PAID

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

	. American					C 8:60 and	12:120)		ME	GE	'	W	E
Date of Notification (1)					0.70	Owner/Op	erator (2)	. 12					
10/13/						cenn	i H	ELL! V	JECC 1	CT 1	7_	2017	
Agencies Notified	Type Notification			Street A	ddress				and the				
□ EPA	☐ Amended		-	City Sta	ate, Zip Co	nde			1 ASBES	STAR	001	ITRO	N S
DEP DOL	☐ Amended Amendment	#					ORD.	NT	07070	LIGE	VSIN	iG	/ in 10
EC DOU	☐ Emergency (i	including	-		f Contact	10 10 1	<u> </u>	<del>~~</del> .	Telephone Nu				
DOH DCA	justification)  Cancellation			MS.	KER	Riº H	elli	WECL	The second secon				
						FORMAT	ION						
Name of Facility Where Al							Ty	pe of Faci ity (	(4)				
	KERRE H.	ELL	we	,	-					,			
Street Address						18			8 (Other than K-12 private & commercia		ngs, ho	omes, e	tc.)
City (5)					1,		So	uare Feet	# of Floors		Bldg. A	Age	
RUTHE	RFOND							1800	2		1	Age AC	)
County (6)  BERCO	SEN.				Code (7) USE ONLY	·	Ci		or if being demolish らいといこと	ed)		- 200-200-20	
Name of Monitoring Firm I	lired by Building O	wner (8)		ASC	M No.		Name of A	batement Cont	ractor (9)				
Street Address							Best Street Add	Remoxa:	l Inc.				
							450 S	outh R	iver Stre	et			
City, State, Zip Code							City, State,						
		79					Hacke:	nsack,	NJ 07601				
Project Manager for Monito	oring Firm			Telepho	ne No.		Telephone		License 1	No.			
							201-3	29-7444 SHA Mon tor	003	88			
Start Date (10)	_	Schedule					Name of O	SHA Mon tor					
Occupancy Status During A		( d	0   2	6)1	, ,		Omega	Enviro	onmental				
<ul> <li>☐ Facility Closed/Vacate</li> <li>☐ Abatement Performed</li> </ul>	Outside of Normal	iod of Aba Facility Ho	itement ours	0.1		ŀ	City, State,	Zip Code	creet		11-0-1		
Abatement Performed Other – Describe:	8:00 DM -	TOS	:00	VM			800 H	4000 HASS	sack, NJ	0.76	506		
Scope of Work (Check All	That Apply)		-				Doucii	III CK CI	IDUCK, NO	0.7.			
≥3 sf or ≥3 lf			Renovat	ion				Full Containme	ent with Negative P	ressure			
□ ≥160 sf or ≥260 lf			Demolit	ion				Mini-Enclosure Glovebag Proc					
								Non-Exempted	l (*) and Non-Friabl	le Proce	lure		
		1	s Locati	on							Abat	ement	
Location	of		Normal	ly		Des	scription of			-	1	уре	
Asbestos-Containing I TO BE ABA			ed Solel aintena				ining Materi	ial (ACM) n, surfacin z,	Amount (Specify	-		E	(II)
In Facili	The state of the s	Cus	stodial S (12)	taff?	(1.6. 416	,	VAT, or		SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)			(12)			other n	niscellaneous	s)		val	H.	ulate	sure
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34	000 000												
Name of Registered Waste	Hauler			JDEP W auler ID		Cubic Y of Wast	te	Nam: of	Registered Landfill				
Best Removal	Inc			1710	)9	1	2075	Mine	rva Ente	rpri	ses	3,_]	J.C
City, State						Disposa		. City, Stat		posts 24	2002	20122	
Hackensack, Completed by	VI 07601	Title					26/17 gnature	Wayn	esburg, (	)H 4	468	3.8	
J. Majorano			timo	+		31	\ _ (	Paisa	Deno.	OH 4 Date	3/1	7	

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

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Date of Notification (	1) October 13, 201	7		Nan	ne of Build	ding Owr	ner / Opera	itor (2)		111)	Check	#_12   5	17	15	M
Agencies Notified	Type Notificati				et Addres								Mar Address	7	
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□EPA										12 1		172	UH	1	
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⊠рон	Amend	ded dment#		Tuc	kerton, N.	J 08087			Į.		LIGE	:NSINC	i rio:	_ Ct	abet crisses
DCA	Cance			Nam	ne of Conta	act							-	-	-
				I	ic or conta	acı						Teleph	one N	umbe	er
				E	ACILITY	/ INFO	RMATIC	)N			-	\		_	
Name of Facility Whe	ere Abatement is	Taking	Place (3)					acility (4)							
Street Address								ool (K-12)							
Street Address							Sub	chapter 8 (O	ther the	an K-12)					
							Oth	er (i.e., priv	ate &	comme	rcial build	ings, ho	me,	etc.)	
City (5)							Square F	eet	#oF	loors		Bldg. Ag			
Tuckerton								,000	<u> </u>	1			57 ye	ars	
							Current	lse (Prior if b	eing a	emolishe	d)				
County (6)		10					Residen	ce							
Ocean		U.	ounty Cod SE ONLY												
Name of Monitoring F N/A	irm Hired by Buil	ding Ow	ner (8)		ASCM	l No.	Name of	Abatement C	ontrac	tor (9)					_
Street Address	-					Synatech Street Add									
City Ctate 9 7: 0 1							829 Radio								
City, State & Zip Code	9				(0)		City, State	& Zip Code							
Project Manager for M	Ionitoring Firm		IT.	elephone	Number		Little Egg Telephone	Harbor, NJ	08(18)	7					
	170						609-296-6				License N	umber 008	17		
Scheduled Start Date October 23 2		cheduled	Complet	ion Date ber 20, 2	(11)			OSHA Monito	or						
Occupancy Status Du	ring Abatement (	Check o	nly one)				Synatech Street Add								
Facility Close	d/Vacated During	g Entire	Period of		ent		829 Radio								
Abatement P	erformed Outside	e of Norr	mal Hour	s		i.	THE ROYAL PROPERTY.	& Zip Code							
Other - Desc								Harbor, NJ							
	pied During Abate	ement				- 1									
Scope of Work (Check	all that apply)														
			_					Full Cont	tainme	nt with N	egative Pre	ecure			
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≥160 sf or ≥260	lf		$\boxtimes$	Demolition	on		ĺ	Gloveba	g Proce	dure					
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TO BE	ABATED	,	Custo	dial Staff	? (12)			-Containing al (ACM)			unt (Specif F or LF)	У			
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				9			oulet IIII	scellaneous)				eme	Repair	àps	Clo
			Yes	No	N/A							Removal	air	Encapsulate	Enclosure
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ame of Registered W	aste Hauler		NJDEP V		Cubic Y	ards of \	Vaste	Name of	Regist	ered Lar	ndfill				
ynatech, Inc.			Hauler ID	No. 429	4			Fairless							
ty, State					Disposa	al Date		City, Sta							
ttle Egg Harbor, NJ								July, Old							
ompleted By	Ti	tle				ber 21, 2	017	Morrisvi							
520 S.					Signatur	re .	111			Date					
iane Aloia	E	kecutive	Adminis	trator	W	lan	11107	~		Octobor	13 2017				

## State of New Jersey

PA	No. : No	TIFIC (Pu	ATION	of New Jersey OF ASBESTOS A to NJAC 8:60 and	ABATEMENT 12:120)			5 (5)		W	區
Date of Notification (1)		N	ame of B	Building Owner/Op		2011		1	-	01/	
10/13/17			П	E. DE	00015	DAL	7				-
Agencies Notified Type Notific	ation	St	treet Add	lress	100000000000000000000000000000000000000	0	ASBEST	08 (	SON	TRO	)L {
□ EPA Initial		C	ity. State	Zip Code				CEN	SIN	3_	Male
DEP Amend	ied iment#		,(	ASSAI C	N	J. 0	7055				
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DOH justific		1,		. DALLY			0		_		_
□ DCA □ Cancel	Iation			ITY INFORMAT	TON						
Name of Facility Where Abatement is Ta	king Place (3)		TACID	111111111111111	Type	of Facility (4)	)				
MS. DEGGI						School (K-12	)				
•	2 01.09			<del></del>	-	Subchanter 8	(Other than K-12)			2000-0048	,
Street Address						Other (i.e pri	vate & commercial bu	ııldıng	s, hon	ies, et	S.)
					Squa	re Feet	# of Floors		ig. Ag		
City (5) PASSAIC						2800	2		19:	3 5	
		10	County Co	ode (7)			if being demolished)				
County (6)				SE ONLY)		72=	510EN CE				
	" O (0)		ASCM	No	Name of Aha	tement Contra					
Name of Monitoring Firm Hired by Buil	ding Owner (8)		ASCIVI	NO.			200				
					Best R Street Address	emoval	Inc			- 22	_
Street Address							C+	-			
							ver Stree	L			2011
City, State, Zip Code					City, State, Z		07/01				
-							NJ 07601 License No.	-	-		
Project Manager for Monitoring Firm		T	Telephon	e No.	Telephone N	0.	10-76-10-20-7- A Section 1				
\$ SSE					201-32		0038	8		V-012	
Start Date (10)	Scheduled	Compl	etion Da	te (11)	Name of OSI	HA Monitor					
10/26/17	,	0/2	27/	ι7	Omega	Enviro	nmental				
Occupancy Status During Abatement (C	heck Only One)				Street Addres	SS					
☐ Facility Closed/Vacated During En	ntire Period of Abate	ement			280 Hu		treet				
Abatement Performed Outside of 1	Normal Facility Hou	irs P	М		City, State, Z	Lip Code					
Other - Describe: 730 Al	(10 3-4	304			South	Hacken	sack, NJ	076	06		
Scope of Work (Check All That Apply)											
≥3 sf or ≥3 lf	-E R	enovati	OR		□_F	ull Contairme	nt with Negative Pres	sure			
23 st or ≥3 it □ ≥160 sf or ≥260 lf		emoliti			N	fini-Enclo aure					
			-		₽ G □ N	lovebag Proce	aure (*) and Non-Friable I	Proced	ure		
									Abate	ement	
	100000	Location							Ty	ре	
Location of	Lise	iormall d Solel		D A - h - enter Com	escription of staining Materia	I (ACM)	Amount			-	
Asbestos-Containing Material (AC TO BE ABATED	Ma Ma	intenan	ice/	(i.e. thermal sys	stems insulation	, surfacing,	(Specify	Re	R	inca	Enc
In Facility	Cust	odial S	taff?		VAT, or		SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		(12)		other	miscellaneous)	)		a	-	late	ire
	Yes	No	N/A								_
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BASEMENT				THEILUM S	DOIL WHEN IN	<u></u>	7031	1	1	-	1
							-	-	-	-	+
Name of Registered Waste Hauler		IN	IJDEP W	Vaste Cubi	c Yards	Name of	Registered Landfill				
rane or registered water france			lauler ID					2			
Best Removal Inc			171	09	5.507	Mine	rva Enter	pri	ses	ì,_	ىلىل
City, State				Disp	osal Date	. City, Stat			¥00.00		
Hackensack, N.J 07	601			/	0/27/17	Warn	esburg, O	H 4	468	38	
Completed by	Title				Signature	()	O Da	ile.	1.	1	_

Estimator

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

J. Maiorano

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PAGE 02/04

8/12/2017 11:28AM	2013297	449			BES"	T REMOV	AL IYC	CIL	,435	>7	PAG	F	02/
P	AII	. :	NOTE	FICATI (Furse)	State of New Jars ON OF ASSESTO SEE TO MAKE 2:40 s	ey E abate	MENT			45		V.	
Dute of Notification (1)				Name	of Building Owner	32 %	31		· · ·		7	1	-
CI SPA CI DEF DOL DOL DOC	Notice on Initial Amendad Amendment Emergency ( justification)	including	_	City, S	PER TE		LAIR	50	, O7	04	PP (3	ijŻ	<u> </u>
Name of Facility Where Abstract	Cancellation			FÁC	TAND INFORMA	NOIT		=					
MS. L. Street Address City (5)	yee L	AND	21		7		Type of Fecility  School (K- Swhehepter Other (i.e.	12) - 8 (1) When	han K-12) cosamuroial	bluid	nga, he	270 en,	eta)
OPPER Mo	ATCL	AIR		Сошау	Code (7)		Square Feet 2500 Current Use (Pri	> 1	2 2		Jdg. /	93	5
Name of Monzoring Firm Himed		waer (8)		STATE	M No.	Name o	Abatement Con	2510	FNCE	,			
Street Address							Remova						
City, Smite, Zip Code						CHY, St	South R:			t		_	4.4
Project Managet for Manitoring P	in .			Telepho	me No.	Telepho			7601 Licenso No			_	
Start Date (10) 10/19/) Occupancy Status During Abatom			10	1/2	O)17	Name o	379 = 7444 (OSHA Menster B Enviro deless		.0038	8		-	
Facility Closed/Vaceted Duri Absterney Performed Ontain Other - Describe: 730	to Britis Period I	od of Abs	dament Surs	L	×	City, St	Huyler S			_			
Scope of Work (Chack All 기술 A) 전 와 와이와 If 다 2160 대 대 2160 H		استعد	Report	ion			Full Container	mat v dela No			06	8,110	
		L	Locati	on.			Glovebay Pros Mon-Exempted	(°) and N	on-Priable I	70cad	Abstr	ment	_
Location of Asbestos-Containing Materia TO SE ABATED In Facility (13)	(ACM)	Usa Ma	Normali ed Solet einterer extint S (12)	ע מע אסט	Asbestes Con (i.e. thermal sys	tems insula VAT, ar	erial (ACM) ion, surfacing,	(Sp	ount ecify r LP)	Ric my wei	Repair	B. Enchpsulate	Enclosure
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Ackensack W.I	7601	Title			10	20 1	City, State	1	o OH	1.1	681		nestedakted
J. Maiorano			ima	tor	-   5	Ignature	Paior		Desc		12	,	,
AER-41 (R-06-08)						0	o not use this for	n fin 'esbes	sos liceraus	य कंधित	i peed	secivit	ies.

UIA US, MAII State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT (Pursuent to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operatur (2) MAGAII RCIF Agencies Notified Type Notification 2017 CCY EPA miller DEP Amended City, State, Zio Code DOL Amendment # Cit UNION Name of Contact AC TOS CONTROL & Emergency (including D DOH Telenbone Number iustification) DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) D, Other (i.e. private & commercial buildings, I esc:) City (5) Square Feet # of Floors Bldg. Ag UNION 90 3,000 County 46) County Code (7) Current Use (Prior if being demolished) SERGER Name of Monitorials Firm Hired by Suilding Owner (8) ASCM No. Name of Abatement Contractor (9) NOVAIFO WOI Street Address Street dance City, State, Zip Code City, State, Zip Code OID Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 238x75 00806 Start Date (10) Scheduled Completion Date (11) Name o OSHA Monitor 17 NOUALECY Kil 1 Occupancy Status During Abatement (Check Only One) Street A haress Facility Closed/Vacated During Entire Period of Abstement -50X Abatement Performed Outside of Normal Facility Hours City, Stare, Zip Çode Other - Describe: Bridge Scope of Work (Check All That Apply) 23 sf or 23 if Full Containment with Negative Pressure Renovation ≥160 sf or ≥260 W Demailtion Mini-Enclosure Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatem is Location Type Normally Location of Description of Used Solely by Asbestoe Containing Material (ACM) Asbestos-Containing Material (ACM) Amount Removal Waintenance/ TO BE ABATED Repair (i.e. thermal systems in sulation, (Specify Custodial Staff? In Faoilin surfacing, VAT, or SF or LF) (12)(13) other miscellaneous) No NA Yes BASEMENT NGULATION Name of Registered Waste Hauter Name of Registered Landfill AUDEP Whate Guble Yards Hauger ID: No. of Waste 101 City, State CitiC Date Completed by

BIDEN

Do not use this form for asbestos licensure exempted ad

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# Nochek

10 Occ.			(P	ursuant	to NJAC	8:60 an	d 12:12	0)	MIA	N.	15	100	Y	)	
Date of Notification (1) 10/13/17					of Building Group/				on Manage	ment In	<b>6</b> 2 (6)	E		\/7	- r
Agencies Notified	Type Notification			Street A								1	- []	<i>H</i> i	
X EPA	Initial				Uwchlar		ue, Su	ite 4	104	Tr.					I
DEP X DOL	× Amended	ш			ate, Zip Co						001		21	117	
_	Amendment Emergency		[		PA 19	341									- 1
DOH DCA	justification) Cancellation			Kevin	of Contact					Telep	hone Nu	mber		ROL	9
П вом	Caricellation				ILITY INF	ORMAT	ION				1,19	75 A 14	SHIC	FIUL	_ α
Name of Facility Where A	Abatement is Takin	g Place (3	3)			OTAM/AT	ion	Ту	pe of Facility (4						
Street Address 6048 Harding High	way							×	Subchapter Othe (i.e. p	8 (Other			ldings	, hom	ies,
City (5)								Sq	uare F∈et	# of FI	oors	E	3ldg.	\ge	
Mays Landing								4,	200	1		(	35		
County (6) Atlantic					Code (7) USE ONLY	)			rrent Use (Prio st food resta		demolis	ned)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	И No.				batement Con						
Ctuant Addings									vironmental	Service	es. LLC	)			
Street Address							Street			-t- D.:					
City, State, Zip Code									483, 4 E G	ate Driv	е				
and and									od, N. 074	18					
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph				icense N	0.		-	
							973-	764	-2276	7	03				
Start Date (10) 10/26/17		Schedule 11/30/		npletion	Date (11)		Name	of O	SHA Monitor						
Occupancy Status During	Abatement (Chec	k Only Or	ne)				Street	Add	ress						
X Facility Closed/Vaca Abatement Performe X Other Describe:	ated During Entire F ed Outside of Norm	Period of A al Facility	Abaten Hours	nent			City, S	itate,	Zip Code	-					
Scope of Work (Check Al	That Apply)													-	
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	- тистуруу		tenova emolit				×	1 0	Full Containme Mini-Enclosure Glovebag Proce Non-Exempted	edure				'e	
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Location			iormal d Sole			Des	scription	of					Ty	/pe	
Asbestos-Containing TO BE ABA In Facilii (13)	TED	Mai Cust	intenar odial S (12)	nce/ Staff?		thermal surface	aining M systems cing, VA niscellan	s insi T, or		Amo (Spe SF or	cify	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A								-		10	
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Roof				X			tar		-	200	SF	х			
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Freehold Cartage			15	5939		TBD	* 1124 THE 222 S		Western	Berks	Landfill				
City, State Freehold, NJ						Dispos TBD	al Date		City, State Birdsbor	o, PA					
Completed by		Title				S	ignature		//. ~		Da	te			
A. Scott Higgins		Presi	dent					1			_ 10	/13/	17		

1) W/H 8010 Print Form State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 10/12/2017 Colleen Mcalevy ASBESTOS CONTROL & Agencies Notified Type Notification Street Address LICENSING EPA × Initial City, State, Zip Code × DEP Amended × DOL Amendment # Union City, NJ 07087 Emergency (including Name of Contact Telephone Number × DOH justification) Colleen Mcalevy DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) House School (k-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Union City N/A N/A N/A County Code (7) County (6) Current Use (F'rior if being demolished) (STATE USE ONLY) Hudson House Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A D&S Abatement, Inc. Street Address Street Address 11 Rosengren Avenue City, State, Zip Code City, State, Zip Code Totowa, NJ 0751:2 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-345-8685 01311 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10/25/2017 10/26/2017 D&S Abatement, Inc. Occupancy Status During Abatement (Check Only One) Street Address 11 Rosengren Avenue Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours
Other – Describe: Occupied City, State, Zip Code Totowa, NJ 0751:2 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-Exempled (\*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Encapsul Maintenance/ Enclosure TO BE ABATED (i.e. thermal systems insulation, (Specify Remova Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous)

							=			
	Yes	No	N/A				-		ate	"
Basement		Х		pipe insula	ation	45 LF	Х			
	_						+	-	-	
	-						+			
Name of Registered Waste Hauler D&S Abatement, Inc.		H	NJDEP Waste Hauler ID No. 0996	Cubic Yards of Waste TBD	(A-1200) (A-100)	egistered Land lanagement				
City, State Totowa, NJ				Disposal Date	City, State Morrisvil					
Completed by Ned Joksimovic	Title Proje	ect Ma	anager	Signature	e AN		Date 10/12	/2017	7	

MO# 7594736756 State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) 10/12/2017 Edmond Fernand Agencies Notified Type Notification Street Address **EPA** Initial × ASDESTOS CONTROL & City, State, Zip Code DEP Amended LICENSING DOL Amendment # South Orange, NJ 07079 Emergency (including Name of Contact Telephone Number DOH justification) Edmond Fernand DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) House School (FC-12) Street Address Subchap er 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, City (5) # of Floors Square Feet Bldg. Age South Orange N/A N/A N/A County Code (7) (STATE USE ONLY) County (6) Current Use (Prior if being demolished) Essex House Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) D&S Abatement, Inc. Street Address Street Address 11 Rosengren Avenue City, State, Zip Code City, State, Zip Code Totowa, NJ 07512 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-345-8685 01311 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10/23/2017 10/24/2017 D&S Abatement, Inc. Occupancy Status During Abatement (Check Only One) Street Address 11 Rosengren Avenue Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Occupied Totowa, NJ 07512 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-Exemp ed (\*) and Non-Friable Procedure Abatement Is Location Type 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 Remova Enclosure Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Basement X pipe insulation 55 LF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste D&S Abatement, Inc. Waste Management of PA TBD 20996 City, State Disposal Date City, State Totowa, NJ TBD Morrisville, PA Completed by Signature Date Ned Joksimovic Project Manager 10/12/2017

Date of Notification (1)	PAI	N		MOITA	ate of New Jerse OF ASBESTOS to NJAC 8:60 an	ABATE		IT to the state of	m	E C	E		Pr	rint
Date of Notification (1) 10/12/2017			Na	me of	Building Owner/			-		0.01	1 7	20	17	Martin Comments
Agencies Notified	Type Notification	1	1 200	1770-031-170-0	ddress				L	001	S)	a.u	11	1
X EPA X DEP X DOL	Initial Amended Amendmen	nt #	City	y, Stat	te, Zip Code ock, NJ 0745	2	<u> </u>			ASDESTO LIC		ONT		8
DOH DCA	Emergency justification Cancellatio	)	100	330	Contact Mulkeen				Te	lephone Nii	mhor	-		
Name of Facility Where	Abatement is Taki	ng Place (3)		FACIL	ITY INFORMAT	ION	Tur	e of Facility	(4)					
House Street Address							×	School (IC- Subchapte	12) r 8 (Oth	ner than K-1 & commerc	2) ial bui	ldings	, hom	es,
City (5) Glen Rock							N/A	uare Feet	N/		1	Bldg. A	Age	
County (6) Bergen			(ST)	ATE U	ode (7) SE ONLY)		Но	rent Use (Pri			ned)			
Name of Monitoring Firr N/A	n Hired by Building	Owner (8)	Α	ASCM	No.			patement ( o atement, Ir		(9)				
Street Address						Street 11 R		ress ngren Ave	nue					
City, State, Zip Code								Zip Code NJ 07512						
Project Manager for Mor	nitoring Firm		Tele	ephone	e No.	Teleph 973-3		No. -8685		License N 01311	0.			
Start Date (10) 10/24/2017		Scheduled 10/25/20		tion D	ate (11)		5000	SHA Monitor atement, Ir						
Occupancy Status Durin Facility Closed/Vac			3			Street 1		ess ngren Ave	nue					
Abatement Perform  X Other – Describe:	ed Outside of Norr	nal Facility F	Hours			City, St	tate,	Zip Code NJ 07512				- 3 - 3 - 3		
Scope of Work (Check A ≥3 sf or ≥3 If ≥160 sf or ≥260 If	ll That Apply)	***********	novation molition			×	F M	ull Contain n lini-Enclosure lovebag Pro on-Exemples	e cedure				e	
Location		No	ocation rmally		Des	scription	of					Abate	ement pe	
Asbestos-Containing TO BE AB In Faci (13)	ATED	Main Custo	Solely by tenance/ dial Staff* (12)		Asbestos Cont (i.e. thermal surface	aining M	ateria insu Γ, or	lation,	(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Basem	ent	Yes	No N	I/A	nine	inculat	ion			015			ite	e
Daselli	GIIL		^		pipe	insulat	ion		9	0 LF	X			

Hauler ID No. 20996 of Waste D&S Abatement, Inc. Waste Management of PA City, State Disposal Date City, State Totowa, NJ TBD Morrisville, PA Completed by Title Signature Date Ned Joksimovic Project Manager 10/12/2017

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Date of No 10/11/201	otification (1):				Iding O	wner/Operator (2)				K					A CONTRACTOR OF THE PARTY OF TH
Agencies Notified	Type Notifica	tion	Street	Addre	ss:				and the second		001	17	201	1	12
√₽ÉPA	<ul><li>☑-Initial</li><li>☐ Amended</li></ul>		City,	State, Z	Zip Code	):			i i i i i i i i i i i i i i i i i i i		100000000	50.70	ONIT	001	1 2.
□ DEP □ DOL	Amendment#:			rk, NJ					Telephone	Num	ASBESTO	JS U JENS	ING	30L	O.
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D DCA	☐ Cancellation	(5)													
						FACILITY INFO	10.200		(A)						
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90 Parker	Street						□Su	bchapter 8 (	Other than K-		N 2002 120		98		
City/ (5) Newark		Count			Count 07104	y Code (7):			ate & comm	ercial l			c.)		
Newark		ESSEX			07104		Squ	are Feet:			# of Floor	S:			
							100000000000000000000000000000000000000	g. Age rent Use : S	School						
	Monitoring Fire	m Hire	d by Bu	ilding	Owner:	ASCM No.:	Nan	ne of Abate	ment Contr	ictor	(9):				98 004
WHITMA	AN					00110	-		pment, In	<u>.</u>					
Street Add							Stre	et Address:							
1 / Pieasa	int Hill Road						358	Broad	wav						
City, State	, Zip Code:							, State, Zip							
Cranbury	, NJ 08512						Nev	vark, NJ	07104	00					
Project M	anager for Mo	nitoring	g Firm:			Telephone No.:	Tele	phone No.	• 0	Lice	ense No.:				
Kevin Lo	01 500 0 TO 10 10 10 10 10 10 10 10 10 10 10 10 10					732-390-5858	_	3) 350-0101		012	15				
Start Date 10/27/17	(10):		Schedule 1/03/1		pletion	Date (11):		ne of OSHA ro Analytic	A Monitor: al Laborato	ies					
	Status During A						275.633.53	et Address:	Street, Suit	e 203					
	Closed/vacated E nt Performed Ou					t	City	, State, Zip							
☐ Other Describe:															
	ork (Check all t	hat appl	y):							antair	nment with	Negat	ive Pre	ecure	
□ ≥ 3 sf or □ > 160 sf	$r \ge 3$ lf for $\ge 260$ lf				□ Reno □ Demo				<ul><li>☑ Mini-I</li><li>☑ Glove</li></ul>	Enclosionag P	sure rocedure				
_			Ic	Locat	ion				□ Non-E:	empt	ed (*) and N		Abate		
I	ocation of		N	Vormal	ly	Asbestos Con	escript	ion of	(ACM)				Ту		
Asbestos-	Containing Ma (ACM)	aterial		d Sole intena		(i.e., therma	al syste	ems insula	tion,			R	0002	En	田田
ТО	BE ABATED			ustodi	al/			VAT, or llaneous)		1 20	Amount Specify	Removal	Repair	cap	Enclosure
	IN Facility (13)			Staff:						1000	F or LF)	oval	air	Encapsulat	sure
DACENE		ucric	Yes	No	N/A					-					
BASEM ROOM	ENT MU	USIC		X		FLOOR TILE	AND I	MASTIC		400	) SF	*			*
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Name of I	Dagistono J W-	eta LIa	lar:		NIDE	P Waste Hauler ID	No :	Cubic Y	ards	No	me of Regis	tered	landfil	1:	
	Registered Wa SYRNE TRUC		ICI.		19551			of Waste		MI	NERVA SOC, INC.		ENTE	RPR	ISES
City, State				Disp	osal Dat	e:		City, Sta							
Bronx, N' Complete					Title:		Signa	Waynest ature:	ourg, OH 44	088	Date:				
	Oraegbunam				Presid		***	with	To the second second		10/11/20	17			

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Date of Notification (1)	05 /	17			Name	of Bulldin	g Ow	ner/Operator (	2) (Page ::	of 3)	0.0	T 1	7	201	17	111
Agencies Notified  EPA	Type Notifica				Street	Address			•	- Handalana						
☑ DOLWD ☑ DHSS □ DCA	Amended Amendm	ent #1			City, S	State, Zip (	Code			- Annual Control	<u> </u>	<del>08 c</del> WEN		G G	TUL	Ċ.
(NJAC 5:23-8)	justification   Cancellat	on)	udang		Name	of Contac	á			Te	elephone Nu	ımber				
					FA	CILITY IN	IFOR	RMATION					-	-		$\neg$
Name of Facility Where /	Abatement is 7	Taking	Place	(3)					Type of Facili	ity (4)						
Passsalc County C				95 70					School (M.	5 505						- 1
Street Address									☐ Subchapie	B 16	ther than K-	12)				
63 Hamilton Street									Other (i.e. homes, et		e and comn	nercial l	build	ing	S,	
City (5) Paterson									Square Feet	#	of Floors	-	3ldg.	. Ag	je	
					Cour	a Cada I	NIOTA	TE HOE ONLY	Comment Hand	77-1	Andrew Jerry					_
County (6)					Coun	ity Code (/	KSIA	TE USE ONLY)	Current Use (	Pnor n	being demo	olished)				
Name of Monitoring Firm	Hired by Build	ding C	wner (	8)	ASCM	No.	Nar	me of Abatem	ent Contractor	(9)						
Street Address							Stre	eet Address								
City, State, Zip Code							City	, State, Zip C	ode							
Project Manager for Mon	itoring Firm			Tele	phone	No.	Tel	ephone No.	-	I	License No.					$\exists$
Start Date (10)					tion Da		Nar	me of OSHA N	fonitor							1
Occupancy Status During	Abatement (	Check	only o	ne)			Stre	eet Address						_		$\dashv$
☐ Facility Closed/Vecate					neni											f
Abatement Performed Time of Abatement: _						cribe	City	, State, Zip C	ode							
Scope of Work (Check al	that apply)													25.10		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			☐ Re	novati molitic	on			☐ Mini-End ☐ Gloveba	tainment with \ dosure g Procedure mpted (*) and i			dune				
	- Leaves			Locat		T				T		A	bate	me	nt Ty	pe
Location Asbestos-Containing TO BE ABA IN Facili	Material (ACM	1)	Use Mai	lorma d Sole intena odial ( (12)	ly by nce/		., the	Description of Containing Ma ormal systems surfacing, VAT	nterial (ACM) Insulation, , or		Amount (Specify SF or LF)	Kemoval	Napan	Donair	Encapsulate	Enclosure
(13)			Yes	No	N/A		Oti	her miscellane	ous)	1					ate	
Ground, 1st, 2nd and	3rd Floors			×		Plaster	Deb	ris		+	550 SF			]		
Fround, 1st, 2nd and	3rd Floors			×		Suspen	nded	Ceilings wi	ACM debris		15,500 SF	×				
Fround, 1st, 2nd, 3rd	Floors & A	ttic		×		Duct In	sula	tion			1,210 SF	-	-			
Fround, 1st, 2nd and	3rd FI-Chas	585		X		Duct Se	em	Tape			8 SF	×	1	7		
lame of Registered Was				N	JDEP V auler II	Vaste		of Yards of	Name of Re	gistere						_
City, State							Dis	posal Date	City, State			****			_	
Completed By (Print or Ty	(pe)	Tide			-			Signature	<u></u>			Date				_

Date of Notification (1)					T 8.1	- 50 - 11 - 11	6 6		1001				71	
	05 /	17	_		Name	e of Buildin	g Owner/Operator (	(2) (Page 3	01 3)	OCT 1	7 2	)17	SMen	
Agencies Notified  EPA	Type Notification				Stree	t Address		Control and place of	AS	SBESTOS	COM	001		Spinor Sp
☑ DOLWD ☑ DHSS	Amender Amendm	ent #1			City,	State, Zip	Code	Ĺ	militaria etalegocian	LICE	VSING	HUL	. čt	
DCA (NJAC 5:23-8)	☐ Emergen justification	on)	luding		Name	of Contac	प्र		$\neg \neg$	Telephone No	umber			
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Name of Facility Where A	batement is T	Taking	Place	(3)	FA	CILIIY IN	IFORMATION	Type of F	arii bulla	1				
Passsaic County Co								☐ Schoo	(K-12)	î.				
Street Address								☐ Subch	apter 8	Other than K-	12)			
63 Hamilton Street								homes	(1.6., pm s, e.c.)	rate and comm	nercial I	ouildim	gs,	
City (5)								Square Fe	set	# of Floors	1	3ldg. A	ge	
Paterson														
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Name of Monitoring Firm	Hired by Build	ding Ov	vner (8	)	ASCM	No.	Name of Abateme	ent Contrac	tor (9)					
Street Address			99	1		-	Street Address			-				_
City, State, Zip Code						***	City, State, Zip Co	ode						
Project Manager for Monit	toring Firm	•		Tele	phone	No.	Telephone No.			License No.				
Start Date (10)						te (11)	Name of OSHA M	lonitor						
Occupancy Status During				-0.2			Street Address			-				
☐ Facility Closed/Vacate ☐ Abatement Performed	Outside of No	mal F	adlity	Hour	s - Des	cribe	City, State, Zip Co	ode						
Time of Abatement: _/		V	_PM		_AM									
Scope of Work (Check all	that apply)						☐ Full Cont	ainment wi	th Negat	tive Pressure				
☐ ≥3 af or ≥3 if ☐ ≥160 af or ≥260 if			Ren Derr				☐ Mini-End	losure 3 Procedure	8	Friable Proces	iune			
		$\overline{}$		ocat		Γ		( ) ( )	T		-	batem	ent T	VDA
Location of Asbestos-Containing N		,	No Used	Sole		Anha	Description of stos Containing Mar				-			7
TO BE ABA	CED .	'	Main	tena	nce/		., thermal systems i	nsulation,	")	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)	1		Custo	olai 3 (12)	stam?		surfacing, VAT, other miscellaneo			SF or LF)	Val	"	dusc	sure
(10)		,	Yes	No	N/A	Ī	Outer Illioosiaries	Jusj					ie	
1st Floor Space 1-14A	4	I		X		Woode	n Door with Core	insulation	on	20 SF	×			
Ground, 1st, 2nd and	3rd Floors	1		X		Floor Ti	le and Mastic			17570 SF	×			
Ground, 1st, 2nd and	3rd Floors	]		X		Old Ele	ctric Panel Boar	ol .		56 SF	×			
Ground and 1st Floor	s (Exterior)	1		X		Window	/Door/Louver Ca	aulk		210 LF	×			
Name of Registered Waste	Hauler			500000	JDEP V auler ID	0.000	Cubic Yards of Waste	Name of	Registe	red Landfill		1		
City, State							Disposal Date	City, Star	te	-	**************************************			
Completed By (Print or Ty	pe)	Title					Signature			10	Date			_
SB-41														

Date of Notification (1)			IN	lame	of Buildin	g Owner/Operator (	2)	11		2017	-	
	17			Cou	unty of P	assaic (Page	1 of 3)	[j   0CT 1	7	2017		
Agencies Notified Type Notifi	cation		S	treet	Address			1		-		
				401	Grand S	Street	-	ASSESTOS	COI	STRO	)L 8	ı.
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□ DHSS Amendr				Pat	erson, N	J 07505						
DCA Emerge (NJAC 5:23-8) justifica		ing	N		of Contac			Telephone Nun	ber	_		
☐ Cancella				And	drew Tho	mpson				-		
				FAC	CILITY IN	IFORMATION				-	*	
Name of Facility Where Abatement is	Taking Pla	ce (3	)				Type of Facility	(4)				
Passsaic County Courthouse	Annex B	uildi	ng				Schoo (K-1					
Street Address								8 (Other than K-12 private and comme		uildin	~~	
63 Hamilton Street							homes, etc.		iiGai D	ullalit	ys,	
City (5)							Square Fret	# of Floors	В	ldg. A	ge	
Paterson							40,000	4		127	yrs	
County (6)			(	Coun	ty Code (7	)(STATE USE ONLY)	Current Use (P	rior if being demoli	shed)		700	
Passsaic						544	Vacant					
Name of Monitoring Firm Hired by Bui	Iding Owne	er (8)	AS	CM	No.	Name of Abateme	ent Contractor (9	)				
Langan			1	0009	9	Superior Aba	tement Iric					
Street Address						Street Address						
300 Kimball Drive						2 Henderson	Drive					
City, State, Zip Code					****	City, State, Zip Co	ode					
Parsippany, NJ 07054						West Caldwe	II, NJ 07006					
Project Manager for Monitoring Firm		T	eleph	one l	No.	Telephone No.		License No.				
Vijay Patel			(973	) 56	0-4900	(973) 808-161	6	00411				
Start Date (10)	Scheduled	Com	pletion	n Dat	te (11)	Name of OSHA M	lonitor					
10 /10 /17	_12_	/ _	22	1_	17_	Superior Aba	tement Inc					
Occupancy Status During Abatement	(Check only	y one	)			Street Address						
☐ Facility Closed/Vacated During Ent	ire Period	of Aba	ateme	nt		2 Henderson	Drive					1
☐ Abatement Performed Outside of N					cribe	City, State, Zip Co	ode					
Time of Abatement: _AMP	M/P	M	A	M		West Caldwell	II, NJ 070 )6					
Scope of Work (Check all that apply)						M 5-11 C						
☐ >3 sf or >3 lf	⊠ F	Renov	ation			☐ Mini-Encl	ainment with Ne osure	gative Pressure				
≥160 sf or ≥260 lf	-	Demo				Glovebag	Procedure:					
						☐ Non-Exer	mpted (*) and No	on-Friable Procedu	re			
Location of			cation mally			Description			Ab	atem	ent T	уре
Asbestos-Containing Material (ACN		sed S	olely I		Asbes	Description of stos Containing Mat		Amount	Re	Re	En	m
TO BE ABATED			enance			, thermal systems i	nsulation,	(Specify	Remova	Repair	cap	Enclosure
IN Facility (13)	00		2)	11:		surfacing, VAT, other miscellaned		SF or LF)	/al		Encapsulate	ure
(10)	Ye	s N	10 0	N/A	C	Other imadellaries					ite	
Ground, 1st, 2nd, 3rd Floors & A	Attic 🔲	$\boxtimes$			Pipe Ins	sulation		1,553 LF				
Ground, 1st, 2nd, 3rd Floors & A	Attic 🗆				Pipe Jo	int Insulation		826 EA				
Ground, 1st, 2nd and 3rd Floors					Wall and	d Ceiling Plaster		37,293 SF				
Ground, 1st, 2nd and 3rd Floors					Plaster	Skim Coat		1,030 SF				
Name of Registered Waste Hauler					Vaste	Cubic Yards of	Name of Regis	stered Landfill		-		
Service Transport Group, Inc			Haul	er ID <b>N21</b> 1	Marie Control	Waste 1000	Miner va La	andfill				
City, State				-		Disposal Date	City, State					
New Castle, DE						12/22/2017	Waynesbu	ırgh, OH				
Completed By (Print or Type)	Title					Signature	1111	// Da	te			
Nick Petrovski	Presid	dent				- 1/4	1/1/1	Inflant C	7_ 3	79-	- /	7
SB-41						1100	- WIL	2000	~	- 1	1	-

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Date of Notification (1)	29 /	17	,		Nam	e of Buildir	ng Owner/Operator	(2) (Page 2 o	<b>f</b> 3) 0	CT 1	7	2017	40 may 10
Agencies Notified  EPA	Type Notific	cation			Stree	t Address			ASSILO			- 017	1-0
☑ DOLWD ☑ DHSS	Amende Amenda			•2	City,	State, Zip	Code	I.	ASBER	TOENS	ON NAK	TRO	1. &
DCA (NJAC 5:23-8)	☐ Emerger justificat ☐ Cancella	ion)	dudin	g	Name	e of Contac	ot		Telephone	Number		-	Secretary Consumer
			1		FA	CILITY II	FORMATION		*				
Name of Facility Where A	batement is	Taking	g Place	(3)			and a figure of provided and a figure of the contraction of the contra	Type of Facility	(4)				
Passsaic County Co	ourthouse	Anne	x Bui	lding	I			School (K-1					
Street Address								Subchapter Other (i.e., p	8 (Other than rivate and co	K-12) mmercia	buil	dinas	
63 Hamilton Street								homes, etc.	)			3-	
City (5)								Square Feet	# of Floors	S	Bld	g. Age	9
Paterson					1.								
County (6)					Cou	nty Code (	7)(STATE USE ONLY)	Current Use (Pr	ior if being de	molished	i)		
Name of Monitoring Firm	Hired by Buil	ding C	Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9)	)				
Street Address				1			Street Address	0					
City, State, Zip Code							City, State, Zip C	ode					
Project Manager for Monit	toring Firm			Tele	phone	No.	Telephone No.		License N	0.			
Start Date (10)	1.0	Sched			tion Da	te (11)	Name of OSHA	Monitor					
Occupancy Status During	Abatement (	Check	only	ne)			Street Address						
☐ Facility Closed/Vacate				3000	ment								
Abatement Performed Time of Abatement:A						cribe	City, State, Zip C	ode					
Scope of Work (Check all	that apply)												
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>	200 740		☐ Re				☐ Mini-End ☐ Gloveba	tainment with Neg closure g Procedure empted (*) and No					
			Is	Locat	ion			impled ( ) and No	11-1 Hable 1 Too		\ hat	omon	t Type
Location of			1	lorma	lly		Description of						T
Asbestos-Containing N TO BE ABAT		1)		d Sole intena			stos Containing Ma ., thermal systems		Amount (Specify			Repair	Enclosure
IN Facility			Cust		Staff?	(,	surfacing, VAT	, or	SF or LF			7	JUSC
(13)			Yes	(12) No	N/A	1	other miscellane	ous)				1 6	of O
Ground, 1st, 2nd and	3rd Floors			×		Plaster	Debris		550 S	F D	3 [	3	
Ground, 1st, 2nd and	3rd Floors			$\boxtimes$		Suspen	ded Ceilings w/	ACM det ris	15,500 S	F D	3 [		
Ground, 1st, 2nd, 3rd	Floors & A	ttic		$\boxtimes$		Duct In	sulation		1,210 S		-	] [	
Ground, 1st, 2nd and	3rd FI-Chas	ses		$\boxtimes$		Duct Se	em Tape		8 SI	F D		] [	
Name of Registered Waste	Hauler			11827	JDEP \ auler II	STATE OF THE PARTY	Cubic Yards of Waste	Name of Regis	tered Landfill				
City, State							Disposal Date	City, State					
Completed By (Print or Typ	oe)	Title					Signature			Date			
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Date of Notification (1)  09 /	29 / 1	7		Nam	e of Buildin	ng Owner/Operator	(2) (Page 3 of 3	OCT	1 7 20	)17	Commence of the Commence of th	
Agencies Notified  ☑ EPA	Type Notification  ☑ Initial	1		Stree	et Address		The state of the s	ASBESTOS	CONT	BOL	2	- Constitution
⊠ DOLWD	Amended			City,	State, Zip	Code	No and the state of the state o	LICE	NSING	1101	Ot.	- 10
☐ DCA	Amendment a		-									encomment)
(NJAC 5:23-8)	justification)  Cancellation	rioidan	9	Nam	e of Contac	ct		Telephone	Number			
				FA	CILITY II	NFORMATION						
Name of Facility Where A	batement is Takir	ng Plac	e (3)				Type of Facility	(4)				
Passsaic County Co	ourthouse Ann	ex Bu	ilding	j			School (K-1					
Street Address							Subchapter Othe (i.e., p	8 (Other than I	K-12) nmercial	buildir	nas	
63 Hamilton Street							homes, etc.	)	minoroidi	Juliuli	igo,	
City (5)							Square I eet	# of Floors	;	Bldg. /	Age	
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Name of Monitoring Firm H	lired by Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)	)				
Street Address						Street Address	Harrison Harrison					
City, State, Zip Code						City, State, Zip Co	ode		Salara Salar		_	
Project Manager for Monito	oring Firm		Tele	phone	No.	Telephone No.		License No	).			
Start Date (10)	Sche	duled C	omple	tion Da	ate (11)	Name of OSHA M	onitor					
111_		/				Traine of Golf Train						
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Scope of Work (Check all t												
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>	50.00 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m	☐ Re	novati	on		☐ Full Conta	ainment with Neg osure	gative Pressure	•			
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Location of			Locat Jorma		1- 2- 1-	D			Al	batem	ent T	уре
Asbestos-Containing Ma		Use	d Sole	ly by	Asbe	Description of stos Containing Mat		Amount	Re	Re	En	En
TO BE ABATI		0.000	intena odial		(i.e	., thermal systems in		(Specify	Removal	Repair	caps	Enclosure
(13)			(12)			surfacing, VAT, other miscellaned		SF or LF)	<u>ai</u>		Encapsulate	ure
		Yes	No	N/A							te	
1st Floor Space 1-14A					Wooder	n Door with Core	Insulation	20 SF				
Ground, 1st, 2nd and 3	rd Floors				Floor Ti	le and Mastic		17570 SF				
Ground, 1st, 2nd and 3	rd Floors		$\boxtimes$		Old Elec	ctric Panel Board	i i	56 SF				
Ground and 1st Floors						/Door/Louver Ca		210 LF				
Name of Registered Waste	Hauler		1 150 12	JDEP V auler ID		Cubic Yards of Waste	Name of Regis	tered Landfill				
City, State						Disposal Date	City, State					
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SB-41											_	

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Date of Notification (1) 10/2/2017			Name PSEC	of Building Owne 3	/Operato	or (2)		Jane	bai-		a supersum		
Agencies Notified Type Notific	on HoLi	,		Address Hadley Road					ASB		<del>JS (</del> JEN	21.0	
DEP Amend Amend Amend	ment#			iale, Zip Code Plainfield NJ	07086		***************************************						
DOH Justifica				of Contact Neville				Te	lephone No	umber	-		
Name of Facility Where Abatement Is	Taking Place (	3)	FAC	ILITY INFORMA	TION	Typ	a of Facility	(-1)					
PSEG- Morgan Street Substat Street Address 186 Morgan St.	on					L X	School (K-1 Subchapter Other (i.e. p	3 (Oth	er than K-	(2)	lidinas	hom	
City (5) Jersey City NJ 07302						Squ	etc.) Jare Feet	#0	f Floors	Т	Bldg.		es,
County (6)			County	Code (7)		Cur	rent Use (Pri	or If be	ng demolis		N/A		
Hudson Name of Monitoring Firm Hired by Build	ling Owner (8)			use only M No.	Name	4	ectrical Swi						
N/A Street Address			N/A		WRS	S En	vironmenta	al Ser	vices inc				
N/A				***	17 C	old D	ock Rd.						
City, State, Zip Code N/A							Zip Code NY 11980						
Project Manager for Monitoring Firm N/A			Telepho N/A	one No.	Teleph 631-		No. 8440		License N	10.			
Start Date (10) 10/11/2017 ON HOLD	Schedule 12/31/2		npletion	Date (11)			SHA Monitor vironmenta	Sen	lces Inc				
Occupancy Status During Abatement (					Street	Addr	ess						
Facility Closed/Vacated During En Abatement Performed Outside of Other – Describe: removal of roof,	Vormal Facility	Hours	3		City, S	itate,	ock Rd. Zlp Code NY 11980						
Scope of Work (Check All That Apply)					Tupi	COLIN	11111100						
≥3 sf or ≥3 if ≥160 sf or ≥260 if		tenova remolit				M G	ull Containme Int-Enclosure Iovebag Proc on-Exempted	e dure					
4		Locati				= 14	OT-C VOID (CO	Jan	Notestiat	The Pro	Abate	e ement pe	
Location of Asbestos-Containing Material (ACM TO BE ABATED	) Use Mai	lormal d Solo Intenar odiai S	ly by nce/	Asbestos Cor (l.e. therma	systems	Materia s Insu	al (ACM) lation,	Ai (S	nount pecify or LF)	Re			g
In Facility (13)	Yes	(12) No	N/A	surfe other	icing, VA miscellar	T, or neous	)	SF	or LF)	Removal	Repair	Encapsulate	ndosure
PSEG Morgan St. Statlon	163		X	Roof	Ing mat	terial		24	0SF	x			
•	-		-			_				_			
Name of Registered Waste Haufer		N	JDEP W	aste I Cubic	Yards	-	Name of E	Riniete	ed Landfill				
Waste Management Services		H	auler ID						fill North				
City, State Newark NJ 07114					sal Date		City, State Morrisvil		19067				-
Completed by	Title				Signature		1	1	/ Da				
Amanda Vallone	anda Vallone Admin 0						a Va	11	4	0/2/2	017		

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UNC# 0139185 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) PSE&G 10/12/17 Street Address Agencies Notified Type Notification 4000 HADLEY RD. Initial **EPA** City, State, Zip Code Amended DEP LICENSING X Amendment # SOUTH PLAINFIELD NJ 07080 DOL Emergency (including Name of Contact Telephone Number DOH justification) DCA Cancellation DAWN NEVILLE **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) BAYWAY SWITCHING STATION School (K-1:!) Subchapter 3 (Other than K-12) Street Address X Other (i.e. p ivate & commercial buildings, homes, **602 TRENTON AVE** etc.) Square Feet # of Floors Bldg. Age City (5) N/A N/A N/A ELIZABETH, NJ 07202 County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) County (6) ELECTRIC S'NITCHING YARD UNION Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Con ractor (9) N/A WRS ENVIRONMENTAL SERVICES INC. Street Address Street Address N/A 17 OLD DOCK RD. City, State, Zip Code City, State, Zip Code YAPHANK, NY 11980 N/A Project Manager for Monitoring Firm Telephone No. Telephone No. License No. N/A N/A 631-924-8111 01136 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) SAME AS ABOVE 12/31/2017 10/23/2017 Street Address Occupancy Status During Abatement (Check Only One) N/A Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: N/A Scope of Work (Check All That Apply) Renovation 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 Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Amount Encapsulate Maintenance/ (i.e. thermal systems insulation, (Specify TO BE ABATED Removal Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)other miscellaneous) (13)Yes No N/A Transite Pipe(Encased Conduit) 200LF X X 26KV SWITCHING YARD NJDEP Waste Cubic Yards Name of Flegistered Landfill Name of Registered Waste Hauler of Waste Hauler ID No. WASTE MANAGEMENT SERVICES Grows Landfill 17273 TBD City, State Disposal Bate City, State Morrisville, PA 19067 TBØ NEWARK NJ 07114 Title Signature Date Completed by PEDRO GUERRA SUPERVISOR 10/12/17

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

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ChK#200597	, , ,	Disk. II. September		FICATION OF A (Pursuant to N	SBESTOS ABA I.J.A.C. 7:26-2.1		) E (	GE		E	
Date of Notification (1)		40 4 1	B		Name of Duil	ldia O	/			9994	
10/12/17		N. A. Illian Manalik				ding Owner/Operator (		OT 1	7 204	-,	
* · · · · · · · · · · · · · · · · · · ·					Sunoco Parti	ners Marketing & Termi	nals LP	UI I	/ 201	1	
Agencies Notified		Notification	Type		Street Addre	SS				1	-
(X) EPA		( ) Initial N	otification		1028 Stelton	Rd	ASDES	STAC 7	ONTE	8018	American Control
() DEP		(X) Amend	ed Certifica	ation	City, State, Z			LICEN		.020	- 1
(X) DOL (X) DOH		( ) Cancell	ed			-				AND DESCRIPTION OF THE PERSON	No. of London
() DCA					Piscataway, I						
					Name of Con Jack Frost	tact	Tel.	Number			
		•		FACILITY II	NFORMATION						_
Name of Facility Where At	patement is	Taking Place (	3)		Type of Facil						
Sunoco Logistics Piscataw	vay Terminal				( ) School (K						
Street Address	vay remina	LiC			(X) Other (i.e.	er 8 (other than K-12) . private & commercial	hldas ho	mae atr	8		
					1		blugs., 110	mes, etc			
1028 Stelton Rd.	0 1 (0)		Г-		Sq. Feet 8,00	0 # of Floors1_					
<u>City (5)</u>	County (6)			Code (7) se Only)	Bldg Age 5	5 includes 5 tanks and					
Piscataway	Middlesex		Totale O	se Only)		prior if being demolished	ed) Termi	nal/Offic	e Blda.		
Name of Monitoring Firm F	lired by Bldg	. Owner (8)	ASCM N	io.	Name of Cont						
Horizon Environmental Gra	OUD		00073		Description						
Street Address			1 00073		i Street Addres	Industriai Service Com	pany				
Control of the contro					Otreet Address	53					
PO Box 316					2217 Spillmar	n Dr					
City, State, Zip Code					City State, Zip	Code					
Thorofare, NJ 08086					D. W.L. L						
Project Manager for Monito	oring Firm	Telephone I	Vumber		Telephone Nu	ennsylvania 18015	Lienn	a a Nicosal			
	zinig i iiiii	TOICENIONC	<del>vullibel</del>		Telephone No	imber	Licen	se Numb	<u>ber</u>		
Steve Flanigan		856-848-08	0		610-691-1800		0072	í			
Scheduled Start Date (10)		Scheduled (	Completion	Deta (11)	Name of OOU	10.14					
8/17/2017		10/17/2017	ompletion	Date (11)	Name of OSH	A Monitor					
					Brandenburg	Industrial Service Comp	oany				
Occupancy Status During	Abatement (	Check only on	<u>e)</u>		Street Address						
(x) Facility Closed/Vacated () Abatement Performed (	During Entir	re Period of Al	datement		2217 Spillman	Drivo					
	- 410140 01 111	orman radiity	iouis		City. State, Zir						
Describe_ Demolition_ (x ) Scheduled Demo Start	0/04/47				31.7. 31.0.3. 21						
Scheduled Demo Comp	8/21/17 pletion 10/27	72017			D-45-1-5 D	10015					
Source of Work (Check all		72011			Bethlehem, PA	4 18015					
(x) Demolition () Reno (x) Large Proj. (>160 SF or	vation	CM// / CM/ D	a: /> 25 -41	CO CE 10 -0	00154044		0.002/09/22				
(x) Fuil Containment with	Negative Pre	essure (×)	oj. (>25<1) Mini-Enci	osure ()G	lovebag Proced	( ) Minor Proj. (<25 SF	or <10 LF	ACM)			
Location of Asbestos-	is Loca	ation Normally	Used	Description of		Amount (Specify SF	or LF)	Abate	ment Ty	pe	
Containing Material (ACM)		by Maint./Cus	todial	thermal systen		A 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1			
Facility (13)	Staff? YES	(12) NO	NA	surfacing, VAT miscell.)	, or other			Rem.	Rep.	Encap	Enclose
Manager Office/Rear Stora	ge	7	X	VAT & Mastic		3,000 sf		X	I Trep.	Lileap	T
Subsurface Tank Farm Are	a		X	Transite Pipe		60 LF		1x			<del>                                     </del>
Name of Reg. Waste Haule		NJDEP Was	to Haules !	D#	Contract :	SAM4-					
	_	INDUCE VVas	ie riauler i	<i>∪</i> #	Cubic Yards of	vvaste		of Reg. stoga Lar			
Brandenburg Industrial Sen	vice	21838			30 cy		Cones	noga Ldi	ra:ill		
Company											
City, State					Disp. Date		City, S	t <u>ate</u>			
Bethlehem, PA 18015					10/18/2017		Morga	ntown, P	А		
Completed by (Print or Type	<u>e)</u>	<u>Title</u>			Signature,		Date	AUSVII, P			
Stephen Carne				1000	11	1					
Replien Game	j	Environment	ai Enginee	r	11	Been	10/12/	17			

Mail to:

NJDEP-DSHW-BRRTP 401 E. State St., PO 414 Trenton, NJ 08625-0414

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS 9/18/00

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Date of Notification (1)					Name	of Buildin	g Ow	ner/Operator (	2)						
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Agencies Notified	Type Notifica	ation			Street	Address				Inna best.	00.				
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(NJAC 5:23-8)	justification		ordan ig	*	Name	of Contac	t			Telephone N	umber				
	☐ Cancellat	ion			Nea	al Morris									
					FA	CILITY IN	FOF	RMATION		-			7-9-7		
Name of Facility Where A	Abatement is T	aking	Place	(3)					Type of Facility (	4)					
Commercial									School (K-12)						
Street Address									<ul><li>☐ Subchapter 8</li><li>☑ Other (i.e., pr</li></ul>			hui	Idina		
579-581 Broad Stre	et								homes, etc.)	vate and com	HelGlai	Dui	iuii ig.	٥,	
City (5)									Square Feet	# of Floors		Bld	g. Ag	e	
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Name of Monitoring Firm		ling O	wner (	(8)	ASCM	No.	Nar	ne of Abateme	ent Contractor (9)						
Bio Terra Solutions							Α	LL PRO MA	NAGEMENT LI	.C					
Street Address							Stre	eet Address	-						
P.O. Box 1224							-	7 Outwater I	market and a second second						
City, State, Zip Code							City	, State, Zip Co	ode						
Union, NJ							G	arfield, NJ	07026						
Project Manager for Moni	toring Firm			1	phone			ephone No.		License No.					
Rick Eustaquio						-3762		73-928-4888		1188					
Start Date (10)	100 H2 100					te (11) 17		ne of OSHA M LL PRO MA	onitor NAGEMENT LL	.c					
Occupancy Status During	Abatement (C	Check	only o	ne)	- 20 (4		Stre	et Address					0.0000		-
□ Facility Closed/Vacate				3.000	ment		2	7 Outwater I	ane						- 1
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Time of Abatement: _	AM	PN	1/	_PM-		AM		arfield, NJ							1
Scope of Work (Check all	that apply)			10.5						-					
☐ ≥3 sf or >3 lf			⊠ Re	novati	on				ainment with Neg	ative Pressure					- 1
≥160 sf or ≥260 lf			☐ De					☑ Glovebag							
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Location	of		N. 563	Local				Description				Aba	teme	ent Ty	/pe
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IN Facilit	ty		Ous	(12)	Otan:			urfacing, VAT, ner miscellane		SF or LF)	1	2		Encapsulate	ure
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Basement- 5th Floor 8	& Stairs				$\boxtimes$	VAT/Ma	stic	, Floor Felt		36,000 SF	= [	Ø			
Basement- 5th Floor						Plaster				50,000 SF	-	N			
Basement					$\boxtimes$	Tank In	sula	tion		100 SF		<b>3</b>			
Roof						Roof Sy	ster	ns		200 SF	0	<b>3</b>			
Name of Registered Was				100	JDEP 1		25.000	oic Yards of	Name of Regist	ered Landfill					
Newark Carting/ A	тс				lauler II 4509/ S	D No. SW-24310	Was	ste s Needed	G.R.O.W.S North I	andfill/ Fairless I	Landfill/	Mine	erva F	nterori	ises
City, State								oosal Date	City, State						
Newark, NJ / Shirle	ey, NY							BD		Morrissille	DA 842		ock.	^	
Completed By (Print or Ty		Title	1					Signature	Morrisville, PA	uworrisville,	Date	yn	espu	ry, U	חי
Allen Monchik	15-7		roject	Man	ager				701 1.1			_			
			ا ا ا ا		-gei			Allen	Monchik	•	10/1	2/	17		

State of NJ Notification of Asbestos Abatement D&S Proj. #: 17-278 (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 1 10 1/10 16 1/11 17 abhay srivastava Agencies Notified Type Notification ASBESTOS CONTRUL & LICENSING Street Address ☐ EPA Initial Amended DEP City, State, Zip Code Amendment #: DOL M Emergency glen ridge, nj 07028 DOH. (including Name of Contact Telephone Number justification) ☐ DCA Cancellation abhay srivastava **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) abhay srivastava Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. # of Floors Bldg. Age Square Feet County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demolished) glen ridge essex Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm License Number Telephone Number Phone Number 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 10/09/17 10/31/17 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure  $\ge 3$  sf or >3 If Mini-enclosure Renovation Glo rebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (\*) and Non-friable procedure Is location normally used solely E Location of E е by maintenance/custodial n asbestos-containing Description of asbestos-containing Amount staff(12) m p material (acm) to be C (Specify SF or material (ACM) 0 C a а abated in facility (13) Yes No N/A v p PIPE INSULATION 30 l ft basement Registered Waste Hauler Cubic Yards of Waste NJDEP Hauler ID# Name of Registered Landfill D & S RESTORATION, INC. 13506 1 vd TULLYTOWN, RESOURCE RECOVERY Disposal Date City, State City, State PATERSON, NJ 07503 10/10/17 TULLYTOWN, PA. Completed by (Print or Type) Signature Title Date

Date of Notification (1)				Man	ne of Ruildi	ng Owner/Operator	(2)	116-71				
	/					Passaic (Page		00	T :	1 7	201	7
	tification			Stre	et Address			100			_	
☐ EPA ☐ Initial				40	01 Grand	Street		ASBES	108	000	UTD	OL:
☑ DOLWD ☑ Amer		4		City	, State, Zip	Code				NSIN		UL (
	idment #j gency (in	TT-00	<u> </u>	Pa	aterson, N	NJ 07505		Service and the service of the servi	-		TO THE PERSON NAMED IN	Spine Inches (M)
	cation)	Gudin	9	Nam	ne of Contac	ct		Telephone Nur	mber			_
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Name of Facility Wileys Abote			(0)	F	ACILITY II	NFORMATION						
Name of Facility Where Abatement							Type of Facility	, ,				
Passsaic County Courthous Street Address	e Anne	x Bui	idin	g			School (K-12	(Other than 16 4	0)			
63 Hamilton Street							Other (i.e., pr	ivate and comme	2) ercial	buildi	ngs,	
City (5)							Square Feet	# of Floors	T	Bldg.	Age	
Paterson							40,000	4			yrs	
County (6)				Cou	inty Code (7	7)(STATE USE ONLY)	Current Use (Pri	or if being demoli	ished		-	
Passsaic							Vacant	t reported that a minima due of the hoodest must be appointed		•		
Name of Monitoring Firm Hired by B	uilding O	wner (	(8)	ASCN	No.	Name of Abateme	ent Contractor (9)		-			
Langan				000	99	Superior Aba	tement Inc					
Street Address			113			Street Address				-	. 100 5 1	
300 Kimball Drive						2 Henderson	Drive					
City, State, Zip Code					V	City, State, Zip Co	de					-
Parsippany, NJ 07054						West Caldwel	I, NJ 07006					
Project Manager for Monitoring Firm			Tele	ephone	No.	Telephone No.		License No.				
Vijay Patel					60-4900	(973) 808-161	6	00411				
Start Date (10)					ate (11)	Name of OSHA M	onitor					
10/16/17				3_/	18	Superior Abat	tement Inc					
Occupancy Status During Abatement						Street Address						
Facility Closed/Vacated During Er						2 Henderson	Drive					
Abatement Performed Outside of Time of Abatement: _AMI	Normal F	acility	Hou	rs - Des	scribe	City, State, Zip Co	de					
Scope of Work (Check all that apply)	M			_AIVI		West Caldwell	I, NJ 070 06					
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		Is	Locat	ion		L HOII-EXCII	ipted ( ) and Non-	- Flable Procedur	-			
Location of			orma			Description of				atem	ent T	ype
Asbestos-Containing Material (AC TO BE ABATED	(Mi		i Sole ntena	ely by nce/		tos Containing Mate		Amount	Ren	Repair	Enc	Enc
IN Facility			dial S	Staff?	(1.e.	, thermal systems in surfacing, VAT, or		(Specify SF or LF)	Removal	air	aps	Enclosure
(13)	-	V T	(12)	NI/A	-	other miscellaneo		Or Or Ery	<u>a</u>		Encapsulate	ıre
Ground, 1st, 2nd, 3rd Floors & A		Yes	No ⊠	N/A	Pipe Ins	ulation		1,553 LF			e	
Ground, 1st, 2nd, 3rd Floors & A			$\boxtimes$			nt Insulation		826 EA				
Ground, 1st, 2nd and 3rd Floors		-	$\boxtimes$		<u> </u>	Ceiling Plaster		37,293 SF				
Ground, 1st, 2nd and 3rd Floors	5 [	-				Skim Coat		1,030 SF				
lame of Registered Waste Hauler				JDEP V		Cubic Yards of	Name of Registe				Ч	
Service Transport Group, Inc			100	auler ID SW21	No.	Waste 1000	Minerva Lan					
City, State				SVVZI		Disposal Date	City, State					
New Castle, DE						1/16/2018	Waynesburg	h. OH				
completed By (Print or Type)	Title					Signature	, , , , ,	, ,				
Nick Petrovski		siden	t			11.1	11.1.	Date		-	- /	_
B-41	1				*	May	My in	au 1	0.	-7	-/	

Date of Notification (1)					Name	e of Buildin	ıg Ov	vner/Operator	(2)	In E	6	5	I W	트	
10/	12 /	17	i .					,,,,,,,	(Page 3 of 3)	1111111111					And the second second
Agencies Notified  EPA	Type Notific	ation			Stree	t Address			-		0CT	17	20	17	later Income
⊠ DOLWD		Τ.			City,	State, Zip	Code								
□ DHSS	Amendm  Emerger	10. <del>7</del>		1						ASE	EST	)S C	TMC	ROL	.8.
(NJAC 5:23-8)	justificati	on)	oradiri	3	Name	of Contac	ct			Telephon	e Num	ber	11/11/2	action with	
	☐ Cancella	tion													
					FA	CILITY IN	NFO	RMATION							
Name of Facility Where A									Type of Facil ty	7.5					
Passsaic County C	ourthouse	Anne	x Bui	lding	]				School (K-12		an K-12	1			
Street Address 63 Hamilton Street									Other (i.e., p	rivate and o	comme	cial bu	uilding	js,	
City (5)							11275		Square Feet	# of Floo	ors	BI	dg. A	ge	
Paterson															
County (6)					Cour	nty Code (7	7)(STA	ATE USE ONLY)	Current Use (Pr	ior if being	demolis	shed)			
Name of Monitoring Firm	Hired by Build	ding C	)wner	(8)	ASCM	No.	Na	me of Abateme	ent Contractor (9)						
Street Address							Str	eet Address							
City, State, Zip Code							Cit	y, State, Zip Co	ode						
Project Manager for Moni	toring Firm			Tel	ephone	No.	Tel	ephone No.	-	License	No.				
Start Date (10)					etion Da		Na	me of OSHA N	Monitor						
Occupancy Status During							Str	eet Address							
☐ Facility Closed/Vacate															
Abatement Performed Time of Abatement: _/	AMPN	ormal ///	PM-	y Hou 	rs - Des AM	scribe	City	y, State, Zip Co	ode						
Scope of Work (Check all	that apply)			1711				□ Eull Cont	to income and width. No.	-# - D	W-22-4				
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf			☐ Re					☐ Mini-Enc ☐ Glovebag	tainment with Neg losure g Procedure mpted (*) and No			e.			
				Loca					T				atem	ent T	vpe
Location Asbestos-Containing N	7.7.	n.		Norma	ally ely by	Acho	otoo	Description o Containing Ma		۸	and the second				
TO BE ABA	TED	'	Ma	intena	ance/	(i.e	., the	ermal systems	insulation,	Amou (Spec		Remova	Repair	Encapsulate	Enclosure
IN Facilit (13)	У		Cusi	(12)	Staff?			surfacing, VAT, her miscellane		SF or I	LF)	<u>va</u>	-	sula	sure
			Yes	No	N/A		0.0	ioi illiscollario	ous					te	
1st Floor Space 1-14A	A					Woode	n Do	or with Core	e Insulation	20	SF	$\boxtimes$			
Ground, 1st, 2nd and				$\boxtimes$		Floor T	ile a	nd Mastic		17570	SF				
Ground, 1st, 2nd and	3rd Floors					Old Ele	ctric	Panel Boar	d	56	SF				
Ground and 1st Floor				$\boxtimes$		NEWS THE STATE OF	v/Do	or/Louver C	aulk	210	LF				
Name of Registered Wast	e Hauler				IJDEP \		Cub	oic Yards of	Name of Regis	tered Landf	fill				
Oit. Otat															
City, State							Dis	posal Date	City, State						
Completed By (Print or Ty	rpe)	Title						Signature			Da	te			
19 TOWN	TV - 40											10T			

				(1-0	isuai	IL LO NUF	4C 0	.ou and 5:1	0)	INE	P E	7 1	// FE	- [-
Date of Notification (1)	12 /	17			Name	of Buildin	g Ow	ner/Operator	*,*		G E	11 /	/ [	
	12 / _	17	-12						(Page 2 of	3)				
Agencies Notified  EPA	Type Notifica				Street	Address					ICT 1	7 20	17	
☑ DOLWD ☑ DHSS	Amended	ent # <b>2</b>			City, S	State, Zip (	Code			ASSE	stos c			_&_
☐ DCA (NJAC 5:23-8)	☐ Emergene justification	on)	aing		Name	of Contac	t			Telephone N	LICENS lumber	SIN(3		James de vivil
					FA	CILITY IN	IFOF	RMATION						
Name of Facility Where A	Abatement is T	aking P	lace (	3)	000000				Type of Facility (	(4)				
Passsaic County C	ourthouse A	Annex I	Build	ling					School (K-12					
Street Address									Subchapter 8			9.15		
63 Hamilton Street									Other (i.e. pr homes, etc.)		mercial b	uilding	IS,	
City (5)									Square Feet	# of Floors	В	ldg. A	ae	
Paterson										01110010			90	
County (6)					Cour	nty Code (7	)(STA	TE USE ONLY)	Current Use (Pri	or if being den	nolished)			
Name of Monitoring Firm	Hired by Build	ling Owr	ner (8	)	ASCM	No.	Nai	me of Abatem	ent Contractor 9)					
Street Address							Str	eet Address						
City, State, Zip Code							City	y, State, Zip C	ode					
Project Manager for Mon	itoring Firm			Tele	phone	No.	Tel	ephone No.		License No				
Start Date (10) / /		chedule					Nar	me of OSHA N	Monitor					
Occupancy Status During							Stre	eet Address						
☐ Facility Closed/Vacate					nent									
Abatement Performed Time of Abatement: _	Outside of No	rma <mark>l</mark> Fa	cility	Hour	s - Des	cribe	City	, State, Zip C	ode					
Scope of Work (Check all	that apply)												200	
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf	,		Ren Dem					☐ Mini-End	tainment with Neg closure g Procedure	ative Pressure	•			
									mpted (*) and Nor	n-Friable Proce	edure			
				ocat orma				_			At	ateme	ent Ty	уре
Location Asbestos-Containing		,	Used			Ashe	etne	Description of Containing Ma	X	Amount	R	Re	m	m
TO BE ABA	TED	° [	Mair		nce/ Staff?			rmal systems		(Specify	Removal	Repair	Encapsulate	Enclosure
IN Facilii (13)	ty	,		(12)	otan?			surfacing, VAT her miscellane		SF or LF)	Val		sula	sure
(10)		Y	es	No	N/A	1	Oti	iei miscellane	ous)				ate	
Ground, 1st, 2nd and	3rd Floors		]			Plaster	Deb	ris		550 SF	- 🛛			
Ground, 1st, 2nd and	3rd Floors			$\boxtimes$		Suspen	ded	Ceilings w/	ACM debris	15,500 SI	F 🛛			
Ground, 1st, 2nd, 3rd	Floors & At	tic	]	$\boxtimes$		Duct In	sula	tion		1,210 SF				
Ground, 1st, 2nd and	3rd Fl-Chas	ses [		$\boxtimes$		Duct Se	em	Tape		8 SF				
Name of Registered Was	te Hauler			32332	JDEP V		Cub	oic Yards of ste	Name of Regist	tered Landfill				
City, State							Die	nonal Data	City Ct-t-					
Oity, State							DIS	posal Date	City, State					
Completed By (Print or Ty	(ne)	Title						Signature			Deta			
- Imposed by (Finite) 1	, FO)	1100						oignature			Date			

ASB-41 MAY 11

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

JnK#26016 Date of Notification (1) Name of Building Owner/Operator (2) 10 12 / 17 County of Passaic (Page 1 of 3) Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial 401 Grand Street **⊠** DOLWD City, State, Zip Code Amendment #2 □ DHSS ASSESTOS CONTROL & Paterson, NJ 07505 ☐ Emergency (including ☐ DCA Name of Contact (NJAC 5:23-8) Telephone Number justification) ☐ Cancellation Andrew Thompson **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facil ty (4) Passsaic County Courthouse Annex Building ☐ School (K ·12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 63 Hamilton Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Paterson 40,000 4 127 yrs County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Passsaic Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) 00099 Langan Superior Abatement Inc Street Address Street Address 300 Kimball Drive 2 Henderson Drive City, State, Zip Code City, State, Zip Code Parsippany, NJ 07054 West Caldwell, NJ 07006 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Vijay Patel (973) 560-4900 (973) 808-1616 00411 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor \_\_10\_\_ / \_23 / \_17 01 / 16 / 18 Superior Abatement Inc Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 2 Henderson Drive Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_AM-\_\_\_\_PM/\_\_ PM-West Caldwell, NJ 07006 Scope of Work (Check all that apply)  $\square \ge 3$  sf or  $\ge 3$  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 Removal Repair Used Solely by Encapsulate 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 Ground, 1st, 2nd, 3rd Floors & Attic  $\boxtimes$ Pipe Insulation 1,553 LF X X Ground, 1st, 2nd, 3rd Floors & Attic П Pipe Joint Insulation X 826 EA Wall and Ceiling Plaster Ground, 1st, 2nd and 3rd Floors X 37.293 SF X П П П Ground, 1st, 2nd and 3rd Floors X Plaster Skim Coat 1.030 SF X Cubic Yards of Name of Registered Waste Hauler NJDEP Waste Name of Registered Landfill Hauler ID No. Waste Service Transport Group, Inc. Minerva Landfill SW2117 1000 City, State Disposal Date City, State Waynesburgh, OH New Castle, DE 1/16/2018 Completed By (Print or Type) Title Signature Date Nick Petrovski President

State of New Jersey

(Pursuant to NJAC 8:60 and 5:16)

PA NOTIFICATION OF ASBESTOS ABATEMENT

NochK

140000				(Pt	ırsuaı	It to NJA	AC 8:60	) and 5:1	6)	)					
Date of Notification (1)					Name	of Building	g Owne	r/Operator	(2)	)					- 11
08/	04 /	17	_		Sta	te of Nev	v Jerse	y Depart	m	ent of Military	y and Veterar	is Affa	irs 2	017	1
Agencies Notified	Type Notifica	ation				Address									1
⊠ EPA					P.C	). Box 34	0				ASBES				L &
☑ DOLWD	Amended				City, S	State, Zip C	Code				I-market processing to the second	LICEN	SIM	3	
□ DCA	Amendm Emergen		ıdina		Tre	nton, NJ	08625								
(NJAC 5:23-8)	justificati		Jung		Name	of Contac	t				Telephone Nu	ımber			
	☐ Cancellat				Wil	liam Garı	ron								
					FA	CILITY IN	IFORM	ATION							
Name of Facility Where A	batement is 7	Taking P	lace	(3)					T	Type of Facility	(4)				
Commercial										School (K-12					
Street Address									1	☐ Subchapter 8 ☑ Other (i.e., pr	3 (Other than K-	·12) nercial h	uildin	ae	
1 Camp Drive, Build	ding #8								'	homes, etc.)		rici Giai L	unun	<b>J</b> S,	
City (5)									1	Square Feet	# of Floors	B	ldg. A	ge	
Sea Girt															
County (6)					Cour	nty Code (7)	)(STATE	USE ONLY)	0	Current Use (Pri	or if being demo	olished)			
Monmouth															
Name of Monitoring Firm		ding Ow	ner (8	3)	ASCM	No.	Name	of Abateme	en	t Contractor (9)					
Bio Terra Solutions							ALL	PRO MA	N	AGEMENT L	LC				
Street Address							Street	Address		(*)	2	Contract of the			
P.O. Box 1224							27 (	Outwater	La	ane					
City, State, Zip Code							City, S	tate, Zip Co	od	e					
Union, NJ							Gar	field, NJ	0	7026					
Project Manager for Monit	toring Firm			Tele	phone	No.	Teleph	one No.			License No.				
Rick Eustaquio						-3762	973	-928-4888	3		1188				
Start Date (10)		Schedule		2300				of OSHA N			-				
8/14/		10			_ / _	17_	ALL	PRO MA	N	AGEMENT LI	LC				
Occupancy Status During							Street	Address							
☐ Facility Closed/Vacate	d During Entir	e Period	d of A	bater	nent		27 (	Outwater I	La	ane					
Abatement Performed Time of Abatement:	Outside of No	ormal Fa	cility	Hour	s - Des	cribe	City, S	tate, Zip Co	od	е ————					
				_PIVI-		AIVI	Gar	field, NJ	07	7026					
Scope of Work (Check all	that apply)						-	7		1 (222)	2				
≥3 sf or ≥3 lf			Ren	ovati	on			☐ Full Cont ☐ Mini-Enc ☐ Mini-Enc ☐ Mini-Enc ☐ The cont ☐ Mini-Enc ☐ The cont ☐ The		nment with Neg	ative Pressure				
≥160 sf or ≥260 lf				nolitio				Glovebag	g F	Procedure					
			1- 1	4				Non-Exe	m	pted (*) and No	n-Friable Proce	dure			75
Location	of			Locat ormal			D	oppintion -				A	batem	ent Ty	уре
Asbestos-Containing N		)	Used	Sole	ly by	Asbes		escription on taining Ma		rial (ACM)	Amount	Re	Re	E	E I
TO BE ABA				ntena	nce/ Staff?	(i.e.	., therma	al systems i	ins	sulation,	(Specify	Removal	Repair	cap	Enclosure
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Windows					$\boxtimes$	Caulkin	g			1	2,825 LF				
Fire Doors			] [			Caulkin	g				100 LF				
		Г					1000000						П	П	
Name of Registered Wast	te Hauler				JDEP \	Naste	Cubic '	Yards of	Т	Name of Reg is	tered I andfill				
Century Waste				Н	auler II 32797		Waste				hem Landfill				
City, State					32131			leeded al Date	+	City, State					
Elizabeth, NJ							TBD			Bethlehem	, PA			1	
Completed By (Print or Ty	/pe)	Title					S	gnature /	1	10		Data		15	,
Allen Monchik	55405.50	1000000	ject	Mana	ager		17		5	1/ -	$\overline{}$	Dale	4	1/	

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Date of Notification (1)	12 /	4.	,					wner/Operator		1111	00	1	7 2	017
			-27		50	ate of Ne	W J	ersey Depart	ment of Militar	y and Veter	ans Aff	irs	, ,	UII
Agencies Notified	Type Notifi	cation			Stree	t Address	į.			1 60	20-913			
⊠ EPA ⊠ DOLWD	☐ Initial	1			P.0	D. Box 3	40			L	BEST	JS (	CONT	RO
⊠ DOH	Amenda Amenda	20000	1		City,	State, Zip	Cod	е	-		1.10	-14	SINC	1
DCA	☐ Emerge		-	a	Tre	enton, N	J 08	625						
(NJAC 5:23-8)	justifica			9	Name	e of Conta	ct			Telephone	Number	_		
	☐ Cancella	ation			Wi	lliam Ga	rron	ı						
					FA	CILITY I	NFC	RMATION						
Name of Facility Where A	Abatement is	Takin	g Place	e (3)					Type of Facilit /	(4)				
Commercial									School (K-					
Street Address									Subchapte	8 (Other than	K-12)			
1 Camp Drive, Build	ding #8								Other (i.e., p	rivate and cor	nmercial	buildi	ngs,	
City (5)									Square Feet	# of Floors		Rlda	Age	
Sea Girt										# 0111001S	·	Diag.	rige	
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Monmouth							Ċ		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Jonig de		8		
Name of Monitoring Firm		lding (	Owner	(8)	ASCM	No.	Na	ame of Abateme	ent Contractor (()	<u> </u>				
Bio Terra Solutions		8		101-25 1					NAGEMENT _					
Street Address								reet Address						
P.O. Box 1224								27 Outwater	Lane					
City, State, Zip Code							1	ty, State, Zip Co						
Union, NJ								Garfield, NJ						
Project Manager for Moni	itoring Firm			Tel	ephone	No.	-	elephone No.	-	License No	2			
Rick Eustaquio				10000000	73-494			973-928-4888	:	1188	J.			
Start Date (10)		Sched	luled C		etion Da		-	ame of OSHA M		1100				
_8_ / _14_ /					0_/	991 50			NAGEMENT I.	I C				
Occupancy Status During	Abatement (						-	reet Address						
☐ Facility Closed/Vacate					ment			27 Outwater I	ano					
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Time of Abatement: _	AM	P	Λ/	PM		AM		Garfield, NJ						
Scope of Work (Check all	that apply)							Carriera, 145						
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			⊠ Re					☐ Mini-Enc						
				Loca					, ( ) did (4 )			hata	nent 1	Typo
Location				Norma	illy ely by			Description o	f			_		T
Asbestos-Containing N TO BE ABA		/I)		intena		Asbe	stos	Containing Ma ermal systems i	terial (ACM)	Amount	Kemova	Repair	Encapsulate	Enclosure
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Name of Desirter 1151														
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Century Waste				1	32797			As Needed	IESI Bethie	hem Landfi	II			
City, State								posal Date	City, State		A. 200 A CO.			
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Allen Monchik		Pr	oject	Man	ager				Monchik?	,		147		
CD 41			353		180.			MICCEN	" working		10/12	11/		

# ON#H1785

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

In.	E	C	E		$\mathbb{V}$	E	M
		O CT	1	7	2017		U
A	SB		)S		NTR	DL 8	2

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Date of Notification (1)				Name of	Building Owner	-/0							
10/12/17					ie Street LLC	r/Opera	II U OCT 17 2017						
Month/Dav/Year								1					
	ype Notifica	ation		Street Ac				ACTIV	070	S CON	TDO		
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X DEP X DCA		otific			te, Zip Code			b	11171	1903119			
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X DUL		otific ncella		Name of				Telephone N	lumber	4			
7 000	Ca	псена	ition		erguson 267228								
Name of Facility Where Abateme	ent is Takin	α Dla	20 (2)	FACIL	ITY INFORMA	TION							
Mastery Charter school- Pyne Po	ovnt Campu	gria	ce (3)				Type of Facility						
	y oumpu						X School	(K12)					
Street Address							Other	apter 8 (Othe (i. c. Private	r than	K12)			
800 erie street Camden NJ							lings, homes, e	tc.)	merciai				
City (5)	Con		(6)		To	-	Square Feet	# of Floors					
Camden	NJ	unty	(6)		County Code		99,000	2		80			
					(STATE USE ONL	.Y)	Current Use 'Pr	ed)					
Name of Monitoring Firm Hired FINOG Environmental Inc	by Building	Own	er (8)		ASCM No.	Nam	of Abatement Contractor (9)						
						Asso	ciated Specialty Co	ntracting Inc					
Street Address					'		t Address						
517 Stokes Road Suite 4-318						98 La	Crue Avenue						
City, State, Zip Code						City.	State, Zip Code						
Medford NJ 08055			CV States			Glen	Mills, PA 19342						
Project Manager of Monitoring F	irm			Telephone	Number		hone Number		Licer	ice Num	bor		
Mark Rubnitz				888-715-22	211		64-9622		110		DCI		
Scheduled Start Date (10)		Sch	ed. Cor	mpletion Date	(11)	Name	of OSHA Moni or	<u> </u>					
10/23/17				12/31/17		11	rion Labs						
Month/Dav/Year Occupancy Status During Abatem		1	M	lonth/Day/Ye	ar								
x Facility Closed/Vacated D	ent (Check	only o	one)	h			Address						
Abatement Performed Out	side of Nor	malE	ou or A	Datement			Progress Dr						
Hours - Describe: 7:0	0 AM to 3:3	0 PM	acinty				State, Zip Code						
Other - Describe:						Bensa	lem, PA 19020						
cope of work (Check all that appl	(v)				_	X	E II C						
Demolition	3,		x	Renovation	•	Full Containmen Mini - Enclost re	t with Negativ	e Press	ure				
x > 3  sf or  > 3  if					•	X	Glovebag Procedure						
x >160 sf or >260 lf							Non-Friable Proc						
		Is					Non-Friable P 700						
Location of	Lo	catio	n	Desc	ription of			Ab	atemer T	t Type	I E		
Asbestos - Containing Material (ACM)		rmall	v	N. S.	s-Containing		Amount	R		E N	E N		
TO BE ABATED	14.7	sed			rial (ACM)		(Specify	E	R	C	C		
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(13)	1,000	ance			surfacing, VAT	,	LF)	0	P	P	0		
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oom 180 nurse	Yes	1	N/A						K	L	R E		
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t floor locker room		X	pipe insulation 2001f x					x					
nd floor bathrooms		x		pipe insulat	ion		200lf	x					
									-				
Name of Registered Waste Hauler NJDEP Waste Cubic Yards						Name of Registere	ed Landfill						
ercer Group International	r ID No.	of Waste		or registere	o Dandilli								
				5 Tulltown Resources Re					acility				
ty, State 19 Rev S Howard Woodson Jr W	av trante N	JI no	(20		Disposal Date		City, State						
ompleted By (Print or Type)	ay, ti citto P	19 09(			As req.		Tullytown PA						
ol Tamana			Title			Signatu	ren :	201		Date			

senior estimator

ABS-41 **JUN 95** 

Jack Tomasura

G4667

10/12/17

Date

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Date of Notification	Na	me of l	Ruildin	a Owner / Ones	-t (O)	11 4	001	1 / 21	717		UI							
	10/8/2017	7					Owner / Operator (2) ustrial Complex											
Agencies Notified	Type Notif			Str	eet Ad	dress	iustnai Comp	ASBESTOS CONTROL										
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DEP					y, State		Code				AL AND DESCRIPTION OF THE PERSON	No.		-				
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□ DCA	L Car	ncellation		All	en Fie	nber	9											
				F	FACILI	TYIN	FORMATION											
Name of Facility W	here Abaten	nent is Taking	Place	(3)			Type of Fa					-						
Glassbor Indust Street Address	rial Compl	ex (Bldg F)					Schoo	I (K-12)										
70 Sewell St							Subch	apter 8 (0	Other han k	(-12)								
10 Dewell Of							○ Other	(i.e. priva	te & comme	ercial build	ings, ho	mes,	etc.)	)				
City (5)		County (6)	10		0 - 1 -	/==>	Square Fee		# of Floors		Bldg. Age							
Glassboro		Gloucester		ount	y Code	(1)	3000		1		60+							
0.20020.0		Glouceste	.						being demo	olished)								
Name of Monitoring	Firm Hired	by Building Ou	mer (8	5)	IAC	CM N		Industrial Name of Abatement Contractor (9)										
	,	by banding on	1101 (0	2)	140	CIVI 14	Alpha En	patement	Contractor	(9)								
Street Address							Street Addr	vironne	ntal Service	ces								
							PO Box 8											
City, State & Zip Co	ode						City, State		ie									
Droin of Manager							Trenton, f	UJ L										
Project Manager for	Wonitoring i	rirm	Tele	phor	ne Num	nber	Telephone			License	Number							
Scheduled Start Da	to (10)	Cabadulad Ca	1				609-847-2	The state of the s			012	22						
	Scheduled Start Date (10) Scheduled Completion Date (11) 10/17/2017							SHA Moni	itor				portugues area.					
			nly on	101	-	-	EMSL Ana Street Addre											
Facility Clos	Occupancy Status During Abatement (Check only one)  Facility Closed/Vacated During Entire Period of Abatement						107 Haddo											
Abatement I	Performed O	utside of Norm	nal Ho	urs -	- 7am t	to 3pm	City, State 8		le -									
Describe:						-	Westmont											
Facility Occ	upied During	Abatement						,,	.00									
Scope of Work (Che	ck all that a	oply)				Service de la												
≥3 sf or ≥3 lf	F		K-7	-					ull Contains	ment with I	Vegative	Pre	ssure	9				
≥160 sf ≥260			M		enovation			Managed .	/lini-Enclosu									
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Mate	erial (ACM)	9		olely			Asbestos-Cor Material (A	ntaining ACMN	١,	(Specify SF or LF)				T				
	E ABATED		Main	tena	nce or		(i.e., thermal s	systems	1	31 UI LIT)	Re	70	nc	5				
In	Facility (13)		Custo		Staff?		insulation, surfa	cing, VA	Г		Remova	Repair	apsi	Encisoure				
	(10)		Yes	(12) No			or other miscel	llaneous)			\alpha	=	Encapsulate	ure				
Bldg F					1077		VATIBLES	TIO					(D)					
Bldg F						-	VAT/MAS Pipe/Fitting In		900				П					
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lame of Registered	me of Registered Waste Hauler				JDEP V	Naste	Cubic Yards	Name o	of Registere	d Landfill								
DUA ENVIDONMENTA:					auler ID		of Waste											
LPHA ENVIRONMENTAL					003333	30	5		Landfill									
ity, State							Disposal Date	City, St	ate	1								
renton, NJ							various	Morris	ville DA									
Completed By (Print or Type)					ile		Signature	MUITIS	ville, PA		To :							
od Richardson				0.000	roject		Red Richardson				Date	100	g one					
				12.	-3000	I	was well-window				10/8	120	1/					



Date of Notification (1)	T	Name of Building Owner/Operator (2)										E				
10	115/17			L Dan Kedmond IIK										7		
Agencies Notified Ty	ype Notification			Street A	eet Address							1 7	0045	- Table		
☐ EPA ☐	Initial									U U	CT	/	2017	-		
DEP DOL	Amended Amendment #			City, St	ate, Zip Ci	ode	1.	417	1	cho o	Į.			out methods		
N DOL	Emergency (ir		-	0.1	MOI	MOD	hing	1/1/1	$-\nu$	ASBE	STOS	CO	VTRO	18		
DOH DCA	justification) Cancellation	· · · · · · · · · · · · · · · · · · ·			of Contact Plackis		O		Tel	ephone Ni	imbek	NSIN	G			
L DCA					ILITY INF	ODMAT	ION				_					
Name of Facility Where Aba	tement is Taking	Place (3)		FAC	ILIT INF	UKIVIAI	ION	Type of Facility	(4)							
75								School (K								
Street Address							Subchapter 8 (Other than K-12)									
						ial buildings, homes,										
City (5)								etc.) Square Feet	# 0	Floors	E	Bldg. Age				
I Wlan-	tolohi1	12					7	1	9	2	Ì					
County (6)	^	0		County Code (7) Current Use (Prior if being demolished)												
Ull	( )			(STATE USE ONLY) \ \TIVAL												
Name of Monitoring Firm His	red by Building O	wner (8)		ASC	И No.			of Abatement C		(9)						
0				1				Industries Ir	C.							
Street Address								Address								
City, State, Zip Code					P.O. Box 915											
City, State, Zip Code				City, State, Zip Code Brick, New Jersey 08723												
Project Manager for Monitor		Telepho	ne No			one No.	00120	License N	VIO.	-		_				
1 roject manager for Mornton		releptio	ne no.		1	899-7499		01196	NO.							
Start Date (10)	. 18	Scheduled	d Com	pletion	Date (11)			of OSHA Monito	r							
10/23		1013		7	**************************************											
Occupancy Status During Al	batement (Check	Only One	)				Street	Address								
Facility Closed/Vacated	During Entire Pe	riod of Al	oatem	ent										1		
Abatement Performed	Outside of Norma	I Facility I	Hours				City, St	tate, Zip Code								
Other – Describe:																
Scope of Work (Check All Th	nat Apply)	V65. a. 040						•								
≥3 sf or ≥3 lf			novat				-	Full Containr		Negative I	Pressu	re				
≥160 sf or ≥260 lf		TO De	moliti	on			Mini-Enclosure Glovebag Procedure									
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		10000	ocatio					Abateme Type								
Location of			ormall Solel				scription		١.	eaches al Partiers <b>a</b> e si	-	.,	П	-		
Asbestos-Containing Ma TO BE ABATE		Main	tenan	ice/				aterial (ACM) insulation,	1 20	nount pecify	Z	- P	Enc	g		
In Facility		Custo	dial S (12)	tatt?		surfa	cing, VA7	T, or		or LF)	Remova	Repair	aps	Enclosure		
(13)			* - Z	Г		other r	niscellan	eous)			val	¥.	Encapsulate	ure		
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Name of Registered Waste I	-lauler		I NI	JDEP W	laste	Cubic	Yards	Name o	Pagisto	red Landfil	1			_		
Brick Industries Inc					No.	of Was				eu Latiuill						
Brick Industries Inc.							4		/S Inc.							
City, State						Dispos	Disposal Date City, State						- In-			
Brick, New Jersey		-						PA								
Completed by Eric Plackis		Title Presid	lon*			S	ignature	GAM		D	ate (	13	111			
LITO I Idonia		1 16210	CIII					1/1/11/			10		1			

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Agencies Notified  Type Notification  PPA  Infalia DDL Amendment # DDL Amendme	Date of Notification (1)		T	Name o	f Building	Qwner/0	Operator	(2)	2 - 1 mag	E P	C	7 7	\//	2 (		
EPA   Initial Amended   City, State, City Code   City, State, City, State, City Code   City, State, City, C	10/3/1/1			V	W 1 6	1014	121				E		$\forall$	5		
DOP Amended Amended Emergency (including   publishination)   Property   Prope				Street A	Address				111	1 1 1				Month spendar		
DOL   Amendment			H	City, Sta	ate, Zip Co	ode			-11-11	<del>  00</del> 7	-1.7	-20	117	-	<del>III</del>	
DOH   Candelation   Particularly	X DOL Amendment		_				N	JO	nai	1				1		
FACILITY INFORMATION   Type of Facility 4		ncluding				11/6	1			Jelephon	ė Mump	er.			1	
Name of Facility Where Abatement is Taking Place (3)  Street Address  City (6)  County (7)  Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Abatement Costractor (9)  Brick Industries Inc.  Street Address  Project Manager for Monitoring Firm  Telephone No.  (732) R99-7499  Occupancy Status During Abatement (Check Only One)  Start Date (10)  Scheduled Completion Date (11)  Abatement Performed Outside of Normal Facility Hours  Occupancy Status During Abatement (Check Only One)  Asbestos-Containing Material (ACM)  To BE ABATED  In Facility  (13)  Name of Registered Waste Hauler  Name of Registered Waste Hauler  Name of Registered Waste Hauler  Prick Industries Inc.  Title  Name of Registered Landfill  GROW'S Inc.  Disposal Date  City, State  Prick Industries  City, State  City, St	DCA Cancellation								Control Bank			۲۷۷			al and a second	
Street Address  City (5)  County Code (7)  County Use (Proir   Deing demolished)  County Code (7)  County Code (7)  County Use (Proir   Deing demolished)  County Code (7)  County Use (Proir   Deing demolished)  County Code (7)  County Code (7)  County Use (Proir   Deing demolished)  County Code (7)  City, State, Zip Code  City, State  City, S	Name of Facility Where Abatement is Taking	Place (3)		FAC	ILITY INF	ORMAT	ON	Type of F	acility (4)							
Street Address  City (5)  County (6)  Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (8)  Street Address  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  Street Address  Project Manager for Monitoring Firm  Telephone No.  (732)899-7499  City, State, Zip Code  Brick, New Jersey  Coupsoncy Status During Abatement (Check Only One)  Start Date (10)  Scheduled Completion Date (11)  Asbestos Containing Material (ACM)  In Facility  To BE ABATED  Location of  Asbestos Containing Material (ACM)  In Facility  (13)  Name of Registered Waste Hauler  NIJDEP Waste  Hauler ID No.  Ziglarury  Disposal Date  City, State  Subchapter 8 (Other than K-12)  Square Feet  # of Floors  # Stor of Ite of Floors  # Ascendate Survey  # Ascendate Outside of Normal Facility  Normalish  City, State, Zip Code  City, State  Assets Containing Material (ACM)  In Facility  (13)  Name of Registered Waste Hauler  NJDEP Waste  Hauler ID No.  Zia Completed by  Title  Disposal Date  City, State  Disposal Date  City, State  Date  Date	The second series of the second secon	, , 1000 (0)							2000							
County (6)  County (6)  County (6)  County (6)  County (6)  County (7)  County (8)  Name of Monitoring Firm Hired by Building Owner (8)  Street Address  City, State, Zip Code  Brick, New Jersey 08723  Telephone No.  City, State, Zip Code  Brick, New Jersey 08723  Start Date (10)  Scheduled Completion Date (11)  Name of OSHA Monitor  City, State, Zip Code  Street Address  City, State, Zip Code  City, State  City,	Street Address	7000000						☐ Sub	chapte · 8	(Other than	n K-12)					
County (6) County (7) County Code (7) County C									er (i.e. priv	/ate & com	mercial	ouilo	lings,	home	es,	
County (6)   County Code (7)   Co	City (5)			Square Feet # of Floors												
Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Abatement Co tractor (9)  Brick Industries Inc.  Street Address  P.O. Box 915  City, State, Zip Code  Brick, New Jersey, 08723  Project Manager for Monitoring Firm  Telephone No.  Telephone No.  Telephone No.  (732)899-7499  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code  Street Address  P.O. Box 915  City, State, Zip Code  Brick, New Jersey, 08723  Telephone No.  (732)899-7499  O1196  Street Address  City, State, Zip Code  City, State, Zip Code  Telephone No.  Total Monitor  Oscapancy Status During Abatement (Check Only One)  Street Address  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  Tityle  Abatement Abatement With Negative Pressure  Mini-Enclosur: Glovebag Pro sedure  Normally  Used Solely by  Maintenance/ Custodial Staff?  (12)  Yes No N/A  Ababestos Containing Material (ACM)  Total Abatement (Check Only One)  Ababestos Containing Material (ACM)  Total Containment with Negative Pressure  Mini-Enclosur: Glovebag Pro sedure  Normally  Used Solely by  Maintenance/ Custodial Staff?  (12)  Yes No N/A  Ababestos Containing Material (ACM)  Total Containment with Negative Pressure  Mini-Enclosur: Glovebag Pro sedure  Normally  Used Solely by  Maintenance/ Custodial Staff?  Ababestos Containing Material (ACM)  (i.e. thermal systems insulation, Specify  Specify  Specify  Specify  Specify  Grows Inc.  Deposition  Total Containment of Normal Facility  Ababestos Containing Material (ACM)  Type  Total Containment with Negative Pressure  Glovebag Pro sedure  Ababetment  Size Address  City, State, Zip Code  City, State  Total Manager  Total Containment of Normal Facility  Ababestos Containing Material  (ACM)  Type  Total Containment of Normal Facility  Ababestos Containing Material  (ACM)	BayDone,							170		-		10	7			
Street Address  Street Address  Street Address  P.O. Box 915  City, State, Zip Code  City, State, Zip Code  Project Manager for Monitoring Firm  Telephone No. Telephone N	County (6) YUASON			County Code (7)  (STATE USE ONLY)  Current Use (Prior if being demolished)												
Street Address P.O. Box 915 City, State, Zip Code City, State, Zip Code Brick, New Jersey 08723 Project Manager for Monitoring Firm Telephone No. (732)899-7499 Start Date (10) Scheduled Completion Date (11) Name of Registered Waste Hauler Brick, New Jersey Street Address P.O. Box 915 City, State, Zip Code Brick, New Jersey O8723  Telephone No. (732)899-7499 O1196  Scheduled Completion Date (11) Name of Registered Waste Hauler Brick Industries Inc.  Scheduled Completion Date (11) Name of Registered Waste Hauler Brick Industries Inc.  Street Address P.O. Box 915 City, State, Zip Code  Street Address S	Name of Monitoring Firm Hired by Building C	Wner (8)		ASCN	Л No.		Name	of Abatem	ent Contra	actor (9)						
City, State, Zip Code  Brick, New Jersey 08723  Telephone No.  Telephone No.  (732)899-7499  O1196  Scheduled Completion Date (11)  Scheduled Completion Date (11)  Name of OSHA Monitor  Cocupancy Status During Abatement (Check Only One)  Street Address  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code  City, State  City,									es Inc.							
City, State, Zip Code    City, State, Zip Code	Street Address															
Brick, New Jersey 08723   Telephone No.   T	City State Zin Code															
Project Manager for Monitoring Firm  Telephone No. (732)899-7499  Start Date (10)  Scheduled Completion Date (11)  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other – Describe:  Scope of Work (Check All That Apply)  23 sf or 23 lf  2160 sf or ≥260 lf  Scope of Work (Check All That Apply)  Asbestos-Containing Material (ACM)  To BE ABATED  In Facility (13)  Name of Registered Waste Hauler  Non-Exempte 1 (*) and Non-Friable Procedure  Asbestos-Containing Material (ACM)  To BE ABATED  (Custodial Staff?  (12)  Yes No N/A  Name of Registered Waste Hauler  Brick Industries Inc.  Title  Signatury  Date  Disposal Date  Date  Date  License No. (732)899-7499  City, State No. (732)899-7499  City, State No. (732)899-7499  City, State No. (732)899-7499  City, State Address  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State  City, State  Name of Registered Landfill  GROWS Inc.  Date	Oity, Otate, 21p oode			E 524   3   27												
Start Date (10)  Scheduled Completion Date (11)  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other – Describe:  Street Address  City, State, Zip Code  Full Containment with Negative Pressure Mini-Enclosur: Glovebag Pro: adure Non-Exempte 1 (*) and Non-Friable Procedure Normally Used Solelly by Maintenance Custodial Staff? (12)  Yes No N/A  Name of Registered Waste Hauler  Normally Ves No N/A  Name of Registered Waste Hauler  Normally Signature  Normally Signature  Abatement Type  Abate	Project Manager for Monitoring Firm	Τ.	Telepho	ne No.			- 67/			nse No.				***************************************		
Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe:  Scope of Work (Check All That Apply)  23 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM) In Facility In Facility (13)  Renovation Demolition  Street Address  City, State, Zip Code  Full Containment with Negative Pressure Mini-Enclosur? Glovebag Pro zedure Non-Exempte 1 (*) and Non-Friable Procedure  Abatement Type  Asbestos-Containing Material (ACM) Amount Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  N/A  Publication Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  SF or LF)  Publication Abatement Type  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  N/A  Publication Abatement Type  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  N/A  Publication Abatement Type  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Full Containment with Negative Pressure Mini-Enclosure  Abatement Type  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Full Containment with Negative Pressure  Abatement Type  Abatement Type  Abatement Type  Abatement Type  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Full Containment with Negative Pressure  Abatement Type  Abatement Type  Abatement Type  Abatement Type  Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Full Containment Type  Abatement Type  Abatement Type  Abatement Type  Abatement Type  Abatement Type  Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Full Containment Type  A						(732	)899-749	19	011	96						
Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe:    Street Address		Corr ج	pletion	Date (11)		Name	of OSHA N	lonitor								
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours    City, State, Zip Code	1011011	( ( ) (	1 (			Street	Address							-		
Abatement Performed Outside of Normal Facility Hours  Other – Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Renovation Demolition  Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  NAME of Registered Waste Hauler  Brick Industries Inc.  Name of Registered Waste Hauler  Brick Industries Inc.  City, State  Full Containment with Negative Pressure Mini-Enclosur: Glovebag Pro zedure Non-Exempte 3 (*) and Non-Friable Procedure  Abatement Type  Abatement Type  Abatement Type  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Name of Registered Waste Hauler  Brick Industries Inc.  Name of Registered Landfill GROW'S Inc.  City, State Brick, New Jersey  Completed by  Title  Signature  Date	~			ent												
Scope of Work (Check All That Apply)    3 sf or ≥3 lf   2160 sf or ≥260 lf   Pull Containment with Negative Pressure Mini-Enclosure Glovebag Pro sedure Non-Exempte 1 (*) and Non-Friable Procedure   Non-Exempte 1 (*) and Non-Exempte 1 (*) an	Abatement Performed Outside of Norma	al Facility F	Hours	0110			City, S	tate, Zip C	ode							
≥3 sf or ≥3 lf   ≥160 sf or ≥260 lf   Proposition   Pro	_															
≥160 sf or ≥260 lf		7					_	7								
Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) In Facility (13)  Name of Registered Waste Hauler Brick Industries Inc.    S Location Normally Used Solely by Maintenance Custodial Staff? (12)   Yes   No   N/A		-					F			t with Nega	tive Pre	ssur	е			
S Location of Normally Used Solely by Maintenance/ Custodial Staff? (12)   Yes   No   N/A     N/A						ag Pro sed	Pro cedure									
Location of Asbestos-Containing Material (ACM)  Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Yes No N/A  Name of Registered Waste Hauler  Brick Industries Inc.  In State Brick, New Jersey  Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)  Amount (S		T					1	J NON-EX	emple 1 (							
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Yes No N/A  Name of Registered Waste Hauler Brick Industries Inc.  City, State Brick, New Jersey  Completed by  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Application Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing (ACM) (i.e. therm	Location of	B35555				Dec	corintian	of								
Name of Registered Waste Hauler Brick Industries Inc.    Name of Registered Waste Hauler   NJDEP Waste Hauler ID No. 21602   Disposal Date   City, State   Disposal Date	Asbestos-Containing Material (ACM)				Asbes	tos Cont	aining N	laterial (AC	M)			_		Щ	m	
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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. /17 Street Address Agencies Notified Type Notification 126 E. LINCOLN AVENUE, P.O. BOX 200), RY28-414 **EPA** Initial Notification City, State, Zip Code DEP Amended Notification RAHWAY, NEW JERSEY 07065 DOL Cancellation DOH On Hold Name of Contact Telephohe Num DCA **EMERGENCY NOTIFICATION** RESTOS CONTROL & PATRICIA JOHNSON LICENSING **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. privat a & commol. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 126 EAST LINCOLN AVENUE - BUILDING- 60 89,717 5 82 City (5) County (6) Current Use (Prior if Leing demolished) County Code (7) RAHWAY UNION (STATE USE ONLY) VACANT 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 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 9 / 22 /17 12 / AMERISCI LABORATORIES INC #11480 Day Year 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 6 AM-2:30 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 ENCLOSURE ENCAPSULE REMOVAL Material (ACM) REPAIR 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 1ST FLOOR-THROUGHOUT X VAT/MASTIC 165 S = 2ND FLOOR-THROUGHOUT X VAT/MASTIC 300 SI= 3RD FLOOR-THROUGHOUT VAT/MASTIC 240 SI= 4TH FLOOR-THROUGHOUT VAT/MASTIC 75 SF 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 9/22-12/30/17 MONTROWERY, PA 17752 Completed by (Print or Type)

Signature

DIRECTOR OF OPERATIONS

BENJAMIN SANCHEZ

Date

## 23

Date of Notification (1)					Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.										
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Agencies Notified Type Not	ificatio	n			Street Address 126 E. LINCOLN AV	ENUE, P.O. BO	X 2000, RY28-41	4	Ī	W	EF				
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SPARTA	, NEW	JERS	SEY 078	371			W YC RK 10901								
Project Manager for Monitoring Firm					Number	Telephone Nur		ense N	Numbe	er					
WILLIAM S. KERBEL, CIH			973-72	9-5	649	845-369-7500	110	)1							
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2ND FLOOR-SOUTH EAST			-		PIPE FITTINGS		2 LF	X	+		$\vdash$				
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BENJAMIN SANCHEZ	100000000000000000000000000000000000000	CTOF	OF OF	PEF	RATIONS Signature	N	Date	0/	11	State of the last	2				

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. /17 Street Address Agencies Notified Type Notification 126 E. LINCOLN AVENUE, P.O. BOX 2001), RY28-414 EPA Initial Notification City, State, Zip Code DEP Amended Notification RAHWAY, NEW JERSEY 07065 DOL Cancellation DOH On Hold Name of Contact Telephone Number SBESTOS CONTROL & DCA **EMERGENCY NOTIFICATION** PATRICIA JOHNSON LICENSING 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. privat a & commol. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 126 EAST LINCOLN AVENUE - BUILDING- 60 89.717 5 82 City (5) County (6) Current Use (Prior if t eing demolished) County Code (7) RAHWAY UNION (STATE USE ONLY) VACANT Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ENVIRONMETAL HEALTH INVESTIGATIONS, INC. PAR ENVIRONMENTAL CORPORATION 104 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 22 /17 12 / /17 AMERISCI LABORATORIES INC #11480 Day Year 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 6 AM-2:30 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 REMOVA REPAIR ENCAPSULE ENCLOSURE 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 1ST FLOOR-THROUGHOUT X VAT/MASTIC 165 S = X 2ND FLOOR-THROUGHOUT X VAT/MASTIC 300 S = X 3RD FLOOR-THROUGHOUT X VAT/MASTIC 240 SF 4TH FLOOR-THROUGHOUT VAT/MASTIC 75 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill FREEHOLD CARTAGE, INC. Hauler ID No. 40 LYCOMING COUNTY RESOURCE MANAGEMENT SE 825 HIGHWAY 33 15939 447 ALEXANDER DRIYE/ROUTE 15

Disposal Date

9/22-12/30/17

DIRECTOR OF OPERATIONS

Signature

City. State

MONTERY . PA 17752

Date

City, State

FREEHOLD, NEW JERSEY

Completed by (Print or Type)

BENJAMIN SANCHEZ

### 83

Date of Notification (	1)					TO 100 TO	Name of Building Owner/Operator (2)										
						MERCK SHARP & DOHME CORP.											
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	SPARTA	, NEW	JER:	SEY (	7871				SUFFERN, NEW YCRK 10901								
Project Manager for M				Tele	phon	e Number			Telep	phone Nu	mber		Lice	nse N	lumbe	er	
WILLIAM S. KERBEL,					729-5					369-7500			1101				
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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. 117 Street Address Agencies Notified Type Notification 126 E. LINCOLN AVENUE, P.O. BOX 200(, RY28-414 EPA Initial Notification City, State, Zip Code DEP Amended Notification RAHWAY, NEW JERSEY 07065 DOL Cancellation DOH On Hold Name of Contact Telephone Number DCA **EMERGENCY NOTIFICATION** RESTOS CONTROL & PATRICIA JOHNSON LICENSING **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) MERCK SHARP & DOHME CORPORATION Subchapter 8 (Cther 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) VACANT Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ENVIRONMETAL HEALTH INVESTIGATIONS, INC. PAR ENVIRONMENTAL CORPORATION 104 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 YOFK 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 22 /17 12 / 30 117 AMERISCI LABORATORIES INC. #11480 Year Day 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 6 AM-2:30 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) A nount REPAIR ENCAPSULE ENCLOSURE 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 1ST FLOOR-THROUGHOUT X VAT/MASTIC 165 SF 2ND FLOOR-THROUGHOUT X VAT/MASTIC 300 SF X 3RD FLOOR-THROUGHOUT X VAT/MASTIC 240 SF 4TH FLOOR-THROUGHOUT VAT/MASTIC 75 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill FREEHOLD CARTAGE, INC. Hauler ID No. 40 LYCOMING COUNTY FLESOURCE MANAGEMENT SE 825 HIGHWAY 33 15939 447 ALEXANDER DRIVE/ROUTE 15 City, State Disposal Date City. State FREEHOLD, NEW JERSEY MONTERY, PA 17752 9/22-12/30/17 Completed by (Print or Type) Signature Date BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS

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Date of Notification (1)						Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.											
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	ounty (6 NION	5)					ode (7)			rior if	being demo	lished	1)				
Name of Monitoring Firm Hired b		ina O	wner	(8)	(STAT	_	SCM No.	VAC	<u> </u>	mon	Contracto	- (0)					
ENVIRONMETAL HEALTH INVEST				(0)		^	104	10000000			TAL CORP		ION				
Street Address						-		_	t Address			0.0					
655 WEST SHORE TRAIL								313 9	SPOOK RO	OCK F	ROAD						
City, State, Zip Code	A NIC1A	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	25140					City, State, Zip Code									
Project Manager for Monitoring Firm		JER	_		e Number			SUFFERN, NEW YORK 10901 Telephone Number License Number									
WILLIAM S. KERBEL, CIH			973-						none Nun 369-7500	iber			Numbe	er			
Expected State Date (10)		Scho			etion Date	(11)		-	e of OSHA	Moni	110	Н			-		
9 / 22 /1	7		12		30	200-07	/17	100000000000000000000000000000000000000			TORIES IN	С	#	11480			
Month Day Year	1.701		onth		Day		Year						500	outre creeken			
Occupancy Status During Abateme  X Facility Closed/Vacated					hatement				t Address EAST 30TH	JOTE	CCT						
Abatement Performed O						scrib	e:	1117	A31 3011	1311	CEI						
					:30 PM			City,	State, Zip	Code					$\neg$		
Coope of Work (Charle all that a selection							7				RK, NEW Y	ORK	10016		1		
Scope of Work (Check all that apply Demolition	) X	Reno	ovation	n		X	Mini Encl		t with Neg	ative	ressure						
>3SF OR LF	1/1	1.40116	valio			x Glovebag Procedure											
X >160 SF OR 260 LF						X	Non-Friab										
Location of			Locat				iption of As			1	NG 773.V	А	batem	ent T			
Asbestos-containing Material (ACM)		h	nally ເ olely b		"		ning Materi Thermal sy		VI)		Amount	R	R	E N	E		
TO BE ABATED			t/Cus		in	8.5	ion, surfaci		Т.		Specify F or LF)	O	IA <sub>C</sub>	CAF	[은 ]		
in Facility (13)			taff (1				ner miscella			`	0. 2. 7	A	REPAIR	USG	ENCLOSURE		
		Yes	No	N/A						_			_	m	R		
1ST FLOOR-THROUGHOUT				Х	VAT/MAS	TIC			Section 1	165	3F	X					
2ND FLOOR-THROUGHOUT				X	VAT/MAS	ΓIC				300	3F	×					
3RD FLOOR-THROUGHOUT				X	VAT/MAS	TIC				240	3F	X					
4TH FLOOR-THROUGHOUT				X	VAT/MAS	Same				75 S		X					
ADDITION TO SCOPE:									line and the			1	$\vdash$				
1ST FLOOR-SOUTHEAST				х	PIPE FITT	INGS	:			6 LF		х					
2ND FLOOR-SOUTH EAST					PIPE FITT					2 LF		X					
3RD FLOOR-EAST				-	PIPE FITT					2 LF			+-	-			
							Waste	Name	of Registe			Х			$\vdash$		
FREEHOLD CARTAGE, INC. Hauler ID No.						50	XXXXXXXX				RESOUR	CE MA	ANAG	EMEN	T SE		
825 HIGHWAY 33 15939								447 A	LEXANDE		IVE/ROUTI						
City, State FREEHOLD, NEW JERSEY					Disposal D			City, State MONTGOMERY , PA 17752									
Completed by (Print or Type)	Title				9/22-12/30		ature /	PINION	/ JUNERY	, PA	17752 Date	924	1	1	print		
BENJAMIN SANCHEZ	DIRE	CTO	ROF	OPE	RATIONS	J	10	1	)		17	0/	11	1	4		

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Op

NO	TIFICATION	OF AS	3:60-7 and 12:120-7	)		San,		
	Pursuant to	IName	Ol Dulland	r/Operator (4)				
		PLA I	FOUR 235 LLC		n E C	EI	VE	1
of Notification (1)		Stree	et Address	4400				4 111
. 11 /1/		235	S. HARRISON STR	EET #100	AII			
10 Natification			Ti Cado	11	III oc	T 17 2	017	IUII
ncies Notification		City,	State, Zip Code T ORANGE, NEW	JERSEY 07018 L	П П		017	4
Amended Notifica	ition #32	EAS	,, , , , , , , , , , , , , , , , , , , ,	- IT	elephone Jum	her		1 1
Cancellation		Nan	ne of Contact	BI e		OS CONT	TROL &	1
IV IDOL I L	- TIFICATION		LERY VARGAS			LICENSING	ì	
X DOH   FMERGENCY N	OTIFICATION		- TION		4)			
DCA		JILIT	INI OTTO	Type of Facility (	4)			
me of Facility Where Abatement is Taking P	lace (3)			School (K-12	8 (Other han	K-12)		,
me of Facility Where 7 to 1				Subchapter	8 (Other han	icl. bldgs., he	omes, etc	-
				X Other (le. pr	# of Floors			
				Square Feet 54,000	5		60	$\dashv$
1 Addross				Current Use (Price	or if being den	nolished)		
treet Address	T	Co	ounty Code (7)					$\dashv$
County (6)		(ST	ATE USE ONLY)		ment Contrac	ctor (9)	ı	
ity (5) ESSEX	Owner (8)		ASCM No.	Name of Abates	MENTAL COF	RPORATION		
EAST ORANGE ESSEX Name of Monitoring Firm Hired by Building C	741101 (2)		17	Townet Address				
QUALITY ENVIRONMENTAL				313 SPOOK RO	OCK ROAD			
Street Address				Tau Otato Zin	Code	01		
1276 ROUTE 9		50006		SUFFERN, NE	W YURK 100	01 License Nu	mber	
City, State, Zip Code WAPPINGER FALLS, N	NEW YORK 1	2590		Telephone Nur	mber	Lioone		
WAPPINGER I ALLO	I cichiio.	000 000 000 000 000 000 000 000 000 00	ber	845-369-7500		1101		
Project Manager for Monitoring Firm	845-298-	6031	(44)	Name of OSH	A Monitor			
LARRY HOLZAPFEL IS	ched. Comp	letion	Date (11)	EMSL		200		
Expected State Date (10)	10 /		Day Year	111111				
10 /	Month		)ay	Street Address 307 WEST 38	STH STRIEET			
Month Day Year  Occupancy Status During Abatement (Check Occupancy Status During Er	only one)	f Ahate	ment	307 WEST 30	31.1.			
Lacilly Glosca,	Maria al Facili	ity Hou	rs - Describe:	City, State, Z	ip Code		10018	
Abatement Performed Care	FRIDAY 7AN	1-3:30		I N	IF VV TOITING	IEM AOKK	100.0	
X Other - Describe: MONDAY -	TAIDA		T Full C	ontainment with N	legative Fress	sure		
			Mini E	nclo,				
Scope of Work (Check all that apply)	Renovation		Glove	had Procedure		_		
Demolition	•		Non-	riable Procedure			Abatemen	t Type
>3SF OR LF >160 SF OR 260 LF		T	Description	of Asbestos-	Am	ount R	REPAIR	ENCLOSURE
Location of	Is Location	on	Containing N	laterial (ACIVI)	(Sp	ecify	PAI	CAPSULE
Asbestos-containing	solely b	v	(ie. Therm	al systems	SF	or LF)	P	SC SC
Material (ACM)	Maint/Cust	odial	insulation, s	urfacing, VAT, scellaneous)	1	1	.	
TO BE ABATED	Staff (1	2)	or other in	Scenarios		-		
in Facility (13)	Yes No	N/A			182 LF	X		-
		X	PIPE INSULATION		50 LF	×		-
BASEMENT-BOILER ROOM	+	1	PIPE INSULATION			1	<	
		1		4	4 _F			
BASEMENT-HALLWAY		X	PIPE INSULATION		4 LF		×	1
BASEMENT-LAUNDRY ROOM		X	PIPE INSULATION					+-
	-	1						+-
BASEMENT-OFFICE CLOSET		-			+-			1
BASEMENT-OFFICE CLOSET								
BASEMENT-OFFICE CLOSET		+						
BASEMENT-OFFICE CLOSET		1				4611		
BASEMENT-OFFICE CLOSET	++		Vario of W	aste Name o	of Registered I	Landfill	ANDFILL	
	NJDEP	Waste	Cubic Yards of W	aste Name o	of Registered I	Landfill SANITARY L	ANDFILL	
Name of Registered Waste Hauler	NJDEP Hauler	Waste	1.5	GRANI	CENTRAL S	Landfill SANITARY L	ANDFILL	
Name of Registered Waste Hauler	Hauler	Waste	15	GRANI	O CENTRAL S	ANT	ANDFILL	
Name of Registered Waste Hauler NEWARK CARTINGINC. 369 RAYMOND BLVD.	Hauler	ID No.	Disposal Date	GRANI	CENTRAL S	ISHIP, PA	ANDFILL te 17	76
Name of Registered Waste Hauler NEWARK CARTINGINC. 369 RAYMOND BLVD.	Hauler	ID No.	Disposal Date 10/2-12/30/17	GRANI City, S	O CENTRAL S	ISHIP, PA		11
Name of Registered Waste Hauler NEWARK CARTINGINC. 369 RAYMOND BLVD.	Hauler	ID No. 91	Disposal Date	GRANI City, S	O CENTRAL S	ISHIP, PA		

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191	5	
<u> </u>	10	

> \$10/3		NOT		ATION	OF AS	lew Jersey BESTOS ABAT AC 8:60 and 5:1			X	pt 1	, Q	2
Date of Notification (1)  10 / 11	/17			1		g Owner/Operator ( <b>(ristine DeJohn</b>	(2)	) EGE		<b>₩</b>		M
					t Address		11	OCT 17	7 20	17		IJ
2 51100	naea ndment#				State, Zip (	Code NJ 08302		ASSESTOS	~ · · · · · ·			
	gency (ir cation)	ncluding	9		of Contac		Lugaria	ASBESTOS CO	UN II	HOL	<u> </u>	
☐ Cand				Bre	ent and K	Kristine DeJohn		1	- Property and Personal Property and Persona			أساست
				FA	CILITY IN	FORMATION						
Name of Facility Where Abatemen Resident	is Takin	g Place	(3)				Type of Facility  ☐ School (K-1)	35000 C		3		
Street Address			)	400		1	☐ Subchapter ☐ Other (i.e., r	8 (Other than K-12) rivate and commerce	ial bu	ıilding	ıs,	
City (5)							homes, etc.	# of Floors	Ble	dg. A	ge	
Bridgeton , NJ							1700	3		1949		
County (6) US; Salem CO.						7)(STATE USE ONLY)	Resident	ior if being demolish	ned)			T
Name of Monitoring Firm Hired by	Building	Owner	(8)	ASCM	No.	Name of Abateme						
Street Address						Street Address	n Environmen	tal Service, LLC.			- West (1)	
0.100171001000						958 Jackson	Rd					
City, State, Zip Code						City, State, Zip Co	ode					
			_			Mays Landin	g, NJ 08330					
Project Manager for Monitoring Fir	n		Tele	phone	No.	Telephone No.		License No.				
Start Date (10)	Sche	duled C	omple	tion Da	ite (11)	609-561-1901 Name of OSHA M		01158				
11 /01 /17		11 /						al Services, LLC				
Occupancy Status During Abateme						Street Address						
☐ Abstancet Performed Outside					- 1	958 Jackson						
Abatement Performed Outside Time of Abatement: 7AM-11:3		PM-		rs - Des AM	scribe	City, State, Zip Co						
Scope of Work (Check all that app						Mays Landin	g, NJ 08330					
	,,		novati			☐ Mini-Enc	g Procedure	gative Pressure	9			
			Locat						Ab	atem	ent T	уре
Location of Asbestos-Containing Material (	ACM)	Use	d Sole	ely by	Asbe	Description of estos Containing Ma		Amount	Rer	Repair	Enc	Enc
TO BE ABATED IN Facility			intena todial	ince/ Staff?	(i.e	e., thermal systems surfacing, VAT		(Specify SF or LF)	Removal	pair	Encapsulate	Enclosure
(13)		Yes	(12) No	N/A	-	other miscellane		0, 0, 2, 7	=		ulate	ē
Basement		□ □	NO NO		Asbest	os Duct		288SF				
Basement			$\boxtimes$		Asbest	os Cement Boar	·d	180SF				
First Floor to the second Flo	or				Riser			96 LF				
Basement Ceiling					Asbest	os Cement Boar	d Ceiling	60SF				
Name of Registered Waste Hauler Graham-Tech Environment	al Servi	ce, LL	1.0	IJDEP I	D No.	Cubic Yards of Waste		stered Landfill North Landfill &		town	1	1
City, State				00345	000	Disposal Date	City, State					
14 Read Drive Sicklerville,	NJ 0808	1					1	entown Rd. Morr	isvil	le,P/	A	
Completed By (Print or Type)	Title					Signature	J	Dat	e			7
Vernice Graham	F	reside	ent			NOW	CL () X	W 1	()-	11	1	t

Date of Notification (1)				Nat	ne of Ruild	ing Owner/Operator	(2)	11 G G G		y l	5	n
10 /	11 /	17				Kristine DeJohn		3	mid	and the plant of the baseline		
Agencies Notified	Type Notification	n			et Address		100	III OCT 1	7 20	17	-	
⊠ EPA	⊠ Initial	71.1		Sile	et Address			11 001	2.0	1/	i ha	-
⊠ DOLWD	☐ Amended			City	, State, Zip	Code			0. F. V - F - W	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	TATLE OF THE PARTY	1000
☑ DHSS ☐ DCA	Amendment			200	5 1 1 1 1 1 1 1	NJ 08302		ASBESTOS O	ONT	10L	8	Part line
(NJAC 5:23-8)	☐ Emergency justification)	(incluai	ng		ne of Conta		1-4cm spc 4	Annual Control of Salaring to the Salaring Salaring	to been a select.	#*************************************	to the Special	S-20 - 20
	☐ Cancellation			В	rent and	Kristine DeJohn		Telephone Nu	nper			
				F	ACILITY I	NFORMATION						
Name of Facility Where A	batement is Tak	ing Pla	ce (3)				Type of Facili	tv (4)				
Resident							School (K-	-12)				
Street Address							☐ Subchapt:	er 8 (Other than K-1 , private and comm	2) ercial	buildi	ngs,	
City (5)							homes, e: Square Feet					
Bridgeton , NJ							1700	# of Floors	E	Bldg.		
County (6)				Cor	unty Code (	7)(STATE USE ONLY)		Prior if being demol	الم م ما د	194	9	
US; Salem CO.						1,70.11.2 002 0112.77	Resident	rnor ir being demoi	isnea)			
Name of Monitoring Firm	Hired by Building	Owne	(8)	ASCN	/I No.	Name of Abateme		9)				11/1/2017
								ntal Service, LL0				
Street Address				1000		Street Address		Total Col Vice, LLC				
						958 Jackson	Rd					
City, State, Zip Code						City, State, Zip Co	ode			-		
Decimination						Mays Landin	g, NJ 08330					
Project Manager for Monit	oring Firm		Te	lephone	No.	Telephone No.		License No.				
Start Date (10)						609-561-1901		01158				
				letion Da	ate (11)	Name of OSHA M		20 9000 200				
Occupancy Status During	_			7			Environme	ntal Services, LL	C.			
Facility Closed/Vacated	During Entire P	eriod of	one)	ement		Street Address						
□ Abatement Performed (	<b>Dutside of Norma</b>	l Facili	v Ho	irs - De	scribe	958 Jackson						
Time of Abatement: 7A	M- <u>11:30</u> PM/	PM		_AM		City, State, Zip Co Mays Landing						
Scope of Work (Check all t	hat apply)					mays Landing	J, NJ 00330					
		⊠ Re	20010	tion		☐ Full Conta	ainment with N	egative Pressure				
□≥160 sf or ≥260 lf			emolit			☐ Mini-Encl ☐ Glovebag	osure					
						☐ Non-Exer	npted (*) and N	on-Friable Procedu	re			
Location o	£ .		Loca Norma						1	atem	ent T	vpe
Asbestos-Containing M	aterial (ACM)	Use	ed Sol	lely by	Asbe	Description of stos Containing Mate	erial (ACM)	A		_	T	1
TO BE ABAT IN Facility	ED	Cus	unten: todial	ance/ Staff?	(i.e	., thermal systems in	sulation.	Amount (Specify	Remova	Repair	ncar	nclo
(13)			(12)			surfacing, VAT, other miscellaneo		SF or LF)	val	7	Encapsulate	Enclosure
First Floor Ceiling		Yes	No	N/A							ate	W
			$\boxtimes$		Asbesto	os Duct		12LF	$\boxtimes$			
First Floor to Second F	loor		$\boxtimes$		Asbesto	sDuct		24SF				
									П	П	П	
Name of Registered Waste		200		JDEP V		Cubic Yards of	Name of Reg	stered Landfill	1			
Graham-Tech Enviror	nmental Servic	e, LL	C	lauler IE 00345	(0.00)	Waste		North Landfill &	Tully	towr	1	
City, State						Disposal Date	City, State	fi	-			
14 Read Drive Sickler		I				1	1513 Brock	entown Rd. Mor	risvil	le,P/	4	
Completed By (Print or Type	e) Title	•				Signature		Dat				
Vernice Graham	P	reside	nt			VOLAM	1 1		Ó			
SB-41		-				- I LUV	N/	pv I	V			

t the Shi		(Pursuant to NJAC 8	ou and 12:1	20)	the streets.	1 -	0.0	F
Date of Notification (1)		Name of Building Ov		- 10 N	ME (		$\mathbb{W}$	E
10/12/17		Foh,	7 1	1 -				
Agencies Notified / Type Notifi	fication	Street Address	17611	er In	(D)	over us <del>ex</del> e		
EPA IN LANG	t	otteet Address	2 5	201/ //	[ ] [ 00	77 17	2017	
以 EPA		P.0	1. B	2°X 416				
1 17 001	idea idment#	City, State, Zip Code	2020			and the second	and the second	**************************************
Emerg	ency (including	-L loms	13:1/1	< AVET	ASSES	108-00 EZENS	ONTRE	SLC
Justific Justific	cation)	Name of Contact	11100	100				
□ DCA □ Cancel	llation	1 Pat	+ M	_	Telephon	ne Number	_	
Name of Facility Where Abatement is Tal	L: Di	FACILITY INFOR	MATION					
ReSILENT	king Place (3)			Type of Facili	7 (4)	_		
Street Address				1				
				School (F	C-12) c: 8 (Other than I			
City (3)		<b>X</b>		Other (i.e.	. Irivate & comm	(-12) remial buil	dinas L	
· ·				Square Feet			מווופא, ה	omes, i
County (6) Com S RIVE!				- 1	# of Floors	s	Bldg. A	
(1)		County Code (7)		1000	14		7	3
Name of Manita i		(STATE USE ONLY)		Current Use (Pri	icr if being demo	lished)		
Name of Monitoring Firm Hired by Buildin	ig Owner (8)	ASCM No.	Nama	F Above =				
Street Address			A.	f Abatement Con	tractor (9)	1	11	
nicet Address		-	Street A	lee A	rement	Design	1117	:/(
C. C. 2: 2:	Allower Control of the Control of		Outcol M	uulessa j	_ ( ]	1		
ity, State, Zip Code			1612	COLLIY	JEN !	the		
				te, Zip Code	J.,			
oject Manager for Monitoring Firm	1	Telephone No.	1-170	LUICO	MITC	S40)	)(	
ti .		priorie IVO.	Telephon	e No.	License	No.	_	
art Date (10)	Scheduled Comp	letion Date (11)	1657	-346-09	16 6	No.	7	
10/7.7/17	1 1// 7 7	77	Name of (	OSHA Monitor				
cupancy Status During Abatement (Check (	Only One)	711	-					
Facility Closed/Vacated During English			Street Add	ress			7.7.2.2.2.	
	Facility Hours							
o mer Describe.			City, State.	. Zip Code				
pe of Work (Check All That Apply)								
			THE PARTY OF THE P					
≥3 sfor≥3 lf								
≥3 sf or ≥3 if ≥160 sf or ≥260 if	Renovation Demolition			Full Containment	with Negative P			
≥ sf or ≥3 if ≥160 sf or ≥260 if	Renovation Demolition		- :	Full Containment Mini-Enclosure		essure		
≥3 sf or ≥3 if ≥160 sf or ≥260 if			<u> </u>	Mini-Enclosure Blovebag Procedu				
≥160 sf or ≥260 lf	Demolition		<u> </u>	VIIII-Enclosure		Procedure		
≥160 sf or ≥260 lf	Is Location Normally		<u> </u>	Mini-Enclosure Blovebag Procedu		Procedure	batemen	ıt.
≥160 sf or ≥260 lf	Is Location Normally Used Solely by Maintenance/	y Desc Asbestos Contai	O (	Glovebag Procedu Jon-Exempted (*)	r; ) und Non-Friable	Procedure		it .
Lecation of  Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility	Is Location Normally Used Solely by Maintenance/ Custodial Staff	Asbestos Contai	cription of ning Material is insulation,	Glovebag Procedu Jon-Exempted (*)	r; ) ind Non-Friable Amount	Procedure Al	batemen Type	T
≥160 sf or ≥260 lf  Lecation of Asbestos-Containing Material (ACM) TO BE ABATED	Is Location Normally Used Solely by Maintenance/	Asbestos Contai	cription of ning Material is insulation, AT, or	Glovebag Procedu Jon-Exempted (*)	r; ) und Non-Friable	Procedure Al	batemen Type	T
Lecation of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility	Is Location Normally Used Solely by Maintenance/ Custodial Staff (12)	Asbestos Contai (i.e. thermal system V	cription of ning Material is insulation,	Glovebag Procedu Jon-Exempted (*)	und Non-Friable  Amount (Specify	Procedure Al	batemen Type	T
≥160 sf or ≥260 lf  Lecation of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff (12)	Asbestos Contai	cription of ning Material is insulation, AT, or	Glovebag Procedu Jon-Exempted (*)	und Non-Friable  Amount (Specify	Procedure	Type	Enclosure
Lecation of  Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility	Is Location Normally Used Solely by Maintenance/ Custodial Staff (12)	Asbestos Contai (i.e. thermal system V	cription of ning Material is insulation, AT, or	Glovebag Procedu Jon-Exempted (*)	Amount (Specify SF or LF)	Procedure Al	batemen Type	T
≥160 sf or ≥260 lf  Lecation of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff (12)	Asbestos Contai (i.e. thermal system V	cription of ning Material is insulation, AT, or	Glovebag Procedu	und Non-Friable  Amount (Specify	Procedure Al	batemen Type	T
≥160 sf or ≥260 lf  Lecation of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff (12)	Asbestos Contai (i.e. thermal system V	cription of ning Material is insulation, AT, or	Glovebag Procedu	Amount (Specify SF or LF)	Procedure Al	batemen Type	T
≥160 sf or ≥260 lf  Lecation of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff (12)	Asbestos Contai (i.e. thermal system V	cription of ning Material is insulation, AT, or	Glovebag Procedu	Amount (Specify SF or LF)	Procedure Al	batemen Type	T
Lecation of  Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)  OUFSILE	Is Location Normally Used Solely by Maintenance/ Custodial Staff (12)	Asbestos Contai (i.e. thermal system V	cription of ning Material is insulation, AT, or	Glovebag Procedu	Amount (Specify SF or LF)	Procedure Al	batemen Type	T
≥160 sf or ≥260 lf  Lecation of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff (12)  Yes No N	Asbestos Contai (i.e. thermal system V other mi	cription of ning Material is insulation, AT, or scellaneous)	in-Exempted (*)	Amount (Specify SF or LF)	Procedure Al	batemen Type	T
Lecation of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)  OUFSILE	Is Location Normally Used Solely by Maintenance/ Custodial Staff (12)  Yes No N	Asbestos Contai (i.e. thermal system V other mi WA  Waste D No.  Cubic Yare of Waste	cription of ning Material is insulation, AT, or scellaneous)	Glovebag Procedu	Amount (Specify SF or LF)	Procedure Al	batemen Type	T
Lecation of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  OUFSTAC	Is Location Normally Used Solely by Maintenance/ Custodial Staff (12)  Yes No N	Asbestos Contai (i.e. thermal system V other mi WA  Waste D No.  Cubic Yare of Waste	cription of ning Material is insulation, AT, or scellaneous)	in-Exempted (*)	Amount (Specify SF or LF)	Procedure Al	batemen Type	T
Lecation of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  OUFSILE  f Registered Waste Hauler	Is Location Normally Used Solely by Maintenance/ Custodial Staff (12)  Yes No N	Asbestos Contai (i.e. thermal system V other mi  WA  Waste Disposal Di	cription of ning Material is insulation, AT, or scellaneous)	in-Exempted (*)	Amount (Specify SF or LF)	Procedure Al	batemen Type	T
Lecation of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  OUFSILE  f Registered Waste Hauler  THE LECATION  TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff (12)  Yes No N  NJDEP Hauler 20%	Asbestos Contai (i.e. thermal system V other mi  WA  Waste D No.  Cubic Yard of Waste	cription of ning Material is insulation, AT, or scellaneous)	Name of Registr	Amount (Specify SF or LF)	Removal	batemen Type	T
Lecation of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  OUFSTACE  F Registered Waste Hauler  TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff (12)  Yes No N	Asbestos Contai (i.e. thermal system V other mi	cription of ning Material is insulation, AT, or scellaneous)	Name of Registr	Amount (Specify SF or LF)	Procedure Al	batemen Type	T

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D-46 N-1/6 - // (4)										TE	1	05	40,	PF	12	
Date of Notification (1) 10/11/17				Name of State	of Building of New	Owner/ Jersey	Operator / - Dep	r (2) artme	nt of Trea	asury	)	E.	E		$\mathbb{V}$	E
Agencies Notified	Type Notification			Street A	Address Box 034						11	OCT	1	7		
EPA DEP DOL	<ul><li>Initial</li><li>Amended</li><li>Amendmen</li></ul>	t #			ate, Zip Co						7	061	1	/	2017	- Contraction
ĭ DOH	Emergency justification)	(including			of Contact	0025	-			Tel	ep <b>fishe</b>	Ombe	8 C	ON	רפת	1
DCA	Cancellation			The Control of the Control	anuel R	Mary Salar Mary	30,541.5			4	. 3)!!	2.0			INU	- č.
Name of Facility Where Al	batement is Takir	ng Place (	3)		ILITY INF	ORMAI	ION	Туре	of Facili y (	(4)						
James J. Howard Ma Street Address	arine Science	Lab-Bu	ilding	74					School (<-1 Subchapter		or than K	12)				
Fort Hancock, Sandy	y Hook							×	Other (i.e. petc.)				uildi	ings,	hom	es,
City (5) Middletown Townshi	p, NJ								re Feet	# 0	Floors			dg. A	ige	
County (6) Monmouth					Code (7) USE ONLY	)		Curre	ent Use (Pri	or if bei	ng demo	lished	)			
Name of Monitoring Firm H USA Environmental				ASCN 0011	30130000				tement Cor acting &			al Co	ทรเ	ultin	g, In	c.
Street Address 344 West State Street	et					100000000000000000000000000000000000000	Addres Rout								All and a second	
City, State, Zip Code Trenton, NJ 08618									ip Code J 0747)							
Project Manager for Monitor Mr. William Weisgarb			Telepho 609-65	ne No. 56-8101			none No 628-9			License						
Start Date (10) 10/23/17		Schedul 11/24/		npletion	Date (11)				HA Monitor	ultants	s, Inc.					
Occupancy Status During		_					Street	Addres	ss —							
Facility Closed/Vacate Abatement Performed Other – Describe:	ed During Entire I d Outside of Norn	Period of a nal Facility	Abaten Hours	nent			City, S	tate, Zi	garaw Ro ip Code , NJ 0741		ag. #35	)E				
Scope of Work (Check All	That Apply)						Ган	Lawn	, NJ 0741	0					-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demolit				×	Min Glo	Contair me ii-Enclos ure vebag Proc	edure						
		Is	Locati	on				IONI E	n-Exempted	(*) and	Non-Fri	able F			ement	
Location of Asbestos-Containing M	of	1	Normal d Sole	ly	Ashaa		scription		(4.0) 0			-	$\top$	Ту	ре	
TO BE ABAT In Facility (13)	ED		intenar todial S (12)		(i.e.	thermal surfa	taining N I systems cing, VA miscellan	s insula T, or	tion,	(S	mount pecify or LF)	Notificadi	Domonia	Repair	Encapsulate	Enclosure
2nd Floor Real	r Doroh	Yes	No	N/A			) E	ur.			22.05	_	4		е	
ZIIU FIOOI Real	Polch		X		- h	Roofing			1,5	60 SF	X	-				
Name of Registered Waste	Hauler		N	JDEP W	/aste	Cubic	Yards		Name of F	Registe	red Land	fill				
J.R. Contracting & Env	vironmental C	onsul., l	nci	auler ID 7819	No.	of Wa 40	ste		Grand C	/// <del>-</del>						
City, State Wayne, New Jersey						Dispos	sal Date		City, State	yl, Pe	nnsylva	ania		i.		
Completed by Jerry Bijelonic		Title Proje	ct Ma	nager		S	Signature	1	1			Date 10/11	/17	7		



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Date of Notification (1) 10/11/17					of Building of New				ent of Tre						
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Name of Facility Where Abates James J. Howard Marine	ment is Takin e Science	g Place ( Lab-Bu	(3) ildina		ILITY INF	ORMAT	ION	Туре	e of Facility	(A)SBE	STOS C	ONTR	OL 8		
Street Address Fort Hancock, Sandy Ho								×	Subchap & Other (i.e.	er 8 (Oth	er than K-	12)		William Property lies	ies,
City (5) Middletown Township, N	<b>1</b> J					<del></del>		100000000000000000000000000000000000000	etc.) are Feet 00 +	# 0	f Floors		3ldg. /	Age	
County (6) Monmouth					Code (7) USE ONL	0		Curr	ent Use (F	rior if bei	ing demolis	shed)			
Name of Monitoring Firm Hired USA Environmental Mar Street Address			)	0011			J.R.	Cont	racting &			I Cons	sultir	ng, Ir	ıc.
344 West State Street City, State, Zip Code							114		ite 23						
Trenton, NJ 08618  Project Manager for Monitoring	Firm			Telepho	no No		Way		Zip Code IJ 0747()		r				
Mr. William Weisgarber Start Date (10)	,	Schedu	led Cor	609-65	56-8101 Date (11)		973-	628-9			License I 00408	VO.			
10/23/17 Occupancy Status During Abat	tement (Chec	11/24/	17				Envi		sion Coris		s, Inc.				
Facility Closed/Vacated D Abatement Performed Ou	uring Entire F	eriod of	Abater	nent s			20-2	1 Wa	garaw Ft	oad, B	ldg. #358	Ξ	227762		
Other – Describe:  Scope of Work (Check All That	Apply)						Fair	Lawr	n, NJ 07-1	10				1115	
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			Renova Demoli				<u> </u>	Mi Gi	II Contain r ni-Enclosur ovebag Pro on-Exemple	e cedure				e	
Location of			Locat Norma	1100000		D-							Abate	ement pe	į
Asbestos-Containing Mater TO BE ABATED In Facility (13)	ial (ACM)	Ma	ed Sole aintena todial (12)	nce/	Asbes (i.e.	tos Cont thermal surfac	scription aining N system cing, VA niscellar	Materia s insula T, or	I (ACM) ation,	(8	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
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		-													
Name of Registered Waste Hau	uler			JDEP W	aste /	Cubic	Yards		Name of	Registe	red Landfil				
J.R. Contracting & Enviro	nmental Co	onsul.,		lauler ID 7819	No.	of Was	ste		Grand	Centra	I Landfill				
City, State Wayne, New Jersey						Dispos	al Date		City, Strift Pen Ar		ennsylvar	nia			
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1	2)	PAID			IFICATIO (Pursuar	ON OF AS	New Jers SBESTOS AC 8:60 a	S ABATE	MENT 0) 4/24335	-	1	E	C	E	1	$\mathbb{V}_{-}$	E.	
1	Date of Notification (1) 10-11-17					of Buildin	ng Owner			1	1	9724	-4-2-0-/-	030	8444	2452	1	4659
5	Agencies Notified	Type Notification	1		Street	Address				-	1		OCT	_1	7 2	017	-	IJ)
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	DEP X DOL	Amended Amendmen	t#9			tate, Zip	Code Cliffs, N	,				ASE	ESTO	os c	CONT	ROL	2	
	▼ DOH	Emergency justification	(includir	ng		of Contac		J		L	- Etherina	-	LIC	ENS	SING			
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	Name of Facility Where Al	hatement is Takir	a Place	/2\	FAC	CILITY IN	FORMAT	TION				-		N T				
	The structure of the st	batement is rakii	ig Flace	(3)					Type of F			550 600						
	Street Address										(K-1)		ner tha	n K-1	2)			
	700 Sylvan Aveue								Oth etc.	er (i	. a. p	rivate	& com	merc	ial bui	ldings	s, hor	nes,
	City (5) Englewood Cliffs								Square F			# 0	of Floor	s		Bldg.	Age	
	County (6) Bergen		8		County (STATE	Code (7)	.Y)		Current L			r if be	ing de	molis	hed)			
Ī	Name of Monitoring Firm F ALC Environmental	lired by Building	Owner (8	3)	ASC	M No.			of Abatem							VI.A		
ŀ	Street Address								Address	iror	nme	ntal	Corp.	S.				
-	121 West 27th Street	, Suite 402			ulle Codd Cod			200 E	Broad St									
	New York, NY 10001								ate, Zip C tadt, NJ									
	Project Manager for Monitor Shawn Waldron	oring Firm			Telepho	ne No. 675-55	44	Telepho	one No.	;			Licer 0075		lo.			
	Start Date (10) 03-18-17(2)04-04-17		Schedu (9)12-		mpletion	Date (11		Name o	of OSHA N	8	tor		007	50				
-	Occupancy Status During A		* * * * * * * * * * * * * * * * * * * *					Even-	Air Inc.									
	➤ Facility Closed/Vacate	ed During Entire F	Period of	Ahater	nent				Jackson	n A	ven	ue						
	Abatement Performed Other – Describe:	Outside of Norm	al Facilit	y Hour	S			4000070V-0-00	ate, Zip Co Island C		NIV	111	01					
1	Scope of Work (Check All T	hat Apply)						Long	iolaria C	ity,	141	111	UI		-			
Toronto Santana	≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf			Renova Demoli				×	Full Cor Mini-En Gloveba Non-Exe	clos	ure roce	dure					0	
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	(13)			(12)				ing, VAT, iscellane				SF	or LF)		Remova	Repair	Encapsulate	Enclosure
	0		Yes	No	N/A				•						'al	-	late	лге
	Building D: 2nd	l Floor			x		Fire	proofing	9		+	11,0	000SF	=	x			
	Building D: 1st	Floor		x			VAT			+	1	25SF	-	х				
	Building D: 1st	Floor		х		Pipe	Insulatio	on		+		16LF		х				
	Building D: 3rd			x		Fire	proofing	3		1		00SF		x				
	Name of Registered Waste		10,000	JDEP Wa		Cubic Y	/ards		ne o	Re		ed Lan						
	TC, Inc. / JBT (50071	)			auler ID I I310	NO.	of Wast	te	Mir	ner	va E	nter	prises	3				
	City, State hirley, NY / Bronx, NY	c.					Disposa TBD	al Date	City			ura.	OH 4	4688	3			
	completed by ichard Doran		Title Proje	ct Ma	nager		Sig	hature	2.1	1	_	./.		Date		7		

ALL PAID

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

Check 10131

Date of Notification (1)				Name	of Duildin	· Ourskal	Operator (2)	- Control of the Cont				•	
Date of Notification (1)	10-13-	17			Mar	2 /	Renc (2)	1 51	JE G JE	100	1 E	F	7
Agencies Notified	Type Notification	100		Street	Address	200	110	Call	11 /	i	1	Ш	1
□ EPA □ DEP	Initial Amended	1.4		City, S	state, Zip C	348 ode	Hur	THY	1/enGR	en loc	h	Kg	1
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DOH .	justification)	moduling	Ī	A A	of Contact		• 1	·   A	SB Jelephon	e Numbe	F		1
DCA	☐ Cancellation			1.	ark	1	anch	-					
Name of Facility Where A		Place (3	)	FAC	CILITY INF	ORMAI		pe of Fac lity	/ (4) 📡		and colours and an		
Single.	family	DV	rel	line	<u>,</u>			School (K	-12)				
Street Address							2	Subchapt Other (i.e.	er 8 (Other than private & comr	n K-12) mercial b	uildina	s horr	nes
City (5)		188 A					20	etc.)	# of Floors				
Wend	onah	$\mathcal{N}$	I		08	090		uare i ee	# 01 F1001:	5	Bldg.	Age O+	_
County (6)					Code (7)		Cu	rent Use (P	rior if being den	A			
Name of Monitoring Firm	Cester Hired by Building C	wner (8)			M No.		I Name of A	Ding le	tani	14			
EPC TE	hnele	Lies		-	N/A		Name of A	e Th		091	2	Ir	<b>3</b> B
Street Address	lav 2'	23					Street Add	Iress	227	3		### E	* 6
City, State, Zip Code	JUK J		<b>a</b>	A 0		9	City State	, Zip Code	33 T				
NewEg	yot,	<u>N 7</u>	- 1	UE	23	5.	New	E		0	180	53	3
Project Manager for Movit	hen Ken	L		Telepho	one No. 758-	3365	Telephone	No. 33	9	se No.	20	H	
Start Date (10)	12-17	Schedule	d Com	pletion	Date (11)		Name of O	SHA Monito	,				
Occupancy Status During	Abatement (Check	Only One	0	1/	-/ +		Street Add	C 1120	hnologi	es :	Inc		
Facility Closed/Vacat				ent				Box	337		19		
☐ Abatement Performed ☐ Other – Describe:	d Outside of Norma	I Facility	Hours	-			City, State,	Zip Code				- 1999	
	That Apply						New	Egypt	TU	08	53	3	
Scope of Work (Check All ≥3 sf or ≥3 lf	тпат Арріу)	П О-					-		22.0	1			
≥160 sf or ≥260 lf			novat moliti					-ull Containn //ini-Enclosur	nent with Negati re	ive Press	sure		
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Location of		Used Used	Soleh				cription of				T	уре	$\vdash$
Asbestos-Containing N TO BE ABAT	TED		tenan	ce/	Asbes (i.e.	thermal	aining Mater systems insi	ulation,	Amount (Specify	7	1 7	Enc	En
In Facility (13)	'		(12)				ing, VAT, or iiscellaneous		SF or LF)	Kemova	Repair	Encapsulate	Enclosure
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Name of Registered Waste	Hauler		150,827	DEP W	300.7	Cubic \		Name of	Registered Lan	ıdfill		1	
EPC Tect	nnologies		Ha	uler ID		of Was	6	Wasi	e Manag	iene	+ .	e P	A
City, State		15				Dispos	: 1	City, Stat	e .			. ,	
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					-					-	-	1	

10/12/2017 14:17 Two Brothers Contracting (FAX)973 956 8811 P.002/004 Print Form State of New Jaraey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC \$180 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 10/12/2017 RANDOLPH TOWNSHIP SCHOOLS Agencies Notified Type Notification Street Address 25 SCHOOL HOUSE ROAD EPA initial X DEF Amended City, State, Zip Code DOL Amendment # RANDOLPH, NJ 07889 N Emergency (Including 2 X DOH Justification) Nama of Contact Cance Nation THE Phone Mus ANDREW HURD PAGILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) RANDOLPH MIDDLE SCHOOL Type of Facility (4) Strest Address School (K-12) **507 MILLBROOK AVENUE** Subchapter 5 (Othar than K-12) Other (i.e. private & commercial buildings, homes, Chy (5) etc.) RANDOLPH Squate Foot # of : loom Bldg. Aga County (8) County Code (7) MORRIS Current Use (Prior if bein ) demolished) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. AHERA CONSULTANTS, INC. Name of Absternant Contractor (1) TWO BROTHERS CONTRACTING, INC. Street Address P.O. BOX 385 Street Address 11 VREELAND AVENUE City, State, Zip Code OCEANVILLE, NJ 08231 City, State, Zip Code **TOTOWA, NJ 07612** Project Manager for Monitoring Pirm alephana No. JOHN SMOYER Telephone No. Jasnas No. 809-852-1833 973-955-8700 Siert Date (10) 20494 Schaduled Complation Data (11) Name of DaHA Monitor 10/14/2017 10/18/2017 SAME AS (9) ABOVE Occupancy Status During Absternant (Check Dnly One) Street Address Facility Closed/Vecsted During Entire Period of Abelement Abstement Ferformed Qualde of Normal Facility Hours Other - Describs: START 8:00 AM City, State, Zip Code Scope of Work (Check All That Apply) 23 sf or 23 If Renovation 2160 at or 2260 if Ful Containment with Negative Pressure Demolitica Mini-andasure Glovebeg Procedure Non-Exempted (\*) and I on-Friebte Procedure Is Lugation Abatement Location of Normally Asbastos-Containing Material (ACM)
TO SE ACATED
In Facility Тура Used Solely by Description of Asbestos Contening Material (ACM) Maintenance Amount (I.e. thermal systems insulation, Custodial Staff? (Specity SF or LF) Removal Enclosure Repair surfacing, VAT, or **Heansche** (13) (12) other miscalianeous) Yes No N/A AUDITORIUM MECHANICAL RM X PIPE FITTINGS 17 UNITS (WRAP & CUT ONLY) Name of Registered Wests Hauler NJDEP Weats Cubic Yards Name of Registered Landfill TWO BROTHERS CONTRACTING Hauler ID No. of Watte 18743 WASTE MANAGEMENT G.R.O.W.S. City, Stale

Disposal Date

Stopeture

10/18/2017

PROJECT COORDINATOR

TOTOWA, NJ

VIVECA RAMOS

Completed by

Cale

10/12/2017

MORRISVILLE, PA

City, State

<sup>\*</sup> Do not use this form for asbestos I censure exempted activides.

Date

10/13/2017

TION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Date of Notification Name of Building Owner/Operator (2) Damian Clogher 10/13/2017 Agencies Notified Type Notification Street Address [ ]EPA [X] Initial Notification City, State, Zip Code [ ]DEP [ ]Amended Glen Ridge, NJ, 07028 [X] DOL Notification [X] DOH Name of Contact Telephone Number [X] EMERGENCY Damian Clogher [ ]DCA [ ]Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Damian Clogher [ |School (K-12) [ ]Subchapter 8 (Other than K-12) Street Address [X]Other [i.e., private & commercial buildings homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (STATE USE ONLY) Glen Ridge Essex Current Use Prior if being demolished) Name of Monitoring Firm hired by Building ASCM No. Name of Abatement Contractor (9) Owner (8) N/A AZTECH MANAGEMENT, Inc. Street Address Street Address 86 Christopher St. City, State, Zip Code City, State, Zip Code Montclair, NJ 07042 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number N/A(973) 744-8800 00371 Scheduled Start Date (10) Name of OSHA Monitor Sched. Completion Date (11) 10-14-17 10-16-N/A Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address [X]Facility Closed/Vacated During Entire Period of Abatement [ ]Abatement Performed Cutside of Normal Facility City, State, Zip Code Hours - Describe: «OffHours Descript» [ ]other - Describe: «Other Occupancy Descript» Scope of Work (Check all that apply) [ ]Full Containment with Negative Pressure  $[X] \ge 3$  sf or  $\ge 3$  lf [X] Renovation [X]Mini-Enclosure [ ]>160 sf or >260 lf [ ]Demolition [ ]Glove-bag Procedure [ ]Non-Friable Procedure Is Location Abatement Type Location of Description of Normally NCAPSU NCHOSD Asbestos-Containing Asbestos-Containing Amount Used EMOV Material (ACM) Solely EPAIR Material (ACM) (Specify By Maintenance/ TO BE ABATED (i.e., thermal systems SF or Custodial In Facility insulation, surfacing, VAT, LF) Staff (12) A (13)or other miscellaneous) Yes No N/A Basement X Boiler 16 SQ X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste 1.0 AZTECH MANAGEMENT, Minerva Enterprise INC 17040 City, State Disposal Date City, State Montclair, NJ 07042 10/17/17 Waynesburg, Ohio 44688

Signature

an

Completed By (Print or Type)

Constantine Vivian

Title

President

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Basement	By Ma	ocati ormal Used Solel aintens istod	ly l y nance/ ial	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT,	Amount (Specify SF or LF)	R E M O V	R E P A I	E N C A P S II	ENCLOSI
	Yes	No	N/A	or other miscellaneous)		L	R	L	R
Basement			X	Pipe Insulation	75 LF	x			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC. NJDEP Waste Hauler ID No. 17040

Cubic Yards of Waste 1.0 Name of Registered Landfill

City, State

Minerva Enterprise INC

City, State Montclair, NJ 07042 Disposal Date 10/30/17

Waynesburg, Ohio 44688

Completed By (Print or Type) Constantine Vivian

President

Title

Signature

Date 10/13/2017



PU	100			(P	ursua	nt to NJ/	AC 8	8:60 and 5:1	6)	AV	井			
Date of Notification (1)					Name	e of Buildin	ng Ov	wner/Operator	(2)					
	13 /	17			FC	M Builde	er Co	ontractors, li	ne a e n	W 13319	00			
Agencies Notified	Type Notific	cation			Stree	t Address		- 117	11 22 22 21	17 24 35 4				_
⊠ EPA ⊠ DOLWD		a.			704	4-1 Old S	hor	e Road	OCT 1 721	Services of the services of th				
⊠ DOLWD	☐ Amende Amendm	200			City,	State, Zip	Code	9		11/1				
□ DCA	☐ Emerger	-	cluding	a	Fo	rked Rive	er, N	IJ 08731	178	Seed 1				
(NJAC 5:23-8)	justificat	ion)			75-55 E	e of Contac		-98.750-121 A.	THE RESIDENCE STREET,	Telephone Nur	nber			
	Cancella	ition			Fra	ank Maug	geri			4	_			
					FA	CILITY IN	NFO	RMATION		2-02				
Name of Facility Where Al	patement is	Taking	Place	(3)					Type of Facility (	(4)				31314
Residence									School (K-12)	) 8 (Other than K-1	2)			
Street Address									Other (i.e., pr	rivate and comme	z) ercial bi	uilding	gs,	
City (5)									homes, etc.)	1				
Surf City									Square Fee	# of Floors		dg. A	ge	
County (6)					Cour	nty Code (	7\/ST	ATE USE ONLY)	Current Use (Pri	1		65		
Ocean					000.	nty code (	, ,(01)	ATE OOL ONET	Residence	or it being demoi	snea)			
Name of Monitoring Firm I	Hired by Buil	ding C	wner	(8)	ASCM	No.	Na	me of Abatem	ent Contracto (9)					
N/A									ntracting, Inc.					
Street Address							-	reet Address	3,					
							1	1889 Route 9	), Unit 61					
City, State, Zip Code							Cit	y, State, Zip C	ode					
							1	Toms River,	New Jersey 087	755				
Project Manager for Monito	oring Firm			Tele	phone	No.	Те	lephone No.		License No.				
	3000						7	732-349-9932	2	00624				
Start Date (10)						ite (11)	- 60	me of OSHA N						
10 /25 / _				200	_ / -	17_	E	E.M.S.L. Ana	lytical					
Occupancy Status During					2		1000000	eet Address						
<ul><li>☐ Facility Closed/Vacated</li><li>☐ Abatement Performed (</li></ul>	During Enti Dutside of N	re Per ormal	lod of	Abate	ment	oribo		1056 Stelton						
Time of Abatement:	AM	PN	1/	PM-		AM	1 22	y, State, Zip Co						
Scope of Work (Check all t						% 	F	riscataway, i	New Jersey 088	354				
	пас арріу)							☐ Full Conf	tainment with Nega	ative Pressure				
$\square \ge 3$ sf or $\ge 3$ lf $\square \ge 160$ sf or $\ge 260$ lf			☐ Re ☑ De					☐ Mini-Enc	losure					
			M De	HOILK	)			☐ Glovebag	g Procedure mpted (*) and Non	n-Friable Procedu	ıre			
				Locat							No.	atem	ent T	vpe
Location o Asbestos-Containing M				Norma d Sole				Description o						
TO BE ABAT		")	Ma	intena	nce/	Asbe (i.e	stos the	Containing Ma ermal systems	terial (ACM)	Amount (Specify	Removal	Repair	nca	nclo
IN Facility			Cust	odial (12)	Staff?		5	surfacing, VAT,	, or	SF or LF)	oval	=	Encapsulate	Enclosure
(13)		Ì	Yes	No	N/A		ot	her miscellane	ous)				ate	(b)
exterior-house				$\boxtimes$		asbesto	os si	idina		1050 sf		П	П	
exterior-garage						asbesto	- 07			500 sf				
													П	
			П	П	П						1			
Name of Registered Waste	Hauler			_ N	JDEP V		Cub	oic Yards of	Name of Regist	ered I andfill				
Guardian Contracting	g, Inc.				auler II 20223	O No.	Wa 4	ste	T.R.R.F.	orod Edridiii				
City, State							_	posal Date	City, State					
Toms River, New Jer	sey						1	0/30/17	Tu{lytov/n, l	Pennsylvania				
Completed By (Print or Typ	e)	Title						Signature	1/1-	// D	ate j		j	
Nicholas Fernicola		Pr	oject	Mana	ager				7. tel	V	101	13/	17	



CC#

Data of Natification (1)			_							<u> </u>			
Date of Notification (1)  10 /	13 /	17				of Buildin	g Owner/Operator tures		/ BIN	32	90	) LI	/
Agencies Notified  ⊠ EPA	Type Notific					t Address Deputy I	Minister Drive	OCT 1 7 20	Action of the second		, –		
☑ DOLWD	Amended Amendm				200000000000000000000000000000000000000	State, Zip						43-18	
□ DCA			dina		Co	lts Neck,	NJ 07722		-				
(NJAC 5:23-8)	justificati		ıg	l ()	Name	of Contac	at		Telephone Nu	mber			
	☐ Cancella	tion			Ga	ry Klein							
					FA	CILITY IN	NFORMATION						
Name of Facility Where A	Abatement is 7	Taking Pl	ace	(3)				Type of Fac lity (	(4)				
Residence								School (IC-12		40)			
Street Address								Subchapter 8  Other (i.e., pr	ivate and comm	12) nercial b	uildin	qs,	
0:1 (5)								homes, etc.)					
City (5)								Square Feet	# of Floors	E	lldg. A	ge	
Union Beach					T-0			1800 sf	1		65		
County (6)  Monmouth					Cour	nty Code (	7)(STATE USE ONLY)	10 miles 10	or if being demo	olished)			
	Hirad by Duile	dia = 0	//	2)	10014	N	1	Residence					
Name of Monitoring Firm N/A	mired by Build	aing Own	er (8	5)	ASCM	No.	and the State of t	ent Contractor (9)					
Street Address								ntracting, Inc.					
Olicel Address							Street Address						
City, State, Zip Code			-				1889 Route S						
Oity, Otate, Zip Gode							City, State, Zip C		755				
Project Manager for Moni	itorina Firm		-7.7	Tolo	phone	No	Telephone No.	New Jersey 087	7.55.0				
i rejectivanager for work	itoring i iiiii			1 616	phone	NO.	732-349-9932	2	License No. 00624				
Start Date (10)		Scheduled	d Co	mole	tion Da	te (11)	Name of OSHA N	-	00024				
10/ 24/	10	10				0.50	E.M.S.L. Ana						
Occupancy Status During							Street Address						
☐ Facility Closed/Vacate	24			100000000	nent		1056 Stelton						
☐ Abatement Performed	Outside of No	ormal Fac	cility	Hour	s - Des	scribe	City, State, Zip C			-			
Time of Abatement: _	AM	PM/_		_PM-		AM	[1] SWING TO SEE U.S. 15	ode New Jersey 088	254				
Scope of Work (Check all	that apply)						1 Isoataway,	The W dersey dot	754			-	
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			_	novatio nolitio			☐ Mini-End ☐ Gloveba	g Procedure		*********			
			le	Locati	ion		□ NOII-EXE	empted (*) and Nor	1-Friable Proced	- 1			_
Location	of			ormal			Description of	of			batem	T	
Asbestos-Containing I	Material (ACM			d Sole			stos Containing Ma	aterial (ACM)	Amount	Removal	Repair	Enc	Enclosure
TO BE ABA		200			Staff?	(i.e	., thermal systems surfacing, VAT		(Specify SF or LF)	SVOL	ai-	aps	losu
(13)	.,			(12)			other miscellane	eous)	SF OI LF)	<u> </u>		Encapsulate	Гe
		Ye	es	No	N/A							CD	
exterior-house						asbesto	os siding		1700 sf	$\boxtimes$			
exterior-garage						asbesto	os siding		560 sf				
Name of Registered Was				1127333	JDEP \		Cubic Yards of	Name of Regist	tered Landfill			-	
Guardian Contraction	ng, Inc.			32,6%	auler II 20223		Waste 3	T.R.R.F.					
City, State			2 - 1	A T No.			Disposal Date	City, State				111	
Toms River, New Je	•						10/27/17	Tullytov/n,	Pennsylvania	1			
Completed By (Print or Ty	/pe)	Title	-8111				Signature		11	Date	í	i	
Nicholas Fernicola		Proje	ect	Mana	ager			-	1	10	113	11-	7

	. A	
10	LO	_

ON #

Date of Notification (1)				Name	of Buildin	g Ow	ner/Operator (	(2)	E (B III	WISIDI				
	17			Wa	Iters Res	ider	ntial	1			5 7	8	90	7
Agencies Notified Type Notif	cation			Street	Address		And the second	-	OCT 1 72					
<ul><li>☑ EPA</li><li>☑ Initial</li><li>☑ DOLWD</li><li>☐ Amend</li></ul>				500	) Barnega	ate E	Blvd.	Symony		191				
□ DOH Amend				City, S	State, Zip 0	Code		9		The latest and the latest than				
☐ DCA ☐ Emerge	_	cluding	9		rnegat, N		005	ken on grottland	ORNORADA SITURDA SI POPO					
(NJAC 5:23-8) justifica	tion)	,		Name	of Contac	t				Telephone Numb	er			
☐ Cancel	ation			Vic										
Name of Facility Where Abeternet	Tale	Di	(0)	FA	CILITY IN	IFOF	RMATION	Т-					-1.5	
Name of Facility Where Abatement is Residence	Taking	Place	(3)					1	Γype of Faci ity (₄  ☐ School (k -12)					
Street Address										(Other than K-12)	)			
olicet Address										vate and commer		ilding	js,	
City (5)								S	Square Feet	# of Floors	В	dg. A	ae	
Point Pleasant									1000 sf	1		65	9-	
County (6)				Cour	nty Code (7	)(STA	TE USE ONLY)	C	Current Use (Price	or if being demolis	hed)			-
Ocean					7	(1)			Residence	<b>9</b>				
Name of Monitoring Firm Hired by Bu	ilding O	wner (	(8)	ASCM	No.	Nar	me of Abateme	ent	t Contractor (9)					_
N/A									tracting, Inc.					
Street Address							eet Address							
						1	889 Route 9	9, L	Unit 61					
City, State, Zip Code						City	, State, Zip Co	ode	e					
						Т	oms River,	Ne	ew Jersey 087	'55				
Project Manager for Monitoring Firm			Tele	phone	No.	Tele	ephone No.			License No.			-	
3.00						7	32-349-9932	2		00624				
Start Date (10)	Sched	uled C	omple	tion Da	te (11)	Nar	me of OSHA N	Лoг	nitor					
10 /26 /17	1	0_/	30	_ / _	17_	E	.M.S.L. Ana	llyt	tical					
Occupancy Status During Abatement	(Check	only o	one)			Stre	eet Address	C 10 m						- 1
☐ Facility Closed/Vacated During En						1	056 Stelton							
Abatement Performed Outside of						City	, State, Zip Co	ode	e					
Time of Abatement:AM	PIV	1/	PIVI-		AIVI	P	iscataway, I	Ne	ew Jersey 088	54				
Scope of Work (Check all that apply)														
≥3 sf or ≥3 If		□Re	novat	on			☐ Full Cont		nment with Nega	ative Pressure				
≥160 sf or ≥260 lf		⊠ De	molitic	on			☐ Glovebag	g F	Procedure					
		I.	1					emp	pted (*) and Non	-Friable Procedur	1		Y	
Location of			Loca: Norma				Description o				Ab	atem	ent T	ype
Asbestos-Containing Material (AC	M)	Use	d Sol	ely by	Asbe	stos (	Containing Ma		rial (ACM)	Amount	Rer	Repair	Enc	Enc
TO BE ABATED IN Facility			intena todial	nce/ Staff?	(i.e		rmal systems			(Specify	Removal	Dair	aps	Enclosure
(13)			(12)				urfacing, VAT, ner miscellane			SF or LF)	<u>m</u>		Encapsulate	J.E
***		Yes	No	N/A					-/				e	
exterior			$\boxtimes$		asbesto	s si	ding			1000 sf				
										П	П	П	П	
Name of Registered Waste Hauler			N	JDEP I	Vaste	Cub	oic Yards of	T	Name of Registe	ered Landfill		_		_
Guardian Contracting, Inc.			F	20223		Was			T.R.R.F.					8
City, State							oosal Date	1	City, State					
Toms River, New Jersey						10	0/31/17		Tullytown, F	Pennsylvania				
Completed By (Print or Type)	Title						Signature		1	/ Da	te ;		i	
Nicholas Fernicola	Pr	oject	Man	ager			7	-	1	1	01	3/	17	



OK#

Date of Notification (1)					NI	- (D 1111	0 10 1						
	13 /	17	_		CONTRACTOR (CO.)		ng Owner/Operator sidential		Constant	2	89	8	
Agencies Notified  EPA	Type Notific	ation				t Address D Barneg	ate Blvd.	000	7207				
⊠ DOLWD	☐ Amende					State, Zip		21.1	- land ]			_	
☑ DOH ☐ DCA	Amendm		local!				1J 08005	The state of the s	The second second section is a second section of the second section section is a second section of the second section section is a second section of the second section section section section section section section sec				
(NJAC 5:23-8)	☐ Emerger justificati		luding		arrange and a second	of Contac			Telephone Nur	mher			
	☐ Cancella				Vic	tor			- Totophone Ivan	HDCI			
					FΛ	CILITYII	NFORMATION						
Name of Facility Where	Abatement is	Taking	Place	(3)	IA	CILITII	NFORWIATION	Type of Fee lit	(4)				
Residence		raking	1400	(0)				Type of Fac lit	12)				
Street Address								Other (i.e.,	r 8 (Other than K-1 private and comm	2) ercial b	uilding	js,	
City (5)								homes, etc					
Point Pleasant								Square Fee	# of Floors	В	ldg. A	ge	
County (6)					Cour	ahi Cada (	7)/07475 1105 0511 14		1		65		
Ocean					Cour	ity Code (	7)(STATE USE ONLY)	Residence	Prior if being demo	lished)			
Name of Monitoring Firm	Hired by Build	ding Ov	vner (8	3)	ASCM	No.	Name of Abatem	nent Contractor (	9)			_	
N/A								ontracting, Inc	0.00				
Street Address							Street Address						
							1889 Route	9, Unit 61					
City, State, Zip Code							City, State, Zip (						
							1	New Jersey 0	8755				
Project Manager for Mon	itoring Firm			Tele	ephone	No.	Telephone No.		License No.				
							732-349-993	2	00624				
Start Date (10)	5	Schedul	led Co	mple	etion Da	te (11)	Name of OSHA	Monitor					
10 /26 /	17	10	/	30	0_/	17	E.M.S.L. Ana	alytical					
Occupancy Status During	g Abatement (	Check	only or	ne)			Street Address						
☐ Facility Closed/Vacate					ment		1056 Stelton	1					
☐ Abatement Performed	Outside of No	ormal F	acility	Hou	rs - Des	cribe	City, State, Zip C			311 11-11-11			
Time of Abatement: _	AM	PM/		_PM		AM	Inter-1920 Control Representation	New Jersey 0	8854				
Scope of Work (Check al	I that apply)												
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf			Ren Den				☐ Mini-En ☐ Gloveba	closure ag Procedure	egative Pressure	ure			
4000 PM				oca						At	atem	ent T	ype
Location Asbestos-Containing				Sol	illy elv by		Description		1	Z	Z	Ш	т
TO BE ABA		1)	Mair	tena	ance/		stos Containing M e., thermal systems		Amount (Specify	Remova	Repair	Encapsulate	Enclosure
IN Facili	ty		Custo	dial (12)	Staff?		surfacing, VA	Γ, or	SF or LF)	oval	=	psul	Sun
(13)		-	Yes	No	N/A		other miscelland	eous)				ate	CD
exterior		[		$\boxtimes$		asbesto	os siding		1100 sf				
		[											
		[								П	ĪП		
		Г	7	П	П								
Name of Registered Was	te Hauler				JDEP \	Naste	Cubic Yards of	Name of Pug	istered Landfill			Ш	Ш
Guardian Contracti				1809	lauler II	No.	Waste	T.R.R.F.	ISIGIEU LAIIUIIII				
City, State	2748				20223	1	3 Disposal Date	CHOCKET CONTROL OF THE CONTROL OF TH					
Toms River, New Je	ersey						10/31/17	City, State Tullytov/r	n, Pennsylvania				
Completed By (Print or Ty	ype)	Title					Signature	1	- 0	ate			
Nicholas Fernicola		90000000	ject l	/lan	ager		Signature	_ /	V	ale	, 1	,	
100.44			,		-901		. Y	7 etc	1	101	5/1	1	

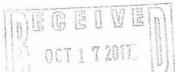
OK#32901

Date of Notification (1)				Name	of Buildin	ng Owner/Operator (	(2)	1 (6) THE 19 M	recommendation of	-		
	13 /	17		Kir	n Cozic		1:11	日国时	星	P		
Agencies Notified	Type Notific	ation		Stree	t Address			OCT 1 7 201	7	A COLUMN		
⊠ EPA	☐ Initial						1	- 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	B <sub>JC</sub>			
☑ DOLWD	Amended Amendm			City,	State, Zip	Code			i.	1		
DCA			- na	Be	rkeley He	eights, NJ 07922	Apriliana sering		The second second	- 1		
(NJAC 5:23-8)	justificati		.5	Name	of Contac	ot		Telephone Num	nber		100	
	☐ Cancellat	tion		Kin	n Cozic			1.				
				FA	CILITY IN	NFORMATION		· · · · · · · · · · · · · · · · · · ·				
Name of Facility Where A	batement is 1	Taking Plac	e (3)				Type of Facil ty	(4)				
Residence							School (K-12					
Street Address								8 (Other than K-12 rivate and comme		ilding	js,	
City (5)							Square Feet	# of Floors	BI	dg. A	ge	
Berkeley Heights							3000 sf	2		80		
County (6)				Cour	nty Code (7	7)(STATE USE ONLY)	Current Use Pr	ior if being demoli	shed)			
Union							Residence					
Name of Monitoring Firm	Hired by Build	ding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Guardian Contracti	ng, Inc.					Guardian Co	ntracting, Inc.					
Street Address						Street Address						
1889 Rte. 9, Unit 61						1889 Route 9	), Unit 61					
City, State, Zip Code						City, State, Zip Co	ode					
Toms River, New Je							New Jersey D8	755				
Project Manager for Moni	toring Firm			phone		Telephone No.		License No.			4.00	
Nicholas Fernicola	1.			32-349		732-349-9932		00624		T2851		
Start Date (10)		Scheduled 10		ition Da		Name of OSHA M E.M.S.L. Ana						
Occupancy Status During	Abatement (	Check only	one)			Street Address					-	
□ Facility Closed/Vacate						1056 Stelton						
Abatement Performed						City, State, Zip Co	ode					
Time of Abatement:	AIVI	PIVI/	PIVI-		AM	Piscataway, I	New Jersey ()8	854				
Scope of Work (Check all	that apply)			110-03-17		M Full Cont	tainment with Neo	rativa Pragaves				
≥3 sf or ≥3 lf			enovat			☐ Mini-Enc	losure	gative Pressure				
≥160 sf or ≥260 lf		⊠ D	emolitio	on			g Procedure	n-Friable Procedu	ıre			
			s Loca	tion			Tipled ( ) dild 40	THE HUDIO I TOUCUL		atem	ent T	vne
Location			Norma			Description o	of		72	_		
Asbestos-Containing N TO BE ABA			ed Sole aintena			stos Containing Ma		Amount	Remova	Repair	Encapsulate	Enclosure
IN Facilit			stodial		(1.6	e., thermal systems is surfacing, VAT,		(Specify SF or LF)	ova	=	psu	nsc
(13)			(12)	T		other miscellane			-		late	e)
		Yes	100000	N/A								
attic					vermic	ulite		1500 sf				
(4)												
Name of Registered Wast	e Hauler		1.00	JDEP \		Cubic Yards of	Name of Regis	tered Landfill				
Guardian Contractir	ng, Inc.		H	lauler II 20223		Waste 10	T.R.R.F.					
City, State						Disposal Date	City, State					
Toms River, New Je	rsey					10/19/17	Tullytown,	Pennsylvania				
Completed By (Print or Ty	pe)	Title				Signature		, D	ate ;			
Nicholas Fernicola		Projec	t Man	ager		1	· - + 0.	1	10 /1	3/	(7	



#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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



Date of Notification (1)				Na	me of Build	ling Owner/Opera		1, 4,				
10-	10-17			1_		EARTHI	ECH CO	DNITRACTI	NG		Contract Contract	
Agencies Notified	Type Notificat	ion		Str	eet Addres	155 R	T .50					
Dep	Amended	*****		Cit	y, State, Zip			-	-	-		_
Ø DOL	Amendmer Emergency		ina		G	RELNIFIE	ELD IL	580 T	30			
D DOH	justification	n)		Nai	me of Conta			Telephone Num	ber			
□ DCA	Cancellation	n			BR	LUCE						
				F	ACILITY IN	FORMATION					. Surrey	
Name of Facility Where A			ce (3)				Type of Facil	ity (4)				
RE	SIDENC	E					School (K					
Street Address						200000000000000000000000000000000000000		er 8 (Other than K-1 , private & commerc		ildina	c	
							home:, et					
City (5)	0 = 10 1						Square Fret	# of Floors	E	Bldg.		
	CEAN	(1	LY_				2000		_   _	5	2+	
COUNTY (6)	MAY				unty Code E ONLY)	(7) (STATE		Prior if being demoli	shed)			
Name of Monitoring Firm		Oumai		ASCI		I Name of Abate	ment Contractor		_		_	_
(8) N	The by Building	OWITE	1	~~~	VI INO.		EMCO I	, ,				
Street Address	LA					Street Address		NC				=
0.0001.1001.000						369	_	UCE ALE				
City, State, Zip Code						City, State, Zip	Code	000 1100			_	_
						MAP	LE SHIAC	E M.J	08	05	2_	
Project Manager for Monit	oring Firm		Tele	phone	No.	Telephone No.		License No.				
			_			856-7	19-0472	_004	44			_
Start Date (10)	Sch	eduled (	Comple	tion D	ate (11)	Name of OSHA	Monitor					
10-73-1	7_   _1	0-	30	-1			MA					
Occupancy Status During						Street Address						
Facility Closed/Vacated												_
<ul><li>Abatement Performed (</li><li>Other - Describe:</li></ul>	Outside of Norma	al Facili	ту нош	3		City, State, Zip (	Code	1				
									_	_		=
Scope of Work (Check all	that apply)					☐ Full Co	ntainment with Ne	egative Pressure				
≥3 sf or ≥3 lf .			enovatio			Mini-En	closure					
∑≥160 sf or ≥260 lf		Ø D€	emolition	n			ag Procedure empted (*) and N	on-Friable Procedu	e			
		Isl	ocatio	n					T	bate		
		100000	ormally Solely			Description of				Ту	e	
Location of Asbestos-Containing Mat	terial (ACM)		ntenano		Asbest	os Containing Ma		Amount			ш	
TO BE ABATEI	D 500 B100		ustodial Staff?		(i.e.,	thermal systems i surfacing, VAT.		(Specify SF or LF)	Rei	R	nca	ncl
IN Facility (13)			(12)			other miscellane		SFOLLY)	Remova	Repair	Encapsulate	Enclosure
1/		Yes	No	N/A					a		ate	6
				V	4	PALICIT	-15	73500	V	_	-	$\dashv$
SIDING				X		RANSIT		3250SE	X		-	_
											_	_
			T									
Name of Registered Waste	Hauler			DEP V		Cubic Yards	Name of Fleg	stered Landfill				
((tmco	INC		_   Ha	uler ID	54	of Waste	C. W	1.C. M.U.	A			
City, State		17210000				Disposal Date	City, State	120.2				
MAPLE SHA	DE M	J					1 WOO	DBINE				_
Completed By	Title	C.	2.0			Signature_/	.071	Date	10	-1-	)	
MICHAU KLO	ma _	21	JP.			- Mul	UV	(	10	-(	_	

CK 44345



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

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Date of Notification (1)	16-12			Nam	-	ON WE		+ 16ui	LDER	TANGE OF THE PARTY OF				
	Type Notificatio	n		Stre	et Address									
Agencies Notified	Initial	***		000		ob1 Pom	ON	IA AL	E		_			_
	Amended			City	State, Zip					^ `		-		
₩ BOL	Amendment		_	J.,	H	HODON F	EL	D M.	T	1803	3			
<b>⊠</b> DOH	Emergency iustification		ng	Nam	e of Conta				Telepho	ne Numb	er		•	
DCA	☐ Cancellation	n. H				DM								
				FA		FORMATION								
Name of Facility Where	Abatement is Taki	no Plac	e (3)				Ty	pe of Facility	(4)					
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Street Address								Other (i.e., phomes, etc.	)			200		_
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Name of Monitoring Firm	Hired by Building	Owner		ASCM	No.	Name of Abatem								
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Street Address						Street Address	, ,	5 0,01,0						
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City, State, Zip Code						City, State, Zip C	code	SILAND	N	T	380	2	2	
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Project Manager for Mon	itoring Firm		Tele	phone	No.	Telephone No.	0	NIDA	Licens	004	ابال			
			-			856-77			<u> </u>	009	7-1		_	=
Start Date (10)		duled C				Name of OSHA	Mont	NIA						
10-70-17	1	0-		1	)		==:	N P					_	=
Occupancy Status During	g Abatement (Che	eck only	one)			Street Address								
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Abatement Performed	Outside of Norma	al Facilit	ty Hou	rs		City, State, Zip C	ode							
Other - Describe:							:					_	_	=
Scope of Work (Check al	I that apply)					□ Full Cor	ntain :	nent with Ne	gative Pre	ssure				
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TO BE ABATI	ED	10000	Staff?	1	(1.6.,	surfacing, VAT,	or	(rorr,	SF or		Removal	Repair	aps	clos
IN Facility (13)			(12)			other miscellaned	ous)				laval	4	Encapsulate	ure
(10)		Yes	No	N/A				1					æ	
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Name of Registered Was	le Hauler			JDEP '		Cubic Yards	11	ame of Regi	stered Lar	ndfill	77(40)			
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KLEMCO	INC			790	24	Disposal Date	1	ity, State			- 10.54			
City. State	-		_			5.55.55.55.5			DOBL	NE			_	
MAPLE S	HADE	M.	1			Signature	1			Date	1 .	1	>	2.72.700
Completed By	Title	Su	0			Tu	ul.	76	_	10.	-10	<u> </u>	_/_	
MICHAEL KL	-cum	90	4.									V - 0%		

CK" 4345



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

OCT 1 72017

	Date of Notification (1)	-		-	Nome of D. T.	r 0 10	(0)	- /1	1			17	1	
	10-10-17			1	Parise of Bunk	ling Owner/Operat	10 S	CO	NST	RUCT	10	tt-	State and	
	Agencies Notified	ation		1	Street Addres	300	7-7-	57	-					
1	DEP Amended			1	City, State, Zip			3 1	-					=
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-	DCA justification	on)	•	N	lame of Cont				Tel	ephone Nun				
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-	Name of Facility Where Abatement is Ta	aking P	lace (3	1)	FACILITY	FORMATION	Tyr	e of Fac	Hit. (4)					
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	Street Address						10:	ubchap	ter 8 (Ott	ner than K-1	2)			
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	Name of Monitoring Firm Hired by Buildin (8) A / A	g Own	er	AS	CM No.	Name of Abater					in a			
H	Street Address			1=		Street Address	COV	10	In	J.C.				_
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1	City, State, Zip Code .					City, State, Zip C		CL	140	= N.	F /	78C	2	2
i	Project Manager for Monitoring Firm		Te	elepho	ne No.	Telephone No.			Lic	ense No.	_	200	ررر	_
_			-   -			856-77	9-0	472	-   _	004	140	1		
S	Start Date (10) Sch	t.			Date (11)	Name of OSHA	<b>Monitor</b>	.4. /	1					
-	Occupancy Status During Abatement (Ch		v one			Street Address		14	10		_	_		_
D	Facility Closed/Vacated During Entire F	Period o	of Abat	emen			+		M					
0.7	Abatement Performed Outside of Norm	al Facil	lity Ho	urs	İ	City, State, Zip C	ode							
	Other - Describe:													_
	cope of Work (Check all that apply)	_				Full Con	tainme	nt with N	egative F	ressure				
L	] ≥3 sf or ≥3 lf ] ≥160 sf or ≥260 lf		enova emoliti			☐ Mini-End ☐ Gloveba	g Proc	dure						
<i>y</i> -						Non-Exe	mpted	and N	lon-Friab	le Procedur	_			
		N	Locati Iormali	у							1	Abater Typ		
	Location of Asbestos-Containing Material (ACM)		d Sole		Asbesto	Description of s Containing Mate	erial (A(	EM)	Arr	ount	-			
	TO BE ABATED		ustodia Staff?			hermal systems in	sulation		(Sp	ecify	Re	R	Enca	Enc
	IN Facility (13)		(12)			surfacing, VAT, other miscellaneou			SF	or LF)	Remova	Repair	Encapsulate	Enclosure
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	KLEMCO DUC.			auter II			(		·MI	2-A-				
City	WAPLE SHOOF	м.	τ_	2	052	Disposal Date-	City,		BIN	IE N	T			
cor	mpleted By Title	<u>M.</u>		00	016 -	Signature -	1/4		NION	Date				=
	MICHAEL CLOMM	S	UP.			Man	W	W_		10-1	0-1	7		
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

PX# 1548	N		ICATION	N OF ASE	BESTOS	ABATE		IT T		68			To the same of the	
Date of Notification (1) 10/12/17		T		f Building hine Rit		Operator	r (2)	100	1	OCT 1 7	201	di mana	AND	<del></del>
Agencies Notified Type Notification		-	Street A				-		11.1					
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□ EPA □ Initial □ Amended □ Amendment	#	İ		ate, Zip Co eld, NJ (					S MANAGE	TO SECURE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN	***********	a propriese physical	ic turns	
Emergency (		- I		f Contact	70344				1 -					
DOH justification)  Cancellation				w Ricco	)				16	lephone Nu	mber			
			FACI	LITY INF	ORMAT	ION			-	_				
Name of Facility Where Abatement is Taking Vacant SFD	Place (3)						Тур	e of Facility						
Street Address							×	School (K- Subchapt a Other (i.e	8 (Oth			dings	, hom	es,
City (5)							_	etc.) uare Feet	# 0	f Floors	I E	Bldg. A	Age	
Newfield														
County (6) Gloucester				Code (7) USE ONLY	)			rent Use (Pri	or if be	ing demolis	hed)			
Name of Monitoring Firm Hired by Building (	Owner (8)		ASCN	/ No.				batement Construction		(9)				
Street Address						Street 282		ress ek Road						
City, State, Zip Code								Zip Code r, NJ 0803	1	2/45				
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	none			License N	lo.			
Start Date (10) 10/22/17	Scheduled		npletion I	Date (11)		Name	of O	SHA Monitor		01339				
Occupancy Status During Abatement (Check	no dia managanana					Street		Ricco ess						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm	eriod of Al	atem	ent				The same of	ek Road						
Other – Describe:	ai Facility i	Hours						Zip Code r, NJ 0803	1					
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		nova				×	N G	ull Containme lini-Enclosure Blovebag Prod lon-Exemptes	e cedure					
	la l	o o o sti					1 1	ion-Exemption	ı (*) and	non-Frac	_		e ement	
Location of	No	ocation ocation	у		Dos	scription	of						ре	
Asbestos-Containing Material (ACM)	Used	Sole! tenar			tos Cont	aining M	lateri	al (ACM)	(50.5	mount			Ш	_
TO BE ABATED In Facility	Custo	dial S		(i.e.	thermal surface	systems cing, VA				pecify or LF)	Ren	Re	ncap	Encl
(13)	Yes	(12) No	N/A			niscellan			O.	0, 2, )	Removal	Repair	Encapsulate	Enclosure
Exterior	165	INO	X		Trans	site Sid	ding		50	00 SF	Х		(70)	
Name of Registered Waste Hauler Ricco Construction Corp		Ha	JDEP W auler ID	397003 H	Cubic of Was	te		Name of Salem (	310 CO - CO - CO	red Landfill				
City, State		28	909			3				,	10			
Bellmawr, NJ						al Date		City, State Alloway		)				
Completed by Andrew Ricco	Title Owner	8			Si	gnature	ul	111	1 d	Da 10	te )/12/1	7		

Print Form

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

CVC# 10414				t to NJAC						EG	E I	U		
Date of Notification (1)				of Building					111/		a 119	2017		
10/12/17 Agencies Notified Type Notification				Henrich	Privat	e Hom	е			061	1 .7	2011	1	1)
			City, St	Address ate, Zip C					III.	No. of the last of	enter franklig stephy stephy to the stephy stephy and stephy stephy and stephy	egeller (y v ett ett s f		
DOH Emergency justification)		1	Name o	of Contact			-		Te	ephone N	Number	,		
DCA Cancellation			Tom											
Name of Facility Where Abatement is Takin Tom Henrich Private Home	g Place (	3)	FAC	ILITY INF	ORMAT	ION		of Facility School (K-	9000					
Street Address								Subchapte Other (i.e. etc.)	r 3 (Oth			ildings	, hom	ies,
City (5) Surf City NJ 08008							-	re Feet	# 0	f Floors		Bldg. 35+	Age	
County (6) Ocean				Code (7) USE ONLY	n		Curre	ent Use (Pri	io if be	ng demol	lished)			
Name of Monitoring Firm Hired by Building N/A	Owner (8	)	ASC	M No.		Name Pern		itement Co	ntractor	(9)				
Street Address						Street PO E			-					
City, State, Zip Code								ip Code in NJ 08						
Project Manager for Monitoring Firm	T	Telepho	ne No.		Teleph 856-	one N	0.		License					
Start Date (10) 10/23/17	Schedul 10/27		npletion	Date (11)			of OSF	HA Monitor		00121				
Occupancy Status During Abatement (Chec						Street		SS	-					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of a lateral Facility	Abatem y Hours	nent					ip Code						
Scope of Work (Check All That Apply)												1,2-11	-	
≥3 sf or ≥3 if ≥160 sf or ≥260 if	_	Renova Demoliti				X	Min Glo	l Containm ni-Enclosure vebag Prod n-Exempte	e ce dure				·e	
		Locati											emen	t
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Ma Cus	Normall ed Solel intenar todial S (12)	ly by nce/		tos Conta thermal surfac		aterial insula , or		(8	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A			F-210-11-11-11-11-11-11-11-11-11-11-11-11-1				-			е	
bottom of the house		Х		trans	site boa	ard		4	00 sf	x	-			
Name of Registered Waste Hauler		I NI	JDEP W	asta	Cubic '	Varda		Name of	D valet	e e e e e e e e e e e e e e e e e e e	511			
United Containers		Ha	auler ID 2459		of Was			G.R.O.		red Landi	mu			
City, State Elm NJ					Dispos 10/27	al Date 7/17		City, State Morrisv		A 19067	•			
Completed by Anthony T Perna	Title Pres	ident			Si	ignature		-		[	Date 10/12/	17		

CHECK #24587

Date of Notification (1)				Name	of Building	Owner/0	Operator	(2)					CONTRACTOR OF	21 971	81.51	pretty pr
09-20-17				New	Jersey N	atural	Gas Co	ompany	У		Market I	E (f	Training I	Maria Maria	W	H
Agencies Notified  EPA	Type Notification				Address Wyckoff	Road					- Contract	00	Grown of the control	7	2017	
DEP X DOL	Amended Amendmen	t #			tate, Zip Co NJ 0771						By		¥77			1
☑ DOH □ DCA	Emergency justification)		g	Name	of Contact Merenda					Tel	12	e Num	ber	Lames october	orangeria	STATE SECTION
					CILITY INFO		ION			25						
Name of Facility Where A New Jersey Natural	Abatement is Takir Gas Compan	g Place (	(3)	170	JILIT INT	JAMAII	ION		Facility (4	5						
Street Address 581 Highland Parkv						1-1-1-1-1-1		☐ Su	hool (K-12 bchapter l her (i.e. pr	8 (Oth	er than	K-12)	buil	dinas	hom	00
	vay ————————							- etc	:.)	ivale (	x COIIII	nerciai	Dulli	uirigs	, HOITI	es,
City (5) Toms River, NJ 087	'53							Square N/A	Feet	# of N/A	Floors	S	100	ildg. /	∖ge	
County (6) Ocean					Code (7) USE ONLY)	_	_		Use (Prior		ng den	nolishe	d)			
Name of Monitoring Firm Arcturus Environme	Hired by Building ntal Services.	Owner (8	)	ASC	M No.				ment Cont							
Street Address								Address	VII OI III IE	illai (	Julp.					
9 Prince William Ro	ad						400.00000000000000000000000000000000000	Broad S								
Morganville, NJ 077								ate, Zip ( tadt, N	J 07072							
Project Manager for Moni Frank Tamargo	toring Firm			Telepho (732)	one No. 617-9279	)	Telepho 201-9	one No. 39-656	55		Licen 0075	se No. 6				
Start Date (10) 09-22-17		Schedul 10-31-		mpletion	Date (11)		2 11 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	of OSHA Air Inc	U-070000000							
Occupancy Status During	Abatement (Chec	k Only Or	ne)				Street A	STAND BUTCHER					-			
Facility Closed/Vaca	ted During Entire F	Period of	Abater	ment					on Aven	ue						
Other – Describe: _		ial Facility	y Hours	S		_		ate, Zip ( Island	Code City, NY	1111	01					
Scope of Work (Check All	That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		and the same of	Renova Demolit				×	Mini-E Glovel	ontainmen inclosure bag Proce exempted (	dure	•				•	
		Is	Locati	ion				11011 2	xempte 3 (	) and	14011-1	Habie		200	ement	
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Asbestos-Containing N TO BE ABA In Facilit (13)	TED	Ma	intena todial 3 (12)	nce/	(i.e. ti	hermal s surfac	aining Ma systems i ing, VAT iscellane	insulation , or		(Sp	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A											ite	Ф
Exterior - rub	ble pile		Х			te Pipir	-									
Exterior pipe leas	tad in transh				STOWN CONTROL	Encas		_	20	0SF	- 1	x				
Exterior - pipe loca	tea in trench			X	2000 00 - 1000		e Pipe			- 10	01.5		-			
Name of Registered Waste	e Hauler		LN	JDEP W			apped			10000	0LF		Ç.			
Freehold Cartage	o riadiei		Н	auler ID J-113	No.	Cubic Y of Wast TBD		9	ame of Re VM Fa rle	:TC						
City, State reehold, NJ 07728						Disposa TBD	al Date		ity, State	e. PA	1906	67				
Completed by Richard Doran		Title Proje	ct Ma	nager		30/3mm3cm0//r	gnature	1.4	T		.500	Date 09-2	0-1	 7		
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Jan	18 2000 07:52AM NJ Asbestos	Control	609	9.633.0	664		pa	ge 1 [[]	ĒG	10 10 10 10 10 10 10 10 10 10 10 10 10 1	WI		1	
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	Name of Fortilly Physics Abalantains is Tak	Place	OB		ente (	OWA,	No.	Type of Facili		-,,,,,,,			-	~~~~
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	E SSEV FELLS	*				4		Squere Fami		of Females		Side.	Age	
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	Soul Aires		····	<u> </u>		***	A.MA	C Contraction	ng Inc.					
	City, State, Zip Code						185 V	reoland Ave	7	1.4				
							City, Sto Micitar	its, Zip Code id Park, NJ	07432		Patrician	-	July 1	^
	Project Menager for Monitoring Fign		1	Testagala	one No.	- 13¢	Telepho			Liberac F	le.			-
	9/22/17	Schools	and pa	(Tephylapin	Pete (11)	- 111	Nauro di	OEHA Monto	r	00158				***************************************
	Cocapaney Shaka During Abadament Ches		W)	30/17			Street A		ental 3	ervices in	IC.			Pa h
nii.	Facility Closed/Version During Critics   Assumed Paritymed Culmide of New Other — Describe:	"entod of /	House House	naant B		-		ryler Street le, Zip Code				<del></del>		
	Scope of Work (Check At That Apply)							neatok, NJ ()	7006					
	2160 at at 2200 it		lencya Vernolli	đơn kan		t	E 18	Full Contains Miril-Enclose Glovabag Pro Non-Estimate	TO SECURE OF A					
-detablishes as	Location of	lus.	Lorens	Werr				JANUA SAMILAN	TO BE	L PROPERTY STREET	PTO	Abmi	Enforcement	
Ì	Authoriting Containing Material (ACM) TO BE ABATED	Upp	d Sole	ly by	Authorit	de Conte	oripdon of Inling film	terbel (ACM)		PICHARIA.	_	Γ"	m m	П
	in Facility (13)	L	(12)	integ 5	trac.	MUTTERCH	yaterna in ng, VAT, lecellarian	or i	*5F	or LIF)	Received	Rugali	and a strong	Bridours
-	8, 5, 1	Yster,	No	NA		. 3	7				B2.		-	13
	Basmar.		-	1		V	41			LSSF	1			
		5		1		****	1.					_		
-	Name of Registered Weste Hauter			DEP VA	eds T	C. N. W.	the second		-					$\forall$
	Newsrk Carting Inc.		140	Mar ID P	No.	Cubic Your of West		200000000000000000000000000000000000000		ed Lancito Sanitary	Land	154		The Participant
( \$ m)	City, State Newwork, NJ 07105	•	1.,		- 1	Dispose	Deta	City, State		·		e 167		$\dashv$
	Completed by Joseph Vocature	700				9/2	natura,	n Pen An	_	T 8-4				
	And a second state of	Vice P	renid	ent			J.	Vores	B		9/2	ha)	, many	

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CHECK # 5970 / 24588

Date of Notification (1) 09-20-17					of Buildin Edison	g Owner	/Operato	or (2	)		EG		W		Section 2
Agencies Notified	Type Notification	n		1 2 2 2 2	Address ng Place	e				- 1-6	( )	Served Comme	251	appear of 100 may an	Choice and comments
DEP × DOL	Amended Amendmer Emergency	(including		New	tate, Zip ( York, North	Υ						en son gen gen gen en	E.		
DCA DCA	justification Cancellatio			Brent	Fullum					16	elephone N	Numbe			
Name of Facility Where A Pole #61020/35894 Street Address 52 Briarwood Avenu		ng Place (3	3)	FAC	CILITY IN	FORMAT	TION	Ty	ype of Facility    School (K-   Subchapt are Other (i.e.	12) r 8 (Oti	her than K	-12)	uilding	s hor	nos
City (5) Norwood, NJ								_	etc.) quare Feet		of Floors	Gar be	Bldg.		iics,
County (6) Bergen				County (STATE	Code (7) USE ONL	n		Ci	urrent Use (Pri	or if be	ing demol	ished)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASC	M No.		Name	e of A	Abatement Cone e Environna	ntracto ental	r (9) Corp.				
Street Address							Street 200		dress ad Street						
City, State, Zip Code									, Zip Code It, NJ 07077	2					
Project Manager for Monit	oring Firm		Telepho			Telepi 201-		No. 9-6565		License 00756	No.				
Start Date (10) 09-21-17(1)09-22-17		7	mpletion	Date (11)		200 000 000 000 000 000		SHA Monito nalytical, Ir	ıc.						
Occupancy Status During  X Facility Closed/Vacate Abatement Performed Other – Describe:	ed During Entire	Period of A	hater	ment s			City, S	Wes	ress st 38th Stre Zip Code rk, NY 100						
Scope of Work (Check All ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	That Apply)		enova			ù	X	F	Intact Remon Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	ent with				re	
Location o		N	ocati	ly		Des	scription						Abat	ement ype	t
Asbestos-Containing M TO BE ABAT In Facility (13)	ED	Custo	itenai	nce/	Asbes (i.e.	tos Conta thermal surfac	aining M	fater s insu T, or		(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Exterior: Pole #610	Exterior: Pole #61020/35894						ransite	ı		2	0LF	x		ė	
				-											
Name of Registered Waste	Hauler		N	JDEP W	aste	Cubic \	/ards		Name of R	egister	red   andfil				
ATC, Inc. / JBT (50071	)		10000	auler ID I 1310	No.	of Was			Minerva			,			
City, State Shirley, NY / Bronx, N	1	W				Disposa TBD	al Date	/1	City, State Waynes		OH 4468	88			
Completed by Kevin Moriarty		Title Projec	t Ma	nager		Sig	gnature		1 Contin	An	Da	ite 9-20-1	7		$\neg$



State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

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Co dalla		(1							Persists	a m le			Sin	A CONTRACTOR OF THE PARTY OF TH
Date of Notification (1) 10/12/2017				of Building				HOOLS		nrt t	77	Security Sec	A THE PARTY OF THE	The Land Market Land
Agencies Notified Type Notification			Street A	Address CHOOL	HOUSI	E ROA	D		And a second and the	W to the				) !
□ DEP				ate, Zip C OLPH,		369			189	THE STREET AND THE STREET	entil despitation of the	Carlotte Carlotte		- <u>1</u>
X Emergency (in justification)				of Contact	Action to the second				Tel	ephone Nu	mber			
DCA Cancellation			ANDR	REW HU	IRD									
Name of Facility Where Abatement is Taking	Dlaga /	2)	FAC	ILITY INF	ORMAT	ION	T.,		- -					
RANDOLPH MIDDLE SCHOOL	riace (	3)					×	pe of Facility School (K-	8 2					
Street Address 507 MILLBROOK AVENUE										er than K-1 & commerc		dings	, hom	es,
City (5) RANDOLPH							Sq	uare Feet	# 0	f Floors	Е	Bldg. A	Age	
County (6) MORRIS				Code (7)	)		Cu	rrent Use (Pr	ic r if bei	ng demolis	ned)			
Name of Monitoring Firm Hired by Building Or	wner (8)	1	ASCN					batement Co						
AHERA CONSULTANTS, INC. Street Address						Street	-	ROTHERS	CON	RACTIN	G, IN	IC.		
P.O. BOX 385						11 V	REI	ELAND AV	'ENUE					
City, State, Zip Code OCEANVILLE, NJ 08231								, Zip Code 'A, NJ 075'	12					
Project Manager for Monitoring Firm JOHN SMOYER			Telepho	ne No. 52-1833		Teleph 973-		No. S-8700		License N 00494	0.			
	Schedul		npletion	Date (11)		Name	of O	SHA Monitor		00.0.				
Occupancy Status During Abatement (Check		234500000				Street		AS (9) ABC	)'/E					
Facility Closed/Vacated During Entire Pe	riod of	Abatem	ent											
Abatement Performed Outside of Norma Other – Describe: START 8:00 AM	Facility	Hours				City, S	tate,	Zip Code						
Scope of Work (Check All That Apply)							9							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit					N	Full Containm Mini-Enclosure Blovebag Pro Non-Exempte	e cedure	J				
	Is	Locati	on					ton Exempte	<u> </u>	THORFT HAD	T	Abate	ement	
Location of	î	Normall d Sole	у			scription					_	Ту	ре	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	intenar todial S (12)	nce/		thermal surface		insi T, or		(S	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
A	Yes	No	N/A								<u>a</u>		ate	Гe
AUDITORIUM MECHANICAL RM	Х				PIPE	FITTIN	NGS	6	17 (	JNITS				
				(V	VRAP 8	& CUT	ON	ILY)	a garage					
				11 2					_					
Name of Registered Waste Hauler		LN	JDEP W	looto	Cubic	Varda		Nome of						
TWO BROTHERS CONTRACTING		H	auler ID 8743		of Was				-	red Landfill IAGEME	NT G	.R.C	.W.S	S.
City, State TOTOWA, NJ						al Date /2017		City, State		F PA				
Completed by VIVECA RAMOS	Title PRO	JECT	COOR	RDINAT	S	ignature	. 4 /			Da	te /12/2	017		



Date of Notification (1) 10/11/2017	Cr Cr Cr	9			f Building C AEL SHA		Operator	(2)					) [E	er e	W	E CONTRACTOR OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAM
Agencies Notified  X EPA DEP	Type Notification    X		-		ite, Zip Coo						A Commence of the Commence of	UU		8 4	011	100
▼ DOL ■ DOH ■ DCA	Amendment Emergency justification) Cancellation	(including		Name of	ECK, NJ Contact AEL SHA		66			Tel	ephone	Numl	oer			
Name of Facility Where A VACANT RESIDEN Street Address  City (5) EDGEWATER		g Place (3)		FACI	LITY INFO	RMAT	TON		of Facility (School (K-Subchapter) Other (i.e. petc.)	2) 8 (Otherivate &			build	lings,		:S,
County (6) BERGEN	n dan se care			County (	Code (7) JSE ONLY)			Curre	nt Use (Pri	or if bei	ng dem	olishe	d)			
Name of Monitoring Firm N/A Street Address	Hired by Building	Owner (8)		ASCM	1 No.		TWC		THERS			ΓING	i, IN	C.		
City, State, Zip Code							11 V	REEL	AND AV	ENUE						
							TOT	OWA,	NJ 075	2						
Project Manager for Moni	toring Firm			Telephor			100000000000000000000000000000000000000	one No 956-8			Licens 0049					
Start Date (10) 10/23/2017		Schedule 11/6/20		pletion [	Date (11)				IA Monitor (9) ABC	VE						
Occupancy Status During  Facility Closed/Vaca Abatement Performe Other – Describe: V	ted During Entire I	Period of A	batem					Addres	p Code							
Scope of Work (Check All	I That Apply)															
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			enova emolit					Min Glo	Containm i-Enclosur vebag Pro n-Exempte	edure					Э	
			_ocati			54556	75 - 0/150	100							ment pe	5
Location Asbestos-Containing TO BE ABA In Facilii (13)	Material (ACM) TED	Used Mair	I Sole ntenar odial S (12)	ly by nce/	(i.e. t	os Con herma surfa	escription staining M Il systems acing, VA miscellan	faterial s insula T, or		(8	mount specify or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A	BUILE	DING	TO BE	DEM	OFD			-			· ·	-
					BOILE		ASBES		0.00							
Name of Registered Was	te Hauler		l N	JDEP W	aste	Cubic	Yards		Name of	Registe	red Lan	ndfill	-			
TWO BROTHERS C		}	Н	auler ID 8743		of Wa			WAST				IT G	.R.C	).W.S	3.
City, State TOTOWA, NJ							sal Date /2017		City, Stat		LE, PA	4	31000			
Completed by VIVECA RAMOS		Title PROJ	ECT	COOF	RDINATO		Signature	-ve	ca)	ال الم	1-2-	Date 10/		2017		

Poid State of New Jersey

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

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M# ILLAI			(P	ursuant	to NJAC 8	3:60 and 12	:120)		THE CO.	172 25	75.20	144	1
Date of Notification (1)				Name o	f Building (	Owner/Oper	ator (2)		4,,34	日日	19/	5	2
	r 12, 2017				I Plastics				200			and a	Chiebona Spinish Chiebona Chiebona
	ype Notification		-1	Street A						1/4		Throat a	A COLUMN TO A COLU
	<b>-</b>			55 LaF	rance Av	re.			11.5			11	91
EPA DEP	Initial Amended		f		ate, Zip Co				A TOTAL SERVICE OF STREET	Total Section 1		540	- E
∑ DOL _	Amendment		_	Bloomf					The second of	distanta sample concepts		V	
M DON	_ Emergency ( justification)	including	ľ		f Contact				Telephone N	lumber			
DOH DCA	Cancellation			Corpor	ate FH&9	S Manage	ar .		1 .				
						DRMATION							
Name of Facility Where Ab	atement is Taking	g Place (3	)				Ту	pe of Facility 4	1)				
General Plastics facility	y							School (K-12	2)				
Street Address								Subchapte:	8 (Other than K-			2000000	
55 LaFrance Ave.							$\times$	Other (i.e. o etc.)	rivate & commer	rcial build	dings,	home	is,
City (5)							Sq	uare Feet	# of Floors	B	ldg. A	ge	
Bloomfield NJ									(C				
County (6)				County	Code (7)		Cu	rrent Use (Pro	or if being demol	ished)			
Essex				(STATE	USE ONLY)		-	2	facility				
Name of Monitoring Firm H	lired by Building	Owner (8)		ASC	И No.	Na	ame of A	batement Con					<del>varie</del> j
AET, Inc.	,					Th	e MAC	K Group, I.I	C				
Street Address				_			reet Add						
907 Doolittle Drive						15	00 Kind	gs HWY N,	STF 209				
City, State, Zip Code								, Zip Code	0.2200				
Bridgewater, NJ 08807	7						133	ill, NJ 08034	1				
Project Manager for Monito				Telepho	ne No.	The second secon	elephone	-	License	No.		-	
Eric Houseknecht					18-1108	Topics Co.		- 5000	00781				
Start Date (10)		Schedule			Date (11)			SHA Monitor	100.01				***************************************
. 10/26/17				12/31/		Th	e MAC	K Group, I.I	C				
Occupancy Status During	Abatement (Chec	k Only Or	ne)	12/01/			reet Add						
52						15	00 Kin	gs HWY N	STF 209				
Facility Closed/Vacate Abatement Performed						- Indiana	-	, Zip Code	0.12.200				
Other - Describe:						4	# A	ill, NJ 08034	1				
Scope of Work (Check All	That Apply)					011	icity i i	11, 140 0000	•				
≥3 sf or ≥3 lf	1.5.3.6		Renov	otion			П	Eull Containne	ent with Negative	n Draceu	ro		
≥160 sf or ≥260 lf		\$1000 AND	Demol					Mini-Enclosure		5 1 16350	10		
								Glovebag Prod					
					1			Non-Exempte 1	(*) and Non-Frial	ble Proce			
			Loca									emen: /pe	į.
Location of		1 1000	Norma d Sol	ely by	Anhan		ption of	rial (ACM)	Amount		T		
Asbestos-Containing M TO BE ABAT		Ma	inten	ance/		tos Containi thermal sys			(Specify	R		Encapsulate	g
In Facility		Cus	todial (12	Staff?		surfacing			SF or LF)	Remova	Repair	aps	Enclosure
(13)			( . ~	,	_	other misc	ellaneou	18)		ova	air	ulat	ure
		Yes	No	N/A						_		0	
Heating Sys	etem	X				pipe ins	sulation	n	32 l/f	X			
ricating by	510111	-/-	200	-	-	- Pipo iiii	o araitio.				+		
				-									
Name of Registered Waste	e Hauler			NJ DEP		Cubic Yar	rds	Name o	Registered Land	Ifill	-	to and	
				Hauler II		of Waste						7222	
Newark Carting				22	253		.3		and Co./ BFI	/ GRC	VVS	/ TR	KF
City, State						Disposal		City, Stat					
Newark, NJ							31/17	Newburg	g / Imperial / I		ılle,	PA_	
Completed by		Title				Sign	ature	197/	2	Date	_		
Michael Cooper		Presid	dent			et-et-en-				10/12/1	/	-	



Date of Notification (1)		•				Owner / Operator (2)		Grand Propagation				
Agencies Notified	Type Notification			Street A	ddress	ation		GETWE	Inli			$\dashv$
□EPA	Emergency				ris Avenu	e	11/	OCT 1 7 2017	A VANDO SE ESTANDES AS ON VANDO SE ESTANDES DE SEGUE A VANDO SE ESTANDES DE SEGUE A VANDO SE ESTANDES DE SEGUE A VANDO SEGUE A VANDO SEGUE A VANDO SEGUE A VANDO SEGUE A VANDO SEGUE A VANDO SEGUE A VANDO SEGUE A VANDO SEGUE			
□DEP □DOL	N/ Initial			City St	ate & Zip	Code	( ) ( )		191		11111111111	-
	Initial Amend	led		1000	t, NJ 079		Hy		-			
⊠рон	505500 A STATE OF THE STATE OF	lment #_		Cummin	., 140 070		to the section of	Taken and the organization of the control of the co			X.17.17-	
DCA	Cance	llation		A Commence	f Contact			Tel	ephone	e Num	ber	
				Janos A	Angeli							
				FA	CILITY	INFORMATION						
Name of Facility Where Celgene - Building C	e Abatement is T	aking Place	e (3)			Type of Facility School (K						- 1
Street Address							er 8 (Other than	K-12)				
86 Morris Avenue							And the second of the second o	mmercial buildings, h	ome,	etc.)		
						Square Feet	# of Flo		. Age			
City (5)						133,000		3	5	0 Year	rs	
Summit, NJ						Current Use (P Commercial	rior if being dem	olished)				_
County (6) Union		US	unty Code E ONLY _	(7)								
Name of Monitoring Fir McCabe Environment		ing Owner	(8)		ASCM N	No. Name of Abate Synatech, Inc.	ment Contractor	(9)				
Street Address	al Services					Street Address						
464 Valley Brook Ave	nue, #3A		1900			829 Radio Roa						-
City, State & Zip Code Lyndhurst, NJ 07071						City, State & Zi	bor, NJ 08087					
Project Manager for Mo	onitoring Firm			ephone No		Telephone Nun		License Numb				
John Chiavello				-438-4839		609-296-6916	1111111111		0081	7	_	-
Scheduled Start Date ( October 13,		Scheduled		n Date (11 er 15, 201		Name of OSHA Synatech, Inc.						
Occupancy Status Duri	ing Abatement (0		one)			Street Address						
	d/Vacated During			itement		829 Radio Roa						
	erformed Outside	of Norma	Hours			City, State & Zi	Transaction of the contraction o					
Other – Desc	ribe: pied During Abat	ement				Little Egg Har	bor, NJ 08087					
Scope of Work (Check	all that apply)					_						
								t with Negative Pressur	е			
≥3 sf or ≥ 50 lf				Renovatio			Mini-Enclosure					
≥160 sf or ≥260	117		П	Demolition	ļ.		Glovebag Proces	dure *) and Non-Friable Proc	oduro			
1.00	ation of		Is Locati	on Norma	lly Llead	Description		) and Non-Friable Proc		atem	ent T	vne
Asbestos-Conta		CM)	Solely b	y Mainten	ance or	Asbestos-Co	ntaining	Amount (Specify SF				71-
	E ABATED		Custo	dial Staff?	(12)	Material (/		or LF)				
	Facility (13)					insulation, surfa			R		Enc	Б.
						or other misce	ellaneous)		Removal	Repair	aps	clos
			Vac	No	N/A				val	ă.	Encapsulat	Enclosure
			Yes	NO		Floor Tile on	d Mantin	150.05		_		$\vdash$
Building C - Data Cer	nter – Room C1	09			Х	Floor Tile and	d Wastic	150 SF	X			
									+ 1			
									1			
	11.											
Name of Registered W	/aste Hauler		NJDEP V Hauler ID		Cubic Y	ards of Waste	Name of Regis	tered Landfill				
Synatech, Inc.			The state of the s	429	3		Fairless Hills					
City, State					Disposa	al Date	City, State					
Freehold, NJ 07728					Octobe	er 16, 2017	Morrisville, P.	<b>A</b>				
Completed By		Title				OCCUPATION OF THE PERSON OF TH		Date				
Diane Aloia		Exec. Ad	ministrate	or	1	Whie allow	<u> </u>	October 12, 2017				

6 2000 08:00AM NJ Asbestos C	ontrol	609.6	533.066	4		pag	ge 1					
0/07/2017 07:30 2012620	321				AMAC			The second secon		PAG	Ε	8:
J- 0-1					93		06 <del>717</del>	1017 III	wy			7
as Kon	3		ICATION		BSTOS	y ABATEM d 12(120)		Chec	ck #	7	00	7
Date of Notification (1)		Ī	Name of	5 12		Operator (	Coust	14 c - 10 m	THE WAY		V-112-32-3	1
Agencies Notified Type Notification	•		Street A	ddress	AR	DMO.	25 5	Pres 2 1 TOW	201	11:17		
EPA mittal Amended Amendment		ŀ	City, Sta	te, Zip,C				A 5 600				.]
Emergency (			- Commence of the Commence of	Canlact	May			Te enhane Num	thar		-	
DOH justification) OCA Cancalistion			57	ed				-				
Name of Facility Where Abatement is Takin	g Plage (	3)		LITY INF	ORMAT	ION	Type of Facility	(4)				
Street Address	. 540		?				School (K-	8 (Ott or than K-12	)			
City (6)							etc.)	private & commercie				68.
He Ho Kus				2-0001112-33-00			1452.	# ( Floors	13	kdg. A	S	7
County (8)			County (	Code (7) Jew Call	2	*******		of the ing demollah	ed)	.,,,,,		Sell a se
Name of Monitoring Firm Hired by Building	Owner (6)		ASOL	1 Na.			of Abatement Co			-		e i
Street, Address						Street A	Address	, III.			-	
City, State, Zip Cade						City. St	resignd Ave.				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	t New Johnson
Project Manager for Montioring Firm	Operandom ( Memor	Т	Telepho	ne Na	~	Midla	nd Park, N.J.	Liganise No	-		-	
		لــــــــــــــــــــــــــــــــــــــ				201-2	62-5841	00156	·.		-	
Start Date (10)	Schedul 10	ed Cor	notetan	Date (11)			OSHA Monitor B Environme	ntal Services Inc	c.			
Occupancy Status Outing Absternant (Chec							ddress luylar Streat		100	,		
Facility Crosed/Vacated During Entire I Abatament Performed Outside of Norm Other – Describe	renod of	Abatan y Houn	nent s			City. St	ate. Zip Code					
Scope of Work (Check All That Apply)			~~~			Hack	ensack, N.J. (	07606				
2 23 st or 23 if 2 260 if		Renova	itlan Han				Mint-Enclosur Glovebag Pro	ondure				
THE RESERVE OF A CONTRACT OF THE PROPERTY OF T	ls	Locat	lon				Non-Exemple	d (T) at d Non-Friebl	-	Abate	mer	it
Location of Aspestos-Containing Material (ACM)	Uzo	Normal ed Sole alnténa	עם עול	Asbe	stos Con	scription wining Mi	anerial (ACM)	Amount		Ty		Τ
TO BE ABATED		(12)	Staff?	(1,0	#urfa	cing, VAT		(Specify S= or LF)	PADULER	Rapeir	Encapsulate	
(13)	Yes	No	T N/A		O(ne:	niscellani	sons)		Est	217	E STE	
BASEMENT	1		×		V	AT	,	14458	×			
, , , , , , , , , , , , , , , , , , ,	-		-		•			Park				
												-
Name of Registered Weste Hauter Newark Carling, Inc.		1	Hauler ID		Cubic of Wa	Yards ate	1	Registered Landfill Contral Sanitary	/ Lan	dfill	NE3111	100
City, State			4509		Dispo	agi Dajis	City, \$te	le .				
Newark, N.J. 07105 Completed by	Title				10	13/0		gyl, PA 08072			+	
R. McDonald	100000000000000000000000000000000000000	ident	t ,		13	Signatura	Mitmales	Day	0	16	10	7

565 NO

#### PAID



Date of Notification (1)  8 25/1/7		The second second	of Bullding Owner Princeton, LL		(2)					
Agencies Notified Type Notification			Address Cole Ave							
EPA Inilial Amended Amendment	#07		tate, Zlp Code s, TX 75205							
DOH Justification Cancellation	including	Name	of Contact Wisdom			elephone N	ımbeı	r		
		FAC	CILITY INFORMAT	ION						
Name of Facility Where Abatement is Taking FMC Corporation Pilot Plant	g Place (3)				Type of Facility School (K-	2000				
Street Address 1 Plainsboro Rd Block 1703 Lot 3.0	01/3.02/3.03		_		Subchapte	r 8 (Cther than K- privat 3 & commerc		ilding	s, hon	nes,
Clly (5) Plainsboro					Square Feet	# of Floors	-	Bldg.	Age	
County (6) Middlesex County			Code (7) USE ONLY)		Current Use (Pr Abandoned	ior If t eing demolis	shed)			
Name of Monitoring Firm Hired by Building C	Owner (8)	ASC	M No.	Name	of Abatement Co	ntract or (9)			_	
The Venter Companies				SC		voriment	al	) (	NOC	P
	20.101	^ <del>-</del>			CONTRACTOR OF THE STATE OF THE	Ochb Ro	1			
100 Tuner Way ?	SILLIC	05		City, St	ate, Zip Code		1930			_
Aston PA 19014		)			Ice Arie	O PAC	543	36		
-Project Manager for Monitoring Firm	1/21	Telepho	ne No.	Teleph		License	Vo.			
David Turntsyl 9/6	25/11/	lan-	558 8902	570	383415	1				
	Scheduled co	mplelion	Dale (11) /	Name	of OSHA Monitor	1 1				
9/2/17 9/13/17	11/15	40	1/130/17	SO	FFNI	JWCMM	ent	a(	0	icup
Оссиралсу Status During Abatement (Check	Only One)	11 4	110011		Address					
Facility Closed/Vacated During Entire P	erlod of Abater	nent	/	135	to mt	Clob Rd				
Abatement Performed Outside of Norma				City, St	ate, Zlp Code					
Other – Describe:				L	ake Ar	(el) PAI	85	136	,	
Scope of Work (Check All That Apply)										
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D&S RESTORATIO

PAGE 02/04

Date of Notification (1)    1   10   / 1   13   / 1   17     Agencies Notified   Type Notification   Initial	-
Agencies Notified Type Notification  EPA Initial Sirest Address  3910 Belmar Bonlevard Accordance  DEP Amendment #:  DOL Emergency (including justification)  DCA Cancellation HINCKS INC. Oct 7 2017  HINCKS INC. OCT 7 2017  Street Address  3910 Belmar Bonlevard Accordance  Gity, State, Zip Code  Wall Twp., NJ 07719  Name of Contact  HINCKS INC (Dennis Clemens)  FACILITY INFORMATION	
DEP Amended 3910 Belmar Boulevard  City, State, Zip Code LICENSING  Wall Twp., NJ 07719  Name of Contact  HINCKS INC (Dennis Clemens)  FACILITY INFORMATION	
DOH (Including justification)  Cancellation HINCKS INC (Dennis Clemens)  FACILITY INFORMATION	
FACILITY INFORMATION	
Name of facility where abatement is taking piece (3)	
HINCKS INC.  Street Address  Street Address  C Other (Private/Commercial	
3910 Belmar Boulevard Bidgs /Homes etc. Square Feat   # of Floors   Bidg. A	70
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Wall Twp., recommouth (State use only) Current Use (Prior if being demolished)	A-10
Name of Monitoring Firm Hired by Bidg, Owner (8) ASCM No.   Name of Abatement Contracto (9)	Parents.
D&S RESTORATION, NC.	
Street Address Street Address	
City, State, Zip Code 20 California Ave.	-
Paterson, NJ 07503	
Project Manager for Monitoring Firm Phone Number Telephone Number License Number	
973-345-8020 01169 Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor	
D& S Restoration, Inc.	
Occupancy Status During Angerman (Charles Allegan)	
Facility closed/vacated during entire period of abatement.  Abatement performed outside of normal facility hours-  Describe:  20 California Avenue  City, State, Zip Code	devictor on
Cther-Describe: NORMAL HOURS Paterson, NJ 07503	
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material (acm) so be abated in facility (13)  Yes No N/A  material (ACM)  (8 peoffy SF or D a a but of the limit of the li	n
basement boiler insulation 38 sq ft	
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Registered Waste Hauler  NJDEP Hauler (D# Cubic Yards of Waste Name of Registered Landfill TULLYTOWN RESOURCE RECOVERY  1 yd TULLYTOWN RESOURCE RECOVERY	Towns of the last
ACCEPTANT, RESCORCE RECOVERT	And Designation
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D&S Proj. #: 17-282	A	AI		ication of As		J os Abatement 0 and 12:120)		BE	G I		$\mathbb{V}$	E.	
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justificatio	n)	Name of Co	ontact					Telephor	ne Numbe	er			
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Completed by (Print or Type) BOGDAN JOLDZIC	Title	NENT		Signature					Date	201-			
DOGDAN JOLDZIC	PRESID	JEN I							10/13/	2017			

Registered Waste Hauler

City, State

D& S RESTORATION, INC.

PATERSON, NJ 07503

Completed by (Print or Type)

BOGDAN JOLDZIC

NJDEP Hauler

13506

PRESIDENT

Feb 08 2000 07:32AM NJ Asbestos Control 609.633.0664 page 1 10/13/2017 03:07PM 9733458060 D&S RESTORATIO PAGE 02/04 State of NJ Notification of Asbestos Abatement D&S Proj. #: 17-284 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 110/113/17 robert kolibas Agencies Nothed Type Notification Street Address ☐ EPA Initial Amended ☐ DEP City, State, Zip Code Amendment #: DOL DOL Emergency westfield nj 07090 X DOH (Including Name of Contact (untification) Telephone Number D DCA Cancellation robert kolibas FACILITY INFORMATION Name of facility where abatement is taking place (3) Type of Facility (4) 3 achoo! (K - 12) robert kolibas Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bidgs./Homes, etc. Squar & Feet | # of Floors Bldg Age Oity (5) County (6) County Code (7) (State use only) Curre it Use (Prior if being demolished) westfield union Name of Monitoring Fam Hired by Bldg. Owner (B) ASCM No. Name of Abstement Contract (9) D& S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Montoring Firm Phone Number Telaphone Number License Numbér 973-345-8020 01169 Start Date (10) Sched, Completion Date (11) Name of OSHA Monitor D& S Restoration, Inc. 10/17/17 10/31/17 Streat Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement City, State, Zip Code Abatement performed outside of normal facility hours-Describe:\_ X Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure X >3 af or >3 If Renovation Mini-ancic sure Glovebag procedure ≥160 of or ≥260 lf Demolition Non-Expripted (\*) and Non-frieble is location normally used solely Location of Ē by maintenance/custodial sebestos-containing E 6 8 Description of asbestos-containing slaff(12) A mount n material (ecm) to be m n P material (ACM) (tipecify SF or č abated in facility (13) 0 C a Yes No N/A a 0 basement PIPE INSULATION 32 111 X 

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Signature

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Disposal Date

10/18/17

Name of Registered Landfill

TULLYTOWN, PA

City, State

TULLYTOWN, RESOURCE RECOVERY

10/13/2017

D&S Proj. #: 17-284	1	PAI	/D	State ication of As uant to NJA	bes	NJ tos Abatement 60 and 12:120)		DE				17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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						D & S RESTO	RAT	ΓΙΟΝ, INC.					
Street Address						Street Address							
City, State, Zip Code					_	20 California City, State, Zip Coo					-	-	
						Paterson, NJ		15.					
Project Manager for Monitoring Firm		P	hone Numb	er	_	Telephone Numbe	r		License			_	
						973-345-802 Name of OSHA Mo			(	1169			
Start Date (10)			ion Date (11	1)		D & S Restora							
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abated in facility (13)	Yes	No	N/A	, material (r	.0,			LF)		o v	a i	a p	Ĺ
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BOGDAN JOLDZIC	Title PRESIDI			Signature					Date 10/13/	2017			
ASB-41 *	Do not use	this form	for asbesto	s licensure exer	npte	d activities.							

PATERSON, NJ 07503

Title

PRESIDENT

Completed by (Print or Type)

BOGDAN JOLDZIC

10/13/2017 09:19AM 9733458868 D&S RESTORATIO PAGE 02/04 State of NJ : Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120) D&8 Proj. #: 17-283 Name of Building Owner/Operator (2) Date of Notliteation (1) 110/11/11/11 lev kupezmán Type Notification Agencies Notified Streat Address Amen ☐ EPA CONTROL & **Ephnerra** ☐ DEP MANAGO Amendment #: X DOL SO. ORANGE, NJ 07079 Emergency Telephone Number tingluding DOH. ame of Contact justification) T DCA ley kuperman Cancellation FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K-12) Supplied 8 (Other than K-12) lev kuperman Other (Private/Commercial BarnbbA feer# Bidgs./Homes, etc. Square Feet | # of Floors Bldg, Age County (8) County Gode (7) City (5) (State use only) Cu rent Use (Prior if being demolished) SO. ORANGE essex Name of Abatement Contractor (9) ARCMANA Name of Monitoring Firm Hired by Bldg. Owner (8) D& SRESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 License Number Telephone Number Project Manager for Monitoring Firm Phone Number 01169 973-345-8020 Name of OSHA Monitor Sched, Completion Date (11) Start Date (10) D & S Restoration, It c. Street Address 10/31/17 Occupancy Status During Abatement (Check only one) 20 California Avenus Facility closed/vecated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Paterson, NJ 07503 Other-Describe: NORMAL HOURS Full Containment winegative pressure Scope of Work (check all that apply) Mini-englosum 1 E< 10 te E< Glove seg procedure ≥160 sf or ≥260 if Demailion Non-Exempted (\*) and Non E is location normally used solely E Location of 8 0 n by maintenence/custodial Description of asbasics-containing п asbastos-containing m P ¢ staff(12) (Specify SF or material (aom) to be c material (ACM) ٥ 3 a abated in facility (13) V No N/A X duct insulation 16 sa ft garage Name of Registered Land (I) CUDIC Yards of Waste Registered Weste Reuler NJOEP Hauter IDI TULLYTOWN, RESOURCE RECOVERY D & S RESTORATION, INC. 13506 1 yd City, State Disposal Date City State TULLYTOWN, PA 10/14/17

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10/11/2017

	State of NJ	
Notification	of Asbestos Ab	atement
(Pursuant to	NJAC 8:60 and	12:120

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D&S Proj. #: 17-283	7148 (Pi	ursuant to NJA	2 8:60 and 12:120)	OCT 17 2017						
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lev kuperman Street Address				Other (	apter 8 (Other th (Private/Comme		)			
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Name of Monitoring Firm Hired by Bldg.	Owner (8)	ASCM No.	Name of Abatemer	25 50						
Street Address			D & S RESTOR	RATION, INC.						
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10/13/17	10/31/17		D & S Restora Street Address	tion, Inc.						
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City, State PATERSON, NJ 07503	Disposa 10/14	al Date	City, State TULLYTOWN							
Completed by (Print or Type) Title	ESIDENT	Signature			Date 10/11/2017					

State of NJ Notification of Asbestos Abatement

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Date of Notification (1)		Name of Building Owner/Operator (2)								
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☑ DOLWD   ☐ Amended     ☑ DHSS   Amendm			City, S	State, Zip	Code	The state of the s				
□ DCA □ Emergen		na na	Но	uston, T	X 77024	To the same of the	Landard Control of the Control of th			
(NJAC 5:23-8) justificati		9	Name	of Contac	ct		Telephone Num	ber	TRO	<del>IL &amp;</del>
☐ Cancellat	tion		Gre	eg Murph	ту	Ĺ_	+		*******	-
N (5 %)			FA	CILITY II	NFORMATION					
Name of Facility Where Abatement is 1	Taking Pla	ce (3)				Type of Facil ty	2002			
Former Golden Dawn Diner						Subchanter	2) 8 (Other than K-12	)		
Street Address						Other (i.e., p	rivate and commer	rcial bui	ldings	,
570 Route 38						homes, e c.)				
City (5)						Square Feet	# of Floors		g. Age	
Maple Shade			10			4800	1		inkno	wn
County (6)			Cour	nty Code (	7)(STATE USE ONLY)	The state of the s	ior if being demolis	shed)		
Burlington		(6)				Vacant				
Name of Monitoring Firm Hired by Build Horizon Environmental	ding Owne	r (8)	ASCM	No.	Name of Abateme					
						d Mold Service	es, Corp.			
Street Address					Street Address 3859 Sylon B					
PO Box 316										
City, State, Zip Code					City, State, Zip Co					
Thorofare, NJ 08086 Project Manager for Monitoring Firm		1=			Hainesport, N	NJ 08036				
Dave Flanigan		1	lephone		Telephone No.		License No.			
	اد داد اد ما د اد دا		356-848	With the Contract	609-702-0400		00862			
	Scheduled 11		etion Da	50	Name of OSHA M  EMSL Analyt					
Occupancy Status During Abatement (0										
☐ Facility Closed/Vacated During Entire			ement		Street Address 200 U.S. Rou	4- 420 No46				
☐ Abatement Performed Outside of No				cribe						
Time of Abatement:AM	PM/	PN	Λ	AM	City, State, Zip Co					
Scope of Work (Check all that apply)										
☐ >3 sf or >3 lf	Пя	Renova	ition			ainment with Neg	gative Pressure			
⊠ ≥160 sf or ≥260 lf		Demoli			☐ Glovebag	g Procedure				
					Non-Exe     Non-Exe	mpted (*) and No	n-Friable Procedur	e		
T		Is Loca Norm						Aba	temen	t Type
Location of Asbestos-Containing Material (ACM	) U		lely by	Ashe	Description o estos Containing Ma		Amount	Re	Re	9 9
TO BE ABATED	. N	lainten	ance/ I Staff?		e., thermal systems i		(Specify	Removal	Repair	Enclosure
IN Facility (13)	01	151001a (12			surfacing, VAT, other miscellane		SF or LF)	la l		Enclosure
(1.5)	Yes	s No	N/A		other miscellane	ous)				no
Front Soffit and Rear Storage Are	ea 🗆			Texture	ed Material over	NON ACM	1,200 SF			
Exterior			$\boxtimes$	Tar Sea			2,800 SF			50
Exterior			$\boxtimes$	Roof Fi	ield		5,600 SF			
Roof Duct Work										
Name of Registered Waste Hauler		610	NJDEP Waste							
Waste Management			Hauler II 17273		Waste 5	Grand C∋n	tral			
City, State					Disposal Date	City, State				
Lafayette, NJ					11/6/17	Penn Argy	le, PA			
Completed By (Print or Type)	Title	Signature Date								
Kimberly A. Trumbetti	Office	Cool	dinator		( XIV			10-1	3-1	7

ASB-41 MAY 11

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

**MAY 11** 

	2 人名贝克	LF	011				AC 8:60 and 5:1		FIEC		W	E	10			
Date of Notification (1)	13 /	17		- 725			g Owner/Operator (		Job #1612-21		hk. #4	1860				
Agencies Notified ⊠ EPA	Type Notifica	ation			-	t Address King Str	eet			17	_2(n_	1				
☑ DOLWD ☑ DHSS	Amended Amendme					State, Zip			ASBES	TOS CO	NIP	OL	4			
□ DCA	Emergen				Do	ver, NJ 0	7801			<u>ICENS</u>	NG					
(NJAC 5:23-8)	justification	on)	3		1,000,000	of Contac			Telephone	Number						
	☐ Cancellat	ion			Kir	k Harpell	l		1	_						
					FA	CILITY IN	FORMATION									
Name of Facility Where A		aking P	lace	(3)				Type of Facilit								
Commercial Proper Street Address	ty							☐ School (K-12) ☐ Subchap er 8 (Other than K-12)								
69 King Street								Other (i.e.,	private and con		ouildin	gs,				
City (5)								homes, € to								
Dover								Square Feet 217,800	# of Floors	1	3ldg. A 107	ige				
County (6)				dinese i	Cour	nty Code (7	)(STATE USE ONLY)			molished)			_			
Morris						,	Nomine due divery	Warehous	Jse (Prior if being demolished) not se							
Name of Monitoring Firm	Hired by Build	ding Owr	ner (8	3)	ASCM	No.	Name of Abateme				<del>-</del>					
Criterion Laboratori	es						Asbestos an									
Street Address							Street Address									
3370 Progress Drive	e, Suite J						3859 Sylon B	59 Sylon Boulevard								
City, State, Zip Code							City, State, Zip Co	ode								
Bensalem, PA 1902							Hainesport, N									
Project Manager for Monit	oring Firm			No.	phone		Telephone No.		License No	0.						
Mike Panepresso Start Date (10)		\_bll	1.0		5-244	A STATE OF THE STA	609-702-0400		00862							
10 /23 /	17		_ /	30		te (11) 17	Name of OSHA M EMSL Analyt									
Occupancy Status During							Street Address									
☐ Abstance & Defensed	d During Entir	e Period	of A	bater	ment	823	200 U.S. Rou	te 130 North								
Abatement Performed Time of Abatement:	AM	rmal Fa PM/_	Cility	Hour _PM-	s - Des	AM	City, State, Zip Co									
Scope of Work (Check all	that apply)						Пена	Containment with Negative Pressure								
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		_		ovati			Mini-Enc     Glovebage     Glovebag	ontainment with Negative Pressure inclosure bag Procedure exempted (*) and Non-Friable Procedure								
			ls	ocat	ion				Ton Thable 1 100		batem	ent T	vpe			
Location of Asbestos-Containing Machine Machin	Material (ACM) <u>FED</u>	<b>'</b>	Used Mair	ormal Sole ntena odial ( (12)	ly by	Asbe (i.e	Description o stos Containing Ma ., thermal systems i surfacing, VAT, other miscellane	terial (ACM) insulation, or	Amount (Specify SF or LF)	Kemov	1	Encapsulate	Enclosure			
		Y	es	No	N/A		other impochanic	ous				é				
Basement Brick Boile	r		]		$\boxtimes$	Boiler I	nsulation & Deb	ris	100 SF	×						
Basement			]			Transite	Panels on Woo	den Chute	110 SF							
			]		$\boxtimes$											
					$\boxtimes$							П				
Name of Registered Waste	e Hauler			N.	JDEP V	Vaste	Cubic Yards of	Name of Reg	istered Landfill							
Waste Management				1000	auler ID <b>17273</b>		Waste 5	Grand Ce								
City, State					11213		Disposal Date	City, State								
Lafayette, NJ							10/31/17	Penn Arg	yle, PA							
Completed By (Print or Ty	pe)	Title					Signature			Date			$\neg$			
Kimberly A. Trumbe	tti	Offic	e C	oord	inator	e.	(III)			10-	13	-15				
ASB-41 MAY 11		* Do	not u	se th	is form	for asbest	os licensure exemp	ted activities.		10		*				

	PAL	NOTIFICAT	TON OF AS	SBESTOS ABATEME	NT /	ch =	4 )	968	S				
Date of Notification (1)		(PURSUAI		C 8:60-7 AND 12:120 Building Owner / Op		CIC -	<u>- a</u>	700					
	-:		Street Ac	ldress			TE	C E	\\//  E				
	Notification			LE ROCK AVE			11-19-	(5) (5)	<u> </u>				
□ EPA □	Initial Amended			e, Zip Code NOVER, NJ 07936		An order of the second	Ŷ.						
☑ DOH	Amendment	#	Name of			Telepho	oo Numh	er. 1	7 2017				
☑ DOL □		v/ justification		ODEYEMI		10.00			7 6011				
	Cancellation		ACILITY IN	FORMATION		1	ASRE	STOS	CONTROL				
V			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	VICE AND ADDRESS OF THE STREET		No.	7 100 101	LICEN	ISING				
Name of Facility Where Abate TOWER L-BA - 1/3	ment is Taking	Place (3)		Type of Facility (4)									
				☐ School (	50								
Street Address LAT 40 37' 44.56" LONG 74 12'	30.94"			✓ Other (I.e.)	oter 8 (Other e., private & omes, etc.)								
City (5) County (	6)	County Code	(7)	Square Feet	# Of Floo	'S	Building	g Age					
LINDEN UNION	20-2 <b>*</b> (1			N/A	N	/A		N/A	<b>\</b>				
				Current Use (Prior		olished)							
Name of Monitoring Firm Hire	d by Bldg Own	er (8)	ASCM NO	ELECTRICAL TOWER O Name of Abatement Contracto (9)									
GZA	a by blug. Own	ici (0)	AGOW NO	Name of Abatement	Contractor	(9)							
				NORTHSTAR CONT	RACTING (	ROUP, IN	C						
Street Address 55 LANE ROAD				Street Address									
City, State, Zip Code				32 Williams Parkway	,								
FAIRFIELD, NJ 07004				City, State, Zip Code									
Project Mngr. For Monitoring	Firm	Telephone Nu	mber										
BENNY SALLLEMI Sheduled Start Date (10)	Icahad Cama	973-774-3311 Detetion Date (1	141	East Hanover, NJ 07									
10 / 26 / 17	11	03	17	Telephone Number		License I	Number						
//		/		973-772-3660			0	0860					
Occupancy Status During Aba				Name of OSHA Mor									
Facility Closed/Vac	ated During En	tire Period of		NORTHSTAR CONT Street Address	RACTING G	ROUP, IN	С						
Abatement Perform	ed Outside of N	lormal Facility		Street Address									
Hours - Describe: _				32 Williams Parkway									
Other - Describe: _	_ 7:00AM - 5:00	PM		City, State, Zip Code East Hanover, NJ 07									
Scope of Work (Check All Tha	t Apply)			Last Hallovel, 145 of	550								
Demolition	~	Renovation		Full Containment w	ith Magative	Droonura							
✓ >3sf or >3lf	[4]	Reliovation		Full Containment w Mini - Enclosure	im negative	Pressure	1						
≥160 sf or ≥260 lf				Glovebag Procedur									
			V	Non-Exempted (*) a	nd Non-Fria	ble Proce	dure						
Location of	Is	T	Descript	ion of	т—	Abateme	nt Tyne						
Asbestos Containing	Location	As	bestos - C			R	l Type	E	ΙE				
Material (ACM)	Normally		Material	(ACM)	Amount	E	R	N	N				
TO BE ABATED	Used		e., therma		(Specify	M	E	C	C				
in Facility (13)	Solely by Main-			facing, VAT, ellaneous)	SF or LF)	O V	P A	A P	L				
(10)	tenance/		other misc	elianeousj		Ā	lî	s	s				
	Custodial					L	R	U	U				
	Staff (12)							L	R				
EXTERIOR	YES NO N/A	TAR/MASTIC			6 SF	7			-				
EXTERIOR		TAIVWASTIC			0 31								
					1				1 1				
Name of Registered Waste Ha NORTHSTAR CONTRACTING		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered GROWS	Landfill								
City, State			Disposal	City. State									
EAST HANOVER, NJ			Date	MORRISVILLE, , PA		7							
Completed by (Print or Type) STEVEN STILES		Title PROJECT MAN	NAGER	Signature	)	11.	()	Date					

10/16/17

D&S Proj. #: 17-280  Date of Notification (1)  1   0   / 1   0   / 1   7    Agencies Notified Type Notification  EPA Initial  DEP Amended Amendment #  DOL Emergency (including justification processed)	ation s		(Purs	ication of As uant to NJA ner/Operator (2	C 8:6	os Abatement 0 and 12:120)	Major survey de la profession de la companya del companya de la companya de la companya del companya de la comp	ASSE	C E	7 20°		Sometimen of the second	To a to a superior and the superior and
				ILITY INFORM	MATIO	M.		='					
Name of facility where abatement christine porretta  Street Address	is taking pla	ace (3)	1770	JETT IN ONV			Ту	Subc	(4) ool (K - 12 hapter 8 ( r (Private/0 s./Homes,	Other to		-12)	
							S	juare Feet	# of Floo	ors	Bl	dg. Ag	ge
City (5) jersey city	Cour	son			70-7	unty Code (7) ate use only)	C	urrent Use (	Prior if bei	ng den	nolish	ed)	
Name of Monitoring Firm Hired by	Bldg. Owne	er (8)		ASCM No.	1	Name of Abatemen	t Cont	actor (9)			_		
Street Address  City, State, Zip Code					_	D & S RESTOR Street Address 20 California A City, State, Zip Code Paterson, NJ 0	lve.	DN, INC.	18				
Project Manager for Monitoring Fire	n	Pho	one Numb	per		Telephone Number 973-345-8020			License (	Numb	er		
Start Date (10)	Sched	Completion	n Date (1	1)	_	Name of OSHA Mor	nitor						
10/16/17				S.		D & S Restorat	tion, I	nc.					
Occupancy Status During Abateme	10/27			CARDELE COLOR	_	Street Address		100					
Facility closed/vacated during Abatement performed outside Describe: Other-Describe: NORMAL I	entire perion of normal f	d of abatem				20 California A City, State, Zip Code Paterson, NJ 0	9						
Scope of Work (check all that appl	y) Renovation				,		Mini-	ontainment enclosure bag procedu Exempted (*	ure			edure	
Location of asbestos-containing material (acm) to be abated in facility (13)		normally us nance/custo				sbestos-containing		Amount (Specify LF)	SF or	R e m o v e	Repa	Encap	E n c L
basement		X		PIPE INSU	LATI	ON		50 l ft		×			
basement crawl space		X		PIPE INSU	LATI	ON		0 l ft					
Registered Waste Hauler			<u> </u>	ubio Varda afti	Na-t-	IN	Ι.	=					
D & S RESTORATION, INC.  City, State	1350 1350		1000	ubic Yards of V 2 yds Date	vaste	Name of Registered TULLYTOWN, City, State			ECOVE	RY			
PATERSON, NJ 07503			10/17/1			TULLYTOWN.	. PA						
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDE	ENT		Signature		1	,		Date 10/10/	2017			
ACD 44	* Do not uso	this form fo	r achast	no liconouro eve		d a saludata a							



PRESIDENT

\* Do not use this form for ashestos licensura exempted activities

ACR\_11

	# 4		NI-4:4		e of I					-		
D&S Proj. #: 17-279		The second second second				os Abatement 30 and 12:120)		っ国	1//	E	In	
	47	1111	(i uis	uant to Non	0.0	00 and 12.120)	1	2 13 11	1			
	4	174						1				
Date of Notification (1)		Name of B	Building Ow	ner/Operator (2	2)		J. L. U		201	-	ار بيا. المحمد	/
1 0 / 0 9 / 1 7		FRANK	MARTO	ONE			0					actor found
Agencies Notified Type Notific	ation	Street Add	ress	***			ASSIES	TOS CON	ITR	OL 8	<u>.                                    </u>	$\top$
DEP Amended	- 11							LICENSIN				
Amendment	#:  <b> </b>	City, State,	Zip Code				-				_	
DOL Emergence	,	montela	air, nj 07	042								
DOH (including justification	, It	Name of Co					Telepho	ne Number				-
DCA Cancellation	. 11	FRANI	K MART	ONE								
			FAC	CILITY INFORM	//ATIC	N						
Name of facility where abatement	is taking p	lace (3)					T pe of Facility	(4)		-		
FRANK MARTONE							Scho	ol (K - 12)				
Street Address							1112-471	hapter 8 (Ot			(-12)	
Street Address								(Private/Co		ercial		
							Square Feet	# of Floors		В	ldg. A	Age
City (5)	Cou	nty (6)			Co	unty Code (7)				1900		
					(St	ate use only)	Current Use (F	Prior if being	dem	nolish	ed)	
montclair Name of Monitoring Firm Hired by	ess				<u>L</u> ,							
Name of Monitoring Firm Hired by	Blag. Own	er (8)		ASCM No.		Name of Abatement	Contractor (9)					
Charact Addis-						D & S RESTORA	ATION, INC.					
Street Address						Street Address						
City, State, Zip Code						20 California Av	re.					
only, state, hip sode					- 1	City, State, Zip Code		10				
Project Manager for Monitoring Firm	2	In	none Numb		_	Paterson, NJ 07:	503					
reject manager for Monitoring Fill		I PI	ione Numi	per		Telephone Number 973-345-8020		License N	lumb 169	er		
Start Date (10)	10.1					Name of OSHA Monit	for	01	109	_	_	_
Start Date (10)	Sched	d. Completi	on Date (1	1)		D & S Restoration	55 N					
10/12/17	10/2	-				Street Address			_			
Occupancy Status During Abateme		-0.00 A.T 10 M. C 10 M				20 California Ave	enue					
Facility closed/vacated during  Abatement performed outside	entire peri	od of abate	ement.			City, State, Zip Code						
Describe:		lacility flou	15-									
Other-Describe: NORMAL I					-	Paterson, NJ 075	503					
Scope of Work (check all that appl	y)					F	ull Containment v	v/negative p	ress	ure		
>3 sf or >3 lf	Renovation	n					/lini-enclosure					
≥160 sf or ≥260 lf	Demolition	1					Glov∋bag procedu Non Exempted (*)		ahle	nroce	edure	4
Location of		n normally		/		<u> </u>	1		R	R	E	T
asbestos-containing material (acm) to be	staff(12)	enance/cus	todial			sbestos-containing	Amount		e m	e p	n	E n
abated in facility (13)	Yes	N.	T	material (	ACM)	3	(Specify S	SF or	0	а	c a	c
	165	No	N/A					1	v e	i	р	L
3RD FLR. ATTIC CRAWL SPACE		X		PIPE INSU	LAT	ION	I2 L FT		ă			
									T			
					- Calife				5			
								Ī	7			
Registered Waste Hauler D & S RESTORATION, INC.		P Hauler I	2000000	ubic Yards of V	Vaste	Name of Registered L			- 1			
City, State	135			yd		TULLYTOWN, R	RESOURCE RE	COVERY				
PATERSON, NJ 07503			Disposal D 10/13/1			City, State	DA					
Completed by (Print or Type)	Title		13/13/1	Signature		TULLYTOWN, I	A	Date	-	-		
BOGDAN JOLDZIC	PRESID	ENT		130				10/09/2	017			

10/09/2017

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

D&S Proj. #: 17-270

												11171	10	11,	15	11 11//		
Date of Notification (1)	17 1		Name of Building Owner/Operator (2)															
	Notifica	ation		Architec	ts		Ch	ristopher J.	Mel	nos								
☐ EPA ☐ Init	tial		Street Add								60.0100000	111 L		161	1	7 2017		
☐ DEP ☐ Am				wee Street		0						1						
DOI 1001	dment #		A AMERICAN NO.	, Zip Code						eve		A	SBE	STÕ	SC	ONTRO		
—  ∟ Em	nergency cluding	' I.	The Contract of the Contract o	cn, NJ 0	7030	<del>}</del>	Ho	boken, NJ	070			1		LIC	ENS	ING		
jus	tification	)	Name of C	ontact			7828	W 10 12 12 1	202 8		elepho	ne Numbe	er					
DCA Ca	ncellatio	n	-Alex C	Buimaraes	5		Ch	ristopher J.	Mer	108								
				FA	CILIT	TY INFORMA	ATIO	N										
Name of facility where aba	atement	is taking	place (3)						$\Box$	Type of								
Two Family Residenti	al Build	dina										ol (K - 12						
Street Address	ai Duii	ung			-		_		41	\ ⊠		hapter 8 (i (Private/(			-12)			
												./Homes,		siciai				
									_	Square	-eet	# of Floo	rs	Blo	lg. Ag	e		
City (5)		Co	unty (6)			1		unty Code (7)				-			000			
Hoboken		н	udson				(St	ate use only)		Current	Use (I	Prior if bei	ng der	nolishe	ed)			
Name of Monitoring Firm I	lired by				TA	SCM No.	1	Name of Abatem	nent C	t Contractor (9)								
-		Ĭ	, ,					D & S REST			0.00							
Street Address	~ ~~			Street Address														
								20 California	a Ave.									
City, State, Zip Code							-	City, State, Zip Co	ode		-							
								Paterson, N.	075	03								
Project Manager for Monitor	ring Firm	1	F	hone Num	ber			Telephone Numb				License						
								973-345-80	-			(	1169					
Start Date (10)	- HOO-	Sche	d. Comple	tion Date (1	11)		_	Name of OSHA										
10/13/17		11/	15/17					D & S Resto	ratio	n, inc.				-	-			
Occupancy Status During A	batemer						$\neg$	20 California	Ave	nue								
Facility closed/vacate								City, State, Zip C	_					-	-			
Abatement performed Describe:	loutside	of norma	I facility ho	urs-														
Other-Describe: NO	RMAL II	IOURS	7				-	Paterson, N.	075	03								
Scope of Work (check all to	hat apply	/)		-				•		ull Contain		w/negative	pres	sure				
>3 sf or >3 lf		Renovat	ion						図 M	lini-enclos lovebag r	ure	150						
≥160 sf or ≥260 lf	X	Demoliti	on							on-Exem			-friable	proce	edure			
Location of		Is locati	on normally tenance/cu	used sole	ly								R	R	E	E		
asbestos-containing material (acm) to be		staff(12		Stoulai	_	Description material (A		asbestos-containin	g		nount	SF or	m	e p	n	n		
abated in facility (13)		Yes	No	N/A		material (F	(CIVI)			LF		01-01-	O V	a	a	L		
0.10.100			10	IDE DIGITI	1.77	1011		1,001			e	1	4					
GARAGE BUILDING EXTERIOR	₩ <del>×</del>			IPE INSUI		IUN		1901	-		N N	붜	井	片				
BUILDING EXTERIOR	# <del></del>	#						250 s	-		N N	ዙ	井	片				
BUILDING EXTERIOR	Υ		#-	-	111	ansite sidin	lg_			3,500	sq II			片	H			
			#	#	╬								#	片	井			
Registered Waste Hauler		IN.II	DEP Hauler	ID#	Cubic	c Yards of W	aste	Name of Registe	ered L	andfill	_		-111		Ш			
D & S RESTORATION	I, INC.		506		40 y	/ds		TULLYTOW			CE R	ECOVE	RY					
City, State				Disposal				City, State			Ed.		10					
PATERSON, NJ 0750				10/15/		ignature		TULLYTOV	VN, F	'Α		I D. '						
Completed by (Print or Type BOGDAN JOLDZIC	*)	Title PRESII	DENT		1	-griature						Date 10/02	2/201	7				
ASB-41				for asbes	tos li	censure exe	mpte	d activities.				1 - 10/02	201					

Date of Notification (1)    1   0   /   1   0   /   1   7    Agencies Notified	1	CHRIST Street Addr City, State, Hoboke	(Pursuluilding Own OPHER . ess Zip Code n, NJ 070 ntact	ner/Operator (2	besto C 8:60	J s Abatement ) and 12:120)		-	OCT LIGEN	7 CON ISIN		DL &	The state of the s
<i>3</i> /			FAC	ILITY INFORM	ATION	1					I I I I		
Name of facility where abatement  Two Family Residential Build  Street Address		ace (3)					=	Subcl	(4) ol (K - 12) hapter 8 (O (Private/Co ./Homes, et	mme		-12)	
							_	Square Feet	# of Floors	S	BI	dg. Ag	ge
City (5)	Cou	nty (6)				nty Code (7) te use only)						-0	
Hoboken	Hu	dson			(Ota	ite use offiy)		Current Use (F	rior it being	g dem	iolisne	ea)	
Name of Monitoring Firm Hired by	Bldg. Own	er (8)		ASCM No.		Name of Abatem	ent C	ont actor (9)					
Street Address  City, State, Zip Code						D & S RESTO Street Address 20 California City, State, Zip Co	a Ave	ē					
Project Manager for Monitoring Firm	1	Ph	none Numb	er	_	Paterson, N. Telephone Numb 973-345-80	er	03	License 01	Numb			
Start Date (10)	ISched	d. Completion	on Date (1	1)	-	Name of OSHA	Monito	or					
10/13/17		***************************************				D & S Resto	ratio	n, Inc.					
Occupancy Status During Abatemer	11/1				_	Street Address							
Facility closed/vacated during Abatement performed outside Describe: NORMAL H	entire peri of normal	od of abate			_	20 California City, State, Zip Co Paterson, NJ	ode						
Scope of Work (check all that apply	()						ΠFι	ull Containment v	w/negative	press	ure		
$\square > \underline{3} \text{ sf or } > \underline{3} \text{ If}$	Renovation	n					⊠м	lini-∋nclosure	1.50				
≥ 160 sf or ≥260 lf	Demolitio	n						lovebag procedu on-Exempted (*)		riahle	nroce	dure	
Location of asbestos-containing material (acm) to be abated in facility (13)		n normally enance/cus				sbestos-containin		Amount (Specify S LF)		R e m o v	R e p a :	E n c a	E n c L
CARACE				DIDE DIGIT	T A 777	011		0010		e	Ė	р	
GARAGE BUILDING EXTERIOR		$\vdash \stackrel{\times}{\Rightarrow}$		PIPE INSU		ON		90 1 ft 250 sq ft			屵	븜	ዙ
BUILDING EXTERIOR			╂	transite sidi				3,500 sq ft			屵	井	H
DOIDDING BATERON			1-	transite sidii	iig			1.7,500 34 11		H	片	+	H
										Ħ	片	片	
Registered Waste Hauler		EP Hauler I	4-5500	ubic Yards of V	Vaste	Name of Registe							
D & S RESTORATION, INC.	135	06		10 yds		The second secon	N, R	ESOURCE RI	ECOVER	Y			
City, State PATERSON, NJ 07503			Disposal D 10/15/1			City, State TULLYTOW	VN F	PA					
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESID	ENT		Signature			- ', '		Date 10/10/2	2017			

Chr. 1266

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

Date of N 10/11/20	Notification (1):			uilding (	Owner/Operator (2)				F-3 F-6	TE	0 0	n F	7 F====		
Agencies	Type Notificati	on Stre	eet Addr	ess:	001				11) 5	E	1	<u> </u>			
Notified	□ Initial		edar Str	eet Zip Coo	1				173						
DÉPA □ DEP	☐ Amended Amendment#:		y, State, wark, N.		ie:				1111 00	7	7 20	)17			
E DOL	☐ Emergency	Nai	ne of Co	ontact:	NI.			Telepho	ne Number:				I Louise P		
ВДОН	(including justification)	Mr.	Benjan	nin Olag	adeyo			34	ASEEST	7007	VONT	והמי	<u>.</u> }		
₽ DCA	☐ Cancellation										SING		C)L		
					FACILITY INF	ORM.	ATION								
Name of	Facility Barringe	r High Sch	iool			Ty	pe of Facili	ty (4):							
90 Parker	Street						school (K-1		2.10						
City/ (5)		County (6):	<u> </u>	Cour	nty Code (7):			3 (Other than rivate & com	(-12) nercial buildings, h	omes	etc.)				
Newark		Essex		07104					E		oto.,				
							uare Feet:		# of Floo	ors:					
							lg. Age rrent Use :	Cabaal							
Name of	Monitoring Firm	Hired by I	Building	Owner:	ASCM No.:			tement Con	ractor (9):						
WHITM.	AN	357			00110			opment, I							
Street Ad							eet Addres		2.77						
17 Pleasa	ant Hill Road							2							
City State	e, Zip Code:						8 Broad								
						1	y, State, Z								
Cranbury Project M	y, NJ 08512				TTI I N	-	wark, N.	THE COLL STATE OF							
Kevin Lo	anager for Moni	toring Firm	:		Telephone No.: 732-390-5858	1 10000000	ephone No		License No.:						
Start Date		Cabad	alad Can			-	3) 350-010		01215						
10/27/17		11/03/	17		Date (11):	(0)/2/1/20		IA Monitor: ical Laborat							
1000-11-0000	Status During Aba Closed/vacated Dur		<del>.</del>		at .		eet Addres	s: h Street, Su	te 203						
☐ Abateme	nt Performed Outs	ide of Norma	al Facility	Hours	IL.	-	y, State, Zi	Total Common way of Common Com							
Describe:								ew York, 1	)018						
☐ Other Describe:															
	ork (Check all that	t apply):						100000000000000000000000000000000000000		-2.000	200 V 30				
$\square \ge 3$ sf or	$r \ge 3$ If for $\ge 260$ If			□-Reno	vation	☐ Full Containment with Negative Pressu ☐ Mini Enclosure									
□≥ 160 sf	for $\geq 260$ lf			□ Dem		☐ Glovebag Procedure									
		I	s Locat	ion		S-Non-E xempted (*) and Non-Friable Procedure Abatement									
100 000 000	Location of		Normal		Asbestos Con	escript	ion of	I (ACM)			Ty	ype	7.5		
Asbestos-6	Containing Mate (ACM)		ed Sole aintena		(i.e., therma	al syste	ems insul	ation,		-		(II)	ш		
ТО	BE ABATED		Custodi	al/			VAT, or		Amount	\en	Re	nca	ncl		
I	N Facility		Staff?		other	misce	llaneous)		(Specify SF or LF)	Removal	Repair	Encapsulat	Enclosure		
	(13)	Yes	No No	N/A		SI OI EI')									
BASEM	ENT MUS	X		FLOOR TILE	AND	MASTIC	1	400 SF	*			*			
ROOM					120011122				400 51						
			-						-	-					
			-							-					
N CD				NIDE	D.W. at Harland	<b>\</b>	T 0 1: 1	, ,	-						
	Registered Waste YRNE TRUCKI			19551	P Waste Hauler ID	No.:	Cubic Y of Wast		Name of Regis MINERVA	stered		l: Erpri	SES		
City Ct			T						ASSOC, INC.						
City, State Bronx, NY			Dispo	sal Date	<b>:</b> :		City, Sta	ate: burg, OH 4	688						
Completed	By:		1	Title:		Signa		ourg, OH 4	Date:						
	Oraegbunam			Presid	ent	4411	34/60	V4	10/11/201	17					
						y									

#### PAID

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

CL# 3279

Date of Notification (1)				Nam	e of Buildin	g Owner/Operator	(2)							
	17					mmunications	(2)	in, E.C.				- (		
Agencies Notified Type Notifi	ication	Jieb -		Stree	et Address			1177						
⊠ EPA ⊠ Initial				Co	ounty Ave	& Secaucus Ro	ad	III not	1	201	)17			
☑ DOLWD ☐ Amend					State, Zip (			1111		(4)	) [ [			
DOH Amenda	octor reservations to		-		caucus, I			1						
DCA Emerge (NJAC 5:23-8) ustifica		cludin	g		e of Contac	attacker and a second		I TO AS LUMBER	350		FI	1 0		
Cancell	98				ex Baylor	-		Telephone Num	ber	in.				
	-			1	•			-						
Name of Facility Where Abatement is	Taking	Diaco	- /2\	FA	CILITY IN	NFORMATION	T=							
Verizon Secaucus Central Off		Place	≘ (ა)				Type of Facility							
Street Address	ice						School (K-1	2) 8 (Other than K-12	v.					
							Other (i.e., p	rivate and commercial buildings.						
County Ave & Secaucus Road	<u> </u>						homes, etc.	)			9-1			
City (5)							Square Feet	# of Floors	В	ldg. A	ge			
Secaucus							+-10,000	1		+-50				
County (6)				Cou	nty Code (7	()(STATE USE ONLY)	Current Use (Pr	rior if being demolis	hed)					
Hudson							Verizon Co	mmunications						
Name of Monitoring Firm Hired by Bui	lding O	wner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)							
TTI Environmental							VIRONMENTA							
Street Address						Street Address			20001					
1253 North Church Street						1123 BEAVER	RSTREET							
City, State, Zip Code	C PER COLUMN													
Moorestown, NJ 08057	only, state, zip sode													
Project Manager for Monitoring Firm			Tele	phone	No		19007	I the same Ma						
Harold Baldwin					No. 2-6742	Telephone No.		License No.						
	Cahadu	1-4 0				215-788-6040		00509						
10 /26 /17	Schedu 11				17	Name of OSHA M BRISTOL ENV	onitor /IRONMENTA	L, INC						
Occupancy Status During Abatement	(Check	only o	one)							_				
☐ Facility Closed/Vacated During Ent				ment		Street Address 1123 BEAVER	STREET							
Abatement Performed Outside of N	lormal F	acility	y Hour	s - Des	cribe	City, State, Zip Co								
Time of Abatement:AM	PM	<u>/5:00</u>	PM-2:	00AM		BRISTOL, PA								
Scope of Work (Check all that apply)						(5-4) (5-4)								
≥3 sf or ≥3 If	D	⊠ Re	novati	on			ainment with Neg	gative Pressure						
≥160 sf or ≥260 lf	į		molitic			☐ Glovebag								
5-17						☐ Non-Exer	npted (*) and No	n-Friable Procedure	9					
			Locat			14			Ab	atem	ent T	уре		
Location of Asbestos-Containing Material (ACN	1)		lormal d Sole			Description of			R	æ	Ш	m		
TO BE ABATED	n)		intena			tos Containing Mat , thermal systems in		Amount	em	Repair	nca	nclo		
IN Facility		Cust	odial S	Staff?	(1.0.	surfacing, VAT,	or	(Specify SF or LF)	Removal	=-	psu	Enclosure		
(13)			(12)			other miscellaneo		,	-		Encapsulate	ē		
1st Floor Hallway		Yes	No	N/A	Vat / Ma	etic		2000	<b>N</b>					
1st Floor Office/Breakroom	1				Vat / Ma			600SF 2000 SF			П			
Office B680	- 1	=			TOTAL CONTRACTOR CONTRACTOR				-					
Office Bood	l	_			Vat / Mas	stic		200 SF						
Name of Registered Waste Hauler					V+-	01: 1/ 1 /			Ш	Ш	Ц	Ш		
SERVICE TRANSPORT GROUP	INC.		76,550	JDEP V auler ID		Cubic Yards of Waste	Name of Regist							
	, INC.		100000000000000000000000000000000000000	20990	11.000.000		MINERVAL	ANDFILL				1		
City, State						Disposal Date	City, State			Vi unita				
NEW CASTLE, DE						TBD	WAYNESBI	URG, OH						
Completed By (Print or Type)					Signature	Λ 21	/o Date	9		-51				
Dillan DeCaro	Est	imat	or			Della	u Dec'a	w/m	10	-//	-1	7		