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) RIVERVIEW MEDICAL CENTER /19 Street Address Agencies Notified Type Notification 1 RIVERVIEW PLAZA EPA Initial Notification City, State, Zip Code DEP Amended Notification RED BANK, NEW JERSEY 07701 ASSESTOS CUNTROL & DOL Cancellation LICENSING DOH On Hold Name of Contact Telephone Number DCA **EMERGENCY NOTIFICATION ERIC MATTSON** 732-450-2689 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) RIVERVIEW MEDICAL CENTER School (K-12) Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address 1 RIVERVIEW PLAZA-BASEMENT Square Feet # of Floors Bldg. Age 250,000 City (5) 65 County (6) County Code (7) Current Use (Prior if being demolished) Pharm. Lab. RED BANK MONMOUTH (STATE USE ONLY) HOSPITAL Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **ENVIRONMENTAL TACTICS** 17 PAR ENVIRONMENTAL CORPORATION Street Address Street Address 64 BROAD STREET 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code MATAWAN, NEW JERSEY 07747 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number THOMAS GEIGER 732-290-2236 845-369-7500 Expected State Date (10) 1101 Sched. Completion Date (11) Name of OSHA Monitor 11 / 13/ 14 /19 QUALITY ENVIRONMENTAL Month Dav Year Day Occupancy Status During Abatement (Check only one) Year Street Address Facility Closed/Vacated During Entire Period of Abatement 1376 ROUTE 9 Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY -FRIDAY 7AM-3:00PM City, State, Zip Code WAPPINGERS FALLS, NEW YORK 12590 Scope of Work (Check all that apply) Criticals with Negative Pressure Demolition Renovation Mini-Enclo. >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Description of Asbestos-Is Location Asbestos-containing Abatement Type normally used Containing Material (ACM) Amount Material (ACM) REPAIR REMOVAL ENCAPSUL **ENCLOSUR** 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) Yes No N/A BASEMENT X VAT & MASTIC 400 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill NEWARK CARTING Hauler ID No. GRAND CENTRAL SANITARY LANDFILL 913 City, State Disposal Date City, State NEWARK, NJ 07105 1/11/2019-09/30/2019 PLAINFIELD TOWNSHIP, PA Completed by (Print or Type) Title Signature BENJAMIN SANCHEZ Date DIRECTOR OF OPERATIONS

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City, State, Zip Code					PO I	Address Box 329 tate, Zip Code t Berlin NJ 0	8091					
Project Manager for Monitoring Firm			Telepho	one No.	Teleph	one No. 753-9800	3001	License N	lo.			
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Title

President

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Disposal Date

Signature

11/15/19

Anthony T Perna

City, State

Completed by

Elm

Date

10/23/19

Morrisville PA 19067

G.R.O.W.S.

City, State

Inv# 16130

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 2019 Lynne Brehmer Agencies Notified Type Notification Street Address ASHESTOS CONTROL & V EPA ☑ Initial LICENSING M DOLWD ☐ Amended City, State, Zip Code Amendment # ☑ DOH River Edge, NJ 07661 □ DCA ☐ Emergency (including justification) (NJAC 5:23-8) Name of Contact Telephone Number □ Cancellation Lynne Brehmer FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age River Edge 1,371 3 80 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Bergen County 0252 Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A N/A Acme Professional Services Corp Street Address Street Address N/A 550 Rifle Camp Rd City, State, Zip Code City, State, Zip Code N/A Woodland Park, NJ 07424 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. N/A N/A 973-938-5266 02003 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11 / 23 / 2019 11 / 25 Arsenije Adamov Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 550 Rifle Camp Rd Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-_ Woodland Park, NJ 07424 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 lf
 ≥160 sf or ≥260 lf ☑ Renovation Mini-Enclosure ☐ Demolition ☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Enclosure Removal Repair Encapsulate Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Basement X 9X9 Tile and Mastic 350SF X П П П Name of Registered Waste Hauler NJDEP Waste Name of Registered Landfill Cubic Yards of Hauler ID No. Waste Acme Professional Services Corp Fairless Landfill 2 cubic yards City, State Disposal Date City, State Woodland Park, NJ 11/27/19 Morrisville PA Completed By (Print or Type) Title Signature Date Arsenije Adamov President Arsenize Adamov 11/14/19 ASB-41

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Project Manager for Monitor	- P						Clifto	n N	J 07011						
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Project Manager

Darko Raloski

Date

11/12/2019

Inv# 10136 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) 11/15/2019 TOWER SARON ONE 2015 LLC. NOV 19 2019 Agencies Notified Type Notification Street Address X EPA 680 KINDERKAMACK ROAD SUITE 200 DEP Initial City, State & Zip Code Sociation Control & X DOL Amended RIVER EDGE, NJ 07661 LICENSING X DOH Emergency Name of Contact Telephone Number DCA Cancellation David Dublirer 201-322-4051 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residential Apartments-Basement Closet/Storage Room School (K-12) Street Address Subchapter 8 (Other than K-12) 805 Red Road Other (i.e. private & commercial buildings, homes, etc.) # of Floors Square Feet Bldg. Age City (5) County (6) County Code (7) 12.823 5 (including 87 basement) Teaneck Bergen Current Use (Prior if being demolished) Apartments Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health & Safety Services Resource Management Group, LLC. Street Address Street Address P.O. Box 365 2115 Hamilton Avenue, Suite 202 City, State & Zip Code City, State & Zip Code Berlin, NJ 08009 Trenton, NJ 08619 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Jim Proctor 856-839-2432 609-914-4279 01185 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12/02/2019 12/05/2019 J&S Environmental Laboratories, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West X Abatement Performed: Operating hours-8am to 5pm City, State & Zip Code Describe: Union, NJ 07083 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure ≥160 sf ≥260 lf Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate TO BE ABATED Maintenance or Enclosure (i.e., thermal systems Remova Repair in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) No Yes N/A Basement Closet/Storage Room Pipe Insulation 8 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Resource Management Group, LLC 0035218

TBD

TBD

Signature

Title

President

Disposal Date

DIAAA

City, State

Trenton, NJ 08619

Mr. Brian Haney

Completed By (Print or Type)

Grows Landfill

Morrisville, PA

MITAI

Date

11/15/2010

City, State

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Caricell	alion			Ro	on Carva	lho as agent			908	3-208	-306	0			
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Matawan, NJ 07747						Garfield, NJ (
Project Manager for Monitoring Firm		T	Tele	phone	No	Telephone No.	37026								
Tom Geiger)-2217	973-931-3293				se No	0.				
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Check #

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

Date of Notification (1)				Na	me of Build	ing Owner/Operato	r (2)					
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Saint Barnabas Medical	Conto	aking Pi	ace (3)			Type of Facility	(5) 7/3				
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Matawan, NJ 07747						Garfield, NJ						
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Tom Geiger					00-2217	973-931-329:	2	License No				
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of Abatement: 12AM	_PM/	PM- <u>8</u> .	AM		ourise tillie	City, State, Zip C	ode				-	
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☐ ≥160 sf or ≥260 lf		7. San C (2)	Renova Demoli				closure					
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1889 Rte. 9, Unit 61							Street Address					***	
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Project Manager for Monito		J		17.				New Jersey 087	55				
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Guardian Contracting,	Inc.			H	auler IE 20223		Waste 2	T.R.R.F.	()				
City, State							Disposal Date	City, State					
Toms River, New Jerse	∍у						11/18/19	Tullytown, P	enneulve=!				
Completed By (Print or Type)		Title					Signature	- Canytown, P					
Nicholas Fernicola		0.000	iect	Mana	aaer		- Orginature			Date	1	1.	.]

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Tnv# 1602								8				Г	Prin
X3193 PA	ID	NO	TIFICAT (Pursu	State of N TON OF AS ant to NJA	BESTO	SABATI	EMENT 20)		G		W	E	
Date of Notification (1) 11/14/19 Agencies Notified Type Notification			Pr	e of Buildin estone	g Owner Prod	Operato UCts	r (2)		NOV	19	2016	(a) (b)	Total Assessment Street
EPA Initial Amended			25	ot Address O Halls State, Zip C					ne state a sur		C016		
DOL Amendme	y (includi	ing	-	State, Zip Cehold,	-	7728		entre or made or province	-	ENSIN	iG.)L. &	Litterne
DCA Cancellati			Trains	Eric Plack				Te	dephone t 732-89				163
Name of Facility Where Abatement is Tal	ing Place	- (3)	FA	CILITY INF	ORMAT	ION			102 00	75 140	-		
Street Address City (5)		(* * * * ***				Type of Fac School Subchi Other (etc.)		er Ihan K & comme	-12) rcial be	ailding	s, ho	mes,
Freehold							Square Feet 720	#0	1 Figors		Bidg.	Age	
County (6) Monmouth				y Code (7) E use only	2		Current Use		ng demoi	ished)	03		
Name of Monitoring Firm Hired by Building	Owner (8)	ASC	SM No.		Name	Home of Abatement		(9)				
Street Address							Brick Indu		5000				
Ortes Adoress						Street .	Address						
City, State, Zip Code						City St	P ate, Zip Codu	O Box 915	5				-
						1 1	ick, NJ 0872						
Project Manager for Monitoring Firm		77.00	Teleph	one No.		Section 19 Section Statement	one No.		License	No.			
Start Date (10)	Schadu	ied Co	malation	Date (11)			32-899-7499		0	1196			
11/16/19	11/	30/19		runte (11)		Name o	of OSHA Moni	tor					
Occupancy Status During Abatement (Che	ck Only C	ne)			1	Street /	Address						
Facility Closed/Vacated During Entire Abutement Performed Outside of Nor Other – Describe.	Period of mal Facilit	Abater ty Hour	ment s	=	1	City, Sta	ate, Zip Code		an promoting .				
Scope of Work (Check All That Apply)													
≥3 sfor≥3 ll ≥160 sfor≥260 lf		Renova Demolit					Full Contair Mini-Enclos Glovebag P Non-Exemp	ure rocedure					
Location of		s Locati Normal			_					T	Abate	emen pe	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole aintenar dodial S (12)	nce/	(i.e. ti	os Conta hermal s	ystems i ng. VAT,	terial (ACM) nsulation, or	(Sp	ount ecity or LF)	Removal	Ropair	Encapsu'ale	Enclosure
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	-		X	asbes	tos si	iding		300S	F	X			-
										-			
Name of Registered Waste Hauser					- a******					-			
Brick Industries, Inc.			IDEP Waller ID 21602		Cubic Ya of Waste			Registere		4611			
City, State Brick, NJ		L	002	1	Disposal	Date 30/19	City, Str	ite					\dashv
Completed by	Title					nature		Morri	sville, F				
Eric Plackis		Pres	sident	X 		2475				1/14	/19		

Inv 161:	33	N	011	FIC.	ATIO ursua	Int to NJ	BESTOS ABA AC 8:60 and 5:4	TEMENT	Chlot	3	<u>.</u> 3	6	54
Date of Notification (1)					Nan	ne of Buildin	ng Owner/Operator	(2)	NEGI		W	E	IR
	24 /	19					de Nemours			<u> </u>			
Agencies Notified	Type Notifi	cation		-	Stre	et Address			111	4 0	2046	9	1111
☐ EPA					25	0 Cheese	equake Road		T MOA	19	2019	9	land
☑ DOLWD ☑ DHSS	⊠ Amende		414 =	140	_	State, Zip							
□ DCA	☐ Emerge	ment #3-1		119	1	arlin, NJ 0		: [ASBESTO	S CO	VTR	S JC	Comments of the Comments of th
(NJAC 5:23-8)	justifica	tion)	unig		Nam	e of Contac	ct		Telephone Num	her	IG.	angayani	or to The particular to the
	☐ Cancella	ation			Ni	chol Rein	hold		732-613-240				
				10.000	F/	CILITY II	NFORMATION						
Name of Facility Where A			ace ((3)				Type of Facility	(4)				
DuPont Parlin Facil	ity - Bldg.	2004						School (K-12	3000				
Street Address								☐ Subchapter	8 (Other than K-12	2)			
250 Cheesequake R	load							Momes, etc.)	private and comme	rcial b	uildin	gs,	
City (5)								Square Feet	# of Floors	TB	ldg. A	ae	
Parlin												.90	
County (6)					Cou	nty Code (7	(STATE USE ONLY)	Current Use (Pr	ior if being demoli	shed)			
Middlesex										J			
Name of Monitoring Firm	Hired by Buil	lding Own	er (8)) /	ASCN	No.	Name of Abateme	ent Contractor (9)		_			
Cardno ATC							BRISTOL EN						
Street Address							Street Address		•	-			
3 Terri Lane							1123 BEAVE	R STREET					
City, State, Zip Code							City, State, Zip Co	ode					
Burlington, NJ 0801							BRISTOL, PA	19007					
Project Manager for Monit	oring Firm		T	Tele	phone	No.	Telephone No.		License No.				
John Lutz						8-8800	215-788-6040		00509				
Start Date (10)	10	Scheduled					Name of OSHA M	lonitor					
/					_ /	19	BRISTOL EN	VIRONMENTAL	L, INC.				
Occupancy Status During							Street Address						
☐ Facility Closed/Vacated	During Enti	re Period	of Ab	oaten	nent		1123 BEAVER	R STREET					
Abatement Performed of Time of Abatement: 7:	One of No.	ormal Fac ⊃м/	ility F	Hours	S - Des	scribe	City, State, Zip Co	ode					
		1011	_I- IVI-		AIVI		BRISTOL, PA	19007				47	
Scope of Work (Check all t	hat apply)												
≥3 sf or ≥3 lf			Reno	vatio	n		☐ Full Cont☐ Mini-Encl	ainment with Neg	ative Pressure				
≥160 sf or ≥260 lf			Demo	olition	1		⊠ Glovebag	Procedure					- 1
			la La	2001		1		mpted (*) and Nor	n-Friable Procedur	е			
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Asbestos-Containing M	aterial (ACM	1) U		Solel		Asbes	Description of stos Containing Mat	terial (ACM)	Amount	Re	Re	E	m
TO BE ABAT IN Facility				enan		(i.e.	, thermal systems i	nsulation,	(Specify	Removal	Repair	cap	clos
(13)				12)			surfacing, VAT, other miscellaned		SF or LF)	/al		Encapsulate	Enclosure
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Exterior Roof			D	3		Transite			256 SF		П		П
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Name of Registered Waste	Hauler				DEP V	Vaste	Cubic Yards of	Name of Registe	orod I andfill		Ш	Ц	
Bristol Environmenta				Ha	uler ID	No.	Waste	Fairless Lar					
City, State				1	8706		15 Cu Yd Disposal Date						
Bristol, PA 19007							11/22/19	City, State Fairless Hill	le DA				
Completed By (Print or Type	e)	Title	_					i aniess fill					
Gino Pizzigoni	(*) E	Estim	ator				Signature Limb (Manakan	7 / On / /	e -/	5-	10	9

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

CML#2:3651

Date of Notification (1)				Na	me of Build	ing Owner/Operator	(2)	F	100	TE -	1 11/7	-[-				
	/	19				t de Nemours	-/	山)。追	<u>U</u>	<u>L</u>		占				
Agencies Notified ☐ EPA ☑ DOLWD	Type Notificat Initial Amended	ion			eet Address 50 Chees	s equake Road			NOV	1 9	2019	-				
☑ DHSS	Amendmen	nt #2-11	/7/19	City	y, State, Zip	Code		bol has	1401	1 0	2016					
☐ DCA	☐ Emergency	(includ		F	arlin, NJ	08859	2.		MATERIAL PROPERTY.	Digital Control	anne de resemble de	**********				
(NJAC 5:23-8)	justification			Nar	me of Conta	act		Teleph	BESTO)S C(ING) L &				
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Nome of Facility IAII				F	ACILITY I	NFORMATION										
Name of Facility Where A DuPont Parlin Facil			ce (3)				Type of Facility (4)									
Street Address	iity - Biag. 200)4					School (K-	K-12)								
250 Cheesequake F	Pond						☐ Subchapte	r 8 (Other ti	8 (Other than K-12) private and commercial buildings)							
City (5)	\Oau						homes, etc	C.)								
Parlin							Square Feet	# of FI	oors		Age					
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Name of Monitoring Firm	Hired by Building	Owne	· (8) T	ACO	A No.	I.N.										
Cardno ATC	by Dunding	owne	(0)	ASC	VI NO.	Name of Abateme										
Street Address						BRISTOL EN	VIRONMENT	AL, INC.								
3 Terri Lane						Street Address										
City, State, Zip Code		-				1123 BEAVE		101								
Burlington, NJ 0801	6					City, State, Zip Co										
Project Manager for Monit			Tele	phone	No	BRISTOL, PA	19007									
John Lutz	•		1		6-8800	Telephone No. 215-788-6040	COAO									
Start Date (10)	Sch	eduled (- 200		ate (11)	Name of OSHA M		0050)9							
11 /18 / _	19				19	BRISTOL EN		AL INC								
Occupancy Status During	Abatement (Che					Street Address	IL/OIAINIEIN LY	AL, INC.			-					
☐ Facility Closed/Vacated	During Entire P	eriod of	Abaten	nent		1123 BEAVER	STDEET	-								
	Outside of Norma	al Facili	v Hours	- Do	scribe	City, State, Zip Coo										
Time of Abatement: 7:0		F	M	AM		BRISTOL, PA										
cope of Work (Check all t	hat apply)															
⊇3 sf or ≥3 if ☑ ≥160 sf or ≥260 if		⊠ Re	novatio molition	n 1		☐ IVIINI-Encid	inment with Ne osure Procedure npted (*) and No									
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Location of Asbestos-Containing Ma	F		Vormall			Description of				bateme						
	aterial (ACMA)	Use	O Soleli	v nv	The contract of the contract o	Description of				120	En					
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

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Date of Notification (1)						ng Owner/Operator	(2)					-		
	24 /	19		E.	I. duPont	t de Nemours		WOV NOV	1 0	201	0			
Agencies Notified	Type Notification	on		Stree	et Address			TI TI 140 A	1 3	201	0	_		
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☑ DHSS	Amendment				rlin, NJ (LIC	CENSI	NG		en:		
☐ DCA (NJAC 5:23-8)	Emergency justification)		ng		e of Conta			T						
(110/10/0.20-0)	☐ Cancellation				chol Reir			Telephone Nur						
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Name of Facility Where A	Abatement is Tak	ing Pla	ce (3)		CILITI	NOTIVIATION	T	7.0						
DuPont Parlin Facil			00 (0)				Type of Facility	2.05						
Street Address	ity - Diag. 200						School (K-1	2) 8 (Other than K-1)	۵)					
) d						Other (i.e.,	private and comme	2) ercial b	uildin	20			
250 Cheesequake F	toad						homes, etc.	.)	Ji Oldi D	ananı	95,			
City (5)							Square Feet	# of Floors	В	ldg. A	ge	-		
Parlin			2											
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Middlesex							1							
Name of Monitoring Firm	Hired by Building	Owne	r (8)	ASCM	No.	Name of Abateme	ent Contractor (9)	-			_		
Cardno ATC							VIRONMENTA							
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3 Terri Lane						1123 BEAVE	STREET							
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Burlington, NJ 0801	6					BRISTOL, PA								
Project Manager for Monit			Tal	ephone	No		19007							
John Lutz	g :			09-386		Telephone No.		License No.						
Start Date (10)	Sohr	dulad			te (11)	215-788-6040		00509						
ON HOLD	Sche	eaulea	comple /	etion Da	ite (11)	Name of OSHA M						Ī		
						BRISTOL EN	VIRONMENTA	L, INC.						
Occupancy Status During						Street Address						-		
☐ Facility Closed/Vacated ☐ Abatement Performed	During Entire P	eriod o	Abate	ment		1123 BEAVER	RSTREET							
Time of Abatement: 7:	Outside of Norma	ai Facili	ty Hou	rs - Des AM		City, State, Zip Co	de					-		
			141-			BRISTOL, PA	19007							
Scope of Work (Check all	that apply)					-								
≥3 sf or ≥3 lf		Μp	enovat	ion		☐ Full Cont	ainment with Ne	gative Pressure						
≥160 sf or ≥260 lf			emoliti			☐ Mini-Encl ☑ Glovebag								
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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) 10 / 19 E.I. duPont de Nemours Agencies Notified Type Notification Street Address ☐ EPA 250 Cheesequake Road DOLWD 0503 ☐ Amended City, State, Zip Code ☑ DHSS 0497 Amendment # ASBESTOS CONTROL & LICENSING Parlin, NJ 08859 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Nichol Reinhold 732-613-2400 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) DuPont Parlin Facility - Bldg. 2004 School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 250 Cheesequake Road homes, etc.) City (5) Square Feet # of Floors Bldg. Age Parlin County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Middlesex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Cardno ATC BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 3 Terri Lane 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Burlington, NJ 08016 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. John Lutz 609-386-8800 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11 / 4 / 19 <u>11</u> / _ 8 / 19 BRISTOL ENVIRONMENTAL, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00AM-3:30PM/___ PM-BRISTOL, PA 19007 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 lf
 ≥160 sf or ≥260 lf □ Renovation ☐ Mini-Enclosure ☐ Demolition ☐ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Repair Remova Encapsulate Enclosure Amount TO BE ABATED Maintenance/ (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Exterior Roof X Transite П 256 SF X П П П П П Name of Registered Waste Hauler NJDEP Waste Name of Registered Landfill Cubic Yards of Bristol Environmental Inc. Hauler ID No. Waste Fairless Landfill 18706 15 Cu Yd City, State Disposal Date City, State

MAY 11 GI19266

Gino Pizzigoni

Bristol, PA 19007

Completed By (Print or Type)

Title

Estimator

11/8/19

Signature

Fairless Hills, PA

Date

10-24-19

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

CK1888 Invila	164	NOT	rica (IC	Strite of New Jers ON OF ASSESTO LO NI AC 8 60 a	S ABATE	MENT	B	E C		<u> </u>		
Date of Notification (1) 11/15/2019				of Building Owner College of Sain				NOV	19	201	9	世
Agencies Notified Type Notification			-	Address	It Liizai	Jetii		ALC HIS CHOOL CONTRACTOR	ethologists (***	WOODERSTEIN C	· Comment	
▼ EPA ▼ Initial ▼ Amended ▼ DOL ▼ Amendment				onvent Rd		j		ASBEST(OS CO CENS	ING	OL &	
				State, Zip Code ristown, NJ 079	60	le	to involve and the		ACTION D'AVENUE	6-april artherin	Automotive Property	
DOH Emergency (justification)	includir	ng	Name	of Contact		Te	lephone N	lumber		= 111= 111		
DCA Cancellation	Marie - 1 - 1 - 1			Steve Iacovo	7.0	7)	9	73-290-4	1000	77		
Name of Facility Where Abatement is Taking	Place	(3)	FAC	CILITY INFORMA	TION	Type of Facility	(4)					
O'Connor Hall Street Address						School (K-	12)					
2 Convent Rd						Subchapte Other (i.e.	r 8 (Oth private	ner than K- & commer	-12) cial bu	ildings	, hom	es,
City (5)						etc.) Square Feet		of Floors		Bldg.		
Morristown				74		71,130	5			92	.5-	
County (6) Morris				Code (7) USE ONLY)	Current Use (Prior if being demol					1190		
Name of Monitoring Firm Hired by Building C	wner (8	B)	ASC	M No.	Name	of Abatement Co	ntracto	(9)		10000		
Street Address					Unite	ed Safety LLC						
Offeet Address						Address roy Lane						
City, State, Zip Code						tate, Zip Code						
Project Manager for Monitoring Firm			+			oln Park, NJ 0	7035					
. 1966 Manager for Monitoring Firm			relepno	one No.		one No. 276-0099		License 01317	No.			
Start Date (10)			mpletion	Date (11)	Name	of OSHA Monitor		01017				
11/16/2019 Occupancy Status During Abatement (Check	11/16					ed Safety LLC						
Facility Closed/Vacated During Entire Pe	Marie 1997	0%010%	nent	04 (%)		Address roy Lane						
Abatement Performed Outside of Norma Other – Describe: 7:00am - 5:00pm or as need	I Facilit	y Hours	S		City, St	tate, Zip Code						-
Scope of Work (Check All That Apply)		ilpiote pro	jeot		Linco	oln Park, NJ 0	7035		,			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	parents.	Renova Demolit			×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure				e	
	100	s Locati Normal									ement pe	
Location of Asbestos-Containing Material (ACM)	Use	ed Sole aintenai	ly by	De Asbestos Con	scription taining M	of aterial (ACM)	A	mount	-	1 9		
TO BE ABATED In Facility		stodial S		(i.e. thermal	systems cing, VAT	insulation,	(S	pecify or LF)	Ren	Re	Encap	Encl
(13)		(12)	T		niscellane		0,	o. L. /	Removal	Repair	Encapsulate	Enclosure
Basement Corridor by Chapel Room	Yes	No	N/A	Dine	Insulat	ion			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Ф	
		\ \ \		ripe	Ilibulat	1011		l LF	X	-		-
									+			-
									+			
Name of Registered Waste Hauler		10000	JDEP Wauler ID			Name of F	Registe	red Landfil	1			
United Safety LLC		7 1	36820		31.G	Fairless	Land	fill				
City, State Lincoln Park, NJ	V (V (V (V (V (V (V (V (V (V (Dispos TBD	al Date	City, State Morrisvi		7				
Completed by	Title				ignature	Wollisvi		2	ate		7-14-	
Vanco Petkov	Proje	ect Ma	nager		left	Be are	el	1	1/15/2	2019		

Print Form

Inv	1101	30	NOTIFICA	FION OF	ASBESTO	SARATEM	ENT /	/.	f. 14	11.	77	
Date of Notification			(FORBOR	Name	Of Buffdind	AND 12:12 Owner / D	0-7 (perator (2)	lec,	f" factor	UI,		_
$\frac{11}{1} / \frac{18}{18}$	/19	_		NOVA	RTIS PHAR	MACEUTIC	ALS CORP	ORATION	· -			
Agencies Notified	Type of	Notification		Street	Address			IIIn	-	GEI	77	E
☐ EPA	.ype 0.	Initial			LTH PLAZA)- <u>-</u> -	9 5 1	1 1	匠
		Amended		EAST I	tate, Zip Co HANOVER,	ode			1			
☑ DOH		Amendment		Name (of Contact	NJ 07936			80	04 10	0040	
☑ DOL		Emergency	w/ justification		N NEKOUI			Telepi	none Na	Mber 19	2013	1
		Cancellation	Property and results with the second					862-77	8-8799			
			F	ACILITY	INFORMAT	TION				STOSCO	NIBOL	Q.
Name of Facility Wi	ere Abate	ment is Taking	Place (2)		-			- Language	The state of the s	LICENSI	VG	
NOVARTIS		mont is raking	riace (3)		Type of	Facility (4)			2			
04						School	(K-12)					
Street Address 1 HEALTH PLAZA					- -		pter 8 (Othe	r than K	12)	-		
I HEALTH PLAZA						Other (I.	e., private	cmmer	rial			
City (5)	County ((6)	10			bldgs., l	nomes, etc.)	oiai			
EAST HANOVER	MORRIS	0)	County Code	(7)	Square	Feet	# Of Floo		Build	ling Age		_
					C	N/A	1	N/A	1			
					N/A	use (Prior	if being der	nolished)			
Name of Monitoring	Firm Hire	d by Bldg. Own	ner (8)	ASCM N		Ahatama-	t Contracto	- /01				
HILLMANN ENVIRO	MENTAL				Sivanie of	Anatemen	Contracto	r (9)				
Street Address					NORTHS	STAR CONT	TRACTING (GROUP	INC			
600 Route 22 East				All Consults seems	Street A	ddress						_
City, State, Zip Code					-							
Jnion, NJ 07038-1597	7				32 William	ms Parkway						
roject Mngr. For Mo	nitoring I	Firm	Telephone Nu	mbor	City, Sta	te, Zip Cod	е		KOLUS SHOOL			
TIKE NEHLSEN		enogani.	908-688-7800		Fast Han	over, NJ 07	036					
heduled Start Date	,	Sched. Comp	letetion Date (1	1)	Telephor	ne Number	930	License	Mount			_
$\frac{11}{30}$	/19	_12/	02/	19		io mamber		License	Numbe	r		
Occupancy Status Do	uring Abai	tomont (Charle	/			84-8682				00860		
☐ Facility Cl	osed/Vaca	ated During Ent	ire Period of		Name of	OSHA Mon	itor					
Abatemen	t				Street Ad	TAR CONT	RACTING C	ROUP, I	NC			
Abatemen	Performe	ed Outside of N	ormal Facility		Street Ad	aress	¥2.				926	
Hours - De	scribe:				32 William	ns Parkway						
Other - De	scribe: _	Saturday 7:00	AM-Monday 7:AN	Л	City, Stat	e, Zip Code	9					_
cope of Work (Chec	k All That	Annly			East Hand	over, NJ 079	936					
		Apply)										
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≥160 sf or	≥260 If			1	Glovebag	Procedure						
					Non-Exen	npted (*) an	d Non-Fria	ble Proce	edure			
Location of		ls		December								
Asbestos Contai		Location	Ash	Descript	ontaining			Abateme	nt Type			
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TO BE ABATE	D	Used	(i.e.	., thermal	systems		(Specify	E	R	N	N	
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(13)		by Main- tenance/	or of	her misc	ellaneous)		- /	v	A	P	0	
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		Staff (12)						L	R	U	U	
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TO 1000										_		

20	1	and the same				STATE C	F NEW JE	RSEY	ſ	NAME (
///	()				NOTIFIC (PURSI)	ATION OF	ASBESTO	S ABATEM 7 AND 12:12	ENT	In E	: C	E	WE	
Date of Notification					(1.01.00	Name	of Building	Owner / O	perator (2)	111				711
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Agencies Notified	Type of	Notif	icati	on			Address LTH PLAZA			11 11	NUV	19	2019	- Low
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☑ DOL				lmen encv	t # w/ justification		of Contact		L	Teleph	one Nur	nber	G	
	<u></u>	Ca	ncel	latio	n_	I INASSA	IN NEKOU	l,		862-778	9700			VALUE COLOR
						FACILITY	INFORMA	TION		1002-110	0-0799			
Name of Facility Who	ere Abate	ment	is T	aking	g Place (3)		Type o	f Facility (4)						
NOVARTIS					, , ,		Type o							
Street Address					W = 547 - 18 - 19 - 19 - 19 - 19 - 19 - 19 - 19		니 📙	School						
1 HEALTH PLAZA								Other (I	pter 8 (Othe e., private	er than K-1	12)			
City (5)	C	21						bldgs.,	homes, etc.)	idi			
EAST HANOVER	County (I MORRIS	0)			County Code	e (7)	Square		# Of Floo		Build	ing Age	è	
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Name of Monitoring I	Eirm Lite	d les s	21-7	_	(0)	1	N/A							
HILLMANN ENVIRON	MENTAL	u by E	siag.	. Uwi	ner (8)	ASCM	NO Name o	of Abatemen	t Contracto	or (9)				
							NORTH	STAR CON	TRACTING	GROUP II	VIC.			
Street Address 1600 Route 22 East		78	523.— 				Street A	Address	01110	J., (JOI , II	,0			
City, State, Zip Code				-	S		22 // (11:4	D. I						
Jnion, NJ 07038-1597							City, St	ams Parkway	<u>/</u>					
Project Mngr. For Mo MIKE NEHLSEN	nitoring F	irm	11111111		Telephone N									
Sheduled Start Date (10)	ISch	ed. (Comi	908-688-7800 pletetion Date (East Ha	nover, NJ 07	936					
12_ /06	/19	1	_12		09	/ 19	relepno	ne Number		License	Number	•		34411
Occupancy Status Du	ring Abot		+ 10	/	/			884-8682				00860		
Facility Clo	sed/Vaca	ted D	urin	neck a En	tire Period of		Name of	OSHA Mor	nitor	DOUB II				
Abatement							Street A	STAR CONT	RACTING (SROUP, IN	IC.			
Abatement Hours - De	Performe	d Ou	tside	e of N	Normal Facility		20 1450							
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Scope of Work (Check	K All That	Apply	y)											
Demolition			V		Renovation		Full Con	tainment w	ith Negative	Proceura				
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