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Date of Notification (1) 11/13/18					f Building shield S			r (2)			NOV	1	Ü	2018		
Agencies Notified	Type Notification			Street A	ddress					- 1			-	-		
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EPA DEP	Initial Amended		H	City, Sta	ite, Zip Co	ode				1	70.00		- 1			
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N POLL	Emergency		+	Name of	f Contact					Tel	ephone	Num	ber			
DOH DCA	justification) Cancellation				shield S	olution	IS				2-226-			t 201		
					LITY INFO							2015/20				
Name of Facility Where A	Abatement is Takin	g Place (3)	7	IAOI	LITT HAT	OT CHIPAT	1011	Туре	of Facility (4	1)						
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Street Address									School (K-12 Subchapter		er than I	K-12				
808 East 3rd Street									Other (i.e. pr	ivate 8	& comm	ercia	l build	lings,	home	es,
City (5)									etc.)	1 # 01	Floors			Ida A	~~	
Plainfield								Squa	re Feet	# 0	FIOOIS		0	ldg. A	ge	
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County (6) Union			- 1		Code (7) USE ONLY	)		Curre	ent Use (Prio	r if bei	ng dem	olishe	ed)			
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Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	l No.		1211 (1211)		atement Con							
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Street Address								Addre								
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City, State, Zip Code							100000000000000000000000000000000000000		Zip Code							
							LAK	EWO	OD, NJ 08	3701						
Project Manager for Mon	itoring Firm			Telepho	ne No.		A WARREST CO.	hone N			Licens		١.			
							732-	668-9	9078		1200					
Start Date (10)		Schedule	d Cor	mpletion	Date (11)		Name	of OS	HA Monitor							
11/23/18		11/28/1	8				AAA	LEA	D PROFE:	SSIO	NALS					
Occupancy Status During	g Abatement (Chec	ck Only One	2)				Street	Addre	SS							
Facility Closed/Vaca	ated During Entire	Period of A	hater	ment			6 WI	HITE	DOVE CC	URT						
Abatement Perform							City, S	State, Z	ip Code							
X Other – Describe: _							LAK	EWO	OD, NJ 08	3701						
Scope of Work (Check A	Il That Apply)															
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× ≥160 sf or ≥260 lf		and the same of th	emoli					1100000	ni-Enclosure		rivegau	veri	cssu	16		
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NEWARK CARTING			1000	4509		12			IESI							
City, State		9 4				Dispo	sal Date	3	City, State							
NEWARK, NJ						11/28		3	BETHLE		1 PA					-
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JOSEPH PERLSTEI	N -	OWN	ER										13/	18		
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#### MO#25131065308

Date of Notification (1)				Name	of Building	Owner	Operator (	2)			11 +	A 2000		7,
	13 / 13				ie Minton		Operator (	-/		NOV	1 c	20.	19	1
Agencies Notified	Type Notification			Stree	t Address	1.0000000000000000000000000000000000000			-	.,,,,				Į.
☐ EPA  ☑ DOLWD												11.55		
☑ DOLWD	Amended Amendment #	±		City,	State, Zip (	Code						- 31.		. 1
□ DCA	☐ Emergency (i		1	Unior	n, NJ 0708	33				15 70 90				**
(NJAC 5:23-8)	justification)		,	Name	of Contac	t			Telepho	ne Numb	er			
	Cancellation			Charl	ie Minton				1					
				FA	CILITY IN	IFORM.	TION							
Name of Facility Where A	Abatement is Takir	ng Place	(3)				111011	Type of Facility	(4)					
Private house		9	10.7					School (K-1						
Street Address								Subchapter	8 (Other tha	an K-1 2)				
								Other (i.e., )		commerc	ial bu	ilding	S,	
City (5)								homes, etc.	5%		150			
								Square Feet	# of Flo	ors	Big	dg. Ag	je	
Union, NJ 07083				1.										
County (6)				Coun	ty Code (7)	(STATE U	SE ONLY)	Current Use (P	rior if being	demolisi	ned)			
Union														
Name of Monitoring Firm	Hired by Building	Owner (	(8)	ASCM	No.	Name o	of Abateme	ent Contractor (9	)					
						Gr Tec	h LLC							
Street Address				Year		Street /	Address							
						576 Va	lley Rd#	283						
City, State, Zip Code						City, St	ate, Zip Co	ode						
						Wayne	, NJ 0747	0						
Project Manager for Mon	itoring Firm		Tele	phone	No.	Telepho	-		License	No.				
						973-63	8-1777		01127					
Start Date (10)		duled C				-	of OSHA M	onitor	101127					
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Occupancy Status During	1						Address	iisuitaiits,iiic						
☐ Facility Closed/Vacate				ment				D 1 D11 "	250					
Abatement Performed	Outside of Norma	I Facilit	y Hour	s - Des	scribe		wagaraw ate, Zip Co	Road, Bldg .#	33E				-	
Time of Abatement:	AMF	M/	PM_		AM	100	35 05							
Scope of Work (Check all	that apply)					raii La	wn, NJ 07	and decontamin	nation with	negative	nress	ure		
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Location	of	1	Normal	ly		De	scription of	f			-	ateme		
Asbestos-Containing I			d Sole			stos Cont	taining Mat	erial (ACM)	Amo	unt	Rer	Rep	Enc	Enc
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	io Haufel							Name of Regis	stered Land	ни				
Gr Tech LLC			0	03378	35	TBI		T.R.R.F. Inc						
City, State						Disposa	al Date	City, State						
Wayne, NJ 07470						TBI	D	Tullytown, P.	A					
Completed By (Print or Ty	/pe) Titl	е				Sig	gnature	A		Dat	e			$\neg$
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Date of Notification (1) 11/12/2018	to particular			Julding Own Joann Sc	norreporter	(2)					1	
Agencies Notified Type Notification		_	Irael Ade		Men e					-		1
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Street Address	The second		-			Asistrons				-	-	
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CRy. State. Zlp Code						siele. Zip Cei Join Park, i						
Project Manager for Monitoring Firm		7	Telephon	e No	X	hone Ro.		License No		-		-
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Start Date (10) 11/14/2018	Schoduled		relation D	000 (11)		o of Defla Mo						
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Name of Facility Winter Abstragat in Taking to RESIDENCE	glette (	3)		٠, ,	water mindeous		Type	Feedby	(4)		-		-
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Parrellow			,		Service and the		Squer		3 of Flours	7	Mdg.		
Courty (6)	<del> </del>		County	Code (7)	-		/95 Guma	(Jas (Pr	C F Section Comments		450	-	
Passaic			体不為形态	LAME OFFE	77	20101114		RESI	DONTHAL .	-way			
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Street Address		National Property Control	1				Addre	SI CAASII	A mark		CONTRACTOR OF THE PERSON NAMED IN	in the same of	-
City, State, Zip Code						a a		d Ave				35	
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Project Manager for Monetoring Pints	<u> </u>	T	Telepho	me No.		55	one No	P4 7907 9	// NOE	es.		ngtering.	
Start Date (10)							262-51	70.07.mm pet 20.000-	00186				
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Scope of Work (Check All That Apply)		***************************************				<u> </u>	instruments.	******************	Commence of the second				
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Name of Registered Waste Health	H	70	DEPW	Andrés à	[ Banks	Vani-	ninamayu						
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APPLAT (PLOTATE)							. V	rad		1/2	//8_	BOP PROCESS	

Date of Notification (1)   Name of Building Owner/Operator (2)   KRISTIN DOHERTY	CK0081	lPAID			CATION	OF ASB	ESTOS	ABATE		7 M	: E	<u>a</u>		in the	V7 !		
EPA DOL Amended Amende		¢0086							(2)								
DEP	Agencies Notified	Type Notification			Street A	Address				11.		NOV	16	20	18		
DOH	DEP	Amended								1	; ;			194			
DOH	× DOL			$ \lfloor$			HEIG	THS			* 10.00						
Name of Facility Where Abatement is Taking Place (3)   Type of Facility (4)   School (K-12)		justification)					IERTY	,			Tel	ephone	Num	ber		**	
Street Address KRISTIN DOHERTY    School (K-12)   Subchapter 8 (Other than K-12)   Subchapter 9 (Ot	Name of Casility Missay	^ h _ t t	DI	2,	FAC	ILITY INFO	ORMAT	ION									
Street Address	Name of Facility Where A	Abatement is Taking	g Place (3	5)													
HASBROUCK HEIGTHS		Y								Subchapter Other (i.e. p	8 (Othe				lings,	home	es,
SERGEN   STATE USE ONLY)   OCCUPIED		GTHS							The Alberta					- 1		-	3
Street Address  24 CHURCH ST  City, State, Zip Code  ELMWOOD PARK NJ,07407  Telephone No.  201-873 9418  01301  Name of OSHA Monitor  ALL SOLUTIONS CONTRACTING INC  Cocupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other - Describe: 100AMT 03:30PM NO BODY IN THE HOUSE  City, State, Zip Code  ELMWOOD PARK NJ,07407  Scope of Work (Check All That Apply)  23 sf or 23 if  216 of or 2260 if  Season of Work (Check All That Apply)  Sate of 2260 if  Street Address  24 CHURCH ST  City, State, Zip Code  ELMWOOD PARK NJ,07407  City, State, Zip Code  ELMWOOD PARK NJ,07407  Full Containment with Negative Pressure  Mini-Enclosure  Giovebage Procedure  Non-Exempted (') and Non-Friable Procedure  Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)  Siture 12 decrease No.  Custodial Staff?  (12)  Yes No N/A   Name of Registered Waste Hauler  NJDEP Waste  Hauler ID No.  City, State  City, State  City, State  City, State  City, State  City, State							)				or if bei	ng dem	olish	ed)			
City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  ELMWOOD PARK NJ,07407  Project Manager for Monitoring Firm  Telephone No. 201-873 9418  O1301  Start Date (10) 11/26/2018  Start Date (10) 11/26/2018  Cocupancy Status During Abatement (Check Only One) 12/26/2018  Cocupancy Status During Abatement (Check Only One) 13/26/2018  Cocupancy Status During Abatement (Check Only One) 14/26/2018  Cocupancy Status During Abatement (Check Only One) 15/26/2018  City, State, Zip Code 15/26/2018  Street Address 24 CHURCH ST  City, State, Zip Code 15/26/2018  City, State, Zip Code 15/26/2018  City, State, Zip Code 16/26/2018  City, State, Zip Code 16/26/2018  City, State, Zip Code 16/26/2018  City, State, Zip Code 17/26/2018  City, State, Zip Code 18/26/2018  City, State, Zip Code 18/26/2018  City, State, Zip Code 19/26/2018  City, State, Zip Code 19/26/2018  City, State, Zip Code 19/26/2018  City, State	Name of Monitoring Firm	Hired by Building (	Owner (8)		ASCN	A No.							ING	INC			
City, State, Zip Code    City, State, Zip Code	Street Address												717771-00-	*	00.111	X 11	
Start Date (10)  Start Date (10)  11/28/2018    Scheduled Completion Date (11)   All SOLUTIONS CONTRACTING INC   Street Address 24 CHURCH ST   City, State, Zip Code ELMWOOD PARK NJ,07407   City, State, Zip Code ELMWOOD PARK NJ,07407   Scope of Work (Check All That Apply)   ≥3 sf or ≥3 lf	City, State, Zip Code							City, S	tate, Zi	ip Code	NJ,07	407					
11/26/2018  11/28/2018  ALL SOLUTIONS CONTRACTING INC    Cocupancy Status During Abatement (Check Only One)	Project Manager for Mon	itoring Firm			Telepho	ne No.		100000000000000000000000000000000000000						•			
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: 700AM TO 3:30PM NO BODY IN THE HOUSE  Scope of Work (Check All That Apply)  ≥ 3 sf or ≥3 if  ≥ 160 sf or ≥260 lf    Senovation   Demolition   Period of Abatement Performed Outside of Normal Pacility Hours   Sope of Work (Check All That Apply)					npletion	Date (11)		Control of the Contro			CONT	RACT	ING	INC			
Abatement Performed Outside of Normal Facility Hours City, State, Zip Code ELMWOOD PARK NJ,07407  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure  Abatement Type  Abatement Type  Abatement Type  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Name of Registered Waste Hauler  ATLANTIC CARTING  Name of Registered Landfill GRAND CENTRAL  City, State	Occupancy Status During	g Abatement (Check	c Only Or	ne)				12 20 20					-		W-11		
Scope of Work (Check All That Apply)    3 sf or ≥3 lf	Abatement Perform	ed Outside of Norm	al Facility	Hours		F		City, S	tate, Zi	ip Code							
Sality   Secondaring Material (ACM)   Seco								ELM	WOO	D PARK	NJ,07	407					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Yes No N/A  KITCHEN  X LINOLEUM  Name of Registered Waste Hauler ATLANTIC CARTING  Location of Normally Used Solely by Maintenance/Custodial Staff? (12)  Normally Used Solely by Maintenance/Custodial Staff? (12)  Yes No N/A  LINOLEUM  LINOLEUM  LINOLEUM  Amount (Specify SF or LF)  Reput Staff (Specify S	≥3 sf or ≥3 lf	іі тпат Арріу)	-					×	Min Glo	ni-Enclosure vebag Pro	e cedure					е	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Yes No N/A  KITCHEN  X  LINOLEUM  Name of Registered Waste Hauler ATLANTIC CARTING  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  A subsection Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  A subsection Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  A subsection Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  A subsection Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  A subsection Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  A subsection Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  A subsection Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  A subsection Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  A subsection Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  A subsection Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  A subsection Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  A subsection Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  A subsection Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  A subsection Containing Material (ACM) (i.e. thermal systems insulation, surfacing	Lagation	of	100				D-										
Name of Registered Waste Hauler ATLANTIC CARTING  Name of Registered Waste Hauler ATLANTIC CARTING  NJDEP Waste Hauler ID No.  NJDEP Waste Hauler ID No.  City, State  Disposal Date  City, State	Asbestos-Containing TO BE ABA In Facili	Material (ACM) ATED	Ma Cust	intenar todial S (12)	ice/ Staff?		tos Con thermal surfa	taining M systems cing, VA	laterial s insula T, or		(S	pecify		Removal	Repair	Encapsulate	Enclosure
Name of Registered Waste Hauler ATLANTIC CARTING  NJDEP Waste Hauler ID No.  NJDEP Waste Hauler ID No.  Of Waste TDB  City, State  Disposal Date  City, State	VITCUI	-N	-	140	INA		1.18	101 511	3.0			4.5.5					
ATLANTIC CARTING  Hauler ID No.  of Waste TDB  GRAND CENTRAL  Disposal Date  City, State	KITCHI	=IV	^				LIF	NOLEU	IVI			155		X			
ATLANTIC CARTING  Hauler ID No.  of Waste TDB  GRAND CENTRAL  Disposal Date  City, State																	
TDB GRAND CENTRAL  City, State Disposal Date City, State	Name of Registered Was	te Hauler		1.000000						Name of	Registe	red Lar	ndfill				
		<b>3</b>		Н	auler ID	No.	TDB					TRAL	•01				
	그리아면 튀어나 바다면 전혀된					sal Date	2			PA,18	3072						
Completed by LUIS ARCILA  Title PRESIDENT  Signature 11/08/2018				SIDEI	VТ		8	Signature	-	- 4	1	_			018		

### C (C284CPAID)

Date of Notification (1)		_						ļ:,	100				1	11
11-9-2018				of Building 43rd Str			г (2)			NOV	6	2018		
Agencies Notified Type Notifi	cation			Address Sarfield A	venue	i i							-	()
DEP Amen	ded dment #			ate, Zip Co									2.12	-
DOH justific			Name o	f Contact					10 (2000)	ephone Nur			-	-
L DCA L Cance	ellation			d Eglent					97.	3-508-57	57			
Name of Facility Where Abatement is Commercial	Taking Place (3)	)	FAC	ILITY INF	DRMATI	ON	Ту	pe of Facility (4	)			-		
Street Address					*			School (K-12						
89 W 43rd Street							×	Subchapter 8 Other (i.e. pr etc.)				dings,	home	es,
City (5) Bayonne, NJ 07002							1 100	uare Feet 247	# of	Floors	1 1 1 1 7 1	3ldg. <i>A</i> 35+	ge	
County (6) Hudson				Code (7) USE ONLY	)		Cı	irrent Use (Prior	if beir	ng demolish				
Name of Monitoring Firm Hired by Bu	ilding Owner (8)		ASCN	Л No.				batement Cont						
Street Address								Environmenta	al Sei	vices, LL	.C			
						Street 235		iress ginia Avenue						
City, State, Zip Code								, Zip Code City, NJ 0730	)4					
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 201-		No. 8-8855		License N 01174	0.			
Start Date (10) 11-9-2018	Schedule 11-9-20		npletion	Date (11)		Name	of C	SHA Monitor	l Cor					
Occupancy Status During Abatement						Street		nvironmenta	ıı Sei	vices, LL	C		-	
X Facility Closed/Vacated During B	Entire Period of A	batem	nent			235	Virg	jinia Avenue	8					
Abatement Performed Outside o Other – Describe:		Hours			_			, Zip Code City, NJ 0730	)4					
Scope of Work (Check All That Apply)											113/41			
≥3 sf or ≥3 lf  x ≥160 sf or ≥260 lf	Processor Co.	enova emoliti	W. 75 3 2 1 1 1			×	;	Full Containmer Mini-Enclosure Glovebag Proce Non-Exempted	dure	0 <del>15</del> 45 - 434 0194				
	le l	ocati	on					von-Exchipted	( ) and	Non-Filab	T TIO	Abate	. 0	
Location of	. N	ormall	ly		Des	scription	of					Ту	pe	
Asbestos-Containing Material (AC TO BE ABATED		Sole		Asbes		aining N	/late	rial (ACM)	10000	mount	_		Щ	_
In Facility	Custo	dial S (12)	Staff?	(1.6.	surfac	cing, VA	T, o	r		pecify or LF)	Remova	Repair	cap	Enclosure
(13)	Yes	No	N/A		other m	niscellar	neou	s)			oval	air	Encapsulate	sure
Exterior		X			Shin	gle Sid	ding		16	0 SF	x			
												-		
									-8-7-018-11-1					
Name of Registered Waste Hauler		1100000	JDEP W		Cubic			Name of Re	egister	ed Landfill				
Green Environmental Services	, LLC		auler ID )34889		of Was	ste		Fairless I	Land	fill				
City, State Jersey City, NJ			£		Dispos 11-9-2	al Date 2018		City, State Morrisvill	e, PA	١				
Completed by	Title				S	ignature	9	1)		Da	te			
Liliana Serrano	Office	Man	ager			111	101	HILLIAM	128	0/ 11	-9-2	018		

(K# 5191

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

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D. C.						20,		-		, 1	
Date of Notification (1)	e al also al silvegilo			e of Building Owner			1 1		******	- /	
Agencies Notified Type Notification	n		Street	Pritzof	2410	ling	(+1 +1 t				
EPA Initial				3 Valley	94	V	NOV	1 5	20	18	11
DEP Amended			City,	State, Zip Code			-				180
DOL Amendmer Emergency		na	154	icling, New	2) (8-	Sev 079	70 /				
DOH justification	)	iig	Name	of Comact		70 11	Telephone N	lumbe	Г		
DCA Cancellation	n			3.114/115	Sa		908 87			)	
Name of Facility Where Abatement is Taki	no Place	(3)	FA	CILITY INFORMA	TION	1 =		1 /			
Shoorite Property	1.911400	· (0)				Type of Facili	ty (4)				
Street Address						School (I	K-12)	401			
46 Pooler Drive						Other (i.e	oter 8 (Other than K- e. private & commer	12) cial bu	uildina.	s. hor	mes
Çity (5)						etc.) Square Feet					,
Dticking						2000	# of Floors	and the state of t	Bldg.		
County (6)			County	y Code (7)			Prior if being demoli	shed\	20	7	
Moces			(STATI	EUSE ONLY)		reside	n U	siicu)			
Name of Monitoring Firm Hired by Building	Owner (	(8)	ASC	CM No.	Name	of Abatement C					
Charles and the charles are the charles and the charles are th			0.00		IA	Ce Inso	19+131 (19)I	706	200		
Street Address					Street	Address					
City, State, Zip Code					195	Mon trose	2 RC				
Thy class, 2p coac					City, S	tate, Zip Code		200	_	_	
Project Manager for Monitoring Firm		1	Tolonh	one No.	1001	10 MCW, 1	New Jerse	10	17	25	5
			retepin	one 140.	Teleph	ione No.	License I		3 S		
Start Date (10)	Schedi	uled Co	mpletion	Date (11)		3941757 of OSHA Monito		17			
111,91,8	11	172		(.,)	Name	OI OSHA IVIONILO	or .				
Occupancy Status During Abatement (Chec	k Only C	one)	1.5		Street	Address					
Facility Closed/Vacated During Entire F	Period of	Abater	nent								
Abatement Performed Outside of Norm Other – Describe: ————————————————————————————————————	ıal Facili	ty Hour	s		City, Si	tate, Zip Code					_
Scope of Work (Check All That Apply)											
K-1						7-32-62					
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>		Renova Demolit			H	Full Contains	nent with Negative F	ressu	ire		
	1/23	Demoin	1011			Mini-Enclosu Glovebag Pro	re				
					VZ	Non-Exempte	ed (*) and Non-Friab	le Pro	cedur	е	
	1	s Locati							Abate	emen	t
Location of Asbestos-Containing Material (ACM)		Normal ed Sole		Des	scription	of		-	Ту	ре	
TO BE ABATED	COLUMN TO STATE OF THE PARTY OF	aintenar		Asbestos Conta (i.e. thermal	aınıng Ma systems	aterial (ACM) insulation	Amount (Specify	-		En	П
In Facility (13)	Cus	(12)	otan :	surfac	ing, VAT	, or	SF or LF)	Removal	Repair	Encapsulate	Enclosure
400.2	Yes	1 22-		outer in	iscellane	eous)		oval	ar	sula	Sur
00000	res	No	N/A					-	of the same	б	w
garage wall + Ceiling			×	transit	â		15013	X			
LOOF.			X	(qu/Kin	1		1001 =				
rus F			×	Lashie	0		10015	X			
				6	1		10001	-			
Name of Registered Waste Hauler	-	1	JDEP W	- CUDIO I	ards (	Name of	Registered Landfill			i	
ACOTO COLOR COINC		- 1	ZOF	No. of Wast		1 6	- Sictored Candilli				1
City, State		1/	200	Disposa	/ Data	City	11,7)				
16/15 NCW, NPIS &c SO	Title			//	23/11	City State	to 014				
Completed by	Title			// /sig	nature	1/0	101/11				
Bose in Go. C	Sect	efact	17100	51/0-	170	1	Date	=   .	1	-	

THE THE	PA		(1-	rursuan	t to NJAC	8:60 a	nd 12:12	20)			Œ.	) i		1 2	-	7
Date of Notification (1) 11/13/18					of Building ifer Krar						9 1	(a) 2 y = - 10	Ha. 604.			
Agencies Notified	Type Notification	1			Address					1.	1	0V -	-6	201	9	11
□ EPA	✓ Initial										7					
DEP	Amended		Ī		ate, Zip C			-			1		100	7.	<	
⊠ DOL	Amendmer Emergency			Berlin	NJ 080	009					Z 31 / 1813		4		411.0	12 E
DOH DCA	justification  Cancellatio	)		Name of Jenni	of Contact					Te	lephone	Numbe	P. 941.	11.6.07		
					ILITY INF	ODMA.	TION						- 25.7			
Name of Facility Where	Abatement is Taki	ng Place (3	)	170	171111111	OKWA	HON	Ty	pe of Facility	(4)						_
Jennifer Kramer P	rivate Home							٦	School (K-							
Street Address								X	Subchapte Other (i.e.	r 8 (Oth			uildin	gs, t	ome	es,
City (5)								Sc	etc.) uare Feet	# 0	f Floors		Blde	g. Ag	e	
Berlin NJ 08009								1	000+				35			
County (6) Camden					Code (7) USE ONLY	0			ırrent Use (Pr	ior if bei	ing demo	olished)				
Name of Monitoring Firm	Hired by Building	Owner (9)		ASCI			T		louse							
N/A	Timed by Ballaling	Owner (6)		ASCI	VI NO.				Abatement Co	ntractor	(9)					
Street Address							Street						500	_	77	
1.9							11 11 11 11 11 11		329							
City, State, Zip Code		1110					City, S	State	, Zip Code					_		
							Wes	st B	erlin NJ 08	091						
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph				License					
Start Date (10)		Schedule	d Con	nnletion	Date (11)				3-9800 SHA Monitor		0072	7				
11/23/18		11/28/1		ipiction	Date (11)		Sam		JOHA IVIONITOR							
Occupancy Status During	Abatement (Che	k Only One	e)				Street	Add	Iress						11111	
Facility Closed/Vaca Abatement Performe Other – Describe:	ed Outside of Norr	baten Hours	nent					, Zip Code								
																200
Scope of Work (Check Al	rnat Apply)						_	-								1
≥3 sf or ≥3 lf  X ≥160 sf or ≥260 lf		-	enova emolit					1 7	Full Containm Mini-Enclosur Glovebag Pro	e cedure				•		
								ו ע	Non-Exempte	d (*) and	Non-Fr	Table P		O WAY OVER	ont.	
Location	of	93.55	Locati ormal										AL	atem Type		
Asbestos-Containing TO BE ABA	Material (ACM)	Mair	Sole otenar	nce/	Asbes (i.e.	tos Con	escription staining M Il systems	/later	rial (ACM) ulation,		mount specify	Z			Enc	ū
In Facilit (13)	ty	Guota	(12)	, tan .		surfa	acing, VA miscellan	T, or	r e)	SF	or LF)	Kemova	Noball	-	Encapsulate	Enclosure
		Yes	No	N/A			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,	,			l a	-   =	ř	late	ure
Exterior S	Exterior Siding						erior Sic	dina	r	60	00 SF	x	+	-	+	-
														1		
Name of Registered Wast	te Hauler			JDEP W		Cubic	Yards		Name of	Registe	red Land	Ifill				$\exists$
United Roll Off				auler ID 2459	No.	of Wa	ste		G.R.O.			0.07723				
City, State							sal Date		City, Stat	e						
Elm NJ					11/28			Morrisy		19067	7					
Completed by		Title	a			1 5	Signature	/	7			Date				-
Anthony T Perna		dent					Ų	_		14.3	11/13	/18				

### PAID

Date of Notification (4)					nt to NJAC 8:				(	ZLH	03	17	75	7
Date of Notification (1) 11/09/18					of Building Ov loseph Gyd		or (2)				(A)	7 7	7.07	The Part
Agencies Notified	Type Notification	n			Address					1 15	12.	<u> </u>	V i	- 175
X EPA	× Initial									. [				
DEP I	Amended			City, S	state, Zip Code	1000				A	OV.	16	0040	
X DOL	Amendmer			Hawt	thorne, NJ (	7506			No. 1.		07	1 0	2018	
Ĭ DOH	_ Emergency justification		ng	Name	of Contact				Tele	ephone I	Mumba	r		
DCA [	Cancellatio			Mr. J	oseph Gyde	Э			1010	Spirone i	vuilibe		T.:	1 50
No. of more				FAC	CILITY INFOR	MATION			- 1					
Name of Facility Where Ab Residential	atement is Taki	ng Place	(3)				Тур	e of Facility				TE STATE OF THE	A. C. C. C.	*** 1 50
Street Address			2002				×	School (K- Subchapte Other (i.e.	r 8 (Othe	er than K	(-12) ercial bu	uildina	s hon	nes
City (5)							-	etc.)						100,
Hawthorne, NJ 07506	3							are Feet 00 +	# of 2 +	Floors		Bldg.		
County (6)				County	Code (7)				1			50 +		
Passaic				(STATE	USE ONLY) _		Re	rent Use (Pri sidential	or if beir	ng demo	lished)			
Name of Monitoring Firm H	ired by Building	Owner (	3)	ASC	M No.	Name	of At	atement Cor tracting &	ntractor (	(9)	al C ==	141		500
Street Address						Street			LIIVIIO	nmenta	al Cor	ISUITI	ng, ii	1C.
								ute 23						
City, State, Zip Code								Zip Code						
Project Manager for Monitor	ring Firm			Tolonha	ma Na		Market Blanco	NJ 07470						
,	g r iiiii			Telepho	one No.	Telepi 973-		No. 9200	1.	License 00408				
Start Date (10)		Schedu	led Co	mpletion	Date (11)			SHA Monitor		00400				
11/27/18		12/01	/18	· · · p· · c· · · · · ·	Duto (11)			racting & I	Enviror	ments	ol Con	cultir	ag Ir	10
Occupancy Status During A	batement (Chec	k Only C	ne)			Street				mionic	11 0011	Sulli	19, 11	10.
Facility Closed/Vacated	d During Entire I	Period of	Abater	ment				ite 23						
Abatement Performed	Outside of Norn	nal Facilit	y Hour	S		City, S	tate. 2	Zip Code						
Other – Describe:								J 07470						
Scope of Work (Check All T	hat Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Section 19	Renova Demoli			×	Mi Gi	Ill Containme ni-Enclosure ovebag Proc	edure					
			s Locat	rava			J INC	n-Exempted	(") and	Non-Fria	able Pro	0.000		
Location of			Normal			25							emen ype	
Asbestos-Containing Ma	terial (ACM)		ed Sole		Asbestos (	Description Containing M	0f lateria	I (ACM)	۸m	ount		T		
TO BE ABATE In Facility	<u>:D</u>		aintena todial S		(i.e. ther	mal systems	insul	ation,		ecify	70	-	Enc	Щ
(13)			(12)		St oth	urfacing, VA <sup>-</sup> er miscellan	T, or		SF c	or LF)	Remova	Repair	aps	Enclosure
		Yes	No	N/A	0	or moderan	cous				\\ \a	=	Encapsulate	sure
Basement		103	140	X	P	pe Insulat	tion		55	LF	X		(D	
						po modiai			- 55	LI	Δ.			
		1								<u> </u>	-			
									<u> </u>					
Name of Registered Waste F	lauler		N	JDEP W	aste Cu	bic Yards		Name of R	enistero	d l ands	1			
I.R. Contracting & Envi	ronmental Co	onsul.,	Inc. H	auler ID I 7819		Vaste		Grand C						
City, State Vayne, New Jersey			ROS .			posal Date		City, State						
Completed by		T =						Pen Argy	yl, Pen	nsylva	nia			
lerry Bijelonic		Title Proje	ct Ma	nager		Signature		1/		55.4	ate	10		

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#3209 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2)

11/	13 /	18				ig Owner/Operator	(2)	)					
Agencies Notified	Type Notificat				Weinber	ger			N/	av 1	20	10	1
☐ EPA	☑ Initial	1011		Street	et Address				141	UY	- 40	10	5 %
⊠ DOLWD	Amended												
☑ DHSS	Amendmen	nt#		City,	State, Zip	Code			7	1.4			
DCA	☐ Emergency		- a	Livin	gston, NJ	07039				1. +4	- 11		12.00
(NJAC 5:23-8)	justification		3		e of Contac				Telephone N	lumber		3.9	
	☐ Cancellation	n		Mr. 7	Todd				1 2				
				FA	CILITY II	NFORMATION							
Name of Facility Where	Abatement is Ta	king Place	€ (3)	77			T	Type of Facility	(4)				
Private house							I	School (K-12					
Street Address							-1	Subchapter 8	(Other than K-				
								Other (i.e., p		mercial b	uildin	js,	
City (5)							1	homes, etc.) Square Feet			VI-I- A		
Livingston, NJ 07039							1	oquare reet	# of Floors		Bldg. A	ge	
County (6)				Cou	nty Code (7)	(STATE USE ONLY)	1 1	Current Use (Pr	ior if being dom	acliched)			
Essex					, 0000 (1)	(OTTIL OOL ONE!)	1	Odirelli Ose (Fi	ior ir being ben	ionsneu)			
Name of Monitoring Firm	n Hired by Buildin	ng Owner	(8)	ASCM	No	Name of Abaten	man	t Contractor (0)					
						Gr Tech LLC	men	it Contractor (9)					
Street Address						Street Address						-	
							40	02					
City, State, Zip Code						576 Valley Rd City, State, Zip (						-	these tree
Project Manager for Mor	nitoring Firm		Tele	phone	No	Wayne, NJ 074	4/0	12	I Lianna Na				
•	3		10.0	phone	110.				License No.				
Start Date (10)	Isc	heduled (	`omnlei	tion D	ato (11)	973-638-1777 Name of OSHA	11-	D:4	01127				
11/23/		11 ,											
Occupancy Status Durin				_ ′		Envirovision C	Cons	sultants,Inc					
Facility Closed/Vacat				mont		Street Address							
Abatement Performe	d Outside of Nor	mal Facilit	v Hour	rient s - Des	scribe	20-21 Wagarav	w R	load, Bldg .# 1	35E				
Time of Abatement:	AM-	_PM/	PM_	3 - DC.	AM	City, State, Zip (							
Scope of Work (Check a	II that apply)				_	Fair Lawn, NJ							
	ii tilat appiy)					Full Co.	up a	and decontamin	ation with nega	ative pres	sure		
>3 sf or >3 If 2 160 sf or 2260 If			enovatio			Mini-En	nclo	sure					
∐ ≥ 160 sf or ≥260 lf		∐ De	emolitio	n		Gloveb	ag l	Procedure [	Tent with Nega	tive Pres	sure		
		T I	s Locat	ion	1	LI NON-EX	xem	pted (*) and No	n-Friable Proce		1		
Location	ı of		Normal			Description	o o f			A	patem	ent T	ype
Asbestos-Containing			ed Sole		Asbe	stos Containing M		rial (ACM)	Amount	Re	Repair	E	E
TO BE AB		1000000	intena todial (			e., thermal systems	s ins	sulation,	(Specify	Removal	pa	cap	Cos
IN Facil (13)	ity	l Cus	(12)	Stan?		surfacing, VA			SIF or LF)	Va	-	Encapsulate	Enclosure
(10)		Yes	No	NUA	1	other miscellan	reou	15)				ate	
C		Tes	INO	N/A							-	_	-
Garage		$ \mid$ $\cup$		$\boxtimes$	Duct ins	ulation			120 SF		Ш	Ш	Ш
				П						T	ПП	П	П
				П									
Name of Registered Was	ste Hauler		L		e Hauler ID No.	Oubi- Vanda at 184						Ш	
	ste Haulei					Cubic Yards of Was	iste	Name of Regis	tered Landfill				
Gr Tech LLC			0	0337	85	TBD		T.R.R.F. Inc					
City, State						Disposal Date		City, State					
Wayne, NJ 07470						TBD	1	Tullytown, PA	Ą				
Completed By (Print or T	ype)	Title				Signature	1			Date			
N.Jevtic	0	Owner				1 1	Ten	he Wenad		11/13/1	8		
ASB-41					-	//	/	-4440		/ 1.3/ 1			

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	T.,				(01	Ova		. 9		1	
Date of Notification (1) 11/12/18	Name of Building Owner/Operator (2) Mr. Vaughn										
Agencies Notified Type Notification	Street	Address				175.	4.				7
× EPA × Initial							1				
DEP Amended	City, S	tate, Zip Co	de				. N(	)V T	5 2	018	1.
DOL Amendment #	Red	Bank, NJ	07701			\$					
Emergency (including justification)	Name	of Contact				Tel	ephone N	umber	91		10.5
DCA Cancellation	John	Egan							41.		- 1,1
	FAC	CILITY INFO	ORMATIC	ON					4		
Name of Facility Where Abatement is Taking Place (3)					Type of Facil	ity (4)					
home					School	(K-12)					
Street Address					Subcha	pter 8 (Oth			160	27	
					Other (i etc.)	.e. private	& commer	cial build	dings,	home	s,
City (5)					Square Feet	# 0	f Floors	В	ldg. A	ae	-
Red Bank					1900	1			0	9	
County (6)	County	Code (7)			Current Use	(Prior if he	ing demoli	shed)			
Monmouth		USE ONLY			home	(, 110, 11 20	ing domoi	01100)			
Name of Monitoring Firm Hired by Building Owner (8)	ASC	M No.	T	Name	of Abatement	Contractor	(9)				
				ABS	Environme	ntal Ser	vices, LL	C			
Street Address				Street	Address						
				POE	Box 483, 4 I	E Gate D	rive				
City, State, Zip Code					tate, Zip Code						
				Carle Contract	wood, NJ						
Project Manager for Monitoring Firm	Teleph	one No.			none No.		License	No.			
, , , , , , , , , , , , , , , , , , , ,					764-2276		703				
Start Date (10) Scheduled	Completion	Date (11)		Name	of OSHA Mon	itor					
11/17/18		1/									
Occupancy Status During Abatement (Check Only One)				Street	Address						_
Facility Closed/Vacated During Entire Period of Aba											
Abatement Performed Outside of Normal Facility H			H	City. S	tate, Zip Code	<del>)</del>					
Other – Describe:				J., J	tato, Elp ooas						
Scope of Work (Check All That Apply)									A. A. A. A.		
				×	1 - 10 -						
	novation nolition				Full Conta Mini-Enclo		n Negative	Pressu	re		
					Glovebag	Procedure					
				le-	Non-Exem	pted (*) ar	nd Non-Fria	able Pro	Tribut Harman San	anna ann an an an an an	_
Is Lo	ocation								Abate Ty	ement	É
	rmally Solely by		Des	cription	of			-	1 9	he	
Asbestos-Containing Material (ACM)	enance/				Naterial (ACM)		Amount			四	т
In Facility	lial Staff?	(i.e.		system: cing, VA	s insulation, T. or		Specify F or LF)	ζeπ	Re	cap	nclo
(13)	12)		other m					Remova	Repair	Encapsulate	Enclosure
Yes	No N/A									ate	e
bathroom	×	si	hower v	Nalle 8	k ceiling	1	20 SF	×			
battiroom	^	- 3	nower v	valis c	x centrig	- 1	20 01	- A	-	-	
		-									
Name of Registered Waste Hauler	NJDEP Hauler I		Cubic '		Name	e of Regist	ered Land	fill			
ABS Environmental Services, LLC	104248	Hauler ID No. of Waste TBD			Cun	nberland	Landfill				
City, State	Disposal Date				City	State					
Glenwood NJ		TBD				vburg PA					
Completed by Title	Signature					3.7		Date			
A. Scott Higgins Preside					12	<u></u>	2.55	11/12/	18		

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Date of Notification (1) 11/12/18		ame of E		ĒÚ			1000							
Agencies Notified  Type Notification    X   EPA   X   Initial		5	are to the rect town.	e Road			1 to 11 to 12		NO'	v 1	6	2018		
DEP Amended Amendment #			70.00	e, Zip Code Saddle Rive	er, NJ 07	458					.3		e	
Emergency (ir justification)  DCA  Emergency (ir justification)  Cancellation	cluding	100000	ame of C						phone N 1-538-3			-1	5 V 5	530
	Di (2)		FACIL	ITY INFORMA	TION	Type o	f Facility (4	\						
Name of Facility Where Abatement is Taking building Street Address	Place (3)					S S	chool (K-12 ubchapter 8	) 3 (Othe	er than K-	12)				
62-64 Main Street							ther (i.e. pr	ivate 8	commer	cial bu				9
City (5) Hackensack						Square 2,700		# of	Floors		Bld 80	g. Age		
County (6) Bergen			ounty Co	ode (7) SE ONLY)		Curren	t Use (Prio ing	r if bei	ng demoli	ished)				
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM	No.			ement Cont onmental			C				
Street Address						Address Box 48	3, 4 E G	ate D	rive					
City, State, Zip Code					City, S	State, Zip					57320			
Project Manager for Monitoring Firm		T	elephon	e No.	Telep	hone No			License	No.				
Start Date (10) 11/21/18	Scheduled	Comp	oletion D	ate (11)	Name	of OSH	A Monitor							
Occupancy Status During Abatement (Check		1			Street	Addres	S	S						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of Ab	ateme	ent	State, Zi	p Code									
Scope of Work (Check All That Apply)						7-14								
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		novati molitic		2		Min Glo	Containme i-Enclosure vebag Prod i-Exempted	edure						
	T				L	1101	I-Exempled	/ <i>/</i> ai	id Noti-11	IdDIO I		Abaten	nent	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	No Used Main Custo	ocatio rmally Solely tenan- dial St (12)	y by ce/	, SI	Descriptio Containing mal systen urfacing, Valer miscella	Material ns insula AT, or		(	Amount Specify F or LF)		Removal	Typ Repair	e Encapsulate	Enclosure
Roof	163	140	X		roof co	re		2.	700 SF	×	2			
Roof			X		roof flash	100		100	00 SF	-				
Name of Registered Waste Hauler		NJDEP Waste Cubic Y			ubic Yards		Name of	Regis	tered Lan	dfill			-	
Newark Carting		Hauler ID No. of Waste TBD			3D				ral Sani	tary l	Lar	dfill		
City, State Newark NJ		Disposal Date TBD			e	City, Stat		A						
Completed by A. Scott Higgins	Signature				re	B	_		Date 11/		18			

	(, ,	(1 disdant to NOAO 0.50 and 12.120)							HECK #	25735						
Date of Notification (1) 11-12-18			Building							C I			1-: 			
Agencies Notified		otification			Street A	ddress orris Av	enue						101/	c	0010	
EPA DEP DOL	☐ An	tial nended nendment :	#			te, Zip Co					Tourism .	N	lOV—	0	2018	
☑ DOH		nergency ( stification)	including			Contact						ephone N		- · · · ·	71	
☐ DCA	Ca	ncellation				Angeli	DRAATI	ON			(73	32) 615	7374			14 - 11 - 14
Name of Facility Where	Abatemer	nt is Taking	Place (3	3)	FACI	LITY INFO	JRIVIATI	ON	Ту	oe of Facility (	4)					
Street Address 556 Morris Avenue										School (K-1 Subchapter Other (i.e. p	8 (Othe			dinas.	home	es.
City (5)									1	etc.) uare Feet		f Floors		ldg. A		
Summit, NJ									75	,600GSF	5		1	954	ige .	
County (6) Union					County C	Code (7) USE ONLY		_		rrent Use (Prio ommercial	or if bei	ng demoli	shed)			
Name of Monitoring Firm TRC Environmenta			Owner (8)		ASCN	No.		100000000000000000000000000000000000000		batement Cor Environme						
Street Address 41 Spring Street								Street 200		ress ad Street				T-life de		
City, State, Zip Code New Providence, N	ew Jers	sey 0797	4							, Zip Code t, NJ 07072	2					
Project Manager for Mor	nitoring Fi	rm		Telephor			Teleph				License	No.				
Eric Gratson Start Date (10)				escusion mecuno	88-1700 Date (11)			9-00-00-00-00	-6565 SHA Monitor		00756					
TBD	15000000		TBD		ipiction	Date (11)		Ever	n-Ai	r Inc.						
Occupancy Status Durin	g Abatem	ent (Chec	k Only Or	ne)	Street Address 10-59 Jackson Ave						nue					
Facility Closed/Vacing Abatement Perform Other – Describe:	ed Outsid				tement						01					
Scope of Work (Check A	II That Ap	oply)								,						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				Renova Demolit				X		Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure				e.	
			Is	Locati	on		(12-325n-1				( ) =			Abate	ement	t
Location				Normal ed Sole	ly	215 335	(i).	scription		W				1	/pe	Н
Asbestos-Containing <u>TO BE AB</u> In Facil (13)	ATED lity	(ACM)	Ma Cus	intenar todial 3 (12)	nce/ Staff?		thermal surfa		s ins	r	(5	mount Specify For LF)	Removal	Repair	Encapsulate	Enclosure
Basem	ont		Yes	No	N/A	To	ilet and	d Sink	Car	Ilking		8SF	-	-	****	
Basem					X		Mirror					64SF	x	-	-	
Basem		×		The second second	ck Mas	(A)	,40		60SF	X						
Basem					X	ΔΙΙ Ω	100000	The second second		Mastic	_	44SF	X	-		
Name of Registered Was	IN							0.50	red Land							
ATC, Inc. / JBT (500			588)	Н	NJDEP Waste Hauler ID No. 24310 Cubic Yard of Waste TBD				Minerva	Ente						
City, State Shirley, NY / Bronx, NY									City, State Waynes		OH 446	888				
Completed by Richard Doran		э.	Title Proje	ect Ma	ct Manager Sign				Э	ALA	).	a 7	Date 11-12-	18		

### Title Of Project: 556 Morris Avenue, Summit, NJ 07901 Additional Materials / Floors Pg. 2

		THE RESERVE THE PROPERTY OF TH		1 - 1
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
Basement	N/A	ACM Pipe Insulation	300LF	Removal
1st Floor	N/A	Toilet & Sink Caulking	8SF	Removal
1st Floor	N/A	Mirror Glue Dollops	64SF	Removal
1st Floor	N/A	Ceiling & Upper Wall Glue Dollops	1,900SF	Removal
1st Floor	N/A	Lobby Door & Window Caulk	120SF	
1st Floor	N/A	Floor Tile & Mastic	20,195SF	
1st Floor	N/A	All Stairs Floor Tile	744SF	The second secon
1st Floor	N/A	Radiator Insulation	220SF	Removal
1st Floor	N/A	Pipe Insulation	650LF	Removal
2 <sup>nd</sup> Floor	N/A	Toilet & Sink Caulking	8SF	Removal
2 <sup>nd</sup> Floor	N/A	Mirror Glue Dollops	64SF	Removal
2 <sup>nd</sup> Floor	N/A	Ceiling & Upper Wall Glue Dollops	6,220SF	Removal
2 <sup>nd</sup> Floor	N/A	Floor Tile Mastic	22,000SF	Removal
2 <sup>nd</sup> Floor	N/A	All Stairs Floor Tile	744SF	Removal
2 <sup>nd</sup> Floor	N/A	Pipe Insulation	650LF	Removal
2 <sup>nd</sup> Floor	N/A	Radiator Insulation	220SF	Removal
3 <sup>rd</sup> Floor	N/A	Toilet & Sink Caulking	8SF	Removal
3 <sup>rd</sup> Floor	N/A	Mirror Glue Dollops	64SF	Removal
3 <sup>rd</sup> Floor	N/A	Ceiling & Upper Wall Glue Dollops	11,800SF	Removal
3 <sup>rd</sup> Floor	N/A	Tar/Glue Under Carpet	22,300SF	Removal
3 <sup>rd</sup> Floor	N/A	All Stairs Floor Tile	744SF	Removal
3 <sup>rd</sup> Floor	N/A	Pipe Insulation	650LF	Removal
3 <sup>rd</sup> Floor	N/A	Radiator Insulation	220SF	Removal
Attic	N/A	Ceiling & Upper Wall Glue Dollops	2,530SF	Removal
Attic	N/A	South West Office Floor Tile & Mastic	880SF	Removal
Attic		Door Caulk HVAC Room	4SF	Removal
Attic	N/A	Fire Doors	120SF	Removal
Attic		North West Office Floor Tile & Mastic	2,900SF	Removal
Attic		All Stairs Floor Tile	744SF	Removal
Attic	N/A	Caulk on HVAC Unit	10SF	Removal
Attic		Pipe Insulation	250LF	Removal
Attic		Electrical Panel	40SF	Removal
Attic	N/A	Electrical Wiring	150LF	Removal
Attic	N/A	Electrical Panel Black Transite	5SF	Removal

CK# 1928

			RALL														
	e of Notification (1) /12/18		Principal and Company and				Building C ewark T							1	4.	10.	
Age	ncies Notified	Тур	e Notification			Street Ad	771/7EZ										
	EPA	X	Initial		L		assaic A				17		100/	6	2010		
×	DEP		Amended Amendment	#			e, Zip Cook, New					1	NUV		2010		
	DOL		Emergency		-	Name of		Jersey				Tolo	phone Numb	ner	144		-
×	DOH DCA		justification) Cancellation									1616	priorie rium	,01	7.	- 1	
				- DI (0)		FACIL	ITY INFO	RMAT	ON	Type	of Facility (4	\	- 11 305	-		-	-
Stre	ne of Facility Where suilding # 39a eet Address O Passaic Ave	Abate	ement is Takir	ig Place (3)				<del>,</del>			chool (K-12 ubchapter 8 other (i.e. pri	) 3 (Othe	er than K-12) commercial	build	ings,	nome	s,
	(5)										tc.) e Feet	# of	Floors	BI	dg. A	ge	
	ast Newark									25,0		3		5	0+		
	unty (6)				-1	County C	Code (7)			The comment of the comment		if beir	ng demolishe	ed)		No-Schille.	
	ssex						ISE ONLY)				mercial S						
10/5/08	ne of Monitoring Firm	n Hire	d by Buildina	Owner (8)		ASCM	No.	7.08-25	Name		ement Cont						
n/s						n/a			Harr	mony (	Contractin	ig Inc	;				
Stre	eet Address								Street	Addres	S						
n/	а										de Ave						
City	, State, Zip Code								1	state, Zi							
n/	a										IJ 07026						
Pro	ject Manager for Moi	nitorir	ng Firm			Telephor	ne No.			none No			License No 01255	•			
n/	-					n/a	5 1 1145			460.60	A Monitor		01255	-			_
1000000	rt Date (10) 1/21/18			01/31/		mpletion [	Jate (11)				Contractir	na Inc	:				
6 532	cupancy Status Durin	o Ab	atement (Che							Addres		.9				×	-
											de Ave						
×	Facility Closed/Vac Abatement Perform	ated ned C	During Entire  Outside of Nor	mal Facility	Abater Hour	nent s			City, S	State, Zi	p Code						
X	Other - Describe:	Sche	duled for Demo						Gar	field, N	NJ 07026						
Sco	ope of Work (Check A	All Th	at Apply)														
X	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Commence of the Commence of th	Renova				tradition than a little	Min Glo	i-Enclosure vebag Proc	edure	Negative Pr			8	
				Т.			l								Abate		
					Loca Norma			D	escription	n of					Ту	ре	
	Asbestos-Containing TO BE AF In Fac (13	g Mat BATE ility		Use Ma	ed Sol	ely by ance/ Staff?	Asbes (i.e.	tos Cor therma surfa	escription ntaining l al system acing, V/ miscella	Material ns insula AT, or	(ACM)	(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
-				103	-	-		Des	f Memi	orono		20	00 SF	<			
-	Roo	of			X			HOO	i wemi	orane			00 SF	×			
No	me of Registered Wa	asta L	Hauler		1	NJDEP W	Vaste	Cubi	c Yards		Name of I	Regist	ered Landfill	-	1	L	
5,100,00	ovic Transport	agte 1	Later		Hauler ID No. of Waste TBD				ISEI La	57,856		H H					
3.50	y, State verdale, NJ							Disp TBI	osal Dat	е	City, State Bethler		PA				
1000	mpleted by	- 100110		Title					Signatu				Da				
E.	Cirovic			Sec	ecretary & Cironie						_		1	1/12	18		

#### State of New Jersey - Notification of Asbestos Abatement

E (Pursuant to N.J.A.C. 8:60-7 and 12:120-7) Date of Notification (1) Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ 018 November 9, 2018 Agencies Notified Notification Type □ Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. ☐ EPA □Amended Notification # 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS D DCA ☐ Emergency (including City, State, Zip Code X DOL PISCATAWAY, NJ 08854 justification) DEP - No Longer REQUIRED Name of Contact X Cancelled Telephone Number X DOH Michael Smith ENV HEALTH & 848.445.2550 SAFFTY **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Admin Complex #11, Bldg # 7277 ☐ School (K-12) ☐Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) **RBHS Newark Campus** Sq. Feet: Unknown # of Floors: 1 Bldg. Age: 60+ years City (5) County (6) County Code (7) (State Use Only) Newark Essex Current Use (prior if being demolished): Academic Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC ASSOCIATES 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 511 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 Butler, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor November 9, 2018 November 12, 2018 Envirovision, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 20-21, Bldg E Wagaraw Road Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe ☑Other - Describe: 5pm - 5am -(24 hrs & Weekends as Fairlawn, NJ Needed) Source of Work (Check all that apply) ☐Full Containment with Negative Pressure  $\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$ **X** Renovation Mini-Enclosure X > 160 sf or > 260 Demolition ☐Glovebag Procedure ☑Non-Exempted (\*) and Non-Friable Procedure Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Location of Asbestos-Containing Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Remove Repair Encap Enclose Staff? (12) Material (ACM) in Facility (13) VAT, or other miscell.) or LF) YES NO NA 1101-1103 Suite X VAT 1340 sf X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill Cubic Yards of Waste: See Hauler Below # 1 & 2 **GROWS North Landfill** See Below 10 CYDS Disposal Date City, State Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 100 New Ford Mill November 12, 2018 NJ DEP # 12561 Road, Morrisville, PA Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551 19067 215-736-1700 Completed by (Print or Type) Signature Date SENIOR PROJECT November 9, 2018 Raymond C. Pedalino Raymond C. Pedalino MANAGER

### State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

						M	DV 15	2018				
Date of Notification (1) November 2, 2018			at a second	Name of Building Owner/C RUTGERS, THE ST	perator (2) ATE UNIV	T.((()		USW TOTAL	2 17			
Agencies Notified  EPA DCA	Notification ☐ Initial N ☑ Amende	Notification ed Notific	WATER STREET	ENVIRONMENTAL I 27 ROAD 1, BLDG 4 City, State, Zip Code								
X DOL	and new st			PISCATAWAY, NJ 0	8854							
□DEP – No Longer REQUIRED ☑DOH	dates  □ Emerg justific □ Cance	ency (incation)	cluding	Name of Contact Michael Smith ENV HEA SAFETY			none Num <b>445.25</b>					
			FACILITY INF									
Name of Facility Where Abatement is Admin Complex #11, Bldg				Type of Facility (4)  ☐ School (K-12) ☐Subchapter 8 (other than	K 12)							
Street Address RBHS Newark Campus				Sq. Feet: Unknown	mercial buildi	ngs, hon <u>:</u> 1	nes, etc.) Bldg. Ag	<u>qe:</u> 60	+ years	s		
City (5) Newark Ess		County C (State Us		Current Use (prior if being	demolished	: Acad	emic					
Name of Monitoring Firm Hired by Bl ATC ASSOCIATES	dg. Owner (8)	ASCM No 0098	<u>o.</u>	Name of Contractor (9)								
Street Address		0000		GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address								
3 TERRI LANE				511 MAIN STREET								
City, State, Zip Code BURLINGTON, NJ 08016				City State. ZipCode Butler, NJ 07405								
Project Manager for Monitoring Firm BRIAN KEARNY	Telephone N 609-386-			Telephone Number License Number								
				973-492-0477 00840								
Scheduled Start Date (10) November 9, 2018	Novemb			Name of OSHA Monitor								
	1 1 1			Envirovision, Inc.								
Occupancy Status During Abatem Facility Closed/Vacated Dur	ing Entire Period	of Abatem	ent	Street Address  20-21, Bldg E Wagaraw Road								
Abatement Performed Outs Describe	ide of Normal Fac	cility Hours	-	City, State, Zip Code	iaw itouu							
図Other - Describe: 5pm Needed)	– 5am –(24 h	rs & We	ekends as	Fairlawn, NJ								
Source of Work (Check all that apply	<u>n</u>											
_			m		Full Conta		with Neg	ative Pr	essure			
□≥ 3 sf or ≥ 3 lf			Renovation  Demolition	1	☐Mini-Encl		IFO					
<b>⊠</b> ≥ 160 sf or ≥ 260			Demolition					n-Friabl	e Proced	dure		
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Norma Solely by Maint./C Staff? (12) YES NO		Description of Asi (ACM) (i.e. therm VAT, or other mis	IXI Non-Exempted (*) and Non-Friable For Asbestos Containing Material thermal systems insulation, surfacing, or uniscell.)  Amount (Specify SF or LF)  Amount (Specify SF or LF)  Remove Repair English					2			
4404 4402 0:	YES NO	INA	VAT		1340	ef	X	T				
1101- 1103 Suite Name of Reg. Waste Hauler		ste Hauler I		Cubic Yards of Waste: Name of Registered Landfill								
See Hauler Below # 1 & 2	See Belo		<u>Ю #</u>	10 CYDS GROWS North Landfill								
Hauler #1) Greenwood Abate NJ DEP # 12561 Hauler #2) Newark Carting, I			Road, Morrisv					Ford Mil orrisville,				
								-				
Completed by (Print or Type) Raymond C. Pedalino	SENIOR F		Т	Signature  Raymond C. Pedalino  Date  November 2, 2018								

### State of New Jersey - Notification of Asbestos Abatement

(Pursuant to <u>N.J.A.C</u>. 8:60-7 and 12:120-7)

Date of Notification (1)					Name of Building Owner/Operator (2)								
October 23, 2018					RUTGERS, THE S								
Agencies Notified		Notification		otion	Street Address	LIE AL TIL	0.045						
□ EPA		I Initial □Amend			ENVIRONMENTAL								
□ DCA		□ Emerg			27 ROAD 1, BLDG City, State, Zip Code	4000, LIV	NGST	UN CAMPUS					
X DOL			cation)	iriciuality	PISCATAWAY, NJ	08854							
□DEP – No Longer REQUI	RED	□ Cance			Name of Contact	00034	Telent	hone Number					
<b>X</b> DOH		La Cance	illeu		Michael Smith ENV HE	ALTH &		445.2550					
					SAFETY								
Name of Facility Where Abate	ment is T	aking Place (3)		FACILITY IN									
Admin Complex #11,	Bldg #	† 7277			Type of Facility (4)  School (K-12)								
Street Address					Subchapter 8 (other tha	n K-12)							
RBHS Newark Campi	us				Other (i.e. private & cor	mmercial build	ings, hom						
City (5)	County	(6)	I Count	/ Code (7)	Sq. Feet: Unknown	# of Floor:	<u>s:</u> 1	Bldg. Age: 60+ years					
Newark	Essex		(State	Use Only)	Current Use (prior if bein	a domolished	\. Acad	omio					
Nowan	L3307		1	200 0.1117	Current Ose (prior it bell)	g demonstred	). Acau	emic					
Name of Monitoring Firm Hire		. Owner (8)	ASCM	No.	Name of Contractor (9)								
ATC ASSOCIATES	S		0098		CDEENIMOOD ADA	TEMENT O	ONGLI	TANTO INO					
Street Address					GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address								
3 TERRI LANE													
City, State, Zip Code					511 MAIN STREET								
BURLINGTON, NJ 08	3016				City State, ZipCode Butler, NJ 07405								
Project Manager for Monitoring		Telephone N			Telephone Number		License	e Number					
BRIAN KEARNY		609-386-	8800		072 402 0477		0004	•					
Scheduled Start Date (10)		Scheduled (	Completic	n Date (11)	973-492-0477 Name of OSHA Monitor		00840	U					
November 2, 2018		Novemb											
Ossumanau Status Dusies Al		(0)			Envirovision, Inc.								
Occupancy Status During At Facility Closed/Vacate				ment	Street Address								
Abatement Performed					20-21, Bldg E Waga	raw Road							
Describe		_			City, State, Zip Code								
Other – Describe:	5pm –	5am –(24 h	rs & W	eekends as	Fairlawn, NJ								
Needed)					i alliawii, No								
Source of Work (Check all that	t apply)		/										
						□Full Conta	inment w	vith Negative Pressure					
$\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$				■ Renovation	i .	☐Mini-Enclo							
$\times \geq 160 \text{ sf or } \geq 2$	260			■Demolition		☐Glovebag							
	- 1.0			T =				and Non-Friable Procedure					
Location of Asbestos-Containing		_ocation Normal lely by Maint./Cu			pestos Containing Material al systems insulation, surfaci	ing, (Speci	0.70	Abatement Type					
Material (ACM) in Facility (13)	Sta	iff? (12)		VAT, or other mis-		or LF)		Remove Repair Encap Enclose					
1101 1101D	YE		NA	1/47			_	Entered Total Control					
1101, 1101B Name of Reg. Waste Hauler		NJDEP Was	to Hauler	VAT	Out to Vanda a CIM a L	340 s		X					
See Hauler Below # 1 & 2	2	See Below		10 #	Cubic Yards of Waste: 10 CYDS			of Registered Landfill  WS North Landfill					
Hauler #1) Greenwood A	Abatem	ent Consulta	nts, Inc	c Butler, NJ 0		Disposal Da		City, State					
NJ DEP # 125						November	5, 2018	100 New Ford Mill					
Hauler #2) Newark Carti	ing, Inc.	– Newark, NJ	04509,	NJ DEP # 19551				Road, Morrisville, PA 19067					
								215-736-1700					
Completed by (Print or Type)		Title			Signature								
Raymond C. Pedali	ROJE	CT .	Signature  Date  Date  October 23, 2018										
,ona or roddii		MANAGER			Raymond C. Pedaline October 23, 2018								
			-										

1011		B. Elizabeth and A.	780								-	1.	91 7	30	10
Date of Notification (1) 11/07/2018				Name o	f Building ( ence	Owner/0	Operato	r (2)		Att	ov La	20	10		
Agencies Notified	Type Notification			Street A	ddress					14	UV .	- 20	IO	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
X EPA	× Initial													3	
× EPA × DEP × DOL	Amended	,,			ate, Zip Co		050			1.21		- 4		4	10
Lacons and the second s	Amendment Emergency		-		Orange I	NJ 07	052				A			1550	-
Ĭ DOH	justification)	_			f Contact Anderso	nn.				Tel	ephone N	umber			
☐ DCA	Cancellation	16 25 3					011								
Name of Facility Where	Abatement is Takin	g Place (	3)	FACI	LITY INFO	KMAII	ON	Type	of Facility	(4)					
Residence		,	1					_	School (K-	100					
Street Address					11.17				Subchapter	8 (Othe	er than K-	12)			
									Other (i.e. petc.)	orivate 8	& commer	cial bu	ilding	s, hom	es,
City (5)				11197000	- E				re Feet	# of	Floors		Bldg.	Age	
West Orange								1,47	9	2			90		
County (6)			$\top$		Code (7)			Curre	ent Use (Pri	or if bei	ng demoli	shed)			
Essex				(STATE	USE ONLY)		_								
Name of Monitoring Firm		Owner (8)		ASCN	ΛNo.				tement Co		(9)			- Arriva	
A. Seine Lighthous	e Solutions						Brinl	ks Tai	nk Servic	es					
Street Address							127000000000000000000000000000000000000	Addre	7974						
PO Box 354									rty Avenu	ie					
City, State, Zip Code South Orange, NJ (	7070								Cip Code						
									J 07205						
Project Manager for Mor Sarah Calandra	nitoring Firm			Telepho	ne No. 19-2666			hone N 462-7			License 01316	No.			
Start Date (10)		Schodul	ad Can		Date (11)		. 2 99	13/5/55	HA Monitor		01310				
11/20/2018		12/07/		iipieuoii	Date (11)				ighthous	e Solu	itions				
Occupancy Status Durin	g Abatement (Chec	k Only O	ne)					Addre							
➤ Facility Closed/Vac			15) 	nent			PO	30x 3	54						
Abatement Perform	ed Outside of Norn	nal Facility	/ Hours	urs City, State, Zip Code											
Other – Describe:				South Orange, NJ 07079											
Scope of Work (Check A	II That Apply)							7.71							
× ≥3 sf or ≥3 lf			Renova	ition				Fu	II Containm	ent with	Negative	Press	ure		
≥160 sf or ≥260 lf			Demolit	ion			>		ni-Enclosur		878				
							Ė		ovebag Pro n-Exempte		d Non-Fria	able P	roced	ıre	
		Is	Locati	ion			70						Aba	temen	it
Location	n of		Normal	ly		De	scription	n of				_	_	ype	_
Asbestos-Containing			ed Sole						I (ACM)		mount	_		Ψ.	l m
TO BE AB		Cus	todial S	Staff?	(1.e.	thermal surfa	system cing, VA		ation,		Specify or LF)	é	Repair	icap	ncic
(13)			(12)				niscella					Kemova	pair	Encapsulate	Enclosure
		Yes	No	N/A								-		te	0
Basem	ent		Х			Pipe	insula	ation		4	5LF	x		1	
			- 200									+	+	+	$\vdash$
		-					-					+	-	+	-
Name of Registered Was	ste Hauler		10000	IJDEP W lauler ID		Cubic of Wa	Yards		Name of	Registe	ered Land	fill			***************************************
Newark Carting			3 133	4509	INO.	oi vva	310		Waste	Mana	gement	Land	fill		
City, State				100 M	Disposal Date City, State										
East Orange, NJ				Penn Argyle, PA											
Completed by		Title	0,836.4	Signature					1018		1 2	Date		252	
Alison Lamers		Offic	e Mar	Manager 414					UNP			11/07	/201	8	

CKAST	) 3				t to NJAC						77		Vi			
Date of Notification (1) 11/09/2018				Name of Resid	of Building lence	Owner/0	Operato	r (2)			1			71.		
Agencies Notified	Type Notification			Street A	Address					NO	1-10	-2(	)18	-11	# 1	
× EPA × DEP × DOL	Initial Amended Amendment	#			ate, Zip Cork NJ 07						117.77			1		
Ĭ DOH	Emergency justification)		3		of Contact					Tel	ephone	Num	ber			
☐ DCA	Cancellation				Anders											
Name of Facility Where A	Abatement is Takin	g Place (	(3)	FAC	ILII T INF	URIVIATI	ION	Тур	e of Facility	(4)						
Street Address								×	School (K- Subchapter Other (i.e.   etc.)	8 (Oth				dings,	home	es,
City (5) Newark			W					Squ 2,6	uare Feet	# of	Floors			ldg. <i>A</i> 61	\ge	
County (6) Essex					Code (7) USE ONLY	)	_	Cur	rent Use (Pri	or if bei	ng demo	olishe	ed)			
Name of Monitoring Firm A. Seine Lighthouse		Owner (8	)	ASCI	M No.				patement Cor ank Servic		(9)					
Street Address PO Box 354				<u></u>			Street	Addr								
City, State, Zip Code South Orange, NJ 0	7079						City, S	state,	Zip Code NJ 07205	16						
Project Manager for Mon Sarah Calandra			- 1	Telepho	ne No. 49-2666		Teleph	none	No.		License					
Start Date (10)			led Con		Date (11)				·7465 SHA Monitor		01316	0				
11/20/2018 Occupancy Status During	Abatament (Chae	12/07/							Lighthous	e Solu	tions					
Facility Closed/Vaca				Street Address PO Box 354												
Abatement Performed Other – Describe:	ed Outside of Norm	al Facilit	y Hours	City, State, Zip Code South Orange, NJ 07079												
Scope of Work (Check Al	I That Apply)			_												$\neg$
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf		-	Renova Demoliti				×	M G	ull Containme lini-Enclosure lovebag Prod on-Exempted	e cedure					e	
		40	Locati											Abate	ment	
Location Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM)	Use Ma	Normall ed Solel aintenar todial S (12)	ly by nce/		tos Cont thermal surfac		tateri s insu T, or		(S	mount pecify or LF)		Remova	Repair	e Encapsulate	Enclosure
20 EX		Yes	No	N/A									al		ate	re
Baseme	ent		Х			pip	oe wra	р		7	0 LF		х			
					V	-3.00										
Name of Registered Was	te Hauler		10000	JDEP Wauler ID	1000	Cubic of Was			Name of							
Newark Carting				1509					Waste I		ement	t La	ndfil	1		
City, State East Orange, NJ						Dispos	al Date		City, Stat Penn A		PA					
Completed by Alison Lamers		Title Offic	e Man	ager		S	Signature Date 11/09/2018									

0		- 4	-	
. P	TH	nτ	1-0	rm

40		PA A W	ree.		,	State of N	ew Jerse	ev				P.E		ya [	P	rint F
CK 2790		PAJ			FICATIO	ON OF AS	BESTOS	ABATE		Г [ ] .						
Date of Notification (1) 10/15/2018	1	1/8/	18			of Buildin dence	g Owner/	Operato	r (2)			NOV	2(	)18		4
Agencies Notified	Тур	e Notification			Street	Address				1	1 :			77	7	
X EPA X DEP X DOL	N.	Initial Amended			City, S	tate, Zip C	Code	-		1	100-100-1	formation (				
X DOL		Amendment Emergency				Caldwe		7006								
⊠ DOH □ DCA		justification) Cancellation		g	50,000,000,000,000	of Contac ew D Llo					Те	lephone Nu	mber	11121-2		
Name of Fig. 18		Sherila engage				ILITY IN		ION					-			
Name of Facility Where A Residence	Abater	ment is Takin	g Place	(3)					Туре	of Facility (	115					
Street Address			4						H	School (K-1 Subchapter	8 (Oth	ner than K-1	2)			
City (5)									×	Other (i.e. p etc.)	rivate	& commerc	ial bui	ldings	, hom	es,
North Caldwell NJ 0	7006	6							Squa 4,11	re Feet	# 0	f Floors		Bldg. /	Age	
County (6) Ocean					County (STATE	Code (7) USE ONL	n		Curre	ent Use (Prid	or if be	ing demolis	hed)			
Name of Monitoring Firm A. Seine Lighthouse	Hired	by Building (	Owner (8	)	ASC	M No.		Name	of Aba	atement Con	tractor	(9)				
Street Address	3010	alions						Brink		nk Service	es					
PO Box 354 City, State, Zip Code								15-07-07-07		rty Avenu	е					
South Orange, NJ 0	NJ 07079 Hillside, NJ 07205															
Project Manager for Monitoring Firm  Sarah Calandra  Telephone No.  201-349-2666  844-462-7465												License N 01316	lo.			
Start Date (10) \ \ -10/26/2018-	12	18	HA Monitor	Solu	ıtione											
Occupancy Status During	Abate	ement (Check	11/12/ Only O		1 1	1 2-	110	Street	Addre	ss		100115			-	-
Facility Closed/Vaca Abatement Performe	ed Out	uring Entire P	eriod of al Facilit	Abater y Hour	ment s			PO E		54 ip Code						
Other – Describe: _							_			inge, NJ 0	7079	)				
Scope of Work (Check All  x ≥3 sf or ≥3 lf	I I hat i	Apply)	П.	· · · · · · ·					1 _			- 18040-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-				
≥160 sf or ≥260 lf				Renova Demoli				×	Mir	I Containme ni-Enclosure ovebag Proc		Negative F	ressu	re		
			Τ.			1			No	n-Exempted	(*) and	d Non-Friab	le Pro	Constitution of		
Location			1	Locat Norma	lly		Des	cription	of						ement pe	
Asbestos-Containing N TO BE ABA	Materia TED	al (ACM)	Ma	ed Sole iintena	nce/		tos Conta	aining M	aterial			mount Specify			Ш	ш
In Facilit (13)	У		Cus	todial ( (12)	Staff?		surfac	ing, VA	T, or			or LF)	Remova	Repair	Encapsulate	Enclosure
0.056,4100			Yes	No	N/A				oodo,				val	=	ılate	ure
Basement (Furna	ace F	Room)		Х			Pip	oe wra	0		(	6LF	Х			
					+		_									
Name of Registered Waste	e Haul	er		1 1335	J JDEP W lauler ID	A 10 (10 (10 A)	Cubic \ of Was			Name of R	egiste	red Landfill				Н
Newark Carting				1,000	4509	140.	UI VVAS	ie		Waste N	lanaç	gement La	andfi	ı		
City, State East Orange, NJ							Dispos	al Date		City, State Penn Ar		PA				
Completed by Alison Lamers			Title	a Mar	nager		Si	gnature	(Therease)	1111	3,.5,	Da		2010	-0-	
			Onice	vial	ayei			114	0	and	NS	10	15/2	2018	Q-	
ASB-41 (R-06-08)								* Do no	use t	his form for a	asbest	os licensure	exen	pted	) activi	ties.

PAID

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

Chew # 1248

Part	ate of Notification	n (1)	Nar	me of Bu	ilding Ow	ner/Operator (2)				E V. E	1,	2	7	
PAP   Canada   Amendment #   Corp, State, Tip Gotte   Dover, NJ 07801   Name of Canada	1/06/2018												- 1	4
DEP   Amended   Amended   Cover, NJ 07801   Name of Contact   Telephone Number   Name of Facility (Where Abatement is Taking Place (1)   Name of Facility (Where Abatement is Taking Place (1)   Name of Facility (Where Abatement is Taking Place (1)   Name of Facility (Where Abatement is Taking Place (1)   Name of Facility (Where Abatement is Taking Place (1)   School (K-12)   Subchapter 8 (Other than K-12)   Subchapter 9 (Oth	gencies Notified	Type Notification	Stre	eet Addr	ess					1 6	200	10	1	
Dover, No. 10.780.1    Amendment #   Dover, N. 10.780.1   Seme of Contact   Telephone Number   Telephone Num	□ EPA	☑ Initial								NOV 10	70	Ŏ_	-	$\dashv$
Emergency (Including   Bustification   Richard Scott   Telephone Number   Telephone Num	☐ DEP	☐ Amended				23							2.	
Richard Scott   PACILITY INFORMATION   Pacient   Pacie	DOL		_			01			. 1				0.00	-
DCA     Cancelation   FACILITY INFORMATION   Type of Facility (4)		☐ Emergency (including	1000						Telephone Number		1.		. 2	
FACILITY INFORMATION   Pace of Facility (4)   School (K-12)   Subchapter 8 (Other than K-12)   Su		The state of the s	Ri	chard	Scott					1	1		)(=) *	
Septiment   Section   Se	□ DCA	☐ Cancelation			EACI	LITY INCODMAT	ION							-
School (K-12)   Subchapter 8 (Other than K-12)   Subchapter 8 (O	Jama of Escility M	Whore Absternant is Taking Place (3)			FACI	LITTINIORIVIA		acility (4)						7
Subchapter 8 (Other than K-12)   Subchapter 9 (Other than K-12)	700	vitere Abatement is Taking Place (5)							21					- 1
Description							_			21				
Square Feet   Sol Filoors   Bidg. Age   1930	Street Address	_							,		ac atr	. 1		
County (6)   County (6)   County (60   Tourny (60   To							N (	other (i.e. p	orivate & Commer	ciai bullulligs, nom	C3, C11	1		
County (6)   County (70   Cou	City (5)						Square F	eet	# of Floors	Bldg. Age				
STATE USE ONLY   Name of Abatement Contractor (9)   Unicorn Contracting Corp.	Dover						2,259		2	1930				
Morris    ASCM No.   Name of Abatement Contracting Corp.	County (6)			100			Current l	Jse (Prior if b	eing demolished)					
ASCM No.   Name of Abatement Contractor (9)   Unicorn Contracting Corp.				(	STATE US	E ONLY)								
Unicorn Contracting Corp.  Street Address  32 Willow Way  City, State, Zip Code  City, State  Ci	CONTRACTOR STATE	ing Firm Hired by Building Owner (8)			1	ASCM No.	Name of	Abatement C	Contractor (9)					
Street Address    Street Address   32 Willow Way   33 Willow Way   34 Willow Way   34 Willow Way   34 Willow Way   34 Willow							Unico	rn Contrac	cting Corp.			97541-95		
Start Date (10)	Strant Address													
City, State, Zip Code	Street Address						32 Wil	llow Way						
Voodland Park, NJ 07424	e										14000			
Telephone No. 973-333-9176 Ucense No. 01331  Start Date (10) Scheduled Completion Date (11) Name of Registered Waste Hauler Unicorn Contracting Corp.  Telephone No. 973-333-9176 Ucense No. 01331  Start Date (10) Scheduled Completion Date (11) Name of Registered Waste Hauler Unicorn Contracting Corp.  Telephone No. 973-333-9176 Ucense No. 01331  Scheduled Completion Date (11) Name of Registered No. 01331  Scheduled Completion Date (11) Name of Registered No. 01331  Scheduled Completion Date (11) Name of Registered No. 01331  Scheduled Completion Date (11) Name of Registered No. 01331  Scheduled Completion Date (11) Name of Registered No. 01331  Scheduled Completion Date (11) Name of Registered No. 01331  Scheduled Completion Date (11) Name of Registered No. 01331  Scheduled Completion Date (11) Name of Registered No. 01331  Scheduled Completion Date (11) Name of Registered No. 01331  Scheduled Completion Date (11) Name of Registered No. 01331  Scheduled Completion Date (11) Name of Registered No. 01331  Scheduled Completion Date (11) Name of Registered No. 01331  Scheduled Completion Date (11) Name of Registered No. 01331  Scheduled Completion Date (11) Name of Registered No. 01331  Scheduled Completion Date (11) Name of Registered No. 01331  Scheduled Completion Date (11) Name of Registered Landfill Fairless Hills Landfill Completed by Name of Registered No. 0135844  Signature Date (11) Name of Registered No. 01556 Name of Registered Nam	City, State, 21p Ct	ode							, NJ 07424					
Start Date (10)  Start Date (10)  11/19/2018  Scheduled Completion Date (11)  11/19/2018  Scheduled Completion Date (11)  11/19/2018  Scheduled Completion Date (11)  11/19/2018  Street Address  20-21 Wagaraw Rd., Bldg. 35-E  City, State, Zip Code  Fair Lawn, NJ 07410  Scope of Work (beak All That Apply)  S ≥3 sf or ≥3 if  Renovation  Demolition  Sloveshow State During Material (ACM)  Abbestos-Containing Material (ACM)  IDBE BARTED  In Facility  (13)  Yes No N/A  Basement  No N/A  Name of Registered Waste Hauler  Unicorn Contracting Corp.  City, State  Popposition Date  Signature  Objects of Waste  Name of Registered Landfill  Fair Lawn  No Name of Registered Landfill  Fair Layn  No Name of Registered Landfill  City, State  No Disposal Date  Morrist ville, PA  Signature  Observision Consultants, Inc.  Occupiers  State Address  20-21 Wagaraw Rd., Bldg. 35-E  City, State, Zip Code  Fair Lawn, NJ 07410  State Address  20-21 Wagaraw Rd., Bldg. 35-E  City, State, Zip Code  Fair Lawn, NJ 07410  State Address  State Address  20-21 Wagaraw Rd., Bldg. 35-E  City, State  Unicorn Contracting Corp.  Oxide Abatement  State Address  Disposal Date  City, State  Woodland Park, New Jersey  Oxide Contracting Date  Signature  Date  Oxide Contracting Corp.  Oxide Contracting Date  City, State  Woodland Park, New Jersey  Oxide Contracting Date  Signature  Oxide Corp. State  Oxide	0	fo Manitoring Sign		T	Telephon	e No.	_			License No.				
Street Address   Stre	Project Manager	to Monitoring Firm			- Clop II o	* 1171				01331				
Street Address   Stre	a a /101		ls.	chedule	d Comple	tion Date (11)	Name o	f OSHA Monit	tor					
Occupancy Status During Abstement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Often - Describe: OCCUPIED  Renovation  Pail Lawn, NJ 07410  Renovation  Pull Containment with Negative Pressure Glovebag Procedure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure  Location of Asbestos-Containing Material (ACM) To BE ABATED In Facility (13)  Renovation Yes No N/A  Basement  X Asbestos containing Pipe Insulation Number Asbestos Containing Pipe Insulation  Number Asbestos Containing Pipe Insulation Number Asbestos Containing Pipe			1			don bate (12)	100000000000000000000000000000000000000							
Facility Closed/Vacated During Entire Period of Abatement   20-21 Wagaraw Rd., Bldg. 35-E     Abatement Performed Outside of Normal Facility Hours   City, State, Zip Code     Other - Describe: OCCUPIED   OCCUPIED     Scope of Work (Check All That Apply)     ≥ 3 s f or ≥ 3 if				.1/23/	2010									
Abatement Performed Outside of Normal Facility Hours   City, State, Zip Code     Abatement Performed Outside of Normal Facility Hours   City, State, Zip Code     City, State, Zip Code     Fair Lawn, NJ 07410     City, State, Zip Code     Fair Lawn, NJ 07410     Mini-Enclosure   City One-Exempted (*) and Non-Friable Procedure     Non-Exempted			at all all Alban				1000000		Rd Bldg 35-E					
Sope of Work (Check All That Apply)									ria., blug. 55 E					
Scope of Work (Check All That Apply)			al Facility Ho	ours			2000		7/10					
≥ 3 sf or ≥ 3 if							rail L	avvii, ivi	77410					
≥160 sf or ≥260 lf   Demolition   Mini-Enclosure   Glovebag Procedure   Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Friable Procedure   Abatement   Type   Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Friable Procedure   Abatement   Type   Non-Exempted (*) and Non-Friable Procedure   Abatement   Type   Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Friable Procedure   Abatement   Type   Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Friable Procedure   Abatement   Type   Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Friable Procedure   Abatement   Type   Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Friable Procedure   Abatement   Type   Non-Exempted (*) and Non-Friable Procedure   Type   Non-Exempted (*) and Non-Exempt				IVI	n		П	Eull Conta	inment with Nega	tive Pressure				
Secretarial							1112			itive i ressure				
Non-Exempted (*) and Non-Friable Procedure	□ ≥160:	sf or ≥260 If		ш	Demoli	tion								
Location of Normally Used Solely by Asbestos Containing Material (ACM)  TO BE ABATED In Facility (13)  Pess No N/A  Basement  X Asbestos containing Pipe Insulation  Name of Registered Waste Hauler Unicorn Contracting Corp.  Completed by  Completed by  Completed by  Completed by  Is Location Normally Description of Normally Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specity SF or LF)  Registration  Type  Abatement Type  Amount (Specity SF or LF)  Registration  Normally Asbestos Containing Pipe Insulation  190 LF  X   Disposal Date Title  Morrisville, PA  Date							-	-		Criable Orocodure				
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Basement  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Asbestos Containing Material (ACM) Maintenance/ (12)  Yes No N/A  Asbestos Containing Material (ACM) Maintenance/ (12)  Yes No N/A  Asbestos containing Pipe Insulation  190 LF X  Name of Registered Waste Hauler Unicorn Contracting Corp.  O035844  Disposal Date Woodland Park, New Jersey  Title  Normally Description of Asbestos Containing Material (ACM) Asbestos Containing Material (ACM) Asbestos Containing Material (ACM) Armount (Specity SF or LF)  Registered Variance (Specity SF or LF) Registered Va								Non-Exem	ipted (*) and Non	-Friable Procedure		Abate	ment	_
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Per No N/A  Name of Registered Waste Hauler Unicorn Contracting Corp.  Name of Registered Waste Hauler Unicorn Contracting Corp.  City, State Woodland Park, New Jersey  Completed by  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Pipe Insulation  Amount (Specity SF or LF)  Per No N/A  Asbestos containing Pipe Insulation  190 LF  X  Name of Registered Landfill Fairless Hills Landfill City, State Woodland Park, New Jersey  Title  Signature  Date		S 299 2					D	vintion of				Ту	pe	_
Maintenance/ Custodial Staff? (12)  Yes No N/A  Basement  X Asbestos containing Pipe Insulation  Name of Registered Waste Hauler Unicorn Contracting Corp.  City, State  Woodland Park, New Jersey  Maintenance/ Custodial Staff? (12)  Yes No N/A  Asbestos containing Pipe Insulation  190 LF X  Name of Registered Landfill  Fairless Hills Landfill  City, State  Woodland Park, New Jersey  Completed by  Maintenance/ Custodial Staff? (12)  Surfacing, VAT, or other miscellaneous)  Asbestos containing Pipe Insulation  190 LF X  Name of Registered Landfill  Fairless Hills Landfill  City, State  Morrisville, PA  Signature  Date	26					Asbe			(ACM)	Amount				
Basement X Asbestos containing Pipe Insulation 190 LF X  Name of Registered Waste Hauler Unicorn Contracting Corp.  City, State Woodland Park, New Jersey  Title  Name of Registered Waste Hauler ID No. Disposal Date Title  Signature  Date	, Asi		0 00000			(i.	e. thermal s	ystems insula	ition,				En	_
Basement X Asbestos containing Pipe Insulation 190 LF X  Name of Registered Waste Hauler Unicorn Contracting Corp.  City, State Woodland Park, New Jersey  Title  Name of Registered Waste Hauler ID No. Disposal Date Title  Signature  Date		In Facility	Cust		aff?					SF or LF)	Ren	æ	caps	nclo
Basement X Asbestos containing Pipe Insulation 190 LF X  Name of Registered Waste Hauler Unicorn Contracting Corp.  City, State Woodland Park, New Jersey  Title  Name of Registered Waste Hauler ID No. Disposal Date Title  Signature  Date		(13)	- T		N//A		other m	iscellaneous)			nova	epai	ulate	Enclosure
Name of Registered Waste Hauler Unicorn Contracting Corp.  City, State Woodland Park, New Jersey  Title  NIDEP Waste Hauler ID No. Cubic Yards of Waste Name of Regustered Landfill Fairless Hills Landfill City, State Morrisville, PA  Signature  Date			Yes		N/A	A-1		nine Dine	Insulation	19015	_	+-	10	10
Unicorn Contracting Corp.  City, State  Woodland Park, New Jersey  Completed by  Title  Indicer Waste Hauler  Josephane Bairless Hills Landfill  City, State  Morrisville, PA  Signature  Date		Basement		Х	-	Aspesto	os contai	ming Pipe	IIIsulation	150 Li	1			
Unicorn Contracting Corp.  City, State  Woodland Park, New Jersey  Completed by  Title  Indicer Waste Hauler  Josephane Bairless Hills Landfill  City, State  Morrisville, PA  Signature  Date					-						+	-		
Unicorn Contracting Corp.  City, State  Woodland Park, New Jersey  Completed by  Title  Indicer Waste Hauler  Josephane Bairless Hills Landfill  City, State  Morrisville, PA  Signature  Date		The second second			-						+	+		-
Unicorn Contracting Corp.  City, State  Woodland Park, New Jersey  Completed by  Title  Indicer Waste Hauler  Josephane Bairless Hills Landfill  City, State  Morrisville, PA  Signature  Date					<u></u>			MANAGEMENT AND ADDRESS OF THE PARTY OF THE P			d 1 n = 12	30	_	_
City, State  Woodland Park, New Jersey  Completed by  Title  Disposal Date  City, State  Morrisville, PA  Date	Name of Regist	tered Waste Hauler				iler ID No.	A STANKEY	Yards of Wast	te	125.00				
Woodland Park, New Jersey  TBD  Morrisville, PA  Completed by  Signature  Date	Unicorn Co	ontracting Corp.		00358	344					1	andill			_
Completed by Title Signature Date	City, State							sal Date	1		v.			
Completed by Title Signature Date	Woodland	Park, New Jersey					TBD		_///	Morrisville, PA		_		-
			Title					Signature	////	//			200	0
Dimo Golcev General Manager 11/06/2018	Dimo Golc	ev	Gener	al Mar	nager			1/	1/11/	1	11	/06/	201	ŏ

Date of Notification (1)	0 4.25			Name of	Building C	hamor/C	nerator	(2)		2 2 4 3 5	15 6		12	1.	7
11/08/2018					경기를 하늘하기 위하는 전투 경기를			030000	NS, INC. C	/o. RP	C INC				
Agencies Notified	Type Notification			Street Ac						1	NO	v i	6 21	)18	
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DEP	Amended			100000	e, Zip Coo										2
☑ DOL	Amendment #		-	RAND	OLPH N	J. 078	869				$I = \lambda_{i,i+1}$		11.		i.i.
☑ DOH	justification)	ricidaling		Name of							hone Nur				
☐ DCA	Cancellation				EL J. R					973	366 14	00			
A1	No at a second to Table a	DI (2)		FACIL	ITY INFO	RMATI	ON	Tur	e of Facility (4)	`	72-07				-
Name of Facility Where A	Abatement is Taking	Place (3)	18					1 91							
								H	School (K-12 Subchapter 8		than K-1	21			
Street Address								×	Other (i.e. pri				lings,	home	s,
778 RT. 15									etc.)	# of F	looro	Тр	Ida A	70	
City (5)	CNI								uare Feet 6,547	# 01 F	1		ldg. A 98	ge	
LAKE HOPATCON	G NJ.			0 1 0	\!_ (7\			l .	rent Use (Prior	if boins		204)	30		
County (6) SUSSEX NJ. 07843	3			County C (STATE U	ise only)			Cui	rent Use (Prior N/A	ii being	g demonsi	ieu)			
Name of Monitoring Firm	Hired by Building C	Owner (8)	100	ASCM	No.				batement Conti			0 000 00			
EMPIRE ENVIRON	IMENTAL LTD						NOF	RTH	EAST ENV	IRONI	MENTA	L LLC	<b>;</b> .		
Street Address		-		1			Street	Add	ress						
435 MAIN RD. SUI	TE 200						1126	5 51	ST.						
City, State, Zip Code									Zip Code	U.O.I.C.	Δ				
TOWACO NJ.							NOF	RTH	BERGEN N	IJ. 070	)47				
Project Manager for Mon	itoring Firm			Telephor			Teleph				License N	lo.			
MICHAEL				973 - 3	34 - 554	41	201	776	- 0642		01300				
Start Date (10)		Schedule			Date (11)		12000000		SHA Monitor		41 I TD				
11/17/2018		11/18 /					EMF	PIRE	ENVIRON	MENI	ALLID				
Occupancy Status During	g Abatement (Chec	k Only On	e)				Street			000					
▼ Facility Closed/Vaca	ated During Entire F	Period of A	baten	nent			. 2 32		IN RD. SUIT	E 200					
Abatement Perform Other – Describe:	ed Outside of Norm	al Facility	Hours	5			1		Zip Code						
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Scope of Work (Check A	II That Apply)						-	7							
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≥160 sf or ≥260 lf			emoli	ion			Ė		Glovebag Proce	edure					
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Location	n of		lorma			De	scription	n of				-	Τ.,	T T	Г
Asbestos-Containing			d Sole		Asbest	tos Con	taining N I system	Mate	rial (ACM)		nount necify	7		En	П
TO BE AB		Cust		Staff?	(i.e.		cing, VA				or LF)	Remova	Repair	caps	ıclo
(13)			(12)			other	miscella	neou	s)			oval	air	Encapsulate	Enclosure
		Yes	No	N/A								_	-	0	
First Floor (B			х				loor Ti				SF.	X	-		
First Floor (Fi	ront entrance)		Х				loor Ti				3 Sf	X	-		
First Floor (H	vac system)		Х			F	lashin	g		75	SF.	X	-		
Name of Registered Was	eta Haular		N	JDEP W	laste	Cubic	Yards	-	Name of F	Reaister	ed Landfi		1		
			1000	Hauler ID		of Wa	iste		IESI BE				1		
NEWARK CARTIN	NG INC						3D				I ILIVI LA	יוו ור			
City, State	10000000000000000000000000000000000000					100	sal Date	е	City, State			4004	_		
NEWARK NJ. P.O	BOX.5670					ТВ			2335 BE	= I HLE			5		
Completed by		Title				1	Signatur	e/	Egonefi	and	//	ate	2044		
CARLOS ESQUIVE	L	SAFI	ETY	MANA	SER		_/		1 1	//	1	1/08/	2018		

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Date of Notification (1)	Y P	AI		NOT	TFICA (Pur	TION	te of New OF ASBE NJAC 8	Jersey STOS AB :60 and 12	ATEMENT	r		BI		n n	
Date of Notification (1)	11/4/	18			Nan	ne of Br	ilding Ov	mer/Opera	tor (2)	- #		NOV	16	2018	
Agencies Notified	Type Notific	ation			Stree	et Addre	(1/2)	Ko Sco	bus	1		1404		2010	31
D EPA D DEP D DOL	□ Initial □ Amend						Lip Code								1
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DOH DCA	justifica □ Cancella	tion) ition		1	Name	of Con	taci 11 G				Telep	hone Nu	mber		
Name of Facility Where Aba	tement is Tal-	na Di-	(2)	1	FA			MATION							
	D. f.	den	2 -				10		Туре о	Facility (4	+)				
Street Address		J.C.	7						□ Su	hool (K-12 behapter 8	(Other the	an K-12)			
(iy (5)	in that				1				Square F	her (i.e. pri	# of Flo			ngs, ho Bldg. A	
Ounty (6)	1 / Mes			10	County	Code (	7)		Current I	ise (Prior i			1	, r. 2010	
TTIAN F	ed by Building	Owner	(8)	16		USE ON	/L1)					iiioiished	)		
reet Address	-, -mining	- WHEE	0)		ASC	M No.		Namo	of Abateme	/11	1	1)		j	11
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y, State, Zip Code								/ \/     Circ S	2 Die Itate, Zip Co	2/1920	R:in	14/1/1	گ_		
ject Manager for Monitoring	Firm								도 나나!(		MIT	Cis	(:)	(	
	1 11111			Tel	lephone	e No.		Teleph	one No.		Lice	ense No.			
T Date (10)   )   9   / 8		1	uled Co	ompleti //	ion Dat	e(11)			7-3-16- FOSHA MO		=	0/0	12		
upancy Status During Abaten				1./	10			Street A	ddress						
Facility Closed/Vacated Du Abatement Performed Outsi Other – Describe:	ring Entire Per de of Normal	riod of A Facility	bateme Hours	ent				City, Sta	te. Zip Coda						
of Work (Check All That A	pply)														
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		1	Is Local	tion	T		•		Non-Exem	pted (*) an	d Non-Fria	able Proc	3000		
Location of the store of the st	(ACM)	Us	Norma cu Solo	lly ly by		A sham	Desc	ripuon of						temeni Type	
TO BE ABATED In Facility (13)		Cus	aintena todial S (12)	nce/ Staff?	(i	i.e. then	nai systen V	ning Mater is insulatio AT, or scellaneous	iai (ACM) n, surfacing	(	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
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OUTSIL				1		_5	iding			125	00	1	1		$\dashv$
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		-	i		-										
Registered Waste Hauler			NJI	DEP W	aste	10	Cubic Yard	is	Name	Pacin					
ME UC			Hat	uler ID 0847	No.		f Waste		LUM	Registered	Landfill				
DELATICE.	<u> </u>				8	D	isposal Da		City, Stat	e, 1/1, 1/2,	50	Pa			1
Jeph T Hill.	T	K R	Ed	ent.			Signat		11	1 ICL	Da		1/15	7	-
1			CVAIL T									11/7	110		

PAID

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

Clerk 18217

Date of Notification (1)	A-11-11-11-11-11-11-11-11-11-11-11-11-11	1 1	lama of Duile	dina Our - 10			heer	10	11	- (	
11/7/18			Name of Build Plymouth f	Rock Man	perato	ent Company	(2)	(A)	nana war N	11.	111
Agencies Notified Type Notific	ation		Street Addres		agenie	on Company		<u> </u>	u b	<u>. NJ</u>	
EPA   Initial		10.	P.O. Box 9	T							1
DEP Amend	ed	18	City, State, Zip	V-07774				VOV	1	2018	- 1
	ment #		incroft, N.				1 1 1 1	<b>VU</b> V		2010	; ;
≥ DOH	ency (including		lame of Cont				Tolophone	Niconala			- 1
DCA Cancel	ation	ŀ	Kurt Andar	iese		12	732-241			4.	
N. C. W.			FACILITY I	NFORMATIO	ON		102-241	-4239	1.4.2	1	W. 200.5
Name of Facility Where Abatement is T	Faking Place (3)	)				Type of Facility (4	.)				
1						School (K-12					
Street Address						Subchapter 8	(Other than	K-12)			
						X Other (i.e. pr	ivate & comm	ercial b	uilding	s, hon	nes,
City (5)						etc.) Square Feet	# of Floors		Bldg.	۸۵۵	
East Brunswick						1900	2		70	Age	
County (6)		C	ounty Code (	7)		Current Use (Prior	_	oliehod)			
Middlesex		(S	TATE USE ON	VLY)		home	ii boilig dolli	onsi ieu)			
Name of Monitoring Firm Hired by Build	ling Owner (8)		ASCM No.	T	Name	of Abatement Contr	ractor (9)				
						Environmental		LC			
Street Address						Address					
					POE	3ox 483, 4 E Ga	te Drive				
City, State, Zip Code						ate, Zip Code		-			
						wood, NJ 0741	8				
Project Manager for Monitoring Firm		Te	lephone No.			one No.	Licens	e No			
					973-7	764-2276	703	C 140.			
Start Date (10)	Scheduled	Compl	etion Date (1	1)	Name o	of OSHA Monitor					
11/16/18	11/26/19										
Occupancy Status During Abatement (C	22 23	53			Street /	Address					
Facility Closed/Vacated During En	ire Period of Ab	atemen	it								
Abatement Performed Outside of N  Other – Describe: basement	lormal Facility F	Hours			City, St	ate, Zip Code					
				_							
Scope of Work (Check All That Apply)											
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	Part of the last o	novation			×	Full Containmen	t with Negativ	o Droce	uro		
2 100 SI 01 2200 IF	☐ Der	molition			Н	Mini-Enclosure		011633	uie		
					H	Glovebag Proced Non-Exempted (	dure *\ and Non Er	iabla Da		8121	
	ls I c	ocation				Tron-Exempled (	) and Non-Fr	lable Pr		re emen	
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Asbestos-Containing Material (ACM)		Solely benance		estos Contai	ription o nina Ma	ot aterial (ACM)	Amount		1	1	
TO BE ABATED In Facility		ial Staf	l Gi	e. thermal sy	/stems	insulation,	(Specify	R	71	Enc	m
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	Yes	No I	N/A		J = G170			val	#	Encapsulate	Enclosure
hanamari	163	1	N/A		7007					O.	050
basement			X	floc	or tile		300 SF	x			
								-	-		
		-									
Name of Registered Waste Hauler		T NUIS	- D W - :	10							
			P Waste er ID No.	Cubic Ya of Waste		Name of Re	gistered Land	fill			7000
Tonys Cleanuup & Hauling		1778		TBD		Chrin Bro	thers Sanit	ary La	ndfill		
City, State				Disposal	Date	City, State					
Bridgewater NJ				TBD	1045175	Easton PA	A				
Completed by	Title				ature			Date			
A. Scott Higgins	Preside	ent				a-	1.50	11/7/1	8		
						11-	Lancate III I		_		111

### CVSS67 PAID

		TARREST CONTRACT							hard a				- 11
Date of Notification (1	11/08/20	18			of Building Ov Technical Ser		erator (2)			NOV	16	2018	12.1
Agencies Notified	Notification			Street	Address outh Brandywi					1101			11-
(X) EPA ( ) DEP (X) DOL	( ) Initial No (X) Amende Amendr	ed		City, S	tate, Zip Code	9			7				1
(X) DOH ( ) DCA	( ) Emerger justificat ( ) Cancella	ncy (inclution)	iding	Name Rob Ha	of Contact aly					Tel. No (610)6			
	1 ( ) σαιτοσιιο			FACILI	TY INFORMA	TION							
Name of Facility Whe Former Drew Chemic		t is Takin	g Place	(3)				f Facility	00000				
Street Address 1000 Harrison Ave							(X) Oth	ochapte ner (i.e. mes, et	r 8 (other private & c.	than K- comme	-12) ercial b	uilding	s,
City (5) Kearny, NJ 07032							Square	Feet	# of	Floors	BI	dg. Ag	е
County (6) Hudson				County USE O	Code (7) (ST NLY)	ATE	Curren	t Use (F	Prior if bei	ing dem	olishe	d)	
Name of Monitoring I	irm Hired by	Blda. Ow	ner	ASCM	No.	Name	of Contra	actor (9)	)				
						100 000			SERVIC	ES, LLO	0		
Street Address							Address						
									South - Si	uite #3			
City, State, Zip Code						City St	ate, Zip	Code					
		1 = 1		Lucalesa			IJ 07644			Licens	o Nun	hor	
Project Manager for (8)	vionitoring Fir	m Tele	phone N	number		0.0000000000000000000000000000000000000	one Nun 85-9791	inei		01191		ibei	
Scheduled Start Date 11/10/20		Sch		Completi 1/22/201	on Date (11) 19	Name	of OSHA	Monito	r				
Occupancy Status D	uring Abatem	ent (Ched	ck only o	one)		Street	Address						
(X) Facility Closed/V ( ) Abatement Performance ( ) Other – Describe	med Outside				ent	City, S	tate, Zip	Code					
Source of Work (Che		oly)				/ \ E	II Contoir	nmont u	ith Noga	tivo Dro	ceura		
$(X) \ge 3 \text{ sf or } \ge 3 \text{ lf}$ $(X) \ge 160 \text{ sf or } \ge 260$	lf		) Renova Demoli			( ) Mi	ni-Enclos	sure Procedu	vith Negat			dura	
		T				(X) NO	n-Exem	pted ( )	and Non-			ment 7	vpe
Location Asbestos-Containi (ACM) TO BE ABA in Facilit	ng Material TED	Use Ma	ation No ed Solel aintenan dial Stat	y by ce/	Containing I thermal sy surfacing	stems in	(ACM) (i. sulation, or other		Amount (Specify SF or LF)	Z		Encapsulate	
(13)		Yes	No	N/A								Œ	
Tank Farm & Pipe B	ridge Area		Х		Cone	Felt Mat	erial		100 SF		X		
Name of Reg. Waste Cid Construction Se		NJD		te Haule	r ID Cubic	Yards of TBD	Waste		of Reg. L		ndfill		
City, State Garfield, NJ					Dispos	al Date TBD	1.2	City, S Melvill	tate				
Completed by Roque G Schipilliti	Title	Project	Manage	r	Signature	CG				Date	11/08	3/2018	1. <del>(1. )</del>



CK# 8251

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Street Address	Ċ					Oth	er (i.e. pri	vate & commercia	buildin	gs, h	omes,	.
						Square I		# of Floors	Bldg	g. Age	3	$\neg$
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Barrington		TO	ounty Co	rde (7)				if being demolish	ed)	Α.		
county (6) Camden		(S	TATEUS	EONLY) _				tial - vo	ICa	nt		
Name of Monitoring Firm Hired by Building Own	ner (8)	-	ASCM	No.	1	Name of Abater	nent Cont	ractor (9)		5000		
Quality Environmental Concepts	ici (c)	1	None		1	Quality Envi	ronment	al Concepts				
Street Address						Street Address						
1053 North Tuckahoe Road						1053 North		e Road				
City, State, Zip Code						City, State, Zip	Code					
Williamstown, New Jersey 08094						Williamstow	n, New	Jersey 08094				
Project Manager for Monitoring Firm			elephon			Telephone No.		License No 01086	0.			
Edward Knorr				9-1166		856-629-11		01000				
Otal Date (10)	cheduled			late (11)		Name of OSHA		tal Concepts				
11-16-2018		2 7	7-6	1018				tai concepto				
Occupancy Status During, Abatement (Check C						Street Address 1053 North		ne Road				
Facility Closed/Vacated During Entire Per	iod of At	ateme	ent			City, State, Zip						
Abatement Performed Outside of Normal Other – Describe:	racuity r	10815			_			Jersey 08094				
						111111111111111111111111111111111111111						
Scope of Work (Check All That Apply)	F1001	_			,,	Пъ	Containme	ent with Negative F	Pressur	e		- 00
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2100 St 01 2200 ii			7.7.7	3		Glov	ebag Prod	cedure i (*) and Non-Frial	ale Proc	edin	9	
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		ocationally								Ту	pe	-
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In Facility	5 100 TO THE RESIDENCE OF THE RESIDENCE	odial S (12)	idir?			acing, VAT, or miscellaneous)		SF or LF)	Removal	Repair	psul	Enclosure
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	Yes	No	NA						1	-	-	-
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				Ther	mal	cloth in	culation	n "14 SF	X			
				USTQ				31 1 21	1			
Name of Pagistand Masta Unifor		1 N	JDEP V		*	c Yards		Registered Landf	II .	1.	1	1
Name of Registered Waste Hauler		H	lauler ID		of W	aste _ ı	Sale	m County	Soli	du	)GS	IE
Quality Environmental Concepts		[19	9710	1	4cy	Zcyd	6 5 5 5	IULLA	1			
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Williamstown, New Jersey						BD	141	· · · · · ·				
Completed by	Title	Droo!	dont	<del>(</del> ))		Signature Columnia	12		ate 	76-	-12	ξ.
Edward Knorr	Vice	riesi	UCIIL			College	MISH	our	0 1 1	رس	p 6	4

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Date of Notification (1) 11/9/18				uilding Owr Hill Board	ner/Operator I of Ed	(2)		NOV	1 6 20	18		*
Agencies Notified Type Notification			eet Addr Rano		ace PO Bo	ox 501	5					
EPA   Minitial   Amended   Amendment #_				Zip Code Hill NJ 08	8034		\$ Z	* ***		5.0	2050	
	uding	1	me of C					Telephone No. 856-341-6				
			FACILIT	TY INFOR	MATION							_
Name of Facility Where Abatement is Taking P Building & Grounds Dept Building Street Address	lace (3)						of Facility (4) school (K-12) subchapter 8	(Other than K-	·12)	nae h	omes	
1157 Marlkress Road							otner (i.e. priv etc.)	vate & commer	Clai Dullui	ngo, i	ioiiioo	
City (5) Cherry Hill NJ 08003						Squar 1000	e Feet )+	# of Floors 2	100	ig. Ag 5+	е	
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Name of Monitoring Firm Hired by Building Ow	ner (8)	1	ASCM N	No.	1	of Abai	tement Contr	actor (9)				
Street Address					Stree	t Addres	SS					
1253 N Church Street					1	Box 3						
City, State, Zip Code							ip Code in NJ 0809	91				
Moorestown NJ 08057		T	elephone	e No.		hone N		License	No.			
Project Manager for Monitoring Firm Jim Guilardi	12			4-1683	100000	-753-9		0072	7			
Start Date (10)	cheduled (11/30/18)	Section 1984	oletion D	ate (11)	Nam-		HA Monitor					
Occupancy Status During Abatement (Check	Only One)				Stree	t Addre	SS					
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	riod of Aba I Facility H	ateme ours	ent		City,	State, Z	ip Code					
Scope of Work (Check All That Apply)												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Designation 1	novati				- Mi	ini-Enclosure				e	
		-	- T			140	SII-EXCITIPATO	( ) a.i.a. i i i i i			ement	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)	No Used Main Custo	tenan dial S (12)	y by ince/		Description Containing thermal syste surfacing, other miscel	Materia ms insu /AT, or	lation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		Floor tile	only		735 SF	х	1		
1st Floor maintenance office	-		X		Floor Tile			732 SF		1		
Basement storage	-		X		Floor Tile			130 SF	x	-	1	
basement hallway	-		X		FIOOI THE	Offiny		100 01				
Name of Registered Waste Hauler		100	JDEP W		Cubic Yard	s	1.0000000000000000000000000000000000000	Registered La	ndfill			
United Roll Off		1000	lauler ID 2459	No.	of Waste 5		G.R.O					
City, State Elm NJ					Disposal D 11/30/18		City, Sta Morris	te ville PA 190				
Completed by	Title Presi	dent			Signa	ture			Date 11/9/	18		
Anthony T Perna	1 1031	30110	1					Carlos de e del Huara de mande de monte de				

#### NOTIFICATION OF ASBESTOS ABATEMENT Check#3205 (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Date of Notification (1) 09 18 11 Aida Bascope Street Address Type Notification Agencies Notified M Initial ☐ EPA DOLWD. Amended City, State, Zip Code Amendment # X DHSS Garfield, NJ 07026 ☐ Emergency (including ☐ DCA Telephone Number Name of Contact (NJAC 5:23-8) justification) 7 Cancellation Aida Bascope FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Private house Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, homes, etc.) # of Floors Bldg. Age Square Feet City (5) Garfield, NJ 07026 County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) County (6) Bergen 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 License No. Project Manager for Monitoring Firm Telephone No. Telephone No 01127 973-638-1777 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) 11 / 19 18 11 / Envirovision Consultants, Inc Street Address Occupancy Status During Abatement (Check only one) ☐ 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 PM/ Time of Abatement: Fair Lawn, NJ 07410 Clean up and decontamination with negative pressure Scope of Work (Check all that apply) Full Containment with Negative Pressure >3 sf or >3 lf 2 160 sf or 260 lf Mini-Enclosure Renovation Glovebag Procedure Tent with Negative Pressure Demolition Non-Exempted (\*) and Non-Friable Procedure Abatement Type Is Location Normaliv Description of Repair Location of Encapsulate Enclosure Remova Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ (Specify (i.e., thermal systems insulation, TO BE ABATED Custodial Staff? surfacing, VAT, or SIF or LF) IN Facility (12)(13)other miscellaneous) Yes No N/A X X 50 LF Pipe insulation Basement-boiler room X X 50 SF Boiler insulation Basement-boiler room NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Name of Registered Waste Hauler 0033785 TBD T.R.R.F. Inc Gr Tech LLC Disposal Date City. State City, State TBD Tullytown, PA Wayne, NJ 07470 Signature Date Completed By (Print or Type) Title ewic Wenad 11/09/18 Owner N.Jevtic

State of New Jersey

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ainfield, NJ 07060			C	ounty C	ode (7) (STATE USE ON	LY)	Curre	nt Use (Pric	r if bein	ng den	nolishe	ed)			
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Project Manager for Mor	nitoring Firm	T	eleph	one No	. Telephone N	10.					0.				
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### CK7134

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Date of Notification (1) 11/9/18					of Building I Bonhar		Operato	r (2)			NOV 1	6 20	18	# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Agencies Notified	Type Notification			Street A	Address							-		+	,
X EPA	✓ Initial									n Seets	181	B 10 0			
DEP	Initial Amended		ŀ	City, St	ate, Zip Co	ode				1 -		31.5.31	100		
DOL	Amendment				ton NJ 0					n an	Pari.				
⊠ DOH	Emergency justification)		1		of Contact					Tol	ephone N	umbor			
☑ DOH DCA	Cancellation		8		McCarty					161	ebijone M	uniber			
					ILITY INFO		ION								
Name of Facility Where	Abatement is Takir	g Place (3	3)	1710		J.C.	ION	Type	of Facility (4	1)					
David Bonham															
Street Address									School (K-1) Subchapter		er than K-	12)			
									Other (i.e. p.	rivate	& commer	cial bui	Idings	, hom	es,
City (5)								Carre	etc.)	14.	£ []		21.1		
Bridgton NJ 08302								100	are Feet	-22	f Floors		Bldg.	Age	
County (6)				Country	Codo (7)					2			35+		
Cumberland					Code (7) USE ONLY	)		6577	ent Use (Pric	r if bei	ng demoli	shed)			
Name of Monitoring Firm	Hirad by Puilding	Ourner (9)		1 4004	4 11-		T	1000	use						
Ivaline of Worldoning Film	Tilled by Building	Owner (6)	)	ASC	VI NO.				atement Con	tractor	(9)				
Street Address								naco							
Street Address								Addre							
City Chata 7ia Oada								Box 3							
City, State, Zip Code									ip Code	-11.41					
D : (1)									lin NJ 080	91					
Project Manager for Mon	itoring Firm			Telepho	ne No.		Telepi				License	No.			
							856-	-753-	9800		00727				
Start Date (10)				npletion	Date (11)		THE PERSON NAMED		HA Monitor				222		
11/20/18		11/30/					Sam	ne							
Occupancy Status During	Abatement (Chec	k Only Or	ne)				Street	Addre	ss						
X Facility Closed/Vaca	ated During Entire I	Period of A	Abaten	nent											
Abatement Performer Other – Describe:	ed Outside of Norn	nal Facility	/ Hours	S			City, S	state, Z	ip Code						
_						_									
Scope of Work (Check Al	l That Apply)									- 2007			1		
≥3 sf or ≥3 lf		□ F	Renova	ation				Fu	II Containme	nt with	Negative	Pressi	ıre		
≥160 sf or ≥260 If		$\times$	Demoli	tion			-	Mi	ni-Enclosure		9				
							×	Glo	ovebag Proc n-Exempted	edure	d Non-Eric	hlo Dr	ocodu	ro	
		T		•				140	II-Exempted	( ) ain	11011-1116	DIE FIL	-220-0-0-0	emen	t
Parasa paras		0.00	Locat Vorma					17924						уре	
Location Asbestos-Containing		Use	d Sole	ly by	Ashest		scription		I (ACM)	Δ	mount				
TO BE ABA	TED	23077	intena todial s	510000000			system				pecify	ZD.	77	Encapsulate	E E
In Facili (13)	ty	Ous	(12)	Jian :			cing, VA			SF	or LF)	Remova	Repair	aps	Enclosure
(13)				1		other n	niscellar	ieous)				\va	=	ulat	sure
		Yes	No	N/A										е	
Exterior S	iding			×		Exter	rior Sic	ding		30	00 SF	x			
												-	-		
		-										_	-	-	
Name of Registered Was	te Hauler		500	JDEP W	17.17.17.17.17.17.17.17.17.17.17.17.17.1	Cubic	Yards		Name of R	egiste	red Landf	ill	1		-
United Roll Off			1100	lauler ID	No.	of Was	ste		Cumber	NO 2005			ill		
			_   2	2459		10					County	Lanul	111		
City, State						177	sal Date		City, State						
Elm NJ						11/30	)/18		Millville	NJ 08	3095				
Completed by		Title			and the same of	S	ignature	3		ANGEL ST		ate			
Anthony T Perna		Pres	ident			1	R		to the second contract of the second contract		_   1	1/9/1	8		

L 1000 A L	_M_MU/	,					,		NOV	16	2018		17	A TOTAL
Date of Notification (1) 11-2-2018				of Building efeller G		Operato	r (2)	2 2 2	110-7		-2010			1
Agencies Notified Type Notificati	on			Address Avenue	of Ame	ericas		i						ı
DEP Amended  DOL Amended	ent #			ate, Zip C York, N							0 1111			
Emergen justificatio  DCA Cancellat		9	Name o	of Contact Borner	re S				The second second	none Nu 634-89				
- Sancella				ILITY INF		ION			373-0	334-03	73			
Name of Facility Where Abatement is Ta Commercial	king Place (	3)	1710		ORMATI	ION	Тур	pe of Facility (4)						
Street Address 1427-1429 Willow Avenue							×	School (K-12 Subchapter 8 Other (i.e. pri etc.)	(Other t			dings	, hom	es,
City (5) Hoboken, NJ 07030							100,000	uare Feet 000	# of Flo	oors		3ldg. /	\ge	
County (6) Hudson				Code (7) USE ONLY	·		Cur	rent Use (Prior	if being	demolis	ned)			
Name of Monitoring Firm Hired by Buildin	g Owner (8	)	ASC	M No.				patement Contr nvironmenta			C			
Street Address						Street	Addr			000, Et				
City, State, Zip Code						City, S	State,	Zip Code						
Project Manager for Monitoring Firm			Telepho	ne No.		Telepi	hone		Li	cense N	0.			
Start Date (10) 11-12-2018	Schedu	ed Con	npletion	Date (11)		Name	of OS	SHA Monitor		1174	V274230			
Occupancy Status During Abatement (Ch	11-14-							nvironmenta	Service	ces, LL	.C			
Facility Closed/Vacated During Entire Abatement Performed Outside of No	e Period of	Abaten	nent				Virgi	nia Avenue						
Other – Describe:	ormai Facilit	y Hours						Zip Code ity, NJ 0730	14					
Scope of Work (Check All That Apply)	_						_							
≥3 sf or ≥3 lf  x ≥160 sf or ≥260 lf	-	Renova Demolit				×	- M G	ull Containmen lini-Enclosure lovebag Proce on-Exempted (	dure					
	Is	Locati	on					on Exempted (	) and ivi	on-i nab	16 110	and the same of the same	ement	i
Location of		Normal	ly		Des	scription	n of					Ty	ре	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	ed Sole intenar todial S (12)	nce/	Asbes (i.e.	thermal surface	aining M systems cing, VA niscellar	s insu T, or		Amou (Spec SF or	cify	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										ē	
Roof		Х			Dus	t Cont	trol		4750	SF	X			
No.														
Name of Registered Waste Hauler Green Environmental Services, LI	_C	Н	JDEP W auler ID 034889	No.	Cubic of Was 60		A	Name of Re Fairless L	-	Landfill				
City, State Jersey City, NJ 07304					Dispos 11-2-2	al Date 2018		City, State Morrisville	e, PA		<del>111 1</del>			
Completed by Liliana Serrano	Title Offic	e Mar	nager		S	ignature	()	1 Peri	, ) ,	Da 11	te -2-2(	018		

Check No. 5446

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Date of Notification (1)					7.1010.000.0		ing Owner/Operato	0.000000000	机厚角	完 ?	TK C		1	
October 29, 2018							Dept. of Treasu	iry, Div. of Pro	perty Manager	nent &	Cons	tru	cti	on
	Type N	otification				et Address	ate Street			4				
	☐ Initia				Usern 20	, State, Zip			NOV	16	2018		1	11
DOL Nationing in State 1991 (1990)	M Ame Ame	endment # <b>01</b>					J 08625	1						
		rgency (includi	ng			ne of Conta			Telephone Nu	mhor		- 1-		
☑ DOH ☐ DCA		fication) cellation			N 10/10/2005	1) 499-1			201-499-11		4			
		oonation .							201-495-1	134		- 10	T.H.	-
Name of Facility Where Ab	antomo	at is Takina Dis	22 /2	1	FA	CILITY IN	FORMATION	T = 75 100	740			_		
A STATE OF THE STA	Jateme	nt is Taking Pla	ce (3	)				Type of Facility	(4)					
Tramburg Building Street Address								School (K-12		0)				
	٠.							☐ Subchapter	8 (Other than K-1 rivate & commerc	2) ial buildii	nas.			
99 West Burlington	Stree	PT						homes, etc.						
City (5)	120.021.0							Square Feet	# of Floors	Bldg	. Age			
Bordentown Towns	hip							39,677	2	53	+/-			
County (6)							7) (STATE USE	Current Use (P	rlor if being demo	lished)				
Burlington					ONL	1)		Business C	Froup B					
Name of Monitoring Firm F			r	ASCN	ΛNo.		Name of Abater	ment Contractor (	9)					
Environmental Con	nectio	on, Inc.		000	30		B&N&K Res	storation Co.,	Inc.					
Street Address							Street Address							1
120 North Warren S	treet						223 Randol							3
City, State, Zip Code						3,1-2,3-3	City, State, Zip (	Code						
Trenton, NJ 08608							Clifton, NJ	07011						
Project Manager for Monito	oring Fi	rm	T	elepho	ne No	).	Telephone No.		License No.					
Roland C. Jones			_	609-3			973-478-468		00120					
Start Date (10)		Scheduled Co				1)	Name of OSHA							
November 08, 2018		December			3			vironmental S	Services, L.L.	.C.				
Occupancy Status During	Abatem	ent (Check only	one	)			Street Address							
☐ Facility Closed/Vacated	During	Entire Period o	f Aba	atemen	t			Brook Avenue	)					
☐ Abatement Performed O ☐ Other - Describe: Non	utside	of Normal Facili	ty Ho	ours			City, State, Zip 0							
Scope of Work (Check all t			VOI	Λ			Lyndhurst,	NJ 07071						-
	nat app							Containment with	Negative Pressu	re				
$\boxtimes \ge 3 \text{ sf or } \ge 3 \text{ If}$ $\square \ge 160 \text{ sf or } \ge 260 \text{ If}$						enovation emolition		Enclosure ebag Procedure						
					(m) 58		⊠ Non-	-Exempted (*) and	l Non-Friable Pro	cedure				
			1:	s Locat	tion						1000000000	aten		t
Location	of			Norma			Description	of			$\vdash$	Тур	e T	
Asbestos-Containing	Materia	I (ACM)		ed Sole aintena		Asbe	stos Containing M	aterial (ACM)	Amount			0	п	m
TO BE ABA				Custod		(i.e	e., thermal systems surfacing, VAT		(Specify SF or LF)		Removal	Elicabsulate		Enclosure
(13)	L.y			Staff' (12)			other miscellane		SF OF LF)	1	Remova	Sul		osur
		-		1/	-						a	ale	1	9
Dark Carden Library			Yes	No	N/A	/						4	4	
Roof Control Joint			_	<b>—</b>	$\perp \times$	Caul				10 In fi		1	4	_
First Floor Main Ent	rance	)		X		Wind	low Glazing			15 In fi	X	1		
			-											
Name of Registered Waste			111111111111111111111111111111111111111	JDEP \ No.	Waste	Hauler	Cubic Yards of Waste	Name of Regis	tered Landfill					
B&N&K Restoration Tri-State Transfer A				2695	/ 2A	456	vvaste 1	Minerva Fr	nterprises, In	c.				
City, State	33001	ates, IIIC.					Disposal Date	City, State						
Clifton, NJ 07011 / B	Bronx	. NY					11/08/2018 -	Waynesbu	ra OH					
Completed by	7	Title					12/31/2018 Signature	/ / / / /	. 9, 0.1	Date				-
G Roger Woodman		Project Ma	nac	ior				//		44101	2040			

NOCK				N OF ASB t to NJAC						5.	ù 13 )	- 11 -		
Date of Notification (1) 11/8/2018			Name of	of Building POR	Owner/	Operato	r (2)			NO	v 1	6 2	018	
Agencies Notified Type Notification    X   EPA				Address SUPOR E	BOULE	EVARD	), BUI	LDING #	11				010	1
DEP X Amended Amendmen				ate, Zip Co RISON, I		)29			2 4		2			V.
□ Emergency justification     □ DCA Cancellation	-	'		of Contact K A. TRI	ANO					ephone N 3-481-2				
			FAC	ILITY INFO	ORMAT	ION								- J. Brand
Name of Facility Where Abatement is Takir BUILDING #2	g Place (	3)						of Facility School (K-	12)		99885 S			
Street Address 1000 FRANK E. ROGERS BOULE	VARD						×	Subchapte Other (i.e. etc.)				ildings	, home	es,
City (5) HARRISON							Squa	re Feet	# of	Floors		Bldg. /	Age	
County (6) HUDSON				Code (7) USE ONLY	)		Curre	ent Use (Pr	ior if beir	ng demoli	shed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8	)	ASCI	M No.				itement Co OTHERS		3 - 73	NG			
Street Address							Addre	ss _AND AV	'ENUE					
City, State, Zip Code								ip Code , NJ 075	12					
Project Manager for Monitoring Firm			Telepho	one No.			hone N -956-8			License 00494	No.			
Start Date (10) 10/8/2018	Schedul 12/21/		npletion	Date (11)				HA Monitor S (9) ABC						
Occupancy Status During Abatement (Chec	k Only O	ne)				Street	Addre	ss						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: VACANT						City, S	State, Z	ip Code						
			- 1100 1 9											
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	-	Renova Demolit				>	Mir Glo	II Containm ni-Enclosur ovebag Pro n-Exempte	e cedure				e	
	Is	s Locat	ion										ement	
Location of		Normal				scription					-		/pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cus	aintena todial s (12)	nce/		thermal surfa	taining M I system icing, VA miscellar	s insula T, or		(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A							0			Ф	
ROOF	-	X		METAL	COR	REGA <sup>*</sup>	TED F	PANELS	150,	000 SF	X			
										300				
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING	3	H	IJDEP W lauler ID 8743		of Wa			0.0000000000000000000000000000000000000		red Landf IAGEM		G.R.C	).W.S	S.
City, State TOTOWA, NJ					Dispo	sal Date 1/2018		City, Stat		.E, PA				
Completed by VIVECA RAMOS	Title PRO	JECT	COO	RDINAT		Signature	rec	ata	Mr		ate 1/8/2	018		

Date of Notification (1) 9/28/2018				Name of Building Owner/Operator (2) J. SUPOR												
Agencies Notified Type Notification				Street Address 500 SUPOR BOULEVARD, BUILDING #11												
EPA DEP  DOL	Initial Amended Amendmer			City, State, Zip Code HARRISON, NJ 07029				), BUILDING	#11	1	, pa		#4 #4	- 1		
DOH DCA	Emergency (including justification) Cancellation			Name of Contact MARK A. TRIANO					Telephone Number 973-481-2600							
Name of Facility Where Abatement is Taking Place (3)					CILITY IN	FORMAT	TION									
BUILDING #2	Abatement is Taki	ng Place (	3)					Type of Facility								
Street Address 1000 FRANK E. ROGERS BOULEVARD							School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)									
City (5) HARRISON								Square Feet	# 0	of Floors	Bldg. Age					
County (6) HUDSON				County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) N/A								e of Abatement Contractor (9) O BROTHERS CONTRACTING								
Street Address				Street				t Address /REELAND AVENUE								
City, State, Zip Code					City, State, Zip Code TOTOWA, NJ 0											
Project Manager for Monitoring Firm				Telephone No.			Telephone No. 973-956-8700			License No. 00494						
Start Date (10) Scheduled Co 10/8/2018 11/9/2018				mpletion Date (11)			Name	me of OSHA Monitor AME AS (9) ABOVE								
Occupancy Status During Abatement (Check Only One)								et Address								
Facility Closed/Vacated During Entire Period of Abatem Abatement Performed Outside of Normal Facility Hours Other – Describe: VACANT							City, S	State, Zip Code								
Scope of Work (Check Al			- C C													
≥3 sf or ≥3 lf   X Renova   X ≥160 sf or ≥260 lf   Demoli				ion				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
Is Loc				tion				- Hon Exompte	, a ( ) an	Abateme				t		
Location of			lormal d Sole				scription of					Туре				
Asbestos-Containing I <u>TO BE ABA</u> In Facilit (13)	Mai Custo	ntenar odial S (12)	nce/ Staff?	Asbes (i.e.	thermal surface	aining M systems cing, VA niscellan			Amount (Specify SF or LF)		Repair	Encapsulate	Enclosure			
ROOF		Yes	No X	N/A	METAL CORREGATION			ED PANELS	150,	000 SF	X		w			
Name of Registered Wast	e Hauler		N	JDEP W	/aste	Cubic '	Varde	Name of	Pagista	red Landfill						
TWO BROTHERS CONTRACTING			auler ID No. of W 9743 2,00			ste			IAGEMEI	NT G	.R.C	.W.S	5.			
City, State TOTOWA, NJ					Disposal Date 11/9/2018				City, State MORRISVILLE, PA							
Completed by Title VIVECA RAMOS PROJECT			ECT	COOF	COORDINATOR Signature						Date 9/28/2018					

Check#3206	PATO		(Pu	rsu	ant t	o NJAC	8:60 a	nd 5:16	)		يناقليا			- 1 - 1	귀.
Date of Notification (1)				Na	me of	Building (	)wner/O	perator (2	)					100	
11		88		Eli	zabeth	ı Viviani	i				NOV	162	018		
Agencies Notified	Type Notification	n		Str	eet Ad	dress									
☐ EPA										8	Agricultura in a				
□ DOLWD	Amended	1		Cit	y, Stat	e, Zip Co	de							1.55	
□ DHSS     □ DASS     □	Amendment  Emergency (			Be	llevill	e, NJ 07	109			29				(=1) 5.5	
DCA (NJAC 5:23-8)	justification)			Na	ame of	Contact					Telephone Num	ber			
(1.0.10 0.20 1)	☐ Cancellation			Eli	zabetl	n Vivian	i								
					FACIL	ITY INF	ORMA	TION							
Name of Facility When	e Abatement is Tak	ing Place	(3)						Ту	pe of Facility (4)	)				
Private house										School (K-12)	Other than K-1 2	2)			
Street Address				00.7					×	Other (i.e., priv	ate and comme	rcial bu	Iding	s,	
										homes, etc.)					
City (5)			0 10 10						Sc	uare Feet	# of Floors	Ble	dg. Ag	je	
Belleville, NJ 07109	)					ne someone au A						. , . ,			
County (6)				T	County	Code (7) (	STATE U	SE ONLY)	Ci	urrent Use (Prio	r if being demol	isnea)			
Essex									_	2 (0)					-
Name of Monitoring F	irm Hired by Buildin	g Owner	(8)	AS	CM No	S.O.			ent	Contractor (9)					
							Gr Tec					-		<u> </u>	-
Street Address								Address		2					
								illey Rd # tate, Zip C							$\overline{}$
City, State, Zip Code										•					
			TTO	lonh	none N		-	, NJ 074 one No.	70		License No.				
Project Manager for I	Monitoring Firm		16	iehi	IUHE IV	0.	12.50	8-1777			01127				
Otat Data (10)	Sc	heduled (	omp	letic	n Date	(11)		of OSHA	Mor	nitor	10.1-				
Start Date (10) 11 / 19		11								ultants,Inc					
								Address	0113	ultants, nic					
Occupancy Status D	uring Abatement (Ci	Period o	f Aba	tem	ent				v R	oad, Bldg .# 3	55E				
Abatement Perfor	med Outside of Nor	mal Facili	ty Ho	urs	- Desc	ribe	City, S	tate, Zip	Cod	e					
Time of Abateme	nt:AM	PM/	P	M		M		awn NI	074	110					
Scope of Work (Che	ck all that apply)							Clean	up a	and decontamin	ation with negat	ive pres	sure		
The second second		<b>5</b> 3 n		aki a			-	4.41 1 1-	1010	inment with Neg sure					
>3 sf or >3 lf > 160 sf or >260 l	f	A	enov emol	ition	1		X	Clayob	200	Drocedure T	Tent with Negat	ive Pres	sure		
								Non-Ex	cem	pted (*) and No	n-Friable Proce		hotor	nent T	Type
			Is Lo				_	escription	o o f			-		T	1
	ation of ning Material (ACM)	U	sed S			Asbe				rial (ACM)	Amount	Kemova	Repair	Encapsulate	Enclosure
	ABATED	I N	lainte Istodi			(i.e	e., therm	al system	s in	sulation,	(Specify SIF or LF)	VOL	air	psu	osur
	Facility (13)			12)	itan:			facing, VA r miscellar			011 01 21 7	1 2		late	6
3	(10)	Ye	s I N	No.	N/A										
			T	1	$\boxtimes$	Pipe ins	sulation				80 LF	Σ			
Basement			+	7		i ipo me						Г	1	1	
		ᆜᆜ	4		느							1	1	1 -	П
			L		<u> </u>								7 -		
				]			Singuise and					L	<u> </u>		
Name of Registered	d Waste Hauler			NJD	EP Wasti	Hauler ID N	o. Cubic	Yards of W	aste	Name of Regi	stered Landfill				
Gr Tech LLC				0	03378	35	Т	BD		T.R.R.F. Inc					
City, State							Dispo	sal Date		City, State					
Wayne, NJ 07470							Т	BD		Tullytown, P	PA .				
Completed By (Prin		Title		-				Signature	/,	1	1	Date			
	200 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Owner							11	ente Wen	ad	11/09	18		
N.Jevtic		I WILLIAM		10000					11			and the second second			

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Date of Notification (1) 11/09/2018/				f Building 0 Caputo	Owner/	Operator	(2)		ļ		NOV	<del>/ - 1</del>	-0	2018	į.
Agencies Notified Type Notification			Street A	ddress						7/3	1	4.7			1 94
X				ate, Zip Coo e, NJ 074					**		i.	5/4	Vi i i	1	- 12 
DOH Emergency ( justification)  Cancellation	including	- 1		f Contact Caputo					Tele	ephone	Numi	oer			
			FACI	LITY INFO	RMAT	ION									
Name of Facility Where Abatement is Taking House	g Place (3)	)					Francis .	of Facility (4 School (K-1)	16.77 2000						
Street Address							×	Subchapter Other (i.e. poetc.)	8 (Othe			build	lings,	home	es,
City (5) Wayne								re Feet	# of N/A	Floors		2.000	ldg. A	ge	
County (6) Passaic				Code (7) USE ONLY)			Curre	ent Use (Prio se	r if bei	ng demo	olishe	d)			
Name of Monitoring Firm Hired by Building $NA$	Owner (8)		ASCN	Λ No.				tement Con ement, IN		(9)					
Street Address			1			Street 11 R		ss gren Aven	ue						
City, State, Zip Code					III.	City, S	tate, Z	ip Code J. 07512				3=-31			
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 973-3				Licens 0131		i i			
Start Date (10) 11/19/2018	Schedule 11/20/2		pletion	Date (11)		1		HA Monitor ement, Inc	 C.						
Occupancy Status During Abatement (Check	Only One	e)				Street									
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: occupied	eriod of A al Facility	batem Hours	ent			City, S	tate, Z	gren Aven ip Code	ue				-71		
Scope of Work (Check All That Apply)						Toto	wa, N	J, 07512							
≥3 sf or ≥3 If ≥160 sf or ≥260 If	-	enovat emoliti				×	Mir Glo	I Containme ni-Enclosure ovebag Proc n-Exempted	edure	Ü					
	Is	Location	on						( ) a	710111	T		(450 E.W	ment	
Location of	N	ormall Solel	y			scription			11.47	en derestation (2011	+		Ту	pe	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Mair	ntenar odial S (12) No	ice/		hermal surfa	taining M I systems cing, VA niscellan	s insula T, or		(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
Basement		Х				VAT			80	0 SF	$\forall$	Х			
											-				
Name of Registered Waste Hauler		2000	JDEP Wauler ID		Cubic of Wa	Yards		Name of F							
D&S Abatement, Inc.  City, State			1996	1,10.	TBD			Waste N		emen	t of F	PA			
Γotowa, NJ			24.000		TBD	sal Date		City, State Morrisvi		A					
Completed by Ned Joksimovic	Title Projec	ct Ma	nager		S	Signature		TRI			Date 11/0		018		

CK 1910	)		NOTII	FICATIO	ON OF ASBESTO	SABATE	EMENT 20)				n n				
Date of Notification (1) 11/09/2018/				Name Steve	of Building Owne ens Institute o	r/Operato f Techno	or (2) ology								-
Agencies Notified	Type Notification				Address			2 - 200 FB 1990	1		NOV	-	U	2018	
× EPA × DEP	Initial Amended				stle Point on I	ludson			-	1					
× DOL	Amendment  Emergency	#_ (includin		Hobo	ken, NJ 0703	0				1.					
X DOH X DCA	justification) Cancellation				of Contact d Fernandez					lephone 11-912-				W.C.	# B
					CILITY INFORMA	TION			20	71-912-	400	ı			
Name of Facility Where A	Abatement is Takin	g Place	(3)				Туре	of Facility	(4)						
Street Address							X	School (K-							
							×	Subchapte Other (i.e.	r 8 (Oth private	er than h & comme	K-12) ercial	buil	dings	, hom	es,
City (5)							_ e	etc.) re Feet	T#0	f Floors		TE	lldg.	Δαο	
Hoboken							N/A	0.000	N/A				I/A	-ye	
County (6) Hudson				County (STATE	Code (7) USE ONLY)		Curre	nt Use (Pr se	ior if bei	ng demo	olishe	d)			
Name of Monitoring Firm TTI Environmental,	Hired by Building (	Owner (8	3)	ASC 0003	M No.	Name D&S	of Abate	ement Co	ntractor	(9)					
Street Address 1253 North Church	Street					Street	Addres	s							
City, State, Zip Code							oseng State, Zij	ren Ave	nue						
Moorestown, NJ 080	)57							р Соде J, 07512							
Project Manager for Monit Jim Guilardi	toring Firm			Telepho		Teleph	none No	).		License	e No.				-
Start Date (10)		Schadu	led Con		14-1683 Date (11)		345-86			01311					
11/14/2018		11/30/	2018	npietion	Date (11)			A Monitor ement, Ir							
Occupancy Status During	Abatement (Check	k Only O	ne)			Street	Address	S							
Facility Closed/Vacat Abatement Performe	ted During Entire P	eriod of	Abaten	nent				ren Ave	nue						
Other – Describe:	a Odiside of North	ai Facilit	y Hours	i 			tate, Zip wa. N.	o Code J, 07512							
Scope of Work (Check All	That Apply)						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 01012							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		grandening	Renova Demolit			×	Mini- Glov	Containm -Enclosure rebag Prod	e cedure						
		10	Locati	on			1 Non-	-Exempted	(*) and	Non-Fri	iable		0.855	e ement	
Location	of		Normall	ly	D	escription	of							ре	
Asbestos-Containing N TO BE ABA	Material (ACM) ΓED	Ma	ed Solel aintenar	nce/	Asbestos Cor (i.e. therma	taining M	laterial (	(ACM)		mount		_		ш	т
In Facility (13)	,	Cus	todial S (12)	Staff?	surfa	acing, VA	T, or	iori,		pecify or LF)		Removal	Repair	caps	Enclosure
(/		Yes	No	N/A	otrier	miscellan	eous)					oval	air	Encapsulate	sure
Basemer	nt	103	X	IN/A	Pipe	Insula	tion		11	0 LF		X		(D	
Basemer	nt		X			r Insula				0 SF	-	ζ .	-		_
									10	0 01	-	2			
											-	-			
Name of Registered Waste	Hauler			JDEP W		Yards		Name of F	Register	ed Landi	fill				
D&S Abatement, Inc.				auler ID 1996	No. of Wa	ste	10	Waste N				Α			
City, State Totowa, NJ						sal Date		City, State				- 1706			
Completed by		Title				Signature		Morrisvi	ile, PA		Date				
Ned Joksimovic		Proje	ct Mai	nager		3		HU	/		11/0	9/2	018		

NOV 16 2018

Date of Notification (1)			1 6		·				-		i. i+ 10 iq 11 10	e e			1
11/06/2018					Building ( on Board									i i i i i i i i i i i i i i i i i i i	
Agencies Notified	Type Notification		7	Street A	ddress loodland	Road							-		
DEP DOL	Initial Amended Amendment	#	80.00		te, Zip Co						×				-
	Emergency	(including	-		Contact	1070				T == -				-	
DOH DCA	justification) Cancellation		1000		Desjad	lon					ephone Nur 3-593-31				
Name of Facility Where	Abatement is Takir	ig Place (3)		FACI	LITY INFO	RMATIC	ON	Tvo	e of Facility (4	<u> </u>					
Kings Road Eleme	ntary School	T							School (K-12						
Street Address								-	Subchapter 8	(Oth	er than K-12	2)			
215 Kings Road									Other (i.e. prietc.)	vate i	& commerci	al buil	dings,	hom	es,
City (5) Madison								-	are Feet 0,000	#0	Floors		lldg. A	ge	
County (6) Morris	The control of the co				Code (7) USE ONLY)				rent Use (Prior	if bei	ng demolish	ied)			
Name of Monitoring Firm RK Occupational &	Hired by Building Environmental	Owner (8) Analysis I	nc	ASCM 0009			Name Bake	of Ab	atement Continuation 8	ractor Res	(9) storation	Inc			
Street Address 401 St. James Ave							Street	Addr							
City, State, Zip Code									Zip Code		-				
Phillipsburg, NJ 08			Tr	elephor	ao No				NJ 07512						
Jon Gilbert	atomy ( att		9	08-4	59-63	16	Teleph 973-		7010		License N 0666	0.			
Start Date (10) 11/08/2018		Scheduled 11/08/20		oletion I	Date (11)				SHA Monitor Instruction 8	Res	storation,	Inc.			
Occupancy Status Durin	g Abatement (Che	k Only One)					Street								
Facility Closed/Vac	ated During Entire	Period of Aba	ateme	ent			265	A Ro	ute 46 Suit	e 3D					
Abatement Perform Other – Describe:		nal Facility H	ours			_ [	1002200		Zip Code NJ 07512						
Scope of Work (Check A	Il That Apply)					h									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		EMPRESSE	novati nolitio	-			XX	I M	ull Containmer lini-Enclosure lovebag Proce	dure					
The state of the s		T		1				IN	on-Exempted	(*) an	d Non-Friab	le Pro			
Location			mally											emen rpe	
Asbestos-Containing		Used S	Solely	by	Ashest		scription sining N		al (ACM)	Δ	mount			-	
TO BE AB	ATED	Mainte Custod				thermal	system	s insu		(\$	Specify	Re	70	ing:	En
In Facil (13)	,	(C)	12)			other m	ing, VA iscellar		)	SF	or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes 1	No	N/A					,			(a)		late	Je .
Faculty Room	oipe tunnel	X				Pipe	Insula	ition		<1	0 LF	X			
Minds of the second second section of the second se			-									-			
												-			
Name of Registered Was	ste Hauler		A 100 PM	DEP W		Cubic \			Name of R	egiste	red Landfill	<u></u>		L	
Bako Construction &	Restoration, In	nc		uler ID : 889	No.	of Was 10	te				ifill/Waste	Mar	nage	men	t
City, State Totowa, NJ		antista ang a ang ang ang ang ang ang ang ang	of constraints			Disposi		-	City, State Morrisvil	le. P	Ą				
Completed by		Title			J		anature	Ĭ.	1		Da	te			
Damir Valjevac		Project	Mar	nager		/	710	lle	1 Wy	2_	11	/06/2	2018		]

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) | Date of Notification (1) | Name of Building Owner/Operator (2) | Notification (2) | Notification (3) | Name of Building Owner/Operator (2) | Notification (3) | Name of Building Owner/Operator (3) | Notification (4) | Notification (5) | Notification (6) | Notification (7) | Name of Building Owner/Operator (7) | Notification (7) | Notification (8) | Notification (8) | Notification (9) | Notification (1) | Notificat

Date of Notification (1)	electo.		Name o	of Building	Owner/Ope	rator (2	2)	NOV 16-2	กาณ	4	7/	
	18		Disa	ntis Con	tracting, L	LC		140 4 - 7	55	76	D)	
Agencies Notified Type Notification	n		Street A	Address					000414	2.00		
⊠ EPA ⊠ Initial			313	Halyard F	Road		1		e carat	.3	- 5	
□ DOLWD    □ Amended     Amendment	. 44		City, St	ate, Zip Co	ode		100	FOR THE COMME AND ADDRESS.	* * i** * * * * * * * * * * * * * * * *	1111	S 1 10	
☑ DOH   Amendment     ☐ DCA   ☐ Emergency			Ortle	y Beach	, NJ 08751	ľ						
(NJAC 5:23-8) justification)			Name o	of Contact				Telephone Numb	er			
☐ Cancellation	1		Fran	k Disanti	is			732-749-6009	9			
			FAC	ILITY INF	ORMATIC	N						
Name of Facility Where Abatement is Tak	ing Place	(3)					Type of Facility	3.00				
Residence							☐ School (K-12	:) 3 (Other than K-12)				
Street Address								rivate and commer		ldings	5,	
City (5)							Square Feet	# of Floors	Bld	g. Ag	е	
Lavallette							800 sf	1	6	5		
County (6)			Count	y Code (7)	STATE USE O	ONLY)	Current Use (Pr	ior if being demolis	hed)			
Ocean							Residence					
Name of Monitoring Firm Hired by Building	g Owner (	3) /	ASCM N	No.	Name of Al	pateme	ent Contractor (9)					
N/A	•				Guardia	n Coi	ntracting, Inc.					
Street Address					Street Addr	ess						
					1889 Ro	oute 9	, Unit 61					
City, State, Zip Code					City, State,	Zip Co	ode					
-					Toms R	iver, l	New Jersey 08	755				
Project Manager for Monitoring Firm		Tele	phone N	No.	Telephone	No.		License No.				
					732-349	-9932		00624				
	heduled Co				Name of O							
	11 /	26	_ / _	18	E.M.S.L		lytical					
Occupancy Status During Abatement (Ch					Street Add							
☐ Facility Closed/Vacated During Entire				.,	1056 St							
Abatement Performed Outside of Norr Time of Abatement:AM					City, State,			054				
Scope of Work (Check all that apply)					Piscata	way, i	New Jersey 08	8854				-
Scope of Work (Check all that apply)							tainment with Ne	gative Pressure				
☐ ≥3 sf or ≥3 lf		novati molitic				ini-End	losure g Procedure					
⊠ ≥160 sf or ≥260 lf	⊠ De	molitic	on					on-Friable Procedu	ге			
	988	Locat							Ab	ateme	ent Ty	уре
Location of	The second secon	Norma d Sole				ption o			Re	Re	En	En
Asbestos-Containing Material (ACM) TO BE ABATED	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	intena	-		thermal sy		iterial (ACM)	Amount (Specify	Removal	Repair	cap	Enclosure
IN Facility	Cust	todial (12)	Staff?	,,,,,	surfacing	g, VAT	, or	SF or LF)	va		Encapsulate	ure
(13)	Yes	No	N/A		other mis	cellane	ous)				te	02
exterior	П			ashesto	s siding			800 sf		П	П	
exterior				asseste	3 Siding			000 01				
			1000									
		Ц.	<u>                                   </u>	Manta	Out-i- V-	la -f	Name of D	intered Landell			Ш	Ш
Name of Registered Waste Hauler Guardian Contracting, Inc.		100	IJDEP \ lauler II		Cubic Yard Waste	15 01	T.R.R.F.	istered Landfill				
City, State			20223	3	3 Disposal D	ate	City, State					
Toms River, New Jersey					11/26/1			, Pennsylvania				
	Title				Signa	turo	/ 1	// In	ate	1		

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NOUL	(Pursuant to	NJAC 8:60-7 a Name of Bu PRUDENTIA	ilding Owr	ner/Operator (2	)	<u> </u>	<i>J</i> . =	L		
Date of Notification (1)						5.17	01/	16	2018	1
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IN TOUR TOUR PORTION	CY NOTIFICATION	JASON MC								1
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Name of Facility Whole Care				Subchapt	er 8 (Other than	n K-12)	ac h	omes	etc.)	
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751 BROAD STREET - 6TH FLOOR  County (6)	)	County Co	de (7)	LOOMANAERCIAI						4
City (3)	~ 1	(STATE USE	SCM No.	C Alask	emont Contra	ctor (9)	TION			
NEWARK Name of Monitoring Firm Hired by Buildi	ing Owner (8)	1	55111 1161	PAR ENVIRO	NMENTAL CO	HOHA	HON			7
ACCREDITED ENVIRONMENTAL TESTA	OLOGIES INC			Street Address 313 SPOOK F	S COCK BOAD					
Stroot Address		p		City, State, Zi	n Code					1
28 NORTH PENNELL ROAD				SUFFERN, N	EW YORK 109	01				$\dashv$
City, State, Zip Code MEDIA,	PA 19063	Number		Telephone Nu	ımber	License	e Num	nber		1
Project Manager for Monitoring Firm	Telephone			845-369-7500	)	1101				$\dashv$
RONALD KHACHADOURIAN	610-891-01 Sched. Comple	tion Date (11)		Name of OSh	A Monitor					-
Expected State Date (10)	Sched. Comple	30	110	QUALITY						$\dashv$
10 / 16/18 Vear	Month	Day	Year	Street Addres	SS					
Month	eck only one)	h-tomont		1376 ROUTE	<b>∃</b> 9					- 1
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X Other - Describe: MONDA SATURI	DAY & SUNDAY 7	AIVI-12AIVI	Teul Cor	ntainment						- 1
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>3SF OR LF				able Procedure			Ab	ateme	ent Typ	oe .
X >100 0.	Is Location		scription of	Asbestos- erial (ACM)	Amou		RE	REPAIR	ENCAPS	ENCLOSUR
Location of Asbestos-containing	normally used	Con	e. Thermal	systems	(Spec		REMOV	PA	S	55
Material (ACM)	solely by	insu	lation, surfa	acing, VAT,	SF or	LF)	OVAL	B	PSUL	SC
TO BE ABATED	Maint/Custodia Staff (12)	or	other misce	ellaneous)			-		=	Ħ
in Facility (13)	Yes No N/A	┥			12,000,01	-	х			
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	-+-+				Registered Lan	dfill				
- IN -to Haylor	NJDEP Was	te Cubic Yard	s of Waste	Name of I	CENTRAL SAN	ITARY				
Name of Registered Waste Hauler	Hauler ID No	).	120	GRAND						
NEWARK CARTING	913	Disposal D	ate	City, Stat	en/	D D^				7
City, State	-	10/15-03/3	30/19	PLATINFIE	TOWNSHI	P, PA	ate	,/	10	110
NEWARK NEW JERSEY	Title		Signature	1/X	X		1	///	8/	18
Completed by (Print or Type)	DIRECTOR OF C	PERATIONS		IV	$\rightarrow$	AND DESCRIPTION OF THE PARTY OF		/	/	
BENJAMIN SANCHEZ				1 1				1	/	

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<i></i>		(Pur	suant	to NJAC	3:60-7	and 12:12	20-/) wner	Operator (	2)	1.3			
Date of Notification (1)						AL FINAN			<b>-</b> / 11 // -				
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Agencies Notified Type Notifica	ition			751 E	ROA	STREET	Γ			NOV	1 (	201	ğ
	otification	1		City,	State,	Zip Code							
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Name of Monitoring Firm Hired by Bu	ilding O	vner (	8)	(0		SCM No.	Nar	ne of Abate	ement Contracto	r (9)	011		
ACCREDITED ENVIRONMENTAL TEC	HNOLOG	SIES IN	1C _					R ENVIRON eet Address	MENTAL CORPO	JRAII	ON	-	-
Street Address 28 NORTH PENNELL ROAD									OCK ROAD				
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Project Manager for Monitoring Firm			391-01					5-369-7500	110				
RONALD KHACHADOURIAN  Expected State Date (10)	Sch			ion Date	(11)		Nai	me of OSHA	A Monitor				
10 / 16/18		3		30		/19 Year	QU	ALITY					
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Facility Closed/Vacated Duri	na Entire	Period	d of At	atement			137	76 ROUTE S	9				
Abatement Performed Outside  X Other - Describe: MONE	de of Nor DAY -FRII	mal Fa	ecility h	Hours - De	escribe	9:	Cit	y, State, Zip	Code				
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Scope of Work (Check all that apply)	77000				X	Full Cont Mini-Enc		ent					
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TO BE ABATED	Mai	nt/Cus	todial	i		ion, surfac			SF or LF)	100	5	PS	SO
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CTU SLOOP ENTIRE	168	1,40	X	FLOOR T	ILE &	MASTIC			18,000 SF	х			
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	NI II	DEP W	lacto	Cubic Ya	rds of	Waste	TN:	ame of Regi	istered Landfill				-
Name of Registered Waste Hauler NEWARK CARTING	1376785	iler ID 913	No.	Cubic 18	120				TRAL SANITARY				
City, State		3.0		Disposal			S	ty, State	TOWNSHIP, PA		1	272	/
NEWARK, NEW JERSEY	T:41a			10/15-03		nature	/P)	LANNIELD	ID:	ate /	N	19	11
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECT	OR OF	OPE	RATIONS			1		> 1	/	4		1 (

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) PRUDENTIAL FINANCIAL Date of Notification (1) Street Address /18 12 Type Notification 751 BROAD STREET Agencies Notified City, State, Zip Code Initial Notification NEWARK, NEW JERSEY 07102 Amended Notification #1 DEP Cancellation DOL Name of Contact Telephone Number On Hold DOH 973-802-4072 **EMERGENCY NOTIFICATION** JASON MCCAULEY 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) PRUDENTIAL BUILDING Other (ie. private & commcl. bldgs., homes, etc.) Square Feet # of Floors Bldg. Age Street Address 58 785,000 27 751 BROAD STREET - 6TH FLOOR Current Use (Prior if being demolished) Pharm. Lab. County Code (7) City (5) County (6) (STATE USE ONLY) COMMERCIAL **ESSEX** NEWARK Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. ACCREDITED ENVIRONMENTAL TECHNOLOGIES INC PAR ENVIRONMENTAL CORPORATION Street Address Street Address 313 SPOOK ROCK ROAD 28 NORTH PENNELL ROAD City, State, Zip Code City, State, Zip Code \$UFFERN, NEW YORK 10901 MEDIA, PA 19063 License Number Telephone Number Telephone Number Project Manager for Monitoring Firm 1101 845-369-7500 610-891-0114 RONALD KHACHADOURIAN Name of OSHA Monitor Sched. Completion Date (11) Expected State Date (10) QUALITY /19 3 / 30 16/18 10 / Year Day Day Year Month Occupancy Status During Abatement (Check only one) Street Address 1376 ROUTE 9 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: City, State, Zip Code MONDAY -FRIDAY 6 PM-2 AM Other - Describe: WAPPINGERS FALLS, NEW YORK 12590 Full Containment 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 Is Location Description of Asbestos-Location of Containing Material (ACM) Amount ENCAPSUL **ENCLOSUR** REMOVAL REPAIR normally used Asbestos-containing (Specify (ie. Thermal systems solely by Material (ACM) SF or LF) insulation, surfacing, VAT, Maint/Custodial TO BE ABATED or other miscellaneous) Staff (12) in Facility (13) Yes No N/A 18,000 SF x FLOOR TILE & MASTIC 6TH FLOOR -ENTIRE Name of Registered Landfill Cubic Yards of Waste NJDEP Waste Name of Registered Waste Hauler GRAND CENTRAL SANITARY Hauler ID No. 120 NEWARK CARTING 913 City, State Disposal Date City, State PLANFIELD TOWNSHIP, PA 10/15-03/30/19 NEWARK, NEW JERSEY

Signature

DIRECTOR OF OPERATIONS

Completed by (Print or Type)

BENJAMIN SANCHEZ

Date

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Date of Notification (1)				e of Building ( DENTIAL FINA	Owner/Operator NCIAL	(2)	(p)			
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	tification			BROAD STREE	T		MOV	1 (	20	118
DEP Am	tial Notification nended Notificati ncellation	ion		State, Zip Code /ARK, NEW JEI			-140-4			
	Hold MERGENCY NO	TIFICAT		e of Contact ON MCCAULEY		Telephone Nun 973-802-4072	nber		1,00	
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Name of Facility Where Abatemen	it is Taking Pla	ce (3)	, toler i	VI ORVINATION	Type of Facili					
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751 BROAD STREET - 6TH FLOOP	2				785,000	27			j. Aye 58	t)
	unty (6) SEX			ty Code (7) USE ONLY)	Current Use (F	rior if being demo	lished	) Pha	m. La	ab.
Name of Monitoring Firm Hired by ACCREDITED ENVIRONMENTAL 1	Building Owner		(01)/(10	ASCM No.	Name of Abat	ement Contracto				
Street Address	LOTINOLOGIL	3 1140			Street Address	NMENTAL CORP	ORAI	ION		
28 NORTH PENNELL ROAD City, State, Zip Code					313 SPOOK R					
N	IEDIA, PA 1906				City, State, Zip SUFFERN, NE	W YORK 10901				
Project Manager for Monitoring Firm RONALD KHACHADOURIAN	1925		Number		Telephone Nui		ense N	lumbe	r	
Expected State Date (10)		0-891-01	tion Date (	11)	845-369-7500 Name of OSH	110	)1	-		
10 / 15/18	Journey.	3 /	30	/19	QUALITY	A MONITOR				
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Scope of Work (Check all that apply)  Demolition				x Full Conta	inment					
>3SF OR LF	X Renovat	ion		Mini-Enclo	Procedure					
X >160 SF OR 260 LF					le Procedure					
Location of Asbestos-containing	Is Loc			escription of As				patem		
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in Facility (13)	Staff Yes No		C	or other miscella	neous)		AL	"	ENCAPSUL	ENCLOSUR
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Name of Registered Waste Hauler	NJDEP 1	1	Cubic Yard	s of Waste	Name of Regis			1		
NEWARK CARTING	Hauler II	200		120	GRAND CENT	RAL SANITARY				
City, State			Disposal D		City, State	11				_
NEWARK , NEW JERSEY Completed by (Print or Type)	Title		10/15-03/3		PLAINFIELD			,	,	
BENJAMIN SANCHEZ	DIRECTOR O	F OPER	ATIONS	Signature	1/1	Date	10/	14/	18	/
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WOCK				CATION (	OF A		ABATEMENT d 12:120-7)	3		10.0	$\bigcirc$	107	Granutzur (1	N7 E
			(i di	Name	of B	uilding Ov	vner/Operator (2		11 12			11	1.	14
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11 / 8 /18				Street	Add	ress						. 1	r .	
Agencies Notified Type Notifica	tion		776	126 E.	LIN	COLN AVE	NUE, P.O. BOX	2000, RY28-414	1. 11		NOV	1	6 2	018
		n cation #	‡4			Zip Code NEW JER	SEY 07065			,			- 7 3	
X DOH X On Hold		NOTIFIC	ATION	Name PATRI		ontact JOHNSON	ı	Telephone Nur 732-594-7746	mber	0.000			. 1	: :
Name of Facility Miles All 1				FACILI	ITY II	NFORMAT								
Name of Facility Where Abatement is Ta MERCK SHARP & DOHME CORPORATION		ice (3)						12) er 8 (Other than h				wy		
Street Address					_		X Other (ie.	private & commo	l. bldgs	., hom				
126 EAST LINCOLN AVENUE - BUILDING	i 33						Square Feet 98,230	# of Floors 7			Bld	g. Ag 71	е	
City (5) County RAHWAY UNION	(6)			County (STATE			Current Use (Pri	or if being demo	lished)					
Name of Monitoring Firm Hired by Buildi				GIAIL		SCM No.	Name of Abate	ment Contracto	r (9)					-
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655 WEST SHORE TRAIL							313 SPOOK RO							
City, State, Zip Code SPARTA, NE	EW JER	SEY 078	871				City, State, Zip C SUFFERN, NEV				ti.			
Project Manager for Monitoring Firm			one Nun	nber			Telephone Num		ense Nu	mber				-
WILLIAM S. KERBEL, CIH		973-72					845-369-7500	460						
Expected State Date (10)	Sch		•	Date (11)		40	Name of OSHA							
Month Day Year		6 / onth		30 Day		/19 Year	AMERISCI LABO	DRATORIES INC	2	#11	480			
Occupancy Status During Abatement (Chec X Facility Closed/Vacated During Abatement Performed Outside of X Other - Describe: MONDA	Entire P	eriod of all Facility	Abateme	ent - Describe	ə:	1001	Street Address 117 EAST 30TH City, State, Zip C							
Sunday			11.00 /	141			City, State, Zip C	NEW YORK,	NFW Y	OBK	10016	:		- 1
Scope of Work (Check all that apply)  Demolition  X >3SF OR LF	Ren	ovation		E		Full Contai Mini-Enclo Glovebag		ive Pressure					A VAC	UUM
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3RD FLOOR ROOM 320		X	FIR	E PROOF	FING	DUST		10 SF	X					
3RD FLOOR ROOM 321		X	_	E PROOF				10 SF	X					
3RD FLOOR ROOM 323		X	FIRI	E PROOF	FING	DUST		10 SF	X					
3RD FLOOR ROOM 325		X	FIRE	E PROOF	ING	DUST		10 SF	X					
3RD FLOOR ROOM 326		X	FIRI	E PROOF	FING	DUST		10 SF	X					
3RD FLOOR ROOM 327		X	FIRE	E PROOF	ING	DUST		10 SF	Х					
3RD FLOOR ROO, 332		X	FIRE	E PROOF	ING	DUST		10 SF	X					
6TH FLOOR ROOM 614		X		E PROOF	ING	DUST		10 SF	Х					
ADDITION TO SCOPE:		X												
2ND FLOOR ROOM 227	_		FIRE	E PROOF	ING	DUST		10 SF	Х					
Name of Registered Waste Hauler	NUD	P Wast	Cub	ia Varda e	of 14/		N	11 100						
FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	_	er ID No. 15939			50	asie	Name of Registe LYCOMING COL 447 ALEXANDER	INTY RESOURCE	CE MAN E 15	IAGEI	MENT	SER	/ICES	
City, State FREEHOLD, NEW JERSEY				osal Date		9	City, State	DA 47777						
Completed by (Print or Type) Titl		-		1-6/30/19 Si	ignat	ure	MONTGOMERY	, PA 17752 Date	9	,di	1	4	2 1	183
		OF OP	ERATIO	NS S	-g. rut	1	XXX	Date	*	1	11	1	1	11

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Date of Notification (1)				N	MERCK S	SHARP & D	OHME CORP.			11	Ē.		The bases
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No. 75 25 110				FA	ACILITY	INFORMA'	TION						1000
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MERCK SHARP & DOH	ME CORPORATION	1					School (K Subchapt	er 8 (Other than I	K-12)	70			
Street Address 126 EAST LINCOLN AV	ENUE - BUILDING :	33					Square Feet 98,230	# of Floors	i. blag:	s., no		ldg. A	ge
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Name of Monitoring Fir	UNION		(0)	(ST		E ONLY)	COMMERCIAL						
ENVIRONMETAL HEAL	TH INVESTIGATION	g Owne IS, INC.	r (8)		A	SCM No. 17	Name of Abate	ment Contractor MENTAL CORPO	r (9)	ON	177		
Street Address			-	27			Street Address	WENTAL COAP	JHATI	UN			
655 WEST SHORE TRA	AIL						313 SPOOK RC						
	SPARTA, NEV	V JERS	EY 07871				City, State, Zip ( SUFFERN, NEV						
Project Manager for Mon	itoring Firm		Telephone	Number	-		Telephone Num		ense N	umbe	r		
WILLIAM S. KERBEL, C	IH		973-729-5				845-369-7500	460					
Expected State Date (10	<b>0)</b> 1 /18	Sched	d. Comple			14.0	Name of OSHA						
Month Day	/ Year	Mor	6 / nth	Day	30	/19 Year	AMERISCI LAB	ORATORIES INC	)	#1	1480		
Occupancy Status During	Abatement (Check	only one	e)				Street Address					_	
Abatement P	ed/Vacated During Er erformed Outside of	ntire Per Normal	fod of Aba	tement	criba:		117 EAST 30TH	STREET					
X Other - Desci	ribe: MONDAY	- FRIDA	AY 6PM-1:	30 AM	oribe.		City, State, Zip (	Code		-			
Scope of Work (Check a	Sunday 7	am-5pm	1 ,			1	1	NEW YORK,					
Demolition	II (IIat apply)	Renov	ation		-	Full Conta Mini-Enclo	inment with Nega	tive Pressure	X	ME.	T WIP	E HER	PA VACUUM
X >3SF OR LF		_				Glovebag	Procedure						
>160 SF OR	260 LF	Т.,					le Procedure		_				
Locatio Asbestos-co			ocation ally used		Contain	iption of As ning Materi	bestos-	A	_	-		ment	Туре
Material (			lely by			Thermal sy		Amount (Specify	CONTROL	REF	E	EN	
TO BE AB		55-331	Custodial			on, surfaci		SF or LF)	무역	Alf	AP	18	
in Facility	/ (13)	Yes I	aff (12)	1	or oth	er miscella	neous)		P	12	ENCAPSUL	ENCLOSUR	
3RD FLOOR ROOM 305		res i	No N/A	FIRE PR	OOFING	DUST		10.05	1	_	1	D	
3RD FLOOR ROOM 303			X	FIRE PR				10 SF 10 SF	X	-	+-	-	
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3RD FLOOR ROOM 319			X	FIRE PR	OOFING	DUST		10 SF	X			$\vdash$	
3RD FLOOR ROOM 320			X	FIRE PR				10 SF	X				
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3RD FLOOR ROOM 325		$\vdash$	X	FIRE PR				10 SF	X		1		
3RD FLOOR ROOM 326			X	FIRE PR				10 SF	X	73	-	-	
3RD FLOOR ROOM 327				FIRE PR				10 SF 10 SF	X	-	-	-	
3RD FLOOR ROO, 332			X	FIRE PR				10 SF	X		-	-	
6TH FLOOR ROOM 614			X	FIRE PR	OOFING	DUST		10 SF	X		1	1	
ADDITION TO SCOPE:			X										
2ND FLOOR ROOM 227				FIRE PR	OOFING	DUST		10 SF	X				
Name of Registered Was	te Hauler	NIDER	) Waste	Cubic Ya	rde of M	acto	Mama of Desire	11 180					
FREEHOLD CARTAGE,		Hauler		Oubic 1 a	50	asie	Name of Registe LYCOMING COL	red Landfill JNTY RESOURC	F MAN	JAGE	MENT	SEB	VICES
825 HIGHWAY 33 City, State		15	5939				447 ALEXANDE			-riul	- FILLINI	OLIT	VIOLO
FREEHOLD, NEW JERS	EY			Disposal 11/01-6/3		1	MONTGOMERY	DA 17750				1	
Completed by (Print or Ty	pe) Title				Signa	ture /	X	, PA 17752 Date	i i	5	7	/ -	1
BENJAMIN SANCHEZ	JDIRE	CTOR	OF OPERA	ATIONS			71/2				1/	1	114
						- /	111				4		1 1 1 2

1	Date of Notification (1)			Name of Building MERCK SHARP &	Owner/Operator (	2)		1.10	3 1	)	
Agendeen Notified	11 / 2 /18						1.	i,		F 1 = (+ 1)	
EPA		on			/ENUE DO DOM		11 1			24-2	
DEP   X   DOL   Cancellation   22   DOL   Cancellation   22   DOL   Cancellation   23   DOL   Cancellation   24   DOL   Cancellation   25   DOL   Cancellation   26   DOL   Cancellation   26   DOL   Cancellation   26   DOL   Cancellation   27   DOL   Cancellation   27   DOL   Cancellation   28   DOL						2000, RY28-414		į	AIO	1 1	0
Name of Facility Where Abstament Is Taking Place (3)							0.38	1	MA	V -	<sup>0</sup> 2018
Marie of Contest	- I I I I I I I I I I I I I I I I I I I		ation #2	RAHWAY, NEW JE	RSEY 07065						
DCA	- Joan Joan	lion		Name of Contact		1					
Name of Facility Where Abatement is Taking Place (3)		ENCY N	OTIFICAT		N.		mber	1	12.	Н -	5-17
Same of Facility (Nere Abatement is Taking Place (3)					Management of the Control of the Con	/32-594-//46					
School (K-12)   Subchaptes (Other than K-12)   Subchaptes (O	Name of Facility Where Abatement is Tak	ing Plac	ce (3)	FACILITY INFORMA		745			**	· · · · · ·	
Subchapter 8 (Other fine Art 2)	13 0 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	gu.	00 (0)								
Street Address	MERCK SHARP & DOHME CORPORATIO	V									
186 EAST LINCOLN AVENUE - BUILDING 33					Y Other (ie	ter 8 (Other than	K-12)			4 10	
Time Bask   INNOUTIVE ADULTING   33					Square Feet	# of Floors	oi. biag	s., no			
County (6)		33					1		Ь		ye
Name of Monitoring Firm Hired by Building Owner (8)		6)		County Code (7)			lichod)			37 15	
ENVIRONMETAL HEALTH INVESTIGATIONS, INC.				(STATE USE ONLY)	COMMERCIAL	nor ir being derno	iloneu,				
Table   Tabl	Name of Monitoring Firm Hired by Buildin	g Owne	er (8)	ASCM No.			r (9)			-	
### STREET ANDRE TRAIL    SPARTA, NEW JERSEY 07871   City, State, Zip Code	Street Address	VS, INC		17	PAR ENVIRON	IMENTAL CORP	ORATI	ON			
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SPARTA, NEW JERSEY 07871   SPARTA, NEW JERSEY			-								
Project Manager for Monitoring Firm		N IEDS	EV 07071								
WILLIAM S. KERBEL CIH	Project Manager for Monitoring Firm	/V JENS		Niverbox							
					The second secon	nber Lic	ense N	umbe	r		
11	Expected State Date (10)	Icaha	9/3-/29-5	649			)				
Month   Day   Year   Month		Scrie					26				
Occupancy Status During Abatement (Check only one)    X	Month Day Year	Mo	nth	Control Delivery	AMERISCILAB	ORATORIES IN	,	#1	1480		
Facility Closed/Vacated During Entire Period of Abatement   Abat	Occupancy Status During Abatement (Check	only or	ne)		Street Address		-	-			
Abatement Performed Outside of Normal Facility Hours - Describe:	X Facility Closed/Vacated During E	ntire Pe	riod of Aba	itement		STREET					
Sope of Work (Check all that apply)  Demolition X	Abatement Performed Outside of	Norma	Facility H	ours - Describe:							
Scope of Work (Check all that apply) Demolition X	MONDAY	- FRID	AY 6PM-1	30 AM	City, State, Zip	Code					
Demolition X > 35F OR LF > 160 SF OR 260 LF  Location of Asbestos-containing Material (ACM) Material (ACM) TO BE ABATED in Facility (13)  SRD FLOOR ROOM 305 SRD FLOOR ROOM 303 SRD FLOOR ROOM 304 SRD FLOOR ROOM 304 SRD FLOOR ROOM 320 SRD FLOOR ROOM 320 SRD FLOOR ROOM 320 SRD FLOOR ROOM 321 SRD FLOOR ROOM 321 SRD FLOOR ROOM 323 SRD FLOOR ROOM 323 SRD FLOOR ROOM 323 SRD FLOOR ROOM 320 SRD FLOOR ROOM 321 SRD FLOOR ROOM 323 SRD FLOOR ROOM 323 SRD FLOOR ROOM 323 SRD FLOOR ROOM 321 SRD FLOOR ROOM 323 SRD FLOOR ROOM 323 SRD FLOOR ROOM 321 SRD FLOOR ROOM 323 SRD FLOOR ROOM 323 SRD FLOOR ROOM 323 SRD FLOOR ROOM 321 SRD FLOOR ROOM 323 SRD FLOOR ROOM 323 SRD FLOOR ROOM 323 SRD FLOOR ROOM 323 SRD FLOOR ROOM 325 SRD FLOOR ROOM 326 SRD FLOOR ROOM 326 SRD FLOOR ROOM 327 SRD FLOOR ROOM 328 SRD FLOOR ROOM 329 SRD FLOO	Scope of Work (Check all that apply)	Y /AIVI-	5 PW		1	NEW YORK,	NEW	YORK	(1001	6	
X   >3SF OR LF		TRanco	vation	Full Cont	ainment with Nega	tive Pressure	X	WE	T WIP	EHER	PA VACUUM
			vation	Gloveba	Dropoduro						
Location of Asbestos-containing Material (ACM) Material (ACM) TO BE ABATED In Facility (13)  3RD FLOOR ROOM 305 3RD FLOOR ROOM 304 3RD FLOOR ROOM 309 3RD FLOOR ROOM 319 3RD FLOOR ROOM 320 3RD FLOOR ROOM 321 3RD FLOOR ROOM 321 3RD FLOOR ROOM 322 3RD FLOOR ROOM 323 3RD FLOOR ROOM 321 3RD FLOOR ROOM 323 3RD FLOOR ROOM 325 3RD FLOOR ROOM 326 3RD FLOOR ROOM 327 3RD FLOOR ROOM 328 3RD FLOOR ROOM 329 3RD FLOOR ROOM 327 3RD FLOOR ROOM 328 3RD FLOOR ROOM 329 3RD FLOOR ROOM 329 3RD FLOOR ROOM 327 3RD FLOOR ROOM 327 3RD FLOOR ROOM 328 3RD FLOOR ROOM 329 3RD FLOOR ROOM 329 3RD FLOOR ROOM 329 3RD FLOOR ROOM 329 3RD FLOOR ROOM 320 3RD FLOOR ROOM	>160 SF OR 260 LF			Non-Fria	ble Procedure						
Asbestos-containing Material (ACM) TO BE ABATED In Facility (13)  3RD FLOOR ROOM 305 3RD FLOOR ROOM 303 3RD FLOOR ROOM 303 3RD FLOOR ROOM 304 3RD FLOOR ROOM 305 3RD FLOOR ROOM 306 3RD FLOOR ROOM 307 3RD FLOOR ROOM 307 3RD FLOOR ROOM 308 3RD FLOOR ROOM 308 3RD FLOOR ROOM 309 3RD FLOOR ROOM 309 3RD FLOOR ROOM 309 3RD FLOOR ROOM 309 3RD FLOOR ROOM 319 3RD FLOOR ROOM 320 3RD FLOOR ROOM 320 3RD FLOOR ROOM 320 3RD FLOOR ROOM 321 3RD FLOOR ROOM 321 3RD FLOOR ROOM 321 3RD FLOOR ROOM 322 3RD FLOOR ROOM 325 3RD FLOOR ROOM 325 3RD FLOOR ROOM 326 3RD FLOOR ROOM 326 3RD FLOOR ROOM 327 3RD FLOOR ROOM 328 3RD FLOOR ROOM 329 3RD FLOOR ROOM 329 3RD FLOOR ROOM 329 3RD FLOOR ROOM 320 3RD	Location of	Is	ocation				1	_		Sente sky.	
Solety by   Solety by   Solety by   Solety by   Staff (12)   Solety   Staff (12)   Or other miscellaneous	Asbestos-containing			Containing Mate	rial (ACM)	Amount	105	T			l ype
STEP   VICTOR   ROOM 305		S	olely by				lğ ë	T T	Z	Z	
STEP   VICTOR   ROOM 305	TO BE ABATED	Maint	t/Custodial			20000	4	ě	¥	15	13
SRD FLOOR ROOM 305	in Facility (13)					1	Ö	70	135	SC	
SRD FLOOR ROOM 303	000 0000	Yes			ALI CONTRACTOR A		1		=	E	
SRD FLOOR ROOM 304				FIRE PROOFING DUST		10 SF	X	1			
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X			X	FIRE PROOFING DUST		10 SF	_				
SECOND   STATE   SECOND   SE			X	FIRE PROOFING DUST			_				
X	With the second		X	FIRE PROOFING DUST				1		+	
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3RD FLOOR ROOM 327  X FIRE PROOFING DUST 10 SF X  6TH FLOOR ROOM 614  ADDITION TO SCOPE: 2ND FLOOR ROOM 227  Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33  City, State FREEHOLD, NEW JERSEY  Completed by (Print of Type)  A FIRE PROOFING DUST 10 SF X  FIRE PROOFING DUST 10 SF X  A FI	3RD FLOOR ROOM 326						_			-	
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ADDITION TO SCOPE:  2ND FLOOR ROOM 227  Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33  City, State FREEHOLD, NEW JERSEY  Completed by (Print or Type)  A FIRE PROOFING DUST  ID SF  X  FIRE PROOFING DUST  10 SF  X  LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES  11/01-6/30/19  MONTGOMERY, PA 17752		1							-	-	
ADDITION TO SCOPE:  2ND FLOOR ROOM 227    Size   Properties   Properti		1					-	_	-		
PART OF THE PROOFING DUST  FIRE PROOFING DUST  FIRE PROOFING DUST  10 SF X  Name of Registered Waste Hauler PREEHOLD CARTAGE, INC.  825 HIGHWAY 33  City, State PREEHOLD, NEW JERSEY  Disposal Date 11/01-6/30/19  FIRE PROOFING DUST  10 SF X  Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES  447 ALEXANDER DRIVE/ROUTE 15  Completed by (Print of Type)  ACCOMPLETED BY THE PROOFING DUST  10 SF X  Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES  447 ALEXANDER DRIVE/ROUTE 15  Completed by (Print of Type)  ACCOMPLETED BY THE PROOFING DUST  10 SF X  Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES  447 ALEXANDER DRIVE/ROUTE 15  Completed by (Print of Type)  ACCOMPLETED BY THE PROOFING DUST  10 SF X  Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES  447 ALEXANDER DRIVE/ROUTE 15  City, State  11/01-6/30/19  MONTGOMERY, PA 17752		+		I THE PROOFING DUST		110 SF	X	-			
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FREEHOLD CARTAGE, INC.  Hauler ID No.  50  LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES  447 ALEXANDER DRIVE/ROUTE 15  Disposal Date  11/01-6/30/19  Completed by (Print or Type)  17/16		+-+	-	FIRE PHOUFING DUST		10 SF	X				
FREEHOLD CARTAGE, INC.  Hauler ID No.  50  LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES  447 ALEXANDER DRIVE/ROUTE 15  Disposal Date  11/01-6/30/19  Completed by (Print or Type)  17/16	Name of Registered Waste Hauler	NIDE	P Waste	Cubic Varde of Wests	INIama of David	1 1200					
825 HIGHWAY 33  15939  447 ALEXANDER DRIVE/ROUTE 15  City, State  Disposal Date 11/01-6/30/19  Completed by (Print or Type)  17115	FREEHOLD CARTAGE, INC.			The state of the s	I VCOMING CO	red Landfill			MEST		
City, State  Disposal Date  FREEHOLD, NEW JERSEY  11/01-6/30/19  MONT GOMERY, PA 17752	825 HIGHWAY 33	100000000000000000000000000000000000000		30	447 ALEXANDE	B DRIVE/BOLITE	C IVIAI	VAGE	IVIEN	SER	VICES
	City, State			Disposal Date	City State?	)	. 13		- 1		
	6			11/01-6/30/19	MONTDOMPRY	PA 17752			1	- 1	
BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS Signature										- 1	_

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) MERCK SHARP & DOHME CORP. /18 Street Address Agencies Notified Type Notification 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 nitial Notification City. State. Zip Code 2018 DEP Amended Notification #1 RAHWAY, NEW JERSEY 07065 DOL Cancellation DOH On Hold Name of Contact Telephone Number DCA EMERGENCY NOTIFICATION PATRICIA JOHNSON 732-594-7746 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) MERCK SHARP & DOHME CORPORATION Subchapter 8 (Other than K-12) **.** Other (ie. private & commol. bldgs., homes. etc.) Street Address Square Feet # of Floors Bldg. Age 126 EAST LINCOLN AVENUE - BUILDING 33 98,230 City (5) County (6) County Code (7) Current Use (Prior if being demolished) RAHWAY UNION (STATE USE ONLY) COMMERCIAL Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ENVIRONMETAL HEALTH INVESTIGATIONS, INC. 17 PAR ENVIRONMENTAL CORPORATION Street Address Street Address 655 WEST SHORE TRAIL 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code SPARTA, NEW JERSEY 07871 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number WILLIAM S. KERBEL, CIH 973-729-5649 845-369-7500 460 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 11/ /18 6 / 30 /19 AMERISCI LABORATORIES INC. #11480 Month Day Year Month Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 117 EAST 30TH STREET Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY - FRIDAY 6PM-1:30 AM City. State, Zip Code NEW YORK, NEW YORK 10016 Scope of Work (Check all that apply) Full Containment with Negative Pressure X WET WIPE HEPA VACUUM Demolition Renovation Mini-Enclos. >3SF OR LF Glovebag Procedure >160 SF OR Non-Friable Procedure 260 LF Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount DUST ENCAPSU ENCLOSI Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) H Yes INg IN/A 3RD FLOOR ROOM 305 FIRE PROOFING DUST 10 SF 3RD FLOOR ROOM 303 FIRE PROOFING DUST 10 SF X 3RD FLOOR ROOM 304 FIRE PROOFING DUST X 10 SF X 3RD FLOOR ROOM 319 FIRE PROOFING DUST 10 SF X 3RD FLOOR ROOM 320 FIRE PROOFING DUST 10 SF X 3RD FLOOR ROOM 321 FIRE PROOFING DUST 10 SF X 3RD FLOOR ROOM 323 X FIRE PROOFING DUST 10 SF 3RD FLOOR ROOM 325 FIRE PROOFING DUST X 10 SF 3RD FLOOR ROOM 326 X FIRE PROOFING DUST 10 SF X 3RD FLOOR ROOM 327 X FIRE PROOFING DUST 10 SF X 3RD FLOOR ROO, 332 X FIRE PROOFING DUST 10 SF X 6TH FLOOR ROOM 614 FIRE PROOFING DUST X 10 SF X ADDITION TO SCOPE: 2ND FLOOR ROOM 227 FIRE PROOFING DUST 10 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill FREEHOLD CARTAGE, INC. Hauler ID No. 50 YCOMING COUNTY RESOURCE MANAGEMENT SERVICES 825 HIGHWAY 33 15939 447 ALEXANDER DRIVE/ROUTE 15 City. State Disposal Date MONEGOMERY , PA 17752 FREEHOLD, NEW JERSEY 11/01-6/30/19 Completed by (Print or Type)

BENJAMIN SANCHEZ

DIRECTOR OF OPERATIONS

Date

			Name of Building Ov				; II	. )		
Date of Notification (1)			MERCK SHARP & DO	DHME CORP.		1111		1 -000		
10 / 22 /18			Street Address				1		ar ton	
Agencies Notified Type Notification			126 E. LINCOLN AVE	NUE, P.O. BOX 2	2000, RY28-414	1 + 5	1 1	MOM	16	2018
EPA X Initial Notification   DEP Amended N X DOL Cancellatio	Notification		City, State, Zip Code RAHWAY, NEW JER	SEY 07065				1101		50
X DOH On Hold DCA EMERGEN	ICY NOTIFICA	TION	Name of Contact PATRICIA JOHNSON		Telephone Num 732-594-7746	ber	;·····			
		3.77	FACILITY INFORMAT					E THE CO	- 14- (11) - 2-24	
Name of Facility Where Abatement is Takin	ng Place (3)		, io *.	Type of Facility						
MERCK SHARP & DOHME CORPORATION					r 8 (Other than K orivate & commo		homos	oto \		
Street Address				X Other (ie. ) Square Feet	# of Floors	T Diugs.		ldg. Ag	ie	
126 EAST LINCOLN AVENUE - BUILDING			County Code (7)	98,230	or if being demol	ichod)		71		
City (5) County (6) RAHWAY UNION			County Code (7) STATE USE ONLY)	COMMERCIAL	or if being derilor	isrieu)				
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM No.	Name of Abate	ment Contractor MENTAL CORPO	r (9)	INI.			
ENVIRONMETAL HEALTH INVESTIGATION	S, INC.	,	17	Street Address	VIENTAL CONFO	NATIO	114			
Street Address 655 WEST SHORE TRAIL				313 SPOOK RC	CK ROAD					
City, State, Zip Code				City, State, Zip (						
SPARTA, NEW	JERSEY 0787			SUFFERN, NEV		nse Nu	mher	-	-	
Project Manager for Monitoring Firm	973-729-		ber	845-369-7500	460	iise ivui	mbei			
WILLIAM S. KERBEL, CIH Expected State Date (10)	Sched. Comp		)ate (11)	Name of OSHA						
11 / 1 /18	6 /		30 /19		ORATORIES IN	0	#1148	0		
Month Day Year	Month		ay Year	Street Address						-
Occupancy Status During Abatement (Check X Facility Closed/Vacated During Er Abatement Performed Outside of X Other - Describe: MONDAY	ntire Period of A	Hours -	Describe:	117 EAST 30TH						
Other - Describe: MONDAT	Trabiti or in	1.0071		J., J. J. J.	NEW YORK,					201012
Scope of Work (Check all that apply)	7			inment with Nega	tive Pressure	X	WET W	IPE HE	PA VA	CUUM
Demolition X >3SF OR LF	Renovation		Mini-Enclo	Procedure						
>160 SF OR 260 LF				le Procedure						
Location of	Is Location		Description of As					tement	Туре	
Asbestos-containing	normally use	d	Containing Materi		Amount	SD	RE EN	E		
Material (ACM)	solely by		(ie. Thermal sy		(Specify SF or LF)	TST	PAI	15		
TO BE ABATED in Facility (13)	Maint/Custodi Staff (12)	iai	insulation, surfact or other miscella		SF OI LF)	DUST	REPAIR	ENCLOSUR		
in radinty (10)	Yes No N/	A		11/4		100	I Fin	Z		
3RD FLOOR ROOM 305	X	FIRE	PROOFING DUST		10 SF	X				
3RD FLOOR ROOM 303	X	FIRE	PROOFING DUST		10 SF	X		_		
3RD FLOOR ROOM 304	X	_	PROOFING DUST		10 SF	X		+		
3RD FLOOR ROOM 319	X		PROOFING DUST		10 SF	X		+		
3RD FLOOR ROOM 320	X	_	PROOFING DUST		10 SF	X		+		100
3RD FLOOR ROOM 321	X	_	PROOFING DUST		10 SF	X		-		
3RD FLOOR ROOM 323	X V	_	PROOFING DUST		10 SF	X	-			
3RD FLOOR ROOM 325	X	-	PROOFING DUST		10 SF	X				- 2000
3RD FLOOR ROOM 326	1 X	_	PROOFING DUST		10 SF	X		_		
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6TH FLOOR ROOM 614	X		PROOFING DUST		10 SF	X				
The state of the s										
Name of Registered Waste Hauler	NJDEP Wast	55.000	ic Yards of Waste	Name of Regist	tered Landfill	OF	NACEL	CNITC	EDVIC	
FREEHOLD CARTAGE, INC.	Hauler ID No.		50	LYCOMING CO	OUNTY-RESOUR	CE MA	NAGEM	ENI S	ERVICE	-0
825 HIGHWAY 33 City, State	15939	10000000	oosal Date	City State		0		1		1
FREEHOLD, NEW JERSEY		11/0	01-6/30/19   Signature /	MONTGOMER	PA 17752	P	10	1/-	101	11
Completed by (Print or Type) Title BENJAMIN SANCHEZ DIR	ECTOR OF OP	ERATIO		112			10	10	1	18

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### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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				State	of New Jersey	T. AFNIT	市區の	F .	R.5.		1 1
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OCK		(Pur	suant	to No	Jame of Building O	wner/Operator (	2)				
				li	MERCK SHARP & D	OHME CORP.	NOV	16	2018	1	
te of Notification (1)				- 1			1 241 14 1		2016	'	
11 /	18			-	Street Address 126 E. LINCOLN AV	ENUE, P.O. BOX	( 2000, RY28-414			-	
encies Notified	Type Notification			-	Chata Zin Code		T. Salar		1.		
EPA	Initial Notificati	on	#0	1	RAHWAY, NEW JEI	RSEY 07065					
DEP	X Amended Noti	lication	#2		to the state of th		Telephone Number				
X DOL	Cancellation On Hold				Name of Contact PATRICIA JOHNSC	N	732-594-7746				
X DOH	EMERGENCY	NOTIF	ICATI								1
DCA			F	ACIL	ITY INFORMATION	Type of Facil	ity (4)				
ame of Facility Where	Abatement is Taking	Place	(3)			School (	K-12)				1
						Subchar	oter 8 (Other than K-12)		mes,	etc.)	4
MERCK SHARP & DOH	ME CORPORATION					Square Fee	t # of Floors		9 0	E .	
						102 400	1 2 1		46		+
Street Address 126 EAST LINCOLN AV	ENUE - BUILDING 53	<b>.</b>			County Code (7)	Current Use	Prior if being demolished	ed)			
	(County (O)			1	STATE USE ONLY)	VACANT	to antractor (9	)			7
City (5) BAHWAY	LINION	0	r (8)	1	ASCM No.	Name of Ab	atement Contractor (9 ONMENTAL CORPORA	ATION			1
Name of Monitoring F	rm Hired by Building	S INC	(0)		104	PAR ENVIR	SS				1
ENVIRONME I AL HEA	TH INVESTIGATION	0, 11101		S.		313 SPOOK	ROCK ROAD				+
Street Address 655 WEST SHORE TF						City State	7in Code				
City, State, Zip Code	AIL .		, 0797	1		SUFFERN.	NEW YORK 10901	e Numl	per		7
	SPARTA, NEW	IERSET	lenhor	ne Nu	umber	Telephone 1	dullibe!				
Project Manager for M	onitoring Firm	07	3-729	5649	9	845-369-75	SHA Monitor			00	-
WILLIAM S KERBEL,	CIH	Sched.	Comp	letic	n Date (11)	AMFRISCI	LABORATORIES INC		#114	80	- 1
Expected State Date	(10)	rius o se	11/		B /10	ar l					$\neg$
11 / Month Da	Veer	Month	7	_	Day Tea	Ctroot Add	ress 30TH STREET				1
Month Da Occupancy Status Du	ring Abatement (Checosed/Vacated During E	k only o	riod o	f Aba	atement	117 EAST	301113111221				-
X Facility Cit	Sed/ vacatod = 1	f Norma	I Facil	ity H	ours - Describe:	City, State	, Zip Code	DK 100	116		
Abatemen	t Performed Outside o scribe Monday thru Fri	day 6pm	n to 12	am		1	NEW YORK, NEW 10				
					X Full (	Containment with	Negative Pressure	WIPE	& HE	PA V	AC
Scope of Work (Chec	k all that apply)	Renov	ation		Mini	Enclo , <b>ebag Procedur</b>	e				
Demolition >3SF OR	1	7			X Glov	Friable Procedu	re	T Abo	ateme	nt Tyr	oe.
>3SF OR >160 SF	OR 260 LF				Description	of Asbestos-	Amount		III II	m T	m
Loca	ation of	Is L	ocatio	n l	Containing N	Material (ACIVI)	(Specify	REM	REP.	ENC/	ENCL
Asbestos	s-containing		lely by		(ie Thern	nal systems	SF or LF)	IOVAL	AR	APSUL	OSUR
Mater	al (ACM)	Maint	/Custo	dial	insulation, s	urfacing, VAT,		P		= 1	H
TO BE	ABATED	St	aff (12	()	or other m	scellaneous)		-			
in Fa	cility (13)	Yes	No	N/A		ODMASTIC	245 SQ. FT.	X			-
	WOMENS BATHRO	ОМ		X	FLOOR TILE & FLO	OR MASTIC	21 LN. FT.	X			
1ST FLOOR MEN	WOMENS BATHRO	OM		X	PIPE FITTINGS		21 LIV. 1 1.				
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				lacto	Cubic Yards of Wa	1	AIRIC COUNTY RESUL	IRCE M	IANA(	a EIVIE	141
	LWests Hauler	NJE	DEP W	asie				ITE 45			
Name of Register	ed Waste Hauler	NJC Hau	uler ID	No.		447 AL	EXANDER DRIVE/HO.	JTE 15			
FREEHOLD CAN	IING	NJE Hau	DEP Waler ID 1593	No.	Disposal Date	447 AL	EXANDER DRIVE/HOL	JTE 15	/		/
Name of Registers FREEHOLD CAR 825 HIGHWAY 33 City, State FREEHOLD, NE	3	NJE Hau	uler ID	No.		447 AL City-S MONT	tate/	Date/	/	8/	1

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP. Date of Notification (1) Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-474 18 Type Notification City, State, Zip Code Agencies Notified RAHWAY, NEW JERSEY 07065 2018 Initial Notification Amended Notification #1 EPA Telephone Number DEP Cancellation Name of Contact 732-594-7746 DOL PATRICIA JOHNSON On Hold EMERGENCY NOTIFICATION DOH FACILITY INFORMATION DCA Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) MERCK SHARP & DOHME CORPORATION Bldg. Age # of Floors Square Feet 2 123,400 Current Use (Prior if being demolished) Street Address 126 EAST LINCOLN AVENUE - BUILDING 53 County Code (7) VACANT (STATE USE ONLY) Name of Abatement Contractor (9) County (6) PAR ENVIRONMENTAL CORPORATION City (5) UNION ASCM No. Name of Monitoring Firm Hired by Building Owner (8) RAHWAY 104 ENVIRONMETAL HEALTH INVESTIGATIONS, INC. Street Address 313 SPOOK ROCK ROAD City, State, Zip Code Street Address 655 WEST SHORE TRAIL SUFFERN, NEW YORK 10901 License Number City, State, Zip Code SPARTA, NEW JERSEY 07871 Telephone Number Telephone Number 1101 Project Manager for Monitoring Firm 845-369-7500 973-729-5649 Name of OSHA Monitor AMERISCI LABORATORIES INC Sched. Completion Date (11) #11480 WILLIAM S. KERBEL, CIH /18 Expected State Date (10) 30 12/ Year /18 Day Street Address 11 / Month Year 117 EAST 30TH STREET Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: City, State, Zip Code NEW YORK, NEW YORK 10016 Other - Describe Monday thru Friday 6pm to 12am Full Containment with Negative Pressure WET WIPE & HEPA VAC Scope of Work (Check all that apply) Mini Enclo Renovation Glovebag Procedure Demolition Non-Friable Procedure Abatement Type >3SF OR LF ENCL Description of Asbestos-ENCAPSUL >160 SF OR REPAIR Amount REMOVAL Is Location Containing Material (ACM) Location of (Specify normally used LOSUR (ie. Thermal systems Asbestos-containing SF or LF) solely by insulation, surfacing, VAT, Material (ACM) Maint/Custodial or other miscellaneous) TO BE ABATED Staff (12) in Facility (13) Yes No N/A X 245 SQ. FT. FLOOR TILE & FLOOR MASTIC 1ST FLOOR MEN & WOMENS BATHROOM X X 21 LN. FT. 3 PIPE FITTINGS 1ST FLOOR MEN & WOMENS BATHROOM Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE Cubic Yards of Waste NJDEP Waste Name of Registered Waste Hauler 447 ALEXANDER DRIVE/ROUTE 15 10 Hauler ID No. FREEHOLD CARTING 15939 State Disposal Date PA 17752 GOMERY 825 HIGHWAY 33 Date// 10/31 to 11/2 City, State Signature FREEHOLD, NEW JERSEY Completed by (Print or Type) DIRECTOR OF OPERATIONS BENJAMIN SANCHEZ

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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te of Notification (1)			Str	et Address	-01/0	000 PV28-414 MA	v 10	2018	3   1	
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TEPA X	Amended Notifi	cation	IRA	HWAY, NEVV JEILO		Number	A- 10 11		1	
DEP /	Cancellation		-	ame of Contact		Telephone Number 732-594-7746		1	3 31	
IY IDOL I L	- 11-1-1	220		ATRICIA JOHNSON	13	732-594-7740				
X DON	On Hold EMERGENCY	NOTIFICATION	ON IPA	TION						
DCA L		F.F	CILITY	/ INFORMATION	Type of Facility	(4)				
Jame of Facility Where Abaten	ant is Taking	Place (3)		+	School (K-	12)	2)			
lame of Facility Where Abaten	Henris rains			t	Subchapte	r 8 (Other than K-1)	dae ho	mes. 6	etc.)	
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					100 100	2 1	hod)			1
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Street Address 126 EAST LINCOLN AVENUE -	County (6)		C	county Code (7)	VACANT		(0)			1
City (5)	LINION!		(57	ASCM No.	Name of Abate	ement Contractor	RATION			
RAHWAY	L Duilding	Owner:(8)		104	PAR ENVIRON	NIVIENTAL COTT	UTION			1
RAHWAY Name of Monitoring Firm Hire ENVIRONMETAL HEALTH INV	ESTIGATIONS	s, INC.		104	TOL L Address					1
ENVIRONMETALTILALTI	VLOTIO/TT.				1213 SPOOK R	OCK RUAD		- 7		1
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655 WEST SHORE TRAIL					ISHFFFRN, NE	EVV TORKETOOD	nse Num	ber		1
City, State, Zip Code	PARTA, NEW J	ERSEY 0787	1	L ar	Telephone Nu	1440				
5 Manitoring	o Firm	I elebito.		per	845-369-7500		1			٦
Project Manager for Monitoring	9	973-729-	-5649	= : (44)	1001	IN MODITOR	_	#114	80	1
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) Plainfield 22 Developers LLC 11/06/2018 Street Address Agencies Notified Type Notification 1195 Route 70, Suite 2000 Initial **EPA** City, State, Zip Code IXI DEP [X] Amended Lakewood, New Jersey 08701 DOL Amendment # 1 X Emergency (including Name of Contact Telephone Number DOH iustification X 732-961-8112 Maurice Zakaria Cancellation DCA **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Fabric Store ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address 855 Route 22 ☑ Other (i.e. private & commercial bldgs, homes, etc.) Square Feet # of Floors Bldg. Age 30,000 North Plainfield, New Jersey 07060 County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) County (6) Retail Bldg Somerset Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Lis Consulting Services LLC Lilich Corporation Street Address Street Address 606 McBride Ave 134 Bennington Parkway City, State, Zip Code City, State, Zip Code Woodland Park. New Jersey Franklin Park, New Jersey 08823 License No. Project Manager for Monitoring Firm Telephone No Telephone No. 973-225-8400 01104 201-652-1119 Krzysztof Lis Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) 11/23/2018 Iris Environmental Laboratories, LLC 10/26/2018 Street Address Occupancy Status During Abatement (Check Only One) 2333 Route 22 West Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Union, NJ 07083 Other - Describe: Scope of Work (Check All That Apply) □ Full Containment with Negative Pressure Renovation □≥3 sf or ≥3 lf П Mini-Enclosure **⊠**≥160 sf or ≥260 lf X Demolition Tent/Glove Bag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Туре Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Encapsulate Maintenance/ (Specify Enclosure TO BE ABATED (i.e. thermal systems insulation, Removal Repair Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) (13)Yes No N/A 16,400 SF X Roofing Material X Lower Level Section 200 SF X Lower Level Section X Transite NJDEP Waste Cubic Yards Name of Registered Landfill Name of Registered Waste Hauler Hauler ID No. of Waste 200 Fairless Landfill Lilich Corporation 18724 City, State Woodland Park, New Jersey Disposal Date City, State Morrisville, PA 11/28/2018 Date Completed by Title 11/06/2018 Adriana Oleiarova President

Completed by Adriana Olejarov	ıa	Title Pres	iden	t		Sign	WA TO	1	U/16	/2018	)	
City, State Woodland Park,	New Jersey					12/31/20	Ag Morri	sville, PA	ate	10011		
Name of Registered				NJDEP I Hauler II 18724	D No.	of Waste 180 Disposal-	Fairles City S	ss Landfill				
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Start Date (10) 10/26/2018			12/3	1/2018	pate (11)	Iris E	Environmental La	boratories, LLC				
Project Manager for N Krzysztof Lis	Ionitoring Firm	Scheduled		Telephon 201-652-	1119	973-	225-8400	01104				
City, State, Zip Code Franklin Park, New	The second secon			Tale-b-	o No	Woo	dland Park, New	License No.				
Street Address 134 Bennington Par	rkway					606 1	McBride Ave State, Zip Code					
Name of Monitoring Fi Lis Consulting Servi	rm Hired by Building ices LLC	Owner (8)		ASCM	NO.	Lilich	Corporation	*				
County (6) Somerset			(		SE ONLY)	Name	Retail c of Abatement Cor	Bldg				
City (5) North Plainfield, Nev	w Jersey 07060						Square Feet 30,000	# of Floors 1 or if being demolished		55+		
Street Address 855 Route 22							☐ Subchapter 8 ☑ Other (i.e. priv	(Other than K-12) rate & commercial bld				
lame of Facility Where	Abatement is Takin	g Place (3)		FACILI	TT INT ORGAN		Type of Facility (4 ☐ School (K-12)	)				
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Street Address 440 Washington Str	reet				40		☐ Subchapt ☑ Other (i.e	e. private & co	mmerci	al building				
City (5) Newark, New Jerse	ey 07102						Square Feet 175,000		# of Flo High-r		Bldg 50+	. Age		
County (6) Essex				County C STATE U	ode (7) ISE ONLY)	8	Current Use ( Apart	Prior if being ment High-		shed)				
Name of Monitoring F Lis Consulting Serv	irm Hired by Building Crices, LLC	wner (8)		ASCM	No.		Name of Abat Lilich Corpor		actor (9)					
Street Address 134 Bennington Pk	wy						Street Address 606 McBride							
City, State, Zip Code Franklin Park, New	Jersey 08823						City, State, Zip Woodland P	ark, New Je						
Project Manager for M Krzysztof Lis	Monitoring Firm	0		Telephor 732-94	0-6207		Telephone No 973-225-840 Name of OSH	00	10000	cense No. 1104				
Start Date (10) 11/16//2018		Scheduled 11/20/20		ipletion i	Jate (11)		Iris Environn	nental Labo	ratories	s, LLC				
	uring Abatement (Check						Street Addres 2333 Route							
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Lilich Corporation	vvasto i lauloi			Hauler ID 18724		of Wa		Fairless						
City, State Woodland Park, N	ew Jersey						sal Date 0/2018	City, State Morrisville	e, PA					
Completed by Adriana Olejarova	1	Title Pre:	sider	nt			Signature	100	1	Dat 11	e /06/20	18		
ASB-41 (R-06-08)							* Do not use	this form for	asbestos	s licensure	exemp	oted a	ctivit	ies.

State of New Jersey

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City (5) Brooklawn								S	quare Fe	eet	# 0	f Floo	rs	E	ldg. A	ige	
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Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.				Abateme EAD Pl				.S				
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City, State, Zip Code				CONTROL CONTROL					te, Zip Co VOOD,		3701						
Project Manager for Mon	itoring Firm			Telephor	ne No.		Teleph 732-		ne No 88-9078	3		120	ense N	10.			
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Completed by JOSEPH PERLSTE	IN	Title OWI	NER				Signatu	re					1.4	ate 1/9/	18		

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

Check 10550

Date of Notification (1)			Name	of Building Owner	r/Operator (	2) 1			10		Ü	W
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Facility Clcned/Vacated During Entire P	eriod of	Abaten	nent		P-0	) Box	337				e e i	
☐ Abatement Performed Outside of Norm ☐ Other – Describe:	al Facili	ty Hours	5			e, Zip Code	20702022		1	7		7
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Name of Registered Waste Hauler			JDEP Wauler ID				Registered L	,				
EPC Technologies			1700	Parting	d	Wast	e Mano	Sex	rent	406	P	A
City, State		17		Dispos	al Date	City, Stat	e	-		- (		-
	VJ	Α.			28-18	Morn	isville		A	•		
Steve Schenker	Title	1	+	Si	gnature	SCA	1	Date	1	17	16	
There action was	rke	side	NI		Deer	2 Cle	h	1	1-	13	-18	0

### PAID

Date of Notification (1)	All Market			of Building (			CHECK	# 60	07		
11-08-18 Agencies Notified Type Notification			The	Port Autho	ority of NY	or (2) & NJ	EX. E	(A)	::	77	F3
EPA Initial			Street	t Address ark Liberty	/ Internatio	nal Airport, Bld	g. 125. Cent	ral Te	rmina	al Arc	
DOL Amendm			Oity, C	State, Zip Coo ark, NJ 07	ge .		1	NOV	16	2018	
DOH justification Cancellar	on)	9	2 2	of Contact A. Volpe			Telephone	e Numb	er		. 1.3
Name of Facility Where Abatement is Ta	Li- Di			CILITY INFO	RMATION		(973) 62			3	)
Newark Liberty International Air	king Place ( Oort	(3)				Type of Facility	(4)			a di dina sa	
Street Address						School (K-	-12)				
3 Brewster Road						Subchapte Other (i.e.	er 8 (Other than private & comn	K-12) nercial h	uildin	re ho	mos
City (5) Newark						Square Feet	# of Floors			. Age	
County (6) Essex		Т	County	Code (7)		100,000			88 )		
Name of Monitoring Firm Hired by Buildin	~ O (0)		(STATE	USE ONLY)		Current Use (Pr Airport	for if being dem	olished	)		
The Fort Authority of NY & NJ	g Owner (8)	)	N/A	M No.	Nam Pint	of Abatement Co nacle Environm	ntractor (9)				
Street Address 241 Erie Street					Stree	t Address	ental Corp.				
City, State, Zip Code						Broad Street					
Jersey City, NJ 07310 Project Manager for Monitoring Firm					City, :	State, Zip Code stadt, NJ 0707.	2				
Ralph Campione			Telepho 973-62	one No. 22-0800	Telep	none No. 939-6565	Licens				
Start Date (10) 11-19-18	Schedule	ed Con		Date (11)		of OSHA Monitor	00756	3			
Occupancy Status During Abatement (Che	01-30-	19			Test	or Technology	Environmen	tal Sei	vices	3	
Facility Closed/Vacated During Entire	D	100 • • • • • • • • • • • • • • • • • • •	ent		Street	Address 9 Jackson Ave					
Other - Describe: Abatement will be				ea.	City, S	tate, Zip Code I Island City, N					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf	⊠ Re	enovat	ion								
≥160 sf or ≥260 lf	Distance	emoliti			×	Glovebag Proc	edure				
¥ 102 03		Locatio				Non-Exempled	(*) and Non-Fri	iable Pr		re emen	+
Location of Asbestos-Containing Material (ACM)	Used	ormally Solely	v bv	Anhasta	Description	of				уре	_
TO BE ABATED In Facility (13)	Custo	ntenan dial St (12)	ce/ taff?	(I.e. thei	Containing M rmal systems surfacing, VA ner miscellan	T. or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
Exterior D. 11 !!	Yes	No	N/A			*		val	air	ulate	sure
Exterior: Building 109: Roof Exterior: Building 109: Kitchen			х		ACRM		600SF	x			
Exterior: Building 109: Kitchen	+		х	8	Sink Gask	et	2SF	x			
			-								
ame of Registered Waste Hauler			DEP Wa		ibic Yards	Name of D	ogists 1				
ГС, Inc. / JBT (50071) ty, State		Hai 243	uler ID N 310		Waste		egistered Landf Enterprises	111			
irley, NY / Bronx, NY				Dis TB	sposal Date	City, State	`			-	
ompleted by symond Kinsella	Title			110	Signature	waynesb	ourg, OH 446				
	Project	Man	ager					ate 1-08-1	8		

### PAID

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

CK# 1925

Date of Notification (1)					Building Overwark To					,	i E	P [	12 2	**************************************	n ()	17-
Agencies Notified	Type Notification		S	Street Add	iress					11.		:::: ::::		- 77		
MARKET .	107		1	900 Pa	ssaic Av	е										
EPA DEP	Initial Amended		C	City, State	, Zip Code	3					THE A	lov	1	6 :	2018	
DEP X DOL	Amendment			Newark	, New Je	ersey					The state of the s			- 4	UNU	
DOH DCA	Emergency ( justification)	including	N	lame of (	Contact					Tele	phone Nu	· 11				
LI DCA	Caricolladori			FACIL	TY INFOR	MATIO	N						Ņ.	300	1	
Name of Facility Where	Abatement is Taking	Place (3)						Type of	Facility (4)	)			******	***		
Building # 50								☐ Sc	chool (K-12	!)						
Street Address								Su	ubchapter 8	Othe	r than K-1	2)	dine	n h	amac	.
900 Passaic Ave							İ		ther (i.e. pr	ivate 6	commerc	iai buli	uiriç	js, 11	omes	"
								Square		# of	Floors	E	lldg	. Ag	3	
City (5) East Newark								25,00	00	3			50+	-		
			7	County C	ode (7)				t Use (Prior	r if beir	ng demolis	hed)		50.00		
County (6)					SE ONLY)				mercial S							
Essex	- Hisad L. D. Hale -	Owner (0)		ASCM	No		Name	The state of the s	ment Cont						all the same	results.
Name of Monitoring Fi	rm Hirea by Building	Owner (8)		n/a	140.				Contractin							
n/a				IIIa				Address		.5						
Street Address									de Ave							
n/a								State, Zip					-			
City, State, Zip Code									J 07026							
n/a								none No			License I	No	-	-		
Project Manager for M	onitoring Firm			Telephon	e No.			460.60			01255	10.				
n/a				n/a							01200		100			
Start Date (10)		Scheduled		pletion D	Date (11)				A Monitor	na Ind						
11/19/18		01/31/19							Contraction	ig inc	,		_	-		
Occupancy Status Du	ring Abatement (Che	ck Only One)						Address								
Facility Closed/V	acated During Entire	Period of Ab	atem	nent		1			de Ave							
Abatement Perfo	rmed Outside of Non	nal Facility F	lours	5			1000	State, Zip								
Other - Describe	: Scheduled for Demo						Gar	field, N	J 07026				_	_		
Scope of Work (Check	k All That Apply)						-									
≥3 sf or ≥3 lf ≥160 sf or ≥260	£		nova molit					Full Min	Containme	ent with	n Negative	Press	ure			
≥160 sf or ≥260	1							Glo Nor	vebag Prod	edure	- N F	-bla Di		d. 150		
							L	Nor Nor	n-Exempted	(") ar	a Non-Fri	able Pi			ment	
		Is L	ocati	ion								1	^	Ty		6
Loca	tion of	70000	rmal			Des	scriptio	n of					T			
Asbestos-Contain	ing Material (ACM)	Used Main			Asbest	os Cont	taining	Material ns insula	(ACM)		Amount Specify	7	1	_	Encapsulate	E
	ABATED acility	200000000	In State of	Staff?	(1.6.		cing, V				F or LF)	Kemova		Repair	aps	Enclosure
	13)		(12)			other n	niscella	aneous)				oval	.	air	ulat	ure
		Yes	No	N/A											е	
				1		Roof	Mem	brane		1.	250 SF	×				
H	oof		X			11001	1410111					+	+			
												+	+			-
													-			-
																1_
Name of Registered	Waste Hauler		- 1	NJDEP V		Cubic of Wa	Yards				tered Land	ifill				
Rovic Transport			1	Hauler ID	140.	TBD			ISEI L	andfil	l	ă.				
City, State				72.55			sal Dat	te	City, Sta		0.000000					
Riverdale, NJ						TBD	)		Bethle	hem,	PA					
Completed by		Title	- 110			1	Signatu					Date		() () () () () () () () () () () () () (	110-20-110	
E. Cirovic		Secre	etan	У		(	6 Ci	rovi	,			11/1	0/1	8		
		-						100								

1924	PATH	ОМ	TIFIC (Pui	ATION C	of ASBES NJAC 8:6	TOS A	ABATEN	MENT )			K#	-19	2	4		
Date of Notification (1) 11/10/18		<u> </u>			Building Ov ewark To						5.0	111	Ŀ.	1:	. : :	
Agencies Notified	Type Notification			Street Add	dress ssaic Av	e			27 (2.8 to 1.2 t		NOV	/ 1	Ú	2018	3	1.1.1.1
EPA DEP DOL	Initial Amended Amendment #		C	City, State	, Zip Code	3	r			8				-		
DOH DCA	Emergency (in justification) Cancellation	ncluding		Varne of 0						Tele	phone Nu	mber			***	
LI DOX	Barrel Controlled			FACIL	ITY INFOR	TAM	ON									
Name of Facility Where Building # 36 Street Address	Abatement is Taking	Place (3)						Sc Su X Ot	Facility (4 hool (K-12 bchapter 8 her (i.e. pr	) 3 (Othe	r than K-1	12) cial bui	Idin	gs, h	omes	
900 Passaic Ave City (5)					9			Square		# of	Floors	7	Bldg	g. Ag	9	$\neg$
Fast Newark								25,00	0	3			50-	+		
County (6)				County C	ode (7) SE ONLY)				Use (Prio nercial S			shed)				
Name of Monitoring Fire	m Hired by Building O	wner (8)		ASCM n/a	No.				ment Cont ontractir							
Street Address					.,		1 7 7 7 7	Address								
n/a								State, Zip								
City, State, Zip Code n/a				Ť-1b	- No		Gar		J 07026		License	No				
Project Manager for Mo	onitoring Firm		1.1	Telephor n/a	ie No	•	1	460.60			01255					
n/a		Schedule	d Con		Date (11)				A Monitor			-				
Start Date (10) 11/19/18		01/31/1		ipiodoir c	Ma	1M .	Har	mony C	Contracti	ng Ind	2					
Occupancy Status Dur	ing Abatement (Check	k Only One	e)			-	10.00	t Address								
L	cated During Entire F			nent	. Etc.		1	Palisa								
Abatement Perfor	med Outside of Norm Scheduled for Demo	al Facility	Hours	s `	. H	∿. ∸-		State, Zip rfield, N	Code J 07026				200			
Scope of Work (Check	All That Apply)			1941	+67		·,									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emoli		414.4	i,		Mini Glov	Containmer -Enclosure vebag Prod -Exempted	e cedure					)	
			Locat					215-25-2					Α	Abate Ty	ment oe	
Asbestos-Containi TO BE A In Fa (1	ng Material (ACM) ABATED	Use Ma	d Sole intena	ely by ince/ Staff?	Asbest (i.e.	os Co therma	al syster acing, V	Material ns insula	(ACM) tion,	(	Amount Specify F or LF)	Value	Domousi	Repair	Encapsulate	Enclosure
		Yes	No	N/A									+			-
Ro	oof		X			Roc	of Mem	brane		2,	850 SF	<	+			
		-														
									Ner	Do-i-	torad I s-	4611				
Name of Registered V Rovic Transport	Vaste Hauler			NJDEP V Hauler IC		1	ic Yards /aste D		ISEI L	383-12	tered Land	unii				
City, State Riverdale, NJ						Disp	oosa; Da D	te	City, Sta Bethle		PA	į				410 <del>3 3 4</del>
Completed by E. Cirovic		Title	retar	ν			Signati	ure VVVVV				Date 11/1	0/	18		
L. OITOVIO		1 500		,				LUCOL							-	

Cr1321

Date of Notification (1)					f Building					1 1	, ()	7.7				in.
11/05/2018				YEUN	IG'S CO	NTRA	CTING	;	į.				4		1	
Agencies Notified	Type Notification  Initial			Street A 500 C	ddress HESTN	UT RII	DGE R	D.			NOV	Ìυ	20	)18	, , , ,	1
DEP DOL	Amended Amendment	t#			ate, Zip Co		07677	6							1	A -
☑ DOH	Emergency	(including	_		f Contact	LITTLE	01011			Tele	ephone	Numh	er	-	15	
DCA	justification) Cancellation			IVAN						1	1- 62					
				FACI	LITY INFO	ORMAT	ION									
Name of Facility Where PRIVATE	Abatement is Takir	ig Place (3	)					Тур	e of Facility (4	4)						
Street Address								H	School (K-1: Subchapter		or than	K 12\				
								X	Other (i.e. p				builo	lings,	home	es,
City (5)								Sau	etc.) are Feet	# of	Floors		В	ldg. A	ae	
UPPER SADDLE F	RIVER NJ. 0745	58							1,510 SF.	2	2			18	3-	
County (6) BERGEN					Code (7) USE ONLY	·		Curi	rent Use (Pric	r if beir	ng dem	olishe	d)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	Λ No.		Name	of Ab	patement Con		(9)					
N/A							NOR	RTH	EAST ENV	/IRON	IMEN	TAL	LLC	<b>:</b> .		
Street Address							Street 1126									1
City, State, Zip Code							- C- 2 Date (c) C		Zip Code			- 3-21 V E - 11				
Project Manager for Mon	itoring Firm			Telepho	no No				BERGENJ	. 0704		M.				
								-776	- 0642		Licens 0130					
Start Date (10) 11/07/2018		Schedule 11/08/2		npletion	Date (11)				SHA Monitor  VALITYCA	LLAP	INC	lý.				
Occupancy Status During	g Abatement (Chec	k Only On	e)				Street								_	_
Facility Closed/Vac	ated During Entire	Period of A	baten	nent			307.	W. 3	8th. STRE	ET						
Abatement Perform Other – Describe:	ed Outside of Norn	nal Facility	Hours	3			1 2574		Zip Code							
Scope of Work (Check A						_	NEW	V YC	PRK, NEW	YORK	<. 100	)18				
Scope of Work (Crieck A	іі тпат Арріу)	п.						1 _								
≥ 160 sf or ≥260 lf			enova emolit				×	M G	ull Containme lini-Enclosure lovebag Proc		Negati	ve Pre	ssur	е		
							×		on-Exempted		Non-F	riable	Proc	edur	9	
		3570	Locati											Abate Ty		.
Location Asbestos-Containing		Use	d Sole	ly by	Ashes		scription		al (ACM)	Δr	nount	r				
TO BE ABA	ATED	1500 VASIGNOSSI	ntena odial S			thermal	systems	s insu		(S	pecify		Re	Z.	Enca	Enc
(13)	ity		(12)				cing, VA niscellan		)	SF	or LF)		Remova	Repair	Encapsulate	Enclosure
Name of the last o		Yes	No	N/A									<u>a</u>		ate	ге
Bathroom. 2r	nd. Floor		Х			Floor	Tile 12	2x12		2	0.SF		х			
Baseme	Х			Floo	or Tile 9	9x9		16	0 SF		х					
Detached 0	Garage	Х			Exte	erior sid	ling		52	OSF.		х				
Name of Registered Was	te Hauler		LN	JDEP W	aste	Cubic	Yards		Name of F	Pagisto	rad Lan	4611				
TRI - STATE ASSO			Н	auler ID		of Was			MINER\	140 ma			E IN	IC		
City, State				3331			sal Date		City, State							
BRONX NY						TBD			WAYNE		RG OI	HIO				
Completed by	8	Title				S	Signature	72	unifly	17	201	Date				
CARLOS ESQUIVE	<u>-</u> :	SAFE	TY	MANAG	SER			Cin	engin	7	<b>(</b> )	11/0	)5/2	018		

0000	FALL	2	150		uildina O	mario-	noroto-	(2)	11-11-1	1-		1	111		$\neg$
Date of Notification (1) 11-05-18			C	mar R	uilding Ov odriguez		perator (	(८)		017	1 ( 201	8			
Agencies Notified	Type Notification		S	treet Ado	iress				N	0	1 6 201	0		*	
EPA DEP DOL	Initial Amended Amendment #				, Zip Code h, NJ 07				1	1.22					
DOH DCA	Emergency (ir justification) Cancellation	cluding	1	lame of C Omar R	Contact odriguez	Z			7 18 65	Tele	phone Nu	mber			
Land				FACIL	TY INFOR	RMATIC	NC	_	5 F99- (4)						-
Name of Facility Where A Private Home	Abatement is Taking	Place (3)						Тур	e of Facility (4) School (K-12) Subchapter 8	)	or than K-1	2)			
Street Address									Other (i.e. pri etc.)	vate 8	commerc	ial build	ings, dg. A		es,
City (5) Elizabeth,									uare Feet				ug. A	ge 	
County (6) Union				County Co STATE US	ode (7) SE ONLY)				rent Use (Prior			nea)			
Name of Monitoring Firm	n Hired by Building C	wner (8)		ASCM	No.				batement Cont ontracting LL		(9)				
Street Address							Street 522								
City, State, Zip Code									Zip Code ity NJ 07087	7					
Project Manager for Mo	nitoring Firm		17	Telephon	e No.		Teleph 201		No. -9603		License I 01206	No.			
Start Date (10) 11-05-18		Scheduled 11-07-18		pletion D	ate (11)				SHA Monitor ontracting Ll	_C					
Occupancy Status Durin	ng Abatement (Check	k Only One)					Street	Add	ress						
Facility Closed/Vac	cated During Entire F med Outside of Norm	eriod of Aba	atem	ent			522 City, 5		St. , Zip Code						
Other – Describe:						_			ity NJ 0708	7					
Scope of Work (Check	All That Apply)			1000			_	_							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Lancasta	nova						Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure				re	
		Τ											Aba	emer	nt
Location Asbestos-Containin TO BE A	ng Material (ACM) BATED	No Used Main Custo	tenai dial S	ly ly by nce <i>i</i>		os Con therma surfa	al system acing, V	Mate ns ins AT, c		(	Amount Specify F or LF)	Remova	Repair	e Encapsulate	Enclosure
(13		Yes	(12) No	N/A		other	miscella	aneou	us)			val	=	late	ure
Exte	rior	100	X	1		Trar	nsite S	idin	g	8	00 SF	×			
												-	-	-	+
						-14 V+11 kg/4						-	+	+	
Name of Registered W	/aste Hauler		100	JDEP W		Cubic of Wa	c Yards	7.	- 1		tered Land			_	1114
Delfa Contracting I	LLC			Hauler ID 356240			10	40			esource	Reco	very	rac	inty
City, State Union City, NJ						11	osal Dat -09-18	3	City, Stat			D-t-			
Completed by Jaime Delgado		Title Proj. I	Vlan	ager.	= 2400		Signatu	ire	A			Date 11-05	-18		
								1	/						

					R	ECEIV	/ED 11/07	/2018	04:39PM						
24 2000 01:10	edeA LN MA(	stos Co	ontrol 609	.633.066	54		page 1	1			name G L	n.()			
_	2018-227	P	AII			estos	Abalement and 12:120-			10V 1	ь	2018	3	Comments of the state of	The second secon
(K355)	3	<del></del> -	(1	n(shan)	***EMER			1	Check #	101				1	
Date of Notification	(1)	111	lama of Build	ing Ówne	r/Operator (2)				33.31	10	EV (II)	5		i	13
11 11 1/10 17		- 11	Roselle S		[설명] [20]			!	10-75	- <u>L</u> U.	U/A	1			
Agencies Notified	Type Notificani	in g	treet Address		THE SAME PROPERTY.	A CONTRACTOR	The second secon						0.010100	+	
DEP	K Initial		710 Locus			1 de l'Alle de part		4.			interestina	1	•		
E DOL	☐ Amendm		ity, State, Zip Roselle, I		13			-		1	1/				
M DOH	-	N	ame of Conts		,				VI: Telephone	Number	-		,	-	
☐ DCA	Cancella Cancella	tion	Kelvin W	hite .				L			******		, 	_]	
					LITY INFORM	ATION			1 000-10	1961	Total Section				•
Name of facility wit	nere obatement in	taking pis	ace (3)				-	777	ype of Facility (4	)	-		-		
Charles C. Po	olk Elem. Scho	ol (NOR	4-Sub 8)						Comment						
Street Address	Maria de la Caraca	DEL CHARLES		- man problem (-	are the second			=	Other (	rivate/Co	nhme		12)		
1100 Warren	St.							1			A 100 ADDRESS	Bio	a. Aa	D .	_
CIty (5)		Goul	nty (6)		-Outside the	97-55-7-55	ty Code (7)							manus bross	
Roselle		Un	ion .			(State	e use only)		Current Use (Pri	or 14 being	dem	olishe	d)		
Name of (Vontions	7.0	_	er (8)	T	ASCM No.	П	Marne of Abate	en Co	itractor (9)				-		i.
	Consultant's	nc.		CRITICIDA CONTRACTOR AND ADDRESS OF THE PARTY OF THE PART	n/a		B & G Res	ration	, Inc.		-	THE CONTRACT OF THE CONTRACT O			<b>.</b>
Steel Address	raw Rd Bld	36E E	air I man A	110744	0.4333		Street Address 105 Ryers	n Ros	d						
City, State, Zip Coo	io		all Edwir, it	0 0141	0-1322	-	City, State, Zip	ode							•
	JJ 07410-1322			- manufallefid					07035					Marketala	
Project Manager for Fred Larsen				ne Numb -636-91		- 11	Telephone Nur (973)696	3869				er Ter			
Scheduled Start Da		Schao	. Completion				Name of OSHA					GEORGE CO.		-	
11/07/2018		11/	08/2018			1	Singl Address	JUNE	i, inc.					-	5
Occupancy Status	5777						105 Ryers		d		N.				
	dívácated during enormed cutsido					- 11	City, State. Zip	ode:	- All Control of Contr			-			40
Describe	lbs: Start @ 4:					-	Lincoln Pa	k, NJ (	07035						
Scope of Work (d			-,									-	- 4	de arme	-
Demoision		Ranovati						v/negati	ve preseura	_					
≥2 sf or >3 =		160 af ar	≥280 If an aormally ut	ad entels		E M	lini-englosure		<u> </u>	Non-m		proced	MATERIAL PROPERTY.	_	-
Location of asbusios-co			enança/custo		2000 20000	ion of as	sbestos-contair	g	Amount		8	8	п	E	
Material to b absted in fac		Yes	No	N/A	material	(ACM)		-	Type of Facility (4)  School (K · 12)  Subchapter 8 (Other than K-12)  Other (Private/Commercial Bidgs./Homes, etc.  Squere Feet & of Floora Bidg. Age  Current Use (Prior N being demolished)  Contractor (9)  Ion, Inc.  Road  NJ 07035  License Number Q0378  Thor Road  NJ 07035  Getive pressure Glovebag procedure Non-friable procedure  Non-friable procedure						
			,,,,		D: (14)		. 11				8	-	B.	-	_
Room # 104		STREET, STREET		×	Pipe (Wre	D&C	ut		20.19		H	+	+	H	-
											d	靣			-
		49111						Constant Special					日	H	_
Registered Weste		NJC	EP Hauler ID	#   6	ubic Yarde of	Water	Name of Regi	and La	ndnir	~ ·			اليا.	Ш	-
B & G Restors City, State	ation, Inc.		19563	isposal E	3 Inte		Gran	Centr	al Landfill						-
Lincoln Park,	NJ				1/2018		Pen A	gyie, I	PA						_
Completed by (Pri		Tivia Secreta	ary/Treasu	rer	Signature	(	Gradus D	10.0		Date 11/07	חכוי	18			
				No.						1	,	-		-	-

#### State of NJ Notification of Asbestos Abatement

B & G proj. #: 2018-227

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

B & O proj. #.					***EMER	GEN	CY***	Check	# 9333				_
Date of Notification	າ (1)	IIN	lame of B	uilding Own	er/Operator (2	)		71 V A V V - 1 V 2	or an warry many	Karra a	, we have a		
1111/1017	1/118			School [		,			D E	3 N	A 15		
Agencies Notified	Type Notification	on S	treet Add	ress				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-				7
☐ EPA	Initial			cust Drive	e		***	A	OV It	20	10		i i i
X DOL	Amendm		에 즐겁게 하는 보호 (Barella)	, Zip Code e, NJ 072	03				•	20		400	1:
₩ DOH		I N	ame of C					Telephor	e Number				
☐ DCA	☐ Cancella	11		White					32-1527	1 1			
					ILITY INFORM	MOITAN	1						
Name of facility wi	here abatement is	taking pla	ice (3)				T	Type of Facility					
4-0.000-0-4-7-0-000 000 000 000 <del>0</del> 00 000	olk Elem. Scho			)					ol (K - 12)		.,	40)	
Street Address				,					apter 8 (O (Private/C			12)	
1100 Warren	St.							Bldgs.	/Homes, e	tc.		g. Ag	ne ne
City (5)		Cour	nty (6)			Cou	inty Code (7)	Square reet	# 01 1 1001	3		9.71	,
Roselle		Uni	ion			(Sta	ate use only)	Current Use (P	rior if bein	g dem	olishe	d)	
Name of Monitorin	a Firm Hired by F				ASCM No.		Name of Abatement	Contractor (9)				_	
Envirovision Consultant's Inc.			,, (0)		n/a		B & G Restorat						
Street Address						-	Street Address						
	araw Rd Bld	g.35E Fa	air Lawr	n, NJ 0741	10-1322		105 Ryerson F	Road		- 55			
City, State, Zip Coo Fair Lawn, N	de NJ 07410-1322	2					City, State, Zip Code Lincoln Park,	NJ 07035					
Project Manager fo	r Monitoring Firm		F	Phone Numb	per	_	Telephone Number		License	Numb	er		
Fred Larsen	1		9	73-636-9	145		(973)696-686		00	378			
Scheduled Start Da	ate (10)	Sched	. Comple	tion Date (1	1)		Name of OSHA Mon B & G Restorat						
11/07/2018		11/0	08/2018	į.			Street Address	ion, mo.					
Occupancy Status	10.75						105 Ryerson R	oad					
	d/vacated during erformed outside						City, State, Zip Code						
Other-Descri	ibe: Start @ 4:	00 p.m.	Wednes	sday only		_	Lincoln Park, N	IJ 07035					
Scope of Work (ch	heck all that apply	)						**************************************					
Demolition	X	Renovatio	n			_	Full Containment w/ne	gative pressure	Glove				
>3 sf or >3 lf		≥160 sf or				X	Mini-enclosure		☐ Non-fi	TR	R		_
Location of asbestos-cor	ntaining	by mainte	n normall enance/cu	y used solel ustodial		ion of	asbestos-containing	Amount	88	е	е	E n	E
material to b	e	staff(12)			material			(Specify S	SF or	m o	p a	c	C
abated in fac	cility (13)	Yes	No	N/A				Li		v e	i	р	
Room # 104				X	Pipe (Wra	ар & (	Cut)	20 lf		X			
								_		뷰	님	븜	ዙ
					1					#	-	片	H
					-	-	<del></del>			H	H	금	H
Registered Waste I	Hauler	INJD	EP Haule	r ID#	Cubic Yards of	Waste	Name of Registered	Landfill		.			1-
B & G Restora			19563		3		Grand Ce	ntral Landfill					
City, State Lincoln Park,	NJ			Disposal I	Date 8/2018		City, State Pen Argyle	e, PA					
Completed by (Prir		Title		-	Signature		(0, (0		Date				
Gordana Luna		Secreta	ry/Trea	surer			Gordana Luna		11/0	7/201	18		

5 2000 01:22AM NJ Asbe	estos Control 609,633	.0664	•		page 1	2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	*)[[	n E	TI C	NS W	F/A F/A 5-72	
8 & 6 proj. 0: 2018-228				stos 30-7	Abatement and 12:120 7	')   	Check i	oy 1 1933:	<u> </u>			A CONTRACTOR OF THE PARTY OF TH
Data of Notification (1)	Name of Building	Owner	Operator (2)			1.5	DUI.	-10[	H, Y	1	. 53	1
111/018/118	Brian & Jani	s G. B	oak									-
Agencies Notified   Type Notific	ation Street Address								1			1
DEP Initial	1 1				. 1			1	1		,	
R DOL AMEN	drent Maura At 1		0		*	į			<b>-</b>			
	4.653(16, 147						10/21/27		Name of Street	25 F		_
☑ DÓH ☐ Canad	Name of Contact					l	Telephoni	s. Mumber				
☐ DCA ☐ CERTOR	Brian Boak			_		4747-200					_	
		FACIL	TY INFORMA	TION	!				-callet	ESHIDADAN.		
Name of facility where abatemen	a la ambier mines (%)					Tour	e of Facility (	4)	-	-		
	it is smirtuil bisca (2).				1,71	School	(K - 12)					
Brian & Janis G. Boek						Subch	spter 8 (Oti	er th	ar K-	12)		
Street Address			Station de la Compa				Diher (	Private/Co	nette?		0.000	
								Homes, etc		100	- 4 -	-
	County (5)					_ S	Lare Feet	# of Floors			g. Ag	8
City (8)	Councy (b)		i		nty Code (7) te use only)	<del> </del> =	urrent Use (Pi	ing it bains	-10.00	Relan	45	- PRINCE
Wayne	Passaic			(with	200 01, ;		errent des (F) lesidential	ithir it mitmiss?	Gent	28140+ UUS	2)	
Name of Manhoring Firm Hired to	y Bieg, Owner (B)	T	ASCM No.	T	Name of Aba:		The second of th					
n/a		1		.	B&G Rei	acation	Inc					20
Street Address			- PAN STADISHMENT OF S	DER.	Street Address						- Control	in and
					105 Rye	on Rose	1					
City, State, Zip Code					City, State, Zip		7035			***************************************	1)	
Project Manager for Mentioning F	nm Phone	Numbe		-	Telephone Nui (973)69t	-8869		License i		⊕ł.		
Scheduled Stain Date (10)	(Sched, Completion C	ভাৰ বিশ		-	Name of OSH				a February Ser			
		-210 ( 1 1 )	E.		BAGRe	teration,	Inc.					-
11/10/2015	11/10/2018				Street Address						10-0-1100	
Occupancy Status During Abelian					105 Ryer:							
Facility closed/vacated duri	ing entire period of sometime: lds of normal facility hours-	nt.			City, State, Zhi	Code						
Describe				-	Lincoln Fi	de N.IO	7035					
Other-Déscribe:				-	1 30,000,1				=			
Scope of Work (check all that as								<b>=</b>	Ÿ		_	
	Renovellan				Full Containmen	SALIESEE(IA	e bressem	Giovab	-			
图 >3 의 ণ >3 ਜ	_ ≥160 sf or ≥260 if				Mini-endosure			Non-fri			-	
Location of	is location normally use by maintens nee/custodi						Serie		8	R	E	E
asbesine-containing material to be	staff(12)		Description (		abastos-contair	ng .	Amount (Specify S	SF of	m	P	s	8
abated in facility (13)	Yes No	NIA	Thetariel (	rwill.	t.		LF)		O V	8	n p	L
		250000			<u> </u>				8	1	-	-
Garage		X	pipe insula	ation			10 If		13	ليا	Щ.	L
Garage		X	pipe				20 lf		Ш		E.	L
Basement		×	pipe insula			2015 0 III III III	40 19	-		<u>L</u>	4	1
Basement entrance		×	pipe insula	ation		-2007	8 lf		K		1	1
					I Blanca		420		Ш		Ш.	1
Registered Preste Hauler B & G Restoration, Inc.	NJDEP Hauler IDS 19563	C	ADIE ASLOS OL	18280			odsii si Landiiii					
City, State Lincoln Park, NJ		11/1	ate 0/2018	CH SHARE	City, State	Igyle, P	A second		Management			<u></u>
Completed by (Print or Type)	Title	-	Signature		00 1 0	-)	- Minimum Million	Date				
Gordana Luna	Secretary/Treasure	r			Guelone S	4000		10/0	1/20	1Ê		

#### State of NJ Notification of Asbestos Abatement

B & G proj. #:

Date of Notification (1)

Agencies Notified

☐ EPA

☐ DEP

X DOL

X DOH

☐ DCA

Street Address

City (5)

Wayne

Street Address

City, State, Zip Code

Scheduled Start Date (10)

11/10/2018

Describe:

☐ Demolition

>3 sf or >3 If

Location of

Garage

Garage

Basement

City, State

material to be

Basement entrance

Registered Waste Hauler

Lincoln Park, NJ

Gordana Luna

B & G Restoration, Inc.

Completed by (Print or Type)

Title

Secretary/Treasurer

asbestos-containing

abated in facility (13)

Other-Describe:

Scope of Work (check all that apply)

Project Manager for Monitoring Firm

1 1 1 1/10 19 1/11 18 1

Brian & Janis G. Boak

2018-228

Type Notification

Initial

Amendment

Cancellation

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

Check # \*\*\*Emergency\*\*\* Name of Building Owner/Operator (2) Brian & Janis G. Boak Street Address NOV 16 2018 City, State, Zip Code Wayne, NJ 07470 Name of Contact Telephone Number Brian Boak **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Subchapter 8 (Other than K-12) Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Passaic Residential Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. B & G Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number License Number Phone Number (973)696-6869 00378 Name of OSHA Monitor Sched. Completion Date (11) B & G Restoration, Inc. 11/10/2018 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Lincoln Park, NJ 07035 Renovation ☐ Full Containment w/negative pressure Glovebag procedure Mini-enclosure Non-friable procedure >160 sf or >260 lf Is location normally used solely F by maintenance/custodial e Amount Description of asbestos-containing n m staff(12) P C (Specify SF or material (ACM) С 0 a Yes No N/A ٧ p pipe insulation × × 10 If pipe 20 lf × pipe insulation 40 If × × 6 If × × pipe insulation Cubic Yards of Waste NJDEP Hauler ID# Name of Registered Landfill 19563 Grand Central Landfill Disposal Date City, State Pen Argyle, PA 11/10/2018

Gordana Luna

10/09/2018

Signature

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#3208 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 11 18 William Shen 16 Agencies Notified Type Notification Street Address X EPA ✓ Initial DOLWD. ☐ Amended City, State, Zip Code X DHSS Amendment # Waldwick, NJ 07463 ☐ DCA Emergency (including (NJAC 5:23-8) Name of Contact justification) Telephone Number Cancellation William Shen **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Waldwick, NJ 07463 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Bergen 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\_\_ / \_21\_\_ / \_18 \_\_11\_\_/\_22\_\_/\_18 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/\_ PM\_\_ AM Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 lf > 160 sf or >260 lf Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Non-Exempted (\*) and Non-Friable Procedure Demolition Is Location Abatement Type Normally Location of Description of Removal Encapsulate Asbestos-Containing Material (ACM) Used Solely by Repair 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 Basement X VAT -floor tiles 500 SF X Garage Duct insulation 70 SF X П Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill

 Gr Tech LLC
 0033785
 TBD
 T.R.R.F. Inc

 City, State
 Disposal Date
 City, State

 Wayne, NJ 07470
 TBD
 Tullytown, PA

 Completed By (Print or Type)
 Title
 Signature
 Date

N.Jevtic

Owner

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

11/09/18

NOTIFICATION	OF ASE	140.400	7)			et 2 1				
(Pursuant to	NJAC 8	BESTOS ABATEM :60-7 and 12:120- of Building Own	er/Operator (2	) E (	a 15 1	75 1	3 7			
NO CK (Pursuant to	Name	CK SHARP & DOH	ME CORP.		)		-			
. (4)				* * * * * * * * * * * * * * * * * * * *				1		
Date of Notification (1)	Street	t Address . LINCOLN AVEN	UF P.O. BOX	2000, RY28-414	01/ 16	2010	- 1			
11 / 7 /18 Type Notification	126 E	LINCOLN AVEN	02,7.	- M	<del>0</del>	ZU10				
Agencies Notified Type Notification	City,	State, Zip Code WAY, NEW JERS	FY 07065				1			
EPA Initial Notification 2	RAH	WAY, NEW JERS		Num	her	-	14			
Cancellation	Nam	e of Contact		Telephone Num 732-594-7746	ibei					
V 100L L		RICIA JOHNSON		132-334 11 15	1 < 90 < 54 - 14 (0.5)					
	II ITY II	MONI	(Facilie	by (A)			1			
	JILII I I		Type of Facilit	(-12)			- 1			
Name of Facility Where Abatement is Taking Place (3)		1			K-12)	2000	etc.)			
Name of Facility			X Other (ie	nrivate & cullilli	Or. Dieg	dg. Age	010.7			
MERCK SHARP & DOHME CORPORATION			Square Feet	# of Floors	1	54				
			39,400		olished)			1		
Street Address 126 EAST LINCOLN AVENUE - BUILDING 80 M	Cal	unty Code (7)	Current Use (	Prior if being dem	ND OFFICI	E FACI	_1	1		
[County (*)	(STA	TE USE ONLY)	RESEARCH	atement Contrac	tor (9)			1		
City (5)	(0	ASCM No.	Name of Aba	NMENTAL COR	PORATION			1		
Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (8)		104	TOL + Addras	22				1		
ENVIRONMETALTICACTOR			313 SPOOK	ROCK HOAD				7		
Chant Address			Ctoto /	Zip Code	11	5.5		_		
655 WEST SHORE TRAIL		SUFFERN, I	NEW YORK 1090	License Nu	mber					
City, State, Zip Code SPARTA, NEW JERSEY 07871	Numbe	er	Telephone Number							
Project Manager for Monitoring Firm	649		845-369-7500 1101 Name of OSHA Monitor #11480							
MILLIAM S KERBEL, CIH	etion Da	ate (11)	AMERISCI	LABORATORIES	SINC	#114	,ou			
Expected State Date (10)		Voar						$\neg$		
11 / Month	Da	y roun	Street Addr	ess				1		
Month Day Abatement (Check only one)	Δhatem	ent	117 EAST	30TH STREET				$\dashv$		
I Lacilly Closed, to the control Lacilly	v Hours	- Describe:	City, State	. Zip Code		0016		- 1		
Abatement Performed Odder Town FRIDAY 7AM-	3:30 PN	A		MEW YORK, INC	EW YORK	0010		- 1		
X Other - Describe: MONDAY - FRIDAT 77.11		X Full Co	ntainment with	Negative Pressu	lie			- 1		
Scope of Work (Check all that apply)		Mini Er	nclo.					1		
Scope of Work (Check all that apply)    X   Renovation			ag Procedure riable Procedu	re			-A Turn	-		
>3SF OR LF		X Non-F	A shortos-	1		bateme	m Ir	E-		
X >160 SF OR 260 LF		Description o Containing Ma	terial (ACM)	Amou		REPAIR	ENCAPSUL	ENCLOSUR		
Location of normally use	ed	(ie. Therma	l systems	(Spec	city S	A	AP	5		
Asbestos-containing solely by	- 1	inculation SUI	facing, VAI,	SF or	LF) \\ \{\begin{array}{c} \begin{array}{c} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	120	SU	SUI		
Material (ACM) TO BE ABATED Staff (12)	dial	or other mis	cellaneous)							
	I/A				X					
190		or tile and Mastic		535sf		1				
1st Floor labs 108b,112b,112c,114a,124				36sf	X	+	+			
1st Floor labs 108b, 112b, 112	Du	ct Mastic					-	+-		
1st Floor labs 108,112,114,120,124								1		
	-									
	-					-	1	T		
						+	+	+		
	_				1	1	1	1		
	$\perp$		to IName	of Registered Lar	ndfill	- MANIA	GEME	NT S		
IN.IDEP W		cubic Yards of Was	te Name	of Registered Lar	ndfill RESOURCE	MANA	GEME	ENTS		
Name of Registered Waste Hauler  NJDEP W. Hauler ID	No.	ubic Yards of Was 20	LYCOI 447 AI	LEXANDER DRIV	/E/ROUTE	MANA 15	AGEME	ENT S		
Name of Registered Waste Hauler ID  1593	No. 9	20 Disposal Date	LYCOI 447 AI	LEXANDER DRIV	/E/ROUTE	MANA 15	AGEME	NT S		
Name of Registered Waste Hauler  825 HIGHWAY 33  City State	No. 9	20 Disposal Date	LYCOL 447 Al City, S MON	LEXANDER DRIN	/E/ROUTE	MANA	GEME	INTS		
Name of Registered Waste Flauler  825 HIGHWAY 33  City, State	No. 9	20 Disposal Date 11/7/18-12/31/18  Signatu	LYCOL 447 Al City, S MON	LEXANDER DRIV	/E/ROUTE	MANA 15	AGEME	IS		
Name of Registered Waste Flauler  Hauler ID  1593	No. 9	20 Disposal Date 11/7/18-12/31/18  Signatu	LYCOL 447 Al City, S MON	LEXANDER DRIV	/E/ROUTE	MANA 15	AGEME	IS		

Sta	ate of Nev	w Jersey	MENIT			1 12	0				
	OF ASB	ESTOS ABATEL	-7)			11	100			-	1
(Pursuant to	Name	of Building Own	er/Ope	rator (2)				74		1	
P. Carlotte	MERC	K SHARP & DO	HME CC	JRP.			NOV	+(	7:0	118	
e of Notification (1)	Street	Address		0 000	2000 F						
, 29 /18	126 E.	Address LINCOLN AVEN	NUE, P.	O. BOX 2	2000, 1	1123			V =		17
Type Notification	-	tata Zin Code				A					1
EPA Initial Notification 1	RAHV	AY, NEW JERS	SEY U/C	100				- 1			-
DEP X Amended Notification	Namo	of Contact			Teleph	none Numb	er				
1X 1100L   Land a 11-1d		ICIA JOHNSON	0.		/32-58	94-7746	-	_			1
X DOH On Hold EMERGENCY NOTIFICATION		FORMATION		(Facility	, (A)						
Taking Place (3)	JILIT I		-	f Facility chool (K-	-121						
ame of Facility Where Abatement is Taking Place (3)						ther than K	(-12)	· ho	mes.	etc.)	
IERCK SHARP & DOHME CORPORATION			X	ther (ie.	nrivate	ther than he & commo of Floors	i, blugs	Bld	g. Ag	е	7
IERCK SHARP & DOHNIE GOTT G.			Squa	re Feet	#	2			54		1
Street Address				,400	rior if b	eing demo	lished)	)	0	0.1	
CO FAST LINCOLN AVENUE BOILE	Cour	nty Code (7)						-ICE	FACI	LI	$\dashv$
City (5)	(STAT	E USE ONLY)  ASCM No.	Name	of Abat	ement	Contracto	or (9)	ION			
RAHWAY Suilding Owner (8)		104	PAR	ENVIRO	MMFM	TAL CORF	SHIM				
Name of Monitoring Firm Hired by Building ENVIRONMETAL HEALTH INVESTIGATIONS, INC.			Stree	t Address SPOOK F	s ROCK F	ROAD					$\dashv$
Ctroot Address			10:1	Ctata 711	n Code	3					
655 WEST SHORE TRAIL			SHE	FRN. N	FM AC	ORK 10901	cense	Num	ber		$\neg$
City, State, Zip Code  SPARTA, NEW JERSEY 07871  Telephone	Number			ohone Nu		1	101				
Project Manager for Monitoring Firm	649			369-7500 ie of OSF	JA MAOI	nitor			#114	400	
WILLIAM S KERBEL, CIH	etion Dat	e (11)	INAME	RISCI L	ABOR	ATORIES	INC		#114	400	
Expected State Date (10)	Dav	31 Year									
11 / Year Month			Stre	et Addre EAST 30	iss nth Si	TREET					
Month  Day  Year  Victorian  Occupancy  Status  During  Abatement (Check only one)  X  Facility  Closed/Vacated  During  Entire Period of A  During  Autside of Normal Facility	Abateme	nt	1								$\neg$
I Lacilly Closed, vacant	Hours -	Describe.	City	, State,	Zip Coo	de 'ORK, NEV	N YOR	K 10	016		1
	3:30 F W			T	MEAN I	Orie, rec	е				1
I I III E - Description		10 To	. !	ant with 1	Menativ	le Plessui					
X Other Boos		▼ Full Co	ontainm	ent with N	Negativ	e Plessur					1
Scope of Work (Check all that apply)		x Full Co x Mini E	nclo , nag Pro	cedure		e Plessur				- 441122	
Scope of Work (Check all that apply)  Demolition  3SE OR LE		x Full Co x Mini E Glove X Non-F	nclo , pag Pro riable P	cedure rocedure		/e Plessur		Ab	atem	ent Ty	уре
Scope of Work (Check all that apply)  Demolition  355 OR LF  260 LF		X Full Co X Mini E Glove X Non-F	nclo , pag Pro riable P of Asbes	cedure rocedure		Amour	nt		atem RE	ent Ty	ype EN
Scope of Work (Check all that apply)  Demolition  >3SF OR LF  X >160 SF OR 260 LF	1	x Full Co x Mini E Glove X Non-F	nclo , bag Pro riable P of Asbes aterial (/	cedure rocedure tos- ACM)		Amour (Speci	nt fv	REM	REP	ent Ty	ype ENCLC
Scope of Work (Check all that apply)  Demolition   >3SF OR LF   X   >160 SF OR 260 LF  Location of Asbestos-containing solely by	d	x Full Co x Mini E Glove X Non-F Description C Containing Mi (ie. Therma	nclo, pag Pro riable P of Asbes aterial (A al system rfacing,	cedure rocedure tos- ACM) ns VAT,		Amour	nt fv	REM	ate REPAIR	ent ENCAPSU	pe ENCLOSU
Scope of Work (Check all that apply)  Demolition  >3SF OR LF  X >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM)  Maint/Custodi	d	x Full Co x Mini E Glove X Non-F Description C Containing Mi (ie. Therma	nclo, pag Pro riable P of Asbes aterial (A al system rfacing,	cedure rocedure tos- ACM) ns VAT,		Amour (Speci	nt fv		REP	ent ENCAPSUL	e ENCLOSUR
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Street Address 126 EAST LINCOLN AVENUE -	BUILDING 80 County (6)	M		_	County	Code (7)	Current Use (F	Prior if being de	AND O	FFICE	FACI	Ll	
City (5)	1	STATE	JSE ONLY)	Current Use (Prior if being demolished) RESEARCH LABORATORY AND OFFICE FACTORY Name of Abatement Contractor (9)						1			
RAHWAY	1-		ASCM No.	PAR ENVIRONMENTAL CORPORATION									
Name of Monitoring Firm Hire ENVIRONMETAL HEALTH INV		104	Ctroot Addres	S					-				
ENVIRONMETAL HEALTHING	Lorran						313 SPOOK I	ROCK ROAD					ヿ
Street Address 655 WEST SHORE TRAIL							City, State, Z	ip Code	01			=3=2	
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Project Manager for Monitoring	FIIII		73-729	9-5649	9		The store	HA Monitor			#114	100	
WILLIAM S. KERBEL, CIH		Sched	. Com	pletic	on Date (	( <b>11</b> )	AMERISCI L	ABORATORIE	S INC		#114	.60	
Expected State Date (10)	/18		12/		31 Day	Year	8						-
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X Facility Closed/Vac Abatement Perform		Morn	nal Fac	cility H	lours - Di	escribe.	City, State,	Zip Code NEW YORK, N	EW VO	RK 10	016		
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TO BE ABATE in Facility (13	:D		Staff (1	2)	1	or other mis	cellarieous,			+	+	m	-
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825 HIGHWAY 33				939	Dispo	sal Date 18-12/31/18	MONT	GOMERY, PA	17752	Date /	8/7	27,	,0
	SEY		159		Dispo 11/7/ PERATIO	18-12/31/18  Signatur	MONT	GOMERY, PA	17752	Date /	0	3/1	(