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Date of Notification (1)							VERS	SITY MEDIC	AL CENTER		l B	LKV	10
12 / 21 /18						dress				11 14		41 L/1	U
Agencies Notified Type Not						PECT AVE	- F. J. W V. A 5	111					
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	Hold ERGENCY	NOT	FICAT	Nam		Contact			Telephone N				
BCAEIVI	ENGENCI	NOTI	517	STORY CONTROL		FARRELL			551-996-377	8.			
Name of Facility Where Abatement	is Taking	Place	(3)	ACILITY II	NFOF	RMATION	ITyp	e of Facility	, (A)				
HACKENSACK UNIVERSITY MEDIC							Y	School (K Subchapte					ata \
Street Address							So	uare Feet	# of Floor			dg. Ag	
30 PROSPECT AVENUE								200,000	5			80	Š
HACKENSACK BEI	unty (6) RGEN			Cour (STATI	nty Co	ode (7) E ONLY)		rent Use (Pr	ior if being de	molishe	d)		
Name of Monitoring Firm Hired by LANGAN ENGINEERING & ENVIRO	Building (NMENTAL	Owner -	(8)		A	SCM No. 99			ment Contract MENTAL COF		TION		
Street Address 300 KIMBALL DRIVE							100000000000000000000000000000000000000	et Address					
City, State, Zip Code						-		SPOOK RO State, Zip					
PARSIPPA	NY, NEW .	JERSE	Y 070	54					V YORK 1090)1			
Project Manager for Monitoring Firm		Tele	phone	Number				phone Num		icense	Numb	er	
VIJAY PATEL		1.500	-560-4	R171711				369-7500		1101			
Expected State Date (10)	Scl		omple	etion Date		/40	100000000000000000000000000000000000000	e of OSHA					
Month Day Year	l N	onth 1) /	30 Dav		/19 Year	QUA	ALITY ENVI	RONMENTAL				
Occupancy Status During Abatement X Facility Closed/Vacated D Abatement Performed Ou	uring Entir	e Perio	d of A	batement	escrib		1000000000	et Address ROUTE 9					
X Other - Describe: MO	NDAY -FR TURDAY 4	IDAY,4	4 PM-1	2 AM			City,	State, Zip	Code PPINGER FAL	LS. NY	1259	0	
Scope of Work (Check all that apply)	D-1-								ative Pressure		-5.11/5-51.180		
Demolition >3SF OR LF	X Rer	novatio	n			Mini-Enclo							
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TO BE ABATED in Facility (13)		int/Cus Staff (1				on, surfacion er miscella			SF or LF)	100	E	Pg	000
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ST. JOHNS BUILDING BASEMENT		Х	GLUE & C	EILIN	IG TILE			740 SF	X				
		+											
Name of Registered Waste Hauler		DEP W		Cubic Yard	ds of \	Waste			ered Landfill				+
NEWARK CARTING 369 RAYMOND BLVD.	Hau	ller ID	No.		80				AL SANITAR		FILL		
City, State NEWARK, NEW JERSEY 07105	The control of the co			Disposal D 12/13-5/30)/19	/	City, PLA	State/ NFIELD TO	WNSHIP, PA				
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTO	OR OF	OPEF	RATIONS	Signa	ature	X	$\sqrt{}$	D	ate,2)/-	18

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Date of Notification (1)				(, ,,,,	N	ame o	f Buildin	ıg O	wner/Operato	or (2)		J. C	1	
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	nitial No Amende	otifica	tion	ion Hd	Ci	ty, Sta	ite, Zip Co	ode		2		15,17		2400
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DCAE	MERG	ENC,	NO	TIFIC	ATION DO	DNALE	FARRE	LL		Telephone 551-996-37	Numbei			
Name of Facility Will					FACILITY					001 000-07	70			
Name of Facility Where Abateme	ent is T	aking	Pla	ce (3)					Type of Facil	ity (4)		_		
HACKENSACK UNIVERSITY MED	DICAL (CENIT	ED						School (K-12)				
	JICAL (>EIN I	EH						Subchap	oter 8 (Other th	nan K-12	2)		
Street Address			_			-		_	X Other (ie	. private & cor	mmcl. bl	dgs., I	nomes	s, etc.
30 PROSPECT AVENUE									Square Feet 200,000	# of Floo	ors	В	dg. A	ge
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Name of Monitoring Eigen Him I	ERGEN	1			(STA	TE US	E ONLY)) [HOSPITAL	nor ir being di	emolish	ed)		
Name of Monitoring Firm Hired b LANGAN ENGINEERING & ENVIF	DA BAILC	ling (Owne	er (8)		A	SCM No.		Name of Abat	ement Contra	actor (9)			
Street Address	TOTAIVIE	NIAL					99		PAR ENVIRO	VMENTAL CO	RPORA	TION		
300 KIMBALL DRIVE									Street Address					
City, State, Zip Code					The second				313 SPOOK R City, State, Zip					
PARSIPP. Project Manager for Monitoring Firm	ANY, N	EW J							SUFFERN, NE		01			
/IJAY PATEL	n				e Number			1	Telephone Nur		License	Numb	ner	
xpected State Date (10)		ICal		3-560-					845-369-7500		1101	,,,,,,,,,	,,,	
12 / 13 /18	8	Sch		5 ompi 5 /	etion Date		40	1	Name of OSHA	Monitor		1150.55		
Month Day Year		M	onth		3ı Dav	U	/19 Year	19	QUALITY ENV	IRONMENTAL	-			
Occupancy Status During Abateme	nt (Che	ck on	ly on	e)			1 Cai		Street Address			1		
X Facility Closed/Vacated Abatement Performed O	During I	Entire	Peri	od of	Abatement				1376 ROUTE 9					
X Other - Describe: MC	ONDAY	-FRII	mai i DAY	-acility 4 PM-	Hours - D	escribe	9:	L	21: 6: -					
SA	TURDA	AY 8A	M-4F	PM N	IZ AW			10	City, State, Zip	Code				
Scope of Work (Check all that apply Demolition		1_					Full Con	ı ıtain	ment with Neg	PPINGER FAL	LLS, NY	1259	0	
>3SF OR LF	X	Ren	ovatio	on			Mini-End	clo,		dive i lessule	€.			
X >160 SF OR 260 LF						X	Gloveba	ag P	rocedure					
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Asbestos-containing				used		ontain	ption of A ing Mater	ASDe rial /	estos-		1	Abaten	nent T	
Material (ACM)		s	olely	by	1	(ie. T	hermal sy	vste	ems	Amount (Specify	REMO!	REPAII	ENCA	ENCLO
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EWARK CARTING		Haule	r ID I	Vo.	Cubic Yard	ls of W 80	aste	Na	ame of Registe	red Landfill		-		
9 RAYMOND BLVD. ty, State						00		G	RAND CENTRA	AL SANITARY	LANDE	ILL	,	
EWARK, NEW JERSEY 07105			===		Disposal Da		^	Cit	ty, State					
mpleted by (Print or Type)	Title		113.04.75		12/13-5/30/		//	PL	AINFIELD TO	WNSHIP, PA				
ENJAMIN SANCHEZ		CTOR	OF	OPER.	ATIONS	Signat	ure	1	/X		ate/2	- /	7-	10

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

Date of Notification (1)				Nan HAC	ne of I	Building SACK UN	Owner/	Operator	(2) CAL CENT	rep				
	18				et Ado				OAL OLIVI	LIT				
Agencies Notified Type I	Votification					PECT AV	/ENLIE							
DEP X DOL	nitial Notific Amended N Cancellation On Hold	otificat	on	City, HAC	, State CKENS	, Zip Cod SACK, NE	de	SEY 0760)1					
	EMERGEN	CY NO	TIFICA	ATION DON	NALD	Contact FARREL			Telepho 551-996	ne Nur -3778	nber			
Name of Facility Where Abateme	ant in Takir	a Die	- (0)	FACILITY II	NFOR	MATION								
HACKENSACK UNIVERSITY ME			e (3)					of Facilit School (K Subchapt	-12) er 8 (Othe	r than	K-12)	07-000 400		
Street Address 30 PROSPECT AVENUE							Squ	are Feet	private &	loors	CI. DIG	gs., n Blo	omes Ig. Ag 80	etc.)
HACKENSACK IB	ounty (6) ERGEN			Coun (STATE	ty Co	de (7) ONLY)		nt Use (Pi	rior if being		lishe	d)	00	
Name of Monitoring Firm Hired I LANGAN ENGINEERING & ENVIR Street Address	Building	Owne	er (8)			CM No. 99	Name PAR E	of Abate	ment Cor MENTAL	ntracto	or (9) ORAT	TION		
300 KIMBALL DRIVE City, State, Zip Code							Street 313 SI	Address POOK RO	OCK ROAL					
PARSIPP	ANY, NEW	JERS	EY 07	054			City, S	state, Zip	Code					
Project Manager for Monitoring Fire	m			e Number			Telenh	none Num	W YORK 1		2000	Numb		
VIJAY PATEL			3-560-					39-7500	Dei	110		NUITID	er	
Expected State Date (10)	S			etion Date ((11)	2007 P	Name	of OSHA	Monitor		/ 1			
11 / 26 /1 Month Day Year	-	Month	5 /	30 Day		/19 Year	QUALI	TY ENVI	RONMEN'	TAL				1
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Location of		ls Loca	ation	· D		tion of As		dule			Ι ,	h = 4 = =		
Asbestos-containing	n	ormally		Co	ntainir	ng Materi	al (ACM)		Amou	unt		baten D		4
Material (ACM) TO BE ABATED in Facility (13)		solely aint/Cu Staff (s No	stodial	ins	ulation	ermal sy n, surfaci miscella	ng, VAT,		(Spec SF or		REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
3RD FLOOR MAIN BUILDING		1.0	X	VAT & MAS	STIC				2,100 SF		X	\vdash		B
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						11: 4:53								
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.		DEP W uler ID		Cubic Yards	of Wa	aste	Name o GRAND	f Register	red Landfil AL SANITA	II ARY L <i>i</i>	ANDF	ILL		
City, State NEWARK, NEW JERSEY 07105				Disposal Da 11/26-5/30/1			City, Sta	ate /	WNSHIP,	ΡΔ			/	7
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTO	DR OF		IS	Signatu	ire /	7X			Date	1	1/2	21	111

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) HACKENSACK UNIVERSITY MEDICAL CENTER /18 Street Address Agencies Notified Type Notification 30 PROSPECT AVENUE Initial Notification City, State, Zip Code LIGENSING DEP Amended Notification HACKENSACK, NEW JERSEY 07601 DOL Cancellation DOH On Hold Name of Contact Telephone Number DCA **EMERGENCY NOTIFICATION** DONALD FARRELL 551-996-3778 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) HACKENSACK UNIVERSITY MEDICAL CENTER Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 30 PROSPECT AVENUE 200,000 5 80 City (5) County (6) Current Use (Prior if being demolished) County Code (7) HACKENSACK BERGEN (STATE USE ONLY) HOSPITAL Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) LANGAN ENGINEERING & ENVIRONMENTAL PAR ENVIRONMENTAL CORPORATION Street Address Street Address 300 KIMBALL DRIVE 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code PARSIPPANY, NEW JERSEY 07054 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number VIJAY PATEL 973-560-4983 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 11 / /18 30 /19 QUALITY ENVIRONMENTAL Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1376 ROUTE 9 Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: Monday -Friday 7am -3:30pm City, State, Zip Code WAPPINGER FALLS, NY 12590 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini-Enclo. >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount ENCAPSUL REPAIR **ENCLOSUR** REMOVAL Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A 3RD FLOOR MAIN BUILDING X VAT & MASTIC 2,100 SF ST. JOHNS BUILDING BASEMENT VAT & MASTIC 4,000 SF X ST. JOHNS BUILDING BASEMENT GLUE & CEILING TILE 740 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill NEWARK CARTING Hauler ID No. 80 GRAND CENTRAL SANITARY LANDFILL 369 RAYMOND BLVD. City, State Disposal Date NEWARK, NEW JERSEY 07105 11/26-5/30/19 LD TOWNSHIP, PA Completed by (Print or Type)

Signature

DIRECTOR OF OPERATIONS

BENJAMIN SANCHEZ

U 8171 PA	JID		Pursuant	tate of Ne N OF ASE to NJAC	BESTOS 8:60 an	ABATEI id 12:120	0)		L W	19	201	_ _	
Date of Notification (1) 05/14/19				of Building Jersey C				In n	and the second				((1
Agencies Notified Type Notification EPA Initial				hurch S		3rd Floo	or	Bear Dept or hattern	ASBEST	IOS CO	ING	<u> </u>	
DEP Amended Amendment Emergency		_		ate, Zip Co Brunswic		08901							
DOH justification) Cancellation				f Contact ersey C		nity Ca	pital		Telephone 973-841-			34	
Name of Facility Where Abatement is Takin	g Place (3	3)	FACI	ILITY INF	ORMAT	ION	Type of Fac	ility (4)	141748				_
62 Millington Avenue Street Address 62 Millington Avenue							School Subcha	(K-12) apter 8 (0	Other than I	<-12) ercial bu	ildings	s, hon	S,
City (5) Newark							etc.) Square Fee		# of Floors		Bldg.		-
County (6) Essex				Code (7))		Current Use	(Prior if	being demo	olished)			-
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	/ No.			of Abatement						-
Street Address		-1 - 7				Street	Address						-
City, State, Zip Code							tate, Zip Code		1				-
Project Manager for Monitoring Firm	1117		Telepho	ne No.		Teleph	ione No. 668-9078	30000	Licens 1200	e No.			-
Start Date (10) 05/26/19	Schedule 05/29/		mpletion	Date (11)		2000 S 1000 S	of OSHA Mor LEAD PRO		IONALS				
Occupancy Status During Abatement (Chec	100	80	n a n t				Address	COUF	RT				-
Abatement Performed Outside of Norm Other – Describe:	nal Facility	Hour	S				tate, Zip Code EWOOD, N)1				*
Scope of Work (Check All That Apply)													-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	portroom	enova emoli				×	Mini-Enclo Glovebag	osure Procedu	vith Negativ re and Non-Fi			re	
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Sole intena	ely by		tos Con thermal surfa		laterial (ACM) insulation, T, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
INTERIOR	Yes	No	N/A									TO .	_
INTERIOR					PIPE I	NSULA	TION	-	175LF	x		_	_
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Name of Registered Waste Hauler NEWARK CARTING		+	JDEP W lauler ID 4509		Cubic of Wa	Yards ste	Nam	· · · · · · · · · · · · · · · · · · ·	stered Land	dfill			
City, State NEWARK, NJ					Dispo: 05/29	sal Date 9/19		State HLEHE	EM PA				
Completed by JOSEPH PERLSTEIN	Title OWN	ER				Signature				Date 05/14	/19		

CK SITOPAI			ICATIO		/ Jersey STOS ABATI		et N	EC	E I	\mathbb{V}	[[P	at For
Date of Notification (1) 05/14/19			Name o		Owner/Operato	or (2)	The second second	MAY	-1-5-	201	3		
Agencies Notified Type Notification EPA Initial			Street A		t Road NE,	Buile	ding 7, Suite	ASBESTO 70 LIC	OS COI DENSIN		OL.	<u> </u>	
DEP Amended Amendmen Emergency			Atlant	ate, Zip Cod a, GA, 30									
DOH justification) DCA Cancellation	_		Resip					Telephone 844-554		er			
Name of Facility Where Abatement is Takir 255 Lincoln Place	ng Place (3)	FAC	ILITY INFO	RMATION	Ту	pe of Facility (4						
Street Address 255 Lincoln Place						×	School (K-12 Subchapter 8 Other (i.e. pr etc.)	(Other than	n K-12) mercial b	uildi	ngs,	hon	S,
City (5) Irvington						Sq	uare Feet	# of Floors	S	Blo	lg. A	ge	
County (6) Essex				Code (7) USE ONLY)			rrent Use (Prior	-	nolished)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASC	И No.	AAA	A LE	batement Cont AD PROFES	ractor (9) SSIONALS	5				
Street Address City, State, Zip Code						HITE	E DOVE CO	URT					
Project Manager for Monitoring Firm			Tolombo	as Na	LAK	(EW	, Zip Code OOD, NJ 08						
Start Date (10)	Cohodul	24 02	Telepho			-668	-9078	1200	nse No. O				
05/26/19 Occupancy Status During Abatement (Chec	05/28/	19	npietion	Date (11)	AAA	A LE	SHA Monitor AD PROFES	SSIONALS	3				
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of	Abater	nent s		City,	HITE State,	E DOVE CO Zip Code OOD, NJ 08						-
Scope of Work (Check All That Apply)	25.00				LAN		000,143 00	701		24.00			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demoli				×	Full Containmer Mini-Enclosure Glovebag Proce Non-Exempted	edure				2	
Location of		Locat Norma			Description					7.0	bate Ty	mer	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cus	ed Sole intena todial ((12)	nce/ Staff?	(i.e. th	bescriptions Containing thermal system surfacing, V/other miscella	Materns ins AT, or	ulation,	Amount (Specify SF or LF	3 1 .	Removal	Repair	Encapsulate	Enclosure
INTERIOR	Yes	No	N/A		FLOOR T	TLE		300SF	x			Ф	+
G										-			
Name of Registered Waste Hauler NEWARK CARTING		H	IJDEP W lauler ID 4509	No.	Cubic Yards of Waste 5		Name of R	egistered La	ndfill				
City, State NEWARK, NJ			7000		Disposal Date 05/28/19	е —	City, State	HEM PA					-
Completed by	Title	IED			Signatur	e		y activities (1940-195)	Date 05/1	4140	ν.		

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Date of Notification (1) 05/10/2019			f Building (assaic I, I	Owner/Operat LLC	or (2)		WA	R 7	119			The second secon
Agencies Notified Type Notification			ailroad A				ASBESTOS LICE	CON	IRG	1L. 8		Sa para di control
EPA DEP DOL Initial Amended Amendment # Emergency (in		Green	ate, Zip Co wich, CT			and a section (TVP) with						
DOH justification) Cancellation	loluding		f Contact k Gillespi	ie			Telephone 203-321-		Ď.			
,		FACI	LITY INFO	RMATION								
Name of Facility Where Abatement is Taking Van Houten Market Shopping Center						of Facility (4) School (K-12)						
Street Address 514 Van Houten Avenue						Subchapter 8 Other (i.e. privetc.)	(Other than h rate & comme	K-12) ercial bi	uildir	ngs,	hom€	
City (5) Passaic, NJ					Squa 25,0	are Feet 000	# of Floors 1		Bld 20	g. A +	ge	
County (5) Passaic			Code (7) USE ONLY)			ent Use (Prior cant Super I		olished)				
Name of Monitoring Firm Hired by Building O N/A	wner (8)	ASCN	Л No.			atement Contra struction, LL		В				
Street Address				7.77	et Addre Leathe	ess er Stocking	Path					
City, State, Zip Code						Zip Code ark, NJ 070	35					
Project Manager for Monitoring Firm		Telepho	ne No.		phone N 2-264-9		Licens 01306		4			-
	Scheduled 0 06/07/201		Date (11)	1, 20,000		HA Monitor struction, LL	.C					
Occupancy Status During Abatement (Check	Only One)				et Addre							
Facility Closed/Vacated During Entire Printed Abatement Performed Outside of Normal Other - Describe:	eriod of Abai al Facility Ho	tement iurs		Clty,	State, 2	er Stocking Zip Code ark, NJ 070			-			-
Scope of Work (Check All That Apply)												-
20 sf or ≥3 ff ≥160 sf or ≥260 ff		ovation olition			M G	ull Containmen ini-Enclosure lovebag Proce on-Exempted (dure		4.	2	è	*
Location of		cation mally		Descripți						bate	men	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mainte Custodi	olely by nance/ al Staff? 2)		thermal syste surfacing, \ other miscell	Materia ns insu AT, or	lation,	Amount (Specify SF or LF)	Ivellional	Domous	Repair	Encapsulate	Enclosure
	Yes N	lo N/A									e .	
Ground Floor		Х	Mastic	associated	with 1	12" VCT	22,200 SF	= X			<u>X</u>	_
		1						-	-	-		-
									+			-
Name of Registered Waste Hauler Nami Construction, LLC		NJDEP V	No.	Cubic Yards of Waste		Name of Re	egistered Lan	dfill				
City, State		0037538	1	20 CY Disposal Da TBD	ie .	City, State	e, PA 1906		-	-		-
Lincoln Park, NJ Completed by	Title			Signati	Ira	IMOTHSVIII	E, FA 1900	Date				_
Igar Jezdimiravia	P.Mana	ger		Signati	5/1	5		05/1)/20)19		

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K3097				o NJAC 8					In	E (2 [\mathbb{N}^{-1}	, FLI	
Date of Notification (1)				Building O			(2)		IIX					Parlandin	-
05-15-2019 Agencies Notified Type Notification			Street Ad	e Buildin	g Corp.					MA	XV 1	6	2011	_	-
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EPA X Initial DEP Amended			-	e, Zip Cod					- controller	ASBES	STAG	+V	RITO	2 1	1
DOL Amendment Emergency (-	North A	Arlington	NJ				Tone		LICE			F 6	1
DOH justification) DCA Cancellation			Mark P						1010	phone ive	millor			300000	000
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Name of Facility Where Abatement is Takin Residential	g Place (3)							Facility (4							
Street Address							☐ Sul	nool (K-12 ochapter 8	(Othe	r than K-1	12)				
our out / numbers							Oth etc		ivate &	commerc	cial bu	ildin	gs, ho	es,	
City (5)							Square !	Feet	1300 C-100	Floors			. Age		
North Arlington NJ 07661			0 1 0) - d - (7)			10000		2	a domeli		60-			
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Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.	N	lame	of Abater	nent Cont	ractor	(9)				-	
								Services	s,LLC					_	_
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ony, otate, zip oode						37.9	8 %	NJ 0730)4					(Salate	
Project Manager for Monitoring Firm			Telephor	ne No.	0.0		one No. 333885	5		License 01174	No.				
Start Date (10)	Schedule		377	Date (11)	21	0.000	of OSHA							1	
05-27-2019	06-03-2						e as Ab	oove							_
Occupancy Status During Abatement (Cher Facility Closed/Vacated During Entire			nent			Meet	Addices								
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	nal Facility	Hour	S			City, S	tate, Zip	Code						A. Table	
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		lenova emoli				××××	Mini-l Glove	Enclosure ebag Proc	edure	Negative			edure		
	ls	Local	tion		100 May 20							А	batem		
Location of	1	Norma	illy	14.13		ription		1011	82			T	Турє	Т	-
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cust	intena todial (12)	ance/ Staff?		tos Contain thermal sy surfacin other mis	ystem ng, VA	s insulation		(5	mount Specify or LF)	Z	0	Repair		Enclosure
	Yes	No	N/A							-005	-	-	-	+	_
Roof		Х			Roof	_				50SF	X	+	_	+	-
VAT		Х				Floo				35SF	X	+	-	+	_
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Green Env Services		(003488	9	40					unii				_	_
City, State Jersey City NJ 07304					Disposa 05-31-	2019	9	City, Stat Morrisy						-	
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										-					-

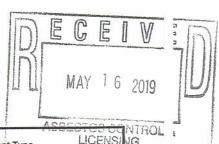
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Date of Notification (1) 05 /	13 /	19	_		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		of Building Commur		ner/Operator (2 w, LLC	2)	47.7		Total Control	M	ΑY	16	20	119	
Agencies Notified ☑ EPA ☑ DOLWD	Type Notificat ☑ Initial ☐ Amended	tion			L	95 R	Address				Oran laboratoria del Carterioria del Carterior		Þ	SBE	STO LIC	S CC ENSI	NG	ROL	1
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DCA (NJAC 5:23-8)	☐ Emergenc justificatio		luding				of Contact		,,,,			Te	lenho	ne Nu	ımhe	r			
(NUAC 5.25-6)	☐ Cancellation				1		Montan							324-3		•			
						FΔC	II ITY IN	FOR	MATION	_		_					A. S		
Name of Facility Where A	Abatement is Ta	akina	Place	(3)		170	12111111	-	MINTION	Т	ype of Facility (4)						_	
Commercial				(-)						0	School (K-12)	3020							
Street Address										ł	Subchapter 8	(Ot	her th	nan K-	12)				
374 Communipaw	Avenue									12	Other (i.e., pr homes, etc.)	ivate	e and	comn	nerci	al buil	dings	5,	
City (5)		_			5.000					s	Square Feet	#	of FI	oors		Bld	g. Ag	е	
Jersey City																			
County (6)						Count	y Code (7)	(STA	TE USE ONLY)	C	Current Use (Pri	or if	being	g dem	olishe	ed)			. 1
Hudson							54 52		5.0		12		5	3					
Name of Monitoring Firm	Hired by Build	ing O	wner (8)	AS	CM N	No.	Nar	ne of Abateme	ent	Contractor (9)								. 1
Mark Jovic Consul	ting LLC		***************************************	10.00			10.00	A	LL PRO MA	N	AGEMENT LI	LC							
Street Address					_			Stre	eet Address										
87 Main Street, Sui	te A							2	7 Outwater	La	ine								
City, State, Zip Code								City	, State, Zip Co	ode	е								
Lincoln Park, NJ 07	7035							G	arfield, NJ	07	7026								
Project Manager for Mon	itoring Firm			Te	leph	one N	No.	Tele	ephone No.			L	icens	se No.					
Mark Jovic				1	973-	-650-	0932	9	73-928-4888	3			118	8	19				
Start Date (10)	S	ched	uled C	omp	letio	n Dat	e (11)	Nar	me of OSHA N	/lor	nitor					Co-Tille			
05 /22 /	19	0	6_ /		28	. / _	19	A	LL PRO MA	N.	AGEMENT LI	LC							
Occupancy Status During	g Abatement (C	heck	only o	ne)				Stre	eet Address										
□ Facility Closed/Vacate	ed During Entire	e Per	iod of	Abat	teme	nt		2	7 Outwater	La	ne								
Abatement Performed								City	, State, Zip Co	od	е								
Time of Abatement: _	AM	PN	n/	_	VI	/	AM	G	arfield, NJ	07	7026								
Scope of Work (Check a	Il that apply)							N-1-1-12		7.00	120 20	13	95						
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			□ Re ⊠ De						☐ Mini-End	clos									
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Location Asbestos-Containing		`			nally olely		Acho	ctos	Description of Containing Ma	-	rial (ACM)		Λm	ount		Re	Re	Ш	ņ
TO BE AB	ATED	,	0.1000		nano			., the	emal systems	in	sulation,		(Sp	ecify	. 9	Remova	Repair	Encapsulate	П » »
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(13)			Yes	N		N/A		Ol	ner miscellane	300	is)							te	
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Century Waste					10-37	uler II 2797		10,000	ste As Needed		GROWS N	ort	h La	ndfill	/Fa	irles	s La	ndfil	
City, State			a			-			posal Date		City, State					11111			
Elizabeth, NJ								T	BD		Morrisville	, P	A						
Completed By (Print or 7	Гуре)	Title	3	72.6					Signature	_					Dat	е			
Allen Monchik		P	roject	t Ma	anag	ger			Allen	,	Monchis	6			5/	13/1	9		

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Date of Notification (1)	13 /		_			f Building (Commun		r/Operator (2 , LLC	:)		And the state of t	WAI	1 () [J19	
Agencies Notified	Type Notificati	on		-	Street A	Address			1 0 ===		ASB	EST(8
⊠ EPA	☑ Initial				95 R	iver Stree	et				and a committee and a second	[_](CENS	SING	- Carrenton	
⊠ DOLWD	Amended			1	City, St	ate, Zip Co	de									
☑ DOH	Amendmer Emergency		uding		Hobo	oken, NJ	0703	30								
☐ DCA (NJAC 5:23-8)	justification		uuiiig	Ī	Name o	of Contact					Telephone N	umber				7
,	☐ Cancellatio	n			Carl	Montan					862-324-3	3751				
					FAC	ILITY INF	ORN	MATION								7
Name of Facility Where A	Abatement is Ta	king F	Place (3)					Туре	of Facility (4)					٦
Commercial										hool (K-12)						
Street Address									∐ Su	bchapter 8	(Other than K ivate and com	-12) mercia	d build	linas		
380 Communipaw	Avenue									mes, etc.)	ivate and com	11101010	ii Duiii	90	8	
City (5)									Squar	e Feet	# of Floors		Bldg	, Age	9	7
Jersey City																
County (6)					Count	y Code (7)(STATE	E USE ONLY)	Curre	nt Use (Pri	or if being dem	nolishe	d)			
Hudson																
Name of Monitoring Firm	Hired by Buildi	ng Ov	vner (8) A	SCM N	lo.	Name	e of Abateme	nt Cor	tractor (9)						
Mark Jovic Consul	ting LLC						AL	L PRO MA	NAGE	MENT L	_C					
Street Address				-			Stree	et Address								
87 Main Street, Sui	te A					1	27	Outwater I	Lane							
City, State, Zip Code							City,	State, Zip Co	ode							
Lincoln Park, NJ 07	7035						Ga	arfield, NJ	07026	;						
Project Manager for Mon	itoring Firm			Telep	hone N	10.	Telep	phone No.			License No					
Mark Jovic				97	3-650-	0932	97	3-928-4888			1188					
Start Date (10)	S	chedu	led Co	mplet	ion Dat	e (11)	Nam	e of OSHA M	lonitor							
05/_22_/	_19_	06	_ /	28	_ / _	19	AL	L PRO MA	NAGE	EMENT L	LC					
Occupancy Status Durin	g Abatement (C	heck	only or	ne)			Stree	et Address					-11			
□ Facility Closed/Vacat	T()				nent		27	Outwater I	Lane							
☐ Abatement Performe						2422000000	City,	State, Zip Co	ode							
Time of Abatement:	AM	PM	<i>I</i>	_PM	/	AM	Ga	arfield, NJ	07026	3						.
Scope of Work (Check a	II that apply)															
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☐ ≥3 sf or ≥3 lf ☐ >160 sf or >260 lf			☐ Rer					Gloveba	g Proc	edure						
								Non-Exe	mpted	(*) and No	n-Friable Proc	edure				
		1		Locati Iormal									Aba	teme	nt Ty	3
Location Asbestos-Containing		, 1		d Sole		Ashes	etos C	Description of Containing Ma		(ACM)	Amount		Re	Re	En	П
TO BE AB	ATED	'		ntena			, ther	mal systems	insulat		(Specify		Removal	Repair	aps	Enclosing
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(13)		Ī	Yes	No	N/A	1	Otti	et miscenarie	eous)						te	
Exterior- Roof						Roofing	Mat	erial			2,300 S	F	×			٦
Exterior-Roof		-			100	110011119	,		-						_	=
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Name of Registered Wa	ste Hauler		_	IN	JDEP \	Vaste	Cub	ic Yards of	Na	me of Regi	stered Landfill					-
Century Waste					lauler II	D No.	Was		1000000		lorth Landfi		irles	s La	ndfi	
City, State					32797			s Needed oosal Date	Cit	y, State						-
Elizabeth, NJ								BD	300000	/orrisville	e, PA					
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Completed By (Print or	(ype)	Title		8//	2002				7.1		/	100000		^		
Allen Monchik			roject	wan	ayer			Allen	·ML	onchu	e	5/	13/1	9		_

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	MAY	10	2019

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Date of Notification (1)	J				Name o	f Building	Owne	r/Operator (2	2)		1	1						7
	13 / _	19	_		Ocea	an 2					Special Comment	A	ASBES					3
Agencies Notified	Type Notifica	tion		-	Street A	Address					1	rha.trunys	Tax-TaxFD01	LICE	142	ING		Marine La
⊠ EPA	Initial				95 R	iver Stree	et											
□ DOLWD	☐ Amended			-	City, St	ate, Zip Co	de											7
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☐ DCA (NJAC 5:23-8)	☐ Emergend justification		luaing	H		of Contact					Tele	phone	e Numi	ber				٦
(19340 3.23-6)	☐ Cancellat				Carl	Montan					10000		24-375					
					FAC	ILITY INF	ORN	NATION		-								
Name of Facility Where A	Abatement is T	aking	Place ((3)					Ту	pe of Facility (4)							1
Residential										School (K-12) Subchapter 8 (Otho	or tha	n K 13	»\				
Street Address									×	Other (i.e., privalent of the homes, etc.)	rate a	and c	omme	rcial b	uildi	ings,		
City (5)									So	guare Feet	# o	f Floo	ors	E	ldg.	Age	1	+
Jersey City										1					•	•		
County (6)					Count	y Code (7)	STATE	USE ONLY)	Cı	urrent Use (Prio	r if b	eing o	demolis	shed)			_	7
Hudson										□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □		953						
Name of Monitoring Firm	Hired by Build	ling O	wner (8	3) /	SCM N	10.	Nam	e of Abateme	ent	Contractor (9)								٦
Mark Jovic Consult	ting LLC						AL	L PRO MA	NA	AGEMENT LL	С							
Street Address							Stree	et Address										
87 Main Street, Sui	te A		- 11				27	Outwater	La	ne								_
City, State, Zip Code								State, Zip Co						*				
Lincoln Park, NJ 07	7035							rfield, NJ	07	026								4
Project Manager for Mon	itoring Firm			1000	hone N			ohone No.				ense						
Mark Jovic				0.000	3-650-	395377		3-928-4888	?			1188	ř.		_			4
Start Date (10)					ion Dat	100		e of OSHA M			_							
05 /22 /			-100	The contract of	_ / _	19			INA	AGEMENT LL	.C							4
Occupancy Status Durin							0.0000000000000000000000000000000000000	et Address										
☐ Facility Closed/Vacate						aribo		Outwater										-
Abatement Performed Time of Abatement:								State, Zip C										
							Ga	arfield, NJ	07	026				- Till			_	4
Scope of Work (Check a	il that apply)							☐ Full Con	ntair	nment with Nega	ative	Pres	sure					
☐ ≥3 sf or ≥3 lf			Re					Mini-End										
≥160 sf or ≥260 lf			☑ Der	ПОВИС	п			☐ Gloveba ☑ Non-Exe	emp	pted (*) and Nor	-Fria	able F	roced	ure				
			1073	Locat				5 8 8	02-01					1	bat	emer	nt Ty	3
Location			5000,000	Norma d Sole	•	Asha		Description of Containing Ma		riol (ACM)		Amo	sunt.	3	7	Re	四	J 1
Asbestos-Containing TO BE AB		vi)	Ma	intena	nce/		, ther	mal systems	ins	sulation,		(Spe	cify	Vellova		Repair	cap	The section
IN Faci			Cust	todial (12)	Statt?			urfacing, VAT er miscelland				SF or	(LF)	2	-		Encapsulate	3
(13)			Yes	No	N/A	1	Olli	er miscellane	eou	15)							e	
2 nd Floor- Back Bed	room					VAT un	der d	arpet				120	SF	D	3			
2 nd Floor- Front Bed				VAT un	der d	arpet				143	SF	0						
2 nd Floor- Kitchen			VAT / N	lastic	•				50	SF	0	3						
2 nd Floor- Kitchen			×	Joint C	omp	ound				556	SF		3					
Name of Registered Wa	ste Hauler			1.00	JDEP '		100000	ic Yards of		Name of Regis				Seles Bere		10		
Century Waste			1	lauler II 32797		Was	ste s Needed		GROWS No	orth	Lan	dfill /	Fairl	ess	Lar	ndfil		
City, State				02101			osal Date		City, State									
Elizabeth, NJ						T	BD		Morrisville	, PA								
Completed By (Print or	Type)	Title	е				-	Signature					1	Date				\neg
Allen Monchik		P	rojec	t Man	ager			Allen	2	Monchik	6		F	5/13	/19			

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



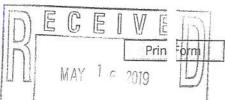
		_	_	SHEET			1	a war had had had	LOD DO	NTB
				330 5th Street, Jersey City, NJ		Abateme	nt-Type	[ICENSI	VG.
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	Nor S Maint	Locati mally Solely I tenanc al Staff	Used by e/Cust	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a I	R e p a i	E n c a p s u I	E n c l o s u r	
	Yes	No	N/A							1
	103	110	11/11	Black Roofing Material (3						1
Exterior- Roof			Х	layers)	650 SF	Х				
										1
									_	1
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	-	1				-	-	-	-	4
	1	1	_			-	-	-	-	4
						-	-	-	-	4

Completed by: (Print or type) Allen Monchik	Title:	Project Manager	Signature: Allan Monchik	Date: 5/13/19
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Chut 350 (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)		F		\neg	Name	of Building	Owr	ner/Operator (2	2)	DER	E	1 1/	7	77
	13 / _	19			Prin	ceton Ur	niver	rsity-Office	2) of Design and	Construction	<u> </u>	I A		2
Agencies Notified	Type Notifica	tion				Address					1 0			Adjointment of Processing
☐ EPA ☑ DOLWD	☐ Amended				100000	Elm Dr.				LL LL MAY	10	201	9_	
⊠ DHSS	Amendme	nt#				tate, Zip C			and the state of t					
DCA	☐ Emergend		ing			ceton, N		544	444	ASBESTO	000	NITE	OI.	
(NJAC 5:23-8)	justificatio	n)	8			of Contact			1	Telephone Numb	ENSI	NG		
	☐ Cancellati	on			Rob	ert Orteg	jo			609-258-1841	D. P. LEWIS D. L. P. L.		MAKE:	*61/
					FAC	ILITY IN	FOR	MATION						
Name of Facility Where A	Abatement is Ta	aking Pla	ice (3	3)					Type of Facility ((4)				
Princeton University	ty								School (K-12					1
Street Address										(Other than K-12) rivate and commerce	ial bu	ildina	S.	
58-60 William Stree	et								homes, etc.)					
City (5)									Square Feet	# of Floors	Blo	lg. Ag	е	
Princeton											7	0		
County (6)					Coun	ty Code (7)	(STA	TE USE ONLY)	Current Use (Pri	or if being demolish	ned)			
MERCER									Residential					
Name of Monitoring Firm	Hired by Build	ing Own	er (8)	F	SCM	No.	Nan	ne of Abateme	ent Contractor (9)				25-110-2	
TTI Environmental	Inc						В	RISTOL EN	VIRONMENTAL	L, INC.				
Street Address			0279				Stre	eet Address						
1253 North Church	Rd						1	123 BEAVE	R STREET					
City, State, Zip Code							City	, State, Zip Co	ode					
Moorestown, NJ 08	8057						В	RISTOL, PA	19007					
Project Manager for Mon	itoring Firm		1	Telep	ohone I	No.	Tele	ephone No.		License No.				
Michael Keehn				60	9-386	-8800	2	15-788-6040)	00509				
Start Date (10)	S	cheduled	Con	nplet	ion Da	te (11)	Nan	ne of OSHA M	lonitor					
5 / 23 /	19	5	. / _	31	_ / _	19	В	RISTOL EN	VIRONMENTAL	L, INC.				
Occupancy Status During	g Abatement (C	Check on	ly one	e)			Stre	eet Address		100000000000000000000000000000000000000				-
☐ Facility Closed/Vacate	ed During Entir	e Period	of Ab	oaten	nent		1	123 BEAVE	R STREET					
☐ Abatement Performed						cribe	City	, State, Zip Co	ode				-	-
Time of Abatement: 7	<u>':00</u> AM- <u>6:30</u> P	M/	_PM-		AM			RISTOL, PA						
Scope of Work (Check a	Il that apply)													
N7 - 0 - 6 0 16			D		202				tainment with Neg	ative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			Rend						g Procedure					
		_			9.972 			Non-Exe	mpted (*) and No	n-Friable Procedure	е			
				ocati					12		Ab	ateme	ent '	<i>'</i> ре
Location		, ,		rmal	ly ly by	0.000		Description of		Amount	Re	Re	Ē	m
Asbestos-Containing TO BE ABA		'	Main	tenar	nce/			Containing Ma rmal systems		(Specify	Removal	Repair	cap	Enclosure
IN Facil		0		dial S (12)	Staff?	,,,,,,,	s	urfacing, VAT	, or	SF or LF)	val		Encapsulate	sure
(13)		Ye		No.	N/A		oth	ner miscellane	ous)				ate	
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Throughout			-			Constitution of the second		ound/Plaste		30 SF		П	F	뉘
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Name of Registered Was		IC.		H	JDEP \ auler II 1870 6	No.	Was	oic Yards of ste	Name of Regis	LANDFILL				
City, State					10100		Disp	posal Date	City, State				0.000	-
BRISTOL, PA 1900	7								FAIRLESS	HILLS, PA				
Completed By (Print or T	ype)	Title						Signature		Da	te			-
Brian Scafiro		Estir	nato	or					n Scali	ro Mul 3	5-1	13.	1	

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



	VL I			(o	14 12.12	.0)	Š.					
Date of Notification (1)	1			Name	of Buildir	g Owner	Operato	r (2)		ASSE	7774	12776	i Tox	14 6
05/0	7/19			<	S12(F)	A T	(-)	r(2) 4KS C	3448	1772	LICE	USIN	60/	160
Agencies Notified /	Type Notification)			t Address		Commercial States	11		- to desire can	- Non-William	2-0		Company or many
₿ EPA	[Initial			1 9	709	220	24-10	57: 1	NEW	101.	121	فيسه	7	10
DEP	Amended			1	State, Zip	Code	1 1 1		06001	7 Party	IV	1 6	111	10
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	Cancellation	1				242		f	1	62-	25	6 -	09	0
Name of Facility Where A	hatement is Takir	a Diago	/2\	FA	CILITY IN	FORMAT	ION			***************************************				
13 CRAC	LCARA	iy Flace	(3)	2 ~ ~	~ ~	e 6 x	باخري والانتار	Type of Facil	ity (4)					
Street Address	1840	5/		1700	4-6-	M1/12	Harfalk	School	(K-12)					
								Subcha	pter 8 (Othe	r than K-	12)			
13 CRA	PORU	51						Other (i.	e. private &	commen	cial bu	ilding	s, hon	nes,
City (5) NEWARU	a3							Square Feet	# of	Floors		Bldg.	Age	
NEWARL	NJ	ě	271	102				3000	,,,,,,,	1		52		
County (6)					/ Code (7)			Current Use	Drior if hair	a domasti	de a di	4		
FISRY				(STATE	USE ONL	Y)		ourent ose (Lilot it neit	g demons	snea)			
Name of Monitoring Firm	Hired by Building	Owner (8	1	IASC	M No.		I Name	-5 AL -1						
F14		· · · · · · · · · · · · · · · · · · ·	,		0/0	6	Name	of Abatement	Contractor (9)				
Street Address				10	010	ſ			r V C					
100 / 1/2	TICILA	= ,	TLL	. /				Address	والترييب إرار وصر		, (le ja.,	1.3		
City, State, Zip Code	0/1014	/	1-1-1				4	E. FR	マトウロメン	CLE	300	6-		
City, State, Zip Code	1/5		1	78	11		City, S	tate, Zip Code						
00/11/01/7	700			, 0			CA	DAR K	NOU	-50	VJ	0	79	27
Project Manager for Monit	oring Firm	1		Telepho	one No.	-7. in	Teleph	one No. -299-9		License N	Vo.		-	
William	KenBe	(729		973	-299-9	1455	131	00	31		
Start Date (10)		Schedu	ed Co	mpletion	Date (11)		Name	of OSHA Monit	or		U 53	-		
05/14/19		05/		19			2	VIRAH	16					
Occupancy Status During	Abatement (Chec	k Onlý O	ne) /					Address	7	Name of the last o				
Facility Closed/Vacat	ed Durina Entire E	eriod of	Abatar	nont										
Abatement Performe	d Outside of Norm	al Facilit	/ Hour	S		-	City St	ate, Zip Code						
Other - Describe:				-			Oity, Ot	ate, zip Code						
Scope of Work (Check All	That Apply)										-			
≥3 sf or ≥3 lf	14-37	Fa .		32			-							
≥160 sf or ≥260 lf		Tanana and	Renova Demoli				-	Full Contain	ment with N	legative F	ressu	ire		
			remon	11011			-	Mini-Enclose Glovebag P						
		7						Non-Exemp	ted (*) and l	Non-Friab	le Pro	cedur	е	
		Is	Locati	ion					T		T		ement	+
Location o	f	100	ormal			D		,					pe	
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TO BE ABAT	ED '		intena odial S		(i.e.	thermal	systems	insulation,	100000	ecify	20	_	Enc	ш
In Facility (13)			(12)	, tuit,			ing, VAT		SFo	r LF)	Remova	Repair	aps	ICIO
(10)		-			-	other m	iscellane	eous)			ova	air	Encapsulate	Enclosure
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Name of Registered Waste	Hauler		81	IDEDIA	l	0.11	, ,							
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Date of Notification (1) 05 /	10 /	18	3				ng Owner/Operator n Township Boa		MAY	1 6 2	019	_		
Agencies Notified EPA DOLWD	Type Notific				Stree	et Address 6 E. Holly		Ta of Lados light	ASBESTO	g CON	ĮRO	_	[Parentsee	
☑ DOLVVD	☐ Amende Amendn	2000				State, Zip		1,200	LIC	ENSIN	-	au.	-	
□ DCA	☐ Emerge			a a	Se	well, NJ	08080							
(NJAC 5:23-8)	justificat			_	Nam	e of Contac	ot		Telephone Nu	mber		_		
	☐ Cancella	ation			De	ennis Stra	iga - Straga Brot	hers	856-881-79	960				
					FA	CILITY IN	NFORMATION					_		
Name of Facility Where A	batement is	Taking	g Place	e (3)				Type of Facility (4)			-	_	_
Washington Towns	hip High S	choo	I					School (K-12)	1000					
Street Address								☐ Subchapter 8	(Other than K-					
529 Hurffville-Cross	skeys Road	t						Other (i.e., pr	ivate and comm	nercial b	uildin	gs		
City (5)								Square Feet	# of Floors	В	ldg. A	_	_	
Sewell								80,000	2		80	y		
County (6)					Cou	inty Code (7	7)(STATE USE ONLY)	Current Use (Pric		liched)	-		_	_
Gloucester						,(.	, (O	School	or it being demic	nisiteu)				
Name of Monitoring Firm	Hired by Buil	ldina (Owner	(8)	ASCM	1 No	Name of Abateme					-	_	
Health and Safety S				(-)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		The second secon	onmental, LLC						
Street Address							Street Address	ommerical, LLC				_	_	
PO Box 365							623 Cutler Av	/onuo						
City, State, Zip Code							City, State, Zip C					_		
Berlin, NJ 08009														
Project Manager for Monit	oring Firm			Tol	ephone	No	Maple Shade	, NJ 00052	Tit	-		_		
Jim Proctor	oring r iiiii			1 88		2-1311	Telephone No.	v:	License No.					
Start Date (10)		Schad	uled C	1 200		ate (11)	856-755-0099	**************************************	00842			_	_	
06/24/					1_ /	0.50	Name of OSHA M EMSL Analyt							
Occupancy Status During							Street Address					_	-	_
☐ Facility Closed/Vacated							200 Route 13	0 North						
Abatement Performed	Outside of N	ormal	Facilit	y Hou	rs - Des	scribe	City, State, Zip Co	ode				-	3	
Time of Abatement:	AIVI	PIN	/\/	PM		_AM	Cinnaminson	n, NJ 08077						
Scope of Work (Check all	that apply)											-	_	-
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			⊠ Re					tainment with Nega losure g Procedure mpted (*) and Non		lure				
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Location of				Norma	illy ely by		Description o	f		-	1	Г	-	_
Asbestos-Containing M TO BE ABAT		1)	Ma	intena	ince/	Asbe	stos Containing Ma ., thermal systems i	terial (ACM)	Amount (Specify	Remova	Repair			Enclosure
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(13)		1	Yes	(12) No	N/A	+	other miscellane	ous)						œ.
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Room E6						Fume H	lood		30 SF		=	H	+	=
			=			T dillo 11			30 31	10000		-	+	_
			<u> </u>								Ш	1	111	
15				Ц								I	1 [
Name of Registered Waste Freehold Cartage	Hauler			1 1200	JDEP I	D No.	Cubic Yards of Waste	Name of Register Fairless Lar					2000	
City, State					15939		5 Disposal Date	City, State		3100		_	<u>-</u>	_
Freehold, NJ							07/01/2019	Morrisville,	PA					
Completed By (Print or Typ	oe)	Title					Signature	100		Date	10000			
Margie Muller		100000		strati	ve Ma	nager	1777	Mull		7-1	1)-	£ +	Î	



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

Date	of Notification	(1)			Name	of Buildi	ng Owner/Operator (2)			I present	CK. 15	المص	9-4-		
UP COSTO	3/19				1000000		ls Episcopal Church			In E		W		17	1
	cies Notified	Type N	lotification			t Address						177	erene erene	9 1 1	111
	EPA	X	Initial		88 0	laremo	ont Road			Ilmil					1000
	DEP		Amended		City.	State, Zip	Code				MAY 1 6 2	040	-		111
X	DOL		Amendment #		0.000		le, NJ 07924			id Li	MAY 1 6 2	019		lan	11
			Emergency (including		-	of Conta				Telephone Numb	er		-		-
X	DOH		justification)		Lorr	aine Hu	ınt Kopacz c/o Kien	len La	attman	908-217-771	Application of the second	15-15-map		ţ	24.00
	DCA		Cancelation				nternational Realty) Ac	BESTOS CON: LICENSING	HUI	ŝ		- 1
							ACILITY INFORMAT	TION			TOTAL PROPERTY OF THE PARTY OF	The same of	+150	٠	
Name	of Facility Whe	re Abat	ement is Taking Place (3)					Туре	e of Facility (4)	-					
Resi	dence								School (K-1.	2)					
Street	Address							_,	Subchapter	8 (Other than h	(-12)				
								X	Other (i.e. p	rivate & Comm	ercial buildings, ho	mes,	:c.))	
City/S	1							-		T			-		
City (5	nardsville, N	1070	24						ire Feet	# of Floors	Bldg. Age				
Den	iai usville, iv	J U/ 52				-		2,0		2	109		_		
Count							Code (7)		ent Use (Prior if be	ing demolished)					
-	erset					SIAIL	- OSE ONET/	Hor	ne				_		
Name	of Monitoring I	irm Hire	ed by Building Owner (8)				ASCM No.		e of Abatement Co						
								Uni	corn Contract	ing Corp.					
Street	Address							Stree	t Address						
								32 \	Willow Way				100		
City, S	tate, Zip Code							City,	State, Zip Code						
								Woo	odland Park, I	NJ 07424					
Projec	t Manager fo M	onitorin	g Firm	V=V/=		Telephi	one No.	Telep	hone No.		License No.				
								973	-333-9176		01331				
Start D	ate (10)				Schedu	led Comp	letion Date (11)	Name	of OSHA Monitor						
6/5/:					6/6/1		0.7. 70 W. 0.10 M. 0.1		rovision Cons						
_		ng Aba	tement (Check Only One)		1-1-1			1	t Address						
	Facility Clo	sed/\/s	acated During Entire Peri	od of Al	natemer	nt		100000000		ld., Bldg. 35-E					
			rmed Outside of Normal						State, Zip Code	iai, biag. 55 E					
\boxtimes	Other - Des			1 active	riours				Lawn, NJ 074	110					
	of Work (Check							Iraii	Lawii, NJ 074	10			1		
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	≥160 sf or ≥	260 IT				Demol	ition	X	Mini-Enclosu						
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lame o	f Registered Wa	ste Hau	ler		NJDEP W	aste Haul	er ID No.	Cubic Y	ards of Waste		Name of Regustered I	andfill.			
Jnico	rn Contract	ing Co	orp.		00358	14		3			Fairless Hills Lar	dfill	-		
ity, Sta	te							Disposa	al Date		City, State				
	land Park, I	New Je	ersey					TBD			Morrisville, PA		02		
omplet				Title					Signature		$\overline{}$	Date			
	Nikolov			Preside	ent				_		7	5/1:	19)	

Date of Notification (1) 05/10/2019			Name		ng Owner	nd 12:12 /Operato			Control man (1) and (1	\Y 1	6 201	
Agencies Notified Type Notification I publication I publication			City, S	Address State, Zip				The second secon	ASBES	STOS LICEI	CONTF ISING	L&
DOH Emergence justification Cancellation	y (includir	ng	Name Kare	of Contac n Kohl				T	elephone l	Numbe	er	-
Name of Facility Where Abatement is Tak House Street Address	ing Place	(3)	FAC	CILITY IN	FORMAT	TION	Sub	acility (4) ool (K-12) chapter 8 (Oter (i.e. private	her than k	(-12)	uildinge	mos
City (5) Morristown, NJ 07960							etc.) Square Fo		of Floors	Ji Giai D	Bldg. A	
County (6) Morris Name of Monitoring Firm Hired by Building	Owner (8)	(STATE	Code (7) USE ONL	.Y)	Name	House	se (Prior if be		lished)		
N/A Street Address			AGG	W NO.		D&S Street	Abateme Address	ent, Inc.	r (9)		-	e s ee
City, State, Zip Code	-				1	City, S	osengrer tate, Zip Co va, NJ 07					
Project Manager for Monitoring Firm			Telepho			Teleph	one No. 845-8685		License 01311	No.		
Start Date (10) 05/23/2019 Occupancy Status During Abatement (Che	05/24	/2019		Date (11)	D&S	of OSHA M Abateme					
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe: occupied	Period of	Ahata	ment 's			11 Ro City, St	Address osengren ate, Zip Co va, NJ 07	de				-
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If		Renova Demoli				×	Full Con Mini-End Gloveba	tainment with				
Location of Asbestos-Containing Material (ACM) TO BE ABATED	Use	S Locat Norma ed Sole aintena	lly ely by	Asbes	stos Conta	cription o	of aterial (ACN		mount		Abaten Type	
In Facility (13)	Cus	todial (12)	Staff?	(i.e.	surfac	systems ing, VAT iscellane	insulation, , or ous)		or LF)	Removal	Repair	Enclosure
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Basement 101 1/2		X				Insulati			5 LF 0 LF	X		+
Name of Registered Waste Hauler D&S Abatement, Inc.		Н	JDEP Wa		Cubic Y	31505057VE	1 100000 000	ne of Registe		II		
City, State		20	0996		TBD Disposa	al Data		rless Land	TIII			

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Date of Notification (1) Name of Building Owner(operator (2) Anna Marris Collecti MAY 1 6 2010	CK345 PAII				N OF ASBE t to NJAC 8	STOS	ABATE		According to playing	7	E (G	E		$\overline{\mathbb{V}}$		
Street Address Stre							Operator	(2)	Bull Addition				4			_	And of the latest and
DOP Amended Amendent # Emergency (including Emergency (inclu	Agencies Notified Type Notification			Street A	Address				1	land)	M	AY	16) (2019	-	1
DOH	EPA Initial Amended		-	City St	ate Zin Coo	io.			***							_	-
DOH						ie				F	ASBE					-	
Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Sub	DOH justification)	No. 60 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 -			[3] (F. 10) [3] (F. 10) [4]	11244:				T	elepho	ne N	lumb	er		MON4	September 1919
Name of Facility Where Abatement is Taking Place (3) School (K-12) School	DCA Cancellation						ON									_	
Street Address School (K-12) Subcompter 8 (Other than K-12) Subcompter 9 (Other 14		g Place ((3)			· control		Type of	Facility	(4)						_	
City (5) Morris Plains								Su	bchapte	r 8 (Ot	ther the	an K	-12) rcial l	ouile	dinas.	h	nes.
Morris Plains County (6) Morris County (7) Morris Plains County (8) Morris Name of Monitoring Firm Hired by Building Owner (8) N/A	City (5)			*				- etc	:.)						575		
Morris Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9)										155333		013		300		191	
D&S Abatement, Inc.	Morris									ior if b	eing d	emol	lished	i)			
City, State, Zip Code Totowa, NJ 07512 Project Manager for Monitoring Firm Telephone No. 973-345-8685 O1311 Start Date (10) 05/22/2019 Scheduled Completion Date (11) 05/22/2019 Street Address 11 Rosengren Avenue Street Address 11 Rosengren Avenue City, State, Zip Code Totowa, NJ 07512 Street Address 11 Rosengren Avenue City, State, Zip Code Totowa, NJ 07512 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Asbestos-Containing Material (ACM) (Ia) In Facility (12) Yes No N/A Pipe Insulation 12 LF X Indicated Completed by Name of Registered Landfill Fairless Landfill		Owner (8)	ASC	M No.						or (9)						
City, State, Zip Code City, State, Zip Code Totowa, NJ 07512	Street Address								an Aug							_	
Totowa, NJ 07512	City, State, Zip Code		-						MANUES AUGUST	nue						-	
Start Date (10) O5/22/2019 O5/23/2019 O5/23							Toto	wa, NJ									
D5/23/2019 D5/23/2019 D&S Abatement, Inc.	r			Telepho	ne No.				35		100000000000000000000000000000000000000		No.				
Street Address 11 Rosengren Avenue				npletion	Date (11)											-	
Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Totowa, NJ 07512 City, State, Zip Code Totowa, NJ 07512 City, State, Zip Code Totowa, NJ 07512 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Exempted (*)	Occupancy Status During Abatement (Chec	THE RESERVE							icit, ii	10.						_	
Scope of Work (Check All That Apply) ≥ 3 of or ≥3 if	Facility Closed/Vacated During Entire F	Period of	Abaten	nent						nue							
≥3 sf or ≥3 lf	Other – Describe: occupied	iai Facilit	y Hours	.		_											
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State Containing Material (ACM) Completed by Comple	[1]	December 1					×	Mini-E Glove	enclosure bag Pro	e cedure	9					2	
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1st Floor Closet X Pipe Insulation 8 LF X Name of Registered Waste Hauler D&S Abatement, Inc. City, State Totowa, NJ Completed by Title NJDEP Waste Hauler ID No. 20996 Disposal Date TBD City, State TBD Disposal Date TBD Date Date			N/A												;		
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	Completed by Ned Joksimovic		ct Ma	nager			gnature		7/	74.				0/2	019	-	-

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Date of Notification (1) 05/10/2019				of Building Gerhold	Owner/	Operato	r (2)	See See 3	- MAY	162	2019 —	- 14
Agencies Notified Type Notification	on		Street	Address				AS	BBESTO.	S CON ENSINC	TROL 8	= -
EPA Initial DEP Amended Amendment	ent#			tate, Zip C				are a service		SINDING	1	
DOH justification Cancellati				of Contact Gerhold		7			Telephone	e Numbe	ır	
Name of Facility Where Abatement is Tal	king Place (3)	FAC	ILITY INF	ORMAT	ION	Type of Fa	acility (4)				
House Street Address		-		- 12			School Subo	ool (K-12) hapter 8 (6 r (i.e. priva	Other than	ı K-12) nercial b	uildings,	mes,
City (5) Verona							Square Fe		# of Floors N/A	S	Bldg. A	<u>"</u>
County (6) Essex			County (STATE	Code (7) USE ONL	0		Current Us House	se (Prior if	being dem	nolished)		
Name of Monitoring Firm Hired by Buildin N/A	g Owner (8)		ASCI	M No.		Name D&S	of Abateme	ent Contrac	ctor (9)			-
Street Address						Street	Address osengren					-
City, State, Zip Code						City, S	tate, Zip Co wa, NJ 07	de .				
Project Manager for Monitoring Firm			Telepho	one No.		Teleph	none No. 345-8685	012	Licen:	se No.		
Start Date (10) 05/21/2019	Schedule 05/22/2			Date (11)			of OSHA M Abateme					
Occupancy Status During Abatement (Che	eck Only Or	ne)				Street	Address					-
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe: occupied	Period of A	Abater Hour	ment s			City, S	osengren tate, Zip Co	de				
Scope of Work (Check All That Apply)						10101	wa, NJ 07	512				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emoli				×	Mini-End Gloveba	tainment w losure g Procedu mpted (*)	re			
	11.72	Locat	37.77						una 110111	TIGDIC 1	Abater Typ	n nt
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	d Sole ntena odial (ely by nce/		tos Cont thermal surfac		aterial (ACN insulation, T, or	*	Amount (Specify SF or LF)	Remova		Enclosure
** ***	Yes	No	N/A		0410111		cousy			Val	. =	ure
Basement		X			Pipe	Insulat	tion		140 LF	Х		
												+
Name of Registered Waste Hauler D&S Abatement, Inc.		H	JDEP W lauler ID 0996		Cubic of Was		1 0000 0	ne of Regis		ıdfill		Ξ.
City, State Totowa, NJ			4		The Table	al Date		, State rrisville,	ΡΔ			
Completed by Ned Joksimovic	Title Projec	ct Ma	ınager			gnature	Wio Maria	The ville,		Date	/2010	

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Date of Notification (1):	Name	of Bu	ilding (Owner/Operator (2)				1771	100	2.11	H				
3/19/2019	Newar	k Pub	lic Sch	ool			In proceedings	E	0	IP	n na				
Agencies Type Notification Notified Unitial	Street 190 M			i Avenue Room 20	0			L	6		II W				
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DEP Amendment#: 1 2 -	Newar	k, NJ	07108						VAL	1-0					
GDOL Emergency (including	Name Mr. Be						Number!		WAT	. 5	2019				
B'DOH justification)	WII. DO	anjann	ii Otag	adeyo		973-733-7	200 [Mana	at a melecul						
D-DCA Cancellation								ASB	EST	OS CO	ONTR				
				FACILITY INFO					LIL	ENS	ING				
Name of Facility: Newark Vocation	ial High	Scho	ol		Type of Facility										
301 West Kenny Street					☐ School (K-12) ☐ Subchapter 8 (12)				-				
City/ (5) County (6):		Coun	ty Code (7):			ercial buildings, ho	mes, e	etc.)						
Newark Essex			07107		Square Feet:		# of Floor	rs:							
					Bldg. Age						İ				
					Current Use: S	chool									
Name of Monitoring Firm Hired by	Buildi	ng Ow	ner:	ASCM No.:	Name of Abate	ment Contra	actor (9):								
WHITMAN				00110	Apex Develo	pment, Inc	2.								
Street Address:					Street Address	:									
17 Pleasant Hill Road					250 13	Secretaria									
City, State, Zip Code:					358 Broad City, State, Zip										
					Newark, NJ 07104										
Cranbury, NJ 08512 Project Manager for Monitoring Fir	.133.			Telephone No.:	Telephone No.		License No.:			Herror					
Kevin Lovely	111.			732-644-5418	- 12 to 12 t										
	duled C	lemo	etion D	rate (11):	(973) 350-010 Name of OSH		01215	-							
4/01/19 5/31		•		•	Metro Analytic	al Laborator	ries				1				
Occupancy Status During Abatement (C	Check on	ly one)			Street Address										
☐ Facility Closed/vacated During Entire					255 West 36th		e 203								
☐ Abatement Performed Outside of Nor Describe:	mai rac	iiity Ho	ours		City, State, Zip New York, Ne		018								
Other Occupied >	16-5	>									- 1				
Describe:															
Scope of Work (Check all that apply):						D.Fúll C	ontainment with	Negat	ive Pr	ecure					
$\square \ge 3$ sf or ≥ 3 lf			Renova Demol			□ Mini-E	Enclosure	riegai		Coourc					
\[\begin{align*} \text{\text{\text{\text{\text{or}}}} \geq 260 \text{\text{\text{If}}} \]		U.	Dellioi	HIOH		O Non-Ex	oag Procedure cempted (*) and N	on-Fr	iable F	rocedu	ire				
		ocati								temen	t				
Location of		ormal Solel		Asbestos Cont	escription of taining Materia	l(ACM)			T	ype					
Asbestos-Containing Material (ACM)		ntena		(i.e., therma	taining Materia al systems insul	lation,		R	_	E	ᄧ				
TO BE ABATED		stodi			cing, VAT, or miscellaneous)		Amount (Specify	Removal	Repair	Encapsulat	Enclosure				
IN Facility (13)	,	Staff? (12)					SF or LF)	oval	air.	sula	sur				
18.70.81	Yes	No	N/A					<u> </u>	_	=					
1 ST FLOOR CORRIDOR IN FRONT OF THE CONFERENCE															
ROOM ENDING TO IN FRONT										İ					
OF CAFETERIA, CORRIDOR EXTENDING FROM THE		3													
INTERSECTION OF THE MAIN CORRIDOR FROM THE WOOD				ACOUSTICAL C	EILING AND W	A1.1									
SHOP TO CULINARY AREA,		Х		PLASTER, GLUI			17,500 SF	*			*				
CORRIDOR FROM BOILER ROOM TO CAFETERIA AND				WALL SOUND B	OARD										
STAIRWELL # 7 THE							1/25								
CULINARY AREA INCLUDING AND STOREROOMS, WOOD															
SHOP, STORE ROOMS, &															
CONFERENCE ROOM ROOM 002 AND 003		X		CEILING TILE A	ND GI HE DOTS	:	1,500 SF	\$		-	*				
		Λ	i	LINE HOUSE	GLUE DOI		1.500 31	1	-1	1					

1,500 SF

X

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ROOM 002 AND 003	X	FLOOR TILE AN	D ASSOCIATED MASTIC	1,500 SF	8		
CONFERENCE ROOM CULINARY AREA AND WORKSHOP.	X	FLOOR TILES AS	ND MASTIC	5,500 SF		III WAY	1 6 20 <mark>19</mark>
WORK SHOP	X	WOODEN FLOOR	R & VAPOR BARRIER	5,000 SF	*	ASSEST	3000000
15T FLOOR CORRIDOR NEAR THE SECURITY DESK, CORRIDOR ENTENDING FROM THE INTERSECTION OF THE MAIN CORRIDOR FROM THE WOOD SHOP TO CULINARY AREA, THE CULINARY AREA INCLUDING ALL OFFICES, AND STORE ROOMS AND CONFERENCE ROOM	х	PIPE INSULATIO)N	4,000 LF	\$	8	CONTROL
CONFERENCE ROOM	Х	PIPE INSULATION AND JOINTS	ON INCLUDING ELBOWS	1,500 LF	*	- 8	
Name of Registered Waste Hauler: JIMMY BYRNE TRUCKING NEWAY (GV T)		NJDEP Waste Hauler No.: 19551 Olg Soq	of Waste: 30		NTER	andfill: PRISES ASSOC.	
City, State: Bronx, NY 10474	Disp	osal Date:		688 NG-11	0 }	PA	
Completed By: Chinyelu Oraegbunam		Title: Vice President	Signature:	Date: 3/19/201	9 .	2/21/6	د

Charleton along washing File Charle - 1200 of Accession Charles - 1200 of Accession Charles - 7600 of the house the

Gym Flow and Capo, France - 10,000 of weather flow and

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Date of Notification (1) 05 /	13 /	19)				of Buildir		Owner/Operator	(2)	Section Street	IV	AY 12	<u> </u>	2019	_	
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(NJAC 5:23-8)	justifica	tion)	Ciuuii	ig	Na	me c	of Contac	ct	1.00		Т	elephone	Numb	er		_	,
[☐ Cancella	ation				Scot	tt Skwe	res									1.5
					-	FAC	ILITY IN	NFC	ORMATION							-	
Name of Facility Where Ab	atement is	Taking	Plac	e (3))					Type of Facili	ty (4)					_	
Residence										School (K-	-12)						
Street Address										Subchapte Other (i.e.,	priva	other than te and co	n K-12) ommer	cial b	uilding		
City (5)										Square Feet	-	# of Floo	rs	В	ldg. Aç	80.00	
Toms River										1100 sf		1			65		
County (6) Ocean					C	ounty	y Code (7	')(S7	TATE USE ONLY)	Current Use (f being d	emolisl	ned)			
Name of Monitoring Firm Hi	ired by Bui	lding C)wner	(8)	ASC	M N	lo.	N	ame of Abatem	ent Contractor (9)					-	
N/A									Guardian Co	ntracting, Inc	.						
Street Address								St	reet Address			2 - 2 - 1 - 2 - 2				-	
City State 7in Code									1889 Route 9								
City, State, Zip Code									ty, State, Zip C								
Project Manager for Monitor	ring Eirm			1-				-		New Jersey 0	8755	i					
r rojoci wanager for wonton	ing Film			16	elephor	ne No	0.		elephone No.		L	_icense N					
Start Date (10)		Schedi	iled C	comr	letion	Data	(11)		732-349-9932			00624	3				
05 /22 /	19	_ 0:	5_ /		24				ame of OSHA M E.M.S.L. Ana								
Occupancy Status During Al	batement (Check	only	one)	www.es.iii.c.				reet Address							_	
☐ Facility Closed/Vacated I ☐ Abatement Performed Out	During Enti utside of N	ormal l	od of	Aba	tement	Naaari	ila a		1056 Stelton								
Time of Abatement:	AM	PM	aciiii	y 110 Pi	M-	AN	M		ty, State, Zip Co							-	
Scope of Work (Check all that								-	Piscataway, I	New Jersey 0	8854						
12-10-10-10-10-10-10-10-10-10-10-10-10-10-	at apply)								☐ Full Cont	ainment with Ne	enativ	e Pressu	ro		-		
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			□ Re ☑ De						☐ Mini-Enc	losure							
					ation			-			T		000010	5512	ateme	T	уре
Location of Asbestos-Containing Mat	terial (ACM	1)		Norm	ially olely by	,			Description o	f				7000		ī	
TO BE ABATE	<u>D</u>	"	Ma	inter	nance/		(i.e.	tos , the	Containing Ma ermal systems i	terial (ACM) insulation		Amoun (Specifi		Removal	Repair		Enclosure
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					17	-					-]	
Name of Registered Waste H	lauler				NJDEF	2 \//~	eto	C	nio Vardo -f	No. 15]	
Guardian Contracting,					Hauler	ID N	2007-000	Wa	bic Yards of ste	Name of Regi	stered	d Landfill					
City, State			-		2022	23		3		T.R.R.F.							
Toms River, New Jerse	ev								posal Date 5/24/19	City, State	_						
Completed By (Print or Type)	-	Title						U		Tullytown	, Pen	insylva	nia			_	
Nicholas Fernicola		10-001	ject	Mar	nager				Signature	. 4	1		Date	< 1	2/1		

Date of Notification (1)	0	F	NO.	TIFIC (F	ursu	ON OF AS	New Jersey BESTOS ABA AC 8:60 and 5:1	16)	DE G MAY	E 1 6	2019	-	U U U U
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☑ DOH	Amendn	nent#		_		, State, Zip							
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	justificat Cancella					ne of Conta			Telephone Nun				
	Ourioone	20011				ohn Sakou	0.5453		732-683-06	00		_	
Name of Facility Where Abate	ment is	Takin	a Diag	0 (2)	F	ACILITY II	NFORMATION	1-				_	
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Street Address								Other (i.e	er 8 (Other than K-12 ., private and comme	2) rcial b	uilding	gs	
City (5)								homes, e	And the second s				Louis P
Manalapan								Square Feet	# of Floors	В	ldg. A 65	gŧ	
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Monmouth							7,02 002 011217	Residence		sileu)			
Name of Monitoring Firm Hired	d by Buil	lding (Owner	(8)	ASC	M No.	Name of Abatem					-	
N/A							Guardian Co						
Street Address							Street Address	J		7/160		-	
							1889 Route 9	9, Unit 61					
City, State, Zip Code				50-0			City, State, Zip C	ode					
							Toms River,	New Jersey	08755				
Project Manager for Monitoring	g Firm			Те	ephon	e No.	Telephone No.		License No.			_	
Ct- 4 D 1 (40)							732-349-9932		00624				
Start Date (10)05 /22 /19						ate (11)	Name of OSHA N					_	
					3_ /	19	E.M.S.L. Ana	lytical					
Occupancy Status During Abat Facility Closed/Vacated During							Street Address						
☐ Abatement Performed Outs	ide of N	ormal	Facili	v Hou	rs - De	escribe	1056 Stelton					_	
Time of Abatement:	AM	PI	M/	PN		_AM	City, State, Zip Co		00054				
Scope of Work (Check all that	apply)	-/		317841-0			riscataway,	New Jersey	08854			_	
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			-	enova emolit			☐ Mini-End	closure g Procedure	Negative Pressure Non-Friable Procedu	re			
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Location of Asbestos-Containing Mater	ial (ACM	(1)		Norma ed So	ely by	Acho	Description of stos Containing Ma			-	-	П	
TO BE ABATED	(/	.,			ance/ Staff?	/i o	., thermal systems	insulation,	Amount (Specify	Removal	Repair		Enclosure
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exterior-garage						Asbest	os siding		400 sf			_	\dagger
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Guardian Contracting, Ir				100		ID No.	Waste 2	T.R.R.F.	gistered Landfill				
City, State							Disposal Date	City, State				_	
Toms River, New Jersey							05/23/19	Tullytow	n, Pennsylvania				
Completed By (Print or Type) Nicholas Fernicola		Title	roject	Man	ager		Signature		Da	te /	3/	/	

Date of Notification (1)			TON		Nan	ON OF AS ant to NJ	New Jersey BESTOS ABA AC 8:60 and 5:1	6)	DE G MAY	E [201		No. of the latest section of the latest sect
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	endea				111.000.100.000	State, Zip						70.00	
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					F	ACILITY II	NFORMATION					* 3	
Name of Facility Where Abatemer	nt is T	aking	Plac	e (3)				Type of Facility	y (4)			-	
Residence								School (K-1	12)				
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City (5)	V							Square Feet	# of Floors	B	ldg. A	16	:
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Ocean								Residence					
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							100	New Jersey 0	8755				
Project Manager for Monitoring Fir	m			Te	lephone	No.	Telephone No.		License No.		_		
							732-349-9932	2	00624				
Start Date (10)	So	chedul	ed C	ompl	etion D	ate (11)	Name of OSHA N	Monitor					
05 /23 /19		05	_ /	_ 2	7_ /	_19	E.M.S.L. Ana	lytical					
Occupancy Status During Abateme	ent (C	heck o	nly	one)			Street Address					i e	
□ Facility Closed/Vacated During	Entire	Perio	d of	Abat	ement		1056 Stelton						
Abatement Performed Outside	of Nor	rmal F	acilit	у Но	ırs - De	scribe	City, State, Zip Co	nde				_	
Time of Abatement:AM-		PM/	1	_PN	1	_AM	A CONTRACTOR OF THE PROPERTY O	New Jersey 08	8854				
Scope of Work (Check all that appl	y)						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7001			-	
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf				nova molit			☐ Mini-End ☐ Gloveba	g Procedure	gative Pressure on-Friable Procedu	ıre			
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Location of Asbestos-Containing Material (A	A (CR A)			Norm	ally lely by		Description of				1	1	
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(13)		Ι,	Yes	No	T-was	-	other miscellane	ous)					Ф
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N 75]	
Name of Registered Waste Hauler Guardian Contracting, Inc.					NJDEP Hauler	Waste D No.	Cubic Yards of Waste		stered Landfill			-	
					2022		5	T.R.R.F.	<u>Company of the State of the St</u>				
City, State Toms River, New Jersey							Disposal Date 05/27/19	City, State Tullytown	, Pennsylvania				
Completed By (Print or Type)	1	Title		-137-2			Signature			ate	-1	-	
Nicholas Fernicola		Pro	ject	Mar	ager				1	5/12	1/	Ģ	

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				ACILITY IN	FORMATION	V									
Name of Facility Where Abatement is	Taking	Place	e (3)				Туре	of Facility							
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JERSEY SHORE UNIVERSITY MEDIC	CAL CEN	TER				-	V	Subchapte Other (ie.	er 8 (Oth	er tnar	n K-12	Z) Idas	hom	100 0	tc)
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Project Manager for Monitoring Firm		Tel	lephone	Number				phone Num	nber			se ivu	mbei		
THOMAS GEIGER			2-290-22				III	369-7500			101				
Expected State Date (10)	Sch			tion Date				ne of OSHA							
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TO BE ABATED	Ma		ustodial	ir	nsulation, surf	facir	ng, V	AT,	SF	or LF))	9	AR	P	Ö
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Name of Registered Waste Hauler	N.I	DEP	Waste	Cubic Ya	rds of Waste		Nar	me of Regis	stered La	andfill					
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369 RAYMOND BLVD.			13												
City, State				Disposal			City	State	LANNICE	JID D	٨			,	
NEWARK, NEW JERSEY 07105	Trace			05/13-12	/30/19 Signature		IPI	AINFIELD	OWNSI		A Date	1	10	1	-
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECT	OR	OF OPE	RATIONS		/	1	\nearrow	>			>/_	10/	15	1

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) HACKENSACK MERIDIAN HEALTH /19 Street Address Agencies Notified Type Notification 30 PROSPECT AVENUE **EPA** Initial Notification City, State, Zip Code ASBESTOS CONTE DEP Amended Notification HACKENSACK, NEW JERSEY 07601 LICENSING DOL Cancellation DOH On Hold Name of Contact Telephone Number DCA **EMERGENCY NOTIFICATION** BRIAN O'NEIL 732-751-3384 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) JERSEY SHORE UNIVERSITY MEDICAL CENTER Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 1945 STATE HWY. 33 1,000,000 6 87 City (5) County (6) County Code (7) Current Use (Prior if being demolished) NEPTUNE OCEAN (STATE USE ONLY) COMMERCIAL Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ENVIRONMENTAL TACTICS INC. PAR ENVIRONMENTAL CORPORATION 99 Street Address Street Address 64 BROAD STREET 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code MATAWAN, NJ SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number THOMAS GEIGER 732-290-2217 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 5 / /19 QUALITY ENVIRONMENTAL 13 12 / 30 /19 Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1376 ROUTE 9 Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY -FRIDAY 6:30 PM-2:30 AM City, State, Zip Code WAPPINGER FALLS, NY 12590 Full Containment with Negative Pressure Scope of Work (Check all that apply) Demolition Renovation Mini-Enclo, >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount ENCLOS ENCAPSUL REMOVAL REPAIR Material (ACM) solely by (ie. Thermal systems (Specify Maint/Custodial TO BE ABATED insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) H Yes No N/A X 6TH FLOOR 1B VAT & MASTIC 2,820 SF X X 6TH FLOOR 2A VAT & MASTIC 3,050 SF X X 6TH FLOOR 2B VAT & MASTIC 1,620 SF Χ X X 6TH FLOOR 3A VAT & MASTIC 888 SF 6TH FLOOR 3B X VAT & MASTIC X 458 SF 6TH FLOOR 3 VAT & MASTIC 340 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL **NEWARK CARTING** Hauler ID No. 40 369 RAYMOND BLVD 913 City, State Disposal Date City, State TOWNSHIP, PA NEWARK, NEW JERSEY 07105 05/13-12/30/19 PLAINFIELD Signature Completed by (Print or Type) Date DIRECTOR OF OPERATIONS BENJAMIN SANCHEZ

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VIJAY PATEL		9	73-560)-4983		Telephone Number License Number										
Expected State Date (10)	Sc	ched.	Com	pletion Date	(11)	8	45-369-750	00	1101	· itali	1001					
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ADDITION TO SCOPE:			^	GLUE & CE	ILING TILE	COI	MPLETE	740 SF	X							
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				WINDOW G				2 LF	Х							
BASEMENT				WINDOW C				190 LF	Х							
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ROOF ROOF Name of Registered Waste Hauler NEWARK CARTING	NJDE! Hauler	P Wa	ste C	Subic Yards	of Waste	Name	of Registe	red Landfill	Х		-	_				
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Date of Notification (1)					HA	ACKE	ENSACK	JNIVERSITY M	EDICAL CENTE	MMI			
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City, State, Zip Code								313 SPOOK	ROCK ROAD				
PARSIPF Project Manager for Monitoring Fire	PANY, N	VEW.	JERS	SEY O	7054			City, State, 2	Zip Code NEW YORK 109				
VIJAY PATEL	m				ne Number			Telephone N	lumber	01 License	NI.		
Expected State Date (10)		10.	97	3-560	-4983			845-369-750			ivumi	oer	
	8	Sci	ned.	Comp 5 /	letion Date			Name of OS	HA Monitor	1101			
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.IAC 8:60-7 and 13:420.7)

Date of Notification (1)				M		NJAC 8:60-	Building	Owner/Open	rator (2)			= 10	
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					296			Type of Fa	cility (4)	200		-	
HACKENSACK UNIVERSITY N	1EDICAI	L CEN	ITER					School	ol (K-12)				
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ity, State, Zip Code								Otteet Addre	SS	- 5.75			
	DANIV	NICIAL						City, State, 2	ROCK ROAD				
roject Manager for Monitoring F	PPANY,	MENA	JERS	SEY (7054			SUFFERN I	NEW YORK 10	2004			
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xpected State Date (10)		Iso	9/	3-560	0-4983			845-369-750		Licens	e Mum	nber	
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X Facility Closed/Vacate	a During	Entir	e Per	iod of	Abateme	nt	- 1	Street Addres	SS	-7/2			
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1 DOMESTIC CONTROL OF THE PARTY	TONDA	, - FF	IIDAY	/AN	1-3A;30 PN	1	Ī	City, State, Z	p Code				
ope of Work (Check all that app	oly)		4				- 1	W	APPINICED F	ALIS NY	/ 1050	20	
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X >160 SF OR 260 LF		(1000 P)				141111	I-LIICIO .	Procedure					
Location of		_				X Nor	-Friable	Procedure	lu lu				
Asbestos-containing		Is	Loca	ation		Description	of Ash	estos-	x Wrag	& Cut			
Material (ACM)				used		Containing N	Material	(ACM)	Amoun		Abate	ment 1	
TO BE ABATED		Mair	solely	by stodia	A	(ie. Thern	nal syste	ems	(Specify		REPAIR	ENCAP	ENCLO
in Facility (13)		IVICII	taff (10) 10)	4	insulation, si	urfacing	, VAT,	SF or LF	16	PA	1 S	5
		Yes	No	N/A	+	or other mi	scellane	eous)	- 5, 2,	' YAL	D	PS	S
FLOOR MAIN BUILDING										1		SUL	SUR
JOHNS BUILDING BASEMENT	_	1	-	X	VAT & M	ASTIC		System of the	2,100 SF	X		1	
				X	VAT & M	ASTIC	C	OMPLETE	1		+	+-	-
JOHNS BUILDING BASEMENT	Γ			X	GLUE	CEILING TIL			4,000 SF *	X			
DITION TO SCOPE:				-	GLOL &	JEILING IIL	E C	OMPLETE	740 SF	X			
FLOOR MAIN BUILDING													
TO STATE OF THE ST				X	PIPE FIT	TINGS			10015	_	+	-	
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e of Registered Waste Hauler		NJDE	P W	aste	Cubio Va	do ativi							
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State					Disposal D	ate							
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ARK, NEW JERSEY 07105	Title	_			12/13-3/30		P	AINFIFUNTO	MAINING -		1		
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) HACKENSACK UNIVERSITY MEDICAL CENTER /19 Street Address Agencies Notified Type Notification 30 PROSPECT AVENUE FPA Initial Notification City, State, Zip Code LICENSING DEP Amended Notification #4 HACKENSACK, NEW JERSEY 07601 DOL Cancellation DOH On Hold Name of Contact Telephone Number **EMERGENCY NOTIFICATION** DCA DONALD FARRELL 551-996-3778 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) HACKENSACK UNIVERSITY MEDICAL CENTER Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 30 PROSPECT AVENUE 200,000 5 80 City (5) County (6) County Code (7) Current Use (Prior if being demolished) HACKENSACK BERGEN (STATE USE ONLY) HOSPITAL Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) LANGAN ENGINEERING & ENVIRONMENTAL 99 PAR ENVIRONMENTAL CORPORATION Street Address Street Address 300 KIMBALL DRIVE 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code PARSIPPANY, NEW JERSEY 07054 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number VIJAY PATEL 973-560-4983 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 12 / 13 /18 5 / 30 QUALITY ENVIRONMENTAL Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1376 ROUTE 9 Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY -SATURĐAY 8AM-4:30PM City, State, Zip Code WAPPINGER FALLS, NY 12590 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini-Enclo >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount **ENCLOSUR** ENCAPSUL REPAIR REMOVAL Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A 3RD FLOOR MAIN BUILDING X VAT & MASTIC 2,100 SF ST. JOHNS BUILDING BASEMENT X VAT & MASTIC COMPLETE 4.000 SF X SI. JUTINS DUILDING BASEMENI IGLUE & CEILING TILE COMPLETE 740 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill NEWARK CARTING Hauler ID No. GRAND CENTRAL SANITARY LANDFILL 80 369 RAYMOND BLVD City, State Disposal Date City, State NEWARK, NEW JERSEY 07105 12/13-5/30/19 PLAMPIELD TOWNSHIP, PA

Signature

DIRECTOR OF OPERATIONS

Date

Completed by (Print or Type)

BENJAMIN SANCHEZ

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Date of Notification (1)				Name of Build HACKENSACK	ling O	wner	Operator TY MEDIC	(2) CAL CENTER		MAY	16	201							
12 / 26 /18				Street Address	į.	-		1 200	Marc 3		-	- 0							
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X DOH X On Hole				Name of Conta	ct			Tolophore N.											
		NOTIFICA	MOITA	DONALD FARE				Telephone No. 551-996-3778											
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Name of Facility Where Abatement is	aking P	lace (3)				Туре	of Facilit												
HACKENSACK UNIVERSITY MEDICAL	OFNITE						School (K												
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ANGAN ENGINEERING & ENVIRONM	ENTAL	viiei (o)		ASCM I	NO.	PAR	Of Abate	ment Contrac MENTAL COR	tor (9)	ION									
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300 KIMBALL DRIVE						313 5	SPOOK RO	OCK ROAD											
City, State, Zip Code PARSIPPANY,	VEW IE	DSEV 07	OE 4			City,	State, Zip	Code											
Project Manager for Monitoring Firm		Telephor		her	-		hone Num	V YORK 1090		M									
/IJAY PATEL		973-560-		501		and the second	69-7500		icense I	Numb	er								
xpected State Date (10)				Date (11)			of OSHA		101										
12 / 13 /18 Month Day Year		5 /		30 /19				RONMENTAL											
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X Other - Describe: MONDA SATURI		AY 4 PM	12 AM			City, S	State, Zip	Code											
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EWARK, NEW JERSEY 07105				-5/30/19	1/1	LAIN	FIELD TO	WNSHIP, PA											
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