#### State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120) D&S Proj. #: 16-336

m,	E	C			$\mathbb{W}$	E	
		NOV	1	0	2016		

							NOV	10	20	16	
Date of Notification (1)	Name of Bu	ilding Owr	er/Operator (2	)							
1 1 / 0 4 / 1 6	josian lop					AS	BESTO	SCO	TNC	ROL	&
Agencies Notified Type Notific	Street Addre	ess					LIO	C-140	11474		
DEP Amended											
	#: City, State, I	Zip Code									
Emergenc		nge, nj 0'	7052								
DOH (including justification	Name of Cor	ntact				Telephon	e Numbe	r			
DCA Cancellation	on josian lo	pez				'					
		FAC	ILITY INFORM	ATIO	N	<del></del> -					
Name of facility where abatement	t is taking place (3)					Type of Facility (		3			
josian lopez							I (K - 12) apter 8 (C		han k	(10)	
Street Address							(Private/C			(-12)	
						Bldgs./	Homes, e	etc.			
City (5)	County (6)			Co	unty Code (7)	Square Feet	# of Floo	rs	В	ldg. A	ge
ony (o)	Journal (b)				ate use only)	Current Use (P	rior if bein	a den	nolish	ed)	
west orange	ESSEX										
Name of Monitoring Firm Hired by	Bldg. Owner (8)		ASCM No.		Name of Abatement C						
Street Address				_	D & S RESTORA Street Address	ATION, INC.					
Street Address					20 California Av						
City, State, Zip Code				_	City, State, Zip Code	е.				-	
					Paterson, NJ 075	503					
Project Manager for Monitoring Fire	n Ph	one Numb	er	-	Telephone Number	-	License	Numb	er		
					973-345-8020		0	1169			
Start Date (10)	Sched. Completio	n Date (11	)	-	Name of OSHA Monit						
11/21/16	11/30/16				D & S Restoratio	on, Inc.					
Occupancy Status During Abateme				_	20 California Ave	enue					
Facility closed/vacated during					City, State, Zip Code	ciide			_		
Abatement performed outside Describe:		S-									
Other-Describe: NORMAL I	HOURS			-1	Paterson, NJ 075	503					
Scope of Work (check all that app	(5)(5)) (					ull Containment w	/negative	press	ure		
	Renovation					fini-enclosure Hovebag procedur	·0				
≥160 sf or ≥260 lf	Demolition					Non-Exempted (*)		friable	proc	edure	
Location of	Is location normally u by maintenance/cust							R	R	Е	E
asbestos-containing material (acm) to be	staff(12)		Description material (		asbestos-containing	Amount (Specify S	For	m	р	n c	n
abated in facility (13)	Yes No	N/A	inatonal (/	-Civi)		LF)		0	a	a	Ľ
basement		-	PIPE INSU	LAT	ION	175 l ft		e	r		
Dascincii			THE INSU	LAI	1014	1/3110		H	+	H	H
						+		H	H	H	H
				-				Ħ	H	H	H
								F			
Registered Waste Hauler	NJDEP Hauler II		ubic Yards of W	Vaste							
D & S RESTORATION, INC. City, State	13506	Disposal D	yds.		TULLYTOWN, R	RESOURCE RE	COVER	Y			
PATERSON, NJ 07503		11/22/10			TULLYTOWN, I	PA					
Completed by (Print or Type)	Title		Signature		1 2022110 1111,1		Date				
BOGDAN JOLDZIC	PRESIDENT						11/04/	16			
ASB-41	* Do not use this form for	or asbesto	s licensure exe	mpte	d activities.						

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

		E	لحا	Ľ	li	$\mathbb{V}$	15	-
CHECK#	25955	No. of Street, or other parts of the street, where	NOV	1	0	2016	ò	
2)			er.					

						60 and 12:12						
				Name	of Building	Owner/Ope	rator (2)		DEFOTO	20.00	ONTE	301
of Notification (1)				DDIV	ATE RES	SIDENCE	19.00	AS	SBESTO	IENIC IENIC	ING	102
//2016					Address				Liv	/		
ncies Notified	Type Notification			31100	(11001							
EPA	v Initial			City	State, Zip	Code						
DEP	Amended A	mendmer	nt #		CK, NJ				Tolor	nhone	Numb	er
DOL	☐ Emergency		3	Nam	e of Contac	ct			Lielel	Jilonic		
DOH	justification				ID D'AN						-	
DCA	☐ Cancellatio	n		DAY	ITV INFO	RMATION						_
				FACII		71 (1111)	117	e of Facility (4)				
me of Facility Where A	batement is Takin	ig Place (	3)					School (K-12)	(O)1 the	n K 1	2)	
RIVATE RESIDENCE	E							] Subchapter 8	(Otner tha	III K-1/	eial hu	ildinas
reet Address								Other (i.e., pri	vate & cor	mmerc	s Bldg	Age
eet Address	_						Sq	uare Feet	# 01	F1001	Siblug	. , , , ,
ick, NJ								0.740000			-hod)	
				- 1-	1 Cado	(7) (STATE	JSE ONLY) Cu	urrent Use (Prior	if being o	iemoii	sneu)	
rick, NJ				Col			1					
ounty				1.5	ONA NIC	Name of Ah	atement Contrac	tor (9)				
cean ame of Monitoring Firm	Hired by Building	Owner (	8)	AS	CM No.	CDEAM D	IDGE ENVIRO	NMENTAL II	NC.			
ame of Monttoning in.	A Total State of the State of t					Street Addre	ess					
. Addross						SHEEL AGUIT	FOREST ROA	AD				
Street Address						City, State,	7in Code					
						City, State,	N, NJ 08691					
						Telephone				cense	No.	
Project Manager for Mo	nitoring Firm	Telephor	ne No.			609-890-71			00	0676		
Project Manager for Me					(14)		SHA Monitor					
- 10-1- (10)		Schedul	ed Com	oletion	Date (11)		J, 11					
Start Date (10)		11/8/201	16			MECS Street Add	ress					
11/8/2016 Qccupancy Status Dur	ing Abatement (C	heck only	one)			P.O. BOX						
A -1 -10/e	acated During Ell	III CITO		emen	t	City, State	7in Code					
Abatement performed	d outside of working	ng hours	5PM-2 A	M		City, State	ICKS, NJ 085	15				2
Abatement performed	. 00.10					CROSSV	TCRS, 140 CC	Jeun Contai	nment wit	h Neg	ative F	ressu
	k all that apply)				☑ Renov			Mini-Enclo	sure			
				1.0	- Danos	ation			Procedure			_
Scope of Work (Check								Glovebag	1000000	3	- 100	Proc
≥ 3 sf or ≥ 3 lf					Demo			☐ Glovebag  Non-Exem	pted (*) 8	Non-l	Friable	F 100
Scope of Work (Check  ≥ 3 sf or ≥ 3 lf  ≥ 160 sf or ≥ 260								Glovebag Non-Exem	pted (*) 8	Non-l	Friable	Type
≥ 3 sf or ≥ 3 lf			Location		Demo	lition	os Containing	Non-Exem	pted (*) 8	Non-l Abate	ment	Type
$\geq$ 3 sf or $\geq$ 3 lf $\triangle$ $\geq$ 160 sf or $\geq$ 260	) If	Norr	mally Us	ed	Descript	ion of Asbes	os Containing ermal systems	Non-Exem	pted (*) 8	Non-l Abate	ment	Type
≥ 3 sf or ≥ 3 lf ⇒ 160 sf or ≥ 260	) If	Norr	mally Us	ed	Descript	ion of Asbes (ACM) (i.e. th	VAT, or other	Non-Exem	pted (*) 8	Non-l	ment Repair	Type
≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260  Location of Asber  Material (ACM) TG	stos-Containing	Norr S Mainte	mally Us Solely by enance/ Staff? (	custo	Descript	ion of Asbes	VAT, or other	Non-Exem	pted (*) 8	Abate Removal	ment	e Encapsulate
≥ 3 sf or ≥ 3 lf ⇒ 160 sf or ≥ 260	stos-Containing	Norr S Mainte	mally Us Solely by enance/ Staff? (	ed Custo	Descript Material insulation	ion of Asbes (ACM) (i.e. th	VAT, or other	Non-Exem	pted (*) 8	Abate Removal	ment	Type
≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260  Location of Asber Material (ACM) TC Facility	stos-Containing	Norr S Mainte dial	mally Us Solely by enance/ Staff? (	custo	Descript Material insulation	ion of Asbes (ACM) (i.e. th on, surfacing, miscellane	VAT, or other	Amount (Spec	pted (*) 8	Abate Removal	ment	Type
≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260  Location of Asber Material (ACM) TC Facility	stos-Containing	Norr S Mainte dial	mally Us Solely by enance/ Staff? (	custo	Descript Material insulation	ion of Asbes (ACM) (i.e. th on, surfacing, miscellane	VAT, or other	Amount (Spec	pted (*) 8	Abate Removal	ment	Type
≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260  Location of Asber Material (ACM) TC Facility	stos-Containing	Norr S Mainte dial	mally Us Solely by enance/( Staff? ( No.	custo	Descript Material insulation	ion of Asbes (ACM) (i.e. th on, surfacing, miscellane	VAT, or other	Amount (Spec LF)	opted (*) &	Abate  Removal  X	Repair	Type
≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260  Location of Asber Material (ACM) TC Facility	stos-Containing	Norr S Mainte dial	mally Us Solely by enance/( Staff? ( No.	custo	Descript Material insulation  NFVAT PLYWO	ion of Asbes (ACM) (i.e. th on, surfacing, miscellane	VAT, or other ous)	Amount (Spec LF)	opted (*) &	Abate  Removal  X	Repair	Type
≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260  Location of Asber Material (ACM) TC Facility  KITCHEN  KITCHEN	stos-Containing DBE ABATED In y (13)	Norr S Mainte dial	mally Us Solely by enance/( Staff? ( No.	custo	Descript Material insulation  NFVAT PLYWO	ion of Asbess (ACM) (i.e. thon, surfacing, miscellane	VAT, or other	Amount (Specular)  200 S.F.  400 S.F.	opted (*) &	Abate  Removal  X	Repair	Type
≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260  Location of Asber Material (ACM) TC Facility  KITCHEN  KITCHEN	stos-Containing D BE ABATED In y (13)  Waste Hauler	Norres Mainte dial Yes	mally Us Solely by enance/( Staff? ( No.	custo	Descript Material insulation  NFVAT PLYWO	ion of Asbess (ACM) (i.e. thon, surfacing, miscellane	VAT, or other ous)  Cubic Yards of Waste	Amount (Spec LF)	opted (*) &	Abate  Removal  X	Repair	Type
≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260  Location of Asber Material (ACM) TC Facility  KITCHEN  KITCHEN	stos-Containing D BE ABATED In y (13)  Waste Hauler	Norres Mainte dial Yes	mally Us Solely by enance/( Staff? ( No.	custo	Descript Material insulation  NFVAT PLYWO	ion of Asbess (ACM) (i.e. thon, surfacing, miscellane	VAT, or other ous)  Cubic Yards of Waste	Amount (Specular)  200 S.F.  400 S.F.  Name of Reg GROWS  City, State	pited (*) &	Abate Removal X X andfill	Repair	Type
≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260  Location of Asber Material (ACM) TC Facility  KITCHEN  KITCHEN  Name of Registered  CHAMPION DISS	stos-Containing D BE ABATED In y (13)  Waste Hauler	Norres Mainte dial Yes	mally Us Solely by enance/( Staff? ( No.	custo	Descript Material insulation  NFVAT PLYWO	ion of Asbess (ACM) (i.e. thon, surfacing, miscellane	Cubic Yards of Waste  4 Disposal Date	Amount (Spec LF)  200 S.F.  400 S.F.  Name of Reg	pited (*) &	Abate Removal X X andfill	Repair	Type
≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260  Location of Asber Material (ACM) TC Facility  KITCHEN  KITCHEN  Name of Registered  CHAMPION DISS  City, State	stos-Containing D BE ABATED In y (13)  I Waste Hauler POSAL SERVICE	Norres Mainte dial Yes	mally Us Solely by enance/( Staff? ( No.	custo	Descript Material insulation  NFVAT PLYWO	ion of Asbes (ACM) (i.e. th on, surfacing, miscellane OD	Cubic Yards of Waste 4 Disposal Date 11/10/2016	Amount (Specular)  200 S.F.  400 S.F.  Name of Reg GROWS  City, State	pited (*) &	A Non-land N	Repair	Encapsulate
≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260  Location of Asber Material (ACM) TC Facility  KITCHEN  KITCHEN  Name of Registered  CHAMPION DISS	stos-Containing D BE ABATED In y (13)  I Waste Hauler POSAL SERVICE	Norres Mainte dial Yes	mally Us Solely by enance/ Staff? ( No	custo	Descript Material insulation  NFVAT PLYWO	ion of Asbes (ACM) (i.e. th on, surfacing, miscellane OD	Cubic Yards of Waste  4 Disposal Date	Amount (Specular)  200 S.F.  400 S.F.  Name of Reg GROWS  City, State	pited (*) &	A Non-land N	Repair	Encapsulate

CK \$25328

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

Date of Notification (1)				Name	e of Buildin	g Owner/Operato	or (2)					
	1/9/16			IVCIII	c or buildin	1777	mer Sq. Man	agement N	07	10	201	16
Agencies Notified	Type Notification	on		Stree	et Address		[M-M000] [NOV					
□ EPA □ DEP	Initial						40 Nassau St	treet L	TOO	000	3.17.0	201
☑ DOL	Amended Amendment			City,	State, Zip 0			00540	LICE	NSI	TVTT NG	IUL
<b>⊠</b> DOH	Emergency justification		g	Name	e of Contac		rinceton, NJ	Telephone Num				=
□ DCA	☐ Ćancellation			Ivairie		Steve Burns		relephone runn	DEI			
				FA	CILITY INF	ORMATION					-	_
Name of Facility Where							Type of Facility	y (4)				-
	Ret	tail Sto	re				School (K-1		٥,			
Street Address	41 Paln	ner Sq	. We	st				8 (Other than K-12 private & commerci .)		dings	,	
City (5)	ъ.						Square Feet	# of Floors	В	ldg. A	7	
	Prin	ceton,	NJ	Ι Ο	-1 · O - d - 7	7) (07475	800	_  1		85	+/-	_
County (6)	1ercer				nty Code ( EONLY)	7) (STATE	Current Use (F	rior if being demoli	shed)			
Name of Monitoring Firm		g Owner	$\overline{}$	ASCM	No.	Name of Abater	ment Contractor (	9)				_
(8)	MECS					Ste	vens Environ	mental Service	es, Ir	ıc.		
Street Address	DO D 2					Street Address						
0:4-0:4-7:-0-4-	PO Box 3	41						Box 322				
City, State, Zip Code	osswicks, NJ	0851	5			City, State, Zip (		n, NJ 08501				
Project Manager for Mor			1	phone		Telephone No.	50.0600	License No.				
	isgarber	- d. d. d. C	_		0-4070		59-9688		0493	3		_
Start Date (10) 11/18/16	Sch	eduled C	omple 1/19/		ate (11)	Name of OSHA		IECS				
Occupancy Status Durin	g Abatement (Ch			10		Street Address	111					-
▼ Facility Closed/Vacate						341 3ox				_		
☐ Abatement Performed ☐ Other - Describe:	d Outside of Norm	nal Facilit	y Hou	City, State, Zip Code  Crosswicks, NJ 08515								
Scope of Work (Check a	II that apply)						_1_:1ii - K -	antina Dannaura				_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovati emolitio			☐ Mini-En <b>※</b> Gloveb	ag Procedure		<b>5</b> 0			
		ls l	ocatio	n		INOI-LX	empled ( ) and N	on-Friable Procedu	1 .	bater	nent	$\neg$
Location of	of		omally I Soleh			Description o	f			Тур	е	
Asbestos-Containing N	Material (ACM)	Mair	ntenan ustodia	ce/		os Containing Ma	terial (ACM)	Amount			ш	_
TO BE ABAT IN Facility			Staff?	II.	(i.e.,	thermal systems surfacing, VAT		(Specify SF or LF)	Remova	Repair	псар	Enclo
(13)			(12)			other miscellane	ous)		oval	oair	Encapsulate	Enclosure
		Yes	No	N/A							te	(1)
Retail Sp	ace	_	×		Th	ermal Pipe in	sulation	25 lf	×			
		-										
		-										
Name of Devices at 147	to Haule:	-	T	יכבי.	A/anta '	Out in Visualia	I Name of D					
Name of Registered Was Stevens Environn		es. Inc	Н	JDEP \ auler ID 1.80		Cubic Yards of Waste 1 CU	Name of Regi	stered Landfill -GROWS Lan	dfill			
City, State	3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	-,	-1-	102	1/2	Disposal Date	City, State	)				=
	Allentown,					11/21/16	10/	/Morrisville,	PA			
Completed By Mahlon E. Ste	Tit	1.70	oissi	Man	10,000	Signature	(7)	Date	11/9	)/16		
IVIAIIIOII E. Ste	vens	PI	oject	IVIdI	nager	-1-///			11/5	/10		

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

CHECK#25954

10V 1 0 2016

Date of Notification (1)					Name of D	.:14: 0							
11/9/2016							wner/Operator (2)	a decorate	ASBES	TOS	G CO	NTR	OL 8
Agencies Notified	Type Notific	ation			PRIVATE		ENCE	-			MSII		
EPA	, Initial	allon			Street Addr	ess							
□ DEP	Amend	lad Am			0:1 01-1-	7: 0 :							
DOL DOL	The second second			WHAT AT A COL	City, State,								
□ DOH	☐ Emerg		riciuair	g	Bloomfield			-					
DCA	justifica				Name of Co					Tele	ephon	e Num	nber
DCA	☐ Cance	lation			DAVID D'								
Name of Facility What	AL-1				FACILITY IN	NFORM.	ATION						100
Name of Facility Where		aking	Place (	3)				10.500	Facility (4)				
PRIVATE RESIDENCE	CE								ool (K-12)				
Street Address									chapter 8 (Oth er (i.e., private				ildina
City (5)								Square F				s Bldg	
Bloomfield, NJ								oquale i	eet	# 01	FIOOIS	Siblag	J. Age
County					County Code	2 (7) (9	TATE USE ONLY)	Current I	loo (Drior if he	ine d		la a all	
Essex					County Cour	c (1) (0)	TATE OSE ONET	Current	JSE (PHOLII DE	ing a	emoiis	nea)	
Lista	**************************************				ASCM No.	Nome	of Abatement Con	teneter (O)	_				
					ACCIVITIO.	200000000000000000000000000000000000000							
Street Address							M RIDGE ENV	IRONME	NTAL INC.				
ottoot / taarooo							Address	AUGUS VISLAN					
							ACK FOREST F	ROAD					
							tate, Zip Code						
Project Manager for Mon	itorina Firm	Talas		T.			LTON, NJ 0869	1					
Project Manager for Mon	itoring Firm	relep	hone I	NO.		/s// compressions	one No.			Lice	nse N	٥.	
Start Data (10)		10.1				A	0-7110			006	76		
Start Date (10)					tion Date (11)	Name	of OSHA Monitor						
11/10/2016			)/2016			MECS							
Occupancy Status During						Street	Address						
☐ Facility Closed/Vaca					ent		OX 341						
Abatement performed o	utside of working	ng hou	rs 5PM	-2 AM		City, St	ate, Zip Code						
						CROS	SWICKS, NJ 08						
Scope of Work (Check al	I that apply)							☐ Full (	Containment w	ith Ne	gative	Pres	sure
$\geq$ 3 sf or $\geq$ 3 lf					TXT Renova	tion		Mini-	Enclosure				
$\square \geq 160 \text{ sf or } \geq 260 \text{ lf}$					Demolit Demolit	ion		Glove	ebag Procedu	re			
								☑ Non-	Exempted (*)	& Non	-Friab	le Pro	cedur
			s Locat		Vision in the	81-250 004	20 SEE 000A			Abat	ement	Туре	
Location of Asbestos-			rmally				estos Containing						1
Material (ACM) TO BE		10000	Solely	oy e/Custo			thermal systems g, VAT, or other		Specify SF or	Ren	Re	ıca	inc
Facility (13	)	The State of the S	LStaff?			niscellar			LF)	Remova	Repair	nsd	Enclosure
		Yes	No	N/A	1	moodian	.0000)			<u>a</u>	~	Encapsulate	ТĒ
BASEMENT			X		NFVAT			450 S.F.		X		1,0	
						1100000				- 1			
			-										
Name of Registered Wast	te Hauler			-	NJDEP Waste		Cubic Yards of	Name of F	Registered Lar	ndfill			
1					Hauler ID No.		Waste		3.1.0.00 Edi				
CHAMPION DISPOSA	L SERVICE						2	GROWS					
City, State							Disposal Date	City, State					
CHERRY HILL, NJ							11/10/2016		VILLE, PA				
Completed By		Title				Signatú	27-Mar	010	· ····································	Date			
DAVID D'ANDREA		PRES	IDEN	Т		11	wid 1	) (ena	0, , .	11/9/	2016		
ASB-41			on or other trail	1000000		100	V- V	lund	Ce J	11/7/	w010		

ON CV				tate of Ne					(	hec	k #	9266
10 Cr				N OF ASB t to NJAC		ABATEM( 1d 12:120)	ENT	Frank C	7 E	(C)	E	
Date of Notification (1)				AN	Owner LT H	Operator (2 ) NY	Bada	v.	<b>松</b>	FIAT	7	20040
Agencies Notified Type Notification  EPA				ate, Zip Co			1.7	6700	2	NU	/ 1	0 2016
	y (includio n)	3	P	HOTON	4	Basal	N. T	V 1	ASB ne Numbe	EST L	OS ÇEŅ	CONTRO ISING
Name of Facility Where Abatement is Tal-	ing Place	3)	FAC	HLITY INF	ORMAI	Transference of the second second	ype of Facility	(4)				
Street Address							Other (i.e. etc.)	12) r 6 (Other tha private & com		alding	5. han	nes.
B ayonne	Section Continues						iquare Feet	# of Floor	-	Bldg.	Age CO	
Aubson			ISTATE	Code (7) USE ONLY				SIDEWI		× = +-		
Name of Monitoring Firm Hired by Building Street Address	3 Chuict (c	,	Asc	M No.		A.MAC	Abatement Co Contracting					***************************************
							eeland Ave.					***************************************
City, State, Zip Code						Midlan	e, Zip Code d Park, NJ			No. of the State o		
Project Manager for Monitoring Firm			Telepho		-		32-5841	DC6 001	nse No. 56			
Start Date (10) 11 19 16		1/30	The state of the s	Dale (11)		Omega	OSHA Monitor Environme	ntal Service	es			
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire Abatement Performed Outside of Nor	Period of	Ahater	nent			Street Ad 280 Hu	yler St					
Other - Describe: Scope of Work (Check All That Apply)	(Del Cecili	f nous	9				a. Zip Code nsack, NJ 07	7606	****			
23 sf or 23 lf 2160 sf or 2260 lf		Renova Demoki					Full Containma Mini-Enclosura Glovebag Proc Non-Exempted	e cedure			re	100
Location of		Locati	ly		Des	scription of		erone tilge villetomate miller miller ville miller spublish		Aba	lemen ype	t i
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Sole intenar lodial S (12)	108/		os Cont hermal surfac	aming Mate systems in ung, VAT, o uscellaneou	sulation, or	Amount (Specify SF or LF		Repair	Encapsulate	Enclosure
Basement	Yes	No	N/A	73.	ne .			***			16	6
DWCMCN					PE	INSULI	ATION	11001	E   4			
	detilitate baranasay		A. C.					**************************************		The state of the s		
lame of Registered Waste Hauler lewark Carting,Inc.		H	IDEP W Buller (D ) 509	asia Yo	Cubic \ of Vias	Yards		Registered Lar Bethleherr		Cor	J	The second secon
ity, State ewark, NJ					Dispos		City, State Bethlehe		······································			
ompleted by oseph Vocaturo	Title Vice F	resid	ent		15	gnature A	Viron	.0	Date /	2/1	6	

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

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

EPA    DEP	ace (3)	Nam F/	e of Contact _HLIST	L Camp 1	TWBLE  Type of Facilit  School (I		(2) cial but	ldings	CEI	CON USIN
City (5)  County (6)  BEHAN.  Name of Monitoring Firm Hired by Building Owner  Street Address		Coun	ity Code (7)		Type of Facilities School (In Subchap Other (i.e. etc.)	K-12) Iter 8 (Other than K-1 e. private & commerc	cial bui	ldings	CEI	
County (6)  BELGEN.  Name of Monitoring Firm Hired by Building Owner  Street Address	er (8)	(STAT				≠ of Floors		Stein		CETT S
County (6)  BEFFEN.  Name of Monitoring Firm Hired by Building Owner  Street Address	er (8)	(STAT				2	e de Charles	عادي الم	Age -x	
Street Address	er (8)	LAS		0	Current Use (I	Prior if being demoks		70	0	700
930380395 340000000 7830		1	CM No.		of Abatement C AC Contracti	Contractor (9)				
City, State, Zip Code					Address Vreeland Av	9.				
Control of the Contro		and the state of t			itate, Zip Code and Park, NJ		***********			
Project Manager for Monitoring Firm		Telep	none No.		one No. 1262-5841	License 1 00156	Vo.			
11/17/16	11/3	30/16	on Dale (11)	· •	of OSHA Monito ga Environm	or lental Services		-		-
Occupancy Status During Abatement (Check Online Facility Closed/Vacated During Entire Period	d of Aba	atement		5	Address Huyler St					
Abatement Performed Outside of Normal Fe Other – Describe:	icility H	curs		40.000	late, Zip Code ensack, NJ (	07606				
icope of Work (Check All That Apply) 23 sf or 23 if 2150 sf or 2250 if		ovation nolition		Enter Section 1	Mini-Enclose Glovebag Pr				e	With the second state of the second stage
Location of	Non	cation mally	A Property constraints	Description	at	Profilement and a control of the con			emeni pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mainte	Solely by enance/ lal Staff? 12)		tos Containing M thermal systems surfacing, VAT other miscelland	aterial (ACM) insulation, f. or	Amount (Specify SF or LF)	Remova	Ropair	Encapsulate	Enclosure
Basener	es N	VO N/A		VAT		800SF	_		6	
	1			Y (3)		80001	V			
	-		PRO-CALCULATION OF THE PRO-				50.00 mm	_		
ame of Registered Waste Hauter ewark Carting , Inc.		NJDEP Hauler II 04509		Cubic Yards of Waste		Registered Landfill A Bethlehem La	ndfill	Corp	l I.	Marin discount or market
y, State ewark, NJ			ST ST STATEMENT AND	Disposal Date	City, Sta	nte hem, PA		7.00		
ompleted by Till Vic		sident		Signature		tus Da	ie , ]	احم	15	-

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

VV) (X)				(P	ursu	ant t	to NJA	.C 8:60 and 5:	16	)		31/ 1	n e	040	i ii
Date of Notification (1) 6 /	17 /	16						Owner/Operator			1	11 1	<del>J Z</del>	<del>U10</del>	
Agencies Notified	Type Notific	ation			Stre	eet Ac	ddress				ASBES	TOS (	ON	THO	JL &
□ EPA					2	00 E	lm Dr					LICEN	SIN	3_	
⊠ DOLWD			1112	14.6	City	, Stat	te, Zip C	ode							
☐ DCA	Amendm  Emerger	ne secolar files	100		P	rince	eton, N	J 08544							
(NJAC 5:23-8)	justificat		Juding	,	Nan	ne of	Contact	:			Telephone Nu	umber			
5.	☐ Cancella	tion			R	ober	rt Orte	go							
					F	ACIL	LITY IN	FORMATION		X					
Name of Facility Where Al	patement is	Taking	Place	(3)					T	Type of Facility (	4)				
Princeton University	/ McCosh	Hall								School (K-12)		10\			
Street Address										<ul><li>☐ Subchapter 8</li><li>☒ Other (i.e., pr</li></ul>			uildii	ias.	
Washington Rd										homes, etc.)				3-,	
City (5)										Square Feet	# of Floors	E	ldg.	Age	
Princeton															
County (6)	ceton (6) CCER of Monitoring Firm Hired by Build Group Services LLC Address Inley Corporate Center-Three ate, Zip Code Ington, NJ 08016 Manager for Monitoring Firm Inael Keehn					unty	Code (7)	)(STATE USE ONLY)	)	Current Use (Price	or if being dem	olished)			
MERCER															
		ding O	wner (	8)	ASC	M No	).			nt Contractor (9)					
	LLC								NV	/IRONMENTAL	., INC.				
Street Address	Cambay Thu	T.						Street Address		CTREET					
•	Senter-Inr	ee re	rri La	ine				1123 BEAVE							
	•							City, State, Zip (							
				Tal	ephon	a Nia		BRISTOL, P	A	19007	Titanaa Na			10-10-17	
	State, Zip Code rlington, NJ 08016 ct Manager for Monitoring Firm chael Keehn							Telephone No. 215-788-604	10		License No.				
Start Date (10)	1	Schedu	uled C	1	609-38			Name of OSHA		nitor	00509				
6 / _ 27 _ /	100000000				3 /		(I)			IRONMENTAL	INC				
								W	14.5	INOMINEMAL	., 1110.				
Occupancy Status During .    Facility Closed/Vacated					omont			Street Address 1123 BEAVE	ED	CTDEET					
☐ Abatement Performed (						escrib	be								
Time of Abatement: 7:0								City, State, Zip C BRISTOL, P.							
Scope of Work (Check all t	hat apply)							Ditio10L, 1	_	10007					
	mar appiyy		_					☐ Full Cor	nta	inment with Nega	ative Pressure				
≥3 sf or ≥3 If			⊠ Re □ De					Mini-En     Gloveh:		osure Procedure					
								⊠ Non-Ex	en	npted (*) and Non	-Friable Proce	dure			
				Loca								Al	oater	nent '	Туре
Location o				lorm d So	ally lely by	8	A = b = =	Description			Amazint	Re	Re	T m	m
Asbestos-Containing M TO BE ABAT		1)	Ma	inten	ance/			tos Containing M , thermal systems			Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility			Cust	odial (12	Staff?	,	33	surfacing, VA			SF or LF)	\sigma a	1	suls	sure
(13)		t	Yes	No		4		other miscellan	ieo	us)				ite	
Throughout				$\boxtimes$		-	loor til	e and mastic			150 SF				
Throughout				$\boxtimes$		Р	ipe ins	ulation			200 LF				
		$\boxtimes$													
				П											
Name of Registered Waste	Hauler				NJDEF	) Was	ste	Cubic Yards of		Name of Regist	ered Landfill				
BRISTOL ENVIRONM		NC.		- 1	Hauler 1870		lo.	Waste			NORTH LAN	IDFILL			
City, State BRISTOL, PA 19007					Disposal Date		City, State MORRISVIL	LE, PA 1906	7						
Completed By (Print or Typ						Signature		2 1 1		Date /	1				
Brian Scafiro		Es	timat	or				Drian	X	Colore /	el	11/3	//	0	

ASB-41 MAY 11 B 5/6 0 8 7

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

# BLANKET NO

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

1111							=		V200	11111				
Date of Notification (1)	17 /	1	6				-	Owner/Operator ( niversity-Office		I from Vernilla	NUV	Control of the Contro	0 2	016
. 3	Type Notific ⊠ Initial	cation				et Addres				ASE	ESTO	OS ( DEN	ON SINC	TROI
2000			4 0121	40	City	, State, Zi	рС	ode		and the same of th	Thrond was			
□ DHSS	Amendri Emerger				P	rinceton	, N.	J 08544						
(NJAC 5:23-8)	justificat		loluuli	9	Nar	ne of Cont	tact			Telephone Num	ber			
	☐ Cancella	ation			R	obert Or	teg	10						
					F	ACILITY	INI	FORMATION						
Name of Facility Where Ab	atement is	Takin	g Place	e (3)	6	-			Type of Facility	(4)				
Princeton University	McCosh	Hall							School (K-12		v.			
Street Address										8 (Other than K-12 rivate and comme		uildir	igs,	
Washington Rd									homes, etc.)					
City (5)									Square Feet	# of Floors	В	ldg.	Age	
Princeton														
County (6)					Co	unty Code	(7)	(STATE USE ONLY)	Current Use (Pri	ior if being demolis	hed)			
MERCER														
Name of Monitoring Firm H		lding (	Owner	(8)	ASCI	ИNo.		Name of Abateme						
ATC Group Services	LLC							BRISTOL EN	VIRONMENTAL	L, INC.				
Street Address								Street Address						
Bromley Corporate C	enter-Thr	ree T	erri L	ane				1123 BEAVER				ungi-		
City, State, Zip Code								City, State, Zip Co						
Burlington, NJ 08016								BRISTOL, PA	19007					
Project Manager for Monito	ring Firm			1000	elephon			Telephone No.		License No.				
Michael Keehn				1		6-8800		215-788-6040		00509				
Start Date (10)	2000000					ate (11)		Name of OSHA M		1110				
_6_/_27_/_			) H		1				VIRONMENTAL	-, INC.				
Occupancy Status During A								Street Address						
☐ Facility Closed/Vacated	During Enti	re Pe	riod of	Abat	tement			1123 BEAVER						
Abatement Performed O Time of Abatement: 7:0	otside of No 0AM-11:30	Ormal DPM/_	Facilit	y Ho PM	urs - De	scribe M	1	City, State, Zip Co BRISTOL, PA						
Scope of Work (Check all th	at apply)													
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf			⊠ Re					Mini-Encl     Glovebag	Procedure		2			
						1		⊠ Non-Exer	npted (*) and Nor	n-Friable Procedur	1			
			100	Norm	ation allv			Description of			0.00	_	ent T	
Location of Asbestos-Containing Ma	terial (ACM	1)	Use	d So	lely by	Asb	est	os Containing Mat		Amount	Remova	Repair	Encapsulate	Enclosure
TO BE ABATE					ance/ I Staff?	(i	.e.,	thermal systems in surfacing, VAT,		(Specify SF or LF)	lova	air	sde	unso
IN Facility (13)				(12				other miscellaneo		01 01 21 )	-		ılate	le l
			Yes	No						150 SF				
Throughout				$\boxtimes$		Floor	tile	and mastic						
Throughout						Pipe in	nsu	ılation		200 LF				
				$\boxtimes$							Ш	П	Ш	Ш
Name of Registered Waste H	Hauler			100	NJDEP		1.87	Cubic Yards of	Name of Registe	ered Landfill				
BRISTOL ENVIRONME		IC.			Hauler 1870			Vaste		NORTH LANDE	ILL			
City, State BRISTOL, PA 19007								Disposal Date	City, State MORRISVIL	LE, PA 19067				
Completed By (Print or Type)	)	Title						Signature	1 1	Date	e /	,		
Brian Scafiro			stimat	or				Brian	Scofiro	Ije 9	3 /2	/16		
									11	- /				

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

111	11,	2		
ni	H	31	14	3

Date of Notification (1)				Na	ame of B	Building	Owner/Operator (	(2)	14 14	NUY	11	1 61	JIU
6 / 17	/ 1	6		- 1	Princet	ton U	niversity-Office	of Design and	Construction				
Agencies Notified Type No	tification	1		Sti	reet Add	ress			ASE				TROL
☐ EPA ☐ Initia				1	200 Elm	n Dr			1	LiC	EM	SINC	<u> </u>
DOLWD 8642 □ Ame				Cit	ty, State,	, Zip C	ode						
☑ DHSS 9633Amer	ndment #	0.000					J 08544						
□ DCA □ Eme	gency (i cation)	ncludin	9		me of C				Telephone Nun	nber			
(NJAC 5:23-8) JUSTIT				F	Robert	Ortec	go						
							FORMATION						
Name of Facility Where Abatement	ic Takir	n Plan	e (3)		AOILI		Citalization	Type of Facility (	(4)				
Princeton University McCo		ig i lao	C (C)					School (K-12	)				
	SII I I GII	-						Subchapter 8	(Other than K-1)	2)	uildin	00	
Street Address								homes, etc.)	ivate and comme	i Ciai D	ullull	gs,	
Washington Rd								Square Feet	# of Floors	В	ldg. A	Age	
City (5)													
Princeton					ounty Co	ode (7)	(STATE USE ONLY)	Current Use (Prin	or if being demol	ished)			
County (6)					ounty of	000 (1)	101/112 002 01121/						
MERCER	5 11 15	0	(0)	1000	CM No.		Name of Abateme	ent Contractor (9)		******			
Name of Monitoring Firm Hired by I	Bullaing	Owner	(0)	ASC	JIVI 140.			VIRONMENTAL	. INC.				
ATC Group Services LLC							Street Address	THORMETOR	,				
Street Address							1123 BEAVE	PETPEET					
Bromley Corporate Center-	Three T	erri L	ane				City, State, Zip Co						
City, State, Zip Code							BRISTOL, PA						
Burlington, NJ 08016			7=		*1-		Telephone No.	10007	License No.		-		
Project Manager for Monitoring Firm	1				ne No.		215-788-6040		00509				
Michael Keehn			1		86-880		Name of OSHA M		00000				
Start Date (10) 6 / 27 / 16					Date (11 /16			VIRONMENTAL	, INC.				
Occupancy Status During Abateme	nt (Chec	k only	one)				Street Address						
☐ Facility Closed/Vacated During E	ntire Pe	riod of	Abat	tement	t		1123 BEAVER	RSTREET					
Abatement Performed Outside of	Norma	Facilit	у Но	urs - D	Describe	ŀ	City, State, Zip Co	ode					
Time of Abatement: 7:00AM-11	:30PM/		PM		_AM		BRISTOL, PA	19007					
Scope of Work (Check all that apply	)						□ Full Cont	ainment with Nega	ative Pressure				
N . 2 - 6 - 5 - 2   6		⊠ Re	nova	ation			Mini-Enc	losure					1
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf		☐ De					⊠ Glovebag	Procedure mpted (*) and Non	-Eriable Procedu	re			
		_					⊠ No⊓-Exe	ripled ( ) and reon	-1 Habie 1 100caa		atem	ent T	vpe
			Loc	ation			Description of	,		-	1	_	
Location of	CRA)			lely by	y   /	Asbes	tos Containing Mat		Amount	Remova	Repair	nca	Enclosure
Asbestos-Containing Material (A TO BE ABATED	CIVI)			ance/		(i.e.,	thermal systems i	nsulation,	(Specify SF or LF)	SVOI	air	sde	nso
IN Facility		Cus	12(12)	I Staff	f		surfacing, VAT, other miscellaned		SF OI LT)	=		Encapsulate	6
(13)		Yes	No										
Throughout			$\boxtimes$		Floo	or tile	and mastic		150 SF				
Throughout					Pipe	e insi	ulation		200 LF			브	
			$\boxtimes$							$\perp$ $\sqcup$	Ш		Ш
Name of Registered Waste Hauler					P Waste	300	Cubic Yards of	Name of Registe					
BRISTOL ENVIRONMENTAL	INC.			Haulei 187	r ID No. '06		Waste	5109290200000000000000000000000000000000	NORTH LAND	FILL			
City, State							Disposal Date	City, State	I E DA 10067				
BRISTOL, PA 19007							- <u> </u>	MOKKISVIL	LE, PA 19067				
Completed By (Print or Type)	Title						Signature	0 pr 1	, Da	te/	.1.	,	
Brian Scafiro	Es	stimat	or			1000 5000 5	price	Section / 1	el l'	1/17	//6	2	

ASB-41

135 16087 Do not use this form for asbestos licensure exempted activities.

OF OF THE REMAYAL AS NEEDED.

#### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 17 1 Princeton University-Office of Design and Construction Agencies Notified Type Notification Street Address ASBESTOS CONTROL & ☐ EPA 200 Elm Dr LICENSING □ DOLWD City, State, Zip Code □ DHSS Amendment #2-11/3/16 Princeton, NJ 08544 □ DCA ☐ Emergency (including (NJAC 5:23-8) Name of Contact justification) Telephone Number □ Cancellation Robert Ortego FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Princeton University 1901 Laughlin Hall School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, Pyne Dr. homes, etc.) City (5) Square Feet # of Floors Bldg. Age Princeton County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) MERCER Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ATC Group Services LLC BRISTOL ENVIRONMENTAL, INC. Street Address Street Address Bromley Corporate Center-Three Terri Lane 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Burlington, NJ 08016 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Michael Keehn 609-386-8800 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 6 / 27 / 16 ON I HOLDI BRISTOL ENVIRONMENTAL, INC. Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00AM-11:30PM/\_\_\_\_PM-\_\_AM BRISTOL, PA 19007 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure $\boxtimes \ge 3$ sf or $\ge 3$ If □ Renovation Mini-Enclosure ≥160 sf or ≥260 lf ☐ Demolition ☐ Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Used Solely by Remova Encapsulate Enclosure Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Throughout X Floor tile and mastic 150 SF $\boxtimes$ Throughout $\boxtimes$ Pipe insulation 200 LF П П П M П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste BRISTOL ENVIRONMENTAL, INC. G.R.O.W.S. NORTH LANDFILL 18706 City, State Disposal Date City, State BRISTOL, PA 19007 MORRISVILLE, PA 19067 Completed By (Print or Type) Title Signature Date Brian Scafiro Estimator

State of New Jersey

MAY 11 B S 16 0 8 6

Date of Notification (1)	BLANKET OD OL		NC			ON OF AS	New Jersey SBESTOS ABA AC 8:60 and 5:1		DE C			W	E
Agencies Notified	Date of Notification (1)				Nar	me of Buildi	ng Owner/Operator	(2)	III NO	1 4	0 6	1016	-
ASESTOS CONTROL   EPA   DOLWD   Initial   Street Address   ASESTOS CONTROL   EPA   DOLWD   Amended #1-9/2/16   Amended #1-9/	6/17	7 /	16						nd Construction				1
BPA	Agencies Notified Tv	pe Notification	on							001	002	TENC	1 0
DULVID					1								JEO
DCA   Care   County Code   Children   Child	□ DOLWD □								L	Car de la Car		11 10/1000	
Name of Contact Robert Ortego   Telephone Number   Robert Ortego   Telephone Number   Robert Ortego   Recility Where Abatement is Taking Place (3)   Princeton University 1901 Laughlin Hall   School (K-12)	1925			100		ALCOHOLOGO AND							
Cancellation   Robert Ortego   FACILITY INFORMATION				ing					Tolombana M.				
Same of Facility Where Abatement is Taking Place (3)	The state of the s						74.0		relephone Nur	TIDE			
Name of Facility Where Abatement is Taking Place (3)   Princeton University 1901 Laughlin Hall   School (K-12)   School (K-12)   School (K-12)   Subchappler 8 (Other fine, private and commercial buildings, homes, etc.)   Site of Floors   Bidg. Age   Princeton   Square Feet   # of Floors   Princeton   Square Feet   # of Floors   Bidg. Age   Princeton   Square Feet   # of Floors   Bidg. Age   Princeton   Square Feet   # of Floors   Princeton   Square Feet   # of Floors   Princeton   Square Feet   # of Floors   Princeton   Square Fe									70-				
Princeton University 1901 Laughlin Hall  Street Address Pyne Dr.  City (5) Princeton  County (6) MERCER  Name of Monitoring Firm Hired by Building Owner (8) ATC Group Services LLC  Street Address Bromley Corporate Center-Three Terri Lane  City, State, Zip Code Burlington, NJ 08016  Project Manager for Monitoring Firm Michael Keehn  Start Date (10) 6 / 27 / 16	Name of Facility Where Abate	ement is Tak	ing Pla	ce (3)	Г.	ACILITY	NFORMATION	Tunn of Facility	h. (4)				
Street Address   Pyne Dr.   Subchapter 8 (Chler than K-12)   Other (fe., private and commercial buildings, homes, etc.)   Other fibers   Other (fe., private and commercial buildings, homes, etc.)   Other fibers   Other (fe., private and commercial buildings, homes, etc.)   Other fibers   Other fiber													
Pyne Dr.    City (5)		oo i Laagii	mina							2)			
City (5)   Princeton   County (6)   Square Feet   # of Floors   Bidg. Age								Other (i.e.,	private and comme		buildi	ngs,	
Princeton  County (6)  MERCER  Name of Monitoring Firm Hired by Building Owner (8)  ATC Group Services LLC  Street Address  Bromley Corporate Center-Three Terri Lane  City, State, Zip Code  Burlington, NJ 08016  Project Manager for Monitoring Firm  Michael Keehn  Street Address  Street Address  Bromley Corporate Center-Three Terri Lane  City, State, Zip Code  Burlington, NJ 08016  Project Manager for Monitoring Firm  Michael Keehn  Scheduled Completion Date (11)  6 / 27 / 16  Cocupancy Status During Abatement (Check only one)  Facility Closed/Vacated During Entire Period of Abatement  Abatement Performed Outside of Normal Facility Hours - Describe  Time of Abatement: 7:00AM-11:30PM/ PM. AM  Scope of Work (Check all that apply)  Scope of Work (Check all that apply)  Asbestos-Containing Material (ACM)  IN Facility  (13)  Location of Asbestos-Containing Material (ACM)  IN Facility  (13)  Floor tile and mastic  County Code (7)(STATE USE ONLY)  ASCM No.  Name of Abatement Contractor (9)  BRISTOL ENVIRONMENTAL, INC.  Street Address  1123 BEAVER STREET  City, State, Zip Code  BRISTOL, PA 19007  Street Address  1123 BEAVER STREET  City, State, Zip Code  BRISTOL, PA 19007  Scope of Work (Check all that apply)  Scope of Work (Check all that apply)  Scope of Work (Check all that apply)  Asbestos-Containing Material (ACM)  IN Facility  (13)  Full Containment with Negative Pressure  Mini-Enclosure  Mini-Enclosure  Mon-Exempted (*) and Non-Friable Procedure  Non-Exempted (*) and Non-Friable Procedure  Abatement Type  Abatement Type  Abatement Type  Abatement Type  Abatement Type  Abatement (Check only only only only only only only only				-11-30-1							5		
MERCER       Name of Monitoring Firm Hired by Building Owner (8)       ASCM No.       Name of Abatement Contractor (9)         ATC Group Services LLC       BRISTOL ENVIRONMENTAL, INC.         Street Address       Bromley Corporate Center-Three Terri Lane       Street Address         Bromley Corporate Center-Three Terri Lane       1123 BEAVER STREET         City, State, Zip Code       BRISTOL, PA 19007         Burlington, NJ 08016       Telephone No.       License No.         Project Manager for Monitoring Firm Michael Keehn       609-386-8800       215-788-6040       00509         Start Date (10)       Scheduled Completion Date (11)       Name of OSHA Monitor       BRISTOL ENVIRONMENTAL, INC.         Occupancy Status During Abatement (Check only one)       Street Address       1123 BEAVER STREET         Time of Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement To:00AM-11:30PM PM- AM       Street Address         Time of Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement To:00AM-11:30PM PM- AM       Thill Containment with Negative Pressure Silve Silve Pressure Silve Silve Procedure         Sope of Work (Check all that apply)       Renovation Demolition       Street Address         Location of Asbestos-Containing Material (ACM) (Normally Used Solely by Maintenance/ Custodial Staff? (12)       Description of Asbestos Containing Material (ACM) (Specify SF or LF)       Abatement Type Asbestos Containing Ma	- N - 57 W. W							Square Feet	# Of Floors	1	Blag.	Age	
MERCER       Name of Monitoring Firm Hired by Building Owner (8)       ASCM No.       Name of Abatement Contractor (9)         ATC Group Services LLC       BRISTOL ENVIRONMENTAL, INC.         Street Address       Bromley Corporate Center-Three Terri Lane       Street Address         Bromley Corporate Center-Three Terri Lane       1123 BEAVER STREET         City, State, Zip Code       BRISTOL, PA 19007         Burlington, NJ 08016       Telephone No.       License No.         Project Manager for Monitoring Firm Michael Keehn       609-386-8800       215-788-6040       00509         Start Date (10)       Scheduled Completion Date (11)       Name of OSHA Monitor       BRISTOL ENVIRONMENTAL, INC.         Occupancy Status During Abatement (Check only one)       Street Address       1123 BEAVER STREET         Time of Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement To:00AM-11:30PM PM- AM       Street Address         Time of Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement To:00AM-11:30PM PM- AM       Thill Containment with Negative Pressure Silve Silve Pressure Silve Silve Procedure         Sope of Work (Check all that apply)       Renovation Demolition       Street Address         Location of Asbestos-Containing Material (ACM) (Normally Used Solely by Maintenance/ Custodial Staff? (12)       Description of Asbestos Containing Material (ACM) (Specify SF or LF)       Abatement Type Asbestos Containing Ma					Co	unty Code (	7VSTATE USE ON! VI	Current Hee /	Prior if hains dome!	a b a all			
ATC Group Services LLC  Street Address Bromley Corporate Center-Three Terri Lane  City, State, Zip Code Burlington, NJ 08016  Project Manager for Monitoring Firm Michael Keehn  Start Date (10) 6 / 27 / 16  Cocupancy Status During Abatement (Check only one)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-11:30PM/PM-AM  Scope of Work (Check all that apply)  Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  Throughout  BRISTOL ENVIRONMENTAL, INC.  Street Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL ENVIRONMENTAL, INC.  Street Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Screet Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Screet Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Screet Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Amount (Specify SF or LF)  Throughout  Floor tile and mastic 150 SF  In Facility (12)  Floor tile and mastic 150 SF	attended to the contract of the contract of					anty oode (	INGTATE OSE ONET	Current use (i	-nor it being demoil	snea)	E		
ATC Group Services LLC  Street Address Bromley Corporate Center-Three Terri Lane  City, State, Zip Code Burlington, NJ 08016  Project Manager for Monitoring Firm Michael Keehn  Start Date (10) 6 / 27 / 16  Cocupancy Status During Abatement (Check only one)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-11:30PM/PM-AM  Scope of Work (Check all that apply)  Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  Throughout  BRISTOL ENVIRONMENTAL, INC.  Street Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL ENVIRONMENTAL, INC.  Street Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Screet Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Screet Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Screet Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Amount (Specify SF or LF)  Throughout  Floor tile and mastic 150 SF  In Facility (12)  Floor tile and mastic 150 SF	Name of Monitoring Firm Hire	d by Building	Owne	r (8)	ASCI	/ No	Name of Ahateme	ent Contractor /	0)				
Street Address Bromley Corporate Center-Three Terri Lane  Street Address 1123 BEAVER STREET  City, State, Zip Code Burlington, NJ 08016  Project Manager for Monitoring Firm Michael Keehn  Scheduled Completion Date (11) 6 / 27 / 16  Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-11:30PM  PM- AM  Scope of Work (Check all that apply)  Scope of Work (Check all that apply)  Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.  Street Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Screet Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Screet Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Screet Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Screet Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Screet Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Screet Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Screet Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Screet Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Screet Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Screet Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Screet Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Screet Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Screet Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Screet Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Screet Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Screet Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Screet Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Screet Address 1123 BEAVER			,	. (0)	, , , ,		The second second second second						
Bromley Corporate Center-Three Terri Lane								VIICORWILLERIA	AL, INC.				
City, State, Zip Code Burlington, NJ 08016  Project Manager for Monitoring Firm Michael Keehn  Scheduled Completion Date (11) 6 / 27 / 16  Scheduled Completion Date (11) BRISTOL ENVIRONMENTAL, INC.  Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-11:30PM/PM-AM  BRISTOL, PA 19007  Scope of Work (Check all that apply)  Safer ≥ 3 ff or ≥ 3 ff Selfound of Abatement Selfound of Selfound of Abatement Selfound	Bromley Corporate Cer	ter-Three	Terri L	ane				RSTREET					
Burlington, NJ 08016  Project Manager for Monitoring Firm													
Project Manager for Monitoring Firm   Telephone No.   609-386-8800   215-788-6040   00509													
Michael Keehn    609-386-8800   215-788-6040   00509		Firm		Tel	ephone	e No		10001	License No.				
Start Date (10)  6				7000					TO THE SOURCE DATE OF THE PARTY				
G	Start Date (10)	Sche	eduled (	100					00000				
Occupancy Status During Abatement (Check only one)  ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe ☐ Time of Abatement: 7:00AM-11:30PM/ PM- AM ☐ AM ☐ Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Normally ☐ Selos of or ≥260 If ☐ Selos of or ≥2			- 1	F	10%	0			AL INC				
Secondary Closed/Vacated During Entire Period of Abatement   Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-11:30PM/ PM- AM   PM			ck only			280		THE THIRD IN THE	ne, 1140.				
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-11:30PM/ PM- AM   BRISTOL, PA 19007					ment			CTDEET					
Time of Abatement: 7:00AM-11:30PM/ PM- AM BRISTOL, PA 19007  Scope of Work (Check all that apply)  Scope of						scribe							
Scope of Work (Check all that apply)	Time of Abatement: 7:00Al	М- <u>11:30</u> РМ	/	PM	A	M							
Full Containment with Negative Pressure   Mini-Enclosure   Mini-Enclosu	Scope of Work (Check all that :	annly)					DINIOTOL, FA	13007					
Location of Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  Yes No N/A  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Parametric Type  Asbestos Containing Material (ACM) Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Floor tile and mastic	≥3 sf or ≥3 lf							osure Procedure		re			
Location of Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  Yes No N/A    Description of Asbestos Containing Material (ACM)   Asbestos Containing Material (ACM)   Asbestos Containing Material (ACM)   (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)    Amount (Specify SF or LF)   SF or LF     Throughout			1000							At	patem	ent T	уре
	Asbestos-Containing Materi TO BE ABATED IN Facility	al (ACM)	Use Ma Cus	ed Sole aintena todial (12)	ely by nce/ Staff?		tos Containing Mate , thermal systems in surfacing, VAT,	erial (ACM) sulation, or	(Specify	1	-	1	Enclosure
	Throughout			M		Floor tile	e and mastic		150 SF	M	$\vdash$		
				-	=								1

Hauler ID No. Waste BRISTOL ENVIRONMENTAL, INC. 18706 City, State Disposal Date City, State BRISTOL, PA 19007

 $\boxtimes$ 

NJDEP Waste

Estimator

Title

Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL

MORRISVILLE, PA 19067

Completed By (Print or Type)

Brian Scafiro

Name of Registered Waste Hauler

Cubic Yards of

Signature

BLANKET NOTICE

### State of New Jersey

BLANKET	11	110		NOT	FICA:	State of	of New Jersey ASBESTOS A	DATEMENT		E (	C I		] [/
100	N				(Pur	suant to I	VJAC 8:60 and	15:16)	Q2#	30			
Date of Notification (1)  6 /	17	/_	16	_	1		lding Owner/Oper n University-Ot		and Construct	ion	0V-	10	20
Agencies Notified		Votifica	tion		3	Street Addre					700		
□ EPA 図 DOLWD 8642	☑ Init					200 Elm I	Dr		A	SBES	LIGE		
Ø DHSS 8635	☐ Am	ended endme	nt #		C	City, State, Z	ip Code		formation and the second			1 4 1,21	190
□ DCA	□ Em			uding			n, NJ 08544						
(NJAC 5:23-8)	just	ificatio	n)	dunig	N	lame of Con			Telephone	A L. com la			
	☐ Can	cellatio	on			Robert O	rtego		releptione	Numb	er		
	-						INFORMATION	,					
Name of Facility Where	Abatemer	nt is Ta	kino P	lace (	3)	ACILIT	INFORMATION	The second secon					
Princeton Universi					<i>-</i> /			Type of Fac					
Street Address	,	9		-				School (	K-12) oter 8 (Other than I	Z 40)			
Pyne Dr.								Other (i.	e., private and con	K-12) nmerci	al hui	Idino	c
City (5)								homes,	etc.)		ai bui	iumg.	٥,
Princeton								Square Fee	t # of Floors		Bld	g. Ag	e
											1		
County (6)					C	County Code	(7)(STATE USE ONE	Y) Current Use	(Prior if being den	nolishe	(d)		
MERCER											-/		
Name of Monitoring Firm		Buildin	g Own	er (8)	ASC	CM No.	Name of Abate	ement Contractor	(9)				
ATC Group Service:	s LLC							ENVIRONMEN					
Street Address							Street Address		TAL, IIIO.				
Bromley Corporate	Center-	Three	Terri	Lane	1			/ER STREET					
City, State, Zip Code							City, State, Zip						
Burlington, NJ 0801	6						BRISTOL,						
Project Manager for Monite	oring Firm	1		T	elephor	ne No							
Michael Keehn	3			74		86-8800	Telephone No.		License No.				
Start Date (10)		Sch	adulad			Date (11)	215-788-60		00509				
6/27/_		-	9	/ _	2 /		Name of OSHA BRISTOL E	Monitor NVIRONMENT	AL, INC.				
Occupancy Status During A							Street Address						
□ Facility Closed/Vacated	During E	ntire P	eriod o	of Aba	ement		1123 BEAV	ER STREET					
Abatement Performed C	outside of	Norma	al Faci	lity Ho	urs - De	escribe	City, State, Zip						
Time of Abatement: 7:0	<u>U</u> AM- <u>11:</u>	30PM		_PM		AM.	BRISTOL, P						
Scope of Work (Check all th	nat apply)						5.00102,1	A 13007					
⊠ >3 sf or >3 lf							☐ Full Co	ntainment with N	egative Pressure				
\(\sum_{\geq} \geq \frac{1}{2} \text{si or } \text{si or } \frac{1}{2} \text{si or } \frac{1}{2} \text{si or } \text{si or } \frac{1}{2} \text{si or } \text{si or } \frac{1}{2} \text{si or } si				enova emolit			Mini-En	closure	-3-0.0				
				emoni	1011		⊠ Gloveba	ag Procedure	on-Friable Proced				
			T	s Loca	tion	1	EN INOII-EX	empled ( ) and N	on-Friable Procedi				
Location of				Norm			Description	of		A	baten	nent	Туре
Asbestos-Containing Ma	terial (AC	M)		ed Sol	ely by	Asbes	tos Containing Ma	aterial (ACM)	Amount	Re	Re	E	E
TO BE ABATE IN Facility	D		No. 1255 (198)		Staff?	(i.e.	, thermal systems	insulation,	(Specify	Remova	Repair	cap	Clos
(13)				(12)			surfacing, VAT other miscellane		SF or LF)	Val	1	Encapsulate	Enclosure
			Yes	No	N/A		other miscellane	eous)			1	ate	(0
Throughout						Floor tile	and mastic		150 SF		П		
Throughout				$\boxtimes$		Pipe inst	ulation						
			_	-	-	i ipe mae	JIACIOII		200 LF		Ш		
			Ш										П
Name of Registered Waste H.	auler			N	JDEP V	Vaste (	Cubic Yards of	Name of Regis	torod Landfill			ш	Ш
BRISTOL ENVIRONME	NTAL, II	VC.		100000	auler ID 18706	No.	Vaste	1757	NORTH LANDS	FILL			
City, State							Disposal Date	City, State					
BRISTOL, PA 19007								110000000000000000000000000000000000000	LE, PA 19067				
Completed By (Print or Type)		Title					Signature						
Brian Scafiro		Est	timate	or			Dise	India!	il Dat	1/17	1/	6	

ASB-41 B516086 MAY 11 B51 WILL

PERFORM RE MONIAL A DESCRIPTION OF A

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7) GAC Project # 060-16 Name of Building Owner/Operator (2) Date of Notification (1) RUTGERS, THE STATE UNIVERSITY OF NJ 0 2016 November 2, 2016 Street Address Agencies Notified Notification Type ENVIRONMENTAL HEALTH & SAFETY DEPT. ☑ Initial Notification 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS NTROL & **D**EPA Amended Notification # City, State, Zip Code DCA ■ Emergency (including) PISCATAWAY, NJ 08854 X DOL justification) Telephone Number ▼ DEP- No Longer REQUIRED Name of Contact □ Cancelled MICHAEL SMITH, ENV. X DOH **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) ☐ School (K-12) JOHNSON APTS., BLDG# 3733 ☐Subchapter 8 (other than K-12) ☑ Other (i.e. private & commercial buildings, homes, etc.) Street Address **BUSCH CAMPUS** # of Floors: 2 Bldg. Age: 60+ years Sq. Feet: N/A County (6) County Code (7) City (5) Current Use (prior if being demolished): ACADEMIC (State Use Only) **PISCATAWAY** MIDDLESEX Name of Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. 0098 ATC GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 268 MAIN STREET City State, ZipCode City, State, Zip Code BUTLER, NJ 07405 BURLINGTON, NJ 08016 License Number Project Manager for Monitoring Firm Telephone Number Telephone Number 609-386-8800 **BRIAN KEARNY** 00840 973-492-0477 Name of OSHA Monitor Scheduled Start Date (10) Scheduled Completion Date (11) 11/16/16 11/14/16 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ▼ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD □ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe XOther - Describe: Schedule: 3PM - 5PM (24 HOURS & WEEKENDS AS NEEDED) FAIRLAWN, NJ Scope of Work (Check all that apply) ■ Full Containment with Negative Pressure ☐ Mini-Enclosure □ Renovation  $\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$ ☐ Glove bag Procedure / Wrap & Cut Demolition X > 160 sf or ≥ 260 lf Non-Exempted (\*) and Non-Friable Procedure Abatement Type Is Location Normally Used Description of Asbestos Containing Material Amount Location of Asbestos-Containing (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Material (ACM) in Facility (13) Solely by Maint./Custodial Remove Repair Encap Enclose or LF) Staff? (12) VAT, or other miscell.) NO NA YES X 380 SF VAT Apt 809 X Name of Registered Landfill NJDEP Waste Hauler ID # 10 CY Name of Reg. Waste Hauler Cubic Yards of Waste: G.R.O.W.S. North Landfill See Hauler Below #1 & 2 See Below City. State Disposal Date Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 100 New Ford Mill NJDEP # 12561 Rd. Morrisville, Pa Hauler #2) Newark Carting, Inc., Newark, NJ 04509 11/16/2016 19067 NJ DEP# 4509 215-736-1700 Date Completed by (Print or Type)

Raymond C. Pedalino

November 2, 2016

MANAGER

SENIOR PROJECT

RAYMOND C. PEDALINO

mn240519942	BNO	TIFICA (Purs	TION O	of New Je F ASBEST NJAC 8:6	TOS A	BATEM	ENT			EG		<u> </u>	10	1
Date of Notification (1) 11/03/16		Na	ame of B uchter	uilding Ow Industrie	ner/O	perator (	(2)		The state of the s	HUV	IU	20	10	
Agencies Notified Type Notification		100,000	reet Add 200 Sta	ress ate Stree	t				The state of the s	ASBESTO	OS C	ONT	ROL	. &
EPA Initial  DEP Amended  Amendment	# 1			, Zip Code nboy , N		861								
× DOH justification)		-	ame of C	-					Tele	phone Numb	per			
X DCA Cancellation			FACILI	TY INFOR	MATI	ON								
Name of Facility Where Abatement is Taking Auchter Industries Street Address	g Place (3)							School (K-12 Subchapter & Other (i.e. pr	) 3 (Othe	r than K-12)	l buildir	nas, h	omes	
1200 State Street							Squ	etc.) are Feet		Floors		g. Ag		
City (5) Perth Amboy							C	rent Use (Prio	r if hair	a demolishe	ed)			$\dashv$
County (6) Middlesex County			ounty Co	ode (7) SE ONLY)						19 200.000				
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.		100000000000000000000000000000000000000		atement Cont ement	ractor	(9)				
Street Address						Street 1009		ess h Street Su	uite A	4				
City, State, Zip Code						City, S	State,	Zip Code ergen, NJ 0						
Project Manager for Monitoring Firm		ТТ	elephone	e No.		Telepl	none	No.	1041	License No	).			
Project Manager for Monitoring 1 mm			- 8			100000000000000000000000000000000000000		-6305 SHA Monitor		01223				_
Start Date (10) 10/31/16	Scheduled 12/31/16		pletion D	ate (11)		HILI	MAN	IM CONSU	LTIN	G LLC				
Occupancy Status During Abatement (Che						Street 160		ress OUTE EAS	T SUI	TE 107				
Facility Closed/Vacated During Entire     Abatement Performed Outside of Norm     Other – Describe:	Period of Atmal Facility I	Hours	ent		_			Zip Code NJ 07083						
Scope of Work (Check All That Apply)							_							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		enovat emoliti				E	- !	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure				э	
	Is	Locatio	on										ment pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mai	ormall d Solel ntenar odial S (12)	y by nce/	Asbesto (i.e. t	herma surf	escription ntaining al systen facing, V miscella	Mate ns ins AT, o	r	(	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A			Othe			3	00 SF	x	_		
Tank 700 , 701						TSI				65 LF	x			
Tank 702, 703														
Name of Registered Waste Hauler NEWARK CARTING		H	IJDEP W lauler ID 4509	1700	175000000	ic Yards /aste				tered Landfi NAGEME		RO\	NS N	1.
City, State HILLSIDE, NJ					Disp	osal Da	te	City, Sta MORR		LE PA				
Completed by Bryan Parra	Title Proje	ect Ma	anager			Signatu	Ire C	ryank	APA	71	ate 1/03/	16		

Print Form

10240515	19436	5 NC	(Pur	ATION Consumer to	of New J F ASBES NJAC 8:6	TOS AB 0 and 1	2:120	)	т		HOV			2	
Date of Notification (1) 11/03/16					Building Ow V Saland		erator	(2)			HAY	1 10	641	¥7.	-
Agencies Notified Ty	pe Notification		S	treet Add	dress						SBESTO LIC	S CC ENSI	NTF	ROL	&
× EPA × DEP × DOL	Amended Amendment #		_   C	ity, State Harringt	e, Zip Code ton Park	NJ 076	640								
× DOH × DCA	<ul><li>Emergency (in justification)</li><li>Cancellation</li></ul>	cluaing	N	lame of (	Contact					Tele	phone Num	ber			
				FACIL	ITY INFOR	MATIO	N			41					_
Name of Facility Where Aba Matthew Saland Street Address	tement is Taking	Place (3)							oe of Facility ( School (K-1 Subchapter	2) 8 (Othe	er than K-12)				
Street Address		V						×	Other (i.e. p etc.) uare Feet		commercia		lg. Ad		14
City (5) Harrington Park								6				- 4\			
County (6) Bergen County			(	County C STATE U	ode (7) SE ONLY)				rrent Use (Pri			ea)			
	red by Building O	wner (8)		ASCM	No.				batement Con atement	ntractor	(9)				
Street Address	County Ionitoring Firm Hired by Building Owners Tress , Zip Code Inager for Monitoring Firm  (10) Sch 6 12/						Street 1009		iress 7th Street S	Suite A	4				
City, State, Zip Code	ate, Zip Code								e, Zip Code ergen, NJ	07047					
Project Manager for Monito	Manager for Monitoring Firm  e (10) Sch				ie No.		Telep	hone			License No	).			
Start Date (10)	Manager for Monitoring Firm  Pate (10) Sch. 12/				Date (11)		Name	of C	OSHA Monitor	II TIN	GIIC				
11/18/16 Occupancy Status During /	Manager for Monitoring Firm  ate (10) Schol  116 12/  ncy Status During Abatement (Check Onl						Street	t Add	dress						
Facility Closed/Vacate Abatement Performed	ed During Entire P	eriod of A	batem	nent		-			OUTE EAS	SISUI	TE 107				
Other – Describe:							UNI	ION	NJ 07083						
Scope of Work (Check All ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	( пат Арріу)		Renova Demolit					×	Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure				e	
			Locat				anner.	<del>78</del>						ment pe	
Location of Asbestos-Containing Machine TO BE ABA In Facility (13)	laterial (ACM) ΓΕD	Use Ma Cus	Normal ed Sole intena todial (12)	ely by nce/ Staff?	Asbesti (i.e. 1	os Conta	syster	Mate ns in 'AT,	erial (ACM) sulation, or	(	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Baseme	nt	Yes	140	IN/A			VAT			7	00 SF	х			
Bacomo															
	me of Registered Waste Hauler				Vaste No.	Cubic of Was					tered Landfi		RO	NS N	۷.
NEWARK CARTING City, State			0	4509		Dispos	sal Da	te	City, St	ate					
HILLSIDE, NJ		Title				5	Signaty	ife	MORI	RISVIL	N/	ate			
Completed by Bryan Parra		1000	ect M	lanagei	r		<	10	(UV)	HI	V 1	1/03/	16		

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) Medexpress November 3, 2016 370 Southpointe Dr. Suite 100 ASBESTOS CONTROL & Street Address Notification Type Agencies Notified Initial Notification City, State, Zip Code X-Amended Certification # 1 X EPA Canonsburg, PA 15317 DCA Postponed By Owner Telephone Number x DOL Name of Contact Emergency (including X DEP Mr. Ryan Rodeheaver iustification) x DOH ☐ Cancelled FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) ☐ School (K-12) Vacant Building - Back Building ☐Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Street Address Sq. Feet: Unknown # of Floors: 1 Bldg. Age: 70 years 1532 Prospect Street County Code (7) City (5) County (6) Current Use (prior if being demolished): (State Use Only) Mercer Ewing Name of Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Environmental Forensics, LLC GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 Clementon Way 511 MAIN STREET City State, ZipCode City, State, Zip Code Butler, NJ 07405 Lawrenceville, NJ 08648 License Number Telephone Number Telephone Number Project Manager for Monitoring Firm 609.495.4069 Lance Berens 00840 973-492-0477 Name of OSHA Monitor Scheduled Completion Date (11) Scheduled Start Date (10) November 30, 2016 November 14, 2016 EMSL inc. Street Address Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton Road Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code xDescribe - Vacant Retail Space Other - Describe: Scheduled to be demolished Piscataway, NJ 08854 Source of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure Renovation  $\geq$  3 sf or  $\geq$  3 lf Glovebag Procedure x Demolition ■≥ 160 sf or ≥ 260 x Non-Exempted (\*) and Non-Friable Procedure Abatement Type Description of Asbestos Containing Material Amount Is Location Normally Used Location of Asbestos-Containing (Specify SF (ACM) (i.e. thermal systems insulation, surfacing, Material (ACM) in Facility (13) Solely by Maint./Custodial Remove Repair Encap Enclose or LF) VAT, or other miscell.) Staff? (12) YES 4,500 sf X Built up Roofing X Exterior Name of Registered Landfill Cubic Yards of Waste: NJDEP Waste Hauler ID# Name of Reg. Waste Hauler Meadowfill Landfill See Below See Hauler Below # 1 & 2 G.R.O.W. Disposal Date City, State Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Route 2, Box 68 November 30, NJ DEP # 12561 NY DEP # Bridgeport, WVA 2016 Hauler #2) STG Transport Inc., 58 Pyles Lane, New Castle DE- T. 215.768.1366 304-842-2784 Date Signature Completed by (Print or Type) November 3, 2016 Marin Graure SENIOR PROJECT Marin Graure



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

Print Form

Data of Natification (4)							- 11		NOV	4 4	20	118
Date of Notification (1) 10/12/2016			Name Accu	of Building Owner	er/Operato npany, Ir	r (2) nc.	-	le-	1104		210	10
Agencies Notified Type Notificati	on		Sec. (1997) 1997	Address th Avenue			The state of the s	ASB	ESTO	S C		
X DEP X Amended Amendment	ent #_1		City, S Pater	State, Zip Code rson, NJ 0752	4		i				747 4 6.51	
□ DOH	n)	ng	Name	of Contact Zaf Zafar			Te	elephone I	Vumbe	r		
N			FAC	CILITY INFORMA	ATION							
Name of Facility Where Abatement is Tal "L" Shape Building	king Place	(3)				Type of Facilit	y (4)			JA S		
Street Address						School (F	K-12)					
2 Waite Street						Subchap Subchap Other (i.e	ter 8 (Oti e. private	ner than K & comme	-12) rcial bu	uilding	s, hor	nes.
City (5)						etc.) Square Feet		of Floors				
Paterson						23,500	1	7 1 10015		Bldg.	Age	
County (6) Passaic			County (STATE	Code (7) USE ONLY)		Current Use (F Commercia	Prior if be	ing demo	lished)			
Name of Monitoring Firm Hired by Building TBD	g Owner (8	8)	ASC	M No.	Name Sky (	of Abatement C Contracting,	ontractor LLC	(9)				
Street Address					Street	Address Valley Road		K				
City, State, Zip Code					City, S	tate, Zip Code ne, New Jers						
Project Manager for Monitoring Firm			Telepho	one No.	A STATE OF THE STA	one No.	ey 074	License	No			
Start Date (10)	Cohodu	lad O			(973)	928-5040		00874				
10/10/2016	01/31/	2017	mpletion	Date (11)		of OSHA Monito Contracting, L						
Occupancy Status During Abatement (Che						Address	923 NSS 10					
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of mal Facilit	Abater y Hour	ment s			Valley Road	, Suite	K				
Scope of Work (Check All That Apply)					Wayr	ie, New Jers	ey 074	70				
≥3 sf or ≥3 lf	П	Danaur	. t									
≥160 sf or ≥260 lf	- Property	Renova Demoli			×	Full Containn Mini-Enclosu Glovebag Pro	re ocedure					
	le le	s Locati	ion			Non-Exempte	ed (*) and	Non-Fria	ble Pro			
Location of		Normal	ly	De	escription (	of					emen /pe	1
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole aintenar todial S (12)	nce/	Asbestos Cor (i.e. therma surfa	itaining Ma	aterial (ACM) insulation, , or	(S	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A			1100			<u>a</u>		ate	Гe
Warehouse Office	X		Floor	iles & N	lastic	1,20	00 SF	х				
Name of Registered Waste Hauler		I N.	JDEP W	aste Cubic	Yards	Nome of	Desire					
Service Transport Group, Inc.		Ha	auler ID I					ed Landfil prises, l				
City, State New Castle, Delaware				Dispos TBD	sal Date	City, Stat Wayne:		Ohio				
Completed by Predrag Sarcev	Title Vice I	Presid	lent	TS.	ignature			Da	ate 0/12/2	016		

	ii 2								- 11	WIT				FIIII	TOI
$\gamma$	024051294	314NOT	(Pur	ATION C	of New Je F ASBEST NJAC 8:60	OS A	12:120	)	The state of the s		ÑÖV	0	2016		
	of Notification (1) 31/16				uilding Owr DeLaura		perator	(2)	i	AS	BESTOS			)L 8	
	ncies Notified Type Notification			reet Add							LICE	MSIA	G_		$\dashv$
×	EPA X Initial				T 0 1										_
×	DEP Amended Amendment	#			, Zip Code vken, NJ										1
××	DOH justification) DCA Cancellation	(including	1	ame of C						Tele	phone Num	ber			
	10			FACILI	TY INFORM	MATIO	NC								
	ne of Facility Where Abatement is Takir chard DeLaura	ng Place (3)				*		_	of Facility (4 School (K-12						
Stre	et Address								Subchapter 8	(Othe	r than K-12) commercia	l buildi	ngs, h	omes	5,
City	(5) eehawken							Squar	e Feet	# of	Floors	Blo	lg. Ag	е	
	unty (6)		C	ounty Co	ode (7) SE ONLY) _		_	Curre	nt Use (Prio	r if beir	ng demolish	ed)			
Nar	ne of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.			of Aba Abate	tement Con ment	tractor	(9)	12			
Stre	eet Address							Addres	Street Su	iite A	4				
City	, State, Zip Code								ip Code		-				
City	, Otato, Elp Oodo								gen, NJ 0	7047					_
Pro	ject Manager for Monitoring Firm			elephon			201-	hone N -293-6	305		License No 01223	o. 			
	rt Date (10) /14/16	Scheduled 11/28/16		oletion D	ate (11)				HA Monitor II CONSU	LTIN	G LLC				
Oc	cupancy Status During Abatement (Che							Addre	ss JTE EAS	T SUI	TE 107				
×	Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of Ab mal Facility H	ateme lours	ent		_	City,	State, Z	ip Code J 07083						
Sco	ope of Work (Check All That Apply)							_							
×	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novat moliti					Mi	II Containment Enclosure ovebag Process	9	n Negative F	ressur	е		
	· 10							× No	n-Exempte	d (*) an	d Non-Friab		cedur Abate		
			ocatio	Colors.				2						pe	
	Location of Asbestos-Containing Material (ACM)	Used	Solel	y by	Asbesto	s Con	escription taining	Materia	I (ACM)		Amount	-		田田	ш
	TO BE ABATED In Facility	Custo			(i.e. th		I syster acing, V		ation,		Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
	(13)		(12)	1	(	other	miscella	aneous)	)			oval	air	ulate	ure
_		Yes	No	N/A			TSI			1	60 LF	x			
	Basement					n Krinstaa	101				00 2.	<del> </del>	-		
												1			
-												+			
N:	ame of Registered Waste Hauler		N	JDEP W	/aste		c Yards				tered Landfi		1		
	EWARK CARTING			auler ID 4509	No.	of W	.000.000	40			NAGEME	NT G	RO	1 SV	٧.
	ty, State LLSIDE, NJ					Disp	osal Da	te	City, Sta		LE PA				
	ompleted by yan Parra	Title Projec	ct Ma	anager			Signatu	Bit	ian A	TO O	100	ate 0/31/	16		

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

#### State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) The Valley Hospital November 3, 2016 Street Address Notification Type Agencies Notified ASBESTOS CONTROL & 223 North Van Dien Avenue Initial Notification X EPA City, State, Zip Code X Amendment # 1 □ DCA Ridgewood, NJ 07450-2736 x DOL X DEP Telephone Number Emergency (including Name of Contact x DOH William Stasiak justification) FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) The Valley Hospital ☐ School (K-12) ☐Subchapter 8 (other than K-12) Cheel Wing- Orthopedic Replacement Other (i.e. private & commercial buildings, homes, etc.) Street Address Sq. Feet: Unknown # of Floors: 4 Bldg. Age: 50+ years 223 North Van Dien Avenue County (6) County Code (7) City (5) Current Use (prior if being demolished): Hospital (State Use Only) Bergen Ridgewood Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC. Colden Corporation Street Address Street Address **511 MAIN STREET** 28 Washington Street City State, ZipCode City, State, Zip Code Butler, NJ 07405 Ballston Spa, NY 12020 License Number Telephone Number Telephone Number Project Manager for Monitoring Firm 00840 347.435.3561 973-492-0477 Jim Miades Scheduled Completion Date (11) Name of OSHA Monitor Scheduled Start Date (10) EMSL inc. August 30, 2017 September 19, 2016 Street Address Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton Road Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe Piscataway, NJ 08854 Other - Describe: Phase 1- September 19- 30th- Day Shift Phase 2- November 7- 13th-Day Shift Phase 3- January 2,2017- January 12, 2017 Phase 4- February 20, 2017- March 3, 2017 Phase 5- April 10, 2017 - April 22, 2017 Source of Work (Check all that apply) x Full Containment with Negative Pressure Mini-Enclosure Renovation > 3 sf or > 3 lf Glovebag Procedure Demolition □≥ 160 sf or ≥ 260 Non-Exempted (\*) and Non-Friable Procedure Description of Asbestos Amount Abatement Type Is Location Normally Used Solely Location of Asbestos-Containing (Specify SF by Maint./Custodial Staff? (12) Containing Material (ACM) (i.e. Material (ACM) in Facility (13) Remove Repair Encap Enclose thermal systems insulation, or LF) YES NA NO surfacing, VAT, or other miscell.) X 7,000 sf X VAT & Mastic Patient Rooms Name of Registered Landfill Cubic Yards of Waste: Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Meadowfill Landfill See Hauler Below # 1 & 2 See Below Disposal Date City, State

Signature

Marin Graure

Route 2, Box 68

Bridgeport, WVA

304-842-2784

November 3, 2016

August 30,2017

Date

Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551

NJ DEP # 12561

Completed by (Print or Type)

Marin Graure

Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405

SENIOR PROJECT

MANAGER

Check# 2975

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

GAC Project # 060-16							(0)				_	
Date of Notification (1)  November	3, 2016	3			Name of Building Owner RUTGERS, THE S	r/Operato	r (2) UNIV	ERSI1	TY OF	NJ1 0	2016	3
Agencies Notified	No X	tification T Ilnitial N	otificati		Street Address ENVIRONMENTAL	L HEAL	TH &	SAF	ETY D	EPT.		- A distribution
X EPA	10000			ication #	27 ROAD 1, BLDG	4086,	LIVIN	IGS I		ICENS		UL &
X DCA		Emerge		ncluding	City, State, Zip Code PISCATAWAY, N.	1 0225/	1			IVENS	CVII	
☑ DEP- No Longer REQUIRED		justifica		-	Name of Contact	00004		Teleph	one Nu	mber		
☑ DOH		Cancelle	ed		MICHAEL SMITH,	ENV.	j	1010011	0110 110	-		
E BOIT					HEALTH & SAFET		1			-		
				FACILITY INF								
Name of Facility Where Abatement	s Taking F	Place (3)			Type of Facility (4)							
KATZENBACH HALL, BL					☐ School (K-12)							
Street Address					Subchapter 8 (other th							
DOUGLASS CAMPUS		-11. 40			Other (i.e. private & co	ommercial # of Floo	buildin ors: 4	igs, hom <u>Bldg</u>	nes, etc. . Age:	60+ ye	ars	
	ity (6)			Code (7)			: - 1 11.		DEMIC			
	IDDLE			Jse Only)	Current Use (prior if bei	ing aemoi	isnea):	ACA	DEMIC			
Name of Monitoring Firm Hired by B	ldg. Owne	er (8)	ASCM N		Name of Contractor (9)							
ATC			0098		GREENWOOD ABA	ATEMEN	NT CC	ONSU	LTANT	S, INC		
Street Address					Street Address							
3 TERRI LANE					268 MAIN STREET							
City, State, Zip Code				i i i i i i i i i i i i i i i i i i i	City State, ZipCode							
BURLINGTON, NJ 080	16				BUTLER, NJ 07405	5						
Project Manager for Monitoring Firm		elephone N			Telephone Number			License	e Numbe	<u>er</u>		
BRIAN KEARNY		09-386-			973-492-0477			00840	0			
Scheduled Start Date (10)			ompletion	n Date (11)	Name of OSHA Monitor							
12/23/16	1/	13/16			ENVIROVISION, IN	NC.						
Occupancy Status During Abatem	ent (Che	ck only or	ne)		Street Address							
□ Facility Closed/Vacated During	Entire Pe	eriod of Al	patement	t								
☐ Abatement Performed Outside					20-21 WARGARAV	VROAL	)				_	
Describe			20		City, State, Zip Code							
☑Other – Describe: Subchap	ter 8 O	ccupied	l:		R C 1000 ANA CARRANGAN - Year Pri							
Schedule: 8AM - 8AM (24 HC		WEEKE	NDS AS	S NEEDED)	FAIRLAWN, NJ							
Scope of Work (Check all that apply	)				īv	Full Con	toinmo	nt with	Nogativ	o Procei	iro	
				<b>101</b> 0		Mini-Er			Negativ	E FIESS	ii C	
□ ≥ 3 sf or ≥ 3 lf				Renovation		Glovet			. / Wran	& Cut		
≥ 160 sf or ≥ 260	11			■ Demolition		Non-E					Procedu	ıre
Location of Asbestos-Containing	Is I neation	on Normal	ly Used	Description of Ast	pestos Containing Material		Amoun			nent Type		
Material (ACM) in Facility (13)		y Maint./Cu		(ACM) (i.e. therm	al systems insulation, surf	acing,	(Specif	y SF	Remove	Repair	Encap F	nclose
	Staff? (1:	2) NO	NA	VAT, or other mis	cell.)	1.0	or LF)		110111071	11000		
	YES	NO	INA									
Basement Hall, B-07, B-08, B-19		X		VAT			1300	SF	X			
Basement Hall, B-07, B-08, B-19		X		TSI			500	35010	X			
Basement Hall, B-07, B-08, B-19	asement Hall, B-07, B-08,				i		1300	780727	X			
Name of Reg. Waste Hauler See Hauler Below #1 & 2		JDEP Was	ID#	Cubic Yards of Waste:	40 C	Υ			North I		II	
	-			11.07.405		Dieno	sal Da	ite		City, Stat	e	
Hauler #1) Greenwood Abatement NJDEP # 12561	Consulta	ants, Inc	Butler,	NJ 07405			/2016			100 New		Aill
Hauler #2) Newark Carting, Inc., 1	Newark, N	NJ 04509						990		Rd. Mori 19067	risville,	Pa
NJ DEP# 4509										215-736-	1700	
					T o' t			Doto				
Completed by (Print or Type)	Title	ALTERNATION OF THE PARTY OF THE	DO 150	`T	Signature	60	,	Date N	lover	ber 3,	2016	
RAYMOND C. PEDALING	100000000000000000000000000000000000000	NIOR P		-1	Raymond C.	D'eda	lino	1	.07011	,		
1	INIT	バイント										

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

CHECK # 22725/23149/23570

						6	CHECK	# 2212	3/231	49/2.	55/0
Date of Notification (1) 11-2-16				of Building Owne L/First Energ			1000	E C	E	N N	W I
Agencies Notified Type Notifie	cation			Address	Second.						L
EPA Initial Amend	ted		0.000	Madison Aven	ue			1101	1 4	0 0	210
X DOL Amend	dment #2			stown, NJ 079	960			140 1	1	VE	y i iy
				of Contact			Telephon	e-Numbe	50.0	000	750
☐ DCA ☐ Cance	llation			T. Grecco	71011				. 5 t N	SINC	HU 3
Name of Facility Where Abatement is	Taking Place (3	3)	FAC	ILITY INFORMA	TION	Type of Facility	(4)			10-0-0-0	
Morristown General Office (Me	GO) Building	1				School (K-					
300 Madison Avenue						Subchapte Other (i.e.	er 8 (Other than private & comr	K-12)	uilding	s hor	mae
City (5)						etc.) Square Feet	# of Floors				1165,
Morristown						Oquare r eet	1		Bldg.	Age	
County (6) Morris				Code (7) USE ONLY)		Current Use (Pr Commercial	ior if being den	nolished)			
Name of Monitoring Firm Hired by Buil			ASC	M No.		of Abatement Co					
One Source Safety & Health In	1C.					acle Environm	ental Corp.				
140 South Village Avenue, Sui	te 130				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Address Broad Street					
City, State, Zip Code					- Anna Carrier	State, Zip Code					
Exton, PA 19341						stadt, NJ 0707	2				
Project Manager for Monitoring Firm Brian Hoverdon			Telepho 908-30	ne No. 09-1021		none No. 939-6565	Licen 0075	se No. i6			
Start Date (10) 01-22-2016	12-31-2	2016		Date (11)	100000000000000000000000000000000000000	of OSHA Monitor or Technologie					
Occupancy Status During Abatement (						Address					
Facility Closed/Vacated During Er Abatement Performed Outside of	itire Period of A	baten	nent			9 Jackson Ave	nue				
Other - Describe:	Tomar acinty	riouis			100000000000000000000000000000000000000	tate, Zip Code Island City, N	Y 11101				
Scope of Work (Check All That Apply)											
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		enova emolit	100000000		×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure			201	
	Is I	ocati	ion			11011 Exchipted	2 ( ) and Non-	nable FI	- San Trans	emen	t
Location of	1.1	ormali Sole			escription				Т	уре	_
Asbestos-Containing Material (ACM TO BE ABATED	1 POSSOBIO	ntenar	nce/	Asbestos Cor (i.e. therma			Amount (Specify	Z	_	En	E
In Facility (13)	Cusic	(12)	otali r		acing, VA		SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A		moodiidii	0003)		val	=	ulate	ure
Ground Floor			Х	Spray c	n Firep	roofing	150SF	x			
(1) 3rd Floor		х	Spray o	n Firep	roofing	200SF	х				
(2) Maintenance Garage		х	Pip	e Inslati	on	15 LF	X				
Name of Registered Wests Have											
Name of Registered Waste Hauler ATC, Inc. / JBT (50071)		Ha	JDEP Wa auler ID N		Yards ste		Registered Land				
City, State		24	310	TBD			Enterprises	i 			
Shirley, New York				Dispo TBD	sal Date	City, State Waynes	burg, OH 44	1688			
Completed by Joseph Patrick	Title		W-Server	5	Signature	AQ )	3,	Date			
1036pii Fatilick	Projec	Maı	nager		VΧ	ND		11-2-1	6		

				AMC	(C			11.4		PAG	
		NOTI	PELTE	ngl wak to state Tearen and M 1885 Dalk of M	TABAR	DMENT (	L AS	NO Relst	CHE		
Oate of Hourication (1)			Name	of Building Owne					CE	ISIN	1
Agencies Notified Type No	stification		Street	Mary		WLEA	NOV.	3_	2/11	)	1
EPA INC.			765 6						/		-
DOL AM	lended lendmant #	Magazini interceptory	City, 8	DUMON'		17 /	72 22	j. Tak	23/1		T
D DOM JUN	remency (Industri (Realten)	ng		of Control	-,	2.32	7.00	il			-
The state of the s	ncelledon		M	ARY DU	NIET.			4.		إ	
Name of Facility Where Absterners FESTOENCE	tie Taking Place	(3)		The state of the s	144	Type of Peoble	· <del>(4)</del>				
CTISES AUDINESS	<u> </u>				ne e gazz e	Subchapi	or 8 (Other than I	6121			
č ty lu	-					Other (J.e.	privata & comme	ercial b	uliding	s, hor	m
DUMMIT						Square Feet  / Upp	# of Floors			Age	
County (6)	*****	***************************************	County	Code (?)		CONTONI USE (P	rior if being damo	lished)	\$ <u>\$</u>		nine
Name of Monitoring From Hired by I	Building Owner (	[8]		M No.	T 21	of Abetement Co	SOUTHAL.			- # (Patrice	
				ar tap,	A.M/	AC Contraction	g Inc.				
Street Address						Address Visaland Ava	man to me	•			
City, State, Zip Code				*********		wite, Zip Code					_
Project Manager for Monitoring Firm	~~~~~~	~	Telepho			ind Park, NJ	North Advantage Control of the Control				
						one No 282-5841	Ucense 001-66				
11/4/16	School 1		mpieson	Deta (11)	Name	of OSHA Monitor	intal Services				8000
Decupancy Status Dairing Abatemie		Draf	- Ambio		Syset.	Address	ingl Services				MOON
Facility Olosed/Vacatud During Absternant Farfarmed Outside	Entire Period of of Normal Facili	t Abatan Nuoti vii	mary? s			fuyler St.		**************************************			
Citier - Describs:  Scope of Work (Check All That Appl			T 1 2 2015, Special Street			anaack, NJ 0	7606				
MEEN SON	y) FZ	Danas		-		·		*** +4 ****	*****		
E P180 N M S380 N	<b></b>	Ranovy Dámolji			3	Mini-Enclosus Glovebso Pro	ent with Negative e October I (*) and Non-Fri				
		a Locali Normal					A T Tarrel Incol- bill	BDIE PA	Aber	amen	· ·
Asbestos-Conteiring Material (A: TO BE ABATED	CM Us	inconsist and Solar aintenari	ly by	Asbeetes Conf	national Markette	ALTAL SARGE	Aunount	-	7	/Pa	-
In Pacifity (13)		Slodisi S (12)		(l.e. thermal surface	ayateme ing YAT	insulation,	(Specify Se of LP)	Ratopwal	BENCHA	de Justin	-
N-7/	Yes	No	NIA	ather n	iliteral and	roua)		BEAG	1	Erocupost lade	- Constituent
BUSEMENT	***		1	PIPE	14 )\$ · ·		710 -	1.	1		
				TIPE	1400	LATTON	HOLF	-	-		-
								+	-		-
Name of Registered Waste Hauler						***************************************	· <del>····································</del>			~~	
Newark Carting , Inc.		Ha	DEP WA Juliur IQ A BQQ	Ho. Ordale Year			Bethlehem Li		Corr	).	to
Newark, Nu				Disposi	44	City; Suite Bathlehe	am DA		operated sector	managaraja puna	-
Joseph Vocaturo	Tipo Vice	Presid	-	11 fc	alling a	Vous	10	004	3/1		

NO93407363-8			FICATIO	tate of New N OF ASBE t to NJAC 8	ESTOS	ABATE				)_E	C E		W	
Date of Notification (1) 11/04/2016				of Building ( ower We				ssociation		, i	G¥ '	9 ()	2016	ì
Agencies Notified Type Notification  X EPA Initial				Address Boulevar	d East	t				ASBE	STOS	00	VTR	) I Z
➤ DEP				ate, Zip Coo						NODE	LICE			JL (
Emergency				New York	k, NJ (	07093								
DOH justification)  DCA Justification				of Contact las Sgobl	ba				Tele	phone N	umber			
				ILITY INFO		ON	W-124-							
Name of Facility Where Abatement is Takin Residental Building	g Place (	(3)					Туре	of Facility (4)						
Street Address							S X	chool (K-12) ubchapter 8 other (i.e. printe.)	(Othe	r than K- commer	12) cial bui	ldings	, hom	es,
City (5) West New York							Square N/A		# of I	Floors		Bldg.	Age	
County (6) Hudson			County (STATE	Code (7) USE ONLY)			Curren	t Use (Prior dental Buid	if bein dina	g demoli	shed)			
Name of Monitoring Firm Hired by Building (N/A	Owner (8	)	ASC	M No.			of Abate	ement Contr ment, Inc.	actor (	9)				
Street Address							Address	ren Avenu	ie			:A37254		
City, State, Zip Code							State, Zip wa, NJ	Code 07512						
Project Manager for Monitoring Firm			Telepho	ne No.			none No. 345-86			License	No.			
Start Date (10) 11/15/2016	Schedul 11/22/			Date (11)				A Monitor ment, Inc.						
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire F			mont				Address	en Avenu	e					
Abatement Performed Outside of Norm  Other – Describe: Occupied	al Facility	y Hour	'S			City, S	tate, Zip							
Scope of Work (Check All That Apply)							., ., .	07012						
≥ 3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renov				×	Mini- Glove	Containment Enclosure ebag Proced Exempted (*	lure				e	
	1900	Locat	2002012									Abat	ement	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Ma	Norma ed Sole intena todial (12)	ely by ince/ Staff?		s Conta nermal s surfac		laterial (/ s insulation T, or		(Sp	ount ecify or LF)	Remova	Repair	e Encapsulate	Enclosure
	Yes	No	N/A								<u>m</u>		ate	Гe
Utility Room		Χ			Plaste	er Ceil	ling		45	SF	Х			
North Side Hallway		Χ			Plaste	er Ceil	ling		32	SF	Х			
South Side Hallway		Χ			Plaste	er Ceil	ling		16	SF	Х			
Name of Registered Waste Hauler D&S Abatement, Inc.		H	IJDEP Wa lauler ID I 0996	No.	Cubic Y of Wast TBD			Name of Re Waste Ma						
City, State Totowa, NJ	H1				Disposa FBD	al Date		City, State Tullytown,	PA					
Completed by Oliver Hegedis	Title Proje	ct Ma	anager		Sig	nature	M			-	ate 1/04/2	2016		

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

							/IIIA I	- Har	151		7 F
Date of Notification (1) 11/4/16				f Building Own Cobuzzi	er/Operato	(2)		,	L	U U	E
Agencies Notified Type Notification			Street A	ddress				NOV	1	1 32	16
▼ EPA     □ DEP     □ DOL     □ Amended     △ Amendment				ate, Zip Code ield, NJ 070	090		ASS	BESTO			
□ DOH				f Contact Cobuzzi			Telephone N	umber	ENS	ING	1102
			FACI	LITY INFORM	ATION						
Name of Facility Where Abatement is Takin Residence	g Place (3	3)				Type of Facility  School (K-	3500				
Street Address							r 8 (Other than K- private & comme		dings	home	∋s,
City (5) Westfield						Square Feet 2,113	# of Floors		Bldg. A		
County (6) Union				Code (7) USE ONLY)		Current Use (Pr Residence	ior if being demol				
Name of Monitoring Firm Hired by Building	Owner (8)	- 1	ASCN	Λ No.	U.S. S.	of Abatement Co orn Contractin	CONTRACTOR OF THE PROPERTY.				
Street Address						Address Route 46, Suit	te 7A				
City, State, Zip Code						State, Zip Code wa, NJ 07512	2				
Project Manager for Monitoring Firm						none No. 333-9176	License 01232	No.			
Start Date (10) 11/15/16						of OSHA Monitor					
Occupancy Status During Abatement (Chec	k Only On	ie)				Address					
Facility Closed/Vacated During Entire R Abatement Performed Outside of Norm					City, S	1 Wagaraw Ro state, Zip Code					
Other – Describe:					Fair	Lawn, NJ 074	110			arecon :	
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	-	tenova emolit				Mini-Enclosur Glovebag Pro				e	
	76.333	Locati	35/25/31		-		a ( ) and Hom min	abic i re	Abate	ement pe	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Location of Sontaining Material (ACM) O BE ABATED In Facility  No Used Maint Custor					Material (ACM) s insulation, T, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Basement above the oil burner	Yes	No X	N/A	Pi	pe Insula	tion	10 LF	X		, to	
Name of Registered Waste Hauler		114 6365	IJDEP W lauler ID	1000	bic Yards Waste		Registered Land				
Unicorn Contracting Corp.		035844	. 1	posal Date	Sen.	wn Resource I	Recov	ery F	acilit	У	
City, State Totowa, NJ	owa, NJ					Tulkytoy					
Completed by Dimo Golcev	Title Gene	ral M	lanager	4	Signature	for h		)ate 11/4/16	3		

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

7 4

Date of Notification (1)		Name of Building O MERCK SHARP & D		7)],[		3 U M	_E
11 / 4 /16		Street Address		-41			
Agencies Notified Type Noti	fication		ENUE, P.O. BOX 2000, RY28-4	14	NOV	1 0 2011	6
DEP X Ame	al Notification ended Notification #1 cellation	City, State, Zip Code RAHWAY, NEW JER	1	L ASE	BESTOS	SCONTE	10L 8
	Hold	Name of Contact	Telephone Nu	mber	LICE	MSIMA	
DCA EME		ION Sandra M. Schenk	and the second				
Name of Equility Where Abstances		ACILITY INFORMATION	T 4 F - 184 - (4)				
Name of Facility Where Abatement	is Taking Place (3)		Type of Facility (4) School (K-12)				
MERCK SHARP & DOHME CORPOR	RATION		Subchapter 8 (Other than X Other (ie. private & comm		s homes.	. etc.)	
Street Address			Square Feet # of Floors		Bldg. Ag		
126 EAST LINCOLN AVENUE - EXT	ERIOR BETWEEN BUI	LDINGS 89 & 32					
	inty (6)	County Code (7)	Current Use (Prior if being dem	olished)			
Name of Monitoring Firm Hired by	7.7.1	(STATE USE ONLY) ASCM No.	OFFICE  Name of Abatement Contract	or (0)			
ENVIRONMETAL HEALTH INVESTIG	5 THE STREET WITH STREET STREET	104	PAR ENVIRONMENTAL CORF		ON		
Street Address 655 WEST SHORE TRAIL	-		Street Address 313 SPOOK ROCK ROAD				
City, State, Zip Code			City, State, Zip Code				
	NEW JERSEY 07871		SUFFERN, NEW YORK 10901				
Project Manager for Monitoring Firm	Telephone	Number	Telephone Number Lie	cense N	umber		
WILLIAM S. KERBEL, CIH	973-729-56			101			
Expected State Date (10)	Sched. Comple		Name of OSHA Monitor		#4440		
11 / 12 /16 Month Day Year	12 / Month	30 /16 Day Year	AMERISCI LABORATORIES II	NC .	#1148	30	
Occupancy Status During Abatement  X Facility Closed/Vacated Du  Abatement Performed Out	uring Entire Period of Al		Street Address 117 EAST 30TH STREET				
	URDAY 7 AM-5 PM		City, State, Zip Code				
Scope of Work (Check all that apply)		Full Conta	NEW YORK, NEW sinment with Negative Pressure	YORK 1	0016		
Demolition	X Renovation	Mini-Enclo					
X >3SF OR LF			Procedure				
>160 SF OR 260 LF			le Procedure	T			
Location of Asbestos-containing	Is Location normally used	Description of As Containing Materia		Ab	atement		
Material (ACM)	solely by	(ie. Thermal sys	0.73	REMOVAL	REP. NC.	NC	
TO BE ABATED	Maint/Custodial	insulation, surfacir	ng, VAT, SF or LF)	2	AR R	[5]	
in Facility (13)	Staff (12)	or other miscella	neous)	P	REPAIR	ENCLOSURE	
EXTERIOR PIPE RACK -BETWEEN	Yes No N/A			-		<u>  m                                   </u>	
BUILDINGS 89 & 32	x	PIPE INSULATION	20 LN. FT.				
				X			
				<u> </u>		+	
				-			
						+	
				-		+	
Name of Registered Waste Hauler	NJDEP Waste	Cubic Yards of Waste	Name of Registered Landfill	1		+	
FREEHOLD CARTAGE, INC.	Hauler ID No.	2	LYCOMING COUNTY RESOUR	RCE MA	NAGEME	NT SE	
825 HIGHWAY 33	15939		447 ALEXANDER DRIVE/ROU	TE 15			
City, State FREEHOLD, NEW JERSEY		Disposal Date 11/12/12/30/16	City, State / ) MONTO MERY , PA 17752		1 .		
Completed by (Print or Type)	Title	Signature		ate / [	1111	1/0	
BENJAMIN SANCHEZ	DIRECTOR OF OPER	RATIONS /	700		141	10	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) U Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP. Date of Notification (1) Street Address /16 10 NOV 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28 414 Agencies Notified Type Notification City, State, Zip Code **EPA** Initial Notification RAHWAY, NEW JERSEY 07065 ASBESTOS CONT 3OL 8 Amended Notification DEP Cancellation DOL Telephone Number Name of Contact On Hold DOH EMERGENCY NOTIFICATION Sandra M. Schenk 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.) # of Floors Bldg. Age Square Feet Street Address 126 EAST LINCOLN AVENUE - EXTERIOR BETWEEN BUILDINGS 89 & 32 Current Use (Prior if being demolished) County Code (7) County (6) City (5) OFFICE (STATE USE ONLY) UNION RAHWAY Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) PAR ENVIRONMENTAL CORPORATION 104 ENVIRONMETAL HEALTH INVESTIGATIONS, INC. 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 License Number Telephone Number Telephone Number Project Manager for Monitoring Firm 1101 845-369-7500 973-729-5649 WILLIAM S. KERBEL, CIH Name of OSHA Monitor Sched. Completion Date (11) Expected State Date (10) AMERISCI LABORATORIES INC #11480 /16 11 / /16 11 / Day Year 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 SATURDAY 7 AM-5 PM Other - Describe: NEW YORK, NEW YORK 10016 Full Containment with Negative Pressure Scope of Work (Check all that apply) Mini-Enclo. Renovation Demolition Glovebag Procedure >3SF OR LF Non-Friable Procedure >160 SF OR 260 LF Abatement Type Description of Asbestos-Is Location Location of Amount ENCAPSULE ENCLOSURE Containing Material (ACM) REPAIR normally used REMOVA Asbestos-containing (Specify (ie. Thermal systems solely by Material (ACM) SF or LF) insulation, surfacing, VAT, TO BE ABATED Maint/Custodial or other miscellaneous) Staff (12) in Facility (13) Yes No N/A EXTERIOR PIPE RACK -BETWEEN 20 LN. FT. PIPE INSULATION **BUILDINGS 89 & 32** X Name of Registered Landfill NJDEP Waste Cubic Yards of Waste Name of Registered Waste Hauler LYCOMING COUNTY RESOURCE MANAGEMENT SE 2 FREEHOLD CARTAGE, INC. Hauler ID No. 447 ALEXANDER DRIVE/ROUTE 15 15939 825 HIGHWAY 33 City, State Disposal Date City, State MONTEOMERY, PA 17752 11/5/16-11/30/16 FREEHOLD, NEW JERSEY Date Signature Completed by (Print or Type) DIRECTOR OF OPERATIONS

BENJAMIN SANCHEZ

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

5 / 11 / 12										200	1 8	W.	1 5	201	9	
Date of Notification (1) 10/31/2016 Che	ck # 2930				of Building Aul the A					100	be :					
Agencies Notified Type	e Notification	<u> </u>		Street A	ddress					_	ASBE	STOS	S CO	NTR	OL 8	
□ EPA 🗵	Initial			14 Gr	eenville	Avenue						LICE	NSI	NG_		
DEP	Amended			City, Sta	ate, Zip Co	ode				783,000						
▼ DOL	Amendment	0.000		Jerse	y City, N	J 07305	5									
□ DOH	Emergency justification)		Ī	Name o	f Contact					Те	lephone Nu	ımber				
☐ DCA ☐	Cancellation			Fathe	r Thoma	s Thottu	ungal			1		-				
				FACI	LITY INFO	ORMATIO	N			_						
Name of Facility Where Abates St Paul The Apostle Chi				,				_	of Facility (							
Street Address									School (K-1 Subchapter		or than K-1	121				
14 Greenville Avenue									Other (i.e. p				dings	home	es,	
									etc.)	1.0						
City (5) Jersey City									re Feet	125.55	f Floors	33	Bldg. A	Age		
				_		11		20,0		3			50+			
County (6) HUDSON					Code (7) USE ONLY	)	_	Rec	nt Use (Prid tory	or if be	ing demolis	shed)				
Name of Monitoring Firm Hired	by Building	Owner (8)		ASCN	Λ No.		Name	of Aba	stement Contractor (9)							
N/A							EA S	Services Corporation								
Street Address							Street	Addres	SS							
							426 69th Street									
City, State, Zip Code							City, State, Zip Code									
							Guttenberg, NJ 07093									
Project Manager for Monitoring	Firm		Telepho	ne No.		Telephone No. License No.						lo.				
					201-295-1700 01074											
Start Date (10)		Schedule	d Cor	npletion	Date (11)		Name of OSHA Monitor									
Nov 2-2016		Nov 4-	2016				Same	me as above								
Occupancy Status During Abat	tement (Chec	k Only Or	e)				Street /	et Address								
Facility Closed/Vacated D Abatement Performed Ou Other – Describe: Startin	tside of Norn	Period of Anal Facility	baten Hours	ment City, State, Zip Code												
Scope of Work (Check All That	(vlqqA	Allkotte														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit				×	Min Glo	Containme i-Enclosure vebag Proc	edure						
								I INOI	n-Exempted	( ) an	a Non-Fria			e ement		
			Locati Iormal	2722										ment pe		
Location of Asbestos-Containing Mater TO BE ABATED In Facility (13)	ial (ACM)	Use Ma	d Sole ntena odial 5 (12)	ly by nce/		Desc tos Contai thermal s surfacir other mis	ystems	aterial insula Γ, or		(5	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure	
(10)		Yes	No	N/A		other mis	SCOIIAII	eous				val	=	ılate	ure	
Basement Boiler Room	(Rectory)	х			El	bows/Fi	ttings	valve	es		130	x				
п		х			V	/ater tar	nk insi	ulatio	n	4	0 SF	х				
Name of Registered Waste Hau	l N	JDEP W	/aste	Cubic Ya	ards		Name of F	of Registered Landfill								
Freehold Carting Inc	auler ID 5939		of Waste				1070									
City, State						tbd Cumberland Landfill  Disposal Date City, State										
						tbd	Date		Newbur		X.					
Completed by Title							nature	-//	70	3,1		ate				
Gina Betances			e Mar	nager		Oly	a switted 15	6	Viua	18-	1	0/31/	2016			
Gina Betances Office Manager									,							

Print Form

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Date of Notification (1) Name of Building Owner/Operator (2) Victoria Decker 11/4/2016 Type Notification Street Address Agencies Notified []EPA [X] Initial Notification City, State, Zip Code [ ]DEP ASBESTOS CONTROL & [ ]Amended Glen Ridge, NJ, 07028 [X] DOL Notification Name of Contact Telephone Number [X]DOH [ ]EMERGENCY Victoria Decker [ ]DCA [ ]Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Victoria Decker [ ]School (K-12) [ ]Subchapter 8 (Other than K-12) Street Address [X]Other (i.e., private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age County Code (7) City (5) County (6) 3200 3 75 (STATE USE ONLY) Glen Ridge Essex Current Use (Prior if being demolished) Name of Abatement Contractor (9) Name of Monitoring Firm hired by Building ASCM No. Owner (8) N/A AZTECH MANAGEMENT, Inc. Street Address Street Address 86 Christopher St. City, State, Zip Code City, State, Zip Code Montclair, NJ 07042 Telephone Number License Number Project Manager for Monitoring Firm Telephone Number (973) 744-8800 00371 N/A Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) N/A 14 2016 11 15 2016 11 Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address [X] Facility Closed/Vacated During Entire Period of Abatement [ ]Abatement Performed Outside of Normal Facility City, State, Zip Code Hours - Describe: [ ]other - Describe: Scope of Work (Check all that apply) [ ]Full Containment with Negative Pressure [X] > 3 sf or > 3 lf [X] Renovation [ ]Mini-Enclosure [ ]>160 sf or >260 lf [ ]Demolition [X]Glove bag Procedure [ ]Non-Friable Procedure Abatement Type Is Location Location of Description of Normally NCAPSU NCHOND Asbestos-Containing Asbestos-Containing Amount Used E E Material (ACM) Solely Material (ACM) (Specify P By Maintenance/ TO BE ABATED SF or O (i.e., thermal systems AIR Custodial Staff (12) insulation, surfacing, VAT, In Facility LF) A (13)or other miscellaneous) Yes R No N/A E Basement Pipe Insulation 27 LF X Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Cubic Yards Hauler ID No. of Waste AZTECH MANAGEMENT, INC. Minerva Enterprise INC 17040 1.0 City, State City, State Disposal Date Montclair, NJ 07042 11/16/2016 Waynesburg, Ohio 44688 Completed By (Print or Type) Signature Date 11/4/2016 Dimitri G Temidis Sales

		N	OTIFICATION	State of New ON OF ASBI nt to NJAC	v Jersey ESTOS ABATE 8:60 and 12:12	EMENT 20)	Chec	a a	<u>ير</u> ال	الم	7 F		
	Date of Notification (1) NOVEMBER 5, 2016				Owner/Operato	r (2) DISPOSAL INC			L		_E		
	Agencies Notified Type Not	ification	Street	Address		7101 00/12 114		NOV	10	201	6		
		al ended endment #	City, S	BOX 84 State, Zip Co			ASBE	OT9	2.00	DAITE	201		
	☑ Eme justii	ergency (including fication)	Name	of Contact N SAKOU	, NJ 07722 ITIS		Telephone N	110	S CC	ING L	10L (		
			FΔ	CILITY INFO									
	Name of Facility Where Abatement OLD A & P STORE Street Address 460 ROUTE 520	is Taking Place (3)				Type of Facility  School (K- Subchapte Other (i.e. etc.)		12) cial bu	ildings	s, hon	163		
	City (5) MARLBORO, NJ 07746					Square Feet 22,000	# of Floors		Bldg.	Age			
)ate	County (6) MONMOUTH			y Code (7) E USE ONLY)		Current Use (Prior if being demolished)							
7 3	Name of Monitoring Firm Hired by B EPC TECHNOLOGIES, INC		ASC N/A	CM No.		Name of Abatement Contractor (9) EPC TECHNOLOGIES, INC							
ndow	Street Address P.O. BOX 337		·			Address BOX 337							
>	City, State, Zip Code NEW EGYPT, NJ 08533					State, Zip Code V EGYPY, NJ	08533						
2 J	Project Manager for Monitoring Firm STEVE SCHENKER		100	one No. 758-3365		none No. 758-3365	License 00394	No.					
trame	Start Date (10) NOVEMBER 15, 2016		Completion			of OSHA Monitor							
Ne	Occupancy Status During Abatemen  Facility Closed/Vacated During Abatement Performed Outside	Entire Period of Ab	atement		P.O.	Address BOX 337 tate, Zip Code							
_	Other - Describe:					EGYPT, NJ	08533						
C	Scope of Work (Check All That Apply				'	1		22117-324					
O're	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	processing.	novation molition		×	Mini-Enclosur Glovebag Pro				*F:			
			ocation				, , , , , , , , , , , , , , , , , , , ,		Abat	emen			
	Location of Asbestos-Containing Material (AC <u>TO BE ABATED</u> In Facility	CM) Used Maint Custoo	rmally Solely by tenance/ dial Staff? (12)	(i.e. th	Description s Containing M nermal systems surfacing, VA	aterial (ACM) insulation, T, or	Amount (Specify SF or LF)	Remova	Repair	e Encapsulate	Enclosure		
	(13)	-	No N/A	1	other miscellan	eous)		oval	air	sulate	sure		
	FRONT SHOPPING ARE	A	X		FLOOR TIL	ES	21800 SF	X					
	Alama of Florida, 114		NJDEP V										
1	Name of Registered Waste Hauler SAKOUTIS BROTHERS DISP	of Registered Landfill TE MANAGEMENT OF PA											
	City, State COLTS NECK, NJ	te TOWN, PA											

Completed by

STEVE SCHENKER

Ťitle

PRESIDENT

Date

NOV 05, 2016

Signature

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

		·**		175000								-
Date of Notification (1)	1		Nam	e of E	Building O	wner/Operato	" " i ue	2113				
114						JSAN	111 000		0V-1	1 2	016	
Agency Notified	Type Notification		Stree	et Ad	dress			-11 L) ""	V: .	-	.0.0	
□ EPA	12 Initial		-	04-4	e, Zip Cod	•	1	The state of the s				
D DEP	☐ Amended		City,	, State	e, Zip Cod	N. 1 F	oka. N.	T. ASDE	64060	NOC	TR	OL
DOL	Amendment #		-		Contact	11.01.	1	Telephone Num	berOEN	SIN	G,	
<b>№</b> БОН	justification)		Nan	Me or v	Contact C. M.	UER						
□ DCA	☐ Cancellation											
			FA	CILIT	TY INFOR	MATION	Type of Facility (	4)				
	Abatement is Taking Place				•		Type of Facility (					
M	's. Miller	2		مر مداله			School (K-12)	(Other than K-12				
Street Address			,			÷	Dother (i.e. pri	rate & commercia	l building	s,		
					÷; ,		homes, etc.)	*				
City (5)					*		Oquaso.	# of Floors	Bldg. A		15	200
. 41	EW MILFO	M	)		100		2000.			5 4	1 2	,
			Cot	unty C	Code (7) (S	STATE USE	Current Use (Pri	or if being demol	ished)			
County (6)	RGEN			LY)	•.		1	ZESIDE	NE			
	m Hired by Building Owner	AS	SCM No		1	lame of Abate	ement Contractor (9	)				
(8)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Best R	emoval Ind	c				
Street Address					- 18	Street Address	s ·					
Stieet wirdless				2		450 So	uth River	St				-2
On Otal Tip Code						City, State, Zi			(#			
City, State, Zip Code						Hacken	sack, N.J	. 07601				
Project Manager for Me	animing Firm	Tele	phone l	No.		Telephone No	).	License No.				
Project Manager for Mil	OHIOTHIS I MILL	1				201-32	9-7444 -	00388				
Start Date (19)	Scheduled Co	moletio	n Date (	(11)		Name of OSH	IA Monitor					
14/17/		181				Omega	Environme	ental				
Occurancy Status Dur	ing Abatement (Check only		1 -	-		Street Addres	is					
	•					280	Huyler St				_	
☐ Facility Closed/Vac	ated During Entire Period of ed Outside of Normal Facil	if Abatel	meni			City, State, Zi	ip Code	- 0	7/0/			
Other - Describe:	7:07.54 TO 5	: 0.5	PM	-	Ŀ	. S. H	ackensack	,N.J. 0	7606			
Scope of Work (Check							ull Containment with	Negative Pressu	ıre			
₽23sfor≥3ff			-8	Reno	ovation	-OW	lini-Enclosure					
2 ≥ 160 sf or ≥ 260 lf				Dem	olition	20	Tovebag Procedure on-Exempted (*) an	d Non-Friable Pro	ocedure			
						Q 14	OIPEXCIIPIOS ( ) CI			Ab	aten	
		300.0	Location ormally	1						П	Тур	e T
	ation of	Used	Solely			Descripti	on of Material (ACM)	Amount	t	-	1	ml.
	ning Material (ACM) ABATED		ntenanc ustodial		Asbest	thermal syste	ems insulation,	(Specifi		Removal	Repair	Encapsulat
	Facility	-	Staff?			surfacing, other miscel	VAT, or	SF or LF	1	BAOL	alac	Bule
	(13)		(12)			other misce	lialieous)			-		6
		Yes	No	N/A								_
N 4 9 5 1 4 -	aı im			-	+45	MAC Q.	ecacing	A S	SSF	X		
BASEME				-		MAL ST			LF	K		
BASEME	- 1	-			114-10	57						
				_	-							T
			DEDIN	note !	daudar 1	Cubic Yards	of Name of Rec	istered Landfill				
Name of Registered \	Waste Hauler	1 7000	DEP Wa	aste h	nauler	Waste /	Minerv	a Entern	rise	S	J,T	C
Best Rer	noval Inc	.5	171	09		21/2	5 ch HIHELA	a purerb	1100	,		
City Shaha						Disposal Da	te City, State					
City, State Hackense	ack , N.J. 07	7601				14/18/	16   Wayne	sburg, 0	h, 440	588	3	
Completed by	Title					Signature			Late		4/	il
J. Maioran	Est	imat	tor			1	Maior	400	1	* /	7/	16
U.FIGIUIAI	* 00 00	nt use th	nis form	for a	shestos lic	ensure exem	pted activities.					

CK 5801		NO.	TIFICAT (Pursua	State of New ION OF ASBE ant to NJAC 8	STOS ABAT	EME!	NT		C E		7-1	Print
Date of Notification (1) 11/4 16			Nam Wal	e of Building C ter Phyllis F	Owner/Operate Private Hor	or (2) ne			0V 1	<del>U</del> 2	716	
Agencies Notified  Type Notificat  Fig. 1. Type Notificat  I DEP  Amender				t Address				ASBES	STOS (			_&
X DOL Amendm		ina	Ship	State, Zip Cod Bottom NJ	le J 08008							
DCA justification Cancellation	on)	9	Name	of Contact S				Telephor	ne Numb	er		
Name of Facility Where Abatement is Ta	king Place	e (3)	FA	CILITY INFO	RMATION	Тур	oe of Facility	(4)		-		
Walter Phyllis Private Home Street Address				<del></del>		×	School (K- Subchapte	2005	n K-12) mercial t	ouilding	gs, ho	mes,
City (5) Ship Bottom NJ 08008							uare Feet 00+	# of Floor	s	Bldg 35+	. Age	
County (6) Ocean			Count (STATI	y Code (7) E USE ONLY)		Cur	rent Use (Pr	ior if being der	nolished			
Name of Monitoring Firm Hired by Buildin N/A	g Owner (	(8)	ASC	CM No.	Name	e of Abatement Contractor (9)						
Street Address					Street	et Address D Box 329						
City, State, Zip Code					City, S	State,	Zip Code					
Project Manager for Monitoring Firm			Teleph	one No.	Teleph	none N			se No.			
Start Date (10) 11/14/16	Schedu	uled Co	mpletion	Date (11)	Name	of OS	9800 SHA Monitor	0072	27			
Occupancy Status During Abatement (Che	11/18 eck Only 0				Same	7.0	266					
Facility Closed/Vacated During Entire     Abatement Performed Outside of Nor     Other – Describe:	Period of mal Facili	f Abate ty Hou	ment s				Zip Code					
Scope of Work (Check All That Apply)												
≥3 sf or ≥3 If x ≥160 sf or ≥260 If		Renova Demoli			×	Glo	ni-Enclosure ovebag Proc	ent with Negati eedure (*) and Non-F				
Location of	52	s Locat Norma			_			( ) and Hon-	nable i i	Abat	emen ype	t
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	ed Sole aintena stodial ( (12)	nce/	(i.e. ther	Description Containing Marmal systems urfacing, VAT mer miscellane	aterial insula , or	I (ACM) ation,	Amount (Specify SF or LF)	Removal		Encapsulate	Enclosure
Futorior O'. I'	Yes	No	N/A			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			val	=	ulate	sure
Exterior Siding			Х	E	xterior Sidi	ing		1000 SF	x			
									-		4	
ame of Registered Waste Hauler		1000	JDEP W		bic Yards		Name of R	egistered Land	dfill			
nited Roll off			auler ID 2459	No. of V	Waste		G.R.O.W					
m NJ					sposal Date /18/16		City, State Morrisvill	e PA 19067	7			
ompleted by nthony T Perna	Title Presi	dent			Signature	0			Date			-

11/4/16

CK 4 4096

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

m	E	C		$\mathbb{W}$	E	m
K			-	 -		
		HOY	1	2016		U)

Date of Notification (1)	1-16		Nar	ne of Build	EAUTHT		MERIACITA	40:	ITR		3			
	e Notification		Stre	eet Address	155 RT	- 70	LICE	VOIN	U		-			
	Initial Amended		-	0:1 7		30	<del></del>				_			
☑ DOL	Amendment #		City	, State, Zip	REEMFIE	LO NI.	T 082	30						
	Emergency (inclu justification)	ding	Nor	ne of Conta		CIS ICL.	Telephone Num		_	1	_			
	Cancellation		INdi		UCE		- CICALORE HUIT	Dei						
	ī.		F	ACILITY IN	FORMATION									
Name of Facility Where Abate		ace (3)			X	Type of Facili	ity (4)							
RESI	DENCE					School (K-	-12) er 8 (Other than K-1:	21						
Street Address							private & commerci		dings	,				
City (5)	AW CIT					Square Feet 2000	# of Floors	. B	ldg. A	-				
County (6)	in CII	<u> </u>	T Co	mby Code	(7) (STATE		Prior if being demolis	shed)	20		_			
CAPE MY	14			E ONLY)		VA	CANT	31100)			_			
Name of Monitoring Firm Hired	by Building Own	er	ASCA	A No.	Name of Abatement Contractor (9)									
(8)	4				KLEMCO INC									
Street Address					Street Address 369 S SPIRUCE ALE									
City, State, Zip Code					City, State, Zip C		occ mic	_	_	_	=			
City, State, 21p Code						E SHAD	E M.J	080	250	2_	_			
Project Manager for Monitoring	Firm	Te	ephone	No.	Telephone No. 856-77	9-1422	License No.	UL						
Start Date (10)	Scheduled	Compl	etion D	ate (11)	Name of OSHA N						=			
11-71-16		- 29												
Occupancy Status During Abat					Street Address									
K Facility Closed/Vacated Duri									_		_			
Abatement Performed Outside Other - Describe:	de of Normal Fac	ity Hou	ırs		City, State, Zip Co	ode	6				_			
Scope of Work (Check all that a	apply)				□ Euff Cop	tainment with N	egative Pressure							
>3 sf or ≥3 lf .	П	Renova	tion		Mini-End		egauve Fressure							
23 \$1 of ≥3 11 2160 sf or ≥260 lf		Demolitic				g Procedure	las Friable Bassadon							
		1		1	Non-Exe	empted (*) and N	lon-Friable Procedui	T	bate	ment	_			
	1 (3	s Locati Normali						1 "	Typ					
Location of	Us	ed Sole	y by	l	Description of									
Asbestos-Containing Material		aintenar Custodi			os Containing Mate thermal systems in		Amount (Specify	R	_	Enc	m			
TO BE ABATED IN Facility		Staff?	511	(1.0.,	surfacing, VAT,	or	SF or LF)	Remova	Repair	aps	clos			
(13)		(12)			other miscellaneo	us)		oval	air	Encapsulate	Enclosure			
*1	Yes	No	N/A							e				
SIDING			X	T	RANSITI	٢	1000 SP	X						
Name of Registered Waste Haul	er		JDEP V		Cubic Yards	Name of Reg	istered Landfill							
	NC	H	auler ID	No.	of Waste	CIA	1 C IM. U.	A						
City, State		Disposal Date	City, State											
MAPLE SHADE			1 WOC	DBINE			_	_						
Completed By	Title	12.0			Signature	071	Date	-4	-	6				
MICHAU CLOMA	4	UP			- Mull	VV				_	_			

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

E C			W	
NOV	4	0	2016	

Date of Notification (1)	4-16			Name	e of Buildin	ng Owner	Operator	(2) S CON	STRUCT	10	al.	TRO	2 1		
Agencies Notified	Type Notification	n		Stree	t Address			-11 - 1	LIC	ENS	SIN	3			
□ BPA	M Initial					300	7-	11- 21-						_	
DEP DEP	Amended Amendment	#		City,	State, Zip	Code	<i>_</i>	0.50	1 7	08	-7(	12			
	Emergency (	includin	ng			IS	رات	CITY				כר		늬	
DCA DOH	justification)  Cancellation			Name	e of Conta	ct 2AW			Telephone N	umbei					
				FA	CILITY IN	ORMAT	ON								
Name of Facility Where	Abatement is Taki	ng Plac	e (3)					Type of Facility	(4)						
IR.	ESIDENI	"E						School (K-1	2) 8 (Other than K	( 12)					
Street Address									private & comme						
City (5)	EN TS	LE	CI	ナ				Square Feet	# of Floors			lg. Ag	ge -		
3	CA 13	CE		-	nty Code (	7) (STAT	E		(Prior if being demolished)						
County (6)	E WAY	,			ONLY)	., ,5,			ACHILT		siled)				
Name of Monitoring Firm			T	ASCM	No.	Name o		ent Contractor (9						-	
(8)	ILA					Page 1		COMI	INC					_	
Street Address	7					Street	Address 369	S. SPK	PUCE A	UE.	-				
City, State, Zip Code						City, St	ate. Zip Co	ode LE SH	HOE N	T		Sr	52	,	
			1 = 1			Telepho		LE SIT	License No			UC	20	=	
Project Manager for Mon	itoring Firm		I ele	phone	No.	856	5-77°	3-0472	00		14				
Start Date (10)		duled C	Comple	tion Da	Date (11) Name of OSHA Monitor										
11-14-16		-		16				<u>N</u> /	4					=	
Occupancy Status Durin						Street /	Address								
Facility Closed/Vacate	ed During Entire P	eriod of	Abate	ment		City St	ate, Zip Co	nde .					_	=	
☐ Abatement Performed ☐ Other - Describe:	Outside of Norma	ai raciii	ty riou	15		City, Su	ate, 21p 00							_	
Scope of Work (Check a	II that apply)					F.	Full Con	tainment with Ne	egative Pressure	9					
		Re	enovati	on			Mini-Enc	losure	•						
≥160 sf or ≥260 lf		<b>⊠</b> De	emolitio	n			] Gloveba R Non-Exe	g Procedure mpted (*) and N	on-Friable Proo	edure					
		Isl	Locatio	n n		<u> حرا</u>	THOIT EXC					bater	nent		
•		N	ormally			Dan	cription of					Тур	e		
Location of Asbestos-Containing M	of Laterial (ACM)		Solet ntenan		Asbes	tos Conta	ining Mate	erial (ACM)	Amount	1			ш	_	
TO BE ABAT	ED		ustodia Staff?	ıl	(i.e.,	thermal s	systems in ng, VAT,	sulation,	(Specify SF or LF)	-	Ren	Repair	EST	nclo	
IN Facility (13)			(12)				scellaneo		0, 0, 2, 7		Remova	pair	Encapsulate	Enclosure	
(.0)		Yes	No	N/A							-		ate	e	
SIDIM	-	TRA	USIT	E	1250 5	E	X								
OIDIN															
										_ [					
Name of Registered Was	te Hauler		TN	JDEP \		Cubic Y	ards	Name of Reg	istered Landfill						
ICLEM CO				auler IC		of Was	e	C.M.	CMU-A	+-	- 12				
City, State	ب عامات		=	1 / 10	7	Disposa	I Date	City, State							
	SHADE	MI.	T	08	520				DBINE	N		_	_	_	
Completed By	/ Title			Sig	nature -	lone	Date	١.	-4	-1	6				
WICHALL 1	LUMM!	2	UP				you			-					

Waynesburg.

يسمع هدي والري

10/2/16

Signatur

Hackensack , N.J. 07601

Thie

Estimator

Do not use this form for assestes licensure my

Completed by

APP-41

J.Maiorano

# CLY409

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

E	C	E		M	E	
	NOV	1	0	2016	3	

								L-1   Lai				1			
Date of Notification (1)			Name	of Buildin	g Owner/C	perator (	2) Eklown	ASSEST	25.0	ON	TRO	JL &			
Agencies Notified Type Notificat	ion		Street	Address	CKD	0	They eve	ASBEST	CEN	2114	3	_			
□ EPA 🖾 Initial					KO.	Doy	(4860								
□ DEP □ Amended □ DOL □ Amended			City, S	tate, Zip (	Code	2	1217 M	J 0874	-						
☐ Emergen	y (including		Name	of Contact		170	10	Telephone Nur	,,,,,						
□ DOH justificati □ DCA □ Cancellat			Ivaille	on Comaci	At			relephone Nui	noer		373				
			FAC	ILITY IN	NFORMA'	TION									
Name of Facility Where Abatement is Takin	g Place (3)						Type of Facility	(4)							
Street Address	71						☐ School (K-	12) 8 (Other than K-12)							
			es #1				Other (i.e.	private & commercia	build	ings, l	iomes,	, etc.)			
City (5) BRICK	Town ,	NI					Square Feet	# of Floors	T	Bldg.					
County (6)				Code (7)				or if being demolished	d)	70					
County (6) Olean			(STATE	USE ONL	Y)		į	Resident							
Name of Monitoring Firm Hired by Building	Owner (8)		ASC	M No.			of Abatement Cont	tractor (9)							
Street Address						Street	ddress 1	hatement Countition (							
oned Audiess								noten Are							
City, State, Zip Code						City, State, Zip Code									
Project Manager for Monitoring Firm			Talasha	N-		Telephone No. 6:07-346-0916 C1070									
rioject wanager for wontoring rimi		Telepho	ne ivo.		6.00	7-346 -C	116 C/4	o. 37	1)						
Start Date (10)	Schedule			ate (11)		Name o	f OSHA Monitor								
// -/3 -/ & Occupancy Status During Abatement (Check	11-	30-	-16			S	Self				TEO 2 152				
						Street A	.ddress								
☐ Facility Closed/Vacated During Entire I ☐ Abatement Performed Outside of Norm						City, St	ate, Zip Code					-			
Other – Describe:															
Scope of Work (Check All That Apply)															
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		enovat emolit				☐ Full Containment with Negative Pressure ☐ Mini-Enclosure									
						Glovebag Procedure Non-Exempted (*) and Non-Friable Procedur									
	Ie.	Locati	on.		X	طر	Non-Exempted	(*) and Non-Friable	Toce		ement				
Lecation of	N	ormall	у		Des	cription o	of		_	T	уре				
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	intenar	ice/		stos Conta	ining Ma	terial (ACM) tion, surfacing,	Amount (Specify	-		En	E			
In Facility	Cust	odial S (12)	taff?	(i.e. u.i	1	/AT, or		SF or LF)	Remova	Repair	Encapsulate	Enclosure			
(13)	Yes	No	N/A		other ii	niscellane	ous)		val	=	ılate	ше			
a de la	1 65	140		7	Suacal	<1.	1/1/	2500SF	1/			$\vdash$			
outside			[]	unasit	ンバイ	112-26	2500 35	V			$\vdash$				
								-	-						
Name of Registered Waste Hauler		I N	IDEP Wa	ste	Cubic Y	'arde	Name of D	egistered I andfill							
Au. 10-110	Ha	auler ID h	٧o.	of Waste											
HNII WE CLC	1 2	20847		Disposal	Date	City, State	ot 1A								
Delance 1		20		B.D		llytown &	) A								
Completed by	Title	7	) f			gnature	-110	Date	;						
- Joseph 1 Hall.	IEIC	tent.				新人	//~	4-1	4-						

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Notification / Check #: 6777

											ranio la	P 6		2 D	n.a	E	per second		
Date of Notification			Na	me (	of Bu	ildin	ig Own	er/Operato	OI	r (2)	1		, [i	3	W	L			
1 1 0 1/1 3	1/11	6	T	own	ship o	of Lor	ng Hill			-	pen of								
Agencies Notified	Type Notif	ication	St	ree	t Add	ress						NO	11/	10	2019		11		
[X] EPA	[X]Initia	- 1	9	15 V	/alley	Rd.				and the second	U I.	1	C.V	1. 102	20,0	ē.	Insures'		
[X] DEP	Notif:	ication					p Cod	e	_										
X3DOF	[ ]Amend		llg	illet	te, NJ	0793	33			d Constitution	1	ASBES				OL &	Št		
(×) DOH	(A) (37)5	ication	1		of Co				_	12	rele	phone N	umbe	NSI	<u> </u>				
[ ]DCA	[ ]Cance.	llation	11	oil L	Jones	Tues	A dmi	niotrotor		j									
			1114			ve di		nistrator	250						<u> </u>				
Name of Facility Who	ore Aharem	ent is T	aking				INFORM	ATION	1	Type of Fac	cili	f (4)	_						
Manie of ractiffy with	ere wherem	ent 15 1	avruč	, F	ace i	31				0 6 6		(K-12)							
Vacant One Family R	esidence									[ ]Sul	bcha	pter 8	(Ot)	her t	han	K-12	.)		
Street Address								İ		ci	al b	(i.e., uilding	IS.	homes	. et	c.)	_		
										Square Fee	t	# of Fl	OOL	s B	1000	Age			
City (5)		Count	y (6)			Col	unty C	ode (7) SE ONLY)		2,000 Current Use	e (P	rior if	be	ing c	50 lemol	ishe	d)		
Stirling, NJ 07980		Morris	:			1,2													
Name of Monitoring	Firm Hired			AS	CM No		Name	of Abate	Vacant One Family Residence										
Owner (8)							Eour	Ctrong D		ildore Inc									
Detail Associates Street Address							Stre	et Addres	g Builders, Inc.										
300 Crand Ava #104							1100	Saracant	ant Avenue										
300 Grand Ave #104 City. State. Zip Co.	de						City	80 Sargeant Avenue											
							Clift	Clifton, NJ 07013-1935											
Englewood, NJ 07631	g Firm	Tele	hon	e Nur	nber	Tele	lephone Number License Numb								r				
Stephen Jarozewski							973-	614-0377				0	080	7					
Scheduled Start Date	1	ched.Com	plet	lon				of OSHA		lonitor									
1   1   /   1   0   /   1   Occupancy Status Du	161	1   1   /   Month /	1 1 1	1/1	6	.1	Four	Strong Bi	iii	ilders, Inc.									
Occupancy Status Du	ring Abate	ment (Ch	eck o	nly	one		Stre	et Addres	\$5	10010, 1110.						-			
X) Facility Closes of Abatement							180	Sargeant.	Α	venue									
[ ]Abatement Perf		ide of N	orma:	l Fa	cilii	y	City	. State.	Z	ip Code					-				
Hours - Descri						_	Clift	on, NJ 070	<b>01</b>	12									
Scope of Work (Chec	k all that	apply)					Toma								-				
[ ]Demoliti			DX.	Ren	ovati	ion				Containmen Enclosure	t wi	th Nega	tiv	e Pr	essui	e			
[ ]>3 sf or [X]>160 sf	>3 1f		-					[ ]Glov	ve	bag Proced									
₩12100 St	01 /200 11							W/Mon-		TAGDIC FLO				l bbal	temer	* M.	TDA		
	9900 SEESE			Is ati			_							-	Cemer	Ε	E		
Location Asbestos-Co				mal Jsed			Asbe	escriptions stos-Cont	ta	ining		Amoun		R	R	N C	N		
Material TO BE A				olel Mai				terial (A			1	(Speci		M	E P	A P	ī. 0		
in Faci				anc	e/	i				cing, VAT,		LF)	)	V	A	S	S		
	5.		Sta	aff(	12)									L	R	L	Ř		
Kitchen - Top Layer			163	X	1 17.15	Tan 8	& Whit	e Vinyl Flo	00	or Covering		200 SF		X					
Kitchen - Under tan & white bottom	laver under floor c	overing		$\langle \rangle$	+		and m		-		-	200 SF		X			_		
			-	/\	+				-		-		_				_		
			-		+-		-		-		-	_		-	-		-		
Name of Registered	Waste Haul	er	I IN.	IDEP	Wasi	e	TCubic	Yards	_	Name of Re	gist	ered La	andf	111		-			
					r ID		of Wa												
Four Strong Builders, City. State	Inc.		12	2609	9		0	== \ Data		G.R.O.W.S		D							
orth. State						20	prabo	sal Date		City. Stat	E								
Clifton, NJ										Tullytown, F	PA		A						
Completed By (Print or Type) Title								Signature	5	7				Da	ate				
Bilyana Kulakovska		Office A	dmin	istra	ator			0	1	Du	1	-1		11	0/31/	16			
ASB-41 JUN 95			-									/							
VVII 73												/				G46	6.7		

JUN 95

NOTIFICATION OF ASBESTOS ABATEMENT

Initial Non-Friable Notification / Check #: 6777

(Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) 1 1 0 1/1 3 1 1 1/1 1 1 6 1 Township of Long Hill Street Address Agencies Notified Type Notification NOV 1 D 2016 [X] EPA 915 Valley Rd. [X]Initial City, State, Zip Code Notification [X]DEP ASBESTOS CONTROL & [ ]Amended Gillette, NJ 07933 X1DOL Notification Telephone Number Name of Contact XIDOH [ ]Cancellation Neil Henry, Twp. Administrator [ ]DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) ]School (K-12) | ISCHOOL (A-12) | ISUbchapter 8 (Other than K-12) | Nother (i.e., private & commer-cial buildings, homes, etc.) Vacant One Family Residence Street Address # of Floors | Bldg. Age Square Feet 2.000 County Code (7) (STATE USE ONLY) County (6) City (5) Current Use (Prior if being demolished) Vacant One Family Residence Stirling, NJ 07980 Morris Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building IASCM No. Four Strong Builders, Inc. **Detail Associates** Street Address Street Address 180 Sargeant Avenue 300 Grand Ave #104 City. State, Zip Code City, State, Zip Code Clifton, NJ 07013-1935 Englewood, NJ 07631
Project Manager for Monitoring Firm License Number Telephone Number Telephone Number 00807 201-569-6708 973-614-0377 Stephen Jarozewski Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) Four Strong Builders, Inc. Street Address X) Facility Closed/Vacated During Entire Period 180 Sargeant Avenue of Abatement City, State, Zip Code ]Abatement Performed Outside of Normal Facility Hours - Describe: [ ]Other - Describe: Clifton, NJ 07013 Scope of Work (Check all that apply) |Full Containment with Negative Pressure |Mini-Enclosure |X|Renovation |Demolition [ ]Glovebag Procedure [X]Non-Friable Procedure )>3 sf or >3 lf X17160 sf or >260 lf Type Abatement Is Location Description of Normally Location of CAP CI.O REP Asbestos-Containing Amount Used Asbestos-Containing Material (ACM)
(i.e., thermal systems
insulation, surfacing, VAT,
or other miscellaneous) M Specify Solely Material (ACM) TO BE ABATED 0 SF or by Main-SU LF) AI tenance/ in Facility (13) A Custodial R Staff(12) No N/A Yes 200 SF Tan & White Vinyl Floor Covering Kitchen - Top Layer 200 SF VAT and mastic Kitchen - Under tan & white bottom layer under floor covering Cubic Yards Name of Registered Landfill NJDEP Waste Name of Registered Waste Hauler of Waste Hauler ID No. G.R.O.W.S., Inc. 12609 Four Strong Builders, Inc. Disposal Date City. State City. State Tullytown, PA Clifton, NJ Date Completed By (Print or Type) 10/31/16 Office Administrator Bilyana Kulakovska ASB-41

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT MO#19730007382 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 04 Frank Colvin&Kimberly Born Agencies Notified Type Notification Street Address ☐ EPA X Initial ASBESTOS CONTROL LICENSING DOLWD. Amended City, State, Zip Code X DHSS Amendment # □ DCA ☐ Emergency (including S.Plainfield, NJ 07080 (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Kyla Mallette FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Street Address Subchapter 8 (Other than K-1 2) Other (i.e., private and commercial buildings. homes, etc.) City (5) Square Feet # of Floors Bldg. Age S.Plainfield, NJ 07080 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Middlesex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11 / 14 / 16 \_\_11\_\_ / \_\_15\_\_ / \_\_16 Envirovision Consultants, Inc Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe 20-21 Wagaraw Road, Bldg .# 35E Time of Abatement: \_\_\_\_AM-\_\_PM/ PM\_ AM City, State, Zip Code Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure Renovation Mini-Enclosure > 160 sf or >260 lf Demolition Glovebag Procedure Tent with Negative Pressure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Location of Normally Description of Asbestos-Containing Material (ACM) Used Solely by Asbestos Containing Material (ACM) Remova Repair Encapsulate TO BE ABATED Maintenance/ Amount (i.e., thermal systems insulation, Custodial Staff? IN Facility (Specify surfacing, VAT, or SIF or LF) (13)(12)other miscellaneous) Yes No N/A Basement X Pipe insulation-wrap&cut 10 LF Name of Registered Waste Hauler NUDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date N.Jevtic Owner 11/04/16 ASB-41

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT MO#19730021883 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 11 04 / 16 Hany Dahab Agencies Notified Type Notification Street Address ASBESTOS CONTROL □ EPA X Initial LICENSING **⊠** DOLWD ☐ Amended City, State, Zip Code Amendment # X DHSS ☐ DCA North Plainfield, NJ 07063 ☐ Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number Cancellation Hany Dahab FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Private house Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age North Plainfield, NJ 07063 County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Union Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11 / 14 / 16 11\_\_ / \_ 15 / 16 Envirovision Consultants.Inc Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement. \_\_\_\_AM-\_ PM/ PM\_ AM Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 If > 160 sf or >260 If Renovation Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Demolition Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Remova Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A X X Basement Pipe insulation 36 LF П Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 T.R.R.F. Inc TBD City, State Disposal Date City, State Wayne, NJ 07470 Tullytown, PA TBD Completed By (Print or Type) Title Signature / Date 11/04/16 N.Jevtic Owner ASR-41

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) 10/21/16 Colonial Pipeline Company Agencies Notified Type Notification Street Address ASBESTOS CONTROL & **EPA** 400 Blair Road LICENSING DEP Initial City, State & Zip Code X DOL X Amended #1-11/4/16 Avenel, NJ 07001 M DOH Emergency Name of Contact Telephone Number DCA Cancellation Tyson Garvey **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Colonial Pipeline Linden Junction School (K-12) Street Address Subchapter 8 (Other than K-12) 400 Blair Road Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) Avenel Middlesex Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **Apex Companies** Bristol Environmental, Inc. Street Address Street Address 8854 Rixview Lane 1123 Beaver Street City, State & Zip Code City, State & Zip Code Manassas, VA 20109 Bristol, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Will Thomas 856-656-2875 (215)788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11/7/16 ON HOLD Bristol Environmental Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 Beaver Street Abatement Performed Outside of Normal Hours -City, State & Zip Code Describe: Bristol, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Mini-Enclosure ≥160 sf ≥260 lf 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 Enclosure TO BE ABATED Remova Maintenance or (i.e., thermal systems in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes N/A No **Exterior Pipeline** Pipe Gaskets 30 Ea Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Disposal by Owner 1 Cu Yd City, State Disposal Date City, State 11/7/16 Completed By (Print or Type) Signature Title Gino Pizzigoni Project Manager