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

Date of Notification (1)				Na	me of Ruildi	ng Owner/Operator	(2)	11 00	7 1 0	310		
10 / 18	1 :	2019		100		S.	111	1 06 4	- 1 /	119	out of the same	
Agencies Notified				_		harmaceuticals	s, Inc	, Total			-	
The state of the s	Type Notification	ation			eet Address		Name and Associated Property a	ASSESTOS	R CON	TROI	- &	
☑ DOLWD	☐ Amended	d		1,000	000 Route			LICE	ENSING	3		
☑ DOH	Amendm			1000	y, State, Zip		hi we store	Company of the Compan	With the second			
DCA (NUMBER OF TRANS)	☐ Emergen justification		ding		aritan, NJ me of Conta							
(NJAC 5:23-8)	☐ Cancellat				me or Conta arold Mar			Telephone Nu				
			_					908 927-6	912			
Name of Facility Miles - Al		- 11 - 51			ACILITY I	NFORMATION						
Name of Facility Where At							Type of Facility					
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City (5)							Square Feet	# of Floors	IB	ldg. A	ge	_
RARITAN							>50,000	6		iog. , i	90	
County (6)				С	ounty Code ((7)(STATE USE ONLY)	Current Use (Pr	ior if being demo	olished)			
Hunterdon												
Name of Monitoring Firm F				ASC	M No.	Name of Abatem	ent Contractor (9)					
Environmental Heal	lth Investi	gation	S			Delta/BJDS,	Inc					
Street Address						Street Address						
655 West Shore T	rail	10-02-00,00				1345 Indust						
City, State, Zip Code						City, State, Zip C						
Sparta, NJ 07871						Southamptor	n, Pa 18966					
Project Manager for Monito	oring Firm		100	elepho		Telephone No.	333	License No.				
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Start Date (10)					Date (11)	Name of OSHA N	Monitor					
117 / 1 / 2		12		100	2019	N/A	14					
Occupancy Status During A						Street Address						
☐ Facility Closed/Vacated☐ Abatement Performed C												
Time of Abatement: 7:00	0_AM-11:00	PM/_	PI	M	AM	City, State, Zip Co	ode					
Scope of Work (Check all to	Monday-Saturd	lay										
Scope of Work (Check all ti	nat apply)					☑ Full Cont	tainment with Neg	ative Pressure				
☐ ≥3 sf or ≥3 lf			Renov			✓ Mini-Enc	losure	auve i ressure				
≥160 sf or ≥260 lf		Ц	Demoli	ition		☐ Gloveba	g Procedure mpted (*) and No	n-Eriable Preced	luro			
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Location of			Nom	nally		Description o	f		100	_		T
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			-						10		<u> </u>	Ш
Name of Registered Waste					P Waste ID No.	Cubic Yards of	Name of Regist	tered Landfill				
Service Transport	Group Ir	1C		20990	ID No.	Waste	Minerva lar	ndfill				
City, State						Disposal Date	City, State			11540	1000	
58 Pyles Lane Nev		DE					Waynesbu	rg, Ohio				
Completed By (Print or Type	e)	Title				Signatûre	5-7		ate			
Christine Del Visci	0	Asst.	Adm	in		1/ Show	ENNA	200 1	0/18/	2019	9	
ASR-41						1 1 6 6 7	- VIVIVI	58				

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Date of Notification (1) 16 - 15 - 19				Name o	of Buildin	ng Owner/Operato	r (2)	力量也		. /	PUP	5	
Agency Notified	Type Notification		-	Street	Address	10		111	-			_	
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D EPA D DEP	Initial I Amended		H	City, St	ate, Zip	Code			+			-	1
E DOL	Amendment#				an Albahan an 🕳 Al	FIELD, N	T 67/	7		amerous.	rrrange	-	
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□ DCA	☐ Cancellation	8.50			CHAN		Luce	Telephon	1000	SING			hillion and the second
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Name of Facility Where	Abatement is Taking Pla	àce (3)			.		Type of Facility	(4)	+				
R. CHAN.		··				75 er	D School N/ 4	2)					
Street Address	·						☐ School (K-1 ☐ Subchapter		K-12)	1			
					*		Other (i.e. p	rivate & com	nercial	buildir	igs.		
City (5)					1		homes, etc.	# of Floor		Plda	Age		
BERGENFIEL	0			í	· %		2200 .			٦		~	,
County (6)	~		17	Country	Code:17) (STATE USE	Current Use (F	2	lome E	109		R	>
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City, State, Zip Code						City, State, Zip	th River	St	-	-			
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Project Manager for Mor	nitoring Ferm	Te	lephon	e No	•	Telephone No.	ack, N.J	License N					
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Start Date (10)	Scheduled C	ompleti	on Dat	e (11)		Name of OSHA		1 003	00	-	-	=	-
10-24-19	10-2						Environm	ental					
Occupancy Status Durin	g Abatement (Check on	ly one)				Street Address		CHICAL	-	+		-	
☐ Facility Closed/Vacate	od Destina Entitis Desired	of Abol	omont	•		280 H	uyler St						
☐ Abatement Performed	Outside of Normal Fac	tity Ho	engan Es			City, State, Zip	Code		İ	7			
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Scope of Work (Check a	il that apply)								1	T			
ME23sfor≥3ff			1	Reno	ovation		Containment witi Enclosure	n Negative Pr	essure				
D≥ 160 sf or ≥ 260 lf			- 1	□ Dem	olition	₩ Gio	rebag Procedure			**			
						U Non	-Exempted (*) ar	d Non-Friable	Proce	dure	I AI		ment
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. Location . Location		Use	d Solel	y by		Description							
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Name of Registered Wa	ste Hauler	NJ	DEPW	Vaste H	auter	Cubic Yards of	Name of Reg	stered Landfi	H	+	Ш		
Best Remo	val Inc	ID	No.			Waste	1						
			17:	109		1/2 10	CUMBERL	AND CO	UNTY	LA	ND	F.	LL
City, State	1					Disposal Date	City, State		1				
	k , N.J. 07	601					NEWBUR	GH, PA	. 17	124	0_		
Completed by	Title					Signature	v 100 000	1	1	Date			_
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Date of Notification (1) State of New Jers. NOTIFICATION OF ASBESTO. (Pursuant to NJAC 8:60 as	SABATEMENT IN ECEIVER
0/10/10 Name 57 3 3 4 5 60 as	nd 12:120)
Agencies Notified Type Notification Name of Building Owner/O	perator (2)
1 C-	Demilian corp. OCT 2 1 2019
DEP Initial Street Address 2 Ended	QUP.
Amendmen : City Store 7:00	ASBESTOS CONTHUL & LICENSING
4 DON Contract Services	
Cancellation Islame, of Contact	J 08234
Name of Facility no.	1 Tal.
Street Address Street Address FACILITY INFORMATION	V 926 7373
- duics	Type of Facility (4)
City (3)	School (K-12)
OCea CV	Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)
County (5)	Square Feet # of Floors Price A
Name of Monitoring Firm Hired by Building On (STATE USE ONLY)) Dille Age
Owner (8)	Current Lise (Prior if being demolished)
Name	Of Abara
City, State, Zip Code Street A	. 16.3 /// / / / / / / / /
1/2/2	diress Harement Lesin interil (C)
City, Size	ie 7 in Cod
Telephone Ni-	
Scheduled C	140
Johns Abstance: (C)	SHE CALL License No. EVE 773
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility II. Other—Describe.	
Abatement Performed Outside of Normal Facility Hours Street Address Street Address Other — Describe:	55
Scope of Work (Check All That Apply) City, State, Zi	in Cari
: <2 € 0 r >3 l €	b coas
≥160 sf or ≥260 is ☐ Renovation	
Demolition G Full	Containment with Negative Pressure
- Cocation of Cocation of Assessed Cocation	Page Procedure Exempled (*) and Non-Friable Procedure
Maintenance Description of	Abaraman
(13) Custodial Staff? (i.e. thermal systems insulation	(ivi) Amount Type
Vac Other miscellanenus)	
OG KILL YES NO NIA	(Specify SF or LF) Repair Repair
Diding	De le le
	Lean /
Registered Waste Hauler	
NIDEP Waste Cubic Yards Name	
ZGS47 of Waste Name	of Registered Landfill
_ Wilder Wi Discord D	
T T TIME TIME	1.1/.[-]
Signature V. Riesident. Signature VIII-	Date
5-08)	10/6/10
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Inv#15255

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) 15	KIL	820	PAT	n		(1	Pursu	ant to N	JA	C 8:60 and 5:	16)	IN E C	E	Ī	WI	E
15	100000000000000000000000000000000000000	Parameter 1974)				Na	me of Build	ling	Owner/Operator	(2)				U [5
Agencias Notified □ DOLVID □ Emergency (including Lemergency (including	1	10/	15	/19	9				8378			#11820	5 a			Continues.
SPA	Agencies Not	tified	Type Not	ification		_	Stre	eet Address	s				1 1	7 (1)	110	
Debt/NU										Road	j	į				1
South Plainfield, N South Plainfield, N South Plainfield, N Name of Contact Stephen Graziani Telephone Number 973-584-2000 FACILITY INFORMATION School (K-12) School (K-12							-		000000	Marie College	1	ASSES	1050	HVI	7671 1	<u> </u>
International Content			(1)								1		ICENS	MG	& Could know C	31
		3-8)			icidali	ig	_					Telephone	Mumba		THE REAL PROPERTY.	escent and
Name of Facility Where Abatement is Taking Place (3) PSE&G- Maywood Substation Type of Facility (4) School (K-12) Subchapter (6) (City (5) Subchapter (6) (City (5) Subchapter (6) (City (6) Subchapter (6) (City			☐ Cance	llation			s	tephen G	raz	iani						
Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12)									_			0.0004	-2000			
School (K-12) School (K-12) School (K-12) Subchapiter 8 (Other than K-12) Subchapiter 8 (Other tha	Name of Facil	lity Where	Abatement i	is Taking	Plac	e (3)		, toller i	-	ORMATION	Type of Facilit	ty (A)				
Street Address																
City (5) Maywood, NJ County (6) Bergen Name of Montioring Firm Hired by Building Owner (6) Name of Montioring Firm Hired by Building Owner (6) Name of Montioring Firm Hired by Building Owner (7) Name of Montioring Firm Hired by Building Owner (8) Name of Montioring Firm Hired by Building Owner (8) Name of Montioring Firm Hired by Building Owner (8) Name of Montioring Firm Hired by Building Owner (8) Name of Montioring Firm Hired by Building Owner (8) Name of Abstement Contractor (9) Abate Tech, Inc. Street Address PO Box 365 City, State, Zip Code Lumberton, NJ 08048 Project Manager for Montioring Firm James Proctor Start Date (10) 9 / 19 19 10 / 25 / 25 / 25 / 25 / 25 / 25 / 25 / 2	Street Address	S									☐ Subchapte	r 8 (Other than	K-12)			
County (6) Bergen	136 West (Central	Avenue (L	ot 81)							Other (i.e.,	private and cor	nmercia	l build	ings,	
Maywood, NJ County (6) Bergen	City (5)					77-0								Blda	Age	-
Bergen Homeowner Residence Homeowner	Maywood,	NJ										" 011 10010		Diag	, igc	
Bergen	County (6)						Cou	unty Code ((7)(S	TATE USE ONLY)	Current Use (F	Prior if being der	molishe	d)		
Health & Safety Services Street Address PO Box 355 City, State, Zip Code Berlin, NJ 08009 Project Manager for Monitoring Firm James Proctor Substant Date (10) Street Address Street Address Substant Date (10) Start Date (10) Substant During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Databatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-PM/PM-AM Scope of Work (Check all that apply) Start Date (10) Substant During Abatement (ACM) Substant Date (11) Substant During Abatement (ACM) Substant Date (11) Substant During Abatement (ACM) Substant														-/		
Health & Safety Services AbateTech, Inc.				ilding O	wner	(8)	ASCA	/I No.	IN	lame of Abateme	ent Contractor (9	9)				
PO Box 365 City, State, Zip Code Berlin, NJ 08009 Project Manager for Monitoring Firm James Proctor Start Date (10) 9 / 19	Health & S	afety Se	ervices									,				
City, State, Zip Code Berlin, NJ 08009									S	treet Address		70-1171 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				
Berlin, NJ 08009	PO Box 36	5								30 Maple Ave	. PO Box 25					
Project Manager for Monitoring Firm James Proctor Start Date (10) 9									C	ity, State, Zip Co	de					_
James Proctor G09-704-8850 G09-265-2107 O0529										Lumberton, N	J 08048					
Start Date (10) 9 / 19 / 19 Scheduled Completion Date (11) 10 / 25 / 19 EMSL Analytical Occupancy Status During Abatement (Check only one) □ Facility Closed/Vacated During Entire Period of Abatement □ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AMPM/_PMAM Scope of Work (Check all that apply) □ ≥3 sf or ≥3 if □ Renovation □ Demolition □ Mame of Negative Pressure □ Mini-Enclosure □ Morn-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Material (ACM) IN Facility (13) □ DE ABATED IN Facility (13) Vest No N/A See Attached □ □ □ Mame of Registered Waste Hauler Environmental Transport Group, INC. Nomelof Registered Maste Hauler Environmental Transport Group, INC. Nomelof Registered Landfille Disposal Date 10/25/19 Morrisville, PA 19067	1 2		nitoring Firm			Tele	phone	No.	T	elephone No.		License No	j.			
9	September 1990 and September 1990					1				609-265-2107		00529				
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AMPM/_PMAM			40						N	ame of OSHA Mo	onitor					
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AMPM/PMAM						0.5	_ /	19		EMSL Analytic	cal					
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AMPM/AM									St	reet Address						
Time of Abatement:AMPM/AM	☐ Abstance F	ed/Vacate	ed During Ent	tire Perio	od of A	Abater	ment			200 Route 130	North					
Scope of Work (Check all that apply) Scope of Work (Check all that apply) Mini-Enclosure Mini-Enclosure Scope of Work (Check all that apply) Mini-Enclosure Mini-Enclosure Morrisolary Procedure Abatement 1 Abatement 1 Abatement 1 Abatement 1 Abatement 1 Abatement 1 Occasion of Asbestos Containing Material (ACM) (ACM	Time of Abar	tement:	Outside of N AM-	Iormal F	acility	Hour	s - Des	scribe	Ci	ty, State, Zip Coo	de			III E-SESHI		
See Attached Exterior See Attached See Attache								_AIVI	1	Cinnaminson,	NJ 08077					
Renovation Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Exempted (*)	Scope of Work ((Check al	Il that apply)							DE. 10.						
See Attached See	$\square \ge 3$ sf or ≥ 3 lf				Rer	novatio	on			☐ Mini-Enclo	inment with Ne	gative Pressure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) See Attached Exterior Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A See Attached See Attached Exterior See Attached See Attached Exterior Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A See Attached See Attached See Attached See Attached Exterior Normally Description of Abatement T Robert (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) See Attached See Attached See Attached Exterior Normally Description of Abatement T Robert (Specify SF or LF) Abatement T Robert (Specify SF or LF) See Attached See Attached Exterior Normally Abatement T Robert (Specify SF or LF) See Attached Exterior Normally Abatement T Robert (Specify SF or LF) See Attached See Attached Exterior Normally Abatement T Robert (Specify SF or LF) See Attached See Attached See Attached See Attached See Attached See Attached Exterior Disposal Date Flanders, NJ Completed By (Print or Type) Title Signature Date	≥160 sf or ≥2	260 If		Σ	☑ Den	nolitio	n			☐ Glovebag	Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) See Attached Exterior Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A See Attached See Attac					le l	Locati	on	1		⊠ Non-Exem	pted (*) and No	n-Friable Proce	dure			
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) See Attached Name of Registered Waste Hauler Environmental Transport Group, INC. Signature Name of Registered By (Print or Type) Title See Solely by Maintenance/Custodial Staff? (12) Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) See Attached See Attached See Attached Morrisville, PA 19067 Signature Date		Location	of							Description of			1		nent T	уре
See Attached See				Л)				Asbes	stos	Containing Mate	erial (ACM)	Amount	Z e	Rep	Enc	Enc
See Attached See Attached See A								(i.e.	, the	ermal systems in	sulation,		Von	pair	aps	Enclosure
See Attached See Attached See A			•	_		(12)			of	ther miscellaneou	is)	SF or LF)	<u> </u>		ulat	лге
Exterior Asbestos Siding 200 SF Name of Registered Waste Hauler Environmental Transport Group, INC. Name of Registered Waste Hauler Environmental Transport Group, INC. Name of Registered Landfill Grows- Fairless Landfille Disposal Date 10/25/19 Morrisville, PA 19067 Date				\	Yes	No	N/A				7. 				e	
Exterior Asbestos Siding 200 SF Name of Registered Waste Hauler Environmental Transport Group, INC. NJDEP Waste Hauler ID No. 000692061 Disposal Date Flanders, NJ Completed By (Print or Type) Title Asbestos Siding Cubic Yards of Waste Grows- Fairless Landfill Grows- Fairless Landfille City, State Morrisville, PA 19067	See Attached	_)					See Atta	ach	ed)		See Attache	d D	1	П	П
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Name of Registered Waste Hauler Environmental Transport Group, INC. Disposal Date Flanders, NJ Completed By (Print or Type) NJDEP Waste Hauler ID No. 000692061 NJDEP Waste Hauler ID No. 000692061 Name of Registered Landfill Grows- Fairless Landfille City, State 10/25/19 Morrisville, PA 19067 Date					- 1					- Tuning		200 31			1	
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Environmental Transport Group, INC. Hauler ID No. 000692061 City, State Flanders, NJ Completed By (Print or Type) Hauler ID No. 000692061 Hauler ID No. 000692061 Waste 40 City, State 10/25/19 Morrisville, PA 19067 Date	Name (D															
City, State 000692061 40 Grows- Fairless Landfille	name of Registe	red Wast	te Hauler	INC	(a)	10000				111. F M. 160 B. 17 B	Name of Regis	tered Landfill				
City, State Flanders, NJ Completed By (Print or Type) Title Disposal Date 10/25/19 Morrisville, PA 19067 Date			port Group,	INC.		- CO (10)				TO THE REAL PROPERTY OF THE PERTY OF T	Grows- Fai	rless Landfill	le			
Completed By (Print or Type) Title Signature Date											City, State		-7-			
Date									1	0/25/19	Morrisville,	PA 19067				
				Title						Signature	~ ^	/	Date		3.00	
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VIDTA PA	IID	NOTI	FICATION Pursuant	tate of N N OF AS t to NJA	BESTOS	ABATE	MENT 0)		E C	El	V	E	100	
Date of Notification (1) 10/16/2019			Name o	of Building d Buildi	g Owner/eng Corp	Operator	(2)		5 9		<u>U</u>		THE THE PERSON	THE CONTRACTOR OF STREET
Agencies Notified Type Notificatio	n			Address V. Broad	Street				-0CT	2 1 21	19	Wilder Complete die		Charge 151 Later of
DEP Amended Amendmen			City, Sta Beth	ate, Zip C lehem,	ode PA 180	18		A	SBESTO		ROL	. &		STEP STEP STEP STEP STEP STEP STEP STEP
DOH Emergency justification Cancellation)	ı		of Contact r Hall	i			La UNITE SERVICE	Telephon	e Numbe 47-4360			2005-1	1
Name of Facility and			FAC	ILITY IN	ORMAT	ION								
Name of Facility Where Abatement is Tak Lab Office Building (1501)	ng Place (3	3)					provide the second	ool (K-12)		-			-	-
Street Address 225 Elm Street							Sub	chapter 8 er (i.e. priv	Other than ate & com	n K-12) mercial b	uildin	gs, t	nome	es,
City (5) Perth Amboy							Square F 5,000		# of Floor	s	Bldg 50	g. Ag)+	je	
County (6) Middlesex County			County (STATE	Code (7) USE ONL	y)	_	Current U	Jse (Prior i Building	f being der	nolished)				
Name of Monitoring Firm Hired by Building Environmental Health Investigati	Owner (8) ons, Inc)	ASCN	A No.		Name Bak	of Abatem to Constr	ent Contra	ctor (9) Restora	ation, In	 С.			
Street Address 655 West Shore Trail						Street	Address	46 Suite						
City, State, Zip Code Sparta, NJ 07871			-			City, S	tate, Zip C	ode						
Project Manager for Monitoring Firm John A. Sekelsky			Telepho	ne No.	9	Teleph	one No.		Licer 066	ise No.				
Start Date (10) 10/30/2019	Schedule 11/05	ed Co /201	mpletion I			Name	of OSHA N							
Occupancy Status During Abatement (Che	ck Only On	ne)					Address		1 lesiola	alori, iri	··			
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor	Period of A	Abatei Hour	ment 's				A Route	46 Suite	3D			-		
Other – Describe:							wa, NJ (
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if x ≥160 sf or ≥260 if		Renova Demoli				F	Full Co	ntainment	with Negat	tive Pres	sure			
	<u></u> П	Zenion	TION .			XXX	Gloveb: Non-Ex	iclosure ag Procedi empted (*)		Friable P	roceo	lure		
Location of	N	Locat	lly		Doc	scription							nent e	
Asbestos-Containing Material (ACM) TO BE ABATED		d Sole intena	ely by ince/	Asbes	tos Cont	aining M	aterial (AC	(M:	Amount			T	т	
In Facility	Cust	odial (12)	Staff?	(I.e	surfac	ing, VA7	insulation, r, or	.	(Specify SF or LF)	Kemova	I veball	0 .	ncap	Enclosure
(13)	Yes	No	N/A		other m	niscellane	eous)			oval		-	Encapsulate	sure
Basement store room	+	X			Trans	site par	nels		20 SF	2	+	+	-	
Exterior		X	+-+			ndow o			600 LF		-	+		
Basement		X				Insulat			3 LF	- A	+	+	-	-
			+						- C L1		+	+		
Name of Registered Waste Hauler Bako Construction & Restoration,	Inc.	ŀ	JDEP Water ID ID		Cubic of Was		Na F	me of Reg airless L	istered Lar andfill/ V	ndfill Vaste N	/lana	age	mer	nt
City, State Totowa, NJ						al Date		y, State Morrisville	e, PA					
Completed by Damir Valjevac	Title Proje	ect N	1anager		Si	gnature Tax		gr.		Date 10/1	6/20	119		

Inv# 15364

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UK 2382	具具具	(F	ursuan	t to NJAC	8:60 ar	nd 12:12	(0)	NE	C		V I		\mathbb{N}
Date of Notification (1) 10/18/19				of Building nata Tie		Operator	r (2)	<u> </u>		22		principle principle	A DATA OF THE PARTY OF T
Agencies Notified Type Notification		-		Address	ing		1.0		OCT	212	019	Daniel St.	y.
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DEP Amended		ı		ate, Zip C			it it	A.S.	BESTO	s CON	TROL	8	1200
X DOL Amendment Emergency (_		awn, N		0			LICE	ENSIN	3		ا د منسودانهن
DOH justification) DCA Cancellation				of Contact nata Tle				T	elephone I	Number			
				ILITY INF		ION							
Name of Facility Where Abatement is Taking Residential Home	Place ((3)					Type of Faci	lity (4)					
Street Address							School						
0.000171001000						15	X Other (i	.e. private	her than K	(-12) ercial bui	ildings,	hom	es,
City (5)							etc.) Square Feet	#	of Floors		Bldg. A	ae	
Fair Lawn							1900	2		- 1	65+/-	90	
County (6) Bergen				Code (7) USE ONLY)		Current Use Residentia			lished)			7-22-3
Name of Monitoring Firm Hired by Building C	wner (8)	ASC	M No.		Name	of Abatement				-		
Project Manager						All S	tages Abat		22.03.63				
Street Address							Address N. Midland	Ave.					
City, State, Zip Code					-	City, S	State, Zip Code						-
Project Manager for Monitoring Firm	14		Telepho	no No			dle Brook, N	IJ 0766					
- reject manager for Monttoning Film			releptio	ille No.			none No. 600-3184		License 01305				
Start Date (10) 10/21/19	Schedul 10/24/		npletion	Date (11)			of OSHA Mon	itor	1				
Occupancy Status During Abatement (Check						Stroot	Address						
Facility Closed/Vacated During Entire P	1053	58	nent.			Street	Address						
Abatement Performed Outside of Norma Other – Describe: 8 A.M to 4 P.M	al Facility	y Hours	i	2		City, S	tate, Zip Code						
Scope of Work (Check All That Apply)													_
≥3 sf or ≥3 lf	×	Renova	tion			×	Full Contai	nment wit	h Negative	e Pressi	ıre		
× ≥160 sf or ≥260 lf		Demolit	ion			F	Mini-Enclo Glovebag	sure					
	1						Non-Exem	pted (*) ar	nd Non-Fri	able Pro	cedure	9	
		Locati Normal		ja C							Abate Ty		
Location of Asbestos-Containing Material (ACM)	Use	ed Sole	ly by	Asbes		scription	of laterial (ACM)		Amount				
TO BE ABATED In Facility	4-3500	aintenar todial S			thermal		insulation,	(Specify	Rei	R	Enca	Enc
(13)		(12)			other n	niscellan	eous)	3	F or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A							=		ate	e)
Basement		Х				VAT		2	95 SF	X			
Name of Degistered Waste United			IDED										
Name of Registered Waste Hauler All Stages Abatement		Н	JDEP W auler ID	No.	Cubic of Was				ered Land		1 mil		
3 = 0.4 C.		0	036592	2	3 YD				al Sanita	ary Lar	natill		
City, State Saddle Brook, NJ					Dispos TBD	al Date	City, S	State Argyl, P	A				
Completed by	Title				S	ignature		Carl Mark	- 1	Date	Actor actor		-
Richard Cristofol	Pres	ident				de	4/1/2			10/18/	19		

CY INAM	nceral	AI	Not	IFICATI (Pursua	State of I	New Jers SBESTO	ABATE	EMENT		N#	:][53	بإذ	22	7
Date of Notification (1)	200101							1 500	J E	C		W	E	In	Contraction of the Contraction o
10/11/2019				C	e of Buildin arePoil	ng Owner nt Hea	/Operato Ith	r (2)	灯	And the second s					D. STATEMENT
Agencies Notified	Type Notification		-	Stree	t Address			111	Section 17: 1	OCT 2	1	2019		11	
EPA DEP	✓ <u>Initial</u>			-	08 Willo		€.	. Pro	121						759175
☑ DOL	Amended Amendment #				State, Zip	Code			Lanu.	BESTOS	00	NTRO	OL &	<u> </u>	
✓ рон	Emergency (in justification)	ncludin	ig	Name	of Contac	ct			~ N	LICE	NSI	AG_		en e	الني
☐ DCA	Cancellation				anuel 7	370				Telephoi 551-					
Name of Facility Where A	Abatement is Taking	Place	(3)		CILITY IN		ION					040			
Hoboken Unive		1 1406	(3)					Type of Fac							
Street Address								School	(K-12)) (Other tha	n K-1	21			
308 Willow Ave								Other (i.e. pri	vate & com	merc	ial bu	ilding	s, hor	mes,
City (5) Hoboken								Square Feet		# of Floor	rs		Bldg.		
County (6)				Count	y Code (7)			Current Use		7 if being de	molia		156		
Hudson				(STATE	E USE ONL	n		Medica	i Cer	nter/Ho:	molis Spit	nea) al			
Name of Monitoring Firm N/A	Hired by Building Ov	wner (8	3)	ASC	CM No.			of Abatement	Contra	actor (9)	·				
Street Address								anced Sp	ecia	Ity Con	trac	ctors	3		
								0 Mains S	St Ex	t Suite	10				
City, State, Zip Code							City, St	ate, Zip Code							
Project Manager for Monit	toring Firm		7	Teleph	one No.			reville, None No.	J, 08						
				relepit	one No.			one No. :525-010()		nse N 750				
Start Date (10) 10/26/2019	S	chedul	ed Co	mpletion	Date (11))	Name o	of OSHA Mon	itor		7 0 0				
Occupancy Status During		10/26		19				ronmenta	al Ta	ctics					
☐ Facility Closed/Vacat	ed During Entire Box	riad of	۸ h م د	nent				Address road St		LET		20			В
☐ Abatement Performe ✓ Other – Describe:	d Outside of Normal Performed in	Facility	Hours	s ical F	Rooms			ate, Zip Code							
Scope of Work (Check All	That Apply)						Mala	iwan, NJ	0//4	4/					
✓ ≥3 sf or ≥3 lf		V F	Renova	ation			r	T Full Contain							
≥160 sf or ≥260 lf			Demolit	ion.			İ	Full Contai	sure		ive P	ressu	re		
		Ш,						Glovebag Non-Exemp	Proced oted (*)	<u>dure</u> and Non-l	Friabl	e Pro	cedur	e	
1			Locati Normal									T	Abate	emen	nt
Location of Asbestos-Containing N	laterial (ACM)	Use	d Sole intenar	ly by	Ashes	Des	cription o	f terial (ACM)					l y	ре	1
TO BE ABAT In Facility			odial S		(i.e.	thermal:	systems i	nsulation.		Amount (Specify		Re	Z.	Encapsulate	Enc
(13)			(12)			other m	ing, VAT iscellane	or ous)		SF or LF)		Remova	Repair	psul	Enclosure
		Yes	No	N/A								al		ate	Ге
AHU-2		/			Tile				<5	Sf		1	П		П
AHU-3					Tile				<5	Sf		1	Ħ		Ħ
2nd Floor MER		1			Pipe I	nsulat	on		<3	LF		V			
Name of Registered Waste	Hauler			IDEE !!											
Freehold Cartage			Ha	JDEP W auler ID		Cubic Y of Wast		1:		stered Lan					
City, State			1	5939		32				Landfil	1				
Freehold, NJ						Disposa 9/21/		City, St		e, PA					
Completed by John Evanovich		Title					nature				Date				
JOHN EVANOVICA		Estir	mato	r		13	John	Evan	É	2		/20	19		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Freeport-McMoran Facility (Norwich/Bayway operations 10/16/2019 Agencies Notified Type Notification Street Address 48-94 Bayway Ave EPA Initial City, State, Zip Code DEP Amended X DOL Amendment # Elizabeth, NJ 07202 Emergency (including Name of Contact ASTEREPHONE WIMBEROL & DOH justification) 908-15-31-31-00 DCA Cancellation Byron Light **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Phelphs Dodge Facility (Propane Tank Farm) School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, × 48-94 Bayway Ave City (5) Square Feet # of Floors Bldg. Age Elizabeth 1.000 75+ County (6) County Code (7) Current Use (Prior if being demolished) Union (STATE USE ONLY) Exterior Propane Tank Farm Name of Monitoring Firm Hired by Building Owner (8) ASCM No Name of Abatement Contractor (9) Hazmat Diagnostic LLC Street Address Street Address 16 Glenwild Ave City, State, Zip Code City, State, Zip Code Bloomingdale, NJ 07403 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-928-3995 01181 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10/28/2019 11/01/2019 Hazmat Diagnostic LLC Occupancy Status During Abatement (Check Only One) Street Address 16 Glenwild Ave Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Bloomingdale, NJ 07403 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf X Demolition Mini-Enclosure Glovebag Procedure × Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, Enclosure (Specify Remova Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Exterior Propane Tank Farm X Black Tar 40SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste

0035440

Title

President

TBD

TBD

Disposal Date

Signature

WM-Grand Central Landfill

Date

10/26/2019

City, State

Pen Argyl, PA

100 11 (D 00 00)

Completed by

City, State

Hazmat Diagnostic LLC

Bloomingdale, NJ

Deni Naumovski

INI# 150	354	Overstance								1	F	0		ла	12	rint Fo
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Date of Notification (1) 10-17-19				Name PSE		g Own	er/Operato	r (2)			-)CT	2 1	20	9	
Agencies Notified Type	e Notification				Address Hadley	Dd					ASBE	STO	SCC	NATTO	This	
EPA X	Initial Amended				tate, Zip C				1		1000	LIC	ENSI	NG	CHE C	2
⊠ DOL	Amendment Emergency	(including			Plainfie		J									
DOH □ DCA	justification) Cancellation				of Contact ony Gisn	***	i				elephon 56-37					
Name of English Minera Abeter		DI		FAC	ILITY INF	ORM	ATION									
Name of Facility Where Abater PSEG Irvington	nent is Takin	g Place ((3)					Ty	pe of Facility	0.07		V.C.				
Street Address 934 Clinton Ave								×	School (Konstant) Subchapte Other (i.e.	er 8 (Ot	her than & com	n K-12 merci	2) al buil	dings	hom	es,
City (5) Irvington								Sqi N/	etc.) uare Feet A	# 6 N	of Floor	s	1100	Bldg. A	ige	
County (6) Essex					Code (7) USE ONL)	n		Cui	rrent Use (Pi	rior if be	eing der	nolish	1			
Name of Monitoring Firm Hired N/A	by Building (Owner (8)	ASCI N/A	M No.			of A	batement Co	ntracto	r (9)					
Street Address N/A							Street	Addı			71000	, 1110.		-		
City, State, Zip Code N/A							City, S	state,	Zip Code NY 1198	0						
Project Manager for Monitoring N/A	Firm			Telepho N/A	one No.		Teleph	none			Licer 0113	ise No	o.			
Start Date (10) 10-28-19		Schedul			Date (11)		Name	of O	SHA Monitor							
Occupancy Status During Abate	ement (Check						Street		vironment ess	ai Sei	vices,	inc.			-	
Facility Closed/Vacated Do Abatement Performed Out Other – Describe: Partial v	side of Norm	eriod of a	Abaten Hours	nent			1		ock Rd Zip Code							
Other – Describe: Partial v Scope of Work (Check All That						_	Yaph	nank	NY 1198	0						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	(PP()		Renova Demolit				×	M G	ull Containm lini-Enclosur llovebag Pro on-Exempte	e cedure					4	
Location of			Locati			-) o o o dia tila a		Ì						ment	
Asbestos-Containing Materia TO BE ABATED In Facility (13)	al (ACM)	Ma	d Sole intenar todial S (12)	nce/		tos Co therm sur	Description ontaining Montaining	lateria insu T, or	lation,	(3	mount Specify F or LF)		Remova	Repair	Encapsulate	Enclosure
Concreter		Yes	No	N/A											te	Ф
Generator room	A			X			TSI			1	5 LF		х		_	
Name of Registered Waste Hau	la -			IDED W												
/eolia	lei		H	JDEP W auler ID JD0806		of W	ic Yards aste		Name of Fairless			ndfill				
City, State Flanders, NJ						Disp TBD	osal Date		City, Stat Morrisv		A 190	67				
Completed by Raymond Tutiven		Title Supe	rvisor				Signature	10001200	Saymond @	. Tutil	ven	Date 10-	17-1	9		
									et.		and the second second					

IN#15357

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

Ck#3648

Date of Notification (1)			Nam	e of Buildir	ng Owner/Operator	(2)		NAME OF THE OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER,			
	19				Jniversity-Office		Construction			I	
Agencies Notified Type Noti	fication		Stree	t Address			11 11 12 12 12 12 12 12 12 12 12 12 12 1	and a second			111
☐ EPA ☑ Initial			20	0 Elm Dr.				2 -		10	CONTRACTOR CONTRACTOR CONTRACTOR
☑ DOLWD ☐ Amend			City.	State, Zip	Code		III OCT		20	119	100
The state of the s	ment #	-			NJ 08544		Out of the last				1
DCA Emerg (NJAC 5:23-8) Emerg	ency (includir	ng		e of Contac				apaganga w	* S B C'C	enones econos	أصده
Cance							Telephone Num	ber C		FIUL	. Č
Cance				bert Orte			609-258-184	1	31146	MONTH OF THE	
Name of Facility Where Abatement i	Taking Plac	e (3)	FA	CILITY II	NFORMATION	T	(4)				
Princeton University-New Gr			200m	2442		Type of Facility (• •				
Street Address	addate coi	lege i	(UUIII	2412		School (K-12) 3 (Other than K-12)	\			
College Rd W & Springdale F	اما					Other (i.e., pr	rivate and commer	cial b	uildin	qs.	
	.a					homes, etc.)			87		
City (5)						Square Feet	# of Floors	В	dg. A	ge	
Princeton									70		
County (6)			Cou	nty Code (7	7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)			
MERCER					X-1	Office/Class					
Name of Monitoring Firm Hired by Bu	ilding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
TTI Environmental Inc						VIRONMENTAL	INC				
Street Address					Street Address		-,				
1253 North Church Rd					1123 BEAVE	PSTREET					
City, State, Zip Code					City, State, Zip Co						
Moorestown, NJ 08057											
Project Manager for Monitoring Firm		Tal	phone	Na	BRISTOL, PA	19007					
Michael Keehn					Telephone No.		License No.				
Start Date (10)	0.1.11.16		09-386		215-788-6040		00509				
10 / 28 / 19	Scheduled C				Name of OSHA M						
	10		<u> </u>	19	BRISTOL EN	VIRONMENTAL	., INC.				- 1
Occupancy Status During Abatement					Street Address						
☐ Facility Closed/Vacated During Er	tire Period of	Abate	ment		1123 BEAVER	RSTREET					
	Normal Facilit	y Hou	rs - Des	cribe	City, State, Zip Co	ode					
	JPIVI/P	'IVI	AM		BRISTOL, PA	19007					ı
Scope of Work (Check all that apply)											
≥3 sf or ≥3 If	⊠ Re	enovat	ion		☐ Full Conta	ainment with Nega	ative Pressure				
☐ ≥160 sf or ≥260 lf		emolitic			☐ Glovebag	Procedure					İ
					Non-Exer	mpted (*) and Non	-Friable Procedure	е			
		Loca						Ab	atem	ent T	уре
Location of Asbestos-Containing Material (AC		Norma			Description of						7
TO BE ABATED	IVI)	intena			stos Containing Mat ., thermal systems i		Amount	em	Repair	nca	ncl
IN Facility	Cus	todial	Staff?	(1.0	surfacing, VAT,		(Specify SF or LF)	Removal	Ħ.	psu	Enclosure
(13)	V	(12)	1		other miscellaned		/	-		Encapsulate	6
	Yes	No	N/A								
Room 2412				Floor Ti	ile and Mastic		144 SF				
								П	П	П	
Name of Registered Waste Hauler		N	JDEP \	Vaste	Cubic Yards of	Name of Registe	ered Landfill				
BRISTOL ENVIRONMENTAL,	INC.	H	lauler II		Waste	FAIRLESS I					
City, State			18706)	Disposal Date	City, State		-			
BRISTOL, PA 19007					Disposal Date		LE, PA 19067				
Completed By (Print or Type)	Title				10:	MORRISVIL					
Brian Scafiro	100000000000000000000000000000000000000	40.5			Signature	o û	/ Dat	e /	, 1	16	
ASR-41	Estima	LOF			Price	Scofies 1	of 1	0/1	6/1	9	

1 101 /=	#154	(0							No. of Lot	Control of the Contro			Г	11111
CK1049	PAI	D		FICATIO	tate of No N OF ASI t to NJAC	BESTOS	ABATE	100000000000000000000000000000000000000	R	EGE		V		5
Oct. 17, 2019				Name of	of Building Bloomfie	Owner/o	Operator	(2) rtnership		OCT 2	7 20	19	The same of the same	
Agencies Notified	Type Notification				Address Bloomfie	ld Aver	2110		1 1	S. C. C. C. C. C. C. C. C. C. C. C. C. C.	7.50		16-	······································
EPA DEP		PR.00		City, St	ate, Zip C	ode			In more in order to the	ASBESTOS (CONTI	101	===B C) JE	
▼ DOL ▼ DOH ▼ DO	Amendment Emergency	(including	_		nfield, N		03			Telephone N	umber		and the same	
DOH DCA	justification) Cancellation			Steve	Goldste	ein				relephone N	umber			
Name of Facility Where		g Place (3	3)	FAC	ILITY INF	ORMAT	ION	Type of F	acility (4))				
Commercial Buildin	ıg	-						Sch	ool (K-12))				
Street Address 606 Bloomfield Ave	nue								er (i.e. pri	3 (Other than K- ivate & commer		dings	, hom	es,
City (5) Bloomfield								Square F		# of Floors	1 3	3ldg. A	Age	
County (6) Essex					Code (7) USE ONLY	n		Current U		if being demoli space	shed)			
Name of Monitoring Firm none	Hired by Building	Owner (8))	ASCI ***	M No.			of Abatem		ractor (9) ervices, LLC			*******	
Street Address				1			Street	Address Patersor	000000000000000000000000000000000000000		·			
City, State, Zip Code				-			City, S	tate, Zip C	ode					
Project Manager for Mon	itorina Firm			Telepho	ne No			n City, N	IJ 0708	7 License	No			
***				***				682-987	2	01385	INO.			
Start Date (10) Oct. 31, 2019		Nov. 3			Date (11)		Name	of OSHA N	Monitor					
Occupancy Status During	Abatement (Chec	k Only Or	ne)				Street .	Address		529	-1000-017			
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire F ed Outside of Norm	Period of A al Facility	Abater / Hour	ment s				tate, Zip C	ode					
Scope of Work (Check A	Il That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli				×	Mini-Er Gloveb	nclosure ag Proce	it with Negative dure (*) and Non-Fria			e	
			Locat										emeni vpe	t
Location Asbestos-Containing TO BE AB/ In Facili (13)	Material (ACM) ATED	Use Ma	Norma ed Sole intena todial ((12)	ely by nce/		tos Cont thermal surfac		laterial (AC insulation T, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
2nd Floor Ap	artment			x		fle	oor tile		_	2,700 sf	X			
Name of Registered Was	te Hauler		IN	IJDEP W	/aste	Cubic '	Varda	T NI-	mo of D-	aintorn d I 10				
Newark Carting	re manuf		F	lauler ID 4509	(C) (C) (C)	of Was				egistered Landfi Enterprises I		II		
City, State Newark, New Jersey	,					Dispos	al Date	1.000	ty, State	oura. Ohio 44	1688			

Completed by

Javier Mandez

Title

President

Date

10/17/2019

Signature

Inv#	15197													Р	rint Forr
CKOBI	2 PAI		NOTII	FICATIO	State of N ON OF AS It to NJAC	BESTOS	ABATE	MEN (0)	JT Street) <u>E</u>	C E		V		
Date of Notification (1) 10/11/2019 check	#0312			Name	of Building	g Owner/	Operato	r (2)	The state of the s		OCT 2	1 2	2019	Care On Annah	ll li
Agencies Notified EPA DEP	Type Notification X			39-17	Address 7 VAN R tate, Zip C		PL		NESS dadisability visible on do	ASI	ESTOS	CON	TRO	L &	TO THE OWNER OF THE PARTY OF TH
DOH DOH	Amendment Emergency	(including	g		LAWN N	-Month Company of Company	0		<u></u>	Tolo	SATOR CONTRACTOR IN			الديسين	
DCA	justification) Cancellation			RUTH	1						995 22				
Name of Facility Where	Abatement is Takir	g Place ((3)	FAC	ILITY INF	ORMAI	ION	Тур	oe of Facility	(4)					
Street Address 39-17 VAN RIPER	PL							×	School (K- Subchapte Other (i.e. etc.)	r 8 (Othe	than K-1	2) cial buil	dings	, hom	es,
City (5) FAIRLAWN NJ 074	10								uare Feet X100	# of I	Floors		3ldg. <i>A</i> 50+	Age	
County (6) BERGEN					Code (7) USE ONL	n	_		rent Use (Pri	ior if bein	g demolis	hed)			
Name of Monitoring Firm	Hired by Building	Owner (8)	ASC	M No.				batement Co			 G			
Street Address				_1			Street 24 C		ress RCH ST						
City, State, Zip Code									Zip Code OD PARK	N.I 074	.07				
Project Manager for Mon	itoring Firm			Telepho	one No.		Teleph 201 8	none	No.	T	License N	lo.			
Start Date (10) 10/11/2019		Schedul 10/17/		mpletion	Date (11)		Name	of OS	SHA Monitor .UTIONS (_
Occupancy Status During	g Abatement (Chec						Street			JONTR	ACTIN	<i></i>			_
Facility Closed/Vaca Abatement Perform Other – Describe: 7	ed Outside of Norm	al Facility	Abaten y Hours	nent s	10		City, S	tate,	RCH ST Zip Code OD PARK	N.I 074	.07				-
Scope of Work (Check A	II That Apply)			-					00171111	140 07 -					
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		- market and	Renova Demolii				××	M	ull Containmolini-Enclosure liovebag Prod on-Exempted	e cedure				e	
Location	of		Locati Normal			D	scription			(/ 5.12			Abate	emeni	
Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM) ATED	Ma	ed Sole intena- todial s (12)	nce/		tos Cont thermal surfac	aining M	lateria insu T, or		(Sp	ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure
DACEMA	TNIT	Yes	No	N/A										ate	ro'
BASEME				X			OR TI	16,100	NI		SF	X			
DAGEIVIE	_11 1			^		PIPE IN	NOULA	OII	IN	55	LF	Х			
Name of Registered Was	te Hauler		l N	JDEP W	looto	Cubic	/a.d.								
ATLANTIC CARTING			10000	auler ID		of Was			Name of I						
City, State PEN ARGYL PA 180	72					Dispos TDB	al Date		City, State		A 1807	2			
Completed by LUIS ARCILA		Title PRES	SIDEI	NT		Si	gnature	_	//	1 -	Da		2019		

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

UK 27	81 DA.	HED	(i dist	iaiit to	NJAC	o:ou and	12:120)	Susania Line	@ E01	Jan H	2000	4 (2000)	
Date of Notification (1) A A A A COLOR		Nam	e of Buil	ding Owr	ner / Operato	r (2)			ieck#	460	11	1
Agencies Notified	Type Notification			et Addres					- Carlo Wall Carlo Wall Carlo Wall			-	-
□EPA □DEP						n Avenue		Principal de la la la la la la la la la la la la la	OCT 2 1	2019	1277 - 112 An Phintipped, and published	and desired to	The state of the s
⊠DOL	Initial		City,	State &	Zip Code			ASS	BESTOS O	ONTRO	18		- 40.4
⊠DOH	Amended Amendment	#	Livin	igston, M	NJ 07039	9		- CACC	LICENS		en las	dio i wa	-
DCA	Cancellation	<i>'</i> _	Name	e of Cont	tact					Talanha	no M	unah	
			Dino	Nappi						Telepho 516-972			er
			F/	CILIT	Y INFO	RMATION	I						
Name of Facility Whe Bank of America	re Abatement is Taking	Place (3)				Type of Fac							_
Street Address							ol (K-12)	ther than K-12)					
554 South Livingsto	n Avenue							ate & comme		an hon		+- \	
01. (5)						Square Fee		# of Floors		Bldg. Age		ic.)	
City (5) Livingston						12,0	000	2		nug. Age	62		
County (6)						Current Use Bank	e (Prior if b	eing demolishe	d)				
Essex		County Cod USE ONLY	de (7)										
Arcadis U.S., Inc.	irm Hired by Building O	wner (8)		ASC	И No.	Name of Ab Synatech, I	atement C	ontractor (9)					
Street Address 35 Columbia Road						Street Addre	ess						
City, State & Zip Code	1					829 Radio F City, State 8							
Branchburg, NJ 088	76					Little Egg F							
Project Manager for M		90	elephone 08-526-10	Number 00		Telephone N 609-296-69	Number		License Nu	mber 0081	7		
Scheduled Start Date October 26, 2	(10) Schedule	ed Complet	ion Date (ber 16, 2			Name of OS	HA Monito	or		0001	-		
Occupancy Status Dur	ring Abatement (Check d/Vacated During Entire	only one)				Synatech, I Street Addre	ess						
Abatement Pe	erformed Outside of No	rmal Hour	Abateme	nt .		829 Radio F							
Other - Desc		illai Tiodi	•			City, State & Little Egg H		08087					
Scope of Work (Check													_
$\ge 3 \text{ sf or } \ge 50 \text{ lf}$			_			\boxtimes	Full Cont	tainment with N	legative Pres	sure			
2 ≥160 sf or ≥260	If	H	Renovation Demolition				Mini-Enc						
		Ц	Demondo	u.		<u> </u>		Procedure					
	tion of	Is Locat	ion Norma	Illy Used	T	Descrip		empted(*) and I	Non-Friable F	_		net 7	Tun
	ning Material (ACM) ABATED	Solely b	y Mainter	ance or		Asbestos-C	ontaining	Amou	int (Specify S	SF AD	ateme	3111	ı yp
	acility	Custo	dial Staff	? (12)		Material (i.e., therma			or LF)				_
(*	13)				ir	sulation, sur	facing, VA	Т		_		En	П
						or other misc	cellaneous)			l em	Repair	cap	ncic
		Yes	No	N/A						Removal	air	Encapsulate	Enclosure
* Floor Entry Vestib	ula.					50 DAY (1970)		_		+	_	· · ·	-
1 1001 Entry Vestibi	uie			X		Joint Con	npound	_	100 SF	_ X			
ame of Basistan 1111										7			
ame of Registered W	aste Hauler	NJDEP \	No.	Cubic `	Yards of	Waste	Name of	Registered La	ndfill				
ynatech, Inc. ity, State		27	429	4 Diam	al D-/			Landfill					
000 -000				Dispos	al Date		City, Sta	te					
ttle Egg Harbor, NJ Impleted By					ber 17, 2	2019	Morrisvi	lle, PA					
	Title			Signatu		111		Date					
iane Aloia	Executiv	ve Admini	strator	1 100	line	alor	N	October	16, 2019				

INV# Do	545	State of	New	Jersey - Not	ification	of Asbestos Aba	ateme	nts /	GE	1 1//	E	Por
NV 0000	DAT	TIP						<u></u>	<u> </u>		5	THE PERSONS AND ADDRESS OF THE PERSONS AND ADDRE
UK 3380	A AND		(1)	ursuant to N.J.A	1.C. 8:00-7	and 12:120-7)		0	n= 0 4		PAYA CARREST	ACCOMPANY OF THE PROPERTY OF T
Date of Notification (1) October 8, 2019						of Building Owner/Ope	rator (2)	U	ti Zi	2019	ar sign	
Agencies Notified		Notificati	on Type	9		Valley Hospital Address					1	
⊠ EPA				fication		orth Van Dien A	venue	ASBE	STOS CO	NTRO)L. &	200
DCA x DOL		Amen		56 e		ate, Zip Code			LICENS			
X DOL				(including		ewood, NJ 074:	50-273	0000				
x DOH		Justi	ficatio	on)		of Contact m Stasiak			phone Nu			
				FACILITY	INFORMATIO			20	1-447-8	141		
Name of Facility Where Abate	ement is Ta	king Place (3)			Facility (4)						
The Valley Hospital-	Cheel W	ing,1st FI	oor L	ab Storage		ool (K-12)						
Room					Subc	hapter 8 (other than K-1	12)					
					Sa Fe	other (i.e. private & com et: Unknown #	mercial b	uildings re: 1	, homes, e	tc.)	+ vo:	are
Street Address	72.25							Osmolia .		<u>e.</u> 30	· yea	215
223 N.Van Dien Aven	ue				Current	Use (prior if being der	molished): Ho:	spital			
City (5)	County (6	200		unty Code (7) ate Use Only)								
Ridgewood	Berger	1	130	ate use Univ)								
Name of Monitoring Firm Hire		Owner (8)	AS	CM No.		Contractor (9)						
Colden Corporation	n					NWOOD ABATEN	IENT C	ONSU	JLTANT	s, INC	•	
Street Address 131 Varick Street # 9	39				511 M	ddress AIN STREET						
City, State, Zip Code New York, NY 10013						e, ZipCode						
Project Manager for Monitorin	g Firm	Telephone	Numbe	er		, NJ 07405 ne Number		Licon	se Numbe			
Jim Miades		347.43	5.356	1		2-0477		0084		<u>.</u>		
Scheduled Start Date (10) October 18, 2019				etion Date (11)		OSHA Monitor						
Occupancy Status During A	batement (Octobe Check only	one)	2019	Street A							
Facility Closed/Vacate	ed During E	Entire Perio	d of Ab	atement		itelton Road						
Abatement Performed Describe	Outside o	of Normal Fa	cility H	ours -	City Sta	te, Zip Code						
Other - Describe:						away, NJ 08854						
Source of Work (Check all tha	t anniv)											
The state of the s	CODDIT!					x Ful	I Contair	ment v	with Negat	ive Pre	ssure	
\geq 3 sf or \geq 3 lf				Renovation	on		ni-Enclos					
$\square \ge 160 \text{ sf or } \ge 2$	60			Demolitic	on		ebag Pr				. 7.	
Location of Asbestos-Containi	ng	Is Location	Norma	ally Used Solely	Description	of Asbestos	-Exempt Amoun		Abateme			ure
Material (ACM) in Facility (13)		by Maint./	Custodi NO	al Staff? (12)	Containing N	Material (ACM) (i.e.	(Specif		Remove			Englaca
		1 1 2 3	NO	NA		ems insulation, AT, or other miscell.)	or LF)		Remove	Repail E	псар	Eliciose
Lab Storage Room			X		VAT & Mas	tic	300 sf		X			
Name of Reg. Waste Hauler	,	NJDEP W		uler ID #	Cubic Ya	ards of Waste:			of Registe		dfill	
See Hauler Below # 1 & 2	2	See Belo	W			15			ess Landf d Central I			
Hauler #1) Greenwood A NJ DEP # 125		nt Consul	ants,	Inc. – Butler, NJ	07405	Disposal Date October 31, 20	19	City, S		00000000	Morrisy	/ille,PA
Hauler #2) Newark Carti		Newark. N	J 0450	9, NJ DEP # 195	51	1		19067	Permit#18	3072		
	9,			,	5.20			Argyle	1963 Pen A , PA 1807	2	u, Pen	1
Completed by (Print or Type)	Т	Γitle			Signature			Permi	t # 100265			
Marin Graure		SENIOR I	PROJ	ECT		· ·		Date Octo	ober 8, 2	2019		
		MANAGE			Wearin	r Granne		- 0.0				

C Project # 060-19

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

GAC Project # 060-19								0	CT = 2	1 2010) !	13
Date of Notification (1) October	7. 2019	9			Name of Building Own RUTGERS, THE			j				
Agencies Notified		Notificatio	n Type		Chunch Add			7		American and the second		
□ EPA		□Initial	Notifica		ENVIRONMENTA	LHE	ALTH	& SA	FETY	DEPT.	(REH	IS)
D DCA	-			otification #1 -	74 STREET 1603,	BLD	G 411	6. LIV	INGS	TON C	MPL	JS
☑ DOL	-	new com	pletion	date/phase	City, State, Zip Code			-,				
DEP- No Longer REQUIRE	_			(including	PISCATAWAY, N.	J 088	54					
DOH DOH			cation))	Name of Contact		ND /	100000000000000000000000000000000000000	phone			
		□Cance	ellea		MICHAEL F. SMIT HEALTH & SAFE		NV.	848	3-445-	2550		
Name of English Where Abota		D. (6)		FACILITY IN	FORMATION			_				
Name of Facility Where Abatemer PHARMACY, BLDG# 37	nt is Takin 50	ng Place (3)			Type of Facility (4)							
					☐ School (K-12) ☐ Subchapter 8 (other the	on K 1	2)					
Street Address					Other (i.e. private & c	nan N-1	z) rcial buil	ldinge h	omor o	ato 1		
BUSCH CAMPUS					Sq. Feet: N/A	# of F	Floors:	6 Bld	a. Aae	: 60+ ye	ears	
	unty (6)			/ Code (7)								
PISCATAWAY	MIDDL	ESEX	(State	Use Only)	Current Use (prior if bei	ing der	nolishe	d): AC	ADEM	IC		
Name of Maritarias Fire III at I	511 6											
Name of Monitoring Firm Hired by	Bldg. Ow	ner (8)	0009		Name of Contractor (9)							
			0003	,0	GREENWOOD ABA	ATEM	ENT (CONSI	ΙΙ ΤΔΙ	NTS. INC	:	
Street Address					Street Address			20.101	<u> </u>	110, 1110	-	
3 TERRI LANE					511 MAIN STREET							
City, State, Zip Code					City State, ZipCode							
BURLINGTON, NJ 08	016				BUTLER, NJ 07405	;						
Project Manager for Monitoring Fir		Telephone			Telephone Number			Licen	se Num	ber	-	
BRIAN R. KEARNEY		609-386	-8800		973-492-0477			0084	40			
Scheduled Start Date (10)				on Date (11)	Name of OSHA Monitor			1 0004	+0			
10/4/2019		10/21/20			ENVIROVISION, IN	IC.						
Occupancy Status During Abate Facility Closed/Vacated During	ment (Ch	eck only o	<u>ne)</u> betomer		Street Address	, 00		2011		9		
□Abatement Performed Outside	of Norm	al Facility	Hours	IL .	20-21 WARGARAW	RUA	AD, BL	.DG# 3	35E			
☐Facility Occupied During Abat	ement	iai i adility	ilouis		City, State, Zip Code							
Other- Describe:					FAIRLAWN, NJ 074	110						
Describe: Schedule: 5PM - 5A	M (24 H	IRS. & W	EEKEN	IDS AS								
NEEDED)PHASE I - Room : 10/18 - 10/21/2019	318 10/4	4 – 10/7, I	PHASE	II Room 402								
10/10 - 10/21/2019												
Scope of Work (Check all that appl	<u>v)</u>						Ø 8					
□≥ 3 sf or >3 If			1	X Renovation			Contain i-Enclos		ith Neg	ative Pres	sure	
⊠ ≥ 160 sf or ≥ 260 li	f			Demolition					ro / \\/-	ap & Cut		
										n-Friable	Proces	lure
Location of Asbestos-Containing Material (ACM) in Facility (13)		ion Normal		Description of Ast	pestos Containing Material		Amour			ment Type	the second section is	1010
Material (ACM) III racinty (13)	Staff? (1	y Maint./Cu 12)	stodiai	VAT, or other mis	al systems insulation, surfac	cing,	(Speci or LF)		Remov	e Repair I	Encap	
	YES `	NO	NA		3011.)		OI LF)		Enclos		11332	
Room 318		X		VAT			120 5	SF.	X			
Room 402		X		BENCH TOP	S		130 5		X	+	-	-
								-				_
Name of Reg. Waste Hauler		JDEP Was		ID#	Cubic Yards of Waste:	10 0	Y	Name	of Regi	stered Lar	dfill	
See Hauler Below #1 & 2		See Below			-			G.R.C	D.W.S.	North L	.andfi	11
Hauler #1) Greenwood Abatement NJDEP # 12561	Consulta	ants, Inc	Butler, N	J 07405		Disp	osal Dat	te	T	City, State		
Hauler #2) Newark Carting, Inc., 1	Newark, N	NJ 04509				40"	04/004			100 New Rd. Morr		
NJ DEP # 4509						10/	21/201	19		19067	- 6	
Completed by (Print or Type)	Tiu-				6: 1					215-736-	1700	
RAYMOND C. PEDALINO	SEI	Nior Pf	ROJEC	т	Signature Co. Co.	37.		<u>Date</u>	her 7	2040		
	1	NAGER			Raymond C. Pr	edalin	ea.	OCIO	ner /	, 2019		

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

GAC Project # 060-19 Date of Notification (1) Name of Building Owner/Operator (2) September 23, 2019 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address ☑Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT: (REHS) ☐ EPA ☐ Amended Notification # 74 STREET 1603, BLDG 4116, LIVINGSTON GAMPUS. D DCA ■ Emergency (including City, State, Zip Code X DOL justification) PISCATAWAY, NJ 08854 ■ DEP- No Longer REQUIRED **□**Cancelled Name of Contact Telephone Number X DOH MICHAEL F. SMITH, ENV. 848-445-2550 **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) PHARMACY, BLDG# 3750 ☐ School (K-12) Subchapter 8 (other than K-12) Street Address ☐ Other (i.e. private & commercial buildings, homes, etc.) **BUSCH CAMPUS** Sq. Feet: N/A # of Floors: 6 Bldg. Age: 60+ years City (5) County (6) County Code (7) **PISCATAWAY** Current Use (prior if being demolished): ACADEMIC MIDDLESEX (State Use Only) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 00098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 511 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 R. KEARNEY 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10/4/2019 10/7/2019 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD, BLDG# 35E ☐ Abatement Performed Outside of Normal Facility Hours ☐ Facility Occupied During Abatement City, State, Zip Code FAIRLAWN, NJ 07410 X Other- Describe: Describe: Schedule: 5PM - 5AM (24 HRS. & WEEKENDS AS NEEDED) Scope of Work (Check all that apply) ☐Full Containment with Negative Pressure □≥ 3 sf or >3 If **X**Renovation ☐ Mini-Enclosure X≥ 160 sf or ≥ 260 lf ■ Demolition ☐ Glove bag Procedure / Wrap & Cut 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) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) VAT, or other miscell.) Remove Repair Encap or LF) YES NO NA Enclose Room 318 X VAT 120 SF X Room 402 X **BENCH TOPS** 130 SF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste: 10 CY Name of Registered Landfill See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 12561 100 New Ford Mill Hauler #2) Newark Carting, Inc., Newark, NJ 04509 Rd. Morrisville, Pa 10/7/2019 NJ DEP # 4509 19067 215-736-1700 Completed by (Print or Type) Signature RAYMOND C. PEDALINO SENIOR PROJECT Raymond E. Pedalino September 23, 2019 MANAGER

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TNU# 153L	40											Р	rint F
CY SIDIOUS PA		NOT	IFICATION	State of N ON OF AS nt to NJA	BESTOS	ABATE	EMENT	[] south		R	ПП	Л Г	P F
Date of Notification (1) 10-09-19			Name	of Buildin	g Owner	Operato			cEcxC#	超60	o∯ /	<u> </u>	5
Agencies Notified Type Notification	1		Street	Address					OCT	2	20	19	Agreement of Agrandian
EPA X Initial Amended			_	Hidden F State, Zip (coad		and the same of th	- Company	- (- fattani	ودوارة والمرادة والمرادة	THE PROPERTY OF THE PARTY OF TH	
X DOL Amendmer Emergency	(includir	ng		g, TX 75				and the second		CENS		ROL	å
DOH justification Cancellatio			100000000000000000000000000000000000000	of Contacties Mes	7				lephone No 17) 992-		-		
Name of Facility Where Abatement is Taki	ng Place	(3)	FAC	CILITY IN	FORMAT	ION	Type of Facili						
	.T.	3 5					School (5.3 %					
Street Address 1307 South Avenue							Subchar Other (i. etc.)	oter 8 (Otle. private	her than K-1 & commerc	l2) cial bui	ldings	, hom	ies,
City (5) Plainfield, NJ							Square Feet 300SF	1	of Floors		Bldg. A		
County (6) Union				Code (7)	n		Current Use (Commercia	Prior if be	ing demolis	hed)			
Name of Monitoring Firm Hired by Building TTI Environmental, Inc.	Owner (8	3)	ASC	M No.		Name Pinn	of Abatement (acle Environ	Contracto mental	r (9) Corp.				
Street Address 1253 North Church Street							Address Broad Street						
City, State, Zip Code Moorestown, NJ 08057						1 C C C C C C C C C C C C C C C C C C C	tate, Zip Code stadt, NJ 070	72					
Project Manager for Monitoring Firm Kris Smith				one No. 313-821	8	10000000000000000000000000000000000000	one No. 939-6565		License N 00756	lo.			
Start Date (10) 10-25-19	Schedu 12-31		mpletion	Date (11)			of OSHA Monit -Air Inc.	or					
Occupancy Status During Abatement (Chec							Address Jackson Av						
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of nal Facilit	Abater ty Hour	ment s			City, St	tate, Zip Code					3-112-	
Scope of Work (Check All That Apply)						Long	Island City,	NY 111	01				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli				×	Mini-Enclose Glovebag Pi	ure rocedure					
	Is	s Locat	ion				Non-Exemp	ted (*) and	d Non-Friab	le Pro	Civilian Carlo	ement	
Location of Asbestos-Containing Material (ACM)	Use	Normal ed Sole	ly by	Ashas		cription	of aterial (ACM)			_	Ту	ре	
TO BE ABATED In Facility (13)	11	aintena stodial ((12)		(i.e.	thermal surfac	systems sing, VAT	insulation, , or	(S	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A				520.			al	7	late	лге
Ground Floor: Garage	-		х		VA	Γ/Masti	ic	2	260SF	х			
	-												
Name (O.)							*						
Name of Registered Waste Hauler Newark Carting, Inc.		Н	JDEP W auler ID		Cubic \ of Was		1		red Landfill Jorth Land	4611			
City, State Newark, NJ 07105		U ²	1509		TBD Disposa	al Date	City, Sta	ate		attiti.			
Completed by	Title				TBD	gnature	Morris	ville, PA	19067 Dat	ρ.			
oseph Patrick	Proje	ct Ma	nager			.W	177)		-09-1	9		

200	a As	-10	
Pri	nt	Fo	rm

TOV# 15312PA		NOT	TFICATI	State of ON OF AS	SBESTO	SABATI	EMENT	CH	ecil	# 3	353	4				
Date of Notification (1) 10/04/2019			Name	e of Buildir	ng Owner	r/Operato			E	C	E		E	F		
			Belle	Belle Associates, LLC										Section of the sectio		
V 50.	n			t Address ampus D		uito 100)			OCI	21	2019)	1111		
EPA Initial DEP Amended DOL Amendment				State, Zip		uite 10t)		1					b-seems		
				ippany,		ersey 0	7054	1	ASBESTOS CONTROL &							
DOH justification)	ng		of Contac					-Felep	hone 1	Tumbe	VG	d the Cr	Marine Co.		
DCA Cancellation	n			cott J. F							-5959					
Name of Facility Where Abatement is Taki Harborside Plaza I	ng Place	(3)	FA	CILITY IN	FORMA	TION	Type of Facil	lity (4)	3 - (3-5)							
Street Address							School Subcha	(K-12)	O4h		4.00					
150 Hudson Street							X Other (i.	e. priva	ate & c	omme	-12) rcial bu	ildings	, hon	nes,		
City (5) Jersey City							etc.) Square Feet		# of FI	oors		Bldg.	Age			
County (6)			County	/ Code (7)			432,000		8		12	90				
Hudson Name of Monitoring Firm Hired by Building			(STATE	USE ONL	n		Current Use (Commercia	al / Of	ffice E	Buildir	ished) ng					
TBD	Owner (8)	ASC	M No.		Name Sky (of Abatement Contracting,	Contrac LLC	ctor (9)							
Street Address						Street	Address Valley Roa		ito K				=1/==			
City, State, Zip Code						City, S	tate, Zip Code			19-2-11-5						
Project Manager for Monitoring Firm			Telepho	one No.			ne, New Jers	sey 0		20000	NI-					
Start Date (10)	Cabad	1.10				(973)	928-5040			cense 0874	NO.					
10/21/2019	05/15	2020	mpletion	Date (11))		of OSHA Monit Contracting,									
Occupancy Status During Abatement (Chec						Street /	Address									
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm	Period of all Facilit	Abater	nent ·				Valley Road	d, Suit	te K		0					
Other - Describe:		,	-				ate, Zip Code ne, New Jers	sev 07	7470							
Scope of Work (Check All That Apply)	72-70							,								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	Full Contain Mini-Enclose Glovebag Pr	ure rocedui	re							
	1	Locati	on				Non-Exemple	ted (*) a	and No	n-Fria	ble Pro	cedure Abate				
Location of	1	Normal	ly		Des	cription o	of					Ty				
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	ed Sole aintenar	nce/	Asbes	tos Conta	aining Ma	aterial (ACM) insulation,		Amou	2007			Ш	_		
In Facility (13)	Cus	todial S (12)	Staff?	(1.0.	surfac	ing, VAT	, or		(Spec SF or L		Removal	Repair	псар	Enclosure		
, , ,	Yes	No	N/A		otner m	iscellane	eous)				oval	air	Encapsulate	sure		
See Attached								-			+		(D			
Name of Registered Waste Hauler		N.	JDEP W	aste	Cubic Y	'arde	Name	f Dani	tor- 11	A. 10"						
Service Transport Group, Inc.		Ha	auler ID 1990		of Wast		Name o									
City, State New Castle, Delaware					Disposa TBD	al Date	City, Sta	ite						-		
Completed by	Title					nature	Wayne	sour	g, Uhi		to					
_jiljana Sekularac	Office	e Assi	stant			/	7) 		Da	ite)/04/2	019				

Location of Asbestos-Containing Material (ACM)		s Locat Normal ed Sole	ly	Description of		Abatement Type				
TO BE ABATED In Facility (13)	Ma	intena todial S (12)	nce/	Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
	Yes	No	N/A				Ę.	ulate	ure	
6th Floor - Throughout		Х		ACM Floor Mastic w/ associated asbestos contaminated Floor Tiles	54,000 SF	X				
6 th Floor - Throughout		Х		ACM Impacted Computer Floor Pedestals	29,000 SF	X				
7 th Floor - Throughout		Х		ACM Floor Mastic w/ associated asbestos contaminated Floor Tiles	54,000 SF	х				
7 th Floor - Throughout		Х		ACM Impacted Computer Floor Pedestals	29,000 SF	X				
8 th Floor - Throughout		X		ACM Floor Mastic w/ associated asbestos contaminated Floor Tiles	54,000 SF	Х				
8 th Floor - Throughout	Х			ACM Impacted Computer Floor Pedestals	29,000 SF	Х				