Date of Notification (1) 11 / 25 / 15 Agencies Notified □ EPA □ DOLWD □ DHSS □ DCA □ Name of Building Owner/Operator (2) The College of New Jersey 2016 MAR 18 Street Address 2000 Pennington Rd. □ City, State, Zip Code Ewing, NJ 08628 □ City, State, Zip Code Ewing, NJ 08628 □ DCA		
☑ DOLWD ☑ Amended ☑ DHSS ☐ Amendment #2-3/15/16 ☐ DCA ☐ Emergency (including justification) Name of Contact ☐ Telephone Number		
☑ DOLWD ☑ Amended ☑ DHSS ☐ Amendment #2-3/15/16 ☐ DCA ☐ Emergency (including justification) Name of Contact ☐ Telephone Number		
☐ Cancellation David Jurkin		
FACILITY INFORMATION		
Name of Facility Add. Add. Add. Add. Add. Add. Add. Add		
TCNJ-S.T.E.M. site(Former Holman Hall) TCNJ-S.T.E.M. site(Former Holman Hall)		
Street Address Subchapter 8 (Other than K-12)		
2000 Pennington Rd. Other (i.e., private and commercial buildin homes, etc.)	ıgs,	
City (5) Square Feet # of Floors Bldg.	Ane	
Ewing	igo	
County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished)		
MERCER		
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9)		
USA Env Manangement Inc BRISTOL ENVIRONMENTAL, INC.		
Street Address Street Address		
344 West State St 1123 BEAVER STREET		
City, State, Zip Code City, State, Zip Code		-
Trenton, NJ 08618 BRISTOL, PA 19007		
Project Manager for Monitoring Firm Telephone No. Telephone No. License No.		
William Weisgarber 609-656-8101 215-788-6040 00509		
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor		
3 /16 /16 3 /30 /16 BRISTOL ENVIRONMENTAL, INC.		
Occupancy Status During Abatement (Check only one) Street Address	+	
Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET		
Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code		
Time of Abatement: 7:00AM-3:30PM/PMAM BRISTOL, PA 19007		
Scope of Work (Check all that apply)		
☐ Full Containment with Negative Pressure ☐ ≥3 sf or ≥3 lf ☐ Renovation ☐ Mini-Enclosure		
□ Non-Exempted (*) and Non-Friable Procedure		
Is Location Abatem Location of Normally Description of	ent 7	Туре
Describitor Describitor of	En	四四
TO BE ABATED Maintenance/ (i.e., thermal systems insulation, (Specify	cap	clos
IN Facility Custodial Staff? surfacing, VAT, or SF or LF)	Encapsulate	Enclosure
Yes No N/A	ite	
Exterior		
Exterior		
		1
Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill		
BRISTOL ENVIRONMENTAL, INC. Hauler ID No. Waste GROWS NORTH LANDFILL		
City, State Disposal Date City, State		
Disposal Date Otty, Otale		
BRISTOL, PA 19007 MORRISVILLE, PA 19067		
PRIOTOL DA 10007		



Date of Notification (1) 3/14/16		<u> </u>		Name of Joe G	f Building o	Owner/	Operator	(2)		0000				
Agencies Notified	Type Notification			Street A	ddress		_			Bei	~	IA IA	F	
X EPA	× Initial												ή. 	
× DEP	Amended	,,			te, Zip Co					E.		∞	1000	
	Amendment Emergency (-		easant, N	Vew J	ersey 0	8742		三		=	-	
⊠ DOH □ DCA	justification)	3		Name of Jim	f Contact				Tel	ephone.Nu	mber	ب	1	
DCA	Cancellation				LITY INFO	DBSAT	ION					00		
Name of Facility Where	Abatement is Taking	g Place (3)		FAGI	LITTIME	MINA	ION	Type of Facil			7			
Street Address									pter 8 (Oth	er than K-1				
								Other (i etc.)	.e. private	& commerc	ial buil	dings,	home	es,
City (5)								Square Feet		f Floors	5.5	Bldg. A	ge	
Pt. Pleasant								1600	1		2	58	1	
County (6) Ocean					Code (7) USE ONLY)	Ĉ.		Current Use residence		ng demolis	hed)			
Name of Monitoring Firm	Hired by Building (Dumer (8)		ASCN	/ No		Namo	of Abatement		(0)				
realite of workoning I init	Timed by building (owner (o)		AGGIN	i No.		400000000000000000000000000000000000000	Insulation C		(9)				
Street Address								Address						-
							95 M	Iontrose Rd	ľ					
City, State, Zip Code								tate, Zip Code Neck, Nev		7				
Project Manager for Mon	itoring Firm		-	Telepho	ne No			one No.	v Jersey	License N	Jo.			
	3						10000000000000000000000000000000000000	941757		00029				
Start Date (10) 3/23/16		Scheduled 3/30/16		npletion	Date (11)		Name	of OSHA Mon	itor					
Occupancy Status During	g Abatement (Chec	k Only One)				Street	Address						
Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of Norm						City, S	tate, Zip Code	1					
Scope of Work (Check A														
	п пасърну)							1						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	enova emolit					Mini-Enclo Glovebag	sure Procedure	Negative				
0		T			1		<u></u>	Non-Exem	pted (*) an	d Non-Frial	ble Pro			
			.ocati ormal			0.000							ement rpe	
Location Asbestos-Containing		Used	Sole	ly by	Ashesi		escription	of faterial (ACM)		mount			_	
TO BE ABA	ATED	Mair Custo	tenai			therma	l systems	s insulation,	(5	Specify	Re	ی	Encapsulate	Enclosure
In Facili (13)	ty		(12)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	+ 3		cing, VA miscellar		SI	or LF)	Remova	Repair	nsde	Jost
		Yes	No	N/A				,			<u>a</u>	-	late	ıre
outdoo	rs			x			siding		1	600sf	×			
			-				- 3							
Name of Registered Was	te Hauler	the state of the	8.77	JDEP W			: Yards	Name	of Registe	ered Landfil	1	4		
Ace Insulation Co., I	nc.		1000	lauler ID 2086	NO.	of Wa	iste	Chri	ns					
City, State						Dispo	sal Date							
Colt Neck, New Jers	еу						- 1		ton, PA					
Completed by Bree McGuire		Title	to	Trons	1505	,	Signature	. //	/		ate	0		
Diee McGuire		Secre	шгу	Treasu	rier		15	1/1/		3	/14/1	0		

CA#2879

** Charging Sondy REEM project ** State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)				Name	f Building	Ownorl	Operator	- (2)		1011	· /) :==					
3/10/16					a Piscal		Operator	(2)		KE	CE	N	E E	j		
Agencies Notified EPA	Type Notification X Initial			Street A	ddress				2018	6 MA	R 18	AM	9:	19		
× EPA × DEP × DOL	Amended Amendment Emergency		_		ate, Zip Co Beach	de			438	BES	10S (] {}}	ITP			
DOH DCA	justification) Cancellation			Name o	f Contact		3472			P Tel	ephone	Nun	iber			
				FAC	LITY INFO	DRMAT	ION									
Name of Facility Where A Piscaletti Residenc Street Address		ig Place (3)						☐ s	of Facility (4) school (K-12)						
								× e	Subchapter 8 Other (i.e. pri tc.)					dings,	home	es,
City (5) Union Beach								Square 1200		# of	f Floors		1	ldg. A		
County (6) Monmouth					Code (7) USE ONLY			1	nt Use (Prior	if bei	ng demo	olish	ed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASC	A No.		The state of the s		ement Contr tion Co In		(9)					
Street Address				1				Address	ananan kabusu ana			-				
City, State, Zip Code								Iontros State, Zir								_
Decision Manager (C. M.							Colts	s Neck	, NJ 0772	2						
Project Manager for Mon	itoring Firm			Telepho	ne No.		100000	one No 294 17			Licens 00029					
Start Date (10) 3/14/16		Schedule 3/18/16		npletion	Date (11)		Name	of OSH	A Monitor							
Occupancy Status During	Abatement (Che	ck Only One	e)				Street	Address	S							-
Facility Closed/Vaca Abatement Performed Other – Describe: 7	ed Outside of Norr	Period of Al nal Facility	baten Hours	nent			City, S	state, Zip	Code							
Scope of Work (Check Al	I That Apply)		200				1								-	
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and the same of th	enova				×	Mini Glov	Containmen -Enclosure rebag Proce -Exempted (dure					0	
		1			1			14011	-Lxempted	Jan	u 14011-1	IIabi		Abate		
Location	of	1199,00	Locat ormal												ре	
Asbestos-Containing		11 D 1 D 1 D 1 D 1 D 1 D 1 D 1 D 1 D 1		ly by	Asbest		scription taining N		(ACM)	А	mount				-	
TO BE ABA In Facili (13)	ATED	Custo	ntena dial (12) No			thermal surfa	l systems cing, VA niscellan	s insulat T, or			or LF)		Removal	Repair	Encapsulate	Enclosure
outdoo	rs		-	X			siding			12	200 sf		x			
Name of Registered Was	te Hauler		IN	JDEP W	aste	Cubic	Yards		Name of Re	egiste	red Lan	dfill				
Ace Insulation Co., II	nc		1	lauler ID 2086	No.	of Wa	ste		Chrins							
City, State Colt Neck, NJ			-			Dispos 3/18/	sal Date	1	City, State Easton, I	PA						
Completed by		Title			1		Signature	1	/	. 75.5	T	Date	9		-	\rightarrow
Bree McGuire		Secre	tary	Treasu	ırer		16		- in				0/16	3		

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) 02/22/2015				Name of Bui	OAD C, LLC		/ED			
Agencies House	Actification Type (X) Initial Noti () Amended () Emergency (including () Cancelled	Certific y Notifi justifica	ation cation	Read 4706 City, State, Brookl	Caller Property Ground Note: The Code Tip Code Yn, NY 11706		ONTR SING			
			FACILITY INF	ORMATION						
Name of Facility Where Abatement is Commercial Property: 765	Taking Place (3) BROAD ST			Type of Fac () School (() Subcha (X) Other (i	cility (4) K-12) oter 8 (other than K-12) .e. private & commercial bl	ldgs., home:	s, etc.			
Street Address				Sq. Feet: 2	218,426 # of Floors	<u>7</u> Blo	dg. Age	<u>48</u>		
765 BROAD ST. City (5) NEWARK County ESS			Code (7) se Only)	Current Us	e (prior if being demolished)					
Name of Monitoring Firm Hired by BI ISES, Inc.	ldg. Owner (8)	ASCM N N/A	<u>10.</u>	Name of C Industria	ontractor (9) 1 Safety and Environm	nental Sol	utions,	, Inc. (ISES, Inc	c.)
Street Address 3300 Hudson Avenue				Street Add	ress udson Avenue				- н	
City, State, Zip Code Union City, NJ 07087				City State. Union C						
Project Manager for Monitoring Firm David Camacho	<u>Telephon</u> (201) 33	e <u>Number</u> 25-0055		Telephone (201)325		License N 01124	lumber			
Scheduled Start Date (10) 03/07/2015	Schedule (11) 04/08/2	d Comple	tion Date	Name of C ISES, Inc	SHA Monitor C.					
Occupancy Status During Abatemer (X) Facility Closed/Vacated During () Abatement Performed Outside Describe: Basement is unoccu	g Entire Period of A e of Normal Facility	batement		City, State	dress dson Avenue . Zip Code ity, NJ 07087				72	è
Source of Work (Check all that appl □ ≥ 3 SF or ≥ 3 LF X ≥ 160 SF or ≥ 260 LF						□ (*) and No			rocedur	
Containing Material (ACM) in So	Location Normally Usely by Maint./Custonaff? (12)	Jsed odial NA	Description of thermal syste insulation, su VAT, or other miscnous.)	ems urfacing,	Amount (Specify SF or LF	, l	Abateme Rem. F		incap Eng	close
Basement	X		Mastic		~ 21,227 SQ FT		Х			

Basement		X	Mastic yellow		~ 8892 SQ FT		X	
Basement		Х	Vinyl As Floor T	sbestos ile 9"X9"	~ 4,306 SQ FT		X	
Name of Reg. Waste Hauler Atlas Disposal Opti	ons, Inc.	NJDEP Was 50452	te Hauler ID #	Cubic Yards ~ 40	of Waste		eg Landfill Central Sa en Argyl F	
City, State 311 East Blackwe	Il Street,	Dover, N	J 07801	Disp. Date 04/08/2	015	City, State Falls Tow	nship, PA	
Completed by (Print or Type) David Camacho		Title Supervis		Signature		Date 02/22/2	2015	

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) March 11, 2016				Name of Building C			Construction		DE	911	10	
[] DEP [] Amer [] Emer [x] DOH [justifit	ion Notificati ded Notifi dment #_ gency (inc cation)	ication		Street Address City, State, Zip Cod Name of Contact	2 2 nd A	ver	nue A.S., ach, NJ 08751	MAR 18	M 9.	COL		
[] DCA	пацоп				Mike				1	1		
			FACII	LITY INFORM	ATION					770		
Name of Facility Where Abatement is Taking Residence	Place (3)					Ту	pe of Facility (4)	School (k-12)				
Street Address							[]	Subchapter 8 (oth				
							[x]	Other (i.e., private homes, etc.)	e & con	nmercia	al buildi	ngs,
City	County	(6)		County Code (7) STATE USE ONLY	7)		uare feet 1200 sf	# of Floors	Bldg	Age 6	0	
Brick	Ocean	i				Cı	rrent Use (Prior if b Residen	970				
Name of Monitoring Firm Hired by Building O N/A	Owner (8)		A	ASCM No.	Name of	Abat	tement Contractor (! Guardia	on Contracting,	Inc.			
Street Address					Street Ad	dres						
Cit. State 7: O. I.					City State	- 7		ute 9, Unit 61				
City, State, Zip Code					City, Stat	e, Zi		ver, New Jerse	ev 087	55-12	271	
Project Manager for Monitoring Firm		Telephone Nur	mber		Telephon 732-349		ımber	License N 00624				
Scheduled Start Date (10) 3/23/16		Scheduled Con 3/24/16	npletion	1 Date (11)			IA Monitor	. Analytical				
Occupancy Status During Abatement (Check X] Facility Closed/Vacated [] Abatement Performed Other – Describe	During E	Entire Period of			Street Ad		s 1056 Ste ip Code	elton Road	y 088:	54		
Scope of Work (Check all that apply) $ \begin{bmatrix}] & >3 \text{ sf or } \ge 3 \text{ lf} \\ $		L 3	enovatio		[] [] [x]		Full Containment v Mini-Enclosure Glovebag Procedur Non-Exempted (*)	е		re		
											2000	_
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	No	Is Location ormally used Solely by enance/Custo Staff (12)		Ash N (i.e inst	Description bestos-Conflaterial (A., thermal sulation, sur VAT, of the miscella	tain CM syste rfac	ing () ems ing,	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos sidir	ıg			1250 sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.	N.	JDEP Waste H		O No. Cubic Ya	rds of Wast	te	Name of Register T.R.R.F.	ed Landfill				
City, State Dispute Toms River, New Jersey 3/25				I Date	City, Sta		n, Pennsylvania	/				
Completed by (Print or Type) Nicholas Fernicola	Title Projec	et Manager		Signature	-7.		e		Date 3/11	/2016	5	

CK 37618

ANITA SMOLAR

Federal Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator Date of Notification MACY'S CORPORATE SERVICES (FEDERATED) 5 1 0 3 Street Address Agencies Notified Type of Notification 7 WEST SEVENTH STREET Initial USEPA Notification DEP City, State, Zip Code Amended DCA/DOL CINCINNATI, OHIO 45202 DOH Cancellation Telephone Number Name of Contact Tia Wenrich FACILITY INFORMATION Type of Facility Name of Facility Where Abatement is Taking Place) School (K-12)) Sub-Chapter 8 (Other than K-12) MACY'S ROCKAWAY TOWNSQUARE (X) Other (I.e. private & Commercial Street Address buildings, homes, etc.) Age of Bldg. # Floor SF of Bldg. 303 MOUNT HOPE AVENUE 50+ 1 MILLION +SF 3 County Code County City Current Use (prior if being demolished) State use Only BERGEN Name of Abatment Contractor ASCM No. Name of Monitoring Firm Hired by Building Owner ACM CONSULTING CORP. PENNONI ASSOCIATES INC Street Address Street Address 2150 STANLEY TERRACE 515 GROVE STREET SUITE 1B City, State, Zip Code City, State, Zip Code UNION, NJ 07083 HADDON HEIGHTS, NJ 08035 License Number Telephone Number Telephone No. Project Manager for Monitoring Firm 00575 908-687-1008 TO BE DETERMINED TO BE DETERMINED Name of OSHA Monitor Scheduled Completion Date Scheduled Start Date **EMSL ANALYTICAL** 2011 Day Year Street Address Year Month Month Day Occupancy Status During Abatement (Check Only One) 307 WEST 38TH STREET Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Outside Normal Facility Hours Describe: 9:30PM TO 7:00AM X NEW YORK, NY 10118 Other - Describe: Abatement Method Scope of Work (Checl Only One) Full Containment with Negative Pressure Demolition Mini-Enclosure >3sf or >3lf Glovebag Procedure > 160sf or > 260lf Non-Friable Procedure X Renovation Abatement Type Describtion of Amount to be Is Location Normally Removed ACM to be Used by Custodial Staff Location of ACM Facility (Specify SF/LF) Rem. Rep. Enc. Removed NO N/A Yes 32SF VAT BASEMENT KIDS/HOME STOCKROOM Name of Registered Landfill Cubic Yds waste NJDEP Waste ID No. Name of Registered Waste Hauler MINERVA ENTERPRISES, INC TBD SW1896 TRI-STATE TRANSFER ASSOC., INC. City, State of Registered Landfill Disposal Date City, State WAYNESBURG, OHIO TBD BRONX, NY Date Signature Title Completed By (Print or Type) 3/15/16 GENERAL MANAGER

MO 235 35406225

Date of Notification 17 17 17 17 18 18 18 18	Date of Notification (1) 03/14/16				Building Overries Co			2)		201s i	Man	* 4 . ig	į́m= €am,	Ú	
Name of Facility Where Abatement is Taking Place (3)			1003			ard Str	reet		Á	-101	TAR 16	AM	9:	is	
Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (4-12)	Emergency (in		_ 1	Newark	, NJ 07					Tele	LICEN phone N	SING umber	TRI	ìι	
Name of Facility (Where Abatement is Taking Place (3) Type of Facility (4) Street Address Street Address Street Address State Abatement Street State Abatement Contractor (9) State Abatement Contractor (9) Pro-Abatement Contractor (9) Pro-Abatement Contractor (9) Pro-Abatement Street Address Street A	EX DCA Cancellation		1	EACII	ITV INEOE	OITAMS	N						<u> </u>	7.76	
School (K-12) School (K-12) Stockholper's (Other than K-12) School (K-12) School (K-12) Stockholper's (Other than K-12) School (K-12) School (Name of Facility Where Abatement is Taking	Place (3)	-	FACIL	III INFOR	NIVIA I I O		Type of	Facility (4	-)					
Street Address Carry (5) Newark County (6) Newark County (7) Street Address County (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Fired Building Owner (8) North Bergen, NJ 07047 Project Manager for Monitoring Firm Fired Building Owner (8) North Bergen, NJ 07047 Project Manager for Monitoring Firm Fired Building Owner (8) North Bergen, NJ 07047 Project Manager for Monitoring Firm Fired Building Owner (8) North Bergen, NJ 07047 Project Manager for Monitoring Firm Fired Building Owner (8) North Bergen, NJ 07047 Project Manager for Monitoring Firm Fired Building Owner (8) North Bergen, NJ 07047 Project Manager for Monitoring Firm Fired Building Owner (9) North Bergen, NJ 07047 Project Manager for Monitoring Firm Fired Building Owner (9) North Bergen, NJ 07047 Project Manager for Monitoring Firm Fired Building Owner (9) North Bergen, NJ 07047 North Bergen, NJ 07047 Name of Osht Monitoring Firm Hired by Building Owner (9) North Bergen, NJ 07047 Name of Osht Manager for Monitoring Firm Hired by Building Owner (9) North Bergen, NJ 07047 Name of Osht Manager for Monitoring Firm Hired by Building Owner (9) Name of Osht Manager for Monitoring Firm Hired by Building Owner (9) Name of Osht Manager for Monitoring Firm Hired by Building Owner (9) Name of Osht Manager for Monitoring Firm Product of Owner for State Address Ontaining Material (ACM) North Manager for Monitoring Firm Product o								☐ Sch	nool (K-12	2)					
Square Feet								▼ Oth	ner (i.e. pr				ding	s, hor	nes,
County (6)	City (5)									# of	Floors	E	Bldg.	Age	
ASCM No.	Newark							101							
Street Address Street Address Street Address Street Address Street Address Street Address 1009 87th Street Suite A4 City, State, Zip Code North Bergen, NJ 07047 Project Manager for Monitoring Firm Telephone No. Telephone No. Telephone No. 201-293-6305 01223 Start Date (10) 03/15/16 Occupancy Status During Abatement (Check Only One) Abatement Performed Outside of Normal Facility Hours Other – Describe: Scope of Work (Check All That Apply) 23 sf or ≥3 if 2160 sf or ≥260 if Renovation Demolition Is Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Renovation Verse No N/A Roof							_	Current	Use (Prio	r if beir	ng demoli	shed)			
Street Address Street Address 1009 87th Street Suite A4	Name of Monitoring Firm Hired by Building On	wner (8)	_	ASCM	No.		Name	of Abater	ment Cont	tractor	(9)				
City, State, Zip Code City, State, Zip Code City, State, Zip Code North Bergen, NJ 07047 Telephone No. Telephone No. 201-293-6305 D1223 Start Date (10) 03/15/16 Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Cother—Describe: Scope of Work (Check All That Apply) S3 sf or ≥3 lf X ≥ 160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) 10 BE ABATED 1 In Facility 1 (13) Renovation Ves No N/A Roof Roof Windows Roof Roof Miscellaneous/Roofing Material SAN TON SERVICES Name of Registered Waste Hauler Name of City, State Name of Registered Waste Hauler Norther Miscellaneous/Roofing Material State Name of Registered Waste Hauler Norther Miscellaneous/Roofing Material Name of Registered Landfill Name of Registered Landfill Name of Registered Landfill Name of City, State Name of Registered Maste Hauler Norther Miscellaneous/Roofing Material Name of Registered Landfill Name of Registere									ent						:
North Bergen, NJ 07047 Project Manager for Monitoring Firm Telephone No. Telephone No. 201-293-6305 License No. 01223 Start Date (10) O3/15/16 O3/29/16 Name of OSHA Monitor HILMAMM CONSULTING LLC Cocupancy Status During Abatement (Check Only One) Street Address 1600 ROUTE EAST SUITE 107 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code UNION NJ 07083 Scope of Work (Check All That Apply) Street Address 1600 ROUTE EAST SUITE 107 City, State, Zip Code UNION NJ 07083 Scope of Work (Check All That Apply) Street Address Start Zip Code UNION NJ 07083	Street Address								treet Su	uite A	4				
Start Date (10)	City, State, Zip Code						375.50			7047					
Start Date (10) 03/15/16 Scheduled Completion Date (11) 03/29/16 Name of OSHA Monitor HILMAMM CONSULTING LLC Cocupancy Status During Abatement (Check Only One) Street Address 1600 ROUTE EAST SUITE 107 City, State, Zip Code UNION NJ 07083 Scope of Work (Check All That Apply) ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥260 lf Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Roof Roof Windows Roof Miscellaneous/Roofing Material SAN TON SERVICES Street Address 1600 ROUTE EAST SUITE 107 City, State UNION NJ 07083 Street Address 1600 ROUTE EAST SUITE 107 City, State UNION NJ 07083 Street Address 1600 ROUTE EAST SUITE 107 City, State, Zip Code UNION NJ 07083 Street Address 1600 ROUTE EAST SUITE 107 City, State, Zip Code UNION NJ 07083 Street Address 1600 ROUTE EAST SUITE 107 City, State, Zip Code UNION NJ 07083 Street Address 1600 ROUTE EAST SUITE 107 City, State, Zip Code UNION NJ 07083 Street Address 1600 ROUTE EAST SUITE 107 City, State, Zip Code UNION NJ 07083 Street Address 1600 ROUTE EAST SUITE 107 City, State, Zip Code UNION NJ 07083 Street Address 1600 ROUTE EAST SUITE 107 City, State, Zip Code UNION NJ 07083 Street Address 1600 ROUTE EAST SUITE 107 City, State, Zip Code UNION NJ 07083 Street Address 1600 ROUTE EAST SUITE 107 City, State, Zip Code UNION NJ 07083 Street Address 1600 ROUTE EAST SUITE 107 City, State, Zip Code UNION NJ 07083 Full Containment with Negative Pressure Inion-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-	Project Manager for Monitoring Firm		- 1	Telephor	ie No.				n5						
O3/15/16 O3/29/16 HILMAMM CONSULTING LLC Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other — Describe: Scope of Work (Check All That Apply) ≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260 lf Equation of Asbestos-Containing Material (ACM) In Facility (13) Renovation In Facility (13) Renovation In Facility (13) Renovation In Facility (13) Renovation In Facility (12) Yes No N/A Roof Roof Roof Roof Miscellaneous/Roofing Material Subsets Conding Material Abatement Type Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Roof Roof Miscellaneous/Roofing Material 1520 SF x Name of Registered Waste Hauler SAN TON SERVICES Street Address 1500 ROUTE EAST SUITE 107 City, State Full Containment with Negative Pressure Mini-Enclosure Guylon NJ 07083 Full Containment with Negative Pressure Mini-Enclosure Guylon NJ 07083 Full Containment with Negative Pressure Mini-Enclosure Guylon NJ 07083 Full Containment with Negative Pressure Mini-Enclosure Guylon NJ 07083 Full Containment with Negative Pressure Mini-Enclosure Guylon NJ 07083 Full Containment with Negative Pressure Mini-Enclosure Guylon NJ 07083 Full Containment with Negative Pressure Mini-Enclosure Guylon NJ 07083 Full Containment with Negative Pressure Mini-Enclosure Guylon NJ 07083 Full Containment with Negative Pressure Mini-Enclosure Guylon NJ 07083 Full Containment with Negative Pressure Mini-Enclosure Guylon NJ 07083 Full Containment with Negative Pressure Mini-Enclosure Guylon NJ 07083 Full Containment with Negative Pressure Mini-Enclosure Guylon NJ 07083 Full Containment with Negative Pressure Mini-Enclosure Guylon NJ 07083 Full Containment with Negative Pressure Mini-Enclosure Guylon NJ 07083 Full Containment with Negative Pressure Mini-Enclosure Guylon NJ 07083 Full Containment with Negative Pressure Mini-Enclosure Guylon NJ 07083 Full Containment with Negativ	Start Date (10)	Scheduler	l Com	pletion [Date (11)								-		
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: City, State, Zip Code UNION NJ 07083				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	()					LTIN	G LLC				
Abatement Performed Outside of Normal Facility Hours City, State, Zip Code UNION NJ 07083	Occupancy Status During Abatement (Check	Only One	:)						A C 3	r CIII	TE 407				
Scope of Work (Check All That Apply) □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf □ Location of Asbestos-Containing Material (ACM) In Facility (13) □ Renovation Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A □ Roof □ Miscellaneous/Roofing Material Roof □ Miscellaneous/Roofing Material □ Sole (Auguste Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure No	Facility Closed/Vacated During Entire Pe					-				501	IE 107				
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Normally Used Solely by Maintenance Custodial Staff? (12) Yes No N/A N/A N/A N/A N/A N/A N/A N/A	Scope of Work (Check All That Apply)														
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Roof Flashing 456 LF x Windows Caulking 500 LF x Roof Miscellaneous/Roofing Material 1520 SF x Roof Miscellaneous/Roofing Material 1032 SF x Name of Registered Waste Hauler SAN TON SERVICES NJDEP Waste Hauler ID No. 22430 Disposal Date City, State KEARNY, NJ City, State KEARNY, NJ	Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility	Mair Custo	ntenar odial S (12)	nce/ Staff?		os Conta thermal s surfaci	aining N systems ing, VA	faterial (A s insulation T, or		(5	Specify	Removal	Nepall	Elicabsulate	Enclosure
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Roof Name of Registered Waste Hauler SAN TON SERVICES City, State KENILWORTH, NJ Miscellaneous/Roofing Material Output Cubic Yards of Waste Cubic Yards of Waste Cubic Yards of Waste Name of Registered Landfill MEDOWLANCHES COMMISION Disposal Date City, State KEARNY, NJ	1000 PM				Miscell				iterial	- 000		x	+	_	
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KENILWORTH, NJ KEARNY, NJ			33.00		No.	of Was	ite		MEDO\	WLAN	ICHES	COM	MIS	ON	
				*		Disposi	al Date	2			J				
Completed by Bryan Parra Title Project Manager Signature 03/14/16	Completed by Bryan Parra	Title Proie	ct Ma	anager		Si	ignature	BIV	ant	CAFF	1	Date 03/14	16		

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120.7) (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-16				Name of Building Owner/Open	ator (2)				
Date of Notification (1) March 14, 20	16			RUTGERS, THE STAT	E UNIVE	RSITY OF	NJ		
Agencies Notified EPA DCA DOL	Notification Initial N Amende	lotification d Notifica ency (inc	n ation#	Street Address ENVIRONMENTAL HEA 27 ROAD 1, BLDG 408 City, State, Zip Code PISCATAWAY, NJ 088	ALTH & 6, LIVING	SAFETY D GSTON CA	EPT.		
☑ DEP- No Longer REQUIRED ☑ DOH	justific Cance			Name of Contact MICHAEL SMITH, ENV HEALTH & SAFETY		Telephone Ni	mbee R	The second	20
			FACILITY INFO	Type of Facility (4)		CHO.	<u> </u>	-1111	
Name of Facility Where Abatement is MEDICAL EDUCATION, BL Street Address	DG# 3184			☐ School (K-12) ☐ Subchapter 8 (other than K ☑ Other (i.e. private & comme	ercial building	ngs, homes et	M 9:		. W.
RBHS NEW BRUNSWICK (y (6)	County C		Sq. Feet: N/A # of I	Floors: 5	Bldg. Age:	O C	5	
NEW BRUNSWICK MI	DDLESEX	(State Us		Name of Contractor (9)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Name of Monitoring Firm Hired by Blo ATC GROUP SERVICES L	lg. Owner (8) .LC	0098	0.	GREENWOOD ABATEM	MENT CO	NSULTAN	TS, INC.		
Street Address 3 TERRI LANE				Street Address 268 MAIN STREET					
City, State, Zip Code				City State, ZipCode BUTLER, NJ 07405					
BURLINGTON, NJ 08016	Telephone	Number		Telephone Number		License Num	ber		
Project Manager for Monitoring Firm BRIAN KEARNY	609-38	6-8800	Ü	973-492-0477		00840			
Scheduled Start Date (10) 03/24/16		Completion 3/25/16	Date (11)	Name of OSHA Monitor 1 ENVIROVISION, INC.					
Occupancy Status During Abatem Facility Closed/Vacated During Abatement Performed Outside of Describe	Entire Period of	Abatement		20-21 WARGARAW RO	DAD				
⊠Other – Describe: Shift Hou	rs: 5:00 PM (24 hours	- 5:00 Al as need	M ed)	FAIRLAWN, NJ					
Scope of Work (Check all that apply)		▼Renovation		Mini-Enclos		gative Pres	sure	
			■ Demolition	X No		ed (*) and Nor	n-Friable Pr	rocedur	e
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Non Solely by Maint Staff? (12) YES NO	nally Used /Custodial NA	Description of As (ACM) (i.e. therr VAT, or other mis	bestos Containing Material nal systems insulation, surfacing scell.)	g, (Spec or LF)	ify SF	ove Repair E		nclose
Rooms 513, 553	I X		TRANSITE		100	SF 🗵			
	- Liveren	Voote Heide	r ID #	Cubic Yards of Waste: 5	CY	Name of Re	egistered La	ndfill	
Name of Reg. Waste Hauler See Hauler Below #1 & 2	See Bel			00010 10.00	Disposal D		S. North	e	
Hauler #1) Greenwood Abatement NJDEP # 28969 Hauler #2) Newark Carting, I NJ DEP # 04509			NJ 07405		03/25/16		100 New Rd. Mori 19067 215-736-	Ford Nrisville,	
Completed by (Print or Type) RAYMOND C. PEDALING	SENIOR MANAG	PROJE	СТ	Signature Raymand C. Pea	lalino	Date Marc	ch 14, 20	16	

83/14/2815 83:48FM 2813297448 CK 607 BEST REMOVAL INC

PAGE 04/84

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Data of Notification (1)			T	Name		ng Owner/Operato			A14.0 3		-101	4
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Name of Monitoring Firm Hired by (8)	Building Own	et.	ASCM	No.	35 (0)		ment Commission (T.		PUI		
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Project Manager for Mentioring F	חית	Te	4e phe	ne Ne.		Telephone No.		License No.	-		_	_
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Name of Registered Words Heuter Best Removal 1	ine	Yes	(12) No	N/A		Cubic Yards of Water	Name of Region	8.		×	+	
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Date of Notification (1)		P	Name o	f Buildin	g Owner/Operator	(2)	3:	-		(برامو (۲۰۱۰)	
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Name of Facility Where Abatement is Taking Place				•		Type of Facility	(4)				
MR. SAUNDE	457		~+.			School (K-1)		- 12			
Street Address					D 2		8 (Other than K-12) rivate & commercial)	building	s,		
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County (6)		10	County	Code (7	(STATE USE		rior if being demolis	hed)			
OCEAN.		(ONLY)			RESIDO	SUVE	80			
Name of Monitoring Firm Hired by Building Owner	A	SCM	No.	-	Name of Abaten	nent Contractor (9)				
(8)					Best Rei	moval In	c				
Street Address					Street Address						
			65		450 Sou	th River	St				
City, State, Zip Code					City, State, Zip C	Code			5.67		
					Hackens	ack, N.J	. 07601				
Project Manager for Monitoring Firm	Tel	ephon	e No.		Telephone No.		License No.				
					201-329		00388				
Start Date (10) Scheduled Co					Name of OSHA	*					
	30	2/6	b			Environm	ental				
Occupancy Status During Abatement (Check only	one)	95			Street Address	1 0.					
☐ Facility Closed/Vacated During Entire Period of						uyler St			-	_	
□ Abatement Performed Outside of Normal Facility Other – Describe: 8: 20 AM T = 5! 20					City, State, Zip C		,N.J. 076	506			
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2 160 sf or ≥ 260 lf		1	□ Dem	olition		ebag Procedure		dues			
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Print Form

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Date of Notification (1) 03/14/2016					Building		perator	(2)			20	16 H	IR I	8	M!	
	Type Notification		-	Street A		1011										
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Name of Facility Where Ab	atement is Taking	Place (3	1	FACI	LITY INF	URMAII	UN	Type	of Facility (4	1)						
House	atomont is raking	g 1 1000 (0	,					Desired.	7007 	4						
Street Address									School (K-12 Subchapter l		on K 1	2)				
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								Name of the last	etc.)							
City (5)								Squa	re Feet	# of Floo	ors	E	Bldg. A	ige		
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County (6)					Code (7) USE ONLY	2		Curre	ent Use (Prio	r if being d	emolisi	hed)				
Essex											WATER ST. V.					
Name of Monitoring Firm H		Owner (8)		ASCN	I No.		1		tement Cont	75/21/20						
Compentent Supervis	sor			1					Construc	iction Inc						
Street Address							Street 205 F									
City, State, Zip Code							City, St		ip Code J							
Project Manager for Monito	oring Firm		T	Telepho	ne No.		Teleph	one N	0.	Lic	ense N	lo.				
8 8						- 50	73 832 4244 01155									
Start Date (10)		ed Co	mpletion !	Date (11)	y	Name	Name of OSHA Monitor									
03/15/2016		2016			4	Same	Same as above									
Occupancy Status During A	Abatement (Chec						_5500000	Street Address								
		Y (5) 833														
Facility Closed/Vacate Abatement Performed							City St	tate 7	ip Code			.=		4		
Other – Describe:	. 34,0,00 01 110111	domity	. roul				Jity, Si	Z	.p 0000							
Scope of Work (Check All 7	That Apply)											-				
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Name of Decision 1344	Hautan			I IDED !	last-	10.27	Vacale		Na	Dawlet	Laurien					
Name of Registered Waste				NJDEP W Hauler ID		of Wa	Yards ste		200000000000000000000000000000000000000	Registered						
Academy Construction	n Inc		1000	0034422		4	5.5 <u>5</u> 66		GROWS	S Landfill						
City, State						10.00	sal Date		City, State							
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State of New Jersey

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Check#2456								:60 and 5:10			2 - 22			
Date of Notification (1)					Name	of Building	g Owi	ner/Operator (2)		13.62	11/	F- 1	3
03	14 /	16	_		Fon S			***************************************	4					
Agencies Notified	Type Notific	cation				t Address	_			2016 MAI	18	AM	9:	10
⊠ EPA										Asar				(3)
☑ DOLWD ☑ DHSS	Amende Amendm				City,	State, Zip C	Code			8.1	US t	UN	TRI	GI
□ DCA	☐ Emerger		uding		Metu	chen, NJ 0	884	0		4SHES & L	GEN:	SINI	3	2
(NJAC 5:23-8)	justificat	tion)			Name	of Contact	t			Telephone Nu				
	Cancella	ation			Fon S	ai					-1			
No. of the last					FA	CILITY IN	FOF	RMATION						
Name of Facility Where A	Abatement is	Taking F	Place	(3)					Type of Facility	(1)(\$ 1)(
Residence Street Address									School (K-1	2) 8 (Other than K-1	21			
Street Address									Other (i.e.,	private and comm		uildin	gs.	
City (5)					_				homes, etc	# of Floors	15	1.1		
Metuchen, NJ 08840									Square reet	# 01 F100FS	В	ldg. A	ge	
County (6)				-	Cour	nty Code (7) ((STAT	TE USE ONLY)	Current Use (P	rior if being demo	olished)		11000	
Middlesex										and a series weather				
Name of Monitoring Firm	Hired by Buil	lding Ov	vner ((8)	ASCM	No.	Nai	me of Abateme	ent Contractor (9	9)				
							Gr '	Tech LLC						
Street Address							Stre	eet Address						
City, State, Zip Code								Valley Rd #						
City, State, Zip Code								, State, Zip C						
Project Manager for Moni	toring Firm	-		Tele	phone	No		yne, NJ 0747 ephone No.	70	License No.				
•				1000	prioric	110.	1	-638-1777		01127				
Start Date (10)		Schedu	led C	omple	tion Da	nte (11)		me of OSHA N	Ionitor	01127				-
	16	03	/	_ 27	7 /	16	Fnv	irovision Co	nsultants,Inc					
Occupancy Status During								et Address	msunants,mc					
☐ About Closed/Vacate	d During Ent	ire Perio	od of	Abate	ment		20-2	21 Wagaraw	Road, Bldg .#	35E				
Abatement Performed Time of Abatement:	Outside of N AM-	lormal F PM/	acility	/ Hour	rs - Des	scribe	City	, State, Zip Co	ode ,			200		
						Vivi		Lawn, NJ 0						
Scope of Work (Check all	that apply)									nation with negat gative Pressure	ive press	sure		
>3 sf or >3 lf > 160 sf or >260 lf		2		novati				Mini-Enc	losure		_			
2 - 100 31 01 - 200 11		L	_ ne	molitic	on			Glovebag Non-Exe	g Procedure moted (*) and N	Tent with Negati on-Friable Proced	ve Press	sure		
				Locat		T .						atem	ent T	vne
Location Asbestos-Containing N		4)		√orma d Sole				Description o				1	T	T
TO BE ABA	TED	")	Ma	intena	nce/	Asbes (i.e.	itos (Containing Ma rmal systems i	terial (ACM)	Amount (Specify	Remova	Repair	Encapsula	Enclosure
IN Facilit (13)	У		Cust	(12)	Staff?		S	urfacing, VAT.	, or	SIF or LF)	ova	=	lusc	Sure
(1.5)			Yes	No	N/A		Otr	ner miscellane	ous)				ate	10
Attic		1	7	П	X	Vermicul	lita i	maulatian		700 CF				-
		- 1	_			Vermicui	ine i	nsulation		700 SF		닏	L	닏
		-	_									Ш		Ш
		L		<u> </u>	Ш									
Name of Registered Wast	e Hauler			NJE	EP Waste	Hauler ID No.	Cubi	c Yards of Waste	Name of Regi	stered Landfill				
Gr Tech LLC				(03378	35		TBD	T.R.R.F. Inc					
City, State							Disp	osal Date	City, State					
Wayne, NJ 07470		TTILL						ГВD	Tullytown, P	A				
Completed By (Print or Ty	pe)	Title						Signature	1		Date			
N.Jevtic		Owne	r					He	which Wena	d 0	3/14/20)16		

		١		ATION	te of New Jerse OF ASBESTOS o NJAC 8:60 an	ABATE		0	001	10/2	1.8	8	9	
Date of Notification (1) 3/15/16					Building Owner/C Canter	Operator	(2)	2016 H	AR I	8 AM 9:			-1-	
Agencies Notified EPA	Type Notification Initial			Street Ad				A JUE!	STag	M 9:	ie			
DEP X DOL	Amended Amendment Emergency (_ '	West C	te, Zip Code Drange, NJ			હેં [LICE	CUNTR NSING	0L			
DOH DCA	justification) Cancellation				Contact Canter				Tel	ephone Num	-			
				FACI	LITY INFORMAT	ION								
Name of Facility Where A House	Abatement is Takin	g Place (3	3)				Тур	e of Facility (School (K-1	2)					
Street Address							×	Subchapter Other (i.e. p etc.)	8 (Oth orivate	er than K-12) & commercia	l build	lings,	home	èS,
City (5) West Orange							Squ 21	are Feet	# 0	f Floors	7	ldg. A 0	ge	
County (6) Essex					Code (7) USE ONLY)		Cui	rent Use (Pri	or if be	ing demolishe	ed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	l No.			oatement Cor vironmenta						
Street Address						Street PO I		ess 483, 4 E G	ate D	rive				
City, State, Zip Code								Zip Code od, NJ 074	18					
Project Manager for Mor	itoring Firm			Γelephor	ne No.	Telep	hone	No.		License No).			
Start Date (10) 3/24/16	11	Schedul		pletion (Date (11)	Name	of O	SHA Monitor						
Occupancy Status Durin	g Abatement (Chec	k Only Or	ne)			Street	Add	'ess						
Facility Closed/Vac Abatement Perform	ated During Entire I	Period of	Abatem	ent				Zip Code						
X Other - Describe:	pasement	nai r aciit	y i louis			City, c	otate,	Zip Code						
Scope of Work (Check A ≥3 sf or ≥3 If ≥160 sf or ≥260 If	ill That Apply)		Renova Demoliti	11777			× C	Mini-Enclosur Glovebag Pro	e cedure	n Negative Pr			9	
		11.550	Location Normall									Abate Ty		Ĺ
Location Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) <u>ATED</u> lity	Use Ma	ed Solel iintenar todial S (12)	y by ice/	Asbestos Cor (i.e. therma surfa		Mater ns ins AT, or	ulation,	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A									Ō	
basem	ent			х	pipe	insula	ation		8	30 LF	х			

NJDEP Waste

Hauler ID No.

15939

Title

President

Cubic Yards

Disposal Date

Signature

of Waste

TBD

TBD

Date 3/15/16

Name of Registered Landfill

Western Berks Landfill

City, State

Birdsboro, PA

City, State

Freehold NJ

Completed by

A. Scott Higgins

Name of Registered Waste Hauler

Freehold Cartage

Clock 14887

Date of Notification (1) 3/14/16				Building Ow ton Schoo		perator		2016 MA	R 18	3 AM	0. /				
Agencies Notified Type Notific	ation		Street Ac 230 Me	ddress endham R	Road			料りれたく	I Inc						
DEP Amend	ment #			te, Zip Code town, NJ		0		& L	ICE,	NSIN(iko G	L			
□ Emerging justification □ DCA □ Cancel			Name of M. Rim	Contact					Tele	ephone N	Numbe	г			
			FACIL	LITY INFOR	MATIO	ON	-		-			_			
Name of Facility Where Abatement is Abbey Complex & Old Main B)	22				× s	f Facility (4) chool (K-12) ubchapter 8)	or than K	′ 12\				
Street Address 230 Mendham Road		_						ther (i.e. pri	vate 8	k comme					is.
City (5) Morristown							Square 3000	e Feet	# of 2	Floors		BI 65	dg. A	ge	
County (6) Morris			County C (STATE L	Code (7) USE ONLY)			Currer	t Use (Prior	if bei	ng demo	lished)			
Name of Monitoring Firm Hired by Bui	lding Owner (8)		ASCM	l No.				ement Contr onmental			LC				
Street Address			J		777.18		Address Box 48	s 3, 4 E Ga	te Di	rive					
City, State, Zip Code							State, Zip	Code NJ 0741	8						
Project Manager for Monitoring Firm		T.	Telephor	ne No.		Teleph	none No	277		License	e No.				
Start Date (10) 3/18/16	Schedul		pletion [Date (11)		Name	of OSH	A Monitor							
Occupancy Status During Abatement	Check Only Or	ne)				Street	Address	S							_
Facility Closed/Vacated During E Abatement Performed Outside of	ntire Period of	Abatem													
Other – Describe:		Hours			-0	City, S	State, Zip	Code							
Scope of Work (Check All That Apply)						100	71								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit	5077.0			2	Mini Glov	Containmer -Enclosure vebag Proce	dure	400000				_	
		0A 100					_ Non	-Exempted	() an	d Non-Fi	nable i		100	ment	
	10.7	Locati Vormal	5375 III										Ту		
Location of Asbestos-Containing Material (AC TO BE ABATED In Facility (13)	M) Use Ma Cus	ed Sole intenar todial S (12)	ly by nce/ Staff?		s Cont ermal surfac		Material s insulat AT, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
Abbey Complex Old Pump Ro	Yes	No	N/A		nino	insula	tion			4 LF	+	-	· ·		
Basement,Rm 301,304,305,			X		505/09/	II plast				70 SF	+	-	×	_	
Attic	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		X	wa		- 68	plaste	r		00 SF	_	-	X		
7 1110						- In ig	pidoto	·			-	-	^		
Name of Registered Waste Hauler		655.6	JDEP W auler ID		Cubic of Was	Yards ste		Name of R	egiste	ered Lan	dfill				
City, State				1	Dispos	sal Date	1	City, State						-	
Completed by A. Scott Higgins	Title Pres	ident			S	ignature	a D		-		Date 3/14	/16			

Date of Notification (1)		PU			IC 8:60 and 12	1:120)	Check 60	74		
3-15-16	89		N	TELERA	ting Owner/Operation	tor (2)	nnen.	-1	F	2
Agency Notified Type Notification			St	reet Addres	s -	53	2016 M)	R 18	AM	_
☐ EPA ☐ Initial ☐ Amended				y, State, Zi	n Codo	,	4 注意工作	F	417	9:
Amendment #	-L -		1	LORH	FAM Day	01/ 11	T 366	TUS BEN	CON	Ta
DOH justification) D DCA Cancellation	auang		- 1	me of Cont		eic, N	To 798	The M	SING	111
- Constitution					LBAUM		7-:	-	, _ 1	7
Name of Facility Where Abatement is Taking	Place	(3)	F.	ACILITY IN	FORMATION				, – (
ELBAUM HOMES		(0,				Type of Fac	(4)			-
Street Address		_		100		D School (N	(-12) er 8 (Other than K-12			
Carter					a a	Other (Le	. private & commercia	al buildin	æs.	
FLORITAM PARK					* 22.2	nomes, e	# of Floors			
County (6) o				V 1		2600		Bidg.	4RS	-
MORRIS			Con	anty Code (7) (STATE USE	Current Use	(Prior if being demoi	shed)	9123	2
Name of Monitoring Firm Hired by Building O	Wher	AS	Cầi No	31.74	Non- Cal	1 IFSI	DENCE			
(0)		Water Commence		7.8	Name of Abates				_	
Street Address		-			Best Re Street Address	moval I	nc			
City, State, Zip Code					450 Sou	th Rive	r St			
*					Usty, State, Zip (Code		-		
Project Manager for Monitoring Firm	1	Telepi	one N	0.	Telephone No.	ack, N.	J. 07601			
Start Date (10) Schorbring					201-329-	-7444	00388			
3-31-16	4	- 1	Date (1:	1)	Name of OSHA I	Monitor				
Occupancy Status During Abatement (Check of	only one	=)	_		Omega E	Inviron	nental			
D Facility Closed/Vacated During Entire Period D Abatement Performed Outside of N	of Aba	tene	ret.			ıyler St				
Of Abatement Performed Outside of Normal Fall Other - Describe: SHM 50M	city H	ours		THE PERSON NAMED IN COLUMN NAM	City, State, Zip C	ode				
Scope of Work (Check all that apply)					S. Hac	kensack	,N.J. 076	06		
18 ≥ 3 sf or ≥ 3 ff 2 ≥ 160 sf or ≥ 260 ff		_		novation	Q Full C		h Negative Pressure			
	l to	Loca	tion	T	O Non-E	xempted (*) an	d Non-Friable Proces			
. Location of	1 1	Norma ed Sok	Bv		2	is.			Abaten Type	eent
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	Effera	nce/	Asbest	Description of as Containing Man	estal (ACLA	Amount			T
IN Facility (13)	,	Visto d	?	Æe.	thermal systems in surfacing, VAT,	Suisfion	(Specify	Reg	Rephir	Enc
**	-	(12)			other miscellaneo	us)	SF or LF)	Removal	phir	INBO(
BASEMENT	Yes	No	NIA	-		-	JA	_	10	0
			X	THEY	emac ious	UCATION	95 6	FX		-
				1						
			-					-		7
me of Registered Waste Hauter Best Removal Inc	NJE	DEP W	łaste H		Zabic Yards of	Name of Regist	ered Lander	-	*Harris	
AT VIA THEORY	D		109	1			Enterpris	0.0	T T C	
Hackensack N I as				E	The state of the s	City, State		es ,	ن) بلاند	
Hackensack , N.J. 07	601				4-1-16	22057	burg, Oh,4	1,600		***********
VELDRAN Esti	met	Or		S	ignature		i Dat			-
	use frie	o form	for ask	estos From	11. Voldna sure exempted act	M	3	-15-	16	·

(K)048 state of New Jersey department of labor notification of asbestos abatement

Date of Notification (1)					Name of Building Owner/Operator (2)											
March 15, 2016					765 B	ROAD ST, LEU M	AR 18	A.M	- t./							
Agencies Notified (X) USEPA (X) NJDEP (X) NJDOL	() Am (X) Em	tial Notifica ended Ce nergency l	rtific Notif	ation ication	c/o M Read	dress L. Caller Property Group	TOS	ONT SING	9: 67 Rol							
(X) NJDOH () NJDCA		(including justification)) Cancelled				City, State, Zip Code Brooklyn, NY 11706										
						Contact aller/Jared	Tel Nu	mber	,							
		FACILITY INFO				N										
Name of Facility Where Abate Commercial Property:		BROAD ST				Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12)										
Street Address						(i.e. private & commercial I				,						
765 BROAD ST.						218,426 # of Floor	10000	Bldg.	Age <u>48</u>	3_						
1 Alberta Control	County (6) ESSEX															
Name of Monitoring Firm Hired ISES, Inc.	d by Bldg. Owne	ASCM No. N/A				Contractor (9) ial Safety and Environr	nental S	Solutio	ons, In	c. (ISE	S, Inc.)					
Street Address 3300 Hudson Avenu	ie				Street Ad 3300 H	_{dress} Iudson Avenue										
City, State, Zip Code Union City, NJ 0708	7				City State, ZipCode Union City, NJ											
Project Manager for Monitoring David Camacho	g Firm	Telephone 1 (201) 32			Telephone Number (201)325-0055 License Number 01124											
Scheduled Start Date (10)		Scheduled (11)	Compl	etion Date	Name of ISES,	OSHA Monitor	4									
03/16/2016		04/15/2	016													
Occupancy Status During Aba (X) Facility Closed/Vaca () Abatement Performe	ted During Enti	ire Period of			Street Address 3300 Hudson Avenue											
Describe: 7th floor will be unocc						e <u>, Zip Code</u> City, NJ 07087		-2.0								
tenant Source of Work (Check all tha	t apply)															
		novation		Full Contai	nmant w	ith Negative Pressure	_	Clay	e-bag	Droco	duro					
☐ ≥ 3 SF or ≥ 3 LF X ≥ 160 SF or ≥ 260 LF		molition		Mini-Enclos		ith Negative Pressure X Non-Exempted (
Location of Asbestos-	Is Location I	Is Location Normally Used Description of				Amount (Specify SF or LF)		Abate	ment Ty	ре						
Containing Material (ACM) in Facility (13)		aint./Custodia		(i.e. thermal insulation, si VAT, or other miscnous.)	systems urfacing,			Rem.	Rep.		Enclose					
7th floor		yes		Floor Ma	stic	~ 11,369 SQ FT		X								

7th floor	У	yes				mastic leveling ound and glue	~ 2,594 SQ) FT		X				
7th floor	yes					Asbestos File 9"X9"	~ 850 SQ	FT		X				
Name of Reg. Waste Hauler Atlas Disposal Optic	ons, Inc.	504	EP Wast	te Haul	er ID#	Cubic Yards (of Waste			Reg. Landfill Central Sanitation Pen Argyl Road				
City, State 311 East Blackwell S	Street, D	over	, NJ	0780	01	Disp. Date 04/14/20	15		City, State Falls To	wnsh	ip, PA	4		
Completed by (Print or Type)		Title				Signature	_		Date					
David Camacho Wal	1000			ger	2			March 15, 2016						

CK 51184

CK 21189	N		CATION	te of New OF ASBES to NJAC 8:	STOS	ABATEN					Ť.	- C- A	-/1	F		
Date of Notification (1) 3/15/2016				Building O RSET HI				EDUCATI	ON	2016	MAR	18		-		
Agencies Notified Type Notification		Street Address 25 OLCOTT AVENUE									- ^	10	A/	9:		
EPA Initial Amended Amendment #_		City, State, Zip Code									5/	05	JIA	113		
DOL Amendment #	1 "	BERNARDSVILLE, NJ 07924									SUESTOS CONTI					
□ DOH □ DCA □ DCA □ Emergency (in justification) □ Cancellation	cluaing			Contact	Λ1				Tele	ephone Num	ber					
DCA Cancellation			2000 NA C 70	ICDOUG	201100505	ON										
Name of Facility Where Abatement is Taking	Place (3)		1 AOII	LITT IN O	MIATI		Туре	of Facility (4)	-8						
BERNARDS HIGH SCHOOL								School (K-12 Subchapter		ar than K-12	1					
Street Address 25 OLCOTT AVENUE					10		Ħ	Other (i.e. pr				lings,	home	s,		
City (5)								etc.) re Feet	# of	Floors	В	ldg. A	ge	-		
BERNARDSVILLE			County (
County (6) SOMERSET	Т						Curre	ent Use (Prio	r if bei	ng demolish	ed)					
Name of Monitoring Firm Hired by Building Ov ENVIROVISION CONSULTANTS, II			ASCM	1 No.				tement Con OTHERS (3, IN	C.				
Street Address 20-21 WAGARAW ROAD, BLDG 35	E						et Address VREELAND AVENUE									
City, State, Zip Code FAIR LAWN, NJ 07410					000000000000000000000000000000000000000		ip Code , NJ 0751	2 -								
Project Manager for Monitoring Firm FRED LARSON			Telephor 973-94	Teleph 973-	one N 956-			License No 00494	ο.							
, , ,	Schedule 3/26/20		npletion I	Date (11)				HA Monitor S (9) ABO	VΕ				9			
Occupancy Status During Abatement (Check						Street	Addre	ss								
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe: Saturday start at 8AM					_	City, S	tate, Z	ip Code								
Scope of Work (Check All That Apply)							1000									
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		enova emoli				×	Mi	II Containme ni-Enclosure ovebag Proc on-Exempted	edure	252			9			
	ls	Locat	ion		7.5				1 / 4			Abate	ment			
Location of	l N	lorma d Sole	lly			scription				-Paramag		T y	pe	-		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	ntena	nce/ Staff?		hermal surfa	taining N system cing, VA niscellar	s insul T, or		(5	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure		
	Yes	No	N/A										ate	Œ		
SEE ATTACHED																
							-									
Name of Registered Waste Hauler		11 8	J NJDEP W	2007-2007-2		Yards		Name of I	Registe	ered Landfill						
TWO BROTHERS CONTRACTING		8	lauler ID 8743	No.	of Wa					NAGEME	NT G	R.C).W.S	S.		
City, State TOTOWA, NJ					3/26/	sal Date 2016		City, State		LE, PA						
Completed by VIVECA RAMOS	Title PROJECT COORDINATOR Signature PROJECT COORDINATOR A 3/15/2									016						

Bernards High School 25 Olcott Avenue Bernardsville, NJ 07924

Location	ACM Material	Approx. Amounts	Removal Method
Auditorium Stage	Black Mastic on Wood	2,204 SF	Sub 8 Full
Floor	Parquet Floor		Containment
Auditorium	9 x 9 VATs & Mastic	1,562 SF	Non-Friable
Balcony Level			
Auditorium Stage	Pipe Elbows	2 LF	Wrap & Cut
Auditorium Mech.	Fire Door	1 Unit	Remove, Wrap &
Room			Dispose
Auditorium	Sound Boards/ Transite Panels	6 panels – 840 SF	Wrap & Dispose