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Date of Notification (1) 11/20/2018					of Building Ow ork Public S		r (2)		1 1 N	10V 2	26 2	2018	
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× EPA × DEP × DOL		10020		City, St	ate, Zip Code		- 1101	0111 200	Principal and the second	er			- 41
	Amendmer Emergency	(including	_		rk NJ 0710	8			T-tN	L t	12.2	** ** ****	
X DOH X DCA	justification Cancellatio				min Olagad	deyo			Telephone N 973-733-7				
Name of Facility Where	Ahatement is Taki	na Place (3)	FAC	ILITY INFORI	MATION	Type	e of Facility (4)					
Malcolm X Shabaz		ing i lace (3)				X	School (K-12)					
Street Address 80 johnson Avenue		П						Subchapter 8	Other than K- vate & commer	-12) rcial bu	ildings	, hom	es,
City (5) Newark NJ 07108							Squa 250	are Feet	# of Floors		Bldg. <i>F</i> 116	Age	
County (6) Essex					Code (7) USE ONLY) _		Curr		if being demoli	ished)			
Name of Monitoring Firm Whitman	Hired by Building	Owner (8))	ASCN 0011	57 CONTRA			atement Control					
Street Address 7 Pleasant Hill Roa	d						Addre	ess nbury Road					
City, State, Zip Code Cranbury NJ 08512	2							Zip Code 07083					
Project Manager for Mon Kevin Lovely	nitoring Firm			Telepho 732-39	ne No. 90-5858	Teleph 973-	hone N 372-2		License 01238	No.			
Start Date (10) 12/01/18		Schedul 12/05/		mpletion	Date (11)	11		HA Monitor alytical Labo	oratories				
Occupancy Status During	g Abatement (Che	ck Only Or	ne)			Street							
Facility Closed/Vaca × Abatement Perform Other – Describe:	ated During Entire ed Outside of Non	Period of a mal Facility	Abater y Hours	nent s		City, S	State, Z	36th Street Zip Code NY, 10018					
Scope of Work (Check A	II That Apply)					INCW	TOIN	. 141, 10010	W.				-
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		_	Renova Demoli			- ×	- Mi	ni-Enclosure ovebag Proced	t with Negative dure *) and Non-Fria			-	
		Is	Locat	ion		-	1 140	in-Exempled () and Non-File	able Fit	Abate	ement	
Location Asbestos-Containing TO BE AB/ In Facili (13)	Material (ACM) ATED	Normal ed Sole iintena todial ((12)	ly by nce/	(i.e. the	Description Containing M rmal systems urfacing, VA ner miscellar	Materia s insula T, or		Amount (Specify SF or LF)	Remova	Repair	e Encapsulate	Enclosure	
M-1700-10		Yes	No	N/A						à		late	Ire
Room 106 X					fl	oor tile/ma	astic		375 SF	Х			
Prep. Ro	Prep. Room X pipe fittings						gs		3 LF	X			
Name of Registered Was Tri-State Transfar As			H	IJDEP W lauler ID W1896	No. of	ubic Yards Waste		199-921 (3)	gistered Landfi Enterprises A		iates	Inc.	
City, State Bronx NY 10474						sposal Date 3D		City, State Waynesu	rg, OH 4468	38			
Completed by Emeka Okeke	dent			Signature	X	The	<i>y</i> .	ate 1/20/	18				

n of Asbestos Abatement 2018-236 B & G proj. #: and 12:120-7) Check # 9349 Date of Notification (1) Name of Building Owner/Operator (2) 11 11 1/1 15 1/11 18 1 Roselle School Distrct Agencies Notified Type Notification Street Address ☐ EPA 26 2018 NOV 710 Locust Drive Initial ☐ DEP City, State, Zip Code X DOL Amendment Roselle, NJ 07203 X DOH Name of Contact Telephone Number Cancellation ☐ DCA Kelvin White 908-482-1527 **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Charles C. Polk Elem. School (NON-Sub 8) Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial 1100 Warren St. Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Roselle Current Use (Prior if being demolished) Union Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) Envirovision Consultant's Inc. n/a B & G Restoration, Inc. Street Address Street Address 20-21 Wagaraw Rd. - Bldg.35E Fair Lawn, NJ 07410-1322 105 Ryerson Road City, State, Zip Code City, State, Zip Code Fair Lawn, NJ 07410-1322 Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Phone Number Telephone Number License Number (973)696-6869 Fred Larsen 973-636-9145 00378 Scheduled Start Date (10) Name of OSHA Monitor Sched. Completion Date (11) B & G Restoration, Inc. 11/15/2018 11/16/2018 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-Describe: Other-Describe: Start @ 2:00 p.m. Lincoln Park, NJ 07035 Scope of Work (check all that apply) Demolition X Renovation ☐ Full Containment w/negative pressure ☐ Glovebag procedure >3 sf or >3 lf ≥160 sf or ≥260 lf Non-friable procedure is location normally used solely Location of E by maintenance/custodial E asbestos-containing 6 n Amount Description of asbestos-containing staff(12) material to be m n p C (Specify SF or material (ACM) abated in facility (13) 0 a a Yes No N/A V p Room # 105 Pipe (Wrap & Cut) 20 If X Room # 104 closet Pipe (Wrap & Cut) 10 LF Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill B & G Restoration, Inc. 19563 Grand Central Landfill City, State Disposal Date City, State Lincoln Park, NJ 11/16/2018 Pen Argyle, PA Completed by (Print or Type) Signature Gordana Luna Date Gordana Luna Secretary/Treasurer 11/15/2018

B & G proj. #:	2018-236		ue to Incl	(Pursua	ant to NJAC	8:60-	os Abatement 7 and 12:120-7) t date:11/20/18 @6	in Che	ν #a\/Δ=		£74		-
Date of Notification	(4)			official we	atrici project	Start	date. 1 1/20/16 @6	5.00 pm Clipc	L TO	-	W	1	F
		- 1	Name of	Building Ow	ner/Operator (2	2)		11-3	Di-10-10-10-10-10-10-10-10-10-10-10-10-10-				
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L DCA		nation	Kelvi	n White				908-4	182-1527	7			
				FAC	CILITY INFORM	IATIOI	N						
Name of facility wh	ere abatement	is taking	place (3)					Type of Facility	(4)				
Charles C. Po	lk Elem. Sci	hool (No	ON-Sub {	3)				¥ Scho	ool (K - 12))			
Street Address								3877360	hapter 8 (0			(-12)	
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Roselle		U	Inion			100000000000000000000000000000000000000	ate use only)	Current Use (I	Prior if beir	ng den	nolish	ed)	
Name of Monitoring	Firm Hired by	Bldg. Ow	mer (8)		ASCM No.	L	Name of Abatement C						
Envirovision ((0)		n/a			e75377					
Street Address		- March				_	B & G Restoration	on, Inc.					
20-21 Wagar	aw Rd Blo	dg.35E I	air Lawı	n, NJ 0741	10-1322		105 Ryerson Ro	oad					
City, State, Zip Code						-	City, State, Zip Code		-	-			
Fair Lawn, N.							Lincoln Park, N	J 07035					
Project Manager for	Monitoring Firm	n		Phone Numb			Telephone Number		License	Numl	per	-	
Fred Larsen				973-636-9			(973)696-6869		00	378			
Scheduled Start Date		Sche	ed. Comple	tion Date (1	1)		Name of OSHA Monitor B & G Restoration						
11/20/2018 **	***	11	/21/2018	}			Street Address	JII, IIIC.					
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Other-Describe	e: 6:00 p.m.	start tin	ne ne			-	Lincoln Park, NJ	07035					
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Name of Facility Where Abatement is	Taking F	Place	(3)				Туре	of Facility	/ (4)					
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Name of Monitoring Firm Hired by Bu LANGAN ENGINEERING & ENVIRONM	Iding O	wner	(8)		ASO	CM No. 99	Nam PAR	e of Abate	ment Con	tractor	(9) RAT	ION		
Street Address							Stree	t Address				13.2-31-00		
300 KIMBALL DRIVE City, State, Zip Code								SPOOK RC)				
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Project Manager for Monitoring Firm	11211 02			Num	ber			hone Num		TOTAL TOTAL	nea N	lumbe	or	
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Expected State Date (10)	Sche				Date (11)			e of OSHA	Monitor	11101				
12 / 7 /18		5				19		LITY ENVI		AL				
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Abatement Performed Outsid	e of Norr	nal Fa	acility	Hours	- Describe:		1370	HOUILS						
	-Friday						City,	State, Zip (Code					
Scope of Work (Cheek all that apply)								WAF	PINGER	FALLS,	NY 1	12590		
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BASEMENT -ST JOHN'S BLDG.			х	PIPE	INSULATIO	N			20 LF		Х			
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Name of Registered Waste Hauler	NJDE			Cubic	Yards of Wa		Name	of Registe	red Landfi	ll				
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NEWARK, NEW JERSEY 07105 Completed by (Print or Type) Tit				11/26	-5/30/19	-	PLAH	IFIELD TO	WNSHIP.	PA	6	1 /		4

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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) HACKENSACK UNIVERSITY MEDICAL CENTER /18 Street Address Agencies Notified Type Notification 30 PROSPECT AVENUE EPA Initial Notification City, State, Zip Code DEP Amended Notification HACKENSACK, NEW JERSEY 07601 DOL Cancellation DOH On Hold Name of Contact DCA EMERGENCY NOTIFICATION Telephone Number DONALD FARRELL 551-996-3778 Name of Facility Where Abatement is Taking Place (3) FACILITY INFORMATION Type of Facility (4) HACKENSACK UNIVERSITY MEDICAL CENTER School (K-12) Subchapter 8 (Other than K-12) Street Address Other (ie. private & commcl. bldgs., homes, etc.) 30 PROSPECT AVENUE Square Feet # of Floors Bldg. Age City (5) 200,000 County (6) 5 HACKENSACK 80 County Code (7) Current Use (Prior if being demolished) BERGEN Name of Monitoring Firm Hired by Building Owner (8) (STATE USE ONLY) HOSPITAL LANGAN ENGINEERING & ENVIRONMENTAL ASCM No. Name of Abatement Contractor (9) Street Address PAR ENVIRONMENTAL CORPORATION 99 300 KIMBALL DRIVE Street Address City, State, Zip Code 313 SPOOK ROCK ROAD City, State, Zip Code PARSIPPANY, NEW JERSEY 07054 Project Manager for Monitoring Firm SUFFERN, NEW YORK 10901 Telephone Number VIJAY PATEL Telephone Number License Number 973-560-4983 Expected State Date (10) 845-369-7500 Sched. Completion Date (11) 1101 12/ Name of OSHA Monitor 5./ Month 30 /19 QUALITY ENVIRONMENTAL Year Occupancy Status During Abatement (Check only one) Dav Year Facility Closed/Vacated During Entire Period of Abatement Street Address Abatement Performed Outside of Normal Facility Hours - Describe: 1376 ROUTE 9 Other - Describe: Monday -Friday 7am -3:30pm City, State, Zip Code Scope of Work (Check all that apply) WAPPINGER FALLS, NY 12590 Full Containment with Negative Pressure Demolition Renovation >3SF OR LF Mini-Enclo. >160 SF OR Glovebag Procedure 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Asbestos-containing normally used Containing Material (ACM) Abatement Type Material (ACM) solely by Amount (ie. Thermal systems REMOVAL REPAIR ENCAPSUL ENCLOS TO BE ABATED Maint/Custodial (Specify insulation, surfacing, VAT, in Facility (13) SF or LF) Staff (12) or other miscellaneous) Yes No N/A 3RD FLOOR MAIN BUILDING H PIPE INSULATION BASEMENT -ST JOHN'S BLDG. 70 LF PIPE INSULATION 20 LF X Name of Registered Waste Hauler NJDEP Waste NEWARK CARTING Cubic Yards of Waste Name of Registered Landfill Hauler ID No. 369 RAYMOND BLVD GRAND CENTRAL SANITARY LANDFILL City, State NEWARK, NEW JERSEY 07105 Disposal Date City, State Completed by (Print or Type) 11/26-5/30/19 PLANFIELD TOWNSHIP, PA Title BENJAMIN SANCHEZ Signature DIRECTOR OF OPERATIONS Date/

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HACKENSACK BERGI	EN			(STATI	E USE	ONLY)	HOSPITAL	nor ir beirig de	emonsne	ea)		
Name of Monitoring Firm Hired by Bu LANGAN ENGINEERING & ENVIRONN	ilding Ov	vner	(8)		A	SCM No.	Name of Abate	ment Contra	ctor (9)			
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300 KIMBALL DRIVE							Street Address 313 SPOOK RO	OCK BOAD				
City, State, Zip Code							City, State, Zip	Code				_
PARSIPPANY, Project Manager for Monitoring Firm	NEW JE						SUFFERN, NE	W YORK 109	01			
VIJAY PATEL			560-4	Number			Telephone Num		License	Numb	er	
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ST. JOHNS BUILDING BASEMENT	++		Х	VAT & MAS	STIC			4,000 SF	X			
ST. JOHNS BUILDING BASEMENT	\perp		X	GLUE & CE	EILING	G TILE		740 SF	×			
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DCAEMER	GENC	Y NO	TIFICA	TION DON	ALD FARREL	L	Telephone Nu 551-996-3778				
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Name of Facility Where Abatement is	Taking	Plac	e (3)			Type of Facili	tv (4)				
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00 KIMBALL DRIVE						Street Address					
City, State, Zip Code						313 SPOOK R	OCK ROAD				
PARSIPPANY,	NEW.	JERS	EY 07	054		SUFFERN NE	W YORK 10901				
roject Manager for Monitoring Firm				e Number		Telephone Nun		ense	Numb	ner	
xpected State Date (10)	- 12		3-560-4			845-369-7500	11		1 VUITE	001	
11 / 26 /18	Sci			etion Date (1		Name of OSHA	Monitor				_
Month Day Year	l N	lanth	5 /	30 Day	/19 Year	QUALITY ENV	IRONMENTAL				
Occupancy Status During Abatement (CI	neck or	ly one)		rear	Street Address		11507			
A Facility Closed/Vacated Durin	a Entire	Pori	ad of A	batement		1376 ROUTE 9					
Abatement Performed Outside X Other - Describe: Monday	e of No	rmal F	acility	Hours - Desc	cribe:						
	-i iiua	y /aii	-3.30	om		City, State, Zip	Code			1277	
cope of Work (Check all that apply)				Г	Full Cont	I WA ainment with Neg	PPINGER FALLS	S, NY	12590)	
Demolition X	Rer	ovatio	on	F	Mini-Encl	o .	alive Pressure				
X >160 SF OR 260 LF					Glovebad	Procedure					
Location of	1.			X		le Procedure					
Asbestos-containing		Loca	tion	De	scription of As	sbestos-		A	baten	nent T	vpe
Material (ACM)		solely		Con /i	taining Materi e. Thermal sy	al (ACM)	Amount	REM	REP,	ENC,	ENC
TO BE ABATED	Maii	nt/Cus	stodial	insu	lation, surfaci	na VAT	(Specify	N N	PA	S S	
in Facility (13)	5	Staff (12)	or	other miscella	neous)	SF or LF)	OVAL	AIR	APSUL	000
	Yes	No	N/A					-	1.	=	OSUR
RD FLOOR MAIN BUILDING			X	VAT & MAST	ΓIC		2,100 SF	1	1		1
r. JOHNS BUILDING BASEMENT				VAT & MAST			4,000 SF *	X	-	+	-
T. JOHNS BUILDING BASEMENT				GLUE & CEII				X	-		-
1. JOHNS BUILDING BASEMENT	1				THE TIEL		740 SF	X	-		-
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ame of Registered Waste Hauler EWARK CARTING 9 RAYMOND BLVD. by, State EWARK, NEW JERSEY 07105 Interpretation of the property	Haul		No.		0	Name of Registe GRAND CENTR, 2017, State PLANFIELD TO	AL SANITARY L	ANDF	ILL		

noch			IFICATION Pursuant to	ate of New Jersey OF ASBESTOS NJAC 8:60-7 and	ABATEMENT 12:120-7))_[G	E	W/ - W/
Date of Notification (1)				e of Building Ow CK SHARP & DO	mer/Operator (2) OHME CORP.					*****		J
11 / 21 /18				t Address		ANTENNO ANTE			1	NUV	26	2018
Agencies Notified Type Notificatio	n		126 E	E. LINCOLN AVE	NUE, P.O. BOX 20	000, RY28-414						
EPA Initial Noti	Notificat	tion #5		State, Zip Code WAY, NEW JER	SEY 07065		DOLLAR STATE OF THE PARTY OF TH		A	· · ·		-
X DOL Cancellat X DOH On Hold	ion		Name	e of Contact		Telephone Numb	er	CHARLES AND ADDRESS OF THE PARTY OF THE PART	Marko Carpora	WATER TO SE	contract -	
	NCY NC	TIFICATIO	Succession of the succession	RICIA JOHNSON	S. C.	732-594-7746						_
		(0)	FACI	LITY INFORMAT	Type of Facility	(4)	-	-				\dashv
lame of Facility Where Abatement is Taki	ng Place	9 (3)			School (K-							
MERCK SHARP & DOHME CORPORATION	٨				X Other (ie. p	r 8 (Other than K- private & commcl.	12) bldgs.	, hom				
Street Address 126 EAST LINCOLN AVENUE - BUILDING	33				Square Feet 98,230	# of Floors 7				g. Age 71		
City (5) County (nty Code (7)		or if being demolis	hed)					
RAHWAY UNION		(8)	(STAT	E USE ONLY)	COMMERCIAL	nent Contractor	(0)	_				\dashv
Name of Monitoring Firm Hired by Buildin ENVIRONMETAL HEALTH INVESTIGATION	ng Owner NS, INC.	r (8)		ASCM No. 17		MENTAL CORPO		N				
Street Address	-, 1, 5, 6, 1			the state of the s	Street Address	CK DOAD						
655 WEST SHORE TRAIL					313 SPOOK RO City, State, Zip C							\dashv
City, State, Zip Code SPARTA, NE	W JERS	EY 07871			SUFFERN, NEV	V YORK 10901						_
Project Manager for Monitoring Firm		Telephone	Number		Telephone Num	74.72	ise Nu	mber	ă -			
WILLIAM S. KERBEL, CIH		973-729-5			845-369-7500	460						-
Expected State Date (10)	Schee	d. Comple 6 /	tion Date (1		Name of OSHA	Monitor ORATORIES INC		#11	480			
11 / 1 /18 Month Day Year	Mo		Day	Year	AMENIOOFERE	310110111201110		100000000				_
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X Facility Closed/Vacated During B	Entire Pe	riod of Aba	tement ours - Descr	ibe:	117 EAST 30TH	STREET						
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Abatement Performed Outside of Other - Describe: SATURE Scope of Work (Check all that apply) Demolition X >3SF OR LF	of Normal DAY & SU	riod of Aba I Facility He	ours - Descr	Full Cont	City, State, Zip Cainment with Nega	Code NEW YORK, I	X X	ORK WET	10016 WIPE	S HEPA	VACUUM	1
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Date of Notification (1)				MERCK SHARP & D							
11 / 8 /18				Street Address					MAN	26	2018
Agencies Notified Type Notific				126 E. LINCOLN AVI		000, RY28-414		-1	NUV	20	200
DEP x Amen	Notification ded Notifica ellation			City, State, Zip Code RAHWAY, NEW JEF				ACI	macalan ros	1 10	
X DOH X On Ho				Name of Contact		Telephone Numb	er			**Tra	
DCA EMER	RGENCY N	OTIFICA"	TION	PATRICIA JOHNSOI		732-594-7746	Femilia	e-sections	and the same of th	, promote .	
Name of Facility Where Abatement is 1	Takina Dias	(2)		FACILITY INFORMA	Type of Facility	(4)					
MERCK SHARP & DOHME CORPORAT		.e (3)			School (K- Subchapte	12) r 8 (Other than K-		NOTES -2			
Street Address					X Other (ie. p	# of Floors	blags., ho		tc.) dg. Age	e	
126 EAST LINCOLN AVENUE - BUILDIN	NG 33				98,230	7			71		
City (5) Coun	ty (6)			County Code (7)		or if being demolis	hed)				
RAHWAY UNIO		(0)		(STATE USE ONLY) ASCM No.	COMMERCIAL	nent Contractor ((0)				
Name of Monitoring Firm Hired by Buil ENVIRONMETAL HEALTH INVESTIGAT	TIONS, INC	er (8)		ASCIVI NO.		MENTAL CORPOR					
Street Address	-				Street Address						
655 WEST SHORE TRAIL	7		7		313 SPOOK RO City, State, Zip C						
City, State, Zip Code	NEW JERS	SEY 0787	71		SUFFERN, NEV						
Project Manager for Monitoring Firm		Telepho		mber	Telephone Num		se Numb	er			
WILLIAM S. KERBEL, CIH		973-729	-5649		845-369-7500	460					
Expected State Date (10)	Sche		letion	Date (11)	Name of OSHA		- 1	11480			
11 / 1 /18 Month Day Year	Mr	6 / onth		30 /19 Day Year	AMERISCI LABO	DRATORIES INC	#	11480			
Occupancy Status During Abatement (Cl	neck only or	ne)	-		Street Address						
X Facility Closed/Vacated During	ng Entire Pe	eriod of A	batem	ent	117 EAST 30TH	STREET					
Abatement Performed Outsic X Other - Describe: MON	de of Norma DAY - FRID				City, State, Zip C	Code		= 35.0			
	lay 7am-5p		1.007	114.	ony, oraco, e.p.	NEW YORK, N					000000
Scope of Work (Check all that apply)		i			ainment with Nega	tive Pressure	X W	ET WIP	E HEP	PA VACU	JUM
Demolition X >3SF OR LF	X Reno	ovation		Mini-Enc	los, g Procedure						
X >3SF OR LF >160 SF OR 260 LF					ble Procedure						
Location of	Is	Location	r I	Description of A					ement	Туре	
Asbestos-containing		mally use	ed	Containing Mate		Amount	DUST	ENCAPSUL	ENCLOSUR		
Material (ACM) TO BE ABATED	Manual 65	solely by nt/Custod	lial	(ie. Thermal s insulation, surface		(Specify SF or LF)	NT ST	AF.	18		
in Facility (13)	350	Staff (12)	liai	or other miscel		0, 0, 1,	100 12	US	USU	1	
, (,	Yes	No N							P		
3RD FLOOR ROOM 305		X	-	RE PROOFING DUST		10 SF	X	_	+		$\overline{}$
3RD FLOOR ROOM 303		X	_	RE PROOFING DUST		10 SF	X X	+	+		
3RD FLOOR ROOM 304		X	_	RE PROOFING DUST		10 SF 10 SF	X	+	+		-
3RD FLOOR ROOM 319	_	X X	_	RE PROOFING DUST		10 SF	X	+	+		-
3RD FLOOR ROOM 320 3RD FLOOR ROOM 321	_	1 x	_	RE PROOFING DUST		10 SF	X	1			
3RD FLOOR ROOM 323		1 X	_	RE PROOFING DUST		10 SF	X				
3RD FLOOR ROOM 325		X	_	RE PROOFING DUST		10 SF	X				
3RD FLOOR ROOM 326		X	_	RE PROOFING DUST		10 SF	X				
3RD FLOOR ROOM 327		X	-	RE PROOFING DUST		10 SF	X		1		
3RD FLOOR ROO, 332		X	-	RE PROOFING DUST		10 SF	X	-	-		
6TH FLOOR ROOM 614		X	_	RE PROOFING DUST		10 SF	X	-	+		_
ADDITION TO SCOPE:		X	_	RE PROOFING DUST		10 SF	x	-	+		
2ND FLOOR ROOM 227		+ +	FI	NE PROOFING DOST		110 01	1	-	1		
Name of Registered Waste Hauler	NJC	EP Wast	te C	ubic Yards of Waste	Name of Regist	ered Landfill					
FREEHOLD CARTAGE, INC.	Hau	ler ID No		50		UNTY RESOURCE		GEMEN	NT SEF	RVICES	
825 HIGHWAY 33		15939	-	isposal Date	Çity, State/	R DRIVE/ROUTE			-	1	
City, State FREEHOLD, NEW JERSEY				1/01-6/30/19	MONTGOMER	Y , PA 17752	3		1~	, /	
Completed by (Print or Type)	Title			Signature		Date	9 /	1//	X	11	4
BENJAMIN SANCHEZ	DIRECTO	OR OF OF	PERAT	IONS	1 X	\		4 /		11	9

<u>:/</u>				Ν	State of New Jers OTIFICATION OF ASBESTO (Pursuant to NJAC 8:60-7 a	SABATEMENT		Lacor and security of the),[C	EU	\mathbb{V}
Data of Natification (4)					Name of Building (wner/Operator (2	2)			1			
Date of Notification (1)					MERCK SHARP & [OOHME CORP.					MOV	26	201
	/18	SV	-		Street Address			-		4	INTIA	(1)	CUI
, , , , , , , , , , , , , , , , , , ,	Notification				126 E. LINCOLN AV	ENUE, P.O. BOX	2000, RY28-414			1			
DEP X DOL	Initial Not Amended Cancellat	Notifi		n #3	City, State, Zip Code RAHWAY, NEW JEI			***************************************	Debecase	AO	7.		-
	On Hold EMERGE	NCV	NOT	EICAT	Name of Contact		Telephone Nu						-
	E-WEI TOE	.1101	1011	IOAI			732-594-7746						
Name of Facility Where Abatemen	nt is Taki	ng Pla	ice (3	3)	FACILITY INFORMA	Type of Facility	. (4)						
				_		School (K							
MERCK SHARP & DOHME CORP	ORATION	Į.				Subchapt	er 8 (Other than	K-12)					
Street Address		_				X Other (ie.	private & commo	cl. bld	gs., ho	mes,	etc.)		
126 EAST LINCOLN AVENUE - BU	JILDING :	33				Square Feet 98,230	# of Floors	T			ldg. Ag	je	
	County (6			-	County Code (7)		ior if being demo				71		
RAHWAY	UNION				(STATE USE ONLY)	COMMERCIAL	for it being demo	lished)				
Name of Monitoring Firm Hired by ENVIRONMETAL HEALTH INVEST	y Building	g Own	er (8)	ASCM No.	Name of Abate	ment Contracto	r (9)					-
Street Address	IIGATION	15, INC	<i>)</i>		17	PAR ENVIRON	MENTAL CORP	ORÁT	ION				
655 WEST SHORE TRAIL					7	Street Address 313 SPOOK RC	OK DOAD						
City, State, Zip Code	NETWOOD 2000000	encent etc				City, State, Zip (-	
SPAF	RTA, NEV	V JER				SUFFERN, NEV	V YORK 10901						
Project Manager for Monitoring Firm	1				e Number	Telephone Num		ense N	Numbe	er			
WILLIAM S. KERBEL, CIH Expected State Date (10)		IC-L		-729-5		845-369-7500	460)					
	18	Sch		omple 6 /	ation Date (11) 30 /19	Name of OSHA		20					
Month Day Yea	ar	Me	anth		Day Year	AMERISCI LAB	DHATORIES IN)	#1	1480			
Occupancy Status During Abatemer X Facility Closed/Vacated	During Fr	tire P	hoire	nf Aha	stement	Street Address	OTOEET						
Abatement Performed O	outside of MONDAY	Norma	I Fac	ility H	ours - Describe:	117 EAST 30TH							
	Sunday 7	- FRIL	MY 6	PM-1	30 AM	City, State, Zip C					S 25		
Scope of Work (Check all that apply)	ор		1	Full Conta	I inment with Negat	NEW YORK,	_					
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X >3SF OR LF >160 SF OR 260 LF				,t	Glovebag Non-Friab	Procedure le Procedure							
Location of Asbestos-containing			Loca		Description of As	bestos-				Abate	ment T	vpe	
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TO BE ABATED				todial	(ie. Thermal sy insulation, surfacion	stems na VAT	(Specify SF or LF)	N	REPAIR	ENCAPSUL	ENCLOSUR		
in Facility (13)		S	taff ((2)	or other miscella	neous)	SF OF LF)	BO	D	PSI	SO		
PD ELOOP POOM 205		Yes	No	N/A		26		F		-	E		
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3RD FLOOR ROOM 304				X	FIRE PROOFING DUST		10 SF	X					
3RD FLOOR ROOM 319				X	FIRE PROOFING DUST		10 SF	X					
3RD FLOOR ROOM 320				X	FIRE PROOFING DUST		10 SF	X					
3RD FLOOR ROOM 321				X	FIRE PROOFING DUST		10 SF	X	-	-			
3RD FLOOR ROOM 323				X	FIRE PROOFING DUST		10 SF 10 SF	X	-	-	-		
BRD FLOOR ROOM 325				X	FIRE PROOFING DUST	No.	10 SF	X	-	-	-		_
3RD FLOOR ROOM 326				X	FIRE PROOFING DUST		10 SF	X	.9		-		_
BRD FLOOR ROOM 327				Х	FIRE PROOFING DUST		10 SF	X	-		-		_
BRD FLOOR ROO, 332				X	FIRE PROOFING DUST		10 SF	X			-		\dashv
STH FLOOR ROOM 614				X	FIRE PROOFING DUST		10 SF	X					\neg
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ND FLOOR ROOM 227					FIRE PROOFING DUST		10 SF	X					
Name of Registered Waste Hauler	-	NJDE	D 1//-	eto	Cubic Varda et W	N- / S							
REEHOLD CARTAGE, INC.		Haule		10.	Cubic Yards of Waste 50	Name of Register LYCOMING COU	NTY RESOURCE	E MA	NAGE	MENT	SERV	ICES	\exists
City, State			0338		Disposal Date	447 ALEXANDER	DRIVE/ROUTE	15					
REEHOLD, NEW JERSEY						MONTGOMERY	PA 17752				1	1	
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRE	CTOR	OF C	PER	ATIONS Signature		Date		1	11	7	lin	H

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) NOV 26 2018 Date of Notification (1) MERCK SHARP & DOHME CORP. 11 /18 Street Address Agencies Notified Type Notification 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 EPA Initial Notification City, State, Zip Code DEP Amended Notification #2 RAHWAY, NEW JERSEY 07065 DOL Cancellation DOH On Hold Name of Contact elephone Number DCA EMERGENCY NOTIFICATION PATRICIA JOHNSON 732-594-7746 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) MERCK SHARP & DOHME CORPORATION Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address # of Floors Square Feet Bldg. Age 126 EAST LINCOLN AVENUE - BUILDING 33 98.230 City (5) County (6) County Code (7) Current Use (Prior if being demolished) 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 Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 117 EAST 30TH STREET Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY - FRIDAY 6PM-1:30 AM City, State, Zip Code SATUDAY 7AM-5 PM NEW YORK, NEW YORK 10016 Scope of Work (Check all that apply) Full Containment with Negative Pressure X WET WIPE HEPA VACUUM Demolition Renovation Mini-Enclos. >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount DUST ENCLOSUR ENCAPSUL 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) es No IN/A 3RD FLOOR ROOM 305 FIRE PROOFING DUST 10 SF 3RD FLOOR ROOM 303 X FIRE PROOFING DUST 10 SF X 3RD FLOOR ROOM 304 X FIRE PROOFING DUST 10 SF X 3RD FLOOR ROOM 319 X FIRE PROOFING DUST 10 SF X 3RD FLOOR ROOM 320 FIRE PROOFING DUST 10 SF 3RD FLOOR ROOM 321 X FIRE PROOFING DUST 10 SF X 3RD FLOOR ROOM 323 FIRE PROOFING DUST X 10 SF X 3RD FLOOR ROOM 325 FIRE PROOFING DUST 10 SF X 3RD FLOOR ROOM 326 FIRE PROOFING DUST 10 SF X 3RD FLOOR ROOM 327 X FIRE PROOFING DUST 10 SF X 3RD FLOOR ROO, 332 FIRE PROOFING DUST X 10 SF X 6TH FLOOR ROOM 614 X FIRE PROOFING DUST 10 SF ADDITION TO SCOPE: X 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 LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 825 HIGHWAY 33 15939 447 ALEXANDER DRIVE/ROUTE 15 City, State Disposal Date City-State FREEHOLD, NEW JERSEY MERY, PA 17752 11/01-6/30/19 Completed by (Print or Type) BENJAMIN SANCHEZ Signature Date

DIRECTOR OF OPERATIONS

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Date of Notification (1)				10000000		uilding Ov ARP & DO		perator (2) CORP.			- N	21.0	v 0		2040
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	n Hold MERGENO	CY NO	TIFICATI	ON PAT	Marie Santa Ale	OHNSON			Telephone Nur 732-594-7746	nber		MIZ-THAT			
Name of Facility Where Abatement	io Tokino	Diago	(2)	FAC	ILITY IN	IFORMAT		(F	7.43						
MERCK SHARP & DOHME CORPO		Place	(3)				Туре	School (K		(-12)					
						.	X		private & commo		., hor	mes, e	tc.)		
Street Address 126 EAST LINCOLN AVENUE - BUIL								uare Feet 98,230	# of Floors 7	T			dg. Ag 71	le	
RAHWAY U	ounty (6) NION				Inty Coo	ONLY)	COM	MERCIAL	or if being demo						
Name of Monitoring Firm Hired by ENVIRONMETAL HEALTH INVESTI			(8)		AS	CM No. 17			ment Contracto MENTAL CORPO		ON				
Street Address 655 WEST SHORE TRAIL				7			No. 3772 (37.00)	et Address SPOOK RC	CK BOAD						
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SPAR Project Manager for Monitoring Firm	TA, NEW			Number				THE RESERVE OF THE PARTY OF THE	V YORK 10901	1					
WILLIAM S. KERBEL, CIH		1.0	73-729-5					ohone Num 369-7500	Der Lice	ense Nu	umbe	ır			
Expected State Date (10)	15	1		tion Date (11)			e of OSHA	10077		-	85000			
11 / 1 /1 Month Day Year		Mon		Day	0	/19 Year	AME	RISCI LAB	ORATORIES INC		#1	1480			
Occupancy Status During Abatement X Facility Closed/Vacated D Abatement Performed Out X Other - Describe: M	ouring Entir	re Peri ormal l	od of Aba acility H	ours - Desc	ribe:		117 E	et Address EAST 30TH State, Zip (Code						
Scope of Work (Check all that apply) Demolition X >3SF OR LF >160 SF OR 260 LF	X	Renov	ation			Full Conta Mini-Enclo Glovebag Non-Friabl	ε, Proced	dure	NEW YORK, tive Pressure	_	-			PA VAC	MUUS
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Name of Registered Waste Hauler FREEHOLD CARTAGE. INC. 825 HIGHWAY 33		Hauler	Waste ID No. 5939	Cubic Yar	ds of W	aste	LYC	OMING CO	ered Landfill JNTY RESOURI R DRIVE/ROUT		NAGI	EMEN	T SER	VICES	3
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BENJAMIN SANCHEZ		CTOR	OF OPER	RATIONS	Signal	127	2)	2	Dat	e (9	31	11	8	
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· · · · · · · · · · · · · · · · · · ·				State of New Jerse FICATION OF ASBESTOS Pursuant to NJAC 8:60-7 an	ABATEMENT				1	E (CE	1
Date of Notification (1)				Name of Building On MERCK SHARP & D)		1	3			
10 / 22 /18				Street Address			100/2-22	-	1	N	OV 2	6 20
Agencies Notified Type Notification	n			126 E. LINCOLN AVE	ENUE, P.O. BOX	2000, RY28-414		1	now	14	U Y L	o fi
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X DOH On Hold EMERGE	NCY NO	OTIF	CATIO	Name of Contact DN PATRICIA JOHNSON	4	Telephone Num 732-594-7746	nber	hora,	anitompoo		di università	
				FACILITY INFORMAT								
Name of Facility Where Abatement is Tak	ing Plac	ce (3))	.6*	Type of Facility							
MERCK SHARP & DOHME CORPORATIO	N					er 8 (Other than k private & commo		hor	nes e	etc)		
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126 EAST LINCOLN AVENUE - BUILDING	33				98,230	7				71		
City (5) County (6)			County Code (7)		or if being demo	lished)					
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Name of Monitoring Firm Hired by Buildin ENVIRONMETAL HEALTH INVESTIGATIO				ASCM No.	Name of Abate	ment Contractor MENTAL CORPO		IAC				
Street Address	ING, ING	-	-		Street Address							\neg
655 WEST SHORE TRAIL				2.0	313 SPOOK RC	CK ROAD						
City, State, Zip Code			2227		City, State, Zip (
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Project Manager for Monitoring Firm	- 1		729-56		845-369-7500	460		inibei				
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in Facility (13)	Yes	taff (1	N/A	Of Other Hiscen	aneous)		_		III	Ä		
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3RD FLOOR ROOM 303			X	FIRE PROOFING DUST		10 SF	X					
3RD FLOOR ROOM 304			X	FIRE PROOFING DUST		10 SF	X					
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3RD FLOOR ROOM 320			X	FIRE PROOFING DUST		10 SF	X		-	+		
3RD FLOOR ROOM 321			X	FIRE PROOFING DUST		10 SF	X		-	+-		
3RD FLOOR ROOM 323	1		X	FIRE PROOFING DUST		10 SF	X	- 3	+	+		-
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3RD FLOOR ROOM 326	+-	-	X	FIRE PROOFING DUST		10 SF	X	-	+	1		
3RD FLOOR ROOM 327	+-	-	X	FIRE PROOFING DUST		10 SF	X		+	+-		
3RD FLOOR ROO, 332	+-	-	X	FIRE PROOFING DUST		10 SF	X		+	+		$\overline{}$
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Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.	NJDE Haule			Cubic Yards of Waste 50	Name of Regist	UNTYRESOUR	CE MA	NAG	EME	NT SE	RVICES	
825 HIGHWAY 33		1593	9	200	447 ALEXANDI	ER DRIVE/ROUT	E 15					
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Completed by (Print or Type) Tit BENJAMIN SANCHEZ DII		R OF	OPE	RATIONS Signature	XX	Dat	.ಆ	1	01	12	41	(
DII	.20101	. 01	- L		110			-	1		11	
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Date of Notification (1) 11/21/2018		Name o	of Building Owner han & Taylor	/Operator			NOV	26	2018	
Agencies Notified Type Notification		Street A	Address			ASF	NE SERVICE			- 1
EPA Initial DEP Amended Amendment	# 1		ate, Zip Code Saddle Rive	N.I.07	458			ing pr		+
Emergency (justification) DCA Cancellation	(including	Name o	of Contact Curran	, 140 07		Telephone	Number			
			ILITY INFORMA	TION		(_				
Name of Facility Where Abatement is Taking	g Place (3)				Type of Facility (4					
Street Address			<u> </u>			?) 3 (Other than h ivate & comme		ildings	, hom	es,
City (5) Upper Saddle River					Square Feet 2,460	# of Floors		Bldg. A	Age	
County (6) Berger			Code (7) USE ONLY)		Current Use (Prio Residential	r if being demo	olished)			
Name of Monitoring Firm Hired by Building (Owner (8)	ASC	M No.		of Abatement Cont Environmental					
Street Address				20000000	Address 2 Queens Plaza	South				
City, State, Zip Code				1	tate, Zip Code I Island City, NY	′ 11101				
Project Manager for Monitoring Firm		Telepho	ne No.	Teleph	none No. 349-0900	License 0085				
Start Date (10) 11/27/2018	Scheduled Co 2/26/2019	ompletion	Date (11)		of OSHA Monitor iech Kowalczyk		3			
Occupancy Status During Abatement (Chec	k Only One)			100000000000000000000000000000000000000	Address					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of Abate nal Facility Hou	ement irs		City, S	Beach 98th Stre					
Scope of Work (Check All That Apply)				Rock	kaway Park, NY	11694				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	× Renov			×	Full Containmer Mini-Enclosure Glovebag Proce Non-Exempted	edure				
Location of	Is Loca		5	escription	11011 Exchipted	() and Non-Fr	lable Pit	Abate	ement rpe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used So Mainten Custodial (12	ance/ Staff?	Asbestos Cor (i.e. therma surf	ntaining M	faterial (ACM) s insulation, T, or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
0.15	Yes No N/A					A AND DOWN			ate	e)
3rd Floor	X	+	Floor	Tile & N	Mastic	300	X			
Name of Registered Waste Hauler		NJDEP W	/aste Cubic	c Yards	Name of R	egistered Land	Ifill			
ATC		Hauler ID 24310	No. of Wa		0.00000	Enterprises				
City, State Shirley, NY 11967				osal Date 8/2018	City, State	ourg, OH 4	4688			
Completed by Ann A. Ali	Title Complian	ice Adm		Signature	TAT		Date 11/21/	2018		

Shirley, NY 11967 Completed by

ATC

City, State

Ann A. Ali

Name of Registered Waste Hauler

NJDEP Waste
Hauler ID No.
24310

Cubic Yards
of Waste
20 Yards

Compliance Admin

Minerva Enterprises
te City, State

Disposal Date C

Signature

Waynesburg, OH 44688

11/15/2018

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

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Print Form

State of Herr Jersey NOTIFICATION OF ASSESTO'S ASSATEMENT (Pursumet to NJAC 5:60 and 12:129)

				(Building Owner)	Openilo	(2)				7	,
9/24/2018				Rubins(ein		ļ.			1	/	1
Igencies Metified Type Modificati	חסו		Street A	ddress		i			1/	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,)
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R Emergen	en F	-		Mead, NJ 085	0.2	١.,		enet file	2000		
DON justificati	(no			Contact			Menoritisie'	nupat			
DCA Cancella	Sion .	1		ณ์ประกอบบร							
tare of Facility Where Abetement is la	Non Place I	31	FAC	LITY INFORMAT	NON	Type of Facility (4)					_
Private	ini Si iana (v,									
Sima Address				-		Subcrisptom 8	One Duen K	520			
						Other (i.e. pris	G & COTTER OF	id but	dings.	homs	ep,
City (5)				1400		eic.) Square Feet	d laurs		Odg. A	le) e	
Balla Mead						aquate rees.	D 1.15012		LOG. P	As	
County (6)			Canb	Code (7)		Cutters (Frior)	i wina damat	z band\			_
Somersel			STATE	CAR CHILAI		Adstary count ft. 100 J	, samilamor	ened)			
Name of Montoring Firm Hirsd by Build	nd Owner (B		ASCR	ANa.	Hame	ol Absisment Contra	and 4:91				_
		0,			100000000000000000000000000000000000000	C Services Corp					
Sireet Address					1	Acidness	. — — —				
to teacher socialistic interests from						Route 23 South	#111				
Ry, State, Zio Code				-		Late, Zip Code	- — —				_
						ne, NJ 07470					
mact his aget for Moretaing Firm	***************************************	T	Telepho	ne No.	Talagh	iana Na.	Lipanna	No.			
					973	750-0752	01253				
Start Date (10)	Schadu	ed Ce	mpletion	Defe (11)	Name	of OSHA Northor					
9/25/2018	9/28/2	018			Envi	roVision Consult	ints				
Dompency Status During Abelement (C	heck Only O	ne)			h	Add Nesss	-		**		
Facility Closed/Vacafed During Entitle of N	ire Partod al	Abaler	nerd	••••	20-2	1 Wagarew Roas					
	brad Fadili	y Hour	8			lais, Zip Cade					
Other - Describe:					Fair	Lawn, NJ 07410					
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Location of		Nombe			es cription			-	T ₃	p B	
And exicus Conferring Material (ACM)		ed Sale sintens		Asherins Cor	A contri all	Naturial (ACM)	Amount	-		m	FFF
IN FACILITY		icdial	SCART	G.A. Desmis	isysiami Eko, VA	risulation.	(Specify SF of LF)	H S	E	ğ	Enchaure
(13)		(12)	ľ		nei semilar		or = €r1	Remova	Repair	Encapasies	1180
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First Floor (entire)	vav		X		gusly n						
second Floor- 3 Bedrooms, Hall	way	_	X	traces - previ			TBD	+	-	\vdash	_
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second Floor- 3 Bedrooms, Hall Basement	way		X	traces - previ		emoved VAT					_
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Becond Floor- 3 Bedrooms, Half Basement Name of Registered Waste Hauter B S C Services Corp 21y, State	way	1	X X VADEP W	traces - previous lines - previous lines - previous lines Curbin	ously n	Mema of Res	1BD	The state of the s			_
Becond Floor- 3 Bedrooms, Half Basement Name of Registered Weste Hauter B S C Services Corp Zly, Slate Vayne, NJ	way	1	X X VADEP W	traces - previous fraces - pre	Cuisly n	Mams of Ro	1BD stered Land?	ill.			_
Becond Floor- 3 Bedrooms, Half Basement Name of Registered Waste Hauter B S C Services Corp 21y, State		1	X X VADEP W	traces - previous fraces - pre	ouisly n Yards	Mams of Ro	1BD stered Land?				_

(Pursuant to NJAC 8:60 and 12:120) Check # 1720 Date of Notification (1) Name of Building Owner/Operator (2) 11/19/2018 Ricasoli & Santin Contracting Co., Inc. (agent for owner) Agencies Notified Type Notification STREET ADDRESS EPA Initial 4 Ferndal Avenue ☐ DEP ☐ Amended Amendment # City, State, Zip Code DOL. M Emergency (including Mercerville, NJ 08619 DOH. justification) Name of Contact Telephone Number ☐ Cancellation DCA Bob Hearn 609-588-9539 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Mercer County Workhouse School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) 1750 River Road (Rt. 29) Other (i.e., private & commercial buildings) City (5) Square Feet # of Floors Bldg. Age Washington Crossing, NJ County County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Mercer County Workhouse Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) CREAM RIDGE ENVIRONMENTAL INC. Street Address Street Address 15 BLACK FOREST ROAD City, State, Zip Code City, State, Zip Code Hamilton, NJ 08691 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 609-890-7110 00676 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11/26/2018 11/26/2018 MECS Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement P.O. BOX 341 Abatement Performed Outside of Normal Facility Hours City, State, Zip Code CROSSWICKS, NJ 08515 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure $\boxtimes \ge 3 \text{ sf or } \ge 3 \text{ lf}$ Renovation ☐ Mini-Enclosure ≥ 160 sf or ≥ 260 lf Demolition ☐ Glovebag Procedure Non-Exempted (*) & Non-Friable Procedure Is Location Abatement Type Normally Used Description of Asbestos Containing Location of Asbestos-Containing Encapsulate Solely by Material (ACM) (i.e. thermal systems Amount (Specify SF or Material (ACM) TO BE ABATED In Removal Maintenance/Custo insulation, surfacing, VAT, or other LF) Facility (13) dia! Staff? (12) miscellaneous) Yes No N/A Dep. Warden Office, 1st. Flr. NFVAT & adhesive 120 of

			- CHICOTTE		120 3.1.		
200							
Name of Registered Waste Hauler		NIDEDIM		lo ii v			
		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered L	andfill.	
J. Vinch & Sons, Inc.				1 YD.	GROWS		
City, State				Disposal Date	City, State		
TRENTON, NJ	3)		25	11/28/2019	MORRISVILLE, PA	Α.	
Completed By	Title		Signatur	r27-Mar / /	210	Date	
DAVID D'ANDREA	PRESIDENT		16	101H 61 1	() Contra	11/10/2010	

* Do not use this form for asbestos licensure exempted activities

ASB-41

11/10/2010 / 1/ 120	1		Lugev	VUUU FI	operties	S IIIC.								
Agencies Notified Type Notification X EPA Initial	ł		Street A	ddress SHELT(ON RD.			(1)	C				M	,
DEP Amended Amendment:		_ [te, Zip Co XTAWA					NOV	2 6 20	18		TOTAL CHAIN	
DOH Distification) Carcellation	Hichaing	Ī	Name of	Contact				700	Tele	phone Nur	nber	1	1	
DCA Cancellation			NEHA	GAUTA	AM				732	2 - 985 -	1900	.X.	3006	3
			FACI	LITY INF	ORMATI	ON		A.S			7.1			
Name of Facility Where Abatement is Taking PRIVATE	Place (3)					Тур	e of Facility	(4)	CHIRAL COLOR		0.000	- 1	
Street Address							×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Othe			dings,	home	es,
City (5) SOUTH PLAINFIELD NJ.								are Feet 6,000	# of 3	Floors	E	11dg. A 43	ge	
County (6) Middlesex			County (Code (7) ISE ONLY)	_	Cur	rent Use (Pri	or if bein yes	g demolish	ed)			
Name of Monitoring Firm Hired by Building C IRIS ENVIRONMENTAL LAB	wner (8)		ASCM	l No.				eatement Cor			LLC).		
Street Address						Street	Addr	ess		10-01-				
2333 RT. 22 W.						1126	51	ST.						
City, State, Zip Code UNION NJ. 07083								Zip Code BERGEN	NJ. 07	047				
Project Manager for Monitoring Firm			Telephor	ne No.		Teleph	one l	No.		License N	0.			
			908-2	06 0073	3	201 -	776	- 0642		01300				
Start Date (10) 11/19 /2018	Schedule 11/27 /:			Date (11)				SHA Monitor VIRONME	NTAL	_AB				
Occupancy Status During Abatement (Check	Only One	e)				Street	Addr	ess						
▼ Facility Closed/Vacated During Entire P	eriod of A	baten	nent			2333	RT	. 22 W.						
Abatement Performed Outside of Norm					City, St	tate,	Zip Code							
Other – Describe:				-	UNIC	N NC	NJ. 07083							
Scope of Work (Check All That Apply)	540 min		1 3							0.2				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	enova emolit			×	M G	ull Containme lini-Enclosure llovebag Prod on-Exempted	e cedure				0		
	T						1 10	OII-Exemple	1 () and	NOII-FIIAD	1 10	Abate		
		Locati ormal			.41200000		UMASA.					Ту	pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair	d Sole ntenar odial S (12)	ly by nce/		tos Conta thermal s surfac		lateria insu T, or		(Sp	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
ROOF	1 .00		1071	D	OOFIN	C 1417	ren	101	C FO	0.05	V			\vdash
EXTERIOR	X		K		JLKIN		IAL		0 SF. 0. L.F	X				
Oousite in front of the building	X			TRAN			-		LF.	X				
Couste in note of the building		1		110-114	OIILI	11 L	-	12	LI.	A				
Name of Registered Waste Hauler		IDED W			/		I NI-	D	-11 - 15"					
NEWARK CARTING INC.	Н	JDEP Wa auler ID I 4509	70 70.00	of Was					ed Landfill HEM LAI	NDF	LL			
City, State NEWARK NJ. P.O. BOX. 5670	City, State						Disposal Date City, State					801	5	
	Signature 1 / 2 -Date						1							
Completed by CARLOS ESQUIVEL	Title		MANAC	AS - 845-		gnature	10	2	//	Da Da	te	2018		

ASB-41 (R-06-08)

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

Ch13%)5		NOTIF	ICATIO	tate of Ne N OF ASE t to NJAC	BESTOS	ABATE	MENT 0)		EG	E			
Date of Notification (1) 11/19/2018			Ī		of Building		3.75	(2)		1101	, 10	00	n	
Agencies Notified	Type Notification			Street / 3. BU	Address IRNHAN	1 CT.				NUV	26	20	Iğ	
DEP DOL	Amended Amendment Emergency (justification)		-	SCO	ate, Zip C TCH PL	AINS N	J. 070	76	Tel	ephone Nu	ımher	7		
DCA	Cancellation				SURES		BESS		- 4)8 – 494		8		
Name of Facility Where A	Abatement is Takin	g Place (3)	FAC	ILITY INF	ORMAT	ION	Type of Facility	, (4)				×	
PRIVATE Street Address								School (K	(-12) er 8 (Oth	er than K- & commerc		dings	hom	es,
City (5) ROSELLE NJ. 0702	23							Square Feet 940 SF.	# 0	f Floors	E	8ldg. /	\ge	
County (6)				County (STATE	Code (7))		Current Use (F			shed)	- 500		
Name of Monitoring Firm	Hired by Building (Owner (8)	ASCI	M No.		F077500000000	of Abatement C			AL LLO			
Street Address				1			Street	Address 5 51 ST.						
City, State, Zip Code							100000000000000000000000000000000000000	tate, Zip Code	J N.I 07	7047				
Project Manager for Moni	toring Firm			Telepho	ne No.		Teleph	one No. -776 0642		License I	No.			
Start Date (10) 11/20/2018		Schedul 11/20/		npletion	Date (11)			of OSHA Monito						
Occupancy Status During	Abatement (Check	c Only O	ne)					Address						
Facility Closed/Vaca Abatement Performe Other – Describe:	ted During Entire F ed Outside of Norm	eriod of al Facilit	Abatem y Hours	nent			City, S	LIBERTY ST						
Scope of Work (Check All	That Apply)			METUCHEN NJ. 07083										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				×	Mini-Enclosu Glovebag Pr	Containment with Negative Pressure i-Enclosure vebag Procedure i-Exempted (*) and Non-Friable Procedure					
		1	Locati									Abate		
Location Asbestos-Containing I TO BE ABA In Facilit (13)	Material (ACM) TED	Use Ma	Normalled Sole intenar todial S (12)	ly by nce/ staff?		tos Cont thermal surfa		laterial (ACM) insulation, T, or	(S	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
GARAG	No	N/A		2: -1 - 1 -	0.01		-		-		Ф			
GARAG	X				& Cle		80	SF.	X					
			duct Insulation (Paper cell)											
Name of Design		IDEE:				1								
Name of Registered Wast TRI STATE ASSOCO	H	JDEP W auler ID 9951		of Was	ste			red Landfil NTERPR		NC				
City, State BRONX NY.						Dispos	sal Date	City, Sta		RG, OHI	0			
Completed by CARLOS ESQUIVEL		Title SAFI	ETY N	MANGE	ΕR	S	ignature		my	Di	ate 1/19/2	2018		

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0 . /		State of N	ew Jersey - A	otification of Asb	estos Aba	iteme	nt p	0 1	7 B B	n ce	1	
1 612311	2		(D) /\	otification of Asb				C			n)	
	10)			A.G. 8:60-7 and 12:		1 1 3	1				7!	
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Date of Notification (1)				Name of Building	Owner/Ope	rator (2)	11	NOV 2	2 6 20	10		
November 19, 2018				The Valley F	lospital		-	1101	- 0 20	10	1 "	
Agencies Notified		Notification		Street Address			1				1	
⊠ EPA		x Initial	Notification	223 North Va	n Dien Av	/enue	ACC	PRIME	000		Miles of	
□ DCA		Amendr	ment	City, State, Zip C		1		1,1	100	1 1 12		
× DOL		Emerger	ncy (including	Ridgewood,		0 27	26		Berling and the con-		in a second	
⊠ DEP		justific		Name of Contact		30-27			T. 1			
x DOH		Jasanie	adony	William Stasi				phone N 1-447-				
			FΔCILI	Y INFORMATION	ian		20	1-44/-	0141			
Name of Facility Where Abate	ement is Ta	aking Place (3)	THOILI	Type of Facility (4)	\							
The Valley Hospital \	Narehou	use		School (K-12)	L							
				Subchapter 8 (c	other than K 1	2)						
Street Address					private & com		uildina	a hamas	o ata \			
599 Valley Health Pla	ıza			Sq. Feet: Unl	cnown #	of Floo	re. A	Blda A	i, etc.)	14 1/01	aro	
- 1955 				<u>oq. r ccc.</u> om	tilowii <u>#</u>	011100	13. 4	Diug. A	ige. 30	T yea	115	
City (5) Paramus	County (6		County Code (7)	Current Use (prio	r if being den	nolished): Ho	snital				
Farallius	Berger	n	(State Use Only)	(1)	209 40		,	opital				
Name of Monitoring Firm Hire	d by Dida	Ours = (0)	100111									
		Owner (8)	ASCM No.	Name of Contracto								
Colden Corporation	п			GREENWOOD) ABATEM	ENT C	ONSU	JLTAN	TS, INC			
Street Address				Street Address								
28 Washington Stree	t			511 MAIN STR	PEET							
City, State, Zip Code				City State, ZipCode								
Ballston Spa, NY 120	020			Butler, NJ 074								
Project Manager for Monitorin	g Firm	Telephone N	umber	Telephone Number			Licen	se Numb	ner			
Jim Miades		347.435.	3561	973-492-0477	-		0084		201			
Scheduled Start Date (10)	-3.00	Scheduled C	ompletion Date (11)	Name of OSHA Mo	onitor		1 000					
December 3, 2018		March 31	, 2019	EMSL inc.								
Occupancy Status During Al	batement (Check only or	ne)	Street Address			77.77					
	cated Durin	ng Entire Perio	d of Abatement									
Abatement Performed	Outside o	of Normal Facil	lity Hours -	1056 Stelton I								
Describe				City, State, Zip Coo								
Other - Describe:				Piscataway, N	J 08854							
Source of Work (Check all tha	t apply)											
					x Full	Contair	nment v	vith Nea	ative Pres	ssure		
\geq 3 sf or \geq 3 lf			Renova	ation		ini-Enclo				,,,,,,		
$\square \ge 160 \text{ sf or } \ge 2$	60		Demoli	tion		vebag F		ire				
									n-Friable	Proce	edure	
Location of Asbestos-Containing Material (ACM) in Facility (13)	ng	Is Location N	lormally Used Solely	Description of Asbesto	S	Amour	t		ment Type			
Material (ACM) III Facility (13)			stodial Staff? (12) NO NA	Containing Material (A		(Specif	y SF	Pomove	e Repair E	naan	Englasa	
		1 120	NO INA	thermal systems insula surfacing, VAT, or other		or LF)		Kemove	Repail E	псар	Ticlose	
10/					or miscens,							
Warehouse		X		TSI		500 LF		X				
				VAT & Mastic		5,000	sf	X				
							- 3					
Name of Reg. Waste Hauler		NJDEP Waste	Novies ID #	101111								
See Hauler Below # 1 & 2	,	See Below	e Hauler ID #	Cubic Yards of Wa	-				stered Lan			
	30		240 20000 20000		80				andfill/G	-111464-1-6	IS	
Hauler #1) Greenwood A		nt Consultar	nts, Inc Butler, N	IJ 07405		osal Da			City, State		A.C C.	
NJ DEP # 125					Mai	rch 31	, 2019		Route 2, E Bridgeport			
Hauler #2) Newark Carti			04509, NJ DEP # 19:	551					304-842-2			
Completed by (Print or Type)		itle	0.1505	Signature			Date					
Marin Graure		SENIOR PR	OJECT	Marin Gra	2.ce		Nove	ember	19, 201	18		
	1	MANAGER		1.00	e received.							

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

CONTINUATION OF SCOPE OF WORK

	_	-	×	2960 SF	Built up Roof under EPDM		×		Building 720 - Exterior
		-	×	15,677 SF	Transite Panels		×		Building 720 – Exterior
+	+		×	25 SF	Fire Door		×		Building 720 – 3rd FI
	-	-	×	25 SF	Fire Door		×		Building 720 – 2nd Fl
е	əji		1		miscellaneous)	N/A	No	Yes	(13)
Enclosur	Eucapsula	Repair	Remova	Amount (Specify SF or LF)	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other	by (12)	Used Solely by Maintenance/ Custodial Staff? (12)	Use Ma Custo	Asbestos-Containing Material (ACM) TO BE ABATED in Facility
ype	Abatement Type	patem	AŁ			mally	otion No	2	. T.

PAID

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

Date of Notification (1)		Na	ne of Build	ling Owner/Operator (2)			H 04.	4	<		
11/21/18		CH	ristine	Dall		417	1EGI	23 37 23 37	77.0	1700	
Agencies Notified Type Notification			et Address			- 11		-	, id.		
□ EPA ☑ Initial						113			0.00		-
☐ DEP ☐ Amended			, State, Zip			111	111				-
■ DOL Amendment □ Emergency (i	# ncluding		aplewor	od, NJ 07040		111	NOV :	2 0	2018	3	1
□ DOH justification) □ DCA □ Cancelation	nerdanig	1.5	ristine l			Telephone Nun			-7		
Cancelation				ACILITY INCODA	-		·		C+.	. 41	£
Name of Facility Where Abatement is Taking Pla	ce (3)			FACILITY INFORMA	Type of Facility (4)		The state of the state of	Na malaya	10		
Residence					Higher Committee			S-DEURLE			
Street Address					School (K-						
					and the second s	er 8 (Other than	K-12)				
City (5)					Other (i.e.	private & Comr	mercial buildings,	home	es, etc	:.)	
Maplewood, NJ 07040					Square Feet	# of Floors	Bldg. Age				
					1700	2	96				
County (6) Essex				y Code (7) E USE ONLY)	Current Use (Prior if I	eing demolished)					_
ESSEX Name of Monitoring Firm Hired by Building Owne	ar (8)		(SIAIE		Residential						
	ει (δ)			ASCM No.	Name of Abatement	Contractor (9)					_
itreet Address					Unicorn Contra						
street Address					Street Address					_	_
74. C. 1. T. 2. 1					32 Willow Way						
ity, State, Zip Code					City, State, Zip Code						_
					Woodland Park,	NJ 07424					
roject Manager fo Monitoring Firm			Telepho	one No.	Telephone No.		License No.				_
					973-333-9176		01331				
tart Date (10)				letion Date (11)	Name of OSHA Monito	or	101331			_	_
.2/04/18 accupancy Status During Abatement (Check Only		12/0	5/18		Envirovision Con						
					Street Address	7		_		-	
The second successed builting Li	tire Period of	Abateme	nt		20-21 Wagaraw	Rd., Bldg. 35-E					
The second of th		y Hours			City, State, Zip Code	, ,					_
Other - Describe: 07:00 AM Sope of Work (Check All That Apply)	itart				Fair Lawn, NJ 07	410					
23 sf or ≥3 lf		X	Renova	ation	☐ Full Containment with Negative Pressure						
≥160 sf or ≥260 If			Demoli	ition	Mini-Enclosure						
					⊠ Glovebag Procedure						
							Friable Procedure	_			
Y Y	- 1	Is Location			•	(/ and 110)/	Thable Procedure		Abat	emen	nt
Location of Asbestos-Containing Material (ACM)		Normall Used Solely	2.5		Description of					уре	
TO BE ABATED		Maintenan	ce/	Asbesto	s Containing Material (Ad nermal systems insulation	CM)	Amount				Г
In Facility	0	ustodial St	aff?	p.c. u	surfacing, VAT, or	1,	(Specity			En	
(13)	-	(12)		c	other miscellaneous)		SF or LF)	Ren	20	caps	Encl
Basement	Yes	-	N/A					Removal	Repair	Encapsulate	Enclosure
Basement		X		Asbestos c	ontaining Pipe Ins	ulation	120 LF	X	_	(D	(0)
Dasement		X		Vi	nyl Asbestos tile		300 SF	X	_		H
								X	_		-
ne of Pagistarad Wasta Hail								1	1		-
ne of Registered Waste Hauler icorn Contracting Corp.			aste Haule	er ID No.	Cubic Yards of Waste Name of Regusters				1 1		_
State		00358	44		Cubic Yards of Waste Name of Regustered Lar 2 Fairless Hills Land						
odland Park, New Jersey				1	Disposal Date City, State						
odianu raik, New Jersev				-	TBD / Morrisville, PA						
					Signature Date						
npleted by Vko Nikolov	Title Presid						ivierrisvine, i A				_

Nov 20 18:11:48a Resource Management Group

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEM :NT
(Pursuant to N.J.A.C, 8:60 and 12:120)

LUMIT		
Date of Notification (1) 11-20-2018	Name of Building Owner / Operator (2) AH & AM Realty LLC	
Agencies Notified Type Notification	Street Address 845 Boulevard	
DEP Initial	City, State & Zip Code	
☑ DOL ☐ Amended ☑ DOH ☑ Emergency	Westfield, NJ 07090	Telephone Number
☑ DOH ☑ Emergency ☐ DCA ☐ Cancellation	Jeff Silverberg	973-769-8752
	FACILITY INFORMATION	
Name of Facility Where Abatement is Taking P Residential	ace (3) Type of Facility (4)
Sireet Address	School (K-12) I (Ol er than K-12)
	Other (i.e. pri	vate & commercial buildings, homes, etc.)
City (5) County (6)	County Code (7) \$ 1,201	# if Floors Bidg. Age
Westfield, NJ Union	Current Use (Prior Regidential	rift ing demolished)
Name of Monitoring Firm Hired by Building Own Health and Safety Services		ent (antractor (9) ama (Group, LLC
Street Address P.O. Box 365	Street Address	
City, State & Zip Code	Z115 Hamilton Av	
Project Manager for Monitoring Firm	Trenton, NJ 08619	9
Mr. Jim Proctor	Telephone Number Telephone Number 956-452-1311 609-914-4279	D1185
Scheduled Start Date (10) Scheduled Cor 11-26-2018 Scheduled Cor	pletion Date (11) Name of OSHA M 11-29-2018 J&S Environment	onii r ai Luoratories, inc.
Occupancy Status During Abatement (Check or	(V one) Street Aridress	
Facility Clased/Vaceted During Entire P Abatement Performed during Normal H	oriod of Abelement 2333 Route 22 W	
Describe: \$:30am-5:30pm Facility Occupied During Abatement	Union, NJ 07063	Norte 1
Scope of Work (Check all that apply)		
⊠ ≥3 of or ≥3 ¥	☑ Renovation □	F II Containment with Negative Pressure
☐ ≥180 sf ≥280 k	Renavation	N ni-Enclosure G ave Beg Procedures
		N n-Exempted and Non-Friable Procedure
Location of Asbestos-Containing	Is Location Description of Normally Used Asbestos-Containing	Amount Abatement Type (Specify
Material (ACM)	Solely by Material (ACM)	SF or LF)
TO BE ABATED in Facility	Maintenance or (i.e., thermal system Custodial Staff? Insulation, surfacing,	Repair Repair NA
(13)	(12) or other miscellaneo	SF or LF) Removal Repair Repair Repair
7ª Floor	Yes No N/A Pipe Insulation	
Basement	Pipe Insulation	10 LF 🛛 🗆 🗆
Crawl Space	Pipe Insulation .	40 LF Ø D D D
	818181	
Name of Registered Waste Hauler	NJDEP Waste Cubic Yards Nar	ns Registered Landfill
Resource Management Group, LLC	Hauler ID No. of Waste Gro	ws andfil
City, State Trenton, NJ 08619	TER	is to
Completed By (Print or Type)	Tide Signature,	Date
Mr. Brian Haney	Title Signsture President	11/20/2018
		7

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification	(1) 11-20-2018			Name	of B	uilding Realty L	Owner / Operato			Mov	0.0.0	244		
	Type Notific	ation			t Add		LU			NOV :	21	018	11	
⊠ EPA □ DEP	☐ Initia				Boulev									
⊠ DOL	☐ Initia	nded				& Zip (NJ 070				Maria 198			12	
□ DOH	⊠ Eme	rgency				ontact	30			17	elepho	ne Nu	ımbe	er
☐ DCA	☐ Can	cellation	-	Jeff S	ilverb	erg					73-769			
				F	ACILI	TY INF	ORMATION		222 1037 1					
Name of Facility Wh Residential	ere Abatem	ent is Taking P	lace (3	3)			Type of Facil							
Street Address				. He-on-sile			School (K-12) oter 8 (Other th	nan K-1	2)				
							Other (i.	e. private & co	mmerc	ial building	s, hom	es, et	c.)	
City (E)		[C(C)	10			(77)	Square Feet	# of FI	oors	BI	ldg. Age			
City (5) Westfield, NJ		County (6)	Co	unty (Code	(7)	1,201	(Prior if being		10)8			
							Residential	(Frior ii beilig	demons	illed)				
Name of Monitoring Health and Safety S	Firm Hired b	by Building Own	ner (8)		AS 117	CM No		tement Contra						
Street Address	CIVICCS				1117	~	Street Addres	inagement Gr	oup, LL	<u> </u>				
P.O. Box 365							2115 Hamilto	n Ave, Suite 2	202					
City, State & Zip Co Berlin, NJ 08009	1655						City, State & Trenton, NJ (
Project Manager for Mr. Jim Proctor	Monitoring F	irm	Telep 856-4			ber	Telephone N 609-914-427			License Nu	umber 0118	5		
Scheduled Start Dat 11-26-201		Scheduled Cor		n Da	te (11)	Name of OSI		torios I	no	0110			
Occupancy Status D							Street Addres		tories, i	110.	-			
☐ Facility Clos	ed/Vacated	During Entire F	eriod	of Ab	ateme	ent	2333 Route 2							
Abatement F Describe:		uring Normal H	ours:				City, State & Union, NJ 07							
☐ Facility Occu	upied During	Abatement					ornon, No or	000						
Scope of Work (Che	ck all that a	oply)						N 5.41.0		4 '41 NI		D		
≥3 sf or ≥3 lf	:8		\boxtimes	Rer	ovati	on			ntainm nclosure	ent with Ne	gative	Press	sure	
☐ ≥160 sf ≥260) If				nolitic					cedures				
	cation of os-Containing	a		Locat			Description Asbestos-Con			Amount Specify	Aba	teme	nt Ty	уре
Mate	erial (ACM)	3		olely I			Material (A			F or LF)	71		Щ	т
TO B	E ABATED Facility		Main		ce or	- T	(i.e., thermal s insulation, surface				Removal	Rep	Encar	Enclosure
	(13)		Cusic	(12)	otaii !		or other miscell				evo	pair	psulat	Sur
			Yes	No	N/A			/					at	e.
1 st Floor					\boxtimes	Pipe 1	Insulation			10 LF				
Basement						-	Insulation			40 LF				
Crawl Space	Crawl Space [Insulation			10 LF		밁	밁	
	H	H	H	-					+H	H	님	님		
		ŏ	H						ᆂ	ㅐ	ㅐ	ㅐ		
Name of Registered				Waste D No.	Cubic Yards of Waste	Name of Reg	gistered	Landfill						
Resource Managem		1 2000	35218		TBD	Grows Landf	ill							
City, State Trenton, NJ 08619							Disposal Date	City, State Morrisville, P	A					
Completed By (Print	or Type)			Tit			Signature ,	111	1		Date			
Mr. Brian Haney				Pre	esider	nt	19/1/1/	LY			11/20/	2018		
9							11/1/191	1 1 N	1/				40000	

2018-11-20 12:18

Shade Environmental 1 >> 609 633 1664

11/2018

C5284	PAII	N	TIF		TION	OF ASE	w Jersey SESTOS ABAT C 8:60 and 5:16		NT	.,		NOV		٠ ١٤/	201	8
Date of Notification (1)	20 /	18				ත් පිළු ding සහ එදී දි	Owner/Operator (2 amden	2)				,	-	1		
Agencies Notified	Type Nollitaet			-	Stenay 6	utdress.			-Energy				_	1	-	-
₩ EPA	Milital 🖾					Market S	tront				200	1	1			
Ø DOLWD	☐ Amended			ŀ	- T-1T-1	ale, Zip C		-	-	-		Virgin.	-	. 1y.	-	-
DOH .	Amendmen	-	_			den, NJ						. 1			L	
DCA FOR S			qing	H		Comed		-	-		Telephone Nu	MAAR	*			
(NJAC 5:23-8)	☐ CanceRence					Villams					856-583-21					
		ALC: NO.	CONTRACTOR OF THE PARTY OF		FAC	ILITY IN	FORMATION							الكلسا		-
Name of Facility Where	Abstament to Ta	king P	ace (3)	-					ality (- OWE FOR	NO THE	-		
Saint Teresa Scho	pl							S 50	choc	1 (K-12)	1					
Street Address					-			5	(pdu	: Dtar 3	(Other than K-	12)	الدالمد	lann		
27 E. Evesham Ro	ad							h	ome	etr.)	And this	ner (Jan 6	CHO	mên,	•	
City (5)								Squa			# of Floors	B	ildg.	Age	,	
Runnemede						e ^r			,00		2		80			
County (6)					Count	y Code (7	(STATE USE ONLY)				or If being demo	olished)				
Camden						-			ho							
Name of Monitoring Firm		ng Owi	ner (8	,	aşcm i	No.	Name of Abatem		നത്യന്	Contract Contract	1					
MDG Environment	tal, LLC				- Anna	1/	Shade Enviro	nme	nts.	rrc						
Street Address							Street Address									
1000 Maplewood I	Drive, Suite 20	17				W.	623 Cutler Av		•							
City, State, Zip Code					Wante .	3 87	City, State, Zip Co								100	Ŕ
Maple Shade, NJ (Maple Shade	, NJ ()8C	2						
Project Manager for Mo	nitoring Firm				phone r		Telephone No.				License No.				70	
Chris Macri					G-755-	TO LET STATE OF THE PARTY OF TH	\$56-755-0099	33		Name	00842		_			
Start Date (10)					lon Dat		Name of OSHA N EMSL Analyt									
Occupancy Status Durin	ng Abatement (C	heck o	nly o	na)		-	Street Address		-				-		-	- MARKEN
☑ Facility Closed/Voca							200 Route 130 North									
Abatement Performe	d Outside of No	mal F	aci附y	Hour	s - Des	ariba	City, State, Zip C	ode		-	444	-		A	-	
Time of Abatement:		PM/_		_PIVI-		4M	Cinnaminsor	n, NJ	084	77						
Scope of Work (Check	all that apply)						⊠ Full Con	talnm	รถใ	igh No	jative Pressure					
⊠ ≥3 af or ≥3 if □ ≥160 af or ≥260 if		. 2	Ren	novetí nolitic	QD.		Mini-End			re.						
□.≥100 si or ≤200 ii		-	1 60	110lite	711	o carriedado					n-Friable Prose	dure				
				Loost								F	bet	erna	nt Ty	pa
Locatio		.		ormo	ala pa Alà	4-6-	Description					2	,	20	ŭ	D
Asbestos-Containing		,	AAs!	ntena	nco/		stos Containing Ma				Amount (Specify	Kenora	1	Repair	2	0
IN Fac			CUST		Staff?		TAV , pripanue	0.01			SF or LF)	1 2		-	alejnstřene z	Enclosive
(13))	(12)	T = 140	1	other miacellane	(1uos			20			-	allo	(1)		
- 1/ -		No	N/A	Sies to	- de Alaia				8 LF	2	7 1		_			
Boiler Room			<u></u>	Libe iu	sulation		_"		- 6 LF		-	-	0	0		
	- At a succession		- Allert Control of the Control of t				_				-					
											-					
										10						
Name of Registered Wa	asto Hauler				UDEP		Cubic Yards of	Ne	77	of Ragi	stered Landfill					
Freehold Cartage				1	lauler 1 16935	o Na.	Waste	1	50 /	less L	andfil					
City, Stota			_				Dispossi Date	CR	у.	tates						_
Freshold, NJ							11/26/2018	1	MK P	risville	, PA					
Completed By (Print of	Тура)	Title					Signature	<	- C	1	and the same of th	Date			- No	merere

Christina Lynch

FF MAL

" De not use this farm for asbesias licensure exempted at lifes.

Vice President of Operations

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

LIMI		U	(Pursu	ant to NJAC 8:60 a	and 12:	:120)	cht	- 410	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_	ėji sast	
Date of Notification (1)		Name	of Buildin	ng Owner/Operator (2)			VICT	A 10 12 13 13	r 91	32 E	471	3
11/19/18		Jam	es Sant	oro			1.10	무료로 !		7		
Agencies Notified Type Notification		Stree	t Address							77	1	- 1
☐ EPA ☑ Initial							=v1 _011		10	17		1
□ DEP □ Amende	d	City,	state, Zip (Code				NOV 2 € 20	Hö	154		F
☑ DOL		Map	lewood	d, NJ 07040				129				
I I	ncy (including		of Contac				Telephone Numbe	er · · · ·				
☑ DOH justificat		Jam	es Santo	oro				*		1.4		
□ DCA □ Cancelat	ion						1		1100			
Name of English Where Abet and 1 7 12	n/ /a\		F	ACILITY INFORMA	TION							_
Name of Facility Where Abatement is Taki Residence	ng Place (3)				Type	of Facility (4)						
Residence						School (K-12	2)					
Street Address						Subchapter	8 (Other than K	-12)				
					X			ercial buildings, h	omes	etc \	¥.	
City (5)					_			1				
Maplewood, NJ 07040						re Feet	# of Floors	Bldg. Age				
County (6)			Ic	C-1-(7)	3,16	the state of the s	2	78				
Essex				Code (7) USE ONLY)	100	nt Use (Prior if bei	ng demolished)					
Name of Monitoring Firm Hired by Building	0 (0)				Hom	ne						
Walle of Monitoring Firm Airea by Building	(8) Owner (8)			ASCM No.	Name	of Abatement Co	ntractor (9)					
					Unic	orn Contract	ing Corp.					
Street Address						Address						
					32 W	Villow Way						
City, State, Zip Code					City, S	tate, Zip Code			-			
					100000000000000000000000000000000000000	dland Park, N	JI 07424					
Project Manager fo Monitoring Firm			Telepho	one No.		hone No.	07.12.1	License No.				-
						333-9176		01331				
Start Date (10)		Schedu	led Comp	letion Date (11)		of OSHA Monitor		101331				
12/03/18		12/0		retion butte (11)	process process	rovision Cons	ultante Inc					
Occupancy Status During Abatement (Chec	k Only One)	122,00	7, 20		Land of the land	Address	uitaiits, iiic.					(German
☐ Facility Closed/Vacated Dur	ing Entire Period of	Ahateme	nt				ל חול~ סר ר					
☐ Abatement Performed Outs			10			1 Wagaraw R	a., Blag. 35-E					
○ Other - Describe: 7AM S		ty Hours				tate, Zip Code						
Scope of Work (Check All That Apply)	IANI					Lawn, NJ 074	10					9.57
≥3 sf or ≥3 If				9-9/4 - 19-000								
		\boxtimes	Renov		▼ Full Containment with Negative Pressure							
≥160 sf or ≥260 If			Demol	ition	☐ Mini-Enclosure							
					☐ Glovebag Procedure							
				2 6		Non-Exempte	d (*) and Non-F	Friable Procedure				
		Is Location								Abate		t
Location of Asbestos-Containing Material (1000	Normall Used Solely	7999			ription of	10		-	Ту	/pe	_
TO BE ABATED	ACIVI)	Maintenan				ning Material (ACI ystems insulation,		Amount				
In Facility		Custodial St	aff?	,,,,,,		ng, VAT, or		(Specity SF or LF)			Enc	m
(13)		(12)			other mi	scellaneous)			Removal	Re	Encapsulate	Enclosure
	Ye	s No	N/A						ova	Repair	ilate	sure
BASEMENT		X			Duct I	nsulation		760 SF	X			
										\vdash		
lame of Registered Waste Hauler		NJDEP V	/aste Haul	er ID No.	Cubic Y	ards of Waste	2	Name of Regustered	Inndell			
Jnicorn Contracting Corp.		00358			3		/					
ity, State					/ Contrast time canalin					1000	-	
Voodland Park, New Jersey					TBD	ii Date	1/	City, State				
ompleted by	Title					Signature		Mørrisville, PA				_
hivko Nikolov	1	ident				//,	11		Date			
	Iries	ident.		-		6//	1/7		111/	19/1	.8	
						17	// /					

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

Date of Notification (1)				Na	me of Build	ling Owner/Operator	(2)	12 17	L b	1.0	1.55	
11 /19	_ /	18				ment of Military a		ffairs				
⊠ EPA □ In		on		Str	eet Address	S		NOV	20	201	8	111.3
	mended				y, State, Zip							
	nendment nergency		euron	10	renton, N			74-75-93		1.		
	stification)	(incluai	ng		me of Conta			TolombaraN			11.00	100
	ancellation			100	osh Levy			Telephone No. 609-313-1				
N				F	ACILITY	INFORMATION			2.7.7			
Name of Facility Where Abatem	ent is Tak	ing Pla	ce (3))			Type of Facility	(4)	100			
Cherry Hill Armory							School (K-12	2)				
Street Address	100						Subchapter ₹	(Other than K-	12)			
2001 Park Boulevard							Other (i.e., p	rivate and comn	nercial	buildi	ngs,	
City (5)							Square Feet	# of Floors		Bldg.	Δαρ	
Cherry Hill							50,000	3		100		
County (6)				Co	unty Code	(7)(STATE USE ONLY)	Current Use (Pri		olichod			
Camden							Governmen		maneu,			
Name of Monitoring Firm Hired b	y Building	Owner	r (8)	ASCI	M No.	Name of Abateme	ent Contractor (9)		_		_	
TTI Environmental, Inc.				00	003		onmental, LLC					
Street Address						Street Address	The state of the s			-		_
1253 N. Church Street						623 Cutler Av	/enue					
City, State, Zip Code						City, State, Zip Co						
Moorestown, NJ 08057						Maple Shade						
Project Manager for Monitoring F	irm		Te	elephone	e No.	Telephone No.	, 110 00032	License No				
Jim Guilari			1		0-8800	856-755-0099		License No. 00842				
Start Date (10)	Sche	eduled (Comp	letion D	ate (11)	Name of OSHA M		00042				
10 /16 /18	_				18	EMSL Analyti						
Occupancy Status During Abaten	nent (Che	ck only	one)			Street Address						
☐ Facility Closed/Vacated During	Entire P	eriod of	Abat	tement		200 Route 13	0 North					
	of Norma	al Facili	tv Ho	urs - De	scribe	City, State, Zip Co						
Time of Abatement: 7:00AM-		F	M	AN	1	Cinnaminson						
Scope of Work (Check all that app	oly)											
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		⊠ Re	enova									
		ls	Loca	ation	T		inplied () direction	-i nable i-toced				
Location of			Norm			Description of			1	1	ent T	1
Asbestos-Containing Material TO BE ABATED	(ACM)			lely by ance/	Asbe	stos Containing Mat	erial (ACM)	Amount	Removal	Repair	Enc	Enclosure
IN Facility		Cus		Staff?	(i.e	., thermal systems in surfacing, VAT,		(Specify SF or LF)	SVOL	==	aps	losu
(13)		Yes	(12 No		+	other miscellaneo	us)	of of LF)	=		Encapsulate	Ire
Storage Room		П			Floor Ti	ile and Mastic				_		
Wen's & Ladies' Latrines								40 SF				
Men's & Ladies' Latrines & S	hower			H	Window	sulation and Fittin	ngs	180 LF				
	11011101				WINGOW	Caulk		90 LF				
Name of Registered Waste Hauler			Ц,		0/		100					
Freehold Cartage			1000	NJDEP I Hauler II		Cubic Yards of Waste	Name of Registe					
City, State				15939		5	Fairless Lan	dfill				
Freehold, NJ						Disposal Date	City, State				-	
						12/28/2018	Morrisville, F	PA				
Completed By (Print or Type)	Title					Signature		Da	ate			-
Christina Lynch	V	ice Pre	eside	ent of (Operation	s Charles		1	119	18		
D-41										. 0		

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)												
	18	-				nmunications										
Agencies Notified Type Notific	ation			Stree	t Address							111				
☐ EPA ☐ Initial				15	East Map	ole Avenue	j	NOV	26	201	8					
☑ DOLWD ☑ Amende					State, Zip (_	9				
☑ DOH Amendm	95000		18			le, NJ 08109										
DCA Emerger (NJAC 5:23-8) Emerger	ncy (Inclu ion)	ding	}		e of Contac	100		Telephone Number								
Cancella					an Tilton			and the manufacture of a section	215-640-4563							
				791010		IFORMATION		215-640-456.				_				
Name of Facility Where Abatement is	Taking P	lace (3	3)	- ' '	OILIT I II	II OKWATION	Type of Facility	acility (4)								
Verizon Merchantville C.O.			,				-12)									
Street Address							er 8 (Other than K-12)									
15 East Maple Avenue							, private and commercial buildings, tc.)									
City (5)							# of Floors	I R	dg. A	76						
Merchantville							Square Feet 33,000	4		+-50	gc					
County (6)				Cour	nty Code (7)(STATE USE ONLY)		ior if being demolis	- 1							
Camden					, ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Verzion	ior ii being demons	icu)							
Name of Monitoring Firm Hired by Buil	ding Owr	ner (8)	I	ASCM	No.	Name of Abateme	ent Contractor (9)									
USA Environmental						1	VIRONMENTA									
Street Address						Street Address	· · · · · · · · · · · · · · · · · · ·	L, 1110.								
8436 Enterprise Ave						1123 BEAVE	R STREET									
City, State, Zip Code						City, State, Zip Co					-					
Philadelphia, PA 19153						BRISTOL, PA										
Project Manager for Monitoring Firm		1	Геlер	hone	No.	Telephone No.		License No.		0012721						
Mark Jenkins			21	5-365	-5870	215-788-6040	ř.	00509								
	Schedule	d Con	pleti	on Da	te (11)	Name of OSHA N	lonitor									
11 / _13_ / _18_	ON	_ Hs	14	2.		BRISTOL EN	VIRONMENTA	L, INC								
Occupancy Status During Abatement (Check or	nly one	e)			Street Address			-			2011-00				
☐ Facility Closed/Vacated During Enti	re Period	of Ab	atem	nent		1123 BEAVE	R STREET									
Abatement Performed Outside of No	ormal Fa	cility H	lours	- Des	cribe	City, State, Zip Co	ode									
Time of Abatement:AM	PM/ <u>5</u>	:00PN	/I- <u>2:0</u>	00AM		BRISTOL, PA										
Scope of Work (Check all that apply)						M Euli Cont										
≥3 sf or ≥3 If	\boxtimes	Reno	vatio	n		☐ Mini-Enc	anment with Neg losure	nt with Negative Pressure								
☐ ≥160 sf or ≥260 lf		Demo	litior	1			pag Procedure									
		la I a				☐ Non-Exe	mpted (*) and No	n-Friable Procedure	9							
Location of		Is Lo	mall			Decementian -			Ab	atem	ent T	уре				
Asbestos-Containing Material (ACM		Jsed S			Asbes	Description o stos Containing Ma		Amount	Re	Re	En	En				
TO BE ABATED	10000	Mainte Custod	7 7 7 7 7 7 7 7		(i.e.	, thermal systems i	insulation.	(Specify	Removal	Repair	cap	Enclosure				
IN Facility (13)			12)	taii:		surfacing, VAT, other miscellane	or or	SF or LF)	/al		Encapsulate	ure				
V-7/	Y	es 1	No	N/A		other miscellane	ous)				ite					
Basement Chiller Room					Pipe Ins	ulation		100 LF								
Basement Chiller Room					Pipe Fit	tings		40 LF								
Basement Chiller Room					Duct Ins	sulation		75 SF			П	П				
] [П		$\overline{\Box}$					
Name of Registered Waste Hauler	NJ		Vaste	Cubic Yards of	Name of Regis	tered Landfill	Щ									
SERVICE TRANSPORT GROUP	100000	uler ID		Waste	MINERVA											
City, State			1 4	.0550		Disposal Date	City, State		-/							
NEW CASTLE, DE						TBD	BURG, OH									
Completed By (Print or Type)	Title					Signature		Section of the sectio	a /		,					
Dillan DeCaro				Della	· De Cau) fel 11		21/.	18	-						

ASB-41 JAN 13 DD / 8 055

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

NOU	NOTIFI (State of New Jersey CATION OF ASBESTOS ABA Pursuant to NJAC 8:60 and 5:1		CMX#3457
Date of Notification (1) 10 /	26 / 18	Name of Building Owner/Operator Verizon Communications	(2)	EGELVE
Agencies Notified ☐ EPA ☑ DOLWD ☑ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☑ Initial ☐ Amended Amendment #_ ☐ Emergency (including justification) ☐ Cancellation	Street Address 15 East Maple Avenue City, State, Zip Code Merchantville, NJ 08109 Name of Contact Brian Tilton	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	NOV 2 2018
		FACILITY INFORMATION	- E	215-640-4563
Name of Facility Where A	Abatement is Taking Place (3) ille C.O.	1 ACIETT INFORMATION	Type of Facility ☐ School (K-12	or control
Street Address 15 East Maple Aver	nue		☐ Subchapter 8	(Other than K-12)
City (5)			Square Feet	# of Floors Bldg Age

Agencies Notified	Type Notifi	ication		Str	reet Address	s	7 3 5 and				Telephone (41	
☐ EPA	Initial			(4)		aple Avenue							
⊠ DOLWD	☐ Amende				y, State, Zip		NOV 2) (2018				
☑ DOH ☐ DCA	Amendr					rille, NJ 08109	[3]	MOY -		.010			
(NJAC 5:23-8)	☐ Emerge justifica	incy (inclu	ding		me of Conta		1		240			į.	
(1.67.10 0.20-0)	Cancella	A STATE OF THE STA					Y.	Telephone Nu	mber		. 11		
	- Carloelle	ation			Brian Tilto		1	215-640-4	563				
Name of Facility 148				F	ACILITY	NFORMATION				-			
Name of Facility Where	Abatement is	Taking Pl	ace (3				Type of Facility	(4)			-		
Verizon Merchanty	ille C.O.						☐ School (K-12						
Street Address							Subchapter	8 (Other than K-	12)				
15 East Maple Aver	nue						Other (i.e., p	buildings,					
City (5)		-					nomes, etc.)	100					
Merchantville							Square Feet	# of Floors Bldg. Ag			Age		
County (6)				10			33,000	4	0				
Camden				00	unty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demo	lished)		-	
	11. 11. 5.0						Verzion						
Name of Monitoring Firm	Hirea by Build	ding Owne	er (8)	ASCI	M No.	Name of Abateme	ent Contractor (9)						
USA Environmental	I						VIRONMENTAL						
Street Address						Street Address		-,					
8436 Enterprise Ave	9					1123 BEAVE	POTPEET	* *					
City, State, Zip Code	1					City, State, Zip Co							
Philadelphia, PA 19	153												
Project Manager for Monit			To	lephone	- 11-	BRISTOL, PA	19007						
Mark Jenkins	g					Telephone No.	License No.		20-7				
Start Date (10)					365-5870 215-788-6040 00509								
	10	cheduled				Name of OSHA M	onitor						
				4_ /	18	BRISTOL ENV	/IRONMENTAL	, INC					
Occupancy Status During	Abatement (C	Check only	one)			Street Address							
☐ Facility Closed/Vacated	During Entire	e Period o	f Abat	ement		1123 BEAVER	STREET						
Abatement Performed (Outside of No	rmal Facil	ity Ho	irs - De	scribe	City, State, Zip Co							
Time of Abatement:	AM	PM/ <u>5:0</u>	<u>0</u> PM-2	2:00AM	l.	BRISTOL, PA						50001605	
Scope of Work (Check all t	hat apply)			-		DIGITOL, PA	19007						
		20000000					inment with Nega	tivo Drass					
\boxtimes \geq 3 sf or \geq 3 if \square \geq 160 sf or \geq 260 if			enova			☐ Mini-Enclo	osure	live Pressure					
		Пυ	emoliti	on		Glovebag	Procedure						
				41	T	☐ Non-Exem	npted (*) and Non-	-Friable Procedu	re				
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(13)		Yes	No	1 41/4	1	other miscellaneou	us)	0. 0. 2.)	=		Encapsulate	lle	
Pagamant Okillan			INO	N/A							0		
Basement Chiller Roon	n				Pipe Inst	ulation		100 LF				t	
Basement Chiller Room	1				Pipe Fitt	inas		40 LF	-		_	부	
Basement Chiller Room	1		П		Duct Ins	-					П		
			П					75 SF		Ш			
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	GROUP,	ii€C,		20990	2000-000-000-00	, rasic	MINERVA LA	NDFILL					
ity, State						Disposal Date	City, State						
NEW CASTLE, DE						TBD	WAYNESBU	SG OH					
ompleted By (Print or Type)) T	itle				Signature							
Dillan DeCaro		Estimat	or				0.0	/oa Dat			543		
B-41 00 (DO =			J.			DULAN	L De Caro	190 110)-2)6-	18		

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12) Name of Building Owner/Operator (2) Date of Notification (1): 11/20/2018 Paramount Assets Type Notification Street Address: Agencies 142 Broad Street 2nd Floor Notified □ Initial City, State, Zip Code: ☐ Amended □ EPA Elizabeth, NJ 07201 Amendment#: □ DEP Telephone Number: Name of Contact: D DOL 201-455-4576 (including Javier Vera iustification) □ DOH ☐ Cancellation □ DCA **FACILITY INFORMATION** Type of Facility (4): Name of Facility: 2018 ☐ School (K-12) 208 Chamber Street ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private & commercial buildings, homes, etc.) County (6): County Code (7): City/ (5) 08609 Mercer Trenton Square Feet: # of Floors: Bldg. Age Current Use: Warehouse Name of Abatement Contractor (9): Name of Monitoring Firm Hired by Building Owner: ASCM No .: Apex Development, Inc. Apex Development, Inc. Street Address: 358 Broadway Street Address: 358 Broadway City, State, Zip Code: City, State, Zip Code: Newark, NJ 07104 Newark, NJ 07104 License No.: Telephone No.: Telephone No.: Project Manager for Monitoring Firm: 201-954-6359 Inno Obiorah 01215 (973) 350-0101 Scheduled Completion Date (11): Name of OSHA Monitor: Start Date (10): Metro Analytical Laboratories 11/27/18 11/23/18 Occupancy Status During Abatement (Check only one) Street Address: 255 West 36th Street, Suite 203 ☐ Facility Closed/vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours City, State, Zip Code: New York, New York, 10018 Describe: Other Describe Scope of Work (Check all that apply): Full Containment with Negative Pressure ☐ Renovation ☐ Demolition ☐ Mini-Enclosure $\square \ge 3$ sf or ≥ 3 lf $\square \ge 160$ sf or ≥ 260 lf Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Description of Normally Location of Asbestos Containing Material (ACM) Used Solely by Asbestos-Containing Material (i.e., thermal systems insulation, Encapsula Enclosure Maintenance/ ₹emova Repair (ACM) surfacing, VAT, or Amount Custodial/ TO BE ABATED other miscellaneous) (Specify Staff? IN Facility SF or LF) (12)(13)Yes No N/A * BOILER ROOM 100 SF X BOILER INSULATION * * 45 LF BOILER ROOM X PIPE INSULATION NJDEP Waste Hauler ID No.: Cubic Yards Name of Registered landfill: Name of Registered Waste Hauler: of Waste: 30 MINERVA ENTERPRISES ASSOC, 19551 JIMMY BYRNE TRUCKING INC. City, State: Disposal Date: City, State: Waynesburg, OH 44688 Bronx, NY 10474 Date: Title: Signature: Completed By: 11/20/2018 Vice President Chinyelu Oraegbunam

State of New Jersey



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Date of Notification (1) 11-21-18				Name of BRIS	of Building O	Owner/G	Operato SQUIBI									
Agencies Notified EPA DEP	Type Notification	l j			Address UIBB DR	IVE		10 miles	1	NOV	2 9	201	3			
X DEP X DOL	Amended Amendmen Emergency		_		ate, Zip Coo BRUNSV		, NJ 08	903	7		1.3	t.,				
X DOH	justification) Cancellation				of Contact DESPIRI	то				lephone				11 7		
Name of Facility VAII				FAC	ILITY INFO	RMAT	ION				S. Marie					
Name of Facility Where A BRISTOL MYERS Street Address	Abatement is Takir SQUIBB-BLDG	ng Place (3) 65)					Type of Facility School (K-	21 (5)							
1 SQUIBB DRIVE								Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, home etc.)							es,	
City (5) NEW BRUNSWICK	(Square Feet 20,000	# 0		Bldg. Age +/-100					
County (6) MIDDLESEX		3			Code (7) USE ONLY)			Current Use (Prior if being demolished) PHARMACEUTICAL PLANT								
Name of Monitoring Firm EHI	Hired by Building	Owner (8)		ASCN	И No.			of Abatement Co	ntractor	(9)		CE	11.2	VC.		
Street Address 655 WEST SHORE	TRAIL						Street	EPPER ENVIRONMENTAL SERVICES, INC. eet Address 51 FRALEY STREET								
City, State, Zip Code SPARTA, NJ 07871						tate, Zip Code										
Project Manager for Moni BILL KERBER	toring Firm			Telephor	ne No. 29-5649		Teleph	one No. 533-5155	7 10 1	License 01166						
Start Date (10) 11-28-18		Scheduled	Com					of OSHA Monitor		01100						
Occupancy Status During	Abatement (Chec					1	Address									
Facility Closed/Vaca Abatement Performe	ted Durina Entire F	Period of Ah	ateme	ent			655 \	WEST SHORE	TRA	IL						
Other – Describe: _ Scope of Work (Check All						-		RTA, NJ 0787	1							
≥3 sf or ≥3 if ≥160 sf or ≥260 if	,,,	-	novati molitio				××××	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedur								
		Is Lo	ocatio	n					1 / 4/10					ure atement		
Location		No. Used	rmally			Des	cription	of					Тур	е		
Asbestos-Containing N TO BE ABA In Facilit (13)	TED	Maint Custoo (tenand	aff?	(i.e. th	s Conta ermal s surfac	aining Ma	aterial (ACM) insulation, , or	lation, (Sp		Kemova	. sopon	Renair	Encapsulate	Enclosure	
		Yes	No	N/A	**SEE	ATTA	CHED	SHEET**			-		-	te		
												+				
Name of Registered Waste		DEP Wa	322	Cubic Y		Name of F	Register	red Landf	fill							
HORIZON DISPOSA	100000000000000000000000000000000000000	416		of Wast		WASTE MGMT GROWS LANDFILL					ILL					
TRENTON, NJ				Disposal Date				Plate City, State FAIRLESS HILLS, PA								
Completed by Title JENNIFER NIVEN DIR. OF O					IONS	Sig	gnature	1			Date 11-21	-18			\exists	



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

CK# 763

Date of Notification (1)				l NI	ama of Build	ling O	· • /	-2 - 1 12 - 1 12 - 12		10 1		
11 /21	_ /	18	20	IN		ling Owner/Operator rowth Properties	CALL COLUMN TO THE COLUMN TO T		1			- 1
Agencies Notified Type	e Notific	ation		S	treet Addres			-7-				i.
_	nitial				585 From	-	v. j	MOV	126	1718		
	mended			_	ity, State, Zir			NOV	20	. 710		
	mendm				Paramus,							
(NJAC 5:23-8) ji	mergen ustificati	icy (incli on)	iding	-	ame of Conta			Talanhan		*1		_
	ancellat			10000	Lynee S. S			Telephone N		.)		
The state of the s								312-420-	5/19			
Name of Facility Where Abater	nent is T	Taking P	lace (3)	V.	FACILITY	INFORMATION	1-					
Sears Auto Center	HOIL IS I	aking r	iace (3)				Type of Facility					
Street Address							School (K-12	?) 3 (Other than k	< 12\			
585 Form Road							Other (i.e., p	rivate and com	nmercial	buildir	igs.	
City (5)							homes, etc.)				•	
Paramus, NJ 07652							Square Feet	# of Floors		Bldg. A	Age	
County (6)							10,000	2		45		
Bergen				C	ounty Code	(7)(STATE USE ONLY)	Current Use (Pri	or if being den	nolished))		
•												
Name of Monitoring Firm Hired	by Build	ing Owr	ner (8)		CM No.		ent Contractor (9)					
Hillmann Consulting				6	2252	JVN Restora	tion Inc					
Street Address						Street Address						
1600 Route 22 East						47 Foster Ro	ad					
City, State, Zip Code						City, State, Zip Co	ode					
Union NJ 07083						Staten Island	NY 10309					
Project Manager for Monitoring	Firm		Te	elepho	ne No.	Telephone No.		License No				
Tammy Lomax					77-6171	718-605-6256		00774				
Start Date (10)	S				Date (11)	Name of OSHA M	lonitor			-		
12 /01 /18_					/18	Testor Tech						
Occupancy Status During Abate	ment (C	heck or	ly one)			Street Address						-
☐ Facility Closed/Vacated Duri	ng Entire	e Period	of Aba	temen	t	10 59 Jackso	n Avenue					
Abatement Performed Outsid	le of No	rmal Fa	cility Ho	urs - D	Describe	City, State, Zip Co						
Time of Abatement: _AM	PM/	7;00PN	- <u>7:00</u>		AM	LIC NY 11101						
Scope of Work (Check all that a	oply)					STANSON PERIODS TO SUBJECT OF						
≥3 sf or ≥3 If			Renova	tion			ainment with Nega	ative Pressure	1			
≥160 sf or ≥260 lf			Demoli			☐ Mini-Encl	osure Procedure					
						☐ Non-Exer	npted (*) and Non	-Friable Proce	dure			
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Location of Asbestos-Containing Materia	I (ACM)	1	Norm Used So		, , , , ,	Description of						-
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(13)		Ye	(12 s No	1	Δ	other miscellaned	ous)		_		Encapsulate	e
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Name of Registered Waste Haule												
Newark Carting	er				P Waste ID No.	Cubic Yards of	Name of Registe	ered Landfill				
				NJ-		Waste 100	IESI					
City, State					70/0	Disposal Date	City, State					_
Newark, NJ						05/31 /18	Bethlehem,	PA		1		
completed By (Print or Type)		Title				Signature			Date _\	-		
Ralph Barnhardt		Proje	ct Mar	ager			/		Date 1	1	1 (
SB-41				-			-			1	()	V.
AY 11		* Do n	ot use t	his for	m for asbest	os licensure exempt	ed activities.			1		

2018-243

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

_ a o p. o,	-		A.H.A.				(20)		Check #	# 9002				_	
Date of Notification	1 (1)	III	lame of	Building Owi	ner/Operator (2)	SANCO DA COMPANION DE COMPANION						20		
1111/12 11	-,		Gerar	d Bueno 8	Mina De La		а		THE	GE	3	V			
Agencies Notified EPA	Type Notificat	ion S	treet Ad	dress				Salation of					-140004	or and the second	
☐ DEP	✗ Initial			7. 0	41-32-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3			1.1	A A	10V 2	c 2	018	- 1	141	
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✗ DOH		4 1	ame of (Contact	With the second				Telephone				Ċ		
☐ DCA	Cancella	ation	Gera	rd Bueno	& Mina De L	a Ro	sa		1	Land Control	014.		(1) PP (4 P	in to	
				FAC	CILITY INFORM	IATION	N								
Name of facility wh	nere abatement i	s taking pla	ace (3)					Туре	of Facility (4						
Gerard Bueno	& Mina De I	∟a Rosa								(K - 12) opter 8 (O	ther ti	nan K	-12)		
Street Address								Subchapter 8 (Other than K-12) Other (Private/Commercial Bldgs./Homes, etc.							
								Squa	re Feet	# of Floor	S	Blo	dg. A	ge	
City (5)		Cour	nty (6)			0.00000	unty Code (7)	Curr	ant Has (Pri	or if boing		oliche	١,٢		
Long Branch		Mo		(State use only) Current Use (Prior if being demolished) Residential											
Name of Monitorin	g Firm Hired by	Bldg. Own	er (8)		ASCM No.		Name of Abatement		(67)(5)						
Charak Addison					n/a	B & G Restoration, Inc. Street Address									
Street Address					105 Ryerson I	Road									
City, State, Zip Cod	е	_	City, State, Zip Code Lincoln Park,		725										
Project Manager for Monitoring Firm Phone Number							Telephone Number	143 070)35 ————————————————————————————————————	License	Numh	er			
r rojour managor ro	. Worldoning v in r			r none rum			(973)696-686			1.0	378				
Scheduled Start Da	te (10)	Sched	. Compl	etion Date (1	1)		Name of OSHA Mor B & G Restora		•						
12/10/2018		12/	15/201	В			Street Address	111011, 111	0.						
Occupancy Status I	1000						105 Ryerson F	Road						2	
	d/vacated during erformed outside						City, State, Zip Code								
Describe: Other-Describ	be:						Lincoln Park, I	NJ 0703	35						
Scope of Work (ch		y)								_					
☐ Demolition	X	Renovation					Full Containment w/ne	egative pr	ressure [Gloveb					
>3 sf or >3 lf	X	≥160 sf or	177 £			<u> </u>	Mini-enclosure			Non-fr				1	
Location of asbestos-con	ntaining	by mainte		ly used sole ustodial		on of c	asbestos-containing		Amount	7.	e	R	E n	E	
material to be abated in fac	9	staff(12)	T		- material				(Specify Sf LF)	= or	o	p a	c	С	
abateu III Iac	inty (13)	Yes	No	N/A					_, ,		v e	i r	р	L	
throughout the a	apartment			X	asbestos	popc	orn ceiling		1,200 sf		X			<u> </u>	
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			-		-	espape and					H	片	H	H	
					1				***************************************		H		H	一	
Registered Waste F B & G Restorat		NJD	Cubic Yards of	Waste	Name of Registered										
B & G Restoration, Inc. 19563 8 City, State Disposal Date Lincoln Park, NJ 12/15/2018							City, State Pen Argyl		andill					-	
Completed by (Prin					Date										
Gordana Luna							Gordana Luna 11/21/20								

State of NJ Notification of Asbestos Abatement

D&S Proj. #: 18-253 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 1 1 1/12 10 1/11 18 kevin yan Type Notification Agencies Notified Street Address X Initial EPA Amended DEP City, State, Zip Code Amendment #: DOL Emergency LIVINGSTON, NJ 07039 (including DOH Name of Contact Telephone Number justification) ☐ DCA Cancellation kevin yan **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) kevin yan Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) LIVINGSTON Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Telephone Number Phone Number License Number 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 11/30/18 12/12/18 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure \times >3 sf or >3 lf Renovation Mini-enclosure Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Location of E by maintenance/custodial e asbestos-containing n Amount Description of asbestos-containing staff(12) m n p material (acm) to be C (Specify SF or material (ACM) С 0 a abated in facility (13) а Yes No N/A L v p BASEMENT foundation block insulation 20 sq ft X Registered Waste Hauler Cubic Yards of Waste NJDEP Hauler ID# Name of Registered Landfill D & S RESTORATION, INC. 13506 1 vd TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 12/03/18 TULLYTOWN, PA Completed by (Print or Type) Signature Title Date **BOGDAN JOLDZIC** PRESIDENT 11/20/2018

h 2826	ı	NOTIFI (Pt	CAITO	tate of Ne N OF ASB t to NJAC	ESTOS	PATE	MEN	Т	2	E (GE		₩ Pi	int Fo		
Date of Notification (1) 11/20/2018				of Building	Owner/O	perator	r (2)			N	0 V 2	6 2	018	- (*)		
Agencies Notified Type Notificatio	n		Residence Street Address								SERVICE STATE	, ,	1			
	••		Oli est Address							ACPTICACCA						
➤ DEP	181			tate, Zip Co					-							
X Emergence			Jersey City NJ 07305													
DOH justification Cancellation			Name of Contact Valentina Baldessarre						Telephone Number							
Name of Facility Where Abatement is Tak	na Place /2	1	FAC	ILITY INFO	ORMATIC	ON	-									
Residence	ing Flace (5	")					Туре	e of Facility (4	50 50							
Street Address							×	School (K-12 Subchapter 8 Other (i.e. pri	(Othe	r than K comme	-12) rcial bui	ldings	, hom	es,		
City (5) Jersey City							Squa 5,28	etc.) are Feet 35	# of 4	Fioors		3ldg. /	Age			
County (6) Hudson		(County STATE	Code (7) USE ONLY)	-		Curr	ent Use (Prior	if bein	g demol	lished)					
Name of Monitoring Firm Hired by Building A. Seine Lighthouse Solutions	Owner (8)							me of Abatement Contractor (9) inks Tank Services								
Street Address PO Box 354								et Address 56 Liberty Avenue								
City, State, Zip Code South Orange, NJ 07079						City, S	tate, Z	Zip Code								
Project Manager for Monitoring Firm Sarah Calandra		1000		ne No. 49-2666		Teleph 844-4	one N	lo.		License 01316	No.	23 10 %				
Start Date (10) 11/21/2018	Scheduled Completion Date (11) Name of															
Occupancy Status During Abatement (Che	CONTRACTOR SERVICE		Street Add					_ighthouse	Joidi	10115				-		
Facility Closed/Vacated During Entire Abatement Performed Outside of Non	Period of A	bateme Hours	ent			PO B	2000	54 Zip Code								
Other – Describe:					_	South	n Ora	ange, NJ 07	7079							
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If		enovatio emolitio				×	Mir	II Containmen ni-Enclosure ovebag Proce n-Exempted (dure				re			
Location of	N:	Location			Door	ription				***************************************		Abate	ement /pe			
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mair Custo	Solely ntenanc odial Sta (12)	ce/		os Contai thermal s surfacii	ntaining Material (ACM) al systems insulation, facing, VAT, or miscellaneous)			Amount (Specify SF or LF)		Remova	Repair	Encapsulate	Enclosure		
0.4.1.	Yes	No	N/A								<u>a</u>		ate	Ге		
Cafeteria		X			Pipe	e wrap	0		200) LF	X					
Name of Registered Waste Hauler		NJI	DEP W	/aste	Cubic Y	ards		Name of Re	aister	ed I andf	501					
Newark Carting	Hau	NJDEP Waste Hauler ID No. 04509 Cubic Yards of Waste														
City, State East Orange, NJ			Disposal Date				posal Date City, State Penn Argyle, PA									
Completed by Alison Lamers	Title Office	Mana	ager		Sig	nature	UM	100			Date 1/20/2	2018				

Ch 2757	NOTIF	Pursuan	tate of Ne NOF ASE to NAC	8:60 ar	ABATE nd 12:12		EC		\mathbb{V}		$\overline{\mathbb{N}}$					
Date of Notification (1)				of Building		Operato	(2)		NOV	0.0	0046	- 1				
				Karcich				1	NOV	26	2018					
			Street	Address												
EPA X Initial Amended		-	City Ci	hata 7:- 0	- 1			ACC								
X DOL Amended Amendment	#			tate, Zip C dale, NJ				_		100		2 - 2 -	and self-self-self-self-self-self-self-self-			
Emergency (including	9		of Contact												
DOH justification) DCA Cancellation				Karcich				16	elephone N	lumber						
				ILITY INF	ORMAT	ION										
Name of Facility Where Abatement is Taking	Place	(3)					Type of Facil	ity (4)								
Private House							K-12)									
Street Address		02.519529116					Subcha	Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes								
							Other (i. etc.)	& comme	rcial bu	ildings	, hom	es,				
City (5) Hillsdale						77	Square Feet	# 0	of Floors		Bldg.	Age				
County (6) Bergen				Code (7) USE ONLY	1		Current Use	Prior if be	eing demol	ished)						
Name of Monitoring Firm Hired by Building C									economic attention							
Competent Supervisor	wner (8)	ASCI	M No.			of Abatement									
Street Address							ruction	inc.								
						Street	uite 14									
City, State, Zip Code						10000000	tate, Zip Code	JILE 14								
						1 5	wa, NJ, 075	12								
Project Manager for Monitoring Firm			Telepho	ne No.			one No.	-	License	No						
40			350 015 6000				832-4244		01379							
Start Date (10)	ed Con	npletion	Date (11)		Name	of OSHA Moni	tor	1								
11/30/18	8				Sam	e as above										
Occupancy Status During Abatement (Check	Only O	ne)				Street	Address									
Facility Closed/Vacated During Entire P	eriod of	Abaten	nent													
Abatement Performed Outside of Norma Other – Describe:	al Facilit	y Hours	3			City, S	ate, Zip Code									
Scope of Work (Check All That Apply)																
	E-21															
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	_	Renova Demolit				-	Full Containment with Negative Pressure									
	Ш.	Jenioni	1011			X	Mini-Enclosure Glovebag Procedure									
	Т						Non-Exemp			able Pro	ocedu	e				
	1.000	Locati										ement	t			
Location of Asbestos-Containing Material (ACM)		Normal ed Sole				scription		İ		-	1)	/pe	1			
TO BE ABATED	1000000	intenar todial S					aterial (ACM) insulation,	100	Amount Specify	R	1_	E	ш			
In Facility (13)	Cus	(12)	olan?		surfac	cing, VA	Γ, or		F or LF)	Removal	Repair	aps	nclos			
(10)		38 - 38		Ē	otner n	niscellan	eous)			oval	a:	Encapsulate	Enclosure			
	Yes	No	N/A									e				
Basement			X		Pipe	insulat	ion	5	0 LF	x		Х				
											1					
								-		+-	-					
								-		-	-					
Name of Registered Waste Hauler	L	1 61	IDED	(note			1 12									
	100000	JDEP W auler ID	200 TO 100 TO	of Was				e of Registered Landfill								
Academy Construction Inc	1 7 7 7 7	34422		2	Fairless Landfill											
City, State				(ē	al Date	City, S	tate									
Totowa, NJ			TBD		Morri	sville, F	PΑ									
Completed by	r		S	Signature Date 11/19/1												
Filip Geleski		July Deleme					11/19/18									

GAC Project #060-18	H	State of	New J (Pu	lersey - Not rsuant to <u>N.J.A</u>	ification of Asbesto A.C. 8:60-7 and 12:120-	os Ab	atem	enE	CE		76	
Date of Notification (1) November	per 16.	2018			Name of Building Own	ner/Ope	erator (2		10V S	6 20	18	
Agencies Notified EPA DCA DOL DEP- No Longer REQUIRE		Notificati Initia Ame Eme	Notification	cation otification # / (including	RUTGERS, THE Street Address ENVIRONMENTA 74 STREET 1603 City, State, Zip Code PISCATAWAY, N	AL HE	ALTH OG 41	18/5/	AFETY	DEPT	. (RE	HS) US
⊠ DOH		X Cand	elled		Name of Contact MICHAEL F. SMI HEALTH & SAFE	TH, E	NV.		ephone N 3-445-2			
Name of Facility Where Abateme	ent is Tak	ing Place (3	3)	FACILITY	INFORMATION							
RU GYM, BLDG# 3097			4		Type of Facility (4) School (K-12)							
Street Address COLLEGE AVENUE CA	MPUS				Subchapter 8 (other to Sq. Feet: N/A	comme	rcial bui	ldings, h	nomes, et	c.)		
NEW BRUNSWICK	ounty (6)	LESEX		ty Code (7) Use Only)	Current Use (prior if be						ears	
Name of Monitoring Firm Hired by ATC	/ Bldg. O	wner (8)	ASCN 000		Name of Contractor (9)	-						
Street Address					GREENWOOD AB	ATEM	ENT	CONS	ULTAN	TS, IN	C.	
3 TERRI LANE City, State, Zip Code					Street Address 511 MAIN STREET	-						
BURLINGTON, NJ 08	016				City State, ZipCode BUTLER, NJ 07405	5						
Project Manager for Monitoring Fit BRIAN R. KEARNEY	m	Telephone 609-386			Telephone Number			Licen	se Numb	er		
Scheduled Start Date (10) 11/16/18		Scheduled	Completi	ion Date (11)	973-492-0477 Name of OSHA Monitor			0084	40			
Occupancy Status During Abate	ment (C	11/20/18 heck only of	ne)		ENVIROVISION, IN Street Address	IC.						
☐ Facility Closed/Vacated Durin ☐ Abatement Performed Outside Describe:	g Entire	Period of A	bateme	nt	20-21 WARGARAW	V ROA	D, BL	DG# 3	35E			
MEEKENDS AS NEEDED)	5PM –	5AM Dail	y (24 H	OURS &	City, State, Zip Code FAIRLAWN, NJ 074	110						
Scope of Work (Check all that appl	y)											
⊠ ≥ 3 sf or >3 lf □≥ 160 sf or ≥ 260 lf			I	Renovation Demolition	and see	Mini- Glov	Enclosu ve bag l	ire Procedu	th Negai	p & Cut		
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Loca Solely I Staff? (YES	tion Normal by Maint./Cu 12) NO	ly Used istodial NA	Description of As (ACM) (i.e. therm VAT, or other mis	nal systems insulation, surfac	-	Amour (Specif or LF)	t		ent Type Repair I		dure
Room 036		X		Thermal Sys	stem Insulation		<9 L	F	X	1		
Name of Reg. Waste Hauler See Hauler Below #1 & 2	5	NUDEP Was See Below			Cubic Yards of Waste:	5 CY	′	Name of	of Regist	ered Lan North L	dfill andfi	11
Hauler #1) Greenwood Abatement NJDEP # 12561 Hauler #2) Newark Carting, Inc., N NJ DEP # 4509			Butler, N	NJ 07405	,		20/201	-	1 R 1	City, State 00 New 2d. Morri 9067 15-736-1	Ford M sville,	
Completed by (Print or Type) RAYMOND C. PEDALINO		NIOR PE		т	Signature Raymond C. He	edalin		Date Nove	mber	7,255		

	5	State of	New J	Iersey - Not	ification of Asbesto	s Al	natem	ien#	(C)	R II	0.7	
GAC Project # 060-18			(Pu	rsuant to N.J.A	.C. 8:60-7 and 12:120-	7)	Jacob	川區	<u>U</u>		W E	-1
Date of Notification (1)	inc.				N	300	11-	3				
Novem	ber 5, 2	2018			Name of Building Own RUTGERS, THE	er/Op	erator (2)	MAN	2-62	018	
Agencies Notified		Notificat			Street Address	317	TEUI	WVEF	KSMY	GF NJ	0.10	1
□ EPA				cation	ENVIRONMENTA	AL H	EALT	H & S	AFET	Y-DEP	F . (RF	HS)
□ DCA				otification #	74 STREET 1603	, BL	DG 41	16. Li	VING	STON	CAME	PUS
XI DOL		L Eme	ergency	(including	City, State, Zip Code		Innerson			000-1		
DEP- No Longer REQUIR	ED		ification	۱)	PISCATAWAY, N	J 08	854					
⊠ DOH		Cano	elled		Name of Contact					Number	į.	
					MICHAEL F. SMI HEALTH & SAFE	IH, E	ENV.	84	8-445	-2550		
N. C.				FACILITY	NFORMATION	1 1						
Name of Facility Where Abatem	ent is Tak	ing Place (3)		Type of Facility (4)							
RU GYM, BLDG# 3097					School (K-12)							
Street Address					Subchapter 8 (other ti	han K-	12)					
COLLEGE AVENUE CA	MPUS	3			Other (i.e. private &	comm	ercial bu	ildings,	homes,	etc.)		
City (5)	County (C)				Sq. Feet: N/A	# of	Floors	4 Bl	dg. Ag	e: 80+	years	
NEW BRUNSWICK	MIDD!	LESEX	(State	ty Code (7) Use Only)	Current Use (prior if be	ina da	mali-b-		040			
		LLULX	10.00	S GGG GTIIY)	Carrein God (bilot il be	ing de	HOUSTE	ea): A	CADEN	IIC		
Name of Monitoring Firm Hired b	v Blda O	Wner (8)	ASC	4 No								
ATC	1 0 10 9 1 0	WHICH (U)	000		Name of Contractor (9)							
Charact A.J.					GREENWOOD ABA	ATEN	MENT	CONS	IIITA	AITC IA	10	
Street Address 3 TERRI LANE					Street Address		11-141	CONO	OLIM	NIO, IN	C.	
O I LIVINI LAIME					E44 34 AUN OTD							
City, State, Zip Code					511 MAIN STREET							
	3016				City State, ZipCode	200						
Project Manager for Monitoring F	irm	Telephone	Number		BUTLER, NJ 07405)						
BRIAN R. KEARNEY		609-38			releptione Number			Lice	nse Nun	nber		
Scheduled Start Date (10)		Cabadalad	^		973-492-0477			008	40			
11/16/18	025	11/20/18		ion Date (11)	Name of OSHA Monitor							*
Occupancy Status During Abate	ement (C	heck only	nne)		ENVIROVISION, IN	IC.						
■Facility Closed/Vacated During	ng Entire	Period of A	Abateme	nt	Street Address	100	AD DI	20"				
■Abatement Performed Outside	le of Norr	nal Facility	Hours -	•••	20-21 WARGARAW	RU	AD, BI	_DG#	35E			
Describe:					City, State, Zip Code							
Other- Describe: Schedule: WEEKENDS AS NEEDED)	5PM -	5AM Dail	y (24 H	OURS &	FAIRLAWN, NJ 074	110						
WELKENDS AS NEEDED)												
Scope of Work (Check all that app	oly)											
					i	Jeon	Contain	montu	ith Noo	ative Pre		
⊠≥3 sf or >3 If	_			Renovation	Ī	JMini-	-Enclos	ure	nui iveg	alive Fie	ssure	
$\square \ge 160 \text{ sf or } \ge 260 \text{ I}$	f			Demolition					ure / W	rap & Cu	t	
Location of Asbestos-Containing	Is Loca	tion Norma	llu Haad	I B		□ Noi	n-Exem	pted (*)	and No	n-Friable	Proce	dure
Material (ACM) in Facility (13)	Solely I	by Maint./C	ustodial	(ACM) (i.e. them	bestos Containing Material nal systems insulation, surfac		Amou	nt		ment Typ		
	Staff? (12)		VAT, or other mis	scell.)	ing,	(Speci		Remov	e Repair	Encap	
Room 036	YES	NO	NA						Enclos	<u>e</u>	75	
Koom 036		X		Thermal Sys	stem Insulation		<9	F	IXI		Т	T
									edw(LD	_	+	1-
Name of Bea. W										+-	-	
Name of Reg. Waste Hauler See Hauler Below #1 & 2		JUDEP Was		- ID #	Cubic Yards of Waste:	5 C	Y	Name	of Regi	stered La	ndfill	
		See Belov						G.R.	D.W.S	. North	Landfi	ill
Hauler #1) Greenwood Abatemen NJDEP # 12561	t Consult	ants, Inc	Butler, N	J 07405		Disp	osal Dat	te	T	City, Stat	le	
Hauler #2) Newark Carting, Inc.,	Newark.	NJ 04509								100 New	Ford N	
NJ DEP# 4509		SUPERINCE.				11/	20/201	18		Rd. Morr 19067	isville,	Pa
Completed by (D.1.)										215-736-	1700	
Completed by (Print or Type) RAYMOND C. PEDALING	Title				Signature			Date				-
C. PEDALING		NIOR PI		T	Raymond C. Pe	dali.	20.		ember	5, 201	8	
	IVIA	NAGER			- 19.000	uncerett.	(8)					

								heck# 319
Ch3197	S	State of N		7 11 1 2 1	cation of Asbestos 2. 8:60 and 12:120-7)	1 1	TE C	ELVEN
Date of Notification (1) November 20, 2018					Name of Building Owner RUTGERS, THE S		ALCOHOL:	V 2 6 2018
Agencies Notified EPA DCA DOL DEP - No Longer REQU DOH	IRED	Notification Initial Amende Emerg justific Cance	Notificated Certification (ency (eation)	ification including	Street Address ENVIRONMENTAL 27 ROAD 1, BLDG City, State, Zip Code PISCATAWAY, NJ Name of Contact Michael Smith ENV HE, SAFETY	HEALTH 4086, LIV	& SAFE INGSTO	TY DEPT.
Name of Facility Where Abate	ement is Ta	king Place (3)		FACILITY INI				
Stanley Bergen Bldg	# 7252	King Flace (5)			Type of Facility (4) School (K-12)			
Street Address RBHS Newark Camp City (5) Newark		1		/ Code (7) Use Only)	Subchapter 8 (other that Souther (i.e. private & core Sq. Feet: Unknown Current Use (prior if bein	mmercial build # of Floors	<u>s:</u> 16 <u>E</u>	Bldg. Age: 80 years
Name of Monitoring Firm Hire ATC ASSOCIATE		Owner (8)	ASCM 0098		Name of Contractor (9)	TEMENT	ONOUL	TANITO INC
Street Address					GREENWOOD ABA Street Address	I EIVIEN I C	ONSULT	ANTS, INC.
3 TERRI LANE					511 MAIN STREET			
City, State, Zip Code	2046				City State, ZipCode	-		
BURLINGTON, NJ 08 Project Manager for Monitorin		Telephone N	umbor		Butler, NJ 07405		T 11	
BRIAN KEARNY	91 11111	609-386-8			<u>Telephone Number</u> 973-492-0477		License N	lumber
Scheduled Start Date (10) November 30, 2018		Scheduled C Decembe			Name of OSHA Monitor Envirovision, Inc.		00840	
Occupancy Status During Al Facility Closed/Vacate Abatement Performed Describe Solution Other – Describe: Needed)	ed During E I Outside o	entire Period of Normal Facil	f Abater ity Hour	S -	Street Address 20-21, Bldg E Waga City, State, Zip Code Fairlawn, NJ	araw Road		
Source of Work (Check all tha	t apply)							
$\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$ $\boxed{\square} \ge 160 \text{ sf or } \ge 2$	260			➤ Renovation ☐Demolition		☑Mini-Enclos ☑Glovebag	ure Procedure	n Negative Pressure
Location of Asbestos-Containi Material (ACM) in Facility (13)	ng Solel	cation Normally y by Maint./Cu ? (12) NO			pestos Containing Material al systems insulation, surfaci	Amour	fy SF	emove Repair Encap Enclose
GB-49A		X		VAT		250 s	f 🗵	
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	2	NJDEP Wast See Below	e Hauler	ID#	Cubic Yards of Waste: 40 CYDS	-	Name of F	Registered Landfill North Landfill
Hauler #1) Greenwood A NJ DEP # 12 ! Hauler #2) Newark Carti	Abatemer 561	nt Consultar				Disposal Da December	ite	City, State 100 New Ford Mill Road, Morrisville, PA 19067 215-736-1700
Completed by (Print or Type)	Тт	îtle			Signature		Date	
Raymond C. Pedali	no S	SENIOR PE		T	Raymond C. Pedalino		-	nber 20, 2018

Date of Notification (1) NOVEMBER 19, 2018		NOTI	Name	State of N ON OF ASI to NVAC of Building	Owner/	Operato	0)		3	S E	11	2018	
Agencies Notified Type Notification	า			OF ATI	ANTIC	CITY		_	1000				
EPA Initial				ISHER		UE			Anni			-	
X EPA X Initial Amended Amendmer				tate, Zip C NTIC C		J 0840	1						
□ Emergency justification □ DCA □ Cancellatio)	g		of Contact					elephone N 09-347-5				
				ILITY INF		ION			00-047-0	330			
Name of Facility Where Abatement is Takin PRIVATE RESIDENCE	ng Place	(3)				_	Type of Facili	ty (4)					
Street Address							School (I		her than K-	12)			
							Other (i.e etc.)	e. private	& commer	cial bui	ldings	, hom	nes,
City (5) ATLANTIC CITY							Square Feet 2,100	2	of Floors		Bldg. 35	Age	
County (6) ATLANTIC				Code (7) USE ONL	n		Current Use (I WAS PRIV	Prior if be	eing demoli ESIDEN(shed)			
Name of Monitoring Firm Hired by Building A. SEINE LIGHTHOUSE SOLUTION	Owner (8 ONS	3)	ASCI	M No.			of Abatement C					25	
Street Address PO BOX 354						Street	Address LIBERTY A						
City, State, Zip Code SOUTH ORANGE, NJ 07079						City, S	tate, Zip Code SIDE, NJ 07						
Project Manager for Monitoring Firm SARAH CALANDRA			Telepho	one No. 49-2666		Teleph	one No. 462-7465	200	License	No.			
Start Date (10) 12/03/2018	Schedu 12/07/	led Cor		Date (11)		Name	of OSHA Monite		01316	10110			
Occupancy Status During Abatement (Chec							EINE LIGHTI	10056	50L01	IONS			
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm	Period of nal Facilit	Abater y Hour	nent s				OX 354 tate, Zip Code						
Other – Describe:					_		TH ORANGE	Ξ, NJ 0	7079				
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf						_	1						
≥160 sf or ≥260 lf	×	Renova Demoli	tion			×	Glovebag Pi	ure ocedure					
8	Is	Locat	ion			L.	Non-Exempt	ed (*) an	id Non-Fria	ble Pro	TORYNDERSON	e emeni	t
Location of		Normal ed Sole	lly		Des	scription	of				Ту	/pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	aintena todial ((12)	nce/	Asbes (i.e.	thermal surface	aining M systems sing, VA niscellan	aterial (ACM) insulation, Γ, or eous)	(Amount Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A							<u>a</u>		ate	Ге
Stairs rear R BR, 2nd Fl. hallway		Х		9:	x9 flooi	r tile &	mastic	2	13 SF	x			
Roof		Χ			roof ur	derlay	ment	42	20 SF	x			1
Roof		Х			roof	flashir	ng	8	86 LF	x			
Name of Registered Waste Hauler		1.	JDEP W	la a t c			1 .:						
NEWARK CARTING		- H	auler ID 4509		Cubic `of Was			and the second	ered Landfil NAGEME		AND	FILL	
City, State EAST ORANGE, NJ					Dispos	al Date	City, Sta		LE, PA				
Completed by ALISON LAMERS	Title OFFI	CE M	ANAG	ER	Si (gnature	11		Da	ate 1/19/2	2018		

Ch 281	23		NOTII (I	FICATIO	State of Me ON OF ASE at to NJAC	w Jers ESTO: 6.60 a	ey ABATE nd 12:12	MENT					- Annual Communication of the		5
Date of Notification (1) NOVEMBER 19, 2	018				of Building OF ATL			(2)	1	N	10V	2 (2()18	-
Agencies Notified EPA	Type Notification Initial	1			Address FISHER	AVEN	UE			ACC		o n			
X EPA X DEP X DOL	Amended Amendmen				tate, Zip Co NTIC CI		J 08401	1	and the state of t			Ser-	and Paradhan	No. and San	
DOH DCA	justification Cancellation)	g		of Contact ANDER	SON				lephone 9-347					
Name of Facility Where	Abatement is Takir	ng Place	(3)	FAC	ILITY INF	ORMAT	TION	Time of Facility	(4)						
PRIVATE RESIDER	NCE	.g . 1200	(0)		-			Type of Facility School (K-' Subchapter	12)	er than	K-12)				
								Other (i.e. petc.)	orivate	& comm	ercial	buile	dings	, hom	es,
City (5) ATLANTIC CITY								Square Feet 2,100	# o 2	f Floors	2	B 6	ldg. /	Age	
County (6) ATLANTIC					Code (7) USE ONLY)	_	Current Use (Pri WAS PRIVA	or if bei	ng dem	olishe	d)			
Name of Monitoring Firm A. SEINE LIGHTHO	Hired by Building OUSE SOLUTION	Owner (8 ONS	3)	ASC	M No.		Name BRIN	of Abatement Cor IKS TANK SE	ntractor RVICE	(9) ES, IN	C.				
Street Address PO BOX 354								Address LIBERTY AVI	 E			V			
City, State, Zip Code SOUTH ORANGE,	NJ 07079							tate, Zip Code SIDE, NJ 0720)5		0				
Project Manager for Mon SARAH CALANDRA				Telepho 201-3	one No. 49-2666		0.0000000000000000000000000000000000000	one No. 162-7465		Licens 0131		Ž.		and the second	
Start Date (10) 12/03/2018		Schedu 12/07/	led Cor /2018	mpletion	Date (11)			of OSHA Monitor INE LIGHTHO	DUSE	SOLU	JTIOI	NS			
Occupancy Status During	Abatement (Chec	k Only O	ne)				Street	Address				3,900,0			
Facility Closed/Vaca Abatement Performe Other – Describe:	ated During Entire I ed Outside of Norn	Period of nal Facilit	Abaten y Hours	nent S			City, St	OX 354 ate, Zip Code	TEATHER STOTE AND						
Scope of Work (Check Al	That Apply)					- 1-354 	SOU	TH ORANGE,	NJ 07	7079					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	777		Renova Demolit				×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure					3	
Location	of	1	s Locati Normal					2						ment	
Asbestos-Containing I TO BE ABA In Facilit (13)	Material (ACM)	Ma	ed Sole aintenar stodial S (12)	nce/		os Con thermal surfa		aterial (ACM) insulation, r, or	(S	mount pecify or LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								-		ate	œ.
Living ro			X		glue d	lots @	sheetr	ock ceiling	30) SF	>	2			
Stairs			Х		white st	tair tre	ad marl	ble linoleum	39	9 SF	2				
											4				
Name of Registered Wast	e Hauler		N	JDEP W	/aste	Cubic	Yards	Name of F	Register	red Lan	dfill				
NEWARK CARTING				auler ID 1509	No.	of Was	ste	WASTE				LA	NDF	FILL	
City, State EAST ORANGE, NJ						Dispos	al Date	City, State PENN A		_E, PA					
Completed by ALISON LAMERS		Title OFFI	CE M	ANAG	ER	S	ighal vie	MUS			Date 11/1	9/2	018		

Chon	NO	Purs	State of Ne TION OF ASE want to NJAC	W Jerse ESTOS 8:60 an	ABATE d 12:12	MENT)[[G		\mathbb{V}	5
Date of Notification (1)			me of Building			(2)			**********		7.00402 VI.14404	13
11-19-2018			abash Inves	tments				- M	101	26	2018	
Agencies Notified Type Notification	r.		eet Address	F								Dittore
EPA Initial Amended			201 Foster T y, State, Zip Co		;			ACC	* C /	. (.		Pressults.
DOL Amendmen			outh Plainfie				orange ma		-	[5		
Emergency justification		Na	me of Contact				Te	lephone N	Number			
DCA Cancellatio	5%	He	erbie Banks	57			- 1	8-672-5				
Name of Facility Where Abatement is Taki	az Dlaga (2)		FACILITY INF	ORMAT	ION							
Private Dwelling	ig Place (3)					Type of Facility	(4)					
Street Address						School (K-	12)	orthan V	12)			
						Other (i.e.	private	& comme	rcial bu	ilding	s, hom	ies,
City (5)						etc.) Square Feet	# 0	f Floors		Bldg.	Δαρ	
Maplewood NJ 07040						N/A	N/			N/A	Age	
County (6) Essex			unty Code (7)	2		Current Use (Pr		ng demoi	ished)			
Name of Monitoring Firm Hired by Building	Our = = (0)					Private Dwe	_					
Standard Environmental	Owner (6)		ASCM No.			of Abatement Co x Contracting		(9)				
Street Address						Address						
1208 Fulton St, Suite 2A					PO E	3OX 734						
City, State, Zip Code Brooklyn NY 11233						tate, Zip Code dland Park No	10742	4				
Project Manager for Monitoring Firm		Tele	ephone No.			one No.	, 0, 12	License	No.			
Kayode Adefisoye				,		692-6298		01266				
Start Date (10) 11-30-2018	Scheduled 01-30-20		tion Date (11)			of OSHA Monitor						— lat
Occupancy Status During Abatement (Che	The state of the state of the state of					x Contracting	LLC					
Facility Closed/Vacated During Entire						Address BOX 734						
Abatement Performed Outside of Norr	nal Facility H	ours				tate, Zip Code					-	
Other - Describe:				_	Woo	dland Park No	J 0742	4				
Scope of Work (Check All That Apply)												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	novation nolition			×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure	20 (20 (20 (20 (20 (20 (20 (20 (20 (20 (re	
	ls Lo	cation							T		emen	t
Location of		mally Solely by		Des	cription	of				T	уре	
Asbestos-Containing Material (ACM) TO BE ABATED	Mainte	enance/	Asbest			aterial (ACM) insulation,		mount pecify			E	m
In Facility		ial Staff' 12)	? (1.0.	surfac	ing, VA	Γ, or		or LF)	Remova	Repair	caps	Enclosure
(13)		1		other m	iscellan	eous)			oval	air	Encapsulate	sure
D	Yes N	-	I/A								i i	
Basement	1	- 2	X		VAT		40	0 SF	Х			
Basement		,	X	Pipe	Insulat	ion	6	0 LF	Х			
N												
Name of Registered Waste Hauler Amax Contracting LLC		Haule	P Waste r ID No.	Cubic \ of Was				red Landf	ill	Marine and		
City, State		0036	184	7 cy		Forest	5/ 5/3/2/5/5/2					
Woodland Park NJ 07424				Disposi		City, Stat Morrisv		(-				
Completed by	Title				gnature				ate			
Tome Maslarkov	Project	Manag	ger		(1000	11-19	-2018	3	

	I CHAL	9											
Date of Notification (1)				Name	of Building	Owner/Operator	(2)						_
	21 / 18			Louise	Arkel				111	NOV	2.6	201	8
Agencies Notified	Type Notification				Address								
□ EPA											7 - 2		
DOLWD	Amended Amendment #			City, S	tate, Zip Co	ode			4	17.61		1.7	-
DHSS DCA	Emergency (inc	dudina		Maple	wood, NJ	07040			= 2000			e setten	
(NJAC 5:23-8)	justification)	adding	ı		of Contact				Telephone Nu	mber			
	☐ Cancellation			Louise	Arkel				1				
	1		-		Maria Caracter Control	FORMATION							
Name of Facility Where	Abatement is Taking	Place	(3)			OTTAIN TOTAL	TT	ype of Facility (4)			-	-
Private house			(0)				The said	School (K-12)					
Street Address							$\dashv \bar{L}$	Subchapter 8	(Other than K-1				
5.5567.1447.555							10	Other (i.e., pr	ivate and comm	nercial b	uilding	S.	
City (5)							-	homes, etc.) Square Feet	# of Floors	TF	ldg. A	ne	
Maplewood, NJ 07040							1	oquare r cet	# 01 1 10013	1	log. /	90	
County (6)	<u>'</u>			Count	v Code (7) (9	STATE USE ONLY	1 0	Current Use (Pri	or if being demo	liehod\	_		
				Journ	y 0000 (1) (1	JIAIL OOL ONLI)	' `	Julient Ose (i in	or it being delik	Jii Si i Cu j			
Essex Name of Monitoring Firm	Hired by Building O	wner (8) [ASCM I	No I	Name of Abater	nen	t Contractor (9)					
		,	1	MOOIN I			Herri	t Contractor (9)					
Street Address		Fr Heer		-2.74-22-0		Gr Tech LLC Street Address	357/453						
Officer Address							401	0.2					ĺ
City, State, Zip Code						576 Valley Rd City, State, Zip							
Oity, Glato, Zip Godo													
Project Manager for Mon	nitoring Firm		Tale	phone I		Wayne, NJ 074 Telephone No.	4/0		License No.				
i rojost manager for mon	incorring i arm		1010	priorie i									
Start Date (10)	Sched	uled C	omnle	tion Dat		973-638-1777 Name of OSHA	Man	nitor	01127				
12 / 02 /	1966			, j	18								
Occupancy Status Durin						Envirovision C	ons	sultants,Inc					
Facility Closed/Vacat	6 03			ment		Street Address							
Abatement Performe					cribe	20-21 Wagarav			35E				
Time of Abatement:	AMPI	Λ/	PM_		AM	City, State, Zip							
Scope of Work (Check a	II that apply)					Fair Lawn, NJ		410 and decontamin	ation with nega	tivo pro	CUITO		
	ii triat apply)							inment with Neg		live pre	ssuie		
>3 sf or >3 lf		⊠ Re	novati	on		☐ Mini-Er	nclo	sure		D			
≥ 160 sf or ≥260 lf		☐ De	molitic	on		Gloveb Non-F	oag xem	Procedure	n-Friable Proce	dure	ssure		
		Is	Loca	tion				1			baten	ent T	vne
Location	n of	1	Vorma	lly		Description	n of				1	T	1
Asbestos-Containing			ed Sole intena	ely by		tos Containing N			Amount	â	Repair	nca	ncl
TO BE AB IN Faci				Staff?	(i.e.	, thermal system surfacing, VA			(Specify SIF or LF)	Kemova	a i	psu	Enclosure
(13)			(12)			other miscella			On or Ery	<u> 5</u>	-	Encapsulate	l e
		Yes	No	N/A									
Crawl space		П	П	\boxtimes	Pipe insu	lation			120 LF	D	a r	П	
Ciawi space			f	+	1 ipe moe				120 231				
												닏	1
										L			
Name of Registered Wa	ste Hauler		NJ	DEP Waste	Hauler ID No.	Cubic Yards of W	aste	Name of Regis	stered Landfill				
y es and the same and				003378		TBD		T.R.R.F. Inc					
Gr Tech LLC City, State		-		003370	33	Disposal Date		City, State					
						Managed and American Services							
Wayne, NJ 07470	Type) Title					TBD	А	Tullytown, P.	A	Date			
Completed By (Print or	Type)	5				Signature		1	A				
N.Jevtic	Ow	ner					//eu	she Wena.	of	11/21/	18		

MO#25131066750

STOS ABATEMENT	~ ·		
:60 and 12:120)	/1	1 4	1047
	Ch	KA	1047

Date of Notification (1)			Name	of Building	Owner	Operato	r (2)	<u> </u>	IK	77	10	77	/		
11/06/2018				Cooper		, o	. (-/			7 70	(25 (25 (25	7	n g	722 I	
Agencies Notified Type Notification			Street	Address					1 - 1			- 1	· · ·	-	1 A
EPA X Initial															
DEP Amended				ate, Zip C				1	111	NOV	2	c 2	018	11	3/10
DOL Amendment Emergency		-		ark, NJ 0				5 144 7		340 ;	-	-	0,0	ļ.,	and f
DOH justification)				of Contact					Te	lephone	Nur	nber	1031	mer)	
DCA Cancellation			5	Cooper					1 -	1.7			71.5	- 44	
Name of Facility Where Abatement is Takin	g Place (3	3)	FAC	ILITY INF	ORMAT	ION	Type	e of Facility (***	er in the	41.77			
Residential Property	9000 (0	7					Туре								
Street Address							H	School (K-1 Subchapter		er than	K-12	2)			
							×	Other (i.e. p	rivate	& comn	nercia	al buil	dings	hom	es,
City (5)							Saus	etc.) are Feet	# 0	f Floors		TE	Bldg. A	ne	_
Newark							2,52		3	1110013			911	·gc	
County (6)				Code (7)	-		0.000	ent Use (Prid	or if be	ing dem	nolish				
Essex			(STATE	USE ONLY)					<u> </u>		T.			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCI	M No.		Name	of Aba	atement Cor	tractor	(9)					_
						Dan	vic C	ontrating I	LLC						
Street Address						Street				500					
01.01.7								h 5th St.							
City, State, Zip Code						1		Zip Code	•						
Project Manager for Monitoring Firm			T. I. I.					, NJ 0720	6						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	none N 906-4			Licens		0.			
Start Date (10)	Schodule	nd Con	nnlotion	Date (11)			CE. C. 770 5.10 -	HA Monitor		0135	00				
11/16/201/	11/23/2		ilbiedon	Date (11)		120000000000000000000000000000000000000		nmental l	ahor	atories	2				
Occupancy Status During Abatement (Chec						Street	The second second	and the section of th	Labor	atorio			1		
Facility Closed/Vacated During Entire F	Period of A	haten	nent			2333	Rou	te 22 Wes	st						
Abatement Performed Outside of Norm	al Facility	Hours	3			City, S	tate, Z	ip Code							
Other – Describe: OCCUPIED					_	Unio	n, NJ	07083							
Scope of Work (Check All That Apply)											V-11				
≥3 sf or ≥3 lf	promoting .	enova						II Containme		Negati	ve P	ressu	re		
≥160 sf or ≥260 lf	☐ D	emolit	ion			×	7	ni-Enclosure ovebag Proc							
					12000000000		7	n-Exempted		d Non-F	riabl	e Pro	cedur	е	
	Is	Locati	on										Abate		
Location of		ormal			De	scription	of						Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED	Mai	d Sole ntenar	nce/			taining M				mount		_		ш	m
In Facility	Custo	odial S	Staff?	(i.e.		systems cing, VA		ation,		pecify or LF)		₹em	Repair	cap	nclo
(13)		(12)			other n	niscellan	eous)			10000000000000000000000000000000000000		Remova	bair	Encapsulate	Enclosure
	Yes	No	N/A											te	w
Basement			X		Pipe	Insula	tion		12	0 LF		Х			
									30/6						
	++														
Name of Ponintered Wests Have			IDEE	(t)	0 11										
Name of Registered Waste Hauler		77,77,75	JDEP W auler ID		Cubic of Was			Name of F			dfill				
Danvic Contracting LLC		115778	7574	nas tali	2			Fairless	Lanc	lfill					
City, State						sal Date		City, State			201100				
Elizabeth, New Jersey					TBD			Morrisvi	lle, P	Α					
Completed by	Title		11/1/2-1		S	ignature		/			Date				
Jeymy Donneys	Owne	r					7				11	06/2	2018		

		PA	AID				to NJAC					ho	1	24	17	1	
100000	of Notification (1)						f Building		Operator	r (2)	-	110	1	1/)		1 -	
	/16/18						an Kane	efsky				1.19		(A)			- 54
Age	ncies Notified	Туре	Notification			Street A	ddress						::	4			
×	EPA		Initial									11:	- 11				
×	DEP DOL		Amended Amendment	#			ate, Zip C		10			11	1 1 1	NOV	2 5	2018	8
		×	Emergency	(including	-		y HIII, N)			-					
×	DOH DCA		justification) Cancellation				an Kane					Tel	ephone I	Vumber		10.00	
ш	20/1		Caricellation				LITY INF	•	ION					1			
	e of Facility Where		nent is Takin	g Place (3)	TAG	LITT HAT	OKWAI	ION	Тур	e of Facility (4)	F) +(*/-	- we say	poor in Kill		
Kar	nefsky Residenc	ce								П	School (K-1	(2)					
Stree	et Address										Subchapter	8 (Oth					
										×	Other (i.e. petc.)	orivate d	& comme	rcial bu	ildings	, hom	ies,
City										Squ	are Feet	# 0	f Floors		Bldg.	Age	
	erry HIII									3,1		2			53		
	nty (6) mden					County (Code (7) USE ONLY)			ent Use (Pri sidence	or if bei	ng demo	lished)			
	e of Monitoring Firm as Environmenta			Owner (8))	ASCN	A No.				atement Cor			·	-		
	et Address	ai iiisp	rections						Street		Environn	nentai	Co., In	c.			
	Box 11645										s Ave.						
City,	State, Zip Code								100000000000000000000000000000000000000	10000000	Zip Code				17		
	ladelphia, PA 19	9116							8200		n, PA 194	101					
Proje	ect Manager for Mor	nitoring	Firm			Telepho	ne No.		Teleph				License	No.			
Jas	on Dua						37-4693		610-								
	Date (10)			Schedul	ed Cor	mpletion I	Date (11)		Name	of OS	HA Monitor						-
	19/18			12/7/1	4.00				Plym	outh	Environm	nental					
Occi	ipancy Status Durin	g Abate	ement (Chec	k Only O	ne)				Street								
×	Facility Closed/Vac	ated Du	iring Entire F	Period of	Abaten	nent					s Ave.						
	Abatement Perform Other – Describe:	ned Out	side of Norm	nal Facility	/ Hours	\$					Zip Code						
Scon	e of Work (Check A	II That	Analy	-					Norr	istow	n, PA 194	101					
limit.		MI IIIat	Apply)	[[]					I	7							
Contraction of the last of the	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			STREET, STREET	Renova Demoli				ĥ		III Containme ni-Enclosure		Negative	e Pressi	ıre		
										GI	ovebag Prod	edure					
				1					×	l No	n-Exempted	d (*) and	d Non-Fri	able Pr		re emen	4
	2.4 (2.3 (2.3 (2.3 (2.3 (2.3 (2.3 (2.3 (2.3	Colored # 1		7000	Locat Vorma	\$0741074F		92500								emen ype	i.
А	Location sbestos-Containing		al (ACM)	Use	d Sole	ly by	Asbes		scription taining M		I (ACM)	Δ	mount			T_	
	TO BE AB	ATED	N 5	17,000	intena todial S			thermal	systems	s insul		(S	pecify	Re	R	Encapsulate	En
	In Facil (13)				(12)	otan,			cing, VA niscellan			SF	or LF)	Remova	Repair	apsu	Enclosure
	•			Yes	No	N/A			moodiai	,0000				/al	=	ılate	ure
-	Exteri	or				X		Trans	site Shi	ingle		57	'5 SF	X	-	-	
	Through	hout				X		St	neetroc	k		24	30 SF	Х	1		
	Living R					X			VAT				25 SF	X		-	1
	Living it					+^-			VAI			42	.5 SF	Λ.	-		-
Name	e of Registered Was	ste Hau	ler		l N	JDEP W	lasta	Cubia	Yards		Name of	Danista	I b I	EII			
	inson	oto i iau			223	lauler ID		of Wa			Name of Groves		ieu Land	1611			
	State							Dispos	sal Date		City, State	9					
	rhees Township	, NJ						12/7/	18		Tullytov	vn, Pa	ì				
	pleted by			Title		-		S	Signature	/		821		Date			
Jam	es Kelly			VP					-					11/16/	18		

	PAI	m			N OF ASE		ABATE		d	10	1	18		58	~
Date of Notification (1)	E (A)				of Building		Operator	r (2)				10			ر
11/19/18	Toma Name and			-	Id Monte	efusco					塩」り、	170		127	
Agencies Notified	Type Notification			Street A	Address				1 1 5 1						ļ į į
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X DOH	Emergency (justification)	including	1	Name o	of Contact				1	Tel	ephone Nu	umber		1,110	
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Name of Facility Where	Ahatement is Taking	Place (31	FAC	ILITY INF	ORMAT	ION	Tuno	of Facility /	4.	Contract of the Party	6 di 113	2 - 2 1 1		-
home	riodicinoni io Taking	j i iace (5)					Туре	of Facility (100					
Street Address								H	School (K-1 Subchapter		er than K-	12)			
								×	Other (i.e. p etc.)				ldings	, hom	es,
City (5)									re Feet	# 0	f Floors	1	Bldg. A	Age	
Caldwell			Last.					200	0	2		1	30	50 .7 0.0	
County (6) Essex					Code (7) USE ONLY)		Curre	ent Use (Prid ne	r if bei	ng demolis	shed)			
Name of Monitoring Firm	Hired by Building C)wner (8)	ASC	M No.		7.00		tement Con ronmenta						
Street Address							Street	Addre	ss						
0: 0: 0:									Drive, PO	Box	483				
City, State, Zip Code									ip Code	4.0					
Project Manager for Mon	itorina Firm			Telepho	ne No			none N	i, NJ 074	18	1 ()	1-			
,				reieprio	nie ivo.			764-2			License 1	NO.			
Start Date (10)		Schedul	ed Con	npletion	Date (11)		Name	of OSI	HA Monitor						
11/29/18		12/7/1			82. 1400										
Occupancy Status During							Street	Addre:	ss						
Facility Closed/Vaca Abatement Perform	ated During Entire P	eriod of	Abaten	nent			01: 0								
X Other – Describe:	garage	ai i aciiit	y riours	•			City, S	itate, Z	ip Code						
Scope of Work (Check A	ll That Apply)												114.		
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			Renova						II Containme		Negative	Pressu	re		
× ≥160 sf or ≥260 lf			Demolit	ion					ni-Enclosure ovebag Proc						
									n-Exempted		d Non-Fria	ble Pro	cedur	е	
		1235	Locati											ement pe	1
Location Asbestos-Containing	Carrier Control		Normal ed Sole		Ashaa		scription taining M		(0.000)				1,	pe	
TO BE ABA	ATED	10050000	intenar todial S			thermal	systems	s insula			mount Specify	R	77	Enc	En
In Facili (13)	ty	Jour	(12)	Aun :		surface other n	cing, VA niscellan	T, or		SF	or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A		0.1101 11	oomar	ioodoj				Val	=	llate	ure
garag	е			Х		pipe	insula	tion		6	5 LF	×			
Name of Registered Was	te Hauler		111111111111111111111111111111111111111	JDEP W		Cubic	Yards		Name of F	legiste	red Landfil	1			_
Freehold Carting			1122	auler ID 5939	No.	of Was	ste			W 1000	s Landfi				
City, State			15				sal Date		City, State			V9.			
Freehold NJ						TBD			Birdsbo						
Completed by		Title				S	ignature		11.		Da	ate			
A. Scott Higgins		Pres	ident						11		_ 1	1/19/	18		

C/482	157 P.	AII	NOTIF (F	ICATIO	tate of New N OF ASBE t to NJAC 8	ESTOS	ABATE	MENT 0)		LIA	北京	16	3	J-		rija.
Date of Notification (1))				of Building (Stadele	Owner/0	Operator	(2)				-0.5	<u>~~</u>		Et.,	, - ,
Agencies Notified	Type Notification		-	C.C.T.O.S.T.C.	Address					115		616	N1 /	2 0	201	0
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× DOL	Amendment Emergency		_		chburg, N	J 088	376			1	Pos	7.44-4			T.e.	
DOH DCA	justification)	morading			of Contact					Tele	ephone	Num	ber	a the safe		V - 2 - 11 - 15
DCA	Cancellation				ael Rodri					-						
Name of Facility When	e Abatement is Takin	Place (3)	FAC	ILITY INFO	RMAI	ION	Type	of Facility (4)		years.				
home			00.00						School (K-1							
Street Address									Subchapter	8 (Othe						
	W.							×	Other (i.e. p etc.)	rivate 8	comm	ercia	l buil	dings	hom	es,
City (5)								Squa	re Feet	# of	Floors		В	ldg. A	ge	
Branchburg								200	0	2			7	0		
County (6) Somerset					Code (7) USE ONLY)			Curre	ent Use (Prid	or if beir	ng demo	olish	ed)			
Name of Monitoring Fire	rm Hired by Building (Owner (8)	ASC	M No.		Name	0.000000	itement Con	tractor	/Q\	45-650-				
		50 No.							ronmenta			LC				
Street Address							Street	Addre	ss							
					The same of the sa		4 E (Gate	Drive, PO	Box 4	183					
City, State, Zip Code									ip Code							
Project Manager for M	aultada Fi								d, NJ 074	18						-
Project Manager for Mo	onitoring Firm			Telepho	ne No.		Teleph 973-				Licens	e No				
Start Date (10)		Schedul	ed Cor	moletion	Date (11)				HA Monitor		703					
11/28/18		12/7/1		npiedon	Date (11)		ivame	01 051	A Monitor							
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Scope of Work (Check	All That Apply)															
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(Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 11 20 1 18 New Jersey Turnpike Authority Agencies Notified Type Notification Street Address **⊠** EPA 581 Main Street **⊠** DOLWD ☐ Amended City, State, Zip Code **⊠** DOH Amendment # Woodbridge, NJ 07095 ☐ DCA ☐ Emergency (including) Name of Contact (NJAC 5:23-8) justification) Telephone Number ☐ Cancellation Dan Wenger 732-750-5300 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Union Trades Building - Union Toll Plaza School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 601 Glenwood Avenue homes, etc.) City (5) Square Feet # of Floors Bldg. Age Hillside 5,000 2 80 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Union Offices Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **BEM Systems** Shade Environmental, LLC Street Address Street Address 100 Passaic Avenue 623 Cutler Avenue City, State, Zip Code City, State, Zip Code Chatham, NJ 07928 Maple Shade, NJ 08052 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 908-598-2600 Venkat Balasubramanian 856-755-0099 00842 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12 / 03 / 18 12 / 04 / 18 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00AM-5:00PM/ PM- AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or >3 If □ Renovation ≥160 sf or ≥260 lf Demolition ☐ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Used Solely by Encapsulate Enclosure Removal Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Fan Room X Vibration Dampers 30 SF \boxtimes П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Freehold Cartage Fairless Landfill 15939 City, State Disposal Date City, State Freehold, NJ 12/04/2018 Morrisville, PA Completed By (Print or Type) Title Signature Date Christina Lynch Vice President of Operations

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) Name of Building Owner / Operator (2) 11-20-2018 Project Freedom, Inc. Agencies Notified Type Notification Street Address \boxtimes **EPA** 1 Freedom Boulevard DEP City, State & Zip Code Initial \boxtimes DOL Amended Lawrence, NJ 08648 \boxtimes DOH Emergency Name of Contact Telephone Number DCA Tim Doherty-Executive Director Cancellation 609-278-0075 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Freedom Village at Gibbsboro - Commercial Building School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) 47 Lakeview Drive Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 2.990 1 38 Gibbsboro, NJ Camden Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) ASCM No Name of Abatement Contractor (9) Health and Safety Services 117 Resource Management Group, LLC Street Address Street Address P.O. Box 365 2115 Hamilton Ave, 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 Mr. Jim Proctor 856-452-1311 609-914-4279 01185 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12-4-2018 12-11-2018 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 during Normal Hours: City, State & Zip Code Describe: 8:00am-4:30pm Union, NJ 07083 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Mini-Enclosure ≥160 sf ≥260 lf Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Normally Used Asbestos-Containing Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsula Enclosure Remova Repair TO BE ABATED Maintenance or (i.e., thermal systems insulation, surfacing, VAT in Facility Custodial Staff? or other miscellaneous) (13)(12)Yes No N/A 1st Floor X \boxtimes Floor tile 1,000 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Resource Management Group, LLC 0035218 TRD Grows Landfill City, State Disposal Date City, State Trenton, NJ 08619 TBD Morrisville, PA Completed By (Print or Type) Title Signature Date Mr. Brian Haney President 11/20/2018

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Date of Notification						wner / Operator	(2)		NOV 2	c 2010	>				
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The Editorion Birds						Square Feet	# of Flo		Bldg. A						
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Health and Safety S	Services			117		Resource Mar Street Address		up, LLC				\neg			
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P.O. Box 365	-da					City, State & Z		12							
City, State & Zip Co Berlin, NJ 08009	oue					Trenton, NJ 08									
Project Manager fo	r Monitorina F	Firm	Telephon	e Numb	per	Telephone Nu		License Number							
Mr. Jim Proctor	. mormornig .		856-452-			609-914-4279 01185									
Scheduled Start Da	ate (10)	Scheduled Cor	npletion D	ate (11)	Name of OSHA Monitor									
12-6-201			12-11-201	8	*	J&S Environm	ental Laborate	ories, Inc.							
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Trenton, NJ 08619)					TBD	Morrisville, P	A							
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Mr. Brian Haney			1	Preside	nt	TMI	h / /	V ////////////////////////////////////	111/	20/201	0				
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Name of Facility Where Aba	atement is Taking Pla	ace (3)	, ' ^ \			T -	Ty	oe of Facility (4	4)							
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Project Manager for Monitoring Firm				ephone	No.		Telephone 1	No.		License N	0.					
				D-4	- (11)		201 – 329 – 7444 00388 Name of OSHA Monitor									
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Project Manager for Monitoring Firm		Telephon	e No.		Hackensack, NJ 07601 Telephone No. License No.							
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ate of No 1/20/201	otification (1):	1	Newark P	ublic S	chool	er/Operator (2)			NOW	02 (2 5	2018		
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	(including justification		Mr. Benj	amin O	lagadey	/0		710 120 1-	30					
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171100	34111 1111 100	-						Broadway						
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								k, NJ 07104						
Cranbury, NJ 08512 Project Manager for Monitoring Firm: Telephone No.: 722 644 5418						Telephone No.: License No.:								
Kevin l						732-644-5418		(973) 350-0101 01215						
-00000000000000000000000000000000000000	nte (10):	- 15	Scheduled	Comp	letion I	Date (11):		of OSHA Monitor:	r= * 12-2					
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Date of Notification (1	Q IF	ALD	(Pursua	ON OF ASBEST ant to NJAC 8:60	and 12:12	(0)				W				
Date of Notification (1) 11/21/18		Nai	me of Building	Owner/Op	erator (2					111	111		
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() 50%	() Cancellati			vard Meeks										
Name of Facility When	e Abatement i	s Taking Pl	FAC	ILITY INFORM	IATION	Tuna	£ = - 1111 / 4	,						
Former Drew Chemica	al Facility	o railing i i	ucc (5)			100 00000000000000000000000000000000000	f Facility (4)						
Street Address 1000 Harrison Ave						() Sub (X) Oth	ool (K-12) chapter 8 (er (i.e. priv	other ate &	than K-1 commerc	2) cial bu	ıildin	gs,		
City (5) Kearny, NJ 07032						Square	omes, etc. e Feet # of Floors Bldg.			g. Ag	je			
County (6) Hudson			Cour	nty Code (7) (S	TATE	Current	Use (Prior	if heir	na demol	ished)			
Who was a second of the second			USE	ONLY)				11 5011	ig demoi	iorica	,			
Name of Monitoring Fir	m Hired by Bl	dg. Owner	ASC	M No.	Name o	of Contra	ctor (9)							
Street Address					CID CC	NSTRU	CTION SE	TION SERVICES, LLC						
ou oct / tudi cos					Street A	Address								
City, State, Zip Code					300-2 S	State Route 17 South - Suite #3 tate, Zip Code								
							ouc							
Project Manager for Mo	Project Manager for Monitoring Firm Telephone N					J 07644 one Numi	her	- 1	License N	dumb	or			
(8)					(973)68				01191 "		5 1			
Scheduled Start Date (* 10/29/2018		Schedule	ed Comple 11/22/20	completion Date (11) Name 1/22/2019			of OSHA Monitor							
Occupancy Status Durin	ng Abatement	(Check onl	v one)		Ctroot A	Address								
			50 B											
(X) Facility Closed/Vaca() Abatement Performed() Other – Describe:	ed Outside of I	itire Period Normal Fac	of Abaten ility Hours	nent	City, Sta	ate, Zip C	ode							
Source of Work (Check	all that apply)													
$(X) \ge 3 \text{ sf or } \ge 3 \text{ lf}$		()Reno	vation		() Full () Mini-	Containn	nent with N	egativ	e Pressu	re				
(X) ≥ 160 sf or ≥ 260 lf		(X) Demo			() Glov	e bag Pr	ocedure							
6					(X) Non-	-Exempte	ed (*) and 1	Von-Fr						
Location of Asbestos-Containing I	Material	s Location I		5	200				Aba	teme	nt Ty	rpe		
(ACM)		Used Sol Maintena	ance/	Containing N	on of Asbe	estos CM) (i.e.	Amo	unt			E	Ш		
TO BE ABATED	2 0	Custodial St	aff? (12)	thermal sys	stems insu	lation,	(Spe		Rem	Repair	cap	nclo		
in Facility (13)			2000		, VAT, or o		SF or	LF)	Remova	pair	Encapsulate	Enclosure		
Building 720 – 3rd FI	Y	es No	N/A	111100							te	Ф		
Building 720 – 3rd FI		X	-		Insulation		320 LF		X					
Building 720 – 1st FI		X	-		I Insulation	n 40 SF			X					
Name of Reg. Waste Ha	uler	X X	ata II. I		e Door	Like	25 S		X					
Cid Construction Service	es, LLC	NJDEP Wa # 3	iste Haule 2905	Cubic Y	ards of Wa TBD		ame of Reg							
City, State Garfield, NJ				Disposa	202020420	Ci	10 Sand Co ty, State elville, NY	mpan	y Landfil	1				
Completed by Roque G Schipilliti	Title Proj	ect Manage	er	Signature	1		- 191	Da	ate	21/201				

State of New Jersey