an Ch			ICATION	ate of Nev OF ASB to NJAC	ESTOS	ABATEN		F2		E (G [1,5	50
Date of Notification (1)							5 00			ا كارا	<u> </u>	لا د	7/	L
				Building	Owner/C	perator	(2)		1					
April 17, 2018 Agencies Notified Type Notification		-	Ethicon Street A	*************					1111	0	^T	1-1-	2018	
			O Box							U	UI		2010	
EPA Initial Amended		-		te, Zip Co	nde					- Commence of the Commence of				
DEP Amended Amendment	_# 2									ACUL	arch			
Emergency (i		_		ille, NJ	00076				Tolo	phone No	imbar	Brieff Aud		_
DOH justification) Cancellation		-												
- Carlochation				Manage		ON			9/3-	641-17	36			
Name of Facility Where Abatement is Taking	Place (3	3)	FACI	LITT INF	ORWATI	ON	Тур	e of Facility (4)					
Ethicon							П	School (K-12	1					
Street Address							Н	Subchapter 8		r than K-	12)			
Route 22 W							X	Other (i.e. pr	ivate &	commerc	cial bu	ilding	s, home	es,
City (5)		V. 10-1-17-1					Sau	etc.) are Feet	# of	Floors		Blda	Age	-
Somerville							- 4		1 8050	3				
County (6)			County (Code (7)			Cur	ent Use (Prior	if bein	_	shed)			
Somerset				ISE ONLY)				(, ,,,,,		acility				
Name of Monitoring Firm Hired by Building C	wner (8)		ASCM	No.		Name	of Ab	atement Cont						
AET, Inc	1:02		orwors.th	24-00-00 (1985) (C				Group, LL		1				
Street Address						Street			.0.					
220 Church Street								s HWY N, S	TE 2	Λα				
City, State, Zip Code								Zip Code	11	03				
Bridgewater, NJ 08807								, NJ 08034						
Project Manager for Monitoring Firm			Telephor	ne No		Teleph			- 1	License	No			
Project Manager		- 4	30.0.000	8-1108		(973) 7			1	0781				
Start Date (10)	Schedul			Date (11)		'		SHA Monitor		70701		- 20 - 1		San year
11/17/17			11/17/1	81 8.				Group, LL	C					
Occupancy Status During Abatement (Check	Only Or		1 17 1771			Street			.С.					
Facility Closed/Vacated During Entire P	850	8(30)	aant			1500 K	(ina	s HWY N, S	STF 2	na				
Abatement Performed Outside of Norma								Zip Code	71 L Z	00		33		
Other - Describe:		30				100.000		, NJ 08034						
Scope of Work (Check All That Apply)						Officity	1 1111	, 140 00004						
≥3 sf or ≥3 lf		Renova	tion			D	Z -	ull Containme		Manativa	D			
≥160 sf or ≥260 lf		Demolit				Ź		ull Containmer ini-Enclosure	it with	ivegative	Press	ure		
						R	S G	lovebag Proce	edure .			v		
				-			N	on-Exempted () and I	von-Friabl	e Proc	20:31:5	tement	
	0.0	Locati Normal		1									Гуре	ģ.
Location of Asbestos-Containing Material (ACM)		d Sole		Ashas		scription		al (ACM)	۸۰	nount		1		
TO BE ABATED		intena				systems			10000	pecify	70	-	Enc	E S
In Facility	Cus	todial S (12)	otan?			cing, VA			SF	or LF)	emo	Repair	aps	Enclosure
(13)		10 St			other n	niscellan	eous	,			Removal	ar	Encapsulate	ure
	Yes	No	N/A										е	38
Inside Bldg		X		V	AT, Ma	astic &	Car	pet	Т	BD	X			
ATC Basement Mechanical Room	X			Me	echanic	al Pipe	s fit	tings		5	X			
ATC Building 1AU2 MR	ATC Building 1AU2 MR									6	X)	1	
7.11 Dunding 17102 WIT	1	-							J	/	\	+-		
Name of Registered Waste Hauler	N.	I DED W	lasts	Cukir	Vorde		News -f >	0.01-1-	ad 1 == 1"	11				
Name of hegistered waste flatter	1.176	IJ DEP W lauler ID		Cubic of Was			Name of R	egister	eo Landfi	11				
Newark Carting	lewark Carting							BFI Imper	rial La	indfill				
City, State			222		Dispos	0.1 sal Date		City, State						
Newark, NJ					1	1/17/18	3	Imperial,		126				
Completed by	Title					ignature		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	0		ate	700		
Michael Cooper .	Presid	lent				1/2/200	-7			41	17/18	3		

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

		(P	ursuar	nt to NJAC	8:60 and 12:1	(20)						10	33
Date of Notification (1)			Name	of Building	g Owner/Operat	tor (2)			OCT	11	20	18	-11-
February 14, 2018			Ethico	n, Inc.									
Agencies Notified Type Notificat	on		Street	Address					A O D E C C C				-
EPA Initial			PO Bo	x 151					AFRERTA H	2114		W. 1.	(E
DEP Amended			City, S	tate, Zip C	Code			- 10 Maria	-	office makes in the	an repri	C#7_E	Paris 17
DOL Amendm	ent # <u>1</u> cy (including	_	Some	rville, NJ	08876								
DOH justification		1		of Contact				Te	lephone Nur	nber			
DCA Cancella		- 1	Projec	t Manag	er			973	3-641-173	6			
Name of Facility and Advanced To		DOMESTIC WAY			ORMATION								
Name of Facility Where Abatement is Ta	iking Place (3)				Ту	pe of Facility	(4)					
Ethicon							School (K-						
Street Address	1						Other (i.e.	er 8 (Oth	er than K-12 & commerci	2) al buil	dinae	hom	00
Route 22 W						X	etc.)	private	a commerci	ai buii	unigs.	Hom	C3,
City (5)						Sq	uare Feet	# 0	f Floors	E	Bldg. A	\ge	
Somerville									3				
County (6)				/ Code (7) : USE ONL)	v i	Cu	rrent Use (Pi	rior if be	ing demolish	red)			
Somerset			[marrial]	0.51, 0.01.1	9 1 - 				Facility				
Name of Monitoring Firm Hired by Buildi	ng Owner (8)	ASC	M No.	Nan	ne of A	batement Co	ontractor	(9)				
AET, Inc							K Group, I	LLC.					
Street Address					Stre	et Add	ress						
220 Church Street					1500) King	gs HWY N	, STE	209				
City, State, Zip Code					City	, State	, Zip Code						
Bridgewater, NJ 08807					The second secon		II, NJ 0803	34					
Project Manager for Monitoring Firm				one No.	1,500,000	phone	No.		License N	٥.			
Project Manager Start Date (10)				218-1108			- 5000		00781				
	Schedu			Date (11)	2-000		SHA Monito						
11/17/17 Occupancy Status During Abatement (Cl			11/17/	18			K Group, I	LLC.					
						et Add							
Facility Closed/Vacated During Enti Abatement Performed Outside of No	re Period of	Abaten	nent				s HWY N	, STE 2	209				
Other - Describe:	Jilliai Facilit	y Hours	5		15.00		, Zip Code						
Scope of Work (Check All That Apply)					Chei	rry Hi	II, NJ 0803	34					
			rought a								36		
≥3 sf or ≥3 If ≥160 sf or ≥260 If	Section 2	Renova Demolit					Full Containn Mini-Enclosur		Negative P	ressu	re		
		Domon					Glovebag Pro						
						X	Non-Exempte	d (*) and	Non-Friable	Proce	dure		
	100	s Locat										ement	t
Location of		Normal ed Sole			Descripti					-	1 9	pe	
Asbestos-Containing Material (ACM) TO BE ABATED		aintena			stos Containing thermal syste			5633	mount	_		m	m
In Facility	Cus	todial S	Staff?	(1.6	surfacing, \				Specify or LF)	₹en	Re	cap	nclo
(13)		(12)	.,		other miscell	aneou	s)			Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A							<u>m</u>	7.	te	0
Inside Bldg	X	100	\	/AT, Mastic	8. Ca	rnot		TBD	V				
ATC Basement Mechanical Roo	/\	-							$\langle \rangle$	-			
ATC basement Mechanical Roo		-	IVIE	echanical Pi	pes fi	ttings		5	X				
									orac				
Name of Registered Waste Hauler	1000	J DEP		Cubic Yards))	Name of	Registe	red Landfill					
lewark Carting		Н	lauler IC		of Waste		DELL	-221					
City, State		22.	253	0.1 Disposal Da	te	BFI Imp		andtill					
lewark, NJ							City, Sta		E100				
Completed by	Title				11/17/ Signatu		Imperial		5126 Dat				
	1				Signatu		1000	17	Da	C			

Michael Cooper

President

2/14/18

				FICATIO	tate of Ne N OF ASB t to NJAC	ESTOS	ABATE		and the second s		E (3 E		. W	14:	22
Date of Notification (1)				Name	of Building	Owner/	Operator	(2)		1				1 46		7+
Novem	ber 16, 2017			Ethico	n. Inc.				1		0.0	· ·	4		_	H
Agencies Notified	Type Notification				Address					-4	00	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	1	201	8—	-1
⊠ EPA	□ 1.36.1			РО Во	x 151											
I DEP	Initial Amended				tate, Zip Co	nde					Λ (* * * * * * * * * * * * * * * * * * *	1700				1
DOL	Amendment			100.00	ville, NJ				1	7	Mr. resigns			10		
M DOLL	Emergency (i	ncluding	9		of Contact	00070				Tol	anh and	V-130mm	dir			
DOH DCA	justification) Cancellation									1000000	ephone		er			
	Gancellation				Manage		1011			973	-641-1	736				
Name of Facility Where A	batement is Taking	Place	(3)	FAC	ILITY INFO	ORMAI	ION	Type	of Facility (4	4)			550/5	W-1156		
Ethicon																
Street Address				_					School (K-1			(40)				
									Subchapter Other (i.e. p				mild	inns	nome	a e
Route 22 W									etc.)	Tivate (x 001111110	or Grain L	unu	ings,	TOTTLE	,3,
City (5)								Squa	re Feet	# of	Floors		BI	dg. A	je	
Somerville											3					
County (6)					Code (7)			Curre	ent Use (Pric	r if bei	ng demo	lished)			
Somerset				(STATE	USE ONLY)	-					Facility	,	5.11			
Name of Monitoring Firm	Hired by Building O	wner (8)	ASCI	M No.		Name	of Aba	tement Con			,		-		
AET, Inc							adoption to the same		Group, LI		(0)					
Street Address							Street			_0		-				
220 Church Street																
City, State, Zip Code						HWY N,	SIE2	209		60000						
	_			1		ip Code										
Bridgewater, NJ 0880							Cherry	/ Hill,	NJ 08034	1						
Project Manager for Moni	toring Firm			Telepho	ne No.		Teleph	ione N	0.		License	e No.				
Project Manager					18-1108		(973) 7	759 -	5000		00781					
Start Date (10)		Schedu	led Cor	mpletion	Date (11)		Name	of OSH	A Monitor							
11/17/17	7			11/17/	18		The M	ACK	Group, LI	C						
Occupancy Status During	Abatement (Check	Only O	ne)				Street			-0.						-
Facility Closed/Vaca	ted During Entire D	ariod of	Abatas	mont			1500 k	(inge	HWY N,	STE 2	00					
Abatement Performe	d Outside of Norma	l Facilit	v Hour	S					ip Code	31L Z	.03					
Other - Describe:				438 												
Scope of Work (Check All	That Apply)						Cherry	/ miii,	NJ 08034							
							1	7								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demoli				N. N	Mir Glo	Containme i-Enclosure vebag Proc i-Exempted	edure						
		1.	s Locat	ion										Abater	nent	
Location	of		Norma	0.000				V/20						Тур		
Asbestos-Containing N		Use	ed Sole	ly by	Ashest		scription aining M		(ACM)	٨٠	nount					
TO BE ABA	TED		intena todial				systems				pecify	1 2	0	_	Enc	m
In Facilit	у	Cus	(12)	otali !	75		cing, VA7				or LF)	1 5	3	₹ep	aps	clo
(13)			10001			otner n	niscellan	eous)				No.		Repair	Encapsulate	Enclosure
		Yes	No	N/A								1 2	-		e	10
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miolac Di	ag			+	V/	AT, IVI	astic &	Carp	et		BD	/	/			
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Name of Registered Wast	a Haula-		١.,.	II DES.												
walle of Registered wast	e nauier		10,000	IJ DEP W lauler ID		Cubic of Was			Name of R	egister	ed Land	fill				
Newark Carting				222		UI WVdS			DEI Imna	riol I -	ndfill					
City, State			11 - 12 194-2	222	.33	Dienes	TBD sal Date		BFI Impe		riutill					
Newark, NJ						W.,	sai Date 1/17/18		City, State							
Completed by										PA 15						
						S	ignature		7/_	0		Date				
Michael Cooper		Presid										1/16/	17			

Chissi		NOT	IFIC AITE	ONFOF A	New Jers SBESTO: 6-8:60 at	ABATE d 12:120	MENT			C	<u> </u>		557
Date of Notification (1)			Name	of Birildin	ng Owner	Operator	(2)						
October 04, 2018			10	on, Inc.	ig Owner	Operator	(2)			OCT	11	201	18
Agencies Notified Type Notification	1			Address							7000-0		
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DEP Amended				state, Zip	Code				£34.502	1			486 6
DOL Amendmen Emergency	t #3	n.a.	100		J 08876	;			Delin Service	**************************************	dreation was		Alternation of
DOH justification)	iig	Name	of Contai	ct			Telep	hone	Numbe	r		
DCA Cancellatio	n			t Mana				973-6					
Name of Facility Where Abatement is Takin	na Diana	(2)	FAC	CILITY IN	FORMAT	ION				100			
Ethicon	ng Flace	(3)					Type of Facility	(4)					
Street Address							School (K-	-12)					
Route 22 W							Subchapte Other (i.e.	er 8 (Other private & c	than K	(-12)	ilding	o hon	
City (5)							etc.)			i ciai bi	illulliy	5, 1101	nes,
Somerville							Square Feet	# of FI	oors		Bldg.	Age	
County (6)			County	Code (7)	1				3				
Somerset			(STATE	USE ONL) .Y)		Current Use (Pr						
Name of Monitoring Firm Hired by Building	Owner (8)	ASC	M No.		None	f Al 1	Fa	cility	1		050-10	
A.E.S.L.		-,	7,00	W NO.		Access and the second	f Abatement Co						
Street Address						Street A	ACK Group, L	LC.					
2200 Paterson Plank rd # 7								OTE OO					
City, State, Zip Code						City St	ings HWY N, ate, Zip Code	STE 209	3				
North Bergen, NJ 07047							Hill, NJ 0803	4					
Project Manager for Monitoring Firm			Telepho	one No.		Telepho	ne No.		icense	No			
Carmelo Altomonte			201-86	4-6583		lancare di co-	59 - 5000	J. 5.5.5.5	781	INO.			
Start Date (10)	Schedu	ıled Co	mpletion	Date (11)		OSHA Monitor	100	701				
11/17/17			11/17/	18		The MA	CK Group, L	LC.					
Occupancy Status During Abatement (Chec						Street A	ddress			-			
Facility Closed/Vacated During Entire I	Period of	f Abater	ment			1500 Ki	ngs HWY N,	STE 209	j				
Abatement Performed Outside of Norm Other - Describe:	al Facili	ty Hour	s				te, Zip Code		The contract of				
Scope of Work (Check All That Apply)						Cherry	Hill, NJ 0803	4					
≥3 sf or ≥3 If									C-1 - 5-93				
≥160 sf or ≥260 lf	\bigotimes	Renova				×	Full Containme	ent with Ne	gative	Pressu	ire		
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						\boxtimes	Non-Exempted	(*) and Non	-Friab	le Proce	edure		
	1	ls Locat									Abat	emen	t
Location of Asbestos-Containing Material (ACM)	Us	Normal ed Sole	-		Des	cription o					T	/pe	
TO BE ABATED	M	aintena	nce/	Asbes	stos Conta	aining Mat systems in	erial (ACM)	Amou				ш	_
In Facility	Cus	stodial § (12)	Staff?	(*	surfac	ing, VAT,	or	(Spec SF or I		Ren	Re	ncap	ncl
(13)		1,27	_		other m	iscellaneo	us)	11.70.10.20.11	/	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A							<u> </u>	7	ate	e
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	/	\/				-"-		6		X			
ATC Building A-238 / T-202 Name of Registered Waste Hauler		X	10==			se VAT		TBD)	X			
or registered waste nauter		1.0	J DEP W auler ID i		Cubic Y		Name of F	Registered I	andfil				
Newark Carting			222:			TBD	BEI Impo	rial I and	fill				
City, State					Disposa		BFI Impe City, State		1111		-		
lewark, NJ					1	/17/18	Imperial,		6				
Completed by	Title				4	mature	miporial,	0		ate			-
lichael Cooper	Presid	dent				12.	1//		1	/4/18			
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Ch 1550		NOTI	D	IN OF AS	ew Jelsey BESTOS	DABATE	MENT	Γ -		E (SE Il		V 2018	56
Date of Notification (1)			Name	f Bullding	Q Owner/O	oe retor	(2)	- +-	+	10-	101	HAY		
October 04, 2018			EB Chi			PETETOI	121	1	-	ACRES	20 7	1111	-	
Agencies Notified Type Notification	1		Street A					- +-	+-	Marin 2	1	2 17 1		ŝ.
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DOH Justification	fineinaiui	3		f Contact					Te	septione h	traber:	01/1	.17	
DCA Canceflation	n		Project	Manag	jer			The state of		641-1		771	<u>U</u>	-
Name of Facility Where Abatement is Taking	ng Place (3)	FAC	ILITY INF	FORMATIO	NC	Type o	acility						
buildings							P		OIL 02.25					
Street Address							3	lock K	-12) er 8 (Oth	er then K	-12)			
501 King Georges Road							X 0	th of (i.m.	privata	& comma	rcial buil	dings	, hom	es
City (5)						-	Square	Pa1 -	# 0	f Floors		lidg.	A na	-
Woodbridge, NJ 07095						ĺ		. 00	1.	1		8.	955	
County (8)	***************************************			Code (7)					rior if ba	ing demos	ished)		900	-
Middlesex			(STATE)	USE ONL	r)					empty				
Name of Manitoring Firm Hired by Building	Owner (8)	ASCA	A No.		Name	of Abate	a put 20	ontractor	(9)				
A.E.S.L.					l	The M	ACK G	ו אור.	LLC.					
Street Address							Address						***************************************	
2200 Paterson Plank rd # 7				50- 4100 mps. m.			Kinga H		, STE	209				
City, State, Zip Code							tate, Zip						Herman, 1	
North Bergen, NJ 07047 Project Manager for Monitoring Firm					(Chem	/ HIII, N	080	34					
Carmelo Altomonte			Telepho		- 1		one No.			License	No.			
Start Date (10)	Schedul		201-864 implation		,——	973)	759 - 5 of OSHA	20		00781				-
10/5/18		· · · · ·	12/31/1											
Occupancy Status During Abatement (Chec	k Only O	na)	12/01/1			Street	ACK G	Mr.	htt.					
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other - Describe:	Period of nal Facilit	Abate y Hou	meni rş				Kinga H		, STE	209				
				***************************************	<u> </u>	Cherry	Hill, N	0803	34					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥180 sf or ≥260 if		Renoy. Demol					Mini- Glave	iclosu ma Pre	re ocedure	Negative				
		Loca								***	1	Abal	emen	t
Location of Asbestos-Containing Material (ACM)	Use		ely by	Achae	Dasc	ription	of	144			-	1 1	/pc	Т
TO BE ABATED In Facility (13)		intena todial (12) No	Staff?	() \$	stos Conts thermal s surfaci other mi	ystems ng. VA	insulation T, or	;M)	(5	mount specify or LF)	Removal	Repair	Encapsulate	
roof	X				ro	ofing				TBD	V			-
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The state of the s											1		-	
Name of Registered Waste Hauter			NJ DEP W		Cubic Y			ame of	Registe	ed Landf	†H			
Newark Carting		'	450		1	rBD	C	\$O'W	S/TR	RF Land	511			
City, State					Disposa	CONTRACTOR OF THE PARTY NAMED IN COLUMN		ty, Sta		- Fally	-341		-	
Newark, NJ						/31/18			vn, PA					
Completed by	Title	30 mile 20 m			Sig	media.	رمريم	77	-10	1	ate			
Michael Cooper	Presid	lent			1,	and the same	استسد مرزين	بــــــــــــــــــــــــــــــــــــ	-		MAMO			

CK#4651

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

OCT 1 1 2018

The second secon			-								- 1
Date of Notification (1)			Na	ame of Build	ling Owner/Operato		WAT MOTEST	75.0	ONT	PCN	
Agencies Notified Type Notifical	tion		St	reet Addres			- State - See - Comment - Park - La	2.0	-	-9°+-	
☐ BPA				ty, State, Zip		NDIAN	TRAIL	21)		علين	=
Amendmen Emergence		lina		у, оме, др	CAPE	MAY (COURT HO	USI	£-		
DOH justificatio	n)		Na	me of Conta	ect		Telephone Nun	_	_		
					SAME						
Name of Facility Where Abatement is Ta	kina Dis	co (3)		FACILITY IN	IFORMATION	Type of Feell	4.74				
RESIDEN		ice (3)				Type of Facili					
Street Address	- 1			* 3		Subchapte	er 8 (Other than K-1 private & commerce		ilding	S,	
CAPE MA	Y 1	001	NIT	-		Square Feet	# of Floors	E	Bldg.	Age	
County (6) CAPF WAY			Co		(7) (STATE	Current Use (Prior if being demoli	shed)			_
Name of Monitoring Firm Hired by Building	g Owne	<u> </u>	ASC	M No.	Name of Abatem				_		_
(8) N/A					- K	Ltuco	INC				
Street Address					Street Address	9 S. S	SPRUCE 1	Au	_		
City, State, Zip Code					City, State, Zip C		LADE NI.	5 0	- N	SZ	
Project Manager for Monitoring Firm		Te	lephon	e No.	Telephone No.	19-047	License No.	37)		=
Start Date (10) Sch	eduled		etion D)ate (11)	Name of OSHA N		Δ		-		_
Occupancy Status During Abatement (Ch	, -			10	Street Address						=
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm					City, State, Zip Co	nda .					_
Other - Describe:					Oily, State, 2p Oil	ALC .					
Scope of Work (Check all that apply)					□ Euil Cont	toinmont with Ma					_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emolitic			☐ Mini-Encl	losure g Procedure	egative Pressure	re			
	364000	Location		1		7/==-		_		ment	
Location of	Used	ormally Solel	y by		Description of			_	Ty	ж	
Asbestos-Containing Material (ACM) TO BE ABATED	930.5510.	ntenan ustodia			os Containing Mate thermal systems in:		Amount (Specify	R	_	Enc	m
IN Facility (13)		Staff? (12)			surfacing, VAT, other miscellaneou	or '	SF or LF)	Removal	Repair	Encapsulate	Enclosure
(10)	Yes	No	N/A			~,		val	7	ilate	ure
SIDING	-		X	-	RAMSIT	F	1000 SF	V	\dashv	\dashv	
ZIDIV4 G			/-		100.70.		1000 5.	_		\neg	
Name of Registered Waste Hauler		0.100	JDEP V auter ID		Cubic Yards of Waste	Name of Regi	,		: 1		
ICITINGO TAIC						<u></u>	M.C. M	U.	H		_
	u.J				Disposal Date	City, State	DOBINE				
Completed By Title WICHAE'L KITHIN		Pti	rui	3012	Signature	100kg	Date -	3-	18		

CK# 4657

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

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Date of Notification (1)	3-18			1	lame of Buik	ding Owner/Opera ARTHTE		WTICACT	NI C	У Е.	, - 1	1
D'BPA 2	Type Notificati	on		S	treet Addres	155 R			7 1		0.0	
	Amended Amendmen	ıt#		C	ity, State, Zip							
™ DOH] Emergency justification	(inclu	ding	-			tlo M	12 OE	-	0		
	Cancellation				ame of Cont	RUCE		Telephone Nu	mber			
					FACILITY IN	FORMATION						
Name of Facility Where Aba)			Type of Fac					
Street Address	ESIDE	MC					School (I	K-12) ter 8 (Other than K-	12)			
							Other (i.e homes, e	., private & commer	cial bu	uildin	gs,	
City (5)	10.00 .1		-				Square Feet		-1	Bldg.	Age	
County (6)	ARGA	IF		T 0		(7) (07475	1500		_ .	20) t	
ATC AU					ounty Code SE ONLY)			(Prior if being demo	lished)		
Name of Monitoring Firm Him (8)	ed by Building	Owne	er	ASC	M No.	1	ment Contractor	10M6510				
Street Address	<u>r</u>			<u> </u>		Street Address	th co	INC				
						369	S. Sf	PRUCE AL	t			
City, State, Zip Code						City, State, Zip C	PLE SH	LADE NI.	7 /	080	550	>
Project Manager for Monitorin	ng Firm		Te	elephor	ne No.	Telephone No.	9-047	License No	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1		
Start Date (10)	Sche	duled	Comp	letion (Date (11)	Name of OSHA				<u></u>		_
10-16-18		0 -	-21	1-	8		N)	A				
Occupancy Status During Ab. Facility Closed/Vacated Du	0.7		0.00			Street Address						
Abatement Performed Outs	1.50				}	City, State, Zip C	ode					
Other - Describe:			•			on, oute, ap o	000	ğ				
Scope of Work (Check all that	apply)											
≥3 sf or ≥3 lf .			enova			☐ Full Con		egative Pressure				
≥160 sf or ≥260 lf		\$ DE	emoliti	nc			g Procedure	lon-Friable Procedu	ro.			
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Location of			Sole	•		Description of				Ту	е.	
Asbestos-Containing Materia TO BE ABATED	I (ACM)		ntenar istodia			s Containing Mate		Amount			ū	ш
IN Facility	1	5	Staff?			surfacing, VAT,	or	(Specify SF or LF)	Remova	Repair	Cap	Enclosure
(13)	+		(12)		1	other miscellaneou	us)		oval	air	Encapsulate	sure
		Yes	No	N/A							e	
SIDING		_		X		RAWSIT	E	1000 SC	X			
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lame of Registered Waste Hau	ler		TN	JDEP V	Vaste (Cubic Yards	Name of Regi	stered Landfill				\dashv
KLIMCO I	NC		1	10 er 10	Ng.	of Waste	A (LUA				
ity, State WAPLE SHAD	DE NI.	T				Disposal Date	City, State	SHAITVIL	IF			
ompleted By	Title	511	0			Signature -	1770	Date	2	_1	8	=
MICHAEL KLEW	1001	500	-			Mer	NIV.	- 10	ی	1	0	_

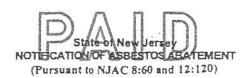
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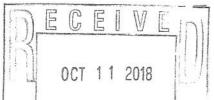


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Date of Notification (1)		Name of Building Owner/Operator (2) EARTHTECH CONTRACTING											
Agencies Notified Type Notifica	ition		Str	eet Addres	155 R		SOURCE THE WAR AND THE		100				
DEP Amended Amendme			City	, State, Zip	Code					-	_		
☐ Emergence justification	y (includ	ing	Nar	me of Conta	eten fil	ELD N							
☐ DCA ☐ Cancellation			Ivai		RUCE		Telephone Nur	nber					
			F	ACILITY IN	FORMATION								
Name of Facility Where Abatement is Ta						Type of Facil							
Street Address	74.0					Subchapt	er 8 (Other than K-1	12)	1-6				
						homes, et			A. V. S. S. S. S.				
City (5) MARG-IAT	E					Square Feet	# of Floors	. E	Sldg.				
County (6) ATL AWTIC				unty Code E ONLY)	(7) (STATE	Current Use (Prior if being demo	ished)			_		
Name of Monitoring Firm Hired by Buildin	ng Owner		ASC	y No.		ment Contractor	(9)						
Street Address					Street Address	tm co	DNC				-		
					369		RUCE AL	t					
City, State, Zip Code					City, State, Zip C		ADE WI.	7 (80	57	,		
Project Manager for Monitoring Firm		Tel	ephone	No.	Telephone No.		License No.	37	1				
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor N / A													
Occupancy Status During Abatement (Cl	neck only	one)		<u>v</u>	Street Address					-	=		
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm					City, State, Zip C	oda.					_		
Other - Describe:		., 1100			Oily, State, 2p C	-cue	25				_		
Scope of Work (Check all that apply)					□ Full Cor	ntainment with N	egative Pressure			12125			
≥3 sf or ≥3 ff ≥160 sf or ≥260 ff		enovati emolitic			Mini-End	closure ag Procedure	lon-Friable Procedu	ıre					
·	1000000	_ocatio			7	7	1		bate				
Location of	Used	Soleh ntenan	by	Ashasi	Description of		A	-	.,,		\sqcap		
Asbestos-Containing Material (ACM) TO BE ABATED	Ct	stodia			os Containing Mat thermal systems in	nsulation,	Amount (Specify	Re	Z.	Enca	Enc		
IN Facility (13)		(12)			surfacing, VAT, other miscellaneo		SF or LF)	Removal	Repair	Encapsulate	Enclosure		
	Yes	No	N/A				NT .	-		ate	е		
SIDING			X		MANSI-	TE	1000 SB	X					
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								-		-	\dashv		
Name of Registered Waste Hauler	لــــــــــــــــــــــــــــــــــــــ	TN	IDEP V	Vaste	Cubic Yards	Name of Reg	istered Landfill	لسل			\dashv		
KLTMCO INC			uter 10		of Waste	A	CUA						
City, State MAPLE SHADE WI	. T				Disposal Date	City, State	HSHAITVIL	LE					
Completed By Tith	้รง	P			Signature -	10m	Date	-3	-18	>			

Ch 41050





Date of Notification (1)	2-18			Nar	me of Build	ing Owner/Operato	ASTLE	EXCAUATI	٥٨	1	L	ر.
Agencies Notified	Type Notificatio	м			eet Addres	s	ryshor					
⊠ bor □ beb	Amended Amendment Emergency		=	City	, State, Zip	Code JILLAS	N.J	0825	1			_
☑ DOH □ DCA	justification Cancellation		9	Nan	ne of Conta	JOE		Telephone Num				
				F	ACILITY IN	FORMATION				_		=
Name of Facility Where A	SIDEW (6		e (3)				Type of Facili					
Street Address								er 8 (Other than K-1 , private & commerce)		lding	s,	
City (5)	CLAPE	11/1	ΔY				Square Feet	# of Floors	E	Skdg.		
County (6) CAPE		000	-	Cou	unty Code E OWLY)	(7) (STATE	Current Use (Prior if being demoli	shed)	يار		_
Name of Monitoring Firm (8)		Owner	7	ASOV	1 No.	Name of Abatem	ent Contractor	_				_
Street Address	[· -		_L-			Street Address						_
City, State, Zip Code						City, State, Zip C	ode				-	_
Project Manager for Monit	oring Firm		Teler	ohone	No	Telephone No.	PLE SH	License No.	05	05	_	_
						856-779		# 013	37	1_		
Start Date (10)		duled C	ompleti	ion Da	ate (11)	Name of OSHA N	Aonitor NJA					
Occupancy Status During	Abatement (Che			2001		Street Address						
Facility Closed/Vacated Abatement Performed C	Outside of Norma	Facility	Hours	real(City, State, Zip Co	ode	· ·				
Other - Describe: Scope of Work (Check all	that apoly)											=
>3 sf or ≥3 lf ≥160 sf or ≥260 lf			novation notition			☐ Mini-Enc ☐ Gloveba	losure g Procedure	egative Pressure on-Friable Procedu	re			
			ocation mally						A	bate		
Location of Asbestos-Containing Mat TO BE ABATE! IN Facility (13)		Used Maint Cus St	Solely I enance stodial taff?			Description of os Containing Mate thermal systems in surfacing, VAT, other miscellaneou	sulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
010116		Yes		X X	T1	CHANSITE		100036	Y			-
SIDING		\dashv	-+	\sim		C+104 211 C		,				
			1 1/15	TO VA	Varia I	Cubic Yards	Name of Rec	istered Landfill				\dashv
Name of Registered Waste	Hauler LMC		Hau	EP W	No.	of Waste	C	MEMU	A			
City, State MAPLE SHUK	E W.J.			Disposal Date	City, State :	OBINE	M	5				
Completed By	Title	RES				Signature	M	Date -	-2	_	18	

			17	V CONTRACTOR	\wedge	[4]					\mathbb{W}	L
3h4405	0				ON OF A	New Jersey SBESTOS ABATE C 8:60 and 12:11		00	; _T 1	1 2	018	
Date of Notification (1)	2-18			Na		sing Owner/Operato	or (2)	ASSES	TOS (7)A1	The	1.8
Agencies Notified	Type Notifical	ion		Str	eet Addres	9			To a market the same	ernaur w		
D'EPA	Initial Amended					2		7				=
₩ DOF	Amendmen		,-	City	y, State, Zip IR V	i GAWTIN	E N.J	0820	3			
M DOH ☐ DCA	Emergence justification		ding	Nai	me of Cont	THE STATE OF THE PARTY OF THE P	<u></u>	Telephone Nu	_	=	1	_
□ DCA	Cancellatio	n				OB						
	71			F	ACILITY IN	FORMATION						
Name of Facility Where A	batement is Ta		ace (3)				Type of Facilit					
Street Address	SINCHI		-				School (K-	12) r 8 (Other than K	-12)			
0000171001000							Other (i.e., homes, etc	private & comme	rcial bui	lding	s,	
City (5)							Square Feet	# of Floors	E	Bldg.	Age	
131	CIGAN!	IN	E				1000	_ 2		50	t	
County (6) AT LAW	11C				unty Code E ONLY)	(7) (STATE	Current Use (F	Prior if being demo	olished)			
Name of Monitoring Firm F	lired by Buildin	g Owne	r	ASC	d No.	1	nent Contractor (500				
(8) N	IA			_			tmco i	NC				_
Street Address	,					Street Address	5 56	PRIXE IA	Æ			
City, State, Zip Code						City, State, Zip C	ode		~		-	_
						_ WAI	PLE ST	HADE N	5	08	05	2
Project Manager for Monito	oring Firm		Tel	ephone	e No.	Telephone No.	9-0472	License No.	371			
Start Date (10)	Sch	eduled	Comple	etion D	ate (11)	Name of OSHA	Monitor					
10-12-18		0.		71	8		NA					_
Occupancy Status During						Street Address						
Facility Closed/Vacated Abatement Performed C						City, State, Zip C	ode					=
Other - Describe:	abide of North	di 1 00#	,			City, State, 2p C	ode .					
Scope of Work (Check all t	hat apply)											_
≥3 sf or ≥3 lf		□R	enovat	ion		☐ Full Con	itainment with Ne closure	gative Pressure				
≥160 sf or ≥260 lf			emolitic			Gloveba	g Procedure	on-Friable Proced	ura			
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T = 1000 = 100			lormaliy d Soleh			Description of	N			Typ	æ	
Location of Asbestos-Containing Mate	erial (ACM)	Mai	ntenan	œ/		os Containing Mate		Amount			m	т
TO BE ABATED IN Facility	!	1	ustodia Staff?	1	(i.e.,	thermal systems in surfacing, VAT,		(Specify SF or LF)	Ren	Repair	ncap	nck
(13)			(12)			other miscellaneo		states mad	Removal	pair	Encapsulate	Enclosure
		Yes	No	N/A					-		le l	ш
SIDING				X	TK	2 AN SITE		1000 SE	X			
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lame of Registered Waste H	Hauler		- 1	IDEP V		Cubic Yards	Name of Regis	tered Landfill				
ICLEMOO.	INC		_ 1	iuler ID	24	of Waste	A	CUA.				
ity, State						Disposal Date	City, State	A	1			
	ADE W)					- PLE	ASANTUIL				=
Ompleted By	Title	DV	FS			Signature	Du	Date	-2	-12	3	

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

7							1 1				27.5
Date of Notification (1)	7-18			Name of Bui	Wing Owner/Operato	X (2) FWTORP	RISES				
Agencies Notified	Type Notificati	on		Street Addre		LEEDS	RN		******		
	Amended Amendmen	u #	}	City, State, Z			7 00-	-	-	-	=
⊠ DOH	Emergency justification	(includi	ng	Name of Con	ABSECC	M M.	Telephone Num	O J		1.7	
DCA (Cancella tion				ANDY			IDC:			
			- (2)	FACILITY	NFORMATION	Type of Facilit					
Name of Facility Where Ab	10 EW C	eing Plac	œ (3)			School (K-	12)				
Street Address						Other (i.e.,	r 8 (Other than K-1 private & commerc	2) alal bu	ikling	s,	
City (5)						homes, etc Square Feet	# of Floors	T	Bldg.		
County (6)	IG-AN	1/1/	5	County Code	(7) ISTATE	500 Current Use (P	rior if being demoli	shed	50	1	_
ATLA	WIC			USE ONLY)		VA	CANT		_		_
Name of Monitoring Firm Hi	red by Building	Owner	<i>F</i>	SOM No.	1.	nent Contractor (S	IW(
Street Address					Street Address	, S S P 11	RUCE WIL	-			
City, State, Zip Code					City, State, Zip C	ode	CUCE Wit			===	
					MA	PLE SH	ADE N.J	05	505	2	
Project Manager for Monitor	ing Firm		Telep	hone No	Telephone No. 856-77	9-0472	License No	37	1		_
Start Date (10)				on Date (11)	Name of OSHA N	fonitor A //					
Occupancy Status During A	hatement (Che	O -		-18	Street Address	10/14					=
M Facility Closed/Vacated D	ouring Entire P	eriod of	Abatem	ent	City, State, Zip Co	vla				_	=
☐ Abatement Performed Ou ☐ Other - Describe:	rtside of Norma	el Facility	y Hours		City, State, 24 C						_
Scope of Work (Check all the	at apply)				☐ Fu¶ Cont	tainment with Ne	gative Pressure				
≥3 sf or ≥3 H √2≥160 sf or ≥260 H			novation molition	Ü		g Procedure	n-Friable Procedu	re			
		104000	ocation	1	- N. 101	1		_	bate Typ		
Location of		Used	rmally Solely b		Description of	rial (ACM)	Amount	-	171		
Asbestos-Containing Mater TO BE ABATED	ial (ACM)	Cu	tenance. stodial	(i.e.	tos Containing Mate thermal systems in surfacing, VAT, o	sulation,	(Specify SF or LF)	Rer	Repair	ncap	Enclosure
IN Facility (13)			taff? 12)		other miscellaneou		5. 4.67	Removal	pair	Encapsulate	emsc
		Yes	No 1	N/A .						-	_
SIDING)	(<u>T</u>	RANSITE		1500 SF	X		-	-
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Name of Registered Waste Ha	guler		Hat to	EP Waste	Cubic Yards of Waste	Name of Regis	tered Landfill				
KLEMCO I	MC		7	904	Disposal Date	City, State	<u> </u>		_	_	
City, State MAPLE SHUWE	T.W.					City, State VLEYA	SHOUTVIL	1	<u> </u>	W)
Completed By	Title	20.0			Signature 010	M_	Date O	-7:	-18	5_	
MICHAEL KLOWIN	1 +	RES			- Muli			_			

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Ch1248		NOT	IFICATI	State of ON OF A ant to NJ	SBESTO	SARATI	EMEI	NT			C			
Date of Notification (1) 10/04/2018			Name Picc	of Buildin ola Inve	ng Owner estment	Operato Group	or (2)			0	CT	11	201	8
Agencies Notified Type Notification	n		100000000000000000000000000000000000000	t Address orine Re					-	ASBE	STO	3.00	MTD	31.6
EPA Initial Amended Amendmen				State, Zip			7-0-2				110/	A-C	10	-14.64
				ersville,		12								
DOH justification Cancellatin	1)	ng	Name	of Conta	ct				Telepl	none N	umber			
Name of Facility Where Abatement is Tak	ine Di-	(0)	FA	CILITY IN	IFORMAT	TION					-			
Private Dwelling	ing Place	(3)					Ту	pe of Facility (4	4)					
Street Address								School (K-12 Subchapter	8 (Other t	han K-	12)		10	
City (5)							Squ	Other (i.e. pretc.) uare Feet	# of Flo			Bldg.		nes,
Millville County (6)						2		524	2	-013		65+	nge	
Cumberland			County (STATE	y Code (7) E USE ONL) 		Cur	rrent Use (Prio cant	r if being	demolis	shed)			
Name of Monitoring Firm Hired by Building TBD	Owner (8)	ASC	M No.		Name Unite	of Al	batement Cont afety LLC	ractor (9)					
Street Address						Street 22 Ti								
City, State, Zip Code						City, S	tate,	Zip Code Park, NJ 070	725					
Project Manager for Monitoring Firm			Telepho	one No.		Teleph	none	No.	Lie	cense N	No.		÷	
Start Date (10)	Schedu	uled Co	mpletion	Date (11)			0099 SHA Monitor	01	317				
10/15/2018	10/18	/2018			,			afety LLC						
Occupancy Status During Abatement (Che						Street								
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe:	Period of mal Facili	Abater ty Hour	ment s			22 Tr City, St		ane Zip Code						
Scope of Work (Check All That Apply)						Linco	In P	ark, NJ 070	35					
≥3 sf or ≥3 If ≥160 sf or ≥260 If	×	Renovi Demoli				×	M Gl	ull Containmen ini-Enclosure lovebag Proce on-Exempted (dure					
		s Locat) and two	TH TIAD	T	-	ement	
Location of Asbestos-Containing Material (ACM)		Norma ed Sole				scription					-	Ту	ре	
TO BE ABATED		aintena stodial		Asbes (i.e	stos Cont. . thermal	aining Ma systems	ateria insul	al (ACM) lation,	Amou (Speci		Z		En	
In Facility (13)	Ou.	(12)	otan :		surfac	cing, VAT	, or		SF or L		Remova	Repair	caps	Enclosure
	Yes	No	N/A	1	outer it	nochanie	eous)				val	air	Encapsulate	sure
Basement		X		А	ir Cell F	ipe Ins	ulat	ion	30 LI	=	X			\dashv
Basement		Х				or Debr			25 SI		X			-
ame of Registered Waste Hauler		l N	JDEP W	lasto	Collin	lard-		I No. 5=						
nited Safety LLC		H	auler ID 036820	No.	of Was			Name of Re Grows La		andfill				
ty, State ncoln Park, NJ					Disposa	al Date		City, State						
ompleted by	Title				TBD			Tullytown,	, PA					
anco Petkov	250000000000000000000000000000000000000	ct Ma	nager		1 21	gnature)	10		Dat 10	e /04/2	010		

PROVED BY:											
m Voorhees, POLNJ 13,4:15 pm	NOT	TIFI	CATION	OF AS	lew Jersey BESTOS ABA AC 8:60 and 5:1	TEMENT 6)	. Uh#	= 31	44	4	
Date of Notification (1)		Tong	Name	of Buildir	ng Owner/Operator	(2)				******	
	18		100000000000000000000000000000000000000		Jniversity-Office	the contract of the contract o	Construction			W [5
Agencies Notified Type Notificat	ion		Stree	Address			11-41	~~~~	TO PERSONAL PROPERTY OF THE		******
☐ EPA ☐ Initial			200	Elm Dr.	•			S 44 11			
□ DOLWD □ Amended	S. A		City,	State, Zip	Code		1 U 0C1	1	1 20)18	
☐ DCA Amendmen		_	E WEAR		NJ 08544						
DCA Emergency (NJAC 5:23-8) Justification		ig	Name	of Contac	ct		Telephone Num	her C	ONE	DOL	5
☐ Cancellation	n		Ro	bert Orte	ego		609-258-184				
				CILITY IN	NFORMATION		Action of the Control	453(20)	-		
Name of Facility Where Abatement is Ta		e (3)				Type of Facility	(4)				
Princeton University- Graduate	College					School (K-12					
Street Address						Subchapter	8 (Other than K-12 rivate and comme	2)	uildia	ac	
88 College Rd. West						homes, etc.)	TCIAI D	unum	ys,	
City (5)						Square Feet	# of Floors	В	ldg. A	ge	_
Princeton									70		
County (6)			Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demoli	shed)			
MERCER						Office/Class	srooms				
Name of Monitoring Firm Hired by Buildin	ng Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9)					_
TTI Environmental Inc	200 mm - 2 mm - 7 tm		0000	03	BRISTOL EN	VIRONMENTA	L, INC.				
Street Address					Street Address						
1253 North Church Rd					1123 BEAVE	R STREET					
City, State, Zip Code					City, State, Zip C	ode					
Moorestown, NJ 08057					BRISTOL, PA	19007					
Project Manager for Monitoring Firm	W 1000 L 100 W		elephone		Telephone No.		License No.				
Michael Keehn			609-386		215-788-6040		00509				
Start Date (10) Sc 	heduled C		oletion Da		Name of OSHA N BRISTOL EN	Ionitor VIRONMENTA	L, INC.				
Occupancy Status During Abatement (Ch	eck only	one)			Street Address			- 41			_
☐ Facility Closed/Vacated During Entire	Period of	Aba	tement		1123 BEAVE	R STREET					
Abatement Performed Outside of Norr	mal Facilit	ty Ho	urs - Des	cribe	City, State, Zip Co	ode				-	_
Time of Abatement: 7:00AM-5:30PM	I/P	PM	AM		BRISTOL, PA						
Scope of Work (Check all that apply)	⊠ R€	enova	ation		☐ Full Cont	ainment with Neglosure	gative Pressure				
≥160 sf or ≥260 lf	□ De	emoli	ition		☐ Glovebag	Procedure	n-Friable Procedu	ro			
	10000		ation		24 11011 2.00	mptod () dila 140	n-i nable i loceda		atem	ent T	vc
Location of			nally olely by		Description o				-	T	T
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	ainter	nance/	Asbe	estos Containing Ma e., thermal systems	terial (ACM)	Amount (Specify	Removal	Repair	Encapsulate	1100000
IN Facility	Cus		al Staff?	(surfacing, VAT,	or	SF or LF)	oval	=	nsd	
(13)	Yes	(12 N			other miscellane	ous)				ate	
Exterior				Transit	e pipe		10 LF				1
									H		-
								+-	H		-
			-					1			L
Name of Registered Waste Hauler			NJDEP V	Vocto	Cubic Vanda of	I Name (D)			Ш	Ш	L
BRISTOL ENVIRONMENTAL, INC			Hauler ID	No.	Cubic Yards of Waste	Name of Regis					
City, State					Disposal Date	City, State					
BRISTOL, PA 19007						FAIRLESS	HILLS, PA				

Brian Scafiro

Completed By (Print or Type)

Title

Estimator

Signature

Date

10-3-18

ASB-41 MAY 11 BS 18/27

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

Print Form

		P		NOTI	FICATIO	tate of Ne N OF ASE	ESTOS	ABATE	MEN	IT (1.	Q		4)
	te of Notification (1)	lad (ad	/ LJ	[J	Name	of Building	Owner/0	noe - ni-eucense		(b	le			1() <u>(</u>	7.7
)/4/18					ry Realty	/					III) E	G	E	<u>l</u>	\mathbb{W}_{-}
Ag	encies Notified	Type Notification				Address	8					1131				
×	EPA	× Initial			All the second	Route 22	Sc.						~~~		4-0	0/0
×	DEP DOL	Amended Amendment	+ #		1000	tate, Zip Co		07060	,			1 4	UCI	1	1 2	UIB
	Promotion -	Emergency	(including	<u> </u>		n Plainfie	ia, NJ	07060)		T-					
×	DOH DCA	justification) Cancellation			21077173	e Jeffery						ephoné Nu 08-625-83		08 (IAO
	DOA	Caricellation				CILITY INF		ION			3	0-023-03	100		1	er souther
Na	me of Facility Where	Abatement is Takir	ng Place (3)	17	OILITT IN	OKWAI	ION	Тур	oe of Facility (4	-)	-			=1	
st	rip mall								П	School (K-12	2)					
Str	eet Address									Subchapter	B (Otl					
44	9 Route 19								×	Other (i.e. pr etc.)	ivate	& commerci	al buil	dings,	home	es,
1	/ (5)								Sq	uare Feet	# (of Floors	E	Bldg. A	ge	
	vingston								7,5	500	1		6	55		
35503	unty (6)					Code (7)	^		Cu	rrent Use (Prio	r if be	ing demolis	ned)			
5170	ssex				ė.	E USE ONLY				ore						
Nai	me of Monitoring Firm	Hired by Building	Owner (8)	ASC	CM No.		The state of the s		batement Cont		The state of the s				
- 01						1-14.190		1		vironmental	Ser	vices, LLC)			
Stre	eet Address							Street				No.				
City	, State, Zip Code									483, 4 E Ga	ate L	rive				
City	, State, Zip Code							= 3.500		Zip Code od, NJ 0741	10					
Pro	ject Manager for Mon	itoring Firm			Telenh	one No.		Teleph			10	License N	lo.			
	joot managor for Mon	itoring i iiii			relepi	one No.				-2276		703	10.			
100000	rt Date (10) 0/13/18		Schedul		mpletio	n Date (11)		20,00	0.00000	SHA Monitor		1.00			<u> </u>	
	cupancy Status During	Abatamant (Char	Market and Apple	0.00000				Charact	A -1 -1							
F			- 5	92				Street	Add	ress						
×	Facility Closed/Vaca Abatement Perform Other – Describe: _	ated During Entire ed Outside of Norr	Period of mal Facility	Abate y Hou	ment rs			City, S	State,	Zip Code		- Minternal		-		
Sco	pe of Work (Check A	ll That Apply)						1								
×	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renov Demol						Full Containme Mini-Enclosure Glovebag Proce Non-Exempted	edure				_	
			1	3		T				von-Exempleu	() ai	iu Non-Friat	T FIG		ement	
	Location	of	100	s Loca Norma			Б.								ре	
	Asbestos-Containing	Material (ACM)		ed Sol	ely by	Asbes		scription taining N		ial (ACM)		Amount			ш	
	TO BE ABA		9000		Staff?	(i.e.	thermal	system cing, VA				Specify	Rer	R	Encapsulate	Enclosure
	(13)	ity .		(12)				niscellar			0	F or LF)	Removal	Repair	psul	losu
			Yes	No	N/A								<u>B</u>	37.5	ate	ē
	store	v.	1.05	-	×	-	'x9" flo	or tilo	Q. m.	actic	6	500 SE				
	3.016				^	1 3	AU 110	or tile (اااد	23110	0,	500 SF	X			
Nar	ne of Registered Was	te Hauler	1011-00-11	100	NJDEP			Yards		Name of R	egist	ered Landfill		1		
Tor	ny's Cleanup & Ha	auling		11.05	Hauler I 17787	U NO.	of Wa	ste		Chrin Br	othe	ers Sanita	y La	ndfill		
11/2/2003/00	, State						100000000000000000000000000000000000000	sal Date		City, State						
CH - Mind W	dgewater NJ						TBD			Easton,	PA					
Cor	npleted by		Title				5	Signature	Э	1		Da	ite			

President

A. Scott Higgins

10/4/18

Ch515)3		NO	TIFIC	CATI(Pursu	NOFAS	New Jersey SBESTOS ABA AC 8:60 and 5	TEMENT		C	E		$\overline{\mathbb{V}}$	
Date of Notification (1)					Na	ne of Buildi	ng Owner/Operator	(2)		0.01	1	1 1	2046	,
	03 /	18	8				nent of Military a		ffairs	OCT	I	1	2018	
Agencies Notified	Type Notif	ication				eet Address					_			
⊠ EPA					1 - 2000	O Box 34			AS	BEST	19		7,90	H. E.
☐ DOLWD	☐ Amend					, State, Zip					-	1 (1.1	<u> </u>	
⊠ DOH	Amenda			_		renton, N								
□ DCA (NJAC 5:23-8)	☐ Emerge justifica	ency (ii ition)	ncludir	ng		ne of Conta			Talashasa	N1				***************************************
1,110,01	Cancell				1	osh Levy	Ct.		Telephone		r			
							NEODINATION		609-313	0-1/00				
Name of Facility Where A	hatement is	Takin	n Plan	0 (3)		ACILITY	NFORMATION	T+						
Cherry Hill Armory		1 GIVIII	y i iac	e (3)				Type of Facility	30. 50					
Street Address								☐ School (K-12 ☐ Subchapter	2) 8 (Other than	K-12)				
2001 Park Boulevard	d							Other (i.e., p	rivate and co	mmercia	al b	uildin	gs,	
City (5)								Square Feet	# of Floor	s	В	dg. A	\ge	
Cherry Hill								50,000	3			100		
County (6)					Co	unty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being de	emolishe	d)			
Camden			100 10 100 100 100 100 100 100 100 100					Governmen	t Office					
Name of Monitoring Firm I		ilding (Owner	(8)	ASC	M No.	Name of Abatem	ent Contractor (9)						
TTI Environmental, I	nc.				00	003	Shade Envir	onmental, LLC						
Street Address							Street Address			1/2-1				-
1253 N. Church Stre	et						623 Cutler A	venue						
City, State, Zip Code							City, State, Zip C	ode						
Moorestown, NJ 080							Maple Shade	, NJ 08052						
Project Manager for Monito	oring Firm			Te	lephon	e No.	Telephone No.		License N	0.				
Jim Guilari						0-8800	856-755-0099)	00842					
Start Date (10)						ate (11)	Name of OSHA N	Monitor						
				1000	6 /	18	EMSL Analyt	ical, Inc.						
Occupancy Status During /							Street Address						-	
☐ Facility Closed/Vacated	During Ent	ire Per	riod of	Abat	ement		200 Route 13	0 North	• 3					
Abatement Performed (Outside of N	lormal	Facilit	у Ног	ırs - De	escribe	City, State, Zip Co	ode			_		-	
Time of Abatement: 7:0		PIVI/	P	IVI	A	Л	Cinnaminson	, NJ 08077						
Scope of Work (Check all t	hat apply)												1000	
≥3 sf or >3 If			⊠ R∈	nova	tion			ainment with Neg	ative Pressur	e				
≥160 sf or ≥260 lf				molit			Glovebag							
							⊠ Non-Exe	mpted (*) and Nor	n-Friable Prod	cedure				
				Loca							Aba	atem	ent T	уре
Location of Asbestos-Containing Ma	r aterial (ACN	л			ely by	Acho	Description o stos Containing Ma				Z.	R	Ш	Ш
TO BE ABAT	ED				ance/		, thermal systems i		Amount (Specify		Removal	Repair	Encapsulate	Enclosure
IN Facility (13)			Cus	todiai (12)	Staff?		surfacing, VAT,	or	SF or LF)	val	-	lusc	Sure
(13)			Yes	No	N/A		other miscellane	ous)					ate	LU .
Storage Room				×			ile and Mastic		40 SF	-	X		П	
Men's & Ladies' Latrine	25			\boxtimes		Pino Inc	sulation and Fitti						=	200
								ngs	180 LF		X			
Well's & Ladies Latrine	es & Snov	ver		\boxtimes		Window	v Caulk		90 LF					
Name of Registered Waste	Hauler			1 0 0	JDEP lauler	Waste	Cubic Yards of	Name of Regist	ered Landfill					
Freehold Cartage							Waste 5	Fairless La						
City, State	y, State						Disposal Date	City, State						
Freehold, NJ							10/26/2018	Morrisville,	PA					
Completed By (Print or Type	e)	Title		<i></i>			Signature			Date		_		
Christina Lynch	7.5 M	Vie	ce Pr	eside	ent of	Operation	- (1		In/	12	10		

1/ ===	20000	11	V	_					1	A E	G	E 1	N	į₽	rint F
CHTO	ingence 107	7	NOTI	Pursuan	tate of N N OF ASI t to NJAC	8:60 an	id 12:12	20)	CK	70	67	1 1	2018		1
Date of Notification (1) 10/5/18				Name	of Building	Owner/	Operato	r (2)			V 10-1		CVII		lange-re-
Agencies Notified	Type Notification					ty Depa	artmen	t of Bu	uildings 8	A STATE OF THE PARTY OF THE PAR	The second second	ne him mani	College Carrier	THE PROPERTY OF]
	rype Nouncation	1			^{Address} Vashing	iton St	DO B	ov 21	01	ASH	PATE I	(C(1)	71.70 10	11. 15.	
EPA DEP	Initial Amended				ate, Zip C		гов	OX Z I	91		Company of the State of the Sta	-	w/ s	141 Tr	27
DOL	Amendmen				River N		53								
X DOH	Emergency justification			2015/05/20	of Contact					Telent	none Nu	mher			
☐ DCA	Cancellatio				leyers					100000000000000000000000000000000000000	929-20				
Name of Facility Whee	AL-1			FAC	ILITY INF	ORMAT	ION					80T-1			
Name of Facility Where A	Abatement is Takii Jenartment	ng Place (3	3)					Туре	of Facility	(4)					
Street Address	Сранинон								School (K-1			41			
101 Hooper Ave								K	Subchapter Other (i.e. p	orivate & co	nan K-1 ommero	2) ial bui	Idinas	. hom	nes.
City (5)									etc.) re Feet	# of Flo				AV 20	
Toms River NJ 087	53							100		2+	oors	- 1	Bldg. 35+	Age	
County (6)				County	Code (7)				nt Use (Pri		demolis		00.	100	
Ocean				(STATE	USE ONLY	n			(Jon.ig	401110110	ilouj			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCI	M No.		Name	of Aba	tement Cor	ntractor (9)					
TTI Environmental							Perr	naco I	nc.						
Street Address 1253 North Church	St							Addres							
City, State, Zip Code								Box 3							
Moorestown NJ 080	057								p Code in NJ 080	101					
Project Manager for Mon	itoring Firm	1	1	Telepho	ne No.			none No			cense N	lo.			
James Guilardi					20-3675	5	10000	753-9			0727				
Start Date (10)				mpletion	Date (11)				IA Monitor						
10/8/18	A1 -1 - ((C)	10/12/					Sam								
Occupancy Status During							Street	Addres	S	•					
X Abatement Performed Other – Describe: A	ed Outside of Norr	Period of Anal Facility	Abater Hour	nent s			City, S	tate, Zi	p Code						
Scope of Work (Check Al	That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Commenced	enova				×	Min	Containme i-Enclosure vebag Proc i-Exempted	edure				' 0	
		Is	Locat	ion								T		ement	t
Location			lorma d Sole			Des	scription	of	1			_	Ту	ре	
Asbestos-Containing I TO BE ABA		Mai	ntena	nce/	Asbes	tos Conta thermal	aining M	laterial	(ACM)	Amou		-		9	m
In Facilit		Cust	odial ((12)	Staff?	(1.0.	surfac	cing, VA	T, or	uori,	(Spec		Remova	Repair	Encapsulate	Enclosure
(13)			7360000000	T		other m	niscellan	eous)				oval	air	sula	Sure
		Yes	No	N/A										te	
Baseme	nt			Х		Flo	or Tile	e & Ma	stic	1000	SF	х			
											-				
Name of Registered Wast	e Hauler			JDEP W		Cubic '	Yards	· · · · · ·	Name of F	Registered	Landfill				_
United Roll Off			1 83	auler ID 2459	No.	of Was	te		G.R.O.\						
City, State			2	2409		3 Dispos	al Data			(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)					
Elm NJ						10/12			City, State Morrisvi	ille PA 19	0067				
Completed by		Title					gnature		WOITION		Dai	P			
Anthony T Perna		Presi	dent				/	0			14 (2.22)	/5/18	3		-

Chopledo	NOTIFIC (Pu	Etale OF New Je	rsey BATER	EN		E (SE	1 V
Date of Notification (1) Agencies Notified Type Notification G EPA Initial	N	ame of Building Owner	er/Operator (2)	Straction	16	DO ASTRUM	7 1	1 2018
☐ DOH Initial ☐ DOH Amended ☐ DOH Emergency (inclination) ☐ DCA ☐ Cancellation	uding	ry, State, Zip Code Sea 15, me of Contact Conk	ik cio	45 08	293		7/2	-197
Name of Facility Where Abatement is Taking Place	F (3)	ACILITY INFORM		ype of Facility (4)	1 60	7 2	-0)	-/ //
Street Address City (5)			So So	Subchapter 8 (C	Other than K- ue & commer	cial buildi	ings, hon	
County (6) Cape mag	C i ~Coun	ny Code (7) TE USE ONLY		rrent Use (Prior if i			Blug Ag	-
Name of Monitoring Firm Hired by Building Owner Street Address	(8) AS	SCM No.	1 Ani.	Datement Contracto	3353353	Ciur!	 	10
City, State, Zip Code			/Z/2 City, State, 2	Di ZI M	ien P			
Project Manager for Monitoring Firm Start Date (10) Sche	Teleph	Pate (11)	Telephone N	346-0916	License	(30) No. (270		-
Occupancy Status During Abatement (Check Only One Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Other - Describe:) haraman	/3	Street Address City, State, Zi					70.000.000
Scope of Work (Check All That Apply) □ ≥3 sfor ≥3 if □ ≥160 sf or ≥260 if	Renovation Demolition		☐ Min	Containment with i-Enclosure vebag Procedure			2	***************************************
Lecation of	Is Location Normally Ised Solety by	Desci	ription of	-Exempted (*) and	Non-Friable		e patement Type	Total State of the
TO BE ABATED	Maintenance/ Istodial Staff? (12) No N/A	Asbestos Contain (i.e. thermal system: VA	ning Material (A	rfacing (S	mount pecify or LF)	Removal	Encapsulate	Enclosure
Out side		Sidia	5	70	005F	1		
Name of Registered Waste Hauler All INE LL C City, State	NJDEP Wast Hauler ID No 20547	o. of Waste		Name of Registered	Landfill			· · · · · · · · · · · · · · · · · · ·
Completed by I Title	Rizadent.	Disposal Di	[D	Try. State.	Date	1/2/	713	

				State of	New J	Jersey			Check	# 16	398	
	(D)	Λ .				STOS ABATEMENT	KC	7			п	77.7
Date of Notification	n (1)	7/ (1				7 and 12:120-7 Owner/Operator			EC		-11	WE
10/4/2018	U' L	17	u L	Allan			3.7.6	11:31		The state of the s	THURSDAY IN .	2-4-Commonweal
Agencies Notified	Type Noti	fication	on S	treet Add	ress				00.	T 1	1)	010
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[]DEP	Not	ificati	on c	ity, Stat	e, Zip	Code			District order	inglaser sch	neromentario (THE PERSON
[X]DOL	[]Amen					ge,NJ,070	79r		ASSES	ros c	YOM!	RO!
[X]DOH	Not	ificati	228	ame of Co			Tele	Louise	and the same of th	-	ب بوطام	
[]DCA	[]EMER	GENCY		Allan		ne	ITELE					
* #. #. #. #. #. #. #. #. #. #. #. #. #.	[]Cance	ellatio	on				1					
						INFORMATION						
Name of Facility Who Allan Levine	ere Abatem	ent is	Taking	place (3)		Type of Facil	ity (4)				
Allan Levine							[]School				٠.	
Street Addres	S							ter 8 (Oth i.e., priv				
								uildings,				
							Square Feet	# of Flo	ors B	ldg.	Age	
City (5		Cou	inty (6	5)	2.00	inty Code (7)						
South Orange		Es	sex		(S)	PATE USE ONLY)	Current Use (Prior if b	eing de	moli	shed)
Name of Monitoring F Owner (8)	Firm hired	by Bui	lding	ASCM No.			ment Contracto					
N/A						AZTECH M	IANAGEMENT	, inc.				
Street Address						Street Addres	TT 1000					
							stopher St	•				
City, State, Zip Coo	ie					Montclai	zip Code r, NJ 070	42				
Project Manager for	Monitoring	g Firm	Tele	phone Num	ber	Telephone Num	ber		License	Numi	ber	
			N/F	Ā		(973)744	1-8800		0037	71		
Scheduled Start Date	33 Marian			tion Date		Name of OSHA	Monitor					
10 26 18 Month Day Yo		10	03-	-2500	.8	N/A						
Occupancy Status Dur			heck o	nly one)		Street Address	s					
[X]Facility Close of Abatemen		d Durin	ng Ent	ire Period	i							
[]Abatement Pe	rformed Ou				ty	City, State,	Zip Code					
Hours - Desc:							122					
Scope of Work (Check	A CONTRACTOR OF THE PARTY OF TH											
			121.0	2		[]Full	Containment wi	th Negative	e Press	ure		
[X]≥3 sf or []≥160 sf o			77000	Renovatio Demolitio			Enclosure bag Procedure					
	50.55					To 50000	riable Procedu	re				
Location	of			Is cation		Descriptio	on of		Aba	ateme	nt I	Type E
Asbestos-Con			τ	rmally Jsed		Asbestos-Con	taining	Amount	E	R	N C	N
Material TO BE ABA			By	Main-		Material ((i.e., thermal	2	(Specify	y M	E	A	L
In Facil	ity	1	Cus	nance/ todial		sulation, surfa	acing, VAT,	LF)	V	A	S	S
(13)		-		No N/A	+	or other miscel	Ilaneous)		L	R	L	R E
Basement				x	Pipe	insulati	on	1601f	X			
										1		
Name of Registered W			10000000	EP Waste	1	bic Yards	Name of Regi		ifill			
AZTECH MANAGI	EMENT,	INC.	17	ler ID No. 040	of.	Waste 1.5	Tri-Sta	te				
City, State	Tarana a					sposal Date	City, State					
Montclair, NJ	07042				1	10/29/18	Bronx,	NY, 104	74			
Completed By (Print	or Type)	Title				Signature	1	,	Date			
Constantine V:		Pres	iden	t		/	+1.1	1		/201	3	
		I				Chs	1912011	MC				

									F 17-5 [23]	(3)	-	Pr	int E
2h 235L07		NOTIF	urstrant	NOF ASBE	STOS AE 3:60 and 1	2:120))			G	15		<u> </u>
Date of Notification (1) 10/2/2018								RECTIONS		OCT	11	20	18
State of New Jersey NoTIF GARPAN OF ABBEDGE ABETEMENT (Homoghit by by C 8) and (2-12)													
					(1)	P.O.	BO	K 863	Har.	Marin Marine	Table was a series	Carrier.	41 M
DOL Amendment												36 39	
DOH justification)	•				PENELLA	Α		*					
Name of Eacility Whore Abotement is Takin	a Dlace (2)	FAC	ILITY INFO	RMATION	1	_					-100	2000
	g Place (3)					Туре	.5.1					
				3000	- Indian			Subchapter 8	(Other than K-1		dia a a	la a una	
								etc.)		***********			es,
							Squa	are Feet	# of Floors	E	ildg. A	Age	
MIDDLESEX					-	_	Curre	ent Use (Prior	if being demolis	hed)			
ENVIRONMENTAL CONNECTION)	ASCN	M No.						1G, IN	IC.		
					1.35				NUE				
City, State, Zip Code					C	ity, S	tate, Z	Zip Code					
Energy Secret Santaka Tananasa San			Telepho	ne No.						No.			-
STEVEN MANIA			609-39	92-4200		973-	956-	8700		ozd			
			mpletion	Date (11)					E				
Occupancy Status During Abatement (Check	k Only O	ne)											
Abatement Performed Outside of Norm	Period of an al Facility	Abater y Hour	nent s		C	ity, St	tate, Z	ip Code					
Scope of Work (Check All That Apply)													
	-						Fu Mir Glo	ni-Enclosure ovebag Proce	dure				
	le	Locat	ion				l No	n-Exempted (*) and Non-Frial	ole Pro			
Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Use Ma	Norma ed Sole aintena todial	lly ely by nce/	(i.e. t	os Contain hermal sys surfacing	ing M stems g, VA	ateria insula T, or	ation,	(Specify	Remo		e Encapsulate	Enclosure
()	Yes	No	N/A		Julei IIIIS	oonari	oous)			val	=	ılate	ure
DENTAL OFFICE		Х			TILE &	MAS	TIC		700 SF	X			
									- 20				
Name of Decisions of Wester United					0.11.17								
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING	í.	H		0.000	P. 10 (10 (10 (10 (10 (10 (10 (10 (10 (10			(0.000000000000000000000000000000000000	•		s.R.C).W.	S.
City, State TOTOWA, NJ				- 1	Disposal 10/29/20			City, State MORRIS	VILLE, PA		-		
Completed by VIVECA RAMOS	Title PRO	JECT	COOF	RDINATO		ature	, i ii			ate 0/2/2()18	224/18/20	

Ch Toleo		NOTII	FICATIO Pursuan	tate of New Jer N OF ASBESTO t to NJAC 8:60	SABATE and 12:12	0)	т		E C	E	Pi	rint For
Date of Notification (1) 10/4/18				of Building Owne		r (2)	Maria de la composición del composición de la co		OCT	11	20	18
				Caner Privat	e Home							
Agencies Notified Type Notification	1		Street	Address	1			A	SDEST	000	OLA PER	2/1 0
EPA Initial Amended			011 0								1.10	8. 年,初
DEP Amended Amendmer	nt #			tate, Zip Code	00000				A STATE OF THE STA	els/louses.	war-north	#725
Emergency	(including]		egat Light NJ	8008							
DOH justification Cancellatio		200		of Contact				Telo-				
Cancellatio	П			Caner				1				
Name of Facility Where Abatement is Taki	ng Place (3)	FAC	ILITY INFORMA	ATION	Typ	e of Facility (4	1				
Alan Caner Private Home	,	(C. 6)				175		ř.				
Street Address						H	School (K-12 Subchapter	2) 8 (Other than I	K-12)			
						×	Other (i.e. pr	rivate & comm	ercial bu	uildings	, hom	es,
City (5)		-				Sail	etc.) uare Feet	# of Floors		Dida	A ==	
Barnegat Light NJ 08008							00 +	# 01 F1007S		Bldg. 50+	mye.	
County (6)		1	County	Code (7)		1950	rent Use (Prio	1	olished			
Ocean			(STATE	USE ONLY)			ouse & Gara		onorieu)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASCI	M No.	Name		patement Cont	-				
N/A	700				0.0000000000000000000000000000000000000	naco		(-)				
Street Address		-			Street	Addr	ess					
					PO	Вох	329					
City, State, Zip Code					City, S	State,	Zip Code					
							rlin NJ 080	91				
Project Manager for Monitoring Firm			Telepho	one No.	Teleph	none l	No.	Licens	e No.			
					856-	753	-9800	0072	7			
Start Date (10)	Schedul	ed Co	mpletion	Date (11)	Name	of OS	SHA Monitor					
10/15/18	10/19/				Sam	ie						
Occupancy Status During Abatement (Cher	ck Only Or	ne)	23.0		Street	Addre	ess					
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr	Period of	Abater	ment									
Other – Describe:	nai Facility	Hour	S		City, S	tate, 2	Zip Code					
Scope of Work (Check All That Apply)												
					_	7						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli			-		ull Containmer lini-Enclosure	nt with Negativ	e Press	ure		
		CITION	don			G	imi-Enclosure lovebag Proce	dure				
					×	I No	on-Exempted	(*) and Non-F	riable Pr	ocedu	re	
		Locat									ement	
Location of Asbestos-Containing Material (ACM)		Normal d Sole			escription				-	1	/pe	
TO BE ABATED	Ma	intena	nce/	Asbestos Co (i.e. therm				Amount (Specify	70		四四	ш
In Facility	Cus	todial ((12)	Staff?	sur	facing, VA	T, or		SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)	-	\/		othe	r miscellan	eous))		ova	air	sula	Sur
	Yes	No	N/A								le le	
Exterior Siding			х	Ext	terior Sic	ding		2000 SF	х			
										1		
									-	-		
	+		-							-		
Name of Registered Waste Hauler		1.	LIDED	(1-								
		400	IJDEP W lauler ID		ic Yards aste			egistered Land	dfill			
United Containers			2459	5			G.R.O.V	I.S.				
City, State				Disp	osal Date		City, State					
Elm NJ				10/	19/18		Morrisvil	le PA 1960				
Completed by	Title				Signature	0	1		Date			
Anthony T Perna	Pres	ident			1	Le			10/4/	18		

Ch3057	NOTIFIC (Pui	Sta CATION rsuant1	nte of New Jerses OF ASSESTOS ONJACA: 0 and	ABATE	MEN			<u>E</u>	G		Pri	nt-Fo
Date of Notification (1) 10/03/18 Check #3257			Building Owner/c		(2))CT	1 1	20	110
Agencies Notified Type Notification EPA Initial	2		esbit Terrace					ASB		000		SO!
DEP Amended Amendment #	1		te, Zip Code on, NJ, 07111									
DOH justification Cancellation	IN.	Name of Gabrie	Contact					lephone Num 32-944-463				
		FACIL	ITY INFORMATI	ON								
Name of Facility Where Abatement is Taking Good Shepherd Academy	Place (3)				Тур	e of Facility (4)					
Street Address 285 Nesbit Terrace		-			×		8 (Oth	ner than K-12) & commercia		dings,	home	es,
City (5) Irvington					25.550 \$3.50	are Feet 000+	# 0	of Floors	11 553	ldg. A 0+	ge	
County (6) Essex		County C	Code (7) ISE ONLY)	<u> </u>		rent Use (Prid 1001	or if be	ing demolishe	ed)			
Name of Monitoring Firm Hired by Building Ov N/A	wner (8)	ASCM N/A	No.	Name EA S		eatement Cor ces	tracto	r (9)				
Street Address N/A	•			Street 426								
City, State, Zip Code N/A						Zip Code erg, NJ, 07	093					
Project Manager for Monitoring Firm N/A	100,00	elephon V/A	ne No.	Telepl 201-		No. 1700		License No 01074				
	Scheduled Comp 10/15/18	pletion D	Date (11)	Name N/A	of OS	SHA Monitor						
Occupancy Status During Abatement (Check	Only One)			Street	Addr	ess						
Facility Closed/Vacated During Entire Pe		ent		N/A City, S	State,	Zip Code						
Other – Describe: 10am			7	N/A								
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovati Demolition				N G	lini-Enclosure	e edure	h Negative Pr			e	
	Is Locatio									Abate Ty		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Normally Used Solely Maintenand Custodial St (12)	y by ce/	Asbestos Cont (i.e. thermal		Materi Is insu		(Amount Specify F or LF)	Remo	Repa	Encaps	Enclos

l continue of	1 22	Locati	17,000		D-10-1					emen: pe	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole intenar todial S (12)	nce/		Description of stos Containing Mater e. thermal systems insi surfacing, VAT, or other miscellaneous	ulation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A					_		ite	e
Gym Ceiling		Х			ACM Ceiling Patc	hes	3 SF		X		
Name of Registered Waste Hauler Tri-State Transfer Associates		Н	IJDEP W lauler ID 9551	1000	Cubic Yards of Waste TBD	1000000	Registered Landfill a Entreprise				
City, State Bronx, NY					Disposal Date TBD	City, Sta Wayne	te sburg, OH				

Title

Office Clerk

Signature 7

Date

10/03/18

Michael Fajardo

Completed by

Date of Notification (1) Name of Building Owner/Operator (2) PRUDENTIAL FINANCIAL 10 / 4 /18 Street Address Agencies Notified Type Notification 751 BROAD STREET	V
Out of Auditor	
Agencies Notified Type Notification 751 BROAD STREET	
EPA X Initial Notification City, State, Zip Code NEWARK, NEW JERSEY 07102 Cancellation Cancellation	2018
X DOH DCA On Hold Name of Contact Telephone Number 15 CO DCA EMERGENCY NOTIFICATION JASON MCCAULEY 973-802-4072	Tado
FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4)	
PRUDENTIAL BUILDING School (K-12) Subchapter 8 (Other than K-12)	
Street Address X Other (ie. private & commcl. bldgs., homes, e	c.)
751 BROAD STREET - 6TH FLOOR 785,000 27 58	
City (5) County (6) County Code (7) Current Use (Prior if being demolished) Pharm. La NEWARK ESSEX (STATE USE ONLY) COMMERCIAL).
Name of Monitoring Firm Hired by Building Owner (8) ACCREDITED ENVIRONMENTAL TECHNOLOGIES INC ASCM No. Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address Street Address	-
28 NORTH PENNELL ROAD 313 SPOOK ROCK ROAD	
City, State, Zip Code City, State, Zip Code	
MEDIA, PA 19063 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number	_
POWER DESIGNATION AND ADDRESS OF THE PROPERTY	- 1
RONALD KHACHADOURIAN 610-891-0114 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor	
10 / 15/18 3 / 30 /19 QUALITY	
Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address	_
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe:	
X Other - Describe: MONDAY -FRIDAY 6 PM-2 AM City, State, Zip Code	\dashv
Scope of Work (Check all that apply)	
Demolition X Renovation Mini-Enclo,	
>3SF OR LF Glovebag Procedure Non-Friable Procedure	
The state of the s	-
Abatement 1	
Asbestos-containing normally used Solely by (ie. Thermal systems (Specify Normally Unit of Specify Normally Unit of Speci	ENCLO
TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF)	5
in Facility (13) Staff (12) Yes No N/A or other miscellaneous)	SUR
6TH FLOOR -ENTIRE X FLOOR TILE & MASTIC 18,000 SF x	
Name of Registered Waste Hauler NEWARK CARTING NJDEP Waste Cubic Yards of Waste Hauler ID No. Name of Registered Landfill GRAND CENTRAL SANITARY	
913 City, State Disposal Date City, State	
NEWARK, NEW JERSEY 10/15-03/30/19 PLAINTELD TOWNSHIP, PA	
Completed by (Print or Type) BENJAMIN SANCHEZ Title DIRECTOR OF OPERATIONS Signature Date 10/4/18	

Ch715	88			ICATIO	state of New Yers N OF ASBESTOS t to NJAC 8:60 ar	ABATE		Contraction and Contraction an) <u>E</u>	G		<u>U</u>	OSO
Date of Notification (1) 10/4/18					of Building Owner/ rstein Demolition					OCT	-1	1_2	018_
Agencies Notified	Type Notification	1			Address River Avenue				A:				
DEP × DOL	Amended Amendmer Emergency				ate, Zip Code Pleasant, NJ (08742							
DOH DCA	justification Cancellatio)			of Contact ilberstein			1.0	elephone Nu 32-903-83				
Name of Facility Where	Ahatement is Taki	no Place /	(3)	FAC	ILITY INFORMAT	ION	Type of Facility	. (4)					
Street Address							School (K Subchapt Other (i.e etc.)	(-12) er 8 (Oth	ner than K-1. & commerci		ldings,	hom	es,
City (5) Lakehurst							Square Feet 2000		of Floors		3ldg. A	\ge	
County (6) Ocean					Code (7) USE ONLY)		Current Use (F Home	rior if be	ing demolish	ned)			
Name of Monitoring Firm	Hired by Building	Owner (8)	ASCI	M No.		of Abatement C LEAD PROF						
Street Address							Address HITE DOVE (COURT	Ţ.				
City, State, Zip Code							State, Zip Code EWOOD, NJ	08701					
Project Manager for Mon	itoring Firm			Telepho	one No.		none No. 668-9078		License N 1200	0.			
Start Date (10) 10/8/18		10/15/	18	npletion	Date (11)		of OSHA Monito LEAD PROF		NALS				
Occupancy Status During Facility Closed/Vaca	ated During Entire	Period of	Abaten	nent			Address HITE DOVE C	OURT	¥3				
Abatement Performe X Other – Describe:	ed Outside of Norr	nal Facilit	y Hours	3			tate, Zip Code EWOOD, NJ	08701					
Scope of Work (Check Al ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	l That Apply)		Renova Demolit			×	Full Containr Mini-Enclosu Glovebag Pro Non-Exempto	re ocedure	0.000			e	
Logation	of	1 22	Locati Normal			•					Abate		t
Location Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM) ATED	Use Ma	ed Sole aintenar todial S (12)	ly by nce/	Asbestos Cont (i.e. thermal surfa		laterial (ACM) insulation, T, or	(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
EXTERI	OR	Yes	No	N/A		SIDING		20	000SF			fe	LU .
						, DING		20	,000F	X			

JOSEPH PERLSTEIN

NEWARK CARTING

Name of Registered Waste Hauler

Title OWNER

NJDEP Waste

Hauler ID No. 04509

Cubic Yards of Waste 8 Disposal Date 10/15/18

Signature

Name of Registered Landfill

IESI

City, State BETHLEHEM PA

10/4/18

Completed by

Date

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3h7197	ı	NOTIFI (Pi	CATIO	tate of New Jer N OF ASBESTO It to NJA 0 8:60	sey S ABATE and 12:12	MEN	т		E C		E 1	20	rint
Date of Notification (1) 10/5/18			Name Amer	of Building Owneritrust Resider	er/Operato	or (2) vices	;		00	1	1 1	20	10
Agencies Notified Type Notification EPA Initial	on			Address Piedmont Ro	ad			1	AREA 1			1.00	(12)
DEP Initial Amended Amendme	nt#		City, S	tate, Zip Code ta, Georgia 3	- V			10000000	ar Angelo	- track publication	Sitterakonta	₩	e
	y (including n)	1		of Contact				Telepho					
Cancellation	on		A		TION			844-55	4-019	6			
Name of Facility Where Abatement is Tak	ing Place (3)	FAC	ILITY INFORMA	ATION	Тур	e of Facility	(4)					
Street Address					To the state of th	×	Other (i.e.	-12) er 8 (Other tha private & con	n K-12) nmercial	bui	ildings	, hon	nes,
City (5) Clifton						Squi 170	etc.) are Feet 00	# of Floo	rs	-	Bldg.	Age	
County (6) Passaic		(3	County STATE	Code (7) USE ONLY)		Curr		rior if being de	molishe	d)			
Name of Monitoring Firm Hired by Building	g Owner (8)		ASCI	M No.	Name	of Ab	atement Co	entractor (9) ESSIONAL	S				
Street Address				1 2546	Street	Addre							
City, State, Zip Code	-				City, S	State, 2	Zip Code OD, NJ (
Project Manager for Monitoring Firm		T	elepho	ne No.	Teleph 732-6	none N	10.		nse No.			HEXE I	
Start Date (10) 10/15/18	Scheduled	d Comp 8	oletion	Date (11)	Name	of OS	HA Monitor						
Occupancy Status During Abatement (Che					Street			LOGIONAL					
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of Al mal Facility I	bateme Hours	ent		6 WH	HITE tate, Z	DOVE C						
Scope of Work (Check All That Apply)					LAKE		OD, NJ 0	10/01		4.5		-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovatio emolitio			×	Fu Mir Glo	ni-Enclosur ovebag Pro						
WE 1229	100000000000000000000000000000000000000	ocation			- Long	140	Laciniple	a () and NON-	Triable		Abate	emen	t
Location of Asbestos-Containing Material (ACM)	Used	Solely	by	Do Asbestos Cor	escription	of laterial	I (ACM)	Amount	-		Тy	ре	Г
TO BE ABATED In Facility (13)	Custo	tenanci dial Sta (12)	777	(i.e. therma surfa	al systems acing, VAT miscelland	insula T, or	ation,	(Specify SF or LF		Removal	Repair	Encapsulate	Enclosure
INTERIOR	Yes	No	N/A	PIPE	INSULA	TION	1	200LF				ite	Ф
								2001	X				
ame of Registered Waste Hauler EWARK CARTING	0000	DEP Waler ID		Yards aste		Name of I	Registered La	ndfill					
ity, State EWARK, NJ				Dispo 10/22	sal Date 2/18		City, State	EHEM PA					
ompleted by DSEPH PERLSTEIN	Title OWNE	:R			Signature			on the second	Date 10/5/	18	V.		

Date of Notification (1) 10	anch	TON	TICATIO	N OF AS	lew Jersey- BESTOS ABA 5:60-7 and 12:	124-1	NS IS	1 (2000) 1 (1)	7	- (C	9 [<u> </u>
Streat Address 126 ELINOA VENUE, P.O. BOX 2000, RY/28-114	11041			Name	-of-Building	Owner	perator (2)		-31				
Agendes Notified Type Notification PPA Agendes Notified Type Notification PPA DEP Agendes Notified PPA DEP DEP DEP DEP DEP DEP DEP	Date of Notification (1)		675	MER	CK SHARP &	DOHN	TE CORP.			00	λŢ.	11	2018
Agencies Notified PA	- 40		and the second second	Stree	t Address				444	U	<i>J</i> 1		
EPA	10 ,	tion					E, P.O. BOX 2	2000, RY28-	1200-000				
Name of Facility Where Abatement is Taking Place (3) FACILITY INFORMATION Type of Facility (4) School (K-12) School	EPA Initial No X Amende	ed Notification	on #1	City, RAH	State, Zip Coo WAY, NEW JE	de ERSEY	07065		A.	ייירור	CT()		
Name of Facility Where Abatement is Taking Place (3) FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Subchapter 8	A DOL			Name	e of Contact		1	Telephone N	lumber				
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION MERCK SHARP & DOHME CORPORATION Street Address 126 EAST LINCOLN AVENUE - BUILDING 60 CEILINGS 127 EAST LINCOLN AVENUE - BUILDING 60 CEILINGS 128 EAST LINCOLN AVENUE - BUILDING 60 CEILINGS 129 EAST LINCOLN AVENUE - BUILDING 60 CEILINGS 120 County Code (7) 121 COUNTY (6) 123 COUNTY Code (7) 124 COUNTY Live (Pror if being demolished) 125 COUNTY Live (Pror if being demolished) 126 EAST LINCOLN AVENUE - BUILDING 60 CEILINGS 129 COUNTY Live (Pror if being demolished) 120 COUNTY Live (Pror if being demolished) 120 COUNTY Live (Pror if being demolished) 121 COUNTY Live (Pror if being demolished) 122 COUNTY Live (Pror if being demolished) 123 COUNTY Live (Pror if being demolished) 124 COUNTY Live (Pror if being demolished) 125 COUNTY Live (Pror if being demolished) 126 COUNTY Live (Pror if being demolished) 126 COUNTY Live (Pror if being demolished) 126 COUNTY Live (Pror if being demolished) 127 CARL SUM No. 128 COUNTY Live (Pror if being demolished) 129 COUNTY Live (Pror if being demolished) 129 COUNTY Live (Pror if being demolished) 120 County Live (Pror if being demolished) 120 County	\[\]	ENCY NO	TIFICATIO		RICIA JOHNS	ON		732-594-774	6				
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION Street Address Street Address 126 EAST LINCOLN AVENUE - BUILDING 60 CEILINGS Street Address 126 EAST LINCOLN AVENUE - BUILDING 60 CEILINGS Square Feet # fol Floors Bidgs, Age 82 89,717 5 6 8			FA	CILITY IN	FORMATION	1							-
Street Address Street Address 126 EAST LINCOLN AVENUE - BUILDING 60 CEILINGS Square Feet # of Floors Bldg, Age 83.717 Square Street Address 127 EAST LINCOLN AVENUE - BUILDING 60 CEILINGS Square Feet # of Floors Bldg, Age 83.717 Square of Monitoring Firm Hure by Building Owner (8) LINCOLN (STATE USE ONLY) ENVIRONMETAL HEALTH INVESTIGATIONS, INC. STREET Address Street Add	Name of Facility Where Abatement is	Taking Place	ce (3)			Ту							
Street Address Square Feet Agrees Square Feet Agrees Square Feet Agrees Square Feet Square Square Square Feet Square Feet Square Feet Square Fee						-			an K-12	.)			
Street Address Square Feet # of Floors Bilg. Age 82 126 EAST LINCOLN AVENUE - BUILDING 60 CEILINGS Square Feet # of Floors Bilg. Age 82 126 EAST LINCOLN AVENUE - BUILDING 60 CEILINGS Square Feet # of Floors Bilg. Age 82 126 EAST LINCOLN AVENUE - BUILDING 60 CEILINGS Square Feet # of Floors Bilg. Age 82 126 EAST LINCOLN AVENUE - BUILDING 60 CEILINGS Square Feet # of Floors Bilg. Age 82 126 EAST LINCOLN AVENUE - BUILDING 60 CEILINGS Square Feet # of Floors Bilg. Age 82 126 EAST LINCOLN AVENUE - BUILDING 60 CEILINGS Square Feet # of Floors Bilg. Age 82 126 EAST LINCOLN AVENUE - BUILDING 60 CEILINGS Square Feet # of Floors Bilg. Age 82 126 EAST LINCOLN AVENUE - BUILDING AND AND AND AVENUE - BUILDING	MERCK SHARP & DOHME CORPORAT	ION				X	Other (ie. p	rivate & com	nmcl. blo	dgs.,	hom	es, et	c.)
126 EAST LINCOLN AVENUE - BUILDING 60 Country (6) (STATE USE ONLY) RAHWAY Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) North Agriculture of Monitoring Firm Hired by Building Owner (8) North Agriculture of Monitoring Firm Hired by Building Owner (8) North Agriculture of Monitoring Firm Hired by Building Owner (8) North Agriculture of Monitoring Firm Fired by Building Owner (8) North Agriculture of Monitoring Firm Fired by Building Owner (8) North Agriculture of Monitoring Firm Fired by Building Owner (8) North Agriculture of Monitoring Firm Fired By Building Owner (8) North Agriculture of Monitoring Firm Fired By Building Owner (8) North Agriculture of Monitoring Firm Fired By Building Owner (8) North Agriculture of Monitoring Firm Fired By Building Owner (8) North Agriculture of Monitoring Firm Fired By Building Owner (8) North Agriculture of Monitoring Firm Fired By Building Owner (8) North Agriculture of Monitoring Firm Fired By Building Owner (8) North Agriculture of Monitoring Firm Fired By Building Owner (8) North Agriculture of Monitoring Firm Fired By Building Owner (8) North Agriculture of Monitoring Firm Fired By Building Owner (8) North Agriculture of Monitoring Firm Fired By Building Owner (8) North Agriculture of Monitoring Firm Fired By Building Owner (8) North Agriculture of Monitoring Firm Fired By Building Owner (8) North Agriculture of Monitoring Firm Fired By Building Owner (8) North Agriculture of Monitoring Firm Fired By Building Owner (8) North Agriculture of Monitoring Fired By Building Owner (8) North Agriculture of Monitoring Fired By Building Owner (8) North Agriculture of Monitoring Fired By Building Owner (8) North Agriculture of Monitoring Fired By Building Owner (8) North Agriculture of Monitoring Fired By Building Owner	Olympia Addresse						Square Feet	# of Floor	rs	E	Bldg.	Age	
County (6)	126 FAST LINCOLN AVENUE - BUILDI	NG 60 CEIL	INGS							- 13	84		_
Name of Monitoring Firm Hired by Building Owner (8) 104 104 104 104 104 104 104 104 104 104 104 104 105 104 105				Cour	nty Code (7)		irrent Use (Pri	or if being de		ed) EFIC	CF FA	ACILI	
Name of Monitoring Firm Fired by Suldring (Street Address Street Address 313 SPOOK ROCK ROAD Street Address 313 SPOOK ROCK ROAD City, State, Zip Code SPARTA, NEW JERSEY 07871 Telephone Number Telephone Number Surfered Manager for Monitoring Firm Telephone Number Telephone Number Telephone Number Surfered Manager for Monitoring Firm Telephone Number Telephone Number Telephone Number Surfered Number	PAHWAY JUNION		(2)	(STAT			me of Ahater	nent Contra	actor (9)			
Street Address SS WEST SHORE TRAIL City, State, Zip Code SPARTA, NEW JERSEY 07871 Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH Expected State Date (10) 9 / 17 / 18	Name of Monitoring Firm Hired by Bu	ilding Own	er (8)			PA	AR ENVIRONM	MENTAL CO	RPORA	ÁTIO	N		
Signature Sign		HONS, INC	,			St	reet Address						
City, State, Zip Code SPARTA, NEW JERSEY 07871 Project Manager for Monitoring Firm Telephone Number 97-729-5649 MILLIAM S. KERBEL, CiH 97-718 Month Day Year Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: X Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM Scope of Work (Check all that apply) Demolition 33SF OR LF X > 180 SF OR 260 LF Location of Asbestos-containing Material (ACM) TO BE ABATED In Facility (13) Staff (12) Yes No N/A BASEMENT-JANITOR CLOSET X PIPE FITTINGS SLEF Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 Ramous IT East 30TH STREET City, State, Zip Code NEW YORK, NEW YORK 10016 NEW YORK, NEW YORK 10016 Full Containment with Negative Pressure X Mini Enclo. X Glovebag Procedure Non-Friable	655 WEST SHORE TRAIL												-
SPARTA, NEW JERSEY 07671 SPARTA, NEW JERSEY 07672 SPARTA, SEASON, NEW JERSEY 0	City State 7in Code					Ci	ty, State, ZIP C	v YORK 109	01				
Project Manager for Monitoring Firm Project Manager for Monitoring Monitoring Manager for Monito	SPARTA, N	EW JERSE	Y 07871	Number		Te	elephone Num	ber	Licens	e Nu	mber	1	
Name of OSHA Monitor Street Address Month Day Year Month Day Month Day Year Month Day						84	15-369-7500		1101				
Month Day Year Month Day Year Month Day Year Month Day Year Month Day Month Day Nor Hall Site Address Month State Jip Code NEW YORK 10016	WILLIAM S. KERBEL, CIH				(11)	Na	ame of OSHA	Monitor	0.1810		т.	1100	
Occupancy Status During Abatement (Check only one) X					5 /18		MERISCI LAB	ORATORIES	SINC		#1	1400	
Scope of Work (Check all that apply)	Month Day Year			Day	Yea		treet Address						
Abatement Performed Outside of Normal Facility Holls - Describe. City, State, Zip Code NEW YORK, NEW YORK 10016	Occupancy Status During Abatement (C	na Entire P	one) eriod of Al	patement				STREET					
Scope of Work (Check all that apply) Demolition Says or Check Says or Che	Abatement Performed Outsid	de of Norma	al Facility i	Hours - D	escribe:		. 01-1- 7:-	Cada			_		
Scope of Work (Check all that apply) Demolition	X Other - Describe: MONE	AY -FRIDA	Y 7AM-3:	30 PM		C	ity, State, Zip NFV	Code V YORK, NE	W YOF	RK 10	0016		
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Sas F OR LF X >160 SF OR 260 LF X One-brage Procedure Non-Friable Procedure Non-Friabl		Renov	ation		X Mini E	nclo,							
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Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY Title Signature		1,11.00			(ie. Therma	al syste	ems		ify	M	PA	Ç	딛
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Completed by (Pfilit of Type)	FREEHOLD, NEW JERSEY	Title		19/1//18						11	")/	<	1/1
BENJAIVIIN SANCHEZ	Completed by (Print or Type) BENJAMIN SANCHEZ	DIRECTO	R OF OPE	RATION		J.	1000			('	7	1	1 1

			ON OF AS	lew Jersey BESTOS A 8:60-7 and) <u>E</u>	C		
						wner/Operator (2)	1			
Date of Notification (1)			MER	CK SHARP	& D0	OHME CORP.			nct	1 1	2018
8 / 30 /18				t Address					201	-	
Agencies Notified Type Notif	ication		126 E	E. LINCOLN	I AVE	NUE, P.O. BOX	2000, RY28-41	4	WATER THE SE	NACTURE SA	
DEP Ame	I Notification nded Notificati cellation	on		State, Zip (WAY, NEW		SEY 07065	antillikalikalikalikal	7	TOTO		
X DOH On H	lold RGENCY NO	TITIOATI		e of Contac		r	Telephone Nur 732-594-7746	nber			
DCA EME	RGENCY NO			FORMATION IFORMATION		4	732-334-7740		140		\dashv
Name of Facility Where Abatement	is Taking Plac		ACILITY II	IFORWATI	J14	Type of Facility	y (4)				\neg
MERCK SHARP & DOHME CORPOR		32 35				School (K Subchapte X Other (ie.	-12) er 8 (Other than private & comm	K-12) cl. bldgs	s., hor	nes, e	tc.)
Street Address 126 EAST LINCOLN AVENUE - BUIL	DING 60 CEIL	INGS				Square Feet 89,717	# of Floors 5		Bldg	. Age 32	
City (5)	nty (6)			ty Code (7		Current Use (Pr RESEARCH LA	rior if being dem	olished)	ICE E	ACILI	
Name of Monitoring Firm Hired by	Building Own	er (8)	(STATE	ASCM N		Name of Abate	ment Contract	or (9)		710121	
ENVIRONMETAL HEALTH INVESTIG	JATIONS, INC	٠.		104		Street Address	INENTAL CONT	OIVAII	OIV		
655 WEST SHORE TRAIL						313 SPOOK RO					_
City, State, Zip Code	NEW IEDSE	V 07971			İ	City, State, Zip	Code W YORK 10901				
Project Manager for Monitoring Firm	NEW JERSE		Number			Telephone Nun		cense N	lumbe	r	
WILLIAM S. KERBEL, CIH	97	73-729-50	649			845-369-7500		101			
Expected State Date (10)	Sched.		tion Date			Name of OSHA		VIC.	#	11480	
9 / 17 /18 Month Day Year	Month	2 /	15 Day		ear	AWERISCI LA	BORATORIES II	VC	#	1400	
Occupancy Status During Abatement	(Check only o	ne)				Street Address					
X Facility Closed/Vacated D Abatement Performed Ou	uring Entire Petside of Norma	riod of A I Facility	Hours - De	escribe:		117 EAST 30T City, State, Zip					
X Other - Describe: MO	NDAY -FRIDA'	Y /AIVI-3	:30 PIVI				W YORK, NEW	YORK '	10016		
Scope of Work (Check all that apply) Demolition >3SF OR LF	X Renova	ation		X Mini	Enclo	inment with Neg o , Procedure	ative Pressure				
X >160 SF OR 260 LF						le Procedure			W		
Location of		cation		Description			Amount		batem	lent T	/pe
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TO BE ABATED		Custodial	ir	nsulation, su			SF or LF)	100	AR	AP	08
in Facility (13)		ff (12) o N/A		or other mi	scella	ineous)		/AL		JUS	SUR
BASEMENT-JANITOR CLOSET		х	PIPE FIT	TINGS			5 LF	X			
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2ND FLOOR		X	PIPE FIT	TINGS			14 LF	X	-	-	\vdash
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		-						+			H
			01: 0	-1£187 ·		INIamb -f Da '	stored Landell				
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	Hauler	Waste ID No. 5939	Cubic Ya	rds of Wast 80	e	447 ALEXAND	OUNTY RESOL DER DRIVE/ROU	JRCE M JTE 15	IANAC	SEME	NT SE
City, State FREEHOLD, NEW JERSEY			Disposal 9/17/18-0	2/15/19		City, State	RY , PA 17752	. , , .	_/	'	/
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR	OF OPE	RATIONS	Signature	1)ate	5/.	59	18

Ch32781		NON)	IFICA Pursua	TION OF F ant to NJA	New Jersey ASBESTOS AB 8:60-7 and 12:		U	1. st		E	C	S		VE
Date of Notification (1)				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	me of Building (E VALLEY HOSI	100	erator ((2)	3					
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Agencies Notified Type Not					NORTH VAN D	IEN AVEN	UE	1	- 4	U	01	, ,	4	
EPA Initi DEP X Am X DOL Car	al Notific ended N cellation	otificatio	n #4	City	r, State, Zip Cod GEWOOD, NEV	е		Lan		/SBE	STO TIL	5 (1)	ONT THE	1675,75
	Hold FRGENO	CY NOT	IFICA		ne of Contact ORGE GANCSO	19		Telephone N 201-447-814						
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Name of Facility Where Abatement	is Takir	ng Plac	e (3)	/ (OILITT	IN OTHER TOTAL	Type of	Facilit	y (4)						1
VALLEY HOSPITAL						Sub	nool (Ko ochapte ner (ie	-12) er 8 (Other tha private & com	in K-12	2) Idas	home	95 E	etc.)	
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	inty (6) RGEN				nty Code (7) E USE ONLY)	ABANDO	Jse (Pr	rior if being der	molish	ied)				
Name of Monitoring Firm Hired by		g Owne	r (8)	T (OTA)	ASCM No.			ment Contrac	ctor (9	1)				
COLDEN CORPORATION Street Address								MENTAL COF	RPOR	OITA	٧			
131 VARICK STREET, SUITE 1022				1		Street Ad		OCK ROAD					Ŷ	
City, State, Zip Code						City, Stat	te, Zip	Code					7	
NEW YOR Project Manager for Monitoring Firm	RK, NEV			B Number		SUFFER		W YORK 1090		- NI	-1	ar tuga s		
JIM MIADES			-435-3			845-369-		1	∟icens 1101	e Nun	nber			
Expected State Date (10)	S			etion Date	(11)	Name of	7,070,77,75		1101		_			1
6 / 7 /18 Month Day Year		Month	3	30 Day) /19 Year	EMSL #1	1506							
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Abatement Performed Out X Other - Describe: MOI	NDAY -F				escribe:	City, Stat				2 500				1
Scope of Work (Check all that apply)					X Full Cont	ainment	N	IEW YORK, N	EW Y	ORK				
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X >160 SF OR 260 LF						ole Procedu	ıre							
Location of Asbestos-containing	١,	Is Loca normally			Description of As Containing Mater			Amount	-		emer			
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TO BE ABATED	N	laint/Cu			nsulation, surfac			SF or LF)					50	
in Facility (13)	Y	Staff (N/A	1	or other miscella	aneous)			ŕ	2		=	OSUR	
1ST FLOOR THROUGHOUT			Х	JOINT CO	OMPOUND	COMPLE	TE	25,000 SF	X		1			1
1ST FLOOR ROOMS 100 & 101			×	CEILING	TILES	COMPLE	TE	1,500 SF	X					1
1ST FLOOR ROOMS 101 & 102			×	VAT & MA	ASTIC	COMPLE		1,450 SF	X					1
1ST FLOOR ROOM 182			X		NSULATION	COMPLE		100 SF	X		\top	\neg		1
1ST FLOOR ROOM 182			X		BREECHING	COMPLE	Alleria I	80 SF	X		1			1
1ST FLOOR ROOM 180		\neg	X		TCH TAR	COMPLE		2 SF	X		+	\dashv		
1ST FLOOR THROUGHOUT	_	+	X	PIPE INS	10-70-5-5-5-5-5-5-7		Services T				+	\dashv		1
1ST FLOOR THROUGHOUT	-	_	x			COMPLE		136 LF	X					1
ADDITION TO SCOPE:	-	\dashv	1	FIBERGL	ASS CEILING IN	SULATION	N/GLUI	EDABS 17,478	SFIX	-	OMP	LEI	E .	1
1ST FLOOR NORTH WEST CORNE		+	+-	A CM DEE	DIO.				-	+	+	\dashv	+	1
Name of Registered Waste Hauler		JDEP V	/aste	Cubic Yar	ds of Waste	Name of I	Registe	500 SF ered Landfill	Х			-	+	-
ASBESTOS TRANSPORTATION CO 2 MORICHES MIDDLE ISLAND ROA	. INC. H		No.		700			RAL SANITAR	Y LAN	DFILL	-	ı		
City, State				Disposal [City, State								
SHIRLEY, NEW YORK 11967 Completed by (Print or Type)	Title			6/07/18 -	12/30/18 Signature	PLAINFIE	LD TO	OWNSHIP, PA	Date		1	7	672	
BENJAMIN SANCHEZ		TOR OF	OPE	RATIONS	1	1XX		ا	,	10	15	11	X	

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Date of Notification (1)					N	lame	of Building	Ow	ner/Op	erator	(2)	1	5	<u> </u>	<u> </u>	<u>II W</u>
	018				s	treet	Address						1			0010
Agencies Notified Type N					2:	23 NO	ORTH VAN	DIE	N AVEN	IUE			į	OCT	11	2018
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	mende ancella	d Not	ificati	on #3	R	IDGE	WOOD, NE	W J	ERSEY	0765	2		ACD	ECT	30.07	ONTRE
	n Hold	uon			N	amo	of Contact							1.17	I'All	
	MERG	ENCY	NOT	TIFIC	ATION G		GE GANCS	OS			Telepho 201-447	ne-Nur	nber-	PARTITION AND THE PARTITION AN	Till water	and the second
					FACILITY	INF	ORMATION	J			201-447	-0141				
Name of Facility Where Abateme	nt is Ta	aking	Plac	e (3)					ype of	Facili	ty (4)					
VALLEY HOSPITAL									Sc	hool (F	(-12)					
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Street Address						_		+×	Square	er (ie.	private &	commo	cl. bld			
670 WINTER AVENUE			200						50,0		202250000	1			ig. Ag 40+	е
	ounty (Co	unty	Code (7)	C			rior if being	•	olishe		40.	
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COLDEN CORPORATION	y Bullu	iiig C	wne	(0)			ASCM No.		ame of	Abate	ement Cor	ntracto	or (9)			
Street Address								S	treet A	Idrass	IMENTAL	CORP	ORAT	ION		
131 VARICK STREET, SUITE 1022											OCK ROAL	D				
City, State, Zip Code NEW YO	DEK N	EW/V	OPK	1001	2			C	ity, Sta	e, Zip	Code					
Project Manager for Monitoring Firm) (IX, IX	L v v 1			ne Number			S	UFFER	N, NE	W YORK 1	-				
JIM MIADES				-435-				1000	elephor 45-369-		nber	1000000	ense l	Numb	er	
Expected State Date (10)	8	Sch			letion Date	e (11)				Monitor	1110)1			
6 / 7 /18 Month Day Year	}			3	3	30	/19		MSL #1		NOTHE					
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Abatement Performed Ou	ıtside o	f Nor	mal F	acility	Hours - Γ	Descri	be:	100	// VVL3	1 301	II SIKEEI					
X Other - Describe: MC	NDAY	-FRII	DAY	7AM-:	3:30 PM			Ci	ty, Stat	e, Zip	Code					
Scope of Work (Check all that apply)					IY	Full Cont		ant.	V	IEW YORK	K, NEV	V YOF	RK		
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>3SF OR LF X >160 SF OR 260 LF							Glovebag	g Pro	cedure							
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TO BE ABATED		Mair	it/Cus	todia	l i	nsula	ition, surfaci	ing, '	VAT.		SF or		0	PAI	CA	
in Facility (13)			taff (1	or of	ther miscella	aneo	us)		0. 0.	,	OVAL	77	APSUL	OSUR
1ST FLOOR THROUGHOUT	-	Yes	INO	N/A		280000	THE STATE OF THE S						-		7	ק
1ST FLOOR ROOMS 100 & 101				X	JOINT CO			_			25,000 SF		X	_		
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1ST FLOOR ROOM 182	_			X	VAT & M						1,450 SF		X			
1ST FLOOR ROOM 182				X	BOILER I			-			100 SF		X	_		
1ST FLOOR ROOM 180				X	ROOF HA			,			80 SF		X			
ADDITION TO SCOPE:				^	INOOF HA	NI CH	IAR				2 SF		X	-		
1ST FLOOR THROUGHOUT				X	PIPE INS	ΙΙΙ ΔΤ	ION			\neg	136 LF		.,,			
1ST FLOOR THROUGHOUT				X			-	10111	.=				X			
Name of Registered Waste Hauler		NJDE	P W	ete	Cubic Yar	ds of	CEILING IN Waste	INa	Me of P	GLUE	DABS 17,4 red Landfil	478 SF	X			
ASBESTOS TRANSPORTATION CO	. INC	Haule	er ID I	Vo.		700		GR	AND C	ENTR	red Landiii AL SANITA	II ARY I 4	ANDE	11.1		
2 MORICHES MIDDLE ISLAND ROA City, State	ity, State 1A-3										2					
SHIRLEY, NEW YORK 11967					Disposal [6/07/18 -		/18	City	, State	211	WNSHIP, I				9	/
Completed by (Print or Type) BENJAMIN SANCHEZ	Title	CTO	0.00	ODE:			nature	1	ALIVE IN	ONG	VVINSHIP, I	PA Date	6	1/	1	10
THE STATE OF THE S	DIKE	UIUI	UF	UPER	RATIONS		a resign	P	1)	X .	/)		/	1/	>/	1 3

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		(PI	ursuant	to NJAC 8:60-7 and 12:		(0)	炉二			
Date of Notification (1)				Name of Building	Owner/Operator	r (2)				
8 / 2 /2018	1						111	OCT	11	2018
Agencies Notified Type Notifie				Street Address 223 NORTH VAN D	MEN AVENUE	644	bal	001	(f) (f)	-0.0
	Notificat	ion		City, State, Zip Cod				2020		
	nded Noti	fication	#2	RIDGEWOOD, NEV		2	ASP	WEST (79 CC	MIR
X DOL Cance	ellation				7 0 E 1 0 7 0 5	L L		Er CTONE PLANE	Witnesson	
X DOH On Ho	old RGENCY	NOTIF	ICATIO	Name of Contact		Telephone		r	-	
EINEF	KGLNCT	NOTIF)S 	201-447-81	141			
Name of Facility Where Abatement is	s Taking	Place ((3)	CILITY INFORMATION	Type of Facili	4(4)				
			(0)		School (I					
VALLEY HOSPITAL						ter 8 (Other th	nan K-1	2)		
Street Address					X Other (ie	. private & co	mmcl. b	ldgs.,	homes	s, etc.)
370 WINTER AVENUE					Square Feet 50,000	# of Flor	ors		ldg. A	
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PARAMUS	EN			(STATE USE ONLY)	Current Use (F ABANDONED	nor it being d	emolish	ied)		
Name of Monitoring Firm Hired by Bu	uilding C	wner (8)	ASCM No.	Name of Abat	ement Contr	actor (9	9)		Helica Control
Street Address					PAR ENVIROR	VMENTAL CO	RPOR	ÁTION		
31 VARICK STREET, SUITE 1022					Street Address 313 SPOOK R					
City, State, Zip Code					City, State, Zip					
NEW YORK	, NEW Y				SUFFERN, NE		901			
Project Manager for Monitoring Firm			hone Nu		Telephone Nur	mber	License	e Num	ber	
expected State Date (10)	Isch		35-3561	n Date (11)	845-369-7500		1101			
6 / 7 /18	Sch	3	iibietioi	30 /19	Name of OSHA EMSL #11506	A Monitor				
Month Day Year	100000									
	Me	onth		Day Year	ENGE #11500					
Occupancy Status During Abatement (C	check onl	v one)		Day Year	Street Address			4		
Occupancy Status During Abatement (C X Facility Closed/Vacated During Abatement Performed Outsign	Check onl	y one) Period	of Abate	Day Year						
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Date of Notification (1)				Na	ame of		Owne	r/Operator	(2)	13		-	-	Manufacture St. San
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Agencies Notified Type Notific	ation	1000				RTH VAN I	DIEN A	VENUE		les Gal		001		20
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X DOH X On Ho EMER		NOT	ΓΙΓΙCΑΤ	ION GE	EORGE	Contact E GANCS			Telephon 201-447-		ber			
Name of Facility Where Abatement is	Takiaa	DI	F. (2)	ACILITY	INFO	RMATION								
while of Facility where Abatement is	raking	Plac	e (3)				Тур	e of Facilit	ty (4)					
VALLEY HOSPITAL								School (K			(10)			
San acceptance in the companies of the c							X	Other (ie	er 8 (Other private & c	than I	(-12)	ae ho	mae	etc)
Street Address							Sc	uare Feet	# of FI	loors	T		g. Ag	
670 WINTER AVENUE	7.51							50,000	1				40+	
City (5) County PARAMUS BERGE				Col	unty C	ode (7)	Curi	rent Use (P	rior if being	demo	lished	1)		
Name of Monitoring Firm Hired by Bu		lwne	r (8)	(SIA		SE ONLY)		NDONED						
COLDEN CORPORATION	numg c	ZWIIC	. (0)		'	ASCIVI NO.	PAF	ne of Abate RENVIRON	MENTAL C	tracto	r (9)	ION		
Street Address							Stre	et Address	IVILIVIAL	JUKF	JKAI	ION	-77	
131 VARICK STREET, SUITE 1022							313	SPOOK RO)				
City, State, Zip Code NEW YORK,	NEW V	OPK	10012				City	State, Zip	Code		1			
Project Manager for Monitoring Firm	IAEAA I			Number	8		Tolo	FERN, NE	W YORK 1		1			
JIM MIADES		-	'-435-35					369-7500	iber	1000		Numbe	er	
Expected State Date (10)	Sch			ion Date	e (11)			e of OSHA	Monitor	110	1			
6 / 7 /18 Month Day Year		;	3		0	/19	100000000000000000000000000000000000000	SL #11506	ivioriitor					
Month Day Year Occupancy Status During Abatement (Cl	M M	onth	2)	Day		Year	-							
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Abatement Performed Outside	e of Nor	mal F	acility F	lours - D	escrib	e:	007	VVL01 301	HOINEEL					
X Other - Describe: MONDA	Y-FRI	DAY	7AM-3:3	30 PM			City,	State, Zip	Code					
Scope of Work (Check all that apply)					IX	Full Con	toinmo	۸ ا	IEW YORK	, NEW	/ YOF	RK		
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>3SF OR LF						Gloveba	g Proce	edure						
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TO BE ABATED			stodial	i		ion, surfac			(Spec SF or I		NO	PAIR	CA	든
in Facility (13)		Staff (or oth	er miscell	aneous	5)	35 011	LF)	MOVAL	77	CAPSUL	ENCLOSUR
	Yes	No	N/A					*			_		1	고
IST FLOOR THROUGHOUT	-	-		OINT C					25,000 SF		X			
1ST FLOOR ROOMS 100 & 101		-		EILING					1,500 SF		X			_
1ST FLOOR ROOMS 101 & 102	-	-		/AT & M					1,450 SF		Х			
1ST FLOOR ROOM 182 1ST FLOOR ROOM 182	+			OILER I					100 SF		X	_		_
	+-	-		OILER					80 SF		X			_
IST FLOOR ROOM 180	+-	-	X F	ROOF HA	ATCH	TAR			2 SF		X			_
Name of Registered Waste Hauler	NID	EP W	laste I	ubic Yar	rde of 1	Masta	Mar	o of Delet						
NEWARK CARTING 869 RAYMOND BLVD		er ID 913	No.	JUDIC TAI	100	vvasie	GRA	e of Registe ND CENTR	ered Landfil AL SANITA	I ARY L	ANDF	ILL		
City, State		913		isposal l		evov.	City,	State FIELD TO			7			-
NEWARK, NEW JERSEY			6	/07/18 -			PCAI	XFXELD TO	WNSHIP, I	PA			1	
Completed by (Print or Type) Tit	0				Signa	m +1 1	///	~		Date		-		

Date of Notification (1) S				NOTIF	ICATION	ate of New J OF ASBES	TOS ARA	ATEMENT		文包	157		\mathbb{M}
Street Address Stre				(PU	irsuant to					7/1	Market Committee Committee	******	Address A residence
Street Address	Date of Notification (1)								or (2)				
Agencies Notified EPA		2040					and the second areas	PITAL	100		nct	11	2018
EPA	100										001	-	
DEP Amended Notification Cancellation DCA DOLD Cancellation On Hold DCA						223 NORT	H VAN D	IEN AVENUE					
DOL Cancellation										ATT		(4	The Lines
DOCA				ation		RIDGEWO	OD, NEV	V JERSEY 076	52		14	17:1	4.7
DUA			1011			Name of C	ontoot				Earl Table 11812	Windstein 42, 72	
Name of Facility Where Abatement is Taking Place (3)	DCA E	MERGE	NCY N	IOTIFI	CATION			20					
VALLEY HOSPITAL Street Address School (K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Ot					EACII				201-447-8	141			
VALLEY HOSPITAL School (K-17) Subchapte 8 (Other than K-12) Subchapte 8 (Other than K-	Name of Facility Where Abateme	nt is Tal	king P	lace (3)	ITT IN OK	VIATION	Type of Facil	ity (A)		-		
Street Address Stre			ñ										
Street Address	VALLEY HOSPITAL									han K 12	Y		
Square Feet	Street Address							X Other (ie	e. private & co	mmcl. bl	das h	omes	etc.)
County (6)	[전문 기업 기업 전문 기업 및 기업							Square Fee	t # of Flo	ors	Blo	ig. Ag	e
PARAMUS SERGEN (STATE USE ONLY) ASANDONED	O: (F)	5.1.mb/C							1				
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. ASCM No. PAR ENVIRONMENTAL CORPORATION)		//	County Cod	de (7)	Current Use (Prior if being o	demolishe	ed)	nen-	
Street Address 131 VARICK STREET, SUITE 1022 NEW YORK, NEW YORK 10013 Project Manager for Monitoring Firm Telephone Number JIM MIADES Street Address 313 SPOOK ROCK ROAD City, State, Zip Code SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number JIM MIADES Suffect Address 313 SPOOK ROCK ROAD City, State, Zip Code SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number 1101 Suffect Address 30 /19 Name of OSHA Monitor EMSL #11506 Street Address 30 /19 Name of OSHA Monitor EMSL #11506 Street Address 30 /19 Name of OSHA Monitor EMSL #11506 Street Address 30 /19 Name of OSHA Monitor EMSL #11506 Street Address 30 /19 Name of OSHA Monitor EMSL #11506 Street Address 30 /19 Street Address 31 3 POOK Namber Itelephone Number Ite	Name of Monitoring Firm Hired b	v Buildi	na Ow	ner /8	(5						95		
131 VARICK STREET, SUITE 1022 Street Address 313 SPOCK ROCK ROAD	COLDEN CORPORATION	,	ng on	1101 (0	,,	AS	CIVI INO.	Name of Aba	tement Contr	actor (9)			
State 19 Sta										JRPORA	HON		
New York	131 VARICK STREET, SUITE 102	2					i i						
Project Manager for Monitoring Firm								City, State, Zin	Code			-	
Telephone Number Telephone N	Project Manager for Manitorina Cina	ORK, NE						SUFFERN, NE	W YORK 109	901			
State Date (10)		1				ber		Telephone Nu	mber		Numb	er	-
Month Day Year Security Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: X Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM										Control of the contro			- 1
Month Day Year Month Day Year Month Day Year Month Day Year		a	Sched		npletion I							25/10/2	
Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: City, State, Zip Code NEW YORK, NEW YORK City, State, Zip Code NEW YORK, NEW YORK Scope of Work (Check all that apply) Demolition >3SF OR LF X >160 SF OR 260 LF X Non-Friable Procedure Location of Asbestos-containing Material (ACM) Maint/Custodial in Facility (13) Yes No N/A 1ST FLOOR THROUGHOUT X JOINT COMPOUND 25,000 SF X 1ST FLOOR ROOMS 100 & 101 X CEILING TILES 1,500 SF X 1ST FLOOR ROOM 182 X BOILER BREECHING 80 SF X 1ST FLOOR ROOM 180 X ROOF HATCH TAR 2 SF X 2 SF X 2 SF X 307 WEST 38TH STREET 307 WEST 38TH STEET 307 WEST 38TH STREET 307 WEST 38TH STREET 307 WEST 38TH STREET 307 WEST 38TH STEET 307 WEST 38TH STE	Month Day Year		Mon	th	D			EMSL #11506					
Abatement Period of Abatement Abatement Period NEW YORK, NEW YORK Scope of Work (Check all that apply) Demolition Staff (12)	Occupancy Status During Abateme	nt (Chec	k only	one)			rear	Street Address				-	
City, State, Zip Code NEW YORK, NEW YORK	X Facility Closed/Vacated	During E	ntire P	eriod o	of Abatem	ent		307 WEST 38	TH STREET				- 1
Scope of Work (Check all that apply) Demolition 3SF OR LF X State, Lip Lode NEW YORK, NEW YORK New YORK, NEW YORK	Abatement Performed O	utside of	Norma	al Faci	ility Hours	- Describe:							
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Ch2384

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

OCT 11 Qheck # 2880

Date of Notification (1)			Name	of Bu	ildina	Owner / Operato	r (2)		AFIR	1571.1° 1	ALTERNATION AND ADDRESS OF THE PARTY OF THE	AT	411	1
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Name of Facility Where Abate	ment is Taking P	lace (3)			Type of Facil								
Residence Street Address						School (I	선거에 하다 하다면서	~						
Officer Address						Subchap								
						Other (i.e Square Feet		# of Flor					(C.)	
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- mozorougii	Somerset					Residence	(110111	being u	emonsi	ieu)				
Name of Monitoring Firm Hired	by Building Own	ner (8)		IASC	M No.	TO CONTROL OF THE CON	tement	Contrac	tor (0)					
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City, State & Zip Code			7 -CONTENT		# 1 7 - No	City, State & 2								
Droinet Manager for Marite d	F	I= .				Trenton, NJ		0						
Project Manager for Monitoring	FIRM	l elep	hone	Numb	per	Telephone No 609-847-295			L	icense N		12		
Scheduled Start Date (10)	Scheduled Cor	nnletic	n Dat	e (11)		Name of OSH	20.701	itor			0122			
10/13/2018	10/15/2018	ripicuc	ni Dat	C (11)		EMSL Analy		iitoi						
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Abatement Performed	Outside of Norma	al Ho	urs – 7	7am to	3pm	City, State & 2								
Describe:	Market 197 St					Cinnamins	on, NJ	08077						
Facility Occupied Durin												2/2-2-202		
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) 9/4/18 Wells Fargo Bank Agencies Notified Type Notification Street Address **EPA** One South Broad Street DEP Initial City, State & Zip Code X DOL X Amended R#4- 10/4/18 Philadelphia, PA 19107 X DOH Emergency Name of Contact Telephone Number DCA Cancellation Gordon McGill 732-565-4504 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Wells Fargo NBOC School (K-12) Street Address Subchapter 8 (Other than K-12) 100 Fidelity Plaza Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 75.000 45+ North Brunswick Middlesex Current Use (Prior if being demolished) Banking Offices Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. **Environmental Connection** Bristol Environmental, Inc. Street Address Street Address 120 North Warren Street 1123 Beaver Street City, State & Zip Code City, State & Zip Code Trenton, NJ 08010 Bristol, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Rollie Jones 609-392-4200 (215)788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor ** 10/5/18 Bristol Environmental Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 Beaver Street Abatement Performed Outside of Normal Hours - 7am to 3pm X City, State & Zip Code Describe: 5:00PM to 1:30AM Bristol, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure ≥160 sf ≥260 lf Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate TO BE ABATED Maintenance or (i.e., thermal systems Enclsoure Remova Repair in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A Cafeteria X Pipe insulation 56 LF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Service Transport Inc. 20990 1 CU YD Minerva Landfill City, State Disposal Date City, State New Castle, DE 9/21/18 Waynesburg, Ohio Completed By (Print or Type) Title Signature Date Gino Pizzigoni Project 9/21/18

Manager

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

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☐ DCA ☐ Cancellation (do	n Mc	Gill						732-565-4504				
FACILITY INFO						ORMATION					7:				
Name of Facility Where Abatement is Taking Place (3) Wells Fargo NBOC					Type of Facility (4) School (K-12)										
Street Address					_										
100 Fidelity Plaza						Other (Subchapter 8 (Other than K-12)								
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Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection ASCM No.						Name of Abatement Contractor (9) Bristol Environmental, Inc.									
Street Address							Street Address								
120 North Warren Street					1123 Beaver Street										
City, State & Zip Code					City, State & Zip Code										
Trenton, NJ 08010						Bristol, PA	19007								
Project Manager for Monitoring Firm Teleph							Telephone Number License Number								
Rollie Jones 609-392-4200						(215)788-6040 00509									
Scheduled Start Date (10) ON HOLD Scheduled Completion Date (11) ON HOLD					Name of OSHA Monitor Bristol Environmental Inc.										
Occupancy Status During Abatement (Check on		_	***************************************		-	Street Addres		JITCH IIIC		-					
Facility Closed/Vacated During Entire Period of Abatement						1123 Beave	1123 Beaver Street								
Abatement Performed Outside of Normal Hours – 7am to 3pm						City, State &	City, State & Zip Code								
Describe: 5:00PM to 1:30AM						Bristol, PA	19007								
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)		1	Name	of Buildi	ng Owner / Ope	rator (2)		11:11:	- 00	T 1	1 2	018	
9/4/18			Wells	Fargo	Bank	14101 (2)			0.0	1		010	
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city, State & Zip Code		2.2 (2.57)			1123 Bear								
renton, NJ 08010					City, State							100	
roject Manager for Monitoring Fi	irm	Teleph	one Ni	ımher	Bristol, P.								
collie Jones		609-39			Telephone Number License Number (215)788-6040 00509								
cheduled Start Date (10) S	Scheduled Con				Name of OS		itas	0050	19	-			_
9/20/18		9/21/1		(, , ,								COMMITTEE IN	
ccupancy Status During Abatem	ent (Check on	ly one)	-		Bristol Environmental Inc.								
English Classed No.					Street Address							_	
Facility Closed/Vacated D	eriod of	Abater	ment	1123 Ross		of:							
Facility Closed/Vacated D Abatement Performed Out	uring Entire Petside of Norma	eriod of	Abater	ment n to 3pm	1123 Beav	er Stre							
Abatement Performed Out Describe: 5:00PM to 1	uring Entire Petside of Normal :30AM	eriod of	Abater	ment n to 3pm	1123 Beav City, State 8	er Stre Zip Co	de						
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Abatement Performed Out Describe: 5:00PM to 1	uring Entire Petside of Norma :30AM Abatement	eriod of	Abater	ment n to 3pm	1123 Beav City, State 8	er Stre Zip Co	de						
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Abatement Performed Out Describe: 5:00PM to 1 Facility Occupied During A cope of Work (Check all that app	uring Entire Petside of Norma :30AM Abatement	eriod of all Hours	Abater s – 7an	n to 3pm	1123 Beav City, State 8	ver Stre	de Full Conta Mini-Enclo	osure		gative	Press	sure	
Abatement Performed Out Describe: 5:00PM to 1 Facility Occupied During A cope of Work (Check all that app ≥3 sf or ≥3 lf ≥160 sf ≥260 lf	uring Entire Petside of Norma :30AM Abatement	eriod of Hours	Abater s – 7an Renova Demolit	n to 3pm	1123 Beav City, State 8	ver Stre	de Full Conta Vlini-Encla Glove Bag	osure g Procedu	res				
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Abatement Performed Out Describe: 5:00PM to 1 Facility Occupied During Acope of Work (Check all that app ≥3 sf or ≥3 lf ≥160 sf ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) Infeteria me of Registered Waste Hauler rvice Transport Inc. v, State w Castle, DE	tside of Normal :30AM Abatement Dly)	Is Loc Normall Sole Mainten Custodia (12 Yes N	Renova Demolit Cation Illy Used Illy by nance of all Staff Cation Illy by nance of	ation tion d or ?? A	Description Asbestos-Con Material (A (i.e., thermal sinsulation, surfa or other miscel Pipe insula Cubic Yards of Waste 1 CU YD Disposal Date 9/21/18	Zip Cod 19007 19007 19007 19007 Indianal September 1900	Full Conta	osure g Procedu npted and Amour (Specii SF or L	res Non-F nt fy F)	riable Aba Removal	Proc	edur	re
Abatement Performed Out Describe: 5:00PM to 1 Facility Occupied During Acope of Work (Check all that app ≥3 sf or ≥3 lf ≥160 sf ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) Infeteria The end of Registered Waste Hauler revice Transport Inc. 7, State W Castle, DE Inpleted By (Print or Type)	tside of Normal :30AM Abatement Dly)	Is Loc Normall Sole Mainten Custodia (1: Yes Normall Leaves Normal	Abaters – 7an Renova Demolit cation lly Used ly by nance o al Staff 2) N/A NJDEP Hauler 20990	ation tion d or ?? A	Description Asbestos-Communication, surfaction, surfaction, surfaction, surfaction or other miscel Cubic Yards of Waste 1 CU YD Disposal Date 9/21/18 Signature	Zip Cod 19007 1	Full Conta Mini-Enclo Glove Bag Non-Exen T of Register va Land	osure g Procedu npted and Amour (Specii SF or L	res Non-F nt fy F)	riable Aba	Procester Repair	edur	re
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 9/4/18				Name of Building Owner / Operator (2)						(OCT 1	1 2	019			
9/4/18					Wells Fargo Bank									_		
Agencies Notified Type N	Votific	ation		Str	eet	Address	S				!	ACDE	Entor	17151		THE STATE OF
DEP 🛛	Initia	1		On	e S	outh B	Broad	Street				Ale area	17.74			100
□ DOL □		nded R#1- 9/1	A14 Q			tate & Z						-	The same	-	-	
		rgency	7/10			delphia of Conta		19107								
☐ DCA ☐	Cano	ellation				on McG	5000000						Telepi			ber
							2600	RMATION					732-5	65-4	504	
Name of Facility Where Ab	ateme	ent is Taking P	lace	(3)	AC	ILIIII	NFO	Type of Fac	sility (4)							
Wells Fargo NBOC	2000 200			(0)				School								
Street Address			77.00		- 010					Other than	K-12)					
100 Fidelity Plaza								Other (i.e. priva	ate & comm	ercial	buildi	nas, ho	mes	etc.)	
0:4 . (5)								Square Fee	et	# of Floors	3		Bldg. A		010.7	
City (5)		County (6)	0	County	y Co	ode (7)		75,00	00		2		5	45-		
North Brunswick		Middlesex						Current Use	(Prior i	f being dem	olishe	d)		-70	-	
Nome of Maritaria Fig. 11								Banking C	Offices		•					
Name of Monitoring Firm Hi Environmental Connect	red by	y Building Owr	er (B)		ASCM N	No.	Name of Ab	atemen	t Contractor	(9)					
Street Address	1011						-	Bristol Environmental, Inc.								
120 North Warren Stree	North Warren Street							Street Address								
City, State & Zip Code	, State & Zip Code							City, State & Zip Code								
Trenton, NJ 08010	nton, NJ 08010							Bristol, PA 19007								
Project Manager for Monitor	ect Manager for Monitoring Firm								hone Number License Number							
Rollie Jones				elephone Number 09-392-4200				(215)788-6	040		005		*unibei			
Scheduled Start Date (10) ON HOLD	S			letion Date (11)				Name of OSHA Monitor						-		
Occupancy Status During At	oton	cont (Charaltan	INC	HOLD				Bristol Environmental Inc.								
Facility Closed/Vaca	ted D	uring Entire Pe	erioc	ne) Lof Al	nate	ment		Street Addre					(5000			
Abatement Performe	d Ou	tside of Norma	l Ho	ours -	- 7a	m to 3pr		1123 Beaver Street City, State & Zip Code								
Describe: 5:00PN	to 1	:30AM				то ор.		Bristol, PA 19007								
Facility Occupied Du	ring A	Abatement						Bristol, PA 19007								
Scope of Work (Check all that	at app	oly)														
≥3 sf or ≥3 lf			\square	Do		-4:				Full Contair	ment v	with N	legative	Pres	sure)
☐ ≥160 sf ≥260 lf						ation ition				Mini-Enclos	7717					
			Ш	De	11101	ition				Glove Bag F				hr/0-120		
Location of			Is	Loca	tion			Description	n of	Non-Exemp	Amo					
Asbestos-Conta				mally		ed	Α	sbestos-Con	taining		(Spec		Abi	ateme	enti	ype
Material (ACI TO BE ABATE	-D	١,		olely itenar			/:	Material (A	CM)		SF or		_		ш	m
in Facility				odial			ingu	e., thermal s lation, surfac	ystems	_			Rem	Re	car	ncl
(13)				(12)			or (ther miscella	aneous)	'			Remova	Repair	Encapsulate	Enclsoure
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ame of Registered Waste H	e of Registered Waste Hauler				DE	J │ P Waste	10	io Vorda	Maria	- (D						
						· ID No.		Cubic Yards Name of Registered Landfill of Waste								
vice Transport Inc.				W (0.000.000.000	990		1300	U YD	Miner	va Landfil	1					
, State						-		osal Date	City, St							
w Castle, DE				9/21/18 Waynesburg,				, Ohio								
PD 4				Title Signature							Date					
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

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Date of Notification (1)				Name of Building Owner / Operator (2)				Cun	TOCT	111	209	8
Date of Houseaster (9/4/18		Name	of Building Fargo Ba	Owner / Op	erator (2)			00.		-01	
	ype Notification		Street	Address	IIIK			ACH	incore	75 27 Langua		
☐ EPA	- 17			South Bro	ad Street			Fir t	1.			-
DEP DOLF249	Initial	Ī	City, S	tate & Zip (Code		-	AND LOCAL PROPERTY.		Addin 2 1 (20)		15.
	Amended		Philad	delphia, P.	A 19107							
DCA DCA	Emergency Cancellation			of Contact					Teler	hone	- NI.	l
	Cancellation	10	Gordo	on McGill					732-	565_	S INUI	mber
			FAC	ILITY INF	ORMATIO	M			102	000-	4504	*
Name of Facility When	e Abatement is Taking	Place (3	3)			acility (4)						
Wells Fargo NBOC					Scho	ool (K-12)						
Street Address	~ »*	,			□ Subc	hapter 8 (Other than	K-12)				
100 Fidelity Plaza	*				Othe	r (i.e. priva	ate & comm	ercial huild	ings h	moo		,
City (5)	- 10				Square F	eet	# of Floors	or oral Dulla	Bldg. A	\ac	, etc.	.)
I am to the state of the state	County (6)	Cou	inty Co	ode (7)	75,0	000		>	Diag. 7			
North Brunswick	Middlesex				Current U	se (Prior it	being dem	olished)		45)÷	
Nome of Maritaria Et					Banking	Offices	•	onoriouj				
Name of Monitoring Fire Environmental Cons	n Hired by Building O	wner (8)		ASCM No.	Name of A	batement	Contractor	(9)				
Street Address	et.Address				Name of Abatement Contractor (9) Bristol Environmental, Inc.							
	North Warren Street				Street Address							
City, State & Zip Code	State & Zip Code				1123 Bea	ver Stre	et					
Trenton, NJ 08010	nton, NJ 08010				City, State & Zip Code Bristol, PA 19007							
Project Manager for Mor	ect Manager for Monitoring Firm				Telephone	A 19007		_				
Rollie Jones		Teleph 609-39	32-420	00	Telephone (215)788-	enan		License	Number	Г		
Scheduled Start Date (1	O) Scheduled Co						tor	00509	THE REAL PROPERTY.	-		
9/14/18		9/15/1	8		Name of OSHA Monitor Bristol Environmental Inc.							
Occupancy Status Durin	g Abatement (Check o	only one)			Street Address							
Abatement Perfo	acated During Entire	Period of	Abate	ment	1123 Beaver Street							
Describe: 5:00	rmed Outside of Norm	nal Hours	- 7an	n to 3pm	City, State & Zip Code							
Facility Occupied	During Abatement				Bristol, PA	A 19007						
Scope of Work (Check a	that apply)											
and the second control of the second control	mat apply)						2700 o					
≥3 sf or ≥3 lf		⊠ F	Renova	ition		$H \stackrel{!}{\sim}$	ull Containr	nent with N	legative	9		
≥160 sf ≥260 lf		-	emolit			L IV	iini-Enclosu	re				
							love Bag P	ocedures				
Locatio	n of	Is Loc	ation		Description	on of	on-Exempte	Amount	-Friable	Pro	cedu	re
Asbestos-Co Material (ntaining	Normali	y Used	d A	sbestos-Co	ntaining		(Specify	Aba	atem	ent T	ype
TO BE AB	ATED	Sole! Maintena	y by		Material (A	ACM)		F or LF)			m	
in Facil		Custodia	ance o		e., thermal : lation, surfa	systems	1	,	Rei	R	nca	En
(13)		(12			other miscel	llaneous)			Removal	Repair	psu	Enclsoure
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Date of Notification (1) 10 /	3 /	18				ng Owner/Operator University-Office		d Construction	T 1	1 2	018	CONTRACTOR OF THE PARTY OF THE
Agencies Notified ☐ EPA ☐ DOLWD ☐ DHSS ☐ DCA	Type Notifica Initial Amended Amendme	ent # <u>1-10/</u>		20 City,	et Address 0 Elm Dr State, Zip inceton,	•		ASSES	1097	Option of the control	1.37V	7
(NJAC 5:23-8)	justificatio	2.50		V	e of Conta bert Orto			Telephone Nun 609-258-18				
				FA	CILITY	NFORMATION						
Name of Facility Where A Princeton Universit Street Address 88 College Rd. Wes	y- Graduate		e (3)				Type of Facility ☐ School (K-1. ☐ Subchapter ☒ Other (i.e., phomes, etc.	2) 8 (Other than K-12 private and comme	2) ercial b	uildin	gs,	
City (5) Princeton							Square Feet	# of Floors	В	ldg. <i>A</i>	\ge	
County (6) MERCER				Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pr	rior if being demoli	shed)			
Name of Monitoring Firm	Hired by Buildi	ng Owner	(8)	ASCM	No.	Name of Abateme	The state of the s					
TTI Environmental I	nc			000	03		VIRONMENTA					
Street Address				1		Street Address		, 1110.				
1253 North Church	Rd					1123 BEAVE	R STREET					
City, State, Zip Code	- 17 1					City, State, Zip Co						
Moorestown, NJ 080)57					BRISTOL, PA						
Project Manager for Monit	oring Firm		Te	lephone	No.	Telephone No.		License No.				_
Michael Keehn			6	09-386	-8800	215-788-6040		00509				
Start Date (10)	So	heduled C	ompl	etion Da	ite (11)	Name of OSHA M		00303				
10 /4 / _	18	ON.	H			The state of the s	VIRONMENTA	L, INC.				
Occupancy Status During	Abatement (Ch	neck only o	ne)			Street Address		20 - 20 TO SHIP				
Facility Closed/Vacated	During Entire	Period of	Abate	ement		1123 BEAVER	R STREET					
Abatement Performed Time of Abatement: 7:	Outside of Non 00AM- <u>5:30</u> PN	mal Facility //Pi	/ Нои И	ırs - Des AM	cribe	City, State, Zip Co						
Scope of Work (Check all t	that anniv)		_			BRISTOL, PA	19007					
⊠ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf	ши зррђу	⊠ Re		7377070		☐ Mini-Encl	Procedure	gative Pressure n-Friable Procedu	re			
1 0			Loca lorma						Ab	atem	ent T	ype
Location o Asbestos-Containing M TO BE ABAT IN Facility (13)	laterial (ACM)	Use Mai	d Sol	ely by ance/ Staff?		Description of stos Containing Mat ,, thermal systems in surfacing, VAT, other miscellaneo	rerial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A							é	
Exterior					Transite	e pipe		10 LF				
										П	П	П
Name of Registered Waste BRISTOL ENVIRONM			1 250	JDEP V lauler ID 18706	No.	Cubic Yards of Waste	Name of Regist					
City, State BRISTOL, PA 19007						Disposal Date	City, State FAIRLESS	HILLS. PA				
Completed By (Print or Typ	e) T	itle				Signature	1 0	. Dat	te /	/		_
Brian Scafiro		Estimate	or			Brian	sesfiro /	1	0/4	1//	8	
1							1/		-			

ASB-41 MAY 11 BS/8/27

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

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Date of Notification (1)			411		ding Owner/Operator	•	UM	70	(
10 / 3 /	18						1440	CII	2018
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☐ DCA ☐ Emerge	ency (incl	uding			, NJ 08544				
(NJAC 5:23-8) justifica				me of Cont			Telephone Nu	mber	
☐ Cancel	lation		F	Robert Or	tego		609-258-18		
			F	ACILITY	INFORMATION		1 200 10	J-11	
Name of Facility Where Abatement is	Taking F	Place (3)		orang triolt	Type of Facility	(4)		
Princeton University- Gradua	te Colle	ge				School (K-12			
Street Address				-		Subchapter 8	:) 3 (Other than K-1	12)	
88 College Rd. West						Other (i.e., pr	rivate and comm	ercial bui	ldinas
City (5)						nomes, etc.)			3-,
Princeton						Square Feet	# of Floors	Bld	g. Age
County (6)			10-		(7) (0.7)				0
MERCER			. 00	unty Code	(7)(STATE USE ONLY)	V	or if being demo	lished)	
Name of Monitoring Firm Hired by Bui	dina O	(0)	1.00			Office/Class	rooms		
TTI Environmental Inc	iding Owr	ier (8)	100000	M No.	Name of Abateme				
Street Address			00	003	BRISTOL EN	VIRONMENTAL	., INC.		
1253 North Church Rd					Street Address				
City, State, Zip Code					1123 BEAVER	RSTREET	27		
					City, State, Zip Co	ode			
Moorestown, NJ 08057					BRISTOL, PA	19007			
Project Manager for Monitoring Firm		Te	lephon	e No.	Telephone No.		License No.		
Michael Keehn			609-38	6-8800	215-788-6040		00509		
Start Date (10)	Scheduled	Comp	letion D	ate (11)	Name of OSHA M	onitor	00303		
10 / _4_ / _18_			4/	18		IRONMENTAL,	INC		
Occupancy Status During Abatement (Check on	y one)			Street Address		,		
☐ Facility Closed/Vacated During Entirement	e Period	of Abat	ement		1123 BEAVER	CTDEET			8
△ Abatement Performed Outside of No.	rmal Fac	ility Hou	ire Do	scribe					
Time of Abatement: 7:00AM-5:30P	M/	PM	AN	l	City, State, Zip Coo				
Scope of Work (Check all that apply)					BRISTOL, PA	19007			
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demoliti			☐ Mini-Enclo	inment with Negar sure Procedure opted (*) and Non-		2000	
		Is Loca	tion			, () and Holl-	Hable Flocedu		
Location of		Norma			Description of				ment Ty
Asbestos-Containing Material (ACM) TO BE ABATED	l Us	sed Sol faintena		Asbes	stos Containing Mate	rial (ACM)	Amount	Re Re) m
IN Facility		stodial		(I.e.	, thermal systems in surfacing, VAT, o	sulation,	(Specify	Removal	cap
(13)		(12)			other miscellaneou	is)	SF or LF)	/al	Encapsulate
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		10			1.17		10 LF		1 0 1
		1	1						
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ame of Registered Waste Hauler		I N	JDEP V	Vaste I	Cubic Yards of	Name of Decision			
BRISTOL ENVIRONMENTAL, INC).		auler ID		Waste	Name of Register			

Brian Scafiro

BRISTOL, PA 19007

Completed By (Print or Type)

City, State

Disposal Date

Signature

18706

Title

Estimator

FAIRLESS LANDFILL

FAIRLESS HILLS, PA

Date

10-3-18

City, State

ASB-41 MAY 11 BS 18/27

2H 350	82	-	NOTI	State of New Jersey FICATION OF ASBESTOS ABATEMENT (Pursuant to NIAC 8:60 and 5:16) Name of Building Owner/Operator (2) OCT 1 201								1	
Date of Notification (1) 10 /	05 /	18			08342564	of Buildin		(2)	17 T - OC.	T 32	20	118	1
Agencies Notified	Type Notific	cation	<u>-</u> 8		Stree	t Address			10000	7000	ONT	DOL	0
⊠ EPA									ASBES!		ind	men.	fig.
□ DOLWD	Amende				City,	State, Zip	Code		Leanne		DESCRIPTION OF		
□ DOH	Amenda		ludin a	5	Ba	rnegat, N	J 08005						
DCA (NJAC 5:23-8)	☐ Emerger justificat		lualrig	l.	Name	of Contac	ct		Telephone Nur	mber			
(10.10 0.20 0)	Cancella				Vic	tor							
A STATE OF THE STA			interen		FA	CILITY IN	NFORMATION		V				
Name of Facility Where	Abatement is	Taking	Place	(3)				Type of Facility ((4)				
Residence								School (K-12					
Street Address									(Other than K-1 rivate and comme		uildin	75	
								homes, etc.)	ivate and commit	Ciciai D	unum	3 3,	
City (5)								Square Feet	# of Floors	В	ldg. A	ge	
Harvey Cedars								2000	2		65		
County (6)					Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demol	lished)			
Ocean						un Arson al Maril M		Residence	rearrismikasuse om 💆 0980000 0000				
Name of Monitoring Firm	Hired by Bui	ilding Ov	vner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)					-
N/A	-01 8 7 0 H	-		100				ntracting, Inc.					
Street Address							Street Address	J ,					
							1889 Route 9	. Unit 61					
City, State, Zip Code							City, State, Zip Co						
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Project Manager for Mon	itorina Firm			Tele	ephone	No.	Telephone No.						-
,				111111111111111111111111111111111111111		,,,,,	732-349-9932	The state of the s					
Start Date (10)		Schedu	led Co	omple	etion Da	ite (11)	Name of OSHA M						
10 / 19 /				. 35		18	E.M.S.L. Analytical						
								.,					
Occupancy Status During Facility Closed/Vacate					mont		Street Address						1
☐ Abatement Performed						scribe	1056 Stelton						
Time of Abatement:						AM	City, State, Zip Co		254				1
				anter			Piscataway,	New Jersey 088	354				
Scope of Work (Check al	tnat apply)						☐ Full Con	tainment with Neg	ative Pressure				
≥3 sf or ≥3 lf			Re				☐ Mini-End	losure					
≥160 sf or ≥260 lf		[Der	moliti	on			g Procedure mpted (*) and Nor	-Friable Proced	ure			
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TO BE ABA					Staff?	(1.6	e., thermal systems surfacing, VAT		(Specify SF or LF)	Removal	₩.	psu	Enclosure
(13)	Ly		0.000	(12)]	other miscellane		or or Er)	_		Encapsulate	Гe
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exterior				\boxtimes		asbest	os skirt		500 sf				
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	19												
Name of Registered Was	te Hauler				NJDEP !		Cubic Yards of	Name of Regis	tered Landfill				
Guardian Contracti	ng, Inc.				lauler II 2022		Waste 3	T.R.R.F.					
City, State							Disposal Date	City, State		131-11			
Toms River, New Je	ersey						10/22/18	Tullytown,	Pennsylvania				
Completed By (Print or T	ype)	Title					Signature	1/1	// 10	Date	1	1	
Nicholas Fernicola	e.e.m.t	Pro	oject	Man	ager			x/1.	1	10	15	18	

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Date of Notification (1)		01-		9		g Owner/Operator (2	1	OCT OCT	11	2010		-
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☑ DOLWD☑ Amend☑ AmendAmend	led Iment #			City,	State, Zip	Code						
□ DCA □ Emerg				Ca	pe May, I	NJ 08204						
(NJAC 5:23-8) justific		loluding		Name	of Contac	ot .		Telephone Num	ber			
☐ Cance	llation			Jei	nnifer Ha	wthorne		609-898-750	0			
				FA	CILITY IN	NFORMATION				HITTERS		
Name of Facility Where Abatement i	s Takin	g Place	(3)				Type of Facility	(4)				
Residence							School (K-12	2) 8 (Other than K-12	١٨			
Street Address								rivate and comme		ilding	s,	
							homes, etc.)				20	
City (5)							Square Feet	# of Floors		lg. Ag	je	
Cape May Point							900 sf	1		55		
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Continue to the first of the second	ior if being demolis	shed)			
Cape May							Residence	E				
Name of Monitoring Firm Hired by B	uilding (Owner (8	3)	ASCM	No.	Name of Abateme						
N/A							ntracting, Inc.					
Street Address						Street Address						
						1889 Route 9						
City, State, Zip Code						City, State, Zip Co						
							New Jersey 08					
Project Manager for Monitoring Firm			Tel	ephone	No.	Telephone No.		License No.				
						732-349-9932		00624				
Start Date (10)	100 A 00	duled Co	- 0.3			Name of OSHA N						
		10 /		/	18	E.M.S.L. Ana	lytical					
Occupancy Status During Abatemer						Street Address						
☐ Facility Closed/Vacated During E						1056 Stelton						
Time of Abatement: AM-			PN	The second	SCRIDE AM	City, State, Zip Co						
			_' ''			Piscataway,	New Jersey 08	8854				
Scope of Work (Check all that apply)					□ Eull Con	tainment with Ne	active Proceure				
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(13)			(12		\dashv	other miscellane	eous)				ate	
exterior	Yes	No	N/A		os siding		900 sf		П	П	П	
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										Ш	Ш	
Name of Registered Waste Hauler			T	NJDEP	Waste	Cubic Yards of	Name of Regi	stered Landfill				
Guardian Contracting, Inc.				Hauler		Waste	T.R.R.F.					
City, State		- 0.000		2022	.3	3 Disposal Date	City, State			ubsinets		
Toms River, New Jersey						10/17/18		, Pennsylvania				
Completed By (Print or Type)	Titl	le	-			Signature	1	1	ate	1	1	
Nicholas Fernicola	1000000	Project	Mai	nager		O.g. acare	1. Item		10	15	118	,*



State of New Jersey

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Date of Notification (1)					Name	of Buildin	g Owner/Operator (2)	00	т 1	1 '	2018		
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Name of Facility Where A	Abatement is	Taking	Place	(3)				Type of Facility (
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Street Address									vate and commer		uilding	IS,		
City (5)								Square Feet	# of Floors Bldg. Age					
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County (6)		_	Cour	ntv Code (7)(STATE USE ONLY)		or if being demolis							
Ocean				,	///	Residence		,						
Name of Monitoring Firm	wner (8)	ASCM	No.	Name of Abateme	ment Contractor (9)								
N/A					Guardian Cor	ntracting, Inc.	ORIGINA CONTRACTOR CON							
Street Address							Street Address							
							1889 Route 9	, Unit 61						
City, State, Zip Code							City, State, Zip Co							
							7/	New Jersey 087	55					
Project Manager for Moni	toring Firm			Tele	phone	No.	Telephone No.	License No. 00624						
Start Data (10)		C-1			tion Do	t- (4.4)	732-349-9932							
Start Date (10) 10 / 18 /	10				tion Da	26 370	Name of OSHA M							
						10	E.M.S.L. Anal	yticai						
Occupancy Status During Facility Closed/Vacate					mant		Street Address							
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Time of Abatement:							City, State, Zip Co	_{de} Iew Jersey 088	54					
Scope of Work (Check all	that apply)	11-1-12-11					1 iooataway, i	icw ocracy ood	0 4					
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf	.,,,		☐ Rei ⊠ Der	novati			☐ Mini-Encl ☐ Glovebag			e				
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Location				lorma	lly ely by	W 185	Description of							
Asbestos-Containing N TO BE ABA		M)		ntena			stos Containing Mat ., thermal systems i		Amount (Specify	Removal	Repair	Encapsulate	Enclosure	
IN Facilit		1	Cust		Staff?	(surfacing, VAT,	or	SF or LF)	val	-	lusc	Sure	
(13)			Yes	(12) No	N/A		other miscellaned	ous)				ate	L.	
exterior \square						asbesto	s siding		1600 sf			П		
Name of Basistand Made Made						Masta	Oubin Vand	Nom 15		Ш		Ш		
Name of Registered Wast Guardian Contracting			137.65	JDEP V lauler ID	No.	Cubic Yards of Waste 3	Name of Registe T.R.R.F.	ered Landfill						
City, State					20223		Disposal Date	City, State						
Toms River, New Je	rsey						10/19/18	Promote and the second	Pennsylvania					

Completed By (Print or Type)

Nicholas Fernicola

Title

Project Manager

Signature

Date

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

Name of Building Owner/Operator (2) Date of Notification (1) 10/5 EARTH URVIZELC Street Address o Type Notification Agency Notified 871 CLIFTON 2 Initial D EPA City, State, Zip Code ☐ Amended D DEP 07015 NJ. Z DOL Amendment # CLIFTON ☐ Emergency (including Name of Contact Telephone Number E DOH justification) MR EARTH 201-475-6566 ☐ Cancellation DOCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) EARTH URVIZLUC ☐ School (K-12) Q Subchapter 8 (Other than K-12) Street Address DO Other (i.e. private & commercial buildings, 871 CLIPTON AUE homes, etc.) Square Feet # of Floors City (5) 1935 2000. Current Use (Prior if being demolished) County Code (7) (STATE USE County (6) ONLY RESIDENCE Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner ASCM No. Best Removal Inc Street Address Street Address 450 South River St City, State, Zip Code City, State, Zip Code Hackensack, N.J. 07601 Telephone No. License No. Telephone No. Project Manager for Monitoring Firm 201-329-7444 00388 Name of OSHA Monitor Start Date (10) Scheduled Completion Date (11) Omega Environmental 10115 10/22/18 Street Address Occupancy Status During Abatement (Check only one) 280 Huyler St ☐ Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code □ Abatement Performed Outside of Normal Facility Hours
□ Other – Describe: 730 AM To 5: 20 PM S. Hackensack , N.J. 07606 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure □ Renovation Mini-Enclosure Ø≥3sfor≥3lf Demolition 2 Glovebag Procedure 1 ≥ 160 sf or ≥ 260 lf Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Encapsulate Asbestos-Containing Material (ACM) Maintenance/ Enclosure Removal Repair (Specify (i.e., thermal systems insulation, TO BE ABATED Custodial SF or LF) surfacing, VAT, or IN Facility Staff? other miscellaneous) (13)(12)NA No Yes THERMAL SYSTEM INSULATION 220 LF BASEMENT ACH SIDING 2000 SF × HOUSE/SHINGLES OUT SIDE SO SF THERMAL SURFACIOG BASSMEN Name of Registered Landfill Name of Registered Waste Hauler Cubic Yards of NJDEP Waste Hauler ID No Waste Best Removal Inc Minerva Enterprises ,LLC 17109

Disposal Date

Signature

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

10/22/18

City, State

Waynesburg, Oh,44688

City, State

Completed by

J.Maiorano

Hackensack , N.J. 07601

Title

Estimator

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Date of Notification (1)		Na	ame of	Building Owner/	Operator (2	PARADI:	S.E.	l l				o d'allegare
Agencies Notified Type Notification		Str	reet Ad					ASDES	TOS	(0)	円底(11 19
					4	1000 000					17.	
□ EPA □ Initial		Ci	try Stat	te, Zip Code			Leannean			-	4	-
DEP Amended Amendment #		Ci						113	0.	200	13	
☐ Emergency (in				tsanova	-10	HEIGH	75	107.	υ,	161	20	
DOH justification)		Na		Contact			Tele	ohone Numb	est.			- 1
☐ DCA ☐ Cancellation			M	S. KARAS	SEIL							
			FACII	LITY INFORM	ATION							
Name of Facility Where Abatement is Taking Pl		_				Type of Facility (4	•)					
MS. ANNA	KARA	013	€ .	-		☐ School (K-12						
Street Address					700	Subchapter 8	(Other t	han K-12)			+	
				5.6		Other (i.e. pr	ivate & c	ommerciai o	THOME	s, noi	nes, et)
City (5)						Square Feet	# of	Floors		dg. A		
HASBROUCK HE	FIGHT	-5				1800		Z		19	1c	>
County (6)	1011		nunty C	Code (7)	*************************************	Current Use (Prior	if being	demolished)				
RERGEN				SE ONLY)				5N (E				
	(0)		ACCI	(No.	Nome	of Abatement Contra		. 10 00	-			-
Name of Monitoring Firm Hired by Building Ov	vner (8)	1	ASCM	1 NO.	Name	of Abatement Conti-	acioi (3)					
					Bes	t Removal	Inc					
Street Address						Address						
					450	South Ri	ver	Stree	t			
City, State, Zip Code					City, S	State, Zip Code						
*					Нас	kensack,	NJ (7601				
Project Manager for Monitoring Firm		Te	elephon	e No.		none No.		License No.				
								0020	2			
Start Date (10)	Scheduled	Complet	tion Do	sta (11)		- 3 2 9 - 7 4 4 4 of OSHA Monitor		0038	5			-
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Print Form NOTIFICATION OF ASBESTOS (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 10/05/18 SDK Apartments Agencies Notified Type Notification Street Address 1124 E. Ridgewood Ave, Suite 101 EPA Initial City, State, Zip Code DEP Amended X DOL Amendment # Ridgewood, NJ 07450 Emergency (including × Name of Contact Telephone Number DOH justification) DCA Raman Khosla 201-343-5133 Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Street Address Subchapter 8 (Other than K-12) 101 PROSPECT AVE Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Hackensack County (6) Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) Bergen apartment buildings Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS Street Address Street Address 6 WHITE DOVE COURT City, State, Zip Code City, State, Zip Code LAKEWOOD, NJ 08701 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 732-668-9078 1200 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10/08/18 10/18/18 AAA LEAD PROFESSIONALS Occupancy Status During Abatement (Check Only One) Street Address 6 WHITE DOVE COURT Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: LAKEWOOD, NJ 08701 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Туре Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, (Specify Enclosure Custodial Staff? Remova Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A **BOILER ROOM DUCT INUSLATION** 60 LF

NJDEP Waste

Hauler ID No.

04509

Title

OWNER

Cubic Yards

Disposal Date

Signature

of Waste

10/18/18

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Completed by

NEWARK, NJ

City, State

Name of Registered Waste Hauler

NEWARK CARTING

JOSEPH PERLSTEIN

Date

Name of Registered Landfill

BETHLEHEM PA

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Street Address City, State, Zip Code OP 75B-3365 September Complete Completion Date (11) Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Other Describe: Scope of Work (Check All That Apply) 23 sf or 23 if Asbestos-Containing Material (ACM) In Facility In Facility (13) Renovation Asbestos-Containing Material (ACM) In Facility (13) Project Manager for Monifring-Firm Telephone No. Complete	Name of Monitoring Firm Hired by Building On	wner (8) AS	CM No.	Name of Abatement C	contractor (9)	• •	7-	
Project Manager for Moeilant of time Telephone No. Telephone No. Goog 758-3365 Gog 758-	Street Address	7	1710-3		.337	Jiea	<u> </u>	6
Project Manager for Moniforting Firm	City, State, Zip Code	NZ OS	3533	fine the same of t	TAL FAN	089	53	3
Start Date (10)		Telep	hone No.	Telephone No.		5.39	4	
Street Address P.O. Box 337	Start Date (10)	Scheduled Completion	n Date (11)	Name of OSHA Monit	or (7		
Abatement Performed Outside of Normal Facility Hours Other – Describe: Scope of Work (Check All That Apply) ≥ 23 sf or ≥3 if ≥ 160 sf or ≥260 if Renovation Demolition Renovation Description of Asbestos-Containing Material (ACM) Normally Used Solety Maintenance/ Custodial Staff? (12) Yes No N/A Renovation Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, Surfacing, VAT, or other miscellaneous) Renovation Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, Surfacing, VAT, or other miscellaneous) Renovation Demolition Abatement Type Asbestos Containing Material (ACM) (i.e. thermal systems insulation, Surfacing, VAT, or other miscellaneous) Renovation Demolition Abatement Type Asbestos Containing Material (ACM) (i.e. thermal systems insulation, Surfacing, VAT, or other miscellaneous) Renovation Demolition Abatement Type Asbestos Containing Material (ACM) (i.e. thermal systems insulation, Specify Surfacing, VAT, or other miscellaneous) Renovation Type Asbestos Containing Material (ACM) (i.e. thermal systems insulation, Specify Specify Specify Surfacing, VAT, or other miscellaneous) Renovation Type Asbestos Containing Material (ACM) (i.e. thermal systems insulation, Specify Surfacing, VAT, or other miscellaneous) Renovation Type Asbestos Containing Material (ACM) (i.e. thermal systems insulation, Specify Spec	10 00 10		. 10		crinologies	LAC		
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TO BE ABATED In Facility (13) Custodial Staff? (12) Secure of Registered Waste Hauler Name of Registered Waste Hauler Hauler ID No. 17000 City, State Disposal Date City, State Completed by Title Signature Date Da		Used Solely by	1	500 BC 500 CO TO	Amount		1	
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Name of Registered Waste Hauler EPC Technologies City, State No N/A X Siding Shingles 1000 SF X Name of Registered Landfill Hauler ID No. 17000 Disposal Date City, State No Registered Landfill Waste Management of PA Completed by Title Signature Date		(12)			SF OI LF)	pair	psula	osur
Name of Registered Waste Hauler EPC Technologies NJDEP Waste Hauler ID No. 17000 Disposal Date City, State New Egypt NJDEP Waste Hauler ID No. Disposal Date City, State Noznisville PA Completed by Title Signature Date	65	Yes No N/A		•		-	ate	.0
EPC Technologies 17000 of Waste 5 Waste Management of PA City, State New Egypt NJ Disposal Date Completed by Title Completed by Date Completed by Date Disposal Date City, State Disposal Date City, State Disposal Date City, State Date Date	3 Exterior Walls	X	Siding	Shingles	1000 SF	×		
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Steve Schenker President Steve Schenker 10-8-18	New Egypt 1							
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Date of Notification (1)	1		T	Name of Building Ow	ner/Operator (2)			0	CT 1	1 2
Agencies Notified / Ty	ype Notification			Street Address	Mar2:11:	Con Stri	CHIL	557	Tac.	
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City, State, Zip Code					1212 100	Plinchs	in A	I.Le		
Project Manager for Monitoring Fin					1 1		TE		17	
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ccupancy Status During Abatement	- 1	11/1	5/	18	Name of OSHA Mo	onitor				
Facility Closed/Vacated During	(Check Only One	////	5/	18	Name of OSHA Mo	onitor				
Facility Closed/Vacated During	(Check Only One	////	5/	18	Street Address					
Facility Closed/Vacated During Abatement Performed Outside o Other – Describe:	(Check Only One Entire Period of A of Normal Facility	////	5/	18	Street Address		27.577.7			
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Date of Notification (1) 10/03/2018				of Building		er/Operato	r (2)	<u> </u>			= 1	9 1	54		<u> </u>
Agencies Notified Type Notific	ation	-	Street A	Address							8	AY	1 1	201	0
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Emerg	ency (including	_		Orange,	NJ	0/01/			<u> </u>		SBE	STO	3.00	NTR	(1) 8
DOH justifica				r Contact	an				Tal	000					
				ILITY INFO		ATION			-						
Name of Facility Where Abatement is	Taking Place (3)					Туре	e of Facility	(4)						
Residential Property								School (K-		ANDSW 9					
Street Address							×	Subchapte Other (i.e.					dinas	hom	es.
City (5)							77.0	etc.)							
East Orange							2,2	are Feet 50	2	f Floors		1 33	ldg. A 920	Age	
County (6)		Т	County	Code (7)				ent Use (Pr		na demo	olish	-1	020		
Essex				USE ONLY) —							/			
Name of Monitoring Firm Hired by Bui	ding Owner (8)	ASC	M No.				atement Co ontracting		(9)					
Street Address							Addre	ess h 5th St.							
City, State, Zip Code								Zip Code							
						5.0		, NJ, 072	06						
Project Manager for Monitoring Firm			Telepho	ne No.		11	hone N -906-			Licens 0135).			
Start Date (10)	1		npletion	Date (11)		Name	of OS	HA Monitor							
10/12/2018	10/19/						30/30/30/3	onmental	Labora	atories	3				
Occupancy Status During Abatement		roomen North				Street		ess ite 22 We	ot.						
Facility Closed/Vacated During E Abatement Performed Outside of								Zip Code							
Other – Describe:	- Torrida i dome	, rioure				(A) - 1.072/H		J, 07083							
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In Facility	Cus	todial S (12)	Staff?	(1.0.	sur	rfacing, VA	T, or	APCCOMERCY S		or LF)		Remova	Repair	caps	Enclosure
(13)		()			othe	er miscellar	neous)					oval	air	Encapsulate	sure
	Yes	No	N/A											е	
Basement			X		Pip	oe Insula	tion		10	00 LF		Х			
Name of David Law															
Name of Registered Waste Hauler		11200	JDEP W auler ID		200000	oic Yards Vaste		Name of			dfill				
Danvic Contracting LLC		13,100	7574		2	2000 (Fairles		Itill					
City, State Elizabeth, New Jersey					Disp TBI	oosal Date D		City, Stat Morrisv		Ą					
Completed by	Title					Signature		1		T	Date	9			
Jeymy Donneys	Own	er					1	\subseteq			10/	03/2	2018		

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Date of Notification (1) 10/04/2018			Name o Wayne	of Building Townsh	Owner/0 ip Publi	Operator (2) c Schools		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	C64	GK# 12	7½	2018	
Agencies Notified Type Notification □ EPA 및 Initial			Street A 50 Nelli	Address s Drive					ASBE	STOS	(n)	1730	<u>ا</u>
☑ DEP☑ Amended☑ DOLAmendment #		_		ate, Zip Co e, New Je		470				1,10,10		<u>.</u>	
□ Emergency (incline in its properties of the image) □ DCA □ Cancellation	uding		Name of John M	of Contact Maso					phone N 317-210			,	
Name of Facility Where Abstract is Taking	DI //		FAC	ILITY INFO	ORMAT							e .	
Name of Facility Where Abatement is Taking Wayne Valley High School	Place (3)				Type of Fac							
Street Address 551 Valley Road						☐ Subcha	pter 8 (Oth e. private 8			ldings,	hom	es, etc	: .)
City (5) Wayne, New Jersey 07470						Square Feet 99,999		# of 2	Floors		Bldg 50+	. Age	
County (6) Passaic				Code (7) USE ONLY		Current Use	(Prior if be High S		olished)				
Name of Monitoring Firm Hired by Building O RAMM Environmental	wner (8)		ASCI	M No.		Name of Aba Lilich Corpo		ntractor (9)				
Street Address 70 Nottingham Road						Street Addres							
City, State, Zip Code Cranbury, New Jersey 07410						City, State, Z Woodland F		Jersey					
Project Manager for Monitoring Firm Rodger Headrick			Telepho 201-47	ne No 5-9880		Telephone No. 973-225-84			License 01104	No.			
Start Date (10) 10/15/2018	Schedul 10/16/2	ed Cor	mpletion	Date (11)		Name of OSI Iris Environi			es, LLC	;			
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire R			ment	-(0)-0		Street Addres 2333 Route							
Abate nent Performed Outside of Norm Other - Describe:				-3pm		City, State, Z Union, NJ			2				
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		Renova Demolit				☐ Mir ☐ Ter	Containment-Enclosurent/Glove Ba	e ig Proced	dure			dure	
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	Yes	No	N/A							<u> </u>		ate	Ге
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Room 103		Х		Chalkbo				(3) ea		Х			
Room 103		Χ		Insulation	on Wiri	ng		Under :	3 LF	Х	_	\perp	
Name of Registered Waste Hauler			JDEP W	lasto	Cubic	Vordo	Nama of	Posietor	od Londi	e:11	_		
Lilich Corporation		H	lauler ID 18724		of Was		Name of Fairless		eu Lanui	1111			
City, State Woodland Park, New Jersey					Dispos 10/16/	sal Date 2018	City, Stat Morrisvi						
Completed by Adriana Olejarova	Title Pre	esiden	t		9	ighature	101	1		Date 10/04	1//20	18	

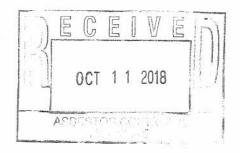
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Date of Notification (1) 10/04/2018			Essell .	Name	of Building	Owner/6	Derator (2) Fragrances,	Inc.		E	Che	E I		L	
Agencies Notified □ EPA	Type Notification Initial				Address State High	way 36	5				OCT	1 1	20	18	Section of the sectio
☑ DEP ☑ DOL	☐ Amended Amendment #			City, St Union	ate, Zip Co Beach, N	de ew Jers	sey 07735			ASP	EST(15 CC	1011	VO).	1
☑ DOH □ DCA	☐ Emergency (ir justification) ☐ Cancellation	icidaling	1000		of Contact Stapperfer	nne				phone -397-7	Numb	er	HG.	e	
				FAC	ILITY INFO	DRMATI									
Name of Facility Where International Flavors	e Abatement is Takir s & Fragrances, Inc	ig Place (3) C.)				Type of Fac								
Street Address 1515 State Highway	36							pter 8 (Other t e. private & co			ıilding	s, hom	es, e	tc.)	
City (5) Union Beach, New J	lersey 07735						Square Feet 10,000		# of 2	Floors		Bld 50-	g. Ag	е	
County (6) Monmouth					Code (7) USE ONLY)		Current Use	(Prior if being Manufac							
Name of Monitoring Fir Garden State Enviro	m Hired by Building enmental	Owner (8)		ASCI	M No.		Name of Aba Lilich Corpo	tement Contra oration	actor ((9)					
Street Address 555 South Broad Str	reet		38				Street Addres 606 McBrid								
City, State, Zip Code Glen Rock, New Jen	sey 07452					10	City, State, Z Woodland F	ip Code Park, New Je	ersey						
Project Manager for Mo Bruce Wolf	onitoring Firm			Telepho 201-65	one No 52-1119		Telephone N 973-225-84			Licens 0110					
Start Date (10) 10/19/2018		Schedule 10/22/20		pletion	Date (11)		Name of OSI Iris Environ	HA Monitor mental Labo	ratori	ies, LL	.C				
Occupancy Status Dur	ing Abatement (Chec	k Only On	e)				Street Addres	1000							
□Facility Closed/Vacat □Abatement Performe □Ôther – Describe:							2333 Route City, State, Z Union, NJ 0	ip Code							
Scope of Work (Check	All That Apply)										7,600,2000.		-,,		_
 ≥3 sf or ≥3 lf □≥160 sf or ≥260 lf 	, ar macroppy)	⊠ R	enovat emolitio				☐ Mir ⊠ Glo	I Containment ni-Enclosure ve Bag Proce -Exempted (*	dure /	Limite	d Con	tainme		Tent	
			Location						F	Amount			bater Typ		
Location Asbestos-Containing TO BE A In Fac (13	ng Material (ACM) BATED cility	Used Mai	ormall d Solel ntenar odial S (12)	ly by nce/		estos Co e. therm surf	escription of intaining Materi al systems insu facing, VAT, or miscellaneous	ulation,		F of LF		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A			and the second							te	(D
Hallway 1				X	Elbows					40	O(ea)	Χ			
Hallway 2				Х	Elbows					5	(ea)	Χ			
	X														
Name of Registered W	aste Hauler		N.	JDEP V	Vaste	Cubic	Yards	Name of Re	eaister	red Lan	dfill				
Lilich Corporation			H	auler ID 18724		of Wa	200 (ATM) 270 TO C	Fairless L							
City, State Woodland Park, Nev	v Jersey					Dispos 10/22	sal Date 1/2018	City, State Morrisville	, PA						
Completed by Adriana Olejarova		Title Pre	sident	t		9	Signature	(Up)	\		Date 10	04/20	18		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAQ 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 09/28/2018 Ashland Incorporated Agencies Notified Notification Type Street Address 2018 OCT 500 Hercules Road (X) EPA (X) Initial Notification City, State, Zip Code APPROTOCION () DEP () Amended Wilmington, DE 19805 (X) DOL Amendment # (X) DOH () Emergency (including Name of Contact Tel. Number () DCA justification) **Edward Meeks** Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) 1000 Harrison Avenue Facility () School (K-12) () Subchapter 8 (other than K-12) Street Address (X) Other (i.e. private & commercial buildings, 1000 Harrison Ave homes, etc. City (5) Square Feet # of Floors Bldg. Age Kearny, NJ 07032 County (6) County Code (7) (STATE Current Use (Prior if being demolished) Hudson USE ONLY) Name of Monitoring Firm Hired by Bldg. Owner ASCM No. Name of Contractor (9) CID CONSTRUCTION SERVICES, LLC Street Address Street Address 300-2 State Route 17 South - Suite #3 City, State, Zip Code City State, Zip Code Lodi, NJ 07644 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number (8)01191 "A" (973)685-9791 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12/17/2018 11/22/2019 Occupancy Status During Abatement (Check only one) Street Address City, State, Zip Code (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours () Other - Describe: Source of Work (Check all that apply) () Full Containment with Negative Pressure $(X) \ge 3 \text{ sf or } \ge 3 \text{ If}$) Renovation () Mini-Enclosure $(X) \ge 160 \text{ sf or } \ge 260 \text{ lf}$ (X) Demolition () Glove bag Procedure (X) Non-Exempted (*) and Non-Friable Procedure Abatement Type Location of Is Location Normally Asbestos-Containing Material Used Solely by Description of Asbestos Encapsulate Amount Enclosure (ACM) Maintenance/ Containing Material (ACM) (i.e. Remova Repair (Specify TO BE ABATED Custodial Staff? (12) thermal systems insulation, SF or LF) in Facility surfacing, VAT, or other (13)miscellaneous) Yes No N/A Garage, Bathroom, Off 1, Hall 2 X Pipe Insulation 156 LF X Office 3 X X Floor Tile Grey 98 SF Office 3 X Floor Mastic assoc VAT Grey 98 SF X Name of Reg. Landfill NJDEP Waste Hauler ID Name of Reg. Waste Hauler Cubic Yards of Waste Cid Construction Services, LLC # 32905 TBD 110 Sand Company Landfill City, State Disposal Date City, State Garfield, NJ TBD Melville, NY Signature Completed by Title Date Roque G Schipilliti Project Manager 09/28/2018

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

CONTINUATION OF SCOPE OF WORK

Location of	Is Loc	ation No	rmally			Ab	ateme	nt Ty	/pe
Asbestos-Containing Material (ACM) TO BE ABATED in Facility	Use Ma	ed Solel aintenan dial Staf	y by ce/	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)	Yes	No	N/A	miscellaneous)		<u>m</u>		ate	l.e
Office 3		Х		Floor Tile Green	98 SF	Х			
Office 3		X		Floor Mastic assoc VAT Green	98 SF	X			
Kitchen / Bath		Х		Sink Undercoat "White"	1 SF	X			
Roof Area		Χ		Roof Flashing	260 SF	X			



15 lolar)		NOTIF (F	CATION	OF ASBESTO	SABATE	MENT			E (GE			
Date of Notification (1		•		Name	of Building C	wner/Ope	erator (2	2)	1.3	-	and the same of			
Agencies Notified	09/28/201 Notification T				Technical Se t Address	rvices				0	CT 1	1 20	18	-
100 100 100 100 100 100 100 100 100 100					outh Brandyw	ine Ave			-	U	01 1		10	
(X) EPA () DEP	(X) Initial Not		n	City,	State, Zip Coo	le			1	COL				
(X) DOL	Amendm	ent#			ingtown, PA 1									
(X) DOH	() Emergend		luding		of Contact				LA HAR ESSELA. TORONOM	Te	el. Num	ber		
()DCA	justification () Cancellat			Rob F	laly					(6	10)656	-8968		
	() ourroonae			FACIL	ITY INFORM	ATION								
Name of Facility When	e Abatement	is Taki	ng Place				Туре	of Facil	ity (4)			- 27		
Former Drew Chemica	al Facility			14			() Sc	hool (K	(-12)					
Street Address 1000 Harrison Ave							() Su (X) Ot	bchapt	er 8 (oth				lding	s,
City (5) Kearny, NJ 07032								e Feet	C. P. Service	of Flo	oors	Bldg	ı. Ag	е
County (6)					y Code (7) (S	TATE	Curre	nt Use	(Prior if b	eina	demoli	shed)	- TATE	
Hudson				USE C						J				
Name of Monitoring Fi	rm Hired by B	lda. O	wner	ASCM	No.	Name	of Contr	actor /	9)					
, .	, -	3. 0.	x-200500)						V SERVI	CEC	110			
Street Address						Street			N SERVI	CES	, LLC			
						300-2 5	State Ro	oute 17	South -	Suite	#3			
City, State, Zip Code						City Sta			Oodin-	Ounte	π0			
						Lodi N	1.0764	4						
Project Manager for M	onitoring Firm	Tel	ephone N	Number		Lodi, N Telepho				Lic	cense N	lumbe	er	
(8)			•			(973)68		339			191 "A			
Scheduled Start Date	(10)	Sch	neduled (Complet	ion Date (11)	Name o			0.5					
12/10/201		001		1/22/20		Ivaille (001/	- WOITH	OI .					
Occupancy Status Dur	ing Abataman	+ (Cha	م براه م باه			01								
occupancy Status Dui	ing Abatemen	it (Cite	CK Offiny C	nie)		Street A	Adaress	5						
(V) Equility Classed ()						City, St	oto 7in	Code						
(X) Facility Closed/Vac() Abatement Perform() Other – Describe:					ent	City, St	ate, Zip	Code						
Source of Work (Chec	k all that apply	')								-				_
(V) > 2 of or > 2 if	* • • • • • • • • • • • • • • • • • • •	,		or the second					with Neg	ative	Pressu	re		
$(X) \ge 3$ sf or ≥ 3 If $(X) \ge 160$ sf or ≥ 260 If) Renova Demolit			() Min () Glo	i-Enclos ve bag		ure					
		N 7							and Nor	n-Fria	able Pro	cedu	re	
Location of		le I on	ation No	rmally							Aba	teme	nt Ty	pe
Asbestos-Containing			ed Solely		Descript	ion of Asb	estos		٨				m	
(ACM)			aintenand		Containing I	Material (A	ACM) (i.		Amount (Specify		Re	N N	nca	Enclosure
TO BE ABATE in Facility	<u>=D</u>	Custo	dial Staff	? (12)	thermal sy	stems ins g, VAT, or			SF or LF		Removal	Repair	sde	Sol
(13)		Yes	No	N/A		cellaneous					/al	=	Encapsulate	ure
Conk Form 9 Din - D :	lan Acce	. 55	507350	18//7				_	165				-	-
ank Farm & Pipe Brid	ige Area		X		Cone	Felt Mate	rial		100 SF	() 	X			-
16-1													_	-
And the last species and the									15					
Name of Reg. Waste F Cid Construction Servi		NJD	EP Wast # 329			ards of V	Vaste	110 S	of Reg. I and Com			II		
City, State Garfield, NJ	T				Dispos	al Date TBD	//	City, S Melvill						
Completed by Roque G Schipilliti	Title Pr	roject N	Manager		Signature	V G	£			Da		28/20	18	

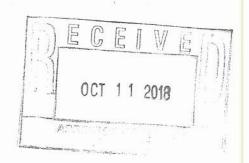
State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAO 8:50 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 09/28/2018 Ashland Incorporated Agencies Notified Notification Type Street Address 500 Hercules Road (X) EPA (X) Initial Notification City, State, Zip Code () DEP () Amended Wilmington, DE 19805 (X) DOL Amendment # (X) DOH () Emergency (including Name of Contact Tel. Number () DCA justification) Edward Meeks) Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Former Drew Chemical Facility () School (K-12) () Subchapter 8 (other than K-12) Street Address 1000 Harrison Ave (X) Other (i.e. private & commercial buildings, homes, etc. City (5) Square Feet # of Floors Bldg. Age Kearny, NJ 07032 County (6) County Code (7) (STATE Current Use (Prior if being demolished) Hudson USE ONLY) Name of Monitoring Firm Hired by Bldg. Owner ASCM No. Name of Contractor (9) CID CONSTRUCTION SERVICES, LLC Street Address Street Address 300-2 State Route 17 South - Suite #3 City, State, Zip Code City State, Zip Code Lodi, NJ 07644 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 01191 "A" (973)685-9791 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11/26/2018 11/22/2019 Occupancy Status During Abatement (Check only one) Street Address (X) Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code () Abatement Performed Outside of Normal Facility Hours) Other - Describe: Source of Work (Check all that apply) () Full Containment with Negative Pressure $(X) \ge 3 \text{ sf or } \ge 3 \text{ lf}$) Renovation () Mini-Enclosure $(X) \ge 160 \text{ sf or } \ge 260 \text{ lf}$ (X) Demolition () Glove bag Procedure (X) Non-Exempted (*) and Non-Friable Procedure Abatement Type Location of Is Location Normally Asbestos-Containing Material Used Solely by Description of Asbestos Encapsulate Amount Enclosure (ACM) Maintenance/ Containing Material (ACM) (i.e. Remova (Specify TO BE ABATED Custodial Staff? (12) thermal systems insulation. SF or LF) in Facility surfacing, VAT, or other (13)miscellaneous) Yes No N/A Building 721 - Roof Area X Roof Material 4928 SF X Name of Reg. Landfill Name of Reg. Waste Hauler NJDEP Waste Hauler ID Cubic Yards of Waste Cid Construction Services, LLC # 32905 **TBD** 110 Sand Company Landfill City, State Disposal Date City, State Garfield, NJ TBD Melville, NY Completed by Title Signature Date Roque G Schipilliti Project Manager 09/28/2018

SHEXOF	59			ICATION	of New Jers OF ASBESTO to NJAC 8:60 a	SABATE	100000000000000000000000000000000000000	100 mm) E	C		\mathbb{V}	5	<u> </u>
Date of Notification (1) 09/28/201	8	110-5-511	Name	of Building O	wner/Ope	rator (2)	4				The state of the s	
Agencies Notified	Notification 7	Гуре		Street	Address ercules Road	J Lame	/		4	OCT	11	2018	11	/
(X) EPA () DEP	(X) Initial No		n	City, S	State, Zip Code			-	ASB	ĘSTĘ	na mai	7.7(1)		-
(X) DOL (X) DOH	Amendm () Emergen	nent#	udina		ngton, DE 198	Lanner	NATIONAL STREET, SALES	7 287 van	E E I E E E	** ***********************************	_0_			
() DCA	justificati () Cancella	on)	uuing		of Contact d Meeks					Te	el. Num	ber		
				FACILITY INFORMATION										
Name of Facility Who Former Drew Chemic		is Takii	ng Place	100 To 10										
Street Address 1000 Harrison Ave			4		() School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial buildings homes, etc.							5,		
City (5) Kearny, NJ 07032							Square	- A - A - A - A - A - A - A - A - A - A		of Flo	ors	Bldg	. Age)
County (6) Hudson				County USE O	Code (7) (ST NLY)	ATE	Currer	nt Use (Prior if b	eing	demolis	shed)		
Name of Monitoring I	Firm Hired by E	Bldg. Ov	vner	ASCM	No.	Name o	of Contra	f Contractor (9)						
Charak Address								NSTRUCTION SERVICES, LLC						
Street Address					Street A	State Route 17 South - Suite #3								
City, State, Zip Code				ate, Zip		South -	Suite	#3						
				Lodi, N	J 07644									
	Project Manager for Monitoring Firm Telephone N (8)						one Nur				cense N		r	
					35-9791			01	1191 7	١				
Scheduled Start Date 12/3/20		Sch		Completi 1/22/201	on Date (11) 19	Name o	of OSHA	Monit	or					
Occupancy Status D	uring Abateme	nt (Che	ck only o	ne)		Street Address								
(X) Facility Closed/Va () Abatement Perfor () Other – Describe:	med Outside o	of Norma			ent	City, St	ate, Zip	Code						
Source of Work (Che (X) \geq 3 sf or \geq 3 lf (X) \geq 160 sf or \geq 260		() Renova Demolit			() Min () Glo	i-Enclos ve bag	sure Proced	with Neg ure and No				re	
Location	of	ls I or	ation No	rmally							Aba	ateme	nt Ty	ре
Asbestos-Containin (ACM) TO BE ABA in Facility	ng Material	Us Ma	ed Solely aintenand dial Staf	by by	Descripti Containing N thermal sy surfacing	Material (A stems ins I, VAT, or	ACM) (i. sulation, other		Amoun (Specif SF or Lf	y	Removal	Repair	Encapsulate	Enclosure
(13)		Yes	No	N/A	misc	ellaneou	s)						te	CD
Building 722 –2nd FI			Х		2,000	site Mater			35 SF		Х			
Building 722 – Roof			Х			of Materia			3800 S		X			
Building 722 – Roof C X						of Materia		Nama	6720 S	1	X			
Name of Reg. Waste Cid Construction Ser		NJD	EP Was # 32		r ID Cubic Y	ards of V TBD	Vaste		of Reg. and Com			11		
City, State Garfield, NJ					Disposa	al Date TBD	//	City, S Melvill	tate					
Completed by Roque G Schipilliti	Title	Project I	Manager		Signature	The second secon							18	

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

CONTINUATION OF SCOPE OF WORK

Location of	Is Loc	ation No	rmally			Abatement Type					
Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Use Ma	ed Solely aintenan dial Staf	y by oce/	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other	Amount (Specify SF or LF)	Remov	Repai	Encapsulate	Enclosure		
	Yes	No	N/A	miscellaneous)		<u>a</u>		late	lre		
Building 722 – Roof B		Х		Roof Mechanical Flashing	2 LF	Х			\top		



Chous			NOTIFI (P	CATION	TE OF New Jers OF ASBESTO: NJAC 8360 a	SABATE	VIENT) <u>E</u>	C	E	\mathbb{V}	E	m	
Date of Notification (1)					of Building O		rator (2)		-5				a triba		
Agencies Notified N	09/28/2018 otification Ty	no			d Incorporate Address	d		1		OCT	11	2018	- 1	1	
Agencies Notified 14	Offication Ty	he			ercules Road										
	() Initial Notif	ication		City S	tate, Zip Code	2		-	ACE	EGT:	00,00	17771	1	-	
() DEP ((X) DOL) Amended Amendme	nt#			gton, DE 198							•			
) Emergency		ling	Name	of Contact					Tel	. Numl	ner		_	
()DCA	justification) Cancellation	1)			d Meeks										
) Caricellatio	11		FACILITY INFORMATION											
Name of Facility Where		Taking	Place	(3) Type of Facility (4)											
Former Drew Chemical F	acility			() School (K-12)											
Street Address				() Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial buildings								r			
1000 Harrison Ave								ner (i.e. mes, el		con	nmercia	al bullo	aings	,	
City (5)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						Square			Floo	ors	Bldg.	Age		
Kearny, NJ 07032															
County (6)					Code (7) (ST	ATE	Curren	t Use (I	Prior if be	eing o	demolis	shed)			
Hudson				USE O	NLY)										
Name of Monitoring Firm	Hired by Blo	lg. Own	er	ASCM	No.	Name o	of Contra	actor (9)						
									SERVIC	ES,	LLC				
Street Address						Street A	Address								
City Ctata 7ia Cada								South - S	uite :	#3					
City, State, Zip Code				City Sta	ate, Zip (Code									
		Ι					J 07644								
Project Manager for Mon (8)	lumber			one Nun	nber		10000	ense N 191 "A		r					
	(6)						35-9791			01	101 7	•	- N. 1178		
Scheduled Start Date (10 11/19/2018	0)	Sche		Completion 1/22/201	on Date (11)	Name o	of OSHA	Monito	or						
11/19/2010			- 1	1/22/201											
Occupancy Status During	g Abatement	(Check	only o	ne)	ne) Street Address										
				Abatement City, State, Zip Code											
(X) Facility Closed/Vacat () Abatement Performed					ent	City, St	ate, Zip	Code							
() Other – Describe:	a Outside of	voimai	acinty	110013											
Source of Work (Check a	all that apply)					/ \ F !!			'U - N I -		D				
(X) ≥ 3 sf or ≥ 3 lf		() F	Renova	ition			i Contair ii-Enclos		vith Nega	itive	Pressu	ire			
(X) ≥ 160 sf or ≥ 260 lf			Demoliti			() Glo	ve bag f	Procedu				2			
						(X) Not	n-Exemp	oted (*)	and Non	-Fria					
Location of		ls Locat	tion No	rmally							Aba	ateme	nt Iy	pe	
Asbestos-Containing N		Used	Solely	by	Descripti				Amount		_		m m	ш	
(ACM) TO BE ABATED		Mair Custodi	ntenano	37341	Containing N thermal sy				(Specify		₹en	Re	icar	nclo	
in Facility		Ouotour	ai Otan	. (12)	surfacing				SF or LF)	Removal	Repair	Encapsulate	Enclosure	
(13)		Yes	No	N/A	misc	ellaneou	s)				<u> </u>		ate	e)	
Building 720 – 3rd FI			X		Pipe	Insulation	n		320 LF		X				
Building 720 – 3rd Fl			Х		Vess	el Insulati	ion		40 SF		Х				
Building 720 – 1st FI		F	ire Door			25 SF		Х							
Name of Reg. Waste Ha	e Hauler	· ID Cubic \	ards of V	Naste	Name	of Reg. L	andf	fill			- 3				
Cid Construction Service	905		TBD			and Com	pany	Landf	ill						
City, State Garfield, NJ					Dispos	al Date TBD	1	City, S Melville							
Completed by	Title	72 1000			Signature	V/				Dat	10000000	00.10	4.5		
Roque G Schipilliti	Pr	oject Ma	anager	6 	1 5	0				09/28/2018					

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

CONTINUATION OF SCOPE OF WORK

Location of	Islac	ation No	rmally		Abatement Type				
Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Use Ma	ed Solely aintenan dial Staf	y by ce/	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A	miscellaneous)		<u> </u>		ate	re
Building 720 – 2nd FI		Х		Fire Door	25 SF	Х			
Building 720 – 3rd FI		Х		Fire Door	25 SF	X			
Building 720 - Exterior		Х		Transite Panels	2080 SF	Х			
Building 720 – Exterior		Х		Built up Roof under EPDM	2960 SF	Х			



Ch50	56		NOTIF (P	ICATION	OF ASBESTO to NJAC 8:60 a	SABATE	MENT D)		7)[C	E [E	M				
Date of Notification (1)	09/28/2018				of Building O		erator (2)				4	004	n	The state of the s				
Agencies Notified	Notification T			Street	nd Incorporate Address	ea .		-	took	OCI	11	201	5	1 /				
(X) EPA	(X) Initial Not	ification	1		ercules Road							· · · · ·						
() DEP (X) DOL	() Amended Amendme				State, Zip Code ngton, DE 198			400	F.	RESTORTED TO	II, MESTAN							
(X) DOH	() Emergend	y (inclu	uding		of Contact					Tel	. Numl	oer						
()DCA	justificatio () Cancellati			Edwar	d Meeks													
				FACILITY INFORMATION														
Name of Facility When Former Drew Chemica		s Takin	g Place	(3)														
Street Address 1000 Harrison Ave					() School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial buildings, homes, etc.								5,					
City (5) Kearny, NJ 07032							Square			f Floc	ors	Bldg	. Age)				
County (6) Hudson	Number 2			County USE O	Code (7) (ST NLY)	ATE	Curren	t Use (P	rior if be	eing c	demolis	shed)						
Name of Monitoring Fi	rm Hired by B	dg. Ow	ner	ASCM	No.	Name	of Contra	actor (9)										
								ICTION :	SERVIC	CES,	LLC							
Street Address						277. S.	Address											
City, State, Zip Code				ate, Zip (ute 17 S Code	outn - S	uite	#3										
						Lodi N	J 07644											
Project Manager for M	Number			one Num				ense N		r								
(8)	(8)						35-9791			011	191 "A	."						
Scheduled Start Date 11/12/201		Sch		Completi 1/22/201	on Date (11) I9	Name o	of OSHA	Monitor										
Occupancy Status Dur	ing Abatemen	t (Chec	ck only o	ne)		Street /	Address											
(X) Facility Closed/Vac	rated During F	ntire D	eriod of	Ahateme	batement City, State, Zip Code													
() Abatement Perform () Other – Describe:	ned Outside of	Norma				,												
Source of Work (Chec	k all that apply	·)				() Full	l Contain	ment wi	h Nega	ative F	Pressu	re						
$(X) \ge 3 \text{ sf or } \ge 3 \text{ lf}$ $(X) \ge 160 \text{ sf or } \ge 260 \text{ lf}$	r.		Renova Demolit			() Min () Glo	i-Enclos ve bag F	ure Procedur	е									
						(X) No	n-Exemp	oted (*) a	nd Non	-Frial	70990	teme	TAVESE	ne				
Location of Asbestos-Containing	10		ation No		Descripti	on of Act	acetos				Abe		T .	pe				
(ACM)		Ma	intenan	ce/	Containing N	Naterial (A	ACM) (i.e	e. ,	Amount Specify	88	Re	고	Encapsulate	Enc				
TO BE ABATI	<u>=D</u>	Custoo	dial Staf	f? (12)	thermal sy surfacing				F or LF		Removal	Repair	nsde	Enclosure				
(13)		Yes	No	N/A		ellaneou					<u>B</u>		ate	Ге				
Building 717 – Roof A	rea		Х		Roof Materia				225 SF		Χ							
					[. Т	Nama	f Doc !	On de	:11							
Name of Reg. Waste Hauler Cid Construction Services, LLC NJDEP Waste # 329					r ID Cubic \	ards of V TBD	· uoto	Name of 110 San				II						
City, State Garfield, NJ					Disposa	al Date TBD	//	City, Sta Melville,										
Completed by Roque G Schipilliti	Title	roject M	Manager		Signature	16		=		Dat		9/28/2018						
. toque o ocrimini		oject iv	nanayel		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	8					09/	20120	.0/2018					

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC/8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 09/28/2018 Ashland Incorporated Agencies Notified Notification Type Street Address 2018 OCT 500 Hercules Road (X) EPA (X) Initial Notification City, State, Zip Code () Amended () DEP ACDERTO Wilmington, DE 19805 Amendment # (X) DOL (X) DOH) Emergency (including Name of Contact Tel. Number () DCA justification) Edward Meeks Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Former Drew Chemical Facility () School (K-12) () Subchapter 8 (other than K-12) Street Address (X) Other (i.e. private & commercial buildings, 1000 Harrison Ave homes, etc. Square Feet City (5) # of Floors Bldg. Age Kearny, NJ 07032 County (6) County Code (7) (STATE Current Use (Prior if being demolished) Hudson USE ONLY) Name of Monitoring Firm Hired by Bldg. Owner ASCM No. Name of Contractor (9) CID CONSTRUCTION SERVICES, LLC Street Address Street Address 300-2 State Route 17 South - Suite #3 City, State, Zip Code City State, Zip Code Lodi, NJ 07644 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number (8) 01191 "A" (973)685-9791 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11/5/2018 11/22/2019 Occupancy Status During Abatement (Check only one) Street Address City, State, Zip Code (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours) Other - Describe: Source of Work (Check all that apply) () Full Containment with Negative Pressure $(X) \ge 3 \text{ sf or } \ge 3 \text{ lf}$) Renovation () Mini-Enclosure $(X) \ge 160 \text{ sf or } \ge 260 \text{ lf}$ (X) Demolition () Glove bag Procedure (X) Non-Exempted (*) and Non-Friable Procedure Abatement Type Location of Is Location Normally Asbestos-Containing Material Used Solely by Description of Asbestos Encapsulate Amount Enclosure (ACM) Maintenance/ Containing Material (ACM) (i.e. Remova Repair (Specify Custodial Staff? (12) TO BE ABATED thermal systems insulation, SF or LF) surfacing, VAT, or other in Facility (13)miscellaneous) Yes No N/A Building 714 - Roof Area X 140 LF Roof Flashing X Name of Reg. Landfill NJDEP Waste Hauler ID Cubic Yards of Waste Name of Reg. Waste Hauler Cid Construction Services, LLC # 32905 TBD 110 Sand Company Landfill Disposal Date City, State City, State Garfield, NJ **TBD** Melville, NY Completed by Title Signature Date Roque G Schipilliti Project Manager 09/28/2018

State of New Jersey

Ch 54	54			ICATION OF ASBESTOS ABATEMENT ursuant to NJAO 6:60 and 12:120) Name of Bylicing Owner/Operator (2)										1	
Date of Notification (1	•	0		Name	of B	filding O	/ner/Ope	erator (2	2)		-	OT 4 '	200	10	
Agencies Notified	9/28/201 Notification			Street		orporate ess	d L			-	0	CT 1 '	20	10	1
1973 1 armin 1990 (1990)						es Road					The Markette			-	J
(X) EPA () DEP	(X) Initial No.					Zip Code				1	(ARE	ATROCK	1217		
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(X) DOH () DCA	() Emerge justification		ding	Name Edwar							T	el. Num	ber		
	() Cancella													7-1	
Name of Facility Whe	re Abatemen	t is Taking	a Place		(3) Type of Facility (4)										
Former Drew Chemic	al Facility	t is rakiii	y r lace	(3)											
Street Address					() School (K-12) () Subchapter 8 (other than K-12)										
1000 Harrison Ave							(X) Other (i.e. private & commercial buildings,							5,	
City (5)									omes, e		of Ele		Dida	Λ	
Kearny, NJ 07032								Squar	e Feet	#	of Flo	oors	Blag	. Age	•
County (6)						e (7) (ST	ATE	TE Current Use (Prior if being demolished)							
Hudson				USE O	NLY)										- 1
Name of Monitoring F	irm Hired by	Bldg. Owi	ner	ASCM	No.		Name	of Conti	ractor (9)					
011-0-1-1										N SERV	ICES	, LLC			
Street Address							Street A								
City, State, Zip Code				300-2 State Route 17 South - Suite #3 City State, Zip Code											
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Project Manager for M	lumber	-		Lodi, No Telepho				Lie	cense N	lumbe	r				
(8)				(973)68				1000	1191 "A		.1				
Scheduled Start Date	(10)	Sche	eduled (Completi	on Da	ate (11)	Name o			or					
10/22/201				1/22/201				J. 00111	· mome	0.					
Occupancy Status Du	ring Abateme	ent (Check	k only o	ne)			Street A	Address	3	-					
(X) Facility Closed/Va					ent	1	City, State, Zip Code								
() Abatement Perform() Other – Describe:	ned Outside	of Normal	Facility	Hours											
Source of Work (Chec	k all that app	ily)													
$(X) \ge 3 \text{ sf or } \ge 3 \text{ If}$		()	Renova	ition			() Full () Min			with Neg	ative	Pressu	ire		
$(X) \ge 160 \text{ sf or } \ge 260 \text{ l}$	f		Demolit				() Glo	ve bag	Proced						
							(X) Nor	n-Exem	pted (*)	and No	n-Fri	0.000		1000	
Location of		Is Loca										ADa	teme	nt Ty	pe
Asbestos-Containing (ACM)	g Material		d Solely ntenan				on of Asb laterial (A		_	Amour	nt	77		En	m
TO BE ABAT	ED	Custod		7. 7 (1)	th	ermal sys	stems ins	sulation	.e. ,	(Specif		(em	Repair	cap	nclo
in Facility						surfacing	, VAT, or	other		SF or L	F)	Removal	pair	Encapsulate	Enclosure
(13)		Yes	No	N/A		misc	ellaneous	S)				-		ite	Ф
Building 706 – Roof A	rea		Χ			Roo	f Materia	ıl		6,310 S	SF.	X			
Building 706 – Roof A	rea		X			Roo	f Flashing	g		295 LF	=	X			
Name of Reg. Waste Hauler Cid Construction Services, LLC NJDEP Waste Haule # 32905							ards of V TBD	Vaste	110 S	of Reg. and Con			II		
City, State Garfield, NJ						Disposa	I Date TBD	//	City, S Melvill						
Completed by Title						nature	1/2				Da	ate			
Roque G Schipilliti Project Manager						3	09/28/2018								

Chlor	HeT		NOT	IFIC (P	ATIO	State of N NOF AS	BES	Prsey FOS ABA	TEMENT 6)		EG	EI	$\overline{\mathbb{V}}$					
Date of Notification (1)					Name	e of Buildin	ig Own	er/Operator	(2)		OCT	11	2018	-	17			
	2 /	18	3		Vir	tua									59500			
Agencies Notified	Type Notific	ation			Stree	t Address					ASSESTO	non.		t t				
⊠ EPA	☐ Initial	50			20	Stow Rd												
☑ DOLWD	Amende Amendm		1		City,	State, Zip (Code		H									
□ DCA	☐ Emerger		-	g	Ma	riton NJ	08053	3										
(NJAC 5:23-8)	justificati	on)				e of Contac	9652		Π.	Telephone Number								
	☐ Cancella	tion	A.			David Cranston 215 253-7216												
Name of Facility Where A	hatament is "	Takin	- Dias	- (2)	FA	CILITY IN	VFORI	MATION	T= .=									
Tatem Brown Famil		akın	g Place	e (3)					Type of Facil)							
Street Address	y Fractice	100.00							Other than K-	12)								
2225 Evesham Road	d									, priva	ate and comn		uildin	gs,				
City (5)	•				homes Square Fe					(C.)	# of Floors	TE	Ida A	70				
Voorhees					>25.000						1	-	ldg. Age 30+					
County (6)					Cou	County Code (7)(STATE USE ONLY) Current Use (P					L	olished)						
Camden						-	••	n = 1.0+0+1.0.00 €				,						
Name of Monitoring Firm	Hired by Build	ding (Owner	(8)	ASCM	SCM No. Name of Abatement Contractor (9)												
Vertex Environment	tal						Delta/BJDS, Inc											
Street Address							Stree	et Address					112					
700 Turner Way, Su	ite 105					13	45 Industri	ial Blvd										
City, State, Zip Code						35	State, Zip Co											
Aston, Pa 19014								n Pa 18966										
Project Manager for Monit			-11034	ephone			ohone No.			License No.								
Start Date (10)	1	Sabas	lulad C		10 558	te (11)		5 322-2900			00783							
10 / 12 /) /		104 1100	e of OSHA N iterion	lonitor									
Occupancy Status During							0.555.51	name octeta										
☐ Facility Closed/Vacated					ment	Street Address nent 400 Street Road												
☐ Abatement Performed	Outside of No	ormal	Facilit	y Hou		scribe		State, Zip Co										
Time of Abatement: 7/	AM- <u>4</u> PM/	_P	Λ	AM			100000	nsalem Pa										
Scope of Work (Check all	that apply)																	
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf				enovat emoliti				☐ Mini-End	tainment with N losure g Procedure mpted (*) and I	_		dure						
20.040000000000000000000000000000000000				Loca				ACC 45 98	7.5	T		A	oatem	ent T	уре			
Location of Asbestos-Containing N		n.		Norma ed Sol		Ashe		Description of	of iterial (ACM)		Amount	Z	R	Щ	Щ			
TO BE ABA	TED	7		intena	nce/ Staff?		., thern	nal systems	insulation,		(Specify	Removal	Repair	Encapsulate	Enclosure			
IN Facility (13)	У		Cus	(12)	Stall?			rfacing, VAT, er miscellane			SF or LF)	val	'	sula	sure			
()			Yes	No	N/A		ouic	i illocollario	ousy					ite				
Doctor and Patience r	ooms					Pedesta	al Mas	stic			600 SF							
Basement Mechanical	Room					Mastic					3000 SF							
Basement Mechanical	ement Mechanical Room									T	120		П	П	П			
	Control of the Contro		П	П						+					П			
Name of Registered Waste	e Hauler			_ N	JDEP 1	Waste	Cubic	Yards of	Name of Re	aister	ed Landfill		ТП	ш.	-			
	Service Transport Group								Minerva									
City, State					20990	,	Dispo	sal Date	City, State									
58 Pyles Lane New 0	Castle DE						Waynesburg, Ohio											
Completed By (Print or Type	pe)	Title	1				5	Signature		-	- 1	Date						
Christine Del Viscio		Asst. Administrator						Week	Lise)) ۾	11/4	. 11	-16	- 20	18			

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 10 2 Virtua Agencies Notified Type Notification Street Address **⊠** EPA 20 Stow Rd **⊠** DOLWD ☐ Amended City, State, Zip Code Amendment # **⊠** DOH Marlton NJ 08053 ☐ Emergency (including □ DCA (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation **David Cransten** 215 253-7216 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Tatem Brown Family Practice School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 2225 Evesham Road homes, etc.) City (5) Square Feet # of Floors Bldg. Age Voorhees >25,000 1 30+ County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Camden Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Vertex Environmental Delta/BJDS, Inc. Street Address Street Address 700 Turner Way, Suite 105 1345 Industrial Blvd City, State, Zip Code City, State, Zip Code Aston, Pa 19014 Southampton Pa 18966 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 610 558-8902 215 322-2900 00783 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10 / 12 / 18 11 / 30 / 18 Criterion Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 400 Street Road Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7AM-4PM/ PM- AM Bensalem Pa 19020 Scope of Work (Check all that apply) Full Containment with Negative Pressure 3 sf or >3 lf Mini-Enclosure ≥160 sf or ≥260 lf ☐ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Repair Removal Encapsulate Enclosure Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Throughout X 12 X 12 Floor Tile and Mastic 29,000 SF П П X M Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No Waste Service Transport Group Minerva Landfill 20990 City, State Disposal Date City, State 58 Pyles Lane New Castle DE Waynesburg, Ohio Completed By (Print or Type) Title Signature Date Christine Del Visclo Asst. Administrator D-2-2018

State of New Jersey

ASB-41 JAN 13

GAC Project # 060-18	State	of Ne			cation of Asbestos A . 8:60-7 and 12:120-7)	Abat	emer		E	E	<u> </u>	售			
Date of Notification (1)	2040		that	- <i>U</i> - <i>u</i> - <i>u</i> -	Name of Building Owner/	Opera	tor (2)		0	T. 1	2010				
October 5, Agencies Notified		fication	Tuno		RUTGERS, THE S	IAIL	UNI	/ERSI	IIYO	F'NJ		- 1			
□ EPA	XII	nitial N	Votifica	tion fication #	ENVIRONMENTAL 74 STREET 1603, E	HEA	LTH	SAF	ETY I	DEPT.	(REH	S) //			
D DCA	200			including	City, State, Zip Code		E .	Application of the same	-	The Control of the Co		port, provent			
☑ DOL ☑ DEP- No Longer REQUIRED		justific		900	PISCATAWAY, NJ	0885	4								
DOH DOH	□C.	ancell	ed		Name of Contact MICHAEL F. SMITH HEALTH & SAFET		V.		hone N 445-2	S. P. P. S.					
				FACILITY INF	INFORMATION										
Name of Facility Where Abatement is		ace (3)			Type of Facility (4)										
JOHNSON APTS, BLDG#	3737				School (K-12)										
Street Address					Subchapter 8 (other than K-12)										
BUSCH CAMPUS					Sq. Feet: N/A # of Floors: 2 Bldg. Age: 60+ years										
NEW BRUNSWICK MI	<u>y (6)</u> DDLESE	ΞX		Code (7) Jse Only)	Current Use (prior if being	g dem	olished)	: ACA	DEMIC	;					
Name of Monitoring Firm Hired by Blo	ig. Owner ((8)	ASCM		Name of Contractor (9)										
ATC			0009	8	GREENWOOD ABA	TEME	ENT C	ONSU	LTAN	TS, 🍽	Σ.				
Street Address 3 TERRI LANE			Street Address												
	511 MAIN STREET														
City, State, Zip Code BURLINGTON, NJ 0801		City State, ZipCode BUTLER, NJ 07405					120,712,9-10-6,000								
Project Manager for Monitoring Firm BRIAN R. KEARNEY		Telephone Number			Licens	e Numb	oer								
		973-492-0477			0084	0									
Scheduled Start Date (10) 10/15/18		22/201		n Date (11)	Name of OSHA Monitor ENVIROVISION, INC	С.									
Description Status During Abatemetric Processing Status During Abatemetric Processing Status During Education Status During Education Status During Abatemetric Processing Status During Status During Abatemetric Processing Status Duri				t	Street Address 20-21 WARGARAW	ROA	D. BLI	DG# 3	5E						
□ Abatement Performed Outside of Describe:					City, State, Zip Code										
Other- Describe: Schedule: 12	PM - 11F	PM Dai	ily (24	HOURS &	FAIRLAWN, NJ 07410										
WEEKENDS AS NEEDED)															
Scope of Work (Check all that apply)															
			17 <u>4</u>	<u>2-1</u> 9					th Nega	ative Pre	ssure				
□≥ 3 sf or >3 lf			L	Renovation		XY	-Enclosi								
\ge 160 sf or \ge 260 lf				Demolition	22	1111	_			ap & Cu n-Friatble		An et con			
Location of Asbestos-Containing	s Location I	Normally	y Used	Description of Ash	pestos Containing Material	311011	Amoun	- ' '		ment Tyc		100.50			
	Solely by Ma Staff? (12)	aint./Cu	stodial	(ACM) (i.e. therm VAT, or other mis-	al systems insulation, surfact	ing,	(Specif	y SF	Remov	e Recar	Encap	Enclose			
		NO	NA	VAT, or other mis-	cen.)		or LF)								
Room 880	E	X		VAT			150	SF	X	T	T				
Room 882	E	X		VAT			600	SF	X						
Name of Reg. Waste Hauler See Hauler Below #1 & 2	500000000000000000000000000000000000000	EP Wast Below	te Haule	- ID #	Cubic Yards of Waste:	15 C	Y			stered La North		11			
Hauler #1) Greenwood Abatement (NJ 07405		Disp	osal Dat	e		City, Sta	-	AGI .						
NJDEP # 12561 Hauler #2) Newark Carting, Inc., Ne			10/	22/201	I R		Rd. Mor		7000						
NJ DEP # 4509			10/	-LIZU			19067 215-736	-1700							
Completed by (Print or Type)		Signature			Date										
RAYMOND C. PEDALINO	Title SENIO	OR PF	ROJEC	T	Raymond C. To	Delete.			ber 5	, 2018					
		Daymona O. 90	((((I))				* 1000000000000000000000000000000000000								