State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) MERCK SHARP & DOHME CORP. OCT 16 2019 10 10 /2019 Street Address Agencies Notified Type Notification 126 E. LINCOLN AVENUE, P.O. BOX 2000 RY28-414 ASBESTOS CONTROL & **EPA** Initial Notification City, State, Zip Code DEP Amended Notification RAHWAY, NEW JERSEY 07065 LICENSING DOL Cancellation On Hold #4 DOH Name of Contact Telephone Number DCA **EMERGENCY NOTIFICATION** PATRICIA JOHNSON 732-594-2257 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) MERCK SHARP & DOHME CORPORATION Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 126 EAST LINCOLN AVENUE - BUILDING 60 89,717 82 City (5) County (6) County Code (7) Current Use (Prior if being demolished) RAHWAY UNION (STATE USE ONLY) RESEARCH LABORATORY AND OFFICE FACILI Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ENVIRONMETAL HEALTH INVESTIGATIONS, INC. 104 PAR ENVIRONMENTAL CORPORATION Street Address Street Address 655 WEST SHORE TRAIL 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code SPARTA, NEW JERSEY 07871 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number WILLIAM S. KERBEL, CIH 973-729-5649 845-369-7500 1101 Sched. Completion Date (11) Expected State Date (10) Name of OSHA Monitor 25 /19 12 / /19 AMERISCI LABORATORIES INC #11480 Day Month Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 117 EAST 30TH STREET Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM City, State, Zip Code NEW YORK, NEW YORK 10016 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition X Renovation Mini Enclo, >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount ENCL ENCAPSUL REPAIR REMOVAL Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED LOSUR Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A BASEMENT-SOUTHWEST CORNER X PIPE INSULATION & PIPE FITTINGS 1,180 LF X

X

NJDEP Waste

15939

DIRECTOR OF OPERATIONS

Hauler ID No.

PIPE INSULATION

Cubic Yards of Waste

Signature

Disposal Date

07/25-12/01/2019

COMPLETE

City, State

210 LF

LYCOMING COUNTY RESOURCE MANAGEMENT SE

Date

Name of Registered Landfill

MONTGOMERY, PA 17752

447 ALEXANDER-DRIVE/ROUTE 15

X

ADDITION TO SCOPE:

1st FLOOR NORTH WEST CORNER

Name of Registered Waste Hauler

FREEHOLD CARTAGE, INC.

FREEHOLD, NEW JERSEY

Completed by (Print or Type)

BENJAMIN SANCHEZ

825 HIGHWAY 33

City, State

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) MERCK SHARP & DOHME CORP. OCT 16 2019 /2019 Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000 RY28 414 ASBESTOS CONTROL & Agencies Notified Type Notification **EPA** Initial Notification City, State, Zip Code LICENSING DEP Amended Notification #2 RAHWAY, NEW JERSEY 07065 DOL Cancellation DOH On Hold Name of Contact Telephone Number DCA **EMERGENCY NOTIFICATION** PATRICIA JOHNSON 732-594-2257 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) MERCK SHARP & DOHME CORPORATION Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 126 EAST LINCOLN AVENUE - BUILDING 60 89,717 City (5) County (6) County Code (7) Current Use (Prior if being demolished) RAHWAY UNION (STATE USE ONLY) RESEARCH LABORATORY AND OFFICE FACILI Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ENVIRONMETAL HEALTH INVESTIGATIONS, INC. 104 PAR ENVIRONMENTAL CORPORATION Street Address Street Address 655 WEST SHORE TRAIL 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code SPARTA, NEW JERSEY 07871 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number WILLIAM S. KERBEL, CIH 973-729-5649 845-369-7500 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 7/ 25 /19 12 / /19 AMERISCI LABORATORIES INC. #11480 Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 117 EAST 30TH STREET Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM City, State, Zip Code NEW YORK, NEW YORK 10016 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini Enclo. >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount REPAIR ENCAPSUL **ENCLOSUR** REMOVAL Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT. SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A BASEMENT-SOUTHWEST CORNER X PIPE INSULATION & PIPE FITTINGS 1,180 LF X ADDITION TO SCOPE: 2ND FLOOR NORTH WEST CORNER PIPE INSULATION 210 LF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill FREEHOLD CARTAGE, INC. Hauler ID No. LYCOMING COUNTY RESOURCE MANAGEMENT SE 825 HIGHWAY 33 15939 447 ALEXANDER DRIVE/ROUTE 15 City, State Disposal Date City State FREEHOLD, NEW JERSEY 07/25-12/01/2019 ONTGOMERY, PA 17752 Completed by (Print or Type) Signature Date BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS

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X DOL	Cancel On Hol				Nam	ne of (Contact			Telephon	a Numh	ner		0000	
DCA	7.1.1.7.	SENCY	NOTI	FICAT	Lancacione de la Contraction d		A JOHNSO	N		732-594-2		Jei			
				F	ACILITY II	NFOF	RMATION								
Name of Facility Whe	re Abatement is	Taking	Place	(3)					of Facility						17.
									School (K-						
MERCK SHARP & DO	HME CORPORAT	TION								er 8 (Other			or near		
Street Address			-						re Feet	private & c		. Diag		g. Age	
126 EAST LINCOLN A	VENUE - BUILDI	NG 60							9,717	5	0013	1	Did	82	
City (5)	County	(6)					ode (7)	Currer	t Use (Pr	ior if being	demoli	ished)		
RAHWAY	UNION		120			E USI	E ONLY)	RESE	ARCH LA	BORATOR	RY AND	OF	FICE	FACIL	.1
Name of Monitoring F				(8)		A	SCM No.			ment Con			1011		
ENVIRONMETAL HEA Street Address	LITINVESTIGA	HONS,	ING.				104		Address	MENTAL C	OHPO	HAI	ION		
355 WEST SHORE TR	RAIL							10000		OCK ROAD)				
City, State, Zip Code	Service and Control of the Control					City, S	tate, Zip	Code							
	SPARTA, NE	_						W YORK 1							
Project Manager for Mo			1		Number			1	one Num	iber			lumb	er	
VILLIAM S. KERBEL, Expected State Date (and the same of th	Icah	1	729-5		(44)			9-7500	Manitan	1101	1			
7 /	25 /19	Sch		ompie ! /	etion Date		/19		of OSHA	MONITOR ORATORI	ES INC		#	11480)
Month Day	y Year		onth		Day		Year	1	1001 1110	011/11/01/11	20 1140		"	11100	•
Occupancy Status Duri									Address						
	ed/Vacated Durin Performed Outsid					seorih	0.	117 EA	AST 30TF	STREET					
X Other - Desc						SSCIID	e.	City. S	tate, Zip (Code					
								1		YORK, N	IEW YO	ORK	10016	6	
Scope of Work (Check									with Nega	ative Press	ure				
Demolition >3SF OR LF	<u> </u>	Hen	ovatio	n		X	Mini Enclo Glovebag		IFO						
X >160 SF OF						_	Non-Friab								
Location	on of	Is	Loca	tion	[Descr	iption of As	sbestos-		A		A	baten	nent T	vpe
Asbestos-c			mally			ontair	ning Materia	al (ACM)	Amo		R	윤	P	E
Material			olely				Thermal sy			(Spec		REMOVAL	REPA	ENCA	ENCLOSUR
TO BE A				stodial			on, surfaci		1	SF or	LF)	IŠ	E	PSUL	SO
in Facilit	y (13)		taff (1	N/A		OI OII	er miscella	aneous)				=		=	S
BASEMENT-SOUTHW	TEST CORNER	1	1		DIDE INCI	III AT	ION & DID	C CITTIN	100	1 100 15		\ /	1	+	1
DASENIENT-SOUTHW	EST CORNER		-	^	PIPE INS	ULAT	ION & PIPE	EFITTI	NGS	1,180 LF		X	+	+	\vdash
ADDITION TO THE		-		-									-	-	
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Name of Registered W			EP W		Cubic Yar		Waste			ered Landf					
FREEHOLD CARTAGE 325 HIGHWAY 33	=, INC.	Haul	er ID 1593			40				UNTY RES			ANAG	EME	NT SE
City, State			1593	J	Disposal [Date		City, S		R DRIVE/	HUUIE	. 15			
FREEHOLD, NEW JEF	RSEY				07/25-12/0		19	MONT	GOMERY	, PA 1775	52	-1		1	
Completed by (Print or	Type) Ti	tle		0==		Sign	ature /	11			Date	11	/	111	2
BENJAMIN SANCHEZ	ID	RECTO	H OF	OPER	RATIONS	1	//	1	1		1 \/	1	1 /	10	/

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				TION (OF AS	lew Jersey BESTOS ABA 8:60-7 and 12:				ID/		2 [₩
Date of Notification (1)	-		diode	,,	Nam	e of Building CK SHARP &	Owner	/Operator	(2)		0(CT 1	6	2019
7 / 16 /201	9				Stree	t Address								
Agencies Notified Type Noti						LINCOLN A	VENUE	E, P.O. BO	X 2000,	RY28-4A	\$BES	STOS	CON	JTBC
DEP Ame	al Notifica ended No cellation		n		City,	State, Zip Cod WAY, NEW JE	le		-				NSIN	
X DOH On H		Y NOTI	FICAT			of Contact RICIA JOHNSO	ON		100000000000000000000000000000000000000	one Num 94-2257	ber			
				FACILI	TY IN	FORMATION								
Name of Facility Where Abatement		g Place	(3)				Тур	e of Facilit School (K	(-12)					
MERCK SHARP & DOHME CORPOR	AATION						X	Subchapt Other (ie.				ie ho	mae	etc)
Street Address 126 EAST LINCOLN AVENUE - BUIL	DING 60)						uare Feet 89,717		f Floors 5	I. bidg	Bld	g. Age 82	
	nty (6)					y Code (7)	Curr	ent Use (P	rior if be	ing demo	lished	1)		
RAHWAY		0	(0)	(S	TATE	USE ONLY)		SEARCH LA				FICE I	FACIL	.1
Name of Monitoring Firm Hired by I ENVIRONMETAL HEALTH INVESTIO Street Address	SATIONS	Owner S, INC.	(8)			ASCM No. 104	PAF	R ENVIRON	MENTA			ION		
555 WEST SHORE TRAIL								et Address SPOOK Re		AD				
City, State, Zip Code	SECOND NO						City	State, Zip	Code					
SPARTA,	NEW JE							FERN, NE						
Project Manager for Monitoring Firm VILLIAM S. KERBEL, CIH		1000000		e Numb	oer		1000000	phone Nun	nber	-	ense N	Numbe	er	
xpected State Date (10)	Isc	ched. C	729-5		Date (11)		-369-7500 ne of OSHA	Monito	1110	1	-		-
7 / 25 /19	100		2 /	CHOILE	1	/19		ERISCI LA			Э	#	11480)
Month Day Year		Month		Da	ay	Year			*******				- 1.410-31.700	
Occupancy Status During Abatement X Facility Closed/Vacated Du Abatement Performed Out	iring Enti	re Perio	d of A			cribe:		et Address EAST 30T		ET				
	NDAY -FF					onbe.	City	State, Zip	Code					
Coope of Mode (Obselve) the best and a					_	75 " 0	. !			, NEW Y	ORK	10016	5	
Scope of Work (Check all that apply) Demolition	X Re	enovatio	חח		-	Mini Enc		nt with Neg	ative Pr	essure				
>3SF OR LF	2	Jrio vanc	,,,		t	X Glovebag		edure						
X >160 SF OR 260 LF				,	[Non-Fria	ble Pro	ocedure						
Location of		Is Loca				escription of A							ent T	4
Asbestos-containing Material (ACM)	l n	ormally solely				ntaining Mater (ie. Thermal s		7.00	1 32	nount	HE	REPAIR	EN	E
TO BE ABATED	M	aint/Cus				ulation, surfac				pecify or LF)	5	Α̈́	N S	15
in Facility (13)		Staff (r other miscell				0, 2,	MOVAL	l m	ICAPSUL	CLOSUR
	Ye	s No	N/A								1.		7	Ä
SASEMENT-SOUTHWEST CORNER	1	_	х	PIPE	INSU	LATION & PIF	E FIT	TINGS	1,180	LF	X	-	_	_
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		1												
Name of Registered Waste Hauler	N	JDEP W	lasto	Cubic	Vard	s of Waste	Non	ne of Regist	tored Le	ndfill				-
REEHOLD CARTAGE, INC.	10000	auler ID		Cubic	raiu	40		OMING CO			CE M	ANAG	EMF	VT SI
25 HIGHWAY 33		1593				45.50		ALEXAND						01
City, State				Dispo			City,	State			22.			
REEHOLD, NEW JERSEY Completed by (Print or Type)	Title	4-7-17-12		07/25		1/2019	MON	NTGOMER	Y , PA 1		_/_	_		
BENJAMIN SANCHEZ	DIRECT	OR OF	OPE	RATIO	NS	Signature	>			Dat	/16	119	1	
	A CONTRACTOR OF THE CONTRACTOR	CONTRACTOR STATE		and the state of t		1 ///	,			1 /	, , ,			

INV-19	3194	1	NOTH (F	TCATIO	NOF ASB	ESTO	SABATE	MEN 0)	T A	\al	10	90	21	19		
Date of Notification (1)		-			of Building	Owner	/Operato	r (2)				1_				
10/9/19 Agencies Notified	Type Notification				baters				ſ	hand	EC	D [= I	N I	7 15	I poren
	,				Address ox 643					11)/-	IS U	<i>D</i> [[5	V		41
EPA DEP	X Initial Amended		+		tate, Zip Co	ode			- 1	IN			_	_		-
DOL	Amendmen Emergency				lesex, N.		46				00	T	16	20	9	
□ DOH	justification)	1		of Contact					100	ephone				5701	Invest
☐ DCA	Cancellation	1			ael Rodr	-				90	8-364 ASBES	-088	9_	ATT	OL S	, supraneous
Name of Facility Where	Abatement is Takir	ng Place (3)	FAC	ILITY INFO	JRMA	IION	Туре	e of Facility		to development		NSI		so-resuments	nuculations.
house								П	School (K-	12)	8					
Street Address								×	Subchapte Other (i.e. etc.)	r 8 (Oth	er than & comm	K-12) ercia) I buil	dings	, hom	es,
City (5) East Brunswick								Squa 140	are Feet	#0	f Floors			ildg. /	Age	
County (6)					Code (7)	7			ent Use (Pr		ng demo	olishe		3		
Middlesex	Llies of London	0		· ·	USE ONLY,			hou	use				const.			
Name of Monitoring Firm	1 Hired by Building	Owner (8)	ASCI	M No.				atement Co ironmenta			_LC				
Street Address							Street) Day	400					
City, State, Zip Code									Drive, PC) ROX	483		_			
									d, NJ 074	118						
Project Manager for Mon	nitoring Firm			Telepho	one No.		Teleph 973-		No. 2276		Licens 703	e No				
Start Date (10) 10/14/19		Schedul 10/21/		npletion	Date (11)		Name	of OS	HA Monitor							
Occupancy Status During	g Abatement (Chec		100				Street	Addre	ess					-		
Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of Norn	Period of a	Abaten / Hours	nent			City, S	tate, Z	Zip Code							
Scope of Work (Check A	II That Apply)							704 De 344								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	7,77	possessay.	Renova Demolit				×	Mi	III Containmeni-Enclosure ovebag Procon-Exempted	e cedure	J				e	
		100	Locati											Abate	ment	
Location Asbestos-Containing			Normal d Sole				escription		riverson I			-		ly	ре	
TO BE ABA In Facili (13)	ATED		intenar todial S (12)		(i.e.	therma surfa	taining M I systems acing, VA miscellan	insula T, or	ation,	(S	nount pecify or LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A											ate	æ
baseme	ent			Х		furna	ce insul	ation	1	4	1 SF	-	х			
												+				
Name of Registered Was	te Hauler		I N	JDEP W	/aste	Cubic	Yards		Name of	Pogisto	rad Lane	1611				
Newark Carting			H	auler ID 1509	2000	of Wa	100000000000000000000000000000000000000		Grand (lan	dfill		
City, State			102	+309		TBD	sal Date		City, State		. Caril	.a. y	-an	uilli		
Newark NJ						TBD			Pen Arg		,					
Completed by A. Scott Higgins		Title Presi	dent			5	Signature		12			Date				
		1 1631	acrit					1	1			10/9	9/19			

Iny-K	5113		NOTIF (P	ursuan	tate of Ne N OF ASB t to NJAC	ESTOS 8:60 ar	ABATE d 12:120	0)		60		19	3	73	
Date of Notification (1) 10/9/19		1			of Building rate Build			0.000.000	۲.		F3 6		п	10 -	
Agencies Notified	Type Notification			201100100100	Address	1613 Q	Devel	ppers	- 1	1	E () E	-	₩ E	
⊠ EPA	× Initial				oss Stre	et, Su	ite 301		- Constitution	以		**************************************	O JANUARILES	Providence	
DEP DOL	Amended Amendment	4			ate, Zip Co		04				00	T 1	6 2	019	
	Emergency (i		_		wood, No	1 0871	J1			ed to				UIJ	laun
DOH DCA	justification) Cancellation				ly Tendle	er			-		ephone 2-9415				
				11,000,000	ILITY INFO		ION				ASSES	LICEN	SING	HOL	č
Name of Facility Where A Ambulance Corp Bu		Place (3)					Type of F			ANGLED BROWN OF THE PARTY	Total (e below)	ibever ice		
Street Address	unung								ool (K-12		er than k	(12)			
9 Kenneth Avenue								× Othe			& comme		ilding	s, hom	es,
City (5)								etc.) Square F	eet	# 0	f Floors		Bldg.	Age	
Emerson								1500		1			68		
County (6) Bergen					Code (7) USE ONLY	1		Current U				lished)			
Name of Monitoring Firm	Hired by Building C	Wner (8)			M No.		Namo	ambula of Abatem		,					
rame of wormoning ram	Timed by building C	wilei (o		ASCI	VI NO.		1	Environ				LC			
Street Address								Address Gate Driv	e. PO	Box -	483				
City, State, Zip Code							City, S	tate, Zip Ci	ode						
Project Manager for Moni	itorina Firm			Telepho	ono No			wood, None No.	J 0741	18	1:	- NI-			
							100	764 - 2276	6		License 703	e No.			
Start Date (10) 10 - 18 7 9		Schedul	ed Cor	npletion	Date (11)		Name	of OSHA N	onitor						
Occupancy Status During	Abatement (Check	Only Or	(-)	-19			Street	Address							
Facility Closed/Vaca				nent			Street	Address							
Abatement Performe Other – Describe:	ed Outside of Norma	al Facility	/ Hours	3			City, S	tate, Zip Co	ode				72.1		
Scope of Work (Check Al	I That Apply)			-11-2-2-6		-									
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Lannand	Renova Demolit				×	Mini-En Gloveba	closure ag Proce	dure	Negativ				
	T.	le le	Locati	ion				I NON-EX	empled	() and	I NON-FI	lable Pi	70.60	itemen	t
Location	of	1	Vormal	ly		De	scription	of						уре	
Asbestos-Containing TO BE ABA			d Sole		Asbest	os Con	taining M	laterial (AC	M)		mount	_		m	m
In Facili		Cus	todial S (12)	Staff?	(1.6.	surfa	cing, VA				pecify or LF)	Remova	Repair	caps	Enclosure
(13)		Yes	No	N/A		other	miscellan	eous)				oval	air	Encapsulate	sure
exterio	or			x		8	roofing			15	00 SF	х	\top	1	
				X		roc	of flashi	ng		35	0 SF	×	\top		
						140/2000		0					+		
													-		
Name of Registered Wast	te Hauler		11335	JDEP W			Yards	Na	me of R	egiste	red Land	dfill			
Newark Carting		4-411.5-448	100000	auler ID 4509	No.	of Wa	ste	G	rand C	entra	al Sanit	ary La	ndfil	1	
City, State Newark NJ						Dispo	sal Date		y, State en Argy	vl. PA	Α				
Completed by		Title					Signature			, , , ,	22	Date			
A. Scott Higgins		Pres	ident					. /0	_			10/9/	19		

CK # 4919 JM-15	1250	NOTE OF	FICATIO	NOF ASE	ew Jersey BESTOS ABATEM 8:60 and 12:120	MENT IN	OCT 16 20	19	T. H. H.		
Date of Notification (1)	6-19		Nam	_	owner/Operator		SPEEVES CONTI	ROL	&		
Agencies Notified	Type Notification		Stree	et Address	0	Interconnection of the Contract of the Contrac	Tall 10 10 10 10 10 10		man-property		
□ ₽A □ DEP	i⊠ Initial ☐ Amended		City.	State, Zip	Code						=
⊠ BOL	Amendment	ncluding		H	ADDON FI	FUD M.					=
M DOH □ DCA	justification) Cancellation		Nam	e of Contac)M		Telephone Number				_
			FA	CILITY IN	ORMATION					_	
Name of Facility Where	Abatement is Takir	ng Place (3)				Type of Facility School (K-1)					
Street Address	RESIDEN	<u>CE</u>			7	☐ Subchapter	8 (Other than K-12) private & commercial	build	ings,		11
				i05	nan	homes, etc. Square Feet		Blo	lg. Ag		\dashv
City (5)	WALOW			118	400	1000	1 151 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_	0 +		=
County (6)	E MAY	7 a	Cou USE	inty Code (ONLY)	7) (STATE		rior if being demolish	(60)			
Name of Monitoring Firm			ASCM	No.		nent Contractor (9					
(8) N	IA				Street Address						_
Street Address						SPRUC	E AVE		_		_
City, State, Zip Code					City, State, Zip C	SHADE	N.JO	80	5	2	_
Project Manager for Mon	itoring Firm	T	elephone	No.	Telephone No.	9-0472	License No.	7 [_		_
Start Date (10)	Sche	duled Com	pletion Da	ate (11)	Name of OSHA	Monitor ,					
10-16-19		0 -2		9	Street Address	NA					=
Occupancy Status During Facility Closed/Vacate	g Abatement (Che ed During Entire Pe	ck only one eriod of Aba	tement		1	-				_	_
☐ Abatement Performed	Outside of Norma	I Facility H	ours		City, State, Zip C	ode					
Other - Describe: Scope of Work (Check al	Il that apoly)					ntainment with Ne	enative Pressure				
☐≥3 sf or ≥3 lf		Renov			Mini-En	closure					
≥160 sf or ≥260 ff		Demoi	ition	,	Non-Ex	empted (*) and No	on-Friable Procedure	A	baten	nent	
		Is Loca Norma	a∦y						Тур	e	
Location o Asbestos-Containing M	of Laterial (ACM)	Used So Mainten	ance/	Asbes	Description of tos Containing Mat	terial (ACM)	Amount (Specify	R	7	Enc	En
TO BE ABAT IN Facility	ED	Custo Staf	f?	(i.e.	thermal systems i surfacing, VAT, other miscellaned	or	SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)		(12		-	Other muscentaires	<i>J</i> .		al		ale	9
		Yes N	o N/A		TRANSI	TE	1750 SE	X			
SIDIN	<u>G</u>		+X	-	TICHICO						
			1					-	-	_	
			NJDEP	Marta	Cubic Yards	Name of Reg	istered Landfill				
Name of Registered Was			Hauter II		of Waste	C.M	. C. M.U	A			
KLEM CO City. State	INC		1/1		Disposal Date	City-State	OD BINE				
MAPLE S	HADE	NIJ			Signature _	1 0 0	Data	-6	-1	9	
MICHAEL KI	Lemm _	SUP			_ Men	W/a				<u>+</u>	=

11.11.11.019								D.	ECEI	\mathbb{V}	E	n	1
CK# 4919	5049	NC	TIFIC (Pur	ATTO:	ate of Ne OF ASB to NJAC	ex Jersey ESTOS ABATER 8:60 and 12:12	ENT		OCT 16 2	2019		Ш	
Date of Notification (1)	-19			Name	of Buildin	g Owner/Operator	(2)	VE	ASPET SCON	TRO	L &	gwenthra	
Agencies Notified	Type Notification		-	Street	Address	8 GLAS	SROR	20	RD	LOTE LET THE			mml
(I) (BA	M. Initial ☐ Amended		-	City, S	State, Zip (Code				^0	30 (3 -	=
1 NO	Amendment #	nduding			W	OOOBURY	1+1	7GH	Telephone Number	08	0	11	=
DOH DCA	justification) Cancellation			Name	of Contact				- Telephone Humbs				_
			:	FAC		ORMATION							
Name of Facility Where Al	patement is Takin	g Place	(3)				Type of	Facility xxl (K-12					
Street Address	SIDENC	5				4	Subo	hapter	8 (Other than K-12) rivate & commercial	buildi	ngs,		-
City (5)					M	2017	Square	Feet	# of Floors		g. Ag		
ST	ONE H	ARI	150V	Cour	by Code (7) (STATE	Current	Use (Pr	rior if being demolish	-			ᅱ
County (6)	= MAY			USE	ONLY)			VA	CANT				늬
Name of Monitoring Firm H		Owner		ASCM	No.		ment Contr MCO		NC				_
Street Address	14/	Vicesia Vi				Street Address	5. 5	Spr	LUCE AUE			_	_
City, State, Zip Code						City, State, Zip C	Code	SHE	ADE MIT	5	180	25	2
Project Manager for Monit	oring Firm	-	Tele	phone	No.	Telephone No.		- 0.00	License No.	3-	71		
Project Manager for Monat			_			Name of OSHA	9-04 Marita	16	1 V.	_	-		=
Start Date (10)		duled Ca	omplet 2 L	tion Da	te (11)	Name of OSTA	THORNO	NI	4				
10-16-19 Occupancy Status During	Abatement (Che	ck only	one)			Street Address							_
No Fanting Closed/Vacated	1 During Entire Pe	nog of	Muala	ment s		City, State, Zip C	Code		t.				
Abatement Performed	Outside of Norma										_		=
Scope of Work (Check all	that apply)					☐ Full Co	ntainment	with Ne	gative Pressure				
≥3 sf or ≥3 lf			novati			Gloveh	closure ag Proced	ure	on Eriable Brocedur	p			
2≥160 sf or ≥260 lf		4	ocatio			DXTNOU-EX	empted (and N	on-Friable Procedur	A	bater		
*		No	xmally Solely			Description o	of		*		1,7,5		
Location of Asbestos-Containing Ma	aterial (ACM)	Main	itenan	œ/	Asbes	tos Containing Ma thermal systems	iterial (ACI	M)	Amount (Specify	Re	R	Encapsulate	Encl
TO BE ABATE IN Facility	D	S	Staff? (12)	•	(1.0.	surfacing, VAT other miscellane	, or		SF or LF)	Removal	Repair	psula	Enclosure
(13)		Yes	No	N/A		5031						te	
		150		V	T	RANSIT	E		2000 St	X			_
SIDING		-									_	_	-
											-	_	-
				JDEP V	Made	Cubic Yards	Name	of Reg	istered Landfill				
Name of Registered Wast				auler IC		of Waste		C	M. C. M	. U	. 4	1_	
KLEMCO.	LNC			111	04_	Disposal Date		State 5		m/	T	,	
City, State S	HADE	W	T,			Signature	1	NOC	Date		16		
Completed By	Title	SU	etro	2		Men	Jul T	K-		b-			

CK \$ 4919	n 15		TIFICAL	ION OF AS	ew Jersey BESTOS ABATEM		ECEI OCT 16	2019			
Date of Notification (1)			Na —	me of Buildi	s 8:60 and 12:120 ng Owner/Operator MITCH	(2)	reference co	NTRO	DL &		
Agencies Notified BA DB DD DD	Type Notification Initial Amended Amendment	¥	_	eet Address y, State, Zip	23		ST. 08	721	12	-	=
☑ DOH □ DCA	Emergency (justification) Cancellation	nauding	_	me of Conta			Telephone Numb	er			_
Name of Facility Where A	Abatement is Takin	ng Place (ACIDITIR	FORMATION	Other (i.e.,	12) r 8 (Other than K-12 private & ∞mmercia		fings,		
City (5)	TOME H	-ARB	OR	0	8247	Square Feet	# of Floors 7 Prior if being demolis	_	dg. A		_
County (6) CLAPE Name of Monitoring Firm	MAY Hired by Building	Owner	_	ounty Code (SE ONLY) M No.	Name of Abatem	ent Contractor (S	CAULT				_
Street Address	NIA				Street Address	Ltm Co	PRUCE A	ΙĒ			=
City, State, Zip Code						PLE St	HADE MI.	7			_
Project Manager for Moni		duled Con	Telephon		Telephone No. SS6 Name of OSHA M	9-0472	License No.	71			=
Start Date (10) 10 - 16 - 19 Occupancy Status During	Abatement (Che	b - Z	(b-19)	<u> </u>	Street Address	MILE	1				_
Facility Closed/Vacated Abatement Performed Other - Describe:	d During Entire Pe Outside of Norma	Facility H	lours		City, State, Zip Co	ode					= =
Scope of Work (Check all ≥3 sf or ≥3 lf >2160 sf or ≥260 lf	that apply)	Reno	vation dition		☐ Mini-Enc	losure a Procedure	egative Pressure	e			
Location of		Is Loc Nom Used So	nally olely by		Description of tos Containing Mate		Amount		bater Typ	е	
Asbestos-Containing Ma <u>TO BE ABATE</u> IN Facility (13)	aterial (ACM) ED	Mainter Custo Sta (12	odial ff?	(i.e.,	thermal systems in surfacing, VAT, other miscellaneous	nsulation, or	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
SIDIMO	· · · · · ·		X		TRANSIT	E	125035	Χ			
	<u> </u>	+	+								
Name of Registered Waste	e Hauler		NUDEP Hauler		Cubic Yards of Waste	C,	istered Landfill M. C. M.	U.	A		_
City, State WARLE		1.7			Disposal Date Signature	Citý, State	Date	VI	5		_
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Date of Notification (1)	7 10			Nam	1 1	ng Owner/Operator		ASPECTOR	O 1 17		1	
16-	7-11			-		CCIDI	COM	ALPA BESTOS C	UNI	ROL	&	_
Agencies Notified	Type Notificati	ion		Stre	et Address 7 O	0 Hau	tui 4	AUE.	CONSTRUCTION COMPANY	THE PARTY NAMED IN	PRO-MUSE	artifician.
	Amended	10.722		City.	State, Zip	Code					-	
₩ DOL	Amendmer Emergency		ng			tau C	ITY 1	U.J 08	22	26	. 1	_
DOH ☐ DCA	justification Cancellation	n)		Nam	e of Conta			Telephone Numb	er		126600	
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		- 51	(0)	FA	CILITY IN	ORMATION	Type of Facilit	V (4)		-		001000
Name of Facility Where	Abatement is Ta	king Plac	æ (3)				School (K-					
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Street Address							homes, etc	private & commercia :.)	ii Duiic	ungs,		
City (5)					28/	0/0	Square Feet	# of Floors	1300000	dg. A	100000	
	CHAI	CIT	٢	(100	20	1000	Prior if being demolis	_	50	_	_
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(8) Wallotting Filling	Δ	9 0 11				KLEMC	O INC	,				
Street Address	<u> </u>					Street Address	Shaar	(\(\Lambda_1\)				
						369 S City, State, Zip Co		E AUE		_	-	=
City, State, Zip Code	•					MAPCE		W.J 08	05	Z		
Project Manager for Moni	toring Firm		Tele	ephone	No.	Telephone No.		License No.	7.1			
7 Tojoo Maragar Ia Mara						856-77		_ 013	11	_		=
Start Date (10)	1	neduled (Comple	tion Da	ate (11)	Name of OSHA M	fonitor A. I.A					
10-17-19		10-	- 2	1	1	Street Address	N III.					_
Occupancy Status During Facility Closed/Vacate	Abatement (Cr	neck only Period of	Abate	ment		Succe Address						
Abatement Performed	Outside of Nom	nal Facili	ty Hou	rs	ł	City, State, Zip Co	ode	5				
Other - Describe:								2				_
Scope of Work (Check all	that apply)					Full Cont	tainment with Ne	egative Pressure				
☐ >3 sf or ≥3 lf			enovati			Mini-Enc	losure	•				
≥160 sf or ≥260 lf		Ø D€	emolitic	n		Non-Exe	g Procedure mpted (*) and N	on-Friable Procedur	е			
			Locatio						A	bater Typ		
		100	ormally I Solet			Description of			-	- 7,		
Location of Asbestos-Containing Ma	aterial (ACM)	Mair	ntenan	œ/	Asbest	os Containing Mate thermal systems in	erial (ACM)	Amount (Specify	R	_	Enc	En
TO BE ABATE IN Facility	<u>D</u>	1 1	Staff?	н	(1.6.,	surfacing, VAT,	or	SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)			(12)			other miscellaneou	us)		val	=	ilate	ure
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OVERTOR												
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Name of Registered Waste	e Hauler			JDEP V		Cubic Yards of Waste	Name of Reg	istered Landfill	1/	\		
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City, State		, —				Disposal Date	City, State	DBINE		5		
		(1)				Signature	A /	Date	_	10		
Completed By IMICHAEL KLE	Tit	[®] S∪₽				Mil	W) Lu	<u> </u>	1-	-14	_	_

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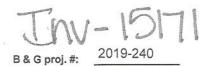
The State of New Jersey NOTH- CATION OF ASSESTOS ABATEMENT (Pursuant to NJA C 8:60 and 12:120)

D.	E	C	E		\mathbb{V}	E	M
		OCT	1	6	2019		

Carry Carr	MI-	2446		Pur	suant	to NJAC	8:60 and 12:12	0)			wantenane	equitive 64	1	
Special Address Special Addres	Date of Notification	(1) 7 - 19				of Buildin	ng Owner/Operator	r (2)	ASB DN ST C	ESTOS CO	NGL	OL à	i.	printer
CRY, Sale, Zo Code	Agencies Notified		ก	+	Stree			774 5	T .	-				
SOUTH Description Descri	D.BA FIDEP	Amended		+	City.	State, Zip	Code	CITY	NI T	7 05	270	12		_
Cancellation FACULTY INFORMATION Type of Facility (A)		Emergency	including	-	Name	of Conta	cl		Tele	-		1	1	=
Simped Address School (K. 12) Schoo	1 00A	☐ Cancellation												=
Street Address Subchapter 8 (Other Han Krist) Some of Control of the County Code (?) (STATE) Code (?) (STA	5,		Diam	/31	FAG	CUITIN	Ordication	Type of Fa	edity (4)		-			
Signature of Norticeng Firm Interest of Scheduled Completion Notes (11) Signature for Monitoring Firm Interest of Norticeng Firm	Name of Facility Wh	PESIDEAL	CE	(5)				Subcha	pter 8 (Oth	er than K-12)				
Southy (6) CAPE MAY	Street Address			1	1Å	1/-		homes	, etc.)				no	
County (6) CAPE WAY County (7) CAPE WAY County (8) CAPE WAY County (9) CAPE WAY CAPE	City (5)	TAMI (1	 ۲4			108	3226	1500		<u> </u>	5	2500 100	~	_
Signer of Monitoring Firm Highed by Building Owner 8) Name of Abatement Contractor (9) 10 N A State 2 p Code 10 Street Address 10 Street Addre	2				Cour	nty Code (7) (STATE	Current Us			hed)			_
Street Address CRY, State, Zip Code WAPLE SHADE ALT 08052 Telephone No. \$56-779-0472 Dense No. \$57-79-0472 Dense No. \$57-79-047	CY46		Owner	7	1000-000	72 10			Control of the Contro	10				
Telephone No. State. Zip Code W. A. P. C. E. S. H. A. D. E. N. J. O. S. D. S. State. Zip Code W. A. P. C. E. S. H. A. D. E. N. J. O. S. D. S.	(8)	NA		_L			Street Address			30				_
Telephone No. Telephone No. Telephone No. Telephone No. Science	Street Address	,							PRUC	E AUG		_		=
Telephone No. Start Date (10) O - 18 - 19 Scheduled Completion Date (11) Name of OSHA Monitor Name of OSH	City, State, Zip Code						_ WAF	TE S			0	80	50	_
Scheduled Completion Date (11) O - 18 - 19	Project Manager for	Monitoring Firm		Tele	phone	No.		9-047		ense No	57.			_
Street Address Stre		2.4	eduled Co	omplet	tion Da	ite (11)		Monitor	1 /n					
Abatement Performed Ourside of Normal Facility Hours City, State, Zip Code Abatement Performed Ourside of Normal Facility Hours City, State, Zip Code Other - Describe: Cope of Work (Check all that apply)	m-18-	-19	0-	28	-10	1	Street Address		14					
Abatement Performed Outside of Northean Performed Outside Outsid		During Entire F	ellon or .		nent		City State 7th (Code Code						
Suppose of Work (Check all that apply) Full Containment with Negative Pressure Min-Enclosure Min-Enclo	Abatement Perfor	med Outside of North	al Facility	Hour	5		Gily, oute, or							_
23 sf or 23 lf							Full Co	ntainment wit	th Negative	Pressure				
Location of Normally Used Solety by Maintenance/ Custodial Staff? (12) Yes No N/A SIDING Normally Used Solety by Maintenance/ Custodial Staff? (12) Yes No N/A TRANSITE United Solety by Maintenance/ Custodial Staff? (12) Yes No N/A TRANSITE United Solety by Maintenance/ Custodial Staff? (12) Yes No N/A TRANSITE United Solety by Maintenance/ (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) TRANSITE United Solety by Maintenance/ (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) TRANSITE United Solety by Maintenance/ (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) TRANSITE United Solety by Maintenance/ (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) TRANSITE United Solety by Maintenance/ (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) TRANSITE United Solety by Maintenance/ (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) TRANSITE United Solety by Maintenance/ (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) TRANSITE United Solety by Maintenance/ (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) TRANSITE United Solety by Maintenance/ (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) TRANSITE United Solety by Maintenance/ (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) TRANSITE United Solety by Maintenance/ (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) TRANSITE United Solety by Maintenance/ (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) TRANSITE United Solety by Maintenance/ (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) TRANSITE United Solety by Maintenance/ (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) TRANSITE United Solety by Maintenance/ (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	≥3 sf or ≥3 H	¥	☐ Rer	novation notition	on n		F Clause	an Domonde ore	e nd Non-Fria	ble Procedur	re			_
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Yes No N/A NIDEP Waste Harver D No. Waintenance/ Custodial Staff? (12) TO BE ABATED IN Facility (13) Yes No N/A NIDEP Waste Harver D No. NIDEP Waste Harver D No. Disposal Date— City, State WAPLE SHAWE ALLER Signature - Date	N 5100 \$1 01 5500 1										A	baler Typ	nent e	
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Yes No N/A SIDING X TRANSITE YOOOSE X TRANSITE Vame of Registered Waste Hauter NUDEP Waste Hauter D No. 17904 Disposal Date— City, State 2. WASTE SHALE SHALE N. J. Signature - Date Date Date Date Date Date Date Date	Asbestos-Contain	ing Material (ACM)	Cu	stodia	1	(i.e.	thermal systems	insulation.			Remo	Repe	aps	
SIDING X TRANSITE YOOOSE X In the second waste Hauter Harder D No. 17904 Disposal Date— City, State Signature - WOODBINGE N. J. Date Signature - Date Date Date Date Date Date Date Date	IN Fa	ec <u>l</u> ity					other miscellane	(auo			oval	alr	ulato	100000
SIDING NUDEP Waste Cubic Yards of Waste Name of Registered Landfill Of Waste City. State WASTE Signature Signature Date Date Date Date Date Date Date Date	(1	3)	Yes	No	N/A		- 4 10 1	+1F	UA	MSE	X		_	-
Name of Registered Waste Hauler Cubic Yards Name of Registered Landfill	SINI	NG			X		TRAN SI	15	70	- JF	/ \			
NOTE Waste Hauter One of Waste Coty, State City, State WOODBING N. J. Signature - NOTE N. J			-			-							_	-
NOTE Waste Hauter One of Waste Coty, State City, State WOODBING N. J. Signature - NOTE N. J			+-+				T.O. bio Varde	Name of	Registered	Landfill				_
WAPLE SHADE N. T 08052 Signature - 1000 BINLE N. T	Name of Registered	Waste Hauter		N	NOED /	Waste O No.				A				_
WAPLE SHADE NI.) OSSE Signature - 100 : 100 - 7-19	KLEM						Disposal Date-			1.1.15 t	J. T	-		
Title 711	City. State W. AtP 12	SHAVE	MI.		08	052	Signature			Date	<u>-7</u>	-10	ì	
WICHHO CLONE - 30V.	Completed By	VI -41/4	se S	UP.			- The	wi		_1_10				_

14 9920						ew Jersey		3			1	
INV 15	245	N	OTIFI (Pu	ČÅTIO rsuant	to NJAC	BESTOS ABATEN 8:60 and T2:120)) [[OCT 1	6 20)19	Control Contro	IJ
Date of Notification (1)	-7-19			Name	e of Buildin	ARNEW S	TATE	De radosina			- &	appendix to
Agencies Notified	Type Notification	1		Stree	t Address			LICEN	SINC	1	commission	St. Proposition
D, SPA	☑ Initial					8 CLTR	man o	R.				=
DEP DEP	Amended Amendment	¥		City,	State, Zip		IT NIT	08711	7			- 1
	Emergency (i		9			LKRMON	11111	Telephone Numb		- 11	1	=
DCA DOH	justification)			Name	of Conta			relephone indino	Cı			- 1
	1			FA	CILITY IN	FORMATION						=
Name of Facility Where	Abatement is Takir	ng Place	e (3)				Type of Facility	(4)				
	RESIDENC	E					School (K-1	2) 8 (Other than K-12	1			
Street Address			Α.			18 2	Other (i.e.,)	private & commercia .)	l build			
City (5)		. ^		2634A	1981	2/00	Square Feet	# of Floors	1	ig. Ag		
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County (6)				USF	nty Code (ONLY)	7) (STATE		ACAUT	neu)			
	THE ALL DONAL	Olmar	_	ASCM		Name of Abatem						=
Name of Monitoring Firm	n Hired by Building	Owner		MOCIVI	140.			WC				
	J/A					Street Address	J KLZ					
Street Address						369	S. SPI	RICE ALE				_
City, State, Zip Code						City, State, Zip C		A 01 11 T	n (-:		,	
						_ WAF	IE SHU	WE WILL	280)) (_	=
Project Manager for Mo	nitoring Firm		Tele	ephone	No.	Telephone No.	19-0477	License No.	7			_
Start Date (10)	Sche	duled C	omple	tion Da	te (11)	Name of OSHA	Monitor /					
10-17-1	9	10-	- 2'	7 -1	9		WIA		_	_		_
Occupancy Status Durin	ng Abatement (Che	ck only	one)			Street Address						
Facility Closed/Vacat	ted During Entire Pe	eriod of	Abate	ment							_	_
Abatement Performe	d Outside of Norma	I Facilit	y Hou	rs		City, State, Zip C	ode	- 1				
Other - Describe:											_	=
Scope of Work (Check a	all that apply)							egative Pressure				
≥3 sf or ≥3 lf		Re	novati	ion		☐ Mini-End	closure ng Procedure					
≥160 sf or ≥260 lf		De De	TIOUGO	*1		Non-Exe	empted (*) and N	on-Friable Procedur				
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Location	of	L 03.040 100.015	ormally Solely			Description of			-		T	10.0
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TO BE ABAT	<u>red</u>		staff?	31	(1.6.	surfacing, VAT,	or	SF or LF)	Removal	Repair	aps	Enclosure
(13)			(12)	VI		other miscellaned	ous)		val	4	ulat	ure
		Yes	No	N/A							Ф	
SIDIALG				X		TRAUSIT	E		X			
Name of Registered Wa	ste Hauler		IN	UDEP V	Vaste	Cubic Yards	Name of Reg	istered Landfill				
KLTMCO	Dak		H	auler IC	No.	of Waste	(.	M.C. M.V.	A			
City, State	711		-11	110		Disposal Date	City, State	- A -	,A 1	T		
	HADE N	J					_ Wa	OPPINE	NI)	_	_
Completed By	Title		71 ^	1 - 1	0	Signature.	1000	Date -	7-	19		
MI 011 212 1/1	74.04	5016	1- W	1,7	111	1 // 1	VIII	- 1-	-	-	_	

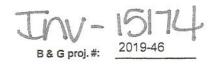
Proj. #: 19-212 Date of Notification (1) 1 0 / 1 0 / 1 9 Agencies Notified	ation ;	Meghan Street Addre	(Pursi	ner/Operator (2	best 8:6	NJ os Abatement O and 12 120)	ASBE	C E OCT 16	ONT	19	And the second s	
Cancellatio	on	Meghan	Palabric									
			FAC	ILITY INFORM	ATIO	N						
Residential Street Address	is taking p	ace (3)					Subcl	(4) of (K - 12) napter 8 (C (Private/C /Homes, e	omme		(-12)	A.
City (5)	I Cou	nty (6)			-		Square Feet	# of Floo	rs		dg. A	ge
Oity (0)	000	iity (O)				unty Code (7) ate use only)	1,200 SF Current Use (F	02 Prior if hein	a den	70	ed)	
Maplewood, NJ 07040	Ess						Residential					
Name of Monitoring Firm Hired by	Blag. Own	er (8)		ASCM No.		Name of Abatemen						
N/A Street Address					=	KLOMAX, LLO Street Address	2					
						309 W. End Av	e					
City, State, Zip Code					_	City, State, Zip Code			oc medica			
						Hopatcong, NJ	07843					
Project Manager for Monitoring Firm	n	Ph	one Numb	er		Telephone Number		License		per		
01 15 1 (10)		l_				833-455-6629 Name of OSHA Mor	nitor		2007			
Start Date (10)	1	d. Completio	n Date (1	1)		KLOMAX, LL						
10/25/19	10/30					Street Address						
Occupancy Status During Abateme Facility closed/vacated during			ment			309 W. End Av						
Abatement performed outside	of normal	facility hour	S-			City, State, Zip Code	2					
Describe: NORMAL F	HOURS				-	Hopatcong, NJ	07843					
Scope of Work (check all that appl	y)					П	Full Containment v	v/negative	press	ure		
\boxtimes >3 sf or >3 lf	Renovation	n					Mini-enclosure					
≥160 sf or ≥260 lf	Demolition	1					Glovebag procedu Non-Exempted (*)		friable	proce	edure	15
Location of	Is location	n normally usenance/cust	sed solely						R	R	Е	Е
asbestos-containing material (acm) to be	staff(12)	1		Descriptio material (A		sbestos-containing	Amount (Specify S	SF or	m	р	n C	n
abated in facility (13)	Yes	No	N/A				ĹF)		o v	a i	a p	Ľ
Basement		X		Pipe Insulat	ion		30 LF		e	f	П	
					Olivina a							
Registered Waste Hauler	INIDE	P Hauler II)# C	ubic Yards of W	laste	Name of Registered	I andfill			Ш	Ц	Ш
KLOMAX, LLC		8241	A1000	yds		TULLYTOWN,		COVER	Y			
City, State			Disposal D	ate		City, State						
Hopatcong, NJ 07843 Completed by (Print or Type)	Title		TBD	Signature	-	TULLYTOWN	, PA	I p.,				
Paige Boylan	Owner			-3.10.00	5			Date 10/10/1	19			



Notification of Aspestos Abatement (Pursuant to NJAC/8:60-7 and 12:120-7)

Check # 9636

					LITTO	gonoy				rite construction		-	
Date of Notification (1)	. 0 . 1	N		THE OWNER WHEN THE PARTY OF THE	er/Operator (2)			ME	GE		<u> </u>		M
11 10 1/10 18 1/11			Passaid	County 7	Tech Institu	te					110,252		
□ EPA	Notificatio	on S	treet Addr	40 1998 1995				A CONTRACTOR OF THE CONTRACTOR	DCT 1	5 20	119	Management of the Parket	UII
D DEP	Initial	- 11		nhardt Ro	oad				001 13	2 (1	110	1-	
_	Amendm			Zip Code					TANKA KATANINA MATANIA	unessa som i and	polipsi de	1	
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X DOH	0	11	ame of Co	ntact				Telephor	ne Number	COMMISSION		ene-onem	PARTICIPATION OF
□ DCA □	Cancellat	ion	Glenys	Herrera				Cell #	973-767-	492	3		
				FACI	ILITY INFORM	IATION							
Name of facility where aba	tement is	taking pla	ce (3)					Type of Facility					
Passaic County Tec	h Institu	ite							ol (K - 12)	LL 41	V	10\	
Street Address								1	napter 8 (O			12)	
45 Reinhardt Road								Bldgs.	<i>Ì</i> Homes, et	c.			
		T 0	t · (0)					Square Feet	# of Floors	- 1		ig. A	ge
City (5)		Cour	ity (6)			0.0000000000000000000000000000000000000	nty Code (7) te use only)	50,000 Current Use (F			50+	d)	
Wayne		Pas	ssaic			(0.0.	,/	High Schoo			UIISITE	u	
Name of Monitoring Firm H	lired by B	ldg. Owne	er (8)		ASCM No.	' П	Name of Abatement				100 p. Mr.		
EnviroVision				1	0079		B & G Restorat	ion, Inc.					
Street Address							Street Address						
20-10 Maple Aveni	ue, Build	ding 35E	<u> </u>				105 Ryerson F	load					
City, State, Zip Code Fair Lawn, NJ 074	10					City, State, Zip Code Lincoln Park,	N.I 07035						
Project Manager for Monito	ring Firm		ΤP	hone Numb	er		Telephone Number		License	Numb	er		_
Frederick Larson	9			73-636-91			(973)696-686	9		378	0		
Scheduled Start Date (10)		Sched		ion Date (1	44.74.2000		Name of OSHA Mon	270					
10/10/2019			3/2019				B & G Restorat	ion, Inc.					100
Occupancy Status During A	T	_					Street Address 105 Ryerson R	aad					
Facility closed/vacate				ement			City, State, Zip Code	oau 					
Abatement performed							City, State, Zip Code						
Describe: OCC	upied	-				-	LincolnPark, N	J 07035					
Scope of Work (check all t				***************************************									1 /
Demolition	X	Renovatio	n			□F	ull Containment w/ne	gative pressure	Gloveb	ag pr	ocedu	re	
3	X >	160 sf or	>260 If			Пм	lini-enclosure		✓ Non-fri	able i	oroceo	dure	
Location of				used solely	yl					R	R	E	T
asbestos-containing		by mainte staff(12)	nance/cu	stodial	Descripti	on of as	sbestos-containing	Amount		e m	e p	n	n
material to be abated in facility (13)			N.	T	material	(ACM)		(Specify S	SF or	0	a	а	C
addied in rading (10)		Yes	No	N/A						v e	r	р	
Room # C202				×	VAT			2934 sf		X			
													1
						-				님	부	님	11
				4	<u> </u>			_		片	님	부	+
Registered Waste Hauler	L	INIDE	P Hauler	ID# 1.0	ubic Yards of	Waste	Name of Registered	Landfill			Ш	Ц	1-
B & G Restoration, In	C.		19563		7		Grand Ce	ntral Landfill					
City, State Lincoln Park, NJ				Disposal D 10/11	Date 1 -14/19		City, State Pen Argyl	e, PA					
Completed by (Print or Type	e) T	Title		1	Signature		L		Date	-			
Gordana Luna		Secreta	ry/Treas	urer			Gordana Luna		10/08	3/201	9		



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

Check # 9635

Date of Notification (1)	l Name o	of Building Own	er/Operator (2)	`		INE	GE	1 1//	E Park
11 0 / 0 8 / 1 9	11	son County			ge		. 6 6	I W	
Agencies Notified Type Notificati	J Sueer 7	ournal Squa	are, 14th Flo	or			OCT 16	2019	TU
DEP Emergency DOL Amendr		ate, Zip Code sey City, NJ	07306			AS	BESTOS CO	ONTROL	_&
₩ DOH		f Contact				Telephon	e Number No	NG	Charles No The Control
DCA Cancella	llya llya	Ashmyan				(201)3	60-4099		
		FAC	ILITY INFORM	ATION					
Name of facility where abatement is Hudson County Community			oter 8)			=	I (K - 12)	11 12 di	0)
Street Address		·					apter 8 (Other Private/Comm		2)
81 Sip Avenue						Bldgs./	Homes, etc. # of Floors		. Age
City (5)	County (6)			1833270-1	nty Code (7)				
Jersey City, NJ 07306	Hudson			(Sta	te use only)	Current Use (Pr	rior if being de	nolished)	ř:
Name of Monitoring Firm Hired by E	Bldg. Owner (8)		ASCM No.		Name of Abatement C	ontractor (9)			
n/a 					B & G Restoration	n, Inc.			
Street Address					Street Address 105 Ryerson Ro	ad			
City, State, Zip Code				-	City, State, Zip Code		Section grants or the 1999	No.	
					Lincoln Park, N	J 07035	-		
Project Manager for Monitoring Firm		Phone Numb	er		Telephone Number (973)696-6869		License Num 00378		
Scheduled Start Date (10)	Sched, Com	pletion Date (1	1)		Name of OSHA Monitor B & G Restoration				
10/09/2019	10/10/20	19			Street Address				
Occupancy Status During Abatemen	The state of the s				105 Ryerson Ro	ad ——————			
Facility closed/vacated during Abatement performed outside Describe:	of normal facility	hours-		_	City, State, Zip Code Lincoln Park, NJ	07035			
Other-Describe: start 8:00 a)	W-45040	<u>- 11</u>					
) Renovation				ull Containment w/nega	tive pressure	☐ Glovebag p		
≥ >3 sf or >3 lf	≥160 sf or ≥260 h			X N	fini-enclosure	L	Non-friable	procedur	e
Location of asbestos-containing material to be	ls location norm by maintenance staff(12)	ally used solely custodial	1		sbestos-containing	Amount (Specify S	For o	R e n	n n
abated in facility (13)	Yes N	o N/A		((a)(a)(a)(a)(a)		LF)	v e	i p	
basement		X	pipe (wrap	& cu	t)	20 lf	X		品
						-			-
									言
Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hat 19563	3	ubic Yards of V 2 cy	Vaste	Name of Registered L Grand Cent	andfill ral Landfill			
City, State Lincoln Park, NJ		Disposal D			City, State Pen Argyl,	PA			1
Completed by (Print or Type) Gordana Luna	Title Secretary/Tre	asurer	Signature	(Grdana Luna		Date 10/08/20	19	

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

ACT 1 6 2010

								1111	001	10	CU	IJ			
Date of Notification (1)				Name	of Building	g Owner/Operator (2)								
10 /11 /	19			Mul	hlenberg	Urban Renewal	, LLC			0.00		Parametric Control			
Agencies Notified Type Notif	cation		-	Street	Address			AS	BESTO	ENS		3OL K			
				2 B	road Stre	eet, Suite 400		Laurence control	Patrick Control	manuscript in	(OPENSTANCE)	Print Pridates			
☑ DOLWD ☑ Amend	5151	_		City, S	State, Zip C	Code						\neg			
DOH Amend	_	_				NJ 07003									
DCA Emerge (NJAC 5:23-8) Emerge	ncy (in	cluaing			of Contac			Telephone Nu	umber						
☐ Cancel				Wai	rren Spra	ake		908-670-5							
				N CONTROL		IFORMATION						\neg			
Name of Facility Where Abatement is	Taking	Place	(3)	TAG	JILITT IN	IFORWATION	Type of Facility	(4)							
Commercial	raking	j i lacc	(0)				School (K-12	. ,							
Street Address							Subchapter 8	Other than K-	-12)						
1200 Randolph Road- Buildir	a 1						Other (i.e., pr		mercial bu	uilding	js,				
City (5)	y ı		_				homes, etc.)		l DI	da A	~~				
Plainfield							Square Feet	# of Floors	DI	dg. A	ge				
County (6)				T C = 1.11	t. Ondo /	VOTATE LICE ON VA	0		- l' - l l\						
Union				Cour	ity Code (/	()(STATE USE ONLY)	Current Use (Pri	or it being dem	olisnea)						
	:14! 0		0)	ACCM	NI-	I Nome of Alestone						_			
Name of Monitoring Firm Hired by Bu	liaing C	wner (8)	ASCM	No.	Name of Abateme						1			
Mark Jovic Consulting LLC			-				NAGEMENT L	LC							
Street Address						Street Address	•					1			
87 Main Street, Suite A						27 Outwater									
City, State, Zip Code						City, State, Zip Co									
Lincoln Park, NJ 07035						Garfield, NJ	07026								
Project Manager for Monitoring Firm				phone		Telephone No.	200	License No.							
Rick Eustaquio				3-494		973-928-4888		1188							
Start Date (10)				tion Da		Name of OSHA N		2012							
07 /19 /18)1/	31	_ / -	20	ALL PRO MA	NAGEMENT L	LC							
Occupancy Status During Abatemen	(Check	k only o	ne)			Street Address									
☐ Facility Closed/Vacated During E						27 Outwater	Lane								
Abatement Performed Outside of Time of Abatement:AM						City, State, Zip Co	ode								
Time of AbatementAM	P	VI/	_PIVI-		AIVI	Garfield, NJ	07026								
Scope of Work (Check all that apply)															
☐ >3 sf or >3 lf		⊠ Re	novati	on			tainment with Neg	jative Pressure				- 1			
⊠ ≥160 sf or ≥260 lf		☐ De					g Procedure								
2-2						☑ Non-Exe	mpted (*) and No	n-Friable Proce	dure						
		0.00	Local Norma			_			Ab	atem	ent T	уре			
Location of Asbestos-Containing Material (A)	(M)		d Sole		Ashe	Description of estos Containing Ma		Amount	Re	Re	四	四			
TO BE ABATED	,	1,25,73	intena			e., thermal systems	insulation,	(Specify	Remova	Repair	cap	Enclosure			
IN Facility		Cusi	(12)	Staff?		surfacing, VAT other miscellane		SF or LF)	/al		Encapsulate	ure			
(13)		Yes	No	N/A	1	other miscenarie	ious)				le le				
Elevator Lobbies/Floor 6 to					VAT/Ma	aetic		37,500 SF							
Recoment/Patient Roome &		-		+						-		님			
Wall Cavaties- Floor 6 to Base Basement- Electrical & Mechan					-	sulation- Wrap a	ind Cut	7,500 LF							
Room	iicai					Insulation		75 Elbows		1					
Mechanical Room					5,325,535,55	sulation		75 SF							
Name of Registered Waste Hauler			1259	IJDEP I lauler II		Cubic Yards of Waste	Name of Regis								
Newark Carting				iauiti II	J NO.	As Needed	IESI Bethle	ehem Landfil	1						
City, State						Disposal Date	City, State								
Newark, NJ						TBD	Bethlehem	, PA							
Completed By (Print or Type)	Title	е				Signature		T	Date						
Allen Monchik	P	roject	Man	ager		Allen	Monchik	2	10/11	/19					
						The second secon	A CONTRACTOR OF THE PROPERTY O								

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



				12:120-7) CONTINUATION						
				1200 Randolph Rd, Plainfield, NJ		Abateme	nt Type		ASBES	TOS CONTROL & LICENSING
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	No Main	s Locat rmally Solely itenan- ial Staf	Used by ce/Cust	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a I	R e p a i r	E n c a p s u	E n c l o s u r	generate geographic de l'archive de l'archiv
	Yes	No	N/A							
7th Floor- Mechanical										
Room 1			Х	Pipe Insulation	3,120 LF	Х				
7th Floor- Mechanical							1			
Room 1			Х	Duct Insulation	3,234 SF	Х				
7th Floor- Mechanical										
Room 1			Х	Elbows	48	Х				
7th Floor- Mechanical										
Room 2			Х	Pipe Insulation	3,500 LF	Х				
7th Floor- Mechanical										
Room 2			Х	Duct Insulation	5,200 SF	Х				
7th Floor- Mechanical										
Room 2		i	Х	Elbows	62	Х				
Floors 1 through 6			Х	Air Cell Insulation	600 SF	Х				
1st Floor			Х	Duct Insulation	245 SF	Х				
2nd Floor			Х	Duct Insulation	245 SF	Х				
3rd Floor			Х	Duct Insulation	245 SF	Х				
4th Floor			Х	Duct Insulation	245 SF	Х				
5th Floor	$\overline{}$		Х	Duct Insulation	245 SF	Х				
6th Floor			Х	Duct Insulation	245 SF	Х				
7th Floor			Х	Duct Insulation	245 SF	Х				
8th Floor			Х	Duct Insulation	245 SF	Х				
Exterior- Roof			Х	Roof Flashing	1,500 LF	Х				
2nd Floor- Interior			Х	Window Weather Proofing	396 SF	Х				
3rd Floor- Interior			Х	Window Weather Proofing	396 SF	Х				
4th Floor- Interior				Window Weather Proofing	396 SF	X				
5th Floor- Interior			-	Window Weather Proofing	396 SF	X				
6th Floor- Interior			Х	Window Weather Proofing	396 SF	X				
	F	F								
	6 II			1		0.00			1 1	

Completed by: (Print or type) Allen Monchik	Title:	Project Manager	Signature: Allen Monchik	Date: 10/11/19
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K37581	-15/8		FIC (P	ATION	OF ASI	ew Jersey BESTOS ABAT C 8:60 and 5:16	EMENT 6)	E C E I	V 2015	E				
Date of Notification (1)			10	Name	of Building	Owner/Operator (2) led troit					-		
	09 / 19		Sec.	AR	C Buildin	g Partners		27	-	CONTRACTOR ON THE		-		
Agencies Notified	Type Notification			Street	Address		-	ASBESTOS CO		<u> </u>		-		
⊠ EPA	☐ Initial			49 (JS 202		Lawrence	LICEIRO	140	THE PERSON NAMED IN	BERTHOOD CO.	money		
□ DOLWD	☐ Amended				State, Zip C	'ode			_					
□ DOH	Amendment #_													
☐ DCA		cluding			Hills, NJ									
(NJAC 5:23-8)	justification) Cancellation				of Contact	Si nate		Telephone Numb						
	☐ Cancellation			Cra	ig Verha	sseit		908-658-3900)					
				FAC	CILITY IN	FORMATION								
Name of Facility Where A	batement is Taking	Place	(3)				Type of Facility (4)						
Warehouse							School (K-12)							
Street Address								(Other than K-12) ivate and commerce	sial bu	ildina				
40 Bennett Road							homes, etc.)	ivate and commen	ciai bu	liding	5,			
City (5)							Square Feet	# of Floors	Blo	ig. Ag	ie			
Englewood							20,000	1	11.57.55.0	30	15.			
County (6)				Coun	ty Code (7	(STATE USE ONLY)		or if being demolish		_				
Bergen				000	1, 0000 (1	(67/1/2 002 0/12/)	Warehouse	or it being demons	icu)					
Name of Monitoring Firm	Hired by Building C	hunar /8	5)	ASCM	No	Name of Abateme			_		- 7	-		
Environmental Tact		wilei (c	"	ASCIVI	INO.									
Street Address	.105						ntracting, Inc.							
64 Broad Street						Street Address								
		1				1889 Route 9								
City, State, Zip Code						City, State, Zip Co								
Matawan, NJ 07747					2001	31	New Jersey 087	755						
Project Manager for Moni	toring Firm		Tel	ephone I	No.	Telephone No.		License No.						
Tom Geiger			7	32-290	-2217	732-349-9932		00624						
Start Date (10)	Sched	uled Co	mpl	etion Da	te (11)	Name of OSHA M	lonitor							
10 / _10_ /	191	1_/	_ 0	1_/_	19	E.M.S.L. Anal	lytical							
Occupancy Status During	Abatement (Check	only or	ne)			Street Address	100 × 100 ×							
□ Facility Closed/Vacate				ement		1056 Stelton	n							
☐ Abatement Performed					cribe	City, State, Zip Co	nde					-		
Time of Abatement: _								254				- 1		
Scope of Work (Check all	that apply)					Piscataway, New Jersey 08854								
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf	тыс арргуу	☐ Ren 図 Den				☐ Mini-Enc ☐ Glovebag	g Procedure	ative Pressure	e					
				ation					Ab	ateme	ent Ty	/pe		
Location			orm	ally lely by	200000000000000000000000000000000000000	Description o			D	D	ш	m		
Asbestos-Containing I TO BE ABA				ance/		stos Containing Ma ., thermal systems		Amount (Specify	emo	Repair	nca	nclo		
IN Facilit		Custo		Staff?	(1.6	surfacing, VAT,		SF or LF)	Remova	=	Encapsulate	Enclosure		
(13)			(12		-	other miscellane		,	-		late	ro'		
		Yes	No	N/A										
exterior			\boxtimes		all dem	olition debris		20,000 sf	\boxtimes					
		П	П	Тп					П	П	П	П		
						(4)				П		\Box		
Name of Registered Wast	te Hauler	_	\exists	NJDEP V	Naste	Cubic Yards of	Name of Regist	tered Landfill						
_				Hauler II		Waste								
City, State Disposal Date City, State														
Completed By (Print or Ty		175				Signature	71	Da	te	1				
Nicholaster	nicola 1	TO1	10	+ m	410411		- June - Commence	10/9/19						

	U	V:	-1	ال ال	81	
(Th?	75	38	9		
	Date of No	otificatio	n (1)			
		10	_ / _	09	_ / .	
	Agencies	Notified		Туре	Notific	ati

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

1101000	T		(P	ursuar	nt to NJA	C 8:60 and 5:1	6)					
Date of Notification (1)			-	Name	of Buildin	g Owner/Operator ((2)	OCT 1	6 2	019	- 1	1
10/	09 /	19		2000	e Gillespi			3-	7.5	8	7	
Agencies Notified	Type Notifica	ation		Street	Address			ASBESTOS	CON	TRO	_ &t	orașe la residente
⊠ EPA	☐ Initial			5 C	hris Cou	rt, Suite G		LICE			come/	n garage (CAP)
□ DOLWD	☐ Amended	i			State, Zip C	24. 30.14. 20.14. 20.14. 20.					Walling Co.	
⊠ DOH	Amendme				yton, NJ			52.5				
DCA (NJAC 5:23-8)			9		of Contac			Tolophono Numb				
(NJAC 5.25-6)	Cancellat			Description of the	lissa Sen			973-906-1862				
						FORMATION		370-300-1002				
Name of Facility Where A	batement is T	Taking Place	(3)	170	OILITT III	TORWATION	Type of Facility	(A)			-	
Hamilton High Scho		anng r laoc	(0)				School (K-12					
Street Address								8 (Other than K-12)				
2720 S. Clinton Ave	nuo						Other (i.e., p	rivate and commerc	cial bu	ilding	S,	
	ilue						homes, etc.)		1727			
City (5) Hamilton							Square Feet	# of Floors		dg. A	ge	
County (6)				Cour	h. O. d. /7	VOTATE LIGE ON VA	100,000	2		60		
Mercer				Cour	ity Code (/)(STATE USE ONLY)		ior if being demolish	ned)			
Name of Monitoring Firm	Hirad by Build	ding Owner	(0)	ASCM	No	Name of Abotes	School					
Karl & Associates	med by build	anig Owner	(0)	ASCIVI	NO.	Name of Abateme	ntracting, Inc.					
Street Address						Street Address	macung, mc.					
20 Lauck Road						1889 Route 9	Unit 61					
City, State, Zip Code						City, State, Zip Co				0		
Mohnton, PA 19540							New Jersey 08	755				
Project Manager for Monit	oring Firm		Tele	ephone	No.	Telephone No.		License No.				
Ed Karl				10-856		732-349-9932	2	00624				
Start Date (10)	5	Scheduled C	omple	etion Da	te (11)	Name of OSHA M	Monitor				-	
10 /09 /		10 /				E.M.S.L. Ana	lytical					
Occupancy Status During	Abatement (0	Check only	one)			Street Address	<u> </u>					
☐ Facility Closed/Vacated						1056 Stelton						
Abatement Performed						City, State, Zip Co	ode					
Time of Abatement:	AM	PM/	PM		AM		New Jersey 08	854				
Scope of Work (Check all	that apply)											
≥3 sf or ≥3 lf		⊠ Re	novat	ion			tainment with Neg	gative Pressure				
≥160 sf or ≥260 lf			moliti			☐ Mini-End	g Procedure					
						Non-Exe	mpted (*) and No	n-Friable Procedure	Э			
1		1 1	Loca		1	_	_		Ab	atem	ent T	ype
Location of Asbestos-Containing N		1000		ely by	Ashe	Description of stos Containing Ma		Amount	Re	Re	En	Ē
TO BE ABA	ΓED	Ma		ance/		., thermal systems		(Specify	Removal	Repair	cap	clos
IN Facility	1	Cus	todiai (12)	Staff?		surfacing, VAT		SF or LF)	\\ \alpha		Encapsulate	Enclosure
(13)		Yes	No	N/A	1	other miscellane	eous)				ate	
Trainers Room		No.			achata	s floor tile		055 -6				
Trainers Room					aspetos	s noor the		855 sf			Ц	
Name of Registered Waste	e Hauler			NJDEP N		Cubic Yards of	Name of Regis	stered Landfill			J. 776523	
Guardian Contractin	g, Inc.		F	lauler II 20223		Waste 3	T.R.R.F.					
City, State				20220		Disposal Date	City, State					
Toms River, New Je	rsey					10/10/19	Tullytown,	Pennsylvania				
Completed By (Print or Ty	pe)	Title				Signature	1	Dat	te	1	1	
Nicholas Fernicola		Project	Man	ager		1		and the same of th	10	19	11.	9

Inv# 15	241		St	ate of	New Jersey	,	I P	@ F	ם ה	77	
OVOD OD	NOTIF	ICAT	ION	OFA	SBESTOS	ABATE	EMENT (1)	CE			
CK DULY IT	ALLU) (Pu	ırsua	nt t	0 <u>N.J.</u>	<u>A.C.</u> 8:60 an	d 12:1	20)			A-44-7 (2-44-54)	
Date of Notification (1)	-	Na	ame	of Buildir	ng Owner / Opera	ator (2)		OCT 1 6	20	9	
Agencies Notified Type Notified		Pa	arkv	iew at (Collingswood	Urban F	Renewal Owner L	LC	-0	***	1
⊠ EPA 7	ication	151	reet.	Address	se Road		- L	ESTOS CO	More		
☐ DEP ☐ Init		Ci	ty, St	tate & Zip	Code		100	LICENS	NG NG		L
N 5011	ended	Ki	ing c	of Pruss	ia, PA 19406			200	medical state	News Constituted	AND PROPERTY.
	ergency ncellation			of Contact						Num	
			2.000					856-8	354-5	906	
Name of Facility Where Abater	nent is Taking Plac	co (3)			Type of Fa	oilib. (4)					
Worgan Properties/Parkvie	ew at Collingsw	rood-*	Buil	ding B	Schoo	I (K-12)					
Street Address 700 W. Browning Road					☐ Subch	apter 8 (Other than K-12)				
700 W. Browning Road						(i.e. priva	ite & commercial bu	ildings, ho	mes,	etc.)	
City (5)	County (6)	Coun	ty Co	ode (7)	Square Fee		# of Floors	Bldg. A			
Collingswood	Camden		., 00) dc (/)			9 + basement being demolished)		70)	
Nome of Maritaria El III				AND - 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Apartmen	its	being demonstred)				
Name of Monitoring Firm Hired Health & Safety Services	by Building Owner	r (8)		ASCM N		atement	Contractor (9)			A CHILD	
Street Address					Street Addr	Manag	ement Group, LL	.C.			
P.O. Box 365	252.2						venue, Suite 202				
City, State & Zip Code Berlin, NJ 08009					City, State 8	& Zip Cod	de				
Project Manager for Monitoring	Firm IT	elepho	ne N	umbor	Trenton, N						
Jim Proctor	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	56-839			Telephone 1 609-914-42	Number 279	Licen	se Numbe			
Scheduled Start Date (10) 10/22/2019	Scheduled Comp	letion E	Date	(11)	Name of OS	SHA Mon		011	00		
Occupancy Status During Abate	ment (Check only	/4/201	9		J&S Envir	onment	al Laboratories,	Inc.			
☐ Facility Closed/Vacated	During Entire Peri	od of A	bate	ment	Street Addre 2333 Rout		no.				
Abatement Performed C	utside of Normal H	Hours -	- 7an	n to 6pm	City, State 8	Zip Coo	le				
Describe: Including Facility Occupied During	Weekends				Union, NJ	07083					
Scope of Work (Check all that a	Abatement oply)										
	- 177						Full Containment wi	th Negative	Dro	cour	
≥3 sf or ≥3 lf≥160 sf ≥260 lf				ation			Mini-Enclosure		, 116	SSUIC	ŧ.
Z =100 31 2200 11	L	_ D	emol	ition			Glove Bag Procedu	es			
Location of		Is Loca	ation	1	Descriptio	L P	Non-Exempted and				
Asbestos-Containin Material (ACM)	g N	ormally	/ Use		Asbestos-Cor	ntaining	Amour (Specif		atem	ent T	ype
TO BE ABATED	M	Solely aintena		or	Material (A (i.e., thermal s	(CM)	SF or L	F)		g	m
in Facility	Cu	ustodia	I Stat	ff?	insulation, surfa	cing, VA	т	Remova	Repair	Encapsulate	Enclosure
(13)	Ye	(12 es No		/Δ	or other miscel	laneous)		val	air.	ulat	sure
Building B-Storage Room					Pina Inqui	otion	070 ! =			0	
					Pipe Insula	auon	370 LF		H	H	H
									H	H	H
		412	1								
		+ -	+	-							
Name of Registered Waste Haule	er	N	JDE	P Waste	Cubic Yards	Name	of Registered Landf		Ш		Ш
Resource Management Gro	In II C	H	auler	r ID No.	of Waste			ш			
City, State	ıp, LLC.	0	0352	218	TBD		Landfill				
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Agencies Notified Type Notification				Address rk Stree	 et			The state of the s		- 101	0 4	15)	1 100	1
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treet Address 20-21 Wagaraw Road Bldg. 35E						Street /	Addre							
city, State, Zip Code Fair Lawn, NJ 07410	 					City, St	ate, z	Zip Code NJ 07512					-	
roject Manager for Monitoring Firm Frederick Larson			Telepho 973-6	ne No. 36-914	5	Telepho	one N		T	License 0666				
art Date (10) 10/07/2019	Schedul 10/18	ed Cor 3/2019	mpletion	Date (11)				HA Monitor nstruction	& Res					
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SB-41 (R-06-08)				* Do not use this form for asbestos licensure exempted activities.										

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 10 10 19 Brookfield Properties Retail, Inc. Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial 350 N. Orleans Street, Suite 300 ☑ DOLWD M Amended ASSESTOS CONTROL & City, State, Zip Code Ø DOH Amendment #1 LICENSING ☐ DCA Chicago, IL 60654 ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation John McLaughlin 732-542-0334 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Monmouth Mall School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 180 NJ 35 homes, etc.) City (5) Square Feet # of Floors Bldg. Age Eatontown 1,500,000 2 59 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Monmouth Commercial Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Batta Environmental Associates, Inc. Shade Environmental, LLC Street Address Street Address 6 Garfield Way 623 Cutler Avenue City, State, Zip Code City, State, Zip Code Newark, DE 19713 Maple Shade, NJ 08052 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Steve Woronicak 302-737-3376 856-755-0099 00842 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 09 / 30 / 19 11 01 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/11:00PM-7:00AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or >3 If □ Renovation ☐ Mini-Enclosure ≥ 160 sf or ≥ 260 If Demolition ☐ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Repair Enclosure Asbestos Containing Material (ACM) Ericapsulate Removal Amount TO BE ABATED Maintenance/ (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Towns Square Area 1 Exterior Roof \boxtimes Roof Field, Flashing, Curb Flashing 20,000 SF

Completed By (Print or Type)

Christina Fay

ASB-41

JAN 13

Title

Vice President of Operations

Signature

Vice President of Operations

NJDEP Waste

Hauler ID No.

15939

Name of Registered Waste Hauler

Freehold Cartage

Freehold, NJ

City, State

Cubic Yards of

Disposal Date

11/01/2019

Waste

90

Name of Registered Landfill

Date

10/10/09

Fairless Landfill

Morrisville, PA

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Project Manager for Monitoring Firm			Telepho	one No.	Telepi	hone No 333-5	o.	License 01274	No.			\dashv
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 10 9 St. Luke's Hospital Agencies Notified s 2010 Type Notification Street Address ☐ EPA 185 Roseberry St. **⊠** DOLWD ☐ Amended ☑ DHSS City, State, Zip Code Amendment #_ ASSESTOS CONTROL & ☐ DCA Phillipsburg, NJ 08865 ☐ Emergency (including LICENSING (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Ted Ruhf 908-239-5007 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) St. Luke's Hospital School (K-12) Street Address Subchapter 8 (Other than K-12) 185 Roseberry St. Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Phillipsburg, NJ 08865 Bldg. Age 100,000+ County (6) 2 41+ County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Warren Name of Monitoring Firm Hired by Building Owner (8) Hospital ASCM No. Name of Abatement Contractor (9) Criterion Laboratories NA Alliance Environmental Systems Street Address Street Address 3370 Progress Drive 550 East Union St. City, State, Zip Code City, State, Zip Code Bensalem, PA 19020 West Chester, PA 19382 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Mike Panepresso 215-244-1300 610-701-9000 00508 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __10__ / __23__ / __19__ 10 / 24 / 19 AET Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 28 N. Pennel Road Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ City, State, Zip Code PM/8:00PM-4:30AM AM-Media, PA 19063 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 If □ Renovation ≥160 sf or ≥260 lf Demolition ☐ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Normally Location of Abatement Type Description of Asbestos-Containing Material (ACM) Used Solely by Asbestos Containing Material (ACM) Repair Removal Encapsulate Enclosure TO BE ABATED Maintenance/ Amount (i.e., thermal systems insulation, Custodial Staff? IN Facility (Specify surfacing, VAT, or (13)(12)SF or LF) other miscellaneous) Yes No N/A 1st Floor IR / Cath Lab \boxtimes VAT & Mastic 145 SF \boxtimes П П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Rizz Containers & Disposal Hauler ID No. Waste WM Grand Central Landfill 34666 40 City, State Disposal Date City, State Easton, PA TBD Penn Argyl, Pa Completed By (Print or Type) Title Signature Mark H. Griffin Estimator ASB-41 MAY 11 * Do not use this form for asbestos licensure exempted activities.

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 10 09 19 The Village Charter School Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial 101 Sullivan Way **⊠** DOLWD ☐ Amended ASSESTOS CONTROL & City, State, Zip Code **⊠** DOH Amendment # LICENSING Trenton, NJ 08628 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number □ Cancellation Paul DeWitt 609-695-0110 x 116 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) The Village Charter School School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 101 Sullivan Way homes, etc.) City (5) Square Feet # of Floors Bldg. Age Trenton 6.000 2 100 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Mercer School Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Epic Environmental Services, LLC Shade Environmental, LLC Street Address Street Address 1930 Brown Road 623 Cutler Avenue City, State, Zip Code City, State, Zip Code Newfield, NJ 08344 Maple Shade, NJ 08052 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Jim Eberts 856-205-1077 856-755-0099 00842 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __10__ / __14__ / __19 __10__ / __18__ / __19 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-___AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure $\boxtimes \ge 3$ sf or ≥ 3 If □ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf ☐ Demolition ☐ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Removal Encapsulate Enclosure Repair 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 **Building B First and Second Floors** X Window Glazing 100 SF П П П Name of Registered Waste Hauler NJDEP Waste Name of Registered Landfill Cubic Yards of Freehold Cartage Hauler ID No. Waste Fairless Landfill 15939 City, State Disposal Date City, State Freehold, NJ 10/18/2019 Morrisville, PA Completed By (Print or Type) Title Signature Date Christina Fay Vice President of Operations 10,19

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) MERCK SHARP & DOHME CORP. 10 /2019 Street Address Agencies Notified Type Notification 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 Initial Notification EPA City, State, Zip Code DEP Amended Notification RAHWAY, NEW JERSEY 07065 DOL ASSESTOS CONTROL & Cancellation DOH On Hold #1 Name of Contact Telephone Number DCA **EMERGENCY NOTIFICATION** KINNARI PATEL 732-594-6352 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) MERCK SHARP & DOHME CORPORATION Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 126 EAST LINCOLN AVENUE - Exterior Pipe Rack Between Bldg 55 & 32 N/A N/A N/A City (5) County (6) County Code (7) Current Use (Prior if being demolished) RAHWAY UNION (STATE USE ONLY) COMMERCIAL Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ENVIRONMETAL HEALTH INVESTIGATIONS, INC. PAR ENVIRONMENTAL CORPORATION 17 Street Address Street Address 655 WEST SHORE TRAIL 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code SPARTA, NEW JERSEY 07871 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number WILLIAM S. KERBEL, CIH 973-729-5649 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor /19 12 / 30 /19 QUALITY ENVIRONMENTAL Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1376 ROUTE 9 Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM City, State, Zip Code WAPPINGERS FALLS, NEW YORK 12590 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini Enclo, >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure (EXTERIOR) Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount REMOVAL REPAIR ENCAPSUL ENCLOSUR Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) or other miscellaneous) Staff (12) Yes No N/A Exterior Pipe Rack Between Bldg 55 & 32 X Pipe Insulation 140 LF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill FREEHOLD CARTAGE, INC. Hauler ID No. LYCOMING COUNTY RESOURCE MANAGEMENT SE 10 825 HIGHWAY 33 15939 447 ALEXANDER DRIVE/ROUTE 15 City, State Disposal Date City, State FREEHOLD, NEW JERSEY 10/16-12/30/19 MONTGOMERY, PA 17752 Completed by (Print or Type) Signature

DIRECTOR OF OPERATIONS

BENJAMIN SANCHEZ

Date

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where Abatement Is	raking	Plac	ce (3)				Туре	of Facility	(4)				
MERCK SHARP & DOHME CORPORA	TION							School (K	-12)				
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SPARTA, NE	W JER	SEY	0787	1			SUFFE	tate, Zip (ode / YORK 109				
Project Manager for Monitoring Firm		Tel	ephor	ne Number		PERSONAL SERVICE	Teleph	one Numi	ner TORK TUS	-	- NII		
VILLIAM S. KERBEL, CIH		973	-729-	5649			845-36		JC1	License	e Numi	oer	
xpected State Date (10) 10 / 16 /19	Sch	ed. C	omp	letion Date	(11)			of OSHA I	Monitor	1101			
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cope of Work (Check all that apply)						l= " ~ .	M	/APPING	ERS FALLS	, NEW	YORK	12590	į.
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Proj. #: 19-206 Date of Notification (1) 1 10 /10 9 / 1 19 Agencies Notified Type Notification EPA Initial Amended Amendment # DEP DOL DOL DOL DOH DOH Amendment #	etion Stro		suant to NJA	best C 8:6	NJ os Abatement 60 and 12:120)	ASSES	TOS COI ICENSIA	IG_		The same of the sa	The second secon
DCA justification)	Peter Kennedy				Telepho	ne Numbe	r			
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Name of facility where abatement Residential Street Address	is taking place					Subch	ol (K - 12) napter 8 (C	ther to			
- City (5)	County	(6)		Cot	unty Code (7)		# of Floor	'S	60	ldg. A	lge
Maplewood, NJ 07040	Essex				ate use only)	Current Use (P		g den		ed)	
Name of Monitoring Firm Hired by			ASCM No.	\top	Name of Abatement	Residential Contractor (9)					
N/A Street Address					KLOMAX, LLO						
City, State, Zip Code Project Manager for Monitoring Firm		Phone Numi	ner .	_	309 W. End Avo City, State, Zip Code Hopatcong, NJ Telephone Number						
		I none want) Ci		833-455-6629		License 03	2007	er		
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Proj. #: 19-174 Date of Notification (1) 1 0 / 0 9 / 1 9 Agencies Notified Type Notific EPA Initial DEP Amended		Wichert Street Add 272 Bel	(Pur Building Ov Realtors ress	suant to NJA wner/Operator (2	sbes .C 8:	NJ tos Abatement 60 and 12:120)	JAN DEG DOCT	# 15 E 1 W		Suppose and the suppose and th	Constitution of the Consti	
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Street Address					-	Street Address	21			_		
						309 W. End Ave						
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D ' D '	Title Owner			Signature	1			Date 10/09/19				

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Date of Notification (1) 10/09/2019			Name Beth	of Buildir el Fren	ng Owner ch Seve	r/Operato enth Da	r (2) ay Ad	dventists (hurch	- 001 1	-1-	b 21	119	and and the same of the same o
Agencies Notified Type Notification EPA Initial	n		7	Address Hillcres	t Avenu	ıe		to the depleted pages	1	ASBEST	OS C	ONT	ROL	&i
DEP Amended Amendmen Emergence				tate, Zip ton NJ						T Commission	CENS	SIMES		ad directory.
DOH justification Cancellation	1)	ıg	Service services	of Contac son Inn					1 333	elephone N 09-649-9		r		
Name of Equility Where About 11 To			FAC	CILITY IN	FORMA	TION								
Name of Facility Where Abatement is Taki Bethel French Seventh Day Adve	ing Place entists C	(3) Churc	:h				Тур	oe of Facility	1880*(/) (0-00/)		1100			
Street Address 203 Hillcrest Avenue							X	School (K- Subchapte Other (i.e.	8 (Oth	ner than K	-12) rcial bu	uilding	ıs, hor	nes,
City (5) Trenton NJ 08618							Squ 20	etc.) uare Feet 00	# 0	of Floors		Bldg 50+	Age	
County (6) Mercer				Code (7)				rent Use (Pri urch	or if be	ing demol	ished)			
Name of Monitoring Firm Hired by Building EAGLE IHA Inc	Owner (8	3)	ASC	M No.		Name ELC	of Ab	eatement Cor Environme	ntractor ental I	· (9)				
Street Address 359 Dresher Road						Street 150		ess nwood Dr						
City, State, Zip Code Horsham, PA 19044						City, S	tate,	Zip Code		2 0202000000	-		-	
Project Manager for Monitoring Firm		Telepho			Teleph		ton Crossi No.	ng, P	A 18977 License					
Mark Hays Start Date (10)	0.1.1		1	72-608				7427		01225				
10/24/2019	11/15	/2019	ompletion 9	Date (11)	Name		SHA Monitor			28-2-1112			
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Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of nal Facilit	Abate y Hou	ement Irs			City, St	tate, 2	Zip Code				in the second		
Scope of Work (Check All That Apply)		_	-								-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renov				×	Mi Gl	ull Containme ini-Enclosure ovebag Proc on-Exempted	edure					
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Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	inten	Staff?	Asbes (i.e.	tos Cont thermal surfac	aining Ma systems cing, VAT niscellane	ateria insul , or	ation,	(S	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
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Sanctuary		X		p	olaster			200	00 SF	Х				
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TIGITE GOSEK	Proje	ct M	anager		_/	//	6	se (11	0/09/	2019		

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

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Eschenseck , N.J. 07601

Estimator

De not use this born for authorites Bosessara

J. MALORANO

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:120)

CK 7901

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Date of Notification (1)			P			g Owner/Operator		删馬	6	61	W		5	-
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	dication) cellation	*:				DECKE	72	-1			-			ا
						ORMATION			***************************************					_
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							homes, etc.)	1000	0.000	200-200			
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County (6)				County ONLY)) (STATE USE	Current Use (P	rior if being d	emolis	hed)				
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Name of Monitoring Firm Hired b (8)	y buscang Owne	# '	ASCM !	Mo.		•	moval In							
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City, State, Zip Code						City, State, Zip C		DC			entreck s			_
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Project Manager for Monitoring I	im	Te	lephon	e No.		Telephone No.		License N						
						201-329	75 IR URBS	003	88		_=	-	20 10 1-12	_
Start Date (10) 10/28/19	Scheduled Co					Name of OSHA	Mondor Environm	ontol						
Occupancy Status During Abate			9/1			Street Address	RHATIOHH	ental						_
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☐ Facility Closed/Vacated During ☐ Abatement Performed Outside	g Emme Penod o e of Normal Faci	r adat Ety Hou	ement urs			City, State, Zip C			٠.	110000000				-
27 Other - Describe: 8100.	S OTHE	100	PM			S. Had	ckensack	,N.J.	07	606				_
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Asbestos-Containing Mater	ial (ACM)	Ma	intenan	ce/		stos Containing M	atorial (ACM)		ount eatly		7	70	Eno	11 3
TO BE ABATED IN Facility		ç	ustodia Staff?	al	(E.e	sufficing, VA		SF	r LF)		Removal	Rephir	noapsulat	2000
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Best Removal	Inc	II)	1000	109		3420	CUMBERL	AND Am	DAT	Y LA	ND	Fil	i	
City, State						Disposal Date	City, State	1100 00		′		-	-	-
Hackensack ,	N.J. 07	601				10/29/19	NEWBUR	GH. PA	. 1	724	Q_	~		
Completed by	Title					Signature /		,		Date	10	1.	0	
J. MAIORANO	Est						: OLDING	1		10	17	11	7	_
ASB-41	* Do no	t use ti	is form	for as	bestos E	censure exemptes	Lactivities				5		8	

page 1

CK7900 Sints of Now Jerrey NOTESCATION OF ASSESTOS ASAJEMIN N#1591 DOUR 10 DAY (Purposet to NJAC 8:88 and 12:125) MR JOHN STENS OR W. Charles હ Dr Fraid City, State, Mp Code LICENSING C DOL 07057 DRANGE HODE HR. SMOREN DI DCA PAGILITY IN POPULATION Norms of Pacific Viscore Alesterment is Toting Pince (3) Type of Fechily (4) MR JOHN STRAFORD. Caboni (K-12)
 Sylvington & (Caluer Hum K-12)
 Sylvington & economical borrow, etc.) Shoot Address 1945 Cay (c) 1800. . 2 ORANGE CESI DENCE Causey Code (7) ISTATE USE County (5) OHLY) ESSEX. res of Manheting Plan Hand by Ething Comer PERCE NO. Best Removal Inc 450 South River St Cay, State, Zie Code Hackensack, N.J. 07601 Palaintenan Mai Project Manager for Manhadag Form Tomphone No. 201-329-7444 00388 Home of OSHA Mention net Cherico (11) Omega Environmental 10/11 10/12/19 280 Huyler St. dity Closed/Variated During Entire Period of Abstersor electric Periodolog Dubide of Monrad Pacifity House let - Deserting 8 (o.e. Ar. 70 5) 50 7/1 S. Hackensack , N.J. 07606 Beans of West (Check of Said saids) D Full Continuent with Nagelive Pressure MESSINESI Demokration Cit 100 of or # 260 ff ts Locetten Normally Used Solely by Michaeles Description of Contributing Material (ACM) fig. thermal systems incatators. ME VOLT, OF . (13) (12) Yes No. NA 38 LF THERMIL SPOTEN WASDETTOP BASERENT Cubic Yards of | Name of Regislated Latellia Binne of Ranichscod Visus Piggier Best Removal Inc CUNSERLAND COUNTY LANDFILL 17109 City, Senio 10/14/19 NEW BURGH 17240 Hackensack , N.J. 07601 Conspicted by صيرمه ديم J. MAIORANO Estimator Do not task this form for suls

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Date of Notification (1)	H FA H	且例	11	Vame o	of Building	Owner/C	perator	(2)		(11.1	10	onto					
10/10/19		Name of Building Owner/Operator (2) Mair Wasiullah Private Home															
Agencies Notified	5	Street Address									0						
	Initial Amended								ASBESTOS CONTROL &								
DEP DOL			ate, Zip Co				LIOTA IN INC.										
		Surf City NJ 08008 Name of Contact Telephone Number															
DOH DCA	14 66	Mair Telephone Number															
	v			FAC	ILITY INF	ORMATI	ON			-							
Name of Facility Where Ab Mair Wasiullah Priva		ng Place (3	3)					Туре	e of Facility (4	1)	70000						
Street Address							School (K-12)										
Street Address								Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, etc.)									
City (5) Surf City NJ 08008			2								Floors	rs Bldg. Age 50+					
County (6) Ocean				County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) House & garage									
Name of Monitoring Firm Hired by Building Owner (8)				ASCI	√ No.		Name	lame of Abatement Contractor (9)									
N/A								Pernaco Inc.									
Street Address								eet Address									
City State Zin Code							PO Box 329										
City, State, Zip Code							City, State, Zip Code West Berlin NJ 08091										
Project Manager for Monitoring Firm					Telephone No.				Telephone No. License No. 856-753-9800 00727								
				duled Completion Date (11)				Name of OSHA Monitor									
10/21/19						Same											
Occupancy Status During A	(5)	60,000				eet Address											
Facility Closed/Vacated During Entire Period of Abate Abatement Performed Outside of Normal Facility Hou Other – Describe:							City, S	y, State, Zip Code									
Scope of Work (Check All T	hat Apply)												20				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	tenovatio emolitio					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure											
				a INC	m-Exempted	() and	Abatement										
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City, State Elm NJ				Disposal D 11/8/19				City, State Morrisville PA 19067									
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Anthony T Perna	Presi	President						(10/10/19									

TW #15	139												P	rint F		
1 71027 PA	JM)	NOTIF	ICATIO	State of No N OF ASI It to NJAC	BESTOS	ABATE	MENT		E	GE	11 1	7 15		, mary 1		
Date of Notification (1) 10/10/19		Name of Building Owner/Operator (2) Mark Porcelli Private Home														
Agencies Notified Type Notification		Street Address									2010 11/1					
DEP Amended Amendme			City, State, Zip Code Long Beach Twp NJ 08008							COESTUS CONTROL &						
DOH justification	Emergency (including justification) Cancellation				Name of Contact Mark					Telephone Number						
Name of Facility Where Abatement is Tak	2)	FAC	ILITY INF	ORMAT	ION											
Mark Porcelli Private Home	3)				of Facility	y (4)										
Street Address			School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homesetc.)								ies,					
City (5) Long Beach Twp NJ 08008	ē						are Feet 0+	f Floors	Bldg. Age 50+							
County (6) Ocean		County Code (7) (STATE USE ONLY)					Current Use (Prior if being demolished) House & garage									
Name of Monitoring Firm Hired by Building N/A		ASC	M No.		1	of Abatement Contractor (9)										
Street Address	Street Address PO Box 329										12					
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091														
Project Manager for Monitoring Firm				Telephone No. Tele			phone No. License No.									
Start Date (10) Schedule 10/21/19 11/8/19			npletion		Name of OSHA Monitor											
Occupancy Status During Abatement (Che		San					ne t Address									
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	ent		22			ip Code										
Scope of Work (Check All That Apply)																
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United Containers			NJDEP Waste Cubic Yards fauler ID No. of Waste 5				Name of Registered Landfill G.R.O.W.S.									
City, State Elm NJ				Disposal Date 11/8/19				City, State Morrisville PA 19067								
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