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	of Notification (1) 9/2017	8			Name o	of Building of Patters	Owner/0								7720		- Anna Albandan	
	cies Notified	Type Notification			Street A	Address						10	i I	MAY.	2	5_2	017	1
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	OOH OCA	justification) Cancellation	inordanig		Name of Karl F	of Contact Pettit						Tel	enhone	Numb	or			- 2 -
		l 			AMERICA	ILITY INFO	DRMAT	ION				_				- —		
	of Facility Where a am Patterson U	Abatement is Taking Jniversity	Place (3)					Тур		acility ((0)				
	Address								×		ool (K-1 chapter		er than	K-12)				
	Pompton Road												& comm		build	lings,	home	es,
City (5 Wayı	ne, NJ 07470						(2)		000001400	are F	eet		f Floors 3		B 50	dg. A	ge ·	
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	Address			<u> </u>	N/A			PAL		October 2011	nental	Serv	ices		-			
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	tate, Zip Code estown, NJ 08	057						City, S Long			ode ity, N	Y 11	101					
	t Manager for Mon Seaman	itoring Firm			Telepho	ne No. 89-5182		Teleph 718-3			1		Licens 286					
	Pate (10) TPONED		Schedul 10/20/2			Date (11)		Name Marti	of OS	SHA N	lonitor		200	770				_
		g Abatement (Check						Street	3 (1.2.03)									
F F	acility Closed/Vaca	ated During Entire P	eriod of	Abaten	nent			714 k										
Fi Al	ther – Describe:	ed Outside of Norma Normal Hours 7:00an	al Facility n-3:30pm	Hours	City, State, Zip Code Bayonne, NJ 07002						2							
Scope	of Work (Check A	ll That Apply)			Bayonne, NJ 0700.						-							
	3 sf or ≥3 If 160 sf or ≥260 If	Renova Demolit				×	M G	ini-En loveba	closure	nment with Negative Pressure ure rocedure ted (*) and Non-Friable Procedure					22			
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	(13)	rty		(12)				cing, VA)		SF	or LF)		Remova	Repair	psula	Enclosure
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Name of	of Registered Was	te Hauler		Н	JDEP Wauler ID	No.	Cubic of Was	ste		M		- 3	red Land					
City, St				24	1310			al Date/	/	/¢i	, State	6	prises					
Shirley Comple	/, NY 11967		Title				05/23			1 1/1	aynes	burg,	OH 4					
Ann A.			Title Comp	olianc	e Adm	in	5	ignature	_	1		٠	Date 05/19/2017					

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#2789 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) AY 25 2017 05 / 18 / 17 Tenisha Victor Type Notification Agencies Notified Street Address X EPA ✓ Initial ASBESTOS CONTROL 8 DOLWD Amended City, State, Zip Code X DHSS Amendment # Eatontown, NJ 07724 □ DCA Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Tenisha Victor FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Eatontown, NJ 07724 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Monmouth Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __05__ / __27__ / __17 __05__ / __30__ / __17 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/__PM___AM Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure Renovation >3 sf or >3 If > 160 sf or >260 If Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Non-Exempted (*) and Non-Friable Procedure Demolition Is Location Abatement Type Normaliv Location of Description of Repair Used Solely by Encapsulate Enclosure Remova Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A \boxtimes Attic Vermiculite insulation 550 SF \times X Utility room-1st floor Transite panel 25 SF П Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Date Signature Owner 05/18/17 N.Jevtic ASB-41

Print Form State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 5-19-2017 Regional Construction Corp Street Address Type Notification Agencies Notified ASBESTOS CONTROL 3 Manhattanville Road LICENSING **EPA** Initial City, State, Zip Code DEP Amended × DOL Amendment # PUrchase, NY 10577 Emergency (including Name of Contact Telephone Number × DOH justification) Gerald Eglentowicz DCA Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Commercial School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, 1151 Shewsbury Avenue etc.) Bldg. Age Square Feet # of Floors Shewsbury, NJ 07702 13750 70 +Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) Monmouth ASCM No. Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) Green Environmental Services, LLC Street Address Street Address 235 Virginia Avenue City, State, Zip Code City, State, Zip Code Jersey City, NJ 07304 Telephone No. Project Manager for Monitoring Firm Telephone No. License No. 01174 201-333-8855 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) 5-30-2017 6-6-2017 Same as above Street Address Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation ≥160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Procedure × Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Maintenance/ Enclosur (Specify Remova TO BE ABATED (i.e. thermal systems insulation, Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)

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	Yes	No	N/A				te	
Throughout the property		X		Window glazin	g 1200 LF	Х		
Throughout the property		х		Window caulkir	ng 1430 LF	Х		
Name of Registered Waste Hauler Green Environmental Services, LLC		Н	JDEP Waste lauler ID No. 034889	Cubic Yards of Waste 2	Name of Registered Land G.r.o.w.s. North Lan			1
City, State Jersey City, NJ			Disposal Date 6-12-2017	City, State Morrisville, PA				
Completed by Liliana Serrano	Title Office Manager		gignature	wellen!	Date 5-19-201	7		

other miscellaneous)

(13)

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Date of Notification (1) 5/18/2017				f Building ONT BO			100 500	TION		L MA	Y Z	2 5	2017	7
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Name of Facility Where Abatement is Taki	na Place (2	2)	FACI	LITY INF	ORMATI	ON	Tun	e of Facility	(4)					
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Street Address							Ħ	Subchapte	r 8 (Oth	er than K-12 & commercia		dinas.	home	es.
101 NEW MILFORD AVENUE City (5)		-					San	etc.) are Feet		f Floors		Bldg. A		
DUMONT							Oqu	idio i doi:	,, 0	. , 10010		nag. r	.go	
County (6) BERGEN				Code (7) USE ONLY)		Cur	rent Use (Pri	or if bei	ng demolish	ed)			
Name of Monitoring Firm Hired by Building KARL & ASSOCIATES, INC.	Owner (8)		ASCN	I No.				oatement Co			G, IN	IC.		
Street Address 20 LAUCK ROAD						Street 11 V		ess ELAND AV	'ENUE					
City, State, Zip Code MOHNTON, PA 07628						City, S	State,	Zip Code A, NJ 075						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph			12	License No).			
MIKE KRISHER				6-7700				-8700		00494				
Start Date (10) 5/30/2017	6/5/201		npletion I	Date (11)				SHA Monitor S (9) ABC						
Occupancy Status During Abatement (Che	ck Only On	ne)	ruc messure.			Street	Addr	ess	- U					
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: EXTERIOR; STAR	mal Facility							Zip Code	p Code					
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renova Pemolii					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure								
						×	N	on-Exempte	d (*) an	d Non-Friabl	e Pro	200000	e ement	
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Asbestos-Containing Material (ACM) TO BE ABATED	Mai	d Sole intena	nce/			aining M	1ateri:	al (ACM)		mount Specify	_Z	_	Enc	ш
In Facility (13)	Cust	odial (12)	Staff?	(1.0.	surfac	cing, VA	T, or			or LF)	Remova	Repair	Encapsulate	Enclosure
()-7	Yes	No	N/A		50.15.			´			<u>a</u>	-	late	ıre
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Name of Registered Waste Hauler			JDEP W	aste	Cubic	Yards		Name of	Registe	red Landfill				
TWO BROTHERS CONTRACTING	G	H	lauler ID 8743		of Was			200000000000000000000000000000000000000		NAGEMEN	NT G	.R.C	.W.S	S.
City, State TOTOWA, NJ		- 1	5, 10			al Date		City, Stat		LE, PA				
Completed by VIVECA RAMOS	Title PRO.	JECT	COOF	RDINAT		ignature	10	ank	en	Dat	e 8/20)17		

Chal # 3016

Date of Notification (1)	2605000V				Name of Building Owner	er/Oper	rator (2)					
May 19, 2					BOROUGH OF OAK	LAN)		S	GE	1 1	ME
Agencies Notified		Notification			Street Address					W L	, U	W 15
X EPA	5.0	⊠Initial N			1 MUNICIPAL PLA	AZA			</td <td></td> <td></td> <td></td>			
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X DOL				including	OAKLAND, NJ 07	436		111		AY 2	5 2)1/
☑ DEP- No Longer REQUIRED) .		cation)		Name of Contact MR. Richard Kunz			lele	nhone N	umber		
☑ DOH	´ []	Cance	lled				_	11 .	ADDE	0.700		
2011				FACILITY INF	Borough Adminis	iraio	Г	1	ASBE	LICE		TROL 8
Name of Facility Where Abatemen	t is Takin	g Place (3)		7710127777111	Type of Facility (4)					LIUCI	JAIICA	2
Borough of Oakland - "Lib					☐ School (K-12)							
Street Address					Subchapter 8 (other th	nan K-1	2)					
2 MUNICIPAL PLAZA					☐ Other (i.e. private & co							
					Sq. Feet: N/A # o	f Floo	rs: 2 B	ldg. A	ge: ~7	'0+ yea	ars	
	unty (6)	NEN		Code (7)		- 12	2. 2. 2.					
OAKLAND	BERG	jEN .	State	Use Only)	Current Use (prior if being EQUIPMENT ROOM	ng den	nolished): LIE	RARY B	ASEME	ENT &	
Name of Monitoring Firm Hired by	Plda Ow	nor /9\	ASCM	No								
McCABE ENVIRONMENT		ner (o)	0011		Name of Contractor (9)							
SERVICES, LLC	/ -		001		GREENWOOD ABA	TEM	ENT C	ONSI	JLTAN	TS. IN	С.	
Street Address					Street Address							
464 VALLEY BROOK AVE	NUE #	3A										
					268 MAIN STREET							
City, State, Zip Code					City State, ZipCode							
LYNDHURST, NJ 07071					BUTLER, NJ 07405	i						
Project Manager for Monitoring Fir		Telephone N			Telephone Number			Licer	se Numb	er		
JOHN CHIAVELLO		732-438	4839		973-492-0477			008	40			
Scheduled Start Date (10)	- 5	Scheduled C	Completio	n Date (11)	Name of OSHA Monitor	-		000	40		-	
05/30/17		06/06/17										
					ENVIROVISION, IN	IC.						
Occupancy Status During Abate					Street Address							
Facility Closed/Vacated Durin				nt	20-21 WARGARAW	PO	ND.					
☐ Abatement Performed Outsid Describe	e of Norr	nal Facility	Hours		City, State, Zip Code	NOF	ער					
☑ Facility Occupied During Enti	ra Parioc	of Abatan	nent - Ar	oa Vacatod								
(SUB 8 – OCCUPPIED – M – F					FAIRLAWN, NJ 074	110						
needed)												
Scope of Work (Check all that appl	у)			▼ Full Containment with Negative Pressure								
□ ≥ 3 sf or ≥ 3 lf				Renovation			Enclosu		11.1500			
区 > 160 sf or ≥ 260	lf			Demolition			ebag Pro					
Location of Asbestos-Containing	Te Least	tion Monard		I 6		Non-			nd Non-F			ure
Material (ACM) in Facility (13)		tion Normal by Maint.	ly Useu		pestos Containing Material al systems insulation, surfac	cina.	Amour (Specif		Abatem	ent Typ	<u>e</u>	
	/Custod	lial Staff? (1		VAT, or other miss			or LF)		Remove	Repair	Encap	Enclose
	YES	NO	NA									
Basement & Boiler Room				TSI - Mudded Jo			50 SF		X		-	
Basement & Boiler Room		X		TSI - Flue Pack			10 SF		X			
Basement & Boiler Room				TSI – Aircell Pip			25 LF		X	-	-	\perp
Various Locations		X			eneration Joint Compou	nd	1000 \$	((0)	X		-	
Various Locations		151 - Preformed	f Flue Pipe Insulation		150 S	۲	X		1			
								-	-			
Name of Reg. Waste Hauler	ID#	Outin Vanta (111)	40.4	27	Name	of Regis	tered La	ndfill				
Newark Carting, Inc.		Cubic Yards of Waste:	40 (. T		O.W.S.			iu l			
Newark, NJ 04509									.048			
			Disc	osal Da	te		City, Sta	te				
Notes: None							06/17		1 7	100 New	Ford N	
										Morrisvill 215-736-		9067
Completed by (Print or Type)	Title)			Signature	1		Date		. 10-130-	1700	
RAYMOND C. PEDALING	-	NIOR PE	ROJEC	т	Raymond C. Pe	dal.		-	19, 20	17		
		NAGER		~~~	raymona C. Pe	aatt	na	,		*101976		

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7) GAC Project # 060-17 Name of Building Owner/Operator (2) Date of Notification (1) RUTGERS, THE STATE UNIVERSITY OF NO 5 2017 May 19, 2017 Notification Type Street Address Agencies Notified ENVIRONMENTAL HEALTH & SAFETY DEPT. ☑Initial Notification **□**EPA 27 ROAD 1, BLDG 4086, LIVINGSTONE CAMPUSNTROL & ☐ Amended Notification # ☐ DCA ■ Emergency (including) City, State, Zip Code LICENSING X DOL justification) PISCATAWAY, NJ 08854 ☑ DEP- No Longer REQUIRED Name of Contact Telephone Number □Cancelled X DOH MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) TILLET HALL, BLDG# 4146 ☐ School (K-12) ☐ Subchapter 8 (other than K-12) Street Address X Other (i.e. private & commercial buildings, homes, etc.) LIVINGSTON CAMPUS Sq. Feet: N/A # of Floors: 6 Bldg. Age: 60+ years City (5) County (6) County Code (7) Current Use (prior if being demolished): ACADEMIC (State Use Only) **PISCATAWAY MIDDLESEX** Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Contractor (9) ASCM No. ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **268 MAIN STREET** City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 00840 973-492-0477 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 06/02/17 06/05/17 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours -Describe XOther - Describe: 20-21 WARGARAW ROAD Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED) City, State, Zip Code FAIRLAWN, NJ Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure **Z**Renovation ☐ Mini-Enclosure $\square > 3$ sf or ≥ 3 If X ≥ 160 sf or ≥ 260 lf ■ Demolition ☐ Glove bag Procedure / Wrap & Cut Non-Exempted (*) and Non-Friable Procedure Abatement Type Is Location Normally Used Amount Location of Asbestos-Containing Description of Asbestos Containing Material Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Remove Repair Encap Enclose Staff? (12) or LF) VAT, or other miscell.) YES NO NA Rooms 217, 215A,& 215B X VAT 470 SF X NJDEP Waste Hauler ID # Name of Registered Landfill Name of Reg. Waste Hauler 15 CY Cubic Yards of Waste: G.R.O.W.S. North Landfill See Hauler Below #1 & 2 See Below Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City State 100 New Ford Mill NJDEP # 12561 Rd. Morrisville, Pa Hauler #2) Newark Carting, Inc., Newark, NJ 04509 06/5/2017 19067 NJ DEP # 4509 215-736-1700 Completed by (Print or Type) Signature Date SENIOR PROJECT May 19, 2017 RAYMOND C. PEDALINO Raymond C. Pedalino MANAGER

State of New Jersey - Notification of Asbestos Abatement

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Date of Notification (1) 05/19/2017					Building Sphinell		perator	(2)				MA	Y 2	5 2	017	
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▼ DOL	Amendment Emergency		- L	-	vood, N	J, 074	50									
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Name of Facility Where Al	patement is Takir	ng Place (3)		1 701		O (MATI		Type of	Facility (4)						_
Mona Sphineller									hool (K-12							
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Cit. (5)								etc	:.)							-
City (5) Ridgewood								Square	Feet	# 0	f Floo	ors	B	ldg. A	ge	
County (6)				County (Code (7)			Current	Use (Prior	if be	ina de	emolish	ed)			
Bergen					JSE ONLY))	_				9		-16			
Name of Monitoring Firm I	Hired by Building	Owner (8)		ASCN	l No.				ment Cont							
							MKD	Proper	rty Maint	enai	nce,	LLC				
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Oity, Otate, Zip Code								n, NJ, (
Project Manager for Monit	oring Firm		T	Telephor	ne No.		Teleph	one No.		-	Lice	ense N	0.			
							201-8	399-900	08		013	336				
Start Date (10) 05/29/2017		Scheduled 05/31/2		npletion [Date (11)		Name	of OSHA	Monitor							
Occupancy Status During	Abatament (Char						Street Address								_	
							Sileet /	Address								
Facility Closed/Vacat Abatement Performer Other – Describe: 8:0	d Outside of Norr	nal Facility	ient		_	City, St	tate, Zip	Code								
Scope of Work (Check All	That Apply)															
≥3 sf or ≥3 lf			enova						ontainme	nt with	n Neg	ative P	ressui	re		
≥160 sf or ≥260 lf		☐ De	emolit	ion			×	IVIII-L	Enclosure bag Proce	edure						
									Exempted		d Nor	n-Friabl				_
		cation										Abate Ty				
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TO BE ABAT	<u>red</u>		ntenar odial S	C1107775777		thermal	systems	insulation		(8	Specif	fy	Re	Z.	Encapsulate	Enclosure
In Facility (13)	′		(12)	, tuii .			cing, VAT			SI	F or L	F)	Remova	Repair	nsdı	Josu
Alterial.		Yes	No	N/A									<u>a</u>	7	late	re
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Name of Registered Waste	e Hauler		ΙN	JDEP W	aste	Cubic	Yards	1	Name of R	eaiste	ered I	andfill				
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City, State			111	טט			al Date		City, State			-				
4.1						- inhor		1 '	- · · · · · · · · · · · · · · · · · · ·							

Title Project Manager

Completed by Darko Raloski

Date

05/19/2017

Melville, NY 11747

Signature

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

Date of Notification (1) 5/	24/17			Nam	e of Buildin	g Owner/Operato	or (2) Mcmahoi	.		_		N EN		
Agencies Notified	Type Notification	1		Stree	et Address			IN E	الم	=	11/	7 15		
EPA D DEB	Initial							طرل	ا را	= L				
DEP DOL	Amended Amendment	#		City,	State, Zip (12/12/ 1/20/04/19 10/40/0	101						
EZ DOLL	☐ Emergency (ig				ddonfield, NJ	111 411 65	AV	15	201	7		
DOH DCA	justification) Cancellation			Name	e of Contac			Telephone Num	ber		4.01			
2-21-21					Inc	mas Memah	on	-	-	-	_			
				FA	CILITY INF	ORMATION		ASBE	STOS	CO	NTR	OL &		
Name of Facility Where			927 970				Type of Facility	(4)	LICE	NSI	VG			
	Res	ident	ial				School (K-1	2) 8 (Other than K-1	2)			- [
Street Address							Other (i.e., phomes, etc.	orivate & commerc	ial buil	dings	,			
City (5)							Square Feet	# of Floors	В	ldg. A	27			
	Haddonfie	eld, N	J 080				2500	2	_ _	90	+/-	_		
	amden			USE USE	nty Code (* FONLY)	7) (STATE	Current Use (P	rior if being demol	ished)					
Name of Monitoring Firm		Owner		ASCM	No.	Name of Abater	ment Contractor (9))						
	MECS					Ste	vens Environi	mental Servic	es, Ir	ıc.				
Street Address	PO Box 34	1				Street Address	DO I	Box 322						
City, State, Zip Code	1 O DOX 34	1				City, State, Zip (00X 3ZZ				_		
	sswicks, NJ	0851	.5			Oity, State, Zip t		n, NJ 08501						
Project Manager for Mon				phone	No.	Telephone No.		License No.				=		
	isgarber			710	8-4070		59-9688		0049	3				
Start Date (10)	Sche	duled (ate (11)	Name of OSHA						=		
6/5/17			6/9/1	7			M	ECS						
Occupancy Status Durin	g Abatement (Che	ck only	one)			Street Address	2							
☐ Facility Closed/Vacate	ed During Entire Po	eriod of	Abate	ment			PO E	341				_		
Abatement Performed		al Facili	ty Hou	rs	1	City, State, Zip C	Code					\neg		
Other - Describe:						s, NJ 08515	08515							
Scope of Work (Check a	Il that apply)					Eul Co	Full Containment with Negative Pressure							
≥3 sf or ≥3 lf			enovati			Mini-En	inclosure							
≥160 sf or ≥260 lf		□ De	emolitio	n		Gloveb	hag Procedure kempted (*) and Non-Friable Procedure							
		Is	Locatio	n			empled () and No	III-FIIable Procedu		bate	mont	-		
2 10		N	omally				1		1 "	Typ				
Location of Asbestos-Containing M			Solel		Ashest	Description o os Containing Ma		Amount						
TO BE ABAT	ED '		ustodia	ıl		thermal systems	insulation,	(Specify	Z	П	Enc	四		
IN Facility (13)		1	Staff? (12)	al (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)						Repair	apsı	Enclosure		
(10)		· ·								Ħ	Encapsulate	ure		
		Yes	No	N/A							tb			
Baseme	nt		X		The	Thermal Boiler Insulation 60 sf x								
Name of Registered Was	te Hauler		IN	JDEP \	Waste Cubic Yards Name of Registered Landfill							_		
Stevens Environm		s. Inc	L	auler ID	3.000	of Waste 2 cu	Traine of region	Fairless Lan	dfill					
City, State			_ -	102	1/4_	Disposal Date	City, State/	/ /				_		
127M	Allentown, 1	ŊJ				6/9/17	Low	Morrisville,	PA					
Completed By	Title		20,900			Signature	MI	Date						
Mahlon E. Ster	vens	Pr	oject	Man	ager	_ ///			5/24	/17				

ASB-41

^{*} Do not use this form for asbestos licensure exempted-activities.

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

Date of Notification (1)	24/17			Nam	e of Buildir	g Owner/Operate	or (2) Ramire	7 (5)	E C		7 11	\// [
Agencies Notified	Type Notific	cation		Stree	et Address		Kaiiiiic		5 6	<u> </u>	11	<u>V</u>		
□ EPA	Initial							1						
DEP	Amende Amendr			City,	State, Zip (MAY	Ż	5 20)17		
I	☐ Emerger	ncy (includin	g				Elizabeth, NJ	07201						
☑ DOH □ DCA	justifica Cancella			Name	e of Contac	370		elephana	Number			-		
						salba Ramiro	ez		LIK	EN	SING	L		
Name of Facility 188	A1-1	T 1: 5:	(0)	FA	CILITY INF	ORMATION		-		Territoria de la company				
Name of Facility Where		Residenti					Type of Facili		•••					
Street Address		resident	aı				School (K-	er 8 (Other than	n K-12)					
							Other (i.e., homes, et	private & com	mercial b	uildin	gs,			
City (5)							Square Feet	# of Floor	rs	Bldg	. Age	\neg		
-	Eliza	beth, NJ	0720				1800	2			35+/-			
County (6)	Jnion			Cou USE	nty Code (ONLY)	7) (STATE	Current Use (Prior if being de	emolished	d)				
Name of Monitoring Firm		ding Owner		ASCM	No.	Name of Abate	ment Contractor	(9)				= $+$		
(8)	MECS					Ste	evens Environ	nmental Ser	rvices,	Inc.				
Street Address	DO D	2.41				Street Address		D 644						
0:1-0:1-7:-0-1-	PO Box	341						Box 322						
City, State, Zip Code Cro	osswicks,	NJ 0851	5			City, State, Zip		vn, NJ 085	01					
Project Manager for Mor				phone	No.	Telephone No.	THIOITO	License N				=		
	isgarber		0.000		8-4070		259-9688		004	93				
Start Date (10)		Scheduled (Comple	tion Da	ate (11)	Name of OSHA								
6/2/17			6/9/1	7				MECS						
Occupancy Status Durin						Street Address		Box 341						
☐ Facility Closed/Vacat ☐ Abatement Performed						City State Zin		DUX 341		_		_		
Other - Describe:			., ,,	City, State, Zip Code Crosswicks, NJ 08515										
Scope of Work (Check a	Ill that apply)								=					
★ ≥3 sf or >3 lf		₩ R	enovat	ion			ontainment with N nclosure	egative Pressu	ire					
≥160 sf or ≥260 lf			emolitic			Glovel	pag Procedure							
		le	Locatio	on	Γ	☐ Non-E	xempted (*) and N	ion-Friable Pro	cedure	Aha	tement			
		N	omally	/							ype	١ ١		
Location (Asbestos-Containing N			d Solel ntenan		Asbest	Description of cos Containing Ma		Amount		Т	T_	П		
TO BE ABAT	ED ` ´	C	ustodia Staff?	al		thermal systems	insulation,	(Specify		g .	B Enc	En		
IN Facility (13)	Ni.		(12)			surfacing, VA7 other miscellane		SF or LF)		Remova	Encapsulate	Enclosure		
		Yes	No	N/A			0.00		2	<u> </u>	late	are		
Crawl Sp	ace	×			Th	ermal Pipe Ir	nsulation	6 lf	×		-	H		
Baseme		×				ermal Pipe In		12 lf	_ ×	_	+	\vdash		
									- 1	+	+	\vdash		
									1					
Name of Registered Was			JDEP \		Cubic Yards	Name of Reg	gistered Landfil	1						
Stevens Environn	nental Serv	vices, Inc	. H	lauler II 182	292	of Waste 1 cu		Fairless 1	Landfil	1				
City, State	Sec. 1972					Disposal Date	City, State							
	Allentow	n, NJ				6/9/17	12/	Morrisvi	ille, PA					
Completed By		Title				Signature	177	Da		2.471	7			
Mahlon E. Ste	vens	P1	ojec	Mar	nager	_ ///			5/24/17					

ASB-41

My Diegold

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Check # 26299

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	AS	BEST	OS	CO	NTR(DL &	Bee

							10		1111 1	AM /	5 7	2017	-
Date of Notification (1)				1			er/Operator (2)	The state of the s	III M	AY 4	- 5 2	.017	14
5/24/2017					THE HIBBE		UP						-
Agencies Notified	Type Notificati	ion			STREET ADD	RESS		1	ACRI	STO	CON	TROL	_&
EPA EPA	☐ Initial				400 PENNIN		VENUE		AODI	LICE	NISIN	G	
☐ DEP	☐ Amended	d Amer	dment	#	City, State, Zi	p Code		L		and the same of the same of			
□ DOL		cy (inc	luding		TRENTON,	NJ 0861	8						
□ DOH	justificati	on)			Name of Cont	tact			j.	Telep	hone I	Numbe	35
DCA	☐ Cancella	tion			DAVID D'A	NDREA						_	
				F	ACILITY INF	ORMAT	ION					7.35	
Name of Facility Where Al	patement is Tal	king Pla	ace (3)					Type of Fa	acility (4)				
THE HIBBERT GROU		30 m m m m m m m m m m m m m m m m m m m						☐ School	ol (K-12)				
Street Address									hapter 8 (Oth				
400 PENNINGTON AV	ENUE, THIR	D FLO	OR					Other	(i.e., private				
City (5)							#4	Square Fe	eet	# of I	loors	Bldg. /	Age
TRENTON, NJ													
County					County Code	(7) (STA	TE USE ONLY)	Current U	se (Prior if be	eing de	molish	ed)	
MERCER						constant of a social con-							
Name of Monitoring Firm	Hired by Buildir	a Own	er (8)		ASCM No.	Name of	Abatement Cont	ractor (9)					
MECS		.5				CREAM	I RIDGE ENVI	RONMEN	TAL INC.				
Street Address						Street Ac							
P.O. BOX 341						15 BLA	CK FOREST R	OAD					
City, State, Zip Code				*			te, Zip Code						
CROSSWICKS, NJ 085	15					100 mm	n, NJ 08691						
Project Manager for Monit		Teleni	none N	n		Telephor				Lice	nse No		
WILLIAM WEISGARI		Harris Harr	15-114			609-890				0067	76		
Start Date (10)	DEK				on Date (11)		OSHA Monitor						
		5/24/2		ompion	on Bato (11)	MECS							
5/24/2017 Qccupancy Status During	Abatement (C			·		Street A	ddress						
Facility Closed/Vaca					ent	P.O. BO							
Abatement Performe	377						te, Zip Code						
ESSENTIAL PERSONNE						Franklin more	WICKS, NJ 08	515					
Scope of Work (Check all		141-121	1141			CROSS	WICKS, 110 00	☐ Full (Containment	with N	egative	Press	sure
≥ 3 sf or ≥ 3 lf	i triat apply)				Renova	tion			Enclosure				
					☐ Demolit			Glov	ebag Proced	ure			
≥ 160 sf or ≥ 260 lf					WRAP & C			_			n-Friab	le Pro	cedu
	on	I	101		Non-Exempted (*) & Non-Friable Pro								
5 50 020275	Jsed	Description	n of Asbes	stos Containing						m			
Location of Asbestos Material (ACM) TO BE	ру			hermal systems	Amount ((Specify SF	r Re	R	nca	Enclosure			
Facility (13				/Custo			, VAT, or other		LF)	Removal	pai	psu	OSL
l domity (10	7	Yes	Staff? No	(12) N/A	-	miscellane	eous)			a	-	late	Ire
THE PERSON CONTRACTOR	NEOD.	165	110	INA	PIPE INSU	LATION		80L.F.		X	1	10	
THIRD FLOOR CORE	CIDOR	-	X		WRAP & C			OUL.I.		1	+-		
		-			WRAP & C	.01		-		+	+		
		-						-		-	+		
N		NJDEP Waste		Cubic Yards of	Name of	Registered l	andfill						
Name of Registered Was	ste Hauler				Hauler ID No.		Waste	I vaille of	i togistered t	, with the			
CHAMPION DISPOSA	AL SERVICES	S			32707		5 YDS	GROWS	8				
					152.01		Disposal Date	City, Stat	te		-		
City, State							5/25/2017		SVILLE, P	Α.			
HAINESPORT,NJ		Title				Signatur	ry27-Mar	, , , old	1/	Date	9		
Completed By		45455	CIDEN	ar.		1/1/	107 12	* Al	and.		- 1/2017		
DAVID D'ANDREA		PKE	SIDEN	1		1/1/26	100	. 10	crocce	2 312.	./201/		

Meek# 34xle Print*Form State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 25 MAY 2017 5/22/17 Frank Ench Agencies Notified Type Notification Street Address ASBESTOS CONTROL & **EPA** Initial DEP City, State, Zip Code Amended LICENSING × DOL Amendment # Keansburg, NJ Emergency (including Name of Contact DOH justification) Telephone Number DCA Cancellation Frank Ench FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Duplex Residence School (K-12) Street Address Subchapter 8 (Other than K-12) × Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Keansburg, NJ 3000 75+ County (6) Current Use (Prior if being demolished) County Code (7) Ocean (STATE USE ONLY) Residential Flood Damaged Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Yannuzzi Environmental Services Street Address Street Address 135 Kinnelon Rd suite 102 City, State, Zip Code City, State, Zip Code Kinnelon, NJ 07405 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 908-218-0880 01228 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 5/30/17 5/31/17 Yannuzzi Environmental Services Occupancy Status During Abatement (Check Only One) Street Address 135 Kinnelon Rd suite 102 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code X Other - Describe: abandonded flood house Kinnelon, NJ 07405 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Procedure × Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, (Specify Enclosure Removal Custodial Staff? Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A exterior wall Х Transite Siding 300sf x kitchen and hallway floors Х floor tile 200sf X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Yannuzzi Group Grows/Fairless 17467 10

City, State kinnelon NJ

Completed by John Mucha

Title Project Mang

Total 10

Grows/Fairless

City, State City, State Fairless Hills, PA

City, State Fairless Hills, PA

Date 5/22/17

(1#26525 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 05 Verizon 23 1 17 Agencies Notified Type Notification Street Address **⊠** EPA Initial 1 Verizon Way □ DOLWD M Amended ASBESTOS CONTROL & City, State, Zip Code LICENSING X DHSS Amendment #1 Basking Ridge, NJ 07920 ☐ Emergency (including □ DCA Name of Contact Telephone Number justification) (NJAC 5:23-8) ☐ Cancellation Alex Baylor FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 53 East Mount Pleasant Avenue homes, etc.) City (5) Square Feet # of Floors Bldg. Age Livingston, NJ 10,000 2 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Essex Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. USA Enviornmental JVN Restoration Inc. Street Address Street Address 8436 Enterprise Avenue 47 Foster Road City, State, Zip Code City, State, Zip Code Philadelphia, PA 19153 Staten Island NY 10309 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Mark Jenkins 215-365-5870 718-605-6256 00774 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 02 / 16 / 17 12 / 31 / 17 **Testor Tech** Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 10 59 Jackson Avenue Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: AM-____PM/5:00PM-1:30AM LIC NY 11101 Scope of Work (Check all that apply) □ Full Containment with Negative Pressure
 □ Mini-Enclosure ≥3 sf or ≥3 lf □ Renovation ≥160 sf or >260 lf ☐ Demolition ☑ Glovebag Procedure ■ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Remova Encapsulate Enclosure Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? surfacing, VAT, or IN Facility SF or LF) (12)(13)other miscellaneous) Yes No N/A See Attached \boxtimes П П П

ASB-41 MAY 11

City, State

Name of Registered Waste Hauler

Newark Carting

Hackettstown, NJ

Ralph Barnhardt

Completed By (Print or Type)

Cubic Yards of

Disposal Date

07/31/2017

Signature

Waste

40

Name of Registered Landfill

Date

05-23-17

G.R.O.W.S., Inc.

Morrisville, PA

City, State

NJDEP Waste

Hauler ID No.

NJ-566

Title

Project Manager

2017 CONTROL			
Location of Abestos Containing Materials (ACM) TO BE ABATED	Description of Asbestos Containing Material (ACM)	Amount (SF or LF)	Abatement Type
Basement Boiler Room	Duct Insulation	265 SF	Removal
Basement Boller Room	Boiler Insulation	200 SF	Removal
Basement Butter Room	Pipe Insulation	500 LF	Removal
Basement Boiler Room	Floor Mastic	400 SF	Removal
Basement Battery Room	Pipe Insulation	15 LF	Removal
Basement A/C Room One	Duct Insulation	1480 SF	Removal
Basement A/C Room One	Pipe Insulation	100 LF	Removal
Basement A/C Room One	Pipe Insulation	15 LF	Removal
Basement Outside Storage Room	Floor Mastic	40 SF	Removal
Basement Storage Room	Floor Tile and Mastic	120 SF	Removal
Basement Meter Room	Floor Mastic	90 SF	Removal
Basement HSB Room	Floor Tile and Mastic	180 SF	Removal
Basement Water Meter Room	Pipe Insulation	40 LF	Removal
Basement House Service Board Area	Pipe Insulation	30 LF	Removal

3/27/0

MCK	NC	(P	CATION ursuant PAL J	ate of New Je OF ASBESTO to NJAC 8:60 OB#16-1089	OS A and	12:120)		EG	E			
Date of Notification (1) 03/27/2017				Building Own Patterson		perator	(2)	and the second	MAY	2	5 2)11	
Agencies Notified Type Notification			Street A	ddress ompton Roa	ad				ASBEST	OS (00	TRO	1_8
EPA Initial DEP Amended Amendment				te, Zip Code e, NJ 07470)			-5:5-		1 1-11	511		
Emergency (justification) DCA Emergency (justification) Cancellation	including		Name of Karl Pe	Contact ettit				Tel	ephone Nur	nher	(8		
Name of Facility Where Abatement is Taking	Dlace (3)		FACI	LITY INFORM	IATIC	N	Type of Facility (4	1					
William Patterson University	j Flace (5)						School (K-12						
Street Address 300 Pompton Road	10/2						Subchapter Other (i.e. pretc.)	8 (Oth			dings,	home	es,
City (5) Wayne, NJ 07470							Square Feet 91,500		Floors 3	5 5	ldg. A 6	ge	
County (6) Passaic			County C	Code (7) JSE ONLY)		_	Current Use (Prio University	r if bei	ng demolish	ed)			
Name of Monitoring Firm Hired by Building C TTI Environmental	Owner (8)		ASCM N/A	l No.			of Abatement Cont Environmental					1)	
Street Address 1253 N Church Street							Address 2 Queens Plaza	a Sou	th				
City, State, Zip Code Moorestown, NJ 08057							tate, Zip Code Island City, N	111	01		,		
Project Manager for Monitoring Firm Jeff Seaman		- 1	Telephor 856-88	ne No. 19-5182			one No. 349-0900		License N 28675	0.			
Start Date (10) 05/20/2017	Scheduled 10/20/20		npletion [Date (11)			of OSHA Monitor n McRea						
Occupancy Status During Abatement (Check	k Only One)					Address					-	
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: Normal Hours 7:00ar	al Facility H		urs City, State, Zip Code						17	7777			
Scope of Work (Check All That Apply)					36	Bayonne, NJ 07002							_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	(Second	nova molit				×	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure					
	Is L	ocati	on				1 Non-Exempled	() ain	1 NOII-FIIAD		Abate	ment	
Location of		rmal Sole		Ashaetas (cription	of aterial (ACM)	^	mount	-	Ту		
TO BE ABATED In Facility (13)	Asbestos-Containing Material (ACM) TO BE ABATED In Facility Used Maint Custoo						insulation, T, or eous)	(S	pecify or LF)	Remova	Repair	Encapsulate	Enclosure
e 16	Yes	No	N/A							a	7	late	Ге
Basement							tion	3,5	75 LF	Х			
					2017/2011-2012								
					-								
Name of Registered Waste Hauler	1 1	Н	JDEP W lauler ID 4310	No. of	ubic Y Wast	e	Name of R		red Landfill rprises				
City, State Shirley, NY 11967		12.	1010	Dis	sposa	Date	City, State	_	OH 446	38	5-5		
Completed by Ann A. Ali	Title Compl	iand	e Adm			gnature		91	Da		2017		

Print Form-

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Date of Notification (1) 05/18/2017					of Building		Operator	r (2)			l N	IAY 2	5	201	7
Agencies Notified	Type Notification	1		Street A	Address					1				201	1
X EPA	× Initial									5	ASBE	STOS	00	NITO	010
x DEP	Amended		1		ate, Zip C					*****************************	The bod box	LICE	NSI	VG VIE	UL &
	Amendmen Emergency		-		ewood, I		40			100000000000000000000000000000000000000		-	************		
Ĭ DOH	justification)	1		of Contact Kimow					Telep	hone N	ımber			
DCA	Cancellatio	n ————		0.10.2000.000.000			ION	_							
Name of Facility Where A	Abatement is Taki	ng Place ((3)	FAC	ILITY INF	ORMAI	ION	Тур	ne of Facility (4)						
Street Address									School (K-12)			10)			
Oli CCI / Galess								×	Subchapter 8 Other (i.e. priv				dings	, hom	es,
City (5)									etc.)				15		
Maplewood								N/A	uare Feet A	# of FI	loors	1000	Bldg. A	Age	
County (6) Essex					Code (7) USE ONLY)			rent Use (Prior ouse	if being	demolis	shed)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)	ASC	И No.		Name D&S	of Al	etement Contra etement, Inc.	actor (9))			-	
Street Address	1000					1-360	Street	Addr							
City, State, Zip Code							- Inches 100		Zip Code	IE					
						Toto	wa,	NJ 07078							
Project Manager for Moni	toring Firm		Telepho	ne No.		Teleph 973-3			7500	icense l 1311	Vo.				
Start Date (10) 05/31/2017		Schedul 06/01/		mpletion	Date (11)				SHA Monitor atement, Inc.						
Occupancy Status During		1,00	87	Secure of the second			Street .		ess ngren Avenu	۵			=====		
Facility Closed/Vaca Abatement Performe	d Outside of Norr	Period of nal Facilit	Abaten y Hours	nent S					Zip Code				25-1-1		
Other – Describe: 00							Totov	wa,	NJ 07512						
Scope of Work (Check All	That Apply)							-							
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		(Section 1982)	Renova Demolit				×	N G	ull Containment lini-Enclosure lovebag Proced on-Exempted (*	dure				0	
		le le	Locati	ion				3 14	on-Exempled () and iv	UII-F Ha	JIE FIU	Total South	ement	
Location	of		Normal	ly		Des	scription	of					Ту	ре	
Asbestos-Containing N			ed Sole intena			tos Cont	aining M	lateri	al (ACM)	Amo				Ш	_
TO BE ABA In Facilit		Cus	todial S	Staff?	(I.e.	thermal surface	systems cing, VA		lation,	(Spe SF or		Rem	Re	ncap	inclo
(13)			(12)				niscellan)	91 61		Remova	Repair	Encapsulate	Enclosure
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Print Form

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Date of Notification (1) 05/18/2017					of Building		Operator	r (2)				MA	Y 2	5	2017	7
Agencies Notified	Type Notification			Street /	Address					1	100			00		01.0
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Name of Monitoring Firm H N/A	ired by Building	Owner (8)	ASC	M No.		Name D&S	of Aba	atement Cont tement, Inc	ractor	(9)					
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Project Manager for Monito		Telepho	ne No.		Teleph 973-3	none N	lo.		Licens 0131							
Start Date (10) 05/30/2017		Schedul 05/31/		npletion	Date (11)				HA Monitor ement, Inc							
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Facility Closed/Vacate Abatement Performed Other – Describe: Occ	Outside of Norn	Period of nal Facility	Abaten y Hours	nent s			City, S	tate, Z	ip Code JJ 07512							
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D&S Abatement, Inc.	Name of Registered Waste Hauler 0&S Abatement, Inc.					of Was			Name of Re Waste M				PΑ			
City, State Totowa, NJ							al Date		City, State Morrisville	e, PA	١					
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Print Form

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

Check# 3014

GAC Project # 060-17 Date of Notification (1) Name of Building Owner/Operator (2) May 19, 2017 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type □Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. **D**EPA XAmended Notification #1 -27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS DCA Additional Locations and City, State, Zip Code X DOL PISCATAWAY, NJ 08854 Quantity ■ DEP- No Longer REQUIRED □ Emergency (including Name of Contact Telephone Number X DOH MICHAEL SMITH, ENV. justification) **HEALTH & SAFETY** □Cancelled FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) SCHOOL OF DENTAL MEDICINE, BLDG# 7253 ☐ School (K-12) ☐Subchapter 8 (other than K-12) 2 5 2017 MAY Other (i.e. private & commercial buildings, homes, etc.) RBHS NEWARK CAMPUS Sq. Feet: N/A # of Floors: 4 Bldg. Age: 60+ years City (5) County (6) ASBESTOS CONTROL & County Code (7) Current Use (prior if being demolished): NEWARK **ACADEMICIOENSING ESSEX** (State Use Only) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **268 MAIN STREET** City, State, Zip Code City State, ZipCode BURLINGTON, NJ BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 05/19/17 05/22/17 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement ■Abatement Performed Outside of Normal Facility Hours -Describe Other - Describe: 20-21 WARGARAW ROAD Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED) City, State, Zip Code FAIRLAWN, NJ Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure $\boxtimes \ge 3 \text{ sf or } \ge 3 \text{ lf}$ **X**Renovation ☐ Mini-Enclosure □ > 160 sf or > 260 lf ■ Demolition Glove bag Procedure / Wrap & Cut Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) Remove Repair Encap Enclose VAT, or other miscell.) or LF) YES NO NA B826 X MASTIC 100 SF X B824 X MASTIC 100 SF X B819 X MASTIC 100 SF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill 10 CY Cubic Yards of Waste: See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 12561 100 New Ford Mill Hauler #2) Newark Carting, Inc., Newark, NJ 04509 Rd. Morrisville, Pa 05/22/2017 NJ DEP # 4509 19067 215-736-1700 Completed by (Print or Type) Signature Date SENIOR PROJECT RAYMOND C. PEDALINO May 19, 2017 Raymond C. Pedalino MANAGER

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

GAC Projec, # 060-17 Date of Notification (1) Name of Building Owner/Operator (2) May 9, 2017 RUTGERS, THE STATE UNIVERSITY OF NAME Agencies Notified Notification Type Street Address ☑Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. **DEPA** ☐ Amended Notification # 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS DCA □ Emergency (including City, State, Zip Code X DOL LICENSING justification) PISCATAWAY, NJ 08854 DEP- No Longer REQUIRED □ Cancelled Name of Contact Telephone Number DOH MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) SCHOOL OF DENTAL MEDICINE, BLDG# 7253 School (K-12) Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) **RBHS NEWARK CAMPUS** Sq. Feet: N/A # of Floors: 4 Bldg. Age: 60+ years City (5) County (6) County Code (7) NEWARK Current Use (prior if being demolished): ACADEMIC ESSEX (State Use Only) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 268 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON. NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 05/19/17 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours -20-21 WARGARAW ROAD Describe City, State, Zip Code ☑Other - Describe: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED) FAIRLAWN, NJ Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥ 3 sf or > 3 If Renovation ☐ Mini-Enclosure ≥ 160 sf or > 260 lf Demolition Glove bag Procedure / Wrap & Cut Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) VAT, or other miscell.) Remove Repair Encap Enclose or LF) YES NO NA B826 X MASTIC 100 SF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste: 5 CY Name of Registered Landfill See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 12561 100 New Ford Mill Hauler #2) Newark Carting, Inc., Newark, NJ 04509 Rd. Morrisville, Pa 05/22/2017 NJ DEP # 4509 19067 215-736-1700 Completed by (Print or Type) Date RAYMOND C. PEDALINO SENIOR PROJECT Raymond C. Pedalino May 9, 2017 MANAGER

CK 3234

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

			(P	ursuant	to NJAC 8	:60 and	1 12:12	0)		E	E	N.	\mathbb{V}		7	
Date of Notification (1) 05/11/2017			±	Name o	f Building O ence)wner/C	perator	(2)	Br	1 10		13	LJ .		Appropriate of the control of the co	
Agencies Notified	Type Notification			Street A	ddress				C	W	Y 1	8 2	017	-	IJ	
EPA DEP DOL DOH	Initial Amended Amendment Emergency justification)			New N	ate, Zip Cod Milford, N. f Contact		646		Solid	181	Haz)US	Wa	ste	Consequence of Conseq
DCA	Cancellation			Gary L	_atero				N.	4						
Name of Facility Where A	Abatement is Takin	g Place (3	3)	FACI	LITY INFO	RMATIO	ON	E	of Facility	ni Cia						
Street Address									School (K- Subchapte Other (i.e. etc.)	r 8 (Ot	her tha	n K-12 nmercia) al build	dings,	home	es,
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Name of Monitoring Firm A. Seine Lighthouse		Owner (8)	•	ASCN	No.		Brink	s Tan	ement Co k Servic			E	G	5	\mathbb{V}	15
Street Address PO Box 354							1256		ty Aveni	ie a		M	AY	2 5	201	7
City, State, Zip Code South Orange, NJ 0									p Code J 07205							
Project Manager for Mon Sarah Calandra	itoring Firm		Telephor 201-34	ne No. 19-2666		10.00 Com \$500	none No 462-7		Canal or A	Lice - 013	ครั้ง 16	LICE	NSI	NTF NG	OL E	
Start Date (10) 05/26/2017		ed Con 2017	npletion	Date (11)				A Monitor ighthous		lution	s		(1.414	É		
Occupancy Status During	g Abatement (Chec	k Only Or	ne)					Addres								
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire F ed Outside of Norm	Period of A	Abatem / Hours	ent		_	City, S	tate, Zi		0707	9					
Scope of Work (Check A ≥3 sf or ≥3 if ≥160 sf or ≥260 if	ll That Apply)	Contraction of the last of the	Renova Demolit				×	Min Glo	Containm i-Enclosur vebag Pro i-Exempte	e cedure	9				e	
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City, State East Orange, NJ			Dispos	al Date		City, Star		, PA								
Completed by Alison Lamers		nager		Si	gnature	an	reli	5		Dat 05	e /11/2	2017				

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

Ck#1013

Date of Notification (1) 4/20/17					Building O	wner/Operato	r (2)		Γ	Jum >	P	<u></u>		1 00
Agencies Notified	Type Notification			Street Ad						In).	E	C_		I W
	2.0		ì	Street At	uuress				170	man X	250429 MMO4109			
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DOL DOL	Amendmen	t #	11		awn, NJ	6				U U	M	AY	25	201
	Emergency	(including			Contact				Toloph	one Nh	mbar			
DOH DCA	justification) Cancellation		- 1 '	varrie or	Comaci				Teleph	one Nu A	SBES	TO	3.00	MITTO
	Caricellation			EACII	LITY INFOR	MATION			L	, ,	0020	HOS	:NSI	NG NG
Name of Facility Where	Abatement is Takir	ng Place (3)		1 ACIL	LITTIMFOR	MATION	Ty	oe of Facility (4)				MATERIAL W.	Mathematica de la sera	THE RESPONSIBLE Y
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Street Address							H	School (K-12) Subchapter 8		an K-1	2)			
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Fair Lawn								100	2	iors		8ldg. / 50+	age	
County (6)				County C	oda /7\						- 1	+00		
Passaic			(County C STATE U	ISE ONLY)			rrent Use (Prior esidential	ir being d	emolis	ned)			
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n/a						Street								
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City, State, Zip Code n/aa						5400		Zip Code						
							0.000	, NJ 07026						
Project Manager for Mon	itoring Firm		1	elephon	ie No.	Teleph				ense N	lo.			
n/a				n/a		9734	460.	6026	01	255				
Start Date (10)		Scheduled	Comp	oletion D	ate (11)			SHA Monitor						
5/8/17		5/12/17						y Contracting	g Inc					
Occupancy Status During	g Abatement (Chec	k Only One))			Street								
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Abatement Performe	ed Outside of Norn	nal Facility H	lours			City, S	tate,	Zip Code						
Other - Describe.	occupied House			-		- Garf	ield	NJ 07026						
Scope of Work (Check Al	ll That Apply)												100	
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Garfield, NJ					1	ΓBD		Morrisville	e, PA					
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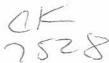
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Agencies Notified	,	No	otification	Type		Street Address				341	<u> </u>	9 / 11	
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BUSCH CAMPUS						Sq. Feet: N/A #	of F	loors: 3	Bldg	g. Age:	60+ y	ears	1
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PISCATAWAY	MID	DLE	SEX	(State I	Jse Only)	Current Use (prior if being	g dem	olished	: ACA	DEMIC			
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Name of Monitoring Firm Hire	d by Bldg.	Owne	er (8)	ASCM	No.	Name of Contractor (9)							
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						GREENWOOD ABAT	LEWI	ENT C	ONSU	LTAN	TS, INC	•	
Street Address						Street Address							
3 TERRI LANE													
						268 MAIN STREET							
City, State, Zip Code						City State, ZipCode							
BURLINGTON, NJ	08016					BUTLER, NJ 07405							
Project Manager for Monitorin		TTe	elephone N	lumber		Telephone Number			Licens	e Numb	er		
BRIAN KEARNY			09-386-										1
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Scheduled Start Date (10)		So	cheduled C	ompletio	n Date (11)	Name of OSHA Monitor							
06/02/17		06	6/05/17			<u>'1</u>							
						ENVIROVISION, INC)						
Occupancy Status During A						Street Address							
☐ Facility Closed/Vacated D	During En	tire Pe	eriod of Al	batemen	t								
☐Abatement Performed Ou	utside of N	Norma	al Facility	Hours -									
Describe													
☑Other – Describe:						20-21 WARGARAW	ROA	D					
Schedule: 5PM - 5AM (2	4 HOUR	S &	WEEKE	NDS AS	S NEEDED)	City, State, Zip Code							
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Scope of Work (Check all that	t annly)											-	
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Name of Reg. Waste Hauler		N.	JDEP Was	te Hauler	ID#	Cubic Yards of Waste:	15 (CY			stered Lai		
See Hauler Below #1 &	2	Se	ee Below	7					G.R.C	D.W.S.	North I	_andfi	11
Hauler #1) Greenwood Abat	amant Ca	neulta	nte Inc	Rutler N	ST 07405		Disn	osal Da	e		City, Stat	e	
NJDEP # 12561	ement Co	usutta	ints, inc. –	Butter, I	10 0/403		2100	Jour Da	<u></u>		100 New		Aill
Hauler #2) Newark Carting,	Inc. New	ark N	NJ 04509				001	5/204	7		Rd. Morr		SEC. 200
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			NAGER			Raymond C. Pe	dalir	no		,	-,		1

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

CK 7527

	ate of Notif	ication 5/17/	17		of Building C	Owner	/ Operator (2)		[hose]	FCI	
Agend	ciesNotified EPA DEP	la company and a company of the	fication gency Notifica Notification	Street	Address State & Zip Co	ode					
X X	DOL DOH DCA	Amer	nded Notification ellation	on Mana Name	squan, NJ of Contact line Jones		6		A A		2 5 2017 ne Number
	20/1				ACILITY INF	FORM	//ATION		1 1	LICE	NSING JL 8
			nent is Taking nt Residenc	Place (3)			pe of Facility (4) School (K-12)				Section of the sectio
Street	Address	906 J	ordan Avent	ie		_	Subchapter 8 (Other (i.e., priv		ercial buildi	ngs, home	
City (5			County (6) Monmouth	County C	ode (7)	Cur	2,500 rrent Use (Prior in		2		60
Envir	of Monitorinotactics Address	ng Firm Hired	by Building O	wner (8)	ASCM No.	Nar Gl o	ne of Abatement				
1330 City, S	Laurel Ave	ode				443	eet Address Schoolhouse , State & Zip Co			****	
Project Christ	topher Pe	or Monitoring schock	Firm	Telephone 732-449-0		Tele	nroe Townshi ephone Number 2-605-9062	p, NJ 088	License	Number 0071	4
	5/29/17	npletion Date	e (11)	Glo	ne of OSHA Mor bbal Abatemer		s, LLC				
X F	acility Close	ement (Check Juring Entire P tside of Norma	eriod of Abat		443 City	eet Address S Schoolhouse , State & Zip Connroe Townshi	de	31			
X C	emolition arge Projec luantity is ≥	3 SF or ≥ 3	Renovat	ion		Lamana	X Mini-Enc		h Negative	Pressure	
	Asbes Mat <u>TO B</u>	ocation of tos-Containin erial (ACM) <u>BE ABATED</u> n Facility (13)	g	Is Location Normally U Solely by Maintenance Custodial S (12)	sed y e or taff? in	Asbe Ma (i.e., to sulation	escription of estos-Containing aterial (ACM) thermal systems on, surfacing, VA er miscellaneous	Sq L AT	Amount (Specify uare Feet o inear Feet)	r (Speci	ement Type fy: Removal, Repair, osulation or oclosure)
	В	edroom		N/A		Ce	eiling paint		160SF	R	emoval
Name of Registered Waste Hauler Freehold Cartage City, State					te Hauler ID a	#	Cu. Yds. of Wa 5 Disposal Date	GF	me of Regis	tered Lan	dfill
Fr Comple	eehold, No eted By (Prin ninick Trin	nt or Type)	Title Manage	r			6/4/17 Signature		rrisville, F	PA	Date 5/17/17
							1				

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



Date of Noti	fication 5/17/	17		Name	of Buil	ding Own	er / Operator (2)		limit or the second second		
					n Mart		,	l'i	- Com	@ F	n n <i>n</i> m
AgenciesNotified					Addres	SS		A COLUMN TO THE PERSON TO THE		U B	I W E
EPA	1	550 05	y Notificat								
DEP			ication			Zip Code		# and 11			
X DOL	10000000		Notificatio			J 07111		1		AY 25	
X DOH	Cano	ellatio	n		of Con			i		Telephor	ne Number
DCA	L			Karer	n Mart	in		1	ASF.		L S JUHING
				FA	CILITY	INFOR	MATION		***	LICENS	
Name of Facility \		ment i		Place (3)		T	ype of Facility (4) School (K-12)			= ==	e e ., .
Street Address)	Subchapter 8 (X Other (i.e., priv			ngs, home	es, etc.
						S	quare Feet	# of Floors	E	Bldg. Age	
City (5)		Coun	nty (6)	County C	Code (7)	3,000	2			70÷
Irvingt	on	Esse	ex				urrent Use (Prior i	f beina demol	ished)		
							esidence	3			
Name of Monitori Environmental		by Bu	uilding Ow	vner (8)	ASCN N/A		ame of Abatemen				
Street Address							treet Address				
64 Broad Stree	t					44	43 Schoolhouse	Road			
City, State & Zip (Ci	ity, State & Zip Co	de			
Matawan, NJ 0							lonroe Townshi	p, NJ 08831			
Tom Geiger	ject Manager for Monitoring Firm m Geiger						elephone Number 32-605-9062		License N	lumber 00714	
Scheduled Start E 5/28/1	STATE OF THE PROPERTY OF THE PARTY OF THE PA	Sched	uled Com	pletion Dat 6/4/17	e (11)	100	ame of OSHA Mor lobal Abatemer		LLC		
Occupancy Status X Facility Clos					tement		treet Address 43 Schoolhouse	Road	300011000000000000000000000000000000000		
Abatement	Performed Ou	utside	of Norma	I Facility Ho	ours -	Ci	ity, State & Zip Co	de			
Describe:				18.7A		M	lonroe Townshi	p, NJ 08831			
Other - Des	cribe:										
Scope of Work (C	heck all that a	apply)									
Demolition			Renovation	on			Full Cont	ainment with	Negative F	ressure	
Large Proje	ct						Mini-Enc				
X Quantity is 2	≥ 3 SF or ≥ 3	LF AC	CM				X Glovebag	Procedure			
	≥ 160 SF or ≥							Non-friable			
L	ocation of			Is Location	on		Description of		mount	Abater	ment Type
	stos-Containir	ng		Normally U	Ised	Ast	bestos-Containing		Specify		y: Removal,
	terial (ACM)			Solely b			Material (ACM)		are Feet or		epair,
	BE ABATED			Maintenand			., thermal systems		ear Feet)		sulation or
3	in Facility (13)		1	Custodial S (12)	tan?		ation, surfacing, VA			Enc	closure)
	(10)		1	(12)		01 01	iner miscenarieous	''			
В	asement			N/A			TSI Pipe	- 6	30 LF	Re	moval
										1.0	
Name of Register	ad Wasta Har	ılor		NJDEP Was	oto Hou	lor ID #	Cu. Yds. of Wa	oto Name	of Dogist	orad Lan	dell
Freehold Carta		uici	1		18693		8 8		e of Regist berland		um
City, State	9-				10000		Disposal Date		State	County	
Freehold, N	IJ						6/4/17		burg, PA		
Completed By (Pr		T	Title				Signature		<u> </u>		Date
Dominick Tri		1.0	Manager	ſ			Dominick Tr	ingali			5/17/17

Paragon Job#



State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

	E	G	E		\mathbb{V}	E	
N	í	MAY	2	5	2017		

D 1 (N-1/5-1/ //)	II Na	me of Buildi	na Owne	r/Operator (2)			14 -	24 ()			1	HERMAN .
Date of Notification (1)	- 11		X28	of the City o	f Flizal	neth	į į		name of the Post of the Post			
Agencies Notified Type Notification		eet Address		of the City o	Liiza	5011	At	BESTOS LICE	HSIN	H TA JG	DL ü	
☐ EPA ☐ Initial		88 Maple	Ave				y m - + 2 1 day an	to the	\$ 18 had 5.7	- Commonweal	e . Sharren	
DEP Amendm	11	y, State, Zip					Marie Constitution of the					
DOL Amendment # _		Elizabeth,		2.				- 35				
DOH Emergency (i		me of Conta			independent in the		Telepho	ne Number	VV			
justification) DCA Cancellat	ion	Michael M	Indoires					F				
L BOX L Cancellat	1011	Michael N										
			FACIL	ITY INFORM	ATION		I= 15 W	740				
Name of facility where abatement is	taking plac	e (3)					Type of Facility Scho	ol (K - 12)				
Farley Towers							Subc	hapter 8 (Ot	her th	an K-	12)	
Street Address								(Private/Co		rcial		
22.01							Square Feet	# of Floors		Blo	g. Age	
33 Cherry St.	Count	v (6)			Coun	ty Code (7)	10,000 SF	12		65		
City (5)	Journ	J (0)			1	e use only)	Current Use (I	Prior if being	dem	olishe	d)	
Elizabeth	Unio	n					Apartment E	Building				
Name of Monitoring Firm Hired by E	ldg. Owne	r (8)		ASCM No.		Name of Abatement	Contractor (9)					
Certified Health and Safety Ser	rvices, LL	.C.				Paragon Contract	ting, Inc.					
Street Address						Street Address						
1902 Taylor's Lane Suite A						590 River Rd.			Dec 2000 AND			
City, State, Zip Code	***************************************					City, State, Zip Code	ar.					
Cinnaminson, NJ 08077		I Di	- Ni			Clifton, NJ 0701	14	License	Numb	er		_
Project Manager for Monitoring Firm			ne Numb			(973) 614-1600		00748				
Harry Smith			5-829-44			Name of OSHA Mon						
Scheduled Start Date (10)	Sched	Completion	Date (11)		Paragon Contrac	ting, Inc.					
05/17/2017	_	/2017				Street Address						
Occupancy Status During Abatemen						590 River Rd.						
Facility closed/vacated during Abatement performed outside Describe:	of normal f	acility hours	nent. -	¥:		City, State, Zip Code						
Other-Describe: Bioler Room	Under Cont	ainment			_	Clifton, NJ 070	14					
Scope of Work (check all that apply								_				
☐ Demolition	Renovatio	n			⊠ F	ull Containment w/ne	T	☑ Glovel				92
☐ > <u>3</u> sf or > <u>3</u> If	≥160 sf or	≥260 If				lini-enclosure	☐ Non-Exe	empted (")	Non-f		proce	dure
Location of		n normally u		1				o	e R	R	E n	E
asbestos-containing	staff(12)	nance/custo	odiai			sbestos-containing	Amount (Specify		m	р	С	n
material to be abated in facility (13)	Yes	No	N/A	material	(ACIVI)		ĹF)		v	i	a p	L
			7.30	N. T.			610 LF	- Notes	e	1		
Boiler Room Maintenance Shop				Pipe Insula			460 LF			H	H	H
Boiler Room	LX			Tipe msun	ation		100 11		H	H	Ħ	一
				1					Ħ	H	Ħ	
									T	厅	盲	
Registered Waste Hauler	IN.ID	EP Hauler II	D# C	Ubic Yards of	Waste	Name of Registered	d Landfill		1			
Paragon Contracting, Inc.	22		5330	15 cyds		GROWS/Tullyt				LLETTONICO	Company of the	
City, State			Disposal I	Date		City, State	The state of the s					
Clifton, NJ 07014			TBD	T Cignotus		Tullytown, PA		Date		-	-	
Completed by (Print or Type)	Title Presider	·+		Signature		fle.		05/16	/2017	7		
Goran Lazevski	Fresider	II.							-	-		

ay 16 2017 03:43PM NJ	Asbestos	Control 609.63	3,0664	page 1	hand	EGI	3 1	W	E
05/15/2017 13:52	97351	49955		PARAGON .		-	age	82	/84
Paragon Jobs	1025	(Pursua	cation of Asi int to NJAC I	of NJ bestos Abatement 3:60-7 and 12:120-7)		- MAY - 10 10 ASBESTO	7	NTE	
Date of Natification (1)	11	me of Building Ow			W:/-	1	1/2	VO	Ť
Agencies Notified Type Notifie	stion Str	lousing Authorit	y of the City o	of Elizabeth			_		_
DEP Initia		88 Maple Ave.		8.77	WAIVE	3 APPRO)\'E.[<u>) </u>	
DOL Amendment		y, State, Zip Code							
DOH Emergen	y (includi for	Elizabeth, NJ 072	202		- Absorbin	ns Number	W-1-		K.
and the second second		Michael Modeiro	19		Telepho	I TOUR TOUR			
			LITY INFORM	ATION				_	
from Uf Saliky where postemen	it is taking plac	e (3)			Type of Facility				_
Farley Towers	19				- Inner	ol (K = 12) hapter B (Othe		w 151	
Street Address	and the state of t				☐ Other	(Privata/Comi ./Homes, stc.			
33 Cherry St.	County	人信		The state of the s	Square Feet	# of Floors	10	idą. A	da
a, (2)	Georg	(10)		County Code (7) (State use only)	10,000 SF Current Use (F	12 Dries if helses d	63	-	
Elizabeth Jerne of Monitoring Firm Hired b	Union			· ·	Apartment B			1900/1	
Certified Health and Safety			ASCM No.	Name of Abateme	전 왕		-	and annual or	and the same
treet Address	Services, LLA			Paragon Contra	icting, Inc.	(a) (a) -			
1902 Taylor's Lane Suite A			MOMP.	590 River Rd.					
ty, State, Zip Code Cinnaminson, NJ 08077				City, State, Zip Cos			ACCUPATION OF THE PARTY OF	unite e eng.	ML APRA
oject Manager for Monitoring Fi	rm	Phone Numb	oer	Clifton, NJ 07		Licanse Nu	1000	70 a 6 5 5 6	SARK)
farry Smith		856-829-4	163	(973) 614-160	00	00748	.commerce	VALUE OF THE PARTY	accordo.
neduled Start Date (10)	Sched.	Completion Date (1		Neme of OSHA Mo					
5/17/2017	05/30/3			Paragon Contri	egling, inc.		- Corner	cid file	
cupancy Status During Abatem Facility closed/vacated during			-	590 River Rd.				Managa	minch
Abstement performed outek	is of normal fac	cility hours-		City, State, Zip Coo		72			
Other-Describe: Binker Kod		nment		Clifton, NJ 07	014	to reacted Witnesser		ures.	
cope of Work (check all that ap	됐습니다. 그렇다 이 그는						52.0		
☐ >3 sfar >3 ir		980 IF		☑ Full Containment w/r ☑ Mint-enclosure		Glovebag			edu
Location of aspestos-confaining material to be	ls location r by maintant steff(12)	normally used solel ance/ousledisl	Description	n of esbestos-containing	Amount	R e m	Rep	III C C	E
absted in feality (13)	Yes	No N/A	material (AGM)	(Specify I	SF OF O	1	9 8 0	1
oiler Room Maintenance Shop	X		Pipe Insulat	ion	610 LF	S DX	HÓ	15	1
oiler Room	X		Pipe Insulat	lon	460 LF	×	THE PERSON NAMED IN		I
									L
							H	#	1
pistered waste Hauler sragon Contracting, Inc.	NUDEP 2216		upic Yalds of V	Vaste Name of Registers GROWS/Tully			l lead	[land	15
y, Stale Clifton, NJ 07014		Olsposal D TBD	TO ME TO SHARE AN ADDRESS OF THE PARTY.	City, State [Lillytown, PA					and the last
impleted by (Print or Type) Coran Lexevski	President	The state of the s	Signatura	11.		Date 15/16/201	7	w 1.00 m	

Paragon Job#

CKIODY

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

ME	C	E		E	M
IK!					
	MAY	25	2017		14

Date of Notification	(1)	Na	me of Buildi	ing Owner	/Operator (2)							T	
10 15 1/11 16	1/117		ateway El	H 4/5, LI	LC			ASDE	erne co	TIME	DOI	-	
Agencies Notified	Type Notification		eet Address					CA LO FAL ALTERNATION	LICENS	ING	ang ang a	,	
☑ EPA	Initial	2	250 Memo	rial Dr.									
☐ DEP	Amendme	nt City	y, State, Zip	Code									
■ DOL	Amendment#		Camden, N					Telephone	Number				
M DOH	Emergency (in justification)	Nar	me of Conta	ict				relephone	idallipei				
☐ DCA	Cancellation	on .	Chris Con	don						_			_
-				FACIL	ITY INFORM	ATION							
Name of facility wh	nere abatement is t	aking plac	ce (3)					Type of Facility (4)					
Warehouse									oter 8 (Othe	er tha	n K-1	2)	
Street Address									rivate/Com omes, etc.	merc	ial		
1125-1151 Wr	ight Ave								of Floors	T	Bld	g. Ag	e
City (5)	ight Ave.	Count	y (6)			Count	ty Code (7)	13,400 SF 0			110		
only (o)						(State	use only)	Current Use (Price		lemo	lished	d)	
Camden		Cam			1001111		Name of Abatement	Vacant Buildin	g		_		
Name of Monitoring	ng Firm Hired by Bl	dg. Owner	r (8)		ASCM No.	- 11'							
Langan Engine	ering					 ₁	Paragon Contrac	mg, mc.					
Street Address	4th Elean						590 River Rd.					.5.	
300 Kimball D						-	city, State, Zip Code						
Parsippany, N.							Clifton, NJ 070	14					
Project Manager fo			Pho	ne Numbe	er		Telephone Number		License No 00748	umbe	er		
Langan			973	3-560-49	00.		(973) 614-1600 Name of OSHA Mon		00748	_			
Scheduled Start D	ate (10)	Sched	. Completion	n Date (11)		Paragon Contrac						
05/31/2017		06/09	/2017			=	Street Address						
Occupancy Status							590 River Rd.						
Facility close	ed/vacated during e performed outside	entire perio	od of abater	nent.			City, State, Zip Code						
Describe:	benormed outside (Ji iloiinai i	acility flours				Clifton, NJ 070	14					
Other-Desc						$= \coprod$	Cirton, 143 070		1.4	1 3	_		
Scope of Work (c	check all that apply		_			Пы	ull Containment w/ne	egative pressure	Gloveba	g pro	cedu	re	
2		Renovatio				200	lini-enclosure	Non-Exem					dure
3 sf or 3		39	n normally u	ised solely	vI					R	R	E	E
Location of asbestos-co		by mainte	enance/cust		1	tion of as	sbestos-containing	Amount		e m	e p	n	n
material to	be	staff(12)		T	materia			(Specify S	For	0 V	a	а	L
abated in fa	acility (13)	Yes	No	N/A						е	r	р	-
Offices					VAT&Ma	stic		1,150 SF				片	岩
Hallway					Drywall			450 SF			H	片	ዙ
										屵	님	H	卄
					 					片	片	H	旨
Registered Waste	Hauler	INID	EP Hauler I	D# 17	Cubic Yards o	Waste	Name of Registere	ed Landfill		<u> </u>			
Paragon Contra			161		16 cyds		GROWS/Tully					-	
City, State				Disposal I	Date		City, State						
Clifton, NJ 07				TBD	Leignatura	_	Tullytown, PA		Date				
Completed by (Pr Goran Lazevs		Title Presider	nt		Signature				05/16/2	017			14
Goran Lazevs	IXI	1 1 Coluct	16								THE COLUMN		

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

DEGELVED MAY 2 5 2017 D

												Lende
Date of Notification (1)	-16-17			Na		ing Owner/Operato	t DEV	cloenes	700	1 1797/		1
Agencies Notified	Type Notifica	tion		Str	eet Addres	s		TICE	-		101_	ŭ.
	Initial			_			SSBORD	VCD				
X DOL	Amended Amendme	nt#		Cit	y, State, Zip		110	= 5 815	- ,	10.		_
1	☐ Emergenc	y (includ	ing	L		1000BURY	r HEIG	HTS NIJ	()हर	7	\mathcal{L}
DOH DCA	justification Cancellation			Na	me of Conta			Telephone Nun	nber			
				<u> </u>		FORMATION						_
Name of Facility Where			ce (3)				Type of Facil	ity (4)				
K	ESIDEN	ICE					School (K					
Street Address						a)		er 8 (Other than K-1 , private & commerc tc.)		ilding	s,	
City (5)	STONIE 1	1:10	200	0			Square Feet	# of Floors	T	Bldg.	-	
County (6)	DIVALE !	+64K	UCH		unty Code	7) (STATE	1300	Prior if being demoli		20		_
CAP				US	SE ONLY)		1	ACANIT	snea,			
Name of Monitoring Firm (8)	Hired by Buildin	g Owner		ASC	M No.	Name of Abatem		(9) ENC				
Street Address	NIA					Street Address	VOICO S	1/40				_
						369		RUCE AU	5			
City, State, Zip Code						City, State, Zip C	Ode LE SH	ADE MI	T	36	05	2
Project Manager for Mon	itoring Firm		Tel	ephon	e No.	Telephone No. 856 779		License No.	40	1		
Start Date (10)	Sch	eduled C	Comple	etion D	ate (11)	Name of OSHA N						_
5-26-17		6-	2	-1	2		NI	A				
Occupancy Status During	5 29					Street Address						
Facility Closed/Vacate												_
Abatement Performed Other - Describe:	Outside of Norm	nai Facili	y Hou	rs		City, State, Zip Co	ode	1.	11			
Scope of Work (Check all	I that apply)					Π=::0:-						
≥3 sf or ≥3 lf >160 sf or ≥260 lf			novati molitio			☐ Mini-Enc ☐ Gloveba	losure g Procedure	egative Pressure Ion-Friable Procedu				
·		IsL	.ocatio	n	Τ	Anorezae	Inpled () and it	G F Table Flocedo	T	Abate	ment	
compared to the second	CHATE:	The amount that	ormally Solely		3 8	Description of				Тур	ж	
Location of Asbestos-Containing Ma			tenan		Asbesto	os Containing Mate	erial (ACM)	Amount			ш	
TO BE ABATE			istodia staff?	I	(i.e.,	hermal systems in		(Specify	Re	R	nca	Enc
IN Facility (13)		1	(12)			surfacing, VAT, other miscellaneou		SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		Yes	No	N/A					al		ate	re
SIDING				X	TV	26ANSITE		1750.BF	X			
010				_								
Name of Registered Waşte	e Hauler			DEP V		Cubic Yards	Name of Reg	stered Landfill				
KLEMCO]	INC		- 17	nules ID		of Waste		M. C. M	. U	. V	<u> </u>	_
City, State MADIE SI	HADE	W.	T			Disposal Date	City, State	OBINE	N	.Τ	(
Completed By	Title					Signature	1	Date	07.0	1.5		
.11	mm_	SUP	tr		10	- Mend	WK		-16			

CK4 4236

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



								1					Services
Date of Notification (1)	-17			Na	me of Build	ing Owner/Operato	MACHI	W G SS	ESTOS	CON	17.727	71 8	
Agencies Notified T	ype Notificati	on		Str	eet Addres	s	7.4	4	LIUE			His C	
	Initial						REMON	IAL	E			-60	_
DOL	Amended Amendmen	t #		Cit	y, State, Zip	Code	111- 1	1 5	78	- 7 -		-	
™ DOH	Emergency justification		ling	No.	me of Conta	WOODBI	nie n	l, J		12	10	10.5	_
DCA C	Cancellation			Nai		12A		relep	hone Num	nber			
				F		FORMATION							
Name of Facility Where Abat							Type of Facili	ty (4)					
K	ESIDE	NC	E				School (K-			SW			
Street Address							Subchapte String Subchapte Other (i.e., homes, et	private &			ilding	5,	
City (5)	ONE	1-1	AR	BOR	2		Square Feet	# of	Floors 7	E	Sldg.	Age) +	
County (6) CIAPE	MAY			Co		(7) (STATE	Current Use (I	Prior if bei	ng demoli	shed)			
Name of Monitoring Firm Hire		Owne	ī	ASC	VI No.	Name of Abaten	nent Contractor (-	_		_
(8)	IA					K	LEMCO	IN	C		+		
Street Address						Street Address	9 S. S	SPRU	ICE 1	AVI	E		
City, State, Zip Code						City, State, Zip C	CE SH			<u> </u>		55	2
Project Manager for Monitorin	g Firm		Te	ephone	e No.	Telephone No.	9-0472	Licer	Se No.		1		_
Start Date (10)	Sche	eduled	Compl	etion D	ate (11)	Name of OSHA							
5-76-17		5-1	100	-17		ELE POLITICIS PARTICIPALE PER SASSIVO VICE PER PETER SPERIE	NI	4					
Occupancy Status During Aba	atement (Che	ck onl	y one)			Street Address							
Facility Closed/Vacated Du													_
Abatement Performed OutsOther - Describe:	side of Norma	al Facal	ity Hot	IIS.		City, State, Zip C	ode						
Scope of Work (Check all that	apply)												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	53. 55		enova emoliti			☐ Mini-End ☐ Gloveba	stainment with Ne closure ag Procedure empted (*) and N	(50)		ro			
		ls	Locati	on .		1X HOIFEX	impled () and is	OFFIRE	riocedu	1	Abate	ment	
I analise of	0.3		iormali Sole			Description of			12		Тут	e	
Location of Asbestos-Containing Materia	I (ACM)	Mai	ntenar	ice/		os Containing Mate		Amo				m	m
TO BE ABATED IN Facility		10000	ustodia Staff?	31	(i.e.,	thermal systems in surfacing, VAT,		(Spe SF or		Remova	Repair	Encapsulate	Enclosure
(13)			(12)			other miscellaneo			•	IOVA	pair	sula	Sur
		Yes	No	N/A						-		le	w
SIDIMG				X		RAWSIT	E	2750	D 5F	X			
Name of Registered Waste Hau	-		100	JDEP V auler ID	SERVICE CONTRACTOR OF THE SERVICE CONTRACTOR	Cubic Yards of Waste	Name of Regi	stered La		1)	1 4		
KUMCO	Twe			9 9 C	24			M.C	, М.	Vi	H		_
City, State WAPLE SHI	ADF 1	JL .)			Disposal Date	City, State	DBIN	JE				
Completed By	Title	C	0			Signature	MA		Date	-	j		
MICHAEL KLEW	u l	21	SP-			Mes	Jan M			10	1/		

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMEN (Pursuant to N.J.A.C. 8:60 and 12:120)

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		WAY	25	2017		
	AS	BESTO LIC	S COI		DL &	
		Telep	hone	Numb	er	
	K-12) ercial bui	ildings, h	omes,	etc.)		

Date of Notification (1)	18-2017	Name Mr. D	of Building ichard Can	Owner / Operat	or (2)	ILL N	1AY 25 2	2017	
Agencies Notified Typ	e Notification		t Address	lor					
⊠ EPA	a				N.	ASBE	STOS CON		DL &
DEP DEP DOL	프리아		State & Zip or, PA 1908			***	LICENSIN	Ġ	Total Street Control
DOH DCA			of Contact				Telephone N	lumh	ner
□ DCA □	Cancellation		rd Cantor				Totopriorio 15	<u>o</u> inio	701
		F	ACILITY IN	FORMATION					
Name of Facility Where	Abatement is Taking F	Place (3)		Type of Faci					
Single Family Dwelling Street Address				School		14 40			
otroot / tudicss				☐ Subcha	pter 8 (Other than e. private & com	1 K-12) mercial buildin	ias homes c	atc)	
0.1 (2)				Square Feet	# of Floo		Bldg. Age		
City (5) Margate, NJ 08402	County (6)	County (Code (7)	1,349	2		62		
Margate, No 00402	Allantic			Single Famil	(Prior if being de	molished)			
Name of Monitoring Firm	Hired by Building Ow	ner (8)	ASCM No		atement Contract	or (9)			
Health and Safety Service Street Address	ces		117	Resource Ma	anagement Group	p, LLC			
P.O. Box 365				Street Addre	ess on Ave, Suite 202				
City, State & Zip Code				City, State &					
Berlin, NJ 08009		T		Trenton, NJ	08619				
Project Manager for Mor Mr. Jim Proctor	377	Telephone 856-452-13	311	Telephone N 609-914-427		License N	Number 01185		
Scheduled Start Date (1) 5-31-2017		mpletion Dat	te (11)	Name of OSI					
Occupancy Status Durin		06-05-2017		Street Addre	mental Laborator	ies, Inc.			
☐ Facility Closed/V	acated During Entire F	eriod of Aba	atement	2333 Route 2					
Abatement Perfo	ormed during Normal H	ours:		City, State &	Zip Code				
Describe: 8:30	d During Abatement			Union, NJ 07	083				
Scope of Work (Check a	Il that apply)								
≥3 sf or ≥3 lf		N D				ainment with N	legative Pres	sure	:
≥160 sf ≥260 lf		100 March 1970	ovation nolition		☐ Mini-Encl	osure g Procedures			
			101111011			npted and Non	n-Friable Prod	cedu	re
Locatio		Is Location	200	Description	n of	Amount	Abateme		
Asbestos-C Material	(ACM)	Normally L Solely b		Asbestos-Con Material (A		(Specify SF or LF)		ш	
TO BE A	BATED	Maintenand	ce or	(i.e., thermal s	systems	01 01 11)	Removal	Encap	Enclo
in Fac		Custodial S (12)	Staff?	insulation, surface			pair	sde	losu
(13	,	Yes No	N/A	or other miscell	aneous)		<u>a</u> -	sulat	sure
Attic Space				niculite		1500		П	\Box
						1300		H	H
						Allowed Market			
Name of Registered Was	ste Hauler	NIF	DED Masta	Cubic Yards	Name of Regist	orod Londfill			Ш
570.			uler ID No.	of Waste	Ivallie of Negist	ered Landini			
Resource Management (Group, LLC	003	35218	TBD	Grows Landfill				
City, State Trenton, NJ 08619				Disposal Date TBD	City, State Morrisville, PA				
Completed By (Print or T	ype)	Title	9	Signature /	0 11		Date		
Mr. Brian Haney	The second of th	1000000	sident	KAIN	1/10		05-18-2017	7	
				1711	4/11/h	-1			

State of New Jersey NOTIFICATION OF ASBESTOS AB

		(P	ursuant	t to NJAC 8	8:60 ar	nd 12:12	0)		(KA	ti	121	45	56	2
Date of Notification (1) 05/17/17				of Building (ichard Vir		Operator	r (2)						U)	170	
Agencies Notified Type Notification			Street A	Address						\Box	E	G	15		Wil
× EPA × Initial		-	01 01	- 7: 0						Wr	L				
DEP Amended Amendment	#			ate, Zip Coo ey, NJ 07											0.470
Emergency (justification)		-		of Contact	- 110		-		Tele	phone			2	5 2	117
DCA Cancellation				ichard Vir	ncek				10,0	priorip	1101				
News of Facility 186			FAC	ILITY INFO	RMAT	ION				A	SBI				TRO
Name of Facility Where Abatement is Taking Residential) Place (3)					-	of Facility (2000 - 1344 2000			LI(CEN	SINC	<u>ì</u>
Street Address							×	School (K-1 Subchapter Other (i.e. p	8 (Othe	r than comm	K-12 ercia	!) al buil	dings	, hom	es,
City (5)								etc.) re Feet	# of	Floors		TE	Bldg. A	Age	
Clifton							2,00	0 +	2				0+		
County (6) Passaic			County (STATE	Code (7) USE ONLY)	_			nt Use (Prid idence	or if bein	g dem	olish	ed)			
Name of Monitoring Firm Hired by Building C	wner (8)	ASCN	M No.				tement Cor acting &			tal (Cons	sultin	ıg, In	iC.
Street Address						Street 1141	Addres								
City, State, Zip Code								ip Code J 07470	0				-		
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 973-6	none No			Licens).			
	Schedu	ed Con	npletion	Date (11)		100000000000000000000000000000000000000		A Monitor					12010001		
	05/31/			(20 90		Envir	o Visi	ion Consi	ultants	, Inc.					
Occupancy Status During Abatement (Check				Street 20-21		ss garaw Ro	ad Blo	1a #2	55						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:	Abatem y Hours	ent			City, St	tate, Zi	p Code NJ 0741		ıy. #0)JL			w for		
Scope of Work (Check All That Apply)					7	Fall I	Lawn,	, NJ 0741	U						
≥3 sf or ≥3 If × ≥160 sf or ≥260 If	Renova Demolit				×	Min Glo	Containme i-Enclosure vebag Proc n-Exempted	edure	_				e		
	Is	Locati	on					T	7 0.10	110111	, ido		Abate	ement	t
Location of		Normalled Sole			De	scription	of						Ту	ре	
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	intenar todial S (12)	ice/	(i.e. tl	hermal surfa	taining M systems cing, VA niscellan	insula T, or		(Sp	nount secify or LF)		Removal	Repair	Encapsulate	Enclosure	
	Yes	No	N/A											le le	.,
Basement			X		Pipe	Insulat	tion		60	LF		X			
Basement			X		FI	loor Tile	Э		650	SF		X			
Name of Registered Waste Hauler J.R. Contracting & Environmental Co	nsul.,	Inc H	JDEP Wauler ID 7819	No.	Cubic of Was 30			Name of F							
City, State Wayne, New Jersey		<u>iii ''</u>				sal Date		City, State Pen Arg		nsvlv	/ani	 а			
Completed by Jerry Bijelonic	Title Proje	ct Ma	nager		S	ignature				- , ,	Date		7		

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

CHECK# 1696

Date of Notification (1) 05/18/2017				Name o	of Building	Owner/	Operato	or (2)		Care or	7 [3 6	o lE	3 1	\ <u>\</u>	E
Agencies Notified	Type Notification			Street A							11	E ((0 [/ <u>I</u> /	듸
□ ЕРА	✓ Initial									distance of the same of the sa		500	V - C		0047	And the second
DEP DOL	Amended Amendment	#		City, Sta	ate, Zip C LICA HII	ode _L NJ (08062			ĮU.	Ц	341.4	Y 2	. 0	2017	And the state of t
☑ DOH	Emergency justification)		_		f Contact					Tel	lephon	е Ин	mhor		VTRO	71 &
DCA	Cancellation				L REITE	7000	ION						- 704	/11Ch		
Name of Facility Where A	Abatement is Takin	g Place (3)	FAU	ILITY INF	URIVIA	ION	Ту	pe of Facility	(4)				HC.,		-
Street Address								F	School (K- Subchapte		or tha	n V 11	21			
								~	Other (i.e. etc.)	private	& com	merci	al bui	ldings	, hom	es,
City (5) MULLICA HILL									quare Feet 824	# 0	f Floor	s		Bldg. /	Age	
County (6) GLOUCESTER					Code (7) USE ONLY)			irrent Use (Pri		ing der	molish	ied)			
Name of Monitoring Firm ACER ASSOC.	Hired by Building	Owner (8)		ASCN	ЛNo.				Abatement Co RED ENVIR			AL SE		ICES	INC	
Street Address 1012 INDUSTRIAL	DRIVE						Stree	t Add			1.01					
City, State, Zip Code WEST BERLIN NJ	08091						City,	State	, Zip Code CA HILL NJ	08063	2					
Project Manager for Mon MATT DEPALMA	itoring Firm		Т	Telepho			Telep	hone	No.	0000	Licer	nse N	0.			
Start Date (10)		Schedule	d Con		09-1202	2			4-4676 SHA Monitor		011	45				
05/30/2017		05/31/2	2017	ipietion	Date (11)		EMS		SHA MONITOR							
Occupancy Status During		3 5 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		otovate a re:			Street 200		ress 130 NORT	ТН						
Facility Closed/Vaca Abatement Performe Other – Describe:	ed Outside of Norm	al Facility	Hours		en Emilian Pagas III (e	200-78	City, S	State	, Zip Code MINSON N		77					
Scope of Work (Check Al	I That Apply)				Table 17				VIII COTT TO	0 0007	-	One or				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		(Martine)	enova emolit				2	4 1	Full Containm Mini-Enclosure	9	Nega	tive P	ressu	ire		
									Glovebag Prod Non-Exempted		d Non-	Friabl	e Pro	cedur	e	
Location	of		Locati ormali			Г.		,							ement /pe	
Asbestos-Containing TO BE ABA	Material (ACM)		Sole Sole			tos Cont		Mater	rial (ACM)		mount		_		Щ	ш
In Facilit (13)		Custo	odial S (12)	Staff?	(I.e.		system cing, VA niscellar	AT, or	r		pecify or LF		Remova	Repair	Encapsulate	Enclosure
(10)		Yes	No	N/A		outern	iliscella	neou	5)				val	air .	ulate	ure
BASEME	ENT			X	DUC	T PAP	ER IN	SUL	ATION	6	SF		Х			
											Shire—a					
Name of Desisters of West																
Name of Registered Wasi ASSURED ENVIRO		VICES	H	JDEP W auler ID 034895	No.	of Was			Name of MINER							
City, State MULLICA HILL NJ							al Date /2017		City, State		RG, C	DH.				
Completed by RON SWANSON		Title GENE	ERAL	MANA	AGER	S	ignatur	* Ju	weebu	CW00	M	Dat 05		2017		

CK & 4235

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



Date of Notification (1)	-15-1)			Nam	ne of Build	ing Owner/Operator		WA BUILD	00	NITT	IOI.	0
Agencies Notified	Type Notification	n		Stre	et Addres	s 20 S iA	IT AIR	LICE	NSI	VG		-
□ BPA □ DBP	Marital Amended			City,	State, Zip			LKU		200		=
Ø DOL	Amendment Emergency	(includi	ng				e Boxe	TWP			., .	
DCA DOH	justification Cancellation)		Nam	e of Conta			Telephone Numb	oer			
				FA	CILITY IN	FORMATION						=
Name of Facility Where			ce (3)				Type of Facilit					
Street Address	SIPENCE						Other (i.e.,	r 8 (Other than K-12 private & commercia		dings	i,	
City (5)	ARGATE	ľ	116				Square Feet	# of Floors		ldg. A		
County (6)	HULTIC		. ((Cou	nty Code ONLY)	(7) (STATE		Prior if being demolis		00	i	_
Name of Monitoring Firm		Owner	T	ASCM	No.	Name of Abatem	ent Contractor (9)				=
(8) W	A					KLEMC	OINC	,				_
Street Address						Street Address	. Spruc	E AUE				
City, State, Zip Code	•					City, State, Zip C	SHADE	W.J 08	505	Z		
Project Manager for Moni	itoring Firm		Tele	phone	No.	Telephone No. 856-77		License No.				
Start Date (10)			Complet		te (11)	Name of OSHA N	Monitor					_
5-25-1			1-	17		Street Address	N/A.			_	_	-
Occupancy Status During Facility Closed/Vacate				ment		Sueet Address						
Abatement Performed Other - Describe:						City, State, Zip Co	∞de					
Scope of Work (Check all	that apply)					Full Con	tainment with Ne	egative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovation emolition			☐ Mini-Enc ☐ Gloveba	losure g Procedure	on-Friable Procedur	e			
		0.000	_ocation	n		<u> </u>	,, p. 100 () 0.10 1.		1	bate		
Location of	Samuel Control of the	Used	Solely ntenanc		Achae	Description of tos Containing Mate	rial (ACM)	Amount		.,,,		\neg
Asbestos-Containing Ma <u>TO BE ABATE</u>		C	ustodial Staff?			thermal systems in surfacing, VAT,	sulation,	(Specify SF or LF)	Rer	Re	Encapsulate	Enclosure
IN Facility (13)		`	(12)			other miscellaneou		Sr G Lr	Remova	Repair	osula	osure
		Yes	No	N/A							te	
SIDING	·-			X		RAWSITE	=	1500 SE	X			
												-
			\dashv	\dashv								
Name of Registered Waste	Hauler		1	DEP V		Cubic Yards of Waste	Name of Regi	stered Landfill		A		
	WC,			uler ID	il.	_3	C.M.	C. M.U	. V	1	_	_
City, State MAPLE SH	ADE N	. T				Disposal Date	City, State	DBINE				
Completed By	Title	SUP				Signature	016	Date	75	1	7	
MICHAEL KLE	VIM	500				- 1			-		1	

CK + 4235

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

D)_E	C	E		E	M
	MAY	25	2017		

									_			
Date of Notification (1)			Nam		ng Owner/Operator		ASSEST	10.00	TIAC	DO	1 0	
Agencies Notified Type Notificatio	n		Stre	et Address			110	ENS	1141	110		
DEPA X Initial Amended			City	State, Zip		HUKE K	2		- 124		=	=
DOL Amendment		207	City.	State, 210	APE M	AY A	L.T C	870	2			
DOH justification)		.9	Nam	e of Conta		· · · · · · · · · · · · · · · · · · ·	Telephone N	ımber				
DCA Cancellation					SUN							=
Name of Facility Where Abatement is Taki	na Plac	e (3)	FA	CILITY IN	FORMATION	Type of Facility	(4)		-		_	-
RESIDENCE		(0)				School (K-1	2)					
Street Address						Other (i.e., phomes, etc.)	,	ercial b				
City (5)	, ,	2011	ΔΙΤ			Square Feet	# of Floors		Bldg	Ag		
County (6) CAPE MAY	1	011	Cou	inty Code (E ONLY)	7) (STATE		rior if being dem	olished	i)			
Name of Monitoring Firm Hired by Building	Owner	T	ASCM	No.	Name of Abatem							
(8) W/A					Street Address	OINC	1				_	=
Street Address					369 5	SPRIX	E AUE					_
City, State, Zip Code					City, State, Zip C	ode		080	-	,		
		Tale	ephone	No	MAPCE Telephone No.	SHAPE	License No.			=		닉
Project Manager for Monitoring Firm		1 616	apriorie:	140.	856-77	9-0472	00	44	4			
	24			ete (11)	Name of OSHA N	1						
	5 -		-17		Street Address	N/A					_	=
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire Pe	eriod of	Abate	ment									_
Abatement Performed Outside of Norma Other - Describe:	d Facilit	ty Hou	rs		City, State, Zip C	ode						
Scope of Work (Check all that apply)					Full Con	tainment with Ne	gative Pressure					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovati emolitio				closure g Procedure empted (*) and No	on-Friable Proce	dure				o _e
		ocatio								tem		
Location of	100	ormally Soleh			Description of			-	T	\top	T	\neg
Asbestos-Containing Material (ACM) TO BE ABATED	100000000000000000000000000000000000000	ntenan ustodia		Asbes (i.e.,	os Containing Mate thermal systems in	nsulation,	Amount (Specify	1 8	R	R	Encapsulate	Enc
IN Facility (13)		Staff? (12)			surfacing, VAT, other miscellaneo		SF or LF)		Remova	Repair	psula	Enclosure
(13)	Yes	No	N/A								ate	е
SIDING			X	T	RAWSITI	Ξ	17508	EX	4	1	-	
									+	+	-	-
								=-	+	+	+	\neg
19 July Walls Hadas		IN	JDEP V	Vaste	Cubic Yards	Name of Regi	stered Landfill					
Name of Registered Waste Hauler		H	auler ID	Ng.	of Waste	C.M	C.M.	U.	A			
KLUMCO IWC, City, State		-14	174	-	Disposal Date	City, State	201		or action in			
MAPLE SHADE N	II				Cingation	Woo	DBINE			_	_	=
Completed By MiCHAEL KLEAM	SUP				Signature	Da		-15	-1)		_

CK#3164			FICATIO	N OF AS	lew Jerse BESTOS C 8:60 and	ABATE		DE	C E		\mathbb{V}	E
Date of Notification (1)			Name	of Building	g Owner/C	perator	(2)			——————————————————————————————————————		- 11
5/20/17		i			pueloc	mon	+	II Li MA	1Y 2	5 2	017	1
Agencies Notified Type Notifi	cation			Address	1							
M EPA IN Initial			70	OM	0(121)	1ans	5+	ASBES	TOS	CON	TRO	L &
DEP Amen		1	7	ate, Zip C		, .	(<u>ICEN</u>	ISIN	3	
	dment#_ jency (including	-	Lune	1500	nch,	Nec	o Jerse	04770				
DOH justific	ation)			of Contac	į			Telephone Mi	umber			
DCA L Cance	slation			Va.				****				
Name of Facility Where Abatement is	Taking Clara (35	FAC	ILITY INS	FORMATI	ON	Type of Facility	131				
Kighi Davalas	ronnig r tabb j	Dog	\.\\\	1		İ	(married)					
Street Address	ment	110	SPK-	-			School (K-	·12) er 8 (Other than K-1	171			
CG:	2 4			U			Other (i.e.	private & commerc		dings	, hom	es.
JY Wiguan	170						Square Feet			Ndg. /		
Middle fown						1	3000	# of Floors	; <u>*</u>	-05	-	
County (6)			County	Code (7)				rior if being demolis	المصط	1) +	
		1		USE ONL			~ .	550,000	sireu)			
Monmouch Name of Monitoring Firm Hired by Bu	iding Chinas (8	·	LASC	M No.		filama	Reside					
	and come to	7	1	190.			Insulation Co	Contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to th				
Street Address							Address	-,				
On out Address					Į.		ontrose Rd					
City, State, Zip Code							late, Zip Code		-			
					a franchis		Neck, New J	ersev				
Project Manager for Monitoring Firm			Telepho	ne No.			one No.	License P	(fr)			
		i	, mr. P		1,000		294 1757	00029	Marin .			
Start Date(10) \	Schedul	ed Co	mpletion	Date (11)	3		of OSHA Monito					
5/3/17	9	Co	12/1	2								
Occupancy Status During Abatement	(Check Only O	ne)	1-1-11			Street	Address					
Facility Closed/Vacated During E Abatement Performed Outside of Other – Describe: +AM	Intire Period of Normal Facility	Abater y Hour	ment s		tion to special terminal termi	City, Si	fate, Zip Code	ton to a second				
Scope of Work (Check All That Apply)					l							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		∛enova Jemoli					Full Containm Mini-Enclosus Glovebag Pro	7			·0	Control of the Park of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control o
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		s Local Norma		Section 1	725			5.	į		pe	
Location of Asbestos-Containing Material (AC	an Use	ed Sole	ely by	Ashe		icription aining M	of laterial (ACM)	i Amount		Ž	-	
TO BE ABATED	Wie	iintena todial :			. thermal	systems	insulation,	(Specify	교	73	no	Enclosure
In Facility (13)	003	(12)			surfac other m	ing, VA		SF or LF)	Removal	Repair	SQE	solos
(13)			1	1	OBSES SEE	oppien	2003)		2	=	Encapsulate	ure
	Yes	No	N/A						<u> </u>			
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Name of Registered Waste Hauter	, in the second second		VJDEP V		Cubic \		Name of	Registered Landfil	T.	in a second		
Ace Insulation Co., Inc.		7 5	2086		0, 1105	4	Chrins	Landfill				to the Line of
City, State					Dispose	2) Data	City, Stat	e				
Colts Neck, New Jersey					(0	12/1	> Easton	PH				1
Completed by	Title				Si	and the	<i>', \\</i>	/ De	ztę.	1		
Bree McGuire	Secr	etary	Treasu	ırer	1	D	11	<	32	211	7	1
ASB-41 (R-06-08)		11 mars 2 400 11 4 1 mars		Marie and among the process	orania a sakerane	* Do no	t use this form fo	r asbestos ticensur	e exen	npted	activit	ies.

THREE

CK1104		NOTII	S FICATIOI Pursuant	tate of N N OF AS t to NJA	BESTOS	ABATE	MENT 0)	-	Annual in the second), 追	C	3 1	\mathbb{V}	E
Date of Notification (1) 05-17-2017				of Building Route 9			(2)				MAY	2 5	201	7
Agencies Notified Type Notification I DEP I DOL Amended Amendment	4		480 R City, St	ate, Zip C					i lui		ESTO		NTR	
■ DOL Amendment ■ Emergency □ justification) □ DCA □ Cancellation	(including	_	Name o Frank	oro, NJ of Contact Seiber	t t				Tel	lephone I	Number	_		en 41 omaeteryzo
Name of Facility Where Abatement is Takin	g Place (3	3)	FAC	ILITY INF	ORMAT	ION	Type	e of Facility (4						
Private Dwelling Street Address							 	School (K-12 Subchapter 8 Other (i.e. prietc.)) s (Oth	er than K & comme	(-12) ercial bu	ilding	s, hon	nes,
City (5) Marlboro							Squa N/A	are Feet	# o	f Floors A		Bldg. N/A	Age	
County (6) Monmouth				Code (7) USE ONL	n		Curre	ent Use (Prior	if bei	ing demo	lished)			
Name of Monitoring Firm Hired by Building Bioterra Solutions	Owner (8)		ASCN	/I No.		Name Unite	of Aba	atement Contr Ifety LLC	actor	(9)				
Street Address 1130 W Chestnut St						Street . 12 M		ss Ave #F2	_					
City, State, Zip Code Union, NJ 07083		132						Lip Code k, NJ 0705	8					
Project Manager for Monitoring Firm Rick Eustaquio			Telepho	ne No. 94-3762	!	Teleph 973-2				License				
Start Date (10) 05-27-2017	Schedule 05-29-2		mpletion I	Date (11)				HA Monitor fety LLC						
Occupancy Status During Abatement (Chec			70			Street /	Addre							
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of A al Facility	Nbater Hour	nent s			City, St	ate, Z	ip Code						
Scope of Work (Check All That Apply)						rille	БІОО	k, NJ 0705	<u> </u>					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	enova				×	Mir Glo	Il Containmen ni-Enclosure ovebag Proced n-Exempted (dure					
Location of	100	Locat			Doo	scription		- Exemples () and	11011-111	abic i i	Abat	emen /pe	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Sole ntena odial 3 (12)	nce/		tos Conta thermal surfac	aining Ma	aterial insula		(S	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A										ate	(D)
Basement Basement		X				Insulat	ion		60) LF	X			
1st Floor Kitchen		X				Joints					X			
13t 1 loof Mitchell	-	^			VAI	& Mas	TIC		10	0 SF	X			
Name of Registered Waste Hauler United Safety LLC		Н	JDEP Wa auler ID N		Cubic Y of Wast			Name of Re Grows La			ill		<u> </u>	
City, State Pine Brook, NJ					Disposa TBD	al Date		City, State Morrisville	, PA	1				
Completed by /anco Petkov	Title Projec	et Ma	nager		Sig	gnature	286	J.B.	_		Date 05-17-	2017		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

				(Pt	ırsua	int to NJ	AC 8:60 and 5:1	6)			-		
Date of Notification (1) 5 / 1	5 / _	17			100000		ng Owner/Operator Medical Center	(2)		AY	25	201	7-
Agencies Notified Ty	pe Notifica	ion		-	Stree	et Address			ASBE	STO	3 CC	NTF	TOL
	Initial				60	1 Hamilto	on Ave		ar the management	LICE	ENSI	NG	
	Amended	44 E	4014	,	City,	State, Zip	Code			-	1.00		
☐ DHSS	Amendme Emergenc			_	Tr	enton NJ	08629						
(NJAC 5:23-8)	justification		iiig		Nam	e of Contac	ct		Telephone Nu	mber		-	-
	Cancellation				Ri	ta Gelli							
					FA	CILITY IN	NFORMATION						
Name of Facility Where Abat		king Pla	ice (3	3)				Type of Facility	7.65 70			92 3.0	
St Francis Medical Cer	nter							School (K-1	 8 (Other than K- 	12)			
Street Address									private and comm		ouildir	igs,	
601 Hamilton Ave								homes, etc.	.)				
City (5)								Square Feet	# of Floors	E	Bldg. /	Age	CHOICE TO
Trenton								70,000	3		60+	100	
County (6)					Cou	nty Code (7	7)(STATE USE ONLY)	1	rior if being demo	lished)			
MERCER		-					<u> </u>	Hospital					
Name of Monitoring Firm Hire	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	ng Owne	er (8)	1	ASCM	l No.	Name of Abatem						
Environmental Connec	tion						BRISTOL EN	VIRONMENTA	L, INC.				
Street Address					200-111-111		Street Address						
120 North Warren Stree	et						1123 BEAVE	R STREET					
City, State, Zip Code							City, State, Zip Co	ode			3-11-1-E		70.0
Trenton, NJ 08608							BRISTOL, PA	19007					
Project Manager for Monitorin	g Firm		T	elep	hone	No.	Telephone No.		License No.				
Rollie Jones				60	9-392	2-4200	215-788-6040		00509				
Start Date (10)	Sc	neduled	Com	pleti	ion Da	ate (11)	Name of OSHA M	lonitor					
_5 / _16 / _1	7	5	1_	17	_ / .	17	BRISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status During Aba	atement (Ch	eck onl	one;)			Street Address						
☐ Facility Closed/Vacated Du							1123 BEAVER	R STREET					
Abatement Performed Out						scribe	City, State, Zip Co	de					
Time of Abatement: 8:00	M- <u>4:30</u> PN	/	PM		AM		BRISTOL, PA	19007					
Scope of Work (Check all that	apply)					14/2000							
≥3 sf or ≥3 lf		XI F	Renov	atio	n		☐ Full Cont	ainment with Neg	gative Pressure				
≥160 sf or ≥260 lf			emol	litior	1		☐ Glovebag						
							☐ Non-Exer	mpted (*) and No	n-Friable Procedu	ure			
			Is Loc Norr							Al	oatem	ent T	ype
Location of Asbestos-Containing Mate	rial (ACM)	U	sed S			Aches	Description of stos Containing Mat		Amount	Re	Re	En	En
TO BE ABATED			lainte				, thermal systems i		(Specify	Remova	Repair	cap	Enclosure
IN Facility		CL	stodia (1	2007	taff?		surfacing, VAT,		SF or LF)	\ <u>a</u>]	Encapsulate	sure
(13)		Yes	1		N/A		other miscellaned	ous)				ate	
Boiler Room				-		Pipe Ins	sulation		20 LF		П	П	
Rm 144				-		Pipe Ins			9 LF		H		
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													Ш
I (D) (DEP V		Cubic Yards of	Name of Regis	tered Landfill				
Name of Registered Waste Ha				Ha	Her II) NO 1	VV2SIA			Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Commit			
Name of Registered Waste Ha		6			uler ID 8706		Waste 1 Cu Yd	G.R.O.W.S.	NORTH LAND	FILL			
BRISTOL ENVIRONMEN City, State		·:						G.R.O.W.S.	NORTH LAND	FILL			
BRISTOL ENVIRONMEN							1 Cu Yd	City, State	LE, PA 19067	FILL			
BRISTOL ENVIRONMEN City, State	ITAL, INC	tle					1 Cu Yd Disposal Date	City, State	LE, PA 19067	FILL			
BRISTOL ENVIRONMEN City, State BRISTOL, PA 19007	ITAL, INC		ator				1 Cu Yd Disposal Date 5/16/17	City, State	LE, PA 19067		./,-	7	

Chutt 3207

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

APPROVED BY: ENT TOM Voorhees, OOL

											53 67	1
Date of Notification (1)				1		ilding Owner/Operato		Inte	GI	f	-\V/	
	15 /	17	_		St Franc	is Medical Center	• 0				-	
	Type Notific	ation		5	Street Addre	ess						
☐ EPA					601 Ham	ilton Ave			AAY 2	25	201	7
⊠ DOLWD ⊠ DHSS	Amender Amendm	_		C	ity, State, Z	Zip Code		i i				
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(NJAC 5:23-8)	justificati	on)	3	N	ame of Cor	ntact		Telephone				
	☐ Cancellat	tion			Rita Gelli	İ				_		
					FACILITY	INFORMATION						
Name of Facility Where Ab		aking F	lace (3)			Type of Facili	itv (4)				
St Francis Medical Co	enter						School (K-	-12)				
Street Address		-0-11/4 2 11 - 15/6			9		Subchapte	er 8 (Other than	K-12)			
601 Hamilton Ave							homes, etc	, private and cor c.)	mmerci	al bui	ldings	S,
City (5)							Square Feet	# of Floors	3	Blde	g. Ag	e
Trenton				320-7-100m2			70,000	3			0+	
County (6)				C	ounty Code	(7)(STATE USE ONLY)	Current Use (F	Prior if being der	molishe	d)		991
MERCER							Hospital			3963		
Name of Monitoring Firm Hir		ng Own	er (8)	ASC	CM No.	Name of Abatem						
Environmental Conne	ction					BRISTOL EN	VIRONMENTA	AL, INC.				
Street Address						Street Address						
120 North Warren Stre	et					1123 BEAVE						
City, State, Zip Code						City, State, Zip Co						
Trenton, NJ 08608	- P				it.	BRISTOL, PA	19007					
Project Manager for Monitoria Rollie Jones	ng Firm		100	elephor		Telephone No.		License No.	9			
			- 1	609-39	32-4200	215-788-6040						
Start Data (10)	10.1	1.1.1						00509				
			Comp	letion I	Date (11)	Name of OSHA Me					-	
5/16/1	7	5	Comp	letion I		Name of OSHA Mi						
Occupancy Status During Aba	7atement (Che	5 eck only	Comp	letion I	Date (11)	Name of OSHA Mil BRISTOL ENV	/IRONMENTA					
5 / 16 / 1 Occupancy Status During Aba Facility Closed/Vacated During	atement (Che	5 eck only Period o	Comp	letion I	Date (11)	Name of OSHA Mi BRISTOL ENV Street Address 1123 BEAVER	STREET					
5 / 16 / 1 Decupancy Status During Aba Facility Closed/Vacated During	atement (Cheuring Entire F	5 eck only Period on al Faci	Comp / one) of Abat	letion I	Date (11)	Name of OSHA Mi BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Coo	STREET					
5 / 16 / 1 Deccupancy Status During Abatement Performed Outs Time of Abatement: 8:00	atement (Cheuring Entire I side of Norm	5 eck only Period on al Faci	Comp / one) of Abat	letion I	Date (11)	Name of OSHA Mi BRISTOL ENV Street Address 1123 BEAVER	STREET					
	atement (Cheuring Entire I side of Norm	5 eck only Period on al Facil	Comp / / one) of Abat lity Hor	ement urs - De	Date (11)	Name of OSHA Mi BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Coo BRISTOL, PA	STREET Se 19007	L, INC.				
	atement (Cheuring Entire I side of Norm	5 eck only Period conal Facil	Comp / / one) of Abat lity Hor	ement urs - De	Date (11)	Name of OSHA Minibal BRISTOL ENVIOLENCE Street Address 1123 BEAVER City, State, Zip Cool BRISTOL, PA	STREET de 19007 inment with Negrous	L, INC.				
	atement (Cheuring Entire I side of Norm	5 eck only Period conal Facil	Comp / / one) of Abat lity Hor	ement urs - De	Date (11)	Name of OSHA Mini-Enclo	STREET de 19007 inment with Negrouse	L, INC.	lugo			
	atement (Cheuring Entire I side of Norm	5 eck only Period c nal Faci	Comp / / one) of Abat lity Hor	ement urs - De AN	Date (11)	Name of OSHA Mini-Enclo	STREET de 19007 inment with Negrouse	L, INC.				
	atement (Cheuring Entire Isside of Norm	5 eck only Period c nal Facil	Comp / one) of Abat lity Hor PM enoval emoliti s Loca Norma	ement urs - De AN	Date (11)	Name of OSHA Min BRISTOL ENVIOLENCE Address 1123 BEAVER City, State, Zip Cook BRISTOL, PA	STREET de 19007 inment with Negsure Procedure pted (*) and Non	L, INC.	At	1	nent T	Ť
5 / 16 / 1 Decupancy Status During Aba Facility Closed/Vacated Du Abatement Performed Outs Time of Abatement: 8:00 A cope of Work (Check all that 3 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	atement (Cheuring Entire Isside of Norm	5 eck only Period conal Facil R D Use	y one) of Abat lity Hole PMenovariemolities Local Normal aintena	ement urs - De AN	Pate (11) 17 escribe	Name of OSHA Minibal BRISTOL ENVIOLENCE Street Address 1123 BEAVER City, State, Zip Cool BRISTOL, PA Full Conta Mini-Enclo Glovebag I Non-Exemi	STREET de 19007 inment with Negsure Procedure pted (*) and Non	L, INC. ative Pressure a-Friable Proced	At	1	T -	Ť
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1) 5/17/17					f Building Ov			(2)			\ F	- A	r	П	η η η
Agencies Notified	Type Notification			Street A			- 1.					3 6		_	-₩- l
EPA DEP X DOL	Initial Amended Amendment		-	City, Sta	ate, Zip Code		420		3.70	1 1 1		MA'	1 2	5 2	2017
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Name of Facility Where	Abatement is Taking	Place (3)					Туре	of Facility (4)		The Court			
Street Address										2) 8 (Other tha rivate & com			lings,	home	es,
City (5) Ogdensburg									e Feet	# of Floor	rs	11 946	ldg. A	ge	
County (6)					Code (7)					or if being de	molish				
Sussex Name of Monitoring Firm	Hired by Building C	Owner (8)		ASCN					tement Cor	tractor (9)	110				
Street Address							Street	Addres	ss	Box 483	,				
City, State, Zip Code	4						2000		p Code , NJ 074	18					
Project Manager for Mor	itoring Firm		Telepho				764-2	276	Lice 703	nse N	0.				
Start Date (10) 5/29/17		Schedule 6/15/17		npletion	Date (11)		Name	of OSH	IA Monitor						
Occupancy Status Durin	g Abatement (Check	c Only On	e)				Street	Addres	S						
	ated During Entire F led Outside of Norm					_	City, S	tate, Zi	p Code				om seam		
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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) MERCK SHARP & DOHME CORP. 17 Street Address Type Notification Agencies Notified 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 **EPA** Initial Notification City, State, Zip Code ASBESTOS CONTROL & DEP Amended Notification RAHWAY, NEW JERSEY 07065 LICENSING DOL Cancellation IT-Inhone Number DOH On Hold + Name of Contact DCA EMERGENCY NOTIFICATION Sandra M. Schenk **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) MERCK SHARP & DOHME CORPORATION Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 126 EAST LINCOLN AVENUE - BUILDING 53 125,912 63 City (5) County Code (7) Current Use (Prior if being demolished) County (6) RAHWAY UNION (STATE USE ONLY) VACANT Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ENVIRONMETAL HEALTH INVESTIGATIONS, INC. PAR ENVIRONMENTAL CORPORATION 104 Street Address Street Address 655 WEST SHORE TRAIL 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code SPARTA, NEW JERSEY 07871 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number WILLIAM S. KERBEL, CIH 973-729-5649 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor /17 /17 AMERISCI LABORATORIES INC #11480 Month Day Year Year Month Day Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 117 EAST 30TH STREET Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM City, State, Zip Code NEW YORK, NEW YORK 10016 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Mini Enclo. Renovation >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Containing Material (ACM) Asbestos-containing normally used Amount REPAIR ENCAPSULE ENCLOSURE REMOVAL Material (ACM) solely by (ie. Thermal systems (Specify Maint/Custodial insulation, surfacing, VAT, TO BE ABATED SF or LF) Staff (12) or other miscellaneous) in Facility (13) Yes No N/A MASTIC 30 SQ. FT. X ROOF EXHAUST FAN CURB Name of Registered Waste Hauler NJDEP Waste Name of Registered Landfill Cubic Yards of Waste FREEHOLD CARTAGE, INC. Hauler ID No. LYCOMING COUNTY RESOURCE MANAGEMENT SE 5 825 HIGHWAY 33 447 ALEXANDER DRIVE/ROUTE 15 15939 Disposal Date City, State City, State MONTGOMERY, PA 17752 FREEHOLD, NEW JERSEY 5/18/17-5/30/17 Completed by (Print or Type) Signature. Date

DIRECTOR OF OPERATIONS

BENJAMIN SANCHEZ

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

		(P	ursuant to					9	+	5	0	0
Date of Notification (1)							Owner/Operator OOHME CORP.	(2)		E (2 E	0 7/7
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Agencies Notified Type Notifi	cation			126	E. LIN	ICOLN AV	ENUE, P.O. BO	X 2000, RY28	3-414			
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Name of Facility Where Abatement is	- T-1-1 I	21		ITY I	NFOR	MATION						
MERCK SHARP & DOHME CORPOR		riace	(3)				Type of Facility School (K	5 8 5	nan K-12)			
								private & cor			omes,	etc.)
Street Address							Square Feet				ig. Ag	
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City (5) Coun RAHWAY UNIO	N					de (7) ONLY)	Current Use (P VACANT	rior if being d	emolishe	d)		
Name of Monitoring Firm Hired by B	_		(8)		AS	SCM No.	Name of Abate	ement Contra	actor (9)		11.0	
ENVIRONMETAL HEALTH INVESTIG	ATIONS, I	NC.				104	PAR ENVIRON	IMENTAL CO	RPORA	LION		
Street Address							Street Address					
655 WEST SHORE TRAIL	y, State, Zip Code							OCK ROAD				
SPARTA, I	NEW JERS		21127211112				City, State, Zip SUFFERN, NE	W YORK 109				
Project Manager for Monitoring Firm			phone Num	iber			Telephone Nun	nber	License	Numb	er	
WILLIAM S. KERBEL, CIH			729-5649				845-369-7500		1101			
Expected State Date (10)	Sche		mpletion	Date	2.5		Name of OSHA	Monitor				
5 / 22 /17		. 6		. 5	5	/17	AMERISCI LA	BORATORIES	SINC	#	#11480	0
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Name of Registered Waste Hauler	c Yar	ds of V	Vaste	Name of Regist								
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825 HIGHWAY 33		15939					447 ALEXANDE	ER DRIVE/RO	OUTE 15			
City, State				osal E			City, State					
FREEHOLD, NEW JERSEY	Fial -		[5/18/	17-5/	30/17	1	MONTGOMER					
	Fitle DIRECTOR	ROF	OPERATIO	SINC	Signa	ture	W.		Date	- 6	1-1	17

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

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Date of Notification (1)	5-19-1	7		Name of	^^	vner/Operator		lani			5 9	<u> </u>	U (7 4
Agencies Notified	Type Notification			Street A		1011110					MAY	2 5	20	117
□ EPA	★ Initial	250		City Sta	ite, Zip Code					المل	WAI			117
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DOH -	☐ Emergency (in justification)	ncluding		Name of	f Contact		C.	100	Telep	phone N	Number (PINIC	SIVIO	1101
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Single f	-amily Di	we 11.2	15					chool (K-1 ubchapter		than K	-12\			
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County (6)	ion			STATE I	Code (7) USE ONLY)		Curren	t Use (Pri	or ir being	g aemoi	iisneo)			
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☐ Abatement Perform ☐ Other – Describe:	ned Outside of Norma						tate, Zip		11	_	00		~	
Scope of Work (Check A						1		gypt	<u>N</u>	<u> </u>	00-	53		
122 ≥3 sf or ≥3 lf	4, 7,)SC F	enova	tion		JI.		Containm		Vegativ	e Pressu	re		
☐ ≥160 sf or ≥260 lf			emoliti	ion		≥خ		Enclosure ebag Pro						
		т			Г		Non-	Exempte	d (*) and	Non-Fr	iable Pro		ement	
		1.00	Locati Normal			Description	of					Ту		
Locatio Asbestos-Containing	g Material (ACM)	Use	d Sole	ly by		Containing M	Naterial (ount	77		En	ш
TO BE AB		A 055000	todial S (12)			ermal systems surfacing, VA	T, or	on,		ecify or LF)	Remova	Repair	Encapsulate	Enclosure
(13)				Τ		ther miscellar	neous)				val	=	ulate	ure
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Garage		X		-	Pape.	2 WROD	lape		60	LF	- X	-		
15 Floor	,	-	X		Paper	WRSP	lape		15	L	X			
Name of Registered Wa	ste Hauler			JDEP W	Commission (1)	Cubic Yards		Name of	Register	ed Land	dfill	1		
EPC To	1 1 .	2	Н	auler ID	No.	of Waste		Was	te M.	anas	emen	t .	e P	A
City, State	thnologies	WWW.0000000000000000000000000000000000		1/0		Disposal Date		City, Star	te				-	
New E	gypt	NJ.	¥				7	Morn	usvill	e	PA			-
Completed by	es Keia .	Title	cial	ent		Signature	To and	Sek.	h		5-	19.	- /	7
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14	NOT		MOITA	OF ASI	ew Jersey BESTOS ABAT .C 8:60 and 5:10	CIVICINI	EGEIV	<u> </u>			
			Name	of Building	g Owner/Operator (2)	MAY 25 20	117	-11		,
17 /	17		Jer	sey Shor	e Medical Cente	r		31	8	91	6
Type Notificati	on		Street	Address		AS	SBESTOS CONT	BOI	8.		
☐ Initial			194	5 Route	33	, , , ,			- a		
	.+ #		City, S	tate, Zip C	Code		and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	Mary Service 148		and and	
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		1	Name	of Contac	t		Telephone Number	er		-	
☐ Cancellation	n		Lisa	Fritz							
			FAC	CILITY IN	FORMATION	12					
batement is Tal	king Place	(3)	100			Type of Facility	(4)				
cal Center											
								ial hu	ildina		
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						Square Feet	# of Floors	Blo	dg. Ag	ge	
=						750,000 sf	7	6	35		
			Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demolish	ed)			
449000						Hospital					
	ng Owner ((8)	ASCM	No.							
ics					Guardian Co	ntracting, Inc.					
					Street Address						-
						New Jersey 08					
toring Firm			an various								
Col	hadulad O						00624				
555											
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that apply)			-		Piscataway, i	new Jersey U8	854	2,12000			
шас арруу					☐ Mini-Enc ☐ Glovebag	osure Procedure	80	6			
200	1 255.5							Aba	ateme	ent T	ype
Asbestos-Containing Material (ACM) TO BE ABATED Used Sole Maintena					stos Containing Ma , thermal systems i surfacing, VAT,	terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Type Notification Initial Amended Amendmer Emergency justification Cancellation Can	Type Notification Initial Amended Amendment #	Type Notification Initial Amended Amendment # Emergency (including justification) Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation	Type Notification	Type Notification □ Initial □ Amended Amendment #	Name of Building Owner/Operator (Jersey Shore Medical Center	Name of Building Owner/Operator (2) Jersey Shore Medical Center	Name of Building Owner/Operator (2)	Name of Building Owner/Operator (2) MAY 2 5 2017	Name of Building Owner/Operator (2) MAY 2 5 2017 Jersey Shore Medical Center MAY 2 5 2017 MAY 2 5 201	Name of Building Owner/Operator (2)

Name of Registered Waste Hauler Guardian Contracting, Inc. City, State

Old Endo Unit Ackerman 3

Old Endo Unit Ackerman 3

NJDEP Waste Hauler ID No. 20223

Cubic Yards of Waste 5

Name of Registered Landfill

20223 Vvaste T.R.R.F.

Disposal Date City, State

ity, State Disposal Date City,
Toms River, New Jersey 5/26/17 Tul

 \boxtimes

 \boxtimes

Completed By (Print or Type) Title

Nicholas Fernicola Project Manager

Signature

Tullytown, Pennsylvania

250 sf

40 If

Date | 7 | 7

duct insulation

pipe insulation

CK4731	1	NOTIFICA (Purs	State of TION OF As uant to NJ/	New Jerse SBESTOS AC 8:60 ar	ABATE	MENT 0)		Towns of the second),E	C [E 1	\mathbb{V}	E
Date of Notification (1) 05/19/2017		Nar Du	ne of Buildi nellen Boa	ng Owner/ ard of Edu	Operator scation	(2)		The service services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the se	check#	H773	>6	2017	
Agencies Notified Type Notified EPA X Initial	cation		eet Address Ih and Leig		(1					
X DEP	dment #_		, State, Zip nellen, NJ					3	ASBE	STOS	NSIN	VTRO IG	DL 8
x DOH justification ☐ DCA ☐ Cance		- 011251013	ne of Conta nk Patullo					Tel	ephone N	lumber			
Name of Facility Where Abatement is	Taking Place (3)	F	ACILITYIN	FORMAT	ION	Type	of Facility	(4)		1.			
High school Street Address 400 1st Street						X	School (K Subchapte Other (i.e.	-12) er 8 (Oth	er than K	-12) cial bui	Idinas	hom	96
City (5) Dunellen			U.	-		etc.)	re Feet		f Floors		Bldg.		
County (6) Middlesex			nty Code (7			Curre	ent Use (P	rior if bei	ng demol	ished)			. 181
Name of Monitoring Firm Hired by Bui Environmental Connection	lding Owner (8)		SCM No.		Name Lilich	of Aba	tement Co	ontractor	(9)				
Street Address 120 North Warren Street					Street 606 Mg	Addres	SS						
City, State, Zip Code Trenton, NJ 08608					City, St	tate, Z	ip Code Park, Nev	/ Jersev	,				*****
Project Manager for Monitoring Firm TBD	***************************************		phone No 392-4200		Telephi 973-22	one No	 o.		License 01104	No.			
Start Date (10) 05/30/2017	Scheduled 05-31-20	d Complet 17	ion Date (11	1)	Name	of OSF	HA Monitor	borator	32357			-	48 (100
Occupancy Status During Abatement (X Facility Closed/Vacated During E	ntire Period of Al	natement			Street A 2333 F City, St	Addres Route ate, Zi	s 22 West p Code						
Scope of Work (Check All That Apply)					Unio		07083						
X ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novation molition				Full Min Glo	Containm i-Enclosur vebag Pro i-Exempte	e cedure					
Location of	No	ocation		Des	scription		LXCIIIpte	u () and	11/011-1116	DIEPIO	Abat	emen /pe	
Asbestos-Containing Material (ACM TO BE ABATED In Facility (13)	Main Custo	Solely by tenance/ dial Staff? (12)	1 /1 /	estos Conta e. thermal surfac	aining Ma	aterial insulat	(ACM) tion,	(Sp	nount ecify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No N/	A							la la	Ħ.	Jlate	ure
asement area			Pipe ir	nsulation	n(wrap/	/cut)		20 SF		x			
Name of Registered Waste Hauler		NIDER	Waste	Cubics	/ovel-								
ilich Corporation		Hauler 18724	ID No.	Oubic Y of Wast			Name of G.R.O.W			II.			
City, State Woodland Park, New Jersey				Disposa	al Date		City, State	e Morrisv	ille, PA				
Completed by Adriana Olejarova	Title presid	ent		Sig	gnature					ate 05/19/2	017		1

ASB-41 (R-06-08)

Basement area

State of NJ Notification of Asbestos Abatement

B & G proj. #:

2017-63

(Pursuant to NJAC 8:60-7 and 12:120-7)

					*	** EM E R G	EN	1 C Y ***		Check	# 8388				
Date of Notification	1 (1)	115	lama of l	Duilding O		or/Operator (2)			Ti		(C)	2 1	W	F	Im
0 5 /11 9	9.5					er/Operator (2)			· ·	ME	, <u>U</u>	= U	<u> </u>		7
Agencies Notified	Type Notificati	on	treet Add	c Health	0	ystem			1	hat					111
☐ EPA ☐ DEP	Initial			aress Iadison A	١ve	enue			Participants and appropriate		MAY	2 5	201	7	Total Section 1
_	Amendr		-	e, Zip Code					-	Lann	Martin San San San Chan	200	NE LEE	201	2
X DOL	☐ Amendi			stown, N	J ()7960					BESTO	-	MAII	102	1
X DOH	☐ Cancella		ame of C	Contact						Telephon	e Number	and the second in			
☐ DCA	Cancella		Miche	elle DiGa	ng	ji							=	_	
				FA	CI	LITY INFORMA	OITA	1							
Name of facility wh	nere abatement is	taking pla	ace (3)						Туре	f Facility (4) I (K - 12)				
Chilton Medic	al Center										apter 8 (O	thar th	an K	12)	
Street Address									1		Private/Co			12)	
97 West Park	way										Homes, e		DI	- A	<u> </u>
City (5)		I Cour	nty (6)		_		Col	inty Code (7)	Squar	e Feet	# of Floor	s	DI	dg. A	ge
5) NA			34					ite use only)	Curre	nt Use (P	rior if being	dem	olishe	ed)	
Pompton Pla	ins, NJ 07444	<u>M</u> o	rris				31		Hosp	oital (no	n sub 8)			-	
Name of Monitorin	g Firm Hired by I	Bldg. Owne	er (8)		T	ASCM No.		Name of Abatement (Contract	or (9)					
					_L			B & G Restorati	on, Inc						
Street Address								Street Address 105 Ryerson R	nad						
City, State, Zip Cod	0				_		_	City, State, Zip Code	oad						
City, State, Zip Cou								Lincoln Park, N	NJ 070	35					
Project Manager for	r Monitoring Firm		T	Phone Nur	nbe	er		Telephone Number	<u> </u>		License		ег		
								(973)696-6869 Name of OSHA Monit			00	378		_	
Scheduled Start Da	te (10)	Sched	. Comple	tion Date	(11)		B & G Restorati							
05/24/2017		05/2	27/2017	7				Street Address		<u> </u>					
Occupancy Status I	During Abatemen	t (Check o	nly one)					105 Ryerson Ro	oad						
Abatement pe	d/vacated during erformed outside							City, State, Zip Code							
Describe: Other-Describ	be: work shift	3:30pm -	- 12:00	am	_		-	LincolnPark, NJ	J 07035	5					
Scope of Work (ch															
Demolition	X	Renovatio	n				□ F	ull Containment w/neg	ative pre	ssure	G loveb	ag pro	ocedu	re	
\times >3 sf or >3 lf		160 sf or	≥260 If				X	Mini-enclosure			Non-fri	able p	roce	lure	
Location of				y used sole	ely					- 170		R	R e	E	E
asbestos-con material to be		by mainte staff(12)	enance/c	ustodiai	_			sbestos-containing		Amount Specify S	For	m	р	n c	n
abated in fac		Yes	No	N/A		material (A	(CIVI)			_F)		o v	a i	a	L
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jet bathroom				×	T	VAT & mas	-		4	8 sf & 8	lf	X			
Registered Waste H			P Haule	r ID#	Ci	ibic Yards of W		Name of Registered							
B & G Restorat	ion, Inc.		9563	Disposal	<u> </u>	5		Tullytown F	Resour	ce & Re	covery	Cent	er		
City, State Lincoln Park, N	11					/2017		City, State Tullytown, F	PA					,	
Completed by (Print Gordana Luna		Title Secretar	y/Trea	surer		Signature		Gordana Luna			Date 05/19	/201	7		

State of NJ Notification of Asbestos Abatement

5

05/19/2017

2017 2017-63 (Pursuant to NJAC 8:60-7 and 12:120-7) B & G proj. #: *** EMERGENCY *** Check # 8388 Date of Notification (1) OS CONTROL & Name of Building Owner/Operator (2) DOL - 10 DAY LICENSING 0 15 1/1 19 1/1 17 Atlantic Health System Agencies Notified Type Notification Street Address EPA 2 Initial 100 Madison Avenue DEP 2017 City, State, Zip Code M DOL Amendment Morristown, NJ 07960 DOH Name of Contact Cance Mation ☐ BOA Michelle DiGangi FACILITY INFORMATION Name of facility where abstement is taking place (3) Type of Fedility (4) School (K - 12) Chilton Medical Center Subchapter 5 (Other than K-12) Street Address Other (Private/Commercial 97 West Parkway Bidgs./Homes, etc. Square Fest | # of Floors Bldg. Age City (5) County (6) County Code (7) (State upo only) Current Use (Prior if being demolshed) Pompton Plains, NJ 07444 Morris Hospitel (non sub 8) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM NO. Name of Abatement Contractor (8) B & G Restoration, Inc. Streat Address Street Address 105 Ryerson Road Cey, State, Zip Cods City, State, Zip Code Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Phone Number elephone Number Licensa Number (973)696-6869 00378 Name of OSHA Monitor Scheduled Start Date (10) Sched, Completion Date (11) B & G Restoration, Inc. 05/24/2017 05/27/2017 Street Address Occupancy Status During Abatement (Check only equ) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abstement performed outside of normal facility hours-Describe: Describe: Work Shift 3:30pm - 12:00am LincolnPark, NJ 07035 Scope of Work (check all that apply) ☐ Demolition Renovation Full Containment w/negative pressure E Glovebag procedure 图 >3 of or >3 If ≥160 si or ≥260 if Mini-enclosure Non-friable propedute Is location normally used solely Location of by maintenance/custodial staff(12) asbastos-containing E Description of asbastos-containing . Amount material to be m n material (ACM) (Specify SF or P c abated in facility (13) 0 . ٥ Yes 8 NIA Main Bldg 1st floor cons area fittings associated with fiberglass 18 fittings X Respiratory Storage VAT & mastic & calling tiles 110 sf & 110 sf KII Respiratory Storage fittings & joint compound 5 fittings & 50 af [3] bathroom white caulk & fittings 48 If & E fittings et bathroom VAT & mastic, white caulk 48 sf & 8 If Registered Waste Hause NJ022 Hauter 19563 Cubic Yards of Waste Name of Registered Lands B & G Restoration, Inc. 5 Tullytown Resource & Recovery Center City, State Lincoln Park, NJ Disposal Date 05/30/2017 Tullytown, PA Completed by (Print or Type) Signature Gordana Luna Cindona Lama Secretary/Treasurer

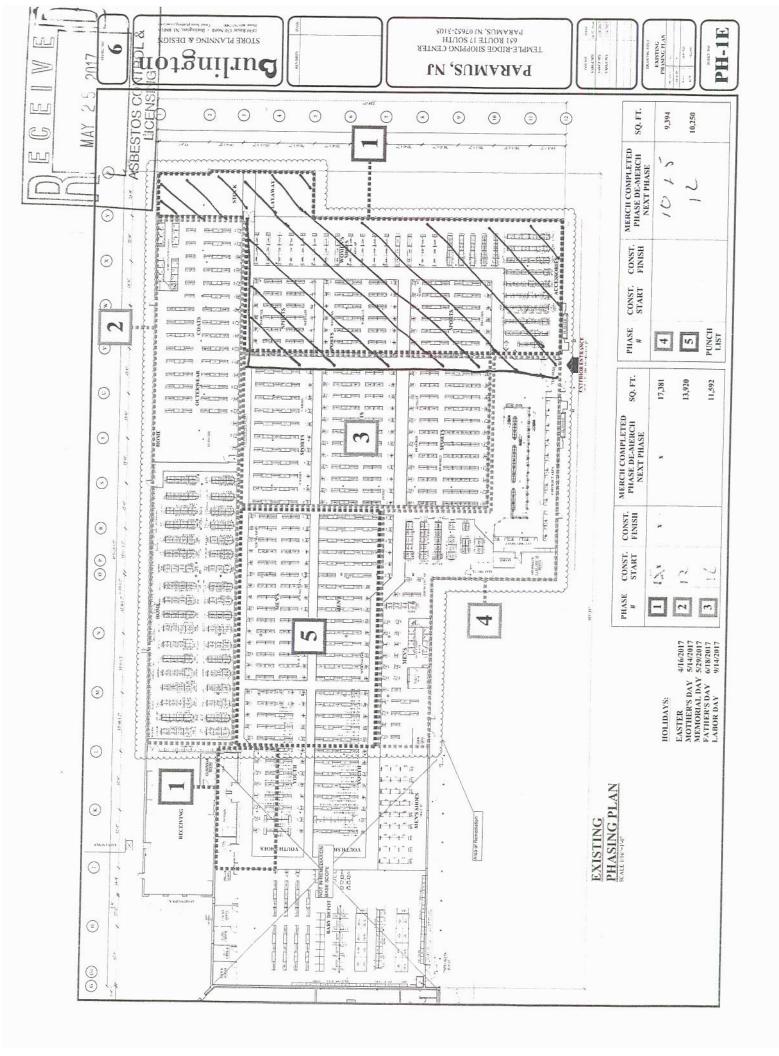
State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

	,		t to NJAC 8:6		- 15			C1	9 #	-0	120	05	94
Date of Notification (1) 05/17/17	DV -24-110-11111-1		of Building Ow) Education	Tr		- 6) [i	= r	7.7	7 (
Agencies Notified Type Notification			Address	эттр воаг	u 01	Ludcation			<u> </u>	,	7	14/	IE
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Environmental Connection, Inc. Street Address			-			ontracting & E	nviro	nmen	tal Co	onsi	ultin	g, In	c.
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Trenton, NJ 08608				Wa	yne	NJ 07470							
Project Manager for Monitoring Firm Mr. Roland Jones		Telepho	ne No. 92-4200	100000000000000000000000000000000000000		e No. 8-9200		Licens					
Start Date (10) Sche	eduled Co				Newson .	OSHA Monitor		00400					
05/26/17 06/3	30/17			0.20		Vision Consu	Itants	, Inc.					
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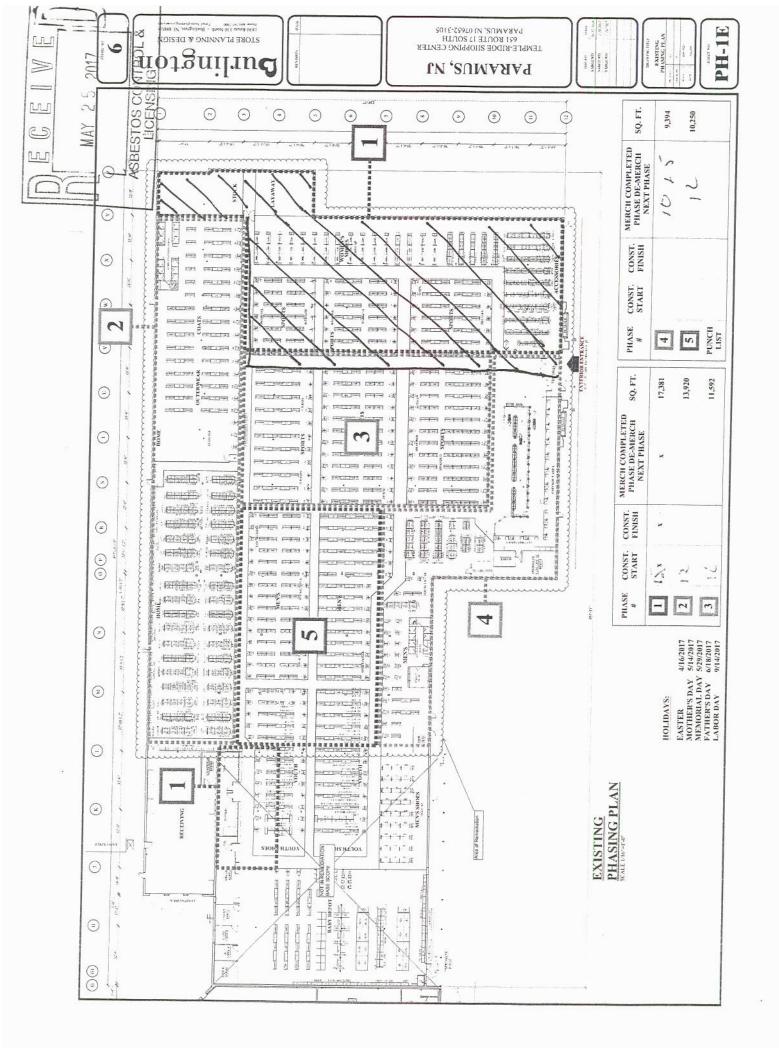
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Completed By (Print or Type) PATRICK T. DeCARO Title Estimator							Patrick	J	. D'Car	0/gl	5/	19/	17			



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) MERCK SHARP & DOHME CORP. 24 17 Street Address Agencies Notified Type Notification 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 EPA Initial Notification City, State, Zip Code DEP Amended Notification RAHWAY, NEW JERSEY 07065 ASBESTOS CONTROL & DOL Cancellation DOH On Hold Name of Contact Telephone Number DCA EMERGENCY NOTIFICATION Sandra M. Schenk FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) MERCK SHARP & DOHME CORPORATION Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet 126 EAST LINCOLN AVENUE - BUILDING 80 Y LINK # of Floors Bldg. Age 7,500 City (5) County (6) County Code (7) Current Use (Prior if being demolished) RAHWAY UNION (STATE USE ONLY) VACANT Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC. ASCM No. Name of Abatement Contractor (9) 104 PAR ENVIRONMENTAL CORPORATION Street Address Street Address 655 WEST SHORE TRAIL 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code SPARTA, NEW JERSEY 07871 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number WILLIAM S. KERBEL, CIH License Number 973-729-5649 845-369-7500 Expected State Date (10) 1101 Sched. Completion Date (11) Name of OSHA Monitor 6 /17 6 / 30 AMERISCI LABORATORIES INC Month /17 Day Year #11480 Month Day Occupancy Status During Abatement (Check only one) Year Facility Closed/Vacated During Entire Period of Abatement Street Address 117 EAST 30TH STREET Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY - FRIDAY 7 AM- 3:30 PM City, State, Zip Code Scope of Work (Check all that apply) NEW YORK, NEW YORK 10016 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-Asbestos-containing Abatement Type normally used Containing Material (ACM) Amount Material (ACM) solely by REMOVAL REPAIR ENCAPSULE ENCLOSURE (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 ROOF X MASTIC ON EXTERIOR BRICK BELOW 400 LN. FT. X ROOF COPING CAP Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste FREEHOLD CARTAGE, INC. Name of Registered Landfill Hauler ID No. LYCOMING COUNTY RESOURCE MANAGEMENT SE 825 HIGHWAY 33 15939 447 ALEXANDER DRIVE/ROUTE 15 City, State Disposal Date City, State FREEHOLD, NEW JERSEY 04/06/17-6/30/17 MONTE OMERY , PA 17752 Completed by (Print or Type) Signature BENJAMIN SANCHEZ Date DIRECTOR OF OPERATIONS