FT. FT.	ABREMOVAL X X X X X X	ateme		
Occupancy Status Duri  X Facility Clos Abatement X Other - Des  Scope of Work (Check Demolition >3SF OR L X >160 SF O  Locat Asbestos- Materia TO BE A in Faci  GROUND FLOOR LA	ing Abatement (Checked/Vacated During Beneformed Outside of Scribe: MONDAY  (all that apply)  (b)  (c)  (c)  (c)  (d)  (d)  (d)  (d)  (d	Renovalist Landing Solution State St	ation  ocation  ocati	n eed / dial ) N/A X X X X	atement ours - Describe: :30 PM  X Full Co X Mini-Er X Glovet X Non-Fr  Description of Containing Mat (ie. Thermal insulation, surf or other misc  BLACK GLUE DABS/S  COUNTER TOPS/SIN FIRE STOP PUTTY  LAB HOODS  DOORS/LEAFS  PIPE FITTINGS  VAT & MASTIC	Street Addre 117 EAST 36 City, State, 2 Intainment with Noclo, pag Procedure liable Procedure Asbestos- terial (ACM) systems facing, VAT, sellaneous) SEALANT KS	Amou (Spectors) 330 SQ. F 1,180 SQ 231 LN. F 350 SQ. 46 LN. F 4,970 SQ	unt cify LF)  FT.  FT.  FT.  FT.  FT.  G. FT.	Abb REMOVAL X X X X X X X X X	ateme		
Occupancy Status Duri  X Facility Clos Abatement X Other - Des  Scope of Work (Check Demolition >3SF OR L X >160 SF O  Locat Asbestos- Materia TO BE A in Faci  GROUND FLOOR LA	ing Abatement (Checked/Vacated During Beneformed Outside of Scribe: MONDAY  (all that apply)  X  F  R  260 LF  ion of containing I (ACM)  ABATED  lity (13)  ABS  ABS  ABS  ABS  ABS  ABS  ABS  AB	Renovalist Landing Solution State St	ation  ocation  ocati	n seed / odial ) N/A X X X X X	atement ours - Describe: :30 PM  X Full Co X Mini-Er X Glovet X Non-Fr  Description of Containing Mar (ie. Thermal insulation, surf or other misc  BLACK GLUE DABS/S  COUNTER TOPS/SIN FIRE STOP PUTTY  LAB HOODS  DOORS/LEAFS PIPE FITTINGS  VAT & MASTIC SOUND PROOF BAT	Street Addre 117 EAST 36 City, State, 2 Note of the control of the	Amou (Spec SF or 330 SQ. F 1,180 SQ 231 LN. F 350 SQ. 375 SQ F 4,970 SQ. 750 SQ.	unt cify LF)  FT. FT. FT. FT. FT. FT. FT. FT. FT. FT	REMOVAL X X X X X X X X X X X X X X X X X X X	ateme		
Occupancy Status Duri  X Facility Clos Abatement X Other - Des  Scope of Work (Check Demolition >3SF OR L X >160 SF O  Locat Asbestos- Materia TO BE A in Faci  GROUND FLOOR LA	ing Abatement (Checked/Vacated During Beneformed Outside of Caribe: MONDAY  (all that apply)  (b)  (c)  (c)  (c)  (d)  (d)  (d)  (d)  (d	Renovalist Landing Solution State St	ation  ocation  ocati	n seed / odial ) N/A × × × × × × × × ×	atement ours - Describe: :30 PM  X Full Co X Mini-Er X Glovet X Non-Fr  Description of Containing Ma' (ie. Thermal insulation, surf or other misc  BLACK GLUE DABS/S COUNTER TOPS/SIN' FIRE STOP PUTTY LAB HOODS DOORS/LEAFS PIPE FITTINGS VAT & MASTIC SOUND PROOF BAT GASBESTOS DUCT	Street Addre 117 EAST 36 City, State, 2 Notation and the Notation of the Notat	Amou (Special Street) 330 SQ. F 1,180 SQ. 231 LN. F 350 SQ. 375 SQ F 46 LN. F 4,970 SQ. 175 SQ. 175 SQ.	unt cify LF)  FT.  FT.  FT.  FT.  FT.  FT.  FT.  F	Abb REMOVAL X X X X X X X X X	ateme		
Occupancy Status Duri  X Facility Clos Abatement X Other - Des  Scope of Work (Check Demolition >3SF OR L X >160 SF O  Locat Asbestos- Materia TO BE A in Faci  GROUND FLOOR LA	ing Abatement (Checked/Vacated During Beneformed Outside of Caribe: MONDAY  (all that apply)  (b)  (c)  (c)  (c)  (c)  (d)  (d)  (d)  (d	Renovalist Communication of Normal Renovalist Commu	ation  ocation  ocati	n sed ( dial ) N/A X X X X X X X X X X X X X X X X X X X	atement ours - Describe: :30 PM  X Full Co X Mini-Er X Glovek X Non-Fr  Description of Containing Mai (ie. Thermal insulation, surf or other misc  BLACK GLUE DABS/S COUNTER TOPS/SIN FIRE STOP PUTTY LAB HOODS DOORS/LEAFS PIPE FITTINGS VAT & MASTIC SOUND PROOF BAT GASBESTOS DUCT Cubic Yards of Waste	Street Addre 117 EAST 36 City, State, 2 Intainment with Noclo, oag Procedure iable Procedure Asbestos- terial (ACM) systems facing, VAT, sellaneous) SEALANT KS TING WORK I Name of F	Amou (Special Street St	unt cify LF)  FT.  FT.  FT.  FT.  G. FT.  FT.  dfill  ESOUF	Ab REMOVAL X X X X X X X X X X X X X X X X X X X	atem REPAIR	ENCAPSULE	ENCLOSURE
Occupancy Status Duri  X Facility Clos Abatement X Other - Des  Scope of Work (Check Demolition >3SF OR L X >160 SF O  Locat Asbestos- Materia TO BE A in Faci  GROUND FLOOR LA	ing Abatement (Checked/Vacated During Beneformed Outside of Scribe: MONDAY  (all that apply)  (b) (c) (all that apply)  (c) (all that apply)  (d)	Renovalist Communication of Normal Renovalist Commu	ation  ocation  ocati	n seed / odial ) N/A X X X X X X X X X X X X X X X X X X X	atement ours - Describe: :30 PM  X Full Co X Mini-Er X Glovet X Non-Fr  Description of Containing Ma' (ie. Thermal insulation, surf or other misc  BLACK GLUE DABS/S COUNTER TOPS/SIN' FIRE STOP PUTTY LAB HOODS DOORS/LEAFS PIPE FITTINGS VAT & MASTIC SOUND PROOF BAT GASBESTOS DUCT	Street Addre 117 EAST 36 City, State, 2 Intainment with Noclo, oag Procedure iable Procedure Asbestos- terial (ACM) systems facing, VAT, sellaneous) SEALANT KS TING WORK I Name of F	Amou (Special Street St	unt cify LF)  FT.  FT.  FT.  FT.  G. FT.  FT.  dfill  ESOUF	Ab REMOVAL X X X X X X X X X X X X X X X X X X X	atem REPAIR	ENCAPSULE	ENCLOSURE
Occupancy Status Duri  X Facility Clos Abatement X Other - Des  Scope of Work (Check Demolition >3SF OR L X >160 SF O  Locat Asbestos- Materia TO BE A in Faci  GROUND FLOOR LA GROUND FLOOR L	ing Abatement (Checked/Vacated During Beneformed Outside of Scribe: MONDAY  (all that apply)  (b) (c) (all that apply)  (c) (all that apply)  (d)	Renovalist Communication of Normal Renovalist Commu	ation  ocation  ocati	n seed / odial ) N/A X X X X X X X X X X X X X X X X X X X	atement ours - Describe: ::30 PM  X Full Co X Mini-Er X Glovet X Non-Fr  Description of Containing Mai (ie. Thermal insulation, surf or other misc  BLACK GLUE DABS/S  COUNTER TOPS/SIN  FIRE STOP PUTTY  LAB HOODS  DOORS/LEAFS  PIPE FITTINGS  VAT & MASTIC  SOUND PROOF BAT  GASBESTOS DUCT  Cubic Yards of Waste 240	Street Addre 117 EAST 36 City, State, 2 Note of the control of the	Amou (Special Street Section S	unt cify LF)  FT. FT. FT. T. Q. FT. FT. dfill ESOUF	Ab REMOVAL X X X X X X X X X X X X X X X X X X X	atem REPAIR	ENCAPSULE	ENCLOSURE
Occupancy Status Duri  X Facility Clos Abatement X Other - Des  Scope of Work (Check Demolition >3SF OR L X >160 SF O  Locat Asbestos- Materia TO BE A in Faci  GROUND FLOOR LA GROUND FLOOR L	ing Abatement (Checked/Vacated During Beneformed Outside of Scribe: MONDAY  (all that apply)  (b)  (c)  (c)  (c)  (d)  (d)  (d)  (d)  (d	Renovalist Communication of Normal Renovalist Commu	ation  ocation  ocati	n seed / odial ) N/A X X X X X X X X X X X X X X X X X X X	atement ours - Describe: :30 PM  X Full Co X Mini-Er X Glovek X Non-Fr  Description of Containing Mai (ie. Thermal insulation, surf or other misc  BLACK GLUE DABS/S COUNTER TOPS/SIN FIRE STOP PUTTY LAB HOODS DOORS/LEAFS PIPE FITTINGS VAT & MASTIC SOUND PROOF BAT GASBESTOS DUCT Cubic Yards of Waste	Street Addre 117 EAST 36 City, State, 2 Intainment with Noclo, Dag Procedure Table Procedure Asbestosterial (ACM) Systems Facing, VAT, Dellaneous) SEALANT KS TING WORK INTERIOR NAME OF E LYCOMIN 447 ALEX City, State MONT GO	Amou (Special Street St	unt cify LF)  FT. FT. FT. T. Q. FT. FT. dfill ESOUF	Abb REMOVAL X X X X X X X X X X X X X X X X X X X	atem REPAIR	ENCAPSULE	ENCLOSURE

#### NOCK

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

N(C)			1	ant to NJ	0	(O-erotor (2)						
100				Name o	f Building Ow TIS PHARMA(	ner/Operator (2) CUETICALS CORF	PORATION	IIn	1 [		7 [	<u> </u>
te of Notification (1)				Street A			6	1160	(1			
3	/17			59 ROU						111		000
Citolog I to the	Notification				ate, Zip Code			111	1	W.	111	1 0 20
	Initial Notification		#1	EAST H	ANOVER NE	W JERSEY 07936		104	1			
DEF A	Amended Notifica Cancellation	lion	#1	LASTI	174110121411							CONT
V DOL	On Hold			Name o	of Contact		Telephone Numb	et	AS	BES	3108	CONT
X DOH DCA	EMERGENCY NO	TIFICA	TION	KEVIN	READIE						LIUE	NSING
DCA				FACILIT	Y INFORMAT	ION					_	
ame of Facility Where Abateme	ent is Taking Plac	e (3)				Type of Facility	(4)					
ame of Facility Where Abatome	•	201400				School (K-1	r 8 (Other than K	12)				
OVARTIS						Subchapter Other (ie. p	rivate & commcl.	bldas	home	es, etc.	.)	
50,						Square Feet	# of Floors			Bldg	. Age	
treet Address						9,350	1			Ę	52	
ROUTE 10 -BUILDING 702	(0)			Count	/ Code (7)	Current Use (Pri	or if being demoli	shed)				
ity (5)	County (6)			(STATE	USE ONLY)	COMMERCIAL						
	MORRIS by Building Own	er (8)		1	ASCM No.	Name of Abater	ment Contractor	(9)	M			
ame of Monitoring Firm Hired I	by Dullullig Owli	. (-/			99		MENTAL CORPO	KATIC	IN			
ANGAN treet Address						Street Address	OK BOAD					
00 KIMBALL DRIVE	-					313 SPOOK RO City, State, Zip 0		A CLES				
State Zin Code						SUFFERN, NEV	V YORK 10901			Language Co.		
PARS	IPPANY, NEW JE	RSEY (	J7054	mbor		Telephone Num		nse Nu	mber			
Project Manager for Monitoring Fir	rm		one Nu 0-4983			845-369-7500	460					
/IJAY PATEL	lC-h			n Date (11	I)	Name of OSHA	Monitor					
expected State Date (10)	/17	3 /		8	/17	QUALITY ENVI	RONMENTAL					
3 / 6 Month Day Y	'ear M	onth	0	Day	Year	O. I.A.Idaaaa						
		ne)				Street Address						
Ctatus During Abatem	nent (Check only o	,,,,,	MANAGER PROCESS	(2555 UNL)		1376 ROUTE 9						
Occupancy Status During Abatem	ad During Entire F	erioa oi	Abaten	ment	he:	1376 ROUTE 9	8					
Occupancy Status During Abatem Facility Closed/Vacate Abatement Performed	ed During Entire F I Outside of Norm	eriod or al Facilit	ty Hours	S - Descii	be:	City State 7in	Code			VODIV	10016	
Occupancy Status During Abatem	ad During Entire F	eriod or al Facilit	ty Hours	S - Descii		City, State, Zip	Code VAPPINGERS FA	LLS, N	IEW Y	ORK.	10016	
Occupancy Status During Abatem Facility Closed/Vacate Abatement Performed X Other - Describe:	ed During Entire F d Outside of Norm MONDAY - FRI	eriod or al Facilit	ty Hours	S - Descii	Full Con	City, State, Zip V tainment with Nega	Code VAPPINGERS FA	LLS, N	IEW Y	ORK	10016	
Occupancy Status During Abatem Facility Closed/Vacate Abatement Performed	ed During Entire F d Outside of Norm MONDAY - FRI	eriod or al Facilit	ty Hours	S - Descii	Full Con	City, State, Zip V tainment with Nega	Code VAPPINGERS FA	LLS, N	IEW Y	ORK	10016	
Cocupancy Status During Abatem Facility Closed/Vacate Abatement Performed X Other - Describe:  Scope of Work (Check all that ap Demolition X >3SF OR LF	ed During Entire F d Outside of Norm MONDAY - FRI	al Facilit	ty Hours	S - Descii	Full Con Mini-End X Gloveba	City, State, Zip V tainment with Negslos, ag Procedure	Code VAPPINGERS FA	LLS, N				
Cocupancy Status During Abatem Facility Closed/Vacate Abatement Performed X Other - Describe:  Scope of Work (Check all that ap Demolition X >3SF OR LF >160 SF OR 260	ed During Entire Followship (MONDAY - FRI	eriod of al Facilit DAY 7A ovation	M-3:30	PM	Full Con Mini-End X Gloveba Non-Fria	City, State, Zip V tainment with Nega clos, ag Procedure able Procedure	Code VAPPINGERS FA ative Pressure			Abate	ment	
Cocupancy Status During Abatem Facility Closed/Vacate Abatement Performed X Other - Describe:  Scope of Work (Check all that ap Demolition X >3SF OR LF >160 SF OR 260 Location of	ed During Entire Fit Outside of Norm MONDAY - FRI	end of al Facilit DAY 7A ovation	M-3:30	PM	Full Con Mini-End X Gloveb: Non-Fria Description of Containing Mate	City, State, Zip V tainment with Negations, ag Procedure able Procedure Asbestos- erial (ACM)	Code VAPPINGERS FA ative Pressure  Amount			Abate	ment	
Cocupancy Status During Abatem Facility Closed/Vacate Abatement Performed X Other - Describe:  Scope of Work (Check all that ap Demolition X >3SF OR LF >160 SF OR 260 Location of Asbestos-containing	ed During Entire Fit Outside of Norm MONDAY - FRI	eriod of al Facilit DAY 7A ovation	M-3:30	PM	Full Con Mini-End X Gloveb: Non-Fria Description of Containing Mate (ie. Thermal	City, State, Zip V tainment with Negations, ag Procedure able Procedure Asbestos- erial (ACM) systems	Code VAPPINGERS FA ative Pressure  Amount (Specify			Abate	ment	
Cocupancy Status During Abatem Facility Closed/Vacate Abatement Performed X Other - Describe:  Scope of Work (Check all that ap Demolition X >3SF OR LF >160 SF OR 260 Location of Asbestos-containing Material (ACM)	ed During Entire Fid Outside of Norm MONDAY - FRI	ovation  s Location s Location solely b int/Cust	M-3:30  on used by lodial	PM	Full Con Mini-End X Glovebi Non-Fria Description of Containing Mate (ie. Thermal	City, State, Zip V tainment with Negrilos, ag Procedure able Procedure Asbestos- erial (ACM) systems loing, VAT,	Code VAPPINGERS FA ative Pressure  Amount	REMOVAL		Abate	ment	
Cocupancy Status During Abatem Facility Closed/Vacate Abatement Performed X Other - Describe:  Scope of Work (Check all that ap Demolition X >3SF OR LF >160 SF OR 260 Location of Asbestos-containing	ed During Entire F d Outside of Norm MONDAY - FRI ply)  X Rer  LF  Ma	ovation  s Locatirmally usolely blint/Cust Staff (1:	on used by todial 2)	PM	Full Con Mini-End X Gloveb: Non-Fria Description of Containing Mate (ie. Thermal	City, State, Zip V tainment with Negrilos, ag Procedure able Procedure Asbestos- erial (ACM) systems loing, VAT,	Code VAPPINGERS FA ative Pressure  Amount (Specify					
Cocupancy Status During Abatem Facility Closed/Vacate Abatement Performed X Other - Describe:  Scope of Work (Check all that ap Demolition X >3SF OR LF >160 SF OR 260 Location of Asbestos-containing Material (ACM) TO BE ABATED	ed During Entire F d Outside of Norm MONDAY - FRI ply)  X Rer  LF  Ma	ovation  s Location  s Location  solely b int/Cust Staff (1:	on used by codial 2)	PM C	Full Con Mini-End X Gloveba Non-Fria Description of Containing Mate (ie. Thermal Insulation, surface or other misce	City, State, Zip V tainment with Negations, ag Procedure able Procedure Asbestos- erial (ACM) systems ucing, VAT, ellaneous)	Code VAPPINGERS FA ative Pressure  Amount (Specify SF or LF)	REMOVAL		Abate	ment	
Occupancy Status During Abatem Facility Closed/Vacate Abatement Performed X Other - Describe:  Scope of Work (Check all that ap Demolition X >3SF OR LF >160 SF OR 260 Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	ed During Entire F d Outside of Norm MONDAY - FRI ply)  X Rer  LF  Ma Yei	ovation  s Location  s Location  solely b int/Cust Staff (1:	on used by codial 2)	PM C	Full Con Mini-End X Glovebi Non-Fria Description of Containing Mate (ie. Thermal	City, State, Zip V tainment with Negations, ag Procedure able Procedure Asbestos- erial (ACM) systems ucing, VAT, ellaneous)	Code VAPPINGERS FA ative Pressure  Amount (Specify			Abate	ment T	
Cocupancy Status During Abatem Facility Closed/Vacate Abatement Performed X Other - Describe:  Scope of Work (Check all that ap Demolition X >3SF OR LF >160 SF OR 260 Location of Asbestos-containing Material (ACM) TO BE ABATED	ed During Entire F d Outside of Norm MONDAY - FRI ply)  X Rer  LF  Ma Yei	ovation  s Location  s Location  solely b int/Cust Staff (1:	on used by codial 2)	PM C	Full Con Mini-End X Gloveba Non-Fria Description of Containing Mate (ie. Thermal Insulation, surface or other misce	City, State, Zip V tainment with Negations, ag Procedure able Procedure Asbestos- erial (ACM) systems ucing, VAT, ellaneous)	Code VAPPINGERS FA ative Pressure  Amount (Specify SF or LF)	REMOVAL		Abate	ment T	
Occupancy Status During Abatem Facility Closed/Vacate Abatement Performed X Other - Describe:  Scope of Work (Check all that ap Demolition X >3SF OR LF >160 SF OR 260 Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	ed During Entire F d Outside of Norm MONDAY - FRI ply)  X Rer  LF  Ma Yei	ovation  s Location  s Location  solely b int/Cust Staff (1:	on used by codial 2)	PM C	Full Con Mini-End X Gloveba Non-Fria Description of Containing Mate (ie. Thermal Insulation, surface or other misce	City, State, Zip V tainment with Negations, ag Procedure able Procedure Asbestos- erial (ACM) systems ucing, VAT, ellaneous)	Code VAPPINGERS FA ative Pressure  Amount (Specify SF or LF)	REMOVAL		Abate	ment T	
Cocupancy Status During Abatem Facility Closed/Vacate Abatement Performed X Other - Describe:  Scope of Work (Check all that ap Demolition X >3SF OR LF >160 SF OR 260 Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	ed During Entire F d Outside of Norm MONDAY - FRI ply)  X Rer  LF  Ma Yei	ovation  s Location  s Location  solely b int/Cust Staff (1:	on used by codial 2)	PM C	Full Con Mini-End X Gloveba Non-Fria Description of Containing Mate (ie. Thermal Insulation, surface or other misce	City, State, Zip V tainment with Negations, ag Procedure able Procedure Asbestos- erial (ACM) systems ucing, VAT, ellaneous)	Code VAPPINGERS FA ative Pressure  Amount (Specify SF or LF)	REMOVAL		Abate	ment T	
Cocupancy Status During Abatem Facility Closed/Vacate Abatement Performed X Other - Describe:  Scope of Work (Check all that ap Demolition X >3SF OR LF >160 SF OR 260 Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	ed During Entire F d Outside of Norm MONDAY - FRI ply)  X Rer  LF  Ma Yei	ovation  s Location  s Location  solely b int/Cust Staff (1:	on used by codial 2)	PM C	Full Con Mini-End X Gloveba Non-Fria Description of Containing Mate (ie. Thermal Insulation, surface or other misce	City, State, Zip V tainment with Negations, ag Procedure able Procedure Asbestos- erial (ACM) systems ucing, VAT, ellaneous)	Code VAPPINGERS FA ative Pressure  Amount (Specify SF or LF)	REMOVAL		Abate	ment T	
Cocupancy Status During Abatem Facility Closed/Vacate Abatement Performed X Other - Describe:  Scope of Work (Check all that ap Demolition X >3SF OR LF >160 SF OR 260 Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	ed During Entire F d Outside of Norm MONDAY - FRI ply)  X Rer  LF  Ma Yei	ovation  s Locati rmally u solely b int/Cust Staff (1:	on used by codial 2)	PM C	Full Con Mini-End X Gloveba Non-Fria Description of Containing Mate (ie. Thermal Insulation, surface or other misce	City, State, Zip V tainment with Negations, ag Procedure able Procedure Asbestos- erial (ACM) systems ucing, VAT, ellaneous)	Code VAPPINGERS FA ative Pressure  Amount (Specify SF or LF)	REMOVAL		Abate	ment T	
Cocupancy Status During Abatem Facility Closed/Vacate Abatement Performed X Other - Describe:  Scope of Work (Check all that ap Demolition X >3SF OR LF >160 SF OR 260 Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	ed During Entire F d Outside of Norm MONDAY - FRI ply)  X Rer  LF  Ma Yei	ovation  s Locati rmally u solely b int/Cust Staff (1:	on used by codial 2)	PM C	Full Con Mini-End X Gloveba Non-Fria Description of Containing Mate (ie. Thermal Insulation, surface or other misce	City, State, Zip V tainment with Negations, ag Procedure able Procedure Asbestos- erial (ACM) systems ucing, VAT, ellaneous)	Code VAPPINGERS FA ative Pressure  Amount (Specify SF or LF)	REMOVAL		Abate	ment T	
Cocupancy Status During Abatem Facility Closed/Vacate Abatement Performed X Other - Describe:  Scope of Work (Check all that ap Demolition X >3SF OR LF >160 SF OR 260 Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	ed During Entire F d Outside of Norm MONDAY - FRI ply)  X Rer  LF  Ma Yei	ovation  s Locati rmally u solely b int/Cust Staff (1:	on used by codial 2)	PM C	Full Con Mini-End X Gloveba Non-Fria Description of Containing Mate (ie. Thermal Insulation, surface or other misce	City, State, Zip V tainment with Negations, ag Procedure able Procedure Asbestos- erial (ACM) systems ucing, VAT, ellaneous)	Code VAPPINGERS FA ative Pressure  Amount (Specify SF or LF)	REMOVAL		Abate	ment T	
Cocupancy Status During Abatem Facility Closed/Vacate Abatement Performed X Other - Describe:  Scope of Work (Check all that ap Demolition X >3SF OR LF >160 SF OR 260 Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	ed During Entire F d Outside of Norm MONDAY - FRI ply)  X Rer  LF  Ma Yei	ovation  s Locati rmally u solely b int/Cust Staff (1:	on used by codial 2)	PM C	Full Con Mini-End X Gloveba Non-Fria Description of Containing Mate (ie. Thermal Insulation, surface or other misce	City, State, Zip V tainment with Negations, ag Procedure able Procedure Asbestos- erial (ACM) systems ucing, VAT, ellaneous)	Code VAPPINGERS FA ative Pressure  Amount (Specify SF or LF)	REMOVAL		Abate	ment T	
Cocupancy Status During Abatem Facility Closed/Vacate Abatement Performed X Other - Describe:  Scope of Work (Check all that ap Demolition X >3SF OR LF >160 SF OR 260 Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	ed During Entire F d Outside of Norm MONDAY - FRI ply)  X Rer  LF  Ma Yei	ovation  s Locati rmally u solely b int/Cust Staff (1:	on used by codial 2)	PM C	Full Con Mini-End X Gloveba Non-Fria Description of Containing Mate (ie. Thermal Insulation, surface or other misce	City, State, Zip V tainment with Negations, ag Procedure able Procedure Asbestos- erial (ACM) systems ucing, VAT, ellaneous)	Code VAPPINGERS FA ative Pressure  Amount (Specify SF or LF)	REMOVAL		Abate	ment T	
Cocupancy Status During Abatem Facility Closed/Vacate Abatement Performed X Other - Describe:  Scope of Work (Check all that ap Demolition X >3SF OR LF >160 SF OR 260 Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	ed During Entire F d Outside of Norm MONDAY - FRI ply)  X Rer  LF  Ma Yei	ovation  s Locati rmally u solely b int/Cust Staff (1:	on used by codial 2)	PM C	Full Con Mini-End X Gloveba Non-Fria Description of Containing Mate (ie. Thermal Insulation, surface or other misce	City, State, Zip V tainment with Negations, ag Procedure able Procedure Asbestos- erial (ACM) systems ucing, VAT, ellaneous)	Code VAPPINGERS FA ative Pressure  Amount (Specify SF or LF)	REMOVAL		Abate	ment T	
Cocupancy Status During Abatem Facility Closed/Vacate Abatement Performed X Other - Describe:  Scope of Work (Check all that ap Demolition X >3SF OR LF >160 SF OR 260 Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	ed During Entire F d Outside of Norm MONDAY - FRI ply)  X Rer  LF  Ma Yei	ovation  s Locati rmally u solely b int/Cust Staff (1:	on used by codial 2)	PM C	Full Con Mini-End X Gloveba Non-Fria Description of Containing Mate (ie. Thermal Insulation, surface or other misce	City, State, Zip V tainment with Negations, ag Procedure able Procedure Asbestos- erial (ACM) systems ucing, VAT, ellaneous)	Code VAPPINGERS FA ative Pressure  Amount (Specify SF or LF)	REMOVAL		Abate	ment T	
Cocupancy Status During Abatem Facility Closed/Vacate Abatement Performed X Other - Describe:  Scope of Work (Check all that ap Demolition X >3SF OR LF >160 SF OR 260 Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	ed During Entire F d Outside of Norm MONDAY - FRI ply)  X Rer  LF  Ma Yei	ovation  s Locati rmally u solely b int/Cust Staff (1:	on used by codial 2)	PM C	Full Con Mini-End X Gloveba Non-Fria Description of Containing Mate (ie. Thermal Insulation, surface or other misce	City, State, Zip V tainment with Negations, ag Procedure able Procedure Asbestos- erial (ACM) systems ucing, VAT, ellaneous)	Code VAPPINGERS FA ative Pressure  Amount (Specify SF or LF)	REMOVAL		Abate	ment T	
Cocupancy Status During Abatem Facility Closed/Vacate Abatement Performed X Other - Describe:  Scope of Work (Check all that ap Demolition X >3SF OR LF >160 SF OR 260 Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	ed During Entire F d Outside of Norm MONDAY - FRI ply)  X Rer LF  Ma Yes	ovation  s Location  s Location  solely b int/Cust Staff (1:	on used by lodial 2) N/A X F	PM  C  i  PIPE FITT	Full Con Mini-End X Gloveba Non-Fria Description of Containing Mate (ie. Thermal Insulation, surfa or other misce	City, State, Zip V tainment with Negs slot, ag Procedure Asbestos- erial (ACM) systems icing, VAT, illaneous)	Amount (Specify SF or LF)	REMOVAL		Abate	ment T	
Occupancy Status During Abatem Facility Closed/Vacate Abatement Performed X Other - Describe:  Scope of Work (Check all that ap Demolition X >3SF OR LF >160 SF OR 260 Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  1ST SOUTHEAST /SOUTHWES	ed During Entire F d Outside of Norm MONDAY - FRI ply)  X Rer  LF  Ma Ye ST	ovation  s Location  s Location  s Location  solely b int/Cust  Staff (1:  s No	on used by loddial 2) N/A X F	PM  C  i  PIPE FITT	Full Con Mini-End X Gloveba Non-Fria Description of Containing Mate (ie. Thermal Insulation, surfa or other misce TINGS INSULA	City, State, Zip V tainment with Negs slot, ag Procedure Asbestos- erial (ACM) systems icing, VAT, illaneous) TION	Amount (Specify SF or LF)  12 LN. FT.	REMOVAL X	REPAIR	Abate	ment T	
Docupancy Status During Abatem Facility Closed/Vacate Abatement Performed X Other - Describe:  Scope of Work (Check all that ap Demolition X >3SF OR LF >160 SF OR 260 Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  1ST SOUTHEAST /SOUTHWES  Name of Registered Waste Hat	ed During Entire F d Outside of Norm MONDAY - FRI ply)  X Rer  LF  Ma Ye ST	ovation  s Location  s Location  s Location  solely b int/Cust  Staff (1:  s No  JDEP Wauler ID	on used by loddial 2) N/A X F	PM  C  i  PIPE FITT	Full Con Mini-End X Gloveba Non-Fria Description of Containing Mate (ie. Thermal Insulation, surfa or other misce	City, State, Zip V tainment with Negs slot, ag Procedure Asbestos- erial (ACM) systems icing, VAT, illaneous) TION	Amount (Specify SF or LF)	REMOVAL X	REPAIR	Abate	ment T	
Occupancy Status During Abatem Facility Closed/Vacate Abatement Performed X Other - Describe:  Scope of Work (Check all that ap Demolition X >3SF OR LF >160 SF OR 260 Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  1ST SOUTHEAST /SOUTHWES	ed During Entire F d Outside of Norm MONDAY - FRI ply)  X Rer  LF  Ma Ye ST	ovation  s Location  s Location  s Location  solely b int/Cust  Staff (1:  s No	on used by loddial 2) N/A X F	PM  Cubic Ya	Full Con Mini-End X Gloveba Non-Fria Description of Containing Mate (ie. Thermal Insulation, surfa or other misce SINGS INSULA  rds of Waste 2	City, State, Zip V tainment with Negolos, ag Procedure Asbestos- erial (ACM) systems licing, VAT, illaneous)  TION  Name of Reg GRAND CEN City, State	Amount (Specify SF or LF)  12 LN. FT.  istered Landfill ITRAL SANITAR	REMOVAL X	REPAIR	Abate	ment T	
Docupancy Status During Abatem Facility Closed/Vacate Abatement Performed X Other - Describe:  Scope of Work (Check all that ap Demolition X >3SF OR LF >160 SF OR 260 Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  1ST SOUTHEAST /SOUTHWES  Name of Registered Waste Hat NEWARK CARTING, INC. 369 RAYMOND BLVD. City. State	ed During Entire F d Outside of Norm MONDAY - FRI ply)  X Rer  LF  Ma Ye ST	ovation  s Location  s Location  s Location  solely b int/Cust  Staff (1:  s No  JDEP Wauler ID	on used by loddial 2) N/A X F	PM  Cubic Ya  Disposal	Full Con Mini-End X Gloveba Non-Fria Description of Containing Mate (ie. Thermal Insulation, surfa or other misce TINGS INSULA  rds of Waste 2 Date	City, State, Zip V tainment with Negolos, ag Procedure Asbestos- erial (ACM) systems licing, VAT, illaneous)  TION  Name of Reg GRAND CEN City, State	Amount (Specify SF or LF)  12 LN. FT.  istered Landfill ITRAL SANITAR	REMOVAL X	REPAIR	Abate	ment T	
Docupancy Status During Abatem Facility Closed/Vacate Abatement Performed X Other - Describe:  Scope of Work (Check all that ap Demolition X >3SF OR LF >160 SF OR 260 Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  1ST SOUTHEAST /SOUTHWES  Name of Registered Waste Hat NEWARK CARTING, INC. 369 RAYMOND BLVD.	ed During Entire F d Outside of Norm MONDAY - FRI ply)  X Rer  LF  Ma Ye ST	ovation  s Location  s Location  s Location  solely b int/Cust  Staff (1:  s No  JDEP Wauler ID	on used by loddial 2) N/A X F	PM  Cubic Ya	Full Con Mini-End X Gloveba Non-Fria Description of Containing Mate (ie. Thermal Insulation, surfa or other misce TINGS INSULA  rds of Waste 2 Date	City, State, Zip V tainment with Negolos, ag Procedure Asbestos- erial (ACM) systems licing, VAT, illaneous)  TION  Name of Reg GRAND CEN City, State	Amount (Specify SF or LF)  12 LN. FT.  istered Landfill ITRAL SANITAR	REMOVAL X	REPAIR	Abate	ment T	

w -				State of New Jersey	DATEMENT						
-1000		NO	TIFICA (Pursu	ATION OF ASBESTOS A ant to NJAC 8:60-7 and 1	12,120-11	- 13		IG.	10	IS I M	F
			(1 0100	Name of Building Own NOVARTIS PHARMAC	er/Operator (4)	RATION	H	5		5 1 1	
Date of Notification (1)				Street Address		- ,	-111	-1	150		
2 / 23 /17				59 ROUTE 10		- 1			435	- 017	2
Agencies Notified Type Notification				City State 7in Code					1997		1047
EPA X Initial Notif	cation	n.		EAST HANOVER, NEV	V JERSEY 07936				1	MAR 13 1	1017
Cancellation		1				elephone Number		a di	-31	OS CONTH	DL:
On Hold				Name of Contact	116	siepriorie radinioo.				<u> JENSING</u>	1 0 0 0
X DOH ON HOID  DCA EMERGEI	NCY NOT	IFICA	TION	KEVIN READIE				F	SBE	ESTOS CON	TROL &
				FACILITY INFORMATI	ON Type of Facility (4	)	á			LICENSIN	J
Name of Facility Where Abatement is Taki	ng Place	(3)			School (K-12	)					
Name of Fee					Subchapter 8	Other than K-12	2)		etc \		
NOVARTIS					X Other (ie. pri	vate & commcl. b	iags., i	lomes	Bldg.	Age	1
					Square Feet	# 61 F1001S			52		
Street Address 59 ROUTE 10 -BUILDING 702				(7)	9,350 Current Use (Prior		ned)	-17-17-2			
County	5)			County Code (7) (STATE USE ONLY)	COMMERCIAL						-
City (5) EAST HANOVER MORRIS		(0)		ASCM No.	Name of Abatem	ent Contractor (	9)				
Name of Monitoring Firm Hired by Buildin	g Owner	(8)		99	PAR ENVIRONME	ENTAL CORPOR	ATION	ν			7
LANGAN					Street Address	V POAD					
Street Address					313 SPOOK ROC City, State, Zip Co						
300 KIMBALL DRIVE City, State, Zip Code					SUFFERN, NEW	YORK 10901					_
City, State, Zip Code PARSIPPANY,	NEW JER	SEY (	07054		Telephone Numb	er Licen	se Nu	mber			
Project Manager for Monitoring Firm			one No		845-369-7500	460					$\dashv$
VIJAY PATEL	10.1-4	73-56	0-4983	n Date (11)	Name of OSHA N	Monitor					
Expected State Date (10)	Sched	6 /		30 /1/	QUALITY ENVIR	ONMENTAL					
3 / 6 /17 Month Day Year	Mor	nth		Day Year	Street Address						
Month	ck only on	e)			1376 ROUTE 9						
Occupancy Status During Abatement (Cite Facility Closed/Vacated During	Entire Pe	riod of	Abate	ment rs - Describe:							-
Abatement Performed Outside	Y - FRID	AY 7A	M-3:30	) PM	City, State, Zip C	lode APPINGERS FAL	LS. N	EW Y	ORK 1	10016	
X Other - Describe: MONDA					tainment with Nega						
Scope of Work (Check all that apply)	<b>—</b> 1-			Mini-End	clos,						
Demolition	Reno	vation		X Gloveb	ag Procedure						
X >3SF OR LF					able Procedure	T	T		Abate	ment Type	
>160 SF OR 260 LF Location of	1	Locati	000000000000000000000000000000000000000	Description of Containing Mat	Asbestos- erial (ACM)	Amount	R	R	ENCAPSULE	E	
Asbestos-containing	ASSESSO	mally t	- 1	(ie. Thermal	systems	(Specify	REMOVA	REPAIR	CAF	[음	
Material (ACM)	10.000000000000000000000000000000000000	olely I	SEAT LONG TO SERVICE	insulation, surfa	acing, VAT,	SF or LF)	1	P.	JS I	USU	
TO BE ABATED in Facility (13)		Staff (1		or other misce	ellaneous)		1		E	R	
In Facility (10)	Yes	No	N/A			12 LN. FT.	×				
1ST SOUTHEAST /SOUTHWEST			X	PIPE FITTINGS INSULA	TION	12 LIV. 1 1.	1				
1ST SOUTHEAST /SOUTHWEST								+			
							+	+	+		
-							-	+	-		
	-	1				-	+	-	1		
									1		
		-	-						-		
		+	+				-	+	-		
	-	+				-	+	-			
6											
		-	-								
//		DEB	Waste	Cubic Yards of Waste	Name of Reg	istered Landfill	VIAN	DEILL			
Name of Registered Waste Hauler		uler II	D No.	2	GRAND CEN	ITRAL SANITAR	LAIN	J. 1LL			
NEWARK CARTING, INC.	1110	91			0:200:201	//					
369 RAYMOND BLVD.				Disposal Date	City, State	JOWNSHIP, PA					
City, State NEWARK, NEW JERSEY 07105				3/6-6/30/17	// A		Date	7	_ "	23-15	+
Completed by (Print or Type)	Title			Signature	WAY	/)		1	0	)	
Completed by (Print or Type) BENJAMIN SANCHEZ		-000									

NÔTI (	FICATION C Pursuant to	of New Jersey OF ASBESTOS A NJAC 8:60 and	122120	liest.	354		M	The same and the s
Date of Notification (1) 2 9 17	Name of B	uilding Owner/Op HOUSE	perator O	(2) KEARN	MAR 1 3 2017		リ	-
Agencies Notified Type Notification	Street Add	DAVIS A	UE_	ASB	ESTOS CONTRO	OL 8		1
EPA Initial Amended Amended	City, State	, Zip Gode	$\sim$		LICENSING			_
DOL Amendment ** Emergency (including	Name of	Contact	111.	and the same of th	Telephone Number	er.	-	ĸ,
DCA Cancellation	I Chiel	ITY INFORMATION	DN	Type of Facility (4				
Name of Facility Where Abatement is Taking Place (3)				School (K-12	) n (26th n * than K .12)			
Street Address		2		Other (i.e. pr	(Other than K-12) wate & commercial t			-
47 DAVIS AVE				Square Feet	# of Floors	1 6	Age 30	9
KEARNE IND	County C	ode (7)		Current Use (Prio	Tif being demolished	)		
County (6)	STATE U		Name	of Abatement Con	ractor (9)			parent
Name of Monitoring Firm Hired by Building Owner (8)	AOOM		· Comment of the comment	OVALECH L	NC .			
Street Address			40	Box 81			and the same of th	<b>Parismontonia</b>
City, State, Zip Code	and the second of the second o		Oli	State, Zip Gode	ND. 0885	57		
Project Manager for Monitoring Firm	Telephor	ne No.	199	hone No. 2 2 232x7S	OO OO 80	6		
Scheduled (	Completion (	Date (11)	Name	of OSHA Monitor	INC			
3/9/11/19/	30/1	<u>t</u>	Street	t Address 0	1.5			
Occupancy Status During Abatement (Check Only One)  A Facility Closed/Vacated During Entire Period of Aba	tement		City,	State, Zip Code		00'		
Facility Closed/Vacares During Crime Value	JUIS		016	11-25	ND. 08	68	7	
Scope of Work (Check All That Apply)  23 of or 23 If  2160 of or 2260 If  Den	ovation notition		)	Mini-Enclosur	ent with Negative Pro cedure d (*) and Non-Friable	Proc		3 .
l is Lo	ocation				- Commenter of the Comm	,	Ty	2000
Location of Used: Asbestos-Containing Material (ACM) Maint TO BE ABATED Custod	mally Solely by enance/ Jiel Staff7 12)	Asbestos Cor (i.e. therms	al systa acina. 1	on of Material (ACM) ms insulation, /AT, or aneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate
	No N/A							-
	-X	Buck 11	n)<()	LATION	< 20:5/F	X		
BASEMENT (ONLY)	1	Dugs I						
	TAJDEPV	Nacia I Caril	o Yards	Name of	Registered Landfill			
Name of Registered Waste Hauler	Hauler IE			G.R	0.WS			
NOVATECH INC		Disp 5	osal D	TORL	SOINE TIT	1.1		
Completed by Title		_	Signat	The state of the s	Dat 3	e	3	17
CARIOS ALYGIDA I PRE	510EN	1	1	mus anna étale forma fi	or asbestos licensure	exer	npted	ac

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

- Jane	E 0	L-a	n_nn	Ir.	pro-
1153	2/4/17	10	NOW	E	mi
MAG 9	(-17-	6	7	1	11 11
7/1407/		OC	O	1	

Date of Notification (1)				Name of Buildi	ng Owner/O	perator	<b>(2)</b> <sub>3</sub>	2017	7.	
03/05/17				Realty Associa	tes LLC and	l Tulfra ı	realt	y II,L	Lc	
Agencies Notified  EPA	Notification  ☑ Initial no  ☐ Amended	tification		Street Address 87 West Passaic Av City, State, Zip Code		L ASBESTO LIC	S CO		 OL &	
DCA	☐ Emerger	cy notifica	ation	Rochell Park, NJ	bound					
⊠ DOL	☐ Cancelle	d		Name of Contact:		Telephone	Numb	er		
⊠ DEP				Don			1,000			
⊠DOH			FACILITY INF							
Name of Facility Where Abateme Warehouse	nt is Taking Place	(3)		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (oth	ner than K-12)					
Street Address				Other (i.e. private)	& commercial bu	ildings, hom	es, et	g. Age		-
666 Passaic Avenue				Square Feet 15,000 SF	# floors		50+			
City (5) West Caldwell, NJ Morris	<u>/ (6)</u>		Code (7) Jse Only)	Current Use (prior if Commercial		d) :				
Name of Monitoring Firm Hired by N/A	/ Bldg. Owner (8)	ASCM	No.	Name of Contractor ( BL Contracting ,Inc	9)					
Street Address				Street Address 5 Marguerite Lane						
City, State, Zip Cod				City State, Zip Code Towaco 07082						
Project Manager for Monitoring F	irm Telephone	Number		<u>Telephone Number</u> 973-901-0153 <u>License Number</u> 01265						
				973-901-0153		01200				
Scheduled Start Date (10)	Scheduled	Completi	on Date (11)	Name of OSHA Monitor						
03/16/17	03/20/17			BL Contracting Inc.						
Occupancy Status During Abater	nent (Check only	one)	780	Street Address 5 Marguerite Lane						
☐ Facility Closed/Vacated Duri ☐ Abatement Performed Outside ☐ Describe	na Entire Period o	f Abateme	ent	City, State, Zip Code	!					
□Other – Describe:				Towaco, NJ 07082						
Source of Work (Check all that a	pply)				Non Exempted	and Non Fri	ahle P	rocedu	ire	
□ ≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260			⊠Renovation  ☐ Demolition		Mini-Enclosure Glove bag Proc Full Containmer	edure it with Nega	tive P	ressure	<del>;</del>	
Location of Asbestos-	Is Location Norm	nally	Description of A	sbestos Containing	Amount (Speci	fy SF or	Abat	ement	Type	
Containing Material (ACM) in	Used Solely by	0	Material (ACM)	(i.e. thermal systems	LF)		Remo	ve Rep	air Enca	p
Facility (13)	Maint/Custodial	Staff?	insulation, surfa	cing, VAT, or other			Enclo	se		
	YES NO	NA	inisc.)				(CT)			
First Floor		X	Rope Wraping		21 LF		X			
		-								
				**						
				a trace fair		Name of Re	gister	ed Land	fill	
Name of Reg. Waste Hauler Waste Management of Pennsylva	NJDEP Was 0036784	te Hauler	ID#	Cubic Yards of Waste 1		T.R.R.F				
					Disposal Date	2		<u>State</u>		
					03/20/17		Tun	,		
Completed by (Print or Type)	Title			Signature	. 1	<u>Date</u>				
Nedo Vasilic	Presiden	t		Necto V95/60 03/05/2017						
	1			1	V					

		· - 1												Pri	nt F
rocal		) ( )	N N		CATION		Jersey ESTOS ABA 3:60 and 12:		Example of the state of the sta	), IS C					D
Date of Notification (1)	<u>ر</u>	() i summing	(SERT LEVEL)		Name o	i Building (	Owner/Opera	tor (2)		The state of the s		2	<u>UZ</u>	(	17
2/7/17					Donne	elly Cons		20-21-012-01-05		LI MAF	1 1 3	21	)1/	-	100
Agencies Notified	Тур	Notification			Street A	ddress oute 23	South		ul spiles and a spile and a sp	To a company					
EPA .	×	Initial Amended		-		ale, Zip Co				ASBEST				L &	
DEP .	-	Amendment	#	_	Action of the second second	e, NJ 07			L	LI	CENS	MC	7		
-		Emergency ( Justification)	Including	-		(Contact				Talaahan	na Niimh	ar			
DOH DCA		Cancellation				Powers				500	-3	101			
					FAC	LITY INFO	RMATION		£	B				1000	
ame of Facility Where		5 10 5 5	Place (3)					Туре	of Facility	(4)					
Stevens Institute o	1 160	nnology							Sichool (K-						
Ninth Street									Sillbchapte Other (I'e.	r B (Other that private & com	n K-12) mercial	huile	lings	home	20
		<del>-</del>						7	elc.) /				<del>-</del>		
ily (5) łoboken		1						350	are Feel	# of Floor	rs		ldg. A	ge	
ounty (6)		<del></del>			County	Code (7)		R.	634	2		8	5		
ludson -		1			(STATE	USE ONLY)		Cuit	ent Use (Pr	lor being de	meashe	ą)			
ame of Monitoring Firm	n Hirec	l by Bullding C	Owner (8)		ASCN	ANGE	li Nor	no of Ah	Amani Ca	nlead (0)					
		1	(0/		7001	The state of the s	AF	3S Envi	ri di la Co	ntract (9) a Services,	110				
reel Address		+			1			sel Addre			,				
		N		-	E.		827 55/		W.	Sate Drive	-09	•			
y, State, Zip Code	4		No.		1				Zij) Code		S. Carlotte				
	1	E.	A STATE OF THE STA		W. W.				d, NJ 07	418	1.00				
ciect Manager for Mor	niloring	Firm	W. P	T	Teleoho	ne man	AF .	ephone N		ART .	nse No.				-
1		; \ \	M		E.			3-764-	2276 an	703		0			
ari Dale (10)			S heduled	Con	pletion	ate (11)	Nar	ne of OS	HAMonitor		No of the last				
/16/17			3/ 6/17	4	4	•		132 TO 14		rest.	A. S. S.				
cupancy Status Durin	ig Abai	lement (Check	(Online	)	1		Stre	e Maddre	SI	19			-		-
Facility Closed Vac	aled D	uring Entire P	erlod o Al	palem	ent		45			and the same of th					
Abatement Perform Other - Describe:	ned Ou	Iside of Norm	al Facili	Hours			A City	, State, Z	ip Code	A Comment					
cipe of Work (Check A	II That	A o blu)	1				- Carrier	co.							
	kii iiidi	Whbis)	/			A STATE OF THE STA	R. Sell								
≥3 sfor ≥3 lf ≥160 sfor ≥260 lf	The same of the sa			nova		Self Self	A Contraction	X FU	il Containm ni-Enclosur	enl with Nega	alive Pre	ssur	е		
			1			A PARTY NAME OF THE PARTY NAME	A SE	GI GI	ovebag Pro	cedure					
* 1					-	<b>4</b>	A A	No Lil	n-Exemple	d (*) and Non	-Friable				
102129	201			ocational.				774				3	Abate Ty		
Location Asbestos-Containing		ial (ACM)	Used	Solel	y by	Asbest	Descripti os Containing	Materia	I (ACM)	Amount					
TO BE ABA		and the second second	Custo	tenar dial S		(1.0.	thermal syste surfacing, \	ms Insul	ation,	(Specify		Re	ಸ	5000	Enc
(13)				(12)			other miscel		(6)	SF or LF	)	Remova	Repair	Encapsulate	Enclosure
			Yes	No	N/A							<u>a</u>	5	8:e	J.e
various loc	alion	0	-		-		unall al-	nle:		200					
various 100	allOll	U			X		wall pla	sier		24 SF	>	<u> </u>			
\$1.60 															
nie of Registered Was	sla Hai	ılar		M	JDEP W	laste	Cubic Yards		I Algert	Deel-I	100				
	5.0 1101	2101			auler ID		of Waste	1		Registered La					
eehold Cartage				1	5939	1/221	TBD		Wester	n Berks La	ndfill		í		
y. Slate							Disposal Da	le	City, Stat	e				-	
eehold, NJ							TBD			oro, PA					
mpleted by			Title				Signati	.ire /	)		Date				
Scott Higgins			Presid	ent				18	11		2/7/	17			
35,110								1	- manual	***************************************	2111	17			

# State of New Jersey NOTIFICATION OF ASBESTOS A

-1.5	suan	t to NJA	New Jersey SBESTOS AB AC 8:60 and	12.120)		a Q	EGE	10		场	( Shanester)
l Na	ame	of Buildi	ng Owner/Op	erator (2	2)		MAR 1	3 20	1/	1	7
			ganato		_	1 53 10				All married Physics (P. Phys. or 1970)	
S	treet	Address					ASBESTOS	CONT	RO	-&	-
-	Nitry S	tate 7in	Code				LICE	ISING			+
	ภเy, อ Fairl	awn. N	J 07410								1
						T	elephone Numbe				
											+
			INFORMATION	NC		(Fasiliby/A)					
)					Тур						
							ther than K-12)	n 12	bar	200	1
					×	Other (i.e. privat	te & commercial l	ouilaings	s, nor	nes,	
							# of Floors	Bldg.	Age		
					1000000	and the state of t	2	65			
1111 - 41			(7)		CII	rrent Use (Prior if	being demolishe	d)		1	
	Cour	ty Code	e (7) ONLY)		Ju		2A.				
				Name of Abatement Contractor (9)							
)	A:	SCM No		ABS	S Er	vironmental S	ervices, LLC				
				Street Address							
				PO Box 483, 4 E Gate Drive							
				City, State, Zip Code							
				Glenwood, NJ 07418						_	
	Telephone No.				phon	e No.		).			
							703		_		
iled Co	ed Completion Date (11)				ne of	OSHA Monitor					
					et Ac	ddress					
of Abat	Abatement					=: 0-1-					
	urs			City	, Sta	te, Zip Code					
					Full Containment with Negative Pressure						
Reno	ovatio	n			H	Mini-Enclosure					
Dem	olitio	n			×	- D	edure	hle Proc	edur	Э	
						Non-Exempted	) and North		Abate	men	
le l o	catio	n							Ту	ре	
Is Location				Description of			Amount			Щ	0
Nor	Normally				11	atorial (ACIM)		1000000	-17	Ca	-
Nor Used S	Solely	by	lie the	Containi mal sys	ng M tems	aterial (ACM) insulation,	(Specify	Ren	₹e	0	1 8
Nor Used S Mainte Custod	Solely enand lial St	by ce/	(i.e. there	Containi mal sys	ng M tems . VA	aterial (ACM) insulation, I, or	(Specify SF or LF)	Remova	Repair	psula	CIOCOL
Nor Used S Mainte Custod	Solely enanc	by ce/	(i.e. there	Containi mal sys	ng M tems . VA	aterial (ACM) insulation, I, or		Removal	Repair	Encapsulate	Closuro
Nor Used S Mainte Custod (	Solely enand lial St	by ce/	(i.e. there is other	Containi mal sys urfacing ner misc	ng M tems , VA ellan	aterial (ACM) insulation, [, or eous)	SF or LF)		Repair	psulate	Elicioadio
Nor Used S Mainte Custod (	Solely enand lial St 12)	by ce/ aff?	(i.e. there is other	Containi mal sys	ng M tems , VA ellan	aterial (ACM) insulation, [, or eous)	SF or LF)	X	Repair	psulate	Ciosoro
Nor Used S Mainte Custod (	Solely enand lial St 12)	by cel aff?	(i.e. thei s oth	Containi mal sys urfacing ner misc	ng M tems , VA ellan	aterial (ACM) insulation, T, or eous)	3 LF	×	Repair	psulate	Closura
Nor Used S Mainte Custod (	Solely enand lial St 12)	by cel aff?	(i.e. thei	Containion mal sysurfacing mer misconipe inspipe inspired inspir	ng M tems , VA ellan sula	aterial (ACM) insulation, Γ, or eous) tion	SF or LF)	X	Repair	psulate	CIOSOLO
Nor Used S Mainte Custod (	Solely enand lial St 12)	by cel aff?	(i.e. thei	Containion mal sysurfacing mer misconipe inspipe inspired inspir	ng M tems , VA ellan sula	aterial (ACM) insulation, T, or eous)  tion aton sipe chases)	3 LF 3 LF 63 LF	×	Repair	psulate	COSCIO
Nor Used S Mainte Custod (	Solely enandial St (12)	N/A X X X	(i.e. their soft)	Containion mal sysurfacing mer misconipe inspipe inspired inspir	ng M tems i, VA eellan sula sula (7 p	aterial (ACM) insulation, T, or eous)  tion aton sipe chases)	3 LF 3 LF 63 LF	x x x	Repair	psulate	COCC
Nor Used S Mainte Custod (	Solely enandial St (12) No	by cel aff?	pipe insu	Containing and systems of the contai	ng M tems i, VA eellan sula (7 p	aterial (ACM) insulation, T, or eous)  tion aton sipe chases)	3 LF 3 LF 63 LF	x x x	Repair	psulate	00000
Nor Used S Mainte Custod (	Solely enandial St 12) No	h by ce/saff?	pipe inst	Containing and systems of the contai	ng M tems I. VA cellan sula sula (7 p	aterial (ACM) insulation, T, or eous)  tion aton sipe chases)  Name of Weste	3 LF 3 LF 63 LF 63 Registered Lancern Berks Lance	x x x	Repair	psulate	
Nor Used S Mainte Custod (	Solely enandial St 12) No	N/A  X  X  JDEP V  Rauler ID	pipe inst	Containing and systems of the contai	ng M tems I. VA cellan sula sula (7 p	aterial (ACM) insulation, T, or eous)  tion aton sipe chases)  Name of Weste	3 LF 3 LF 63 LF f Registered Landern Berks Landate	x x x	Repair	psulate	
Nor Used S Mainte Custod (	Solely enandial St 12) No	N/A  X  X  JDEP V  Rauler ID	pipe inst	Containing and a second and a s	ng M tems I. VA cellan sula sula (7 p	tion tion ston Sipe chases)  Name of Wester City, Sta	3 LF 3 LF 63 LF 63 Registered Lancern Berks Lance	x x x		psulate	000000
	)  uled Cr 17 One) of Abat lity Ho	Fairl Name Jose FA )  Cour (STA )  A:  Tele 17 One) of Abatemen lity Hours r	Fairlawn, Name of Cont Joseph  FACILITY  County Code (STATE USE)  ASCM Not Telephone  uled Completion Da 17  One) of Abatement lity Hours	County Code (7) (STATE USE ONLY)  ASCM No.  Telephone No.  uled Completion Date (11) 17 One) of Abatement lity Hours r	Fairlawn, NJ 07410  Name of Contact Joseph  FACILITY INFORMATION  County Code (7) (STATE USE ONLY)  ASCM No.  Name ABS Stree PO City, Gle Telephone No.  Tele 973  One) of Abatement lity Hours  Renovation	Fairlawn, NJ 07410  Name of Contact Joseph  FACILITY INFORMATION  Typ  Squ 18  County Code (7) (STATE USE ONLY)  ASCM No.  Name of A ABS En  Street Add PO Box  City, State Glenwo  Telephone No.  Telephone 973-76  Name of  City, State Glenwo  Tone)  Street Add City, State Glenwo  Tone)  Street Add City, State Glenwo  Tone)  Street Add City, State City,	Fairlawn, NJ 07410  Name of Contact Joseph  FACILITY INFORMATION  Type of Facility (4) School (K-12) Subchapter 8 (County Code (7) (STATE USE ONLY)  ASCM No.  Name of Abatement Contral ABS Environmental Street Address PO Box 483, 4 E Gate City, State, Zip Code Glenwood, NJ 07418  Telephone No.  Telephone No.  Telephone No. 973-764-2276  Name of OSHA Monitor  Telephone No. 973-764-2276  Street Address City, State, Zip Code Glenwood, NJ 07418  Telephone No. 973-764-2276  Name of OSHA Monitor  Telephone No. 973-764-2276  Telephone No. 973-764-2276  Full Containment Contral City, State, Zip Code  Telephone No.  The provision City, State, Zip Code  The provision City, State, Zip Code  Telephone No.  The provision City, State, Zip Code  The provision City Code City, State, Zip Code  The provision City Code City City Code  The provision City Code City City City City City City City City	Fairlawn, NJ 07410  Name of Contact Joseph  FACILITY INFORMATION  Type of Facility (4)  School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial betc.)  Square Feet 1800  Current Use (Prior if being demolished betc.)  Name of Abatement Contractor (9) ABS Environmental Services, LLC  Street Address PO Box 483, 4 E Gate Drive  City, State, Zip Code Glenwood, NJ 07418  Telephone No. 973-764-2276  Telephone No. 973-764-2276  Tone)  Street Address City, State, Zip Code Glenwood, NJ 07418  Telephone No. 973-764-2276  Telephone No. 973-764-2276	Fairlawn, NJ 07410  Name of Contact Joseph  FACILITY INFORMATION  Type of Facility (4)  School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings etc.)  Square Feet 1800  Current Use (Prior if being demolished)  Name of Abatement Contractor (9) ABS Environmental Services, LLC  Street Address PO Box 483, 4 E Gate Drive  City, State, Zip Code Glenwood, NJ 07418  Telephone No. 973-764-2276  Telephone No. 973-764-2276  Street Address City, State, Zip Code Glenwood, NJ 07418  Telephone No. 973-764-2276  Telephone No. 973-764-2276  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure No. Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Street Above Sempted (*) and Non-Friable Procedure Street Procedure Street Address  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Street Above Sempted (*) and Non-Friable Procedure	Fairlawn, NJ 07410  Name of Contact Joseph  FACILITY INFORMATION  Type of Facility (4)  School (K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other (i.e. private & commercial buildings, horetc.)  Square Feet # of Floors   Bidg. Age   65  Current Use (Prior if being demolished)  ASCM No.  Name of Abatement Contractor (9) ABS Environmental Services, LLC  Street Address PO Box 483, 4 E Gate Drive  City, State, Zip Code   Glenwood, NJ 07418  Telephone No.   Telephone No.   273-764-2276   703  Name of OSHA Monitor  Telephone No.   Street Address City, State, Zip Code   Total Monitor  Street Address  Full Containment with Negative Pressure   Mini-Enclosure   Glovebag Procedure   Mini-Enclosure   Glovebag Pro	Fairlawn, NJ 07410  Name of Contact Joseph  FACILITY INFORMATION  Type of Facility (4)  School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)  Square Feet # of Floors   Bldg. Age   65  County Code (7) (STATE USE ONLY)  Name of Abatement Contractor (9) ABS Environmental Services, LLC  Street Address PO Box, 483, 4 E Gate Drive  City, State, Zip Code   Glenwood, NJ 07418  Telephone No.   Telephone No.   973-764-2276   703  Street Address  One)  Street Address City, State, Zip Code Glenwood, NJ 07418  Tone)  Street Address City, State, Zip Code Total Monitor  Street Address  Full Containment with Negative Pressure Mini-Enclosure

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

								111							
Date of Notification (1) 3/1/2017					f Building Own		(2)			MA	R 1	3	201	7	E
	Notification			Street A 142 Br	ddress road Street	<del> </del>			A	SBES				OL 8	8
DEP A	Amended Amendment		_	City, Sta Elizab	ite, Zip Code eth NJ						IGE	NSII	<del>VG</del>		
□ DOH	Emergency ustification) Cancellation				f Contact rd Dunn			# 20 10 - 140	Tel	lenhana	Alrı	hor			
				FACI	LITY INFORM	IATION									
Name of Facility Where Abatem Private Property	ent is Takin	g Place (3	)		*		_	of Facility (4 School (K-12							
Street Address	n				- 1		X	Subchapter to Other (i.e. projetc.)				rcial buildings, home			es,
City (5) Orange NJ								re Feet	# o	f Floors			ldg. A 50	ge	
County (6) Essex				County (	Code (7) USE ONLY)		Curre	nt Use (Prio	se (Prior if being demolished)						
Name of Monitoring Firm Hired to N/A	y Building	Owner (8)		ASCM N/A	1 No.				tement Contractor (9) tions Services LLC						
Street Address N/A				J			Addres 51st	ss Street							
City, State, Zip Code N/A							State, Zip Code th Bergen NJ 07047								
Project Manager for Monitoring F N/A		Telephor N/A	ne No.			one No. License No. 01320									
Start Date (10) 3/10/2017	Start Date (10) Scheduled							HA Monitor nmental L	abor	atories	3				
Occupancy Status During Abate	ment (Chec	k Only On	e)			Street	Addres	SS							
Facility Closed/Vacated Durant Abatement Performed Outs Other – Describe:						City, S	tate, Zi	p Code	t						
Scope of Work (Check All That A	Analy)			Union NJ 078					_						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	יאָריי)	Name of Street	tenova emolit			×	Mir Glo	ni-Enclosure ovebag Proce	tainment with Negative Pressure losure g Procedure mpted (*) and Non-Friable Procedure				e		
		ls	Locati	ion		· · · · · · · · · · · · · · · · · · ·	Non-Exempte						Abate	ment	
Location of		1	lormal	ly		Description	of						Ту	pe	
Asbestos-Containing Materia TO BE ABATED In Facility (13)	d Sole intena iodial S (12)	nce/	(i.e. ther	Containing Monal systems urfacing, VA ner miscellar		(\$	mount Specify F or LF)		Removal	Repair	Encapsulate	Endosure			
Basement Boiler ro	om	Yes		X	Bo	oiler insula	ation		5	00SF	-	X			
Basement boiler ro		X	Boiler insulation Pipe insulation					BOLF		x					
Name of Registered Waste Haul	IN	JDEP W	/aste Cu	ubic Yards		Name of R	legiste	ered Lar	ndfill				_		
Name of Carting Inc					Hauler ID No. of Waste 04509			ISES Bethlenem Rd Landtill							
City, State Po Box 5670					Di	sposal Date		City, State 2335 Ap		utter F	Rd B	ethle	hem	PA	
Completed by Marcos Regato	dent			Signature	w	s le	-12	b	3/1	e /201	7				

Print Form

## State of New Jersey

[[]	E	C			$\mathbb{W}$	E	
							The second secon
		MAR	1	3	2017		U

7 r 4581		NOTI	FICA (Pur	TION O	F ASBESTO NJAC 8:60 at	S ABAT nd 12:12	EMENT	Electrical commences	MAR 1	3 2	017		IJ
Date of Notification (1)	7		Nai	me of Bui	Iding Owner/	Operator /	(2) Con Si	truction	in LIC			1	
Agencies Notified  EPA DEP DOL	Type Notification  Initial  Amended  Amendment #			eet Addre	Sip Code Sea 2		Cension S	7 1	ASBESTOS LICEN	VSIN	G_	7L Q	
DOH DCA  Name of Facility Where A	Emergency (inclu justification)  Cancellation  Datement is Taking Place	(3)		me of Co	ntact	ATION	4 88	Facility (4)	Teleman				
Street Address	Mensula Mensula	EH	r .	-				her (i.e. priv	Other than K-12) rate & commercial bu		home		)
City (5) Sea	ish city		Co	ounty Coo	ie (7)				f being demolished)			<u> </u>	
Name of Monitoring Firm	101.	r (8)		ASCM N		1	me of Abaten	e Aba	ener De	W7.   iT	1871	20	0
Street Address  City, State, Zip Code						/ Cú	212 (5) ty, State, Zip	Code ,	NIT OF	e)			$\dashv$
Project Manager for Mon	itoring Firm	511	T	elephone	No.	Te	1 0 1.01 Tephone No.	16-09	License No.				
Start Date (10)	S Abatement (Check Only	cheduled C ·U/7 One)	Comple	etion Date	e (11)		ame of OSHA	Monitor					
1 / 101	eated During Entire Period ed Outside of Normal Far	of Abaten	nent			C	ity, State, Zip	Code					
Scope of Work (Check A  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Il That Apply)		novati moliti			E	☐ Mir	ni-Enclosure	nt with Negative Presenture  edure  (*) and Non-Friable		ıre		
		1					1,10.				Abate Ty	ment pe	
Asbestos-Containi TO BE	ion of ng Material (ACM) ABATED icility 3)	Used Mai Custo	Solel ntenar odial S	y y by nce/	(i.e. therma	Contain al system V	ription of sing Material ( s insulation, s AT, or scellaneous)	(ACM) surfacing.	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A	1.5		1		2300 SF	/			
outside					ACA	y Sk	5		2500 57				
						•				-			+
						Cubic Y	arde	Name of	Registered Landfill			1	
Name of Registered W	aste Hauler		I	NIDEP W Hauler ID 2084	No.	of Waste	•	LUM City, Sta	of PA	0			
City, State	HANCE M				-		Date BD gnature		olletown	Pate 3-9	3-1	7	
Completed by	1 1/1.	Title	PiE	adent			-	74		5 /			ivities

1 r 6004	NOT	(Purs	TION O	of New Jo F ASBEST NJAC 8:60	OS AE 0 and 1	12:120)				E C L		201	<u></u> [ 7 ]	
Date of Notification (1)		Na .le	me of B	uilding Ow Schreede	ner/Oper Priva	erator (	2) ome	i	1	MAIL	1 1	201	1	1
3/9/17 Agencies Notified Type Notification			reet Add						AS	PHESTOS			OL 8	Š
		. Na		e, Zip Code town NJ Contact		7		m <sub>O</sub>	Tele	ephone Nun	ENSII nber	VG_		
	DI (2)		FACILI	TY INFOR	MATIO	N	Type	e of Facility (4	)					
Name of Facility Where Abatement is Taking Jenny Schreeder Private Home Street Address	Place (3)							School (K-12 Subchapter Other (i.e. pretc.)	2) 8 (Otherivate &	& commerci	al build			es,
City (5) Moorestown NJ 08057							7.5	are Feet 00+	# of	Floors	1 65	ldg. <i>F</i> 15+	.ge	
County (6)			ounty Co	ode (7) SE ONLY)			Curr	ent Use (Prid	r if bei	ng demolish	ned)			
Burlington  Name of Monitoring Firm Hired by Building O  N/A	wner (8)		ASCM	No.		Pern	aco	_	tractor	(9)		51		
Street Address						Street .								
City, State, Zip Code								Zip Code rlin NJ 080	91					
Project Manager for Monitoring Firm		T	elephon	e No.		Teleph 856-		No. -9800		License N 00727	10.			
Start Date (10) 3/29/17	Scheduled	Comp	oletion D	ate (11)		Name Sam		SHA Monitor						
Occupancy Status During Abatement (Check	Only One	)				Street	Addr	ess	ş					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of Ab al Facility I	ateme Hours	ent		_	City, S	tate,	Zip Code						
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		novati				×	F	full Containm Aini-Enclosure Blovebag Pro Non-Exempte	e cedure				ıre	
		ocatio										Aba	temer ype	nt
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair	ormally Solely ntenan odial S (12)	y by ice/ taff?	(i.e. th	os Cont hermal surfac	scriptior aining N system cing, VA niscellar	Mater s ins AT, or		(	Amount (Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A X		Dı	ick wo	rk	- 1		30 LF	x	-	+	
Crawl Space	+-+		^			JOIL WO						T		
										t d 1 amel	511			
Name of Registered Waste Hauler United Roll Off		H	JDEP W auler ID 2459		Cubic of Was	Yards ste		G.R.C		tered Landf	ud			
City, State Elm NJ						sal Date 7	е	City, Sta Morris		PA 19067	7			
Completed by Anthony T Perna	Title Presi	dent			18	Signațur	e				Date 3/9/1	7		

1.2405148483 te of Notification (1)		(Pi	CATIO ursuar Name	N OF A	New Jerse SBESTOS AC 8:60 an ing Owner/	d 12:120	′′	т	Constitution of the Consti		MAR 13	201		Applications of the property o	The state of the s
/03/17	n	-		Addres						ASB	BESTOS C	ONTE	ROL	&	
encies Notified Type Notification	n								-		LICENS	SING		-	
EPA Initial Amended			City, S	State, Zi	p Code NJ 0706	n									
Amendme	ent # cy (including	 g		of Con			Telephone Number								
justification	n)		Name	01 0011	taot										+
DCA Cancellat			F/	CILITY	INFORMA	TION	T	ype of Fac	cility (4)				11 27 6		
ame of Facility Where Abatement is Ta	king Place	(3)					-	T Coboo	1 (K-12)		** *********				
onita Bourke							1	Subch		Other	than K-12) commercial b	uildings	s, hor	nes,	
reet Address							2	etc.)		# of F		Bldg.			+
						750.00	5	Square Fe	et	# OT F	-10015	Diag.	5-		
ity (5) Plainfield			-WIII				+	Current Us	e (Prior i	if being	g demolished	i)			
ounty (6)			Cou	nty Cod	e (7) ONLY)		1	Julient Oc	, , , , ,						
Inion County		(0)		SCM No		Nam	ne o	f Abateme	nt Contra	actor (	9)				
lame of Monitoring Firm Hired by Build	ling Owner	(8)		OOW IV		17. 63		batemer	nt						
· · · · ·						Stre	eet A	Address 87th Str	eet Sui	ite A4	4				
Street Address			/ a 5- s				ate, Zip C								
City, State, Zip Code						No	orth	Bergen	, NJ 07	7047					_
			Tel	ephone	No.	Tel	leph	one No.			License No 01223				
Project Manager for Monitoring Firm			10	Срионе				293-630			01223				_
2 + D-4- (40)	Sche	eduled	Compl	etion Da	ite (11)	Na	me	of OSHA N	ONSU	LTIN	G LLC				
Start Date (10) 03/15/17		29/17				04		Addross							
Occupancy Status During Abatement	(Check Onl	ly One)				11	600	ROUT		r sui	ITE 107		122		_
Facility Closed/Vacated During E     Abatement Performed Outside o     Other – Describe:	ntire Period	d of Ab	atemei	nt .		Cit	ty, S JNI	State, Zip ( ON NJ (	ode 7083						
Scope of Work (Check All That Apply  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	) [	X Re	novatio	on n				Mini-	Enclosure	е	th Negative F e nd Non-Friat	ole Proc	edure	9	
			100000									1	Muarc	ment pe	
Location of Asbestos-Containing Material (A <u>TO BE ABATED</u> In Facility (13)	Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  M Cu					s Contair nermal sy	Description of ontaining Material (ACM) nal systems insulation, rfacing, VAT, or er miscellaneous)			Amount (Specify SF or LF)		Removal	Repair	Encapsulate	
		Yes	No	N/A			TSI	7			60 LF	х			
Boiler Room							TSI			1	28 LF	х			
Living Room										-	10 LF	х			T
Garage							TS			-	15 LF	x			
Basement						Cubic	TS		Name	of Reg	istered Land	fill			
Name of Registered Waste Hauler			1	NJDEP V Hauler II	Naste D No.	of Was		~	WAS	TE M	, IANAGEM	ENT (	GRC	)WS	N
NEWARK CARTING				4509		Dispos	al D	ate	City S	state	/ILLE PA				
City, State HILLSIDE, NJ		Title				S	igna	iture	11/1/	Vn	100	Date 03/03	3/17		
Completed by Bryan Parra			ject M	lanage	er		(	-01	74	100	shestos licen			od ac	tive

											PIII	IL FU	911
)'D4051484823		ursua	ON OF A	New Jersey ASBESTOS AB IAC 8:60 and 1	2.120)			) <u>E</u>	CE[		II.	And the second s	The state of the s
ate of Notification (1)		Name	of Build	ding Owner/Ope Ilina	erator (	2)	The state of the s	n.	MAR 13	201	7	1	4
3/08/17 gencies Notified Type Notification			t Addres					L. ASB	ESTOS CO	ONTE	ROL	<u>&amp;</u>	-
EPA X Initial Amended Amendment #	ŧ	City,	State, Z ury Pa	ip Code ark,NJ 0771	2				LICENS				1
DOL Emergency (i justification) Cancellation	ncluding	1	e of Cor					Telepi	none Number				4
DCA Cancellation		F	ACILITY	INFORMATIO	N	-	e of Facility (4)						
Name of Facility Where Abatement is Taking Jeffrey Gallina Street Address	g Place (3)					Typ 	School (K-12) Subchapter 8 Other (i.e. priv	Mhar	than K-12) commercial bi	uilding	s, hon	nes,	
							etc.) uare Feet	# of F	Floors	Bldg.	Age		
City (5) Asbury Park		1.0		lo (7)		Cui	rrent Use (Prior	if being	g demolished	)			
County (6) Monmouth County		(STA	inty Cod	ONLY)	Name		batement Contr						_
Name of Monitoring Firm Hired by Building	Owner (8)	A	SCM N	0.	Pro	Aba	atement						
Street Address						9 87	7th Street Su	ite A	1				_
City, State, Zip Code					City,	State th B	e, Zip Code Bergen, NJ 0	7047					
Project Manager for Monitoring Firm		Te	lephone	No.	201	1-29	e No. 3-6305		License No. 01223				
Start Date (10)	Scheduled 04/03/17	Compl	etion Da	ate (11)	Nam HIL	e of o	OSHA Monitor MM CONSU	LTIN	G LLC				
03/20/17 Occupancy Status During Abatement (Che	eck Only One)				Stre 16	et Ad	dress ROUTE EAS	T SUI	TE 107				
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe:	Period of Ab	atemer	nt		City	, Stat	e, Zip Code N NJ 07083						
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	× Re	enovatio	on in			×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e		e Proc		ment	
		_ocatio		г	Descrip	tion o	of		Na contract Display		Ту		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mai	d Solely ntenan odial S (12)	y by ce/ taff?	Asbestos Co (i.e. thern	ontainir	ng Ma tems , VAT	aterial (ACM) insulation, , or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	
	Yes	No	N/A		TS	31			125 LF	x			1
Basement					13	ال		-					
													1
								-		1			

Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Maintenance/ Custodial Staff?  (12)  Aspestos Containing Materials  (i.e. thermal systems insulating surfacing, VAT, or other miscellaneous)					ation,	(Specify SF or LF)	Removal	Repair	capsulate	nclosure
(.0)	Yes	No	N/A				125 LF	×			
Basement					TSI		120 E1				
									-		
								_			
			LIDEDA	Mento	Cubic Yards	Name o	Registered Land	dfill			
Name of Registered Waste Hauler			NJDEP V Hauler ID	) No.	of Waste	WAST	E MANAGEM	IENT (	GRO	WS I	N.
NEWARK CARTING		C	)4509		Disposal Date	City, St	ate				
City, State HILLSIDE, NJ					Signature	MORE	RISVILLE PA	Date		- 51/10	
Completed by Bryan Parra	Title Pro		Manage	r	J.grida.	)14111	41110	03/08			

#### (Pursuant to NJAC 8:60 and 12:120) Check # 11588 Date of Notification (1) March 8, 2017 Name of Building Owner / Operator (2) 2017 AtlantiCare Regional Medical Center February 3, 2017 Agencies Notified Type Notification Street Address ASBESTOS CONTROL & EPA 1925 Pacific Avenue LICENSING DEP City, State & Zip Code XIDOL Initial Amended Atlantic City, NJ 08401 **⊠**DOH Amendment #\_1 Telephone Number DCA Cancellation Name of Contact William Malazita **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) AtlantiCare Regional Medical Center Subchapter 8 (Other than K-12) Street Address 1925 Pacific Avenue Other (i.e., private & commercial buildings, home, etc.) # of Floors Bldg. Age Square Feet 118 Years City (5) Current Use (Prior if being demolished) Atlantic City, NJ Hospital County Code (7) County (6) Atlantic USE ONLY Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Hillmann Consulting, Inc. Synatech, Inc. Street Address Street Address 829 Radio Road 1600 Route 22 East, Ste 107 City, State & Zip Code City, State & Zip Code Union, NJ 07083 Little Egg Harbor, NJ 08087 License Number Project Manager for Monitoring Firm Telephone Number Telephone Number 609-296-6916 00817 908-688-7800 Stephen Cherepany Name of OSHA Monitor Scheduled Start Date (10) Scheduled Completion Date (11) February 17, 2017 March 17, 2017 Synatech, Inc. Street Address Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement 829 Radio Road City, State & Zip Code Abatement Performed Outside of Normal Hours X Other - Describe: Little Egg Harbor, NJ 08087 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure $\geq$ 3 sf or $\geq$ 50 lf Renovation Mini-Enclosure >160 sf or >260 lf Demolition Glovebag Procedure Non-Exempted(\*) and Non-Friable Procedure Abatement Type Is Location Normally Used Description of Location of Asbestos-Containing Amount (Specify Solely by Maintenance or Asbestos-Containing Material (ACM) TO BE ABATED Custodial Staff? (12) Material (ACM) SF or LF) (i.e., thermal systems IN Facility Encapsulate Enclosure insulation, surfacing, VAT (13)Remova Repair or other miscellaneous) N/A Yes Floor Tile and Mastic 216 SF X X Hallway, Starting at Gym 1 Door 200 SF Fire Command Room X Floor Tile and Mastic X Name of Registered Landfill NJDEP Waste Cubic Yards of Waste Name of Registered Waste Hauler Hauler ID No. Fairless Hills Synatech, Inc. 27429 12 Disposal Date City, State City, State Morrisville, PA Little Egg Harbor, NJ 08087 March 20, 2017 Date Completed By Title Signature March 8, 2017 February 3, 2017 **Executive Administrator** Diane Aloia

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

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

	E C	E		
M	Chec	k#1	1509	
	MAR	1 3	2017	

Date of Notification (1	)			Name	of Buildi	ng Owner / Operator	(2)	11111	ECK#		
	ebruary 3, 2017			Atlant	tiCare Re	egional Medical Cer		IU LI MA	R 13	3 201	/
Agencies Notified	Type Notification	on			Address			ASBES	TOSC	ONTR	$\cap l$
DEP				1925	racilic A	venue			ICENS		UL 0
⊠DOL	Initial			City, S	State & Zi	ip Code					100000
⊠рон	Amend Amend	ded dment #_		Atlant	tic City, I	NJ 08401					
L_DCA	Cance	llation			of Conta				Telepho	ne Num	ber
				Willia	m Malaz	ita		1			
				FA	CILITY	INFORMATION		*			
Name of Facility When AtlantiCare Regional	re Abatement is Medical Cente	Taking F er	Place (3)			Type of Fac	ility (4) I (K-12)				
Street Address				77.7			apter 8 (Other than	K-12)			
1925 Pacific Avenue						Other	(i.e., private & co	mmercial buildir	igs, hor	ne, etc	.)
City (5)						Square Fee	t # of Floo	ors B	ldg. Age		
Atlantic City, NJ							(Prior if being dem	olished)	1	18 Year	5
County (6) Atlantic			ounty Cod			Hospital	***				
Name of Monitoring Fi	rm Hired by Bui		ner (8)		ASCM	No. Name of Ab	atement Contractor	(9)			
Hillmann Consulting,	Inc.	3	- (-/			Synatech, I	nc.	<i>(-)</i>		1317.20	
Street Address 1600 Route 22 East, \$	Ste 107					Street Addre					22.5
City, State & Zip Code						City, State 8					
Union, NJ 07083	anitaria e Firm		1=	lephone I			larbor, NJ 08087	L.			
Stephen Cherepany						Telephone N 609-296-691		License Nu	mber 0081	7	
Scheduled Start Date (10) February 17, 2017 Scheduled Completion Date (10) February 17, 2017 March 17, 2017						Name of OS Synatech, I	SHA Monitor		0001		
Occupancy Status Dur	ing Abatement	(Check o	nly one)			Street Addre					
	d/Vacated Durin				nt	829 Radio F	Road				
	erformed Outsid	e of Norr	nal Hours	3		City, State 8					
Other - Descr	ribe: pied During Abat	tement				Little Egg F	larbor, NJ 08087				
Scope of Work (Check											
							Full Containment	with Negative Pre	ssure		
≥3 sf or ≥ 50 lf			님	Renovation			Mini-Enclosure				
≥160 sf or ≥260	IT			Demolitio	n	L	Glovebag Proced				
Loca	tion of		Is Legati	on Norma	lly Hood		Non-Exempted(*)	and Non-Friable			
Asbestos-Contain		CM)		y Mainter		Descrip Asbestos-0		Amount (Specifi	y AD	atemen	гуре
Re-	ABATED acility		Custo	dial Staff	? (12)	Material		SF or LF)			
	13)					(i.e., therma insulation, su			_		пп
						or other mis			₹em	Re	nclo
			Yes	No	N/A				Removal	Repair	Enclosure
Hallway, Starting at G	Sym 1 Door				Х	Floor Tile a	and Mastic	216 SF	X	- 1	-
Name of Registered W	aste Hauler		NJDEP \		Cubic '	Yards of Waste	Name of Registe	red Landfill			
Synatech, Inc.				) No. 429	6		Fairless Hills				
City, State			•			al Date	City, State			Mark .	
Little Egg Harbor, NJ	08087				March	20, 2017	Morrisville, PA				
Completed By		Title			Signat	Market State Control of the Control		ate			1.42
Diane Aloia		Executiv	e Admini	strator	1	lane alor	E F	ebruary 3, 2017			
			THE RESERVE OF THE PERSON NAMED IN		1						