	n at	*Prove							()			Pr	rint F
MO25H0907105	PA	NOTII	FICATIO	State of Nev ON OF ASBE It to NJAC 8	ESTOS	ABATE	MENT 0)	And the second of the second o	N	OV -	8	2018	
Date of Notification (1)	P		Name	of Building ((2) (2)	1	land.		•	11	
Agencies Notified Type Notification			Street	Address				10		ļ ·		, 3 , - money,	1 H.
EPA Initial Amended		,	City S	tate, Zip Coo	SON	P	AZA			779			
Amendment Emergency			No	BW B	RU	NSCR	WCL, A	1.7	, com	890	1		
DOH justification) Cancellation		9	Name M	of Contact	CNI	3/			lephone N		200	40	00
Name of Facility Where Abatement is Takin	g Place	(3)	0.000	CILITY INFO			Type of Facility						
Street Address		akk	-	PFIS	R		School (K-	12)					
201 TABOR RO. 1	SIPC	i e					Súbchapte Other (i.e. etc.)	r 8 (Oth private	er than K- & commen	12) cial bui	dings	, hom	es,
HORRIS PLAIN	0550						Square Feet	49	f Floors	E	Bldg.	Age.	5
County (6) MORRIS				Code (7) USE ONLY)			Current Use (Pr	ior if be	ing demolis	shed)	76		
Name of Monitoring Firm Hired by Building	Owner (8	3)	ASC	M No.		Name	of Abatement Co	ntractor	(9)				
Street Address							AR IHI	C					
P.O. BOX 365						144	MILL ST	3					
City, State, Zip Code BERLIN NJ	0	800	09			City, S	tate, Zip Code	D()	cial	1/2	11	7.2	501
Project Manager for Monitoring Firm II M PROCTOR				one No.	40.4	Teleph	one No.		License	No.	7		
Start Date (10)		led Con	npletion	Date (11)	>1/	7+3 Name	653965 of OSHA Monitor	d		d-	7		
Occupancy Status During Abatement (Chec	CONIV O	(7)	BD			Ci	ORAN ,	166	W				
Facility Closed/Vacated During Entire F	eriod of	Abatem	nent			140	Address HILL	38	•			0	
Abatement Performed Outside of Norm Other – Describe:	al Facilit	ty Hours	3		_	City St	ate, Zip Code	N	No	10	75	701	f
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If			11				./		100	Lor			
≥160 sf or ≥260 lf		Renova Demolit				21212	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure					
		s Locati					14011-Exemple	u () and	i Non-Fna	DIE Pro		e ment	
Location of Asbestos-Containing Material (ACM)	Use	Normall ed Sole	ly by	Asbesto	Des s Conta	cription	of aterial (ACM)	Δ.			Ту	pe	
TO BE ABATED In Facility	•	aintenar stodial S (12)		(i.e. th	nermal :	systems ing, VAT	insulation.	(S	mount pecify or LF)	Rer	Re	Enca	Enc
(13)	Yes	No	N/A		other m	iscellane	eous)		OI LI J	Removal	Repair	Encapsulate	Enclosure
GROUND FLOOR	163	140	INIA	1000	20 10				,	1, ,	,	ë	
GROUND FLOOR BUILDING &		- V		DOCE	ypa t	1-111	CHED			1			
						1 117	Carco			+			
Name of Registered Waste Hauler		L	IDEDIA										
INDIAN ARROW Sha A	RIA		JDEP Waller ID	No.	Cubic Y of Wast			Register	red Landfill				
City, State PATERSON NJ			C C.		Disposa	al Date	City Ctat		-			- A	
Completed by	Title				Sig	gnature-	MANAGR	Ki	SULL	A C	1,6	Off	-
GORAN 166V		CEX	0			4			08	11/	0)	1/1	8
							-/					1	

Print Form

PAID

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

	A MALL								9, 1	E M		7		5
Date of Notification (1) 10/29/18			- 1	Name of Betty E	Building (Egli	Owner/C	perator	(2)		<u> </u>		b'	V D	7
Agencies Notified	Type Notification			Street Ad	ddress					NO	(2 20	10	
× EPA	× Initial									NO	V	3 20	IQ	
DEP	Amended			City, Sta	te, Zip Co	de			1					
DOL	Amendment		_	Woodd	liff Lake	e, NJ 0	7677							
DOH	Emergency justification)	(including		Name of	Contact				TΔ	enhone N	umber	50		9.0
DOH DCA	Cancellation			Greg E	Egli				1 -			-		
				FACIL	LITY INFO	RMATI	ON							
Name of Facility Where	Abatement is Takin	g Place (3)					Type of Fac	ility (4)					
Residence								Schoo	I (K-12)					
Street Address									apter 8 (Oth (i.e. private			dings,	home	s,
City (5)								Square Fee	t # c	f Floors	Е	Bldg. A	ge	
Woodcliff Lake								3000	2		1	08 Y	rs.	
County (6) Bergen				County C	Code (7) ISE ONLY)			Current Use Single Fa			shed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No		Name	of Abatemen	83		-		-	
N/A	i Hilled by Building	Owner (a)		ASCIVI	i NO.			o Services		(0)				
Street Address								Address	7 1110.					_
Street Address								Maple Ave	r:					
City State 7ic Code								State, Zip Coo						-
City, State, Zip Code								ington,NJ						
Project Manager for Mor	nitorina Firm			Telephor	ne No.		Telep	none No.		License	No.			
r reject manager for mor								221-9092		01107				
Start Date (10)		Schedule	ed Com	pletion [Date (11)		Name	of OSHA Mo	nitor		-1			
11/12/18		11/24/	18				Lesl	aw Nalodk	а					
Occupancy Status Durin	g Abatement (Chec	k Only On	ie)				Street	Address			- 12			
Facility Closed/Vac	ated During Entire	Period of A	Abatem	ent			156	Maple Ave						
Abatement Perform	ned Outside of Norr						2000	State, Zip Coo						
Other - Describe:							Wal	lington, NJ	07057					
Scope of Work (Check A	All That Apply)					100 E - 1050	D	g widap	2 CUT					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		- Company	tenova emoliti					Full Cont Mini-End Glovebag	ainment wit	-			Δ.	
			tele usocu vow					I HOIT EXC	Inpica () ai	id Holl i li	upio i i c		ement	
		1000	Locati Vormall					anevaly					ре	
Location Asbestos-Containing		Use	d Sole	ly by	Achoe		scription	n of Material (ACN	1)	Amount			m	
TO BE AB			intenar todial S			thermal	system	s insulation,	(Specify	Re	R	Encapsulate	E
In Faci		Cusi	(12)	otan:			cing, VA		S	F or LF)	Remova	Repair	sde	Enclosure
(13)			• •			other	niscella	neous)			va.	=·	llate	ure
		Yes	No										Ф	
Basem	nent			* pipe insulation						240 lf.	*			
Roo	f			* roof shingles				les	8	300 sf.	*			
Name of Registered Wa	ste Hauler		1	JDEP W		\$4000 CO	Yards	Nan	ne of Regist	ered Land	fill			
Newark Carting Inc.	• 0		100000	lauler ID 5409	No.	of Wa	ste	GC	SL					
City, State							sal Date	V 1855.574	, State	2000	80			
Newark, NJ						11/2	5/18	Pe	n Argyl, F	PA				
Completed by						Signatur	е	9		Date	1000			
Leslaw Nalodka		President					, (- 1/w	1-		10/29/	18		



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

Ck# 1904

	of Notification (1)	9 9	-	100000	ame of Bu	ilding Owr	er/Op	erator (2)	JE () - 0 -	I po	ra ra ra			
Agend	cies Notified EPA DEP	Type Notification I Initial Amended		C		Zip Code		20 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NC)V =	8 2018	The state of the s			
X	DOL DOH DCA	Amendment # Emergency (in justification) Cancellation	ncluding	-	Edgewar ame of Co	ontact		1	I Production	Telep	hone Num				
Name	e of Facility Where sidential House et Address	Abatement is Taking scheduled for de	Place (3) emo		FACILIT	iy infort	MATIC	Type	of Facility (4) School (K-12 Subchapter 8 Other (i.e. prieto.)) (Other	than K-12 commercia) Il buildin	gs, h	omes,	
City	(5) gewater							Squa 200	re Feet 0	2.	loors	50	g. Age +	•	
Cour	nty (6) rgen			0	County Co	de (7) E ONLY)		- Res	ent Use (Prior sidential Ho	ouse		ed)			_
Nam n/a	ne of Monitoring Firm 1 et Address	n Hired by Building (Owner (8)		n/a	No.		Name of Abs Harmony Street Addre 360 Palis	Contractir ss						
n/a	State, Zip Code	the state of the s		—-	Felephone	e No.		City, State, 2 Garfield, Telephone N	NJ 07026		License N	0.			
n/a	ect Manager for Mo 3 t Date (10)	enitoring Firm	Scheduled		n/a			973460.6 Name of OS	HA Monitor		01255				\dashv
10	0/6/18 supericy Status Duri Facility Closed/Va	ing Abatement (Checocated During Entire med Outside of Norr Scheduled for Demo	Period of Al) patem	nent			Street Addre 360 Palis City, State,	sade Ave		6)				
	other – Describe: ope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	All That Apply)		enova				X F	ull Containmo	ent with				<u> </u>	
-				Local									Abate		
	Asbestos-Containi TO BE /	ion of ng Material (ACM) ABATED acility 3)	Use Mai	ntena odiai (12)	ely by ince/ Staff?	Asbesto (i.e. t	os Cor therma surfa	escription of ntaining Mater al systems ins acing, VAT, or miscellaneou	ulation,	(8	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
-	Base	ement	Yes	No	N/A X		Pip	e insulation	1	1	00 LF	×			
1	ame of Registered \				NJDEP V Hauler ID	No.	of W	ic Yards /aste	The state of the s	f Regist	tered Land	fill			
Ci	armony Contractity, State	oting INC			033085		Disp TBI	osal Date	City, Sta						
Garfield, NJ Completed by E. Cirovic Title Secre					у			Signature E. Caron	2			Date 10/31	/18		

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

KOI MI		E	(Pur	suant	to NJA	6.00 and 5.10	"				Ŧ.	
Date of Notification (1)				Name o	f Building	Owner/Operator (2	2)	NOV	- 8 20)18	1	1
11 / 6	/ /	18		Sym	rise	/ Jol	b #1808-2345	Chk. #5179				
Agencies Notified Ty	pe Notificatio	n		Street A	Address			1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1			11.15	
	Initial				North St	reet		1				
	Amended		+		ate, Zip C					4.5		\neg
☑ DHSS	Amendment	#			rboro, N							
	Emergency		+		of Contact			Telephone Nun	nher			-
(NJAC 5:23-8)	justification)				Vall masses			908-801-10				
	Cancellation	1			ı Intili			300-001-10	31			
				FAC	ILITY IN	FORMATION						
Name of Facility Where Abat	ement is Tak	ing Place	(3)				Type of Facility (
Symrise Branchburg							School (K-12) Subchapter 8		2)			
Street Address							Other (i.e., pr	ivate and comm	ercial bui	ldings	,	
180 Industrial Parkewa	ay						homes, etc.)					
City (5)							Square Feet	# of Floors	Bld	g. Age	е	
Branchburg							169750	5	3	7		
County (6)				Count	y Code (7)	(STATE USE ONLY)	Current Use (Pri	or if being demo	lished)			
Somerset							Manufacturi	ng Facility				
Name of Monitoring Firm Hir	ed by Buildin	g Owner (8)	ASCM N	lo.	Name of Abateme	ent Contractor (9)					
Finog Environmental						Asbestos an	d Mold Service	s, Corp.				
Street Address						Street Address						
617 Stokes Road Sute	4-138					3859 Sylon E	Boulevard					
City, State, Zip Code						City, State, Zip C	ode					
Medford, NJ 08055						Hainesport, I						
Project Manager for Monitori	na Firm		Tele	phone N	lo.	Telephone No.		License No.				-12
Rebecca Rubnitz	119 1 11111			8-715-		609-702-0400)	00862				
Start Date (10)	Sch	heduled C	1000			Name of OSHA N						
11 / 10 /		11 /				EMSL Analyt						
							iloui, ilioi					
Occupancy Status During At						Street Address	.4. 420 No. who					
□ Facility Closed/Vacated I □ Abatement Performed Output □ Abatement Performed Out					oribo		ite 130 North					
Time of Abatement:						City, State, Zip C						
		-1 11111				Cinnaminso	n, NJ 08077					
Scope of Work (Check all the	at apply)					☐ Full Con	ntainment with Neo	ative Pressure				
≥3 sf or ≥3 lf		⊠ Re				☐ Mini-End	closure	,				
☐ ≥160 sf or ≥260 lf		☐ De	molitic	on		☐ Gloveba	ag Procedure empted (*) and No	n Eriabla Braca	duro			
			1			☑ Non-Exe	empled () and No	III-I Hable Froce		otomo	nt T	vne
			Locat Norma	2000		Description	of .			ateme	-	
Location of Asbestos-Containing Ma	terial (ACM)		d Sole		Asbe	Description estos Containing Ma		Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABATE		1000000	intena			e., thermal systems	insulation,	(Specify	Nov	air	aps	losi
IN Facility		Cus	todiai (12)	Staff?		surfacing, VAT other miscelland		SF or LF)	<u> </u>		ula	тe
(13)		Yes	No	N/A		other miscellane	eous)				fe	
				9.000000				0.1.5				
Exterior			Ш		Transit	e Pipe		8 LF		Ш	Ш	ᆜ
			П			-2.5-77				П		
			1							-		
											Ш	
Name of Registered Waste	Hauler		100	NJDEP V		Cubic Yards of Waste	Name of Regi					
Waste Management				17273		vvaste 5	Grand Cer	ntral		40.00		
City, State						Disposal Date	City, State					
Lafayette, NJ						11/10/18	Penn Argy	/le, PA				
Completed By (Print or Type	9)	Title			05-11-1-1-1	Signature	\wedge		Date			
Kimberly A. Trumbett		Office	Coor	dinato	r	KI	1		11 -	10-1	X	
	351					1 1 1	V 1		1.1	V I	0	

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 9 28 17 HealthSouth Corporation / Job #1609-2116 3 CHR. #5173 Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial 3360 Grandview Parkway, Suite 200 □ DOLWD City, State, Zip Code Amendment #3 X DHSS Birmingham, AL ☐ Emergency (including □ DCA Name of Contact (NJAC 5:23-8) justification) Telephone Number ☐ Cancellation Elizabeth Mann 205-970-7850 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) HealthSouth Rehab Hospital of Toms River ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 14 Hospital Drive homes, etc.) City (5) Square Feet # of Floors Bldg. Age Toms River 84,619 3 over 30 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Ocean Rehab Hospital Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Horizon Asbestos and Mold Services, Corp. Street Address Street Address PO Box 316 3859 Sylon Boulevard City, State, Zip Code City, State, Zip Code Thorofare, NJ 08086 Hainesport, NJ 08036 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Dave or Steve Flanigan 856-848-0800 609-702-0400 00862 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10 / 1 / 18 11 / 14 / 18 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 200 U.S. Route 130 North ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-_ PM/_ PM-Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ≥3 sf or ≥3 lf □ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 If ☐ Glovebag Procedure ☐ Demolition ☐ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Enclosure Remova Repair Encapsulate Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Approx. Nine Rooms & Hallway П П M Popcorn Ceiling 2,000 SF 1st Floor Hallway П X 220 SF X П Popcorn Ceiling П П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Waste Management **Grand Central** 17273 5 City, State Disposal Date City, State Lafayette, NJ 11/14/2018 Penn Argyle, PA Completed By (Print or Type) Signaturé

State of New Jersey

ASB-41 **MAY 11**

Kimberly A. Trumbetti

* Do not use this form for asbestos licensure exempted activities

Office Coordinator

NOCK

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

NOCK	_	NOT				BESTOS ABAT AC 8:60 and 5:10		DEG	IS.	7 8	[] []-	7
Date of Notification (1) 10 /	19 / 18	8			of Buildin	g Owner/Operator (2) / Job #1810-2	2361 CMB.	#NA S	20	10	
Agencies Notified EPA DOLWD DHSS	Type Notification Initial Amended Amendment #	<u>+1</u>		One City, S	Address e Medfor State, Zip (/	10 T 4 C 10	-0	70	
☐ DCA (NJAC 5:23-8)	Emergency (in justification)	ncluding	3		of Contac	111111111111111111111111111111111111111		Telephone Nu	mber			
3000 100 100 100 100 100	☐ Cancellation			Ste	ve Mirar	chi		215-539-91	24			
				FA	CILITY IN	IFORMATION			71			
Name of Facility Where A Medford Leas - PHA Street Address One Medford Leas	ASE 1	ig Place	(3)				Type of Facility School (K-12 Subchapter 8 Other (i.e., prinder) homes, etc.)) 3 (Other than K-1 rivate and comm	ercial b			
City (5) Medford							Square Feet	# of Floors	E	Bldg. A	\ge	
County (6)				Cour	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being domo	lichod)			
Gloucester				Oour	ity dode (/	MOTATE OSE ONET)	Residential	of it being demo	istieu)			
Name of Monitoring Firm	Hired by Building	Owner	(8)	ASCM	No.	Name of Abateme						_
Criterion Labs							d Mold Service					
Street Address						Street Address						
400 Street Road						3859 Sylon B						
City, State, Zip Code	0					City, State, Zip Co						
Bensalem, PA 1902 Project Manager for Moni			Tolo	phone	No	Hainesport, N	1J 08036	11: 11				
Mike Panepresso	toling Filli		1	:priorie 15-244		Telephone No. 609-702-0400		License No. 00862				
Start Date (10)	Sche	duled C				Name of OSHA M	8	00002				
11 /1 /	1400-000	11_ /			200	EMSL Analyti	2000 200 E-0					
Occupancy Status During	Abatement (Chec	k only	one)			Street Address						
☐ Facility Closed/Vacate						200 U.S. Rou	te 130 North					
Abatement Performed Time of Abatement: _						City, State, Zip Co						
Scope of Work (Check all	that apply)	7.8										
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		-	novati molitic	17070		☐ Mini-Enc ☐ Glovebag			ure			
			Locat						A	baten	nent T	уре
Location Asbestos-Containing I TO BE ABA IN Facilit (13)	Material (ACM) TED	Use Ma	Norma d Sole intena todial (12)	ely by ince/		Description o stos Containing Ma ., thermal systems surfacing, VAT, other miscellane	terial (ACM) insulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Res. Svs. Offices & C	loset			\boxtimes	2x4 Cei	linge		4 SF		1	+	
	10001				224 061	iiigs		4 31	-		분	12
											1	
Name of Registered Was Waste Management			0.99	IJDEP V lauler III 17273	No.	Cubic Yards of Waste 5	Name of Regis Grand Cen			*		
City, State				11210		Disposal Date	City, State					
Lafayette, NJ						11/2/18	Penn Argy	le, PA				
Completed By (Print or Ty	1000000	-				Signature	ń	1	Date			
Kimberly A. Trumbe	etti (Office (Coord	dinator	•	OK!			11-	-1-1	8	
ASB-41 MAY 11	*	Do not	use th	nis form	for asbest	os licensuré exemp	ted activities.					

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

1100				(Pi	ursuan	t to NJA	C 8:60 and 5:16	5)	J		en Color	į	111
Date of Notification (1)					Name	of Building	Owner/Operator (2)	N	12	2020002	507	1 1
8/	16 /	18	_		10-1	12 Comm	erce, LLC	/ Job	#1807-2007/	- Chk	2918	. !	
Agencies Notified	Type Notifica	tion			Street	Address						- 1	
⊠ EPA	☐ Initial				20 0	Commerc	e Drive	Y	1			in and	
□ DOLWD		-			City, S	tate, Zip C	ode		1	1111			
□ DHSS □ □ □ □ □ □ □ □ □	Amendme	_			3.30	nford, N.			i 1111 4-4 1410 44				
☐ DCA (NJAC 5:23-8)	☐ Emergence justificatio	y (inc	luding			of Contact			Telephone Nun	nber			-
(140/10/3.20-0)	☐ Cancellation					rles A. V			212-470-52				
					FAC	CILITY IN	FORMATION						
Name of Facility Where A	Abatement is Ta	aking	Place	(3)				Type of Facility (4)				
10-12 Commerce								School (K-12)					
Street Address								Subchapter 8			145		
10-12 Commerce D	rive							Other (i.e., pr homes, etc.)	ivate and comme	erciai bui	laing	5,	
City (5)	Sec. (4-50-4)			_			+	Square Feet	# of Floors	Blo	lg. Ag	е	
Cranford								72000	2		0		1
County (6)			- 8		Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demol	ished)			-
Union							• • Professional Control of the Cont	Vacant					
Name of Monitoring Firm	Hired by Build	ing O	wner (3)	ASCM	No.	Name of Abateme	ent Contractor (9)					
GEI							Asbestos an	d Mold Service	s, Corp.				
Street Address							Street Address						
300 Broadacres Dri	ve						3859 Sylon B	oulevard					
City, State, Zip Code							City, State, Zip Co	ode					
Bloomfield, NJ							Hainesport, N	NJ 08036					
Project Manager for Moni	itoring Firm			Tel	ephone l	No.	Telephone No.		License No.				
Margaret Halasnik				9	73-873	-7110	609-702-0400)	00862				
Start Date (10)	S	chedi	uled Co	mple	etion Da	te (11)	Name of OSHA M	lonitor					
_ 8 / _ 27 /	18	1	1_ /	_ 6	_ / _	18	EMSL Analyt	ical, Inc.					1
Occupancy Status During	Abatement (C	heck	only o	ne)			Street Address						-
☐ Facility Closed/Vacate					ement		200 U.S. Rou	te 130 North					1
☐ Abatement Performed							City, State, Zip Co	ode					
Time of Abatement: _	AM	PN				AM	Cinnaminsor						
Scope of Work (Check all	I that apply)		16	10-									
≥3 sf or ≥3 lf			⊠ Rei		lian			tainment with Neg	ative Pressure				
\(\sum_{\geq} \geq 160 \text{ sf or \geq 260 lf}\)			Der					closure g Procedure					
								mpted (*) and No	n-Friable Proced	ure			
				Loca			- 12			Ab	ateme	ent Ty	уре
Location Asbestos-Containing		,		lorma d So	lely by	Acho	Description of stos Containing Ma		Amount	Re	Re	En	田田
TO BE ABA		′	Mai	nten	ance/		., thermal systems		(Specify	Removal	Repair	cap	Enclosure
IN Facili	ty		Cust	odiai (12	Staff?		surfacing, VAT		SF or LF)	/al		Encapsulate	ure
(13)			Yes	No		1	other miscellane	eous)				te	
SEE ATTACHED SCO	OPE OF WOR	2K				-				П	П	П	П
1 st Floor Full Contain	ment												
with Shot Blast for M	100000000000000000000000000000000000000												
Plus additional notif		r Λ								급			
Name of Registered Was	-	۸.	Ц	_	NJDEP \	Nasta	Cubic Yards of	Name of Regis	tered I andfill			П	
Waste Managemen				0.00	Hauler II	D No.	Waste	Grand Cen					
City, State					17273	3	5 Disposal Date	City, State					
Lafayette, NJ							11/9/18	Penn Argy	le, PA				
Completed By (Print or T	ype)	Title					Signature //	1		Date			
Kimberly A. Trumb	21000000	1000		2001	dinato	r		111			29-	i P	
ASR 41								1-1		10 1	-1	10	

ASB-41 MAY 11

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

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

Date of Notification (1)				1			,					
	6 /	18			me of Build lathieu N	ing Owner/Operator elessen		811-2371 NC)\/ - Chk. #	8 2	018	
Agencies Notified	Type Notifica	ation			eet Address		7 005 #1	011-2371	CIIK. H	5176		
☐ EPA				Otte	et Address			i Zazi				÷
□ DOLWD	☐ Amended			City	Ctoto 7:	0-1						
DHSS	Amendme				, State, Zip						Į.	
DCA (NJAC 5:23-8)	☐ Emergend justification	cy (includ	ing	-		n< NJ 08822						
(10/10/0.25-0)	☐ Cancellat			10	ne of Conta l athieu	act		Telephone Nu	ımber			
				F	ACILITY I	NFORMATION						
Name of Facility Where A	batement is T	aking Pla	ce (3)				Type of Facility	(4)		-		_
Residential							School (K-12	2)				
Street Address							☐ Subchapter 8	Other than K-	12)			
							homes, etc.)	rivate and comm	nercial b	ouildir	ıgs,	
City (5)							Square Feet	# of Floors	1.	21-1-		
Flemington							1600 SF	# 01 F1001S		3ldg. /	-	
County (6)				Cot	unty Code ((7)(STATE USE ONLY)				65+	-	
Hunterdon					, , , , ,	(NOTHIE GOL ONLY)	Current Use (Pri Residential	or it being demo	lished)			
Name of Monitoring Firm I	Hired by Buildi	ng Owne	r (8)	ASCN	/ No	Name of Abeter				000		
Detail Associates, Ir		3	. (0)	710011	1110.	Name of Abateme		= = = = = = = = = = = = = = = = = = =				
Street Address							d Mold Service	s, Corp.				
560 Sylvan Avenue,	Suite 3065					Street Address	1 121 11					
City, State, Zip Code						3859 Sylon B						
Englewood Cliffs, N.	1 07632					City, State, Zip Co						
Project Manager for Monito			T			Hainesport, N	1J 08036					
Stephen Janaczewsl				ephone		Telephone No.		License No.			-1-1-1	
Start Date (10)					9-6708	609-702-0400		00862				
	10	heduled				Name of OSHA M	onitor					_
/				0_/	18	EMSL Analyti	cal, Inc.					
Occupancy Status During	Abatement (Ch	neck only	one)			Street Address						-
Facility Closed/Vacated	During Entire	Period of	f Abate	ment		200 U.S. Rout	e 130 North					
Abatement Performed (Outside of Nori	mal Facili	ty Hou	rs - Des	scribe	City, State, Zip Co						_
Time of Abatement:		_PIVI/	PM		_AM	Cinnaminson						
Scope of Work (Check all to	hat apply)						,					
≥3 sf or ≥3 If		Ø.p.	2000 C			☐ Full Conta	ainment with Nega	ative Pressure				
☐ ≥160 sf or ≥260 lf			enovat emoliti	on on			osure					
			orrione.	311		☐ Glovebag ☒ Non-Exen	Procedure npted (*) and Non	-Friable Procedu	150			
		Is	s Loca	tion			iptod () and Non	1 Habie Procedu				
Location of			Norma			Description of			Ab	atem	ent I	-
Asbestos-Containing Ma TO BE ABATE	aterial (ACM)		ed Sole aintena		Asbe	stos Containing Mate	erial (ACM)	Amount	Rer	Rep	Enc	1
IN Facility			todial		(i.e.	., thermal systems in surfacing, VAT,	nsulation,	(Specify	Removal	Repair	aps	Enclosure
(13)			(12)			other miscellaneo	us)	SF or LF)	<u>a</u>		Encapsulate	ure
		Yes	No	N/A			/				te	
Basement					Floor Ti	le & Carpet		996 65				_
				-		carpet		886 SF		Ш	Ц	L
											П	Г
			П						1			-
lame of Registered Waste	Hauler		N	JDEP V	Naste T	Cubic Yards of	News 15			Ш	П	
Waste Management	······································		Н	auler ID	No.	Waste	Name of Registe					
ity, State				17273		5	Grand Centr	al				
Lafayette, NJ						Disposal Date	City, State					_
						11/20/18	Penn Argyle	, PA				
ompleted By (Print or Type	200	tle				Signature	\wedge	Da	ate			-
Kimberly A. Trumbetti		Office (Coord	inator		KI			11 1	-10		
B-41						VIX	- Commentered State of State o		11-11	11		

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

MAY 11

STATE OF NEW JERSEY

NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7

Date of Notification (1)					Building Owner / C	perator (2)	A TOTAL OF BASING				La responsa in consuming
	/18			D&R HO	BOKEN, LLC			EP	15 A	177	E 1
Aganaiaa Natifiad	/ 	1.415		Street Ac							
Agencies Notified	And the second second	lotification			IMERCE BLVD		1				
☐ EPA DEP		Initial Amended			te, Zip Code			ALOV/	- 8	2010	111
☑ DOH		Amendment	#	Name of	ADT, NJ 07072		IT-1			2010	- 17
DOL DOL			// justification		AS DINALLO		201-487-	ne Numb 5657	er		
		Cancellation	F	ACILITY IN	NFORMATION						-
					Oranization		1 THE 12 THE	AND THE PR	P-9		
Name of Facility Who 416 JEFFERSON ST	ere Abaten REET	nent is Taking	Place (3)		Type of Facility (4	1)					
Street Address						I (K-12)	125 23				
416 JEFFERSON ST	REET					apter 8 (Other					
THE SEL PERCONTON	\ ·					(l.e., private & homes, etc.)		11			
City (5)	County (6		County Code	(7)	Square Feet	# Of Floo		Building	g Age		_
HOBOKEN	HUDSON				880		1				
					Current Use (Prio		nolished)		40 -	+	
Name of Monitoring	Firm Hired	l by Bldg Own	or (8)	ASCM NO	RESIDENCE/HOU	SE					
l		o bidg. Own	C1 (0)	AGCINI INC	1'						
AET					NORTHSTAR CO	NTRACTING (GROUP, IN	C.			
Street Address	THE RESERVE TO SERVE				Street Address						
907 Doolittle Drive City, State, Zip Code					1						
Bridgewater, NJ 0880					32 Williams Parkw	-					
Project Mngr. For Mo		irm	Telephone Nu	mhor	City, State, Zip Co	ode					
Eric Southerland	mitoring r		610-891-0114	mber	East Hanover, NJ	17936					
Sheduled Start Date	(10)	Sched. Comp	letetion Date (1	1)	Telephone Number		License I	Number			
11//19	/18	_12	/14/	18_							
// /		/	/		973-884-8682	-		0	0860		
Occupancy Status Di	uring Abat	ement (Check ted During Ent	Only 1)		Name of OSHA M						
Abatemen		ted burning Eni	ire Period of		NORTHSTAR CON Street Address	NIRACTING C	SROUP, IN	C.			
		d Outside of N	lormal Facility		Street Address						
Hours - De	escribe:				32 Williams Parkw	ay					
☑ Other - De	scribe: _	7:00AM - 3:30	PM		City, State, Zip Co	de					
C		MON-FRI			East Hanover, NJ	07936					
Scope of Work (Chec	K All That	Apply)									
☐ Demolition	1	V	Renovation		Full Containment	with Negative	Pressure	6			
	lf				Mini - Enclosure						
	≥260 If				Glovebag Proced						
				✓	Non-Exempted (*)	and Non-Fria	ble Proce	dure			
Location of		Is		Descript	ion of		Abateme	nt Type			
Asbestos Conta		Location	As	bestos - C			R	it Type	ΙE	ľΕ	
		Normally		Material		Amount	E	R	N	N	
TO BE ABATE	<u>ED</u>	Used		e., therma		(Specify	M	E	C	C	
in Facility		Solely			facing, VAT,	SF or LF)		Р	Α	L	
(13)		by Main- tenance/	ord	other misc	ellaneous)	1	V	A	P	0	
		Custodial					A	l R	S U	S	
		Staff (12)					_	K	ľ	R	
		YES NO N/A							+	1	
ROOF			ROOF & FLASI	HING		880 SF	V				
										I	
Name of Degisters 11	Monto III-		NIDED W.	0.11	lu z=						
Name of Registered V NORTHSTAR CONTR			NJDEP Waste Hauler ID No.	Cubic Yards	Name of Registers FAIRLESS LANDF						
- CONTROLLER	, lo line G	NOOF, INC	naulei ID NO.	of Waste	FAIRLESS LANDF	ILL					
City, State				Disposal	City. State	-					
EAST HANOVER, NJ	07936			Date	MORRISVILLE, PA	10967					
0 1							0				
Completed by (Print of	or Type)		Title		Signatu	/	1/00		Date		
Steve Stiles			Project Manage	ar.	X	erens	100	-		1/00/	10
ASB-41			i roject Manage	.1	7					1/06/	Ιδ

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

VACON PA	LLU (F	ursua	ant to N	JAC 8:60 and	12:120)					No.		1
ate of Notification (1)		Nam	e of Buil e Ridg	ding Owner/C e At Crestv	perator ood	(2)		N)\/ -	8 20)18	Between Party or	
gencies Notified Type Notification			et Addre									, į	
EPA DEP DOI Amended Amendment	#			Zip Code NJ 08759							1 1 1 1		
Emergency (including	Nam	ne of Co	The state of the s				Telephone 732-350		er			
DCA Cancellation				Y INFORMAT	ION								-
lame of Facility Where Abatement is Takin 29 Panda Lane	g Place (3)	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Cub	ool (K-12)	(Other than	K-12)	ildina	e ho	mes	
Street Address 29 Panda Lane						etc.)		# of Floor			. Age	1100,	-
City (5)						Square F							
Manchester County (6)		Col	unty Coc	de (7) E ONLY)		Current U	Jse (Prior	if being der	molished	1)		1000	
Ocean Name of Monitoring Firm Hired by Building	Owner (8)	1	ASCM N	0.	Nam	e of Abatem A LEAD F	ent Contr	actor (9) SIONAL	S				
Street Address					Stree 6 W	et Address /HITE DC	VE CO	URT					
City, State, Zip Code					City.	State, Zip (KEWOOD	Code), NJ 08	701					
Project Manager for Monitoring Firm		Te	elephone	No.	Tele	phone No. 2-668-907	78	120	ense No 00				
Start Date (10)	Scheduled 11/29/18		letion Da	ate (11)	Nam	ne of OSHA A LEAD I	Monitor PROFES	SSIONAL	_S				
11/15/18 Occupancy Status During Abatement (Ch					Stre	et Address VHITE DO	OVE CO	URT					
Facility Closed/Vacated During Entir Abatement Performed Outside of No Other – Describe:	e Period of Ab	ateme	nt		City	, State, Zip	Code						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovati emolitic				Mini-	Enclosure	ent with Ne e cedure d (*) and No				: :	in the second
						NOI!	-Exemple	a () and			Abate	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair	ocation or mally solely ntenan odial S	y y by ice/	(i.e. there	mal syst	tion of ng Material tems insulat , VAT, or ellaneous)	(ACM) tion,	Amo (Spe SF or	cify	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		ROO	FING		600	SF	x			
EXTERIOR					FLAS			100	LF				
													-
Name of Registered Waste Hauler NEWARK CARTING		H	JDEP V Hauler ID 4509	No.	cubic Ya f Waste 0		IESI	f Registere	d Landf	III			
City, State NEWARK, NJ					Disposal 1/29/1		City, St BETH	ate ILEHEM		Dets			_
Completed by JOSEPH PERLSTEIN	Title	NER		1	Sign	nature			6.1	Date 11/05	/18		

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Print	FOID:
T. FIFT	I OIIII

1872	30 P	AII		ATION C	e of New C OF ASBES NJAC 8:6	STOS AE			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1) <u>. U</u>	5 U .	125			- m	
Date of Notification (1) 11/05/18	74				Building Ov			(2)		131	NOV	- 6	2	018	5	
Agencies Notified	Type Notification		100	Street Add					¥.	1_					- 1.5	
EPA DEP DOL	Initial Amended Amendment	#			e, Zip Code , NJ 087				154 1			No. No. of the Control of the Contro	1		:	
ĭ DOH	Emergency (justification)	including	1	Name of C	As 11'0 1 11'					100000000000000000000000000000000000000	phone N 2-350-9		9			
DCA	Cancellation); 			ITY INFOR		N			10.	- 000 0					
Name of Facility Where A 17 Badger Street Address	Abatement is Takin	g Place (3)						S S	f Facility (4) chool (K-12) ubchapter 8 ther (i.e. pri) (Othe			ildir	nge h	omes	
17 Badger City (5)								101	tc.)		Floors	Ciai Di		g. Ag		,
Manchester								0	it Use (Prior	if hair	a domol	ichod)				
County (6) Ocean				County Co	ode (7) SE ONLY)		_	Curren	it Use (Prior	it bei	ig demoi	isrieu)				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.				PROFES							
Street Address								Address	s OVE CO	URT						
City, State, Zip Code								tate, Zip	Code D, NJ 08	701						
Project Manager for Mon	nitoring Firm		1	Telephon	e No.		Teleph	none No 668-90	i.		License	No.		1225,122		
Start Date (10)		Schedule		npletion D	Date (11)		Name	of OSH	A Monitor PROFES	SSIO	NALS					
11/15/18 Occupancy Status Durir	ng Abatement (Che					-	Street	Addres	S	- 1111						
Facility Closed/Vac Abatement Perform	cated During Entire ned Outside of Nori	Period of A	batem	nent		-	City, S	State. Zi		-						
Other – Describe:						_	LAK	EWOO	DD, NJ 08	3701						
Scope of Work (Check / ≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	All That Apply)		enova emolit				>	Min Glo	Containme i-Enclosure vebag Proc n-Exempted	edure	•				,	
		Is	Locati	ion						1					ment	
Location of Use Asbestos-Containing Material (ACM) Ma				lly ely by nce/ Staff?	Asbest (i.e.	os Conta thermal:	system ing, V	Material is insula AT, or	(ACM)	(Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A			OFIN	10			20005				Ф	
EXTER	RIOR		ROOFIN								00SF 00LF	×				
						FLA	ASHII	NG			IUULI	-	-			
Name of Registered W NEWARK CARTIN			1	NJDEP W Hauler ID 14509		Cubic of Was			Name of I	Regis	ered Lan	dfill				
City, State NEWARK, NJ						Dispos 11/29		е	City, State		м РА					
Completed by	Completed by Title					S	ignatu	re				Date 11/0		8		

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P	rın	T	-0	rm

CX 7335 PA		NOTIF	ICATIO	tate of Ne N OF ASE to NJAC	BESTOS	ABATEME	NT (E	C E				1
Date of Notification (1) 11/05/18				of Building Ridge At		Operator (2 vood)		NOV -	8 2	018		
Agencies Notified Type Notification				Address Street			1.					1	
EPA Initial Amended DEP Amended DOL Amendment	#		City, Sta	ate, Zip C				-1		11.1			
Emergency (justification)				ng, NJ 0	0759			Tel	ephone N	umber			1
DCA Cancellation			Roche	elle Slet	vold			73	2-350-9	000			
Name of Facility Marra Abstract in Takin	DI /		FAC	ILITY INF	ORMATI								
Name of Facility Where Abatement is Takin 7 Impala	g Place (3)					ype of Facility ((4)					
Street Address							School (K-1 Subchapter	12)	or than K	12)			
7 Impala						×		orivate 8	& commer	cial buil	dings,	hom	es,
City (5)			-				etc.) quare Feet	# 0	f Floors	T 6	Bldg. A	00	-
Manchester							quare r cet	# 0	1110015		olug. A	ige	
County (6) Ocean			County (STATE	Code (7) <i>USE ONL</i> Y)	C	urrent Use (Pri	or if bei	ng demoli	shed)			
Name of Monitoring Firm Hired by Building (Owner (8))	ASC	M No.			Abatement Cor EAD PROFE						
Street Address						Street Ad 6 WHIT	dress E DOVE Co	DURT	8				
City, State, Zip Code							e, Zip Code /OOD, NJ 0	8701					
Project Manager for Monitoring Firm		T	Telepho	ne No.		Telephon	e No.	0701	License	No.			
Start Date (10)	Cabadal			D 1 (11)		732-66			1200				
11/15/18	11/29/	18	npietion	Date (11)			OSHA Monitor EAD PROFE	SSIO	NALS				
Occupancy Status During Abatement (Check						Street Ad	dress E DOVE CO	NIPT	a			11-22	
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of all Facility	Abaten y Hours	nent			City, State	e, Zip Code						
Scope of Work (Check All That Apply)						LAKEV	/OOD, NJ 0	8701					
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	personne	Renova Demolit				×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure				e	
	Is	Locat	ion								Abate	men	t
Location of		Normal ed Sole			Des	cription of				_	Ту	ре	\vdash
Asbestos-Containing Material (ACM) TO BE ABATED		intena				aining Mate systems in	erial (ACM)		mount			ᄪ	m
In Facility	Cus	todial ((12)	Staff?	(surfac	ing, VAT, o	or		pecify or LF)	Remova	Repair	cap	nclo
(13)	Yes	No.	N/A		other m	iscellaneo	us)			oval	air	Encapsulate	Enclosure
EXTERIOR	165	140	INA		RO	OFING		60	00SF	x			
					FI A	ASHING			OOLF			-	\vdash
	-		-		/	10111110			JOLI	-			\vdash
										-			
Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic \	Yarde	Name of I	Panista	red Lands	II .			L
NEWARK CARTING		Н	lauler ID 4509		of Was	2000 - 200 - E	IESI	Registe	red Landii	11			
City, State NEWARK, NJ			(8) 1		Dispos: 11/29/		City, State		PA				
Completed by JOSEPH PERLSTEIN	Title OWN	IER			Si	gnature			10000	ate 1/05/1	8		

17334PAIL	NOT	(Purs	TION Of uant to	of New Jerse F ASBESTOS NJAC 8:60 an	ABATEN d 12:120)		r -		EG	Ę	1			1
Date of Notification (1) 11/05/18		Na Pi	me of Bu	uilding Owner/0 ge At Crest	operator (vood	(2)	Andrew Comments		NO	v -	- 8	201	3	A STATE OF THE PARTY OF THE PAR
Agencies Notified Type Notification		1	eet Addr Fox St									1331	1 10	
EPA Initial Amended Amendment #				Zip Code NJ 08759			g.		1					.1
Emergency (in justification) DCA Emergency (in justification) Cancellation	cluding		me of C	ontact Sletvold					ohone Nu -350-90					
DCA Carrocustion			FACILI	TY INFORMAT	ION									_
Name of Facility Where Abatement is Taking 92 Woodchuck Pkwy Street Address	Place (3)					Sch	Facility (4) nool (K-12 ochapter 8) (Othe	r than K-1 commerc	2)	ildin	ae ha	mes	
92 Woodchuck Pkwy						Square	.)		Floors	Jai Di		g. Age		
City (5) Manchester		- 1 0		do (7)				if bein	ig demolis	shed)				-
County (6) Ocean				E ONLY)					3.5					_
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM N	No.	AAA	LEAD	nent Cont PROFE	SSIO	VALS					
Street Address						Address HITE DO	OVE CC	URT						
City, State, Zip Code						State, Zip EWOOI	Code D, NJ 08	3701						
Project Manager for Monitoring Firm		T	elephone	e No	100000000000000000000000000000000000000	hone No -668-90	78		License 1200	No.				
Start Date (10) 11/15/18	Scheduled		oletion D	ate (11)	Name	of OSHA LEAD	Monitor PROFE	SSIO	NALS			20,4-550		
Occupancy Status During Abatement (Check						t Address 'HITE D	OVE CC	URT	88					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of Al al Facility l	oateme Hours	ent			State, Zip	Code D, NJ 0	8701						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emolitio				Mini-	Enclosure	e cedure	n Negative					
		Locatio			15.61	392						Abate Ty	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mai	ormall d Solel ntenar odial S (12)	y by nce/	Asbestos C (i.e. therr	Description ontaining nal system of the contraction	Material of ms insulation of Material (Material)	(ACM) ion,	(Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A						1001 =	-			-	
EXTERIOR					CAUL				100LF 100LF		X			
					FLASH	ING			TOULI					
						5								
Name of Registered Waste Hauler NEWARK CARTING		F	 IJDEP W lauler ID 4509		bic Yards Waste	5	Name of IESI	Regis	tered Lan	dfill				
City, State		1.5		10000	sposal Da /29/18	ate	City, Sta	ite _EHE	МРА					
NEWARK, NJ Completed by JOSEPH PERLSTEIN	Title	NER			Signat	ure				Dat 11	e /05/	18		

Date

11/05/18

BETHLEHEM PA

City, State

Disposal Date

Signature

11/29/18

Title

OWNER

JOSEPH PERLSTEIN

City, State

NEWARK, NJ

Completed by

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) 11 05 18 Paul Bello Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial □ DOLWD ☐ Amended **⊠** DOH City, State, Zip Code Amendment #_ ☐ DCA White Plains, NY 10603 (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Paul Bello FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet Seaside Park # of Floors Bldg. Age 900 sf County (6) 65 County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Ocean Name of Monitoring Firm Hired by Building Owner (8) Residence ASCM No. Name of Abatement Contractor (9) N/A Guardian Contracting, Inc. Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 732-349-9932 Start Date (10) 00624 Scheduled Completion Date (11) Name of OSHA Monitor 11 / 06 / 18 11 / 07 / 18 E.M.S.L. Analytical 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 1056 Stelton Time of Abatement: ____ City, State, Zip Code ___AM-____PM/____PM-_ Piscataway, New Jersey 08854 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ >3 sf or >3 If ☐ Renovation ≥160 sf or ≥260 lf ☐ Mini-Enclosure Demolition ☐ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Normally Location of Abatement Type Asbestos-Containing Material (ACM) Description of Used Solely by Asbestos Containing Material (ACM) Maintenance/ Removal Repair Encapsulate Enclosure TO BE ABATED Amount (i.e., thermal systems insulation, IN Facility Custodial Staff? (Specify surfacing, VAT, or

(13)(12)SF or LF) other miscellaneous) Yes No N/A exterior \boxtimes asbestos siding 900 sf \boxtimes П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Guardian Contracting, Inc. Hauler ID No. Waste T.R.R.F. 20223 City, State 3 Disposal Date City, State Toms River, New Jersey 11/07/18 Tullytown, Pennsylvania Completed By (Print or Type) Title Signature Nicholas Fernicola Project Manager

C/C2 4660

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

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Date of Notification (1)	7-18	IJ		N		ing Owner/Opera		CON	ITRACTO				100
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DOH DCA	justification Cancellation	n)	9	Na	me of Conta				Telephone Nun	nber)	
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Name of Facility Where	Abatement is Tal	king Pla	ice (3)				Type of	f Facility	(4)			-	
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Street Address							☑ Othe	chapter er (i.e., p nes, etc.	8 (Other than K-1 private & commerce)	2) cial bu	ilding	s,	
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County (6)	FINCULT				ounty Code	7) (STATE			ior if being demol	ished)	٥	_	
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Street Address						Street Address		SPR	WCE AL	t`			
City, State, Zip Code						City, State, Zip	Code	SHU		- (86	520	,
Project Manager for Moni	toring Firm		Tel	ephor	ne No.	Telephone No.			License No	וֹל			
Start Date (10)	Sch	eduled (Comple	etion (Date (11)	Name of OSHA			1 0 1 0				_
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Occupancy Status During						Street Address							
Facility Closed/Vacated Abatement Performed						City, State, Zip (^oda						=
Other - Describe:	Outside of North	ai i acai				City, State, Zip			W				_
Scope of Work (Check all	that apply)					□ Eull Co	ntainment	with No.	ativo Proceuro				
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IN Facility (13)			(12)			other miscellane		1	51 (4 21)	Removal	Repair	Encapsulate	Enclosure
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SIDING	-			X		PLANSI	TE		1250 SF	X			
Name of Registered Waste	Hauler IN C			uler I	Waste D No. D Y	Cubic Yards of Waste	Name o	f Regist A (ered Landfill				
City, State		T		17		Disposal Date	City, Sta	LTA.	SAUTVIL	15	.\\		
MAPLE SH Completed By	HADE NI	1)				Signature -	17	V	Date	~			==
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Date of Notification (1)	18	N	ame of Build	ing Owner/Operato		MITRACTI			UIQ.	
Agencies Notified Type	Notification	S	treet Addres			/ / 4 %			5 .	
DEP AT	nended nendment # nergency (includin	_	ity, State, Zip	Code RELNIFIE	CO NI.	5 80 T	30			
☑ DOH jus	stification) ncellation		ame of Conta			Telephone Nun	nber		1	
	•			FORMATION						
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City (5)	W CIT	Ŭ			Square Feet 2000	# of Floors	E	Sidg. A		
CAPE MAY		To	County Code ISE ONLY)	(7) (STATE		Prior if being demol	ished)			
Name of Monitoring Firm Hired by (8)	Building Owner	ASC	CM No.	Name of Abatem		(9) (A) C				
Street Address				Street Address	S SPIRI	JCE ALE				
City, State, Zip Code				City, State, Zip C	ode ESHAC	E M.J	08	05:	2	
Project Manager for Monitoring Fi	rm	Telepho	ne No.	Telephone No. 856-77	9-0472	License No.	71			_
Start Date (10)	Scheduled Co	ompletion		Name of OSHA N	M/A					
Occupancy Status During Abatem				Street Address						
Facility Closed/Vacated During Abatement Performed Outside Other - Describe:	of Normal Facility	Hours	t.	City, State, Zip Co	ode					
Scope of Work (Check all that app	Hy)									=
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	Nor	ocation mally	T		mpled () and N	on-Friable Procedu	7	Abater Typ		
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		_								
Name of Registered Waste Hauler	I C	Hauler	Waste ID No.	Cubic Yards of Waste	Name of Reg	istered Landfill	Д			
City, State MAPLE SHADE	1A1 T	11/1		Disposal Date	City, State	DBINE				
Completed By	Title	^		Signature	024	Date	7	18	-	

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

NOV - 8 201

Date of Notification (1)	7 10			Nar	me of Build	ing Owner/Operat	or (2) ENTORF	NUV		.010		
Agencies Notified	7~18 Type Notification	20		Stre	eet Addres		1	rases.				=
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⊠ DOH	☐ Emergency justification		ng	Nan	ne of Conta		200 10.	Telephone Num	ber		,, 1	_
□ DCA	Cancellation	ĺ				MDY						_
				F	ACILITY IN	FORMATION	Type of Facility	D. 743				
Name of Facility Where	Abatement is Tak	ing Plac	∞ (3)				School (K-					
Street Address	STOCK			<u> </u>				r 8 (Other than K-1) private & commerci		dings	į.	
							Square Feet			ldg. A		
City (5)	orig An	MIL	IE				1500	_ _ Z	. _	50		_
County (6)				Cox	unity Code E ONLY)	(7) (STATE		Prior if being demolis	shed)			
Name of Monitoring Firm		Owner	_	ASCA		Name of Abate	ment Contractor (=
(8) Name of Monitoring Pillin	I.A	Omne	_	10070500		K	LEMCO	INC				_
Street Address						Street Address	9 5 501	RUCE WIF	-			
City, State, Zip Code						City, State, Zip	Code					
Cay, State, 2p ooct							IPLE SH	ADE N.J	05	05		=
Project Manager for Moni	toring Firm		Tele	ephone	No.	Telephone No. 856-7.7	9-0472	License No.	37	1		
Start Date (10)	Sche	duled (Comple	tion D	ate (11)	Name of OSHA	A 1					
11-17-1	8	11-		2-	18	Street Address	NIA	·			_	=
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Abatement Performed	Outside of Norma	el Facili	ty Hou	rş		City, State, Zip (Code					
Other - Describe:												=
Scope of Work (Check all	that apply)			2523		Full Co	ntainment with Ne closure	egative Pressure				
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City, State	- IN T						PLUA	SANT VILL	_	N	1	_
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Date of Notification (!)	NOTIFICATION OF AS (Pursuant to NJAC	- 0:00 and 12:120)	110		1
Agencies Notified Type World	Name of Building	Owner/Operator (2)	0 0	NOV-	8 2018
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Amendment #_ Emergency (including	-L 5ea	isk	NTOS	27211	
☐ DCA justification ☐ Cancellation	Name of Contact	4	Te	elephone Number	
Name of Facility Where Abatement is Taking Place (3)	FACILITY INFO	RMATION		609-1	125-6/7
Street Address K.C.Sident	· ·	. !	pe of Facility (4)		
City (5)			School (K-12) Subchapter 8 (Other	than K-12)	
O Can City			Other (i.e. private &	commercial buildi	
County (6)	County Code (7)		- 0.	[-	Bldg Age
Name of Monitoring Firm Hired by Building Owner (8)	(STATE USE ONLI) _		ent Use (Prior if being	demolished)	
Street Address	ASCIVINO.	Name of Abar	tement Contractor (9)	1777	
City, State, Zip Code		Street Address	ce Ahistoine	ut Lauri	tieri / (C)
		/2/2 City, State, Zip	Code	1 Hive	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.	ico NJ	Eiso)	
Start Date (10)	etion/Date (11)	657-34	6-64161	cense No.	
Occupancy Status During Abatement (Check Only Org.)	5/18	Name of OSHA	Monitor		
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed County		Street Address		-	
Utner - Describe: Hours		City, State, Zip Co	ode		
Scope of Work (Check All That Apply) ☐ ≥3 sf or ≥3 If					
. ≥ 160 sf or ≥260 If	5-8	☐ Full Cor	ntainment with Negativ	p Process	
		☐ Gloveba	a broceding		
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- Jeph T Hill. K Riesident.	Signature	: 111	Date Date	e / /	16
B-1: (R-06-03)				11/5/	18
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12-120)

Check No.

5403

Date of Notification (1)					of Building		nd 12-			7.00					
February 12, 201 Agency Notified				PA	of Building	y Owner/	Operato	or (2)		11.5	E !	J	122	17	n
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	☐ Cancellatio	n			Mehta					Telephor				10.	1
Name of Facility Whose	A.L		19		ITY INFO	RMATION	M			201-59	5-4881	1-			1
Name of Facility Where	Abatement is Ta	king Pla	ce (3)			TOP AND	IN .	-							
Goethals Bridge - Street Address	New Jersey	Side c	of Bridg	е			1	Type of F		7 (2)					
	_							☐ School	(K-12)						
NJ Turnpike Acces	ss Road							☐ Subcha	pter 8 .e. priv	(Other than rate & comr	1 K-12)				
Elizabeth, NJ 0720	_								010.7			uild	ings	1	
County (6)	2							Square Fe		# of Floors	S	Bldg	J. Ag	je	
Union				County C	Code (7) (S	TATELIC		440,758		1		QQ	+/-		
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Name of Monitoring Firm	Hired by Building	Owner	ASCI	M No.	l Ma	ame of All	1	Bridge							
BSI Services and S	olutions (NY	C) Inc	., N/A		P	2NO DI AL	D -	nt Contract	or (9)						_
	2 2	100/2012			Str	reet Addr	Resto	oration (Comp	any, Inc	: .				
121 West 36th Stree	et, 3rd. Floor				011	cet Auun	ess								-
New York, NY 10018					City	y, State, 2	uoipn	Avenue							
Project Manager for Monito	orina Fi				CI	ifton, N	LIP COU	e							-
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☐ Facility Closed/Vacated D ☐ Abatement Performed Out	uring Entire Peri	od of A	atomont		464	1 Valley	ss / Broo	k Aveni		vices, L.I	L.C.				
M Other - Describe: Non-	Ouring Entire Peri tside of Normal F friable exteri	od of A	atomont		464 City,	Valley State, Zi	Broc Dode	k Avent		vices, L.I	L.U.				
M Other - Describe: Non-	Ouring Entire Peri tside of Normal F friable exteri	od of A	atomont		464 City,	Valley State, Zi	Broc Dode	k Avent		vices, L.I	L.C.				_
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Scope of Work (Check all that □ ≥ 3 sfor ≥ 3 lf	Ouring Entire Peri tside of Normal F friable exteri	od of A	oatement lours 'k	Renovatic	464 City, Lyn	State, Zindhurst	/ Broo	07071	I e h Nega	ative Pressu	ure				
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Project Manager for Manitoring Phys	*****		Teleph	ione No.	Yelsek	and Pauk, one No.	U 07432			ĺ
Start Data (10)	- Charles				201-2	02-5641				
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Date of Notification (1) 11-02-2018				of Building Tabares		Operator	r (2)	1111	A	lov ·	- g	วก	10	A CONTRACTOR	111
Agencies Notified Type Notification		-	V20004.08/18/0	Address	•					101	0	40	10		4
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X DOL Amendment : Emergency (_ [ville NJ (NAME OF STREET		V. 199			
DOH justification)	inoladii 19			of Contact					Tele	phone	Num	ber			
DCA Cancellation				Tabares		1011			1-						
Name of Facility Where Abatement is Taking	Place (3	3)	FAC	ILITY INF	ORIVIAT	ION	Туре	of Facility (4)	117,00000					
Private Dwelling								School (K-12	200						
Street Address	8-880							Subchapter 8	(Other	than F	K-12			40000	
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City (5) Belleville NJ 07109								re Feet	200,000,000	loors		В	ldg. A	\ge	
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Essex			(STATE	USE ONLY)			ent Use (Prior ate Dwellir		g demo	olishe	ed)			
Name of Monitoring Firm Hired by Building C	wner (8)		ASCN	Л No.		Name		tement Conti	-	9)					
Standard Environmental								ntracting LI		-7					
Street Address						Street	Addre	SS							
2108 Fulton Street Suite 2A	OLLUNIA DE						30X :								
City, State, Zip Code Brooklyn NY 11233								ip Code	7404						
Project Manager for Monitoring Firm			Telepho	ne No		Teleph		Park NJ 0		11	- 11-				
Kayode Adefisoye		- 1	43.0	41-7673			692-6			License 01266					
	Schedule	d Con	pletion	Date (11)		83833550	120000000000000000000000000000000000000	HA Monitor							
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Occupancy Status During Abatement (Check		55				Street									
Facility Closed/Vacated During Entire Poly Abatement Performed Outside of Normal	eriod of A	batem	ent				30X 7	30.28 - 30.8							
Other – Describe:	ii raciiity	nours						ip Code I Park NJ (7404						
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Asbestos-Containing Material (ACM) TO BE ABATED	Mai	ntenar	ice/	Asbes	tos Conta thermal	aining M	laterial	(ACM)		ount ecify		ת		En	Ш
In Facility (13)	Custo	odial S (12)	taff?	(surfac	cing, VA	T, or			r LF)		Remova	Repair	caps	Enclosure
(13)					other m	niscellan	eous)					oval	air	Encapsulate	sure
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Name of Registered Waste Hauler		38.00	DEP W		Cubic '			Name of Re	egistere	d Land	dfill				
Amax Contracting LLC			auler ID 136184		of Was	ste		Fairless I	Hills						
City, State						al Date		City, State							
Woodland Park NJ 07424						-2019		Morrisvill	e PA						
Completed by Tome Maslarkov	Title				Si	ignature				1.55	Date		17/85 to 540 to		
TOTTE WASIAIKUV	Projec	ct Ma	nager			1/					11-	02-2	2018		

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

	-				State o	of New Je	reav							45	Print
Date of No. 12	PAI	D	NO	TIFICA (Pursi	TION OF	ASBESTO JAC 8:60	OS ARAT	EMEN 20)	IT		\cap	No.	0 8	1/	4 1
Date of Notification (1) 11/02/2018				Nan	ne of Bui	lding Owne	er/Operato	or (2)	-	****		110	KC	X	#1
Agencies Notified	T			Ag	ostinho	Padinha	a	/		~ · [ER	E	And Sept.	11.77	F-4 -
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				_	riana Pa								_		
Name of Facility Where A	batement is Ta	aking Place	e (3)	F	ACILITY	INFORMA	TION	T			the second second				
residential Property			(-)		**;			Туре	e of Facility (4	1)					
Street Address									School (K-1:	2)					
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City (5)								1	elc.)			iai Dl			
Newark								Squa 170	are Feet	# of FI	oors			. Age	
County (6)				Coun	ty Code (7)				2			192	2	
				(STAT	E USE OF	VĹY)		Curre	ent Use (Prior	f if being	demolisi	ned)			
Name of Monitoring Firm H	lired by Buildin	ng Owner (8)	AS	CM No.		Namo	of AL	toment 0						
							Dany	vic Co	ntement Contracting	actor (9)					
Street Address							Street			LLU					
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City, State, Zip Code									ip Code						
roject Managas (- 14									NJ 07206						
roject Manager for Monito	ring Firm			Teleph	none No.		Telepho			116	cense No				
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tall Date (10)		Schedu	led Co	mpletion	n Date (1	1)	1		IA Monitor						
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Facility Closed/Vacated Abatement Performed	During Entire	Period of	Abater	ment					e 22 west						
Other - Describe:	- atolae of Nor	mai Facilit	y Hour	S			City, Sta								
cope of Work (Check All Ti	nat Apply)						Union	,NJ C	7083						
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my Donneys		owner	-			Sig	Liarde /	1			Date	010	040		
		OWITE						1			11/0	2/20)18		

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

State of New Jersey

CL24020365 PAINOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 11/02/2018			Name Patr	of Buildin icia Hanı	g Owner non	/Operator	(2)			_ 12	2010		
Agencies Notified X EPA X DEP X DOL X Initial Amender Amender Amender	i		City, S	t Address State, Zip O d Ridge,	Code NJ 07	075			NOV_		2010		
DOH justification Cancellat	n)		Patri	of Contac cia Hanr	non			Te	elephone N	Numbe	r		
Name of Facility Where Abatement is Ta House Street Address City (5)	king Place (3	3)	FA	CILITY INF	FORMAT		Type of Facilit School (k Subchapt Other (i.e etc.)	(-12) er 8 (Otl	ner than K	-12) rcial b	uildings	s, hor	mes,
Wood Ridge, NJ 07075 County (6)			County	/ Code (7)			Square Feet N/A Current Use (P	N/	(100)		Bldg. N/A	Age	
Bergen Name of Monitoring Firm Hired by Buildin	g Owner (8)		(STATE	M No.	0		House Abatement Co			isned)			
N/A Street Address						D&S A	Abatement, I	nc.	(9)				
City, State, Zip Code				-		City, Sta	sengren Ave te, Zip Code a, NJ 07512						
Project Manager for Monitoring Firm			Telepho	one No.		Telepho			License 01311	No.			-
Start Date (10) 11/15/2018	11/16/20	018	npletion	Date (11)			OSHA Monitor batement, I						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: occupied	Period of Ak	aaton	nent S			Street Ad 11 Ros City, Stat		nue					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		nova				×	Full Containm Mini-Enclosur Glovebag Pro	ent with e cedure					
Location of	Is L No Used	ocati	y		Des	cription of	Non-Exempte	u () and	i Non-Fnai	ble Pro	Abate Ty	men	ŧ
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Maint Custoo	tenar	ice/	Asbest (i.e. t	os Conta thermal s surfaci	aining Mate systems in ing, VAT, iscellaneo	or	(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Basement		No X	N/A		Pipe I	Insulatio	n	95	5 LF	X		ate	e
										21			
Name of Registered Waste Hauler		N.J.	IDEP Wa	aste	Cubic Y		Name of I	Register	ed Landfill				
D&S Abatement, Inc. City, State Totowa, NJ			996		of Waste TBD Disposa		Waste M		ement of	FPA			
Completed by Ned Joksimovic	Title Project	1/10-	2000-		TBD Sig	nature	Morrisvi		Da				
	rioject	ivial	iager				2110		11	/02/2	018		

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Date of Notification (1) 11/02/2018				Name Tean	of Buildin	ng Owner rdens	/Operato	r (2)		NOV -	S 2(018	of the second	J		
Agencies Notified	Type Notification	n			Address -1506 T	Orross	Cirolo	11.		NOV -	0 21	710		- 1		
EPA DEP DOL	Initial Amended			City, S	tate, Zip	Code			1,							
	Amendmer Emergency	(includir	ng		eck, NJ of Contac			91	- 40 10	a sala sekara		5,11				
DOH DCA	justification Cancellatio			100000	ri O'Kee					elephone No 12-206-60						
Name of Facility Where	Abatement is Taki	ng Place	(3)	FAC	CILITY IN	FORMAT	ION	Type of Facilit	v (4)			1911 - F				
Private Building Street Address								School (F	(-12)	her than K-1	10)					
1485 Terrace Circle								Other (i.e etc.)	. private	& commerc	ial bu	ilding	s, hom	nes,		
City (5) Teaneck								Square Feet N/A	# N	of Floors /A		Bldg. N/A	Age			
County (6) Bergen				County (STATE	Code (7) USE ONL	Y)		Current Use (F Private Buil	Prior if be	eing demolis	hed)					
Name of Monitoring Firm N/A	Hired by Building	Owner (8	3)	ASC	M No.		Name D&S	of Abatement C Abatement,	ontracto	r (9)						
Street Address								Address osengren Av	enue							
City, State, Zip Code							City, S	tate, Zip Code wa, NJ 07512								
Project Manager for Moni	toring Firm			Telepho	ne No.		Teleph	one No. 345-8685		License N	lo.	1 100				
Start Date (10) 11/12/2018					Date (11))	Name	of OSHA Monito		01311						
Occupancy Status During	Abatement (Chec	11/13/ ck Only C						Abatement, I	nc.							
Facility Closed/Vaca Abatement Performe	ted During Entire	Period of	Abater	ment			11 R	osengren Ave	enue							
Other – Describe: 0	ccupied	iidi Facilii	y Hour	S			10000	ate, Zip Code va, NJ 07512	2		3.3-4533					
Scope of Work (Check All ≥3 sf or ≥3 lf	That Apply)	×	-vovtore to ever					I								
≥160 sf or ≥260 lf		_	Renova Demoli				×	Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure							
	(Sa)		Locat					TTOTT EXCITIPE	Ju () an	u Non-Frian	Pic	Abate	ement	t		
Location Asbestos-Containing N	Material (ACM)	Use	Normal ed Sole aintena	ly by	Asbes		cription	of aterial (ACM)	Δ	mount		Ту	/pe			
TO BE ABA In Facility (13)			todial (12)		(i.e.	thermal surface.	systems cing, VAT niscelland	insulation, , or	(8	Specify or LF)	Remova	Repair	Encapsulate	Enclosure		
Crowd Co.		Yes	No	N/A							<u>a</u>		ate	re		
Crawl Spa	ace		Х			Pipe	Insulat	ion	4	0 LF	Х					
Name of Registered Waste	Hauler		1.61	IDED												
D&S Abatement, Inc.	, riduici		Н	JDEP W auler ID I 0996		of Was				red Landfill gement of	РΔ		C			
City, State Totowa, NJ						Disposa	al Date	City, Sta	te					_		
Completed by Ned Joksimovic		Title	62 02 02				gnature	Morrisv	ille, PA	A Dat	e					
NEG JOKSIMOVIC		Proje	ct Ma	nager				you			/02/2	018				

Date of Notification (1)	22		(Pursua	ant to NJA e of Buildin		nd 12:12	20)		C E	1,	N.F.			
11/02/2018			Julia	a Tabora	1	roporate	(2)	M				1		
Agencies Notified Type Notification Initial Amended				t Address State, Zip (Code		1	-	NOV	8 ?	2018	i i		
DOL Amendment Emergence	ent#	ina		atawey,		854	Ť	1						
DOH justificatio	n)	ing	0.00 700	of Contact Tabore			94	Te	elephone N	lumbe	r			
Name of Facility Where Abatement is Tak	ing Diag	- (0)	FA	CILITY IN	FORMAT	TION			-				_	
House	any Place	= (3)					Type of Faci	lity (4)						
Street Address							X Other (i	(K-12) pter 8 (Oth .e. private	ner than K & comme	·12) ·cial bu	uilding	s, ho	me	
City (5) Piscatawey							etc.) Square Feet N/A	# c	of Floors		Bldg.	Age		
County (6) Middlesex			County (STATE	y Code (7) E USE ONL	Y)		Current Use			shed)	IVA			
Name of Monitoring Firm Hired by Building N/A	Owner ((8)	ASC	CM No.		Name D&S	of Abatement Contractor (9) Abatement, Inc.						_	
Street Address						Street	Street Address 11 Rosengren Avenue							
City, State, Zip Code						City, S	tate, Zip Code							
Project Manager for Monitoring Firm			Telepho	one No.			va, NJ 0751 one No.	2						
						973-3	345-8685		License 01311	No.				
Start Date (10) 11/13/2018		uled Co /2018		Date (11)			of OSHA Monit							
Occupancy Status During Abatement (Che							Abatement,	Inc.						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr	Period of	F Abatas	ment			11 R	Address osengren Av	enue						
Other - Describe: Occupied	nai i aciii	ty i loui	5		_		ate, Zip Code va, NJ 0751	2						
Scope of Work (Check All That Apply)						10101	va, 145 0751							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demoli				×	Full Contain Mini-Enclose Glovebag Pr Non-Exempt	ure rocedure						
	I:	s Locati	ion				TYON EXCINIT	led () and	NOII-FIIai	le Pro		emen	+	
Location of Asbestos-Containing Material (ACM)	Us	Normal ed Sole	ly by	Ashest	Des	cription o	of		2	-	Ty	/pe		
TO BE ABATED In Facility (13)	Cus	stodial S (12)	Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF)						Removal	Repair	Encapsulate	Linconia		
	Yes	No	N/A							<u>a</u>	7	late	d	
Basement		Х			1	VAT		135	5 SF	Х				
Name of Registered Waste Hauler		,												
D&S Abatement, Inc.		Ha	JDEP Wa Juler ID I 1996	No.	Cubic Y of Waste TBD		5000000 000 L	Registere Manage		DΛ				
City, State Totowa, NJ		120			Disposa	I Date	City, Sta	te	MICHE OF	-A				
Completed by Ned Joksimovic	Title	TBD le Sign oject Manager					Morrisville, PA							

State of New Jersey

100			- Marine
Pri	nt	E.	~~~
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CV 1091	T T T T	. N	OTIFICA	TION OF	of New J	TOG ADAT	-CRAFAL-								
Date of Notification (1)	h.Vd		(Purs	uant to N	JAC 8:6	0 and 12:1	20)		偃爪	9 IE	1 17	7.7	E E		
11/02/2018			Nar	me of Buil	lding Ow	ner/Onerat	or (2)			9 11	, i <u>i</u>		127		
Agencies Notified Type Notifi	cation		Stre	eet Addre	SS						0	0000			
EPA Initial									MU	V	0	2018			
Anen	ded dment #		City	, State, Z	ip Code			11			(for Paris	# = * 10 m	1505		
DOH Emergi	ency (inclu	ding		ckensac		07601			AFFE	11 74. L		17			
DCA Justilio	lation		Jos	eph En	tact Irani			is some	Felephone	Numr	er	.21			
Name of Facility Where Abatement is	Takin- Di			ACILITY		ATION									
1 louse	raking Pla	ce (3)					Type of Facilit	y (4)							
Street Address City (5)							School (F Subchape Other (i.e etc.)	ter 8 (O	ther than I	K-12) ercial l	ouildir	ngs, ho	mes		
Hackensack County (6)							Square Feet N/A		of Floors /A		Bldg N/A	g. Age			
Bergen			Coun (STAT	ty Code (E USE ON	7) ILY)		Current Use (P House	0.33	7.00	lished					
Name of Monitoring Firm Hired by Build N/A	ding Owner	(8)	AS	CM No.		Name	of Abatement Co	ontracto	or (9)						
Street Address						D&S	Abatement, I	nc.	. (-/						
City, State, Zip Code						11 R	osengren Ave	enue							
						City, St	ate, Zip Code va, NJ 07512								
Project Manager for Monitoring Firm			Teleph	none No.		Teleph	one No.	ê 	License	No					
Start Date (10)	Sched	uled Co	mpletion	n Date (11	1)		45-8685		01311	110.					
11/14/2018	1 11/15	1/2/11/8	3	· Date (1)	1)	D&S	f OSHA Monitor Abatement, Ir	10							
Occupancy Status During Abatement (C	heck Only	One)				Street A	ddress								
Facility Closed/Vacated During Ent Abatement Performed Outside of N Other – Describe: Occupied	ire Period o ormal Facil	f Abate	ment				sengren Aver	nue							
						Totow	ite, Zip Code a, NJ 07512								
Scope of Work (Check All That Apply)	7					·otow	a, NJ 07512								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	×	Renova Demoli	ation ition			×	Full Containme Mini-Enclosure Glovebag Proc	edure							
	1	s Locat	ion				Non-Exempted	(*) and	Non-Frial	ole Pro					
Location of Asbestos-Containing Material (ACM)	Usi	Normal ed Sole	lly elv by		De	scription of						ement /pe	ê		
TO BE ABATED In Facility (13)	Ma	aintena stodial S (12)	nce/	Asbes (i.e.	. inermai surfac	aining Mat systems ir cing, VAT, niscellaneo	or	(Sp	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure		
Basement	Yes	No	N/A							val	Ŧ	ulate	sure		
		X			Pipe	Insulatio	n	50	LF	X					
Name of Registered Waste Hauler															
0&S Abatement, Inc.		NJ Ha	IDEP Wa	aste	Cubic Y		Name of Re	egistere	d Landfill						
City, State			996	NO.	of Wast		Waste Ma			PA					
otowa, NJ Completed by					Disposa TBD	l Date	City, State Morrisville, PA								
ed Joksimovic	Title Projec	ct Mar	nager		Sig	nature	In /	, ra	Date						
	1		-301				110		11/	02/20	/2018				

CIC 3436	PAI	ТОИ	FICATIO	State of No ON OF ASI nt to NJAC	BESTOS	SABATE	EMENT 20)					. 3	To the second street
Date of Notification (1) 11/02/2018			Name Geof	of Building frey Dob	Owner	/Operato	r (2)		NOV -	- 3	2018		1
Agencies Notified Type Notifica	tion			Address	70011								Ų.
X EPA X Initial Amende								1				1) -1	
X DOL Amenda	nent#			tate, Zip C stown, N		60							
DOH justificati				of Contact frey Dob				ΙT	elephone Ni	umber			
Name of Facility Where Abatement is Ta	okina Dlace (2	,	FAC	ILITY INF	ORMAT	ION							
House	aking Place (3)					Type of Fa	cility (4)					
Street Address						-	Subch	ol (K-12) napter 8 (Ol	ther than K-	12)	ildinaa		
City (5)							etc.)						nes,
Morristown County (6)							Square Fee N/A	1 100	of Floors /A		Bldg. N/A	Age	
Morris				Code (7) USE ONLY)		Current Use House	e (Prior if b	eing demolis	hed)			
Name of Monitoring Firm Hired by Buildi N/A	ng Owner (8)		ASCI	M No.		Name D&S	of Abatemen Abatemer	t Contracto	or (9)				
Street Address						Street	Address osengren /						
City, State, Zip Code						City, S	tate, Zip Cod wa, NJ 075	e					
Project Manager for Monitoring Firm		T	Telepho	ne No.		Teleph	one No.	712	License N	lo.			
Start Date (10) 11/12/2018	Scheduled		npletion	Date (11)		Name	345-8685 of OSHA Mor		01311				
Occupancy Status During Abatement (Ch	101 Mg 1000000 A. 100						Abatemen	t, Inc.					
Facility Closed/Vacated During Entire Abatement Performed Outside of No	e Period of Δ	natem	nent			11 R	Address Osengren A tate, Zip Code						
Other – Describe: occupied			33				va, NJ 075						
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		nova				×	Mini-Enclo Glovebag	osure Procedure	h Negative F			۵	
	Is L	ocatio	on					7,000	io Horri Hab	T	Abate		t
Location of Asbestos-Containing Material (ACM)	No Used	rmall Solel		1 00 00 Te	Des	cription	of				Ту	ре	_
TO BE ABATED In Facility (13)	Main Custo	tenan	nce/	Asbest (i.e.	thermal surfac	aining Ma systems sing, VAT niscelland	aterial (ACM) insulation, , or	(5	Amount Specify F or LF)	Remova	Repair	Encapsulate	
	Yes	No	N/A		outer in	iiociiai ie	5005)			val	air	ulate	sure
Garage		X			Duct	Insulat	ion	10	00 SF	Х			
Name of Registered Waste Hauler		N	JDEP Wa		0 11 1								
D&S Abatement, Inc.		Ha	auler ID i 1996	No.	Cubic \ of Was TBD				ered Landfill gement of	PA			
City, State					Disposa	al Date	City, S	State					_
Totowa, NJ					TBD			isville, P	A				
Completed by Ned Joksimovic	Title	Mar	nager		Si	gnature	The	^	Dat	e	000000000000000000000000000000000000000		

Project Manager

11/02/2018

Check#3199 PATT

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

Date of Notification (1)	KARRA		,, ,		-(5 111			35	11 11-	5 42 		77.		
11	05	10		Name	of Building	J Owner/	Operator	(2)					*****	- Wildell
				Nancy	Thoman				11.	NOV - 8	2018		1	
Agencies Notified	Type Notification	on		Street	Address				1			1		
☐ EPA ☑ DOLWD	☑ Initial											- 14		
☑ DHSS	Amended Amendmen	t #		City, S	State, Zip C	ode			1		2.			
□ DCA	☐ Emergency		- g		Ridge, NJ									
(NJAC 5:23-8)	justification)	_	Name	of Contact					Telephone Nu	mber			
	Cancellatio	n		Nancy	Thoman									
				FA	CILITY IN	FORM,	ATION							
Name of Facility Where A	Abatement is Tal	king Plac	∋ (3)					T	Type of Facility	(4)				
Private house								Į	School (K-12		0-200			
Street Address										3 (Other than K-1 rivate and comm		ildina	5	
								1	homes, etc.)		0,010,00	9	·,	
City (5)								5	Square Feet	# of Floors	BI	dg. Ag	je	
Glen Ridge, NJ 07028														
County (6)				Coun	ty Code (7)	STATE L	ISE ONLY)) (Current Use (Pr	ior if being demo	lished)			
Essex														
Name of Monitoring Firm	Hired by Buildir	ng Owner	(8)	ASCM	No.	Name	of Abaten	neni	t Contractor (9)					
						Gr Tec	h LLC							
Street Address						Street	Address							
				-		-	lley Rd							
City, State, Zip Code						City, S	tate, Zip (Cod	е					
Desired Manager (1)							, NJ 074	170						
Project Manager for Mon	itoring Firm		Tele	phone	No.	1	one No.			License No.				
Start Date (10)	10-	5 - d 1 - d			. 244		8-1777		-	01127				
11 / 14 /	1969	heduled				Name	of OSHA	Mo	nitor					
				/ -	10			ons	sultants,Inc					
Occupancy Status During		11.50				Street	Address							
□ Facility Closed/Vacate □ Abatement Performed					crihe				oad, Bldg .#	35E				
Time of Abatement:	AM-	_PM/_	PM_	3 - Des	AM	Jan 100 00	tate, Zip (
Scope of Work (Check all	Libot analy)					Fair La	wn, NJ	1.000	0.0000					
	i that apply)					H				ation with negat gative Pressure	ive press	sure		
>3 sf or >3 lf			enovati				Mini-Fr	nclos	sure					
≥ 160 sf or ≥260 lf			emolitio	n		\bowtie	Gloveb Non-Ex	ag l	Procedure	Tent with Negati n-Friable Proces	ve Press	ure		
			s Loca	ion		<u> </u>	.,		prod () drid rec	111111111111111111111111111111111111111	-	ateme	ant To	vna
Location			Norma			De	escription	of						T
Asbestos-Containing TO BE ABA			ed Sole aintena						rial (ACM)	Amount	Rem	Repair	nce	incl
IN Facili			stodial		(1.e	., tnerma surfa	il systems acing, VA	S ins	sulation, or	(Specify SIF or LF)	Removal	<u>=</u> .	Encapsulate	Enclosure
(13)			(12)		-		miscellan				<u>m</u>		late	œ l
		Yes	No	N/A										
Basement				\boxtimes	Pipe inst	ılation				100 LF				
											П	П	П	П
			T_{\Box}											
			+	ᆜ	-						ᆜᆜ	Ш	Ц	Ш
Name of Registered Was	ite Hauler		NJ	DEP Wasti	e Hauler ID No.	Cubic Y	ards of Wa	ste	Name of Regis	stered Landfill				
Gr Tech LLC				003378	35	TB			T.R.R.F. Inc					
City, State						Dispos	al Date		City, State			-2-1		
Wayne, NJ 07470						TB	D		Tullytown, P.	A				
Completed By (Print or T	ype)	Title				Si	gnature	1			Date	201515	-	
N.Jevtic		Owner					11	lew	he Wenas	1	1/05/18	3		
ASB-41							1/	-						_

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) NO OK Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP. Date of Notification (1) Street Address /18 2 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 11 Type Notification Agencies Notified City, State, Zip Code Initial Notification FPA RAHWAY, NEW JERSEY 07065 Amended Notification #2 DEP Cancellation DOL Telephone Number Name of Contact On Hold DOH 732-594-7746 PATRICIA JOHNSON EMERGENCY NOTIFICATION DCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) MERCK SHARP & DOHME CORPORATION Other (ie. private & commcl. bldgs., homes, etc.) Bldg. Age # of Floors Square Feet Street Address 98 230 126 EAST LINCOLN AVENUE - BUILDING 33 Current Use (Prior if being demolished) County Code (7) County (6) City (5) COMMERCIAL (STATE USE ONLY) INION RAHWAY Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) PAR ENVIRONMENTAL CORPORATION 17 ENVIRONMETAL HEALTH INVESTIGATIONS, INC. Street Address 313 SPOOK ROCK ROAD Street Address 655 WEST SHORE TRAIL City, State, Zip Code City, State, Zip Code SUFFERN, NEW YORK 10901 SPARTA, NEW JERSEY 07871 License Number Telephone Number Telephone Number Project Manager for Monitoring Firm 845-369-7500 973-729-5649 WILLIAM S. KERBEL, CIH Name of OSHA Monitor Sched. Completion Date (11) Expected State Date (10) #11480 AMERISCI LABORATORIES INC /19 /18 6/ 11/ Day Year Month Year Month Day Street Address Occupancy Status During Abatement (Check only one) 117 EAST 30TH STREET Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: City, State, Zip Code MONDAY - FRIDAY 6PM-1:30 AM NEW YORK, NEW YORK 10016 Other - Describe: SATUDAY 7AM-5 PM X WET WIPE HEPA VACUUM Full Containment with Negative Pressure Scope of Work (Check all that apply) Mini-Enclos, Renovation Demolition Glovebag Procedure >3SF OR LF Non-Friable Procedure 260 LF >160 SF OR Abatement Type Description of Asbestos-Is Location Location of ENCLOSUR CONTROL Containing Material (ACM) Amount ENCAPSUL REPAIR normally used Asbestos-containing (Specify (ie. Thermal systems solely by Material (ACM) SF or LF) insulation, surfacing, VAT, Maint/Custodial TO BE ABATED or other miscellaneous) Staff (12) in Facility (13) Yes No N/A 10 SF FIRE PROOFING DUST 3RD FLOOR ROOM 305 X 10 SF FIRE PROOFING DUST X 3RD FLOOR ROOM 303 10 SF X FIRE PROOFING DUST X 3RD FLOOR ROOM 304 10 SF X FIRE PROOFING DUST IX 3RD FLOOR ROOM 319 FIRE PROOFING DUST 10 SF X 3RD FLOOR ROOM 320 X 10 SF FIRE PROOFING DUST 3RD FLOOR ROOM 321 X 10 SF FIRE PROOFING DUST X 3RD FLOOR ROOM 323 X 10 SF FIRE PROOFING DUST X 3RD FLOOR ROOM 325 10 SF X FIRE PROOFING DUST X 3RD FLOOR ROOM 326 X 10 SF FIRE PROOFING DUST X 3RD FLOOR ROOM 327 X 10 SF FIRE PROOFING DUST X 3RD FLOOR ROO, 332 10 SF FIRE PROOFING DUST X 6TH FLOOR ROOM 614 X ADDITION TO SCOPE: X 10 SF FIRE PROOFING DUST 2ND FLOOR ROOM 227 Name of Registered Landfill Cubic Yards of Waste LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES NJDEP Waste Name of Registered Waste Hauler 50 Hauler ID No. 447 ALEXANDER DRIVE/ROUTE 15 FREEHOLD CARTAGE, INC. 15939 825 HIGHWAY 33 City/State/ MONTGOMERY, PA 17752 Disposal Date City, State 11/01-6/30/19 FREEHOLD, NEW JERSEY

Signature

Title

DIRECTOR OF OPERATIONS

Completed by (Print or Type)

BENJAMIN SANCHEZ

			State of New Jerse FICATION OF ASBESTOS	ABATEMENT			1	reserve a		eriti			
Date of Notification (1)		(P	ursuant to NJAC 8:60-7 an Name of Building On MERCK SHARP & D	wner/Operator (2)		iil-	11,5	1-7		34			
			Street Address		- 1	1 11							
10 / 31 /18 Agencies Notified Type Notification	n		126 E. LINCOLN AVE	ENUE, P.O. BOX 2	2000, RY28-414	31	1	VOV	-	3 2018			
			City. State. Zip Code			-		404		2.010			
EPA Initial Not		ion #1		RAHWAY, NEW JERSEY 07065									
X DOL Cancellat					Territory		-						
X DOH On Hold			Name of Contact		Telephone Numb 732-594-7746	per /		2577		19 Stat 16 H			
DCA EMERGE	NCY NO	TIFICATIO			132-394-1740			21		i II ue			
		70	FACILITY INFORMA	Type of Facility	, (A)								
Name of Facility Where Abatement is Taki	ng Place	(3)		School (K									
MERCK SHARP & DOHME CORPORATION	J			Subchapt	er 8 (Other than K-	12)							
MERCK SHARP & DOHNE CORPORATION	1.		@ -	X Other (ie.	private & commol.	bldgs.,	home	es, etc	.)				
Street Address				Square Feet	# of Floors				g. Age	;			
126 EAST LINCOLN AVENUE - BUILDING	33			98,230	7				71				
City (5) County (ô)		County Code (7)		rior if being demolis	shed)							
RAHWAY UNION		121	(STATE USE ONLY)	COMMERCIAL	ment Contractor	(9)	100						
Name of Monitoring Firm Hired by Buildin	g Owner	(8)	ASCM No.	PAR ENVIRON	MENTAL CORPO	RATIO	N						
ENVIRONMETAL HEALTH INVESTIGATION	NO. INC.		1 17	Street Address					_				
Street Address 655 WEST SHORE TRAIL		7		313 SPOOK RO									
City, State, Zip Code				City, State, Zip									
SPARTA, NE					W YORK 10901	NI.	on box						
Project Manager for Monitoring Firm		Telephone I		Telephone Nun		nse Nu	mbei						
WILLIAM S. KERBEL, CIH		973-729-56		845-369-7500 Name of OSHA	460			V - W					
Expected State Date (10)	Sched		ion Date (11) 30 /19		SORATORIES INC		#11	480					
11 / 1 /18 Month Day Year	Mor	6 /	Day Year	AWILMOOFEA	00,000,000,000		201312	22000000000		7.2.2.1/2.4.7/2.53			
Month Day Year Occupancy Status During Abatement (Chec				Street Address									
X Facility Closed/Vacated During B	Entire Per	iod of Abat	ement	117 EAST 30T	H STREET								
Ahatement Performed Outside of	f Normal	Facility Hor	urs - Describe:	0. 0. 7	Cada								
X Other - Describe: MONDA	Y - FRIDA	AY 6PM-1:3	80 AM	City. State. Zip	NEW YORK,	NEW Y	ORK	10016	3				
O		×	Full Con	tainment with Neg						PA VACUUM			
Scope of Work (Check all that apply) Demolition	Renov	vation	Mini-End				5.6						
X >3SF OR LF				g Procedure									
>160 SF OR 260 LF				able Procedure	_	1		Airete		Time			
Location of		Location	Description of		Amount	0.0		Abatei If m		J Abe			
Asbestos-containing		nally used	Containing Mate (ie. Thermal)		(Specify	CONTROL	REPAIR	ENCAPSUL	ENCLOSUR				
Material (ACM)		olely by t/Custodial	insulation, surfa		SF or LF)	7	2	P	5				
TO BE ABATED	1	taff (12)	or other misce			P	1	US	US				
in Facility (13)	Yes			14 TH TO STAND THE RESIDENCE					D				
3RD FLOOR ROOM 305		X	FIRE PROOFING DUST		10 SF	X		-	_				
3RD FLOOR ROOM 303		X	FIRE PROOFING DUST		10 SF	X	-	-	-				
3RD FLOOR ROOM 304		X	FIRE PROOFING DUST		10 SF	X			1				
3RD FLOOR ROOM 319		X	FIRE PROOFING DUST		10 SF	X	_	-	_				
3RD FLOOR ROOM 320		X	FIRE PROOFING DUST		10 SF	X	-	-	-				
3RD FLOOR ROOM 321		X	FIRE PROOFING DUST		10 SF	X	-	-	1				
3RD FLOOR ROOM 323		X	FIRE PROOFING DUST		10 SF	X	-	-					
3RD FLOOR ROOM 325		X	FIRE PROOFING DUST		10 SF	X	-	-	1				
3RD FLOOR ROOM 326		X	FIRE PROOFING DUST		10 SF	X	-	+-	+				
3RD FLOOR ROOM 327		X	FIRE PROOFING DUST		10 SF	X	+-	-	+				
3RD FLOOR ROO, 332		X	FIRE PROOFING DUST		10 SF	X	-	-	+				
6TH FLOOR ROOM 614		X	FIRE PROOFING DUST		10 SF	X	+	+	+-				
ADDITION TO SCOPE:		X			10.05	V	+	+	+				
2ND FLOOR ROOM 227			FIRE PROOFING DUST		10 SF	X	-	+	+				
			O. No. Woods of Woods	Name of Boo	istered Landfill		_	1	+				
Name of Registered Waste Hauler	111	EP Waste	Cubic Yards of Waste 50	LYCOMING O	COUNTY RESOUP	RCE MA	NAG	EMEN	IT SE	RVICES			
FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	Haul	er ID No. 15939	30	447 ALEXAN	DER DRIVE/ROU	TE 15							
City. State		.0000	Disposal Date	City/State				200		200			
FREEHOLD. NEW JERSEY			11/01-6/30/19	MONIGOME	RY . PA 17752	10	75	1-	1	10			
Completed by (Print or Type)	itle		Signature	XX>	Da	ile.	10/	3	1/1	ð			
BENJAMIN SANCHEZ	IRECTO	R OF OPER	ALIUNS	1100		-			11				

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP. Date of Notification (1) Street Address /18 10 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 Agencies Notified Type Notification Initial Notification City, State, Zip Code EPA RAHWAY, NEW JERSEY 07065 Amended Notification DEP DOL Cancellation Telephone Number Name of Contact DOH On Hold 732-594-7746 DCA **EMERGENCY NOTIFICATION** PATRICIA JOHNSON FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) MERCK SHARP & DOHME CORPORATION Other (ie. private & commol. bldgs., homes, etc. # of Floors Bldg. Age Square Feet Street Address 126 EAST LINCOLN AVENUE - BUILDING 33 98.230 71 Current Use (Prior if being demolished) County Code (7) City (5) County (6) RAHWAY UNION (STATE USE ONLY) COMMERCIAL ASCM No. Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) PAR ENVIRONMENTAL CORPORATION ENVIRONMETAL HEALTH INVESTIGATIONS, INC. 17 Street Address Street Address 313 SPOOK ROCK ROAD 655 WEST SHORE TRAIL City, State, Zip Code City, State, Zip Code SUFFERN, NEW YORK 10901 SPARTA, NEW JERSEY 07871 Telephone Number License Number Project Manager for Monitoring Firm Telephone Number WILLIAM S. KERBEL, CIH 973-729-5649 845-369-7500 Name of OSHA Monitor Expected State Date (10) Sched. Completion Date (11) AMERISCI LABORATORIES INC #11480 /19 11/ /18 6/ 30 Year Day Year Occupancy Status During Abatement (Check only one) Street Address 117 EAST 30TH STREET Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: MONDAY - FRIDAY 6PM-1:30 AM City, State, Zip Code Other - Describe: NEW YORK, NEW YORK 10016 X WET WIPE HEPA VACUUM Full Containment with Negative Pressure Scope of Work (Check all that apply) Demolition Renovation Mini-Enclos Glovebag Procedure >3SF OR LF 260 LF >160 SF OR Non-Friable Procedure Abatement Type Description of Asbestos-Location of Is Location Containing Material (ACM) Amount DUST Asbestos-containing normally used ENCAPSULE ENCLOSUR REPAIR (Specify solely by (ie. Thermal systems Material (ACM) SF or LF) TO BE ABATED Maint/Custodial insulation, surfacing, VAT, or other miscellaneous) in Facility (13) Staff (12) Yes No N/A FIRE PROOFING DUST 10 SF X 3RD FLOOR ROOM 305 10 SF X FIRE PROOFING DUST 3RD FLOOR ROOM 303 X FIRE PROOFING DUST 10 SF X X 3RD FLOOR ROOM 304 FIRE PROOFING DUST 10 SF X X 3RD FLOOR ROOM 319 FIRE PROOFING DUST 10 SF X 3RD FLOOR ROOM 320 X 10 SF 3RD FLOOR ROOM 321 FIRE PROOFING DUST IX 10 SF FIRE PROOFING DUST X 3RD FLOOR ROOM 323 FIRE PROOFING DUST 10 SF X 3RD FLOOR ROOM 325 X FIRE PROOFING DUST 10 SF 3RD FLOOR ROOM 326 X 10 SF X FIRE PROOFING DUST X 3RD FLOOR ROOM 327 X 3RD FLOOR ROO, 332 X FIRE PROOFING DUST 10 SF X 10 SF 6TH FLOOR ROOM 614 FIRE PROOFING DUST NJDEP Waste Name of Registered Landfill Cubic Yards of Waste Name of Registered Waste Hauler LYCOMING COUNTY-RESOURCE MANAGEMENT SERVICES FREEHOLD CARTAGE, INC. Hauler ID No. 50 447 ALEXANDER DRIVE/ROUTE 15 825 HIGHWAY 33 15939 Disposal Date Offy State City. State MONTGOMERY PA 17752 FREEHOLD, NEW JERSEY 11/01-6/30/19 Date Completed by (Print or Type) Signature DIRECTOR OF OPERATIONS BENJAMIN SANCHEZ

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP. Date of Notification (1) Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 /18 2 ZU18 Type Notification Agencies Notified City, State, Zip Code Initial Notification RAHWAY, NEW JERSEY 07065 Amended Notification #3 DEP Telephone Number Cancellation Name of Contact DOL 732-594-7746 On Hold PATRICIA JOHNSON DOH EMERGENCY NOTIFICATION DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) MERCK SHARP & DOHME CORPORATION Bldg. Age # of Floors Square Feet 98,230 Street Address Current Use (Prior if being demolished) 126 EAST LINCOLN AVENUE - BUILDING 33 County Code (7) COMMERCIAL County (6) (STATE USE ONLY) City (5) Name of Abatement Contractor (9) UNION ASCM No. RAHWAY PAR ENVIRONMENTAL CORPORATION Name of Monitoring Firm Hired by Building Owner (8) 17 ENVIRONMETAL HEALTH INVESTIGATIONS, INC. Street Address 313 SPOOK ROCK ROAD Street Address City, State, Zip Code 655 WEST SHORE TRAIL SUFFERN, NEW YORK 10901 City, State, Zip Code License Number SPARTA, NEW JERSEY 07871 Telephone Number Telephone Number 460 Project Manager for Monitoring Firm 845-369-7500 973-729-5649 Name of OSHA Monitor WILLIAM S. KERBEL, CIH Sched. Completion Date (11) #11480 AMERISCI LABORATORIES INC Expected State Date (10) /19 6/ Year Day 11/ Month Year Street Address Day Occupancy Status During Abatement (Check only one) Month 117 EAST 30TH STREET Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: City, State, Zip Code NEW YORK, NEW YORK 10016 MONDAY - FRIDAY 6PM-1:30 AM X WET WIPE HEPA VACUUM Other - Describe: Full Containment with Negative Pressure Sunday 7am-5pm Scope of Work (Check all that apply) Mini-Enclos Renovation Glovebag Procedure Demolition Non-Friable Procedure >3SF OR LF Abatement Type >160 SF OR 260 LF Description of Asbestos ENCAPSUL ENCL DUST Is Location Amount CONTROL REPAIR Containing Material (ACM) Location of normally used (Specify Asbestos-containing (ie. Thermal systems LOSUR solely by SF or LF) insulation, surfacing, VAT, Material (ACM) Maint/Custodial TO BE ABATED or other miscellaneous) Staff (12) in Facility (13) No IN/A X 10 SF Yes FIRE PROOFING DUST X X 10 SF 3RD FLOOR ROOM 305 FIRE PROOFING DUST X X 10 SF 3RD FLOOR ROOM 303 FIRE PROOFING DUST X X 10 SF 3RD FLOOR ROOM 304 FIRE PROOFING DUST X X 10 SF FIRE PROOFING DUST 3RD FLOOR ROOM 319 10 SF X 3RD FLOOR ROOM 320 FIRE PROOFING DUST 10 SF 3RD FLOOR ROOM 321 FIRE PROOFING DUST 10 SF 3RD FLOOR ROOM 323 FIRE PROOFING DUST X X 10 SF 3RD FLOOR ROOM 325 FIRE PROOFING DUST X X 10 SF 3RD FLOOR ROOM 326 FIRE PROOFING DUST X 10 SF X 3RD FLOOR HOOM 327 FIRE PROOFING DUST 10 SF X X FIRE PROOFING DUST 3RD FLOOR ROO, 332 X 6TH FLOOR ROOM 614 X 10 SF ADDITION TO SCOPE: FIRE PROOFING DUST 2ND FLOOR ROOM 227 Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES Cubic Yards of Waste NJDEP Waste Name of Registered Waste Hauler 447 ALEXANDER DRIVE/ROUTE 15 50 Hauler ID No. FREEHOLD CARTAGE, INC.

City State MONTGOMERY, PA 17752

Date

15939

DIRECTOR OF OPERATIONS

Disposal Date 11/01-6/30/19

Signature

825 HIGHWAY 33

FREEHOLD, NEW JERSEY

Completed by (Print or Type) BENJAMIN SANCHEZ

City. State

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) 170 Name of Building Owner/Operator (2) Date of Notification (1) MERCK SHARP & DOHME CORP. 11 /18 Street Address Agencies Notified Type Notification 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 2018 NOV Initial Notification City, State, Zip Code DEP Amended Notification #2 RAHWAY, NEW JERSEY 07065 DOL Cancellation DOH On Hold Name of Contact Telephone Number DCA EMERGENCY NOTIFICATION PATRICIA JOHNSON 732-594-7746 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) MERCK SHARP & DOHME CORPORATION Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, Street Address etc.) Square Feet 126 EAST LINCOLN AVENUE - BUILDING 33 # of Floors Bldg. Age 98.230 71 City (5) County (6) County Code (7) Current Use (Prior if being demolished) RAHWAY UNION (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) COMMERCIAL ASCM No. Name of Abatement Contractor (9) ENVIRONMETAL HEALTH INVESTIGATIONS, INC. PAR ENVIRONMENTAL CORPORATION 17 Street Address Street Address 655 WEST SHORE TRAIL 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code SPARTA, NEW JERSEY 07871 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm elephone Number Telephone Number License Number WILLIAM S. KERBEL, CIH 973-729-5649 845-369-7500 460 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 11/ /18 6 / AMERISCI LABORATORIES INC 30 /19 #11480 Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 117 EAST 30TH STREET Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY - FRIDAY 6PM-1:30 AM City, State, Zip Code SATUDAY 7AM-5 PM NEW YORK, NEW YORK 10016 Scope of Work (Check all that apply) Full Containment with Negative Pressure X WET WIPE HEPA VACUUM Demolition Renovation Mini-Enclos. >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount DUST Material (ACM) solely by ENCAPSU (ie. Thermal systems ENCLOSUR (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A 3RD FLOOR ROOM 305 X FIRE PROOFING DUST 10 SF X 3RD FLOOR ROOM 303 X FIRE PROOFING DUST 10 SF X 3RD FLOOR ROOM 304 X FIRE PROOFING DUST 10 SF 3RD FLOOR ROOM 319 FIRE PROOFING DUST X 10 SF 3RD FLOOR ROOM 320 FIRE PROOFING DUST 10 SF X 3RD FLOOR ROOM 321 X FIRE PROOFING DUST 10 SF X 3RD FLOOR ROOM 323 FIRE PROOFING DUST X 10 SF X 3RD FLOOR ROOM 325 FIRE PROOFING DUST X 10 SF 3RD FLOOR ROOM 326 X X FIRE PROOFING DUST 10 SF X 3RD FLOOR ROOM 327 FIRE PROOFING DUST X 10 SF 3RD FLOOR ROO, 332 FIRE PROOFING DUST 10 SF 6TH FLOOR ROOM 614 FIRE PROOFING DUST 10 SF ADDITION TO SCOPE: X lx 2ND FLOOR ROOM 227 FIRE PROOFING DUST 10 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill FREEHOLD CARTAGE, INC. Hauler ID No. LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 50 825 HIGHWAY 33 15939 447 ALEXANDER DRIVE/ROUTE 15 City, State City State PA 17752 Disposal Date FREEHOLD, NEW JERSEY 11/01-6/30/19 Completed by (Print or Type) BENJAMIN SANCHEZ Title Signature Date DIRECTOR OF OPERATIONS

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) MERCK SHARP & DOHME CORP /18 Street Address Agencies Notified Type Notification 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 nitial Notification City. State. Zip Code. DEP Amended Notification #1 RAHWAY, NEW JERSEY 07065 8 2018 NOV DOL Cancellation DOH On Hold Name of Contact elephone Number DCA EMERGENCY NOTIFICATION PATRICIA JOHNSON 732-594-7746 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) MERCK SHARP & DOHME CORPORATION Subchapter 8 (Other than K-12) ●. Other (ie. private & commol. bldgs., homes. etc.) Street Address Square Feet # of Floors Bldg. Age 126 EAST LINCOLN AVENUE - BUILDING 33 98.230 City (5) County (6) County Code (7) Current Use (Prior if being demolished) RAHWAY (STATE USE ONLY) UNION COMMERCIAL Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ENVIRONMETAL HEALTH INVESTIGATIONS, INC. 17 PAR ENVIRONMENTAL CORPORATION Street Address Street Address 655 WEST SHORE TRAIL 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code SPARTA. NEW JERSEY 07871 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number WILLIAM S. KERBEL, CIH 973-729-5649 845-369-7500 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 11/ /18 6 / 30 /19 AMERISCI LABORATORIES INC #11480 Month Day Year Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 117 EAST 30TH STREET Abatement Performed Outside of Normal Facility Hours - Describe: MONDAY - FRIDAY 6PM-1:30 AM Other - Describe: City, State. Zip Code NEW YORK, NEW YORK 10016 Scope of Work (Check all that apply) Full Containment with Negative Pressure X WET WIPE HEPA VACUUM Demolition Renovation Mini-Enclos >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) m m Amount QUE

Material (ACM) TO BE ABATED in Facility (13)	Main	olely by t/Custod taff (12)	(ie. Thermal systems al insulation, surfacing, VAT, or other miscellaneous)	(Specify SF or LF)	ONTRO	EPAIR UST ONTROI		NCLOSI
	Yes	No N/			1		=	S
3RD FLOOR ROOM 305		X	FIRE PROOFING DUST	10 SF	X	T		
3RD FLOOR ROOM 303		X	FIRE PROOFING DUST	10 SF	X	1	+	1
3RD FLOOR ROOM 304		X	FIRE PROOFING DUST	10 SF	1X	+	+	+
3RD FLOOR ROOM 319		X	FIRE PROOFING DUST	10 SF	X	1	+	
3RD FLOOR ROOM 320		X	FIRE PROOFING DUST	10 SF	X	-	-	
3RD FLOOR ROOM 321		X	FIRE PROOFING DUST	10 SF	1 _X	+	+-	
3RD FLOOR ROOM 323		X	FIRE PROOFING DUST	10 SF	X	+	+	
3RD FLOOR ROOM 325		X	FIRE PROOFING DUST	10 SF	X	+-	+-	
3RD FLOOR ROOM 326		X	FIRE PROOFING DUST	10 SF	1 _X	P	-	1
3RD FLOOR ROOM 327		X	FIRE PROOFING DUST	10 SF	1x	-	+-	-
3RD FLOOR ROO, 332		X	FIRE PROOFING DUST	10 SF	1x	+	+	+
6TH FLOOR ROOM 614		X	FIRE PROOFING DUST	10 SF	1x	+-	+	-
ADDITION TO SCOPE:		X	Time Triodrina Boot	10.01	1^-		-	
2ND FLOOR ROOM 227			FIRE PROOFING DUST	10 SF	х			1
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	Haule	P Waste r ID No. 15939	50 LYCOMIN	Registered Landfill IG COUNTY RESOUR ANDER DRIVE/ROUT		NAGE	MEN	T SERVICES
City. State FREEHOLD, NEW JERSEY			Disposal Date City State		C 13		,	1 .
Completed by (Print or Type)	Title		Signature /	Dat	e ,	INI	71	110

DIRECTOR OF OPERATIONS

BENJAMIN SANCHEZ

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.IAC 8:60-7 and 12:120.7)

			(Purs	uant to N	NJAC 8:60-7	and 12:120-7)					5,44	(in)	
Date of Notification (1)				MERC	Of Building	Owner/Opera	tor (2)			- 1	(E)	11.7	7 1
10 / 22 /18						DOHNE COR	RP.				11-3-		Marin.
Agencies Notified Type Notifie	cation				Address				7.7				
	Notifica	tion				VENUE, P.O.	BOX 2	000, RY28-41	14		3	VOV	- 0 201
DEP Amer	ided No	tification		City, S	tate, Zip Co	de				-	-	AUA	- 8 201
X DOL Cano	ellation			INAHW	AT, NEW J	ERSEY 07065							
X DOH On He				Name	of Contact		- 1	Tolophes - N					
BCAEMER	RGENC	Y NOTIFI	CATION	PATRI	CIA JOHNS	ON		Telephone Ni 732-594-7746		Γ ,			
Name of Eacility Whose About					TY INFORM			02-004-7740	,				error of a
Name of Facility Where Abatement is	Taking	Place (3)		001100000000000000000000000000000000000		Type of Fa	cility (4)					
MERCK SHARP & DOHME CORPORAT	TION			ાં	,*·	Scho	oi (K-1	2)					
	HON					Subcl	hapter	8 (Other than	K-12)			
Street Address						A Other	(ie. pri	vate & comm	icl. ble	dgs., t	nomes	s. etc.)	
126 EAST LINCOLN AVENUE - BUILDIN	NG 33					Square F	eet	# of Floors	T			Bldg. /	Age
City (5) Count	y (6)			County	Code (7)	98,230		7				71	8
RAHWAY	V		(5	STATE I	JSE ONLY)	COMMERC	e (Prior	if being dem	olishe	ed)	16.6		
Name of Monitoring Firm Hired by Buil	lding O	wner (8)		T	ASCM No.	Name of Al	hatomo	ent Contracto	/01				
ENVIRONMETAL HEALTH INVESTIGAT Street Address	TIONS, I	NC.			17	PAR ENVIR	RONME	NTAL CORF	or (9)	TION			
655 WEST SHORE TRAIL			7			Street Addre	ess		OKA	HON			
City, State, Zip Code			- "			313 SPOOK	ROCK	(ROAD					
SPARTA N	IEW JE	RSEY 078	71			City, State, 2	Zip Cod	de	-0.7				
Project Manager for Monitoring Firm			one Numb	er		SUFFERN,	NEW Y	ORK 10901		and the second			
WILLIAM S. KERBEL, CIH		973-72		·Ci		Telephone N		Lice	ense	Numb	er		
Expected State Date (10)	Sci	ned. Com	pletion D	ate (11)		845-369-750		460)				
11 / 1 /18 Month Day Year		6 /		30	/19	Name of OS	AROD	nitor ATORIES IN	_		esus mess		
Occupancy Status During Abatement (Che	I N	1onth	Da	ly	Year	, will kiddle	NOOK	ATURIES IN	C	#	1148	0	
X Facility Closed/Vacated During	eck only	one)	A b			Street Addre	ess			-			
I Abatement Performed Outside	of Norn	period of	Abatemen	t		117 EAST 3	OTH ST	REET					
X Other - Describe: MONDA	AY - FRI	DAY 6PM	-1:30 AM	Jescribe	Ľ	Cit. Ci .							
						City, State, Z						- Des (11)	
Scope of Work (Check all that apply)					Full Cont	I ainment with Ne	notivo	NEW YORK,					
Demolition X >3SF OR LF	Ren	ovation			IVIINI-Encl	Df ,	cyalive	riessure	X	JWE	TWI	PE HE	PA VACUUM
>160 SF OR 260 LF		17			Glovebag	Procedure							
Location of	1 1-				Non-Friat	le Procedure							
Asbestos-containing		Location mally use	4	Des	cription of As	sbestos-			T		Abate	ement	Type
Material (ACM)	- 14	solely by	٠	Conta	aining Materi	al (ACM)		Amount	0	7.70			i
TO BE ABATED		nt/Custodi	al	(ie.	Thermal sy	stems		(Specify	180	E P	S	l C	
in Facility (13)		Staff (12)	ai	Or Of	ation, surfaci ther miscella	ng, VAT,		SF or LF)	CONTROL	REPAIR	ENCAPSULE	ENCLOSUR	
DD El con	Yes	No N/	7	0, 0	arer miscene	neous)			5		II S	I S	
RD FLOOR ROOM 305		X	FIRE P	ROOFIN	NG DUST		10	CF.	14	-	l in	120	
RD FLOOR ROOM 303		X	FIRE P	ROOFIN	NG DUST		10		X	-	-	-	
RD FLOOR ROOM 304		X	FIRE P	ROOFIN	IG DUST		-		X	-	-	-	
RD FLOOR ROOM 319		X	FIRE P	ROOFIN	IG DUST		10		X		_	_	
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Date of Notification (1)	N.J.S. M. S.		LAI					- 10 km - 10 mm	0 F	7 [1	- 1	
11/02/2018			Name	of Buildi	ng Owner	r/Operato	r (2)		lig is		M.J	1.	7
Agencies Notified Type Notification	n		Street	Address								1	
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DEP Amended			City, S	State, Zip	Code			- 1	IAOA				
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DOH justification	n)	ıg		of Conta				/ Te	ephone N	umber	5		
DCA Cancellation	on				PEREZ	3							
Name of Facility Where Abatement is Tak	ing Place	(3)	FA	CILITY IN	FORMA	TION	T			01 - 11			
PRIVATE		(0)				-	Type of Facilit						
Street Address							School (F	<-12) ter 8 (Oth	er than K-	12)			
							Other (i.e	e. private 8	& commer	cial bu	ildings	s, hon	nes,
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WEST NEW YORK NJ. 07093							3,200	2			89	Age	
County (6)			County	Code (7)	27	Current Use (F			shed)			
HUDSON			(STATE	USE ON	LY)		,	N/A	3				
Name of Monitoring Firm Hired by Building EMPIRE ENVIRONMENTAL, LTI	Owner (8	3)	ASC	M No.			of Abatement C						
Street Address	J.					NOR	TH EAST E	NVIRON	MENTA	AL.			
435 MAIN RD. SUITE 200						1	Address						
City, State, Zip Code		<u> </u>					51 ST. STF	REET					
TOWACO NJ.							tate, Zip Code TH BERGEN	LALL					
Project Manager for Monitoring Firm		1	Telepho	one No.			one No.	V IVJ.	13				
MICHAEL				334 - 5	6 41	4 2000 2000	76.0642		License I	NO.			
Start Date (10)	Schedu	led Co		Date (11			of OSHA Monito)r	1000		<u></u>	22 ST 100-1	15-11-0
11/03/2018	11/05	/2018		0.00		4	RE ENVIRO		AL LTD).			
Occupancy Status During Abatement (Che	ck Only O	ne)					Address						
Facility Closed/Vacated During Entire	Period of	Abater	nent			435 N	MAIN RD. SL	JITE 200)				
Abatement Performed Outside of Non Other – Describe:	nal Facilit	y Hour	S				ate, Zip Code						
Scope of Work (Check All That Apply)						TOW	ACO NJ.						
≥3 sf or ≥3 lf			*********										
≥160 sf or ≥260 lf	The same of	Renova Demoli				Ĥ	Full Containn Mini-Enclosu	nent with I	Negative I	Pressu	re		
	_						Glovebag Pro	ocedure					
	Τ.			1		×	Non-Exempte	ed (*) and	Non-Friat	ole Pro	The State of		26
Location of	1	Locati Normal									Abate	ement pe	t
Asbestos-Containing Material (ACM)		ed Sole		Asbe		scription o	of nterial (ACM)	Arr	ount				
TO BE ABATED In Facility		intena todial S		(i.e	. thermal	systems	insulation,	(Sp	ecify	R	70	Enc	En
(13)		(12)			other m	cing, VAT niscellane	, or ous)	SF	or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A				•			la la	=	ılate	ure
BASEMENT		Х		W	AT- FLC	OD TII	F 0V0	1.00		-			
	-			V)	AI- FLC	JOK III	E 9X9	1,30	0 SF.	X			
	-										THE STREET		
Name of Desisters 1344 - 1 11 1		I N.	JDEP W		Cubic \		Name of	Registere	d Landfill				
Name of Registered Waste Hauler			auler ID	No									
TRI STATE		H	auler ID 9951	No.	of Was		MINER	VA EN	TERPRI	SE IN	VC.		
TRI STATE City, State	-	H		No.			MINER City, Stat		TERPRI	SE IN	NC.		
TRI STATE City, State BRONX NY.	+	H		No.	TBD	al Date	City, Stat	e	G OHIO		VC.		
TRI STATE City, State	Title	19 19			TBD Disposa TBD	al Date	City, Stat	e			NC.		

MCK		NO		ATIO	N OF AS	lew Jersey BESTOS ABA AC 8:60 and 5:1			DOM: NO.			
Date of Notification (1)						g Owner/Operator	(2)	5 (P) 15	1	1.72	.*.	- 24
	16 / 1	18		Ve	rizon Co	mmunications		= 17 1= 1				
Agencies Notified EPA	Type Notificatio	n			et Address			000000000000000000000000000000000000000		- 1	111	
□ DOLWD						ain Street		NOV - 3 2	018	1	9	i 1
☑ DOH	Amendment	# <u>1-11/</u>	5/18	100	State, Zip (- 1		
DCA	☐ Emergency (A			The second second second	n, NJ 08057						
(NJAC 5:23-8)	justification) Cancellation			110000000000000000000000000000000000000	e of Contac			Telephone Numb			100	7.
	Caricellation		_		arlie Mes			(917) 992-13	56			
Name of Facility Where A	hatement is Taki	na Dlac	n /2\	FA	CILITY IN	FORMATION	-					
Verizon Moorestow			e (3)				Type of Facility	12 At				
Street Address	ii ociitati oiiic						School (K-12	2) 8 (Other than K-12)	Ý			
105 East Main Stree	et						Other (i.e., p	rivate and commer	cial b	uildin	gs,	
City (5)		28					Square Feet	# of Floors	В	ldg. A	ge	
Moorestown, NJ 08	057						25,977	3		+-75	i	
County (6) Burlington				Cou	nty Code (7)(STATE USE ONLY)		ior if being demolis	hed)			
Name of Monitoring Firm	Hirad by Building	Owner	(0) T	ASCM	N		Verizon					
TTI Environmental,		Owner	(0)	ASCIVI	NO.	Name of Abateme	70.5					
Street Address						Street Address	VIRONMENTA	L, INC.				
1253 North Church	Street					1123 BEAVER	STREET					
City, State, Zip Code						City, State, Zip Co						
Moorestown, NJ 080	057					BRISTOL, PA						
Project Manager for Monit	oring Firm		Tele	phone	No.	Telephone No.		License No.		-	-	-
Kris Smith	-				8-8218	215-788-6040		00509				
Start Date (10)					ate (11)	Name of OSHA M	onitor			W.S.		
		11		/ .	18	BRISTOL EN	/IRONMENTAI	_, INC				
Occupancy Status During						Street Address						
☐ Facility Closed/Vacated ☐ Abatement Performed	During Entire Po	eriod of	Abate	ment	eute e	1123 BEAVER	RSTREET					
Time of Abatement:	AMF	M/5:00	у поиг)РМ- 2 :	00AM	scribe	City, State, Zip Co						
Scope of Work (Check all		-10-2-0-3				BRISTOL, PA	19007					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	шат арріу)	-	enovati emolitic				Procedure	ative Pressure				
60 PA		100	Locat	0.700.0					7	atem	ent T	ype
Location of Asbestos-Containing M			Norma ed Sole		Achoo	Description of			-			
TO BE ABAT	ED	Ma	intena todial s	nce/	(i.e.	stos Containing Mat , thermal systems in	enal (ACM)	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)		Cus	(12)	stan?		surfacing, VAT,	or	SF or LF)	val	7	sul	sure
(.0)		Yes	No	N/A	1	other miscellaneo	ius)				ate	
1st Floor Frame Area				\boxtimes	VAT/Mas	stic		16 SF				
1st Floor Telco Area					VAT/Mas	stic		26 SF				
1st Floor Open Area					VAT/Mas	stic		12 SF				
			_						EN.			П

Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill SERVICE TRANSPORT GROUP, INC. MINERVA LANDFILL 20990 City, State Disposal Date City, State NEW CASTLE, DE TBD WAYNESBURG, OH Completed By (Print or Type) Title Signature Dillan DeCaro Estimator

ASB-41 DD 18074

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

Chk #3450

Date of Notification (1)				Name	e of Buildin	g Ow	ner/Operator (2)		- 12 T		45 180-	
	18	_		Ve	rizon Cor	nmu	nications	1	FRE	9 1	Ţ.		
Agencies Notified Type Notific	ation			Stree	t Address			111	1		4.50	7.	1
☐ EPA ☐ Initial				10	5 East Ma	in S	treet	1					
☑ DOLWD ☐ Amende				City,	State, Zip 0	Code		\$ 2	NOV -	- 8 2	018	4	
□ DOH Amendm □ DCA □ Emerger		luding		Mo	orestowr	ı, NJ	08057		1404				
(NJAC 5:23-8) justificati		luumig		Name	of Contac	t			Telephone Num	nber		1,74	
☐ Cancella	tion			Ch	arlie Mes	sing		l l	(917) 992-1	356	*** **		
			12)	FA	CILITY IN	IFOR	RMATION			in te			
Name of Facility Where Abatement is	-77	Place	(3)					Type of Facility	` .				
Verizon Moorestown Central C	ffice	11776						Subchanter 8	:) 3 (Other than K-12	2)			
Street Address									rivate and comme		uilding	s,	
105 East Main Street								homes, etc.)					
City (5)								Square Feet	# of Floors		dg. Ag	ge	
Moorestown, NJ 08057								25,977	3		+-75		
County (6)				Cou	nty Code (7)(STA	TE USE ONLY)		ior if being demoli	ished)			
Burlington			-24-57				440	Verizon					
Name of Monitoring Firm Hired by Buil	ding Ov	wner (8)	ASCM	No.	Nar	me of Abateme	ent Contractor (9)					
TTI Environmental, Inc						В	RISTOL EN	VIRONMENTA	L, INC.				
Street Address						Stre	eet Address						
1253 North Church Street						1	123 BEAVE	R STREET					
City, State, Zip Code						City	, State, Zip Co	ode					
Moorestown, NJ 08057						В	BRISTOL, PA	19007					
Project Manager for Monitoring Firm			Tele	ephone	No.	Tele	ephone No.		License No.			li secole	
Kris Smith			6	09-313	3-8218	2	15-788-6040	1	00509				
	Schedu	led C	omple	etion Da	ate (11)	Nar	me of OSHA N	lonitor					
10 / _30_ / _18_	11	_ /	7	/	18	В	RISTOL EN	VIRONMENTA	L, INC				
Occupancy Status During Abatement (Check	only c	ne)	0-0-1		Stre	eet Address						
☐ Facility Closed/Vacated During Ent						1	123 BEAVE	R STREET					
Abatement Performed Outside of N						City	, State, Zip Co	ode					
Time of Abatement:AM	PIVI/	5.00	PIVI-Z	.00AW	l:	В	RISTOL, PA	19007					
Scope of Work (Check all that apply)							M Eull Cont	tainment with Nee	notivo Drossure				
≥3 sf or ≥3 lf	D	⊠ Re	novat	ion			Mini-Enc	tainment with Neg losure	jative Pressure				
☐ ≥160 sf or ≥260 lf	[☐ De	moliti	on				g Procedure					
					1		☐ Non-Exe	mpted (*) and No	n-Friable Procedu				
Location of			Loca Iorma				Description of			At	atem		ype
Asbestos-Containing Material (ACM	1)	Use	d Sol	ely by	Asbe	stos	Containing Ma		Amount	Rer	Repair	Enc	Enc
TO BE ABATED	'			ance/ Staff?		., the	rmal systems	insulation,	(Specify	Removal	air	aps	Enclosure
IN Facility (13)		Cus	(12)				surfacing, VAT her miscellane		SF or LF)	<u> 20</u>		Encapsulate	Гe
(15)		Yes	No	N/A		011	nor moodiume	000)				te	
1st Floor Frame Area					VAT/Ma	astic			16 SF				
1st Floor Telco Area					VAT/Ma	astic			26 SF				
1st Floor Open Area				\boxtimes	VAT/Ma	astic	i)		12 SF				
Name of Registered Waste Hauler			1.5		Waste	278000	oic Yards of	Name of Regis	stered Landfill				
SERVICE TRANSPORT GROU	P, INC.			dauler 1 2099		Was	ste	MINERVA	LANDFILL				
City, State						1	posal Date	City, State					
NEW CASTLE, DE						T	BD	WAYNESB	BURG, OH				
Completed By (Print or Type)	Title	A3000					Signature	0 0	/ D2	ate		1 -	
Dillan DeCaro	Es	tima	tor				Dullar	· DeCaro	184	10-	16-	18	,

Date of Notification (1) 10 / Agencies Notified □ EPA □ DOLWD □ DOH □ DCA (NJAC 5:23-8)	5 /	18			Nam	o of Duildin				E.	14	.7	
		18					- 0	(0)	1		1111	+ - + "	2
☐ EPA ☑ DOLWD ☑ DOH ☐ DCA	Type Notific		3				g Owner/Operator of mmunications	(2)	No.	, - (0 0/	10	* 1.5.4
☑ DOLWD ☑ DOH ☐ DCA		cation			Stree	t Address			NO'	/ - !	2 4	118	-
□ DOH □ DCA					24	3 East St	ate Street						
☐ DCA					City,	State, Zip (Code		I maria	14, 121, 1		n - an	141
	Amenda					enton, NJ				4.1.1	1		
(**************************************	☐ Emerge justificat		nciuain	g		e of Contac			Telephone Nun				
	☐ Cancella				80,000	arlie Mes			(917) 992-1				
							NFORMATION		(317) 332-1	330			
Name of Facility Where A	batement is	Taking	g Place	(3)	1.7	CILITI	AL OKINATION	Type of Facility ((4)				
Verizon Trenton Ce			•					School (K-12	May.				
Street Address				-	_			Subchapter 8		2)			
243 East State Stree	et							Other (i.e., pr	ivate and comme	ercial b	uildin	gs,	
City (5)				-				homes, etc.)	4 - 6 51	- 15	1-1- 4		
Trenton								Square Feet	# of Floors	B	ldg. A		
County (6)					Cou	nty Code (7	7)(STATE USE ONLY)	51,075	5	-11	+-50		
Mercer					Cou	nty Code (/)(STATE USE ONLY)	Current Use (Pri	or it being demol	ished)			
Name of Monitoring Firm	Hired by Rui	Idina (Jwner	(8)	ASCM	No	Name of Abstance	30.0000.0000.0000					
TTI Environmental I		iding c	OWNER	(0)	AGCIVI	NO.	Name of Abateme		INO				
Street Address								VIRONMENTAL	., INC.				
1253 North Church	Stroot						Street Address	CTDEET					
City, State, Zip Code	oueer	_					1123 BEAVE						
Moorestown, NJ 080	157						City, State, Zip Co						
Project Manager for Monit				T		M	BRISTOL, PA	19007					
Kristopher Smith	oring Firm				phone		Telephone No.		License No.				
Start Date (10)		0-1		1		3-8218	215-788-6040		00509				
						ate (11)	Name of OSHA M						
					_ ′	18	BRISTOL EN	VIRONMENTAL	., INC				
Occupancy Status During							Street Address						
☐ Facility Closed/Vacate							1123 BEAVER	R STREET					
Abatement Performed Time of Abatement:	AM-	ormai	M/5:00	y Hou PM-2	OOAM	scribe	City, State, Zip Co						
			<u>0.00</u>		.00/ ((V)		BRISTOL, PA	19007					
Scope of Work (Check all	that apply)						⊠ Eull Cont	ainment with New	etius December				
≥3 sf or ≥3 lf			⊠ Re	novat	ion		☐ Mini-Enc	ainment with Nega losure	ative Pressure				
≥160 sf or ≥260 lf			☐ De	moliti	on		Glovebag		Water the State of				
			1-	1	1		☐ Non-Exer	mpted (*) and Non	-Friable Procedu				
Location of	nf.		10 88	Locat Norma			Description of			Ab	atem	ent T	уре
Asbestos-Containing N		۸)		d Sole		Asbes	stos Containing Mat		Amount	Re	Re	E	En
TO BE ABAT			550,000	intena odial	nce/ Staff?		., thermal systems i	nsulation,	(Specify	Removal	Repair	cap	Enclosure
IN Facility (13)	′		Juon	(12)	otun:		surfacing, VAT, other miscellaned		SF or LF)	<u>a</u>		Encapsulate	ure
No.C.F.			Yes	No	N/A		other miscenance	743)				te	
Basement Exit Area					\boxtimes	VAT/Ma	stic		36 SF				
Basement Center Hall					\boxtimes	VAT/Ma	stic		28 SF				
Basement Boiler Roor	n				\boxtimes	VAT/Ma	stic		822 SF	\boxtimes			
											П	П	П
Name of Registered Waste	Hauler			N	JDEP V	Vaste	Cubic Yards of	Name of Registe	ered Landfill		J	_	
SERVICE TRANSPO	RT GROUP	, INC	: .	Н	auler II	55	Waste	MINERVA L					
City, State					20990		Disposal Date	City, State					
NEW CASTLE, DE							TBD	WAYNESBL	JRG, OH				
valorina de la companya de la compa	oe)	Title					Signature			ate			
completed By (Print or Tvr		100000	stimat	or				De Carol	100	1872	-1	C	
Completed By (Print or Type Dillan DeCaro		1								/		A	

Date of Notification (1)				Name	of Building	g Owner/Operator (2)					
10 /5 /	18	_				nmunications	1	NOV	- ('	018		
Agencies Notified Type Notific	ation			Stree	t Address			1101	3520 00		15	
☐ EPA ☐ Initial				243	B East Sta	ate Street		lan and				
□ DOLWD				City. S	State, Zip C	Code	+			ģ1		
DOH Amendm					nton, NJ			1 2 32				
DCA Emerger justificati		uaing		1	of Contact			Telephone No	umher			
☐ Cancella	12 July 10 July 1 / 1			Cha	arlie Mes	sing .		(917) 992-				
						FORMATION		(0.17002	1000			
Name of Facility Where Abatement is	Taking P	Place	(3)				Type of Facility (4)	2000			
Verizon Trenton Central Office	1						School (K-12)	(18)				
Street Address							Subchapter 8	(Other than K-	-12)			
243 East State Street							Other (i.e., pr homes, etc.)	vate and comr	nercial	ouildi	ngs,	
City (5)							Square Feet	# of Floors	1	3lda.	Age	
Trenton							51,075	5		+-5	_	
County (6)				Cour	nty Code (7)	(STATE USE ONLY)	Current Use (Pric	or if being dem	olished)			
Mercer						327	Verizon					
Name of Monitoring Firm Hired by Build	ding Ow	ner (8	3)	ASCM	No.	Name of Abateme	nt Contractor (9)					
TTI Environmental Inc						BRISTOL EN	/IRONMENTAL	, INC.				
Street Address						Street Address						
1253 North Church Street						1123 BEAVER	RSTREET					
City, State, Zip Code						City, State, Zip Co	de					-
Moorestown, NJ 08057						BRISTOL, PA	19007					
Project Manager for Monitoring Firm			Tele	phone	No.	Telephone No.		License No.				
Kristopher Smith			60	9-313	-8218	215-788-6040		00509				
Start Date (10)	Schedule					Name of OSHA M	onitor					
10 /22 /18	ON	<u>.</u> .	HI	010		BRISTOL ENV	/IRONMENTAL	, INC				
Occupancy Status During Abatement (Check o	nly o	ne)			Street Address						
☐ Facility Closed/Vacated During Enti						1123 BEAVER	STREET					
Abatement Performed Outside of No					cribe	City, State, Zip Co	de					
Time of Abatement:AM	PM/5	:00F	PM- <u>21</u>	00AM		BRISTOL, PA	19007					
Scope of Work (Check all that apply)												
□ >3 sf or >3 lf	\boxtimes	Rer	ovati	on			ainment with Nega	ative Pressure				
≥160 sf or ≥260 lf		Der				☐ Glovebag	Procedure					
					T	☐ Non-Exer	npted (*) and Non	-Friable Proce	dure			
Location of			Locat orma			D			Α	bate	ment 7	Гуре
Asbestos-Containing Material (ACN	0			ly by	Asbes	Description of stos Containing Mat		Amount	7 0	7 7	ı m	m
TO BE ABATED	Ø16		ntena	nce/ Staff?		, thermal systems i	nsulation,	(Specify	Kemova	Kepair	cap	clos
IN Facility (13)		Ousi	(12)	otan:		surfacing, VAT, other miscellaned		SF or LF)	a	-	Encapsulate	Enclosure
(1-0)	Y	'es	No	N/A	1	other misochanee	,43)				ē	
Basement Exit Area		5			VAT/Ma	stic		36 SF	×		1	
Basement Center Hall		7	П		VAT/Ma	stic		28 SF		-		
Basement Boiler Room					VAT/Ma:	stic		822 SF		-		H
					-			- 022 01		-		믐
Name of Registered Waste Hauler				JDEP V	Naste	Cubic Yards of	Name of Regist	ared Landfill		1	ЛП	
SERVICE TRANSPORT GROUP	, INC.		7 (120)	auler ID	No.	Waste	MINERVA L					
City, State				20990		Disposal Date	City, State					
NEW CASTLE, DE						TBD	WAYNESBU	JRG, OH				
Completed By (Print or Type)	Title					Signature		1	Date	-		
Dillan DeCaro	Esti	mate	or			Dillan	De Can	11	10/0	29	118	
ASB-41	1	-						15	10	/		
JAN 13 DD 18076	* Do	not i	ise th	is form	tor asbesto	os licensure exemp	ted activities.					

Chh #013485698

Date of Notification (1)				Name	of Building	Owner/Operator (2)					4
	18	-		Ver	izon Con	nmunications	X 201	1.00.00		1		
Agencies Notified Type Notific	ation			Street	Address	1 TABLE 1		The second state of the se	re pilje Servest i i		100	
☐ EPA ☐ Initial				243	East Sta	te Street						
☑ DOLWD ☑ Amended		40/0	140	City, S	State, Zip C	ode						
☑ DOH Amendm ☐ DCA ☐ Emergen	-			Tre	nton, NJ,	08608						
DCA Emergen (NJAC 5:23-8) LEmergen justificati		Juding		Name	of Contac	l		Telephone Numb	er	erote like-o		
Cancella				Cha	arlie Mes	sing		(917) 992-135	6			
				FA	CILITY IN	FORMATION		•				
Name of Facility Where Abatement is	Taking	Place	(3)				Type of Facility	(4)				
Verizon Trenton Central Office							School (K-12)				
Street Address						40	Other (i.e., p	(Other than K-12)	ial bui	ldinas	S	
243 East State Street							homes, etc.)		71011 2 2			
City (5)							Square Feet	# of Floors	Bld	g. Ag	е	
Trenton							51,075	5	+	-50		
County (6)				Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pri	ior if being demolisl	ned)			
Mercer							Verizon					
Name of Monitoring Firm Hired by Buil	dina O	wner (8)	ASCM	No.	Name of Abatem	ent Contractor (9)					
TTI Environmental Inc						BRISTOL EN	VIRONMENTA	L, INC.				
Street Address						Street Address		33.44 (3.00)				-
1253 North Church Street						1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip C	ode					
Moorestown, NJ 08057						BRISTOL, PA	19007					
Project Manager for Monitoring Firm			Tel	ephone	No.	Telephone No.		License No.	-			
Kristopher Smith			100000000000000000000000000000000000000	09-313		215-788-6040)	00509				
	Sched	uled C	lamo	etion Da	te (11)	Name of OSHA N	Monitor					
10 / 22 / 18				2/		BRISTOL EN	VIRONMENTA	L, INC				
Occupancy Status During Abatement	Check	only	ne)			Street Address						
☐ Facility Closed/Vacated During Ent				ement		1123 BEAVE	R STREET					
Abatement Performed Outside of N	ormal	Facility	y Hou	irs - Des	scribe	City, State, Zip C	ode					
Time of Abatement:AM	PN	// <u>5:00</u>	PM-2	2:00AM		BRISTOL, PA						
Scope of Work (Check all that apply)						M Full Con	tainment with Ne	activo Proceuro				
☐ >3 sf or ≥3 lf		⊠ Re	nova	tion		☐ Mini-En		gative Plessure				
⊠ ≥160 sf or ≥260 if		☐ De					g Procedure	E:::: B				
						☐ Non-Exe	empted (") and No	on-Friable Procedu	-			
			Loca			Description	of			ateme		
Location of Asbestos-Containing Material (ACI	A)	1 2		lely by	Asbe	stos Containing Ma	aterial (ACM)	Amount	Ren	Repair	Enc	Enc
TO BE ABATED	,			ance/	(i.e	e., thermal systems	insulation,	(Specify	Removal	air	aps	Enclosure
IN Facility		Cus	(12			surfacing, VAT	, or eous)	SF or LF)	1 20		Encapsulate	ē
(13)		Yes	No			outer micronan	,				O	
Basement Exit Area					VAT/M	astic		36 SF				
Basement Center Hall					VAT/M	astic		28 SF	\boxtimes			
Basement Boiler Room					VAT/M	astic		822 SF				
	7											
Name of Registered Waste Hauler	- 1			NJDEP		Cubic Yards of	Name of Regi	stered Landfill		-		
SERVICE TRANSPORT GROU	P, IN	Э.		Hauler I 2099		Waste	MINERVA	LANDFILL				
City, State						Disposal Date	City, State					
NEW CASTLE, DE						TBD	WAYNES	BURG, OH				
Completed By (Print or Type)	Title	9				Signature	0 1	/ Da	ate			
Dillan DeCaro	E	stima	tor			Dilla	y De Car	0/92 /	0-	23	3-10	8

Chr.# 3446

Date of Notification (1)							vner/Operator (2	()	EGE	1 1			
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Name of Monitoring Firm	Hired by Buildir	g Owner	(8)	ASC	VI No.			ent Contractor (9)	1110				
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Street Address						10000	treet Address						
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Project Manager for Moni	toring Firm		(1) (2) (3)		e No.		elephone No.		License No.				
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Start Date (10)					Date (11)		lame of OSHA N						
10 / 22 /	_18	_10_	/ _2	6_	18	-	BRISTOL EN	IVIRONMENTA	L, INC				
Occupancy Status During	Abatement (C	heck only	one)			S	treet Address						
☐ Facility Closed/Vacate	d During Entire	Period o	f Abat	ement			1123 BEAVE	R STREET					
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Time of Abatement: _	AM	_PM/5:0	UPM-	2:00A	IVI		BRISTOL, PA	A 19007					
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Name of Registered Was		, INC.		Haul	EP Waste er ID No. 990	100	Waste		LANDFILL				
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2400

Date of Notification (1) Name of Building Owner / Operator (2) E 10/31/2018 Christine Boriolo Agencies Notified Type Notification Street Address 2018 DEP Initial City, State & Zip Code \boxtimes DOL Amended Mount Holly NJ 08060 X DOH Emergency Name of Contact Telephone Number DCA Cancellation Christine Boriolo **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 1.140 50+ Mount Holly Burlington Current Use (Prior if being demolished) Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Alpha Environmental LLC Street Address Street Address P O Box 8297 City, State & Zip Code City, State & Zip Code Trenton NJ 08650 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 609-847-2956 01222 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11/09/2018 11/14/2018 **EMSL Analytical** Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code Describe: Cinnaminson NJ 08077 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure ≥160 sf ≥260 If Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate TO BE ABATED Maintenance or Enclsoure (i.e., thermal systems Remova Repair in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A Attic X Vermiculite 1,140 sf Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Alpha Environmental LLC 0033330 Grows Landfill City, State Disposal Date City, State Trenton NJ Various Morrisville, PA Completed By (Print or Type) Title Signature Date Rod Richardson Project 10/31/2018

Manager

2018-11-02 09:36

Shade Environmental 1 >> 609 633 3664

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City, State, Zip Gode						City, State, Zip Co	0 00						
Chesterfield, NJ 08515						Maple Shade	. NJ 0804	2					
Project Manager for Monitoring Fire	n		Tele	phone	No.	Telephone No.			License No			***	_
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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City (5) Manchester									re Feet	# of	Floors		BI	dg. A	ge	
County (6) Ocean					Code (7) USE ONLY			Curre	ent Use (Prio	r if bein	g demo	olishe	ed)			
Name of Monitoring Firm	m Hired by Building O	wner (8)		ASCM	I No.				tement Con							
Street Address			III-US				Street /	A	ss DOVE CC	URT				88-7	100 la te	
City, State, Zip Code							City, St	ate, Z	ip Code OD, NJ 08			- 11 -				
Project Manager for Mo	nitoring Firm			Telepho	ne No.		Telepho 732-6				Licens 1200	e No				
Start Date (10) 11/15/18		Schedule 11/29/		npletion	Date (11)		1		HA Monitor D PROFE	10188	NALS					
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City, State NEWARK, NJ				V.			osal Date 9/18	.UF	BETHL		PA					
Completed by JOSEPH PERLSTE	EIN	Title OWN	NER				Signature		*			Dat 11	e /05/1	8		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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ame of Facility Where Ermine Court	Abatement is Taking F	Place (3)						School (K	(-12)	er than K-12)				
treet Address 3 Ermine Court							X		e. private 8	commercial	100	gs, ho		
City (5) Manchester														_
County (6)			Co (ST	unty Co	de (7) E ONLY)					ng demolishe	(a)			
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City, State, Zip Code						L	AKEV	e, Zip Code VOOD, N	J 08701					_
Project Manager for M	onitoring Firm		Те	elephone	No.	7		8-9078		1200).			
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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/05/18 encies Notified Type Notification		Stree	et Addres ox Stree	s et			ì				8	
DEP Initial Amended Amendment #		City,	State, Zi	p Code J 08759			4000					
Emergency (including justification)	ng	Nan	ne of Con chelle S	tact			T	elephone Numb 732-350-9000	er)			
DCA Cancellation		1000000		INFORMA	TION							+
nne of Facility Where Abatement is Taking Place	e (3)	·					ol (K-12)	Other than K-12)		2000		
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Street Address					6 W	et Address /HITE DO		IRT				
Sity, State, Zip Code					City,	State, Zip C KEWOOD	ode , NJ 087					
Project Manager for Monitoring Firm		Te	elephone	No.	732	phone No. 2-668-907		License N 1200	10.			
Start Date (10)	neduled /29/18		oletion Da	ite (11)	AA		Monitor PROFES	SIONALS				_
11/15/18 11/00 Occupancy Status During Abatement (Check Or					Stre	et Address VHITE DO	OVE COL	JRT				
Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal F	od of Ab	ateme	ent		City	, State, Zip	Code					
Scope of Work (Check All That Apply)		enovat	ion			Full C	Containmer	nt with Negative	Pressure	e		
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		emoliti				Clave	Enclosure ebag Proce Exempted	edure (*) and Non-Fria	able Prod	cedure	e	
										Abate Ty	ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mai	Locatiormal ormal d Sole ntenar odial S (12)	ly ly by nce/	(i.e. th	ermal syst	ng Material (tems insulat	(ACM)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	
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Name of Registered Waste Hauler NEWARK CARTING			Hauler ID 04509	No.	of Waste		IESI	te				
					Disposal		City, Sta	_EHEM PA				
City, State NEWARK, NJ					11/29/1	nature			Date			

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Date of Notification (1) 11/05/18				Name of Building Owner/Operator (2) Pine Ridge At Crestwood NOV - 8 2018												
Agencies Notified Type Notification			Street Address 2 Fox Street													
EPA X Initial Amended Amendment #			(City, State, Zip Code Whiting, NJ 08759												
Emergency (including justification)				Name of Contact				Telephone Number 732-350-9000								
☐ DCA		Rochelle Sletvold FACILITY INFORMATION				132-330-9000										
Name of Facility Where	Abatement is Taking	Place (3)	(FACIL	ITT INFO	RIVIATIO	JIN	Type o	of Facility (4)				72-78-02		
18 Rabbit									chool (K-12		than K-1	2)				
Street Address 18 Rabbit							Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)									
City (5) Manchester						Square	Feet	# of F	loors	Bldg. Age						
County (6)				County Code (7)				Current Use (Prior if being demolished)								
Ocean Name of Monitoring Firm Hired by Building Owner (8)				* · · · · · · · · · · · · · · · · · · ·				ne of Abatement Contractor (9)								
Name of Worldong Firm Fired by Building Owner (o)								A LEAD PROFESSIONALS								
Street Address								et Address VHITE DOVE COURT								
City, State, Zip Code						, State, Zip Code KEWOOD, NJ 08701										
Project Manager for Monitoring Firm								ephone No. License No. 2-668-9078 1200								
Start Date (10) Scheduled C				ompletion Date (11) Nam				ne of OSHA Monitor								
11/15/18	8	AAA				A LEAD PROFESSIONALS										
Occupancy Status Durin	e)	Street Add					dress									
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe:							City, State, Zip Code - LAKEWOOD, NJ 08701									
Scope of Work (Check A	All That Apply)				W			_								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	enova emoliti	vation olition				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure										
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NEWARK CARTING			H	[문화가급(급)하면 :			Vaste IESI									
City, State NEWARK, NJ							osal Date City, State 29/18 BETHLE			e EHEM PA						
Completed by Title JOSEPH PERLSTEIN OWNE				2			Signature				Date 11/05/18					

State of New Jersey