### State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-14								
Date of Notification (1) October 16, 2	014		Name of Building Owner/Opera RUTGERS, THE STATE		TY OF	NJ		
Agencies Notified  DEPA 2914 CCT 20 AR	Notification	Type Notification ed Notification #1	Street Address ENVIRONMENTAL HEA 27 ROAD 1, BLDG 4086	LTH & SAF	ETY DI	EPT.		
IXI DOI	New Start	& Completion Dates	City, State, Zip Code					
DEP- No LÓNGO REDURREDE U DOH & LICENSI	Emerg	ency (including	PISCATAWAY, NJ 0885 Name of Contact		hone Nu	mher		
E DOIT & C. LIOCAGO	☐ Cance	lled	MICHAEL SMITH, ENV.					
		510W (T) ( III	HEALTH & SAFETY					
Name of Facility Where Abatement is T	oking Place (2)	FACILITY IN	FORMATION Type of Facility (4)			-		
BLUMENTHAL HALL, BLDG			☐ School (K-12)					
Street Address			Subchapter 8 (other than K-					1
NEWARK CAMPUS			Sq. Feet: N/A # of FI	cial buildings, ho oors: 4 Bldg.			rs	
City (5) County	(6)	County Code (7)	1			•		
	SSEX	(State Use Only)	Current Use (prior if being dem	olished): ACA	ADEMIC			
Name of Monitoring Firm Hired by Bldg	. Owner (8)	ASCM No.	Name of Contractor (9)				II.	
Cardno ATC		0098	GREENWOOD ABATEME	ENT CONSU	LTANT	S, INC.		
Street Address 3 TERRI LANE			Street Address					
3 ILIKI LAKE		5)	268 MAIN STREET					
City, State, Zip Code BURLINGTON, NJ 08016			City State, ZipCode BUTLER, NJ 07405					
Project Manager for Monitoring Firm	Telephone I	Number	Telephone Number	Licen	se Numbe	er		
BRIAN KEARNY	609-386		973-492-0477	0084	40			
Scheduled Start Date (10)		Completion Date (11)	Name of OSHA Monitor					
10/24/14	10/27/14	5	ENVIROVISION, INC.					
Occupancy Status During Abatemen			Street Address					
☐ Facility Closed/Vacated During Er☐ Abatement Performed Outside of			20-21 WARGARAW ROA	VD				
Describe  ⊠Other – Describe: Shift Hours	. 5:00 DM	5-00 AM	City, State, Zip Code					
Mother - Describe, Shift Hours	(24 hours a		FAIRLAWN, NJ					
Scope of Work (Check all that apply)			П - Б	Containment v	with Nega	tive Pres	SUITA	
≥ 3 sf or ≥ 3 lf		Renovation		i-Enclosure	vitii ivoga	ave i rec	Suic	
≥ 160 sf or ≥ 260		■ Demolition		ovebag Proced				
		# 15 1 E		Exempted (*) a  Amount		ent Type		re
	Location Norma olely by Maint./C		sbestos Containing Material mal systems insulation, surfacing,	(Specify SF				
S	aff? (12) ES NO	NA VAT, or other mi		or LF)	Remove	Repair E	ncap E	<u>-nclose</u>
Room 102L	IX	VAT		300 SF	X	T		
-						+		
						+		
Name of Reg. Waste Hauler	0.01	ste Hauler ID #	Cubic Yards of Waste: 10 C	Y Name	e of Regis	tered Lar	ndfill	:11
See Hauler Below #1 & 2	See Belov	XX-1			.O.W.S.			.11
Hauler #1) Greenwood Abatement Co Hauler #2) S TG – P.O. 2132, Bristol, NJ DEP # 20990			10/	005al Date 127/14	i	City, State 100 New Rd. Morr 19067 215-736-	Ford N sville,	
Completed by (Print or Type)	<u>Title</u>		Signature	Date		- 40 0	044	
RAYMOND C. PEDALINO	SENIOR F MANAGE		Raymand C. Pedali	ino	Octobe	er 16, 2	U14	

### State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-14 Date of Notification (1) (1) RE CEIVED October 6, 2014 ED Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address 2014 CCT 20 DEPA ▼ Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. ☐ DCA Amended Notification # 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS ☑ DOL ☑ DEP- No Longer RECURRED S UN Justificatio City, State, Zip Code □ Emergency (including UN Justification) PISCATAWAY, NJ 08854 Name of Contact Telephone Number MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) **BLUMENTHAL HALL, BLDG# 7493** ☐ School (K-12) ■ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) **NEWARK CAMPUS** Sq. Feet: N/A # of Floors: 4 Bldg. Age: 80+ years City (5) County (6) County Code (7) NEWARK **ESSEX** (State Use Only) Current Use (prior if being demolished): ACADEMIC Name of Monitoring Firm Hired by Blog. Owner (8) ASCM No. Name of Contractor (9) Cardno ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 268 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10/17/14 10/20/14 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD ☐ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe ☑Other - Describe: Shift Hours: 5:00 PM - 5:00 AM (24 hours as needed) FAIRLAWN, NJ Scope of Work (Check all that apply) ■ Full Containment with Negative Pressure  $2 \le 3 \text{ sf or } \ge 3 \text{ lf}$ **X**Renovation Mini-Enclosure ≥ 160 sf or ≥ 260 Demolition Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) (ACM) (i.e. thermal systems insulation, surfacing, Solely by Maint./Custodial (Specify SF Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) or LF) YES NO NA Room 102L X VAT 300 SF X NJDEP Waste Hauler ID # Name of Reg. Waste Hauler Name of Registered Landfill Cubic Yards of Waste: 10 CY See Hauler Below #1 & 2 G.R.O.W.S. North Landfill See Below Disposal Date Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405, City, State 100 New Ford Mill 10/20/14 Rd. Morrisville, Pa Hauler #2) STG - P.O. 2132, Bristol, Pa 19007, & 58 Pyles Lane, New Castle, De 19720 NJ DEP# 20990 19067 215-736-1700 Completed by (Print or Type) Signature Date RAYMOND C. PEDALINO SENIOR PROJECT October 6, 2014 Raymand C. Pedalino MANAGER

State of New Jersey

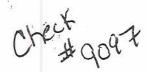
Check # [( 42 ()

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

| Name of Building Owner/Operator (2)

Date of Notification	(1)		Name of Build	ing Own	er/Operator							
10-6-14			Florence	Lur	insky		RECEN	1E	D			
Agencies Notified	Type Notifica	ation	Street Addres	s		1700					10	
[ ]EPA	[X]Initial	ation	231 Grov			2814	1 0CT 20 #	H 3	3: 0	t,		
[ ]DEP		acton	City, State,									
[X]DOL	[ ]Amended Notific	ation	Montclai		,07042	4.57	ESTOS E	ONI	RO	1		
[X]DOH	[ ]EMERGENC		Name of Conta			Telepho	PART I					
[ ]DCA	[ ]Cancella		Florence	e Lur:	ınsky			رن				200
				TY INFO	RMATION							
Name of Facility Whe		is Taki	ng Place (3)			Type of Facil	ity (4)					
Same as above						[ ]School						
Street Addres						[X]Other	oter 8 (Othe (i.e., priva ouildings, h	te &	CO	mmer		
						Square Feet	# of Floo		-	ig.	100	
City (5		County	(6) Essex	County	Code (7)	1650	3	LS		19. 2	ige	
		_			USE ONLY)	Current Use		ing	_		hed)	)
Name of Maniharina T	11 1 i 1 h	Desi 1 di a	- ACOM No	hve	as of Abata	ment Contracto	× (0)	1				
Name of Monitoring F Owner (8) N/A	irm nired by	Bullain	ng ASCM No.			MANAGEMENT						
Street Address					reet Addres 36 Chris	s stopher St						
City, State, Zip Cod	le			Ci	ty, State,	Zip Code						
				l l	Montclai	r, NJ 070	42					
Project Manager for	Monitoring Fi	100	lephone Number	1.6	lephone Num		L	icen			er	
		IN,	/A		(973) 744	-8800		00:	٥ <i>١</i> .			
Scheduled Start Date	(10) Sche		letion Date (1		me of OSHA	Monitor						
10-21-14 Month Day Yo	ear Mo	10-22	Z-14 Dav Year	N,	A							
Occupancy Status Dur [X] Facility Close of Abatement	ing Abatement sed/Vacated D	(Check	only one)	St	reet Addres	s		П		<del>()):-::-:-</del>	517	
[ ]Abatement Per		de of No	ormal Facility	Ci	ty, State,	Zip Code				_		
Hours - Desc: [ ]other - Desc:	ribe:«OffHour ribe:«Other O		-			•						
Scope of Work (Check	all that app	oly)						+-				
[X]>3 sf or [ ]>160 sf o			[X]Renovation []Demolition		[ ]Mini- [X]Glove	Containment wi Enclosure bag Procedure Triable Procedu		Pre	ssu	re		
		Π.	Is						Abat	teme		
Location Asbestos-Con			Location Normally	7.	Descriptionsbestos-Con		Amount		R	R	E	E
Material			Used Solely		Material (	(4) Sugar (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Specify	.	E M	E	C	C
TO BE AB			By Main- tenance/		e., thermal	7. T. S.	SF or		0	P A	PS	0
In Facil (13)	.1ty	C	custodial taff (12)		other misce	acing, VAT, llaneous)	LF)		A	I R	ŭ	UR
Pagament		Yes	No N/A	Dina	T1-4		115 lf		K		<u>.                                    </u>	E
Basement			A	Pipe	Insulat	.1011	112 11	- 1				
Name of Registered W		C. E	JDEP Waste auler ID No.		Yards ste 1.5	Name of Regi		fill			N. 1	
City, State			.,010	Dispos	sal Date	City, State			_			
Montclair, NJ	07042			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	23-14	Morrisvi	lle, PA	19	06	7		
Completed By (Print	or Type) Tit	tle		l.	Signature			Da	te	-		
Constantine V	ivian Pr	reside	ent		C.L.	1Ulan		10	)-6-	14		

#### RECEIVED



Date of Notification (1)	121	Name of	Building Owner/C	operator (2	2)	1				
2014 OCT 20/ CP S. 678	-17.	-	<u> </u>	49-4-	Moya	. b	7/	4 1	4	
Agencies Notified Type Notification		Street A	133	So	auth	Delse	ع آ	DRI	υc	<u>,</u>
DOL Amendment	# %	City, Sta	ite, Zip Code	ssb	oro 1	O ZV	80 Z	g		
☐ Emergency (	including	Name of	Contact			Telephone N				
DOH justification DCA Cancellation		, , , , , , , , , , , , , , ,	Sar	n Pa	atel	, cicpiione		1 1	<b>^</b> .	
		FACI	LITY INFORMATI							
Name of Facility Where Abatement is Taking		4			Type of Facility (	4)		18.0	:	
Moyal Ir	<u> </u>				☐ School (K-1	2) 8 (Other than K	12)			
Street Address 133 South	Dels	ea I	) Rive	.   7	Other (i.e. p			dings,	home	25,
City (5) Glessboro	20	* 0	8028		Square Feet	# of Floors	E	ildg. A	ge	
County (6) Glouceste	~	County (	Code (7) USE ONLY)	_ [	Car 1		ished) OUC	ah	ລາເ	 î
Name of Monitoring Firm Hired by Building	Owner (8)	ASCN	No.	Name of	f Abatement Cor	tractor (9)	2			3
EPC lechnole	Sies		MA	P		chaole	gie:	Š.,	In	16
Ro. Box 3	37			Street A	0. Box	337	•			
City, State, Zip Code	NZ	80	533	Ne	ite, Zip Code		50	85	13	3
Project Manager for Monitorial gui irm	<b>L</b> .		758-3365	609 7	ne No. 376	5 License	No.	39	4	Ν.
Start Date (10)	Scheduled Co	mpletion I			FOSHA Monitor	haologie	S T	00	•	
Occupancy Status During Abatement (Chec				Street A	ddress	7:0		-		
Facility Closed/Vacated During Entire F		ment			O. BOX	337				
☐ Abatement Performed Outside of Norm ☐ Other – Describe:					ite, Zip Code		a !			
				TAGE	U Egypt	M	08	33	3_	
Scope of Work (Check All That Apply)				_	Full Container	t	D	_		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	☐ Renov Demol			(000	Mini-Enclosure Glovebag Prod					
	T		r	_~	Non-Exempled	(-) and Not-Fit	able Pio	Abate		
	Is Loca Norma							Ту	100	
Location of Asbestos-Containing Material (ACM)	Used Sol	ely by	Asbestos Cont	scription o taining Ma	ESS and a second	Amount			т	
TO BE ABATED	Mainten: *Custodial		(i.e. thermal			(Specify	Rer	20	Encapsulate	Enclosure
in Facility (13)	(12)	Statement and a 18		cing, VAT, niscellane		SF or LF)	Remova	Repair	bsul	uso
. (.5)	Yes No	N/A			(3)		1 2		ate	70
	1	×	0	mal	041	3005	FX			
Carport overbang		+	Roofing	) II ACI	tental	0003	120			
	<del>                                     </del>	+		,						
	<del>                                     </del>	+								
Name of Registered Waste Hauler		NJDEP W			Name of	Registered Land	Hill	11		_
EPC Technologies		Hauler ID	00	4		e Manago	enen	406	: 8	A
City, State	NJ.		10-	Sal Date	City, State	isville	PA			
Completed by	Title	N 4	S	ignature	35.0		Date'	117	1	Ü
Steve John her	Presio	Kn F		New	e de	M	10	111	11	L

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

### RECEIVE GHECK # 1086

Date of Notification (1) 10/16/2014	10/16/2014					wner/O	perator ark Bui	(2) ilders,	LLC. 2314	00	T 20	AH	3:	07	-	5
Agencies Notified	Type Notification		113353	treet Ac					<b>A</b> \$7	ES	Tesi	nn)	ITI	301		
EPA DEP DOL	Initial Amended Amendment				te, Zip Cod anover,		7936			& L	TOS	SIF	iĠ	IOL		
➤ DOH DCA	Emergency (i justification) Cancellation	ncluding	100000		Contact Bright		i.	27		Tele	ephone N	lumb	er			
Name of Facility Where		Place (3)		FACIL	LITY INFO	RMATI	ON	Туре	of Facility (4)	)	- 339			1/2		
Private Residence Street Address 9 Woodlawn Dr.		<del></del>		·				×	School (K-12 Subchapter 8 Other (i.e. pri	(Othe			build	ings,	home	es,
City (5) Chatham				8	e e e e e e e e e e e e e e e e e e e				etc.) re Feet 0 +	# of	Floors		100	dg. A	ge	
County (6) Morris		<del></del>			Code (7) ISE ONLY)			Curre	nt Use (Prior	if bei	ng demo	lished	1)			
Name of Monitoring Fir	m Hired by Building (	Owner (8)		ASCM	No.		100000000000000000000000000000000000000		tement Contro							
Street Address								Addres	ss sant Valle	y Wa	ay	T				
City, State, Zip Code									ip Code nge, NJ 07	7052		T				
Project Manager for Mo	roject Manager for Monitoring Firm				ne No.		Teleph	none N 333-9	0.		License 01232			#1		
Start Date (10) 10/25/2014					Date (11)				HA Monitor on Consult	tants	Inc.	Ť				
Occupancy Status Duri							101000000000	Addres	ss garaw Rd.	- Blo	dg.35E					
Facility Closed/Va Abatement Perfor Other – Describe:	cated During Entire F med Outside of Norm	al Facility H	Hours	ent		_			ip Code , NJ 0741	0		T				
Scope of Work (Check	All That Apply)				-				, , , , , , , , , , , , , , , , , , , ,				1			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novat molitio				3	Mir Glo	I Containment ni-Enclosure ovebag Proce n-Exempted	edure					9	
		Is L	ocatio	on				1100	II-Exempled	( ) an	0 14011-11	Table		Abate		t
Locati Asbestos-Containir <u>TO BE A</u> In Fai (13	ng Material (ACM) BATED cility	Used Main Custo	Solely tenan dial S (12)	y by ce/		tos Cont thermal surfa		Material is insula AT, or		(\$	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
Around	Around House Yes				Asb	estos	Siding	Shin	gles	1,6	600 SF		X			
										<del>,,</del> ,,	X. 421-12 11 22-					
Name of Registered W	aste Hauler	-	N.	JDEP W	/aste	Cubic	Yards		Name of R	Registe	ered Lan	dfill				0.005-071110
Unicorn Contracting Corp.				auler ID 35844		of Wa 5	ste		G.R.O.V							
City, State West Orange, New Jersey					5	Dispo	sal Date	)	City, State Morrisvil		ennsyl	vani	— а			
Completed by Blagica Nikolova	est Orange, New Jersey ompleted by Title			#4		5	Signatur	R	Virol			Date 10/		2014		-

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

CHECK # 1085

								PE	VE	11/	,	•				
Date of Notification (1) 10/15/2014		****			Building O A. Koskir		perator	(2)			CE					
Agencies Notified	Type Notification	1		Street Ad 107 Sp	dress oring Stre	et			a	14 CC	T 20	AM	3:	Co		
EPA DEP DOL	Initial Amended Amendmen	nt#			te, Zip Cod			ŧ	2.2	ΞES	TOS	CON	lTi	?OL		
ĭ DOH	Emergency justification Cancellation	)		Name of	Contact A. Koskir					Tale	ACEN	Jumb	P			
DCA .	Caricellatio	11			ITY INFO		ON			J	. 004 0					
Name of Facility Where Saddle River Refo		ng Place (3)	)	PACI	LITT INCOM	NIATI	OIN	Тур	e of Facility (			T				
Street Address 500 East Saddle R	River Road								Subchapter Other (i.e. p	8 (Othe			ouild	ings,	home	95,
City (5) Upper Saddle Rive	er							100000000000000000000000000000000000000	etc.) uare Feet 900 +	# of	Floors	T		dg. A	ge	
County (6) Bergen	71			County C	Code (7)	V2507. S 1275.00		. 4	rent Use (Pri		ng demo	lished				
Name of Monitoring Firm		Owner (8)		ASCM					batement Cor							
Detail Associates,	Inc.								Contracting	g Corp	). 	<u> </u>				
Street Address 300 Grand Ave							Street 1087		easant Vall	ey Wa	ıy			~~	33200	
City, State, Zip Code Englewood, NJ 07	7631								Zip Code ange, NJ (	07052						
Project Manager for Mo Anthony Valentine			Telephor 201-56	ne No. 9-6708		Teleph 973-		No. -9176		License 01232						
Start Date (10) 11/06/2014	/ Valentine (10) Scheduled (			pletion [	Date (11)				SHA Monitor	Itants	Inc.	Т				
Occupancy Status Durin	ng Abatement (Che	eck Only On	e)				Street	Addı	ress			+-				
Facility Closed/Vac Abatement Perform									agaraw Ro Zip Code	i Blo	lg.35E					
Other – Describe:						_	2500		n, NJ 074	10						
Scope of Work (Check /	All That Apply)	18-70					2	_								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Tax Contract	enova emoliti				2		Full Containm Mini-Enclosure Blovebag Pro Non-Exempte	e cedure					ο.	
		Is	Locati	on		0			torr Exemple	4 ( ) 411	4 14011 11	Iddic		Abate	emen	t
Locatio			lormall d Sole				scription				7 0		eame	Ту	pe	
Asbestos-Containing TO BE AB In Fac (13)	BATED	Mai	ntenar odial S (12) No	nce/	(i.e. t	hermal surfac		is insi AT, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
Cafete	aria	165	INO				VAT			60	00 SF	2	,	_		-
Oalett	eria .			X			٧٨١				JO 31					
					-											
Name of Registered Wa	ste Hauler		400000	JDEP W	Control of the Contro		Yards		Name of	Registe	red Land	ifill				-
Unicorn Contracting	od ( oro			auler ID 035844		of Was		grane e e e e e e e e e e e e e e e e e e	G.R.O.		Inc.		P			
City, State Freehold, New Jers	sey					Dispos TBD	sal Date	9	City, Stat Morrisv		ennsylv	/ania	ì			
Completed by Blagica Nikolova		Title Presi	Title President			S	Signatya	3	NIKO	luu	, \	Date 10/1		014		

OR# 1485 RECEIVED

Date of Notification (1) 10/15/	14				of Buildir	ng Owner/Operator utions	r (2) 2514 (	OCT 20 AM	3: i	1		
Agencies Notified	Type Notification	n	696.7		Address		ASBE	STES COM	DO			
DEP DOL	Amended Amendment Emergency			10.00	state, Zip tville, N		- E	LICERSING	i	-		
DOH DCA	justification  Cancellation	)	1		e of Con Perron	tact		Telephone Num	ber	1,		
			=	FAC	ILITY IN	FORMATION			_			
Name of Facility Where Abilities Solutions	Abatement is Tak	ing Place	(3)				Type of Facilit	12)				
Street Address 1208 Delsea Drive								8 (Other than K-1 private 8 commerc		dings	ı	
City (s) Westville, NJ 08093	3						Square Feet 20,000	# of Floors		ldg. 0 yrs		
County (6) Camden				Cour	nty Code ONLY)	7) (STATE	Current Use (F Training Cer	Prior if being demol nter	ished)			
Name of Monitoring Firm	n Hired by Buildin	g Owner	AS	SCM I	No.	Name of Abater AEi2, LLC	ment Contractor (	9)				
Street Address						Street Address 300 S. Lenola						
-City, State, Zip Code						City, State, Zi Maple Shade						
Project Manager for M	Monitoring Firm		Teleph	none N	No.	Telephone No. 609-481-212	22	License No. 00689				
Start Date (10) 10/25/14		eduled Co 26/14	ompletio	n Dat	te (11)	Name of OSHA AEi2, LLC	Monitor					
Occupancy Status Durin				mont.		Street Address 300 Lenola						2
Abatement Performe Other - Describe:				Hent		City, State, Zip ( Maple Shade	Code					
Scope of Work (Check a	all that apply)							legative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Ren	novation nolition	1		Mini-Er	nclosure ag Procedure	Non-Friable Proces	iure			
		24177.075	ocation			THE PARTY OF THE P	kempted ( ) dird (	Ton Finable Finable		Abate Ty		
Location Asbestos-Containing M TO BE ABA IN Facility (13)	Material (ACM) TED	Maint Cu: S	Solely to tenance stodial taff? (12)			Description of tos Containing Ma , thermal systems surfacing, VAT other miscellane	terial (ACM) insulation, , or	Amount (Specify SF or LF)	R e m o v	R e p a	E n c a P s u 1	E n c l o s u r
First Floor Bathroom		Yes		N/A	Floor T	ile & Mastic		300 sf	1	] r	a t	ė
First Floor Baumoom	18	+	X		F1001 1	THE & IVIASHC		300 81	X	-	-	-
			$\exists$									
- Name-of-Registered Wa	ste-Hauler		1-0:15	DEP V	Vaste	Cubic Yards	-I -Name of Rec	istered-Landfill				_
AEi2, LLC	Ste Fidule		Hau	ıler ID		of Waste	TBD					
City, State Maple Shade, NJ	-1213	376		Disposal Date TBD	City, State TBD	1						
Completed By		tle				Signature	h/.	Date	1,			
Wm. Minnick		Program	Mgr.			Mm	mna	10/15/	14			

& Emergency &

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

e of Notification (1)	ncy X		Name	of Buildi	ng Owner/C	perator (2 Home	2) -	Prop. 4	- ^ P	~ 1 4 / 2000 /				
/17/14	Type Notification			Address				- IXE	VI	YEL	J			
encies Notified			411 1	Drexel	Av.			0011.00	) T 0	2 224 0				1
EPA DEP	Initial Amended Amendment #		City, S Ship	State, Zij Bottor	o Code n NJ 080	08				) AM 3	20000		_	-
DOL	Emergency (inclu justification)	ding	Name	of Cont	tact			年200千		one Numbe		_		
DCA	Cancellation				INFORMAT	TION			LIC	ENSING				+
me of Facility Wher rank Candio Priv	e Abatement is Taking Pla vate Home	ace (3)		CILIT	III Ortina		-	ol (K-12)	Other 1	han K-12) ommercial t	wildings	: hon	nes.	
reet Address 11 Drexel Av.							Othe etc.) Square Fe		# of F		Bldg.			-
ty (5)							1000+		1.5		35+			
hip Bottom NJ (ounty (6)	08008		Cour	nty Code	(7) ONLY)		Current U	se (Prior i	if being	demolished	i) 			
)cean	Firm Hired by Building Ow	ner (8)		SCM No	).	Name	of Abatem	ent Contra	actor (9	9)				
N/A street Address						Stree	t Address Box 329							
						City.	State, Zip C	Code						
City, State, Zip Code						We	st Berlin I	NJ 0809	11	License No				_
Project Manager for	Monitoring Firm		Tel	ephone	No.	856	phone No. 3-753-980			00727				
Start Date (10)		Scheduled 10/24/14	Comple	etion Da	te (11)	100	ne of OSHA me	Monitor						
10/20/14						Stre	et Address			12:00:00				
	Ouring Abatement (Check Wacated During Entire Performed Outside of Normalibe:	eriod of Ab	atemer	nt		City	, State, Zip	Code						
Scope of Work (Ch  ≥3 sf or ≥3 lf  ≥160 sf or ≥26	eck All That Apply)		enovatio emolitio			7	Mini-	-Enclosure	8	n Negative F			·	
							Non	-Exempto	4 7		Τ.	ADate	mein	
Asbestos-Con TO	ocation of taining Material (ACM) BE ABATED n Facility (13)	Use Mai	Locatio lormally d Solely intenan odial Si (12)	y by ce/	(i.e. th	ermal sys	otion of ng Material tems insula , VAT, or ellaneous)	(ACM) tion,		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Liciosaro
	NESS AS	Yes	No	N/A		Extorio	r Siding		1	200 SF	x			T
Ext	erior Siding			X		N. 1977 (2000)	r Tile			700 SF	x			I
Th	rough out			X		- 100	1110		1					1
		-	-	-										
			I	JDEP V	Vaste	Cubic Ya		Contraction of the		stered Land	Ifill			
Name of Register United Contai	red Waste Hauler ners		H	lauler II 2459	No.	of Waste		G.R.C	27.	S				
City, State						Disposa 10/24/	14	City, S Morri	sville	PA 1906	7 Date			_
Elm NJ				VALUE OF STREET		0:-	nature					/14		

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Interior Exterior Exterior Exterior  Exterior Name of Registered Waste Hauler Guardian Contracting, Inc. City, State Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola	X X X NJDEP Waste 20	Disposal 11/10/	Date 40	Yards of Wa	T.R.R.F.	6 istered Landfill	X Date 10/	15/20	14	
Exterior Exterior Exterior Name of Registered Waste Hauler Guardian Contracting, Inc. City, State Toms River, New Jersey	X X NJDEP Waste	0223 Disposal 11/10/	Door caulk O No.   Cubic \ 40 I Date 14	Yards of Wa	T.R.R.F.	6 istered Landfill				
Exterior Exterior Exterior Name of Registered Waste Hauler Guardian Contracting, Inc.	X X NJDEP Waste	)223	Door caulk No. Cubic 40	Yards of Wa	T.R.R.F.	6 istered Landfill	X			
Exterior Exterior Exterior Name of Registered Waste Hauler	X X NJDEP Waste		Door caulk			6 istered Landfill	Х			
Exterior Exterior	X			Valle		6	X			
Exterior			Windows &		Company of the Control of the Contro	The second secon	_	+	1	1
				caulk		23	X			
Interior	37		Roof flashin	g		3000 sf	X			
	X		VAT & mast	tic		16,900sf	X			
Location of Asbestos-Containing Material (ACM)  TO BE ABATED in facility (13)	ed stodial	(i.	Descripti sbestos-Co Material ( e., therma sulation, s VAT, ther misce	ontaining ACM) I systems urfacing, or	□mount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E	
Scope of Work (Check all that apply) $ \begin{bmatrix}         ] >3 \text{ sf or } \ge 3 \text{ if} \\         [x] \ge 160 \text{ sf or } \ge 260 \text{ lf} $	5 5	Renovation Demolition		[ x [ [	Mini-Enclosure Glovebag Proce		Procedu			
Occupancy Status During Abatement (Check of Facility Closed/Vacated [ ] Abatement Performed ( ] Other – Describe			Street A City, Sta	1056 ate, Zip Code Piscar	Stelton Road taway, New Jerse		54			
Scheduled Start Date (10) 10/20/14	Scheduled Co 11/7/14		Date (11)	Name of	FOSHA Monitor E.M.S	S.L. Analytical				
Project Manager for Monitoring Firm Kevin Burns	Telephone Nu 732-676-1	725		732-34	9-9932	00624				
City, State, Zip Code Middletown, NJ 07		1			Toms ne Number	River, New Jerse		55-12	71	
11 Tindall Road				City. Sta	te, Zip Code	Route 9, Unit 61				SENSE I
T & M Associates				Street Ac	idress	ian Contracting, I	uic.		-	
Name of Monitoring Firm Hired by Building	Owner (8)	AS	CM No.	Name of	Abatement Contracto	r (9)				
City  Atlantic City	County (6) Atlantic		unty Code (7) TATE USE ONL	Y)	Square feet 17,000 sf Current Use (Prior	# of Floors 1 if being demolished) by Unemployment	Bldg.	70	) .	
treet Address 1433 Bacharach Bl	vd.				[x]	Other (i.e., private homes, etc.)	& comi	mercia	buildir	ngs,
Jame of Facility Where Abatement is Taking P Former Unemployn	nent Office	200 200 to 200 200 1 color-10				School (k-12) Subchapter 8 (other	r than k	-12)		
	military production and the second	FACILI'	TY INFORM	ATION	Type of Facility (4)					-
] DCA [ ] Cancel	lation		Steve	Caputo						
X DOL Amend X DOH X Emerge	ment # ency (including		ry, State, Zip Cod	Bridge	ton, NJ 08302 &	STOS CONTE	01_			
A J LAIL	on Notification ed Notification				hansey Street	DET 20 AM 3:	13			
			eet Address	Gatewa		ction Partnership		34	0 1	
cate of Notification (1)  October 15, 2014  Gencies Notified  Type of Notification  Type of Notification  Type of Notification  Type of Notification		II.		wner/Opera		m - 11/200	P 3	C. 1	100	

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

ch# 2540\$

Date of Notification (1) October 15, 20	14	Name of Building			CEIVED	)		<u> </u>	- mi
	ation al Notification ended Notification	Street Address		iffordtown Lane		12			
[x] DOL Ame	ndment # rgency (including	City, State, Zip Co	ode Tucke		S CONTRO	DL.			2
I DCA	fication) cellation	Name of Contact Jim N	/liller	Te	elephone Number				
		CILITY INFORM	MATION						
Name of Facility Where Abatement is Taking Residence	g Place (3)			Type of Facility (4)	School (k-12)	a a sa tha a	L 12)		
Street Address 6 West Schuykill	Drive			[x]	Subchapter 8 (oth Other (i.e., privat homes, etc.)		200	al build	lings,
City	County (6)	County Code (7) (STATE USE ONL	.Y)	Square feet 1500 sf	# of Floors	8	. Age	50	
Little Egg Harbor	Ocean			Current Use (Prior if Residen					
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASCM No.	Name of	Abatement Contractor (		Inc			
Street Address			Street Ac	idress	oute 9, Unit 61	11101			
City, State, Zip Code			City, Sta	te, Zip Code					
Project Manager for Monitoring Firm	Telephone Number	г	II .	Toms R ne Number 9-9932	License N 00624		55-1	271	
Scheduled Start Date (10) 10/16/14	etion Date (11)		OSHA Monitor	. Analytical					
	only one)  d During Entire Period of Ab Outside of Normal Facility I		Street Ad	ddress 1056 St te, Zip Code	elton Road				
					vay, New Jerse		54		
Scope of Work (Check all that apply)  [ ] >3 sf or ≥3 lf	[ ] Renov	vation	[ ] [ ]	Full Containment of Mini-Enclosure Glovebag Procedur	-	sure			
[ X ] ≥160 sf or ≥260 lf	[ x ] Demo	lition	[ x]	Non-Exempted (*)	and Non-Friable I	Procedu	re		
						Abate	ement '	Гуре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	l (i.e	Description Descri	ntaining ACM) systems rfacing, or	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E	
Exterior	X	Asbestos sidi	ng		1300 sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Haule 20223	3	ards of Was	T.R.R.F.	ed Landfill				
City, State Toms River, New Jersey		osal Date 20/14	City, St Tullyt	own, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	chil	1-11		Date 10/1	5/14		

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

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

Ch# 25408

Completed by (Print or Type) Nicholas Fernicola	Toms River, New Jersey 10/2 d by (Print or Type) Title					1/11		Date	: 15/14		
Toms River, New Jers			10/20		City, Sta Tullyto	own, Penńsylvan	ia				
Guardian Contracting, City, State	Guardian Contracting, Inc. 20223					T.R.R.F.					
Name of Registered Waste Hauler						e Name of Regis	stered Landfill		L		
		+							-	-	
				_				-	-		-
Exterior	Exterior X				ing		700 sf	X			
Dutanian	YES		N/A	Asbestos sid				L		E	E
Location of Asbestos-Containing Material (ACM)  TO BE ABATED in facility (13)  Normally used Solely by Maintenance/Custodia Staff (12)				(i.	Material (A.e., thermal sulation, su VAT, other miscella	ACM) systems rfacing, or	(Specify S or LF)	O V A	E P A I R	N C A P S U L	N C L O S U R
Location of		Is Locatio		A	Descriptio sbestos-Cor		Amount	R	R	E	E
				T		- Comment			tement	Type	
Scope of Work (Check all that apply) $ \begin{bmatrix}       ] & >3 \text{ sf or } \ge 3 \text{ lf} \\       [X] & \ge 160 \text{ sf or } \ge 260 \end{bmatrix} $	lf	[ ] [ x ]	Renova Demol		[ ] [ ] [ x]	Mini-Enclosure Glovebag Proce			ure		
[ ] Other – Describ				7/1/7	City, Sta		taway, New Je		354		
Occupancy Status During Abatement (  [ X ] Facility Closed/  [ ] Abatement Perfe	acated During	Entire Perio			Street Ac	idress 1056	Stelton Road				
Scheduled Start Date (10) Scheduled Comp 10/16/14 10/17/14				ion Date (11)	-	OSHA Monitor	S.L. Analytica				
					100000000000000000000000000000000000000	ne Number 9-9932		se Number		=:1	
City, State, Zip Code			City, Sta	te, Zip Code	River, New J	250.00	755-1	271			
Street Address		931			Street Ac	ldress	Route 9, Unit				
Name of Monitoring Firm Hired by Bu N/A	ilding Owner (	8)		ASCM No.	Name of	Abatement Contract Guar	or (9) dian Contracti	ng, Inc.			
Toms River	Oce					Current Use (Prior Resid	lence	ned)	*		
City		ty (6)		County Code (7) (STATE USE ON	LY)	Square feet 1000 sf	# of Floors		g. Age	50	
Street Address 46 Pilot Roa	i					[x]	Other (i.e., pr homes, etc.)		98		dings,
Residence				34			School (k-12) Subchapter 8		n k_12\		
Name of Facility Where Abatement is	Taking Place (	3)	FAC	CILITY INFOR	MATION	Type of Facility (4					
[ ] DCA [ ]	justification) Cancellation			Name of Contact Ralp	h Strunk	OF EVOLUTE	Telephone Num	ber			
[ ] DEP [ ] [ X ] DOL [ X ]	Amended No Amendment Emergency (	#including		City, State, Zip C	Code Old B	Sale, Noss	DMTROL ING		A Common of the		
Agencies Notified Type of N  [ X ] EPA [ ]	otification Initial Notific	cation		Street Address	28 Pu	HACCI BOVE	M 3: 12			******	
Date of Notification (1) October 1:	5, 2014			Name of Building	g Owner/Oper Ralph	rajor ② CEIV Strunk	ED				
								Cur	1	740	ð

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

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

Check # 6849

B & G proj. #:	2014-181	(P	ursuant to NJAC	: 8:60-7 and RGENCY	12.120		Check # 6849					
Backion			ling Owner/Operator	(2)		· · · · · · · · · · · · · · · · · · ·	CIVED		-	_		
ate of Notification (1)	,	Name of Build	pard of Education	n. <u>.</u>		7111 007	22					
1101/10181	1114	Linden Bo	ald of East			CE 19 10 1 2	20 AM 3: [	5				
gencies Notified	Type Notification	Street Addres	s Street									
Gencies Notified	- 11	2 East G	ibbons Street			M 1 10 E 3   6	IS CONTRO	L			-	
□ DEP	Initial	City, State, Z	ip Code			a LIU	Telephone Num	ber				
L	Amendment	Linden,	NJ 07030-230				Telopile				_	
☑ DOF		Name of Cor	ntact								_	
N DOH	Cancellation	Kathlee	en A. Gaylord								_	
DCA		┸==	EACH ITY IN	FORMATION		Type	of Facility (4)					
			FACILITY			Type		. 12)	on K-12)	ř		
	here abatement is taking	g place (3)					T a habante	8 (Other un	rcial	1		
Name of facility w	here abatement	IB 8)					Other (Priv	ate/Comme nes. etc.	TOIG!			
Saint Elizabe	eth School (NON-SI					1	Blags.// for	Floors	Bldg.	Age		
Street Address							uale				=	
170 Hussa S	Street			I Co	unty Code (	(7)	urrent Use (Prior	if being der	nolished)	ļ		
1/U mussa s		County (6)		(St	ate use only	y)   C	chool non sut	8			=	
City (5)						Abatement Cont	tractor (9)					
Linden, NJ		Union	LAS	CM No.	Name of	Abatement Com						65
	oring Firm Hired by Bldg	. Owner (8)	1 40	<b>O</b>	B&C	Restoration, I	inc.					
Name of Monito	N/A				Street A	ddress						
			*		105 F	Ryerson Road						
Street Address					City, Sta	ate, Zip Code	<b>5025</b>					2
				2	Line	coln Park, NJ 0	7033	License Nu	ımber			
City, State, Zip	Code		hor		Teleph	one Number		0378				=
	Manitoring Firm		Phone Number		973	3-696-6869	ır.					
Project Manag	er for Monitoring Firm		1		Name	of OSHA Monito	inc.					=
		TSched. Co	mpletion Date (11)		B 8	G Restoration	1) 1					
Scheduled Sta	art Date (10)	10/13/			Street	Address	d					=
- 100					10:	5 Ryerson Road						
		(Check only	of shatement.			State, Zip Code						- 80 - 100
Occupancy o	Status During Abatement closed/vacated during	entire period (	ility hours-		_	incoln Park, NJ	07035					
T I Abatel	Ment bone	of normal las			- 11 - 5	incom rang		wrap wrap	& cut			
Decci	ibe: -Describe:						gative pressure	T Glove	bag proc	edure		
Other	Nork (check all that appl	y)				ontainment w/ne	galivo	☐ Non-f	friable pro	ocedu	re	
Scope of V	olition 🔽	110			☐ Mini-	enclosure			TRI	R	E	E
_		≥160 sf or ≥	260 If				Amour	nt	e m	e p	n c	n
√ >3 st	for >3 If		normally used solo	yin	ion of asbe	stos-containing	(Speci	fy SF or	0	a	a p	L
Loca	ation of	by mainter	nance/custodial	materia	(ACM)		LF)		v e	-	-	-
achi	estos-containing terial to be	staff(12)	No N/A				15 lf			Ш	ᆜ	1
mat aba	ited in facility (13)	Yes	No N/A	boiler he	ader(wrap	o & cut)	15 11	-			ᆜ	井
222			X	7							닏	11
Boiler r	oom		?								1	11
		-					4511					
-				Cubic Yards	of Waste	Name of Registe	ered Landfill esource & Reco	very Cent	ter			104
		INJE	EP Hauler ID#	Cubic Talus	1	Tullytown Ke	22001 00 00					
Register	red Waste Hauler	19	1663	sal Date		City, State	PA					
В&С	Restoration, mor		Dispos 1	0/14/2014		Tullytown, I		Da	ate 0/10/20	114		700000000000
City, St	oln Park, NJ 07035			Signatu	re	Gordana Lu	na	1	0/10/20		-	
Linco	eted by (Print or Type)	Title	Tracurer			8						
Compl	dana Luna	Secret	ary/Treasurer									
Gord	uana Dan		*									

B & G proj. #: 2014-186

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

Pursuant to NJAC 8:60-7 and 12:120-7)

\*\*\* E M E R G E N C Y ( ) = ( ) Check # 6857

Date of Notification	(1)	LLNo	mo of Ruild	ing Owne	r/Operator (2)									
1 10 1/1 15		1 1 2 2 2 2 2	Bernice C	100	roporator (2)		2014 CGT 20	AH S:	<b>??</b>					
Agencies Notified   EPA	Type Notification		eet Address		rrace							7	12	
☐ DEP	X Initial	111 -	y, State, Zip				ASBESTES (	3183						-
X DOL	Amendm		Orange, I		0									-
X DOH	<u> </u>	Na	me of Conta	act					Telephor	ne Numb	er			
☐ DCA	Cancellat	tion	Elizabeth	Hudd										
				FACIL	ITY INFORM	ATION								
Name of facility wh	ere abatement is	taking place	ce (3)					Туре	of Facility	(4) ol (K - 12	2)			
Bernice Cook										napter 8 (		an K-	12)	
Street Address									X Other	(Private/	Comme			
142 Clairmon	t Terrace							Sau	are Feet	./Homes, # of Flo		Bld	g. Age	)
City (5)		Coun	ty (6)			Cour	ity Code (7)							
Orange		Ess	ex				e use only)	res	rent Use (F idential	Prior if be	ing dem	olishe	d)	
Name of Monitoring	g Firm Hired by E	Bldg. Owne	r (8)		ASCM No.		Name of Abatemen							
n/a	7						B & G Restora	tion, Ir	IC.				_	_
Street Address							105 Ryerson							
City, State, Zip Cod	ë						City, State, Zip Code Lincoln Park,		035					
Project Manager for	r Monitoring Firm		Pho	ne Numb	er		Telephone Number (973)696-68	69		Allega compression	se Numb 00378	er		
Scheduled Start Da	ite (10)	TSched	. Completion	n Date (11	1)	[	Name of OSHA Mo							
10/16/2014	ite (10)		7/2014	•	3.		B & G Restora	ation, II	nc.					-
Occupancy Status I	During Abatemer						105 Ryerson I	Road			8.5			
Facility closed Abatement pe		entire perio	od of abaten	nent. S-			City, State, Zip Cod							
Describe: Other-Descri	be:					=	LincolnPark, I	4J 070	35					
Scope of Work (ch	neck all that apply	1)	***************************************					-2						
Demolition	. X	Renovatio	n				ull Containment w/n	egative	oressure	Glov				
$\times$ >3 sf or >3 lf		≥160 sf or				X N	fini-enclosure			∐ Nor	n-friable	R	E	
Location of		Is location	n normally u	sed solely odial	1		-bastas containing		Amount	19	e m	е	n	E
asbestos-cor material to be	е	staff(12)		Ι	material		sbestos-containing		(Specify LF)	SF or	0	p a	a	C
abated in fac	cility (13)	Yes	No	N/A							v e	1	p .	-
basement				X	pipe insu	lation			125 lf		X	H	片	늗
											井	H	H	卡
					1			_			러뷰	旹	H	b
					1									
Registered Waste H B & G Restora	Hauler		IL EP Hauler II 19563	D# C	Cubic Yards of	Waste	Name of Registere Tullytow	ed Landi	ill ource & F	Recove	ry Cen	ter		
City, State Lincoln Park,				Disposal I			City, State Tullytown						v	ale (TOTAL)
Completed by (Prir	nt or Type)	Title	l		Signature		Gordana Luna			Date	/15/20	14		
Gordana Luna	3	Secreta	ry/Treasu	irer	.1		J	Worshold .		10	10120			

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

RECEIVED

Date of Notification (1)					Name	of Building	Owner/Operator (2	2)		- F W Gas.			
10/1	3 / _	14	_ ,		Kind	der Morg	jan	2	\$14 OCT 20	814			
Agencies Notified T	ype Notifica	ation	*:		Street	Address		11 04	. 001 20	KII 2	54		
1000	] Initial				78 L	afayette	Street	A;	SESTES & LICEN	0000			
The state of the s	Amended				City, St	tate, Zip C	ode		& I ICE	CUNTI	ROL		
☑ DOH □ DCA □	Amendme Emergend				Cart	teret, NJ	07008		- CIOCIN	OING			
(NJAC 5:23-8)	justification		luuliig		Name	of Contact			Telephone Nu	ımber			
	] Cancellat	ion			Ezio	Tambai	rello						
					FAC	ILITY IN	FORMATION						
Name of Facility Where Aba	tement is T	aking	Place	(3)	Y.W			Type of Facility (	4)				
Kinder Morgan								School (K-12		100			
Street Address			-					☐ Subchapter 8 ☐ Other (i.e., pr			ildina	2	
78 Lafayette Street								homes, etc.)	ivate and com	nerciai bu	lidirig	٥,	
City (5)								Square Feet	# of Floors	Bi	dg. Ag	e	
Carteret								3,600	0		40		
County (6)					Coun	ty Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being dem	olished)	30.00		
Middlesex County													
Name of Monitoring Firm His	red by Build	ding O	wner (	8)	ASCM I	No.	Name of Abateme	ent Contractor (9)					-
TRC Solutions			30 Marie 10 M				네	dustrial Servic					
Street Address							Street Address						
1430 Broadway, 10 <sup>th</sup> F	Floor						100 Alexande	er Drive					
City, State, Zip Code			-		***		City, State, Zip Co				-		
New York, NY 10018							Monaca, PA						
Project Manager for Monitor	ing Firm			Tele	phone i	Vo.	Telephone No.		License No.				
Chip Walter				50,500,53	2-221		724-728-6144		01123				
Start Date (10)	- 5	Schedu	uled C	omple	tion Dat	te (11)	Name of OSHA N	Ionitor				_	-
10 / 06 /	A11 - 101 - 101				1		VersiTech In	dustrial Servic	es of PA, Inc				
Occupancy Status During A		, A.					Street Address						
☐ Facility Closed/Vacated I					ment		100 Alexande	er Drive					
☐ Abatement Performed O	100					cribe	City, State, Zip Co						
Time of Abatement:							Monaca PA 1						
Scope of Work (Check all th	at apply)	-	05/04/55/20	100			A 1 - 24 - 24 - 24 - 24 - 24 - 24 - 24 -						-
								tainment with Neg	gative Pressure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			Re     De     De     De     De     Re     Re				☐ Mini-End	g Procedure					
Z - 100 31 01 - 200 11				monte			⊠ Non-Exe	mpted (*) and No	n-Friable Proce	edure			
	-			Locat					-	Ab	atem	ent T	уре
Location of		.		Norma		Anhan	Description of	W. Se revision consists	A	<sub>Z</sub>	Z.	ш	П
Asbestos-Containing Ma TO BE ABATE		n)	Ma	intena	ince/		estos Containing Ma e., thermal systems		Amount (Specify	Removal	Repair	ıca	Clo
IN Facility	_		Cus	todial ( (12)	Staff?		surfacing, VAT	, or	SF or LF)	val	-	Encapsulate	Enclosure
(13)			Yes	No.	N/A	-	other miscellane	ous)				ate	1 0
Finch areas					-	Disak I	Danfina Matarial		2 000				
Firehouse						Black F	Roofing Material		3,600		Ш	Ш	
		-											
				П							П	П	П
Name of Registered Waste	Hauler	1			JDEP V	V aste	Cubic Yards of	Name of Regis	stered Landfill				
Waste Management				10000	lauler II	O No.	Waste	GROWS L					
City, State		-	- 15		17273	3	10 Disposal Date	City, State					
Morrisville, PA							10/14/14	Morrisville	PΑ				
000 TO 00	-1	Ttel.				-	1005505,000 500	Inclinating	,	Date			
Completed By (Print or Type	=)	Title		NA	000-		Signature	$\sqrt{2}$ .		Date 165h	21	_	
Jim Kreider		"	roject	wan	ayer		1	en	2	16h	3/1	4	
ASB-41 JAN 13		* /	Do not	use th	nis form	for asbes	tos licensure exem	oted activities.					

NO CK

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

RECEIVED

CK#24492

Date of Notification (1)					Name of Building Owner/Operator (2) 2414 0CT 20 AH 3: 63								
10/17/2014			MERCER (	COUNTY	7	MIN OZ 100 PI	3. G.	3					
Agencies Notified	Type Notifica	ation			Street Addre	SS		TENTETEC OOU	770				
□ EPA	Initia				300 SCOTO	H ROAL	<b>)</b>	ESTES CON	IRU	L			
☐ DEP	M Amend	ed Ame	ndment	# 2	City, State, Z	DESCRIPTION OF STREET		· & LIUERSHA	i				
DOL DOL	☐ Emerge				WEST TRE		N.I -8690						
□ DOH	justifica		,		Name of Cor		10 0050		Teler	hone	Numb	er	
DCA	☐ Cancel	10			DAVID J. E		F.A.		1				
	-	12000000		F	ACILITY IN	Carrier Services Services	16.720 (-)					-	
Name of Facility Where A	batement is T	aking Pl	ace (3)		71012111111	1 01 (111)		Type of Facility (4)			_		
MERCER COUNTY CO				CENT	TED			School (K-12)					
Street Address	JIVIIVIOIVI I	GUID	AITCE	CEIVI	EX	100		Subchapter 8 (Other	er than	K-12	)		
2300 HAMILTON AVE	NTCTIC							Other (i.e., private			ilanor sa	dinas)	
City (5)	NUE			_		**********		Square Feet		Seattle-Trans	Bldg.		
								Oquale i eet	# 011	10013	Diag.	Age	
TRENTON, NJ County					County Code	(7) (CT	ATE USE ONLY)	Current Use (Prior if be	ina do	moliek	led)		
					County Code	(1) (31)	ATE USE ONLY)	Current Ose (Filor il be	ing ue	11101151	ieu)		
MERCER	Seed by Duild		(0)	_	ACCIANI	Mana	5 A b - t t C t			-	- 100		
Name of Monitoring Firm I		ing Own	er (8)		ASCM No.	Postar Constitution	f Abatement Cont	HIGH DESERT LENGT V					
PENNONI ASSOCIATI	ES, INC.				00102			RONMENTAL INC.					
Street Address						Street A							
515 GROVE STREET,	STE. 1B					15 BLA	OAD						
							ate, Zip Code						
HADDON HEIGHTS, N							LTON, NJ 08691						
Project Manager for Monitoring Firm Telephone No.						Telepho	ne No.		0.0000000000000000000000000000000000000	se No	).		
JOSEPH ANELLO, JR.			47-050			609-890			0067	6			
Start Date (10)		Sched	uled Co	ompleti	ion Date (11)	Name o	f OSHA Monitor						
10/24/2014		10/26/	2014			AMER	ITECH						
Occupancy Status During	Abatement (C	Check or	ily one)		3.	Street A	ddress						
Facility Closed/Vacat	ted During En	tire Perio	od of Al	oateme	ent	1 A ST.	LAWRENCE A	VENUE					
Abatement performed ou	itside of worki	ng hours	3			City, Sta	ate, Zip Code						
ESSENTIAL PERSONNI	EL ONLY					SEASI	DE PARK, NJ 0	8752					
Scope of Work (Check all	that apply)							Full Containment w	ith Ne	gative	Pres	sure	
$\geq$ 3 sf or $\geq$ 3 lf					Renova	tion		Mini-Enclosure					
≥ 160 sf or ≥ 260 lf					Demolit	ion		Glovebag Procedu	re				
								■ Non-Exempted (*)	& Non	-Friab	le Pro	cedure	
		ls	Location	on					Abate	ement	Туре		
Location of Asbestos-	Containing		mally U				stos Containing		_		m m	П	
Material (ACM) TO BE			Solely b				thermal systems	Amount (Specify SF or	Remova	Repair	Encapsulate	Enclosure	
Facility (13)			enance/ Staff?			surracino miscellan	, VAT, or other	LF)	No.	pai	usc	uso	
		Yes		N/A	1	itiiscellari	eous)	15	<u>n</u>	_	ate	Ге	
BOILER ROOM		X			PIPE INSU	LATION	·	100 LF	X				
BOILER ROOM				-	BOILER IN			50 SQ. FT.	X				
DOLDER ROOM		12			DOLLDER I	TO LAKE		0.06.77	1.				
Name of Registered Wast	e Hauler				NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered La	ndfill			1	
CADNEVALE DICEOC	AL CO. INC	,					La constant	TULLYTOWN					
CARNEVALE DISPOS.	AL CO., INC				17297		5 YDS						
City, State							Disposal Date	City, State					
HAMILTON, NJ						10/27/2014	TULLYTOWN, PA.						
Completed By Title					Signatu		1 m	Date			Ì		
DAVID D'ANDREA PRESIDENT						1 AS	laver -	J. Kl lade	10/1	7/2014	1		
ASB-41							V						

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

NO CK

Date of Notification (1)					Name of Building On HACKENSACK UMO		perator (2)	R	EC		VI		
10 / 16 /14					Street Address								
Agencies Notified Type Not	ification				30 PROSPECT AVE	NUE		2314 (	272	0	CM	C	0
DEP X Am	ial Notification nended Notification ncellation Hold	otificat	tion :	#2	City, State, Zip Code HACKENSACK, NE Name of Contact	W JER	SEY 0760°						1
DCA EN	IERGEN	CY NO	OTIFIC	CATI	ON KEN HABER			1			88 8		-
				F	ACILITY INFORMATION								
Name of Facility Where Abatement	is Taking	j Plac	e (3)			Туре	of Facility	100,000.00					
HACKENSACK UMC						X		r 8 (Other tha			nome	s, etc.	)
Street Address	1						uare Feet	# of Floo		3 1		. Age	
30 PROSPECT AVENUE							00,000	6			5	2	
	unty (6) RGEN				County Code (7) (STATE USE ONLY)		ent Use (Pri	or if being der	molishe	d)			
Name of Monitoring Firm Hired by I		Owne	r (8)		ASCM No.			nent Contrac	ctor (9)		-		
OMEGA ENVIRONMENTAL CORPO		Owne	(0)		17			MENTAL CO			V		
Street Address							et Address						
280 HUYLER STREET						_	SPOOK RO						
City, State, Zip Code							State, Zip C		24				
S. HACK	ENSACK							V YORK 1090	Licens	o Nivo	mbor		
Project Manager for Monitoring Firm		- 1			Number		ohone Numb	161		e Mui	innei		
ANTON REZIN			201-4			V 200 C 200		9-7500 [1101 of OSHA Monitor					
Expected State Date (10)		scned	10		tion Date (11) 16 /14			IRONMENTA	Δ1				
Month Day Year		Mor		,	Day Year	100	/ (LITT LITT	II (OTHINEIT)					
Occupancy Status During Abatement	(Check or	nly one	e)			Stree	et Address						
X Facility Closed/Vacated Du						1376	ROUTE 9						- 1
Abatement Performed Out						016	Otata Zia O						
X Other - Describe: MC	ONDAY-F	RIDA	Y 5PN	VI-3 A	M	City,	State, Zip C	oge GERS FALLS	. NEV	V VO	RK 1	2590	1
Scope of Work (Check all that apply)					Full Cont	l ainment		ve Pressure	J , INCV	V 10	IXIX I	2000	
Demolition		Renov	ation		X Mini-Encl		· mai riogai	1011000010					
X >3SF OR LF					Gloveba	g Proce	edure						
>160 SF OR 260 LF					Non-Friat	ole Proc	edure	,					
Location of			ocati		Description of A				1			ent T	-
Asbestos-containing			nally u		Containing Mater		VI)	Amoun	nt	REMOVA	REPAIR	ENCAPS	ENCLOS
Material (ACM)			olely b	<b>ే</b>	(ie. Thermal sy		_	(Specifi SF or LF	y	5	PAI	CAI	15
TO BE ABATED in Facility (13)	1	Maint	aff (12		insulation, surfactor or other miscell	-		SF OI LI			70		
III Facility (13)	-	Yes		N/A	Of Other Miscell	arieous	,			-		JLE.	JRE
BASEMENT -CONKLINS WOMENS					DIDE INCLUATION			15 LF	1,	X			
BASEMENT -CONKLINS WOMENS	BINKIN	$\dashv$	-	X	PIPE INSULATION			IJ LF		^		-	$\vdash$
		-			<u> </u>					-	_	-	+
		_											
					1								-
										_		-	$\vdash$
												-	$\vdash$
									$\rightarrow$	_		-	$\vdash$
*****					<del> </del>		-				<u> </u>	-	$\vdash$
												-	$\vdash$
Name of Registered Waste Hauler		NJDE	P Ms	eta	Cubic Yards of Waste	Nam	e of Registe	red Landfill				_	$\vdash$
VISION TRANSPORT		Haule			4		WS LAND						-
2 FISH HOUSE ROAD			15939					OWN ROAD	)				
City, State					Disposal Date	City.	State //	//					_
KEARNY, NJ 07032					10/14-11/15/14	MOF	RRISVILLE	PA 19067	To :	115	1	_ /	1
Completed by (Print or Type)	Title	^T^_	05	\DE-	Signature	11	$\langle \rangle$	X	Date	11	11	5/	12
BENJAMIN SANCHEZ	DIKE	SIOR	UF	JEE	RATIONS	/	1)/X	ر	/	U	100	1	1

Date of Notification (1)					HACKENSACK UMC		rator (2)	RE	ECE	11	, h	**	
10 /	8 /14				Street Address								
Agencies Notified	Type Notific	ation			30 PROSPECT AVE	NUE		2771 00	7.00	•			
EPA DEP X DOL X DOH	Initial X Amen Cance On He	Notification ided Notification ellation old	cation		City, State, Zip Code HACKENSACK, NE	w JERSE	Y 0760	2014 CO 1 ASDES Telephone M	Tes	00	UT F	: 9 101	
DCA	LEME	RGENCY N	MOTIF							35,50			
Name of Facility Where	Abatament is	Taking Pla	ce (3)		ACILITY INFORMATION	Type of	Facility	(4)				_	
Name of Facility Where	Abatement is	·	100 (0)				hool (K-						
HACKENSACK UMC						Su	bchapte	r 8 (Other tha			home	es, et	(C.)
Street Address 30 PROSPECT AVENU	E					Squar	e Feet ,000	# of Floo 6			Bldg. 5	Age	
City (5) HACKENSACK	Coun	ity (6) GEN	- 120		County Code (7) (STATE USE ONLY)		Use (Pri	or if being de	emolish	ed)			
Name of Monitoring Fi			ner (8	3)	ASCM No.			nent Contra			ı		
Street Address					<del></del>	Street A							
280 HUYLER STREET				10				CK ROAD					
City, State, Zip Code	S. HACKEN	ISACK NE	-W.IE	RSFY			ate, Zip C	ode / YORK 109	01				
Project Manager for Mo		TO/TOR, TE			Number		ne Numi	OF THE PROPERTY OF THE PARTY	Licens	e Nur	nber	-	
ANTON REZIN	-		201-	489-87	700	845-369	-7500		1101				
Expected State Date (*	11 19 15 15 15 15 15 15 15 15 15 15 15 15 15	Sch			tion Date (11)		f OSHA						
10 / Month Da	14 /14 / Year	NA.	11 onth	1	15 /14 Day Year	QAUALI	ITY ENV	IRONMENT	AL				
	ed/Vacated Dur Performed Outsi cribe: MON all that apply)	ing Entire ide of Norn DAY-FRID	Period	cility F PM-3 A	lours - Describe:  MM  Full Cont  X Mini-Encl  Gloveba	V ainment w	OUTE 9 ate, Zip 0 VAPPING ith Nega	Code GERS FALLS tive Pressure		V YOR	RK 12	2590	
Location		Is	Loca	tion	Description of A				$\neg \tau$	Aba	atem	ent T	ype
Asbestos-o Material TO BE A in Facili	(ACM) BATED	no Mai	rmally solely int/Cus Staff (	used by stodial	Containing Mate (ie. Thermal s insulation, surfac or other miscel	ystems cing, VAT,		Amour (Specif SF or L	fy F)		REPAIR	ENCAPSULE	ENCLOSURE
BASEMENT -CONKLIN	S WOMENS B	THRM	-	х	PIPE INSULATION			15 LF		X	_		-
			-						_				
			+							-			
Name of Registered Wa VISION TRANSPORT 2 FISH HOUSE ROAD	aste Haule		EP W ler ID 1593	No.	Cubic Yards of Waste 4	GROWS	S LANDE	OWN ROAD	)		^	ř.	
City, State KEARNY, NJ 07032					Disposal Date 10/14-11/15/14	City	ate S⊁ILLE,	PA 19067	15.	7	/-	,	1
Completed by (Print or BENJAMIN SANCHEZ	Type	Title DIRECTO	R OF	OPEF	ATIONS Signature	700			Date	0/	8	11	4

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) RECEIVED HACKENSACK UMC Date of Notification (1) Street Address /14 2014 COT 20 AM 3: 19 30 PROSPECT AVENUE Type Notification Agencies Notified City, State, Zip Code Initial Notification EPA HACKENSACK, NEW JERSEY 0760158ESTAS CONTROL Amended Notification DEP Cancellation DOL I Talanhane Number Name of Contact On Hold DOH EMERGENCY NOTIFICATION KEN HABER DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) HACKENSACK UMC Other (ie. private & commol. bldgs., homes, etc.) Bldg. Age # of Floors Square Feet Street Address 52 100,000 30 PROSPECT AVENUE Current Use (Prior if being demolished) County Code (7) County (6) City (5) **BOILER HOUSE** (STATE USE ONLY) HACKENSACK BERGEN Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) PAR ENVIRONMENTAL CORPORATION 17 OMEGA ENVIRONMENTAL CORPORATION Street Address Street Address 313 SPOOK ROCK ROAD 280 HUYLER STREET City, State, Zip Code City, State, Zip Code SUFFERN, NEW YORK 10901 S. HACKENSACK, NEW JERSEY License Number Telephone Number Telephone Number Project Manager for Monitoring Firm 1101 845-369-7500 201-489-8700 ANTON REZIN Name of OSHA Monitor Sched. Completion Date (11) Expected State Date (10) QAUALITY ENVIRONMENTAL 114 15 11 / 114 10 / Year Day Day Year Month Street Address Occupancy Status During Abatement (Check only one) 1376 ROUTE 9 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: City, State, Zip Code MONDAY - FRIDAY 7AM-3:30 PM Other - Describe: WAPPINGERS FALLS, NEW YORK 12590 Full Containment with Negative Pressure Scope of Work (Check all that apply) Mini-Enclos, Renovation Demolition Glovebag Procedure >3SF OR LF Non-Friable Procedure 260 LF >160 SF OR Abatement Type Description of Asbestos-Is Location Location of REPAIR ENCAPSULE ENCLOSURE Containing Material (ACM) Amount REMOVAL normally used Asbestos-containing (Specify (ie. Thermal systems solely by Material (ACM) SF or LF) insulation, surfacing, VAT, Maint/Custodial TO BE ABATED or other miscellaneous) Staff (12) in Facility (13) Yes No N/A 15 LF PIPE INSULATION BASEMENT -CONKLINS WOMENS BTHRM Name of Registered Landfill Cubic Yards of Waste NJDEP Waste Name of Registered Waste Hauler **GROWS LANDFILL** 4 Hauler ID No. VISION TRANSPORT 1121 BORDENTOWN ROAD 15939 2 FISH HOUSE ROAD City, State Disposal Date City, State MORRISVILLE, PA 19067 10/14-11/15/14 KEARNY, NJ 07032 Date Signature Completed by (Print or Type) DIRECTOR OF OPERATIONS BENJAMIN SANCHEZ

State of New Jersey

NO CK

Date of Notification (1)		Name of Building O MERCK SHARP & D		å e	(EO	EIV	ED
10 / 16 /14		Street Address		2014	005	100200	
Agencies Notified Type Noti	fication	Street Address 126 E. LINCOLN AV	ENUE, P.O. BOX 2	000, RY28-414	LU12	O AM	O
DEP x Ame	al Notification ended Notification #3 cellation	City, State, Zip Code RAHWAY, NEW JEI	RSEY 07065	ASZE 8	STO	S, CON	Trai
	Hold ERGENCY NOTIFICA	Name of Contact MIKE LATRONICA		Telephone Numb	per 'CL	-noini	1
	- 1: 5! (0)	FACILITY INFORMATION	J=	(4)		Will Market	
Name of Facility Where Abatement is MERCK SHARP & DOHME CORPOR						omes, etc	c.)
Street Address			Square Feet	# of Floors		Bldg. Age	
126 EAST LINCOLN AVENUE - BUILI		1 0 1 0 1 (5)	100,400	7	,bod)	49	
RAHWAY		County Code (7) (STATE USE ONLY)	VACANT	or if being demolis			
Name of Monitoring Firm Hired by B ENVIRONMETAL HEALTH INVESTIG		ASCM No.		nent Contractor MENTAL CORPO		ı	
Street Address 655 WEST SHORE TRAIL	ATIONS, INC.		Street Address 313 SPOOK RO				
City, State, Zip Code			City, State, Zip C				
SPARTA	NEW JERSEY 0787	The state of the s	SUFFERN, NEV				
Project Manager for Monitoring Firm		e Number	Telephone Numb		ense Nur	nber	
WILLIAM S. KERBEL, CIH	973-729-	5649 etion Date (11)	845-369-7500 Name of OSHA	Monitor 110	11		
Expected State Date (10)  10 / 20 /14  Month Day Year	12 /	25 /14 Day Year		ORATORIES INC		#11480	
Occupancy Status During Abatement (		Day 1cui	Street Address				
X Facility Closed/Vacated Du Abatement Performed Outs			117 EAST 30TH	STREET			
	NDAY-FRIDAY 5 PM-		City, State, Zip C				
Coope of Mark (Charle all that apply)		Full Cont	NE۱ tainment with Negat	N YORK, NEW Y	ORK 10	016	
Scope of Work (Check all that apply)  Demolition	X Renovation	X Mini-Enc		ive i rossare			
X >3SF OR LF			g Procedure				
>160 SF OR 260 LF		1	ble Procedure	г	1 1	-117	
Location of Asbestos-containing	Is Location normally used	Description of A Containing Mater		Amount	-	atement 7	
Material (ACM)	solely by	(ie. Thermal s	. NOTE	(Specify	REMOVA	ENCAPS! REPAIR	ENCLOS
TO BE ABATED	Maint/Custodi			SF or LF)	AVC	R PS	SO
in Facility (13)	Staff (12)	or other miscel	laneous)		1- 1	LE	URE
ATU EL COD DOOM 450	Yes No N/A	SPRAY ON INSULATION		40 SF	Х	1	1111
4TH FLOOR ROOM 459				40 SF	x		+
5TH FLOOR ROOM 518	X	SPRAY ON INSULATION		70 31			
REDUCTION IN SCOPE (BELOW)							
6TH FLOOR ROOM 627	x	SPRAY ON INSULATION		40 SF	Х		
7TH FLOOR ROOM 718	x	SPRAY ON INSULATION		80 SF	Х		
7TH FLOOR ROOM 7: 52G	X	SPRAY ON INSULATION		40 SF	Х		
3RD FLOOR ROOM 325	X	SPRAY ON INSULATION		40 SF	X		
4TH FLOOR ROOM 447	X	SPRAY ON INSULATION		80 SF	X		
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 20		UNTY RESOURCE		AGEMEN	IT SER
825 HIGHWAY 33	15939	Dispersi Data		R DRIVE/ROUTE	= 15		
City, State FREEHOLD, NEW JERSEY		Disposal Date 9/15-10/15/2014	City, State MONTGOMER	r, PA 17752	- / F	1/.	111
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPI	ERATIONS Signature	4	Dat	/(	116	1/4

		_	7, ,	ai oud	and the superior of the same o	of Building Ow	ner/Operator (2)		4 4 5 7			
Date of Notification (1)						CK SHARP & DO			RE	CF	1111	
10 / 9 /14					Street	Address						
Agencies Notified Type Notifie	ation			e de la constitución de la const	126 E	LINCOLN AVE	NUE, P.O. BOX 20	000, RY28-91	144 00	- 00	***	.
	Notifica	ation			City, S	State, Zip Code	*	L.	17 (	120	1	<del>30 1</del>
	ded No		tion	#2		WAY, NEW JERS	SEY 07065	r :	5-5-E-A	m -s -s		
	ellation				1	70-1-1		4me, .	SEES	195	<u> </u>	TRO
DCA On H	oid RGENC	Y N	OTIFIC	CATI		of Contact LATRONICA	.1	Telenhone N	Ilmnor .	ILL	ISIN	g
	COLING					FORMATION						
Name of Facility Where Abatement is	Taking	Plac	ce (3)		AOILIT IN	CHIMATION	Type of Facility	(4)		-		$\neg \neg$
							School (K-1					
MERCK SHARP & DOHME CORPORA	TION							8 (Other than				. 1
Street Address								rivate & comm # of Floor				
126 EAST LINCOLN AVENUE - BUILDI	NG 32						Square Feet 100,400	# 01 F1001 7	is	DIC	lg. Age 49	
	ity (6)			-	Coun	ty Code (7)	Current Use (Price		nolished	1		-
RAHWAY UNIC					2004 2005 2005	USE ONLY)	VACANT	•		50 		
Name of Monitoring Firm Hired by Bu						ASCM No.	Name of Abatem					
ENVIRONMETAL HEALTH INVESTIGA	TIONS	, INC	S			17	PAR ENVIRONM	IENTAL COF	RPORAT	ION		
Street Address 655 WEST SHORE TRAIL							Street Address 313 SPOOK ROO	CK ROAD				
City, State, Zip Code							City, State, Zip Co					
SPARTA,	NEW .			-			SUFFERN, NEW					
Project Manager for Monitoring Firm					Number		Telephone Numb	er	License	Numbe	:r	ĺ
WILLIAM S. KERBEL, CIH Expected State Date (10)	10	_	973-7		549 tion Date (1	4)	845-369-7500 Name of OSHA N	Appitor	1101			
10 / 20 /14		SCHE	12		25	/14	AMERISCI LABO		INC	#1	1480	
Month Day Year		Мо		5)	Day	Year			2000	20202	5/10/5/23	
Occupancy Status During Abatement (C				A L -1			Street Address	OTDEET				
X Facility Closed/Vacated During Abatement Performed Outside						oe: «	117 EAST 30TH	SIKEEI				-
이	DAY-F						City, State, Zip Co					
							A CONTRACT OF THE PARTY OF THE	V YORK, NE	W YORI	< 1001	š	- 1
Scope of Work (Check all that apply)  Demolition	X	?eno	vation			X Mini-Enclo	inment with Negativ	e Pressure				- 1
>3SF OR LF							Procedure					- 1
X >160 SF OR 260 LF		1100				Non-Friabl	e Procedure			Security Co.		
Location of		A 100 000	Locati			Description of As		A	.  -		ment T	
Asbestos-containing Material (ACM)			nally u olely b			ontaining Materia ie. Thermal sys		Amount (Specifi	10	REPAIR	ENCAP	ENCLO
TO BE ABATED			t/Cust	5 Co.	ir	sulation, surfacir		SF or LF		₽	AP	5
in Facility (13)			taff (1:		200	or other miscella	COT 00 CO		É		SULE	SURE
		/es	No	N/A					-	+	I im	m
4TH FLOOR ROOM 459		Χ			SPRAY ON	INSULATION		40 SF	Х	_		$\perp \perp$
5TH FLOOR ROOM 518		χ.			SPRAY ON	INSULATION		40 SF	Х			
REDUCTION IN SCOPE (BELOW)											1	
6TH FLOOR ROOM 627	5	K			SPRAY ON	INSULATION		40 SF	x		1	
7TH FLOOR ROOM 718		X			1	INSULATION		80 SF	X		$\top$	
7TH FLOOR ROOM 7:52G		X						40 SF	X		1	$\vdash$
		X				INSULATION			×	+	+-	$\vdash$
3RD FLOOR ROOM 325			-			INSULATION	*	40 SF		$\dashv$	+	+
ATH FLOOR ROOM 447 Name of Registered Waste Hauler		X.IDF	EP Wa	ste		s of Waste	Name of Register	80 SF	X			+
FREEHOLD CARTAGE, INC.			I ID N		Junio Taru	20	LYCOMING COL		URCEN	ANAG	EMEN'	SER
825 HIGHWAY 33			15939				447 ALEXANDE	R DRIVE/RO	UTE 15			
City, State FREEHOLD, NEW JERSEY					Disposal Di 9/15-10/15/		ICITY, STATE MONTHSOMERY	PA 17752				,
Completed by (Print or Type)	Title				J3/13-10/13/	Signature /	The state of the s	,17,17752	Date/	7/	9/	10
BENJAMIN SANCHEZ	DIREC	CTOF	ROF	PEF	RATIONS	//	000		1/4	//	1/	I

		250 200	DATE OF STREET	ION OF ASBESTOS ABA at to NJAC 8:60-7 and 12:			e Stan			-
Date of Notification (1)			disdui	Name of Building O	Owner/Operator (2	)	EC		j ;	D
9 / 12 /14				Street Address		2774	COT 2	0 0	94 0	: [9
Agencies Notified Type Notifie	cation		-	126 E. LINCOLN A	VENUE, P.O. BOX	2000, RY28-414	00, 2	O 11		4
DEP Amer	Notification ded Notific ellation			City, State, Zip Code RAHWAY, NEW JE		ASE	ESTO LIC	S CI ENS	OMT ING	ROL
X DOH X On H	old RGENCY N	OTIF	ICATIO	Name of Contact  MIKE LATRONICA		Telephone Nun	nher			
		10.		ACILITY INFORMATION		- 745				
Name of Facility Where Abatement is  MERCK SHARP & DOHME CORPORA		ice (3)						home	s, etc.	)
Street Address					Square Feet	# of Floors		_	. Age	
126 EAST LINCOLN AVENUE - BUILD				0	100,400	7	liahad)		19	
City (5) Coul	nty (6) ON			County Code (7) (STATE USE ONLY)	VACANT	rior if being demo	lisnea)			
Name of Monitoring Firm Hired by Bu				ASCM No.		ment Contracto				
ENVIRONMETAL HEALTH INVESTIGATION  Street Address	ATIONS, IN	C.		17	PAR ENVIRON Street Address	MENTAL CORP	ORATIC	N		
655 WEST SHORE TRAIL	2 x v				313 SPOOK RO	OCK ROAD		4		
City, State, Zip Code	1	Sal.			City, State, Zip					
SPARTA, Project Manager for Monitoring Firm	NEW JER	-		Number	Telephone Num	W YORK 10901	cense N	ımber		
WILLIAM S. KERBEL, CIH			729-56		845-369-7500		101	unibor		
Expected State Date (10)	Sch			ion Date (11)	Name of OSHA					
9 / 15 /14 Month Day Year		10 onth	1	9 /14 Dav Year		BORATORIES IN	IC	#11	480	
Occupancy Status During Abatement (CXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	heck only ong Entire P	ne) eriod o al Faci	lity Hou	ement irs - Describe:	Street Address 117 EAST 30T City, State, Zip	. Двере 4 било	YORK 1	0016		
Scope of Work (Check all that apply)  Demolition  >3SF OR LF  X >160 SF OR 260 LF	X Ren	ovation	ı	X Mini-En Gloveb	ntainment with Nega clos, ag Procedure able Procedure	tive Pressure	2000			
Location of		Locat		Description of			-	batem		+
Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Mai	rmally solely nt/Cus Staff (1	by stodial	Containing Mate (ie. Thermal insulation, surfa or other misce	systems icing, VAT,	Amount (Specify SF or LF)	REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
	Yes	No	N/A		eta en esta de la	-	-	$\vdash$	m	m
3RD FLOOR ROOM 325	x	<u> </u>		SPRAY ON INSULATION	N '	40 SF	X	_	_	
4TH FLOOR ROOM 447	X	-		SPRAY ON INSULATION	4	80 SF	X	_	<u> </u>	
4TH FLOOR ROOM 459 🗡	X	_		SPRAY ON INSULATION	<b>V</b> 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	40 SF	X			1,11
5TH FLOOR ROOM 518	X			SPRAY ON INSULATION	N	40 SF	X			
6TH FLOOR ROOM 627	х			SPRAY ON INSULATION	١	40 SF	Х			
7TH FLOOR ROOM 718	X			SPRAY ON INSULATION	N	80 SF	Х			
7TH FLOOR ROOM 7: 52G	X	_		SPRAY ON INSULATION	١	40 SF	X	-	_	
		$\vdash$								
				Z 11 37 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	187					
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		EP W ler ID I 1593	No.	Cubic Yards of Waste 20	447 ALEXAND	ered Landfill DUNTY RESOUF ER DRIVE/ROUT		NAGE	MENT	SER
City, State FREEHOLD, NEW JERSEY		74		Disposal Date 9/15-10/15/2014	City State			1		,
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTO	R OF	OPER	ATIONS Signature	700	Di	ate 4	12	14	

State of New Jersey

		N		State of N FION OF AS Int to NJAC	BES	TOS ABAT						
Date of Notification (1)							vner/Operator (2) DHME CORP.		ECE	.IV	Dies San	ì
8 / 29 /14	<b>.</b>			Stree	t Add	ress	*					
Agencies Notified Type No	tification	1		126 E	E. LIN	COLN AVE	NUE, P.O. BOX 2	000, RY28-4	14 20	l Al	1 S:	13
DEP An Ca	tial Notifi nended l ancellation Hold	Notificati	on	RAH	WAY,	, Zip Code , NEW JER ontact	SEY 07065	ASOE P Telephone N	STOS	3 CO		COL
DCA EN	<i>I</i> ERGEI	NCY NO	TIFICATI	ON MIKE	LAT	RONICA						
			F	ACILITY IN	IFOR	MATION						
Name of Facility Where Abatement MERCK SHARP & DOHME CORPO		575	: (3)				X Other (ie. p	12) r 8 (Other tha rivate & com	mcl. bld	gs., ho		
Street Address 126 EAST LINCOLN AVENUE - BUIL	DING 3	22					Square Feet 100,400	# of Floo	ors	В	ldg. A 49	ge
	ounty (6			Coun	tv Co	ode (7)	Current Use (Prid		molished	0	49	
	NOIN	,				E ONLY)	VACANT	or in borring do		-,		
Name of Monitoring Firm Hired by					A	SCM No.	Name of Abater					
ENVIRONMETAL HEALTH INVESTI Street Address	GATION	VS, INC.			<u> </u>	17	PAR ENVIRONM Street Address	MENTAL CO	RPORA	TION		
655 WEST SHORE TRAIL							313 SPOOK RO	CK ROAD				
City, State, Zip Code							City, State, Zip C					
0.00 (0	A, NEV		Y 07871				SUFFERN, NEV					
Project Manager for Monitoring Firm			elephone				Telephone Numb	er	License	Num	ber	
WILLIAM S. KERBEL, CIH Expected State Date (10)			73-729-56 Comple	o49 tion Date (1	1)		845-369-7500 Name of OSHA I	Monitor	1101			- 20.000
9 / 15 /14	4	Journa	10 /	9		/14	AMERISCI LABO		INC	#	11480	)
Month Day Year Occupancy Status During Abatement X Facility Closed/Vacated D TAbatement Performed Out X Other - Describe: Mi Scope of Work (Check all that apply) Demolition >3SF OR LF	uring En	itire Peri Normal F	od of Abat acility Ho 5 PM-3	urs - Descri	be:	Mini-Enclo	inment with Negati	ode V YORK, NE	EW YOR	K 100	16	•
X >160 SF OR 260 LF							le Procedure					
Location of		ls L	ocation			ription of As		124,				Туре
Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)		so Maint/	ally used lely by Custodial off (12) lo N/A		(ie. nsulat	ining Materi Thermal sytion, surfaci her miscella	stems ng, VAT,	Amour (Specif SF or L	fy F)	RETAIR	ENCAPOOLE	ENCLOSURE
3RD FLOOR ROOM 325	0 200	X		SPRAY OF	N INS	ULATION		40 SF	>			
4TH FLOOR ROOM 447		x		SPRAY OF	N INS	ULATION		80 SF	>			
4TH FLOOR ROOM 459		X		SPRAY OF	N INS	ULATION		40 SF	>			
5TH FLOOR ROOM 518		х		SPRAY OF				40 SF	>			$\neg$
6TH FLOOR ROOM 627		X		SPRAY OF				40 SF	)		$\neg$	$\top$
			$\vdash$					<b></b>			+	+
7TH FLOOR ROOM 718		X	-	SPRAY OF			-	80 SF	)		+	+
7TH FLOOR ROOM 7:52G		X	-	SPRAY OF	N INS	ULATION		40 SF	<u> </u>	+	-	$\dashv$
	-									$\perp$	$\pm$	
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		Hauler	Waste ID No.	Cubic Yard	ls of \ 20	Waste	Name of Registe LYCOMING CO 447 ALEXANDE	UNTY RESC			GEME	NT SI
City, State FREEHOLD, NEW JERSEY Completed by (Print or Type)	Title		OE OBEE	Disposal D 9/15-10/15	/2014	l ature	City, State			01	20	1,0

NO CX

D 1 (1) (15 (1) (1)		Name of Building Ow MERCK SHARP & DO		REC	FIL	12		
Date of Notification (1)			JI IIVIL OOKI .		KAND (C. )	l' Esse i		
10 / 16 /14		Street Address	NUE DO DOVO	no Establish				
Agencies Notified Type Notif		126 E. LINCOLN AVE	NUE, P.O. BOX 20	100,65140-6414	20 1	H 3	: [3	
DEP x Ame	al Notification ended Notification #3 cellation	City, State, Zip Code RAHWAY, NEW JER		ASSEST	S C	DHT	ROI	
X DOH On H	71 (3 y mm)	Name of Contact  MIKE LATRONICA	1	Telephone:Numbh	er NS	ΠŧG		
		CILITY INFORMATION						_
Name of Facility Where Abatement is	s Taking Place (3)		Type of Facility (					
MERCK SHARP & DOHME CORPOR	ATION		Subchapter	8 (Other than K-1 ivate & commcl. t		omes	etc )	
Street Address			Square Feet	# of Floors	I	Bldg.		
126 EAST LINCOLN AVENUE - BUILE	DING 33		96,000	7		4	9	
100000	inty (6)	County Code (7)	Current Use (Prio	r if being demolis	hed)			
RAHWAY UNI		(STATE USE ONLY)	VACANT Name of Abatem	ent Contractor	(0)			
Name of Monitoring Firm Hired by B ENVIRONMETAL HEALTH INVESTIG	uilding Owner (8)	ASCM No.	PAR ENVIRONM		[18] [1] ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	N		
Street Address 655 WEST SHORE TRAIL	ATTONO, INC.		Street Address 313 SPOOK ROO					
City, State, Zip Code			City, State, Zip Co					
	, NEW JERSEY 07871		SUFFERN, NEW		nse Nu	mhor	-	
Project Manager for Monitoring Firm	Telephone N		Telephone Number 845-369-7500	110		TIDE		
WILLIAM S. KERBEL, CIH Expected State Date (10)	973-729-564 Sched. Completion		Name of OSHA N					
10 / 20 /14	12 /	30 /14	AMERISCI LABO			#114	80	1
Month Day Year	Month	Day Year	Street Address					
Occupancy Status During Abatement (  X Facility Closed/Vacated During Abatement Performed Outs X Other - Describe: MO	ring Entire Period of Abater	rs - Describe:	117 EAST 30TH City, State, Zip Co	ode	OBK 1	0016		
Occur of Missle (Observed) that apply		Full Conta	NEV ainment with Negativ	V YORK, NEW Y	ORK II	010		
Scope of Work (Check all that apply)  Demolition	X   Renovation	X Mini-Encl						
x >3SF OR LF			Procedure					
>160 SF OR 260 LF			le Procedure		T 41	oatem	ant Ti	/no
Location of Asbestos-containing	is Location normally used	Description of As Containing Materi		Amount	-			
Material (ACM)	solely by	(ie. Thermal sy	70	(Specify	REMOVA	REPAIR	ENCAPS	ENCLOS
TO BE ABATED	Maint/Custodial	insulation, surfac		SF or LF)	440	R	PS	.os
in Facility (13)	Staff (12)	or other miscella	aneous)		F		ULE	URE
	Yes No N/A						1	111
4TH FLOOR ROOM 406	X :	SPRAY ON INSULATION		80 SF	X	-	_	
					-			
REDUCTION IN SCOPE (SEE BELO	w)							
4TH FLOOR ROOM 418	X	SPRAY ON INSULATION		40 SF	Х			
5TH FLOOR ROOM 551	x	SPRAY ON INSULATION		40 SF	X			<u> </u>
6TH FLOOR ROOM 613		SPRAY ON INSULATION		40 SF	X			
OTT LOOK ROOM OF		1	4400		T			
		10						
Name of Registered Waste Hauler	NJDEP Waste	Cubic Yards of Waste	Name of Registe	red Landfill				
FREEHOLD CARTAGE, INC.	Hauler ID No.	10		UNTY RESOURCE R DRIVE/ROUTE		NAGE	VIEN.	SER
825 HIGHWAY 33	15939	Disposal Date	City, State	K DRIVE/ROUTE	_ 10	1-7		_
City, State FREEHOLD, NEW JERSEY	1	9/15-12/15/2014	MONTEOMERY	, PA 17752	-		/	/ ,
Completed by (Print or Type)	Title	Signature	XX	Dat	te / f	1/1	1/	U
BENJAMIN SANCHEZ	DIRECTOR OF OPERA	ATIONS / /	2 X 0		10	11	9//	-

# 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)				RCK SHARP & D		RECE	YE	D				
10 / 9	/14		Stre	Street Address								
Agencies Notified Type	Notification	n	126	E. LINCOLN AVE	ENUE, P.O. BOX	2000 RY28-414	6.74	O: 1	ន			
EPA DEP X DOL X DOH	Initial Noti Amended Cancellati On Hold	Notification #	2 City	y, State, Zip Code HWAY, NEW JER me of Contact	SEY 07065	SZESTOS ITelephone Num	CON	TRO				
DCA DCA		NCY NOTIFIC		KE LATRONICA	•	I releptione Nutr	iber : (	U				
	, , , , , ,			INFORMATION		-						
Name of Facility Where Abatem	ent is Taki	ing Place (3)			Type of Facility							
MERCK SHARP & DOHME COR	PORATIO	N			School (K-	-12) er 8 (Other than I	K-12)					
	0.00					private & commo		s., hon	nes, e	tc.)		
Street Address 126 EAST LINCOLN AVENUE -	BUILDING	33			Square Feet 96,000	# of Floors			g. Age 49			
City (5) RAHWAY	County (6	5)		unty Code (7)		ior if being demo	lished)					
Name of Monitoring Firm Hired		na Owner (8)	(SIA	TE USE ONLY)  ASCM No.	VACANT	ment Contracto	r /9)	-	-			
ENVIRONMETAL HEALTH INVE		. , ,		17		MENTAL CORP		ИС				
Street Address					Street Address							
655 WEST SHORE TRAIL City, State, Zip Code				.,	313 SPOOK RO City, State, Zip			505,0				
A CONTRACTOR OF THE PROPERTY O	ARTA, NEV	V JERSEY 07	871		SUFFERN, NEV							
Project Manager for Monitoring F			one Number		Telephone Num		ense N	lumbe	r	- 11		
WILLIAM S. KERBEL, CIH			9-5649		845-369-7500	11	01					
Expected State Date (10) 10 / 20	/14	Sched. Con	pletion Date	9 (11) 30 /14	Name of OSHA	Monitor ORATORIES IN	_	#1	1480			
	'ear	Month	Day	Year	AWERISCI LAB	ORATORIES IIV	C	#1	1400			
Occupancy Status During Abater					Street Address				-			
X Facility Closed/Vacate Abatement Performed	d Outside o	f Normal Facil	ity Hours - De	escribe:	117 EAST 30TH	ISTREET			•			
X Other - Describe:	MONDAY	-FRIDAY 5 PI	M- 3 AM		City, State, Zip		VODV.	10010	6			
Scope of Work (Check all that ap	(vlg			Full Conta	inment with Nega	W YORK, NEW 'ative Pressure	TURK	10016				
Demolition	X	Renovatior		X Mini-Encl	DI,							
>3SF OR LF X >160 SF OR 260	ı E				Procedure							
Location of		Is Location	n l	Description of A	22107-01-2015-1-21-1-21-1-21-1-21-1-21-1-21-1		T 4	haten	nent T	vne		
Asbestos-containing	ı	normally us	55	Containing Mater		Amount	_					
Material (ACM)		solely by	0.00000	(ie. Thermal sy		(Specify	REMOVA	REPAIR	ENCAPS	ENCLOS		
in Facility (13)		Maint/Custo Staff (12		insulation, surfactor or other miscell		SF or LF)		77	PSC	SC		
			I/A	or other miscen	aneous)				Ę	R		
4TH FLOOR ROOM 406		x	SPRAY	ON INSULATION	ì	80 SF	х	_				
4.							-	-	<u> </u>			
REDUCTION IN SCOPE (SEE B	BELOW)	+					_	-	-			
4TH FLOOR ROOM 418		х	SPRAY	ON INSULATION		40 SF	X	-	-	<u> </u>		
5TH FLOOR ROOM 551		X	SPRAY	ON INSULATION		40 SF	X	-	_	├-		
6TH FLOOR ROOM 613		X	SPRAY	ON INSULATION		40 SF	X	+-	-	-		
		+++		0			1	1		-		
N									100			
Name of Registered Waste Haule FREEHOLD CARTAGE, INC.	e	NJDEP Was Hauler ID No	되어진 그를 이 기계하다 안 되어가고	ards of Waste 10	Name of Regist	ered Landfill UNTY RESOUR	CE MAI	NACE	MENT	SEP		
825 HIGHWAY 33		15939		10	447 ALEXANDE	R DRIVE/ROUT		^	. VILLINI	ULIN		
City, State FREEHOLD, NEW JERSEY			Disposal 9/15-12/		MONT GOMERY			1	,	_		
Completed by (Print or Type	Title			Signature	XX		té 7)	10	/10	1		
BENJAMIN SANCHEZ	DIR	ECTOR OF O	PERATIONS		1/80		10/	1				

<i>/</i> .			TION OF AS	ew Jersey BESTOS ABAT 3:60-7 and 12:12						
Date of Notification (1)		(Fuisc	Name		mer/Operator (2)	CENTED				
9 / 12	/14		Street	Address		- co - fM - Cd	:8			
	e Notification	on .			NUE, P.O. BOX	2000, RY28-414	. 0			
EPA DEP	Initial Not	tification Motification	1		PEN DAGE DE		ROL			
X DOH X	On Hold		Name	of Contact		Telephone Numb	ner			
DCA	EMERG	ENCY NOTIFICAT	TON MIKE	LATRONICA						
			FACILITY IN	FORMATION						
Name of Facility Where Abate	ment is Tal	ring Place (3)			Type of Facility					
MEDON CHADD & DOUBLE OO	DDODATIO				School (K-		40)			
MERCK SHARP & DOHME CO	RPORATIO	N .				er 8 (Other than K- private & commol.		home	e etc	1
Street Address					Square Feet	# of Floors	Diago.,		. Age	
126 EAST LINCOLN AVENUE	BUILDING	33			96,000	7		4	19	
City (5)	County	(6)		ty Code (7)		or if being demolis	hed)			
RAHWAY	UNION		(STATE	USE ONLY)	VACANT					
Name of Monitoring Firm Hire ENVIRONMETAL HEALTH INV				ASCM No.		ment Contractor MENTAL CORPO		NI.		
Street Address	ESTIGATIO	JNS, INC.		17	Street Address	VIENTAL CORPC	KATIO	IN		
655 WEST SHORE TRAIL					313 SPOOK RC	CK ROAD				
City, State, Zip Code					City, State, Zip C					
		W JERSEY 07871			SUFFERN, NEV					
Project Manager for Monitoring F	ırm		e Number		Telephone Numb		ense Nu	mber		
WILLIAM S. KERBEL, CIH Expected State Date (10)		973-729- Sched, Compl		4)	845-369-7500 Name of OSHA	110	1			
9 / 15	/14	10 /	etion Date (1	/14		ORATORIES INC		#114	480	
Month Day Occupancy Status During Abate	Year	Month	Day	Year				678.757		
Abatement Performe X Other - Describe:  Scope of Work (Check all that a Demolition >3SF OR LF X >160 SF OR 26	MONDA	Y-FRIDAY 5 PM-		Full Conta X Mini-Enclo	inment with Negat	W YORK, NEW Y	ORK 10	0016		
Location of	J L.F	Is Location		Description of As		Т	T A:	patem	opt Ti	ma
Asbestos-containin Material (ACM) TO BE ABATED in Facility (13)	3	normally used solely by Maint/Custodia Staff (12)	C in	ontaining Materia (ie. Thermal systemation, surfacile or other miscella	al (ACM) stems ng, VAT,	Amount (Specify SF or LF)	REMOVAL	REPAIR	ENCAPSU	ENCLOSURE
		Yes No N/A					+		im	m
4TH FLOOR ROOM 406	<u> </u>	x	SPRAY ON	INSULATION	572YS'	80 SF40	x			L.
4TH FLOOR ROOM 418		x	SPRAY ON	INSULATION		40 SF	x			
5TH FLOOR ROOM 551		X		INSULATION		40 SF	x			
6TH FLOOR ROOM 613		x	1	INSULATION		40 SF	X			$\vdash$
etti Leok Koomioto			JOI KAT ON	INSOLATION		40 31				
			<u> </u>							
							-			
Name of Registered Waste Hau FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	er	NJDEP Waste Hauler ID No. 15939	Cubic Yards	s of Waste 10		ered Landfill UNTY RESOURCER DRIVE/ROUTE		IAGEI	MENT	SEF
City, State			Disposal Da		City, State	/ D1 /	ß	(4)	,	
Completed by (Print or Type)	Tit	ρ	9/15-10/15/	2014 Signature	MONTSOMERY	, PA 17752   Dat	al	10	1	-
BENJAMIN SANCHEZ	100000	RECTOR OF OPE		J. G. Halling	188	Dat	7//	4	14	+

Date of Notification (1)		Name of Building O MERCK SHARP & D	wner/Operator (2)	CENT	1			
9 / 12 /1	4	Street Address		5 124 5				
	otification	126 E. LINCOLN AV	ENUE PO POY	7.20 LM 3	: . 0			
	itial Notification							
	mended Notification	City, State, Zip Code RAHWAY, NEW JEF	DOEN OZOGE DE	STAS COM	TROL			
	ancellation	INCHIVANT, INEVA JET	SET U/UPO DE L	LICENSIN	ું			
	n Hold	Name of Contact	- 12	Telephone Num	her			
DCAE	MERGENCY NOTIFICAT	TON MIKE LATRONICA		1 rotopriore				
		FACILITY INFORMATION						
Name of Facility Where Abatemen	is Taking Place (3)	•	Type of Facility	(4)				
			School (K-	1110263344				
MERCK SHARP & DOHME CORPO	RATION			r 8 (Other than k	(-12)			
			X Other (ie.	orivate & commo!	. bldas.	. home	s. etc	2.)
Street Address			Square Feet	# of Floors	T		. Age	
126 EAST LINCOLN AVENUE - BUI			96,000	7			49	
	ounty (6)	County Code (7)	Current Use (Pri	or if being demol	ished)			
	NION	(STATE USE ONLY)	VACANT	Vandystation (Vandystation of the Commission of				
Name of Monitoring Firm Hired by	Building Owner (8)	ASCM No.	Name of Abater	nent Contractor	(9)			
ENVIRONMETAL HEALTH INVEST Street Address	GATIONS, INC.	17	PAR ENVIRON	MENTAL CORPO	DRATIC	N		
655 WEST SHORE TRAIL		NS	Street Address					
City, State, Zip Code			313 SPOOK RO					
	A, NEW JERSEY 07871		City, State, Zip C			1 250	22-	
Project Manager for Monitoring Firm	Telephone	Number	SUFFERN, NEV					
WILLIAM S. KERBEL, CIH	The state of the s		Telephone Numb	per  Lic	ense N	umber		
Expected State Date (10)	973-729-5	All the second of the second o	845-369-7500	110	01			
9 / 15 /1	Sched. Complete		Name of OSHA I					
Month Day Year	Month	9 /14 Day Year	AMERISCI LABO	DRATORIES INC	2	#11	480	
Occupancy Status During Abatement	(Check only one)	Day Teal	Street Address					
X Facility Closed/Vacated D.	uring Entire Period of Aba	tement	117 EAST 30TH	STREET			6	
Abatement Performed Out	side of Normal Facility Ho	ours - Describe:		O.MEL!				
X Other - Describe: Me	ONDAY-FRIDAY 5 PM- 3	AM	City, State, Zip C	ode		-		
Scope of Work (Chapter III that L)			NEV	V YORK, NEW Y	ORK 1	0016		
Scope of Work (Check all that apply)  Demolition	Description	Full Conta	inment with Negati	ve Pressure				
>3SF OR LF	X Renovation	X Mini-Enclo						
X >160 SF OR 260 LF		Non Fright	Procedure e Procedure					
Location of	Is Location							
Asbestos-containing	normally used	Description of As Containing Materia		Amount		batem		
Material (ACM)	solely by	(ie. Thermal sys		Amount	一面	윤	N.	N N
TO BE ABATED	Maint/Custodial	insulation, surfacir		(Specify SF or LF)	REMOV	REPAIR	A	ENCLO
in Facility (13)	Staff (12)	or other miscellar		SF UI LF)	VAL.	고	Sc	SC
	Yes No N/A						ENCAPSULE	SURE
4TH FLOOR ROOM 406	х	SPRAY ON INSULATION	57245°	8 SF40	х			111
4TH FLOOR ROOM 418	X	SPRAY ON INSULATION		40 SF	x			
5TH FLOOR ROOM 551	X	CDDAY ON INCLUATION						$\vdash$
		SPRAY ON INSULATION		40 SF	X			
6TH FLOOR ROOM 613	X	SPRAY ON INSULATION		40 SF	X			
					+			-
Name of Registered Waste Hauler	NJDEP Waste	Cubic Yards of Waste	Name of Register	ed Landfill				
FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	Hauler ID No.	10	LYCOMING COU	NTY RESOURCE	E MAN	AGEN	IENT	SER
City, State	15939	Dianasal Data	447 ALEXANDER	DRIVE/ROUTE	15			
FREEHOLD, NEW JERSEY		Disposal Date 9/15-10/15/2014	City, State					
Completed by (Print or Type)	Title	9/15-10/15/2014 Signature	MONT SOMERY		11			
BENJAMIN SANCHEZ	DIRECTOR OF OPER	ATIONS OF THE PROPERTY OF THE	TYX	Date	7//	21	14	4
			00		11	- /	1	

NOTIFICATION (Pursuant to						BEST	OS ABAT		IT.	900 10						
Date of Notification (1)						Name MERC	of Bu	ARP & DO	mer/C OHME	CORP.	CEIV			**************************************		
8 / 29 /14					MERCK SHARP & DOHME CORP. CEIVED											
Agencies Notified Type Notification							NUE,	P.O. BOX 20	00 RY28-4	140:	9					
EPA X Initial Notification					126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28 414 3: 3											
DEP Amended Notification  X DOL Cancellation				RAHWAY, NEW JERSEY 07065 ASSESTES CONTROL												
)					Name of Contact											
					FAC	ILITY IN	FORM	MATION								
Name of Facility Where Abatem	ent is T	aking	Place	(3)					Тур	e of Facility						
MERCK SHARP & DOHME COR	RPORAT	TION					School (K-12) Subchapter 8 (Other than K-12)					e etc	1			
Street Address						X Other (ie				private & commcl. bldgs., homes, et						
126 EAST LINCOLN AVENUE -	BUILDIN	VG 33								96,000	7				19	
City (5)	Count	ty (6)			1	Coun	ty Co	de (7)	Curr	rent Use (Prio	r if being de	molish	ed)			A.S
RAHWAY	UNIO					(STATE				CANT						
Name of Monitoring Firm Hired				(8)			AS	SCM No.		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION						
ENVIRONMETAL HEALTH INVE	STIGA	HONS	, INC.		-			17	Street Address							
655 WEST SHORE TRAIL										313 SPOOK ROCK ROAD						
City, State, Zip Code										City, State, Zip Code						
SPARTA, NEW JERSEY 07871 Project Manager for Monitoring Firm Telephone Num								SUFFERN, NEW YORK 10901 Telephone Number   License Number			mher					
Project Manager for Monitoring Fi	rm					nper	r Telephone Number License Num 845-369-7500 1101			ii ibci						
WILLIAM S. KERBEL, CIH 973-729-5649 Expected State Date (10) Sched. Completion			Date (1													
Expected State Date (10) Sched. Completion I				9	, ,			#11480								
	Year		Mont			Day		Year	-	- 65 p. 12						
Occupancy Status During Abater  X Facility Closed/Vacate	nent (Ch	neck on	ly one	) od of Ah	atomo	ant			1000000	et Address EAST 30TH	STREET					
Abatement Performed	d Outside	e of No	rmal F	acility H	ours	Describe:										
X Other - Describe:	MON	DAY-FI	RIDAY	5 PM-	3 AM				City	, State, Zip Co			DICA	0040		
								I Eurl Cont	 ninmor	NEV nt with Negativ	V YORK, NI		ORK 1	0016		
Scope of Work (Check all that ap		X F	Renova	ation		X Mini-Enclo				in with regati	re i ressure					
>3SF OR LF	L								g Procedure							
X >160 SF OR 260	) LF				-			Non-Friat					_			
Location of		Is Location				Description of As				Amou	nt		baten	ent T		
Asbestos-containing Material (ACM)	3	normally used solely by			Containing Materi (ie. Thermal sy				Amount (Specify		E	F	NO	NO.		
TO BE ABATED		Maint/Custodial			insulation, surfaci				SF or LF)		REMOVAL	REPAIR	APS	100		
			ff (12) lo  N//	$\mathbb{H}$	or other miscella				s)			A		ENCAPSULE	ENCLOSURE	
4TH FLOOR ROOM 406					PRAY ON INSULATION				80 SF		Х					
4TH FLOOR ROOM 418		)			SF	SPRAY ON INSULATION					40 SF		Х		_	_
5TH FLOOR ROOM 551			(		SF	SPRAY ON INSULATION					40 SF		X	_		
6TH FLOOR ROOM 613			(		SF	PRAY OF	N INS	ULATION			40 SF		X	_	ـ	╀
		_	+	+	+							-	-	-	-	+
		-+	+	-	+								-	╁	-	+
		-	+		+		-									$\perp$
				$\dashv$	1								-	-	-	-
Name of Registered Waste Haul	er		N.IDEI	P Waste	C	ubic Yard	is of \	Vaste	Na	me of Registe	red Landfill		-			
FREEHOLD CARTAGE, INC.  825 HIGHWAY 33  Hauler ID No.  15939				10		LYC	COMING CO	UNTY RES			NAGE	MEN	T SE			
City, State			Di	sposal D	ate		City	y, State								
FREEHOLD, NEW JERSEY						15-10/15	/2014		MC	NTGOMERY	, PA 17752			-		1.
Completed by (Print or Type)		Title		OF OP		TIONE	Sign	ature				Date	X	1	91	16

### RECEIVED

C12EC1C#

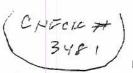
# SULLE OF NEW JETS BY HOTHCATON OF ASSESTOS ABATEMENT PURSUENT SO NIAC 8 60 and 12 120;

			Pursuant:	5 NJAC 8 60 and 12/1	10;		
OCT 20	M 3: EZ		Hama:	of Building Owner Operal	∝ (2)		W. C.
海内しいと	The of wollten	10/14/14		EARTH	TECH CO	NICACI	ING
- waretes	CONTROL OF	Type Holficat	or Suet	1000 P	T. 50		
& LICE	FUTTHE .	S.~~a			1 1 2 0		
& LIUL	. E 35.	— Ymercec	272	are In Come	riFin Al	.7 08	230
	= ∞.	_ Ewadewo		GREEN	FICH IX	Telephone Hun	
		insituation = 100 march	c %3~8	of Contact	~	9600	
	= ∞ = ∞	Cancaliano	r .	BRUCE BIS	EUNIG		
	_ ~~			I'M NOT WATCH			
					; se al Faciliti	¢.	
	Great Facility	Where Abalement & Ta	rud nate i		School (K-12		3
	L I	2 C TO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Snown (re be	Outer than K-1	ا ۱۹ مامام دد
	Siee Address	864. BAIG	HOW PLACE		homes, sici		! Bldg Age
2.5	5	8 2 101210			Square Feet	T # of Floors	40-
	0.5, 75,				1000	7500000	
	Q	CEAN CI	Cor	1 Case 1 5 4 E	Current Use (Pr	CONT	
	2007, 181	2 10	. 5,5	On. T			
		CAPE M		No Name of Aba	mco In	c /	# E
	Tierre of Harrion	ng Firm Hired by Buildin	ng 04				
	1			5.:: hoore	5 5000	LE AVE.	
	5 1: A00/855						25 W NO 20 19465
					500. 3 Sma	1	08:50
	C. Sale Lo C	∞•	1			Danse No	
			× 2/06:16		779-0421	2: _204	77
	SOR! Havade:	ta Mantains Firm			HA Montos		
			Sheculet Completon Co		EPKHLEN	4 M	
	San Date , D.	T .	A 3 714				
	10/2	1 - xiamen	2760 57 · 978	5.44 705	S. Spread	E/1050	<u></u>
	Cransard, 2197	Us Dung Abatemen of acated Dunng Enar	e perod of Abb erner	2r. Saie, i	to Cone		
	孟 tany chase	enamed Origine of your	oma Facility Hours	ې د کې د کې د د کې کې د کې د	DOLE SHAD	, é <u>, M, J</u>	. 00 C 5 Z
	C Maintern P	sua mer o se i c					
	Cone perc	100			: Contanment with h	le ça sve Piesson	<b>E</b>
	Score of North	Check all mail apply	- Renovation		n. Enclosure	9:00	-cure
	- 22 3 01 22		₹ Sewarron	7. 59	n-Exempled (1) and	MONTH TOPE THE	20.00
	<b>-</b> 2 ⋅ 60 √ 0 ⋅ 2	260 -	(A)				
	-		s cocasor .	2:5472	on of	Amount	
			್ರ§ಕಿರ 50-05 <sup>ನ</sup> ೆ		o watera over	Specify	Hereberry H
•, •	*	ocation of	ualnishanæ. Qualoxa	7. cent :	6	5 = = = F	Harry
	230e5 05 C 0	nia ning malena (ACM) 8 <u>E ABA1E</u> 2	\$ 47.	3,782 Y 0,787 7,855	saneous.		٤
	_¥.	7:800	2 15	_		7	
		· i	· a `: `			10000	6 ×
				TRADS	175	20004	
-		-/6	*				==
	517	ING		_===			
				- X 5.0 Y &	T Hame of	Repistered Land	(di
			<del> ।</del>	D Waste Cook	$^{\circ}$ $\cdot$	M.C.M	. 0 . /-
	Name of Repr	Sieres Wasie Hauler	H3 5X	50.00	Calle City Stat	ę	1.7
	Z.	EMED INC		25,22	Date City of	ODBINE	· ~ · ·
	- 5:3:0		_ ~ 08:50	·	<del></del>		Date :
	14000	= 51.07E_1		\$19%	31. se	em.	10 / FEE /19
	Competed B	T	0245	2	Doer -		5H30725
	3552	(定性)			O amaled activate	e s	
V8.		-		nm for a soes for literativ	is stellibled erri	٠.	·///
	1 28 a .		25 2				111



# SIZE OF NEW JETS BY HOTHCATION OF ASBESTOS ABATEMENT Pursuant to NJAC 8:60 and 12:120)

1 T 5 Miles						
- AN AGLED AH 3: 62	Hame of Buildin	o Owner/Operator (	2)			
1318 ST MOUNCE CO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	i E	ARTITE	UTRACTING			
10114-119	Sue et Address					
AND ENTRY CONTROLL	20.641 700 625	SS DT	50			
= = LICENSIE ATTORNOCO		1				
= DE LICENS IE AMERCEC	Cary State Zip C	ರ್ಜ .		T . C-2	2 ^ '	
₹ amenomeni •	(-1	REEN FI	ELDN	5 082	50	
Emargency 11 cm 4	The state of the s			Telephone Humber		
DON Justification	Hame of Contac		MILL			
= x	BRUG	E DICE	JAMIDE			
	FACUTY INF	CANATION				
	FACE THE		Type of Facility (			
Name of Facking Where Abatement is Taking Place (3)		1		32A		
ame of reality the eff rooter			School (K-12)			
PESIDENCE			Supprepier 6	Asia & comma(cim	bulanos	
Sier Address 1912 Aggunt Avi	<u>:</u> -		DOUGH (rall-bur	vala e militara		
1912 159010			Souare Feet	# of Floors	! Bldo Yo	
		ì	The state of the s	. 2	40 +	
OCEAN CITY			1000	Vi de demoisso	(M)	
020000	County Code !	S A SE	Current Use (Pro	or K being demousn	,	
County (5)	USE ONLY	i	VVC	ONT	·	
CADE MAN		Name of Abateme				
ware of Marioring Firm Hired by Building Owner	I ASCAL NO.	Name of Abotton	CO IN	C /		
10//		\$ . e e : 2001 e ss	C 2	= X11.		
Sies Address		369 5	SPRUC	2000		
• • • • • • • • • • • • • • • • • • • •		Co. State Zp Co		-		
		MAP	LP SHAD	16 N N 0	3:3 -	
Ton State Do Code			<u> </u>	T License No		
· ·	eleanane No	Telephone No.	~ ^!! ¬ ¬		4 .	
Praki Hanager lar Montanna Firm		836-77	9-0472	1 -0.5		
		hame of OSHA h	dannai			
Schedulet Com	detan Date (111)	775 E 1		M		
Sian Dait (V)	/ 14		<u> </u>		,	
7 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		Speel Address	~ · · · · ·	- A . C.		
10/27/14	ē.		Sprince	=105.		
Caucancy Status Duning Abatement (Check only on		3095	Spruce			
Caucancy Status Duning Abatement (Check only on		3095			06052	
Coupandy Status During Abatement (Check only on B Facility Closed Vacated During Entire Pends of Abatement Pends on Outside of Normal Facility in Abatement Pends on Outside of Normal Facility in		3095		= 1 U.S.	0605Z	
10/27/14		3 0 9 S Con State, 120 C M20 P	SHAD	E, N. J.	03052	
Coupancy Status During Abatement (Check only on Status During Abatement (Check only on Status Ourside of Normal Facility in During Check of Abatement Performed Outside of Normal Facility in During Describe		3 c 9 S Cry State, Top C MDP	ode SHAD	E, N. J.	<u>.</u> 06052	
Coupancy Status During Abatement (Check only on Status During Abatement (Check only on Status During Entire Pends of Abatement Pendamed Outside of Normal Facility of Check all that apply)	lours	3 0 9 S Cry State, Zip C MDP - Diffut Con Dwn-En	ode SHADI SHADI nianmeni min He dosvice	E, N. J.		
Coupancy Status During Abatement (Check only on Scaling Closed Vacated During Entire Pends of Abatement Pends and Outside of Normal Facility in During Describe  Scope of Work (Check all that apply)	Yaugn	3 0 9 S Cry State, Zip C MDP - Diffut Con Dwn-En	ode SHADI SHADI nianmeni min He dosvice	E, N. J.		
Coupancy Status During Abatement (Check only on Scaling Closed Vacated During Entire Pends of Abatement Performed Duriside of Normal Facility in During Describe  Scope of Work (Check all that apply)  Reno	Yaugn	3 0 9 S Cry State, Zip C MDP - Diffut Con Dwn-En	ode SHADI SHADI nianmeni min He dosvice	E, N. J.	ne Abaier	
Coupancy Status During Abatement (Check only on Scales of Status During Abatement (Check only on Stading Closed Vacated During Entire Period of Abatement Performed Duriside of Normal Facility in Check all that apply)  Scope of tyon (Check all that apply)  2 50 50 50 2 260 11	Yaugn	Cor Suite, Xip Co	ode  E SHADI  TIENTENI MIN NE  CIOSUIE  AD PROCEOURE  E MOIED (1) and NI	E, N. J.	ne Abaier	
Coupancy Status During Abatement (Check only on Scaling Abatement (Check only on Special Status During Entire Pends of Abatement Pends and Outside of Normal Facility in Coner Describe  Scope of Work (Check all that apply)  255 57 01 2760 11	viation selson	Gry State, March Con March En	ode  E SHAD  Internment with Ne closvice ag Procedure empled (1) and Ne	CADVE Pressure	ne Abaier	
Coupancy Status During Abatement (Check only on Status Puring Abatement (Check only on Status Period of Abatement Performed Outside of Normal Facility in Check all that apply)  Score of Work (Check all that apply)  Rend  2 50 51 or 2760 ft	valion silvon talon taly	FUT CON MAN EX	ode  E SHAD  Internment with Ne closvice ag Procedure empled (1) and Ni  stendi (ACM)	gabve Pressure	No sier	
Coupancy Status During Abatement (Check only on Scaling Closed Vacated During Entire Pends of Abatement Pends and Outside of Normal Facility in Other Describe  Score of Work (Check all that apply)  7.55 51 51 52 560 11  3.060 S	Nation of the California of th	FUT CON MONEY  DESCRIPTION OF STATE OF	ode  E SHAD!  The standard of	Gabve Pressure  On Friable Procedu  Amount (Specify	No sier	
Course of the Co	realion Selection Tables Selection Selection Selection Selection	FUT CON MAN-EX  DESCRIPTION OF MAN-EX  DESCRI	ode  SIND I  INSURANCE  INSURANCE	gabve Pressure	No sier	
Coupancy Status During Abatement (Check only on Stading Closed Vacated During Entire Period of Abatement Performed Outside of Normal Facility in Color Describe  Scope of tyork (Check all that apply)  23 50 51 01 2760 11  Aspessos Containing Material (ACM)  Location of Color C	Nation of the control	FUT CON MONEY  DESCRIPTION OF STATE OF	ode  SIND I  INSURANCE  INSURANCE	Gabve Pressure  On Friable Procedu  Amount (Specify	No. (2)	
Course of Status During Abatement (Check only on Stading Closed Vacated During Entire Pends of Abatement Pends med Outside of Normal Facility in During - Describe  Scope of Work (Check all that apply)  22.5 or 23 is 2560 is 2560 is 3 coallon of Stading in Stading	realion Selection Tables Selection Selection Selection Selection	FUT CON MAN-EX  DESCRIPTION OF MAN-EX  DESCRI	ode  SIND I  INSURANCE  INSURANCE	Gabve Pressure  On Friable Procedu  Amount (Specify	No sier	
Coursery Status During Abatement (Check only on Stading Closed Vacated During Entire Pends of Abatement Pends of Abatement Pends of Abatement Pends of Mormal Facility of Check all that apply?  Scope of tyon (Check all that apply)  23 50 51 01 2760 11  Aspessos Containing Material (ACM)  Cod Stading St	Nation of the control	FUT CON MAN-EX  DESCRIPTION OF MAN-EX  DESCRI	ode  SIND I  INSURANCE  INSURANCE	gabve Pressure  on Friable Procedu  Amount (Specify SF or JF	2 - Kenness	
Coursely Status During Abatement (Check only on Stading Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility in During - Describe  Scope of Work (Check all that apply)  22.5 or 23 is 2560 is 2560 is 3 coallon of Spend (ACM)  Aspessos Containing Maleral (ACM)  10.8E ABATED  S	Nation State Property	Tog Suite, Top Company Con Suite, Top Con Ministry Con Mi	ade  Lanment with Ne closure ap Procedure amoted (1) and Ni stena (ACM) insulation c:	gabve Pressure  on Friable Procedu  Amount (Specify SF or JF	No sier	
Coupancy Status During Abatement (Check only on Status Puring Entire Pend of Abatement Pending Entire Pend of Abatement Pending Entire Pend of Abatement Pending of Normal Facility in Check all that apply?  Score of tyon. (Check all that apply)  2550 5101 2760 11  Location of Used Status Abatement (ACM)  Location of Used Status Abatement (ACM)  Location of Status Abatement (ACM)  Location	Nation State Property	Tog Suite, Top Company Con Suite, Top Con Ministry Con Mi	ade  Lanment with Ne closure ap Procedure amoted (1) and Ni stena (ACM) insulation c:	Gabve Pressure  On Friable Procedu  Amount (Specify	2 - Kenness	
Coupancy Status During Abatement (Check only on Status Puring Entire Pend of Abatement Pending Entire Pend of Abatement Pending Entire Pend of Abatement Pending of Normal Facility in Check all that apply?  Score of tyon. (Check all that apply)  2550 5101 2760 11  Location of Used Status Abatement (ACM)  Location of Used Status Abatement (ACM)  Location of Status Abatement (ACM)  Location	Nation State Property	FUT CON MAN-EX  DESCRIPTION OF MAN-EX  DESCRI	ade  Lanment with Ne closure ap Procedure amoted (1) and Ni stena (ACM) insulation c:	gabve Pressure  on Friable Procedu  Amount (Specify SF or JF	2 - Kenness	
Coursery Status During Abatement (Check only on Stading Closed Vacated During Entire Pends of Abatement Pends of Abatement Pends of Abatement Pends of Mormal Facility of Check all that apply?  Scope of tyon (Check all that apply)  23 50 51 01 2760 11  Aspessos Containing Material (ACM)  Cod Stading St	Nation State Property	Tog Suite, Top Company Con Suite, Top Con Ministry Con Mi	ade  Lanment with Ne closure ap Procedure amoted (1) and Ni stena (ACM) insulation c:	gabve Pressure  on Friable Procedu  Amount (Specify SF or JF	2 - Kennary	
Coupancy Status During Abatement (Check only on Status Puring Entire Pend of Abatement Pending Entire Pend of Abatement Pending Entire Pend of Abatement Pending of Normal Facility in Check all that apply?  Score of tyon. (Check all that apply)  2550 5101 2760 11  Location of Used Status Abatement (ACM)  Location of Used Status Abatement (ACM)  Location of Status Abatement (ACM)  Location	Nation State Property	Tog Suite, Top Company Con Suite, Top Con Ministry Con Mi	ade  Lanment with Ne closure ap Procedure amoted (1) and Ni stena (ACM) insulation c:	gabve Pressure  on Friable Procedu  Amount (Specify SF or JF	2 - Kenness	
Coupancy Status During Abatement (Check only on Status Puring Entire Pend of Abatement Pending Entire Pend of Abatement Pending Entire Pend of Abatement Pending of Normal Facility in Check all that apply?  Score of tyon. (Check all that apply)  2550 5101 2760 11  Location of Used Status Abatement (ACM)  Location of Used Status Abatement (ACM)  Location of Status Abatement (ACM)  Location	Nation State Property	Tog Suite, Top Company Con Suite, Top Con Ministry Con Mi	mianment with Ne closure ap Procedure omolod (1) and N	ganve Pressure  on Frank Procedu  Amount (Specify SF or F	2 - Kenness	
Coupancy Status During Abatement (Check only on Status Puring Entire Pend of Abatement Pending Entire Pend of Abatement Pending Entire Pend of Abatement Pending of Normal Facility in Check all that apply?  Score of tyon. (Check all that apply)  2550 5101 2760 11  Location of Used Status Abatement (ACM)  Location of Used Status Abatement (ACM)  Location of Status Abatement (ACM)  Location	Nation Substant Subst	Trade 17	ande SUADI  manment with Ne closure andred (1) and Ni stena (ACN) insulation co	gabve Pressure  on Frank Procedure  Attach:  (Specify  SF or JF	Herman J	
Coupancy Status During Abatement (Check only on Status Puring Entire Pend of Abatement Pend of Abatement Pend med Outside of Normal Facility in Check all that apply)  Score of Mork (Check all that apply)  2 50 51 01 2760 11  Aspessos Containing Material (ACM)  10 BE ABATED  No Facility  131  Yes  51 P / M 6	Nation State Nation State Nation State Nation Natio	Tog Suite, Top Company Con Suite, Top Con Ministry Con Mi	ande SUADI  manment with Ne closure andred (1) and Ni stena (ACN) insulation co	gabve Pressure  on Frank Procedure  Attach:  (Specify  SF or JF	Herman J	
Coupancy Status During Abatement (Check only on Bracking Closed Vacated During Entire Pend of Abatement Pendamed Outside of Normal Facility in Check all that apply!  Score of tyon (Check all that apply!  Score of tyon (Check all that apply!  Cocation of Status Containing Malenal (ACM)  Aspessos Containing Malenal (ACM)  Substitute of Registered Waste Hauler  Name of Registered Waste Hauler	Nation State Natio	Tands 17	Name of Re	ganve Pressure  on Frank Procedu  Amount (Specify SF or F	Herman J	
Coupancy Status During Abatement (Check only on Bracking Closed Vacated During Entire Pend of Abatement Pendamed Outside of Normal Facility in Check all that apply!  Score of tyon (Check all that apply!  Score of tyon (Check all that apply!  Cocation of Status Containing Malenal (ACM)  Aspessos Containing Malenal (ACM)  Substitute of Registered Waste Hauler  Name of Registered Waste Hauler	Nation State Nation State Nation State Nation Natio	Tand 3 7	ande SUADI  manment with Ne closure andred (1) and Ni stena (ACN) insulation co	gable Pressure  ATTOUR!  (Specify SF or JF  pistered Landill 1, C, M. C	Herman J	
Coupancy Status During Abatement (Check only on Status Puring Enter Pence of Abatement Pence of Normal Facility in Check all that apoly)  Score of Work (Check all that apoly)  2 50 51 01 2760 11  Cocalion of Abatement (ACM)  10 BE ABATED  Name of Registered Waste Hauler  K & M C O	Nation State National State Nation State Nat	Tands 17	Name of Re	Gabve Pressure  ATTOMINE  (Specify  SF or F  Postered Landill  C. M. C.  D. B. I WE.	Herman J	
Coupancy Status During Abatement (Check only on Status Puring Enter Pence of Abatement Pence of Normal Facility in Check all that apoly)  Score of Work (Check all that apoly)  2 50 51 01 2760 11  Aspessos Containing Malenal (ACM)  Cost 10 BE ABATED  Name of Registered Waste Hauler  K & M C O	Nation State Natio	Trade 17	Name of Re	Ganve Pressure  ATROPH  (Specify SF or F  Pristered Landill  Coale  Coale	Herman X	
Coupancy Status During Abatement (Check only on Bracking Closed Vacated During Entire Pence of Abatement Pencember Outside of Normal Facility in Check all that apply!  Scope of thory (Check all that apply!  Coation of Coation of Check all that apply!  Coation of Check all that apply!  Some of thory (Check all that apply!  Coation of Check all that apply!  Some of thory (Check all that apply!)  Some of thory (Check al	Nation State National State Nation State Nat	Copy State, Top Copy State, To	Mame of Re	Ganve Pressure  ATROPH  (Specify SF or F  Pristered Landill  Coale  Coale	Herman J	
Course of States During Abatement (Check only on Stading Closed Vacated During Entire Pend of Abatement Pend med Outside of Normal Facility in Check all that apply!  Score of York (Check all that apply!  Score of State   Containing Malenal (ACM)   Stading in Check all that apply!  Total on 0   Used State   Containing Malenal (ACM)   Used State   Containing Malenal (ACM)   Used State   Containing Malenal (ACM)   State   Containing Ma	Nation Substitute Subs	Trade 17	Mame of Re	Ganve Pressure  ATROPH  (Specify SF or F  Pristered Landill  Coale  Coale	Herman X	
Competee By  Compe	Nation Solor  So	Copy State, Top Copy State, To	Name of Re	Gabre Pressure  Amount (Specify SF or F  DINE  Date  D	Herman X	
Competed By  Compe	Nation Solor  So	Copy State, Top Copy State, To	Name of Re	Gabre Pressure  Amount (Specify SF or F  DINE  Date  D	Herman X	



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

### RECEIVED

Date of Notification (1)	Name of Building Owner/Operator (2) 214 00 20 AM 2:45												
Agencies Notified Type Notification	Street Address WIND CHIMES ESTES CONTROL												
☐ BPA ☐ Initial ☐ Amended													
DOL Amendmen		City,	City, State, Zip Code  EGG KARZOR TOP, NJ. 68134										
☐ Emergency justification		Name			Telephone Number								
Cancellation	INAIIR	Name of Contact  5 J M 6											
		EA		FORMATION						$\dashv$			
Name of Facility Where Abatement is Tak	ing Place (3)		CIDITI	Ordination	Type of Facility	(4)				$\dashv$			
RESIDENCE	g . 200 (0)				School (K-12	12/6/20							
Street Address 3346 Fin	017			Subchapter 8 (Other than K-12)  Other (i.e., private & commercial buildings, homes, etc.)									
City (5) Eca HARRO					Square Feet	# of Floors	1000000	dg. A	•	$\exists$			
	10.		nty Code	7) (STATE		ior if being demolis	-			=			
County (6) ATLANTIC	* 		ONLY)		V&C,	D N.T							
Name of Monitoring Firm Hired by Building	Owner	ASCM	No.		ent Contractor (9								
(8) N/A					1 CO INC	<u> </u>				_			
Street Address				Street Address	5, SPAU	CE AVE.							
City, State, Zip Code		-		City, State, Zip C	SHOD	E N.J.	80	805z					
Project Manager for Monitoring Firm	Tel	ephone	No.	MAPLE SHADE, N.J. 08052  Telephone No.   License No.									
Project Manager to Industry Time						-0472 00444							
	eduled Comple												
Occupancy Status During Abatement (Ch				Straat Address			V.	_		=			
☐ Facility Closed/Vacated During Entire F		ement		369 5	SPRUC	EAVE				_			
Abatement Performed Outside of Norm				City, State, Zip C	∞de	.1-5							
Other - Describe:				MAPLE	= DHADE	0, T, N, =	803	52		_			
Scope of Work (Check all that apply)				□ Eull Con	ntainment with Ne	native Pressure							
≥3 sf or ≥3 lf ➡≥160 sf or ≥260 lf	Renoval			☐ Mini-End									
	Is Locati	00	Γ	N NOT-EX	ampled () and No	AFFIADR FIOCEGO		bate	ment				
	Nomali	у						Typ	æ				
Location of Asbestos-Containing Material (ACM)	Used Sole Maintenar		Asbes	Description of tos Containing Mat		Amount			m				
TO BE ABATED	Custodi	al (i.e., thermal systems i			nsulation,	(Specify	Re	R	nca	Enc			
IN Facility (13)	Staff? (12)	surfacing, VA					Remova	Repair	Encapsulate	Enclosure			
(13)	Yes No	N/A			is .		a		ale	10			
SIDING		X	T	RANSITE		12000	X						
	+ + +				27.64	72							
	+					1	1						
	+-+-	<del>                                     </del>											
Name of Registered Waste Hauler		UDEP V		Cubic Yards of Waste_	Name of Regi	stered Landfill	1 /	1					
KLEMOD INC, City, State	1790	4	Disposal Date	City, State	A.C.L	1 /-		-	_				
MAPLE SHADE,				PLEASANT		ν.	J						
Completed By	ie dwn E	= 0		Signature	h. Ko	Date	10.	1	U				
JOE KLEMM	N C			- Cour	- Juan		119	11	_				