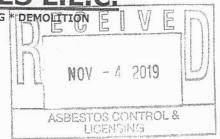
Date of Notification (1)		NO	OTIFICA (Pursi		of New Je ASBEST JAC 8:60		EMENT	Emmanus angusta		G E			
40-35-19 & 70/39/19 Agencies Notified Type Notifica			Nar Ac	ne of Bui Curate	lding Owne Builders	ar/Onessal	100	19	KOCKN	OV K	14		
EPA Initial Amende	d		32	et Mudre	ss Street, S			Encount of the Contract of the	ASBE	STOS LICE			L &
Amenda	ncy (includ	ding	- Lai	Kewood	l, NJ 08	701			Telephone	N			
Name of Facility Where Abatement is Ta building	king Plac	ce (3)		ndy Te ACILITY	ndier INFORMA	TION			732-941	-0300	er)	8)	
Street Address								of Facility (4 School (K-12)				
184 Kinderkamack Road City (5) Emerson					•		X e	Subchapter 8 Other (i.e. pri etc.)	(Other than vate & comm	K-12) ercial b	ouildin	gs, ho	mes
County (6) Bergen			Coun	ty Code	(7)		Square 2000		# of Floors		83	, Age	
Name of Monitoring Firm Hired by Buildin	g Owner	(8)	(STAT	CM No.	NLY)	Name	Dullu	nt Use (Prior ing ement Contra	if being demo	olished)		
Street Address				20		Street /	Enviro Address	onmental S	Services, L	LC			
City, State, Zip Code			70.			City, St	ate, Zip	rive, PO E					
Project Manager for Monitoring Firm Start Date (10)			Teleph	one No.		Telepho 973-7	ne No.	NJ 07418	License	e No.			
10/28/19 Occupancy Status During Abatement (Che	200	1111	S/19	Date (1	1)			/ 6 Monitor	703				
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:			ment	11		Street A		Code				11	
cope of Work (Check All That Apply) ≥3 sf or ≥3 if													
≥160 sf or ≥260 lf	×	Renov Demol	ation ition			×	Glovel	baa Procedi	with Negative				
Location of Asbestos-Containing Material (ACM) TO BE ABATED	Us	s Locat Norma ed Sole aintena	lly ely by	Asbe	Des	cription of	-8		and Non-Fria	able Pro	Abat	re emen /pe	t
In Facility (13)	Cus	todial (12)	Staff?	(i.e	s. urermar s surfac	systems in ing, VAT, iscellaneo	isulation or	٦,	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
See attached	Yes	No	N/A				,			oval	air	sulate	sure
me of Registered Waste Hauler wark Carting		Ha	JDEP Wauler ID	aste No.	Cubic Y of Waste	ards			tered Landfill				
y, State wark NJ			1009		TBD Disposal TBD	Date	City	y, State	ral Sanitar	y Lan	dfill		
mpleted by Scott Higgins	Title Presid	dent				nature	Pe	en Argyl, F		te/() -	∋ 9-	19	_

ABS ENVIRONMENTAL SERVICES L.L.C.

ASBESTOS * LEAD * MOLD/BACTERIA * INDOOR AIR QUALITY * DUCT CLEANING

Revised 10/29/19 184 Kinderkamack Road Emerson, NJ ASBESTOS REMOVAL



LOCATION

ASBESTOS MATERIAL AMOUNT

Basement		Air	· Cell		230 LF
Basement		Elb	oow		20 SF
Back Kitchen 1st Floor Rear	Apt. 1	Til	e		270 SF
1st Fl Commercial Space En	itrance	Bro	own Tile		5 SF
1 st Fl Commercial Space		Bro	wn Tile		430 SF
1 st Fl Commercial Space Ba	ick by Stairs	Flo	or Tile		30 SF
Bedroom/Storage		Flo	or Tile &	& Mastic	90 SF
Apartment 3 1st Bedroom		Bla	ck Tile		110 SF
Hallway Apt 3		Dai	k Red T	ile	90 SF
2 nd Floor Apt 2 Kitchen		Gre	en Tile		70 SF
2 nd Floor Apt 2 Back Bedroo	om	Gre	en Tile		100 SF
3 rd Floor Bathroom		Flo	or Tile		48 SF
3 rd Floor Middle Bedroom		Flo	or Tile		90 SF
3 rd Floor Kitchen/Closet		Flo	or Tile		174 SF
3 rd Floor Back Bedroom		Flo	or Tile		313 SF
3 rd Floor Stairs Left/Right Si	ides		or Tile		90 SF
Roof			shing		150 SF
Exterior			fing		800 SF 2600 SF
	ABS Environmental P.O. Box 483 Glenwood, NJ 07418 U.S.A.	Sidi	PHONE FAX E-MAIL Web	(877) 434-6041 (973) 764-9676 <u>absenv@warwick</u> www.absenviron	.net

Ch 369	N	OTIF (F	ICATION ursuant	ate of Ne I OF ASE to NJAC	BESTOS 8 60 an	ABATE	MENT		Communication of the contract) <u>E</u>	CE		\mathbb{V}	E
Date of Notification (4) 9/17/2019	191	9	Name o	f Building eiss	Owner/0	Operator	r (2)	- n - a		N.	0V -	4	2019	
Agencies Notified Type Notification			Street A	ddress					-	4000	0700	001		
EPA Initial Amended		1		ate, Zip C					L	ASBE		MISH		L &
DOL Amendment Emergency (-	9207000000000	kill NJ (f Contact	20-11/11/2007				-					
DOH justification) DCA justification			Ed W						Tel	enhone M.				
Name of Facility Where Abatement is Taking	p Place (3)		FACI	LITY INF	ORMAT	ION	Type	of Facility (4	4)					
N/A							- Committee	School (K-1:	676 676					
Street Address							×	Subchapter Other (i.e. p etc.)	8 (Oth			ldings	, hom	es,
City (5) Cresskill							Squa 2,16	re Feet 30	# 0	Floors		3ldg. / 1960		
County (6) Bergen			County (Code (7) USE ONLY)			ent Use (Prio dence	or if bei	ng demolis	hed)			
Name of Monitoring Firm Hired by Building (Owner (8)		ASCN	l No.				tement Con rk Industr		(9)				
Street Address						1 7 7 7 7 7 7 7 7	Addre: /lorga	7						
City, State, Zip Code								ip Code I 07871						
Project Manager for Monitoring Firm			Telephor	ne No.			one N 570-2			License N 01334	No.			
Start Date (10) 9/18/2019	Scheduled 9/27/20		npletion I	Date (11)			of OSI rovisi	HA Monitor ON						
Occupancy Status During Abatement (Check	Only One)					Addres							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of Ab al Facility l	deten	nent			City, S	tate, Z	garaw Ro ip Code NJ 07410	aa 					
Scope of Work (Check All That Apply)						T GIII	Q VIII	10 07410					-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Commence	nova				×	Mir	I Containme ni-Enclosure ovebag Procon-Exempted	edure				e	
	557500	.ocat	(700 C)									Abate	ement pe	
Location of Asbestos-Containing Material (ACM)	Used		ly by	Asbes	Des	scription		(ACM)	A	mount		13		
TO BE ABATED In Facility	Main Custo				thermal surface	systems cing, VA	s insula T, or		(S	pecify or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	Yes	No	N/A		other n	niscellar	eous)				oval	air	sulate	sure
Second Floor Bathroom		Χ		Sh	eetrocl	« & ass	sociat	ed	10	0 SF	X			
					Joint (Compo	ound							
Name of Registered Waste Hauler Newark Carting		622	JDEP Wauler ID		Cubic of Was			Name of R	_	red Landfil al Sanita		l ndfill		
City, State Newark NJ		-			Dispos	al Date		City, State Pen Arg		Ι				
Completed by Corey Stankovic	Title CEO				S	ignature	$f \in$	tarko	·	Da	ate /17/2	019		

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H 020989		NOTIF	FICATION	tale of Ne N OF ASB t to NJAC	w Jersey BESTOS A 8:60 and	BATE 12512	EMENT (0)		DE	C E				Communication of the control of the
Date of Notification (1) 10/29/2019	Commence of the Commence of th				Owner/Op lutions L					NOV -	- A	201	19	beam
Agencies Notified Type Notification EPA Initial			Street A	117070 NT 97470	eorge Po	ost R	Road		ASE	ESTOS			IOL 8	R
DEP X Amended Amendmen				ate, Zip Co , NJ 088				L			and the	ENTRY REPORT		are conserve
■ DOH				of Contact Daniels						ne Numb 06-4959				
Name of Facility Where Abatement is Takir	o Diago /	2)	FAC	ILITY INF	ORMATIO	N	Гт	-6 F104 - 7	43					
LANXESS Solutions US Inc.	ig Place (3)					_	of Facility (4						
Street Address 1020 King George Post Road							×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Other tha		buile	dings,	hom	es,
City (5) Fords								re Feet	# of Floo	rs	В	lldg. A	ge	
County (6) Middlesex				Code (7) USE ONLY	7	_		ent Use (Price) er house p				lant (& tar	nks
Name of Monitoring Firm Hired by Building Emilcott Associates, Inc.	Owner (8)	ASCN	VI No.				tement Con emolition &		mental	Se	rvice	s, L	LC
Street Address 190 Park Avenue							Addre	ss agle Scho	ool Road,	STE 9	10			
ity, State, Zip Code Morristown, NJ 07960								ip Code A 19087						
Project Manager for Monitoring Firm David Tomsey			Telepho 973-53	ne No. 38-1110			hone N 581-7		Lice 012	ense No. 286	-			
Start Date (10) 2/18/2019	Schedul 12/31/			Date (11)				HA Monitor emolition &	& Environ	mental	Se	rvice	s, Ll	LC
Occupancy Status During Abatement (Chec	k Only O	ne)			1 3		Addres	276				****		
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:					(City, S	State, Z	agle Scho ip Code A 19087	ool Road,	STE 9	10			
Scope of Work (Check All That Apply)						· · · · ·	110, 17							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demoli				×	Mir Glo	I Containme ni-Enclosure ovebag Proc n-Exempted	edure				e	
Location of	1	Locat Norma			Dono	ription						Abate		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Location of Used Solely by Maintenance/ Custodial Staff? (12) Asbestos Co (i.e. therm: surf (12) Other									Amour (Specif SF or L		Removal	Repair	Encapsulate	Enclosure
#6 Fuel Line	Yes	No X	N/A		Pipe Insu	ulatio	n /TS	1)	197 LI	=	,		ē	
Door Gasket, caulk, counter	-	X	-	1				<u>''</u>						
QA, M1D, E2, E1, Press Areas		X	-		Othe			1)	530 LI		-			
	-		-	F	Pipe Insu			1)	2717 L					
ZAA, Ester 2, PA Tank, E1 ame of Registered Waste Hauler		X	JUEP W	/aste	Cubic Ya	facin	9	Name of F	2538 S Registered L		7			
orwith Trucks, Inc.		1	Hauler ID	No.	of Waste			100000000000000000000000000000000000000	land Cour		dfil	l		
city, State orthampton, PA					Disposal 11/12/2			City, State Shippen	sburg, PA	١				
Completed by Mark Klotzhach	Title	Praci	dont		Sign	nature	2	100		Date 10/2	0/0	2040		

					-								74500	7.5	- A	
47/de7		1	NOTIF (P	ICATION	ate of Ne LOF ASB to NJAC	ESTOS / 8:60 and	BATE	MEN 0)	T D)_[G		7			int-F
Date of Notification (1) 10/29/19	v-157	10			f Building rski Build			(2)			NOV	-4	20	19	San	
Agencies Notified EPA	Type Notification			Street A 18 Ca	ddress mbria A	venue				AS	BESTO LIC	S COI	VT IG	ROL	&	
DEP DOL	Amended Amendment	-	_		ate, Zip Co antville l		32							********	or The Land	
DOH DCA	instification) Cancellation			Name of Alex	f Contact					1000000	ephone		r			
				FACI	LITY INFO	ORMATIC	NC									
Name of Facility Where A Vacant House	Abatement is Takir	ig Place (3)					Тур	e of Facility (4 School (K-1)	·50						
Street Address 23 East Jimmie Lee	eds Rd							X	Subchapter Other (i.e. pretc.)	8 (Oth			uilo	lings,	hom	es,
City (5) Galloway NJ 08205	5							2000	iare Feet 00+	# 0	f Floors			ldg. A 0+	\ge	
County (6) Burlington				County (Code (7) USE ONLY)	,	_		rent Use (Prio	r if bei	ng demo	olished))			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCN	/ No.		Name Perr		Inc.	ractor	(9)					
Street Address							Street					0.5				
City, State, Zip Code									Zip Code rlin NJ 080	91						
Project Manager for Mon	toring Firm			Telephor	ne No.		Teleph 856-		No. -9800		License		124,01			
Start Date (10)		Schedule		mpletion [Date (11)		Name Sam		SHA Monitor		7. 117 	-				= >>==
Occupancy Status During	Abatement (Chec	k Only On	e)				Street	Addr	ess							100001
Facility Closed/Vaca Abatement Performe Other – Describe:	ated During Entire I ed Outside of Norm	Period of A nal Facility	baten Hours	nent s			City, S	State,	Zip Code				2000-0			
Scope of Work (Check Al	That Apply)									-						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit					M G	ull Containme lini-Enclosure llovebag Proc	edure						
		T					×	<u>N</u>	on-Exempted	(*) and	d Non-Fr	riable P			_	
Location		N	Locati lormal d Sole	lly			cription					-		Ty	ement pe	
Asbestos-Containing TO BE ABA In Facili (13)	TED	Mai	ntena odial 3 (12)	nce/		thermal s	systems ing, VA	s insu T, or		(8	mount Specify or LF)	Zallova	Domou	Repair	Encapsulate	Enclosure
	5/	Yes	No	N/A								ă	2	-	late	Ire
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···	and opening and the												1			
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Name of Registered Was Pernaco Inc.	le nauler		H	IJDEP W lauler ID 1787		Cubic Y of Wast 2			Name of R		red Land	attill				
City, State West Berlin NJ						Disposa 11/15/			City, State Egg Har	bor T	wp NJ	0823	4			
Completed by Anthony T Perna		Title Presi	dent			Sig	gnaturê	2		18 3 3 3 5 10 10 10		Date 10/29	9/1	9		

	nv#15	712											198	CENTRAL PROPERTY.	STREET
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0 K 1259	The state of the s	AUC	(F	Pursuan	t to NJAC	8:60 an	d 12:120)))	E		CB	#	12	50	7
Date of Notification (1)				Name o	of Building	Owner/	Operator	(2)	17-4	E	GE	11 W	E		
10/31/2019				Len 2	Zaccone							LI LJ	120		on the same of the
Agencies Notified	Type Notification	l		Street A	Address				The same of the sa	A	1011				
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DEP X DOL	Amended Amendmen	t#			ate, Zip C Arlingto		07021		C I						100
	Emergency	(including	7		of Contact	The second	07031				20108 A		OL 8		-
DOH DCA	justification) Cancellation			Len	or cornact				- market contributions	, 16	lephone N	allina	Name:	ed disease a	
				FAC	ILITY INF	ORMAT	ION								4
Name of Facility Where A Private residence	Abatement is Takir	ng Place (3)	RE				Тур	e of Facility (4	1)					
Street Address									School (K-1						
Street Address								×	Subchapter Other (i.e. p	8 (Oth rivate	er than K- & commer	12) cial buil	dings	, hom	es,
City (5)								Sau	etc.) are Feet	1#0	f Floors	1 6	Bldg. A	\ae	
North Arlington								oqu	u10 1 00t	" 0	1110013	1,	Jug. 7	nge	
County (6)					Code (7)			Curr	ent Use (Pric	r if be	ing demoli	shed)			
Bergen					USE ONLY) —									
Name of Monitoring Firm	Hired by Building	Owner (8)	ASC	M No.				atement Con		(9)				
Street Address									Safety LL	C					
on our radioos							Street 8 Cro								
City, State, Zip Code									Zip Code						
							10000		, NJ 07502	2					
Project Manager for Moni	toring Firm			Telepho	ne No.		Teleph				License	No.			-
							973-	400-	8711		01332				
Start Date (10) 11/11/2019				(2)	Date (11)				HA Monitor						
Occupancy Status During	Abstament (Cha	11/18			_		Sam		1 1						
					63		Street	Addre	ess						
Facility Closed/Vaca Abatement Performe Other – Describe: 8	ed Outside of Norn	Period of nal Facility	Abaten y Hours	nent		-124	City, St	tate, Z	Zip Code						
Scope of Work (Check All	That Apply)	12		a partition											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli				×	Mi	III Containme ni-Enclosure ovebag Proc		Negative	Pressu	re		
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		0.00	Locat	115316										ement	
Location Asbestos-Containing I		Use	Normal ed Sole	ly by	A=b==	Des	scription	of .	1/4010			-	T	pe	
TO BE ABA	TED	Ma	intena todial s	nce/	(i.e.	thermal	aining M systems	insul	ation,		mount Specify	R		Enc	ш
In Facilit (13)	У	Jus	(12)	Juli:			cing, VA1 niscellan				or LF)	Removal	Repair	apsi	Enclosure
ts: 350		Yes	No	N/A	1	outor 11	illocala i	cous)				Val	Ħ.	Encapsulate	ure
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Name of Registered Wast	e Hauler			JDEP W	lasta	Cubia	Vanda								
Removal Safety LLC				lauler ID		Cubic of Was			Name of R		red Landfi	II			
			0	037007	7	2			Fairless						
City, State Paterson, NJ						Dispos TBD	sal Date		City, State	II. 5	^				
Completed by		Title				1 25000	ianatura		Morrisvi	iie, P		-1-			
Lasko Veskov		1000000	ident			3	ignature as lu	0 1	Veslow	_		ate 0/31/	2019		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) / 31 / 2019 10 Janssen Pharmaceuticals, Inc. Type Notification Agencies Notified Street Address ☑ EPA Initial ASSESTOS CONTROL & 1000 Route 202 ☑ DOLWD ☐ Amended City, State, Zip Code Amendment # ☑ DOH Raritan, NJ ☐ DCA ☐ Emergency (including) Name of Contact justification) Telephone Number (NJAC 5:23-8) ☐ Cancellation Harold Marsan 908 927-6912 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) JANSSEN PHARMACEUTICAL, INC (Johnson & Johnson School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 1001 ROUTE 202 homes, etc.) City (5) Square Feet # of Floors Bldg. Age RARITAN >50,000 6 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Hunterdon Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Environmental Health Investigations Delta/BJDS, Inc. Street Address Street Address 655 West Shore Trail 1345 Industrial Blvd City, State, Zip Code City, State, Zip Code Sparta, NJ 07871 Southampton, Pa 18966 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973 729-5649 215 322-2900 00783 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11 / 11 __ / _2019 / 31 / 2019 N/A Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00 AM-11 PM/ _PM-__ Monday-Friday Scope of Work (Check all that a

 ⇒3 sf or ≥3 lf ≥160 sf or ≥260 lf 		enovati emolitio			✓ Mini-End ☐ Gloveba	g Procedure	egative Pressure on-Friable Procedu	re			
	100	Locat						Ab	atem	ent T	уре
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Use Ma	Norma ed Sole iintena todial (12)	ely by ince/		Description of estos Containing Ma e., thermal systems surfacing, VAT other miscelland	aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
V = 7	Yes	No	N/A			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				е	
Bldg B Bridge		X		Windo	w Panel Caul	king	125 LF	X			
Name of Registered Waste Hauler		11000	JDEP V		Cubic Yards of	Name of Regi	stered Landfill				
Service Transport Group Inc			lauler II 0990	O No.	Waste	Minerva la	ındfill				
City, State					Disposal Date	City, State					
58 Pyles Lane New Castle DE	Ξ					Waynesb	urg, Ohio				
Completed By (Print or Type) Title	,				Cianatura		I Da	4-			

Christine Del Viscio

10-31-2019

Asst. Admin

Inv#	1571	19		St	ate of Ne	w Jerse	V							: .	
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Date of Notification (1)	1		T	Name o	f Building	Owner/(Operator	(2)		1			*****	and the state of	11
The state of the s	119			C	TAMB		Bire		A Marin State of the State of t		2101/	-	0.04	0	1
	ype Notification			Street A	ddress	:			political and a second	1111	-NOV	-4	201	9	I female
EPA EPA DEP EDOL	Initial Amended		-	Cih	ne, sip yo				Maria de la constanta de la co		All the second s	-	-		1
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N DOH "	Emergency (i justification)	ncluding			f Contact				. 0		phone Nur	raced herytare		A.A.	
DCA [Cancellation			- W	3 ME		1901			N.				-	
Name of Facility Where Ab	atement is Taking	Place (3)	PAUI	LITY INFO	JRMATI	ON	Туре	of Facility (4	1)		- Company	-	-	-
House			Marketon and the same				_		School (K-1)	2)					
Street Address	y.							X	Subchapter Other (i.e. p	8 (Other	er than K-12	2) et bulk	dinno	hom	20
City (5)								-	etc.)					/	50,
County (6) EAGEL	4							Squa	re Feet	77 01	Floors	8	ldg. A		
County (6)	Approximation of the Control of the		T	County (Code (7)				nt Use (Pric			red)			
Name of Monitoring Firm H		Wana (8)		I ASCN	use only				u -	ES.		-			
reams of morntoning rant ra	ired by building O	wilei (o)		ASCIV	i NO.				tement Con		(9)				
Street Address							Street	Addre	89	-		-	-		
City, State, Zip Code									and Ave.				and the second	Contractors	
							Midla	and P	ark, NJ 07	7432					
Project Manager for Monito	ring Firm .			Telepho	ne No.			none N 262-5			License N 00156	0.			
Start Date (10) / 8/15		Schedule	Con	ngletion I	Date (11)				HA Monitor	tal Sa	envicar Inc	۹.			
Occupancy Status During A	Abatement (Check			91 2	***************************************			Addres		ILEII WE	MAIOSI III	<i>3</i> .			
Facility Closed/Vacate	d During Entire P	eriod of A	baten	nent					r Street	=					
Facility Closed/Vacate Abatement Performed Other – Describe:	Outside of Norma	II Facility	Hour	3			100000000000000000000000000000000000000		p Code ck, NJ 07	202					
Scope of Work (Check All T	'hat Apply)		-				rigur	(01198	CK, NJ UT	900					
≥3 sf or ≥3 if ≥160 sf or ≥260 if	(Š ₂)		enova emolit					d Min	l Containme il-Endosure		Negative P	ressu	re		
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Location of Asbestos-Containing Ma		Use	lormal d Sole	ly by	Ashest	Des tos Cont	scription		(ACM)	Λ=	nount	-	1 9		
TO BE ABATI In Facility	ED		ntenai odial 8			thermal	systems	s insula		(S	pecify	73	Z	Encapsulate	En
(13)			(12)			other n	dng, VA niscellan	T, or		SF	orLF)	Removal	Repair	nsde	Endosure
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Newark Carting Inc.				4509	140,	of Was	ne 4	·.	.Grand C	entra	l Sanitary	Lan	dfill		
City, State Newark, NJ 07105						Dispos	al Date	A1.2 -	City, State Pen Arg		08072		er til ster det egen		-
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Date of Notification (1) 10/30/19				of Buildir ert Men	ng Owner/ delson	Operato	г (2)	professional and a second and a	A Transport	NOV	- 4	2019		
Agencies Notified Type Notification	n		Street	Address				de la companya de la	-	auggerinske intelle	complete dell'elle	nesses alles ses A sesses alles ses	75 C	1
▼ EPA □ DEP □ Amended Amendme	n+ #1			State, Zip					AS	BESTC LIC	ENG!	10 10	JE G	BALL N. 40 10 1000
DOH Emergence justification	y (includir	ng .	1	of Contac	J 07642 ct				Tel	ephone I	Number			
☐ DCA ☐ Cancellation	28/07			ert Men	delson FORMAT	1011			7	opiiono i	- Tumber			,
Name of Facility Where Abatement is Tak Residential Home	ing Place	(3)	FAC	SILIT IN	FURINA	ION	Тур	pe of Facility	r (4)					
Street Address							H	School (K Subchapte	er 8 (Oth	er than K	(-12)			
City (5)							×	Other (i.e. etc.)	private a	& comme	ercial bu	ildings	s, hon	nes,
Hillsdale							Squ 29	uare Feet 00	# of	Floors	12	Bldg. 65+/		
County (6) Bergen			County (STATE	Code (7)	.y)			rrent Use (Pesidential		ng demo	lished)			
Name of Monitoring Firm Hired by Building Project Manager	Owner (8	3)	ASC	M No.			of Al	batement Co	ontractor	(9)				
Street Address						All S Street		es Abaten	nent	V +40.				
City, State, Zip Code								/lidland Av	/e.			200 En Ta		
								Zip Code Brook, NJ	07663	5				
Project Manager for Monitoring Firm			Telepho	one No.		Teleph		No. -3184		License				
Start Date (10) 10/31/19			mpletion	Date (11)	25-25-20-20-20-20-20-20-20-20-20-20-20-20-20-	3000	SHA Monitor	-	01305	<u> </u>			_
Occupancy Status During Abatement (Che	11/5/1 ck Only O					Street	Addre	229						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nord Other – Describe: 8 A.M to 4 P.M	Period of	Ahater	ment s					Zip Code					<u> </u>	
Scope of Work (Check All That Apply)					-				25 5-45 V-50					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli				×	M Gl	ull Containm ini-Enclosur lovebag Pro on-Exempte	e cedure				Θ.	
Location of		Locat Normal										Abate	ement	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Sole intena todial 3 (12)	ly by nce/	Asbes (i.e	stos Conta thermal: surfac	cription of aining Ma systems ing, VAT iscellance	ateria insul , or	lation,	(Sp	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
D .	Yes	No	N/A								<u>a</u>	1	late	re
Basement Laundry Room		X				VAT			100000	3 SF	X			
Bathroom		×				VAT VAT			12.00	9 SF	X			
gran rock regegian (2)						1111			41	SF	X			
Name of Registered Waste Hauler All Stages Abatement		Н	JDEP W auler ID 036592	No.	Cubic Y of Wast 8 YD			Name of Grand				ndfill		
City, State Saddle Brook, NJ					Disposa	al Date		City, State	9					
Completed by Richard Cristofol	Title Presi	dent				nature		TOTAL	syl, FA	D	ate 0/30/1	19		

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INVA	151	121	(F	ursua	ant to NJ	AC 8:60 and 5:1	(6)	CGE				1
Date of Notification (1)				Nam	ne of Bulldir	g Owner/Operator	(2)	2 and the pro- 3 rise language photograph (COS)				11
	04 /	19		F	D Lot 9, LI	LC		NOV - 5	201	9	The state of the s	
Agencies Notified	Type Notific	ation		Stre	et Address		- 111				1	
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□ DCA	Amendm	_		275,537	enafly, NJ			LICENS	INU		estrains.	ich war
(NJAC 5:23-8)	☐ Emergen justificati		ing		ne of Contac	Control of the Contro		Telephone Num	hor		-	
•	Cancellat				Section of the second	ndl as agent for	owner	201-876-940				
							DWITE!	201-010-040			_	
Name of Facility Where	Abatement is 1	Taking Pla	co (3)		ACILITY II	NFORMATION	T+ /= 100					
N/A		oming i ia	00 (0)				Type of Facility (
Street Address							School (K-12) (Other than K-12	^			
97 Monitor Street							Other (i.e., pr	ivate and comme	rcial b	uilding	18,	
City (5)							homes, etc.)					
Jersey City							Square Feet	# of Floors		ldg. A		
County (6)				-		-	9,600	4		68 +	yrs.	
Hudson				Cot	unty Code (7)(STATE USE ONLY)		or if being demolis	shed)			
	. 1 17						Warehouse					
Name of Monitoring Firm N/A	Hirea by Build	ding Owne	r (8)	ASCN	A No.		ent Contractor (9)					
	11					MAK-B Pro,	Inc.					
Street Address						Street Address						
Oliv Or William						104 Market S	treet					
City, State, Zip Code			85			City, State, Zip C Garfield, NJ						
Project Manager for Mor	itoring Flrm		Tel	ephone	No.	Telephone No.		License No.				
Start Date (10)						973-931-3293		01365				
11 /07 /		cheduled 12				Name of OSHA N Same as abo						ै
Occupancy Status During	g Abatement (C	Check only	one)			Street Address						
□ Facility Closed/Vacati	ed During Entir	e Period o	f Abate	ment								
☐ Abatement Performed of Abatement:	Outside of No AMPM	rmal Facil	ity Hou M	rs - Des AM	scribe Time	City, State, Zip Co	ode					
Scope of Work (Check a												
 ≥3 sf or ≥3 if ≥160 sf or ≥260 if 			enova					ative Pressure				
△ ≥100 St 01 ≥200 II		M C	emoliti	on		☐ Gloveba	g Procedure mpted (*) and Non	Frield Book				
			s Loca	tion	T	ZZ HON-EXE	mpted (/ alid Noll	-Friable Procedul	-			
Location	of	1	Norma			Description o	f .		-	ateme	02/01	-
Asbestos-Containing TO BE ABA) Us	ed Sol			stos Containing Ma		Amount	Removal	Repair	Encapsulate	Enclosure
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(13)			(12)	_	_	other miscellane		01 01 11)	=		==	8
		Yes	No	N/A							е	
Roof				M	Roof m	embrane		2,400 SF	×			
1 st Floor Hallway				Ø	Floor Ti	le		100 SF				
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			In		+				+-			-
Name of Registered Was	ta Haules		1		Macto	Ouble Veed-	Non- (5					
Newark Carting, Inc			5 5 5 5	lauler I	Waste D No.	Cubic Yards of Waste	Name of Registe					
City, State	<u> </u>			1122	511 St. 200 St	40 yds.	G.R.O.W.S.,	inc.				
Newark, NJ						Disposal Date	City, State					
						Nov. 2019	Morrisville,	PA				
Completed By (Print or To Kiril Nestorov	ype)	Title	4.5-		-	Signature	1 A L	Da		51254		
		Projec	t Wan	ager		Kent	Mixtures	1	1-	4.	-/	9
SB-41 (AY 11		* Do no	t use t	nis form	n for acheet	ns licansure exemn	and activities					

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

Check #

MAY 11

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

Date of Notification (1)				Name	of Building	Owner/Operator (2	2)					
	25 / 19	-		FDL	ot 9, LL(0						
The state of the s	Type Notification			Street	Address							
11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	⊠ Initial		1	18 H	lastings	Drive	-					
☑ DOLWD [Amended Amendment #		T	City, S	tate, Zip C	ode						
100 (100 (100 (100 (100 (100 (100 (100	☐ Emergency (inc			Ten	afly, NJ 0	7670						
(NJAC 5:23-8)	Justification)	naan ig	Ī	Name	of Contact			Telephone Numb	er			
	Cancellation			Chri	s Rotono	di as agent for o	wner	201-876-9400)			
	_			FAC	ILITY IN	FORMATION	,			V. 31.00		
Name of Facility Where Ab	atement is Taking	Place	(3)				Type of Facility (4)	_			
N/A							School (K-12)					Ì
Street Address				_				(Other than K-12)				1
97 Pine Street							bomes, etc.)	ivate and commerc	cial bul	idings	3,	
City (5)		~					Squere Feet	# of Floors	Blo	lg. Ag	e	-
Jersey City							9,600	4	- 1	18+1		1
County (6)				Coun	ty Code (7)	(STATE USE ONLY)		or if being demolis	_1	-		\neg
Hudson					, , .		Warehouse					
Name of Monitoring Firm h	fired by Building O	wner (8	3) [7	ASCM	No.	Name of Abateme	ent Contractor (9)		_	_		-
N/A			'			MAK-B Pro. I						- 1
Street Address						Street Address				_		_
						104 Market S	treet					- [
City, State, Zip Code		_				City, State, Zip Co						\neg
						Garfield, NJ (
Project Manager for Monito	oring Firm		Tele	phone I	Vp.	Telephone No.		License No.		_		_
						973-931-3293		01365				
Start Date (10)	Sched	uled Co	mple	tion Dat	e (11)	Name of OSHA N				_		-
_11 / _07 /	100000			_ / _		Same as abo						
Occupancy Status During		1110000				Street Address						-
☑ Facility Closed/Vacated		0.7	2.3	ment		OU BOLF AGGIC 3						
☐ Abatement Performed (ribe Time	City, State, Zip Co	vde .				.—	-
of Abatement:A						Oity, Glaid, Elp Oi	ode .					
Scope of Work (Check all	that apply)								_			
☐ ≥3 sf or ≥3 lf		□ Rei	novati	оп		☐ Full Con	tainment with Neg	ative Pressure				
⊠ ≥160 sf or ≥260 lf		⊠ Der				☐ Gloveba	g Procedure					
						Non-Exe	mpted (*) and No	n-Friable Procedur	_			
		- 33	Locat						Ab	-	ent Ty	/pe
Asbestos-Containing N		Use	d Sole	ly by	Asbe	Description o stos Containing Ma		Amount	Re	Repair	E	Enc
TO BE ABAT			ntena	nce/ Staff?		, thermal systems	insulation,	(Specify	Remova	air	aps	Enclosure
IN Facility (13)	′	Cusi	(12)	JIGHT	Y	surfacing, VAT	, or	SF or LF)	<u> </u>		Encapsulate	ā
1.57		Yes	No	N/A	1		,				æ	
Roof				\boxtimes	Roof m	embrane		2,400 SF	×			
1st Floor Hallway				\boxtimes	Floor T	lle .		100 SF	\boxtimes			
			П									
Name of Registered Wast	e Hauler		1	JDEP I	Vaste	Cubic Yards of	Name of Regis	tered Landfill				
Newark Carting, Inc.			1	lauler II		Waste	G.R.O.W.S	., Inc.				
City, State		-		11222	-	40 vds. Disposal Date	City, State		_			_
Newark, NJ						Nov. 2019	Morrisville	, PA				
Completed By (Print or Ty	pe) Title	,				Signature	10		ate			-
Kiril Nestorov		roject	Man	ager		1/5	Harde	1	16-	20	_,	13
ASB-41		-,		-0-,	-	146.6.1	1 wille		U	~	-/	/

NOTIFICATION OF ASSESTOS ABATEMENT Pursuant to NJAC 8:60 and 6:16) Pursuant to NJAC 8:60 and 6:16	Check #				State of N	lour lous			
Date of Notification (1)			TIFIC	CATIO	N OF AS	BESTOS ABA	TEMENT	P P P I	WED
10		AID	(F	Pursua	ant to NJ	AC 8:60 and 5:	16)		
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Amended		ication				Drive			
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Name of Facility Where Abatement is Taking Place (3) Name of Facility (4) Name of County (5) Name of County (5) Name of Manitoring Firm Hired by Building Owner (8) ASCM No. Name of Manitoring Firm Hired by Building Owner (8) ASCM No. Name of Manitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (8) Name of Manitoring Firm Hired by Building Owner (8) ASCM No. Name of Manitoring Firm Hired by Building Owner (8) ASCM No. Name of Manitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (8) Name of Manitoring Firm Telephone No. Street Address 104 Market Street Name of Costrability (1) Name of Registered Waste Hauler No. Name of Registered Landfill No. Name of Registered Landfill No. Name of Registered Waste Hauler No. No	The state of the s	and the second second	_				L	LICENSI	W.
Cancellation		ency (includi ition)	ng		200			Telephone Num	has
Name of Facility Where Abatement is Taking Place (3)	☐ Cancell	ation		5520			owner		
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Some continued by the		3					School (K-12)	(Other than 1/ 40	
County (6) County (7) County (8) County (7) County (8) Co	A A	5_					Other (i.e., pri	vate and comme	rcial buildings,
County (6) Hudson		ADD	MO	NAL	INFO			# of Floors	Rida Age
County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Warehouse							Maria and a second		
Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address City, State, Zip Code Sarfield, NJ 07025 Start Date (10) 11 / 07 / 19 Scheduled Completion Date (11) 12 / 30 / 19 Same of OSHA Monitor Same of OSHA Monitor Same of OSHA Monitor Same as above State Date (10) Same of OSHA Monitor Same as above City, State, Zip Code Garfield, NJ 07025 State Date (10) Project Manager for Monitoring Firm Telephone No. 973-931-3293 Name of OSHA Monitor Same as above Street Address City, State, Zip Code Garfield, NJ 07026 Same as above City, State, Zip Code Garfield, NJ 07026 Same as above Street Address City, State, Zip Code Garfield, NJ 07026 Same as above Street Address City, State, Zip Code Garfield, NJ 07026 Same as above Street Address City, State No. Name of OSHA Monitor Same as above City, State, Zip Code Garfield, NJ 07026 Same as above City, State, Zip Code Garfield, NJ 07026 Same as above City, State, Zip Code Garfield, NJ 07026 Same as above City, State No. Name of OSHA Monitor Same as above City, State No. Name of OSHA Monitor Same as above City, State No. Name of Registered Master Landfill Gity Cards of Waster Name of Registered Landfill Gity Cards of Waster Name of Registered Landfill Gity Cards of Waster Nowark, NJ Completed By (Print or Type) Title Project Manager Name of Registered Landfill Nov. 2019 Material Cardinal Control Cardinal Cardi				Cou	inty Code (7)(STATE USE ONLY)	Current Use (Prio	r if being demolis	
Street Address Street Address Street Address 104 Market Street City, State, Zip Code City,	AND SHOP THE STATE OF THE STATE						Warehouse		
Street Address Street Address	Authorities and the second sec	ilding Owner	(8)	ASCN	l No.		-FZ:1079	S. S.	
City, State, Zip Code							Inc.		
City, State, Zip Code City, State, Zip Code City, State, Zip Code Garffield, NJ 07026 Project Manager for Monitoring Firm Telephone No. Telephone No. Start Date (10) 11 / 07 / 19 12 / 30 / 19 Name of OSHA Monitor						providence in the second and the area.	Stroot		λ
Project Manager for Monitoring Firm	City, State, Zip Code						40 CT CT		9
Project Manager for Monitoring Firm						The state of the s	The state of the s		
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11	Start Date (10)	Scheduled (Comple	ation Do	ato (11)	465	AN TON	01365	
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Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AMPM/_PMAM						Street Address			
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Solve Solv	<u></u> ≥3 st or ≥3 lf 						- (()	, ,	-
Location of Asbestos-Containing Material (ACM) Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A N/A Surfacing other misc Normally Asbestos Containing Material (ACM) Maintenance/ Custodial Staff? (12) Yes No N/A			zi i Olitic	ווכ		⊠ No	1 -		
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City, State Newark, NJ Completed By (Print or Type) Kiril Nestorov Disposal Date Nov. 2019 Morrisville, PA Signature Date Project Manager			100000						
Completed By (Print or Type) Kiril Nestorov Title Project Manager Title Signature Date 1/1-25-/-7				1 1 60 60 60			City, State		
Kiril Nestorov Project Manager						Nov. 2019	Morrisville, P	Α	
16111 118-1-1 11-15-17		1.39.030.5				Signature	10	Date	9
	1	Project	Mana	iger		Thered	/well-	/1	1-25-19

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Date of Notification (1)								er/Operator (2	1		J NOV	- 4	2019	27,778	الما
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DCA	☐ Emergend		luding	-		of Contact	V 1	10336			Telephone Nur	nher			-
(NJAC 5:23-8)	justificatio	2000			0000000000	nael Hand	dler			-	347-738-03				
					FAC	ILITY INF	FOR	MATION							
Name of Facility Where A	Abatement is Ta	aking l	Place	(3)					Type of Facili	ity (4	4)				
Commercial									School (K			•			
Street Address									Subchapte Other (i.e.	er 8 nri	(Other than K-1 vate and comme	2) ercial b	uildin	JS.	
515 Elizabeth Aven	ue								homes, et			0,0,0,			
City (5)									Square Feet		# of Floors	В	ldg. A	ge	
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Name of Monitoring Firm	Hired by Build	ing Ov	wner (3) /	ASCM I	No.			ent Contractor		•				
CSA Consulting							7.07		NAGEMENT	LL					-
Street Address						1		et Address 7 Outwater	lano						
PO Box 329			-		V					_			_		-
City, State, Zip Code Belmar, NJ 07719						1		, State, Zip Co arfield, NJ							
Project Manager for Mon	itorina Eirm		_	Tolo	phone I	vio	- 1112	phone No.	07020		License No.				-
Michael Chain	itoling rilli				2-921			73-928-4888			1188				
Start Date (10)	Is	chedu	iled Co		tion Dat			ne of OSHA N			1100				
11 / 04 /	Access 11 150				/	2008 N			NAGEMENT	LL	.C				1547
Occupancy Status During							Stre	et Address	7	and the same		_			
☐ Facility Closed/Vacate	작가, 사람이 아들 것이 아버지지 않아?				nent			7 Outwater	Lane						
☐ Abatement Performed	d Outside of No					cribe	City	, State, Zip Co	ode						
Time of Abatement: _ X Work to be performed		PM		_PM-		AM	G	arfield, NJ	07026						
Scope of Work (Check a		3 unu	1400	uuy 5	Olliy					345	792 722				
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			□ Re ☑ De					☐ Mini-End	closure g Procedure		ative Pressure	dure			
				Locat								A	baten	nent T	уре
Location Asbestos-Containing		.		lorma d Sole		Aches	etne (Description of Containing Ma		1	Amount	76	Re	E	En
TO BE ABA		'		intena			, the	rmal systems	insulation,	- 1	(Specify	Kemova	Repair	cap	Enclosure
IN Facil	ity		Cusi	odial (12)	Stan?			urfacing, VAT ner miscellane		- 1	SF or LF)	la la		Encapsulate	ure
(13)	(13) Yes N							iei iiiiscelialie	ous)					te	
28th Floor Boiler Roc	28 th Floor Boiler Room							tings			5 Fittings	×			
Apartment 1MB						VAT/Ma	stic				800 SF				
Apartment 1MB					\boxtimes	Pipe Fit	ting	s			6 Fittings	Ø			
Apartment 2MB					\boxtimes	VAT/Ma	stic				600 SF	D			
Name of Registered Was	ste Hauler			- 23	JDEP \	The state of the s		oic Yards of			tered Landfill				
Newark Carting				-	lauler II 0283	νο.		s Needed		Cen	tral Sanitary	Landf	ill		
City, State								posal Date BD	City, State Pen Arg	11/1	DΛ				
Newark, NJ		T					1	Signature	Fell Arg	Jy I,		Dati			_
100	npleted By (Print or Type) Title Ilen Monchik Project Manager								7.1	/.	4.0	Date			
Allen Monchik		Pr	oject	ivian	ager			Allen	Monch	uk	2	10/2	8/19)	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8-60-7 AND 12:1207) CONTINUATION SHEET



							LI(JENSIN	63
	_		-	515 Elizabeth Avenue, Newark, NJ		Abateme	nt Type	Principle of Parish Street	to Designation of the second
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	No Main	s Locat rmally Solely stenandial Staf	Used by ce/Cust	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a I	R e p a i r	E n c a p s u I	E n c l o s u r
	Yes	No	N/A						
Apartment @MB	_		X	Pipe Fittings	6 Fittings	X			
28th Floor- Bathrooms			Х	Pipe/Elbow	40 LF	Х			
24th Floor- Bathrooms			X	Pipe/Elbow	40 LF	Х			
20th Floor- Bathrooms			Х	Pipe/Elbow	40 LF	X			
19th Floor- Bathrooms			X	Pipe/Elbow	40 LF	Х			
18th Floor- Bathrooms			X	Pipe/Elbow	40 LF	Х			
17th Floor- Bathrooms			Х	Pipe/Elbow	40 LF	Х			
16th Floor- Bathrooms			Х	Pipe/Elbow	40 LF	Х			
15th Floor- Bathrooms			X	Pipe/Elbow	40 LF	Х			
14th Floor- Bathrooms			Х	Pipe/Elbow	40 LF	Х			
13th Floor- Bathrooms			X	Pipe/Elbow	40 LF	Х			
12th Floor- Bathrooms			Х	Pipe/Elbow	40 LF	Х			
11th Floor- Bathrooms			Х	Pipe/Elbow	40 LF	Х			
10th Floor- Bathrooms			Х	Pipe/Elbow	40 LF	Х			
9th Floor- Bathrooms			Х	Pipe/Elbow	40 LF	Х			
8th Floor- Bathrooms			Х	Pipe/Elbow	40 LF	Х			
7th Floor- Bathrooms			Х	Pipe/Elbow	40 LF	Х			
6th Floor- Bathrooms	\vdash	\vdash	Х	Pipe/Elbow	40 LF	X			
5th Floor- Bathrooms			Х	Pipe/Elbow	40 LF	Х			
4th Floor- Bathrooms			Х	Pipe/Elbow	40 LF	X			
3rd Floor- Bathrooms	1		Х	Pipe/Elbow	40 LF	X			
				TOTAL THE TOTAL STATES	NI DATE (NITTE				
	1								
	1								
	_	 							_
	1	-							

Allen Monchik Allen Monchik Date: 10/28/19	Completed by: (Print or type) Allen Monchik	Title:	Project Manager	Signature: Allan Manchik	Date: 10/28/19
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Inv#15) (c	NO.		CATIO	N OF AS	New Jersey SBESTOS ABA				21	CO	9
CK SWYM			(1	ursua	int to NJ	AC 8:60 and 5:	16)	CH		36	97	-
Date of Notification (1)	Region					ng Owner/Operator	(2)		15 (1 1/	TE.	
	19	-		Ve	erizon Co	mmunications		i Til				
Agencies Notified Type Notif	ication			Stree	et Address			THE NUV	- 4	201	0	111
☐ EPA ☐ Initial ☐ Amend				15	East Mo	ntgomery Stree	t	int suit	,	'- w 1	J	1 1
☑ DOLWD ☑ DOH Amend Amend	T-17-1			City,	State, Zip	Code		Administration of the second con-	ere e Baserine	and the same of	of the street	
☐ DCA ☐ Emerge		_	- -	Pi	ttsburgh,	PA 15212		ASSEST	35.0U	MIH	OL &	L
(NJAC 5:23-8) justifica		roidaii	9	Nam	e of Conta	ct	1	Telephone Nu	mber		ment of the second	William
☐ Cancel	lation			Ar	nthony Po	orta		412-633-4				
				FA	CILITY	NFORMATION						
Name of Facility Where Abatement is Verizon Cape May Central Of		g Plac	e (3)				Type of Facility ☐ School (K-1					
Street Address							─ Subchapter	8 (Other than K-	12)			
1116 Seashore Road							Other (i.e., phomes, etc.	private and comm	nercial b	ouildin	ıgs,	
City (5)							Square Feet			Mala I		
Cape May							7,520	# of Floors	1	3ldg. A		
County (6)				Соц	inty Code (7)(STATE USE ONLY)		rior if being demo	link ad	7.00	,	
Cape May				000	, 0000 (rijonne ook onerj	Verizon	nor it being demo	ilisnea)			
Name of Monitoring Firm Hired by Bu	ildina C	Owner	(8)	ASCM	l No	Name of Abatom	nent Contractor (9	\-			2527	
USA Environmental			(-)	10011			NVIRONMENTA	•				
Street Address						Street Address	VIKONWENTA	L, INC.				
8346 Enterprise Ave						1123 BEAVE	DOTDEET					
City, State, Zip Code			-			City, State, Zip C	The state of the s					
Philadelphia, PA 19153						BRISTOL, P						
Project Manager for Monitoring Firm			Tel	ephone	No	Telephone No.	H 19007	T1:N-				
Mark Jenkins			2	15 365	5810	215-788-604		License No. 00509				
Start Date (10)11 /12 /19					ate (11) 19	Name of OSHA I	Monitor IVIRONMENTA	L, INC		0		
Occupancy Status During Abatement	(Check	only	one)			Street Address						
☐ Facility Closed/Vacated During En	tire Per	riod of	Abate	ement		1123 BEAVE	R STREET					
Abatement Performed Outside of N						City, State, Zip C						
Time of Abatement: 7:00AM-4:00 Scope of Work (Check all that apply)	PW/	P	M	AM		BRISTOL, PA						
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		⊠ Re	enovat emoliti			☐ Mini-End ☐ Gloveba	tainment with Neg closure g Procedure empted (*) and No					
		Is	Loca	ition		2 11011 Exc	impled () and 140	11-1 Hable Floced	-	atem	A T	
Location of			Norma			Description of	of			1	T	1
Asbestos-Containing Material (ACI TO BE ABATED	M)			ely by ance/	Asbe	stos Containing Ma	aterial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
IN Facility		Cus		Staff?	(1.6	., thermal systems surfacing, VAT		(Specify SF or LF)	ova	ai.	sqe	uso
(13)	ŀ		(12)	1	-	other miscellane	eous)	J. J. 2.)	-		late	6
		Yes	No	N/A								
Exterior					Exterio	r Louvre Caulk		10 SF	\boxtimes			
				1					ᆛ	1	1	
] [+=					$ $ \square		Ш	Ш
Name of Decision 114		Ц	Ц									
Name of Registered Waste Hauler SERVICE TRANSPORT GROU	P, INC		11999	JDEP \	O No.	Cubic Yards of Waste	Name of Regis					
City, State				20990)	Disposal Date	City, State					_
YARDLEY, PA						TBD	WAYNESB	URG OH				
Completed By (Print or Type)	Title					Signature	I		atc			
Dillan DeCaro		timat	or			Dilla	M DeCar	0/m/	ate /(^) -	30	-/	9
SB-41 AN 13 DD19029	* D	o not	use th	nis form	for asbest	os licensure exemp	eted activities.	1 /	U			T.

NOTIFICATION OF ASBESTOS ABATEMENT Page of Notification (1): 10/28/19 Page of Noti	1	014 15	7/1	7		Ctata - CNT-	T			Clarkening.			
Pute of Notification (1): Name of Building Owner/Operator (2): GREENWOOD VILLAGE GREENWOOD VILLAG		10 1. (-		NO	TIFIC			מישרות אישרות	FC	F	1 W	E	3 6000
Agencies Sype Notification Agencies Sype Notification Agencies Sype Notification Agencies Agen	KO					(Pursuant to NJAC	8:60 and 12:20)	K	Lin .	IJ L/		A Comment
Notified CN Initial Notified CN PA PA PA PA PA PA PA P	10/28/19		GRE	EENW	OOD VI	Owner/Operator (2): ILLAGE	2111	Cyclephone	NOV	- /	2019	9	in death
XS PA			877.900.00			N COLIDT		200	FG.				70
	(X) EPA											OL 8	-aŭ
	(X) DEP		HAN	MILTO	ON, NJ 0			L	1	CENS	ING	No. or Continuents	SSR-Star Nove
SOLITION Content County	(X) DOL				Contact:			Telephon	ne Number: 609-	631-5	203		
Name of Facility Where Abatement is Taking Place (3): Type of Facility (4): (1) School (K.12) (1) School (K.12) (2) Subhapter \$5 (Other than K.12) (3) Subhapter \$5 (Other than K		() Cancellation	WIK.	JIIVI									
Street Address: 114 WASHINGTON COURT City & State (5): HAMILTON, NJ County (6): MERCER County (6): MERCER County (7) MERCER County (8): MERCER County (8): MERCER County (9): MERCER County (10): MERCER County (Nama	e Facility Wil				SHOW A SH							
Street Address: 114 WASHINGTON COURT				temen	t is	Taking Place (3):		X					
City & State (5): HAMILTON, NJ County (6): MERCER County Code (7) (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owners(8) Name of Monitoring Firm Hired by Building Owners(8) RESIDENTAL/APARTMENTS Name of Abatement Contractor (9): NA Street Address: 3 CROSSWICKS STREET City, State, Zip Code: SAYREVILLE, NJ 08871 Scope of Work (Check all that apply): (1) 1/31/20 Cocupancy Status During Abatement (Check only one) (X) Facility Closed-vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours (1) Other—Describe: Scope of Work (Check all that apply): (X) ≥ 3 sf or ≥ 3 lf (X) Enovation () Demolition Scope of Work (Check all that apply): (X) ≥ 160 sf or ≥ 260 lf (X) Renovation (ACM) TO BE ABATED IN Facility (13) Vest No NA Name of Abatement Contractor (9): Scheduled Completion Date (11): (X) Renovation (Street Address: P.O. Box 1124 City, State, Zip Code: SAYREVILLE, NJ 08871 Scope of Work (Check all that apply): (X) ≥ 160 sf or ≥ 260 lf (X) Renovation (Staff?) (12) Vest No NA Name of Description of Asbetement (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Abatement Contractor (9): Abatement Contractor (9): Street Address: P.O. Box 1124 City, State, Zip Code: SAYREVILLE, NJ 08871 Scope of Work (Check all that apply): (X) ≥ 160 sf or ≥ 260 lf (X) Renovation (X) Enclosure (X) Minit Enclosure (X) Min	Cturant A J J	Land MA CLID	(CTO)				() Subchapter 8	(Other than	K-12)				
County (6): MERCER County Code (7) (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner(8) RESIDENTAL/APARTMENTS Name of Monitoring Firm Hired by Building Owner(8) RESIDENTAL/APARTMENTS Street Address: Street Address: Street Address: Street Address: Street Address: 3 CROSSWICKS STREET City, State, Zip Code: BORDENTOWN, NJ 08505 Project Manager for Monitoring Firm: MICHAEL Scheduled Completion Date (11): 1/31/20 State Date (10): 1/31/20 Street Address: PO BOX 1124 City, State, Zip Code: SAYREVILLE, NJ 08871 Telephone No.: 609-298-5520 (732) 238-7400 01342 Name of OSHA Monitor: GUILIANO ENVIRNMENTAL, LLC Street Address: P.O. Box 1124 (1) State Address: P.O. Box 1124 Street Address: P.O. Box 1124 (1) State Address: P.O. Box 1124 Street Address: P.O. Box 1124 (1) State Address: P.O. Box 1124 Street Address: P.O. Box 1124 (1) State Address: P.O. Box 1124 Street Address: P.O. Box 1124 (2) State Address: P.O. Box 1124 (3) Full Containment with Negative Pressure Street Address: P.O. Box 1124 (1) State Address: P.O. Box 1124 (2) State Address: P.O. Box 1124 (3) Full Containment with Negative Pressure Street Address: P.O. Box 1124 (2) State Address: P.O. Box 1124 (3) Full Containment with Negative Pressure Street Address: P.O. Box 1124 (3) Full Containment with Negative Pressure Street Address: P.O. Box 1124 (3) Full Containment with Negative Pressure Street Address: P.O. Box 1124 (3) Full Containment with Negative Pressure Street Address: P.O. Box 1124 (4) Abatement Performed Outside of Normal Facility Hours Street Address: P.O. Box 1124 (5) Full Containment with Negative Pressure Street Address: P.O. Box 1124 (5) Full Containment with Negative Pressure Street Address: P.O. Box 1124 (6) Street Address: P.O. Box 1124 (7) Street Address: P.O. Box 1124 (8) Full Containment with Negative Pressure Street Address: P.O. Box 1124 (1) Street Addre	Street Add	ress: 114 WASHIN	NGTON	COUR	CT .			rivate & con	nmercial buildings	,			
Name of Monitoring Firm Hired by Building ASCM No.: Name of Abatement Contractor (9): GUILLANO ENVIRNMENTAL, LLC	City & Sta	te (5): HAMILTO	N, NJ				Square Feet: N	A	# of Floors: 3	3	Bldg.	Age:	NA
Name of Monitoring Firm Hired by Building Owner(8) BRIGGS ASSOCIATES Street Address: 3 CROSSWICKS STREET City, State, Zip Code: BORDENTOWN, NJ 08505 Project Manager for Monitoring Firm: MICHAEL Start Date (10): 1/31/20 Start Date (10): 1/31/20 Coccupancy Status During Abatement (Check only one) (X) Facility Closed/vacated During Entire Period of Abatement (1) Other Desserble: Scope of Work (Check all that apply): (ACM) TO BE ABATED IN Facility (I3) IN Facility (I3) IN Facility (I3) Bldg.#1 BASEMENTS Bldg.#1 CRAWL SPACES X PIPE INSULATION Bldg.#2 BASEMENTS X PIPE INSULATION Name of Abatement Contractor (9): GUILIANO ENVIRNMENTAL, LLC SAYREVILLE, NJ 08871 Telephone No.: (732) 238-7400 01342 Street Address: (74) Name of OSHA Monitor: (75) GUILIANO ENVIRNMENTAL, LLC Street Address: (75) Observing Procedure (75) Observing Procedure (75) Observing Material (ACM) (13) (14) (15) (15) (15) (15) (15) (16) (16) (17) (17) (18) (18) (19) (19) (19) (19) (10) (10) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (15) (15) (15) (15) (15) (16) (17) (17) (18) (18) (18) (19) (19) (19) (19) (19) (19) (19) (19		:					Current Use (P RESIDENTAL	rior if being	g demolished): IENTS				
Owner(8) BRIGGS ASSOCIATES Street Address: 3 CROSSWICKS STREET City, State, Zip Code: BORDENTOWN, NJ 08505 Project Manager for Monitoring Firm: MICHAEL Scheduled Completion Date (11): 1/11/19 Sc	Name of	Monitoring Fire	n Hirac	l by	Duildia	~ ASCM No.							
Street Address: 3 CROSSWICKS STREET City, State, Zip Code: SORDENTOWN, NJ 08505 Project Manager for Monitoring Firm: MICHAEL Start Date (10): 1/31/20 Start Date (10): 1/31/10 Scheduled Completion Date (11): 1/31/10 Start Date (10): 1/31/20 Star	Owner:(8)		ii iiiiec	i by	Dulldin		1.00						
3 CROSSWICKS STREET									MENTAL, LLC				
City, State, Zip Code: BORDENTOWN, NJ 08505		W	_										
Project Manager for Monitoring Firm: Telephone No.: MICHAEL			Ι					N-10-					
Project Manager for Monitoring Firm: MICHAEL Scheduled Completion Date (11): 1/31/20 Occupancy Status During Abatement (Check only one) (X) Facility Closed/vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours () Other – Describe: Scope of Work (Check all that apply): () ≥ 3 sf or ≥ 3 lf (X) Renovation (X) ≥ 160 sf or ≥ 260 lf Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) (12) Yes No N/A Bidg.#1 BASEMENTS X PIPE INSULATION I,400 LF X Bidg.#2 BASEMENTS X PIPE INSULATION I,000 LF X Bidg.#2 CRAWL SPACES X PIPE INSULATION Bidg.#2 CRAWL SPACES X PIPE INSULATION Good LF X Name of Registered Waste Hauler: NEWARK CARTING, INC Disposal Date: City, State: Telephone No.: (732) 238-7400 01342 Cattor (732) 238-7400 O1342 Name of Registered No.: (01342) O1342 Cattor (732) 238-7400 O1342 Street Address: P.O. Box 1124 City, State: Cubic Yards of Waste:80 Name of Registered landfill: Cattor (732) 238-7400 City, State: Cubic Yards of Waste:80 Name of Registered landfill: Cattor (732) 238-7400 City, State: Cubic Yards of Waste:80 Cattor (732) 238-7400 Cattor (732) 238-7400 Cattor (732) 238-7400 City, State: Cubic Yards of Waste:80 Cattor (732) 238-7400 Cattor (732) 238-7400 City, State: Cubic Yards of Waste:80 Cattor (732) 238-7400 City, State: Cubic Yards of Waste:80 Cattor (732) 238-7400 Cattor (732) 238-7400 City, State: Cubic Yards of Waste:80 Cattor (732) 238-7400 Cattor (732) 238-7400 Cattor (732) 238-7400 City, State: Cubic Yards of Waste:80 Ca							\$1000 E		71				
MICHAEL 609-298-5520 (732) 238-7400 01342	Project Ma	nager for Monitoria	ng Firm:			Telephone No.:							
Start Date (10): 11/11/19 Scheduled Completion Date (11): 11/31/20 Scheduled Completion Date (11): 11/31/20 Street Address: P.O. Box 1124 (1) Abatement Performed Outside of Normal Facility Hours (2) Other — Describe: Scope of Work (Check all that apply): (1) ≥ 3 sf or ≥ 3 lf (2) ≥ 3 sf or ≥ 260 lf Cocutation of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) IN Facility (13) Street Address: P.O. Box 1124 (2) Full Containment with Negative Pressure (3) Glovebag Procedure (4) Mini Enclosure (5) Glovebag Procedure (7) Non-Friable Procedure (8) Glovebag Procedure (8) Glovebag Procedure (8) Glovebag Procedure (9) Non-Friable Procedure (10) Non-Friable Procedure (11) Non-Friable Procedure (12) Yes No N/A Staff? (12) Yes No N/A Staff? (12) Yes No N/A Staff? (12) Yes No N/A Side Halsen Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (Specify Ser of LF) Staff? (12) Yes No N/A Side Halsen Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (Specify Ser of LF) Staff? (12) Yes No N/A Side Halsen Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (Specify Ser of LF) Staff? (12) Yes No N/A Side Halsen Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (Specify Ser of LF) Staff? (12) Yes No N/A Side Halsen Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (Specify Ser of LF) Staff? (12) Yes No N/A Side Halsen Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (Specify Ser of LF) Staff? (12) Yes No N/A Side Halsen Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (Spe	MICHAE	EL											
Occupancy Status During Abatement (Check only one) (X) Facility Closed/vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours () Other – Describe: Scope of Work (Check all that apply): () ≥ 3 sf or ≥ 3 lf (X) Renovation (X) ≥ 160 sf or ≥ 260 lf Location of Asbestos-Containing Material (ACM) (ACM) IN Facility (13) Yes No N/A Bidg.#1 BASEMENTS X PIPE INSULATION Algorithms Al		(10):	Schedul	ed Co	mpletion	Date (11):			01342				-
(X) Facility Closed/vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours City, State, Zip Code: SAYREVILLE, NJ 08871 City, State: Disposal Date: City, State: P.O. Box 1124 City, State: Disposal Date: City, State: P.O. Box 1124 City, State: Disposal Date: City, State: P.O. Box 1124 City, State: Disposal Date: City, State: P.O. Box 1124 City, State: P.O. Box 1124					300.0				IENTAL, LLC				
() Abatement Performed Outside of Normal Facility Hours () Other – Describe: City, State, Zip Code: SAYREVILLE, NJ 08871						492							
Scope of Work (Check all that apply): () ≥ 3 sf or ≥ 3 lf (X) Renovation (X) ≦ 160 sf or ≥ 260 lf (X) Renovation (X) Mini Enclosure (X) Glovebag Procedure (Y) Non-Friable Procedure Location of Asbestos-Containing Material (ACM) (ACM) TO BE ABATED IN Facility (13) (13) Renovation (Y) Full Containment with Negative Pressure (Y) Glovebag Procedure (Y) Non-Friable Procedure Abatement Type Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Staff? (12) Yes No N/A Bldg.#1 BASEMENTS X PIPE INSULATION 1,400 LF X Bldg.#2 BASEMENTS X PIPE INSULATION 1,000 LF X Bldg.#2 BASEMENTS X PIPE INSULATION 1,000 LF X Bldg.#2 CRAWL SPACES X PIPE INSULATION Name of Registered Waste Hauler: NEWARK CARTING, INC Disposal Date: City, State: Cit	() Abateme	ent Performed Outside	ig Entire I e of Norm	eriod o	of Abatem lity Hours	ent S		Cada					
(X) Self or ≥ 3 lf (X) Renovation (X) Minit Enclosure (X) Minit E	() Other – 1	Describe:				451							
Containing Material (ACM)	Scope of Wo	rk (Check all that app	oly):					505 300 000				- 11	
Location of Asbestos-Containing Material (ACM)	$(X) \ge 3 \text{ sf o}$ $(X) \ge 160 \text{ s}$	$\text{or } \ge 3 \text{ lf}$ $\text{sf or } \ge 260 \text{ lf}$						(X) Mini (X) Glove	Enclosure ebag Procedure	n Nega	ntive Pr	essui	re
Asbestos-Containing Material (ACM) (ACM) Maintenance/ TO BE ABATED IN Facility (13) Staff? (12) Yes No N/A Bldg.#1 BASEMENTS Bldg.#2 BASEMENTS Bldg.#2 BASEMENTS X PIPE INSULATION Bldg.#2 BASEMENTS X PIPE INSULATION Bldg.#2 CRAWL SPACES X PIPE INSULATION Surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) Fig. To De	Lo	ecation of				Des	cription of						t
TO BE ABATED IN Facility (13) Custodial/ Staff? (12) Yes No N/A Bldg.#1 BASEMENTS Bldg.#1 CRAWL SPACES X PIPE INSULATION Bldg.#2 BASEMENTS X PIPE INSULATION Bldg.#2 CRAWL SPACES X PIPE INSULATION Name of Registered Waste Hauler: NUMBER Of Registered Waste Hauler: NEWARK CARTING, INC Disposal Date: Custodial/ Staff? other miscellaneous) Amount (Specify Space in the property of the prope	And the second second					Asbestos Conta	ining Material ((ACM)			1 y	pe	T
Bldg.#1 BASEMENTS X PIPE INSULATION 1,400 LF X Bldg.#1 CRAWL SPACES X PIPE INSULATION 1,000 LF X Bldg.#2 BASEMENTS X PIPE INSULATION 600 LF X Bldg.#2 CRAWL SPACES X PIPE INSULATION 600 LF X Name of Registered Waste Hauler: NEWARK CARTING, INC NAME OF Waste Hauler ID No.: 04509 Name of Waste:80 GRAND CENTRAL LANDFILL City, State: City, State:						(i.e., thermal surfac	systems insulating, VAT, or	ion,	Amount	Re	×	En	En
Bldg.#1 BASEMENTS X PIPE INSULATION 1,400 LF X Bldg.#1 CRAWL SPACES X PIPE INSULATION 1,000 LF X Bldg.#2 BASEMENTS X PIPE INSULATION 600 LF X Bldg.#2 CRAWL SPACES X PIPE INSULATION 600 LF X Name of Registered Waste Hauler: NEWARK CARTING, INC NAME OF Waste Hauler ID No.: 04509 Name of Waste:80 GRAND CENTRAL LANDFILL City, State: City, State:						other n	niscellaneous)			ome	cepa	caps	clo
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Bldg.#2 CRAWL SPACES X PIPE INSULATION Name of Registered Waste Hauler: NEWARK CARTING, INC Disposal Date: NJDEP Waste Hauler ID No.: 04509 City, State: City, State: City, State:	Bldg.#2 BAS	EMENTS					8(20)						-
Name of Registered Waste Hauler: NEWARK CARTING, INC NIDEP Waste Hauler ID No.: 04509 City, State: Name of Registered landfill: GRAND CENTRAL LANDFILL City, State:	Bldg.#2 CRA	WL SPACES		X									-
City, State: Disposal Date: City, State:			uler:			Hauler ID No.:			Name of Regis	tered TRAL	landfill LANI	: OFIL	L L
	City, State: NEWARK,	NJ		A				Y, PA					
Completed By: Melinda Sobol Holministrative Asst Melinda Lold 10/28/19		By:					Signature:	1.1.1					

- 11/57/8														Prir	nt Fo
Inv#15718 UK 022992 PAID	Ν		ICATION	ate of New OF ASBE to NJAC 8	STOS	ABATE				G			\mathbb{V}		R
Date of Notification (1) 10/30/2019				Building C				1	Treat y	NO.	- /	2	019	STATE OF THE PERSON	
Agencies Notified Type Notification EPA Initial			Street Ad 1020 k	^{ddress} Kings Ge	orge F	Post R	oad		L	SSESTO	38.0	CVAST			
DEP X Amended Amendment		_		te, Zip Coo NJ 0886				f			ENS			THE STATE OF THE S	nturksky
□ Emergency □ justification) □ DCA □ Cancellation	, ,		Name of Lisa D				-			phone N 2-306-4		r			
			FACI	LITY INFO	RMATI	ON									
Name of Facility Where Abatement is Takin LANXESS Solutions US Inc.	g Place (3)						of Facility (- School (K-1 Subchapter	2)	er than K.	-12\				
Street Address 1020 King George Post Road				To complete the second			X e	Other (i.e. p tc.)	rivate &	commer	rcial b				s,
City (5) Fords							Squar	e Feet	# of	Floors		Blo	lg. A	ge	
County (6) Middlesex			County (Code (7) USE ONLY)				nt Use (Prid r house p					ant 8	k tan	iks
Name of Monitoring Firm Hired by Building Emilcott Associates, Inc.	Owner (8)		ASCN	1 No.				ement Cor molition			ntal :	Ser	vice	s, LL	.C
Street Address 190 Park Avenue							Addres	s agle Sch	ool Ro	ad, ST	E 91	0			
City, State, Zip Code Morristown, NJ 07960					- W			p Code \ 19087							
Project Manager for Monitoring Firm David Tomsey			Telepho 973-53	ne No. 38-1110		1111111111111	hone No 581-7			License 01286					
Start Date (10) 2/18/2019	Schedule 12/31/2			Date (11)				IA Monitor molition	& Env	ironme	ntal :	Ser	vice	s, LL	_C
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire			mant	7			Addres	s agle Sch	ool Ro	ad, ST	E 91	0			
Abatement Performed Outside of Norr Other – Describe:	nal Facility	/ Hour	'S		_			p Code A 19087							
Scope of Work (Check All That Apply)							-		one inter-		-				
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf		Renov				2	Mir Glo	Containm i-Enclosure vebag Pro- n-Exempte	e cedure					3	
		Loca Norma										1222		ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility N Use Mai Cust							(ACM) Ition,	(8	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes							1)	- 40	7715	-			(0	
#6 Fuel Line		X	-	F		sulation her Mi		1)		97 LF 30 LF	X	-			
Door Gasket, caulk, counter	-	X		-		ner IVII sulatio		1)		17 LF	X				-
QA, M1D, E2, E1, Press Areas		X				urfacir		1)		38 SF	X			l	-
ZAA, Ester 2, PA Tank, E1 Name of Registered Waste Hauler	1		NJDEP V	Vaste		Yards	9	Name of							
Horwith Trucks, Inc.			Hauler ID SW-199	No.	of Wa			Cumbe	- 50 Au			dfill			
City, State Northampton, PA						sal Date 2/2019		City, Star Shippe		g, PA					
Completed by Mark Klotzbach	Title Vice	Pres	sident		5	Signatur		and the second			Date 10/3	80/2	019		
						//	//	your	17						

Completed by (Print or Type)

Steve Stiles

ASB-41

Title

Project Manager

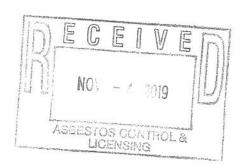
STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7 Date of Notification (1) Name of Building Owner / Operator (2) 06 19 Mondelez International Street Address Agencies Notified Type of Notification 2211 Route 208 North **EPA** 1 Initial City, State, Zip Code DEP 1 Amended Fairlawn, New Jersey, 07410 1 DOH Amendment # 4 Name of Contact Telephone Number 4 Emergency w/ justification DOL 201-794-4000 TOS CONTHOL & KEITH PACKARD Cancellation LICENSING **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Mondelez International School (K-12) Street Address Subchapter 8 (Other than K-12) 2211 Route 208 1 Other (I.e., private & cmmercial bldgs., homes, etc.) City (5) County (6) County Code (7) Square Feet # Of Floors **Building Age** Fairlawn Bergen 1,000,000 Current Use (Prior if being demolished) 40 + Bakery Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM NO NORTHSTAR CONTRACTING GROUP, INC. Street Address Street Address 907 Doolittle Drive City, State, Zip Code 32 Williams Parkway Bridgewater, NJ 08807 City, State, Zip Code Project Mngr. For Monitoring Firm Telephone Number Eric Houseknecth 908-218-1108 East Hanover, NJ 07936 Sheduled Start Date (10) Sched. Completetion Date (11) Telephone Number License Number 06 24 19 20 973-884-8682 00860 Occupancy Status During Abatement (Check Only 1) Name of OSHA Monitor Facility Closed/Vacated During Entire Period of NORTHSTAR CONTRACTING GROUP, INC. Abatement Street Address Abatement Performed Outside of Normal Facility Hours - Describe: __ MON-FRI 32 Williams Parkway 1 Other - Describe: __ 7:00AM - 3;30PM City, State, Zip Code East Hanover, NJ 07936 Scope of Work (Check All That Apply) Demolition 1 Renovation Full Containment with Negative Pressure 4 >3sf or >3lf Mini - Enclosure 1 ≥160 sf or ≥260 If V Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Location of ls Description of Abatement Type **Asbestos Containing** Location Asbestos - Containing Normally Material (ACM) E Amount R N TO BE ABATED Used (I.e., thermal systems (Specify M E C C in Facility Solely insulation, surfacing, VAT, SF or LF) 0 P (13)by Mainor other miscellaneous) P ٧ A 0 tenance/ A S 1 S Custodial U R U Staff (12) YES NO N/A **BAKERY WAREHOUSE** PIPE & FITTING 130 LF 1 BAKERY MEZZANINE PIPE INSULATION 60 LF 4 **BAKERY WAREHOUSE** PIPE & FITTING 70 LF 1 Name of Registered Waste Hauler NJDEP Waste Cubic Name of Registered Landfill NEWARK CARTING Hauler ID No. Yards **GROWS** NORTHSTAR CONTRACTING GROUP, INC. 4509 of Waste City, State City. State Disposal NEWARK, NJ Date Morrisville, PA 19067 EAST HANOVER, NJ

Signature

Date

10/31/19

Location of Aspestos Containing	Is Location	Description of Asbestos - Containing		Abatem R	ent Type	ĮΕ	ΙE
TO BE ABATED in Facility (13)	Normally Used Solely by Maintenance/ Custodial Staff (12)	Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	E M O V A L	R E P A I R	N C A P S U L	N C L O S U R
	YES NO N/A				+	+	-
BAKERY 1ST FLOOR HALL		PIPE & FITTING	12 LF	V			
BAKERY WAREHOUSE		PIPE & FITTING	25 LF	1	+ =	十片	
BAKERY 3-D-DECLINE		TRANSITE	400 SF	7	1 7	 	
BAKERY 3-D-DECLINE		DUCT INSULATION	125 SF	N	1 7	1 7	1 1
BAKERY OREO KITCHEN		PIPE & FITTING	2 LF	V	1 7	1 1	
BAKERY WAREHOUSE		PIPE & FITTING	15 LF		1 1	1 7	
MEZZANINE		PIPE & FITTING	30 LF	\[\frac{1}{2}\]	1 7	 	
BAKERY 3RD FL MIXING		PIPE & FITTING	20 LF	7	1 1	1 1	
					+ +	1 1	



MCK

1565-02

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

1262 - 00	7		(P	ursuai	nt to NJA	C 8:60 and 5:1	6)	n <u>E 6 E</u>		M	E	
Date of Notification (1)				Name	of Buildin	g Owner/Operator ((2)	X			-	100 miles
10 / 18	1 2	2019		Jans	ssen Ph	armaceuticals	Inc	NOV NOV	- 1	2019		
Agencies Notified	Type Notifica	ation			t Address	arria o o a troate	,			- 3 : 3	-	- Comment
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☑ DOLWD	☑ Amended			City, S	State, Zip (Code		AGDESTO	S COA		E. Cr	
☑ DOH □ DCA	Amendm		a	Rari	tan, NJ		L	LIVE	ENSIN	C)	entruer i	
(NJAC 5:23-8)	justification		9	Name	of Contac	t		Telephone Nun	nber			
	☐ Cancellat	ion		Hard	old Mars	san		908 927-69	12			
				FA	CILITY IN	IFORMATION						
Name of Facility Where A	batement is 7	aking Plac	e (3)				Type of Facilit	y (4)				-11111
JANSSEN PHARM	IACEUTIC	CAL, INC	Bld	g OKT3			School (K-					
Street Address								r 8 (Other than K-1) private and comme		ilding		
1000 ROUTE 202	2						homes, etc		il Clai Di	munig	5,	
City (5)							Square Feet	# of Floors	BI	ldg. Ag	ge	
RARITAN							>50,000	6				
County (6)				Cour	nty Code (7)(STATE USE ONLY)	Current Use (F	Prior if being demol	shed)			
Hunterdon												
Name of Monitoring Firm	100		(8)	ASCM	No.	Name of Abateme	0.70	9)				
Environmental Hea	alth Investi	gations				Delta/BJDS,	Inc					
Street Address						Street Address						
655 West Shore	Trail					1345 Indust						
City, State, Zip Code						City, State, Zip Co						
Sparta, NJ 07871						Southamptor	n, Pa 18966					
Project Manager for Moni	toring Firm		1000	ephone		Telephone No.		License No.				
					9-5649	215 322-290		00783				
Start Date (10)		Scheduled (Name of OSHA M	Monitor					
<u>11</u> . / <u>1</u> . /	2019	12	31	/ -	2019	N/A						
Occupancy Status During	70		355			Street Address						
☐ Facility Closed/Vacate												
Abatement Performed Time of Abatement: 7:						City, State, Zip Co	ode					
	Monday-Sature											
Scope of Work (Check all	that apply)					□ Full Conf	tainment with N	egative Pressure				
≥3 sf or ≥3 lf			enova			✓ Mini-Enc	losure	egative i ressure				
≥160 sf or ≥260 lf			emoliti	on			g Procedure	lon-Friable Procedu	150			
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Location	of		Norma			Description of	of		10000			1
Asbestos-Containing N	Material (ACM		ed Sol	ely by		stos Containing Ma	iterial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABA				Staff?	(i.e	., thermal systems surfacing, VAT		(Specify SF or LF)	lova	air	psu	nso
(13)	,		(12)	1	other miscellane		0. 0. 2.	-		ılate	9
		Yes	No	N/A								
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Name of Registered Wast	e Hauler		14	NJDEP 1	Maste	Cubic Yards of	Name of Rec	jistered Landfill				
and the Paris			2.2	Hauler II		Waste	The same of the sa					
Service Transpor	i Group II	IIC .	2	0990		Disposal Data	Minerva la	andilli				
City, State	o	D.E.				Disposal Date	City, State	01.				
58 Pyles Lane Ne							Waynesh	ourg, Ohio				
Completed By (Print or Ty	Title				Signature	LTA		ate				
Christine Del Viso	cio	Asst. A	\dmi	n		1 Vn-I	Malon	Mens 1	0/31/	2019	9	

					ernorinanishadarendare (darendaren daren arrentaren daren da	J. Comments	NOV	4	201		Room 102A & 102 C	Room 102 & Foyer Outside	OKT3-Bldg		IN FACILITY	TO BE ABATED	ASBESTOS-CONTAINING	LOCATION OF
											×	×		YES N	CUSTODIAL STAFF?	MAINTENANCE/	NORMALLY	IS LO
														NO N/A	L STAFF?	EY BY ANCE/	ALLY	IS LOCATION
											Floor Tile and Mastic	Floor Tile and Mastic			OTHER MISCELLANEOUS)	SURFACING, VAT, OR	ASBESTOS CONTAING MATERIAL (ACM)	DESCRIPTION OF
											200SF	600SF				SF OR LF	SPECIFY	AMOUNT
											×	×						REMOVAL
												1						REPAIR
																		ENCAPSULATE
																		ENCLOSURE

1565-02

Date of Notification (1)

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

Name of Building Owner/Operator (2)

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	Telephor				-		
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e of Facility (4				=7244			
Subchapter 8 Other (i.e., pri nomes, etc.)	(Other tha	an K-1 comm	2) ercial	l bu	ilding	s,	
are Feet	# of Flo	ors		Blo	łg. Ag	ge	
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ent Use (Pric	ir ir being	aemoi	iisned	1)			
intractor (9)							
Blvd							
18966							
	License						
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ent with Nega e edure I (*) and Non			ure				
				Aba	ateme	ent T	уре
(ACM) tion,	Amo (Spe SF or	cify		Removal	Repair	Encapsulate	Enclosure
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10 / 18 /	2019		Jan	ssen Ph	armaceuticals	. Inc	u u ····	- Th	IJ	
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☑ DOLWD ☐ Amende			City,	State, Zip	Code	1		CALINGUNG	www.michie	CLASS Stranger Mark
□ DCA □ Emerger		dina	Rari	itan, NJ			¥4.			
(NJAC 5:23-8) justificat		3	Name	e of Contac	et		Telephone Nu	mber	-	
☐ Cancella	ation		Har	old Mars	san		908 927-69			
			FA	CILITY IN	FORMATION					_
Name of Facility Where Abatement is						Type of Facility	y (4)		100 m	
JANSSEN PHARMACEUTI	CAL, IN	IC B	ldg OKT3	Tw.		☐ School (K-1				
Street Address							8 (Other than K-1			
1000 ROUTE 202						homes, etc	private and comm .)	erciai bulldir	gs,	
City (5)						Square Feet	# of Floors	Bldg. /	Age	
RARITAN						>50,000	6			
County (6)			Cou	nty Code (7	7)(STATE USE ONLY)	Current Use (P	rior if being demo	lished)		
Hunterdon										
Name of Monitoring Firm Hired by Buil		0.50	ASCM	No.	Name of Abateme		9)			
Environmental Health Invest	tigation	S			Delta/BJDS,	Inc				
Street Address					Street Address					
655 West Shore Trail					1345 Indust					
City, State, Zip Code					City, State, Zip Co					
Sparta, NJ 07871					Southamptor	n, Pa 18966				
Project Manager for Monitoring Firm		1 - 60	elephone		Telephone No.		License No.			
0	_			9-5649	215 322-290	C. C. C.	00783			
	Schedule				Name of OSHA M	lonitor				
117 / 1 / 2019	12	St. 102		2019	N/A					
Occupancy Status During Abatement (Street Address					
Facility Closed/Vacated During Enti	re Period	of Aba	tement	5000						
Abatement Performed Outside of N Time of Abatement: 7:00 AM-11:	ormai Fac	ality Ho	urs - Des M-	AM	City, State, Zip Co	ode				
Monday-Satu										
Scope of Work (Check all that apply)					□ Eull Cont	oinmont with No	egative Pressure			
≥3 sf or ≥3 If		Renova			☑ Mini-Enc		egative Pressure			
☑ ≥160 sf or ≥260 lf		Demoli	tion		☐ Glovebag	g Procedure	on Erichia Deces	Notace		
		Is Loc	ation		☐ Non-Exe	mpted () and N	on-Friable Proced			
Location of		Nom			Description o	f		Abaten	_	
Asbestos-Containing Material (ACN		Jsed So Mainter	olely by		stos Containing Ma	terial (ACM)	Amount	Remova	Enc	Enclosure
TO BE ABATED IN Facility	100		I Staff?	(i.e	 thermal systems i surfacing, VAT, 		(Specify SF or LF)	nova	aps	losu
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		ПП								
			-						17] [
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Name of Registered Waste Hauler			NJDEP Hauler II		Cubic Yards of Waste	Name of Regi	istered Landfill			
Service Transport Group I	nc		20990	D INU.	Two a tand have	Minerva la	andfill			
City, State					Disposal Date	City, State				
58 Pyles Lane New Castle	DE					Waynesb	urg, Ohio			
Completed By (Print or Type)	Title				Signatūre	. 0		Date		
Christine Del Viscio	Asst.	Adm	in		1/1/2	MACT	1/2-	10/18/201	9	
ASB-41	1				11/1/1	Variation				

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Date of Notification (1)					Name	of Buildin	g Ov	vner/Operator (2)	III NOV	- 4	2019	-	land land
10 / 18	3////	2019	_		Jans	ssen Ph	arm	naceuticals	, Inc					t
Agencies Notified	Type Notifica	ation			Stree	t Address				ASBESTO	ie on	FEAT	- St. 1	<u> </u>
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☑ DOLWD	Amended Amendm	d ont # 1			City,	State, Zip (Code						-	Angel Landelin by
☑ DOH □ DCA	Emergen				Rari	tan, NJ								
(NJAC 5:23-8)	justification		.uug		Name	of Contac	ct			Telephone Nu	mber			
	☐ Cancellat	tion			Hard	old Mars	san			908 927-69	912			
					FA	CILITY IN	NFO	RMATION						
Name of Facility Where A									Type of Facility (4)	- 11111			
JANSSEN PHARM	MACEUTIC	CAL, I	INC	Viv	ariun	n Blda			School (K-12)					
Street Address									☐ Subchapter 8 ☐ Other (i.e., pr			ildina		
1000 ROUTE 20:	2								homes, etc.)	ivate and comm	iei diai bi	nung	٥,	
City (5)									Square Feet	# of Floors	Bl	dg. Ag	je	
RARITAN									>50,000	6				
County (6)					Cou	nty Code (7	7)(STA	ATE USE ONLY)	Current Use (Price	or if being demo	lished)			
Hunterdon														
Name of Monitoring Firm				8)	ASCM	No.			ent Contractor (9)					
Environmental Hea	alth Investi	igatio	ns				De	elta/BJDS,	Inc	6				
Street Address							1000	eet Address	100 MANAGES 85					
655 West Shore	Trail							345 Indust						
City, State, Zip Code								y, State, Zip Co						l li
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Occupancy Status During							Str	eet Address						
☐ Facility Closed/Vacate ☐ Abatement Performed						crihe	0"	01 1 71 0						
Time of Abatement: 7							Cit	y, State, Zip Co	ode					
Scope of Work (Check all	Monday-Saturo	day											-	
	triat apply)							☐ Full Cont	tainment with Nega	ative Pressure				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		<u> </u>	Re	novat moliti				Mini-Enc	losure g Procedure					
<u>≥ 100 SI 01 ≥200 II</u>		L	_ Del	HOIIU	OH				mpted (*) and Nor	-Friable Proced	lure			
			Is	Loca	tion	1		1			Ab	ateme	ent T	уре
Location		.		lorma	ally ely by		101	Description o		2 2	R	Z	Ш	ш
Asbestos-Containing I TO BE ABA		1)			ance/			Containing Ma ermal systems		Amount (Specify	Remova	Repair	ıcar	nclo
IN Facilit			Cust		Staff?	(5	surfacing, VAT,	, or	SF or LF)	val		Encapsulate	Enclosure
(13)		-	Yes	(12) No	N/A	+	ot	her miscellane	ous)				ate	
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Name of Registered Wast				10.2	NJDEP 1 Hauler II		0.000	bic Yards of este	Name of Regist					
Service Transpor	t Group I	nc			0990		Tes	ie textinare	Minerva lan	atill				
City, State	- Table 1	7 <u>11</u> 250					Dis	posal Date	City, State	9230				
58 Pyles Lane No		DE							Waynesbu	rg, Ohio				
Completed By (Print or Ty					Signature	1	/-	Date						
Christine Del Viso	cio	Ass	t. Ad	dmi	n			(Mas	lise 1 bl	Mars.	10/31/	2019)	

							Back Corridor from rooms
			×	400SF	Floor Tile and Mastic	×	Corridor 196
			×	400SF	Floor Tile and Mastic	×	Corridor 195
			×	400SF	Floor Tile and Mastic	×	Corridor 194
			×	400SF	Floor Tile and Mastic	×	Corridor 193
			×	200sF	Floor Tile and Mastic	×	Corridor 192
			×	2000SF	Floor Tile and Mastic	×	Corridor 191
			×	750SF	Floor Tile and Mastic	×	Corridor 185
			×	150SF	Floor Tile and Mastic	×	Room 166
			×	250SF	Floor Tile and Mastic	×	165 & 168
							Office/Corridor Outside Rms
			×	130SF	Floor Tile and Mastic	×	Room 165
			×	130SF	Floor Tile and Mastic	×	Room 163
			×	700SF	Floor Tile and Mastic	×	Corridor 130
			×	180SF	Floor Tile and Mastic	×	Room ADJ to Room 123
			×	16SF	Sealant on bottom of Sink	×	Room 100
						×	w/Bldg B
			×	72SF	Window Caulk and Glazing		Bridge Connecting Virarium
			×	15LF	Wall seam with caulk	×	Throughout and exterior
						-	VIVARIUM BLDG. First Floor
					Α.	YES NO N/A	Committed of the control of the cont
					F? OTHER MISCELLANEOUS)	CUSTODIAL STAFF?	OV STOS
						MAINTENANCE/	
				SF OR LF	(IE, THERMAL SYSTEMS INSULATION	USED SOLEY BY	
	1000				ASBESTOS CONTAING MATERIAL (ACM)	NORMALLY	ASBESTOS-CONTAINING
ULATE ENCLOSURE	ENCAPSULATE	REPAIR	REMOVAL	AMOUNT	DESCRIPTION OF	IS LOCATION	LOCATION OF

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Dele of Notification (1)	2 25		NO		O 4 T			ew Jersey		TO BE	2 F	f]	17.77	iranenenenen
1	1565-00	7	NC										₩.	E
Agencies Notified	Date of Notification (1)		***************************************		. Na	ame c	of Building	Owner/Operator (2)	BIO.	17			
Decay Dolland Decay De	10 / 18	3/_2	019		Ja	anss	sen Pha	armaceuticals	, Inc	NU LI NU	V -	4 2	019	
2 DOLND	Agencies Notified	Type Notifica	ation		St	reet A	Address		A		000000000			
Decade	1 Bar 5 1 117 5 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	COLUMN TO THE REAL PROPERTY.			10	000	Route	202		ASSES	108 ()ON	110	L &
Emergency (including Cancellation Rafitan, NJ Name of Contact Harold Marsan 908 927-6912					10.000			ode		Committee of the commit	ICEN	SiNE	WTSLE LOS	PARTICIA DE LA COMPANSION DE LA COMPANSI
Name of Contact		Value of the same		ing	R	arita	an, NJ							
FACILITY INFORMATION		justification	on)							Telephone Numb	er			
Name of Facility Where Abatement is Taking Place (3)		☐ Cancellati	ion		Н	arol	d Mars	an		908 927-691	2			
Shoot (K-12) Street Address Street						FAC	ILITY IN	FORMATION						
Street Address						entraner a	Walter de Lagras							
Other (i.e., private and doormercial buildings, hones, etc.)		ACEUTIC	AL, IN	CV	ivar	ium	Bldg	?						
Square Feet # of Floors Slidg. Age Square Feet # of Floors Slidg. Age Square Feet # of Floors Slidg. Age Square Feet Square Squ	[^							Other (i.e., pr	rivate and commercial		ldings	i,	
County (6)									5577777		Lou			
County (6) Hunterdon Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigations Street Address S	[[[[[[[[[[[[[[[[[[[BIC	g. Ag	е	
Hunterdon Name of Monitoring Firm Hired by Building Owner (8)					10	Count	Codo /7	VOTATE LISE ONLY			had\			
Name of Monitoring Firm Hired by Building Owner (8)						Journe	y Code (7	NSTATE USE UNLT)	Current Use (Pri	or it being demoits	nea)			
Environmental Health Investigations Delta/BJDS, Inc		Hirad by Build	ling Own	or (8)	148	CMN	lo	Name of Abatom	ant Contractor (0)		-			
Street Address 655 West Shore Trail City, State, Zip Code Sparta, NJ 07871 Project Manager for Monitoring Firm Telephone No. 973 729-5649 215 322-2900 00783 Start Date (10) 17	1				AS	CIVI IN	10.	Contract of the Contract of th	그는 일본 등 기가 되었다면 하다 그리고 없다.					
1345 Industrial Blvd 1345 Industrial Blv		111111111111111111111111111111111111111	gallons						1110					
City, State, Zip Code Sparta, NJ 07871 Southampton, Pa 18966		Trail							rial Blvd					
Sparta, NJ 07871 Project Manager for Monitoring Firm Telephone No. Telephone No. 215 322-2900 00783 Start Date (10) 10 2019 Scheduled Completion Date (11) 12 31 2019 12 31 2019 Name of Registered Landfill Manager for Monitor N/A Name of Registered Landfill Manager for Monitor N/A Name of Registered Landfill Name of Regis		ITAII												
Telephone No. 973 729-5649 215 322-2900 00783	U													
973 729-5649 215 322-2900 00783		toring Firm		IT	elepho	one N	lo.	Committee of the Commit	.,	License No.			-	-
Start Date (10) 17		3							00	00783				
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 700AM-11.00 _PM/PMAM Monday-Saturday Scope of Work (Check all that apply) ≥3 sf or ≥3 lf	Start Date (10)	S	Scheduled					Name of OSHA N	Monitor					
□ Facility Closed/Vacated During Entire Period of Abatement □ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 700 MM-1100 PM/ PM- AM Scope of Work (Check all that apply) □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf □ Demolition □ Demolition □ Demolition □ Description of Asbestos-Containing Material (ACM) IN Facility (13) □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	<u>*17</u> / 1 /	2019	12	/ 31	1	/ 20	019	N/A						
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00 AM-11:00 PM/ PM- AM City, State, Zip Code	Occupancy Status During	Abatement (0	Check onl	ly one)									ally Ass
Time of Abatement: 7:00 AM-11:00 PM PM AM Monday-Saturday Mo														
Scope of Work (Check all that apply) □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf □ Demolition □ Description of □ Asbestos-Containing Material (ACM) I Sec ABATED I N Facility (13) □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □								City, State, Zip Co	ode					
Saf or ≥3 If	Time of Abatement.		The state of the s	—-	101	^	uvi							
So sf or ≥3 if	Scope of Work (Check al	I that apply)				111		FI 5-11-0	1=11 - 10- N1					
See Attach Se	☐ >3 sf or >3 lf	vation					gative Pressure							
Location of Asbestos-Containing Material (ACM) Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A See Attach Amount (Specify SF or LF) Asbestos Containing Material (ACM)	≥160 sf or ≥260 lf				☐ Gloveba	g Procedure								
Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A See Attach Service Transport Group Inc City, State Disposal Date Christine Del Viscio Asst. Admin Signature Completed By (Print or Type) Custodial Staff? Asst. Admin Description of Asbestos Containing Material (ACM) Aspestos Containing Material (ACM) Amount (Specify SF or LF) To a part of Registered (ACM) Amount (Specify SF or LF) To a part of Registered (ACM) Amount (Specify SF or LF) To a part of Registered (ACM) Amount (Specify SF or LF) To a part of Registered (ACM) Amount (Specify SF or LF) To a part of Registered (ACM) Amount (Specify SF or LF) To a part of Registered (ACM) To a part of Registered (ACM) Amount (Specify SF or LF) To a part of Registered (ACM) To a part of Registered (A				la la		Т		□ Non-Exe	n-Friable Procedur	-				
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Yes No N/A Name of Registered Waste Hauler Service Transport Group Inc City, State Se Pyles Lane New Castle DE Completed By (Print or Type) Christine Del Viscio Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Asset Attach Amount (Specify SF or LF) Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Asset Attach Amount (Specify SF or LF) Amount (Specify Specify SF or LF) Amount (Specify SP or LF) Amount (Specify SP or LF) Amount (Specify SP or LF) Amount (Specify Specify Specify SP or LF) Amount (Specify Specify Speci	Location	of						Description of	of		100			
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Yes No N/A							(i.e				lova	air	sde	uso
Yes No N/A		- 7		(1	12)					Or Or Er y	-		ılate	ē
Name of Registered Waste Hauler Service Transport Group Inc City, State Disposal Date Completed By (Print or Type) Christine Del Viscio Disposal Date City, State Cubic Yards of Waste Hauler ID No. 20990 City, State Disposal Date City, State Waynesburg, Ohio Completed By (Print or Type) Christine Del Viscio Disposal Date Completed By (Print or Type) Christine Del Viscio Completed By (Print or Type) Completed By (Print or Type) Christine Del Viscio Christine			Ye	es 1	No 1	N/A								
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City, State City, State Disposal Date City, State Disposal Date City, State Waynesburg, Ohio Completed By (Print or Type) Christine Del Viscio Asst. Admin Type text here Disposal Date City, State Waynesburg, Ohio Date 10/18/2019	78-435							PROPERTY OF THE PROPERTY OF TH						
58 Pyles Lane New Castle DE Waynesburg, Ohio Completed By (Print or Type) Title Christine Del Viscio Asst. Admin Date 10/18/2019		T Group I	nc							патш				
Completed By (Print or Type) Christine Del Viscio Asst. Admin Date 10/18/2019		· · · · · · · · · · · · · · · · · · ·	C -					Disposal Date		01:				
Christine Del Viscio Asst. Admin / Maria 10/18/2019									vvaynesb	10				
	Harm Martin 1983 and the		1000	Λ.				Signature	L 70.	/.		004		
	Christine Del Vis	CIO	Asst.	Adr	nın			I Yml	malell	pacy 10	18/	2019	9	

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ASBESTOS-CONTAINING	NO IS	IS LOCATION NORMALLY	NOI.	DESCRIPTION OF ASBESTOS CONTAING MATERIAL (ACM)	AMOUNT	REMOVAL REPAIR	ENCAPSULATE ENCLOSURE
MATERIAL (ACM)	USED SOLEY BY	OLEY E	37	(IE, THERMAL SYSTEMS INSULATION	SF OR LF		
10	MAINTENANCE/	ENANG	Œ/	SURFACING, VAT, OR			
N FACILITY NO STORES	CUSTODIAL STAFF?	DIAL S	TAFF?	OTHER MISCELLANEOUS)			A. STORAGE
The second of th		S. Saltan					
grade to the state of the state	YES	ON	N/A				
VIVARIUM BLDG, First Floor				٠			
Throughout and exterior		×		Wall seam with caulk	15LF	×	
Did Compating Vision		1					
w/Bldg B		×		WIHOOW CAULK AND GLAZING	1231	×	
Room 100		×		Sealant on bottom of Sink	16SF	×	
Room ADJ to Room 123		×		Floor Tile and Mastic	180SF	×	
Corridor 130		×		Floor Tile and Mastic	700SF	×	
Room 163		×		Floor Tile and Mastic	130SF	×	
Room 165		×		Floor Tile and Mastic	130SF	×	
Office/Corridor Outside Rms							
165 & 168		×		Floor Tile and Mastic	250SF	×	
Room 166		×		Floor Tile and Mastic	150SF	×	
Corridor 185		×		Floor Tile and Mastic	750SF	×	
Corridor 191		×		Floor Tile and Mastic	2000SF	×	
Corridor 192		×		Floor Tile and Mastic	200sF	×	
Corridor 193	L	×		Floor Tile and Mastic	400SF	×	
Corridor 194		×		Floor Tile and Mastic	400SF	×	
Corridor 195		×		Floor Tile and Mastic	400SF	×	
Corridor 196		×		Floor Tile and Mastic	400SF	×	
Back Corridor from rooms							
193 to 197		×		Floor Tile and Mastic	1000SF	×	
Corridor Outsite Rms 137 to144		×	L	Floor Tile and Mastic	1000SF	×	

MATERIAL (ACM)
TO BE ABATED Room 100 w Bldg B **Bridge Connecting Vivarium** 148-152 Corridor for rooms 145 &147 & Cage wash Corridor for rooms VIVARIUM BLDG. First Floor ASBESTOS CONTAINING LOCATION OF IN FACILITY YES NO N/A MAINTENANCE/ CUSTODIAL STAFF? OTHER MISCELLANEOUS) UŞED SOLEY BY NORMALLY IS LOCATION × Floor Floor Floor tile and Mastic Floor tile SURFACING, VAT, OR (IE, THERMAL SYSTEMS INSULATION ASBESTOS CONTAING MATERIAL (ACM) tile tile DESCRIPTION OF and Mastic and Mastic and Mastic 400SF 100SF 400SF 400SF SF OR LF SPECIFY AMOUNT REMOVAL REPAIR ENCAPSULATE ENCLOSURE

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

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111 11	11_	11.11	1	- 11	141	11
111 11	le read	1	1	1.1	***	-

Date of Notification (1)				Nama	of Building	Owner/Operator (2)	15/1-				-11
40 ₀ M	/ 2019			1				NO.	V - 4	90	in.	
						armaceuticals	, Inc	MO INC	A 7	ZU	9	įį
	Type Notification ✓ Initial				Address	000		1				
	Amended				Route			ASBES			24 18	N.
☑ DOH	Amendment #	‡		15/8	tate, Zip C	ode		<u> </u>	ICENS	NG.	Mark of the Land	LEWIS DE LA CO
☐ DCA	☐ Emergency (i	ncluding	1	_ 100 to 000 miles	an, NJ							
(NJAC 5:23-8)	justification) Cancellation			Service:	of Contact	·		Telephone Nur				
	☐ Cancellation				ld Mars			908 927-69	112			
				FAC	CILITY IN	FORMATION						
Name of Facility Where At		Districtor					Type of Facility					
JANSSEN PHARM	ACEUTICAL	., INC	Bldg	ОКТЗ	39		School (K-12	2) 8 (Other than K-1	2)			
Street Address	.//						Other (i.e., p	rivate and comm	ercial bu	ilding	3,	
1000 ROUTE 202	2						homes, etc.					
City (5)							Square Feet	# of Floors	Blo	dg. Ag	е	
RARITAN			=				>50,000	6				
County (6)				Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demo	lished)			
Hunterdon						_						
Name of Monitoring Firm F			(8)	ASCM	No.	Name of Abateme						
Environmental Hea	Ith Investiga	tions				Delta/BJDS,	Inc		AL USTIN			
Street Address						Street Address						
655 West Shore T	rail					1345 Indust						
City, State, Zip Code						City, State, Zip Co						
Sparta, NJ 07871						Southamptor	n, Pa 18966		550 14 (1920)			201920
Project Manager for Monito	oring Firm		1	phone		Telephone No.		License No.				
VI "			. Security 6		-5649	215 322-29		00783				
Start Date (10)		duled C				Name of OSHA N	1onitor					
咖 / 1 / :	2019 12	/	31	_ / 3	2019	N/A						
Occupancy Status During	경영등 지하는 하지 않아 보다 하는 사람들은 사람들이 되는 것이 없다.		20 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Street Address						
☐ Facility Closed/Vacated												
Abatement Performed Time of Abatement: 7:0						City, State, Zip Ci	ode					
	Monday-Saturday	101/			CHAI							
Scope of Work (Check all	that apply)					75.0						
☐ >3 sf or >3 If		☑ Re	novat	ion		☑ Full Con ☑ Mini-End	tainment with Ne	gative Pressure				
☑ ≥160 sf or ≥260 lf	molitic			☐ Gloveba	g Procedure							
		☐ Non-Exempted (*) and Non-Friable Procedure										
• *************************************	5 - 2		Loca Norma									уре
Location of Asbestos-Containing M		000000	ed Sol		Ashe	Description of stos Containing Ma		Amount	Re	Re	Ē	En
TO BE ABAT			intena			., thermal systems		(Specify	Remova	Repair	cap	Enclosure
IN Facility	У	Cus	(12)	Staff?		surfacing, VAT		SF or LF)	l a		Encapsulate	ure
(13)		Yes	No	N/A	1	other miscellane	eous)				te	
		_	1,315	0.000.000	Con A	Hooh			-			
			X		See A	llaCII			X			Ш
				$\frac{1}{\Box}$						П		
Name of Registered Waste	e Hauler			JUDEP 1	Maste	Cubic Yards of	Name of Posi	stered Landfill			ш	ГП
2.2 a 25a			10.55	Hauler II		Waste						
Service Transport	Group Inc		2	0990		Type taktinere	Minerva la	mann				
City, State	Control of Victor					Disposal Date	City, State	7 <u>1.</u> 742 87				
58 Pyles Lane Ne	w Castle D	Ε					Waynesb	urg, Ohio				
								1	-	_		
Completed By (Print or Ty	pe) Ti	tle				Signatūre	- 120	h 21	Date 10/18/			

"OPEN NOTIFICATION

· Andrews								7 8 Em 8 W S		D: 8 8		0 0 0 0
Date of Notification (1)		NOTI	FICATION Pursua	State of New Jers ON OF ASBESTO: nt to NJAC 8:60 a	S ABATE nd 12:12	20)) -=-	C E		E,		Particular Additional Con-	
10/30/1			Name PSE	of Building Owner &G	Operato	121 111	10V -	4 2019		II)	Maritim second	
Agencies Notified Type Notification	n		4000	Address HADLEY ROA	AD.		no quigo per al none graphy prima	make memoripa and property and the		hauss	and the same of	
DEP Amended Amendme Emergenc	nt#	•	sou	State, Zip Code ITH PLAINFIEL	D, NJ (7080	LICE LICE	OCATRO NSING.	H &	lacum no		
DOH justification	1)	,	J	of Contact EFFREY	G-A	Zick		S6-6			41	7
Name of Facility Where Abatement is Tak	ing Place /	3/	FA	CILITY INFORMAT	TION							
Street Address 62-64 BLANCE City (5)	5,75	, ,	7 16 S	/		Other (i.e. etc.)	-12) er 8 (Oth	ner than K- & commer	12) cial bu	ilding	s, hor	nes,
NEWARK.		 ,	Count	/ Code (7)		Square Feet N/A		of Floors N/A		Bldg.	Age /A	
Name of Monitoring Firm Hired by Building	0		(STATE	USE ONLY)		Current Use (Pr) /A		shed)			
ENVIRONMENTAL TACTICS Street Address	Owner (8)		004	M No.* 15	Name UNIO	of Abatement Co QUE SYSTEM	intractor IS OF	(9) AMERIC	A IN	С		
64 BROAD STREET City, State, Zip Code					396 \	Address WHITEHEAD	AVE.					
MATAWAN, NJ 07747 Project Manager for Monitoring Firm			-		SOU	tate, Zip Code TH RIVER, N	J 0888	32				
I IOM GEIGFR			732-2	one No. 90-2217		one No. 432-8350		License N	Vo.			
Start Date (10) 6/5/19	1	3/	mpletion 31	Date (11)	Name UNIC	of OSHA Monitor QUE SYSTEM	S OF	AMERIC	A IN			
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire	D		nent		Street	Address VHITEHEAD						Δ,
Other - Describe: OUT DOORS	nal Facility	Hours	3		City, St	ate, Zip Code TH RIVER, N.		0				
Scope of Work (Check All That Apply)						771 TV LIV, 1V	0000	2				
≥3 sfor≥3 if ≥160 sfor≥260 if		enova emoliti			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure							
	is i	_ocatio	20		Non-Exempted (*) and Non-Friable Procedure							
Location of Ashestos Containing Maintenance	N	ormali	y	Des	cription o	nf.					ement rpe	
Asbestos-Containing Material (ACM) TO BE ABATED	Mair	Solel	ice/	Asbestos Conta	ining Ma	terial (ACM)	Ап	Amount				
In Facility (13)	Custo	dial S (12)	taff?	(i.e. thermal surfac	ina, VAT	. or		oecify or LF)	Ren	Re	Enca	Enc
*	Yes	No	NUA	other m	iscellane	ous)	O,	01 21)	Removal	Repair	Encapsulate	Enclosure
OUTDOORS		X	N/A	Dia - E							le l	е
				PipE S	OMAS	51,0	15	O LF	X			_
												-
Name of Registered Waste Hauler		1 10										
NASTE MANAGEMENT		Ha	DEP Wa			Name of R		ed Landfill	- 1			\dashv
City, State		111	25	Appx	10	FAIRLES	55					
ELIZABETH, NJ		-	120	Disposa To		City, State MORRIS	3//// ==	: DA				
Completed by CAROL RAIMO	Title				nature	1	1)	,	,	_
	OFFIC	= IVIC	iR. ──			Wal K	ain	20)	0/	301	119	3

CK# 9653

"OPEN NOTIFICATION"

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

Date of Neussell - (4)					AC 8:60 and		1 / stag	1	A STATE OF THE PARTY OF THE PAR	- Territoria	=1	A STATE OF THE PARTY OF T
Date of Notification (1) 5/20//	9		PSE	&G	ng Owner/C	perator	(2)	Lij NOV -	1 20)19	To children in the con-	
Agencies Notified Type Notification EPA	n	14	4000		EY ROAD)	The later of the l	ASBESTOR				
X DOL Amendmen				State, Zip TH PLA	Code AINFIELD), NJ 0	7080	LICENS	ING	The factor of	N. C.	Michigan Sala
□ DOH □ DCA □ DCA □ Emergency □ justification □ Cancellation)	ng	J		264		Zick	Telephone Ni			41	ク
Name of Facility Where Abatement is Taking SG4 G - Locations Street Address	ng Place	(3)	10	1000	FORMATIC 22	ON	Type of Facility	5.(5)				
62-64 BLANC		_	10	/			School (K Subchapt Other (i.e etc.)	-12) er 8 (Other than K- . private & commen	12) cial bu	ildings	s, hon	nes,
City (5) NEWARK							Square Feet	# of Floors		Bldg.		
ESSEX				Code (7)		_		rior if being demolis	shed)		, , ,	
Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS	Owner (8	3)	ASC 004	M No.* 15		Name UNIC	of Abatement Co UE SYSTEN	ontractor (9) AS OF AMERIC	A IN			
Street Address 64 BROAD STREET							Address VHITEHEAD	AVE.				
City, State, Zip Code MATAWAN, NJ 07747	-		,	x - "			ate, Zip Code TH RIVER, N	J 08882				
Project Manager for Monitoring Firm TOM GEIGER				one No. 90-221	7	Teleph	one No.	License N	Vo.		1000	
Start Date (10) 6/5/19		7/	mpletion 31	Date (11)		of OSHA Monito	The second second	A INC			
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Abatement Performed Outside of Norm Other – Describe: Out Dooks	nal Facilit	Abater by Hour	nent s		-		ate, Zip Code	AVE.				
Scope of Work (Check All That Apply)							TH RIVER, N	J 08882				
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demolit					Mini-Enclosur Glovebag Pro	cedure				
	1	Locati				Non-Exempted (*) and Non-Friable Procedure Abatement						
Location of Asbestos-Containing Material (ACM)	Use	Normal ed Sole	ly by	Asha	Desc	ription o	of terial (ACM)			Ту	pe	
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Od 1 100 67		X		Pi	PE So	MAS	sTic	150 LF	X			
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Name of Registered Waste Hauler		I N.	JDEP W	'aste	Cubic Ya	irds	Name of	Registered Landfill				
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"OPEN NOTIFICATION"

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 130/19 PSF&G NOV Agencies Notified Street Address 4000 HADLEY ROAD **EPA** Initial DEP City, State, Zip Code Amended × DOL LICENSING Amendment # SOUTH PLAINFIELD, NJ 07080 Emergency (including DOH Name of Contact Telephone Number iustification) DCA Cancellation JEFFREY GAZICK 856-628-2477 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) × NCHARN Other (i.e. private & commercial buildings, homes, etc) City (5) Square Feet # of Floors Blda, Age NIA NIA County Code (7) Current Use (Prior if being demolished) ESSEX (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **ENVIRONMENTAL TACTICS** 0045 UNIQUE SYSTEMS OF AMERICA INC Street Address Street Address 64 BROAD STREET 396 WHITEHEAD AVE. City, State, Zip Code City, State, Zip Code MATAWAN, NJ 07747 SOUTH RIVER, NJ 08882 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. TOM GEIGER 732-290-2217 732-432-8350 01111 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA INC. Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement 396 WHITEHEAD AVE. Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: OUT DOORS SOUTH RIVER, NJ 08882 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Normally Location of Туре Description of Asbestos-Containing Material (ACM) Used Solely by Asbestos Containing Material (ACM) Maintenance/ Amount TO BE ABATED (i.e. thermal systems insulation, Encapsulate Custodial Staff? (Specify In Facility Enclosure Removal Repair surfacing, VAT, or SF or LF) (12) (13)other miscellaneous) Yes No N/A OUTDOORS 150 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill WASTE MANAGEMENT Hauler ID No. of Waste **FAIRLESS** 1125 ADDX City, State Disposal Date City, State ELIZABETH, NJ MORRISVILLE, PA TBD Completed by Title Signature CAROL RAIMO 130/19 OFFICE MGR.

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Date of Notification (1)	9		Name PSE	of Building &G	g Owner	/Operato	r (2)		NOV -	4 8	019	The state of the s	
Agencies Notified Type Notification EPA Initial	1			Address HADLE	Y ROA	AD.	-	in the second	SEESTOS (ran - n	0	Total College
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DCA justification Cancellation	n)					61	Zick	1	Telephone Nu			110	^
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NEWARK	7						Square Feet N/A		# of Floors N/A		Bldg.		
ESSEX		1	County	Code (7)	VI		Current Use (F	Prior if	being demolis	hed)	70	A	
Name of Monitoring Firm Hired by Building	Owner (8)		M.No.	.,	Mama	of Abatement C	N/)	1				
ENVIRONMENTAL TACTICS Street Address			004			UNIC	QUE SYSTE	MS O	F AMERIC	A IN	С		
64 BROAD STREET City, State, Zip Code							Address WHITEHEAD) AVE					
MATAWAN, NJ 07747			1	·			tate, Zip Code TH RIVER, 1	NJ 08	882			-	
Project Manager for Monitoring Firm TOM GEIGER			Telepho 732-2	one No. 90-2217	,	Teleph	ione No. 432-8350		License N	lo.			
Start Date (10) 6/5/19	1	21	mpletion	Date (11)		Name	of OSHA Monito	or Ne OI		1 1 1 1			
Occupancy Status During Abatement (Chec	k Only C	ne)		77			Address	VIS 01	AIVIERIU	4 IIV(٠.		a,
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A OTHER - DESCRIBE: OUT DOORS		ty riouit	-				tate, Zip Code TH RIVER, N	J 08	882				
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TO BE ABATED	Ma	aintenar	ice/	Asbes	tos Conti	aining Ma	aterial (ACM) insulation,		Amount			Ш	_
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	Yes	No	N/A		otherm	niscellane	eous)			oval	bair	Encapsulate	Enclosure
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Name of Registered Waste Hauler	1	I M	IDEP W	aste	Cubic	/ards	T 51						
WASTE MANAGEMENT		Ha	uler ID	No.	of Was	te	Name of FAIRLE		ered Landfill				
City, State		1 1		•	APPX Disposi	/O							
ELIZABETH, NJ			-			BD	City, Stai		LE, PA				
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"OPEN NOTIFICATION"

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Date of Notification (1) 7/30/1	9		Name PSE	of Building Own	er/Operato	r (2)		MOV			ant year of special	Strategic and st
Agencies Notified Type Notification EPA Initial	1		100000000000000000000000000000000000000	t Address HADLEY RO	DAD			<u>NOV</u>	- 4	2019		District Control
DEP Amended Amendmer		_	City, S	State, Zip Code JTH PLAINFI	ELD, NJ (07080	A	SEESTU LIG	S UL) ENSIA		7-01 7-01	1
□ DOH)			of Contact		7 '- 1		lephone N			and La	
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LISGAG - LOCATIONES	Flace (11,	/	#128		Type of Facili						
Street Address ALBERT City (5)	AV)			Subchar	oter 8 (Oth	er than K- & commer	12) cial bu	ildings	, hon	nes,
NEWARK	7					Square Feet		of Floors	1	Bldg.		
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Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS	Owner (8)		ASC 004	OM No.*	Name	of Abatement (N/A	(9)	141 0			
Street Address 64 BROAD STREET			1		Street	Address WHITEHEAL		AMERIC	AIN			
City, State, Zip Code MATAWAN, NJ 07747				7. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	City, S	tate, Zip Code					-	
Project Manager for Monitoring Firm TOM GEIGER				one No.	Teleph	TH RIVER,	NJ 0888	License	No.			
Start Date (10) 6/5// 9	Schedule		mpletion	290-2217 Date (11)	Name	432-8350 of OSHA Monit	or	01111		- 25.5%		
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Name of Registered Waste Hauler WASTE MANAGEMENT		Ha	IDEP W suler ID 125	No. of W	C Yards	Name of		ed Landfill				
City, State ELIZABETH, NJ				Disp	osal Date	City, Sta	te ISVILLE	= DA	-			
Completed by CAROL RAIMO	Title OFFIC	ЕМ	GR .		Signature	6		l Da	te 7	30/	/	\exists
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State of New Jersey

CK# 9653

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

Date of Notification (1)							1	14/					1
Date of Notification (1) 5/20//	9		Name PSE		ng Owner	/Operato	r (2)		NOV	- 4 2	019	1	
Type Notification	1		1	Address	EY ROA	AD.		1		p product	5715 8718	AL.	1
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Emergency	(includir	ng		of Conta	AINFIEL	D, NJ (7080						
□ DCA Justification Cancellation) n				7.07	C .	7 '014		Telephone				
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Name of Facility Where Abatement is Taking SG4 G - Locations		(3)	1			IION	Type of Fa	cility (4)					
Street Address) ,,	//		10	18		School Subch	ol (K-12) napter 8	(Other than	K-121			
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NEWARI	٠						Square Fee	5.0	# of Floors		Bldg.	Age /A	
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Name of Monitoring Firm Hired by Building	Owner (8	3)	159	M No.		Name	of Abatemen	n)	A (0)				
ENVIRONMENTAL TACTICS Street Address			004			UNIC	QUE SYST	EMS (OF AMER	RICA IN	IC		
64 BROAD STREET							Address NHITEHE	AD AV	F				
City, State, Zip Code MATAWAN, NJ 07747			,	 		City, S	tate, Zip Cod	le					5-3-7X-E
Project Manager for Monitoring Firm TOM GEIGER			Telepho				TH RIVER	k, NJ 0		se No.			
Start Date (10)	Schodu	Ind Ca		90-221		732-4	32-8350		011				
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Scope of Work (Check All That Apply)							TH RIVER		3882				
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≥160 sf or ≥260 lf	or ≥260 If Renova						Wini-Enclo	sure	with Negativ	e Press	ure		
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Name of Registered Waste Hauler									-	-			\dashv
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City, State		1	125	£3	Appx			RLESS					
ELIZABETH, NJ			an.		Disposa	Bl Date	City, S MOR		LLE, PA		ō		
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Date of Notification (1)					Name of Building Owner/Operator (2 MERCK SHARP & DOHME CORP.						H-				# E		
10 / 28 /2019												MO	W -	1 2	010		
Agencies Notified Type Notification						Street Address					i bu	140	Y	1	U13		
EPA Initial Notification						126 E. LINCOLN AVENUE											
DEP X Amended Notification #3						City, State, Zip Code					1	LSBES	TOS	CON	TROL		
X DOL	DOL Cancellation					RAHWAY, NEW JERS							LIGE				
X DOH	On Hold				Name of Contact			ITolophe			OWNERS AND						
DCA	EMERGE	NCY N	OTIFICA		KINNARI PATEL					732-50	ephone Number -594-6352						
N				FACILI	TY INF	ORMATIO	N			1702-00	34-033) _					
Name of Facility Where Abater	nent is Ta	king Pla	ace (3)			OT HVIZ (TIO)		vne	of Facilit	v (4)							
MEDON CHARD & BOUNT							F	,,,,,	School (K	(-12)							
MERCK SHARP & DOHME COP	RPORATIO	N							Subchapt		her the	n K-15	٥١				
Street Address							X		Other (ie.	private	& com	mcl bl	das t	nomes	etc \		
126 EAST LINCOLN AVENUE - BUILDING 80 N						Square Fe					f Floor	s		dg. Ag			
City (5)							10,000		1			57	,0				
RAHWAY	County (6 UNION)		0	County Code (7)			Current Use (Prior if being demolished)									
	by Buildi	na Own	10= (0)	(S)	TATE USE ONLY)			RESEARCH LABORATORY AND OFFICE FACILL					LI				
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC.					ASCM No.				Name of Abatement Contractor (9)								
Street Address						104	P/	PAR ENVIRONMENTAL CORPORATION									
655 WEST SHORE TRAIL						Street Address 313 SPOOK ROCK ROAD											
City, State, Zip Code							Ci	ity (State Zin	Codo	AD						
SPARTA, NEW JERSEY 07871						City, State, Zip C					W YORK 10901						
Project Manager for Monitoring Firm Telephone					er		Te	Telephone Number				License Number					
WILLIAM S. KERBEL, CIH 973-729-					5649				845-369-7500			1101					
Expected State Date (10) Sched. Completion D									Name of OSHA Monitor				11101				
Month Day Year Month						/19	AN	AMERISCI LABORATORIES INC #11480							0		
Occupancy Status During Abatem	ent (Chec	k only o	ne)	Day		Year											
A Facility Closed/Vacate	d During F	ntire Pa	riod of	Abateme	ent				Address	CTDEE							
Abatement Performed Outside of Normal Facility Hours - Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM						ibe:		117 EAST 30TH STREET City, State, Zip Code									
Scope of Mark /Ob - 1 Hill	903						1011	.y, C	NEW	YORK	NEW	VORK	1001	2			
Scope of Work (Check all that apply) Demolition X Benovation					Full Containment v				with Nega	NEW YORK, NEW YORK 10016 with Negative Pressure							
X SF OR LF				Mini Enclo													
>160 SF OR 260 LF					V	Gloveba	g Pro	cedi							- 1		
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TO BE ABATED		Maint/C	ustodial		insulation, surfacing			15 / / T			ecify	N N	PA	CZ			
in Facility (13)	Staff	(12)		or other miscellane			15)		SF 0	r LF)	OVAL	A R	PS	18			
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EXTERIOR NORTH SIDE			X	WINDO	OW GLAZING CAULK			(6		32 SF		X					
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Name of Registered Waste Hauler	N	JDEP V	Vaste	Cubic V	ards of	Macta	INI		(D)								
FREEHOLD CARTAGE, INC.	Hauler ID No.			ards of Waste		Ivan	ne o	f Register	ed Land	fill							
825 HIGHWAY 33		1593			70		447	AI F	ING COU XANDER	DRIVE	BOUF	ICE MA	ANAG	MEN	TSE		
City, State FREEHOLD, NEW JERSEY				Disposal			City,	, Sta	ate/			E 15					
Completed by (Print or Type)	Title		!	9/9/19-12			MON	NYG	OMERY,	PA 177	52		j				
BENJAMIN SANCHEZ	Title	TOR OF	OPED	ATIONS	Sign	ature	/	1			Dat	te ; /	1/1	1			
	13120	. On Or	OI ER	ATIONS		-//	1)	7))	and the second		10	16	8//	7		
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) & grang Check#23021 Date of Notification (1) Name of Building Owner / Operator (2) October 29, 2019 Bank of America Agencies Notified Type Notification Street Address NOV - 4 2019 EPA 360 Hamilton Avenue DEP **DOL** Initial City, State & Zip Code M ASBESTOS CONTROL & Amended Trenton, NJ 08609 LICENSING **⊠**DOH Amendment # DCA Cancellation Name of Contact Telephone Number Dino Nappi 516-972-8809 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Bank of America School (K-12) Street Address Subchapter 8 (Other than K-12) 360 Hamilton Avenue Other (i.e., private & commercial buildings, home, etc.) Square Feet # of Floors Bldg. Age City (5) 132 Trenton Current Use (Prior if being demolished) Bank County (6) County Code (7) Mercer USE ONLY Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Arcadis US Inc. Synatech, Inc. Street Address Street Address 35 Columbia Road 829 Radio Road City, State & Zip Code City, State & Zip Code Branchburg, NJ 08876 Little Egg Harbor, NJ 08087 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 908-625-6900 609-296-6916 00817 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor November 9, 2019 December 16, 2019 Synatech, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 829 Radio Road Abatement Performed Outside of Normal Hours City, State & Zip Code Other - Describe: Little Egg Harbor, NJ 08087 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥ 3 sf or ≥ 50 lf Renovation Mini-Enclosure ≥160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted(*) and Non-Friable Procedure Location of Is Location Normally Used Description of Abatement Type Asbestos-Containing Material (ACM) Solely by Maintenance or Asbestos-Containing Amount (Specify SF TO BE ABATED Custodial Staff? (12) Material (ACM) or LF) IN Facility (i.e., thermal systems (13)insulation, surfacing, VAT Encapsulate Enclosure Removal Repair or other miscellaneous) N/A Yes No Basement X Pipe Insulation 192 LF X Name of Registered Waste Hauler Cubic Yards of Waste NJDEP Waste Name of Registered Landfill Hauler ID No. Synatech, Inc. 27429 Fairless Landfill City, State Disposal Date City, State Little Egg Harbor, NJ 08087 December 17, 2019 Morrisville, PA Completed By Title Signature Date Wene Diane Aloia **Executive Administrator** October 29, 2019

State of New Jersey

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Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services PO Box 341 City, State, Zip Code Chesterfield, NJ 08515 Project Manager for Monitoring Firm Bill Welsgarber Start Date (10) 11 / 06 / 19 11 / 11 / 19 Coccupancy Status During Abatement (Check only one) Expectation of Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement. AM- PM PM- AM City, State, Zip Code Maple Shade, NJ 08052 Project Manager for Monitoring Firm Bill Welsgarber Start Date (10) 11 / 06 / 19 11 / 11 / 19 Coccupancy Status During Abatement (Check only one) Expectation of Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement May PM- AM City, State, Zip Code Cinnaminson, NJ 08077 Soope of Work (Check all that apply) 2 3 sf or ≥ 3 if Security PM- AM Location of Abatement Correctors PM- Abatement With Negative Pressure Sure Security Procedure Location of Abatement Minimic Period of Abatement Minimic Procedure Location of Normally Used Solely by Maintenance/ (City Abateman Material (ACM) (Specify Southern Material (ACM) (S					Cor	inty Code (7)(STATE USE O	NLY)			emolish	ned)			
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* Do not use this form for asbestos licensure exempted activities.

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						FACILITY	INFORMATION						
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Horsham, PA 19044	:			-				e, NJ 08052					
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City (5) Passaic							Squ	etc.) iare Feet	# 0	f Floors	s	В	ildg. A	\ge	
County (6) Passaic				Code (7) USE ONLY	,		Cur	rent Use (Pr	ior if bei	ng den	nolish	ed)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASC	M No.				atement Co AD PROFI			 S				
Street Address						Street 6 WH		ess DOVE C	OURT			11123 - 1012		7.7 = -91	
City, State, Zip Code								Zip Code OOD, NJ (08701						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 732-6		No. 9078		Licen 1200	nse No	0.			
Start Date (10) 10/30/2019	Schedule 10/31/2		npletion	Date (11)		1		SHA Monitor D PROFE		NALS	5		- Silis		
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire						Street 6 Wh		ess DOVE C	OURT					16	
Abatement Performed Outside of Norm Other – Describe:	nal Facility	Hours	ient			City, S	tate, a	Zip Code DOD, NJ (7		
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If		enova emoliti			Nº	×	Fu M G	ull Containm ini-Enclosur lovebag Pro on-Exempte	ent with			e Pro	cedur		
Location of Asbestos-Containing Material (ACM)	N	Location ormall Solel	у	. A	De	scription	of						Abate Ty		
TO BE ABATED In Facility (13)	Mai	ntenar odial S (12)	ice/	Asbes (i.e.	thermal surfa	taining M systems cing, VA niscellan	insu T, or	**	(S	mount pecify or LF)		Remova	Repair	Encapsulate	Enclosure
INTERIOR	Yes	No	N/A		CMD	ina Ina	ulotia		0.	015				ate	rē
ENOR				-	NOIVI P	ipe Insi	uiali	JII	21	0 LF		X			
Name of Registered Waste Hauler		Ha	JDEP W auler ID 509		Cubic of Was	Yards ste		Name of IESI	Register	red Lar	ndfill				
City, State NEWARK, NJ					Dispos	sal Date /2019		City, Stat		PA	(17) - 17 - 17 - 17 - 17 - 17 - 17 - 17 -				
Completed by IOSEPH PERLSTEIN	Title OWN!	ΞR			S	ignature					Date 10/	e 29/1	9		

TIME ISTAN	0											
Inv-1570	8	гои	TFIC	ATIO	N OF AS	lew Jersey BESTOS ABA	TEMENT	DE	GE			0 0 0
110109.0			(P	ursua	nt to No	AC 8:60 and 5:1	6)		011		40	
Date of Notification (1)	-+			Nam	e of Buildir	ng Owner/Operator	(2)	N N	OV -	1 20	19	Inter
10/29	_ /	19		940.47		Homes, LLC	3. 2.		2 7	10	1	1
	Notification	on		Stree	et Address			ASBE	eros c	10141	FOL	8.
⊠ EPA ⊠ Init	tial			10	20 South	Avenue West		паманания поли тичего	LICEN	SING		-
	nended				State, Zip					-		
	endmen			10000000	estfield, N							
	tification)	(includin	g		e of Contac			Telephone N	lumber			
	ncellation			100	e Buonte			908-578-				
				1		NFORMATION		300-370-	-0034			
Name of Facility Where Abateme	ent is Tak	king Place	(3)		CILITI	ALOKIMATION.	Type of Equility	(4)				
Residence		3	(0)				Type of Facility (☐ School (K-12					
Street Address	re an obs						Subchapter 8	Other than h	K-12)			
							Other (i.e., pr	rivate and com	nmercial I	ouildin	gs,	
City (5)							homes, etc.) Square Feet					
Westfield							4000 sf	# of Floors	1	Bldg. A	ige	
County (6)				Cou	nty Code (7	7)(STATE USE ONLY)			I' I IV	80		
Union				000	my code ()(STATE USE ONLY)	Current Use (Pri Residence	or it being der	nolished)			
Name of Monitoring Firm Hired by	v Building	a Owner	(8)	ASCM	No	Name of Abateme						
Guardian Contracting, Inc		5	(5)	7 (OO)	140.		ntracting, Inc.					
Street Address						Street Address	nuracung, inc.					
1889 Route 9, Unit 61						1889 Route 9	Unit 64					
City, State, Zip Code							A STATE OF THE PARTY OF THE PAR					
Toms River, NJ 08755						City, State, Zip Co		755				
Project Manager for Monitoring Fi	irm		Tele	ephone	No		New Jersey 087					
Nicholas Fernicola			5550		-9932	Telephone No. 732-349-9932	ks.	License No).			
Start Date (10)	Sch	neduled C	1	100000000000000000000000000000000000000		Name of OSHA M		00624				
_11 / 08 / 19	0011				19	E.M.S.L. Anal						
Occupancy Status During Abatem	ant (Che				-10_		iyucai					
Facility Closed/Vacated During				mont		Street Address						
☐ Abatement Performed Outside	of Norm	nal Facility	Hou	rs - Des	cribe	1056 Stelton						
Time of Abatement:AN	/I	PM/	_PM		AM	City, State, Zip Co		-				
Scope of Work (Check all that app	olv)					Piscataway, I	New Jersey 088	354				
<u> </u>	37			8		☐ Full Cont	ainment with Nega	ative Pressure)			
$\boxtimes \ge 3$ sf or ≥ 3 if $\boxtimes \ge 160$ sf or ≥ 260 if		☐ Re 図 De				☐ Mini-Encl						
		200		211			mpted (*) and Non	-Friable Proce	edure			
			Locat					1.015.015.05.130.03		hatem	ent Ty	vne
Location of	(4.084)		lorma d Sole			Description of			-	_		
Asbestos-Containing Material TO BE ABATED	(ACIVI)	Ma	intena	nce/	Asbes	stos Containing Mat ., thermal systems i	terial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
IN Facility		Cust		Staff?	(1.0	surfacing, VAT,		(Specify SF or LF)	ova	=	psu	nsc
(13)		Voo	(12) No	N/A	-	other miscellaned	ous)		-		late	e,
basement		Yes	Or							-		
						s pipe insulation	n	15 If				
exterior-house		-			asbesto	s siding		2600 sf				
exterior-garage					asbesto	s siding		1000 sf				
N CD III												
Name of Registered Waste Hauler			10000	JDEP V		Cubic Yards of	Name of Registe	ered Landfill	/			
Guardian Contracting, Inc.			171	auler IE 20223	3	Waste 15	T.R.R.F.					
City, State						Disposal Date	City, State					
Toms River, New Jersey						11/15/19	Tullytown, F	Pennsylvani	ia			
Completed By (Print or Type)	Tit	tle				Signature	1		Date	-		
Nicholas Fernicola		Project	Mana	ager			·		10/3	19/	19	

INV-15	SIR									5 // T		
TIN 10	ومار	•		Promise	State of N	lew Jersey	l lanco	NECE		\mathbb{V}		n
(h2571.87	7	NOT	TIFIC	ATIO	N OF AS	BESTOS ABAT	TEMENT	Y-		300000000000000000000000000000000000000	Secretarion Secretarion	
<u> </u>	/		(F	ursua	nt to NJ	AC 8:60 and 5:1	6)	NOV	- 4 2	Pro	-	
Date of Notification (1)			- 3	Nam		g Owner/Operator	(2)	NUV	4 6	010	la	auced .
	29 /	19		PN	IC Mecha	nical			Depression	Laurence	4	-
Agencies Notified	Type Notific	cation		Stree	et Address			ASBESTO	S'CON ENSIN		. &	
⊠ EPA	☐ Initial			15	55 Rte. 37	7 W.	. Internation	LIO	The Land Control of the Control of t	ALC: STATE OF THE	necessories.	HOLOGONO
☑ DOLWD	⊠ Amende	70. E		City,	State, Zip	Code						
□ DCA	Amenda	nent # ncy (includin	-	То	ms River	, NJ 08755						
(NJAC 5:23-8)	justificat	tion)	9	Name	e of Contac	et .		Telephone Nu	umber			
	☐ Cancella	ation		Pa	ul McAte	er		609-334-7				
				FA	CILITY IN	FORMATION						
Name of Facility Where A	batement is	Taking Place	e (3)				Type of Facility	(4)				
Community Medica	l Center						☐ School (K-12	2)				
Street Address							Subchapter 8	3 (Other than K-	12)	e outraine	20121	
99 Route 37 W.							Other (i.e., po homes, etc.)	rivate and comn	nerciai c	ullain	gs,	
City (5)							Square Feet	# of Floors	E	Bldg. A	ge	
Toms River							80,000	5		60		
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demo	olished)			
Ocean							Hospital					
Name of Monitoring Firm		lding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Tiger Environmenta	l					Guardian Co	ntracting, Inc.					
Street Address						Street Address						
256 A Jefferson Cou	ırt					1889 Route 9	211.72.111.111.111.111.111.111.111.111.1					
Lakewood, NJ 0870						City, State, Zip Co						
Project Manager for Monit			T = 1				New Jersey 08	755				
Kelly Walton	oring Firm		1 200	ephone		Telephone No.		License No.				
Start Date (10)		Cobodulad O		08-862		732-349-9932	-	00624				
10 /26 /		Scheduled C			100	Name of OSHA M						
			-		19_	E.M.S.L. Anal	lytical): 				
Occupancy Status During Status During						Street Address						
☐ Abatement Performed	Outside of N	ormal Facility	Abate v Hou	ement rs - Des	cribe	1056 Stelton						
Time of Abatement:	AM	PM/	_PM		AM	City, State, Zip Co						
Scope of Work (Check all	that apply)	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1		A		Piscataway, N	New Jersey 088	354				
_	indi appiy)					☐ Full Cont	ainment with Neg	ative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		⊠ Re □ De				☐ Mini-Encl	osure					
		□ 06	monu	OH			procedure mpted (*) and Nor	n-Friable Proced	ture			
		1 22	Loca	0.00000			·			batem	ent T	vne
Location of Asbestos-Containing M		1	Norma	ally ely by		Description of				T		-
TO BE ABAT		" Ma	intena	ance/		stos Containing Mat , thermal systems i		Amount (Specify	Removal	Repair	nca	nclo
IN Facility	•	Cust	todial (12)	Staff?	(surfacing, VAT,	or	SF or LF)	oval	₹.	Encapsulate	Enclosure
(13)		Yes	No.	N/A	-	other miscellaneo	ous)				late	O
2 nd Floor D Wing			-	-								
					aspesto	s pipe fittings		350 fittings				
									П	П	П	П
				П								
Name of Registered Waste	Hauler			JDEP \	Vaste	Cubic Yards of	Name of Regist	ered Landfill				
Guardian Contractin	g, Inc.		1000	lauler I	No.	Waste	T.R.R.F.	J. SG LANGIIII				
City, State			1	20223		8 Disposal Date	City, State					
Toms River, New Jer	sey					11/01/19		Pennsylvania				
Completed By (Print or Typ		Title				Signature	A				7	
Nicholas Fernicola	<i>1</i> .	Project	Man	ager		olghalule	/ \	L	Date	1	1	

1 - many X	Print F
State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8/60 and 12:120)	WE
Date of Notification (1) 10/29/19 Name of Building Owner/Operator (2) Quata Press Private Home NOV - 4	2019
Agencies Notified Type Notification Street Address	2010
DEP Amended City, State, Zip Code Assestos CC Willingboro NJ 08046 Amendment # Willingboro NJ 08046	
DOH justification Name of Contact Telephone Number Quata	NAME TO A TAX PARTY
FACILITY INFORMATION	
Name of Facility Where Abatement is Taking Place (3) Quata Press Private Home	
Street Address School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, etc.)	nomes,
City (5) Square Feet # of Floors Bldg. Ag Willingboro NJ 08046 1000+ 2 50+	je
County (6) County Code (7) Current Use (Prior if being demolished) Burlington (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) N/A ASCM No. Name of Abatement Contractor (9) Pernaco Inc.	
Street Address Street Address	
City, State, Zip Code City, State, Zip Code	
Project Manager for Monitoring Firm Telephone No. Telephone No. License No.	
856-753-9800 00727	
10/30/19 11/1/19 Same	
Occupancy Status During Abatement (Check Only One) Street Address	
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: City, State, Zip Code	
Scope of Work (Check All That Apply)	
≥3 sf or ≥3 lf 区 Penovation Demolition Renovation Demolition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure	
Is Location Abater	
Asbestos-Containing Material (ACM) Used Solely by Asbestos Containing Material (ACM)	
Maintenance/ Custodial Staff? (12) Maintenance/ (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Maintenance/ (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Enclosure
ICH COLLEGE TO THE	ē e
Kitchen & Living Room x Floor Tile 382 SF x	
Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill	
Traine of registered Earlann	
United Roll Off Hauler ID No. 22459 G.R.O.W.S.	
United ROLLOIT	

NEWARK CARTING Hauler ID No. 0f Waste 4 City, State NEWARK, NJ Disposal Date 11/13/19 BETHLEHEM PA	L														
Agencies Notified Type Notification Street Address Street Address Assestros Contract.	11140		NOTI	FICATIO Pursuan	N OF AS	3 8:60 ar	ABATEN nd 12:120	MENT	again.	1	11011			040	
Second Control of Project Manager for Monitoring Firm Telephone No. Tele	10/30/19	104	2			g Owner/	Operator ((2)			NOV	- (- 2	019	
Dep County Code C		1			Control of the contro	ont Rd I	NE- Buil	ding 7, Suite	70	ASE	BESTO LIC	S C	ON:	TRO	_ &
DOH	DEP Amended Amendmen			C-2000 1500 1500					Crisis, and		and the second	Science and	"APRIMO ANY	o wettra zone	entres
Street Address City (5) Monthouth Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. ASCM No. ASCM No. ASCM No. AAA LEAD PROFESSIONALS Street Address	DOH justification	1)	3			t									
Street Address Street Address School (K-12) Subchapter 8 (Other than K-12) Subchapter 9 (O	Name of Facility May - Alexander			FAC	ILITY IN	FORMAT	ION								_
Site Address Subchapter 8 (Other than K.12) Subchapter 8 (Other than K.12) Subchapter 8 (Other than K.12) Square Feet # of Floors Bidg. Age	Name of Facility Where Abatement is Taki	ng Place ((3)					Type of Facility	(4)						(0)
Square Feet # of Floors Bidg. Age	Street Address							Subchapte Other (i.e.	r 8 (Oth	ner than & comm	K-12) ercial b	ouildii	ngs,	home	es,
Monmouth GTATE USE OWLY Comment of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS				77	7.3	/			# (of Floors		Blo	lg. A	ge	
Street Address City, State, Zip Code LAKEWOOD, NJ 08701 License No. 732-668-9078 1200 Start Date (10) AAA LEAD PROFESSIONALS License No. 732-668-9078 1200 Name of CSHA Monitor AAA LEAD PROFESSIONALS Street Address SWHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (') and Non-Friable Procedure Abatement Procedure Abatement Procedure Abatement Systems insulation, Specify (I) and Non-Friable Procedure Abatement Type Abatement T				County (STATE	Code (7) USE ONL	Y)	- 1	40	ior if be	ing dem	olished)			
Street Address 6 WHITE DOVE COURT City, State, Zip Code City, State, Zip Code City, State, Zip Code LAKEWOOD, NJ 08701 Project Manager for Monitoring Firm Telephone No. Telephone No. T32-668-9078 1200 Start Date (10) 11/10/19 Scheduled Completion Date (11) 11/10/19 AAA LEAD PROFESSIONALS 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 LAKEWOOD, NJ 08701 Street Address 6 WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code LAKEWOOD, NJ 08701 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code LAKEWOOD, NJ 08701 Full Containment with Negative Pressure Mini-Enclosure Glovehag Procedure Non-Exempled (*) and Non-Friable Procedure Non-Exempled (*) and	Name of Monitoring Firm Hired by Building	Owner (8))	ASC	M No.						Descensive Control				
City, State, Zip Code City, State, Zip Code LAKEWOOD, NJ 08701	Street Address						Street A	Address							
Telephone No. Telephone No. Telephone No. Telephone No. Talephone N	City, State, Zip Code						City, Sta	ate, Zip Code							
Start Date (10) 11/10/19 Scheduled Completion Date (11) 11/13/19 Name of OSHA Monitor AAA LEAD PROFESSIONALS Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Scope of Work (Check All That Apply) Sa sf or ≥3 If ≥160 sf or ≥260 If Completion In Facility (13) Scope of Work (Check All That Apply) Sa sf or ≥260 If Sabestos-Containing Material (ACM) TOBE ABATED In Facility (13) EXTERIOR SIDING SIZE Address 6 WHITE DOVE COURT City, State Location Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Aba	Project Manager for Monitoring Firm			Telepho	ne No.		Telepho	one No.	0101		e No.				
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) ≥ 3 sf or ≥ 3 if ≥ 160 sf or ≥ 260 if Location of Abatement Period of Abatement Abatement Period Outside of Normal Facility Asbestos-Containing Material (ACM) 10 be ABATED In Facility (13) Yes No N/A EXTERIOR Sireet Address 6 WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement Type Abatement Type Abatement Type Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF) Procedure Abatement Type Abatement Type Abatement Type Abatement Type Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Name of Registered Waste Hauler NEWARK CARTING Name of Registered Waste Hauler NEWARK CARTING Name of Registered Waste Hauler NEWARK, NJ Title Signature Date				mpletion	Date (11)		Name o	f OSHA Monitor	2810			5 E 173			C-1311-
Abatement Performed Outside of Normal Facility Hours City, State, Zip Code LAKEWOOD, NJ 08701 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Exemp		ck Only Or	ne)				Street A	ddress	73700-11535-5		===				
Scope of Work (Check All That Apply) ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥260 lf □ ≥ 160 sf or ≥	Abatement Performed Outside of North	Period of A	Abater y Hour	ment s			City, Sta	ite, Zip Code							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf □ Renovation Demolition □ Renovation Description of Asbestos Containing Material (ACM) (Specify Service Specific Sp							LAKE	WOOD, NJ 0	8701						
Demolition Secondary Demolition Demolitic Demolition Demolitic Demolition Demolitic Demoliti															
Location of Asbestos-Containing Material (ACM) (12) Normally Used Solely by Maintenance/ Custofial Staff? (12) Yes No N/A EXTERIOR IN A Sidily (13) Name of Registered Waste Hauler NEWARK CARTING Normally Used Solely by Maintenance/ Custofial Staff? (12) Yes No N/A Sidily (13) Name of Registered Waste Hauler NEWARK, NJ Name of Registered Waste Hauler Newark (NJ) Title Signature Disposal Date 11/13/19 Signature Date Natement Type Abatement Type Abatemanacie Cubic Various of Waste Abatemanacie Abatema							×	Mini-Enclosure Glovebag Pro	e cedure	emeled a niew					
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A EXTERIOR SIDING SIDING SIDING Amount (Specify SF or LF) Registered Waste Hauler NEWARK CARTING Name of Registered Waste Hauler NEWARK CARTING Disposal Date NEWARK, NJ Completed by Completed by Containing Material (ACM) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) SIDING SIDING Amount (Specify SF or LF) Registered Amount (Specify SF or LF) Registered Amount (Specify SF or LF) Registered Signature Disposal Date 11/13/19 BETHLEHEM PA Date							- Industrial	Tron Exemples	2 () an	d IVOIT-I	Trable 1	19.5	bater	nent	
TO BE ABATED In Facility (13)					Asha							_	Гур	e	
EXTERIOR SIDING SIDING SOLF X Name of Registered Waste Hauler NEWARK CARTING Name of Registered Landfill Hauler ID No. 04509 City, State NEWARK, NJ Disposal Date 11/13/19 BETHLEHEM PA Completed by Title Signature Date	TO BE ABATED In Facility		todial	Staff?		. thermal	systems i	nsulation,	(5	Specify	7 0		Re	Encap	Enclo
Name of Registered Waste Hauler NEWARK CARTING City, State NEWARK, NJ Completed by Title Signature NJDEP Waste Cubic Yards of Waste IESI City, State Disposal Date 11/13/19 BETHLEHEM PA Date	(13)	Yes				other n	niscellane	ous)			lovdi		oair	sulate	sure
NEWARK CARTING Hauler ID No.	EXTERIOR					S	SIDING		5	50LF	x	1			
NEWARK CARTING Hauler ID No.															
NEWARK CARTING Hauler ID No.												+	+	-	
City, State NEWARK, NJ Completed by Title Signature Disposal Date 11/13/19 BETHLEHEM PA Date	Name of Registered Waste Hauler NEWARK CARTING		H	lauler ID	A.60	of Was		, so-so-we-en-	Registe	red Land	dfill				
Completed by Title Signature Date	City, State NEWARK, NJ		10	4309		Dispos		City, State		1 DA					
	Completed by		IEP					DEINL	=HEIV			140	-		

								,				en Printere		р	rint
Date of Notification (4)	15.5	NOTI (FICATIO Pursuar	OF AS	BESTOS 8 60 and	ABATE 112:12	0)	T		E C			2019	E	
10/29/19	10	\mathcal{L}	Matt'	s Consti		регато	(2)		hd hi	140	Y	4	2013)	-
Agencies Notified Type Notification EPA Initial	1		NOTE SHOWING	Address ene Cou	ırt				A		TOSC)L &	
DEP Amended Amendmen	it #			tate, Zip C							JCEN:	PHA	G		
Emergency justification	(includin	g		of Contac	IJ 08701				I Te	lenhon	e Numb	ner			
DCA Cancellation				s Constr					100000		5-4494				
Name of Facility Where Abatement is Takin	ng Place	(3)	FAC	ILITY INF	FORMATIO	ON	Тур	e of Facility	(4)			_			
Street Address								School (K			14.40				
							×	Subchapte Other (i.e. etc.)	private	er than & comr	nercial	buil	dings	, hom	es,
City (5) Lakewood							Squ	are Feet	# 0	f Floors	S	E	Bldg. /	Age	
County (6) Ocean			County	Code (7)			Cun	rent Use (P	rior if be	ing den	nolished	d)		- -5000	
Name of Monitoring Firm Hired by Building	Owner (8	3)		USE ONL	Υ)	Namo	hor			(0)		87			
		· /	AOO	140.				atement Co D PROF			3				
Street Address						Street 6 WH		ess DOVE C	OURT						
City, State, Zip Code						City, S	tate, 2	Zip Code				_			
Project Manager for Monitoring Firm	2-111-2-2-7-7-7		Telepho	ne No		LAKE		OD, NJ (08701	11					
			7.5			732-6				1200	se No.)				
Start Date (10) 11/08/19	Schedu 11/12/		npletion	Date (11)	67 d 28			HA Monitor D PROFI		NALS	8				
Occupancy Status During Abatement (Chec						Street	Addre	ess							
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of nal Facilit	Abaten y Hours	nent S			City, St	ate, Z	DOVE C							
Scope of Work (Check All That Apply)						LAKE	wo	OD, NJ (08701						
× ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	E-TOTAL COLUMN	Renova Demolit				×	Mi Gl	III Containm ni-Enclosur ovebag Pro on-Exempte	e cedure					9	
Location of		S Locati Normal ed Sole	ly		Desc	ription	of		<u> </u>		- Industry			ement	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	aintenar todial S (12)	nce/	Asbes (i.e.	tos Contai thermal s surfacir other mis	ystems ng, VAT	insula , or	I (ACM) ation,	(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A								2	<u>n</u>		late	Iге
EXTERIOR					SII	DING			20	00SF	x				
												-	-		
Name of Registered Waste Hauler IEWARK CARTING		H	JDEP W auler ID 509		Cubic Ya of Waste			Name of IESI	Register	ed Lan	dfill				
City, State EWARK, NJ		04	.508		Disposal 11/12/1		-	City, Stat		PA					
Completed by OSEPH PERLSTEIN	Title OWN	IER				nature					Date 10/29	9/1	 9		

JK 1139		P	NOTIFIC (Pu	St. CATION irstant	ate of Nev OF ASB to NJAC	v Jersey STOS	ABATE	MENT		D-		EI	V	5	nt-Fe
Date of Notification (1) 10/29/19	W-157	04			Building (Financi			(2)	and the state of t		NOV	- /!	2019	J	Income.
Agencies Notified EPA	Type Notification		1000	Street A	ddress ifton Ave	e, Suite	e 19		,	P	SBESTO LIC	OS OC CENSI		SL&	
DEP X DOL	Amended Amendment				ite, Zip Co ood, NJ						*				
DOH DCA	Emergency justification) Cancellation		1000		Contact Financi	al LLC				100000000000000000000000000000000000000	ephone Nu 2-600-32				
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Name of Facility Where	e Abatement is Takir	ng Place (3	3)					Тур	e of Facility School (K-						
Street Address						>		×	Subchapte Other (i.e. etc.)	r 8 (Othe			dings,	home	es,
City (5) Union City			7	07	128	7		Squ	are Feet	# of	Floors	E	Bldg. A	ge	
County (6) Hudson					Code (7) USE ONLY			Curi	rent Use (Pr ne	ior if bei	ng demolis	shed)			
Name of Monitoring Fir	m Hired by Building	Owner (8)		ASCN	I No.		170000000000000000000000000000000000000		atement Co						
Street Address				L		******	Street 6 WI		ess DOVE C	OURT					
City, State, Zip Code									Zip Code OOD, NJ 0	8701					
Project Manager for Mo	onitoring Firm			Telepho	ne No.		Telepi 732-		No. 9078		License I	No.			
Start Date (10) 11/08/19		Schedule 11/12/		pletion	Date (11)		10000000000000		SHA Monitor AD PROFE		NALS				
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Name of Registered W NEWARK CARTIN			Ha	JDEP W auler ID 1509		of Wa	Yards ste		Name of	Registe	ered Landf	ill			
City, State NEWARK, NJ						Dispo 11/12	sal Date 2/19	9	City, Sta		1 РА				

Date

10/29/19

Signature

Title

OWNER

JOSEPH PERLSTEIN

Completed by

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Date of Notification (1)	25 /	1	19					Owner/Operator	(2)		Nov	- 4	20	19	-
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	☐ Cancel	llation			D	on Bart				856-	429-560	00			
					F	ACILITY I	NFO	ORMATION							
Name of Facility Where At	patement is	s Taki	ng Pla	ce (3)					Type of Facility	(4)					
Cherry Hill High Sch	ool East								School (K-1						
Street Address									Subchapter	8 (Other th	nan K-12	2)			
1750 Kresson Road									Other (i.e., p	rivate and	comme	rcial b	uildir	ıgs,	
City (5)									homes, etc.			- 1 -			
Cherry Hill									Square Feet	# of Fl	oors	E	Bldg. A	Age	
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Camden					Col	unty Code ((7)(S	TATE USE ONLY)	Current Use (Pr	ior if being	demolis	shed)			
			_						School						
Name of Monitoring Firm H		ilding	Owner	r (8)	ASC	ΛNo.	N	ame of Abateme	ent Contractor (9)						
TTI Environmental, li	nc.				000	003		Shade Enviro	onmental, LLC						
Street Address							S	treet Address							
1253 N. Church Stree	et							623 Cutler Av	/enue						
City, State, Zip Code							Ci	ity, State, Zip Co	ode						
Moorestown, NJ 0808	57							Maple Shade							
Project Manager for Monito	ring Firm			Tel	ephone	No.	_	elephone No.	,	License	a No				
Jim Guilardi						0-8800	1000	856-755-0099		0084					
Start Date (10)		Sche	duled (-		ate (11)		ame of OSHA M		0002	+2				
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City, State					.0000			posal Date	City, State						
Freehold, NJ								1/12/2019	Morrisville,	PA					
Completed By (Print or Type))	Title	V-12					Signature	,,,,,,		D-4				
Christina Fay	50			eside	nt of (Operation	ıs	A Late	~ 1		Date	25			
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School (k-12) Street Address City (5) County (6) Count	DCA Cancellation					FACILITY INFORMATION											
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ASCM No. Name of Abatement Contractor (9) Name of Abatement Contractor (19) Name of Capital Contractor (19) Name of Capi	City (5) CHERRY /	41/							Squa	re Feet	1			Bldg. Age			
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City, State, Zip Code City, State City, State	Street Address	NSULTING		<u></u>	ASC	Л No.		FR	MAA	R CC			271	00			
Telephone No. Telephone No	City, State, Zip Code	(i)						Po	130	13 X							
Start Date (10) O - 30 - 9 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) ≥ 3 for ≥ 2 if ≥ 160 sf or ≥ 260 if Renovation Demolition Is Location Normally Used Solely by Maintenance/ Custofial Staff? In Facility (13) Name of OSHA Monitor Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) ≥ 3 for ≥ 2 if ≥ 160 sf or ≥ 260 if Renovation Demolition Is Location Normally Used Solely by Maintenance/ Custofial Staff? Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Normally The Pool of Value of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Hauler ID No. O33 75 c Disposal Date Oty, State Oty, State Oty, State Osciption of Abatement Type Abatement Typ	Project Manager for Moni	toring Firm	08		Telepho		C., 77			1 2 19		License N	7	,			
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code	Start Date (10) 10 - 30 - 19		10-3	d Con	npletion	Date (11)	105				1 2-		× /	0			
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Pull Containment with Negative Pressure Mini-Enclosure Slovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non	Facility Closed/Vaca	ted During Entire Pe	eriod of A	batem	ement 279 /FENDRIX PL												
≥3 sf or ≥3 lf	Other – Describe: _		ir acinty	riours				P/4	//	PA	18/1	6					
S Location of Asbestos-Containing Material (ACM) See Solely by Maintenance/ Custodial Staff? (12) Yes No N/A N/A N/A N/A N/A	≥3 sf or ≥3 lf	,,,	-						Min Glo	i-Enclosur vebag Pro	e cedure						
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Name of Registered Waste Hauler NJDEP Waste Hauler ID No. City, State Completed by Title Used Solely by Maintenance/ Custodial Staff? (12) Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Figure 1 About 1 About 1 About 1 About 1 Amount (Specify SF or LF) To O SF Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Figure 2 Cubic Yards of Waste Cubic Yards of Waste Disposal Date City, State Disposal Date City, State Disposal Date City, State Date			100000							Lample	, d () and	TYOTH HAL		Abater	nent		
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	Date of Notification (1) 10-28-19	99		of Building Owne Construction (r (2)	Ind but	NUV			13	
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	DEP Amended Amendment		820	ate, Zip Code rk, NJ 07105								
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			FAC	ILITY INFORMA	TION				7		27.7.	
	Name of Facility Where Abatement is Takin	g Place (3)				Type of Facility	(4)					
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	Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASC	M No.		of Abatement Co a Contracting I						
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	City, State, Zip Code				100000000000000000000000000000000000000	State, Zip Code	 1					
	Project Manager for Monitoring Firm		Telepho	ne No.	Telepl	none No. 216-9603	L	icense No	0.			
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t	Scope of Work (Check All That Apply)					,			-			
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	ile roj. Mana	ager.		Signature	12	D	Date 10-28-19			
City, State Elizabeth, NJ				Disposal Date 11-12-19	City, State Tullytow					
Name of Registered Waste Hauler Delfa Contracting LLC	Н	JDEP W lauler ID 35240		Cubic Yards of Waste 5	Name of Registered Landfill Tullytown Resource Recovery Fa					
1st Floor	ste Hauler NJDEP Waste Cubic Yards		VAI		160 SF	X				

Yes

No

N/A

Check # 3291

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

GAC Project # 060-2019 Date of Notification (1) Name of Building Owner/Operator (2) October 28, 2019 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address **D**EPA ENVIRONMENTAL HEALTH & SAFETY DEPT. ■Initial Notification D DCA □Amended Notification # 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS X DOL ☐ Emergency (including City, State, Zip Code X DEP- No Longer REQUIRED PISCATAWAY, NJ 08854 justification) NOV - 1 2019 X DOH ☐ Cancelled Name of Contact Telephone Number MICHAEL SMITH, ENV. 848-445-2550 **HEALTH & SAFETY** ASBESTOS CONTROL & FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) UBHC BEHAVIORAL HEALTH, BLDG# 3690 School (K-12) Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) RBHS PISCATAWAY CAMPUS Sq. Feet: N/A # of Floors: 4 Bldg. Age: 60+ years City (5) County (6) County Code (7) **PISCATAWAY MIDDLESEX** (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 11/07/2019 11/11/19 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement ☐Abatement Performed Outside of Normal Facility Hours -20-21 WARGARAW ROAD Describe City, State, Zip Code XIOther - Describe: Shift Hours: 5:00 PM - 5:00 AM (24 HRS. & WEEKENDS AS NEEDED) FAIRLAWN, NJ Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure \square $\geq 3 \text{ sf or } \geq 3 \text{ lf}$ **X**Renovation Mini-Enclosure **∑** ≥ 160 sf or ≥ 260 lf Demolition Glovebag Procedure X Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) Remove Repair Encap Enclose VAT, or other miscell.) or LF) YES NO NA B 200 Suite X VAT 1000 SF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill 30 CY Cubic Yards of Waste: See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 28969 11/11/2019 100 New Ford Mill Hauler #2) Newark Carting, Inc., Newark, NJ 04509 Rd. Morrisville, Pa NJ DEP# 4509 19067 215-736-1700 Completed by (Print or Type) Signature Date RAYMOND C. PEDALINO SENIOR PROJECT Raymand C. Pedalino October 28, 2019 MANAGER

Inv 15644	(Purs	ication of As uant to NJA	e of NJ sbestos Abatement C 8:60 and 12:120)		E C E I	2019								
Date of Notification (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Name of Building Ow Barry Marqulies	/ner/Operator (2	2)	ASBESTOS CONTROL &										
Agencies Notified Type Notification	Street Address			Interpretation and the second	SDESTUS UC		L CL							
DEP Amended														
DOL Amendment #:_	City, State, Zip Code					-								
DOH Emergency		Fair Lawn, NJ 07410 Name of Contact												
justification)			Telepho	hone Number										
Cancellation	Barry Marqulies													
		CILITY INFORM	MATION											
Name of facility where abatement is to	aking place (3)			Type of Facility	y (4) ool (K - 12)									
Residential					chapter 8 (Other	r than k	-12\							
Street Address		Othe	r (Private/Comr		. 12)									
				Square Feet	# of Floors	В	dg. A	ae						
City (5)	County (6)	County Code (7)	1, 000 SF	02	80	3	3-							
Fair Lawn, NJ 07410	Bergen		(State use only)		Prior if being de	molish	ed)							
Name of Monitoring Firm Hired by Bld		ASCM No.	Name of Abatement	Residential Name of Abatement Contractor (9)										
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Street Address		Street Address												
City, State, Zip Code			20 California A											
ony, otate, zip code			City, State, Zip Code											
Project Manager for Monitoring Firm	Phone Numl	per		Paterson, NJ 07503 Telephone Number License Number										
	255, 2005, 2005, 2005, 2005			973-345-8020 01169										
Start Date (10)	Sched. Completion Date (1	1)		Name of OSHA Monitor										
11/25/19	12/02/2019			D & S Restoration, Inc. Street Address										
Occupancy Status During Abatement (C		THE COLUMN TWO IS NOT	20 California A	venue										
Facility closed/vacated during ent Abatement performed outside of i	tire period of abatement.		City, State, Zip Code											
Describe: NORMAL HOU			_											
Scope of Work (check all that apply)	K3		Paterson, NJ 07											
V	enovation		-	Full Containment	w/negative pres	sure								
	molition			Glovebag procedu										
	location normally used solely	/	Ш	Non-Exempted (*)) and Non-friabl	e proce	dure E							
asbestos-containing by	maintenance/custodial		on of asbestos-containing	Amount	e m	e	n	E n						
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Basement	X	Pipe Insulat	ion	10 LF		14								
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Registered Waste Hauler D & S RESTORATION, INC.	그리 마리에 살아가면 하면 있다. 그렇게 하면 생각하면 하면 가지 않는데 그리고 있다.	ubic Yards of W /2 yds	Vaste Name of Registered TULLYTOWN,		ECOVERY	1								
City, State PATERSON, NJ 07503	Disposal D	ate	City, State TULLYTOWN,											
Completed by (Print or Type) Titl	le	Signature		IA	Date									
BOGDAN JOLDZIC PR	RESIDENT	(9	loaden it	tagden 10/28/19										

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DO CK			State of New Jersey FICATION OF ASBESTOS ABATEMENT Pursuant to NJAC 8:60 and 12:120)						D^{-1}	E C	EI	\mathbb{V}	E		
Date of Notification (1) 10/29/2019			U.S. [of Building DEPAR				R		NOV	- 4	2019)		
Agencies Notified Type Notification			Street A	Address ONSTI	TUTIO	N AVF	NV	,							
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X DOL Amendment Emergency (-		HINGTO		20210)	į.	CONTRACTOR DESCRIPTION		parties of parties of the Parties	ay Chaudio Tuandid	and the second second	ANY DISTRIBUTE	
DOH justification) DCA Cancellation				f Contact						lephone N 32-470-4					
			FACI	LITY INF	ORMAT	ION									
Name of Facility Where Abatement is Taking EDISON JOB CORPS CENTER, B			71	67		24	Тур	e of Facility	(4)						
Street Address	10 01					P	School (K Subchapte		er than K.	-12)					
500 PLAINFIELD AVENUE	PLAINFIELD AVENUE						×	Other (i.e. etc.)				ldings	, hom	ies,	
City (5) EDISON	88						Squ	are Feet	# 0	f Floors		Bldg. /	Age		
County (6) MIDDLESEX				Code (7) USE ONL	0		Curr	ent Use (P	rior if be	ing demol	ished)				
Name of Monitoring Firm Hired by Building C AHERA CONSULTANTS, INC.	wner (8)	!	ASCM	l No.		The second second		atement Co			NG, IN	NC.			
Street Address P.O. BOX 385						Street	Addre		VENUE						
City, State, Zip Code OCEANVILLE, NJ 08231					1 1900 December 1000	, State, Zip Code TOWA, NJ 07512									
Project Manager for Monitoring Firm JOHN SMOYER		Telephor	ne No.		Teleph	none N			License 00494						
	Schedule	npletion [Name	of OS	HA Monito		00434						
Occupancy Status During Abatement (Check							SAME AS (9) ABOVE Street Address								
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma	eriod of A	Abaten Hours	nent			City, St	tate, z	Zip Code							
Other – Describe: VACANT					_										
Scope of Work (Check All That Apply)			.2				1								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Pemolit					Mi Gl	II Containm ni-Enclosur ovebag Pro on-Exempte	re ocedure				e		
0.000		Locati										Abate	ement	:	
Location of Asbestos-Containing Material (ACM)	Use	lormal d Soie	ly by	Asbes	Des	scription aining M		L(ACM)	A	mount		.,			
TO BE ABATED In Facility	287 000	intenar odial S	11.000.000.000		thermal		insul		(S	pecify or LF)	Ren	Re	Encapsulate	Encl	
(13)	ļ.,	(12)				niscellan				OI LI /	Removal	Repair	osula	Enclosure	
	Yes	No	N/A										te	Ф	
				BUIL	DING T	ГО ВЕ	DEN	10ED							
				AN	D DISF	POSED	OF	AS							
				F	RIABLE	E ASBE	EST	DS							
Name of Registered Waste Hauler			IDED W		I 0 1:- 1	V 1									
TWO BROTHERS CONTRACTING		Н	NJDEP Waste Hauler ID No. 18743 Cubic Yards of Waste 1500 +/-						300000000	red Landfi IAGEME		S.R.C	.W.5	5.	
City, State TOTOWA, NJ					Dispos 12/28/	al Date /2019	17	City, Star		E, PA					
Completed by VIVECA RAMOS	Title PRO.	JECT	COOR	DINAT		ignaturé	100)	a	D	ate 0/29/2	2019			

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

		,			0.00 0		-1	I had I				a process			
Date of Notification (1) 9/13/2019				of Building DEPAR					NOV -	- 4 2)19	a management	圳		
Agencies Notified Type Notification EPA Initial Amended				Address ONSTI	TUTIOI	N AVE	., NW	A .	SBESTOS	CON	rrol	. &			
DOL Amendment		[ate, Zip C HINGTC		20210)		LICE	NSIN(3	all the state of	o savoral		
□ Emergency justification) □ DCA □ Cancellation				of Contact EL DIAZ			Telephone Number 732-470-4581								
			FAC	ILITY INF	ORMAT	ION									
Name of Facility Where Abatement is Takir EDISON JOB CORPS CENTER, I			1					Facility (4)							
Street Address 500 PLAINFIELD AVENUE									ther than K e & comme		ildings	, hom	ies,		
City (5) EDISON							Square Fe	et #	of Floors		Bldg.	Age			
County (6) MIDDLESEX				Code (7) USE ONLY)		Current Us	e (Prior if b	eing demo	lished)					
Name of Monitoring Firm Hired by Building AHERA CONSULTANTS, INC.	Owner (8)	ASC	M No.			of Abatement			ING, II	NC.				
Street Address P.O. BOX 385						Street	Address REELAND								
City, State, Zip Code OCEANVILLE, NJ 08231							State, Zip Coo OWA, NJ								
Project Manager for Monitoring Firm JOHN SMOYER			Telepho 609-65	ne No. 52-1833		Teleph	none No. 956-8700		License						
Start Date (10) 9/25/2019	ed Cor 2019	Service Grand Service	Date (11)		Name	of OSHA Mo		1 00 10 1							
Occupancy Status During Abatement (Chec	ne)					Address	LOUIL								
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe: VACANT	Period of	Abaten	nent		City, State, Zip Code										
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Designation of the last of the	Renova Demolit				×	Mini-Enc Glovebag	losure g Procedur				A			
	le	Locati	on				THOIT EXC	n-Exempted (*) and Non-Friable Pro				Abatement			
Location of	1	Vormal	ly		Des	scription	of			_	Ту	ре			
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Sole intenar todial S (12)	nce/		tos Cont thermal surfac	aining M	laterial (ACN insulation, T, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
	Yes	No	N/A									Ф			
							DEMOED								
				AN	D DISF	POSED	OF AS								
					ASI	BESTO)S								
·															
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		Н	JDEP W auler ID	(70.7)7-	Cubic of Was	ste			tered Landi			141			
		1	8743		1500				ANAGEM	EN1 (J.K.C).VV.	5.		
City, State TOTOWA, NJ				Disposal Date City, State 12/28/2019 MORRISVILLE, PA											
Completed by VIVECA RAMOS	Title PRO	JECT	COOF	RDINAT		ignature W	ure Date 9/13/2019								