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Date of Notification (1) 10/26/2016				of Building O		perator (2)		LI NO	/	3 1	2016	
Agencies Notified Type Notif	fication		Street A	Address				+					-
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Emer	rgency (including ication)			f Contact	01024			Tel	ephone Num	ber	_		_
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Name of Facility Where Abatement is	s Taking Place (3)	FAC	ILITY INFO	RMATIO		Type of Facility (4	1)					
PRIVATE HOUSE		50 4 .0					School (K-1)	3.5					
Street Address							Subchapter	8 (Oth			dinaa	hom	0.0
0% /5%							etc.)						35
City (5) NEWARK							Square Feet N/A	# of	Floors		Bldg. A N/A	\ge	
County (6)			County	Code (7)			Current Use (Price			100	417		_
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Name of Monitoring Firm Hired by Bu N/A	uilding Owner (8)	ASC	Л No.			f Abatement Con		(9)				
N/A Street Address						Street A	ABATEMENT	LLC					-
							RANKLIN STR	EET					
City, State, Zip Code							ate, Zip Code						_
Decises Manager for Manifestor Fire		4	-				RSON,NJ,07	524					
Project Manager for Monitoring Firm			Telepho	ne No.		Telepho 973-3	one No. 33-5144		License No 01274				
Start Date (10)	Schedul	ed Con	npletion	Date (11)			f OSHA Monitor		0.1.			-	-
11/04/2016	11/05/					The state of the state of	ABATEMENT	LLC					
Occupancy Status During Abatement	8	13				Street A	ddress ANKLIN STR	FFT					
Facility Closed/Vacated During Abatement Performed Outside of	Entire Period of of Normal Facilit	Abaten y Hours	nent			1978 37.57	ate, Zip Code		4-116-				
X Other - Describe: OCCOPIED					_		RSON ,NJ ,0	7524					
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Date of Notification (1) 10/26/2016				Building Ow DON PE	- S:	or (2	2)				NOV	- 3	3 20	16	
Agencies Notified Type Notification Initial Amended Amendment Emergency (i		_	NEWA	ddress Ite, Zip Code ARK ,NJ,0					Tal	ASBI	LIC	EN:			. &
DOH justification) Cancellation			CRIS	PAGAN			0.11-0.7-1		1 161	ерпоп	e Null	iber			
Name of Facility Where Abatement is Taking PRIVATE HOUSE	Place (3)	FACI	LITY INFOR	MATION			of Facility (4	(V.E) 						
Street Address								School (K-1 Subchapter Other (i.e. p etc.)	8 (Oth				dings,	home	9S,
City (5) VERONA						100	Squar N/A	e Feet	# o	f Floor: A	S	1 20	ldg. A I/A	ge	
County (6) ESSEX			County (Code (7) USE ONLY)				nt Use (Pric		_	nolish	ed)			
Name of Monitoring Firm Hired by Building CN/A	wner (8)		ASCN	1 No.				ement Con TEMENT		2					
Street Address							ddres	s (LIN STR	EET						
City, State, Zip Code					100000000000000000000000000000000000000			p Code N,NJ,07	524						
Project Manager for Monitoring Firm			Telephor	ne No.		::::::::::::::::::::::::::::::::::::::	ne No 33-5			Licer 012	nse No 74	o.			
Start Date (10) 11/05/2016	Schedule 11/06/2		npletion [Date (11)				IA Monitor TEMENT	LLC						
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire P			nent				ddres	s LIN STR	EET						
Abatement Performed Outside of Norm Other – Describe: OCCOPIED	al Facility	Hours						p Code N ,NJ ,0	7524						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	lenova emolit			•	×	Min Glo	Containme i-Enclosure vebag Proc i-Exempted	edure	•				e	
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TRI STATE TRANSFER			auler ID /A	l l	of Waste			MINER		ITERI	PRIS	SES			
City, State RANDALL AVE BRONX NY					Disposal Dat TBD	ite		City, State		/A RI	D WA	YNE	ESBU	JRG	OF
Completed by VICTOR ESPIRITU	Title PRO	JECT	MANA	AGER	Signatu		V 1	Noto	M	/	Da 10	te 1/26/2	2016		

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Date of Notification (1) 10/28/16				Building C		perator	(2)				NOY	-	3	201	6
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□ Emergency □ justification) □ Cancellation		1	Name of	Contact	X-20				Tele	ephone N	umber				
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Name of Facility Where Abatement is Takir Suzanne Montalvo Street Address	ng Place (3)							of Facility (4) School (K-12 Subchapter 8 Other (i.e. pr	!) 3 (Othe			ildir	igs, l	nome	s,
City (5) Belleville								etc.) re Feet	# of	Floors		Bld	g. Ag	ge	
County (6) Essex County			County C	Code (7) ISE ONLY)	3		Сипе	nt Use (Prior	r if bei	ng demoli	ished)				
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.			of Aba Abate	tement Cont ment	ractor	(9)					
Street Address							Addres	ss Street Su	ite A	4					
City, State, Zip Code								ip Code gen, NJ 07	7047						
Project Manager for Monitoring Firm			Telephor	ne No.			none N 293-6			License 01223					
Start Date (10) 11/09/16	Schedule 11/23/1		pletion [Date (11)				HA Monitor	LTIN	G LLC					
Occupancy Status During Abatement (Che							Addres	ss JTE EAST	SUI	TE 107					
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:						City, S	State, Z	ip Code J 07083							
Scope of Work (Check All That Apply)												-	-		
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	X R	enova emoliti	tion on			>	Mir Glo	Containme ni-Enclosure ovebag Proce n-Exempted	edure					2	
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New (Decidered Westerlands		l NI	JDEP W	looto	Cubio	Yards		Name of F	Pagiet	ared Land	IEII				
Name of Registered Waste Hauler NEWARK CARTING		Н	auler ID 4509		of Wa			WASTE	MAN			GR	OV	/S N	l.
City, State HILLSIDE, NJ			p =		Dispo	sal Date)	City, State		LE PA					
Completed by Bryan Parra	Title Proje	ct Ma	anager	SI .	S	Signatur	STUM	Maria	7		Date 10/28	3/16	3		

Print Form

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Date of Notification (1) 10/26/16				Building Owner Simeone	Operator	(2)				UV	- 5	201	5
Agencies Notified Type Notification		S	Street Ac	idress					L ASBE	07.0	2.00	VI. 177	101
EPA				te, Zip Code					ASSE	510		113	104
DOL Amendment #		_ E	3yram	Township, N	J 0787	4						200-000	
X DOH justification) X DCA Cancellation	lolddirig	N	lame of	Contact				Tele	phone Nun	nber			
			FACIL	LITY INFORMA	TION								
Name of Facility Where Abatement is Taking Gerard Simeone	Place (3))				Тур	e of Facility (4 School (K-12						
Street Address						×	Subchapter Other (i.e. p etc.)				ings,	home	s,
City (5)	-					Squ	uare Feet	# of	Floors	BI	dg. A	ge	
Byram Township													
County (6) Sussex County				Code (7) ISE ONLY)		Cui	rent Use (Pric	or if bein	g demolish	ed)			
Name of Monitoring Firm Hired by Building On	wner (8)		ASCN	l No.	100000000000000000000000000000000000000		batement Con tement	tractor (9)				
Street Address					Street 1009		ress th Street St	uite A4	ļ				
City, State, Zip Code				21			Zip Code ergen, NJ 0	7047					
Project Manager for Monitoring Firm		T	elephor	ne No.	Teleph	Selle Scelle			License N	0.			
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Occupancy Status During Abatement (Check	Only On	e)	200		Street		ress DUTE EAS	TSUIT	F 107				
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	eriod of A al Facility	Abatem Hours	ent		City, S	State,	Zip Code NJ 07083						
Scope of Work (Check All That Apply)			-		0111		110 07 000						-
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Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Solelintenan todial S (12)	ce/	Asbestos Co (i.e. therm sur	ntaining N	Mater is ins AT, o	ulation, r	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Cround Floor	100	140	1471		TSI			5/	0 LF	x			\dashv
Ground Floor					131				J LI	^			
Name of Designated Marks Harder		l M	JDEP W	lacto Cub	ic Yards		Name of	Registe	red Landfill				
Name of Registered Waste Hauler NEWARK CARTING		H	auler ID 1509		laste				AGEME		ROV	VS N	
City, State HILLSIDE, NJ				Disp	osal Date	9	City, Stat MORRI		E PA		7-	13	
Completed by Bryan Parra	Title Proje	ect Ma	nager		Signatur	13	10001	affe	76	ate 0/26/1	16	of the same	

Print Form

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Date of Notification (1)					uilding Own						S 5	= 1	7.7	-
10-28-16			I	Borou	gh of	Kean	sburg			TE		=	10	E
Agencies Notified	Type Notification		St	reet Addr	ess					_				
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Ø DOH Ø DCA	justification) Cancellation								1	ASBE	STOS			301
- Deit				FACILI	TY INFOR	MATIO	N				HOE	130	-	
Name of Facility Where A	batement is Taking P	lace (3)					T	ype of Facility (4)						
Keansburg Bor								School (K-12)						
Street Address							R	Subchapter 8	(Other	than K-12)		1		,
29 Church Str	eet							Other (i.e. pri	vate &	commercial bi	undings	, nom	es, etc	.)
City (5)								quare Feet	100000	Floors		g. Ag		
Keansburg							1	0,000	4	2	60	yr:	5.	
County (6)			C	ounty Co	de (7)		C	urrent Use (Prior	if being	demolished)				
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.	E ONLY)		— E	Borough Bu	ild:	ing								
	Hired by Building O	wner (8)	1	ASCM :	No.		Name of	Abatement Contra	ctor (9)					
TO BE DETERMI	NED						Plymo	outh Envir	conm	ental C	0.,I	nc.		
								-1.04.100 Sec.						
							923 I	Haws Avenu	1e					
City, State, Zip Code							City, Stat	e, Zip Code						
							Norr:	istown, PA	A 19	401				
Project Manager for Moni	toring Firm		T	elephone	No.		Telephon	e No.		License No.				
	Norristown, PA 1940	0039	8											
Start Date (10)	Norristown, PA Telephone No. Telephone No. Telephone No. 610-239-9920 Asbestos-Containing Material (ACM) To get Manager for Monitoring Firm Telephone No. Telephone No. 610-239-9920 Name of OSHA Monitor EHS Environment Street Address 411 Southgate Continuent City, State, Zip Code Mickleton, NJ Be Renovation Demolition To BE ABATED In Facility In Facility To BE ABATED In Facility To BE ABATED In Facility Telephone No. Telephone No. Telephone No. 610-239-9920 Name of OSHA Monitor EHS Environment City, State, Zip Code Mickleton, NJ To Be ABATED Used Solely by Maintenance/ Custodial Staff? (12) To Be ABATED In Facility To Be ABATED In Facility To Be ABATED In Facility To Be ABATED Telephone No. Telephone No. 610-239-9920 Name of OSHA Monitor EHS Environment City, State, Zip Code Mickleton, NJ To Be ABATED Used Solely by Maintenance/ Custodial Staff? (12) To Be ABATED Used Solely by Maintenance/ Custodial Staff? (12) To Be ABATED Used Solely by Maintenance/ Custodial Staff?													
Street Address City, State, Zip Code Project Manager for Monitoring Firm Start Date (10) Sc 11/11/16 1 Occupancy Status During Abatement (Check Only of Abatement Performed Outside of Normal Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Facility Check All That Apply) Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≤160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	11/20/	16				EHS I	Invironmer	ntal	, Inc.					
City, State, Zip Code Project Manager for Monitoring Firm Start Date (10) 11/11/16 Occupancy Status During Abatement (Ch. K Facility Closed/Vacated During Ent. Abatement Performed Outside of No. Other — Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf K ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM TO BE ABATED In Facility	Abatement (Check O	nly One)												
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City, State, Zip Code City, State North														
	X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other — Describe: City, State, Zip Code Mickleton, NJ 08056 Renovation Second of Second State St			056										
X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Mickleton, NJ 08056							1							
□ >3 efor >3 lf	Scheduled Completion Date (11) 1/11/16	Negative Pres	ssure											
Scope of Work (Check All That Apply) □ ≥3 sf or ≥3 lf □ X ≥160 sf or ≥260 lf □ Demolition □ Mini-Enclosure □ Glovebag Procedure □ Non-Exempted (*) and Non-Fria Location of Asbestos-Containing Material (ACM) Location of Asbestos-Containing Material (ACM) Maintenance/ Mini-Enclosure Description of Mini-Enclosure Description of Maintenance/ Asbestos Containing Material (ACM) Amount				Non-Friable	Procedi	ire								
	Street Address **X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Mickleton, NJ 08056 **Cope of Work (Check All That Apply) Pull Containment with Negation Pull Containment with Negation Glovebag Procedure City State, Zip Code Mickleton, NJ 08056 **Enovation Pull Containment with Negation Glovebag Procedure City State, Zip Code Mickleton, NJ 08056 **Enovation Pull Containment with Negation Glovebag Procedure City State, Zip Code Mickleton, NJ 08056 **Enovation Pull Containment with Negation Glovebag Procedure City State, Zip Code Mickleton, NJ 08056 **Enovation Pull Containment with Negation City State, Zip Code Mickleton, NJ 08056 **Enovation Pull Containment with Negation City State, Zip Code Mickleton, NJ 08056 **Enovation Pull Containment with Negation City State, Zip Code Mickleton, NJ 08056 **Enovation Pull Containment with Negation City State, Zip Code Mickleton, NJ 08056 **Enovation Pull Containment with Negation City State, Zip Code Mickleton, NJ 08056 **Enovation Pull Containment with Negation City State, Zip Code Mickleton, NJ 08056 **Enovation Pull Containment with Negation City State, Zip Code Mickleton, NJ 08056 **Enovation Pull Containment with Negation City State, Zip Code Mickleton, NJ 08056 **Enovation Pull Containment with Negation City State, Zip Code Mickleton, NJ 08056 **Enovation Pull Containment with Negation City State, Zip Code Mickleton, NJ 08056 **Enovation Pull Containment with Negation City State, Zip Code Mickleton, NJ 08056 **Enovation Pull Containment with Negation City State, Zip Code Mickleton, NJ 08056 **Enovation Pull Containment with Negation City State, Zip Code Mickleton, NJ 08056 **Enovation City State, Zip Code Mickleton, NJ 08056 **Enovation Pull Containment with Ninite Code City State, Zip Code City St					Abate	ment							
	To be Abatem of Location of L				Ту	ре								
	Scheduled Completion Date (11) Name of OSHA Monitor EHS Environmental,	Amount			_									
	Street Address 923 Haws Avenue City, State, Zip Code Norristown, PA 19 toring Firm Telephone No. Scheduled Completion Date (11) 11/20/16 Abatement (Check Only One) ated During Entire Period of Abatement ed Outside of Normal Facility Hours Renovation Demolition Telephone No. 610-239-9920 Name of OSHA Monitor EHS Environmental Street Address 411 Southgate Cou City, State, Zip Code Mickleton, NJ 08 That Apply) Renovation Demolition Full Containment with Mini-Enclosure Glovebag Procedure Non-Exempted (*) an Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A		(Specify	Re	R	inca	Enc							
In Fac	ility	10		tarr/				oug)	5	SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13	5)	- 3	0.006			othern	півсенале	ous)			28	_	late	Ire
		Yes 1	No	N/A	Ú						-			
Roof- Upper 1	Roof	X			roof				4,5	00 SF	X			
			_	-										
				-										
											1			
Name of Registered Was	te Hauler			JDEP W		Cubic		1 - 2000-00-0000000000000000000000000000	7 1 2 TO 100	ered Landfill				****
Newark Carti	ng			lauler ID 4509	No.	of Was		Tully	town	n Resour	ce i	Reco	ver	У
			_				sal Date	City, Sta	te					
City, State							20/16			lle, PA				
Newark, NJ		Title				-	Signature	1/0/	1		ate		-	
Completed by James Kelly			-65	ident			XYM	non 11101	11/	1	0-28	3-1	5	
names verti						,	1001	WILL	NIL					

State of New Jersey

		NO	TIFIC	ATIO	N OF A	SBESTOS ABATEMI	ENT		HINK	V 1/201	A	w	200	*1
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Date of Notification (1) 1 0 / 2 8	/ [1] 6			200000		Building Owner/Opera REET FIDELCO								
Agencies Notified Type of I	Notification			Str	eet Ad	dress				CEECT	22		10	101
[X] EPA				22	5 MI	LLBURN AVENU	JE, SUI	TE 202				-27		
[X] Init	ial Notification		1	Cit	y, Stat	e, Zip Code								
50 30 TO TO TO THE STATE OF THE	ended Notification endment	E		M	ILLE	BURN, NJ 07041								
[X] DOH [] Car	cellation			Na	me of (Contact			Telepl	one Numb	er			
[] DCA [] Em	ergency			M	R. PI	ETER HANTES			-		7			
				FACI	LITY I	NFORMATION								
Name of Facility Where Abatement is Taking I	Place (3)						Type	of Facility	(4)					
FORMER WAREHOUSE FACILIT	Y							[]	School (K-12)					
Street Address								[]	Subchapter 8					
571 18th AVENUE								[X]	Other (i.e., pri buildings, hom		mercia	11		
City (5)	nty (6)			10000000		de (7)	Squar		# of I		CHEST (100)	ldg. A	ge	
				(51)	AIEU	SE ONLY)	Curre	10,000 + nt Use (Pri	or if being demo	2 olished)	50 +			
NEWARK Name of Monitoring Firm Hired by Building C	SEX		ASC	24		TIN: CAL		(0)						
. Tame of Administration of the Inter-by Dunning C	wher (6)		ASC	141		Name of Abateme	at Contrac	tor (9)						
WHITMAN CO.						J.R. CONTRA	CTING	& ENV	IRONMENT	TAL CO	ISUI	TIN	G, I	NC.
Street Address 7 PLEASANT HILL ROAD						Street Address	22							
T DEAGAINT HILL ROAD						City, State, Zip	23					17111272		
CRANBURY, NJ 08512					1.1	WAYNE, NJ	7470							
Project Manager for Monitoring Firm		1 3	phone			Telephone Numbe	r			e Number			L'action and	
MR. KEVIN LOVELY Scheduled State Date (10)	Scheduled Com		2-390		8	973 628-9500 Name of OSHA M			0040	8				
1 1 0 9 1 6 Month / Day / Year		3	Date (1	6 Year			NSULTA	ANTS, INC.					
Occupancy Status During Abatement (Check o	nly one)		ray		car	Street Address								
[X] Facility Closed/Vacated Dur of Abatement	ing Entire Period					20-21 WAGAI	RAW R	OAD, BL	DG. #35E					
[] Abatement Performed Outs	ide of Normal Fac	ility					Supplied State							
[] Hours - Describe:		_		_		FAIR LAWN,	NJ 074	10						
Scope of Work (Check all that apply)			9300000			[X		& Cut Pro		100				
			Dem Reno	olition vation		[X		ontainmen Enclosure	t With Negative	Pressure				
$\begin{bmatrix} \end{bmatrix} \ge 3 \text{ sf or } \ge 3 \text{ lf}$		0.13				ijj	Glovel	oag Proced						
[X] ≥ 160 sf or ≥ 260 lf						[X	Non E	xempted (*) and Non-Frial	ole Procedu		batem	ent T	vne
			Is cation			Description of							E	E
Location of		No	rmally			Description of Asbestos-Containin	g		Amou		R E	R	N C	N C
Asbestos - Containing Material (ACM)		1	Used lely by			Material (ACM) (i.e., thermal system	IS		(Speci		M O	E P	A P	L
TO BE ABATED in Facility (13)			ntenan			insulation, surfacing or other miscellan					V A	A I	SU	S U
		Sta	ff (12)				/				L	Ř	L	R
Through Out Buildings A, B, C, D, a	nd E	Yes	No	N/A X	VAT	& Mastic			5,480 SF		X	\dashv	E	E
8 8 7 7 7 7 7				X		Insulation, Elbow	s & Joi	nts	605 LF		X		-	\neg
				X		er Insulation, Gasl	kets & I	Bricks	511 SF		X			
				X		ing / Flashing			7,850 SF		X		_	
				X		Door Insulation low Caulking & C	Flazing		900 SF 2,850 SF		X	-	-	
									1000 04					
Name of Registered Waste Hauler		N.TD	EP Wa	ste	Cubic	Yards of Waste		Name of Y	Registered Land	fill				
J.R. Contracting & Environmental C	onoulting T	Han	ler TD N	No.	Cabic									
City, State	onsulting, inc	•	1781	7	Dispos	al Date	1	City, State	Central Lan	uIIII	-			
Wayne NJ 07470					- Post		//		gyl, PA 1807	2				
Completed by (Print or Type)	Title	100 -				Signature	/	Si		Date				
Jerry Bijelonic	Project Man	ager				19					10/2	8/16		

State of New Jersey

Choi	46	N			OF ASBE NJAC 8				IT	100		- (b	0 1	= 1	U	
Date of Notification ((1)				Building C								37	- :	201	5
Agencies Notified EPA DEP DEP	Type Notification Initial	÷			dress e, Zip Coo each Tv		08008			100	ASE			<u> </u>		ŦO.
DOL DOH DCA	Amendment # Emergency (ii justification) Cancellation		N	lame of Keith		vb 140	00000			Tele	phone N	umb	er			
				FACIL	ITY INFO	RMATI	ON									
Keith Desena P	ere Abatement is Taking rivate Home	Place (3))					Ту	pe of Facility (School (K- Subchapter	12)	or than V	12\				
Street Address					8 10			×	Other (i.e. petc.)	orivate 8	k commer	cial		102 1//		s,
City (5) Long Beach Tw	p NJ 08008							1 '	juare Feet 000+	2	Floors		1000	dg. A	ge 	
County (6) Ocean	-	H		County C STATE U	ode (7) ISE ONLY)			10000	urrent Use (Pri ome	ior if bei	ng demoli	ishe	d)			
Name of Monitoring N/A	Firm Hired by Building C	wner (8)		ASCM	No.				Abatement Co o Inc.	ntractor	(9)					
Street Address		19		``			Street PO E									
City, State, Zip Code	е						1.70		e, Zip Code erlin NJ 080	091						
Project Manager for	Monitoring Firm			Telephor	ne No.		Teleph 856-		e No. 3-9800		License 00727				2	
Start Date (10) 11/9/16		Schedule 11/15/1		pletion [Date (11)		Name Sam		OSHA Monitor							
	During Abatement (Check			ant			Street	Add	dress							
× Facility Closed Abatement Per Other – Descri	Nacated During Entire F rformed Outside of Norm be:	al Facility	Hours	ent		_	City, S	State	e, Zip Code							
Scope of Work (Che	eck All That Apply)						-									
≥3 sf or ≥3 lf × ≥160 sf or ≥26	O If		Renovat Demoliti					×	Full Containm Mini-Enclosus Glovebag Pro Non-Exempte	re ocedure					е	
		20070	Locati												ement pe	
Asbestos-Conta TO Bi	cation of ining Material (ACM) <u>E ABATED</u> Facility (13)	Use Ma	Normali d Solel intenar todial S (12)	ly by nce/	Asbes (i.e.	tos Con therma surfa	escription taining I I system acing, VA miscella	Matens in		(mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A												
Exter	ior Siding	-		X		Exte	erior Si	idin	g	20	000SF		X			
							-									
Name of Registered United Roll Off	d Waste Hauler		Н	JDEP Wauler ID		of Wa	Yards aste		Name o		ered Land	dfill				
City, State Elm NJ	7	Tr.				Dispo	sal Date 5/16	е	City, Sta Morris		A 19067	7				
Completed by Anthony T Perna	a	Title Pres	ident				Signatur	re			1.5	Date 10/	e '31/	16		

Print Form

MCh				IFICATION OF ASB	BESTOS	ABATEMENT			_					
			(1	Pursuant to NJAC 8: Name of Bui		d 12:120-7) wner/Operator (2)	Mary Carry	- 1	M		1	W	EI
Date of Notification (1)				MERCK SHA	RP & D	OHME CORPORA	ATION							-
10 / 31 16				Street Addres					1	Til	****			
Agencies Notified Type Notific				2000 GALLO		ILL ROAD					NOV -	- 3	2016	11
	Notification		1	City, State, Zi		/ JERSEY 07033			1					-
	llation	00000		The Trieston	.,,,,_,,	02.102.107000				Ī	ерготос	00	NTRO	1 2
X DOH x On Ho		NOT!	-10	Name of Con		25	Telephone Nun	ber			LICE			La
DCA EMER	GENCY	NOTI	-ICAT			(27.02)			-					
Name of Facility Where Abatement is	Taking F	lace	(3)	FACILITY INF	ORMAT	Type of Facility	(4)							
,			/			School (K-	* *							
MERCK SHARP & DOHME CORPORA	TION						r 8 (Other than I							
Street Address						X Other (ie. p	rivate & commo # of Floors	l. bldgs.		s, etc.) 3ldg. A				
2000 GALLOPING HILL ROAD - BUILD	ING K6 L	OWE	R LE\	/EL		225,000	3		,	44	ge			
City (5) Count				County Code	555995 annual 1	Current Use (Prid	or if being demo	lished)						
Name of Monitoring Firm Hired by Bu			0)	(STATE USE O		Name of About		- (0)						
ENVIRONMENTAL HEALTH INVIESTIG			0000	246000000000000000000000000000000000000	M No. 04	Name of Abaten		St. Million	N					
Street Address						Street Address					4			
655 WEST SHORE TRAIL						313 SPOOK RO								
City, State, Zip Code SPARTA, N	IFW JFR	SFY	7871			City, State, Zip C SUFFERN, NEW								
Project Manager for Monitoring Firm				Number		Telephone Numb		nse Nur	nber					
WILLIAM KERBEL		973-	729-5	649		845-369-7500	1101							
Expected State Date (10)	Sch			etion Date (11)		Name of OSHA I								
10 / 17/ 16 Month Day Year	Me	12 onth	. /	30/ Day	16 Year	QUALITY ENVIR	KONMENTAL S	JLU HC)NS & I	ECH.	10			
Occupancy Status During Abatement (/						Street Address								
X Facility Closed/Vacated During Abatement Performed Outside						1376 ROUTE 9								
	AY - FRI		200			City, State, Zip C	ode							
							WAPPINGERS	FALLS	S, NY 12	2590				
Scope of Work (Check all that apply) Demolition	Ren	ovatio	n		ini-Enclo	inment with Nega	tive Pressure							
>3SF OR LF						Procedure								
X >160 SF OR 260 LF						le Procedure								
Location of Asbestos-containing	1000	Loca mally		Description Containing			Amount	70 7		tement	Type			
Material (ACM)		solely		(ie. The	ermal sys	stems	(Specify	REMOVAL	ENCAPSULE	ENCLOSURE				
TO BE ABATED in Facility (13)	100000000000000000000000000000000000000	nt/Cus Staff (*	todial	insulation, or other		90000000000	SF or LF)	NA I	PSI	SO				
in radiity (10)	-	No		or other i	miscena	neous)			E	ᇛ				
LOWER LEVEL-MER ACS 1 & 2			Х	ACM MASTIC			1900 SF	X						
LOWER LEVEL-MER ACS 1 & 2			X	ACM CAULK			275 SF	х						
LOWER LEVEL-MER ACS 1 & 2			X	ACM SEAM MAST	10		47 LF	x						
LOWER LEVEL-MER ACS 1			X	ACM ADHESIVE			100 SF	x						
LOWER LEVEL-MER ACS 1 & 2			X	ACM PUTTY			240 SF	X						
LOWER LEVEL MER CORRIDOR			X	PIPE SADDLES			630 LF	x						
LOWER LEVEL MER ACS 1 & 2			X	SEAM CAULK			1900 SF		X					
LOWER LEVEL WEST AIR INTAKE RO	MOC		Х	WATERPROOFING	G MAST	TC	1100 SF		X					
2														
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Name of Registered Waste Hauler	_	EP W		Cubic Yards of Was	ste	Name of Registe		CE MA	NACES	AENIT O	SEDVICES.			
FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	Inau	1593		80		LYCOMING COL			NAGEN	ILIN I S	DEKVICES.			
City, State				Disposal Date		City, State	7 17				14			
FREEHOLD , NEW JERSEY Completed by (Print or Type)	Title	_		10/17 - 13/30/16	50	MONTGOMERY	-	- 1	5/		f , ,			
		R OF	OPE	RATIONS Signatur	10		Date	(1/ =	3//	16			

Date of Notification (1)						e of Building CK SHARP &						1	5 (G E		
	16				Stree	et Address	>				115	31				100
Agencies Notified Type No	otification	1			2000	GALLOPING	HILL ROAD)					2.6	Λ1/ _	. 0	2016
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	n Hold				Nam	e of Contact			Talanhana N	lumber	T	AS	SBE	STOS	CO	ITROL &
DCA E	MERGE	ICY N	OTIF	ICATI	ON STE	PHEN RUPPE	RECHT	¥		_	1			LICE	NSIN	IG
					FACIL	LITY INFORM										
Name of Facility Where Abatemen	nt is Tak	ing Pl	ace (3)			Type of									
MERCK SHARP & DOHME CORP	ORATIO	N						hool (K- bchante	r 8 (Other tha	n K-12						
MENOR OF BUT & BOTTIME COIL	0101110								private & com			omes,	etc.)			
Street Address 2000 GALLOPING HILL ROAD - BU	UILDING	K6 L0	WE	R LEV	EL		Squar 225,	e Feet ,000	# of Floor	s		Blo	dg. Ag 44	е		
1988 34 TAN 185 BUS AND SON	ounty (6)			THE SECTION OF THE SE	ity Code (7)		Use (Pri	ior if being de	molishe	d)					
	NION	_			(STATE	E USE ONLY)				1 (0)						
Name of Monitoring Firm Hired by ENVIRONMENTAL HEALTH INVIE			1000	5)		ASCM No.			ment Contra MENTAL CO		TION					
Street Address	OHOAT	0140,	1140.	-		104	Street A		WILITIAL OO	N OIV	11014			4		
655 WEST SHORE TRAIL									CK ROAD							
City, State, Zip Code							City, Sta	- 5								
	TA, NEW		-					Z-10-10-10-10-10-10-10-10-10-10-10-10-10-	V YORK 109						_	
Project Manager for Monitoring Firm	n				Number			ne Num		icense l 101	Numbe	er				
WILLIAM KERBEL Expected State Date (10)				729-56	tion Date (111)	845-369 Name of			101						
10 / 17/ 16		Conc	12		30/	16			RONMENTA	SOLU	TIONS	& TE	CH.			
Month Day Year		Мо	nth		Day	Year	_									
Occupancy Status During Abateme X Facility Closed/Vacated			erior	of Ar	natament		Street A									
Abatement Performed O	-					scribe:	1370 KG	JUIES								
	IONDAY						City, Sta	ate, Zip (
0 100 100 1 100	×							741- 5.1	WAPPING		LS, N	Y 125	90			
Scope of Work (Check all that apply Demolition	y) X	Reno	vatio	1		Mini-En		ith Nega	ative Pressure							
>3SF OR LF		Inchio	valio				ag Procedi	ıre								
X >160 SF OR 260 LF						X Non-Fri	able Proced	lure								
Location of			_ocat		1 100	Description of				_		7	ment	Туре		
Asbestos-containing Material (ACM)		1	nally i			ontaining Mat (ie. Thermal)	49 555		Amount (Specify		REPAIR	ENCAPSULE	ENCLOSURE			
TO BE ABATED				todial	in	sulation, surfa			SF or LF) 0	AR	AP.	5			
in Facility (13)			aff (1			or other misce	llaneous)			P		II.S	SUR			
The second secon		Yes	No	N/A		000000	197		Salas Lecture 11	-	+	II m	m			1
LOWER LEVEL-MER ACS 1 & 2			_	X	ACM MAS				1900 5		+-	+	+-			
LOWER LEVEL-MER ACS 1 & 2				X	ACM CAU	ILK			275 SI	1000	-	4	+-	-		
LOWER LEVEL-MER ACS 1 & 2				X	ACM SEA	M MASTIC	VIII I CAN ST TANK		47 LF	X	+-	-	-	-	-	
LOWER LEVEL-MER ACS 1				X	ACM ADH	IESIVE			100 SI	X	-	1	-			
LOWER LEVEL-MER ACS 1 & 2				X	ACM PUT	TY			240 SI	X		_				
LOWER LEVEL MER CORRIDOR				X	PIPE SAD	DLES			630 LF	X						
LOWER LEVEL MER ACS 1 & 2				X	SEAM CA	ULK			1900 \$	F		X				
LOWER LEVEL WEST AIR INTAK	E ROOM			X	WATERP	ROOFING MA	STIC		1100 \$	F		X				
											1	1	1			
Name of Registered Waste Hauler		NJDE	PW	aste	Cubic Yar	ds of Waste	Name o	f Regist	ered Landfill							
FREEHOLD CARTAGE, INC.		Haule				80			UNTY RESC			GEM	ENT S	ERVICE	ES	
825 HIGHWAY 33			1593	9	Dianasa' 5	Data		-	ER DRIVE/RO	OUTE 15)					
City; State FREEHOLD , NEW JERSEY					Disposal I 10/17 - 13		MONTE	OMER	Y PA 17752			à	1			
Completed by (Print or Type)	Title				1.01.11	Signature	12/	/×		Date	TEN	1-	, /.	1		
BENJAMIN SANCHEZ	DIR	ECTO	ROF	OPE	RATIONS	1	17/	()		10	12)//	0		

Ch3470

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

1-7:

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Date of Notification (1)								perator (2)			1	NUY	-3	2U I	0	Tel system
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⊠ EPA ⊠ DOLWD	☐ Amended					e, Zip Code				120					-	
☑ DOLWD	Amendment	#	_			arbor Cit		08215								
□ DCA	☐ Emergency		ng	1		Contact	,,			Te	elephone	Numbe	r			
(NJAC 5:23-8)	justification)					nce Kaluh	nioka	lani		1 6		3				
	Cancellation			200		ITY INFO										
			(0)		FACIL	ITT INFO	NIVIA.	TION	Type of Fac	cility (4)						
Name of Facility Where		king Plac	ce (s)					☐ School ((K-12)						
Zion Lutheran Chu	ırch								Subcha	pter 8 (C	ther than	K-12)	al huild	inas		
Street Address									Other (i.		ite and co	minero	ai bullu	migo,		
312 Philadelphia A	venue								Square Fee		# of Floor	rs	Bldg	. Age		
City (5)									10,000		2		80	1		
Egg Harbor City						- 1 (7) (0	TATE	ICE ON V	Current Us	e (Prior		emolish	ed)			
County (6)					County	Code (7)(S	IAIE	JSE UNLT)	Church							
Atlantic								5.01 -1								- 1
Name of Monitoring Fire	n Hired by Buildir	ng Owne	er (8)	AS	SCM No). N			nt Contract							
N/A									nmental,	LLC	/					_
Street Address						8		Address								
N/A								Cutler Av								
City, State, Zip Code						(state, Zip Co		•						
N/A							10.5		, NJ 0805		License	No				
Project Manager for Mo	nitoring Firm			Telep	hone N	0.		none No.		2 -	0084					
N/A				N/A				-755-0099	- 1		0004					_
Start Date (10)		cheduled						of OSHA N								
11 / 15	/ 16	_11	_ /	17	_ / _	16	EM	SL Analy	ical, Inc.							_
Occupancy Status Dur		heck on	nly or	ne)				Address								
☐ Facility Closed/Vac	ated During Entire	e Period	of A	batem	ent		200	Route 13	30 North							
Abatament Perform	ed Outside of No	rmal Fa	cility	Hours	- Desc	ribe		State, Zip C								
Time of Abatement	:AM	PM/_	_	_PM	^	M	Cin	naminso	n, NJ 0807	77						_
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	all that apply)			novatio				Mini-En	ntainment w closure ag Procedu empted (*)	re			re			
			le	Locati	on								Aba	ateme	ent Ty	/pe
(A-0.00-010)	ng Material (ACM	1)	Use Mai Cust	lormal d Sole intena odial S (12)	ly ly by nce/ Staff?	Asbes (i.e.	tos Co , therr	Description ontaining M mal systems rfacing, VA er miscellan	laterial (ACI s insulation, T, or	M)	Amo (Spe SF or	ecify	Removal	Repair	Encapsulate	Enclosure
)	Yes	No	N/A	V-0.00	11.00				6 [F	П		П	
Main Hallway				\boxtimes				on and Fi	ttings			SF				F
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Name of Registered	Naste Hauler	7		1 (2.33)	JDEP		Cubi	ic Yards of	Name	or Regis	ounty Ut	ilitiae	Autho	ritv		
Shade Environn			11		3243		1	osal Date	City, S		outily of	innes		,		
City, State Maple Shade, N	J							1/17/2016			r Towns	***				0,000
Completed By (Print		Title						Signature					Date			
Christina Lynch			e P	resid	ent of	Operatio	ns	OND	de		>		10/3	SV	16	

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page 1 ASSURED SERVICES

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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Date of Notification (1)		- 11		TE TO NJAC 8:80			HECK#	166	55		A.
10/27/2016			Name MAP	of Building Own	er/Operat	or (2)		ASB		OS (20
Agencies Notified Type Notifical	lian		9treet . 2000	Address MAPLEWO	OD DRI	VE				FN	
DEP Amende	ent #		City S	tate, Zip Code LE SHADE N	I none	9	-1	V		-	_
✓ DOH Emerger justificați DCA Cancei/a		_	Name	of Contact REEN WILLI			Telephone	Numbe	ir.	-	_
				ILITY INFORM					1	-30	
Name of Facility Where Abatement in Ta PARK CROSSING APARTMEN	king Piace (3 T HOMES	3)	7,710	THE ONLY	NOIL	Type of Facili	y (4)	_			_
Street Address 2000 MAPLEWOOD DRIVE					_	School () Subchap Other (i.e	(-12) ter 8 (Other than k it private & comme	(-12) trole) b	و المان و		
City (5) MAPLE SHADE						Square Feet 800	# of Floors	k. AIMI N	Bldg	. Age	пев
County (6) CAMDEN			County STATE	Code (7)		Current Use (F	Prior if being demo	lished)	50+		
Name of Monisoring Firm Hirad by Buildin ACER ASSOC.	g Owner (8)		ASCN	/I No.	Name	of Abatement C	antroder (0)				
Street Address 1012 INDUSTRIAL DRIVE					Street	Address CLEMS AUN	RONMENTAL	SERV	ICE	9 IN	3.
City, State, Zip Code WEST BERLIN NJ 08091					City, 8	State. Zip Code					_
roject Manager for Monitoring Firm MATT DEPALMA		Ī	elephor	1e No. 29-1 202	Telapi	LICA HILL N.	License		_		_
Start Date (10) 10/28/2016	Scheduled 10/28/2	Com			Name	304-4678 of OSHA Monito	01145				
Doupancy Status During Absternant (Che	ck Only One)			EMS	Address					
Facility Closed/Vacated During Entire Absternant Performed Outside of No. Other - Describe: UNIT VACANT D	Period of Ab	ateme lours OVAL	nt		200 City, \$	RT. 130 NOR					
cope of Wark (Check All That Apply)					CINI	NAMINSON	J 08077				
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Asbestos-Containing Material (ACM) 10 BE ABATED	Used 3 Maink	enance	B/	Asbestos Con	scription taining Ma	terial (ACSA)	Ampunt	-		pe	
In Facility (13)	<u> </u>	lial Sta 12)	H?		systems cing, VAT niscallane	. 97	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
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r, State JLLICA HILL NJ				Dispos	al Date /2016	City, State	·	_			_
mpleted by DN SWANSON	Title GENER	AL M	IANAG		gnatula	1 1	SBURG, OH				
		A STATE OF THE PARTY OF THE PAR			17	many JAG	1 de-mine	1/27/2	U16		

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Date of Notification (1) 10/27/2016		Name of Building Owner/Operator (2) MAPLEWOOD III LLC NOV - 3 20						2016	A CONTRACTOR OF THE PARTY OF TH				
Agencies Notified Type Notification EPA Initial		20	eet Address 000 MAPLE		D DRIV	/Ε	The second secon	AS	BES				DL &
DEP Amended Amendment Emergency	(including	_ M.	, State, Zip C APLE SHA	DE NJ	08052	!					NSII	id_	
DOH justification) Cancellation		M.	me of Contact AUREEN \	VILLIA			Te	lephon	ne Nun	nber			
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Street Address 2000 MAPLEWOOD DRIVE	TOMES					School (K-1 Subchapter Other (i.e. p	8 (Oth	ner than & com	n K-12 mercia	?) al bui	ldings	, hom	ies,
City (5) MAPLE SHADE						Square Feet 800	# 0	of Floor	s		3ldg. <i>i</i> 50+	Age	
County (6) CAMDEN			inty Code (7) ATE USE ONL	n		Current Use (Pric	or if be	ing der	molish MEN	ed)			
Name of Monitoring Firm Hired by Building ACER ASSOC.	Owner (8)	A	SCM No.		Name ASS	of Abatement Con URED ENVIRO	tractor ONM	r (9) ENTA	LSE	RVI	CES	INC	 :.
Street Address 1012 INDUSTRIAL DRIVE					4440000000000	Address CLEMS RUN			6-03 Luci				
City, State, Zip Code WEST BERLIN NJ 08091					City, S MUL	state, Zip Code LLICA HILL NJ	0806	2					
Project Manager for Monitoring Firm MATT DEPALMA		phone No. 6-809-1202	2		none No. 304-4676		Licer 011	nse No 45).				
Start Date (10) 10/28/2016	Complet 116	tion Date (11)		Name EMS	of OSHA Monitor				UJA:				
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire F			Street Address 200 RT. 130 NOR						S=11 122=				
Abatement Performed Outside of Norm Other – Describe: UNIT VACANT DUF	al Facility H	ours VAL	City, State, Zip Code CINNAMINSON N					77					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf	☑ Pon	ovation						ment with Negative Pressure					
≥160 sf or ≥260 lf	Distance of the last of the la	nolition				Mini-Enclosure Glovebag Proce	edure						
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Location of Asbestos-Containing Material (ACM)	Used S	mally Solely by	Ashes		scription	of laterial (ACM)	^	mount			Ту	ре	
TO BE ABATED In Facility (13)	Custod	enance/ ial Staff? 12)	(i e	thermal surfac		insulation, T, or	(8	Specify or LF		Remova	Repair	Encapsulate	Enclosure
1A HICKORY COURT	Yes N	22.700 J 7200	/A							_		ite	Ф
TA HICKORY COURT	\ \ \	(,	O TNIOI	COMP	DUND	8	0 SF		Х				
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SER	NJDEP Waste Cubic Yards Hauler ID No. of Waste 0034895 6				Name of R								
City, State MULLICA HILL NJ				Dispos 10/27	al Date 7/2016	City, State WAYNE	SBU	RG, C)H				
Completed by RON SWANSON	Signature Da				Date		2016						

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

GAC Project # 060-16	* = 10, (10-4)		The special	ng Owner/Oper	otor (2)	<u> </u>	0 705		$\overline{\Box}$	
Date of Notification (1)	2016		RUTGERS.	ng Owner/Oper , THE STAT	E UNIVE	RSITY OF	NJ 3	2016		
Agencies Notified	Notification Ty Initial Not Managed	ification Notification #5 –	ENVIRONM 27 ROAD 1	ENTAL HEA , BLDG 4086	AITH & S	SAFETY DE	EPT.	NTROL 8		
□DCA ☑ DOL ☑ DEP- No Longer REQUIRED ☑ DOH		d	Name of Conta MICHAEL S HEALTH &	AY, NJ 0889 act SMITH, ENV		Celephone Nur				
		FACILITY IN	FORMATION	743					\dashv	
Name of Facility Where Abatement SCHOOL DENTAL MEDIC	s Taking Place (3) INE, BLDG# 72	53	Type of Facility School (K-12		2)					
Street Address RBHS NEWARK CAMPUS	3			orivate & commer	rcial building	gs, homes, etc.) Bldg. Age:	60+ yea	ars		
NEWARK (6) ES:	County Code (State Use C		Current Use (p	orior if being der	molished):	ACADEMIC				
Name of Monitoring Firm Hired by E Owner (8)	ASCM No. 0098		Name of Contra	od ABATEN	IENT CO	NSULTANT	S. INC.			
ATC Street Address			Street Address		ILITI OU	NOOLITAIT	0,			
3 TERRI LANE			268 MAIN S							
City, State, Zip Code BURLINGTON, NJ 080	16	8.50	City State, ZipC							
Project Manager for Monitoring Firm	Telephone Nu			Telephone Number License Number						
BRIAN KEARNY	609-386-8	8800	973-492-04			00840			_	
Scheduled Start Date (10) 11/04/16	Scheduled Co 12/04/16	mpletion Date (11)	Name of OSHA							
Occupancy Status During Abater	nent (Check only one	e)	Street Address	100000000000000000000000000000000000000						
☐ Facility Closed/Vacated During ☑ Abatement Performed Outside	Entire Period of Ab	atement	20-21 WARGARAW ROAD City, State, Zip Code							
Describe Other – Describe: Schedule: 5PM – 5AM (24 H)	OURS & WEEKEN	IDS AS NEEDED)	FAIRLAWN, NJ							
Scope of Work (Check all that appl	у)			☐ Full	l Containme	ent with Negat	ive Press	ure		
□≥ 3 sf or ≥ 3 lf 図 ≥ 160 sf or ≥ 260) If	☑ Renovation ☐ Demolition		☐ Glo		cedure / Wrap d (*) and Non-		rocedure		
Location of Asbestos-Containing	Is Location Normally	Used Description of A	Asbestos Containin		Amount	Abateme		10000010		
Material (ACM) in Facility (13)	Solely by Maint./Cu Staff? (12)	stodial (ACM) (i.e. the	rmal systems insul or other miscell.)	lation,	(Specify SF LF)	or Remove	Repair End	cap Enclose		
C-Level	X	VAT			14000 SF	X				
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None of Dee Wests Houles	I N IDED Wast	e Hauler ID #	Cubic Varde	of Waster 15	5 CY	Name of Regi			_	
Name of Reg. Waste Hauler See Hauler Below #1 & 2	See Below		Cubic Yards of Waste: 15 CY Same of Registered Landfill G.R.O.W.S. North Land				_andfill			
Hauler #1) Greenwood Abatemer NJDEP # 12561 Hauler #2) Newark Carting, Inc., NJ DEP # 4509	Butler, NJ 07405		sposal Date 2/04/2016		Morrisvi 215-736	Ford Mil	II Rd. 1067			
Completed by (Print or Type) RAYMOND C. PEDALING	O Title SENIOR	PROJECT MANA	GER Si	ER Raymond C. Pedalino Date October 28, 2016						

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7) GAC Project # 060-16 Name of Building Owner/Operator (2) Date of Notification (1) October 21, 2016 RUTGERS, THE STATE UNIVERSITY OF NJ 3 2016 Notification Type Agencies Notified Street Address □Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. DEPA Amended Notification #4 -27 ROAD 1, BLDG 4086, LIVINGSTONEGAMPUS NTROL & DCA new start and completion dates City, State, Zip Code X DOL PISCATAWAY, NJ 08854 ■ Emergency (including ■ DEP- No Longer REQUIRED Name of Contact justification) Telephone Number X DOH MICHAEL SMITH, ENV. □ Cancelled **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) SCHOOL 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 Code (7) County Current Use (prior if being demolished): ACADEMIC **NEWARK** (6) (State Use Only) **ESSEX** Name of Monitoring Firm Hired by Bldg. ASCM No. Name of Contractor (9) Owner (8) 0098 ATC 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 10/28/16 11/28/16 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe Other - Describe: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED) FAIRLAWN, NJ Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure $\square \ge 3 \text{ sf or } > 3 \text{ lf}$ □ Renovation ☐ Mini-Enclosure ≥ 160 sf or > 260 lf ☐ Demolition ☐ Glovebag Procedure / Wrap & Cut Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Abatement Type Amount Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, (Specify SF or Staff? (12) Remove Repair Encap Enclose surfacing, VAT, or other miscell.) LF) NO YES NA C-Level X VAT 14000 SF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID# Name of Registered Landfill Cubic Yards of Waste: 15 CY 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 Rd. 11/28/2016 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 Morrisville, Pa 19067 NJ DEP # 4509 215-736-1700 Completed by (Print or Type) Signature RAYMOND C. PEDALINO SENIOR PROJECT MANAGER Raymond C. Pedalino October 21, 2016

State of New Jersey - Notification of Asbestos Abatement-

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

GAC Project # 060-16 Date of Notification (1) Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ 2016 October 7, 2016 Agencies Notified Notification Type Street Address ☐Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. DEPA Amended Notification #3 -27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS TROL & DDCA new start and completion dates City, State, Zip Code X DOL PISCATAWAY, NJ 08854 ☐ Emergency (including DEP- No Longer REQUIRED Name of Contact justification) Telephone Number DOH X MICHAEL SMITH, ENV. □ Cancelled **HEALTH & SAFETY FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) SCHOOL 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 (State Use Only) Current Use (prior if being demolished): ACADEMIC **ESSEX** Name of Monitoring Firm Hired by Bldg. ASCM No. Name of Contractor (9) 0098 ATC 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) Name of OSHA Monitor Scheduled Completion Date (11) 10/21/16 11/21/16 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe Other - Describe: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED) FAIRLAWN, NJ Scope of Work (Check all that apply) Full Containment with Negative Pressure Renovation □ > 3 sf or > 3 lf Mini-Enclosure > 160 sf or > 260 lf Demolition Glovebag 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, (Specify SF or Staff? (12) surfacing, VAT, or other miscell.) Remove Repair Encap Enclose YES NO NA C-Level X VAT 14000 SF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID# Name of Registered Landfill Cubic Yards of Waste: 15 CY 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 Rd. 11/21/2016 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 Morrisville, Pa 19067 215-736-1700 NJ DEP# 4509 Completed by (Print or Type) Signature Date RAYMOND C. PEDALINO SENIOR PROJECT MANAGER October 07, 2016 Raymond C. Pedalino

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GAC Project # 060-16		(Purs	suant to N.J.A.C	8:60-7	and 12:120-7)			15	UU				
Date of Notification (1)				Name	of Building Owner/Ope	rator (2)	1111		0.0	40			
September				RUT	GERS, THE STAT	E UNIV	ERSITY OF	NJ	20	16			
Agencies Notified		fication Type nitial Notifica	tion	Street /	<u>Address</u> RONMENTAL HE	1	1						
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Street Address RBHS NEWARK CAMPUS					er (i.e. private & comme		ngs, homes, etc.)						
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Name of Monitoring Firm Hired by Bld Owner (8)		CM No.		Name of	Contractor (9)								
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Street Address				Street Address									
3 TERRI LANE				268 MAIN STREET									
City, State, Zip Code				City State, ZipCode									
BURLINGTON, NJ 08016 Project Manager for Monitoring Firm		phone Number		BUTLER, NJ 07405 Telephone Number License Number									
BRIAN KEARNY		9-386-8800		Telepho	ne Number	License Number							
School and Charles (10)		Mr Englishman		973-492-0477 00840					10				
Scheduled Start Date (10) 10/07/16		duled Completion 31/16	on Date (11)	Name of OSHA Monitor									
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Occupancy Status During Abatemer Facility Closed/Vacated During En				Street A	ddress								
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□ ≥ 3 sf or ≥ 3 lf			Renovation			Containm -Enclosur	nent with Negativ	re Pres	sure				
≥ > 160 sf or > 260 lf			Demolition				cedure / Wrap	& Cut					
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Completed by (Print or Type) RAYMOND C. PEDALINO	Title SE		JECT MANAGE	ER	Signature	2/1	Date Septem	per 3f). 201	6			
			NAGER Raymond C. Pedalino September 30, 2016						_				

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0.00			(Pur	suant to N.J.A.C	C. 8:60-7 and 12:120-7)			<u> </u>	<u> </u>	U U	/ 15		
GAC Project # 060-16 Date of Notification (1)					Name of Building Owne	r/Oner	tor (2)	11	1			- 1		
	nber 2	1, 2016			RUTGERS, THE S	STATE	EUNI	VERS	ITY OF	NJ-	3 20	116		
Agencies Notified		Notification		4	Street Address			Sec. In						
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₩ DOH		Cance			MICHAEL SMITH,	ENV.		1						
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Name of Facility Where Abates					Type of Facility (4)									
SCHOOL DENTAL ME	EDICIN	e, blug#	1200		School (K-12) Subchapter 8 (other that	on V 12								
Street Address	ED116				Other (i.e. private & co			linas h	omes etc	.)				
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<u>City (5)</u>	County ((6)		y Code (7)				2						
NEWARK	U=-	SSEX	(State	Use Only)	Current Use (prior if beir	ng demo	olished): AC.	ADEMIC					
Name of Monitoring Firm Hired	by Bldg.	Owner (8)	ASCN 009		Name of Contractor (9)				h. #9 0 h.10					
Chant Addrson					GREENWOOD ABATEMENT CONSULTANTS, INC.									
Street Address 3 TERRI LANE					Street Address									
					268 MAIN STREET									
City, State, Zip Code BURLINGTON, NJ		7			City State, ZipCode BUTLER, NJ 07405									
Project Manager for Monitoring BRIAN KEARNY	Firm	Telephone 609-386			Telephone Number			Licen	se Numb	er				
BUWN VENUI		003-301	-00UU		973-492-0477	00840								
Scheduled Start Date (10)				on Date (11)	Name of OSHA Monitor									
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Occupancy Status During Ab	atement	(Check only	nne)		ENVIROVISION, INC. Street Address									
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Abatement Performed Ou	tside of h	Normal Facilit	Hours -		20-21 WARGARAW ROAD									
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Material (ACM) in Facility (13)	Sol	ely by Maint./0			nal systems insulation, surfac	-	(Specif	y SF	Remove	Repair B	Encan F	Enclose		
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See Hauler Below #1 & 2	2	See Belov	100	Cubic Yards of Waste: 40 CY Name of Registered Landfill G.R.O.W.S. North Land						111				
Hauler #1) Greenwood Abater	NJ 07405	Disposal Date City, State					<u>e</u>							
NJDEP#12561				1/201			00 New		3333//					
Hauler #2) Newark Carting, In NJ DEP # 4509						40.00	Rd. Morri 19067	is ville,	ra					
NJ WLI # 4509	215-736-1700													
Completed by (Print or Type)		Signature Date												
RAYMOND C. PEDALI	100	Title SENIOR P	ROJE	T	Reguesard C. Pa									
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State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7) GAC Project # 060-16 Date of Notification (1) Name of Building Owner/Operator (2) September 9, 2016 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address ☑Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. DEPA 27 ROAD 1, BLDG 4086, LIVINGSTONECAMPUS NTHOL 8 Amended Notification # DDCA Emergency (including City, State, Zip Code LICENSING IN DOL PISCATAWAY, NJ 08854 justification) 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 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 ESSEX (State Use Only) Current Use (prior if being demolished): ACADEMIC 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 09/23/16 10/24/16 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 City, State, Zip Code Describe Other - Describe: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED) FAIRLAWN, NJ Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure 2>3 sf or > 3 lf Renovation ☐ Mini-Enclosure 図 ≥ 160 sf or ≥ 260 lf ☐ Demolition Glovebag 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 Remove Repair Encap Enclose Staff? (12) or LF) VAT, or other miscell.) YES NO NA C-Level X VAT X 14000 SF Name of Reg. Waste Hauler NJDEP Waste Hauler ID # 15 CY Name of Registered Landfill Cubic Yards of Waste: See Hauler Below #1 & 2 G.R.O.W.S. North Landfill See Below Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 City, State Disposal Date 100 New Ford Mill NJDEP#12561 10/24/2016 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 Rd. Morrisville, Pa

19067 215-736-1700

September 9, 2016

Date

Regiment C. Palatino

MANAGER

SENIOR PROJECT

NJ DEP# 4509

Completed by (Print or Type)

RAYMOND C. PEDALINO

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Other (i.e etc.)	K-12) ter 8 (Oti e. private	ner than K-1 & commerc	12) cial bu	ıilding	s, ho	mes,							
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ress 130 NOR	TH						-						
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al (ACM) lation,	(S	Amount (Specify SF or LF) Enclosure Enclosure											
	30) SF	Х										

Date of Notification (1)			Name	of Duilding	^	10		TIM	111	00	O		
10/28/2016		CAF	of Building ROL BEVE	ERLY	/Operati	or (2)	Principal and a second	Series ()\/ -	- 3	2016		
Agencies Notified Type Notification	on		Stree	t Address				the to					-
EPA Initial Amended				-					ASBES	TOS	CO	VTRO	 DL &
DOL Amendme	nt #		PAL	State, Zip Co JLSBORO	ode NJ 0	8066			1	JUE	NSIN	IG	
✓ DOH Emergence justification	y (including	_	Name	of Contact				Tolo	nhone M				
DCA Cancellation	on		CAF	ROL BEVE				1 616	phone N	umbe	•		
Name of Facility Where Abatement is Tak	ing Place (3	3)	FA	CILITY INFO	ORMAT	ION	Type of Facility	(4)					
RESIDENTIAL	•												
Street Address)						School (K Subchapte	er 8 (Othe	r than K-	12)			
City (5)							Other (i.e. etc.)			cial bu	uilding	s, hor	nes,
PÁÙĹSBORO							Square Feet 1200	# of 2	Floors		Bldg. 50+		
County (6) GLOUCESTER		T	County	/ Code (7)			Current Use (P		a demolis	hed)	50+		
Name of Monitoring Firm Hired by Building				USE ONLY)			RESIDENT	AL		eu/			
ACER ASSOC.	Owner (8)		ASC	M No.		Name ASS	of Abatement Co SURED ENVIR	ntractor (9) NTALS	ERV	ICE	2 INIC	
Street Address 1012 INDUSTRIAL DRIVE						Street	Address		TIALO	LIIV	IOL	2 11/0	<i>.</i> .
City, State, Zip Code							CLEMS RUN						
WEST BERLIN NJ 08091						City, S MUL	State, Zip Code _LICA HILL No	08062					
Project Manager for Monitoring Firm MATT DEPALMA			one No.		Teleph	none No.	100000000000000000000000000000000000000	License N	lo.				
Start Date (10)	1 Com		309-1202			304-4676		01145					
11/07/2016	11/07/2016 11/08/2016					Name EMS	of OSHA Monitor						
Occupancy Status During Abatement (Chec			Street Address										
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: BASEMENT VACA	Period of Ab	atem	nent 200 RT. 130 NOR					ГН					
	NT DURING	3 REN	MOVAL City, State, Zip Code CINNAMINSON N							93			
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 if ≥160 sf or ≥260 if		novati molitic				~	Full Containme Mini-Enclosure	inment with Negative Pressure					
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	Is Lo	ocatio	n				Non-Exempted	(*) and N	lon-Friab	e Pro		e ement	_
Location of Asbestos-Containing Material (ACM)	No. Used	rmally Solely			Des	cription	of					ре	
TO BE ABATED	Maint Custoo	enand	ce/	Asbestos (i.e. th	s Conta ermal s	ining M systems	aterial (ACM) insulation,	Amo (Spe		יד		Ē	ш
In Facility (13)		12)	anr		surfac	ing, VAT	, or	SF or		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A			iooona n	5003)			val	air	ulate	sure
BASEMENT			Χ		DUC	T PAPI	ER	30 8	SF	Х			
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N. Co. L.													-
					Cubic Y		Name of F	Registered	Landfill				
	VICES		34895			5	MINERVA LANDFILL						
City, State MULLICA HILL NJ					isposa		City, State		OH				\dashv
Completed by	Title	11/09/2016 WAYNESBURG, OH											
ROÑ SWÁNSON	RAL	AL MANAGER				Suell Dix	WCHP91 10/28/2016						

CHECK# /003

Date of Notification (1)					Name of Building Owner / Operator (2) Shelly Rosenberg, Martin Lepelstat and Richard Barman (the Trustees)									
	11-02-16						rg, Martin Lep	pelstatiand F	Richard Berma	in (the	Trus	tee	s)	
	Type Notific	ation		Street				1121		AND DESCRIPTION OF THE PARTY OF	7	111		
⊠ EPA							ve, Suite 400		Harr		Ш	Ш		
DEP DEP	X Initia		- 1			& Zip C		10 11	NOV - 3	2016	111	///		
□ DOL		ended	-				lew Jersey 07	932			-	1		
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X DCA	☐ Can	cellation				-	tat, ESQ.		SBESTOS CON					
					CILIT	TY INFO	ORMATION		LICENSIN	j womanie		Tulber		
Name of Facility Wh		ent is Taking Pl	lace (3	3)			Type of Facil							
Former Suburban	Trails						School (
Street Address								oter 8 (Other th						
1009 State Route	33						Other (i.e	e. private & co	mmercial buildin	igs, hom	es, e	tc.)		
							Square Feet	# of Flo	oors	3ldg. Ag	е			
City (5)		County (6)	Co	unty C	ode	(7)	NA		NA I	AV				
Monroe Twp.		Middlesex	NA	A			Current Use	(Prior if being o	demolished)					
							None	N 578	2.5					
Name of Monitoring	Firm Hired b	y Building Own	ner (8)		ASC	CM No.		tement Contra	ctor (9)					
		,	(-)				Enterprise Network Resolutions Contracting, LLC.							
Street Address							Street Addres				,,			
								lollow Road	PO Box 70					
City, State & Zip Coo	le						City, State &							
							Winslow, N	ew Jersey 0	8095					
Project Manager for	Monitoring F	irm	Telep	hone	Num	ber	Telephone N		License N	Number				
							609-567-060	00		0126	3			
Scheduled Start Date	cheduled Start Date (10) Scheduled Com)	Name of OSI	HA Monitor						
11-12-16						5//	EMSL Anal	ytical, Inc.						
Occupancy Status D	uring Abate	ment (Check or	nly one	e)			Street Addres	SS						
		During Entire P			teme	ent	200 Route	30 North						
Abatement P	erformed O	utside of Norma	al Ho	urs - 7	am t	o 3pm	City, State &	Zip Code	37			*		
Describe:							Cinnamins	on, NJ 08077	•					
Facility Occu	pied During	Abatement												
0 (111) (4)		Facility Occupied During Abatement												
Scope of Work (Che	ck all that a	oply)												
	ck all that a	oply)							ntainment with N	Vegative	Pres	sure	1	
X ≥3 sf or ≥3 lf		oply)		Ren				Mini-En	closure	legative	Pres	sure	:	
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State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

D&S Proj. #: 16-329					60 and 12:120)	1100		GE	2	W		
CK 10880	\bigcirc							C) L	3 -1 	end and order		
Date of Notification (1) 1 10 1/12 17 1/1 16 Agencies Notified Type Notifica	Name o	H MAHONI	ner/Operator (2 EY)		and the second s		NOV	- 3	2016		
DEP Initial Amended Amendment #		ate, Zip Code					AS	BESTO: LICE	S COL ENSIR	VTRC)1. Es	and the first a second
DOH Semergency (including justification) □ DCA □ Cancellatio	Name o	RK, NJ 07 f Contact TH MAHON				Te	lephor	ne Numb	er			
Caricellatio	NO.		CILITY INFORM	ATIO	NI.							
Name of facility where abatement	is taking place (3)	To National Control of the Control o	JILITT INFORM	ATIO		Type of Fa	acility	(4)				
RUTH MAHONEY	, , , , , , , , , , , , , , , , , , ,						Schoo	I (K - 12	200			
Street Address				-				apter 8 ((Private/0			(-12)	
					-	Square F		Homes, # of Floo	23.405	IB	ldg. A	Ane.
City (5)	County (6)				unty Code (7) ate use only)							.90
CLARK	UNION			(3)	ate use only)	Current U	Jse (P	rior if bei	ng der	nolish	ed)	
Name of Monitoring Firm Hired by	Bldg. Owner (8)		ASCM No.		Name of Abatement	Chicago de Carlos de Carlo						
Street Address				_	D & S RESTOR Street Address	ATION, IN	C.					
					20 California A	ve.						
City, State, Zip Code				_	City, State, Zip Code							
		I Dhana Numb		_	Paterson, NJ 07	7503						
Toject Manager for Morntoning Film	'	Phone Numb	per		73-345-8020			License (Num 1169			
Start Date (10)	Sched. Comp	oletion Date (1	1)	=	Name of OSHA Mon							
10/28/16	11/18/16				D & S Restorati	ion, Inc.						
Occupancy Status During Abatemer Facility closed/vacated during	73	53			20 California Av							
Abatement performed outside Describe:	of normal facility l	batement. hours-			City, State, Zip Code							
Other-Describe: NORMAL H	OURS			-1	Paterson, NJ 07	503						
Scope of Work (check all that apply Solution S	Renovation Demolition					Full Containn Mini-enclosu Glovebag pro Non-Exempt	re ocedur	e			edure	
Location of	Is location normal by maintenance/		1						R	R	Е	E
asbestos-containing material (acm) to be abated in facility (13)	staff(12)		Descriptio material (A		sbestos-containing	3500000	ount ecify S	For	m	e p a	n c a	n
, , , ,	Yes No	N/A				LF)			v e	i	р	L
BASEMENT	X		PIPE INSUI	LAT	ION	25 L F	Γ		X			
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Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hau 13506	A STATE OF THE PARTY OF THE PAR	ubic Yards of W yd	/aste	Name of Registered TULLYTOWN,		E RE	COVER	Y			
City, State PATERSON, NJ 07503	1	Disposal D	ate		City, State TULLYTOWN,							
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT		Signature		I TOLLTTOWN,	17		Date 10/27	/2016			

D&S Proj. #: <u>16-326</u>	_		ation of Asl		Abatement and 12:120)		DEC	E	W			and the state of t
CK 6877							NOV	- 3 2	016		$\bigcup \bigcup$	
Date of Notification (1)	Name	of Building Own	er/Operator (2)			See Dead			1		
1 0 / 2 7 / 1 6		EPH GERBAS	SI				40000	2001	7001	لي	-	
Agencies Notified Type Notification	Street /	Address				-	Lic	ENSIN	3			
DEP Amended												
DOL	City, St	tate, Zip Code										
Emergency		EN ROCK, NJ	07452				17.	N				
DOH (including justification)	Name o	of Contact					Telephone	Number				
☐ DCA ☐ Cancellation	JOS	SEPH GERBA	SI				(
•		FACI	LITY INFORM	MATION								
Name of facility where abatement is	taking place (3)				П	Type of Facility (4)					
						П	School	B 50				
JOSEPH GERBASI						-	☐ Subchap ☐ Other (P				12)	
Street Address						П	Bldgs./H			Giai		
						.	Square Feet #	of Floors	3	Blo	lg. Aç	je
City (5)	County (6)				ty Code (7)			.,,		E 1	-15	
GLEN ROCK	BERGE	N		(State	e use only)		Current Use (Price	or if being	g aem	olisne	a)	
Name of Monitoring Firm Hired by E			ASCM No.	· ' 	Name of Abateme	ent C	Contractor (9)					
	17.50				D & S RESTO	DRA	TION, INC.					
Street Address					Street Address							
					20 California		е.			-		
City, State, Zip Code					City, State, Zip Co	de						
					Paterson, NJ							
Project Manager for Monitoring Firm		Phone Numb	er		Telephone Number 973-345-80			License	Numb 1169	er		
S					Name of OSHA N		or		10)			
Start Date (10)	Sched. Con	npletion Date (1	1)		D & S Restor							
11/11/16	11/30/16				Street Address							
Occupancy Status During Abatemen					20 California		enue					
Facility closed/vacated during Abatement performed outside					City, State, Zip Co	ode						
- Describe:		y flours			Paterson, NJ	075	503					
Other-Describe: NORMAL H				$- \coprod$	Paterson, NJ							_
Scope of Work (check all that apply >3 sf or >3 If					V.		ull Containment w/	negative	press	ure		
	Renovation					\boxtimes	alovebag procedure					
≥160 sf or ≥260 lf	Demolition						Non-Exempted (*) a	nd Non-f	friable TR	Proce	edure E	
Location of asbestos-containing	by maintenance	mally used solel e/custodial		lon of -	bestos-containing	,	Amount		е	е	n	E n
material (acm) to be	staff(12)		material		spesios-comanning	a	(Specify SF	or	m o	p a	c a	С
abated in facility (13)	Yes	No N/A					LF)		v e	i	р	L
BASEMENT, CRAWL SPACE			PIPE INST	ULATI	ON		35 L FT		×			
BASEMENT, BOILER RM			PIPE INST				2 L FT		M			
attic		X	PIPE INSU	ULATIO	ON / ELBOW		8 L FT		X			
BASEMENT, CRAWL SPACE		X	BARE HE	ATINO	F PIPES		20 L FT				\boxtimes	
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP H: 13506		Cubic Yards of 1 yd	Waste	Name of Registe		Landfill RESOURCE RE	COVER	Y			
City, State		Disposal I			City, State	11, 1	and onen in	O TEN				
PATERSON, NJ 07503		11/12/1			TULLYTOV	VN,	PA					
Completed by (Print or Type)	Title		Signature					Date	/16			
BOGDAN JOLDZIC	PRESIDENT	form for asbest	ne licensure e	yemnter	activities			10/27	10			
4SR-41	ביי וויטו עשפ נוווא	וטוווו וטו מטטפטו	oo noonaure e									

State of New Jersey

	N	OTIFIC (P	ATIO	N OF	of New ASBE	Jersey STOS ABATE 8:60 and 5:16)	MENT	D	ECE		arrode?		Section of the sectio
Date of Notification (1)	31 / 16		Nan	ne of B	uilding O	wner/Operator (2) Urban Renew	al LLC		NOV -			1	
Agencies Notified EPA DOLWD DHSS	Type Notification Initial Amended Amendment #1		8 City		sey Stre	et, 2 nd Floor			ASBESTOS LIGEN	CONT	ROL	E.	
☐ DCA (NJAC 5:23-8)	☐ Emergency (including justification) ☐ Cancellation	uding	Nai		Contact			Т	elephone Number	_			
				ACIL	ITY INFO	ORMATION							
Name of Facility Where Saint Michael's Me Street Address	Abatement is Taking I	Place (3)		ACIL			Other	l (K-12) apter 8 (0 (i.e., priva	Other than K-12) ate and commercia	al buildi	ngs,		
306 Dr. Martin Lut	her King Blvd.							s, etc.)	# of Floors	Bldg.	Δαρ		-
City (5) Newark							Square F 84,800)	7	128			
County (6)			C	County	Code (7)(STATE USE ONLY)			if being demolishe	ea)			
									tal Bldg E & F				_
Name of Monitoring Fire	m Hirad by Building ()	wner (8)	AS	CM No		Name of Abatem	ent Contra	ctor (9)					
		(-/	0	0117		Superior Aba	atement	Inc					
Health and Safety	Sei vices					Street Address	3.9						
Street Address						2 Hendersor	Drive						
318 12th Street						City, State, Zip C							
City, State, Zip Code						West Caldw		006					
Hammonton NJ 0						Telephone No.	On, no or		License No.				
Project Manager for Mo	onitoring Firm	ľ		one No	200	973-808-161	6		00411				
Jim Proctor				704-							11.00		
Start Date (10) 10 / 25	3			pletion Date (11) Name of OSHA Monitor Superior Abatement Inc									
Occupancy Status Dur		k only or	ie)			Street Address							
Ed E - : Ille Classed Nac	ated During Entire Pe	riod of A	bateme	ent		2 Henderso	n Drive						
Abatement Perform	ned Outside of Norma	l Facility M/	Hours										
Scope of Work (Check	(all that apply)	⊠ Rer					ontainment nclosure pag Proced		ative Pressure				
≥160 sf or ≥260 lf		☐ Der	nolition	1		□ Non-E	xempted () and No	n-Friable Procedu	re			
		lo.	Location	nn l			•			Aba	ateme	nt Ty	/pe
Asbestos-Contain TO BE	tion of ing Material (ACM) ABATED acility 13)	Use Mai	Location Normally ed Solely by sintenance/ stodial Staff? (12)		Asbe (i.e	Description estos Containing e., thermal systen surfacing, V. other miscella	ning Material (ACM) ystems insulation, ng, VAT, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		-	No	N/A	Dino/D	Pipe Fitting Ins	ulation		5,940 LF				
Bldgs E/F Sub-bs		5 _			Floor		ui dii oi i		24,630 SF				
		-			Linole	um			1,952 SF				
Bldg E-Firs. 2,4,5	/ Bldg F-Firs. 2 &3			Linoie	um								
	Mosts Hauler		JDEP	Waste	Cubic Yards o			istered Landfill					
Name of Registered Service Transp		Hauler ID No. Waste Minerva Enterprises SW2117 200											
City, State						Disposal Date			urgh, OH				
New Castle, DE			11/11/2010		ayilesu		Date						
Completed By (Print Nick Petrovski	or Type)	itle Presid	lent			Signatur	11/	/h/		10.	-3	1-1	16
							- /						

	(1	Pursi	uant to	NJAC	6:00 and 5:10	1		711	2	2016		111
Date of Notification (1)		Na	ame of E	Building O	wner/Operator (2)		III NOV -	. ე	2010		220
10 / 11 / 18			306 MI	LK BLV	Urban Renew	ral LLC						
Agencies Notified Type Notification		Si	treet Ad	dress				ASSESTOS	001	TR	21.8	
⊠ EPA ⊠ Initial					et, 2 nd Floor			LICE	NSh	6		
☑ DOLWD ☐ Amended				e, Zip Coo				2000				
☑ DHSSAmendment #			Newar									
DCA Emergency (in (N.IAC 5:23-8) Lestification)	cluding	N	ame of	Contact			T	'-'aphone Number				
(NJAC 5:23-8) justification) Cancellation			Jeff C	rum								
			FACIL	ITY INFO	ORMATION							
Name of Facility Where Abatement is Takin	a Place (3	3)				Type of Fa	clity (4)		1 2 0 110		-11000	
Saint Michael's Medical Center Bu						☐ School						
Street Address						Subcha	pter 8 (0	Other than K-12) ate and commercia	build	inas.		
306 Dr. Martin Luther King Blvd.						homes.		20 2112 00111110101				
City (5)		-				Square Fe	et	# of Floors	Bldg.	. Age		
Newark						84,800		7	12	8		
County (6)			County	Code (7)(3	STATE USE ONLY)			if being demolishe	d)			
Essex						2007/2015 TOTAL	1-16-16	tal Bldg E & F				
Name of Monitoring Firm Hired by Building	Owner (8)	A	SCM No	o.	Name of Abatem							
Health and Safety Services			00117		Superior Aba	tement In	С					
Street Address					Street Address	F/450107						
318 12th Street					2 Henderson							
City, State, Zip Code					City, State, Zip C							
Hammonton NJ 08037					West Caldwi	ell, NJ 070	06	I I innere No				-
Project Manager for Monitoring Firm		-01000000 * 0	hone No		Telephone No.			License No.				
Jim Proctor			9) 704		973-808-161			00411				_
Otal Could (10)	eduled Co				Name of OSHA I Superior Ab							
10 / 25 / 16	11_/		_ ' _	10		arement n	10					-
Occupancy Status During Abatement (Che	ck only o	ne)			Street Address	- Dales-						
☐ Facility Closed/Vacated During Entire F	eriod of A	baten	nent	dha	2 Henderson				-		-	-+
Abatement Performed Outside of Norm	iai Fadility PM/	PM-	- Desc A	M	City, State, Zip C West Caldw		ne					
					West Caldw	eli, NJ 070	,00					\neg
Scope of Work (Check all that apply)					☑ Full Co	ntainment w	ith Nega	ative Pressure				
□ ≥3 sf or ≥3 lf	⊠ Re				☑ Mini-Er	nclosure ag Procedu	ra.					
⊠ ≥160 sf or ≥260 lf	☐ De	molitio	ก		☐ Non-Ex	cempted (*)	and Nor	n-Friable Procedure				
	ls	Locat	ion						Aba	iteme	ent Ty	ps
Location of		d Sole			Description		un l	Amount	Re	Re	En	En
Asbestos-Containing Material (ACM)		intena		Asbe (i.e	stos Containing N ., thermal system	s insulation.	VI)	(Specify	Remova	Repair	Encapsulate	Enclosure
TO BE ABATED IN Facility	Cus	todial			surfacing, VA	T, or		SF or LF)	/al		sula	ure
(13)	Yes	(12) No	N/A		other miscellar	necus)					te.	
	_	-	-	D: _ (D)	pe Fitting Insu	lation		5,940 LF				
Bldgs E/F Sub-bsmt,Bsmt,Floors1						IIAHOII	-	9,838 SF				
Bldgs E/F Floors 1-5				Floor T				8,428 SF		F	П	П
Bldg F - Floors 1 - 4			×		ile/Mastic			1,952 SF		F		П
Bldg E-Firs. 2,4,5 / Bldg F-Firs. 2 &	3 🗆		X	Linole		Namo	of Penis	stered Landfill	100	1-	_	
Name of Registered Waste Hauler		1.5	NJDEP N Hauler II		Cubic Yards of Waste			nterprises				
Service Transport Group Inc		l'	SW21		200	City, S				-		
City, State					Disposal Date 11/30/2016			ırgh, OH				
New Castle, DE							y i i dalu u	. Da	ite		2/4-25	-
Completed By (Print or Type)	Title				Signature		1	1.11		71	1-	16
Nick Petrovski	Presid	ent				MIN	1.1	11/1/11	/	//		0

ASB-41 MAY 11

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

MO 197293218		(Pi	ursuant	to NJAC	8:60 a	nd 12:120	0)	T	(n)	E	0	5] [
Date of Notification (1) 10/28/2016			Name of Willian	f Building n Sadi	Owner	/Operator	(2)		M	N()\/	_ 2	20.	16	
Agencies Notified Type Notification	1		Street A	ddress					L 14	147	JV	- 5	20	U	1
X EPA X Initial Amended Amendmen				ate, Zip Co le Park,						ASSE		S CC		OL (G.Z.
Emergency justification)		Name of	f Contact n Sadi					Tel	ephone	-44 4000	al univers	erent trade	er's med within	East, N. Safria
- Surremano				LITY INFO	ORMA	TION							_		
Name of Facility Where Abatement is Taki House	ng Place (3)					Тур	oe of Facility (School (K-1							
Street Address							×	Subchapter Other (i.e. p	8 (Oth				lings,	home	es,
City (5) Roselle Park							Squ N/A	uare Feet	# o N//	f Floors A			ldg. A	ge	
County (6) Union				Code (7) USE ONLY,)			rrent Use (Pri ouse	or if bei	ng demo	olishe	ed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCN	И No.		1		batement Cor atement, Ir		(9)				74	
Street Address						Street 11 R		ress ngren Ave	nue						
City, State, Zip Code								Zip Code NJ 07512							
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 973-		No. -8685		Licens 0131					
Start Date (10) 11/09/2016	Schedul 11/10/		npletion	Date (11)		3. 5		SHA Monitor atement, In	IC.						
Occupancy Status During Abatement (Che	ck Only O	ne)				Street			21 00					-	
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: Occupied	Period of mal Facility	Abatem y Hours	nent		As .	City, S	State,	ngren Aver Zip Code NJ 07512	nue						
Scope of Work (Check All That Apply)						1010	vva,	140 07512						-	
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	-	Renova Demolit				×	< N	Full Containm Mini-Enclosure Glovebag Pro- Non-Exempte	e cedure					e	
	Is	Locati	on											ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normalled Sole aintenare todial S (12)	ly by nce/		tos Cor therma surf	escription ntaining N al system acing, VA miscellar	Mater s insi AT, or		(8	mount Specify or LF)		Remova	Ty Repair	Encapsulate	Enclosure
	Yes	No	N/A									=		ate	e)
Basement		Х			Pip	e Insula	ation		2	5 LF		Х			
Name of Registered Waste Hauler	-	100000	JDEP W		C1-50-50-5	c Yards		Name of	Registe	ered Lan	dfill				
D&S Abatement, Inc.		100000	auler ID 0996	No.	of W			Waste		gemen	t of	PA			
City, State Totowa, NJ					TBD			City, Stat Tullytov		4					
Completed by Ned Joksimovic	Title Proje	ect Ma	nager			Signature	< \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	AV			Date 10/		016		

State of New Jersey

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT MO 24040398431 Date of Notification (1) (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) CASA DON PEDRO 10/26/2016 Street Address Agencies Notified Type Notification × Initial **EPA** City, State, Zip Code Amended ENSING DEP NEWARK, NJ, 07107 × Amendment # DOL Emergency (including Telephone Number Name of Contact justification) × DOH CRIS PAGAN Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) PRIVATE HOUSE Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, Bldg. Age # of Floors Square Feet City (5) N/A N/A N/A NEWARK Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) PRIVATE HOUSE **ESSEX** Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) EHW ABATEMENT LLC N/A Street Address Street Address 89 FRANKLIN STREET City, State, Zip Code City, State, Zip Code PATERSON, NJ, 07524 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 973-333-5144 01274 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) **EHW ABATEMENT LLC** 11/05/2016 11/04/2016 Street Address Occupancy Status During Abatement (Check Only One) 89 FRANKLIN STREET Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: OCCOUPIED PATERSON ,NJ,07524 Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 If × Mini-Enclosure Demolition ≥160 sf or ≥260 lf × Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Туре Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Encapsulate Asbestos-Containing Material (ACM) Enclosure Maintenance/ (Specify Remova (i.e. thermal systems insulation, TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)other miscellaneous) (13)N/A Yes No X 12 PIPE INSULATION X BASEMENT Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler of Waste Hauler ID No. MINERVA INTERPRISES TRI STATE TRANSFER N/A N/A Disposal Date City, State City, State 900 MINERVA RD WAYNESBURG TBD RANDALL AVE BRONX NY Date Signature Completed by 10/26/2016 PROJECT MANEGER VICTOR ESPIRITU

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

CIC 3804

Date of Notification (1)			1	Marro	of Duild	ing Ouman/Onamh	- (2)		- D	ton o	1 1		
1 11:	1116		1	PIL	NE	ing Owner/Operato	DOTEE 1	HEELENGA!	= 0	1	2		1
Agency Notified	Type Notification				t Address		22(0)				-		11
□ EPA	2 Initial							INII	2	201	c	-	
□ DEP	☐ Amended		(City, S	State, Zir	Code .		U <u></u>			0-		b-sec
₩ DOL	Amendment #	in a		٦.	JAU	NNOHTE	1 = . H	5.075	06				
Д БОН	justification)	mig	1	Name	of Cont	act		Telephone Num	ber	TTC	101	A.	
□ DCA	☐ Cancellation								ENSIN		i Sunt Car	-	
Name of Facility Where	Abatament in Takin i Pt	÷ (2)		FAC	ILITY IN	FORMATION	1 =						
Marian Section 1988			E1	10	ι . Λ	0.417	Type of Facilit	ty (4)					
DIANE KOLIN	27. (100 21cc)	1170	20	TE!	UA.	IWNZ	School (K-1						
Odeet Address								r 8 (Other than K-12) private & commercia		nas.			
07.70						*	homes, etc			.90,			
City (5)						1.46	Square Feet	Date of the state	Bldg			-	
County (6) PAS	DING				. 0	6.1		. 2		7	31	5	
County (6)						7) (STATE USE		Prior if being demolis		5			
				ONLY		F	1 615	さい10さい	୯₫				
Name of Monitoring Firm (8)	Hired by Building Own	er AS	SCM I	No.		Name of Abaten	nent Contractor	(9)					
200						Best Rei	moval In	ıc					
Street Address				10		Street Address	•						
01 01 7 0						450 Sou	th River	St				1	
City, State, Zip Code						City, State, Zip C				1000			- 0
D 1 414 - 6 14					- 4	Hackensa	ack, N.J	07601					
Project Manager for Mon	toring Firm	Tele	phone	No.		Telephone No.		License No.					
Start Date (MO) 1	101.1116					201-329-		00388	11				
Start Date (10)	Scheduled Co	mpletion		(11)		Name of OSHA							
Occupancy Status During			8				Environm	ental					
				8		Street Address	1 0.						
☐ Facility Closed/Vacated ☐ Abatement Performed	During Entire Period of	of Abatem	nent		*	City, State, Zip C	yler St				_		_
Other - Describe:	100 PM KO	ity nouis	PM					,N.J. 076	506				
Scope of Work (Check all			•	-		N. D. 1140	NO BELLOW.	,14.0.07	000		_		
Ø≥3sfor≥3lf			_					Negative Pressure					
□ ≥ 160 sf or ≥ 260 lf					notition		Enclosure bag Procedure		16				
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Asbestos-Containing TO BE AB	Material (ACM)	Mainte	enanc	e/	Asbe	stos Containing Ma	iterial (ACM)	Amount			-	ū	m
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(13)			12)		İ	other miscellane		SI GILLY		Remova	Repair	Encapsulate	Enclosure
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Desc Remov	GT TIIC	A Language	.71(09		307	Minerva	a Enterpri	ses	,	LL	C	
City, State						Disposal Date	City, State			-			-
Hackensack	, N.J. 076	01				11/15/16		burg, Oh,	1,1,6	QQ			
Completed by	Title					Signature ()	naynes		440	1		-	-
J.Maiorano	Esti	mato:	r			-	سرصدن		0/3	1/1	6	ं	
ASB-41	the state of the s	TO DESCRIPTION OF THE PARTY.		or ask	pestos lic	ensure/exempted a			10	+	_		ل

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te of Notification (1)	1.6		Name	A.	JL	ADEN1	R	Mon	AUES	LO L		424° 62	AMERICA /	
1013.	Type Notification	_		t Addre					15	154		00.	10	1
ency Notified	1									NOV	-3	20	10	-
EPA	☐ Initial ☐ Amended		City,		Zip Co			. 1/4	. 076	70				
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DOH DCA	☐ Cancellation			de	C.	MORALE	\geq		A Language Annalysis	Carlotte Section (Section)	-1	-	all whole	-
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me of Facility Where	Abatement is Taking Place	æ (3)					Тур	e of Facility (4)					
U A	. MORALES			_			o s	school (K-12)	(Other than I	(-12)				
reet Address	. 1010 100						000	Other (i.e. pri	vate & comm	ercial buildi	ings,			
reet Address				1	1		1	homes, etc.)			g. Age	press.	7.50	_
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ty (5)	ANAGI						1.2	2800.	2		192	7	,	_
TE	NAFLY		Cou	nty Co	de (7)	(STATE USE	Cu	rrent Use (Pr	ior if being de	molished)				
ounty (6)	1		ONI			-	-		\$510am	<u> څي د</u>				_
351	2050	- 1 49	CM No.	,		Name of Abater	ment	Contractor (9))					
	rm Hired by Building Owner	1 70	OM NO.	NO		Best Re	mo	val In	С	8				_
3)					-	Street Address								
treet Address						450 Sou	th	River	St				- 62	_
						City, State, Zip	Code	9						
ity, State, Zip Code						Hackens	ac	k, N.J	. 0760	1				_
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roject Manager for M	fonitoring Firm	100	priorie i			201-329	-7	444 -	003	88		_		
•	Scheduled C	ampleties	n Date (11)		Name of OSHA	A Mor	ritor						
Start Date (10)	Scheduled C	1	16	•••		Omega	En	vironm	ental					_
11/14/	10	1 1 3 1		8		Street Address	3					-	~	
	iring Abatement (Check on					280 H	Iuy	ler St						_
☐ Facility Closed/Vac	cated During Entire Period	of Abater	ment rs	7.98	9.,	City, State, Zip	Cod	e	NT T	0760	6			
Abatement Perform	ned Outside of Normal Fac	30	M			S. Ha	ack	ensack	, N.J.	0700	0			-
Scope of Work (Che						D Fu	il Cor	ntainment wit	h Negative P	ressure				
				Reno		P Mi	ni-En	closure		E:				
22 ≥ 3 sfor ≥ 3 lf □ ≥ 160 sfor ≥ 260 l	f			Demo	olition	_⊒-GI	oveb	ag Procedure emoted (*) a	nd Non-Friab	le Procedu	re			_
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Name of Monitoring Firm Hired by Building	Owner (8)	ASC	M No.				atement Con ronmental			.LC				
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Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 973-	none N	lo.		Licens	e No	,	7		
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Name of Registered Waste Hauler		l NI	JDEP W	Incto	Cobin	Yards		Name of F	logi-t-	eadl-	46,,				
Freehold Cartage		Н	auler ID 5959		of Wa			Western							
City, State Freehold, NJ				Dispo	sal Date		City, State Birdsbor			7.00					
Completed by A. Scott Higgins	Title Pres	ident				Signature	l	b			Date 10/3	31/1	6		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) Vincent Clarke 10/31/16 Street Address Type Notification Agencies Notified 2016 Initial 3 City, State, Zip Code **EPA** Amended Berkeley Heights, NJ 07922 DEP Amendment #_ Telephone Number × DOL Emergency (including Name of Contact justification) DOH Maura Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, Street Address etc. Bldg. Age # of Floors Square Feet 64 2 2100 City (5) Current Use (Prior if being demolished) Nutley County Code (7) (STATE USE ONLY) County (6) Name of Abatement Contractor (9) Essex ASCM No. Name of Monitoring Firm Hired by Building Owner (8) ABS Environmental Services, LLC Street Address PO Box 483, 4 E Gate Drive Street Address City, State, Zip Code City, State, Zip Code Glenwood, NJ 07418 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 703 973-764-2276 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) 12/20/16 11/15/16 Street Address Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: basement × Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation Mini-Enclosure ≥3 sf or ≥3 lf Demolition Glovebag Procedure × ≥160 sf or ≥260 lf Non-Exempted (*) and Non-Friable Procedure Abatement Туре Is Location Normally Description of Amount Asbestos Containing Material (ACM) Location of Used Solely by Removal Asbestos-Containing Material (ACM) (Specify (i.e. thermal systems insulation, Maintenance/ SF or LF) TO BE ABATED Custodial Staff? surfacing, VAT, or In Facility other miscellaneous) (12)(13)N/A Yes No 75 LF pipe insulation Χ basement Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler of Waste Western Berks Landfill Hauler ID No. TBD 15959 Freehold Cartage City, State Disposal Date Birdsboro, PA

TBD

Title

President

Signature

Date

10/31/16

A. Scott Higgins

City, State

Freehold, NJ

Completed by

State of New Jersey (Pursuant to NJAC 8:60 and 12:120)

NOTIFICATION OF ASBESTOS ABATEMENT Name of Building Owner/Operator (2) Date of Notification (1) Josephine Ho 10/31/16 Street Address Type Notification Agencies Notified Initial EPA City, State, Zip Code 2016 Amended NOV DEP Westfield, NJ 07090 Amendment # X DOL Emergency (including Telephone Number Name of Contact justification) DOH Josephine Cancellation DCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, × etc.) # of Floors Bldg. Age Square Feet City (5) 65 2 2100 Westfield Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) Union Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) ABS Environmental Services, LLC Street Address Street Address PO Box 483, 4 E Gate Drive City, State, Zip Code City, State, Zip Code Glenwood, NJ 07418 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 703 973-764-2276 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) 12/15/16 11/12/16 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: basement Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 If Mini-Enclosure Demolition ≥160 sf or ≥260 lf × Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Maintenance/ (Specify (i.e. thermal systems insulation, Remova Repair TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)other miscellaneous) (13)Yes No N/A 35 LF pipe insulation X basement Cubic Yards Name of Registered Landfill NJDEP Waste Name of Registered Waste Hauler Hauler ID No. of Waste Western Berks Landfill Freehold Cartage TBD 15959 Disposal Date City, State City, State Birdsboro, PA TBD Freehold, NJ Date Signature Title Completed by

President

10/31/16

A. Scott Higgins

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

Date of Notification (1)				(5.00			-,		ho	201	()	10	()	
10/31/16				of Buildin marota l			r (2)							
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Name of Facility Where Abatement is T	aking Place (3)					Тур	e of Facility School	1		SLOOM ENSIR		EA.	
Street Address							×	Subchapte Other (i.e. etc.)	r 8 (Oth	er than K & comme	-12) rcial bu	ıilding:	s, hom	ies.
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County (6) Union				Code (7) USE ONL			Curr	ent Use (Pri		ng demol	lished)			
Name of Monitoring Firm Hired by Build	ing Owner (8)		ASC	M No.				atement Coi						
Street Address						Street PO E		ess 183, 4 E G	ate D	rive				
City, State, Zip Code	XX 88 080					City, S	tate, 2	Zip Code d, NJ 074						
Project Manager for Monitoring Firm		Telepho	one No.		Teleph 973-7	one N	٧٥.		License 703	No.				
Start Date (10) 11/10/16	art Date (10) Schedule					Name	of OS	HA Monitor						
Occupancy Status During Abatement (C	heck Only On	e)				Street	Addre	ess						
Facility Closed/Vacated During Ent Abatement Performed Outside of N Other – Describe: basement	ire Period of A ormal Facility	baten Hour	nent s			City, S	tate, ž	Zip Code						
Scope of Work (Check All That Apply)														
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Location of Asbestos-Containing Material (ACM)	Used	ormal Sole	ly by	Ashas	Des stos Conta	cription		LIACM	۸.	mount	-	T -	/ре Т	T
TO BE ABATED In Facility (13)	Iviai	ntenai odial S (12)		(i.e.	thermal: surfac	systems ing, VAT iscelland	insula r, or	ation,	(S	pecify or LF)	Remova	Repair	Encapsulate	Enclosure
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basement		X		duct	insulat	ion		50) SF	x				
Name of Registered Waste Hauler		I NI	JDEP W	lanto	Loubin	(l-								
Freehold Cartage	Н	auler ID 5959		of Wasi			Name of F Westerr							
City, State Freehold, NJ				Disposa TBD	al Date		City, State Birdsbor							
Completed by A. Scott Higgins	d, NJ ed by Title					gnature		1/2		_ D	ate 0/31/	16		

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10/28/2016 12:21

State of New Jorday
NOTIFICATION OF ASSESTED AMATEMENT
(Pursuant to NJAC 6:80 and 12:120)

CHECK# 9256

Name of Building Owner/Oserator (2) Agencias Notified Agencias Notified Type Notification Street Address FOOD BUELEDGE City, Stass. 2 in Code: Enveryency (including) Enveryency (including) Enveryency (including) Enveryency (including) DCA Cancellistion Name of Contact JON LOMBARD FACILITY INFORMATION Thee of Facility Where Abatement is Taking Place (3) Super Address City (6) County (6) County (6) County Code (7) STATE USE ORLY) County Code (7) STATE USE
DEP DOL American City, Stats, 2 in Code: TENA PLU N. 5 07670 Name of Facility Where Abatement is Taking Place (3) Name of Facility Where Abatement is Taking Place (3) Surget Address City (6) County Code (7) Separation County (6) Separation County (6) Separation County Code (7) Separation Code County Code (7) Separation Code
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Street Address
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County (6) SELAGN STATE USS ONLY) Name of Monitoring Firm Hared by Building Denner (8) ILIS ENVIRON MENTAL AMAC Contracting Inc. Street Address 2333 Language County Street Address Street Address AMAC Contracting Inc.
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A MAC Contracting Inc. F C E 188 Wheelend Ave.
2333 Lt 22 WECT Street Archard Aven
#355 FT FWECT
Project Manager for Micrilloging Firms Telephona No. Telephona No.
EKK FUST a QUIO 972 - 494 - 3762 (201)262-5841 (00156)
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Other - Designor: City, State, Zip Gode
cope of Work (Check All That Apply): Hackensack, NJ 07806
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to Location:
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Yes file N/A
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Wark Carting , Inc. Hauter ID No. of Weste
State Otepopel Ceta City, State
70/29/16 Bathleham, PA
aph Vocaturo Vice President Squature Vocature 10/28/16

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* Do not use sile form for subselos licensura exempted activities.

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Date of Notification (1) 10/28/2016				of Building		Operator	(2)		K		a de la constantina della cons	Maria salamania	ie eyweribil	- Academies San	
Agencies Notified Type Notification			Street A			***					NOV	- 3	20	16	
X		_	Monto	ate, Zip Co clair, NJ of Contact							ESTO	CAIC	ONTI	101.	
DOH justification) Cancellation				/IcCarthy	/				10.	српо	ne rva	ilbei			
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County (6) Essex				Code (7) USE ONLY)		Curr	ent Use (Prior use	if bei	ing de	emolish	ned)			
Name of Monitoring Firm Hired by Building C N/A	wner (8)		ASC	M No.				atement Contr tement, Inc		(9)					
Street Address						Street 11 R		ess igren Aveni	ıe						
City, State, Zip Code								Zip Code NJ 07512							
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 973-3	none N	Vo.		Lice 013	ense N 811	0.			
	Schedul 11/11/2		npletion	Date (11)		100000000000000000000000000000000000000		HA Monitor tement, Inc							
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City, State Totowa, NJ				Dispos TBD	al Date		City, State Tullytown	, PA							
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

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Date of Notification (1) 10/31/16		Na E	ame of B rika Ro	uilding Ow os Priva	vner/Op ate Ho	perator (ome	2)	IK		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 of the Control of the Contro	- 00	4/*	A China de la companya 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 secon	
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Street Address							×	Subchapter 8 Other (i.e. pri	(Other th vate & co	an K-12 mmercia) al buildir	ngs, h	omes	,
								etc.) are Feet	# of Flo			lg. Ag		\dashv
City (5) Long Beach Twp NJ 08008							100		1		35			
County (6) Ocean		(5	County Co	ode (7) SE ONLY)			Hor	me		lemonsh	leu)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	No.		Pern	aco	2/// VSSX	actor (9)					
Street Address						Street PO E								
City, State, Zip Code						City, S Wes	itate, t Ber	Zip Code rlin NJ 0809)1					
Project Manager for Monitoring Firm		Т	Telephon	e No.		Telepl 856-		No. 9800		cense N 0727	0.			
Start Date (10)	Scheduled 11/15/16		pletion D	ate (11)		Name		SHA Monitor						
11/9/16 Occupancy Status During Abatement (Ch						Street	Addr	ess						
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe:	e Period of Al	oatem	ent		_	City, S	State,	Zip Code						
Scope of Work (Check All That Apply)														
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Exterior Siding			X		LXI	erior c	nun ş	9						
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Name of Registered Waste Hauler United Roll Off		H	Hauler ID			/aste		G.R.O.			-/3-4-2/			
City, State Elm NJ						osal Da 15/16		City, Sta	te /ille PA					
Completed by Anthony T Perna	Title Pres	ident	ij			Signate	ure L			1 2	Date 10/31/	16		

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Date of Notification (1) 10/31/16				Name of Building Owner/Operator (2) Bridgeton Public Schools					li N	0V -	. 3 %	2016	-	
	1				Street Address 515 Bank Street									
EPA Initial Amended				State, Zip C		ADARSTON CONTROL								
Amendment # Emergency (including				Bridgeton NJ 08302				Secretary 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 secon						
DOH justification) Cancellation				of Contact		Telephone Number								
Nove (5 W. A.			FA	CILITY INF	ORMAT	ION								
Name of Facility Where Abatement is Taking Place (3) Warehouse								Type of Facility (4)						
Street Address 515 Bank Street							School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes,							
City (5) Bridgeton NJ 08302		Square Feet 1000+												
County (6) Cumberland				y Code (7)			Current Use (F		ing demo	100	35 +			
Name of Monitoring Firm Hired by Building Owner (8)				E USE ONLY	o		50 30 CONSTRUCTOR							
Epic Environmental Services, LLC Street Address				ASCM No.			Name of Abatement Contractor (9) Pernaco Inc.							
1930 Brown Road				Street Address PO Box 329										
Wewlield, NJ 00344							r, State, Zip Code est Berlin NJ 08091							
Project Manager for Monitoring Firm James Eberts				Telephone No. 856-205-1077			Telephone No. 856-753-9800			License No.				
Start Date (10) Scheduled Cor 11/10/16 11/12/16				npletion Date (11)			Name of OSHA Monitor							
Occupancy Status During Abatement (C	Same													
Facility Closed/Vacated During Ent	Street	Address												
Other – Describe: City, S							tate, Zip Code							
Scope of Work (Check All That Apply)	×					X	WET WAG	204	7,0					
≥3 sf or ≥3 If x ≥160 sf or ≥260 If	ation tion		Full Containn Mini-Enclosu Glovebag Pro	ontainment with Negative Pressure										
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warehouse abandoned pipe	e abandoned pipe x Pi		Pipe i	e insulation			0 LF	x						
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Name of Registered Waste Hauler		NID		P Waste Cubic Y										
United Roll Off 22			DEP Waste Cubic of Was 459 6						gistered Landfill S.					
City, State Elm NJ				Disposal Date 11/14/16			City, State Morrisville PA 19067							
Completed by Anthony T Perna	Title Presi	Title President				Signature			Date /					
							10/31/11							