04 2000 12:34AM NJ A	sbestos C	ontrol	609,6	33.066		KEUE	VED 10/13 page 1	0/2018	04:03PM	C		П	
1/LI289		PA		HOITA	te of New J OF ASBES to NJAC 8:6	TOSA	BATEMENT 12:120)			0C7	Botto de Li		2018
Date of Notification (1) 0/17/2018			N E	ame of Izabet	Building Ow h Board of	rner/Op	stion		C	neck	¥ 128	100	
gencies Notified Type Notif	ication			treet Ad	dress Ih Bouleva	rd Str	eet	<del></del>	Ada	uta i ( L)i	1	A.A.I. Shik	777
DEP D Ame			CE	ity, Stat lizabet	e, Zip Code h, New Je	rsey O	7208	!	· ·	1	***************************************	- #13 1	:
Emer	gency (inclu loation)	ding		eme of lary Sc	Contact hmilt			1,	Telephone Numb 908-438-5000	81	25		_
			_	FACIL	ITY INFOR	MATIO							
lame of Facility Where Abatems Christopher Columbus School	nt is Taking I #15	Piace (3)			8.		Type of Facility		*				
trest Address 11 Third Avenue							School (K- D Subchapte D Other (i.e.	8 (Other	if than K-12) commercial building	s, hon	nes, e	eto.)	
Ny (5) Elizabeth, New Jersey 07028				7.	_	-	Square Feet 30,000		# of Floors 2	50	lg. Ag	þ	
County (6) Julion		,	C	ounty C	ode (7) SE ONLY)		Current Use (F	School	ns demol(shed)				
lame of Monitoring Firm Hired by Detail Associates, Inc	y Building Ov	wnet (5)		ASCM	No.		Name of Abate Lilich Corpora		itractor (9)				
Street Address 300 Grand Ave	, ,						Street Address 608 McBride	Ve					
City, State, Zip Code Englewood, NJ 07831							City, State, Zip Woodland Par	K, How	Jersey				
Project Menager for Monitoring F Anthony Valentine		elephor 01-589	ne No 9-6078		Telephone No. 973-225-8400		License No. 01104						
Start Date (10) 10/19/2018	11	10/22/20	18	plation	20te (11)		Name of OSHA fris Environm	Monitor ntal La	boratories, LLC				
Occupancy Status During Abater							Street Address: 2333 Route 2	! Wilest				88	
Facility Closed/Vacated Du Abatement Performed Outs Other - Describe: 4.PM	ride of Norma	efied of / al Facility	Hours	ent		_	City, State, Zip Union, NJ	20c le 7083				Million Cont.	
Scope of Work (Check All That A	pply)		-										
10 ≥3 sfor≥3 )f □ ≥180 afor≥280 if		E P	enovati enovitic			8	☐ Min	Enclosur mad Pro	cedure / Limited Cor	itainn	rent&	Tent	
		1 1-	l marrie		Τ		□ Nor-	Example	d (7) and Non-Friable		Abate	mont	_
Location of		N	Location comete d Solet	У			scription of	Less tr		_	Ту	pa	_
Asbestos-Containing Materia TO BE ABATED In Facility (13)	II (ACM)	Mini	ntenan odial S (12)	ioe/	(i.e. ti	hormal aurfai	aining Material: systema insule! cing, VAT, or hiscellaneous)	NU'	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
4526		Yes	No	N/A	1					=		abe	16
Sasement Electric Room		X			Pipe Insu	lation	O & M Proc	edure	Less than 9 LF	Х			
		-		-						-		-	-
Name of Registered Waste Hau	iar .			JOEPV	Vaste	Culsia	Yards	Name	Registered Landfill				
Lijich Corporation			H	suler ID 18724		of Wa			Landfill				
City, State Woodland Park, New Jersey						Dispo	sal Date /2018	City_Ste					
Completed by Adriana Olejarova		Title	nebise			1	Signatura	1	7 P		2018	3	

## PATD State of New Jersey - Notification of Asbestos Abatement

Lin La	distinction		(D		0.00 7 140 400 7	7000	· · · · · ·		NA F	Francis
GAC # 2018-060			(Purs	suant to N.J.A.C	2. 8:60-7 and 12:120-7)	The second secon	) [	CEI.	WE	
Date of Notification (1) October 18, 2018					Name of Building Owner			/ OF NA		
Agencies Notified		Notification			RUTGERS, THE S Street Address	TATE UNI	VERSII	TOP NJ	2018—	111.1
□ EPA		☐ Initial I			ENVIRONMENTAL	HEALTH	& SAFE	TY DEPT.		(Brayell)
D DCA				ification #2 –	27 ROAD 1, BLDG	4086, LIVI	NGSTO	N CAMPUS	Sani a	.3
X DOL		additional			City, State, Zip Code	li qua	HOLE	LICENSIN		
DEP - No Longer REQU	IRFD			completion date	PISCATAWAY, NJ	08854		erander og en ogsånder og en och en en en et et ande	AND THE PROPERTY AND TH	Det Cannote
<b>X</b> DOH				including	Name of Contact Michael Smith ENV HE	AITH 8.	(ii)	ne Number		
		justific Cance			SAFETY	ALIII &	848.44	45.2550		
N 65 W			iicu	FACILITY IN	FORMATION					
Name of Facility Where Abate Medical Science Bldg	ement is Ta	aking Place (3)			Type of Facility (4)					
	y # 1231				☐ School (K-12) ☐ Subchapter 8 (other that	- K 10)				
Street Address RBHS Newark Camp					Other (i.e. private & co		nas homos	oto \		
	us				Sq. Feet: Unknown	# of Floors			) years	
<u>City (5)</u>	County (6	77.00	County	y Code (7)		11.00	2 <u>2.</u>	<u>ug.71901</u> -1	. youro	
Newark	Essex		(State	Use Only)	Current Use (prior if bein	g demolished	): Acaden	nic		
Name of Monitoring Firm Hire	d bv Blda.	Owner (8)	ASCM	No	Name of Contractor (9)					
ATC ASSOCIATE		107	0098	- in the second						
Street Address					GREENWOOD ABA	TEMENT C	ONSULT	ANTS, INC		
3 TERRI LANE					Street Address					
					511 MAIN STREET					
City, State, Zip Code BURLINGTON, NJ 08	2016				City State, ZipCode					
Project Manager for Monitorin		Telephone N	lumber		Butler, NJ 07405 Telephone Number		License N	lumbor		
BRIAN KEARNY		609-386-8					License iv	vuiliber		
Scheduled Start Date (10)		Scheduled C	ompletio	on Date (11)	973-492-0477 Name of OSHA Monitor		00840			
October 12, 2018		October			Name of OSHA Monitor					
Occupancy Status During Al	h = 1 = 1	\$200,000		1.00	Envirovision, Inc.					
Occupancy Status During Al Facility Closed/Vacate	oatement	(Check only or Entire Period of	<u>ie)</u> of Abator	mont	Street Address					
Abatement Performed	Outside o	of Normal Facil	lity Hour	'S -	20-21, Bldg E Waga	raw Road				
Describe					City, State, Zip Code					
Monday DIASE I/E	5pm – 5	am –(24 hr	s & W	eekends as	Fairlawn, NJ					
Needed) PHASE I (F6	0/080)	10/12 - 10	/15, P	HASE II	Tamawii, No					
(G538, G534, G536) 1 10/26-10/29	0/19 – 1	UIZZ, PHAS	oE III (	C559, E569)						
Source of Work (Check all that	t apply)									
- 0 594 W 700500						□Full Conta		Negative Pre	essure	
□≥ 3 sf or ≥ 3 lf				Renovation	1	Mini-Enclo				
$\boxtimes \geq 160 \text{ sf or } \geq 2$	260			□ Demolition		Glovebag I				
	ls Lo	ocation Normall	v Used	Description of Ash	pestos Containing Material	Non-Exem		id Non-Friable patement Type		ıre
Location of Asbestos-Containing	ng Sole	ely by Maint./Cu		(ACM) (i.e. therm	al systems insulation, surfact		y SF			
Material (ACM) in Facility (13)	Staf YES	f? (12) S NO	NA	VAT, or other miss	cell.)	or LF)	Re	move Repair E	ncap Enc	lose
F607C		X		VAT		70 s	f X	1		$\overline{}$
F607D		IX		VAT		100 s	3 7	3 1 1		
G538, G534, G536		X		VAT		420 s		The state of the s		
C559		X		VAT		100 s	f 🗵	1		
E569A		X		VAT		115 s	f 🗵	1		
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	)	NJDEP Wast See Below		ID#	Cubic Yards of Waste:	3		Registered Lan		
Hauler #1) Greenwood A				Dutles N. 10	30 CYDS	Disposal Da		North Lan	000000000000000000000000000000000000000	
NJ DEP # 125	561	iii Consultal	nto, INC	. – buller, NJ 0	7400	October 29,		City, State 100 New F		
Hauler #2) Newark Carti		Newark, NJ	04509.	NJ DEP # 19551				Road, Moi 19067 - 21		0.0000000000000000000000000000000000000
Completed by (Print or Type)		Title			Signature		Date	1 10001 - Z	10-130-11	50
Raymond C. Pedali		SENIOR PF		T	Raymond C. Pedalino		Octobe	er 18, 2018	}	
		MANAGER								

(Pursuant to <u>N.J.A.C</u>. 8:60-7 and 12:120-7)

Date of Notification (1) October 9, 2018					Name of Building Owner RUTGERS, THE S	Operator (2)	VERSITY	OCT	2 2018
Agencies Notified  PPA DCA DOL DEP – No Longer REQUI	RED	additional quantity a date	Notificated Noting work and new pency (cation)	ification #1 – area and completion	Street Address ENVIRONMENTAL 27 ROAD 1, BLDG City, State, Zip Code PISCATAWAY, NJ Name of Contact Michael Smith ENV HE/ SAFETY	HEALTH 4086, LIV 08854	& SAFE] NGSTON	Y DEPT.	
			iicu	FACILITY IN	FORMATION				
Name of Facility Where Abate Medical Science Bldg					Type of Facility (4) School (K-12)				
Street Address RBHS Newark Camp	us				Subchapter 8 (other that Souther (i.e. private & cores Sq. Feet: Unknown	nmercial build			0.400
City (5) Newark	County (6 Essex	i)		/ Code (7) Use Only)	Current Use (prior if being			ic 6	J years
Name of Monitoring Firm Hired ATC ASSOCIATES		Owner (8)	ASCM 0098		Name of Contractor (9)	TENENT O	0110111 =		
Street Address					GREENWOOD ABA  Street Address	IEMENIC	ONSULT	ANTS, INC	·.
3 TERRI LANE  City, State, Zip Code	1.00				511 MAIN STREET				
BURLINGTON, NJ 08	8016				City State, ZipCode Butler, NJ 07405				
Project Manager for Monitoring BRIAN KEARNY	<u>Firm</u>	Telephone N 609-386-8			Telephone Number		License N	<u>umber</u>	
Scheduled Start Date (10)		Scheduled C	ompletio	n Date (11)	973-492-0477 Name of OSHA Monitor		00840		
October 12, 2018		October	22, 20	18	Envirovision, Inc.				
Occupancy Status During Ale Facility Closed/Vacate Abatement Performed	d During E	Entire Period o	of Abater	ment s -	Street Address 20-21, Bldg E Waga	raw Road			
Describe Si Other – Describe: \$ Needed) PHASE I (F6 (G538) 10/19 – 10/22	07C&D)				Citv. State, Zip Code Fairlawn, NJ				
Source of Work (Check all that	apply)					MEull Conta	inna antith	Na sativa Da	
□≥ 3 sf or ≥ 3 lf □≥ 160 sf or ≥ 2	260			■ Renovation     □ Demolition		☐Full Conta ☐Mini-Enclos ☐Glovebag ☑Non-Exen	ure Procedure		
Location of Asbestos-Containing Material (ACM) in Facility (13)	ng Sole	cation Normall ly by Maint./Cu ? (12) NO			bestos Containing Material nal systems insulation, surfaci	Amour	t Ab	atement Type	
F607C F607D G538		X X		VAT VAT		70 sf 100 s	f 🗵		
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	2	NJDEP Wast See Below		ID#	Cubic Yards of Waste: 20 CYDS	150 s	Name of R	egistered Lar North Lan	
Hauler #1) Greenwood A NJ DEP # 125 Hauler #2) Newark Carti	Abateme 661	nt Consulta	nts, Ind			Disposal Da October 22	te	City, Stat 100 New	<u>e</u> Ford Mill orrisville, PA
Can H 2018 000	no S	itle SENIOR PI MANAGER		т	Signature Raymond C. Pedalino		Date Octobe	er 9, 2018	

# State of New Jersey - Notification of Asbestos Abatement E C E I W

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1)					Name of Building Owner/	Operator (2)	<del>   0</del> (	CT 22	2019	-111//
October 2, 2018					RUTGERS, THE ST	TATE UN	VERSIT	Y OF N	J 2010	I hand
Agencies Notified				AMarie	Street Address		England of the same	75.5-4		A ANA
□ EPA					ENVIRONMENTAL	HEALTH	& SAFE	TY DEF	TROL	
DCA					27 ROAD 1, BLDG	4086, LIV	INGSTO	N CAM	PUS	f
X DOL					City, State, Zip Code					1990,400
	250	justific	cation)			08854				
MDOH NO Longer REQUIR	KED	☐ Cance	lled				Telepho	one Numb	er	
<b>M</b> DOH						LTH &	848.4	145.2550	)	
	Name of Guiden Contractor (b)   Same Modification Type   Substitution   Same Academic   Same									
			-7.17							
Medical Science Bldg	# 7257	7			☐ School (K-12)					
Street Address						ı K-12)				
	15						lings, home	es. etc.)		
					Sq. Feet: Unknown	# of Floor			60 ve	ars
<u>City (5)</u>									1 NO 800	
Newark	Essex		(State	Use Only)	Current Use (prior if being	demolished	i): Acade	mic		
No. of No										
		Owner (8)			Name of Contractor (9)				FFETT NATE OF	
ATC ASSOCIATES	•		0098	3	CREENIMOOD ADAT	FRACUTO		TANTO		
Street Address						EIVIENT	ONSUL	IANIS,	INC.	
3 TERRI LANE					Street Address					
					511 MAIN STREET					
City, State, Zip Code		)								
BURLINGTON, NJ 08	016				Butler, NJ 07405					
	Firm				Telephone Number		License	Number		
DRIAN KEARNT		609-386-8	3800		973 492 0477		00040			
Scheduled Start Date (10)		Scheduled C	ompletic	on Date (11)			00840			
October 12, 2018					INGINE OF COTTA MOTILO					
		1	- 50		Envirovision, Inc.					
					Street Address					
Abstancet Desfared	d During E	Entire Period o	of Abate	ment	20 24 Pldg E Wann	D				
Describe	Outside d	i Normai Faci	ity Hou	rs -		aw Road				
	nm _ 5	am _/2/ hr	e 2. M	lookonde se	City, State, Zip Code					
Needed)	piii o	um (2-7 m	3 0. 11	cenerius as	Fairlawn, NJ					
					200, 100 to 300 to 300 and 100 and 4 to 100 and 500					
Source of Work (Check all that	apply)									
Weeks						Full Conta	inment wi	th Negativ	e Pressur	·e
				■ Renovation		Mini-Enclos	ure			
<b>⊠</b> ≥ 160 sf or ≥ 20	30			□ Demolition	I	Glovebag	Procedure	9		
									iable Pro	cedure
Location of Ashastos Containin					bestos Containing Material	Amour	nt A			
Material (ACM) in Facility (13)	*		stodiai			O.   1		Remove Ren	pair Encap	Enclose
,			NA	V/11, Or Other fills	cen.)	Of LF)	-	10111010 1101	Zirodo	Liioiooo
F607C		X		VAT		70 sf	15	XI X		T
F607D		X		VAT				200		
Name of Reg. Waste Hauler				- ID #	Cubic Yards of Waste:				Landfill	
See Hauler Below # 1 & 2		See Below	3.		10 CYDS					
Hauler #1) Greenwood A	bateme	nt Consulta	nts, Inc	c Butler, NJ 0	7405					100000
	TOTAL .				2 2222	October 15	, 2018			
Hauler #2) Newark Cartin	ıg, Inc. –	Newark, NJ	04509,	NJ DEP # 19551						e, PA
Consolisted by /Director										
Completed by (Print or Type)			00 150	NT.	Latin - Taran Alamana and a same					
Raymond G. Pedalir				×1	Raymond C. Pedalino		Octob	er 2, 20	18	
010 110010 000		VIANAGER			W					

Check#3189

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

GAC Project # 060-18									ecocement where	-	mmanifederses);
Date of Notification (1)					Name of Building Owner	r/Operator (2)	1 (45)	TE (	9 15	T W	15
October 1	8, 2018	3							FNJ	11 17	<u></u>
Agencies Notified  EPA DCA		Initial I ☑ Amen	Notifica ded No	tification #1 –	Street Address ENVIRONMENTAL 74 STREET 1603,	. HEALTH	& SAF	ETY	DEPT.	(REH	S) S
☑ DOL ☑ DEP- No Longer REQUIRED	Notification (1)										
<b>⊠</b> DOH		848-4	445-2	550	SHIG	and organization					
				FACILITY INF		•					
Name of Facility Where Abatement MARTIN HALL, BLDG# 60	is Taking 006	Place (3)									
			2022/17/2020		Subchapter 8 (other that	an K-12)					
Street Address COOK CAMPUS					Other (i.e. private & co	ommercial build				ears	
The state of the s		SEX			Current Use (prior if beir	ng demolished	i): ACA	DEMIC	;		
Name of Monitoring Firm Hired by B	ldg. Own	er (8)								_	
Street Address						TEMENT	ONSU	LTAN	TS, INC	J	
3 TERRI LANE					SUPPORT IS COMMISSIONED TO THE PROPERTY OF THE						
City, State, Zip Code BURLINGTON, NJ 080	16										
Project Manager for Monitoring Firm	Te	elephone I	Number				License	e Numb	er		
BRIAN R. KEARNEY	6	509-386	-8800						<u> </u>		
Scheduled Start Date (10) 10/22/18	10	0/25/18		on Date (11)		C.					
☐Facility Closed/Vacated During	State, Zip Code RLINGTON, NJ 08016  AN R. KEARNEY  Guled Start Date (10)  2/18  Scheduled Completion Date (10/25/18  Dancy Status During Abatement (Check only one)  cility Closed/Vacated During Entire Period of Abatement atement Performed Outside of Normal Facility Hours - ribe:  ther- Describe: Schedule: 5PM – 5AM Daily (24 HOURS &	nt		ROAD, BL	.DG# 3	5E					
Describe:				OURS &		10					
Scope of Work (Check all that apply	)					75.110					
					[	Mini-Enclos Glove bag	sure Procedur	re / Wra	ap & Cut		dure
	Solely by Staff? (12	/ Maint./Cu 2)	ustodial	(ACM) (i.e. therm	al systems insulation, surfac	ing, (Speci	fy SF	Remov	e Repair	-	
Room 109		X		Surfacing Pl	aster	<25	SF	X			
								17999			
Name of Reg. Waste Hauler	I M	IDED Was	te Haulo	r ID #	0.11.W 1. 11.	F 01/	Non-	of Deet	torod!	ndfill	
See Hauler Below #1 & 2	e Hauler Below #1 & 2 See Below		Cubic Yards of Waste:	5 CY					ill		
	Consultai	nts, Inc	Butler, 1	NJ 07405		Disposal Da	<u>te</u>				
Hauler #2) Newark Carting, Inc., N NJ DEP # 4509	Seck all that apply										
Completed by (Print or Type) RAYMOND C. PEDALINO	SEN			СТ		Edatino		ber 1	8, 2018	3	

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

GAC Project # 060-18			(Pur	suant to N.J.A.	<u>C</u> . 8:60-7 and 12:120-7	)				EC		N W
Date of Notification (1)					News of Building	10						FI 17
October	9 201	18			Name of Building Owner							
Agencies Notified	0, 20	Notificatio	n Type		RUTGERS, THE S Street Address	SIAI	EUN	IVER	SIIY		<del></del>	
		<b>⊠</b> Initial		ation		LIE	A 1 T 1 1	0 04		UU		2018
☐ EPA		ECONOMICS CONTRACTOR CONTRACTOR	and the second second second	tification #	ENVIRONMENTA		ALIH	& SA	HEIY	DEP I	(KEF	15)
□ DCA		200-0000			74 STREET 1603,	BLD	G 411	6, LIV				JS
X DOL				(including	City, State, Zip Code			1		Activ	Just to	PHIAO
☑ DEP- No Longer REQUIRE	D		ication)	)	PISCATAWAY, N.	J 088	54	Ė.	The state of the s		Total Control	1116
X DOH	D	□ Cance	elled		Name of Contact					Number		
NEW DOTT					MICHAEL F. SMIT	H, EN	IV.	848	-445-	2550		
					HEALTH & SAFET	ΓY						
N 65 W				FACILITY IN	IFORMATION							
Name of Facility Where Abatemen		ing Place (3)			Type of Facility (4)						- 27.9	
MARTIN HALL, BLDG#	6006				☐ School (K-12)							
					☐ Subchapter 8 (other th	an K-12	2)					
Street Address				1722	Other (i.e. private & c			dinas h	omoo	ata \		
COOK CAMPUS					Sq. Feet: N/A	# of E	loore:	alings, ii	a Aaa	e: 80+ y		
City (5)	umb. (C)		T 0 /	0 1 (=)	Oq. Teet. N/A	# UI F	10015.	4 <u>Blu</u>	g. Age	<u>:</u> 80+ y	ears	
	unty (6)			y Code (7)	Current Use (prior if bei	na don	oliobo	1). 40	ADEM	10		
INTAN DICOMPANICIN	וטטוואו	LESEX	State	Use Only)	Current Ose (prior ii beli	ng den	ionsnec	i): AC	ADEM	IC		
					1							
Name of Monitoring Firm Hired by	Bldg. O	wner (8)	ASCM	No.	Name of Contractor (9)							
ATC			0009									
			000.		GREENWOOD ABA	TEM	ENT	CONSI	II TAI	MTS IN	C	
Street Address					Street Address			ONO	OL IAI	110, 114	<u>.</u>	
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	Number		Telephone Number	6		111	11			
BRIAN R. KEARNEY	_	609-386			Telephone Number			Licen	se Num	iber		
		000 000	0000		973-492-0477			0084	40			
Scheduled Start Date (10)		Scheduled	Completio	on Date (11)	Name of OSHA Monitor			1 0000	+0			
10/19/18		10/22/18			ENVIROVISION, IN	C						
Occupancy Status During Abate	ment (C	heck only o	ne)		Street Address	·-	-	-				
☐Facility Closed/Vacated Durin	a Entire	Period of A	hatemer	nt	20-21 WARGARAW	DOA	D DI	DC# 1	DEE			
☐Abatement Performed Outside	of Nor	mal Essility	Llaura		20-21 WARGARAW	KUA	D, BL	DG# 3	35E			
Describe:	5 01 1401	mai Facility	nouis -		City, State, Zip Code	-111						
☑ Other- Describe: Schedule:	5DM	FAM Dail	. (24 11	OUDC 0	FAIRLAWN, NJ 074	10						
WEEKENDS AS NEEDED)	SEIM -	SAW Daily	/ (24 H	JURS &	1 AIREAWN, NO 074	10						
WEEKENDS AS NEEDED)												
Scope of Work (Check all that appl												
Scope of Work (Check all that appl	<u> </u>				_	_						
<b>□</b> 2				-		JFull C	Contain	ment w	ith Neg	ative Pre	ssure	1
≥ 3 sf or >3 If				Renovation		X Mini	-Enclos	ure				1
$\square \ge 160 \text{ sf or } \ge 260 \text{ lf}$			I	Demolition		Glove	bag P	rocedu	re / Wra	ap & Cut		
										n-Friable	Proced	dure
Location of Asbestos-Containing		ation Normal			bestos Containing Material		Amour			ment Typ		-
Material (ACM) in Facility (13)		by Maint./Cu	istodial	(ACM) (i.e. therm	nal systems insulation, surfac	ing,	(Speci	fy SF	1 - 30	FD05 161	200	
	Staff? YES		NIA	VAT, or other mis	cell.)		or LF)		Remov Enclos	ve Repair	Encap	
	153	NO	NA						Elicios	e		
Room 109		X		Surfacing PI	aster		<25	SF	X	$\neg$	1	
( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )						-	-20	<u> </u>	12.23	_	-	
											+	
Name of Reg. Waste Hauler	<u> </u>	NJDEP Was	to Havile	ID#								
See Hauler Below #1 & 2				TID#	Cubic Yards of Waste:	5 CY				stered La		
		See Below					1	G.R.	o.w.s	. North	Landfi	11
Hauler #1) Greenwood Abatement	t Consul	tants, Inc	Butler, N	NJ 07405		Dispo	sal Dat	e		City, Sta	te	
NJDEP # 12561										100 New		Aill III
Hauler #2) Newark Carting, Inc.,	Newark.	, NJ 04509				10/2	2/201	2		Rd. Morr		.0.000
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Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney PAID

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) Agencies Notified Type Notification Street Address 000 **EPA** Ó Initial DEP Amended City, State, Zip Code DOL Amendment # Emergency (including ó Name of Contact Telephone Number DOH justification) DCA Cancellation 609-FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) 7'den 1 School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Street Address Street Address City, State, Zip Code City, State, Zip Code Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Start Date (1Q) Scheduled Completion Date (11) Name of OSHA Monitor 281 Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) $\geq$ 3 sf or $\geq$ 3 lf Renovation П Full Containment with Negative Pressure ≥160 sf or ≥260 lf 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/ TO BE ABATED (i.e. thermal systems insulation, surfacing, (Specify Remova Custodial Staff? In Facility VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A 2600 01,154, Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste City, State Disposal Date City, State TB Title Completed by Date

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Date of Notification (1)  Agencies Notified	10/16/	18		ame of Building Own	200	124 (A) (A)	ion LCC		)CT_	22	2018
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Æ DOH □ DCA	justificatio	on) On		ne of Contact Fronk ACILITY INFORM	ATION	<i></i>	Telephon			617	2
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City, State, Zip Code					City, St	2 150 Code	·)	€.  }  .\.	<u> </u>		
Project Manager for Monitori	ing Firm		Teleph	none No.	Telepho	10100 ne No. 4346-7	Licens	250 2 No.			
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Project Manager for Monitoring Firm	1	Telephone	No.	Telephon		License	No.	750		
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Project Manager for Monitoring Firm			Telep	hone No.	Telephon	HOLICO ne No.		Est nse No.	<u>(C).</u>	<u></u>	
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	by Building	Owne	er (8)		,	ASC	ΛNo.	Name of Abat	ement Contractor NMENTAL CORPO	RATIO	N		
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Project Manager for Monitoring F	irm							845-369-7500	1101				
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Street Address 126 EAST LINCOLN AVENUE - BUILDING 80 P County (6) City (5) RAHWAY Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC. Street Address 313 SPOOK ROCK ROAD Sign Fire Address 313 SPOOK ROCK ROAD City, State, Zip Code SPARTA, NEW JERSEY 07871 Project Manager for Monitoring Firm WILLIAMS, KERBEL, CIH Sched, Completion Date (11) Month Day Year Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Coupancy Status During Abatement (Check only one) Abatement Performed Outside of Normal Facility Hours - Describe: MONDAY - FRIDAY 7AM-3:30 PM  Scope of Work (Check all that apply) Demonition Asbestos-containing Abatement Performed Outside of Normal Facility Hours - Describe: Month Day Year Normal Manager for Monitoring Firm Size Address 315 Coupands Street Address 315 Coupands Scope of Work (Check all that apply) Demonition Asbestos-containing Abatement Performed Outside of Normal Facility Hours - Describe: Month Day Size Address Size Address 315 Coupands Street Address 315 Coupands Street Address 315 Coupands Street Address Size Abatement Performed Outside of Normal Facility Hours - Describe: Month Day Year Occupancy Status During Abatement (Check only one)  Coupands Coupands Scope of Work (Check all that apply) Demonition Asbestos-containing Material (ACM) TO BE ABATED Size It is Location normally used solely by Material (ACM) TO BE ABATED Size It is Location normally used solely by Maint/Custodial Size It is Location normally used solely by Maint/Custodial Size It is Location normally used solely by Maint/Custodial Size It is Location or other miscellaneous)  Full Containment with Negative Pressure  Minimaterial (ACM) Containing Material (ACM) Size It is Location normally used solely by Maint/Custodial Size It is Location normally used solely by Maint/Custodial Size It is Location Normal Projector Size Address Size Address Size Abatement Performed Outside Act And North Country Resource Management Size Lagranger Manager Management Size Lagr		t is Taking	Place		ACII			T	ype of Facility	/ (4) .12)						
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Name of Monitoring Firm Hired by Building Owner (s) ENVIRONMETAL HEALTH INVESTIGATIONS, INC.  Street Address 855 WEST SHORE TRAIL  City, State, Zip Code SPARTA, NEW JERSEY 07871  Froject Manager for Monitoring Firm Telephone Number 873-729-5649  WILLIAM S. KERBEL, CIH Syr3-729-5649  WILLIAM S. KERBEL, CIH Sched. Completion Date (11) 10 / 2 / 18 Month Day Year  Day Month Day Year  Name of Occupan		LINION		(2)		(STATE	ASCM No.									
Street Address 855 WEST SHORE TRAIL City, State, Zip Code SPARTA, NEW JERSEY 07871 Project Manager for Monitoring Firm VILLIAM S. KERBEL, CiH Sparta, New Jersey 07871 Sched. Completion Date (11) 10 / 12 / 18 10 / 12 / 18 Month Day Year Month Day Year Month Day Year Month Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement X Facility Closed/Vacated During Entire Period of Abatement X Dother - Describe: MONDAY - FRIDAY 7AM-3:30 PM  Scope of Work (Check all that apply) Demolition Name of Registered Waste Hauler Name of Registered Manager for Month or Manager for Manager for Month or Man		d by Building	Owne	r (8)				- 11	PAR ENVIRON	MENTAL CO	JRPUR	KATIOI	4		7	
Select Audicustorials Selected Waste Hauler  Name of Registered Wa	ENVIRONMETAL HEALTH INV	ESTIGATIONS	5, 1140.						Street Address	OCK ROAD					4	
SUFFERN, NEW YORK 1001  Project Manager for Monitoring Firm  VILLIAM S. KERBEL, CIH  Expected State Date (10)  10 / 12 / 18  Month  Day  Year  Occupancy Status During Abatement (Check only one)  X Abatement Performed Outside of Normal Facility Hours - Describe:  X Abatement Performed Outside of Normal Facility Hours - Describe:  X Other - Describe:  MONDAY - FRIDAY 7AM-3:30 PM  Scope of Work (Check all that apply)  Demolition  3SF OR LF  X >160 SF OR  Abestos-containing Material (ACM)  TO BE ABATED  in Facility (13)  ROOF PERIMETER & PENETRATIONS  Name of Registered Waste Hauler  NJDEP Waste Hauler ID No.  15839  SUFFERN, NEW YORK Inches  Telephone Number  110 / 12 / 18  110 / 12 / 18  A45-369-7500  Name of Registered Landfill  License Number  110 / 12 / 18  A45-369-7500  Name of Registered Landfill  LyCOMING COUNTY RESOURCE MANAGEMENT SE  LYCOMING COUNTY RESOURCE MANAGEMENT SE  A17 ALEXANDER DRIVER/OUTE 15	Street Address							$\neg$	City State 7in	Code						
Telephone Number   973-729-5649			-005	7 0787	1			- 1	SUFFERN, NE	EW YORK TO	901	se Nur	mber	-	7	
Project Manager for Multinums 1 mm   973-729-5649   943-509-708   943-	5P	ARTA, NEW JE	Te	lephor	ne N	umber					100000000000000000000000000000000000000					
Expected State Date (10)	Project Manager for Monitoring		97	3-729	-564	9			845-369-7500	A Monitor	11101					
Nonth	WILLIAM S. KERBEL, CIH	S	ched.	Comp	oletic	on Date	(11)		AMERISCI LA	BORATORIE	ES INC		#114	180		
Month	Expected State Date (10)	/18					Am.	r							$\neg$	
Scope of Work (Check all that apply)	Month Day	101 -1-		nal	_				Street Addres	SS ITH STREET						
Abatement Performed Outside: MONDAY -FRIDAY 7AM-3:30 PM  Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM  Scope of Work (Check all that apply)  Demolition  >3SF OR LF  X > 160 SF OR 260 LF  Location of Asbestos-containing Material (ACM)  TO BE ABATED in Facility (13)  ROOF PERIMETER & PENETRATIONS  NAme of Registered Waste Hauler FREEHOLD CARTAGE, INC.  NONDAY -FRIDAY 7AM-3:30 PM  Full Containment with Negative Pressure  Minit Enclo	Occupancy Status During Aba	ated During Er	ntire Pe	riod o	f Aba	atement	l locaribe:		1						$\dashv$	
Scope of Work (Check all that apply)    Demolition	Ahatement Perform	ned Outside of	Norma	I Facil  ∨ 7∆N	ity H 1-3:3	ours - L	Jescribe.		City, State, Z	ip Code	JEW Y	ORK 1	0016		1	
Scope of Work (Check all that apply)    Demolition	X Other - Describe:	MONDAY -	FKIDA	1 1740	. 0.0			ont	inment with N	egative Pres	sure					
Demolition   Sase of Registered Waste Hauler   FREEHOLD CARTAGE, INC.   Seouth of Sase of Registered Waste Hauler   FREEHOLD CARTAGE, INC.   Seouth of Registered Waste Hauler   Sase of Registered	Seeps of Work (Check all that	t apply)					Mini E	ncl	Ο,	-5						
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.   Is Location of Asbestos-Containing Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)   Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.   Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)   SF or LF   Abdular (Specify SF or LF)   Ab	Demolition	X	Renov	ation			Glove	hac	Procedure						$\perp$	
Location of Asbestos-containing Material (ACM)   Security   Maint/Custodial Staff (12)   Yes   No   N/A	>3SF OR LF	60 I F		100									bateme	nt Typ	e	
Material (ACM) TO BE ABATED Staff (12) Yes No N/A  ROOF PERIMETER & PENETRATIONS  Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.  Maint/Custodial Staff (12) Yes No N/A  X ROOF FLASHING  Insulation, surfacing, VAT, or other miscellaneous)  A ROOF FLASHING  Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER, DRIVE/ROUTE 15	A   100 0.	50 2.	Is L	ocatio	n		Description of	ot A ater	rial (ACM)	U 10 20 20 20 20 20 20 20 20 20 20 20 20 20		R	ᇛ	E !	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Material (ACM) TO BE ABATED Staff (12) Yes No N/A  ROOF PERIMETER & PENETRATIONS  Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.  Maint/Custodial Staff (12) Yes No N/A  X ROOF FLASHING  Insulation, surfacing, VAT, or other miscellaneous)  A ROOF FLASHING  Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER, DRIVE/ROUTE 15	Asbestos-contain	ing					(ie. Therma	al s	ystems			MO	PAI	AF	5	
TO BE ABATED Staff (12) Yes No N/A or other miscellaneous or other m	Material (ACM)	)	Maint	Custo	dial		insulation, su	rfac	cing, VAT,	SFC	(LL)	A	70	US	SU	
ROOF PERIMETER & PENETRATIONS  X ROOF FLASHING  900 SF  X ROOF FLASHING  900 SF  X ROOF FLASHING  Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.  NJDEP Waste Hauler ID No. 15939	TO BE ABATE	.D	Sta	aff (12	)		or other mis	cel	laneous)					$\Box$	4	
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.    Name of Registered Waste Hauler   NJDEP Waste   Hauler ID No.   15939   Name of Registered Landfill   LYCOMING COUNTY RESOURCE MANAGEMENT SE	in Facility (13)	1	Yes	No I	N/A			_		900 SE		X			_	
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.  NJDEP Waste Hauler ID No. 15939  Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15	DEDIMETED & PEN	FTRATIONS			X_	ROOF	FLASHING	-		000 01						
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Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.  NJDEP Waste Hauler ID No. 15 447 ALEXANDER DRIVE/ROUTE 15			+	$\vdash$		1						-	+	+		
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.  NJDEP Waste Hauler ID No. 15 447 ALEXANDER DRIVE/ROUTE 15			+-	-	-	1						-	-	+	-	1
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.  NJDEP Waste Hauler ID No. 15 447 ALEXANDER DRIVE/ROUTE 15			-	-	-	+								1	-	1
FREEHOLD CARTAGE, INC.  Hauler ID No.  15939  Hauler ID No.  4447 ALEXANDER DRIVE/ROOTE TO			1	ED M	acto	Cubic	Yards of Was	te	Name of F	Registered La	ndfill	IRCF I	MANA	GEME	NT SE	1
FREEHOLD CARTAGE, INC. 15939	Name of Registered Waste	Hauler	Hau	ler ID	No.	Pabie			LYCOMIN	ANDER DRI	VE/RO	UTE 1	5			4
SZS HILDRYAL 33	FREEHOLD CARTAGE, IN	10.	1100			1	eal Date	_	City State	4//				1		
City State   8/16-10/13/18   Date /3 / 10   V	City State	= 52				B/16-	10/13/18		MONTGO	MERY , PA	17752	Date /	2/1	2/V	0	1
FREEHOLD, NEW JERSEY Signature	EDEFHOLD NEW JERSE	Y	le				Signatur	е	1/1			/(	1/10	41	1	
Completed by (Print or Type) BENJAMIN SANCHEZ  Title DIRECTOR OF OPERATIONS	Completed by (Print or Type BENJAMIN SANCHEZ	DI	RECT	OR OF	OP	ERATIO	ONS		1/6	)	The state of the s	/	/	/		

<i>,</i>	NOTIF	FICA <sup>*</sup> ursua	MOIT	OF ASB	w Jersey SESTOS / 60-7 and	12:12	0-11			TE .	TC	足	719	4
				Name	of Buildi K SHARI	ng Ov	VNETA	Operator (2		31				1
ate of Notification (1)						a DC	JI IIVIL		1111	111	OC"	7	2 20	018
9 / 28 /18				Street	Address			DO BOY	2000 BX28-	114	UC	4	- L	110
gencies Notified Type Notification							NUE	, P.U. BUX	2000, RY28-					$\dashv$
gonores the second	on			City, S	state, Zip	Code		07005	· ·	A.C	BEST	08/	YOUT	RO
EPA Initial Notification X Amended Notification	fication	n		RAHV	VAY, NEV	N JER	SEY	07065	1	ho	020	ICEL	SING	П
X DOL Cancellation					of Conta	ot	_		Telephone N	umber		معبد السامية م	an maragraph	PROBABLE.
On Hold			TION		ICIA JOH	INSON	J		732-594-774	6				
DCA EMERGENCY	NOII	IFICA	TION								02.00			$\dashv$
		(2)	FAC	LITYIN	FORMAT	IOIN	Type	e of Facility	(4)					
lame of Facility Where Abatement is Taking	Place	e (3)					17.	School (K-	-12)					
								Subchapte	er 8 (Other tha	an K-12	2)	home	e etc	1
MERCK SHARP & DOHME CORPORATION							X	Other (ie.	private & con	mci. D	lags.,	Idg. A	ae	$\dashv$
							So	quare Feet	# OT F100	15	-	54	.9-	
Street Address 126 EAST LINCOLN AVENUE - BUILDING 80	P						-	4,600	i - if boing de	amolish	ned)			
County (6)				Coun	ty Code	(7)	Cur	rent Use (P	rior if being de ABORATORY	AND	OFFIC	EFA	CILI	
LINION				(STATE	USE O		Mar	ma of Ahate	ment Contra	actor (	9)			
Case iteming Firm Hirad by Building	Owne	er (8)			ASCN 10		PA	R FNVIRON	MENTAL CO	RPOR	RATIO	V		
ENVIRONMETAL HEALTH INVESTIGATIONS	S, INC				10		Stre	eet Address						
Street Address							313	SPOOK R	OCK ROAD					-
655 WEST SHORE TRAIL		-	+				City	y, State, Zip	Code	204				
City, State, Zip Code SPARTA, NEW JE	-RSE	Y 078	71				SU	FFERN, NE	W YORK 109	Ticon	se Nu	mher		
	Te	elepho	one N	umber				lephone Nu	mber		36 IVU	IIIDOI		
Project Manager for Monitoring Firm			9-564				84	5-369-7500		1101				
WILLIAM S. KERBEL, CIH	ched.	Com	pleti	on Date	(11)		Na	me of OSH	A Monitor BORATORIE	SINC		#1	1480	
Expected State Date (10)		12 /	150	30	) /1		AN	MERISCI LA	BURATURIE	00		100		
North Day Year	Mont			Day		Year	Str	reet Addres	S					
= : Abstament (Check	only o	ne)	of Ab	atement			11	7 EAST 30	TH STREET					
Cocupancy Status During Abatement Crieck  X Facility Closed/Vacated During En Abatement Performed Outside of	Norma	l Fac	ility H	ours - D	escribe:									
	FRIDA	Y 7A	M-3:3	0 PM			Ci	ty, State, Zi	p Code EW YORK, N	FW YC	DRK 1	0016		
X Other - Describe: MONDA1 -						II C	toinn	INI Noot with Ne	egative Press	ure				
Scope of Work (Check all that apply)		0.65			F	ull Cor Ilini En	rtairiii clo	Helit Mitti 146	gauvorious					
Demolition X	Renov	ation						ocedure						
>3SF OR LF					X	Ion-Fri	able I	Procedure					- A T-	
X >160 SF OR 260 LF	1-1	ocatio	n T		Descrip	ion of	Asbe	stos-					ent Ty	m
Location of	norma				Containir	ng Mat	erial (	(ACM)	Amo		REM	REP,	ENC/	ENCL
Asbestos-containing		lely b			(ie. Th	ermal	syste	ems	(Spe		18	AIR	ÄF	5
Material (ACM)	Maint				insulation	n, surfa	acing,	, VAT,	SF or	Lr)	OVAL	77	APSUL	OSUR
TO BE ABATED in Facility (13)	Sta	aff (12	2)		or othe	r misce	ellane	eous)	1		-		1	Z
III I domity (10)	Yes	No	N/A								×	T		
A DENETRATIONS			х	ROOF F	LASHIN	G			900 SF		-	+	+	$\vdash$
ROOF PERIMETER & PENETRATIONS												_	-	+
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Name of Registered Waste Hauler	NJD	EP W	aste	Cubic \	Yards of \	Waste		Name of Re	egistered Land COUNTY R	ESOU	RCE N	IANA	GEME	NT
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.	Haul	er ID	No.		15		1	AAT AI FYA	NDER DRIVI	E/ROU	TE 15	8		
825 HIGHWAY 33		1593		10	al Doto			City State						
02011101111111100				Dispos	al Date 0/13/18		1	MOKITGON	MERY , PA 17	752		-	-/	2
City, State			1		1/ 1/1/ 10		/	7 71		10	1- //		VC /	10
City, State FREEHOLD, NEW JERSEY Completed by (Print or Type)			-	10/10 1		ature	11			D	ate 4	17	-X/	K

Name of Building Owner/Operator (2)   MERCK SHARP & DOHME CORP.
Agencies Notified  Type Notification  EPA DEP
Agendes Notified    PA
EPA
DEP Amended Notification Cancellation (Cancellation DCA)    X
Name of Facility Where Abatement is Taking Place (3)   School (K-12)   Subchapter 8 (Other than K-12)   Subchapter 8 (Other than K
DCA
Image of Facility Where Abatement is Taking Place (3)   School (K-12)   Subchapter 8 (Other file. private & commot. bidgs., homes, étc.)   Street Address   Square Feet   # of Floors   Square Square
School (K-12)   School (K-12
Street Address   Square Feet   # of Floors   Side Age   54
Square Feet   # of Floors   54
Street Address   County (6)   County (7)   County (8)   County (9)   County (9)   County (1)
County Code (7)   County (6)
County (6) UNION (STATE USE ONLY) RESEARCH LABORATORY AND OFFICE FACILITY RESEARCH LABORATORY RESEARCH LAB
RAHWAY    UNION   Same of Monitoring Firm Hired by Building Owner (8)   104   Name of Abatement Contractor (9)   PAR ENVIRONMETAL HEALTH INVESTIGATIONS, INC.   104   PAR ENVIRONMETAL CORPORATION
Street Address Street
Street Address   SPARTA, NEW JERSEY 07871   City, State, Zip Code   SPARTA, NEW JERSEY 07871   Telephone Number   SUFFERN, NEW YORK 10901   Telephone Number   SUFFERN, NEW YORK 10016   Telephone Number   SUFFERN, NEW YORK 10016   SUFFERN, NEW YORK 10016   Telephone Number   SUFFERN, NEW YORK 10016   SUFFERN, NEW YORK 10016   Telephone Number   SUFFERN, NEW YORK 10016   SUFFERN, NEW YORK 10016   Telephone Number   SUFFERN, NEW YORK 10016   SUFFERN, NEW YORK 10016   Telephone Number   SUFFERN, NEW YORK 10016   SUFFERN, NEW YORK 10016   Telephone Number   SUFFERN, NEW YORK 10016   SUFFERN, NEW YORK 10016   Telephone Number   SUFFERN, NEW YORK 10016   SUFFERN 100
City, State, Zip Code   SPARTA, NEW JERSEY 07871   Telephone Number   SPARTA, NEW JERSEY 07871   Telephone Number   SUFFERN, NEW YORK 10901   Telephone Number   SUFFERN NEW YORK 10901   Telephone Number   SUFFE
SPARTA, NEW JERSEY 07871  SPOJECT Manager for Monitoring Firm  Project Manager for Monitoring Firm  WILLIAM S. KERBEL, CIH  Expected State Date (10) 8 / 17 / 18 Month  Day Year  Occupancy Status During Abatement (Check only one)  Abatement Performed Outside of Normal Facility Hours - Describe:  X Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM  Scope of Work (Check all that apply)  Demolition  Scope of Work (Check all that apply)  Demolition  Scope of Work (Check all that apply)  Demolition  Asbestos-containing  Material (ACM)  Material (ACM)  TO BE ABATED  in Facility (13)  SPARTA, NEW JERSEY 07871  Telephone Number  845-369-7500  Telephone Number  1101  Relephone Number  845-369-7500  Telephone Number  1101  Relephone Number  1101  Telephone Number  845-369-7500  Telephone Number  1101  Name of OSHA Monitor  AMERISCI LABORATORIES INC #11480  Street Address  117 EAST 30TH STREET  City, State, Zip Code  NEW YORK, NEW YORK 10016  City, State, Zip Code  NEW YORK, NEW YORK 10016  Scope of Work (Check all that apply)  Demolition  Scope of Work (Check all that apply)  Mini Enclo  Scope of Work (Check all that apply)  Mini Enclo  Scope of Work (Check all that apply)  Mini Enclo  Scope of Work (Check all that apply)  Mini Enclo  Scope of Work (Check all that apply)  Mini Enclo  Scope of Work (Check all that apply)  Mini Enclo  Scope of Work (Check all that apply)  Mini Enclo  Scope of Work (Check all that apply)  Mini Enclo  Scope
Telephone Number   973-729-5649
Project Maintager Inf Midnitiching   Milliam S. KERBEL, CIH   973-729-5649   845-369-7500   Trop
Sched. Completion Date (11)   10 / 13 /18   Month Day Year   17 /18   Month Day Year   18 / 18   Month Day Year   18 / 18   Month Day Year   18 / 18 / 18   Month Day Year   19 / 18 / 18   Month Day Year   19 / 18 / 18 / 18 / 18   Month Day Year   19 / 18 / 18 / 18 / 18 / 18 / 18 / 18 /
Month Day Year Month Day Year Street Address Occupancy Status During Abatement (Check only one)  X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: X Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM  Scope of Work (Check all that apply) Demolition >3SF OR LF X >160 SF OR 260 LF Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  Non-Friable Procedure Street Address 117 EAST 30TH STREET  City, State, Zip Code NEW YORK 10016  Full Containment with Negative Pressure Mini Enclo , Glovebag Procedure X Non-Friable Procedure X Non-Friable Procedure (ie. Thermal systems SF or LF)  Non-Friable Procedure Solely by Maint/Custodial Staff (12) Yes No N/A  POOF FLACIUM OF ABUNDO  900 SF  X
Month Day Year Month Bay Occupancy Status During Abatement (Check only one)    X   Facility Closed/Vacated During Entire Period of Abatement   Abatement Performed Outside of Normal Facility Hours - Describe:   Abatement Performed Outside of Normal Facility Hours - Describe:   X   Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM
Abatement Performed Outside of Normal Facility Hours - Describe:   Abatement Performed Outside of Normal Facility Hours - Describe:   X
Abatement Performed Outside of Normal Y activy York Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM  Scope of Work (Check all that apply)  Demolition  >3SF OR LF  X >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM)  Material (ACM)  TO BE ABATED in Facility (13)  Abatement Performed Outside of Normal Y activy York 10016  Full Containment with Negative Pressure  Mini Enclo , Glovebag Procedure  X Non-Friable Procedure  Abatement Type  Containing Material (ACM)  (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)  Full Containment with Negative Pressure  Mini Enclo , Glovebag Procedure  X Non-Friable Procedure  Scope of Work (Check all that apply)  Mini Enclo , Glovebag Procedure  X Non-Friable Procedure  Scope of Work (Check all that apply)  Mini Enclo , Glovebag Procedure  X Non-Friable Procedure  Scope of Work (Check all that apply)  Mini Enclo , Glovebag Procedure  X Non-Friable Procedure  Scope of Work (Check all that apply)  Mini Enclo , Glovebag Procedure  X Non-Friable Procedure  Scope of Work (Check all that apply)  Mini Enclo , Glovebag Procedure  X Non-Friable Procedure  Scope of Work (Check all that apply)  Mini Enclo , Glovebag Procedure  X Non-Friable Procedure  X Non-Friable Procedure  Scope of Work (Check all that apply)  Mini Enclo , Glovebag Procedure  X Non-Friable Procedure  X Non-Friable Procedure  Scope of Work (Check all that apply)  Mini Enclo , Glovebag Procedure  X Non-Friable Procedure  X Non-Friable Procedure  Scope of Work (Check all that apply)  Abatement Type  Containing Material (ACM)  (ie. Thermal systems  (ie. Therm
Scope of Work (Check all that apply)  Demolition  3SF OR LF  X >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM)  Material (ACM)  TO BE ABATED in Facility (13)  NEW YORK NEW YORK 10010  Full Containment with Negative Pressure  Mini Enclo , Glovebag Procedure  X Non-Friable Procedure  Containing Material (ACM)  (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)  NEW YORK 10010  Abatement Type  Abatement Type  (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)  PART OF STANSIANO  NEW YORK 10010  Abatement Type  Containing Material (ACM)  (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)  PART OF STANSIANO  NEW YORK 10010
Scope of Work (Check all that apply)    Demolition
Demolition  >3SF OR LF  X >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM)  Material (ACM)  TO BE ABATED in Facility (13)  Page 100 As Assert of Action (ACM)  Is Location of Containing Material (ACM)  (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)  Abatement Type  Amount (Specify SF or LF)
Sase of the containing   Sase of the contain
X   >160 SF OR   260 LF
Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  Asbestos-containing Material (ACM) Solely by Maint/Custodial Staff (12) Yes No N/A  Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)  SF or LF)  Affidult (Specify SF or LF)  NO N/A  POST FLACIUMS  900 SF
in Facility (13)  Yes   No   N/A   900 SF   X
in Facility (13)  Yes   No   N/A   900 SF   X
in Facility (13)  Yes   No   N/A   900 SF   X
ROOF PERIMETER & PENETRATIONS X ROOF FLASHING
NUCER Waste Cubic Yards of Waste Name of Registered Landfill
Name of Registered Waste Hauler INJUEF Waste Tourist T
FREEHOLD CARTAGE, INC. 1184161 447 ALEXANDER DRIVE/ROOTE 13
825 HIGHWAY 33
City, State   18/16-10/13/18   1MON GOMERY, PA 17/32
FREEHOLD, NEW JETHO
Completed by (Print or Type) BENJAMIN SANCHEZ  DIRECTOR OF OPERATIONS

Date of Name	*** *** **				(Pursuant to	NOF ASBES	ano	ノ・インローフト	1 / 1/	32	200	)7		
Date of Notification (1)						Name of E	uilding	Ownorlo	perator	(2)		- Scotter		
10 / 12	/18					. KODLIVI	AL FIN	IANCIAL		,	-			
Agencies Notified	ype Not	ification	on			Street Addi	ess				f program	\ [F	70	
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PRUDENTIAL BUILDING								Type of	Facility	(4)	Consessed	and the same Assess		OFFICE IS
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751 BROAD STREET - 6TH F	LOOR							Square	Feet I	ivate & co	mmcl	bldgs	., hor	es, etc.
NEWARK	Coun	ty (6)						785,0	000	27	1013		Ridg.	Age
Name of Monitoring 5:	ESSE	X				ounty Code	(7)	Current L	Ise (Prin	if heina	dom - "		58	3
Name of Monitoring Firm Hir ACCREDITED ENVIRONMEN Street Address	ed by Bu	ildin	g Ow	ner (	8)	ATE USE O	VLY)	COMME	RCIAL	being (	remons	ned)	Pharn	ı. Lab.
Street Address	TAL TEC	HNO	LOGI	ES II	VĆ	ASCN	I No.	Name of	Abatem	ent Contr	actor (	0)		
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Project Manager for Monitoring	Firm	,,,,	IT	eleni	none Numbe			SUFFERN	I NEW V	DEV 400				
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Expected State Date (10)		S	ched	Con	npletion Da		- 1	845-369-7	500		Licens	e Nun	ber	
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Abatement Performed Other - Describe:	MONDA	Y-FF	SIDAY	Faci	lity Hours - [	Describe:	1	0701100	1 = 9					
Scope of Work (Check all that ap				011	VI-Z AIVI		C	ity, State,	Zip Code	-				
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X >160 SF OR 260 L	F					Glove	han Dr	ocedure						- 1
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IJAMIN SANCHEZ														

Pursuant to NJAC 8:80-7 and 12:120-7)  Date of Notification (1)  10
Agencies Notified  Type Notification  EPA DEP Amended Notification  City, State, Zip Code NEWARK, NEW JERSEY 07102  Name of Facility Where Abatement is Taking Place (3)  PRUDENTIAL BUILDING  Street Address  Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other (ie. private & commcl. bldgs., homes, etc.)  Square Feet Telephone Number 973-802-4072  ASSESTOS ONTY  Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other (ie. private & commcl. bldgs., homes, etc.)  Square Feet Telephone Number 973-802-4072  Subchapter 8 (Other than K-12) Square Feet Telephone Number 973-802-4072  Subchapter 8 (Other than K-12) Square Feet Telephone Number 973-802-4072  Subchapter 8 (Other than K-12) Square Feet Telephone Number 973-802-4072  Subchapter 8 (Other than K-12) Square Feet Telephone Number 973-802-4072  Subchapter 8 (Other than K-12) Square Feet Telephone Number 973-802-4072  Subchapter 8 (Other than K-12) Square Feet Telephone Number 973-802-4072  Subchapter 8 (Other than K-12) Square Feet Telephone Number 973-802-4072  Subchapter 8 (Other than K-12) Square Feet Telephone Number 1 Septone 1 Subchapter 8 (Other than K-12) Square Feet Telephone Number 973-802-4072  Subchapter 8 (Other than K-12) Square Feet Telephone Number 1 Subchapter 1 Subchapte
Agencies Notified  Type Notification  EPA  DEP  Amended Notification  Cancellation  On Hold  EMERGENCY NOTIFICATION  Name of Facility Where Abatement is Taking Place (3)  PRUDENTIAL BUILDING  Street Address  751 BROAD STREET  City, State, Zip Code  NEWARK, NEW JERSEY 07102  Name of Contact  JASON MCCAULEY  FACILITY INFORMATION  Type of Facility (4)  School (K-12)  Subchapter 8 (Other than K-12)  Subchapter 8 (Other than K-12)  Vother (ie. private & commcl. bldgs., homes, etc.)  Street Address  751 BROAD STREET - 6TH FLOOR  Square Feet # of Floors Bldg. Age  785,000 27 58  NEWARK  County Code (7)  ESSEX  County Code (7)  Current Use (Prior if being demolished) Pharm. Lab.  COMMERCIAL  ACCREDITED ENVIRONMENTAL TECHNOLOGIES INC  Street Address  28 NORTH PENNELL ROAD  Street Address
FACILITY INFORMATION  Street Address 751 BROAD STREET  City, State, Zip Code NEWARK, NEW JERSEY 07102  Name of Contact JASON MCCAULEY  FACILITY INFORMATION  Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.)  Street Address 751 BROAD STREET  City, State, Zip Code NEWARK, NEW JERSEY 07102  Name of Contact JASON MCCAULEY  FACILITY INFORMATION  Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.)  Square Feet # of Floors 751 BROAD STREET  City (5) NEWARK  City (5) NEWARK  County (6) ESSEX  County Code (7) (STATE USE ONLY)  ACCREDITED ENVIRONMENTAL TECHNOLOGIES INC  Street Address Street Address  Street Address
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ACCREDITED ENVIRONMENTAL TECHNOLOGIES INC  Street Address  28 NORTH PENNELL ROAD  ASCM No. Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION  Street Address
28 NORTH PENNELL ROAD Street Address
Street Address
City, State. Zin Code
- THIS ON NOAD
MEDIA, PA 19063  Project Manager for Monitoring Firm  Telephone Number  Telephone Number
RONALD KHACHADOUDIA
Expected State D-4 (40)
10 / 15/18 Name of OSHA Monitor
Month Day Voca I
Today Otalus Dulliu Anatement (Charlet and
Abatement Performed Outside of New J. C. W. Abatement 1376 ROUTE 9
City, State, Zip Code
Scope of Work (Check all that apply)  Demolition  WAPPINGERS FALLS, NEW YORK 12590  X Full Containment
>3SF OR LF Mini-Enclo .
X >160 SF OR 260 LF Glovebag Procedure
Location of Is Location Possistion of Ash
Aspestos-containing normally used Containing National Aspestos-
TO BE ABATED  in Facility (13)  Staff (12)  (ie. Thermal systems (Specify IN OR PALL)  insulation, surfacing, VAT, SF or LF)  Staff (12)
TO BE ABATED in Facility (13)  Solely by Maint/Custodial Staff (12) Yes No N/A  Solely by (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)
6TH FLOOR -ENTIRE
X IFLOOR TILE & MASTIC. 10,000,00
18,000 SF   x
Name of Registered Waste Hauler NJDEP Waste   Cubic Varde (NV)
VEWARK CARTING CODIC Fards of Waste Name of Registered Landfill
GRAND CENTRAL SANITARY
Sity, State
Completed by (Print or Type) 17th 10/15-03/30/19 PLAIMFIELD COMMOND DA
SENJAMIN SANCHEZ  Title  DIRECTOR OF OPERATIONS  Signature  Date 10/11/10/
DIRECTOR OF OPERATIONS
1000

		(Purs	uant to NJA	C 8:60-7 and 1:	BATEMENT 2:120-7)		5	280	24	
Date of Notification (1)			Na	me of Building	Owner/Operato	or (2)			/	
10 / 12 /1	18				DOHME CORP					
	otification			eet Address			11mm	IS	P	PA
	itial Notifica	ation	120	E. LINCOLN A	VENUE, P.O. B	OX 2000, RY2	28-414	B	6	
DEP Ar	mended No	tification	RA	y, State, Zip Co HWAY, NEW J	de		Inti			THE RESERVE AND ADDRESS OF THE PARTY AND ADDRE
X DOL C	ancellation		1.00	1144A1, NEVV J	ERSEY 07065			0	107	120 2 00
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	VIERGENC	YNOTIFICA	ATION PA	TRICIA JOHNS	ON	732-594-7	746			
Name of Facility Where Abatemer	nt is Takin	a Place (2)	FACILITY	NFORMATION			La.	Con	(Temperate as	COOK
		g riace (3)			Type of Facil	ity (4)				NSING
MERCK SHARP & DOHME CORPO	ORATION				School (		and a contradent and a contradent		the conditions	110000000000000000000000000000000000000
Street Address					X Other (in	oter 8 (Other to	han K-12	2)		
126 EAST LINCOLN AVENUE - BU	III DINO oo				Square Feet	private & co	mmcl. bl	dgs., I	homes	s, etc.)
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RAHWAY	unty (6)		Cour	nty Code (7)	Current Use (F	Prior if being d	emolish	ed)	10000000	
Name of Monitoring Firm Hired by	Puilding	Owner (8)	(STAT	E USE ONLY)	IKESEARCH L	ABORATORY	ANDO	FEICE	E FAC	ILI
ENVIRONMETAL HEALTH INVESTI Street Address	IGATIONS	, INC.		ASCM No. 104	IName of Abat	ement Contr.	actor (9)	1		
Street Address S55 WEST SHORE TRAIL				104	PAR ENVIROR	MENTAL CO	RPORA	TION		
City, State, Zip Code					313 SPOOK R					
SPARTA	NEW IEE	RSEY 07871			City, State, Zip	Code				
Toject Manager for Monitoring Firm	, IVLVV JET	Telephone			SUFFERN, NE	W YORK 109	01			- 1
VILLIAM S. KERBEL, CIH		973-729-5			Telephone Nur	nber	License	Numb	per	
xpected State Date (10)	Sch	ned. Comple		11)	845-369-7500		1101			
10 / 22 /18 Month Day Year		5 /	30	/19	Name of OSHA AMERISCI LAE	Monitor			0044-00F0.00-00	
Occupancy Status During Abatement	(Chook an	lonth	Day	Year		ORATORIES	INC	#	#1148	0
In Indulity Closed/Vacated Di	uring Entire	ly one)			Ct					
Abeter 15 c			hatamant		Street Address					
, rediction renormed Out	iside of Nor	mal Facility	Hours - Dos	cribe:	117 EAST 30Th	H STREET				
, waterness renormed Out	iside of Nor	mal Facility DAY 7AM-3:	Hours - Dos	scribe:	117 EAST 30TH					
X Other - Describe: MON	iside of Nor	mal Facility	Hours - Dos		117 EAST 30Th City, State, Zip NEV	Code V YORK NEV	V VORK	10016		
Other - Describe: MON  cope of Work (Check all that apply)  Demolition	NDAY -FRI	mal Facility DAY 7AM-3:	Hours - Dos	Full Conta	City, State, Zip NEV	Code V YORK NEV	V YORK	10016	6	
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Other - Describe: MON  cope of Work (Check all that apply)  Demolition  >3SF OR LF  X >160 SF OR 260 LF  Location of  Asbestos-containing	X Ren	mal Facility DAY 7AM-3:  ovation  Location mally used	Hours - Des 30 PM	Full Conta Mini Enclo Glovebag X Non-Friablescription of Asl	City, State, Zip NEV inment with Nega , Procedure e Procedure Destos-	Code V YORK, NEV ative Pressure	) 	batem	nent T	
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## State of New Jersey NOTIFICATION ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

							0)						
Date of Notification (1) 10/17/2	2018				ne of Buildi hley Kes	ng Owner/Operator	(2)	The second secon	00	T 2	2	201	8
Agencies Notified	Type Notifica	ation		-	et Address			int   int		,		201	
ПЕРА	Initial	adon		Sue	et Address				arthobosco muse co	djenjenja i respiraci	and the second second second		
DEP	Amended	d		City	, State, Zip	Code		1	ACDEC!	100	00	TA	01-8
⊠ DOL	Amendm	ent # cy (includi	-		gantine,			i	[	ICE!	JSIN	G_	a huralform
<b>⊠</b> DOH	justificat	ton)	iig	_	ne of Cor			I Telepho	one Num	har	_		
☐ DCA	☐ Cancellat	tion			ley Keste			Telephic		Dei			
				F/	ACILITY IN	FORMATION				_		_	
Name of Facility Where	Abatement is T	Taking Plac	ce (3)				Type of Facili				-		
Residence							School (K-						
Street Address								r 8 (Other t		65			
0:1(-)							Other (i.e., homes, etc		ommerci	al bui	dings	5,	
City (s) Brigantine, NJ							Square Feet	# of FI	oors	- 1	0.7155	Age	
County (6)							1500 SF	_   2			0 yr	S	
Cape May, NJ				US	unty Code E ONLY)	(7) (STATE	Current Use (I Residence	Prior if being	g demolis	shed)			
Name of Monitoring Firm	Hired by Build	dina Owner		ASCN	1 No	Name of Abatem		(0)			_	_	_
(8)	-,	9 - 111101		, 1001	. 110.	AEi2, LLC	on contractor (	(5)					
Street Address						Street Address						-	
						361 E. Flemin	o Pike						
City, State, Zip Code						City, State, Zip							_
						Hammonton, I							
Project Manager for Mo	onitoring Firr	m	Tel	ephone	No.	Telephone No.		Licens	e No.	_			-
			_			609-481-2122	2	0068	9				
Start Date (10)		cheduled (	Comple	tion Da	ate (11)	Name of OSHA M	lonitor						
10/26/18		0/31/18				AEi2, LLC					100000000		
Occupancy Status During						Street Address							
Facility Closed/Vacate Abatement Performed	a During Entil	re Period (	of Aba	tement		361 E. Flemin							
Other - Describe:	Outside of Not	IIIIai Facili	ıy mou	IS		City, State, Zip Co Hammonton,							
Scope of Work (Check all	that annly)												_
—	triat appry/						tainment with N	legative Pro	essure				
≥3 sf or ≥3 if ≥160 sf or ≥260 if			enovat	on		Mini-Enc	losure g Procedure						
<u>⊠</u> ≥100 \$1 01 ≥200 11		X De	monte	41.			g Procedure empted (*) and N	lon-Friable	Procedu	re			
			ocatio								bate	ment	
Location of	:	Used	ormally I Solel	v bv		Description of					Тур		
Asbestos-Containing Ma	terial (ACM)	Mair	ntenan	ce/		os Containing Mate		Amou	ınt	R		E	E
TO BE ABATE IN Facility	<u>:D</u>		ustodia Staff?	d	(i.e.,	thermal systems in surfacing, VAT, of		(Speci SF or L		e m	R e	0 8	n c
(13)			(12)			other miscellaneou		SF 01 L	.r <i>)</i>	0	p a	p	o s
			(202)		1		29			a	i	u 1	u r
Siding		Yes	No	N/A		·						a t	e
Jung				X	l ra	nsite Shingles		1500 SF		X		•	
Name of Barrieta 1151													
Name of Registered Waste	Hauler		1000	JDEP V auler ID	CONTRACTOR OF THE PROPERTY OF	Cubic Yards of Waste	Name of Regi	stered Land	fill				$\neg$
AEi2, LLC			10000	1376		5	ACUA	200 - 1		-11,750,51			
City, State						Disposal Date	City, State						
Hammonton, NJ						TBD	Egg Harbor	Twp. N.	J				
Completed By		Title	1.6			Signature	'Anni	/	Date				
Wm. Minnick		Program	Mgr			11/11	more	1 1	0/18/18				
B-41						-		-					

TO A								1000	1 [	; G [	E N	Ŋ	- Pr	nt Fo
0K709 PA	JID,	NOTIFI (P	CATION	ate of Nev I OF ASB to NJAC	ESTOS A	BATE	MEN <sup>*</sup>	T Control Control			<u> </u>	M	4	A CONTRACTOR OF THE PARTY OF TH
Date of Notification (1) 10/18/18				f Building ndrewcz		•		)		OCT	6 0	2018	The regulation of the	
Agencies Notified Type Notification			Street A	ddress				O Parameter St.	<del>L</del>		FOON	TRO	. &	
EPA Initial Amended Amendment	#			ate, Zip Co Harbor		47			-	LICE	NSM	3	1000 1400	Matikalar kus
☑ Emergency justification)	(including	_	Name of	f Contact	NJ 002	41			T- '	i ki.	mhar	10	en det	-
DCA Cancellation			FACI	LITY INFO	ORMATIC	ON			1			4.		
Name of Facility Where Abatement is Takin Joe Andrewczak Private Home	g Place (3	)					Тур	e of Facility (	4)					
Street Address							H	School (K-1 Subchapter	8 (Othe	er than K-	12)			
							X	Other (i.e. petc.)	rivate 8	& commen	cial buil	dings,	hom	es,
City (5) Stone Harbor NJ 08247							10	are Feet 00+	2	Floors	:	31dg. A	lge	
County (6) Cape May				Code (7) USE ONLY	)	_		rent Use (Pri use & Gar		ng demolis	shed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCN	/I No.			of Ab	atement Cor Inc.	ntractor	(9)				
Street Address			1			Street	Addr							
City, State, Zip Code					City, S	State,	Zip Code							
Project Manager for Monitoring Firm			Telepho	ne No.		Wes		rlin NJ 080	91	License	No			
			33	9		856-	-753	-9800		00727				
Start Date (10) 10/28/18	Schedule 11/2/18		pletion I	Date (11)		Name		SHA Monitor						
Occupancy Status During Abatement (Chec	k Only On	e)				Street	Addr	ess						
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of A nal Facility	batem Hours	ent			City, S	State,	Zip Code	a((a.))(ia					-
Scope of Work (Check All That Apply)					*									-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit				F	- M	ull Containmolini-Enclosure	Э	Negative	Pressu	ire		
						Σ		on-Exempted		l Non-Fria	ble Pro	cedur	e	
Location of	l N	Locati	ly		Des	cription	of					Abate Ty	emen pe	
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	intenar	colely by Asbestos Con (i.e. therms surf			Intaining Material (ACM) al systems insulation, facing, VAT, or r miscellaneous)			(S	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure	
(1-7)	Yes	No	N/A		3.11.01.11			·			a	-	late	ıre
House & garage			х		Exter	ior Si	ding		25	00 sf	х			
											х	_		
							20				+		-	
Name of Registered Waste Hauler		l N	JDEP W	/aste	Cubic \	/ards		Name of	Registe	red Landf	ill			Щ
United Roll Off		Н	auler ID 2459		of Was			G.R.O.	00010- <del>1</del> 001-100		23			
City, State Elm NJ					Disposa 11/2/1		1	City, Stat		A 19067				
Completed by	Title				2000	gnature	9	IVIOITIS	ille P/		ate			-
Anthony T Perna	ident				/	2			100	10/18/	18			

,	NOT (I	IFICATION	ate of New Jersey OF ASBESTOS A NJAC 8:60-7 and	12.120-7)					Ē C	C	
ate of Notification (1)		Manage	e of Building Ow ARTIS PHARMA	ner/Operator (2)	RPORATION			10000	<del>-00</del>	17	20
10 / 2 /18			et Address COUTE 10 EAST								
gencies Notified Type Notification  EPA Initial Notification  DEP X Amended Notification	tion tification #1	Ciby	State, Zip Code T HANOVER, NE	W JERSEY 0793	36			L A	SHIC		I I I I
X DOL Cancellation	Y NOTIFICAT	ION KE	ne of Contact /IN READIE		Telephone Numbe 862-776-0496	r		e=====================================	eritar e e este	THEFT AND THE ST	1
		FAC	ILITY INFORMAT	Type of Facility	y (4)						1
ame of Facility Where Abatement is Taking	Place (3)			School (K	-12) or 8 (Other than K-1	2)					
IOVARTIS				X Other (ie. Square Feet	private & commol. b	olágs.,	home	Blag	.) . Age 50		1
Street Address 9 ROUTE 10 -BUILDING 434			-t. Cado (7)	57,000	rior if being demolisi	hed)	-				1
City (5) County (6)		(STA	unty Code (7) TE USE ONLY)	COMMERCIAL	-						-
EAST HANOVER MORRIS Name of Monitoring Firm Hired by Building	Owner (8)		ASCM No. 99	PAR ENVIRON	ement Contractor ( NMENTAL CORPOR	RATIO	N				4
LANGAN			- 00	Street Address 313 SPOOK R	i						
Street Address 300 KIMBALL DRIVE				City State, Zip	Code						
City, State, Zip Code PARSIPPANY, NE	W JERSEY 07	054		SUFFERN, NE Telephone Nu	EW YORK 10901	se Nu	mber				
Project Manager for Monitoring Firm	Telepho	ne Number		845-369-7500	460						_
VIJAY PATEL	973-560 Sched. Comp	letion Date	e (11)	Name of OSH	A Monitor VIRONMENTAL						
10 / 5 /18	12 /	Dav	30 /18	QUALITY EN	VIRONWENTAL						$\dashv$
Month Day Year Occupancy Status During Abatement (Check	Month only one)			Street Addres 1376 ROUTE							
		Abatement	escribe:								$\dashv$
Abatement Performed Outside of I  X Other - Describe: FRIDAY 5	PM-1 AM, SA	T. & SUN. 7	7 AM - 12 AM	City, State, Zi	p Code WAPPINGERS FAL	LS, N	EW Y	ORK	10016		
Scope of Work (Check all that apply)  Demolition  >3SF OR LF	Renovation		Mini-En	ntainment with Ne clo: , ag Procedure able Procedure	egative Pressure						
X >160 SF OR 260 LF Location of	Is Locatio	n	Description of	Asbestos-	Amount	R			ment Ty	pe	
Asbestos-containing Material (ACM) TO BE ABATED	normally us solely by Maint/Custo	dial	Containing Mat (ie. Thermal insulation, surfa or other misce	systems acing, VAT,	(Specify SF or LF)	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR		
in Facility (13)	Staff (12 Yes No N	I/A			2.200 SF	X	+		7.0		
1ST FLOOR STAIRWEDLL CORRIDOR		( FLOO	R TILE & MASTIC	,	2,200 01						_
		_							-		$\dashv$
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	+					+	+	+	+		
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						+	+	+			
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						-	+	+	+-		
									-		
Name of Registered Waste Hauler NEWARK CARTING, INC.	NJDEP W Hauler ID	No.	c Yards of Waste 3	GROWS L	DENTOWN ROAD/	NEW	FOR	фМІ	L ROAL	)	
369 RAYMOND BLVD. City, State	913	Disc	osal Date	City, State	DLE/PR 19067					1	1
Gity, Glate	1	110/5	5-12/30/18	INIGHT	1/	ate			17	101	1
NEWARK, NEW JERSEY 07105	tle IRECTOR OF	OPERATIO	Signature	//_/	X			_	10/	4	15

			State of New Jersey			The same of the sa		E	GEI	W. E
, y <sup>*</sup>	ľ	NOTIFICA (Pursu	TION OF ASBESTOS A ant to NJAC 8:60-7 and	12:120-7)		autolita esta esta esta esta esta esta esta es	15	200	OCT 2 2	2018
Calculation (1)			NOVARTIS PHARMAC	UETICALS COR	PORATION				001	
Date of Notification (1) 9 / 24 /18			Street Address					£	and the second second second second	TIROL &
Agencies Notified Type Notification			59 ROUTE 10 EAST					h	BOLUTE CONTRACTOR	NG
EPA X Initial Notificat Amended Noti	ion fication		City, State, Zip Code EAST HANOVER, NEV	W JERSEY 07936	6 Telephone Numbe	er			gan di digi di Salahan di Peranggan di Anggan di A Bangan di digi di Salahan di Anggan	
X DOL Cancellation X DOH On Hold DCA EMERGENCY	NOTIFI	CATION	Name of Contact KEVIN READIE	ON	862-776-0496	-				-
Name of Facility Where Abatement is Taking	Place (3)	No.	FACILITY INFORMATI	Type of Facility						
Novartis				School (K- Subchapte X Other (ie.	er 8 (Other than K- private & commcl.	12) bldgs.,	home	s, etc.	.)	
Stroot Address				Square Feet 57,000	# of Floors 2			Bldg. 5	Age	-
59 ROUTE 10 -BUILDING 434			County Code (7)	Current Use (Pr COMMERCIAL	for if being demolis	shed)				
EAST HANOVER Name of Monitoring Firm Hired by Building C	Owner (8	)	(STATE USE ONLY) ASCM No. 99	Name of Abate PAR ENVIRON	ment Contractor	(9) RATIO	N			
LANGAN				Street Address 313 SPOOK RO						_
Street Address 300 KIMBALL DRIVE				City State Zip	Code					
City, State, Zip Code PARSIPPANY, NEV	V JERSE	Y 07054	7	SUFFERN, NE Telephone Nun	W YORK 10901	nse Nu	mber			
Project Manager for Monitoring Firm	Tele	phone Nu		845-369-7500	460					_
VIJAY PATEL Expected State Date (10)	Sched. C	-560-4983 ompletion 2 /	n Date (11) 30 /18	Name of OSHA QUALITY ENV	A Monitor VIRONMENTAL					
Month Day Year	Month		Day Year	Street Address						
Facility Closed/Vacated Duling Lin	lesmal Es	of Abate scility Hou SAT. & S	SUN. 7 AM - 12 AM	City, State, Zip	Code WAPPINGERS FA	LLS, N	IEW Y	ORK	10016	
Sans of Work (Check all that apply)	Renovati	on	Mini-End Gloveba	ag Procedure	gative Pressure					
>3SF OR LF >160 SF OR 260 LF		T	Non-Fria Description of	able Procedure	1		1-	Abate	ment Type	
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Maint/C Staff	y used by by ustodial (12)	Containing Mate (ie. Thermal : insulation, surfa or other misce	erial (ACM) systems icing, VAT,	Amount (Specify SF or LF)	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR	
	Yes No		FLOOR TILE & MASTIC		2,200 SF	X	+	-		$\dashv$
1ST FLOOR STAIRWEDLL CORRIDOR						+				
	++					-	-	+		
							1	-		
				-		#	+	1		
						_				
						+	1	+		
	++						-	+		
				This are of Po	egistered Landfill					
Name of Registered Waste Hauler NEWARK CARTING, INC.	Haule	P Waste r ID No. 913	Cubic Yards of Waste	GRAND CE	ENTRAL SANITAR		IDFILL			
369 RAYMOND BLVD. City, State NEWARK, NEW JERSEY 07105	lo.		Disposal Date 10/5-12/30/18 Signature	PLAUNTE	670WNSHIP, P	A Date	- (	91	24/18	
Completed by (Print or Type) Tit BENJAMIN SANCHEZ DI	le RECTOR	OF OPE	RATIONS	00	>		,	/	- '/-	



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

CK 4798

Date of Notification (1)				Name	of Buildi	ng Owner/Operato	or (2)					
10/17/	18			ACC 3 18-27 CO.0570				TRACE OF TH	5 REVE	W.	ط	
Agency Notified	Type Notification				. A . L			INE	P. B	I	VI	TE
Z EPA	E Initial				3	75. 13 <sup>14</sup>	AUE		W La		U	L
D DEP	☐ Amended			City,	State, Zip	Code .					-	
A DOL	Amendment#	en u		3.0	NEWA	ak. NJ.	07103	111111111111111111111111111111111111111	OCT 2.2	20	110	
J2rDOH	☐ Emergency (included justification)	ing			of Conta			Telephone Nur	mber	6	1:0	
□ DCA	☐ Cancellation			FAT4	ER ST	ephen		973-622	-6622	-		
			· · · · · · · · · · · · · · · · · · ·	FAC	ILITY INF	ORMATION		ASSE	STOP	wii	RO	1.8
Name of Facility Where	Abatement is Taking Pl	ace (3)	)				Type of Facilit	y (4)	Lin	3		
Street Address	FFMANCISCAN FR	ARS	05	THE	R5 NE	wac	☐ School (K-1	2) 8 (Other than K-1)	2) .			
	13TH AJE							orivate & commerci		•		
City (5) .	*					-12	Square Feet	# of Floors	Bldg. A	je		
NEWAN	RIL				8/		30000	. 2	18	32		
County (6)						) (STATE USE		Prior if being demol	lished)			
ESS			1	ONLY		1.00 1.00	MOVES	TERY	50			
Name of Monitoring Firm	Hired by Building Own	er	ASCA	A No.		Name of Abates	ment Contractor	(9)				
(8)						Best Re	moval In	ıc				
Street Address						Street Address						
City, State, Zip Code						450 Sou City, State, Zip	th River	St				
, , , , , , , , , , , , , , , , , , , ,							ack, N.J	07601				
Project Manager for Mon	itoring Firm	T	elepho	ne No.		Telephone No.		License No.				_
	<b>.</b>					201-329		00388				
Start Date (10)	Scheduled C	omplet	tion Da	ate (11)		Name of OSHA	Monitor	1 00000			_	-
10/30/18	11/16/					Omega	Environm	ental				
Occupancy Status During	g Abatement (Check on	ly one)			Į.	Street Address				100		
☐ Facility Closed/Vacate	d During Entire Period	of Abar	tement	t			uyler St					
☐ Abatement Performed ☐ Other – Describe: 7	Outside of Normal Fac	ility Ho	urs			City, State, Zip (		N T OF				
Scope of Work (Check al	사람이 많은 사람이 그런 경기를 받는데 없다.					В. па	CKensack	,N.J. 07	606		-	
☐ ≥ 3 sf or ≥ 3 lf ☐ ≥ 160 sf or ≥ 260 lf					novation nolition	Mini-	-Enclosure rebag Procedure	Negative Pressur	8			
		Is	Locat	ion					1	Abate		nt
Locatio	n of		Vormal		:	Docarintian			-	Ту	pe	$\overline{}$
Asbestos-Containing	g Material (ACM)		d Sole intena		Asbes	Description stos Containing M		Amount	1		m	_
TO BE AB		Ç	ustod		(i.e.	, thermal systems surfacing, VAT		(Specify	Ren	Re	ncar	ncl
(13)			Staff? (12)		İ	other miscellan		SF or LF)	Remova	Repair	Bul	Enclosure
			1	T	-				1=		ate	9
2,	5.1. P 111.1.111.	Yes	No	N/A	-					$\vdash$	-	$\dashv$
BASSKENT HALMAY	SHOP HALLWAYS		-	1		E SYSTEUS 11		1280		Н	-	$\dashv$
BUSENEUL ANDER CO				1		L SYSTER INS		640 1		$\vdash$	_	_
DESCRIBED CONTRACTOR	EZI HOOZE			-	THERM	h system in	SULATION	3501	F. V	$\vdash$	_	_
Name of Registered Was	to Hauler	I AZ	DEDI	N/	I		1					_
NEWARK		128	No.	Vaste F 4≤0		Cubic Yards of Waste	Name of Regis	STERM LANGELLE SANI	TANY L	۵کیے	FI	e
City, State					•	Disposal Date	City, State				_	-
NEWAR	K.NJ.	071	05			- representation		CGYL, PA	1801	5		
Completed by	Title	-				Signature			Date	,		7
J.Maiorano	Est					1 Marion	Sug		10/17	18		
ASB-41	* Do not	1000 H	:- 6	- 6	L 4 11 -	A	77 101					

CK # 4654

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

8		NOTIF	TCAT ursu:	non o ant to i	NJAC 8	:60 and 12:120	))	To the second	11 0	CT 2	2 20	)18	Coll and will be	7
Date of Notification (1)	-13-18				Building	Owner/Operator		CONTR	ACTIV	J. (-	3011	70		
Agencies Notified	Type Notification		S	treet Ac		-	AV	tw B	FLE	LICEN	SING	www.en.	e de la como	-
EPA	initial ☐ Amended		-	ity, Stat	e, Zip Co	ode		C 1 11	IT	083	226			
DEP DEP	Amendment #_	uding				OCEAN	<u></u>		Telephone		<u> </u>	- 1	_	1
₫ DOH 7 DCA	justification)  Cancellation		N	lame of	Contact	AU							_	-
				FACIL	TY INF	ORMATION	T T.	e of Facility (4	,					+
lame of Facility Where	Abatement is Taking	Place (3)	)					School (K-12)		- K 13)				
treet Address	SIDENCE			_				Subchapter 8 Other (i.e., priv	other than rate & com	mercial t	ouilding	js,		7.000
treet Address								homes, etc.) uare Feet	# of Floor	rs	Bldg.			
City (5)	CHARI C	LTY	-				10	ment Use (Prio	r if being d	emolish	-	5+		-
county (6)	F MAT	,		County USE O	Code (7 NLY)	) (STATE		NACA	NT			_	_	-
CAP	m Hired by Building O		- I	SCM No	D. T	Name of Abater	ment	Contractor (9)						
B) W	/A					KLEM(	,		٠,٨					
treet Address						369 5		SPRUCE	AUE			_	-	=
City, State, Zip Code	¥					City, State, Zip		HAPE	M.J		052		_	_
Project Manager for Me	onitorina Firm	-	Telep	hone N	0.	Telephone No.		0477	License		71			_
Project Mariager for IVI	4.	uled Cor	loti	on Date	(11)	Name of OSHA	Mon	itor ,						_
Start Date (10)		ulea Cor	2	- (	3			NA.				_		=
Chatres Den	ring Abatement (Chec	k only or	ne)	nen!		Street Address	5					_		=
N d//00	ated During Entire Pe ned Outside of Normal	HOO OI A	Datei	5		City, State, Zip	Code		17					
Other - Describe:			_			l		:: N-	-ativo Drae	eura				
Scope of Work (Check	k all that apply)		ovatio	nn.		Mini-E	enclos	nment with Neg	gauve rics	3010				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Den	nolition	1		Glove Non-	ebag i Exem	Procedure oted (*) and No	n-Friable F	rocedur	re	baten	nent	-
Δ-			catio									Тур	e	
. Locatio	on of	Used S Maint	Soleh	by	Asbe	Description stos Containing N	Materi	al (ACM)	Amou (Spec		20		Enc	
Asbestos-Containin TO BE AB	g Material (ACM) 3ATED	Cus	stodia taff?	1	(i.e	, thermal system	ns insi AT, or	ulation,	SF or I		Remova	Repair	Encapsulate	
IN Fac	ality	1700	12)			other miscellar	neous	;)			ä		ale	
38.		Yes	No	N/A		F.A.A., 18.	74		175	051	X			
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		+-						Name of Reg	istered La	ndfill				1
Name of Registered	Waste Hauler	1	1	NDEP I	Waste ) Ng.	Cubic Yards of Waste		C. IM	. C. I	M.L	1.6	<u>A</u>		_
KLUMCO	INC.			791	04	Disposal Date	e·	City, State	nai	115				
City, State MAPLE	SHADE I	V.J			•	- Cianatur	-	<u> </u>	ODBI	Date	13	<u></u>	15	=
Completed By	Tit	e S∪₽	)			Signatur	il	Dlu		10	-13	3	10	
MICHAEL	CLENOM -	000	•				0.000							



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

		(P	ursua	nt to N	NJAC 8	:60 and 12:120	)	Sales I	H 12]	701 2		2010	3	1
					Suilding	Owner/Operator	(2)	MILIC	HOUS	record records	··········		about page	September 1
ate of Notification (1)	13 10					MITCH	<u>ll</u>	VILL	The same of the sa	LICE	JSH :	<del>a.st</del> G	) L de	1
gencies Notified	Type Notification		St	reet Ad	oress	7.3 1	LING	<u>S</u>		-		19122 may - 1		+
T EPA	Initial		L		-									
1 DEP	Amended		Ci	ty, State	e, Zip Co	10 GRA	NINT	M.	T (	58C	46			
DOL	Amendment #	akidina			K	10 GKA	MUE		Telephone Nu			1.1		1
	Emergency (in justification)	auding	N	ame of	Contact				l elephone 140	ATROCI				1
DOH	Cancellation				56	AME							_	4
DCA	Garboneten					ORMATION								1
	•	- 10		FACILI	TYTHE	ORAN TON	Type of	Facility (4	1)					
ame of Facility When	e Abatement is Takin	g Place (3	)				Scho	ool (K-12)	10	421				
	RESIDEN						Sub	chapter 8	(Other than K vate & comme	ercial bu	ilding	IS,		
treet Address		\$2987273 F.S.					hom	es, etc.)						4
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ity (5)	1.10.1.01						150	0	_7_		_	<u> </u>	_	$\perp$
b	AVALON			County	Code (7	) (STATE	Current	Use (Pric	or if being den	notished	1)			
ounty (6)				USE Of	VLY)				HULT					-
CLAPE	MAY		_	CM No		Name of Abater	nent Cont	ractor (9)						
ame of Monitoring Fi	irm Hired by Building	Owner	A	CW NO		k	CLEM	CO	INC					-
)	NIA		-1-			Street Address				.4	_			
treet Address						31	09	SF	RUCE	Ali	_			_
						City State, Zip	Code	C14	A 0.1- II	IT				
ity, State, Zip Code						MI	APLE	2H	ADE V	((,)				=
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roject Manager for N	Monitoring Firm		тогор.			856 7	79-0	1476	- 01	5/	1	_		-
	T 0-b	eduled Cor	moletic	n Date	(11)	Name of OSHA	Monitor	1 rA						
Start Date (10)		1 -	i -	18				ALIA						=
10-73-	18	ank only o	ne)	10		Street Address	3							
occupancy Status D	uring Abatement (Ch	earload of A	hatem	ent										=
Facility Closed/Va	acated During Entire F	-! Codity	Hours			City, State, Zip	Code							
Abatement Perfor	med Outside of North	a raciny	110010										_	=
Other - Describe:														
Scope of Work (Che	ck all that apply)					☐ Full C	ontainmer	nt with Ne	gative Pressu	ıre				
Scope of Trom (5.12	30	□ Per	ovatio	0			nclosure	- + 150						
≥3 sf or ≥3 lf		Den	notition			Glove	bag Proce	(*) and N	on-Friable Pro	ocedure				_
≥160 sf or ≥260 !	f	(3)	22.23 G2865C)			MINOLE	Acripica	( )			At	oatem		
		Is Lo	ocation	1								Тур	3	
		No	mally	.		Description	of			. 1			_	
Locat	ion of	Used	Solely	Dy	Ache	eros Containing N	Aaterial (A	CM)	Amount		71	_	2	
Ashestos-Contain	ing Material (ACM)		tenano stodial		/i e	thermal system	s insulation	n,	(Specify SF or LF		en	Pa	ap	
TO BE A	ABATED		taff?	10	(	surfacing VP	11.01		3r G Lr	'	Remova	Repair	Encapsulate	
IN Fa	ecility	100	(12)	- 1		other miscellar	neous)				a		ate	
(1	3)	-		-										
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5101	MP		-	~							-			1
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			- 1 -	JDEP V	Vacte	T Cubic Yards	Na	me of Re	gistered Land	ffill		, A		
Name of Registered	Waste Hauler					of Waste		C .	W. C.	M.	U.	H		=
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	-U - LIN -					Disposal Bale			OUBIA	IE	V	(1		_
City, State	SHADE	MI	)			1	_   _	<u> </u>		Date	, ,	,	10	
MAPLE		itle	_			Signatur	- / L	M.		10-	1	) -	18	_
Completed By	(Comme	SU	)P.				m							
MICHALL	I CCI INCE													

## CKH 4674 PATO

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

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	S Repair

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Date of Notification (1)			Nome	of Duildin	O/C			CAL	10 G 7	27	5	$\eta$	// IC
10-17-18			F	of Building			)		الكارال	9	<u> </u>	il L	/
Agencies Notified Type Notification			-	Address	NTI	10 }		- 110	31-				
□ EPA ■ Initial				i ruujus		X			0	CT	2.2	201	18
DEP Amended Amendment	**			state, Zip Co		, ,	0.000 May 2	La Carrier		7			
DOL Amendment Emergency (			HA	SBROU	ck f	FIGH	TS, N	J	0760	4	2.07	SA CON	201.0
■ DOH justification) □ DCA □ Cancellation			Name	of Contact	, ,	•	1	Tel	ephone Nun	ber	ENS	NG	Harla-O
2 SCA Carcenation			Lr.	LENI	1101						4		and the section of
Name of Facility Where Abatement is Taking P	lace (3)		FAC	ILITY IN	FORMA	TION	Type of Facility	(4)					
F. LENTINI	105							` '					
Street Address							☐ School (K-☐ Subchapter		than K-12)				
				V			Other (i.e.	private &	commercial	build	ings, l	iomes,	etc.)
City (5)		2000	,		· · · · ·		Square Feet		f Floors		Bldg.		
HASBROUCK HEIGHT	-5						1800		Z			_	
County (6)			County	Code (7)		-+	Current Use (Pri			<u> </u>	00	ye	۵.
BERGEN				USE ONLY			RESIDE			'/			
Name of Monitoring Firm Hired by Building Ox	vner (8)		ASC	M No.		Name of	f Abatement Con	tractor (9)	)				
							Remova	A STATE OF THE STA					
Street Address						Street A	ddress	I IN	C				
City State 7in Cod-						450	South R	iver	Stree	t			
City, State, Zip Code						City, Sta	ate, Zip Code						
Project Manager for Monitoring Firm			~ · ·			Hack	ensack,	NJ (	7601				-1
- 10joot Manager for Monthorning Firm			Telepho	ne No.		Telephor	ne No.		License No	).			
Start Date (10)	Schedul	ed Com	pletion D	hata (11)		201-	329-7442 OSHA Monitor	<u> </u>	0038	8			
11-2-18	11 -	3 -	13	ate (11)									
Occupancy Status During Abatement (Check On	y One)		.0			Ome g	a Enviro	nmer	ital				
☐ Facility Closed/Vacated During Entire Period	od of Aba	atement					Huyler S	.+ ~ ~ ~					
Abatement Performed Outside of Normal F  Other - Describe: B Am 5-Pm	acility H	ours				City, Sta	te, Zip Code	rree	: L	-			
					-	South	n Hacken	sack	NI	076	506		
Scope of Work (Check All That Apply)								Duck	4 140	0/(	00		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit					Full Containme		legative Pres	sure			
	ц.,	Demoni	1011			B)	Mini-Enclosure Glovebag Proc						
						Ď	Non-Exempted		Von-Friable I	rocec	lure		
	1	s Locati										ement	
Location of Asbestos-Containing Material (ACM)		Normai ≈d Solel	-		Des	cription of	f			-	1	уре	-
TO BE ABATED	M	aintena	nce/	Asbes	tos Conta ma! svste	uning Mate	erial (ACM)		nount pecify	-		田田	m
In Facility (13)	Cus	todial S (12)	carr?	1	,	VAT, or			or LF)	Removal	Repair	cap	nele
(13)		, , ,			other n	niscellaneo	nz) .			oval	air	Encapsulate	Enclosure
	Yes	No	N/A			٠						6	
BHSEMENT				THER	MAC	INSUL	ATION	7	85 LF	X			
						10- 3-			- 2.	/			$\vdash$
										_			-
Name of Registered Waste Hauler		l NT	JDEP Wa	eta	Cultiva	7	137						
			auler ID		Cubic Y of Wast		Name of F	egistered	Landfill				
Best Removal Inc			1710	19	3/4	YARD	Miner	cva F	Enterp	ri	202	т	TC
City, State					Disposa	l Date	. City, State		-ca-v-L		UEN	, 1	11114
Hackensack, NJ 07601 Completed by	m: 1					-18	Wayne	sbur	o OH	4	468	8	
J. Maiorano	Title				Si	gnature			Date		468		
. nalorano	Est	ima	tor		1	RVol	Dran		111	) -	17-	-18	

10/16/2018 9:53AM FAX

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State of New Jersey
NOTIFICATION OF ASSESTDE ASATEMENT
(Pursuant to NJAC 8:80 and 13:120)

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ate of Notific	10/16/2	018		Na	me of Bu	liding Owni	st. Michae	ol's Epis	copal C	hurch	ASBES	TOS	OON ISM	TRO	1_8
gendes Not	ified	Type Notification		Str	eet Addr	BLE	140 N.	Warren	Street	1	-	TI	ممم	e de la constanta de la consta	72.07
DEP DOL		initial Amended Amendment		Cit	y, State.	Zip Code	Trento	on, NJ [	360B		MARC	1.		·	
DOH		Emergency (I justification) Cancellation	ncluding	Na	ma of C	ontact red Vere	en Jr.	,			none Numb 9) 862-12				
DUA		C Conjunction			FACILIT	MINORMI Y	ATION								_
ine of Fac	Illy Where A	batement is Takin t. Michael's Epi	Pisos (3) scopal Cr	urch				☐ 8ct	acility (4) soi (K-12) chapter 8	(Other	than K-12)				
reet Addre	\$5 1-	40 N. Warren S	itreet					₹ Off	or (i.e. pri	vate & d	commercial	buildin			
ity (6)		renton, NJ 086	ing.					Square 1	199	# OFF	2		110-		
ounty (6)	Mercer	remon, vis		Či (8	TATE US	de (7)		Curren	)se (Frior	if being	demolishe	(bd)			
	nitoring Firm	Hired by Building	Owner (B)	$\dashv$	ASCM F	No.	Name	of Abates	romer	ractor (f	i) Irvices, ii	1C,			
-		cs						Address							_
(rest Addre	PQ Bo	x 341					PO	Box 322							_
city, State,	Zip Cade	ricks, NJ 08515					Gily, S	Stels, Zip ntown, h	J 08501		8				
Project Man		nitoring Firm		T	elaphoni 609 1 2	No. 98-4070		259-96	8		License No 00493	<b>)</b> .			
Start Date (	10)	_	Scheduled	Comp			MEG	of DSHA	Monitor						
	/18/2018 Status Durit	ng Abatement (Che			2010		Sirec	Address							
	· Aloesdales	ated During Entire	Period of A	Datama	ant			Box 341					_		_
ababa	mant Dodne	ned Outside of Nor 8 am - 4 pm	mat Facility	Horina			- Che	State, Zip seterfield	, NJ 08	515					
Scope of W	fork (Check	All That Apply)	-		•		1	T End	onlainme	fillive tone	Nagstive F	,tasenu			
E ≥3 6/6	x ≥3 if of or ≥260 if			enoval emoliti				Mini	Encidaure	Ŀ	raga i				
	5) Q1 -250 II						G-02-47	Glov Nor	Exemples	d (°) and	Non-Friat	la Proc	edure		
		-	is	Location	no								Abale Ty	ment	
Astreat	Location to BE A In Fa.	ig Materiel (ACM) BATEO Ditity	Use	iormali d Solei nienar odlei S (12)	ly by	(i.e. (f	Description Containing sermal systems systems systems systems systems of the contact of the cont	material ms insulai /AT. qr	i schil) I tri.	(8	mount Specify or LF)	Removal	Repair	Encapsulate	SIMBIDATE
	(1.	·1	Yes	No	N/A						70 K	X	_	8	-
	Base	ment	X			The	rmal Pipe	Insulati	<u>n</u>	-	70 11	^	-	$\vdash$	$\vdash$
			-		-							#			F
		Late Maydes		1,	NJOEPV	Vasto I	Cubic Yard		Name of	Filiplat	ered Landi	III	<u> </u>		
Stevens	Environm	ental Services			1829	ND.	of Waste 2 CU		Fairles	- 1	dfill				_
City, State							10/22/2	2978	Morris	ville, F	ACCUSE AND DESCRIPTION OF	Date			_
Complete	STORY TO STORY	8	Title	Proje	ct Man	ager	Signa	TM		,	1,		16/1	8	

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

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Chec	k#2	5709	1 1/	与	
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	000	F 22	2018		]]

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Date of Notification (1) 10/16/2018		Nam	e of Building	Owner/Operat St. Mic		i) l's Episcopal C	hurch	Arran de la cara			Contract pictor
Agencies Notified Type Notification		Stree	et Address	140	N. V	Varren Street	AStiEs	TOS ( JOEN	XONE Sink	TROL	- 8
EPA   X Initial   Amended   Amendment	ŧ	City,	State, Zip Co		entor	n, NJ 08608					-5-6.18
		Nam	e of Contact	1		.,	Telephone Num (609) 882-1				
DCA Cancellation		F	ACILITY INF	/ereen Jr.			(009) 002-	1290		200	
Name of Facility Where Abatement is Taking St. Michael's Epi						Type of Facility (4)  School (K-12					
Street Address 140 N. Warren S	treet					Subchapter 8	(Other than K-12 vate & commercia	i) al build	ings,	home	s,
City (5) Trenton, NJ 086	08				5	Square Feet 7500	# of Floors	BI	dg. A	ge )+/-	
County (6)  Mercer			nty Code (7)	n	(	Current Use (Prior	if being demolish	ied)		~ ~ ~ ~	
Name of Monitoring Firm Hired by Building C	Owner (8)	AS	SCM No.			f Abatement Cont ns Environmer		nc.			
Street Address PO Box 341				1		ddress ox 322					
City, State, Zip Code Crosswicks, NJ 08515						ate, Zip Code own, NJ 08501	1				
Project Manager for Monitoring Firm Bill Weisgarber		7 990000000	phone No. 9 ) 298-40			ne No. 59-9688	License N 00493	0.			
Start Date (10) 10/18/2018		Complet 1/22/20	ion Date (11) 18	5 III 187555	me o	f OSHA Monitor					
Occupancy Status During Abatement (Chec	k Only One)			94 95959		ddress ox 341					
Facility Closed/Vacated During Entire R Abatement Performed Outside of Norm Other – Describe: 8 am - 4 pm	Period of Aba al Facility H	atement ours		City	y, Sta	ate, Zip Code erfield, NJ 085	515				
Scope of Work (Check All That Apply)						,					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ovation nolition			×	Mini-Enclosure Glovebag Proc	edure			0	
	Τ				ш	Non-Exempled	(*) and Non-Friat	T		ement	
Location of	No	mally		Descrip	tion (	of			Ty	ре	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Maint Custoo (	Solely.by enance/ lial Staff 12)	(i.e	estos Containir e. thermal syst surfacing, other misce	tems , VAT	insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Basement	X	140		hermal Pipe	e In	sulation	70 If	Х			
Name of Registered Waste Hauler		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	EP Waste	Cubic Yard	ds	Name of F	Registered Landfil	1			
Stevens Environmental Services		W. C.	er ID No. 3292	of Waste 2 cu	u		Landfill				
City, State Allentown, NJ				Disposal D 10/22/		City,/State					
Completed by Mahlon E. Stevens	Title Pr	oject N	lanager	Signa	atüre		D	ate 10/1	6/18	3	

CK129	37	PAI	NOTI	FICATIO	State of N	BESTOS	ABATEMEN	т	((")	E C	a [		$\mathbb{V}$	E	Sunday and
Date of Notification (1) 10/16/2018			(	Name	of Buildin	a Owner/	nd 12:120) Operator (2) & Fragrance	es, Inc.		property of the	April 10 St. Williams	eck I	Vo.	er a common	And the same of th
Agencies Notified	Type Notification  Initial			Street 1515	Address State Hig	jhway 3				- 00	CT_	) )	201	- Name (1990)	The same of the sa
☑ DEP ☑ DOL	☐ Amended Amendment ☐ Emergency (i				tate, Zip ( Beach, I		sey 07735		-0.47 10.48	ASSE	STOR	NSK	NTA UG	OL è	L Danija Mati
⊠ DOH	justification)  □ Cancellation	noidanig			of Contac Stapperfe					ephone 1 3-397-7		er	3.0	ar.	
Name of Facility Where	Abatement is Taki	ng Place (3	3)	FAC	CILITY INF	ORMAT	Type of Fa	icility (4)							
International Flavour Street Address 1515 State Highway		nc.	<del></del>				☐ Subch	I (K-12) apter 8 (Other (i.e. private & c	than k	(-12) ercial bui	ldings	, hom	ies, e	tc.)	
City (5) Union Beach, New J	ersey 07735						Square Fe 10,000	M. 155		Floors			g. Ag	200	
County (6) Monmouth					Code (7)	y)	Current Us	e (Prior if bein Manufa	g demo	olished) Facility					
Name of Monitoring Fire Garden State Environ	m Hired by Building nmental	Owner (8)		ASC	M No.		Name of At	patement Cont poration	ractor (	(9)					
Street Address 555 South Broad Stre	eet						Street Addr 606 McBri	35500							
City, State, Zip Code Glen Rock, New Jers	ey 07452						City, State, Woodland	Zip Code Park, New J	ersey						
Project Manager for Mo Bruce Wolf	nitoring Firm			Telepho 201-65	one No 52-1119		Telephone I 973-225-8	No. 400		License 01104					
Start Date (10) 10/26/2018		Schedule 10/30/20	ed Cor 018	mpletion	Date (11)		Name of OS Iris Enviror	SHA Monitor nmental Labo	oratori	es, LLC	;				
Occupancy Status Durin							Street Addre 2333 Rout								
□Facility Closed/Vacate □Abatement Performed □Other – Describe:	Outside of Normal	iod of Aba Facility Ho	temen urs	it			City, State, I	Zip Code							
Scope of Work (Check A	All That Apply)											-			
		⊠ R □ D	enova emolit				□ M □ Glo	ull Containmen ini-Enclosure ove Bag Proce n-Exempted (*	dure /	Limited (	Conta	inmei	nt &T	ent	
		11122.0	Locati						A (5	mount Specify			aten		
Location Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED lity	Used Mai	d Sole ntenar odial S (12)	ly by nce/		estos Co e. therma surf	escription of ntaining Mate al systems ins acing, VAT, o miscellaneou	ulation, r	SI	of LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								a	7	late	re
irst Floor				X	Pipe &	Elbow <sup>-</sup>	ΓSI Wrap &	Cut		100	LF	Х			
Name of Registered Was Lilich Corporation	ste Hauler		Н	JDEP W auler ID 18724		Cubic of Was		Name of Re			fill				
City, State Woodland Park, New	Jersey					Dispos 10/30/	al Date /2018	City, State Morrisville	, PA						
Completed by Adriana Olejarova		Title Pres	sident	t			ignature	Alle	1		Date 10/1	6/20	18	4-20-2-2-2	

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

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Date of Notification (1)					e of Bu Weiber		r/Operator (2)					And the second straight
Agency Notified T	ype Notification Initial				et Addre			ASBEST	OS CO OENSII	NTA VG	OL 8	ž.
X DEP X DOL	Amended Amended #			City,	State, 2	Zip: Livi	ngston NJ 07		- C - C - C - C - C - C - C - C - C - C			photosic and the
X DOH DCA	xx Emergency (i Justification)	includii	ng	Nam	e of Co	ntact	Te	elephone Number				
ben	Cancellation			And				icphone (value)				
			F	CILI	TY INI	FORMATIO	N					
Name of Facility Where	Abatement is	Takin	g Plac	ce (3)			Type of Facil	ity (4)				
The House				VC 50			School (K					
Street Addresses								er 8 (Other than (I				
			455				(2.2)	e. private & comr			dings	š,
City(5)							Square Feet	# of Floors	Bldg. A	\ge		
Livingston NJ			0	0.1	(T) (OT)	A TO MOD		(0.1.101.1.1.1		- 15		
County (6) Essex			ONLY		e (7) (S1.	ATE USE	Current Use	(Prior if being de	emolish	ed)		
Name of Monitoring Firm	Hirad by Duil				CM No.	Nome of A	hatamant Car	-4(0)				
(8)\- IRIS Environmental			JWIIEI	Asc		Pezo Inc	batement Cor	itractor (9)				
Street Address						Street Addre						
2333 Route 22 West							ook Rd., #150	<u> </u>				
City, State, Zip Code						City, State,						
Union NJ 07083 Project Manager for Moni	tanina Pinn	T-1	l	NI.			k, NJ 07035	T		-		
Project Manager for Moni	toring Firm		ephone -206-0			Telephone 973-628-783		License No 01141	)			
Start Date (10)	Schedule	_			a (11)		SHA Monitor					_
10/18/18	10/18/18		mpietr	on Dat	a (11)			oratories, LLC				
Occupancy Status During			only o	ne)		Street Addr	THE RESIDENCE OF THE PARTY OF T	220				
x Facility Closed/Vacated						2333 Route	22 West					
Abatement Performed	Outside of No	rmal	Facilit	y Hou	rs	City, State,	Zip Code					
Other -Describe						Union NJ	07083					
Scope of Work (Check all a	pply)							ment with Negativ	e Pressu	re		
> 3 sf or > 3 lf				x I	Renovatio	n.	x Mini-Enclo					
xx > 160  sf or > 260  lf					emolition			rrocedure ted (*) and Non-Fr	iable pro	ncedi	re	
		Is	Locati					l l		atem		-
Location of		1	Normal	ly		Description	of			T	pe	
Asbestos-Containing mat	erial (ACM)	Use	ed Sole	ly by	Asbesto	s Containing M	aterial (ACM)	Amount	R	R	H	ПП
TO BE ABATE		0,000	aintena		( i.e.,	thermal system		(Specify		epair		
IN Facility		(	Custodi Staff?			Surfacing, VA Other miscella		SF or LF)	emoval	Ħ.	nsdı	nclosure
(13)			(12)			Other miscena	neous)		_		ncapsulate	re
											3.5	
		Yes	No	N/A								
Two Lights, (Each 12x	12")		x		Other	miscellaneou	S	2LF	X			
									- 12	+	-	-
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N												
Name of registered Wast Pezo Inc.	e Hauler		DEP V	Waste I	Huler	Cubic Yards	스크	Registered Landfi				
rezo me.		CS	6224			Waste	Waste M	anagement of Per	ınsylva	nia		
City, State					-	Disposal Date	City, Stat	'A A				-
Lincoln Park, NJ 07035						Dispusai Dali		e/Pennsylvania				
Completed by	Title					Signature	h/duar	3/ 1 _				
Tom Pezic	V. Preside	nt					Y	10/18/18				

URA 100	AID	NOT	IFICATI (Pursua	State of New CON OF ASBES ont to NJAC 8:6	TOS ABATI	EMENT 20)	Minutes of the state of the sta	(D)_E	C				1
Date of Notification (1) 10/17/18			Name Pal-	of Building Ow Pro Builders	ner/Operato	or (2)	P Chicago di Anno di A		OCT	2	2 20	10	Manager of the last of the las
Agencies Notified Type Notifica	tion			t Address				had inch d			- 20	0	1
EPA Initial			1	03 3rd St., Ap	ot. 1		and the second	L	BESTO		() - ()	in the same	Proposition of the contract of
DEP Amende Amendm				State, Zip Code			1	no.	LIC	ENS	Situa G	ULa	-
Emerger	cy (includin	g	-	Lawn, NJ 07	7410				and a contract of the	Projet Bernette		) e in constituences	etr-it-
DOH justificati		(D)		of Contact	:			Telepho	ne Num	ber			-
				e Gjorgievsk CILITY INFORI				201-36	67-83 <del>6</del>	55			
Name of Facility Where Abatement is Ta	aking Place	(3)	IA	CILITY INFORM	MATION	Type of	Facility (4)						
Private House							hool (K-12)						
Street Address  City (5)						Su	bchapter 8 ner (i.e. priv	(Other tha	ın K-12) ımercia	l l buil	dings,	nomes	<b>;</b> ,
Saddle Brook						Square		# of Floo	rs	E	lldg. Ag	je	
County (6) Bergen			County (STATE	Code (7) USE ONLY)		Current	Use (Prior	if being de	molishe	ed)			-
Name of Monitoring Firm Hired by Buildin	ng Owner (8	3)	ASC	M No.	Name	of Abaten	nent Contra	actor (9)					
Competent Supervisor Street Address							onstructio						
					1	Address Route 4	6 Suite 1	4				1	
City, State, Zip Code	rii II Sour - oo I aa saasaa				City, S	tate, Zip C	ode					<del></del>	-
Project Manager for Monitoring Firm			Telepho	one No.		one No.	7512	Licer	nse No.				
Start Date (10)	T .					332 424	4	013	Salari was				
10/27/18	11/3/1	8	mpletion	Date (11)	10 DOG-	of OSHA I					,		
Occupancy Status During Abatement (Ch						Address				-			
Facility Closed/Vacated During Entir Abatement Performed Outside of No Other – Describe:	e Period of a rmal Facility	Abater / Hour	ment s		City, St	ate, Zip C	ode						
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	Superiori -	Renova Jemolii		4		Mini-Er Gloveb	ntainment aclosure ag Procedu empted (*)	ıre					
	ls	Locati	ion		11-	11011 23	( )	and Non-	Friable		batem	ent	
Location of		lormal d Sole		ı	Description of	of					Туре		
Asbestos-Containing Material (ACM)  TO BE ABATED	Ma	intenai	nce/	Asbestos Co	ontaining Ma nal systems	terial (AC	M)	Amount			1	п _	
In Facility (13)	Cust	odial S (12)	Staff?	SUI	facing, VAT	, or		(Specify SF or LF)		Ren	Re	Enci	
(10)	V		T	othe	r miscellane	ous)	1	,		Removal	Repair	Enclosure	
Exterior of House	Yes	No	N/A								1	5 0	
Exterior of Flouise	+		Х	Ask	estos Sid	ing	6	2,000 SF	- x	-	-	-	-
						7			+	+	+	+	1
Name of Registered Waste Hauler		I N	JDEP W	aste Cub	ic Yards	l Na				1			1
Academy Construction Inc		Ha	auler ID I	No. of W	aste		me of Regi airless La		idili!				
City, State		00	34422	6 Disp	and Dat			u IOIIII					
Totowa NJ				TBI	osal Date	W 120000	/, State Orrisville,	PA		62.17		0400000000	
Completed by Ohn Geleski	Title		1-111110		Signature	11	//	//	Date				+
om dologn	PM					pela	Shi		10/1	7/18	3		

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Date of Notification (1) 10-17-18				of Building O Construction		ator (2	2)		00	רי ד	2	2010	11 mg 4 11 21 21 21 21 21 21 21 21 21 21 21 21	A COLUMN TO THE PERSON OF THE			
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DEP Amended Amendmer				tate, Zip Cod ark, NJ 071				- L.	GBEST L		GUN ISIN		. či				
Emergency justification  DCA  Emergency Cancellation	)	g	Name	of Contact					elephon	e Nu	mber	outeries et	Vital Laborate	i white in a control			
Name of Facility Where Abatement is Taki	na Place	(3)		ILITY INFOR					313)3	+-11	500						
Private Home	ng ridoc				ype of Facility  School (K	33 B											
Street Address							Subchapte	er 8 (O	ther than e & comr	n K-12 merci	2) al bui	ldings	, hom	ies,			
Little Falls						S	quare Feet	#	of Floors	S	Bldg. Age			3320			
County (6) Bergen				Code (7) USE ONLY)		С	urrent Use (P	rior if b	eing den	nolist	ned)						
Name of Monitoring Firm Hired by Building	Owner (8	3)	ASC	M No.			Abatement Co		or (9)								
Street Address					Stre	eet Ad	dress										
City, State, Zip Code					City	, State	e, Zip Code										
Project Manager for Monitoring Firm		Т	Telepho	one No.				87	Licen	se N	0.						
Sergen  ame of Monitoring Firm Hired by Building Owner (8)  treet Address  ity, State, Zip Code  roject Manager for Monitoring Firm  art Date (10) 0-31-18  Ccupancy Status During Abatement (Check Only One Facility Closed/Vacated During Entire Period of Ak Abatement Performed Outside of Normal Facility I Other – Describe:  cope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM)  Is L No Used			nnletion	Date (11)		S. Ashier	ACCUSTOMOCOTOCOMO.		0120	)6							
10-31-18	picuon	Date (11)	- 1														
10-31-18 11-07-18  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatem Abatement Performed Outside of Normal Facility Hours																	
Abatement Performed Outside of Norm	nal Facilit	y Hours	3		Delfa Contracting LLC.  Street Address 522 7th St.  City, State, Zip Code Union City NJ 07087  Pe No.  Telephone No. 201 216-9603  Delfa Contracting LLC  Street Address 522 7th St.  City, State, Zip Code Union City NJ 07087  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure  Abatement Type  Description of Ashestos Containing Material (ACM)												
Scope of Work (Check All That Apply)							710 07 01			E. (V. 20)							
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	-	Renova Demolit				City, State, Zip Code Union City NJ 07087  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedu											
	1	Locati						4 ( ) 4	10 71011-1	Habi		Abate	ment				
Asbestos-Containing Material (ACM)	Use	Normall ed Sole intenar	y by	Asbestos	Description Containing	on of Mate	rial (ACM)	,	Amount			1 1					
TO BE ABATED In Facility (13)		todial S (12)		(i.e. the	ermal system surfacing, \ ther miscell	ms ins /AT, o	sulation, r		Specify F or LF)		Remova	Repair	Encapsulate	Enclosure			
	Yes	No	N/A								3		ate	re			
Exterior 1st Floor		Х			Fransite S				500 SF 000 SF	_	х						
ist Floor		Х		J	oint Com	poun	d	x									
													-	$\dashv$			
Name of Registered Waste Hauler Delfa Contracting LLC		Ha	JDEP W auler ID	No. of	ubic Yards f Waste		1		egistered Landfill								
City, State		3	56240		20 isposal Dat	te	City, State		SOUTCE	Re	COVE	covery Facility					
Union City, NJ					11-08-18		Tullytov		Д								
Completed by Jaime Delgado	Title Proj.	Mana	ger.		Signatu	re	4			Date 10-	17-1	8					

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Date of Notification (1) 10-17-18					of Building Construct			r (2	)	The state of the s	0	СТ	2 2	20	18	And the second s		
Agencies Notified  EPA	Type Notification		- 14	Street A 49 He	Address rmon St						ASBE	demolished)  Dicense No. D1206  Regative Pressure  Non-Friable Procedure  Abatement Type  Dunt ecify r LF)  Removal  Removal  Removal  Removal  Removal  Removal  Removal						
I DEP	Initial Amended				ate, Zip Co		-2.44			-	* IOWEL	LICE	NSI	<u>nvir</u> NG	101 2	4-		
■ DOL	Amendment : Emergency (i		<u> </u>	Newa	rk, NJ 0	7105						-	-	er adam a septima	NE LE LITTERY	N.S. Charles		
E DOH	justification)				f Contact	200								- 550				
☐ DCA	Cancellation				n Espino		ION			(9	73) 344	1-45	08					
Name of Facility Where A	Abatement is Taking	Place (	3)	TAG	ILIT INF	UKWAI	ION	T	ype of Facility	2000								
Street Address				***				H	School (K- Subchapter		er than k	(-12)						
								E						lings,	home	es,		
City (5) Little Falls								S	quare Feet	# C	f Floors		В	ldg. A	ige			
County (6) Bergen					Code (7)	)		С	urrent Use (Pri	ior if be	ing demo	olishe	d)					
Name of Monitoring Firm	Hired by Building C	wner (8)	)	ASCN	A No.			e of Abatement Contractor (9) fa Contracting LLC.										
Street Address	<del></del>					<del></del>	Street	Ad	ldress	y LLG.								
City, State, Zip Code							522 T											
,							City, State, Zip Code Union City NJ 07087											
Project Manager for Mon	itoring Firm		1	Telepho	ne No.		Teleph 201 2		ne No. 6-9603				8					
Start Date (10) 10-26-18	ed Com						e of OSHA Monitor fa Contracting LLC											
Occupancy Status During	g Abatement (Check	Only Or	ne)				Street											
Facility Closed/Vaca	ated During Entire P	eriod of	Abatem	ent			522 7	7th	St.									
Abatement Perform Other – Describe: _	ed Outside of Norma	al Facility	/ Hours			_			e, Zip Code City NJ 0708	37						-		
Scope of Work (Check A	I That Apply)																	
23 sf or ≥3 lf ≤ ≥160 sf or ≥260 lf			Renovat Demoliti						Mini-Enclosure Glovebag Pro	e cedure					9	entinient besetzent aus aus danament er		
		Is	Location	חס				-	Tron Exompte	u ( ) ui	u 14011 1 1	I						
≥ 160 sf or ≥260 lf  Location of		1	Normall	У	Description											_		
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)			intenan todial S (12)	nce/ Asbestos Containing M					sulation, or	(\$	mount Specify F or LF)		Remova	Repair	Encapsula	Enclosur		
		Yes	No	N/A											te	CD		
Roof			х			Roo	f Shing	gle	s	15	00 SF		ĸ					
1st and 2nd	1st and 2nd floor x					Joint	Compo	oui	nd	4,0	000 SF	-	к					
Name of Deliving																		
Name of Registered Was Delfa Contracting LL			Ha	JDEP Wauler ID 56240	No.	of Was	Yards ste 30						cove	ery F	acilit	у		
City, State Union City, NJ	S	***********				Dispos	sal Date 08-18		City, Stat		Α							
Completed by Jaime Delgado		Title Proj.	Mana	Signature					/g Date									

PAUD

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

UK32808

Date of Notification (1)			100		100000000000000000000000000000000000000			Owner/Operator OOHME CORP.	(2)				MROT V - INGRE				
8 / 16	/18				Stre	et Add	dress		2 3 4 4		C	E	W				
Agencies Notified	Type Notificat	ion			126	E. LIN	NCOLN AV	ENUE, P.O. BOX	K 2000, RY28-41	4		L-3 (					
EPA DEP X DOL X DOH	x Initial No Amende Cancella On Hold	d Notifi ition		ı	RAH	YAW	e, Zip Code , NEW JEI Contact	DOEN 07005									
DCA			NOTIF	FICAT	SOUTH CONTRACT OF THE PARTY OF		JOHNSO	N	732-594-7746	1001	majora jaros, apas	erne (17/1000 toler) (17/17/1	Con lameth of range				
					ACILITY II	NFOR	RMATION			ASS			-				
Name of Facility Where A	batement is T	aking l	Place	(3)				Type of Facilit		· · · · · · · · · · · · · · · · · · ·	LIV	EN OF	VO				
MERCK SHARP & DOHME	CORPORATI	ION						X Other (ie.			js., ho	mes, e	etc.)				
Street Address 126 EAST LINCOLN AVEN	IUE - BUILDIN	G 80 A	DD					Square Feet 8,900	# of Floors		1000000000	-					
City (5) RAHWAY	County	• •					ode (7) E ONLY)		rior if being demo			FACIL					
Name of Monitoring Firm ENVIRONMETAL HEALTH				(8)		A	SCM No. 104	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION									
Street Address 655 WEST SHORE TRAIL	84							Street Address 313 SPOOK ROCK ROAD									
City, State, Zip Code	SPARTA, NE	W JER	_					City, State, Zip Code SUFFERN, NEW YORK 10901									
Project Manager for Monito			-		Number			Telephone Nun			Numbe	er					
WILLIAM S. KERBEL, CIH		Coh	and the second	729-5		(44)		845-369-7500 1101 Name of OSHA Monitor									
Expected State Date (10) 10 / 29	/18	Sch		/ /	tion Date		/19		ORATORIES IN	С	#	#11480					
Month Day	Year		onth	er.	Day		Year			2500	400						
Occupancy Status During / X Facility Closed/ Abatement Perf X Other - Describe	Vacated During ormed Outside	Entire of Non	Perio	d of A acility	Hours - De	escrib	e:	Street Address 117 EAST 30T City, State, Zip	H STREET								
Scope of Work (Check all t				, 0		_	TEUI Cont		W YORK, NEW Y	ORK	10016	6					
Demolition	Тат арріу)	Ren	ovatio	n		$\vdash$	Mini Encl		alive Fressure				1				
>3SF OR LF							Glovebag	g Procedure									
X >160 SF OR	260 LF					X		ble Procedure									
Location o			Locat				iption of A		Amount								
Asbestos-conta Material (AC		100000000000000000000000000000000000000	mally olely				ning Mater Thermal sy		(Specify	18	单	∥ÿ	N N				
TO BE ABAT			-	todial	ir		ion, surfac		SF or LF)	Ì	AF	₽	6				
in Facility (1		S	itaff (1	2)			ner miscella			Æ	OCT 2 2 201  SECTION CONTROL  LICENSING  2) Idgs., homes, etc.) Bldg. Age 39 Idgs.		US				
0.000		Yes	No	N/A				**		-	+	-	D.				
ROOF PERIMETER & PEI	NETRATIONS	+		Х	ROOFING	3 TAR			935 SF	X	+	-					
<u> </u>		+								+	+	$\vdash$	$\vdash$				
										-	+	$\vdash$	$\vdash$				
										+	+	+	Н				
Name of Registered Waste FREEHOLD CARTAGE, IN			EP W		Cubic Yar	rds of 15	Waste	Name of Regis		CE M	ANAG	SEMEN	IT SE				
825 HIGHWAY 33			1593					447 ALEXAND	ER DRIVE/ROUT								
City, State	v				Disposal I		2010	City, State	V DA 17752								
FREEHOLD, NEW JERSE Completed by (Print or Type		le	_		10/2018-0	-	ature	MONTGOMER	Da	te,	1	i	10				
BENJAMIN SANCHEZ			R OF	OPE	RATIONS	1.5	/			10	11	6/1	1				

															Pr	int F		
Kaosu	)	PAJ		CATIO	tate of Ne N OF ASE t to NJAC	BESTOS	ABATE		т		E .	C	E		$\mathbb{V}$			
Date of Notification (1) 10/16/2018				Name o	of Building lence	Owner/0	Operator	r (2)			124 June 18 18 C	OCT	-2	2 2	018			
Agencies Notified  X EPA	Type Notification		Street A	Address					ASBESTOS CONTROL &									
× EPA × DEP × DOL	Amended Amendmen			City, State, Zip Code Brick NJ 08725												er-nave		
DOH DCA	Emergency justification Cancellation	)	1		of Contact e Arrow					Tele	ephor	e Nur	mber					
				FAC	ILITY INF	ORMATI	ON			1 -	0.56							
Name of Facility Where A Residence	batement is Takir	ng Place (	3)					Тур	e of Facility (4	58								
Street Address								×	School (K-12 Subchapter Other (i.e. p	8 (Othe	er tha	n K-12 mercia	2) al buil	dings,	, home	es,		
City (5) Brick									etc.) Jare Feet 180	# of	Floor	s	1.00	Bldg. A	Age			
County (6) Ocean					Code (7) USE ONLY	,				r if bei	ng de	molish	ned)					
Name of Monitoring Firm I A. Seine Lighthouse	)	ASC	M No.	of Abatement Contractor (9) s Tank Services														
Street Address PO Box 354				Street Address 1256 Liberty Ave						enue								
City, State, Zip Code South Orange, NJ 07	7079			City, State, Zip Co Hillside, NJ 07														
Project Manager for Monit Sarah Calandra	oring Firm			Telepho 201-34	ne No. 49-2666	8	Telephone No. License No. 01316											
Start Date (10) 10/26/2018		Schedul 11/12/		mpletion	npletion Date (11)  Name of OSHA Monito A. Seine Lighthou					Solu	tions	3						
Occupancy Status During	Abatement (Che	ck Only O	ne)				Street	Addre	ess									
Facility Closed/Vacat Abatement Performe Other – Describe:	ed During Entire d Outside of Norr	Period of mal Facility	Abaten y Hours	rs City, State, Zip Code						7070								
Scope of Work (Check All	That Apply						Sout	n Or	range, NJ 0	17079								
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>	тпас Арріу)	-	Renova Demoli				×	M G	lini-Enclosure llovebag Proc	edure					-			
Location	of.	100	Locat Normal						OII-Exempled	( ) and	INOIL	-i IIabi	Abatement Type					
Asbestos-Containing M TO BE ABA' In Facility (13)	Material (ACM)	Ma	ed Sole aintena todial ( (12)	nce/	Asbes (i.e.	tos Cont thermal surfac	scription aining M systems cing, VA niscellar	Materia s insu T, or		Avenue ode 7205  License No. 01316  Monitor thouse Solutions  ode e, NJ 07079  Intainment with Negative Pressure inclosure ag Procedure tempted (*) and Non-Friable Procedure  Abatement Type  CM)  Amount	Enclosure							
Baseme	nt	Yes	No X	N/A		Di	20 11/20			4/	201 5				ite	е		
Dasenie			^			FI	pe wra	φ		10	JULF		X					
lame of Registered Waste	e Hauler		110	J IJDEP W lauler ID		Cubic of Was			13.830 837	- T								
ewark Carting ity, State			100	4509			al Date		1		jeme	ent La	andfi	II				
ast Orange, NJ		Title					Λ.		Penn Ar		PA	1-						
lison Lamers	e Mar	nager		S	ignature	11	YIVE	7 Date 10/16/2018										

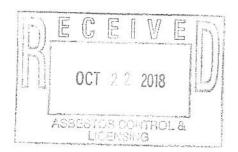
\* Do not use this form for asbestos licensure exempted activities.

OV AURY	PA	NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)  Name of Building Owner/Operator (2)											
Date of Notification (1) 10/15/2018		Name of Resid		Operator	(2)	17 17 00	1 . 4	2010	)				
Agencies Notified  Type Notificati  I linitial  Amended  Amendment		Street A	Address ate, Zip Code			ASBEST	TOS CO ICENSIA	NTRO IG	DL &				
X DOL Amendm	cy (including on)	North Name o	Caldwell NJ 0 of Contact w D Lloyd Sr	7006		Telephone	Number						
Name of Equility Miners Abote and in To	Li Di (0)	FAC	ILITY INFORMAT	ION									
Name of Facility Where Abatement is Ta Residence	King Place (3)				Type of Facilit								
Street Address					School (P Subchap Other (i.e etc.)	(-12) ter 8 (Other than I . private & comm	K-12) ercial buil	dings,	home	es,			
City (5) North Caldwell NJ 07006					Square Feet 4,111	# of Floors	1000	Bldg. A	\ge				
County (6) Ocean		County (	Code (7) USE ONLY)		Current Use (F	Prior if being demo	olished)						
Name of Monitoring Firm Hired by Buildin A. Seine Lighthouse Solutions	ng Owner (8)	ASCN	/ No.		of Abatement C S Tank Serv								
Street Address PO Box 354				Proceedings of the second	Address Liberty Aver	nue							
City, State, Zip Code South Orange, NJ 07079				City, Sta	ate, Zip Code le, NJ 07208								
Project Manager for Monitoring Firm Sarah Calandra		Telephor 201-34	ne No. 19-2666	Telepho 844-4	one No. 62-7465	Licens 01316							
Start Date (10) 10/26/2018	Scheduled ( 11/12/201		Date (11)		f OSHA Monito	se Solutions							
Cocupancy Status During Abatement (Ch Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe:	e Period of Aba	of Abatement PO Box 354											
Scope of Work (Check All That Apply)				Oodin	Orange, No	07079			_	-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Photography (1997)	ovation polition		×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
Location of	Nor	mally	l ne	escription		T and Honri	I I	Abat	emen /pe				
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Mainte Custod	Solely by enance/ ial Staff? 12)	nce/ Asbestos Cor		aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure			
Pagament /F B		lo N/A			950		/al	=	ulate	ure			
Basement (Furnace Room)	)	X	Pi	pe wrap	)	6LF	х						
lame of Registered Waste Hauler		NJDEP W				f Registered Land							
ity, State ast Orange, NJ		04509		al Date	City, Sta		Landfil	l					
Completed by lison Lamers	Title Office M	Penn Argyle, PA  Signature  Manager  Date 10/15/2018					-						

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Date of Notification (1) 10-17-18				or Dunun	ig Owner/	operato	r (2)				299	0/42	318/	2562		
						TD. c/c	Sin	non Propert	y Group	)	#455550 P					
	on		1	Address Box 612					AS	BEST	)S C	GNT	ROL	&		
EPA Initial DEP X Amended				State, Zip				t.m.	An annual feature and the control of the last	k. [1	DEKS	MG	maracana	y management		
DOL Amendme	ent #_7				s, IN 462	06										
☑ DOH ☐ Emergence justification	cy (includir	g		of Contac			_		Talant	NI						
DCA Cancellat				Fattah						one Nu 640-2						
No. of the second			FA	CILITY IN	FORMATI	ON			017	0-10-2	212	_	_			
Name of Facility Where Abatement is Ta	king Place	(3)					Тур	e of Facility (4	1)							
Street Address								School (K-12	2)							
One Riverside Square								Subchapter i	8 (Other th	nan K-1	2)					
City (5)							X	Other (i.e. pretc.)	IVALE & CO	nnerc	iai bu	iiaings	s, non	nes,		
Hackensack								are Feet	# of Flo	ors		Bldg.				
County (6)			Count	Cod- (7)	\.		The state of	9111	2			32 yı	s.			
Bergen				Code (7)			Cun	rent Use (Prio mmercial	r if being o	demolis	hed)					
Name of Monitoring Firm Hired by Buildin	g Owner (8	3)	LASC	M No.		Namo	A Secondaria									
TRC Solutions, Inc.	9 (		1,100	W 140.		Name of Abatement Contractor (9) Pinnacle Environmental Corp.										
Street Address							Street Address									
1430 Broadway, 10th Floor			200 Broad Street													
ity, State, Zip Code			City, State, Zip Code													
New York, NY 10018								, NJ 07072								
roject Manager for Monitoring Firm				one No.		Teleph	one N	No.	License No.							
Arnel Javal				221-78		201-9	939-6	6565	00756							
tart Date (10) 2)03-13-18	Schedu	led Cor	npletion	Date (11	)			HA Monitor		To the same	- 8					
	03-05					Even	-Air	Inc.								
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Other – Describe:	mai raciii	y nours	•					Zip Code	44404							
cope of Work (Check All That Apply)						Long	isiai	nd City, NY	11101							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	Fu Mi Gle	all Containmen ni-Enclosure ovebag Proce on-Exempted (	dure				200			
	1	Locati	on				140	r-Lxempled (	) and No	II-FIIAD	le Pro		e emen			
Location of		Normal	ly		Dass	ription	of						/pe			
Asbestos-Containing Material (ACM)  TO BE ABATED		ed Sole			stos Conta	ining Ma	ateria		Amou	nt			ш			
In Facility	Cus	todial S	Staff?	(i.e	thermal s	ystems ng, VAT		ation,	(Speci SF or L		Rer	Re	Encapsulate	Enclosure		
(13)		(12)			other mi				31 01 L	.୮)	Remova	Repair	psul	losu		
	Yes	No	N/A								<u>a</u>		ate	re		
Basement: Restroom		x		Ca	ulking			45	SF.	x						
1st Floor: Restroom		x			ulking			125								
Roof: Entrance Canopy Roof	+-		×			shing					х					
1st & 2nd Floors									3608		х					
ame of Registered Waste Hauler	1	X			III Tar			6,2205	921	х						
C, Inc. / JBT (50071)	JDEP W auler ID		Cubic Ya			Name of Re										
	310	100000000000000000000000000000000000000	TBD	50		Minerva E	Enterpris	ses								
ty, State			Disposa	Date	7	City, State										
irley, NY / Bronx, NY			TBD	111		Waynesb	urg, OH	4468	8							
ompleted by chard Doran	Title	of 1.4-			Sig	haťure	1	410		Date				$\neg$		
a Dorain	LLOGE	ct Ma	nager		1 [[	1	1/		1	1 10-	17-1	Q		- 1		



Location of	Is Location	D	ASSESTO	g. 2
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
(3) Ground: Room 191A	N/A	Floor Tile/Mastic	460SF	Removal
(3) Ground: Room 194B	N/A	ACM Mastic on Beam	80LF	Removal
(4) Ground: Pottery Barn Store	N/A	Wall Mastic	2,000SF	Removal
(4) Ground: Vera Bradley Store	N/A	Wall Mastic	2,500SF	Removal
(5) 2 <sup>nd</sup> Floor: L'occitane Store (6) 2 <sup>nd</sup> Level: Column B10 &AB	N/A	Wall Mastic	1,400SF	Removal
(7) Ground: Bloomingdale's Parapet	N/A	Wall Mastic	150SF	Removal
(7) Ground: Bloomingdale's Parapet	N/A	Mastic	30SF	Removal
Ty Ground. Beam above Cupcake Store	N/A	Mastic	20SF	Removal



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



ESTOS CONTROLA LICENSING

		_	-	SHEET				1	1
	_			1200 Randolph Rd, Plainfield, NJ		Abateme	ent Type		A
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	No Main	s Locat rmally Solely itenan- ial Staf	Used by ce/Cust	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a I	R e p a i	E n c a p s u	E n c l o s u r e
	Yes	No	N/A				-	-	e
7th Floor- Mechanical Room 1 7th Floor- Mechanical			х	Pipe Insulation	3,120 LF	х			
Room 1 7th Floor- Mechanical			Х	Duct Insulation	3,234 SF	Х			
Room 1  The Floor- Mechanical			х	Elbows	48	х			
Room 2 Tth Floor- Mechanical			Х	Pipe Insulation	3,500 LF	х			
Noom 2			Х	Duct Insulation	5,200 SF	Х			
doom 2	_		Х	Elbows	62	х			
	$\exists$	$\dashv$							
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	$\Rightarrow$	$\exists$							
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Completed by: (Print or type) Allen Monchik	Title:	Project Manager	Signature:	Date:
			Allen Monchik	10/17/18

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1 Name of Building Owner/Operator (2) 9/19/2018 Rutgers University Agencies Notified Type Notification Street Address ASBESTUS CURTRUL & LICENSING 332 Knightsbridge Road EPA Initial DEP City, State, Zip Code × Amended × DOL Amendment # 3 Piscataway, NJ 08854 Emergency (including Name of Contact DOH justification) Telephone Number DCA John Fritzen Cancellation 848-445-2842 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Language Laboratory Bldg 3036 School (K-12) Street Address Subchapter 8 (Other than K-12) 20 Seminary Place Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age New Brunswick 3500 50+ 1 County (6) County Code (7) Current Use (Prior if being demolished) Middlesex (STATE USE ONLY) Unoccupied Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ATC Group Yannuzzi Environmental Services, Inc. Street Address Street Address 3 Terri Lane 135 Kinnelon Rd Suite 102 City, State, Zip Code City, State, Zip Code Burlington, NJ 08016 Kinnelon, NJ 07405 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 908-218-0880 01228 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10/15/2018 10/31/2018 Yannuzzi Environmental Services, Inc. Occupancy Status During Abatement (Check Only One) Street Address 135 Kinnelon Rd Suite 102 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Kinnelon, NJ 07405 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure × ≥160 sf or ≥260 If 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 Removal Custodial Staff? Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Mailbox Room, Womens Rest Room X VAT 2003 sf X Through out X TSI 2400 If X Corridor 100, Boiler Room X TSI fittings 125 If X & Bathroom X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Yannuzzi Group, Inc. Growa/ Fairless Hills 17467 80 City, State Disposal Date City, State Kinnelon, NJ 10/31/2018 Fairless Hills, PA Completed by Signature Date John Mucha Sr. Project Manager 9/19/2018

Print-Form

State of NJ

Notification of Asbestos Abatement D&S Proj. #: 18-226 (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 1 10 //1 5 //1 8 chris mckenna Agencies Notified Type Notification Street Address ASSESTOR CONTROL& EPA Initial Amended DEP City, State, Zip Code Amendment #: DOL M Emergency river edge, nj 07661 DOH. (including Name of Contact Telephone Number justification) DCA chris mckenna Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) chris mckenna Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) river edge bergen Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 10/18/18 11/19/18 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure  $\ge 3$  sf or >3 If Mini-enclosure Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (\*) and Non-friable procedure Is location normally used solely Location of E by maintenance/custodial е е asbestos-containing Description of asbestos-containing Amount staff(12) m n p material (acm) to be C (Specify SF or material (ACM) C 0 a abated in facility (13) a Yes No N/A BASEMENT boiler insulation 30 sq ft Registered Waste Hauler Cubic Yards of Waste NJDEP Hauler ID# Name of Registered Landfill D & S RESTORATION, INC. 13506 1 yd TULLYTOWN, RESOURCE RECOVERY Disposal Date City, State City, State PATERSON, NJ 07503 10/19/18 TULLYTOWN, PA Completed by (Print or Type) Signature Title Date **BOGDAN JOLDZIC** PRESIDENT 10/15/2018

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	12	AL	Notific			Abatement		In E	CE		7 6	The state of			
D&S Proj. #: 18-227		A. 115.20:	(Pursua	ant to NJAC	8:60	and 12:120)		III	Care Street Property Control	CO COMPANY	· Sand		The statement of the st		
	V	12/06	0					1	CT 22	20	10	Describeration of the contract	Annual designation of the Company of		
Date of Notification (1)	TIN	ame of Build	ding Owne	er/Operator (2)		<u> </u>		111111111111111111111111111111111111111	61 / /	<u> </u>	0	Louis	1		
1 0 /1 6 /1 8		chip hogan	ı					1	The state of the s		in the think of the second		10.00		
Agencies Notified Type Notification	on Si	reet Addres	s						LICENS	UNCIT HVG	ULC	1	to the control		
DEP Amended								The state of the s	more morphology care of the c		e de Letaleani	1900 to the second			
Amendment #:	c	ity, State, Zi	p Code				250								
DOL Emergency		cranford,	nj 07016	5											
DOH (including justification)	Na	me of Cont	act					Telephone							
☐ DCA ☐ Cancellation		cranford,	nj 0701	5				- 15 million							
			FACI	LITY INFORM	ATION										
Name of facility where abatement is	taking pla	ce (3)					T	Type of Facility (4							
6 1 : 07016								=	(K - 12)		.,	40)			
cranford, nj 07016 Street Address							4		pter 8 (O Private/C			12)			
Street Address															
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City (5)	Coun	ty (6)				nty Code (7)					-1:	-11			
cranford	unio	n .			(Stat	e use only)	П	Current Use (Pr	ior if bein	g dem	olisne	ea)			
Name of Monitoring Firm Hired by B			Т	ASCM No.	Н	Name of Abateme	ent Co	ontractor (9)							
,		* ************************************					RESTORATION, INC.								
Street Address						Street Address									
						20 California	Ave								
City, State, Zip Code						City, State, Zip Co	de			100					
						Paterson, NJ		03							
Project Manager for Monitoring Firm		Pho	ne Numbe	er		Telephone Number			License		er				
						973-345-80 Name of OSHA M			0	1169					
Start Date (10)	Sched	. Completion	n Date (11	)		D & S Restor									
11/01/18	11/19	/18			-	Street Address	lation	1, 1110.		-					
Occupancy Status During Abatement			City I no play heart	The state of the s		20 California	Ave	nue							
Facility closed/vacated during						City, State, Zip Co	ode								
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Other-Describe: NORMAL Ho	DURS				-	Paterson, NJ	0750	03					_		
Scope of Work (check all that apply	)							ıll Containment w	/negative	press	ure				
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≥160 sf or ≥260 lf	Demolition	1			31 1;			on-Exempted (*)				edure			
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asbestos-containing material (acm) to be	staff(12)	enance/custo	Julai			sbestos-containing	9	Amount (Specify S	F or	m	р	c	n c		
abated in facility (13)	Yes	No	N/A	material	(ACIVI)			LF)		o v	i	a p	Ľ		
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BASEMENT BOILER		$\rightarrow$		PIPE INSU		ON		201ft			H	片	H		
basement crawl space				FIFE INSU	LAII	ON		20111		H	H	H	H		
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Registered Waste Hauler	IN.ID	EP Hauler II	)# I C	ubic Yards of	Waste	Name of Registe	ered L	andfill		-1					
D & S RESTORATION, INC.	135			gds.				ESOURCE RE	COVE	RY					
City, State			Disposal D			City, State									
PATERSON, NJ 07503			01/02/1			TULLYTOV	VN, I	'A	I Data						
Completed by (Print or Type)	Title	PXIT		Signature					Date 10/16	/2018					

D&S Proj. #: 18-228    Date of Notification (1)	sn St	0	(Pursuding Own kh s p Code 07012 act		pestos 2 8:60	Abatement and 12:120)	1000	CE 1  OCI 2.2 20  LIGENSING  E Number	19	T
			EAC	ILITY INFORM	IATION		1,-			_
Name of facility where abatement is simon sheikh  Street Address	taking pla	ce (3)					Subch Other	4) apter 8 (Other (Private/Comm/Homes, etc. # of Floors		
City (5)	Coun	ty (6)			Cou	nty Code (7)				
Fo. 2008					(Stat	te use only)	Current Use (P	rior if being der	molished)	
clifton		SAIC			<u> </u>	Name of Abatement	Contractor (0)			_
Name of Monitoring Firm Hired by B	ldg. Owne	r (8)		ASCM No.						
					_	D & S RESTOR Street Address	LATION, INC.			_
Street Address						20 California A	VA			
City, State, Zip Code						City, State, Zip Code	Marine Ma			-
City, State, Zip Code						Paterson, NJ 0'				
Project Manager for Monitoring Firm		Pho	ne Numb	per		Telephone Number	7505	License Num	nber	_
1 Toject Manager for Monitoring 1 min		1 110	110 1401116	, , ,		973-345-8020	)	01169	)	
Ot 1 D-1- (10)	ICahad	Completion	Doto /1	1)	_	Name of OSHA Mor	nitor			
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10/24/18	11/16					Street Address				
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Facility closed/vacated during and Abatement performed outside	entire perio	od of abaten	nent.			City, State, Zip Code	•			
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Registered Waste Hauler	INIDI	EP Hauler II	<u>  </u>	Cubic Yards of	Waste	Name of Registere	d Landfill		1101015	_
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City, State			Disposal			City, State				
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Completed by (Print or Type)	Title	CNT		Signature				Date 10/16/18		

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							X Other (i.e	ter 8 (O	ther than K	-12) rcial bu	uildina	s. hor	mes			
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Bergen			County	Code (7	)		Current Use (F	Prior if b	eing demol	ished)						
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- Containing	Owner (	0)	ASC	WI NO.		Name	of Abatement Coval Safety	ontracto	or (9)							
Street Address						-	Address	LLC								
City State 7in O							osby Ave									
City, State, Zip Code							tate, Zip Code									
Project Manager for Monitoring Firm			Telepho	one Ne			rson, NJ 075	502								
			relepno	one No.			one No. 400-8711		License	No.						
Start Date (10)	Schedu	ıled Co	mpletion	Date (11	)		of OSHA Monito	or .	01332							
10/29/2018	10/31	/2018				same										
Occupancy Status During Abatement (Chec						Street A	Address									
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norn	Period of	Abater	ment													
Other - Describe: Normal Hours		ty i loui	9			City, St	ate, Zip Code									
Scope of Work (Check All That Apply)																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova					Full Contains	nent with	Nogotiva	D						
= 100 St 01 2200 If		Demoli	tion			×	Mini-Enclosu	re	rivegative	Pressu	ıre					
						Ë	Glovebag Pro Non-Exempte	ocedure ed (*) an	d Non-Fria	ble Pro	ncedu	re.				
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Location of Asbestos-Containing Material (ACM)	Us	Norma ed Sole	ely by	Acho	Des	cription o	of			-	Ty	/pe	_			
TO BE ABATED In Facility	Cus	aintena stodial S	nce/ Staff?	(i.e	. thermal:	systems i	iterial (ACM)	1900	mount Specify	R		E	ш			
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Name of Registered Waste Hauler		N	JDEP W	aste	Cubic Y	'ards	Name of	Pegisto	rod Landfil							
Removal Safety LLC		Н	auler ID   037007	No.	of Wast			of Registered Landfill  WS North								
City, State	State								u1							
Paterson, NJ							Disposal Date City, State TBD Morrisville, PA									
Completed by Lasko Veskov	Title					nature /	/ / / Doto									
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Street Address							188	Verder		*						
City, State, Zip Code					•	,		Hato, Ze and Par								
Project Manager für Mit	nitoring Piles	HANN ALLE AND THE		relephor			201-	hone No. 262-68		-	Ukogeni 001			iber-a	-	dismiq
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CK35142

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

	1 10			1					,	The state of the s		0.00								
Date of Notification (1)					Name	of Building	Own	er/Operator (2	2)			UCT	3.	2018						
10/	17 /	18	_		, All A	American	Env	rironmental		ĺ	13	51	40	)_	1					
Agencies Notified	Type Notificat	tion			Street	Address				-	ASB	ESTOS		~~~	nanna.					
⊠ EPA					136	Edison F	Road			1	- (02)	LICE	USIAN USIAN	int G	L &					
□ DOLWD	☐ Amended			-		tate, Zip C	3.20.0070				American in the Control of Anthrops	Progression subsequiption is	er in property	11941-	-					
☑ DOH	Amendme				15.0	3.5		NJ 07849												
☐ DCA	☐ Emergenc	y (inclu	uding	-		of Contact		110 07043		Tolor	hone Nur	nhor								
(NJAC 5:23-8)	justification  Cancellation				0.0000000000000000000000000000000000000	rew Smit					3-663-16									
	Cancellatio	JII						annan a salah ang		91	3-003-10	00								
					FAC	ILITY IN	FOR	MATION												
Name of Facility Where	Abatement is Ta	aking F	Place	(3)					Type of Facility (											
Warehouse									☐ School (K-12) ☐ Subchapter 8											
Street Address									Other (i.e., pri	vate a	nd comm	ercial bu	ilding	s,						
200 Badger Avenue	9			wite a second					homes, etc.)											
City (5)									Square Feet	# of	Floors	Blo	dg. Ag	je						
Newark									2500 sf	1										
County (6)					Coun	ty Code (7)	(STAT	E USE ONLY)	Current Use (Price	or if be	ing demo	lished)								
Essex														-						
Name of Monitoring Firm	Hired by Buildi	ing Ov	vner (	B) /	ASCM	No.	Nam	ne of Abateme	ent Contractor (9)											
Guardian Contract	ing, Inc.						G	uardian Co	ntracting, Inc.											
Street Address		-1111111111					Stre	et Address												
1889 Rte. 9, Unit 61							18	389 Route 9	, Unit 61											
City, State, Zip Code					-			State, Zip Co												
Toms River, New J	ersev 08755						1.358		New Jersey 087	755										
Project Manager for Mon				Teler	phone I	No.		phone No.	•		ense No.									
Nicholas Fernicola	7.0				2-349			32-349-9932	)	1	0624									
Start Date (10)		chedu	led Co	22.0	ion Da		-	ne of OSHA M						7===						
10 / 30 /	5 5 5 5				/		1000000000	M.S.L. Ana												
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Occupancy Status Durin	크로 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기		0.7				1000,000,000													
□ Facility Closed/Vacat     □ Abatement Performed	(7.7)					cribe		056 Stelton												
Time of Abatement:								, State, Zip Co												
						accessor.	P	iscataway,	New Jersey 088	354										
Scope of Work (Check a	Il that apply)							□ Full Con	tainment with Nea	ative I	Pressure									
≥3 sf or ≥3 If			⊠ Re	novatio	on )		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure													
☐ ≥160 sf or ≥260 lf			⊠ De	molitio	in				g Procedure		. I. D	100000								
						T	ac see to	∐ Non-Exe	empted (*) and Nor	n-Friai	ole Proced									
				Locat Iomal				Danadatian				At	atem	ent I	T					
Location Asbestos-Containing		,	Use	d Sole	ly by	Asbe	stos (	Description of Containing Ma			Amount	Rer	Repair	Enc	Enclosure					
TO BE AB	ATED	<i>'</i>	57.00	intena			., the	rmal systems	insulation,	(	Specify	Removal	air	aps	losi					
IN Faci	ity		Cusi	odial ( (12)	otan r	-		urfacing, VAT ner miscellane		S	F or LF)	<u>a</u>		Encapsulate	лге					
(13)			Yes	No	N/A	1	Oti	iei iiisoeiiane	(ous)					e e						
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basement						aspesio	os pi	pe insulation	)11		100 11		Ш	ш						
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Name of Desistered We	ete lilevilee		ш_		JDEP '	Monto	Cub	oic Yards of	Name of Regis	torod	Londfill									
Name of Registered Wa				100000	lauler II		Was			itereu	Landilli									
Guardian Contract	ing, inc.				20223		3													
City, State								oosal Date	City, State											
Toms River, New J	lersey						1	1/02/18	Tullytown,	Penr	nsylvani	vania								
Completed By (Print or	Гуре)	Title						Signature	/	Date										
Nicholas Fernicola	1	Pr	oject	Man	ager			1	- (-10.	1		101	17/	18						

CK3514	13	P	NOT	IFIC (P	ATIO	State of N N OF AS Int to NJ	BE	Jersey STOS ABAT 8:60 and 5:1	FEMENT (6)		C E		M	E					
Date of Notification (1)	17 /	18	}			e of Buildin & A Dem		wner/Operator (	2)	1.0 (2)	<del>CT ^</del> 2 <	2	201		A Long				
Agencies Notified	Type Notific	cation				et Address				1	35		3	-					
⊠ EPA	Initial					56 Camp		Road	10 A	ASBE.	Situs Lices	(U) :Sli	lah IG	نال دُ	i.				
⊠ DOLWD	☐ Amende	373				State, Zip			(	na kaleur na jagojenjem (r. 1965.). 1969. (hilipyren eleg		46.00		-E-1441/	a has subjected				
☑ DOH □ DCA	Amendn  Emerge			3				NJ 08844											
(NJAC 5:23-8)	justificat		iciuain	g		e of Conta	2.18			Telephone I	Numbe			_					
	☐ Cancella	ation			Ar	tonio Dir	nuz	io		732-713-									
					FA	CILITY II	NFO	RMATION											
Name of Facility Where A	batement is	Taking	Place	e (3)					Type of Facility	<i>i</i> (4)									
Residence									School (K-12	chool (K-12)									
Street Address	-								☐ Subchapter 8 ☐ Other (i.e., p	3 (Other than I	K-12)	l bu	ildina						
									homes, etc.)	iivate aliu con	irrercia	טט וו	liding	15,					
City (5)									Square Feet	# of Floors Bldg. Age									
Westfield County (6)		1-0-1							2000 sf	2 80									
Union					Cou	nty Code (	7)(ST	ATE USE ONLY)		(Prior if being demolished)									
Name of Monitoring Firm	Hisad by Duil	lalia a C		/O\	1001		1		Residence	ce									
Guardian Contraction		iding C	wner	(8)	ASCN	No.	ent Contractor (9)	*****											
Street Address	ig, iiic.						ntracting, Inc.												
1889 Rte. 9, Unit 61							11-14-04												
City, State, Zip Code		-	-				, Unit 61												
Toms River, New Je	rsey 08755	5						ty, State, Zip Co	New Jersey 08	755									
Project Manager for Monit			V	Tele	ephone	No	-	lephone No.	New Jersey Uo	License No									
Nicholas Fernicola	9			1000000		9-9932		732-349-9932		00624	).								
Start Date (10)	T;	Sched	uled C			ate (11)		me of OSHA M		00024									
10 / _31 /	18	1	1_/	_ 0		18	1	E.M.S.L. Anal											
Occupancy Status During							Str	reet Address	***						_				
☐ Abatement Performed	d During Enti	re Per	iod of	Abate	ment		1	1056 Stelton											
Abatement Performed Time of Abatement:	AM-	ormai PN	Facility //	y Hou PM		AM		y, State, Zip Co											
						7	F	Piscataway, N	lew Jersey 088	354									
Scope of Work (Check all	that apply)							□ Full Cont	ainmont with Noa	otivo Dranavia									
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			☐ Re 図 De					☐ Mini-Encl ☐ Glovebag	osure Procedure	egative Pressure									
			Is	Loca	tion	I		☑ Non-Exer	npted (*) and Nor	n-Friable Proc									
Location of			1	Norma	lly			Description of			-	32 1		ent Ty	1520				
Asbestos-Containing N TO BE ABAT		1)		d Sole intena		Asbe	stos	Containing Mat	erial (ACM)	Amount		Removal	Repair	Enca	Enclosure				
IN Facility			Cust		Staff?	(1.6		ermal systems in surfacing, VAT,	or	(Specify SF or LF)		lova	air	ısde	osui				
(13)		-	Van	(12)	N1/A	-	ot	ther miscellaneo	ous)	J. J. Z. /		_		Encapsulate	В				
interior			Yes	No 🖂	N/A	asbesto	os fl	oor tile		1000 sf		X	П						
interior	□ ⊠ □ mastic									Service services									
exterior	□ ⊠ □ asbestos siding									1200 sf		X	ᆜ						
					H	aspesic	15 5	laing		2000 sf	-   [				ᆜ				
Name of Registered Waste	Hauler		Ц		JDEP 1	Masta	Cul	hio Vordo of	N				Ц	Ц	Ц				
Guardian Contractin					auler II	D No.	10 V-12 CT	bic Yards of este	Name of Regist T.R.R.F.	ered Landfill									
City, State					20223	3	Dic.					2000							
Toms River, New Jer	rsey							posal Date 1/07/18	City, State Tullytown,	Pennsylvan	ia								
Completed By (Print or Typ	oe)	Title		7.7-33/-3			-	Signature	1	//	Date	1	i						
Nicholas Fernicola		Pr	oject	Man	ager			1	1		10	1,-	7 /	8					

NV Jana PA	M		S	State of Ne	w Jerse	ey.			)區(			7 P	rint l
16/10/10	MARK	NOTIF	ICATIO	N OF ASE	BESTOS	ABATE	MEN 0)	T	]]] oc	T	2010	2	
Date of Notification (1) 10/17/18			Name Amer	of Building itrust Re	Owner/o	Operator al Serv	(2) vices			<u>+ - 6-</u>	ZU10	3	
Agencies Notified Type Notific	ation			Address Piedmor	nt Road	d NE, E	Build	ing 7 Suite	70L	UH CC. CCHSII.	The	)i_ 8 <sub>t</sub>	
DEP Amend	led Iment # ency (including			tate. Zip Co ta, GA, 3						17.00	* Linder Stranger week		
DOH justifica	ation)			of Contact itrust Re	sidenti	al Serv	ices		Telephone 844-554				
Name of Facility When Abel 11			FAC	ILITY INFO	ORMAT	ION					1		
Name of Facility Where Abatement is	Taking Place (3	3)					Тур	e of Facility (4 School (K-1)	120				
Street Address							×	Subchapter Other (i.e. p	8 (Other than rivate & comr	n K-12) mercial bu	ildings	s, hom	ies,
City (5) Montclair							Squ 382	e.c.) are Feet	# of Floors	S	Bldg.	Age	
County (6) Essex			County (STATE	Code (7) USE ONLY)	)		Curr	ent Use (Prio	r if being den	nolished)			
Name of Monitoring Firm Hired by Build	ding Owner (8)		ASCI	M No.		Name AAA	of Ab LEA	atement Con	tractor (9) SSIONALS	S			
Street Address						Street	Addre						
City, State, Zip Code						City, S	tate,	Zip Code OD, NJ 08					
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 732-6	one N	١٥.		se No.			
Start Date (10) 10/28/18	Schedule 10/31/1		npletion	Date (11)		Name	of OS	HA Monitor D PROFES					
Occupancy Status During Abatement (	Check Only On	ie)				Street		Acres Adversary draw					
Facility Closed/Vacated During En Abatement Performed Outside of X Other – Describe:	ntire Period of A Normal Facility	Abatem Hours	nent					DOVE CO	URT				
Other – Describe:  Scope of Work (Check All That Apply)						LAKE	WO	OD, NJ 08	701				
× ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit				×	Mi Gl	III Containmei ni-Enclosure ovebag Proce on-Exempted	dure				
acce we seed	50,000	Locati						- Enompted	( ) and Horri	nable i ii	Abat	emen	t
Location of Asbestos-Containing Material (ACM	) Used	lormali d Sole	ly by	Ashest	Des os Conta	cription		L(ACM)	Amount		1)	/pe	
TO BE ABATED In Facility (13)	Iviai	ntenar odial S (12)			thermal : surfac		insul , or		(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
INTERIOR	Yes	No	N/A		יוחר יי	10111111	TIC					late	Ire
. INTERIOR					PIPE IN	ISULA	1101	V	60LF	x			
Name of Registered Waste Hauler					Cubic Y of Wast			Name of R	egistered Lan	ndfill			
City, State IEWARK, NJ					Disposa 10/31/			City, State	HFM PA				
Completed by OSEPH PERLSTEIN	Title OWN!	ER				gnature:				Date 10/17/	18		

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CK7	2 43	<u> </u>	NOT	IFICATI	ON OF A	New Jerse SBESTOS AC 8:60 ar	ABATI	EME!	NT		G		W	[2]	The second secon
Date of Notification (1) 10/17/18				Name	of Buildin	ng Owner/	Operato	r (2)	11		OCT	4.0	2010		
Agencies Notified	Town Marie at			- None		evelopm	ent		100		OCT	22	2018		12/1
	Type Notification	on			t Address 4th Stre				100			=====			
EPA DEP	× Initial									AS	13287D	SOCI	Thi	1.8	1
× DOL	Amended Amendme	nt#			State, Zip	Code NJ 0870	1			Temperature (m. 1940) (4		10.31	13	Associate	
▼ DOH	Emergeno	y (includi	ng		of Conta		1								
DCA	justification Cancellation					evelopme	ent				elephone 32-730-		r		
N 2-						FORMAT		-			32-730-	7094			
Name of Facility Where	Abatement is Tak	ing Place	(3)					Тур	oe of Facilit	ty (4)					
Street Address									School (I	K-12)					
Offeet Address									Subchap	ter 8 (Ot	her than h	<-12)			
City (5)								×	etc.)	e. private	& comme	ercial bu	uilding	s, hor	nes,
Lakewood								Squ	are Feet	#	of Floors		Bldg.	Age	
County (6) Ocean					Code (7)			Cur	rent Use (F	Prior if be	ing demo	olished)			$\dashv$
Name of Monitoring Firm	Hirad by Duile!		0)		USE ONL	-1)		Ho	me						
Street Address	miled by Building	) Owner (	8)	ASC	CM No.		Name AAA	of Ab	atement C AD PROF	ontracto ESSIC	r (9) DNALS				
							Street 6 WH		ess DOVE (	COURT	Tê	1			
City, State, Zip Code							City, S	tate,	Z <sub>i</sub> ρ Code OOD, NJ						
Project Manager for Moni	toring Firm			Teleph	one No.		Teleph	one I	No.	08701	License	No.			
Start Date (10)		Cohodi	lad Ca		D + 444		732-6				1200				
10/28/18		11/1/	18	mpletion	Date (11	)			SHA Monito D PROF		NALS				
Occupancy Status During							Street								
Facility Closed/Vaca Abatement Performe X Other – Describe:	ted During Entire d Outside of Norr	Period of nal Facili	Abater ty Hour	nent s					DOVE C	COURT					
									OD, NJ	08701					
Scope of Work (Check All	That Apply)	-													-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		********	Renova Demoli				×	Mi	III Containn ni-Enclosu ovebag Pro on-Exempte	re ocedure					
		Is	s Locat	ion						7		100		emen	t
Location of	of Natarial (1.00%)		Normal			Desc	cription o	of						ре	
Asbestos-Containing N TO BE ABA	laterial (ACM) ED	Ma	aintena	nce/	Asbes	stos Conta thermal s	ining Ma	teria	(ACM)	100.00	mount			Ш	
In Facility (13)		Cus	todial ( (12)	Staff?	(1.6.	surfaci	ng, VAT	, or	ation,		pecify or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		-	( /			other mi	scellane	ous)				BAOL	pair	Sul	osui
		Yes	No	N/A								-		ate	е
INTERIO	R					TRANSI	TE BO	ARE	)	30	0SF	x			
						PIPE IN	SULAT	TION	J	10	OLF				
EXTERIO	R						DING				0SF				
Name of Desirter 114															
Name of Registered Waste NEWARK CARTING	Hauler		H	JDEP Wauler ID 509		Cubic Ya of Waste			Name of IESI	Register	ed Landfi	H			
City, State NEWARK, NJ	1.			300	19	Disposal			City, Stat						
Completed by		Title		-					BETHL	CHEIVI	COLUMN TO DE				
JOSEPH PERLSTEIN		OWN	ER			Sigi	nature	-	+		100	ate 0/17/1	0		

2							1.77				
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Find of Molice 22 - 41)				(Fursuant to I	<u>{.J.A.C.</u> 7;26₃2.	.12)				V	7
Date of Molification (1)	10/10	12018	>		1 1	illding Owner	1 1 1 1 1 1	00	T 22 :	2010	
Agencies Notified	10/14	/		-	KONAL	D WI	ESET	UU	1 6 6 1	2010	
1/		Notification	1 Jype		Street Addit	ess					J
DEP DEP		Minitial N	lotification	ח			<u> </u>	V-ZXF8	renicos Inches	GROLE	
( ) DOL		() Amend () Cancel		cation	City, State,		-				CET TOPACO
DOH DGA		1 , , , , , ,			LYNDH	URST, N	15. 0	7.07	1 5	511 335	
( ) BOA					Name of Co	inlact LD W/	-,-	Tel N	lumber	-	
				FACILITY II	VFORMATION	40 W/	ESE	1 -			
Maine of Facility Where Aba	tement is	Taking Place	(3)		Type of Fac	ility (4)					
PRIVATE HO	ME				( ) School (I						
Street Address					Other (i.e	ter 8 (other the	ian K-12) immercial blo	das hor	nas atc		
						4,000					
City (5)	County (6)		County	Code (7)	1		# of Floo	rs_			
LYNDHURST	BERG.	EN		Use Only)	Bldg. Age				8		
Name of Monitoring Firm Hir			ASCM	No	Current Use	(prior if being					
Section Consideration and the Constitution of			LOUIN	140.			Name of Co	And deligated in contrast of the second	are misself		
Street Address			<u> </u>		I 04 1444		BUILT	- 1511	FIN	ζ,	
and the second s					Street Addre		۸.				
Cily, State, Zip Code					44	6 PAC	SE AV	E.			
Old, Otate, Zip Code					City State, Zi						
Droinel Manager Co. Mar. is 1					LYNDH	URST,	NJ. O	7071	/		
Project Manager for Monitorin	ng Firm	Telephone h	lumber		Telephone No			License	e Number	***********	
6					201-93	5-518	9	00	1993	B.	
Scheduled Start Date (10)	1	Scheduled C	Completio	n Date (11)	Name of OSF	A Monitor			110		
				18							
Occupancy Status During Abo ( ) Facility Closed/Vacated During	atement (C	heck only one	e)		Street Addres	S.					
( ) Abatement Performed Out	side of No	mal Facility F	lours -								
Describe NA -	CORRIC	Dort	Orms	0 Exterior	City, State, Zi	p Code					
	<u> </u>	The state of the s	-1 ///	OFFICIO							
Other- Describe of Proper	41										
Source of Work (Check all tha	t apply)										
) Demolition Renovati		coy									
) Large Proj. (>160 SF or >2	60 LF ACM	A) SM Pro	1>25-11	S0 SE or >10 -000	15804	100 -					
Dev Coursinitieth Milb Wed	alive Pres	sure () M	ini-Enclo	sure of Glov	ebag Procedur	) Minor Proj. e	. (<25 SF or	<10 LF A	(CM)		
ocation of Asbestos- Containing Material (ACM) in	Is Locati	on Normally I y Maint./Custo	Jsed	Description of A	CM (i.e.		pecify SF or	_F)	Abatemen	t Type	
a cilily (13)	Staff? (1	2)	Julai	thermal systems surfacing, VAT,	s insulation, or other						
Exterior & House	YES	NO	NA	miscell.)					Rem. Re	p. Enc	p Enclose
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hame of Day Mark III											
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Cegeny, NJ O	7032								Bn	Amul	PA
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Trenton, NJ 08625-02	414						-				

### PAID

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

### Check # 25708

Date of Notification (1) 10/15	/2018			Name o	of Building Ov		perator			E ((	3 E	3 [	W		
Agencies Notified	Type Notification		_	Street A	Address		VALUE SANGILE AN		112		many to the special to	w/s - 2 - 2 - 2 - 2			111
X EPA	× Initial									0	CT .	7 9	20	10	The second secon
DEP	Amended			City, Sta	ate, Zip Code					U	<del>61</del> .	- 4		10-	Lezon
X DOL	Amendment Emergency		_			Иt. Ho	lly, N	J 08060	establic X	KANADA					
⊠ DOH	justification)			Name o	of Contact				T	elephone	Numl	ger)(	DHTI	ROL	8ı
☐ DCA	Cancellation				Jim Abra	166501655177				- Messes		and the second		-	proposition than a
Name of Facility Where	Abatement is Takin	g Place (	3)	FAC	ILITY INFOR	RMATIC	ON	Type of Fac	ility (4)						
	Residential	3 (	- /												
Street Address									(K-12) apter 8 (O	ther than	K-12)				
								X Other (	i.e. privat			build	dings,	home	es,
City (5)								etc.) Square Fee	t #	of Floors		В	ldg. A	Age	
Mt. Ho	olly, NJ 08060							2500		2			11	0+/-	
County (6) Burlington					Code (7) USE ONLY)			Current Use	(Prior if b	eing dem	olishe	d)			
Name of Monitoring Firm		)	ASCN	И No.			of Abatemen								
	MECS						Steve	ens Enviro	nmental	Service	es, In	C.			
Street Address PO Bo	x 341						Address ox 322								
City, State, Zip Code							City, S	tate, Zip Cod	е			_			
Crossw Project Manager for Mon	icks, NJ 08515			Talaaba	N-			town, NJ 0	8501	т					
Bill Weisgarber	itoning Firm			Telepho (609)	298-4070			one No. 259-9688		0049	se No. 13				
Start Date (10) 10/17/2018		Schedul		pletion 3/2018	Date (11)		Name MEC	of OSHA Mor S	nitor						
Occupancy Status During	g Abatement (Chec	k Only Or	ne)					Address							
Facility Closed/Vaca	ated During Entire F	eriod of	Abatem	ent				ox 341							
Abatement Perform  Other – Describe:	8 am - 4 pm	al Facility	/ Hours			_		ate, Zip Code terfield, No							
Scope of Work (Check A	II That Apply)														
× ≥3 sf or ≥3 lf		× F	Renova	tion				Full Conta	inment w	th Negati	ve Pre	SSU	re.		
2160 sf or ≥260 lf			Demoliti	ion			×	Mini-Enclo	sure			oou.	•		
							Ê	Glovebag Non-Exen			riable	Prod	cedur	e	
		Is	Locati	on									Abate	ement	
Location		1	Vormall	y		Desc	cription	of					Ту	ре	
Asbestos-Containing			d Solel intenar			Conta	ining M	aterial (ACM)		Amount				ш	_
TO BE ABA In Facili		Cust	todial S	Staff?			ystems ng, VA	insulation,		(Specify SF or LF)		Rem	Repair	ncap	inclo
(13)			(12)		ot	ther mi	scellan	eous)		,		Removal	oair	Encapsulate	Enclosure
		Yes	No	N/A								-		ite	е
Baseme	ent		X		Then	mal P	ipe In	sulation		25 lf		Х			
Baseme	ent		X		В	Boiler	Insula	tion		20 sf		Х			
Name of Registered Was	to Hauler		l Ni	JDEP W	lasta C	Public V		Ness	- of Decis		1611				
Stevens Environmen	2000	auler ID	No. o	Cubic Y of Wast	е		e of Regis less Lar		idilli						
City, State				18292			cu		_	7					
Allentown, NJ						Disposa 10/2	Date 2/201		State risville, l	PA					
Completed by		Title			waste and the second	Sig	nature	// 1	1/		Date				
Mahlon E. Stevens		F	rojec	t Mana	ager	1	17	11 /			1	0/1	5/18		

10/16/2018 6:17AM FAX

ABB=1 (R-06-08)

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	<b>Votification</b>		80	reet Add	1613					. —		0,0	;I2	14	/201	8	Supplied of
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Sounty (6) Burlington	0 00000			DUNLY CO	ide (7)			Curre	et Li	a (Firing	il belr	lomeb gr	(benta				
Name of Manitoring Firm Hired MECS	by Building O	(B) Tenw	1	ASCM	No.		Name Stev	of Aba ens E	terri nvii	on Contract	ractor 1815	(9) ervices	, Inc.	8			
Street Address PO Box 34	1						POE	Address 30x 33	22								
City, State, Zip Code Crosswicks,	NJ 08516						Aller		, N.	08501	1						
Project Manager for Monitoring Bill Welsgarber	Firm		(		98-4070	)	609	259-9	BEI			00493					_
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Basement		+	×	-		DONE	er inst	IIBUUI	<u>.</u>			2001	-				
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Name of Registered Waster H Stevens Environmental				18292	No.	of We	2 cu		I	Fairles	s Var						
City, State Allentown, NJ							)/22/2		4	Michael	te ville, i	PÁ _					
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BURLINGTON			Coun (STAT	ty Code (	(7) VL Y)			Prior i	f being demo	olished	)	-/-	7
me of Monitoring Firm Hired by Building	Owner	(8)		CM No.			1/1-0	AL	17				
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O BOX 1645 State, Zip Code						100	Bar	11	52				
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ect Manager for Monitoring Firm						14	ILA	PA	1911	6			
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t Date (10)						1000							
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Date of Notification (1)	1			Nam	e of Buildi	ng Ov	vner/Operator	(2)		T 00	201	0	Charles and the control of the contr
	16 /	18		Во	nnie Sm	eltze	er			T 22	201	8	l Lor
Agencies Notified  EPA	Type Notific	cation		Stree	t Address				AOSTO			C+ 6	and the state of t
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(NJAC 5:23-8)	justificat  Cancella				e of Conta				Telephone N	lumber			
	L Cancella	111011		BO	nnie Sm	eitze	er						-
				FA	CILITY	NFO	RMATION						
Name of Facility Where A Smeltzer Residence		Taking Pla	ce (3)					Type of Facility  School (K-12					
Street Address								☐ Subchapter 8 ☐ Other (i.e., p homes, etc.)	rivate and com	(-12) Imercial I	ouildin	gs,	
City (5)				-				Square Feet	# of Floors		Bldg. A	an/	
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County (6)				Cou	obii Cada	/7\/CT	ATE USE ONLY)			P 1 0		-	-
Camden				Cou	nty Code	(1)(31)	ATE USE ONLY)	Current Use (Pr	ior if being den	nolished)			
Name of Monitoring Firm	Hirad by Duil	dina Owa	- (0)	ACCM	NI-	1.51		Residence					
Management & Env				ASCM	NO.			ent Contractor (9)					
Street Address	iro. Consu	lung Serv	ices					onmental, LLC					
1880-7 (1864) USA-1964						200000	eet Address						
PO Box 341							23 Cutler Av						
City, State, Zip Code Chesterfield, NJ 085	515						y, State, Zip Co <b>//aple Shade</b>						
Project Manager for Moni	toring Firm		Tel	ephone	No.	Tel	ephone No.		License No	· .			
Bill Weisgarber			6	09-298	3-4070	8	356-755-0099		00842				
Start Date (10) 10/25/	Constitution (Constitution)	Scheduled 10		etion Da		1	me of OSHA MEMSL Analyt						
				<u></u> '									
Occupancy Status During						1	eet Address	Line of the contract of the co					
<ul><li>☐ Facility Closed/Vacate</li><li>☐ Abatement Performed</li></ul>					ariba		00 Route 13						
Time of Abatement: _							y, State, Zip Co						
							innaminson	i, NJ 08077					
Scope of Work (Check all ≥3 sf or >3 lf	that apply)		enova					ainment with Neg	gative Pressure				
≥ 160 sf or ≥260 lf			emolit				☐ Mini-Enc ☐ Glovebaç ☑ Non-Exe		n-Friable Proce	edure			
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Location	= 0.0	. 116	Norma ed Sol				Description o			7	R	To	Ш
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(13)			(12)	T	-	ot	her miscellane	ous)				late	Ф
		Yes	No	N/A									
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Name of Registered Wast	e Hauler		1 619	NJDEP I	NAME OF BRIDE	10000	oic Yards of	Name of Regis	tered Landfill			-	
Freehold Cartage			ŀ	lauler II 15939		Wa:	700	Fairless La	ındfill				
City, State				1			oosal Date	City, State			5-6		
Freehold, NJ						1	0/31/2018	Morrisville,	, PA				
Completed By (Print or Ty	pe)	Title	100			1	Signature			Date		-	
Christina Lynch		Vice P	resid	ent of (	Operatio	ns	Chrosa	2		101	21	1	

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Date of Notification (1)  10 / 16	/ 18				ling Owner/Operator	r (2)	100	T O	7	2018	
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	ergency (includ	ding		me of Conta	y, NJ 08226						
	cellation		17	Bob Stand			Telephone Nu	imber		-	
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Name of Facility Where Abatemen	t is Taking Pla	ace (3)		ACILITY	INFORMATION						
Residence	3	200 (0				Type of Facilit					
Street Address						School (K-	12) r 8 (Other than K-1	40)			
						Other (i.e.,	private and comm	12) tercial	build	inae	
City (5)						nomes, etc	;.)	ioroidi	Duna	ings,	
Ocean City						Square Feet	# of Floors		Bldg.	Age	
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Cape May			100	unty Code (	(7)(STATE USE ONLY)		Prior if being demo	lished	)		
Name of Monitoring Firm Hired by	Building Owne	or (Q)	ASC	M M -		Residence					
Management & Enviro. Con	Sulting Son	(0)	ASC	M No.	Name of Abatem						
Street Address	- Carting Cer	vices				onmental, LLC					
PO Box 341					Street Address						
City, State, Zip Code					623 Cutler A						
Chesterfield, NJ 08515					City, State, Zip Co						
Project Manager for Monitoring Firm	1	Te	lephon	a Nie	Maple Shade	, NJ 08052					
Bill Weisgarber					Telephone No.		License No.				
Start Date (10)	Scheduled			8-4070	856-755-0099		00842				
10 /25 /18	4.0			18	Name of OSHA M					2.30-20	
Occupancy Status During Abatemer			.0 /		EMSL Analyti	ical, Inc.					
☐ Facility Closed/Vacated During E	it (Check only	one)	war a south of a re-		Street Address			-			
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≥3 sf or ≥3 If     ≥160 sf or ≥260 If		enova				ainment with Neg osure	gative Pressure				
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Location of		Norma	ally		Description of			Al	patem	ent T	
Asbestos-Containing Material (AC <u>TO BE ABATED</u>	CM) Use	ed Sol	ely by	Asbes	stos Containing Mate	erial (ACM)	Amount	Rei	Repair	in.	Enclosure
IN Facility		todial	Staff?	(i.e.	, thermal systems in surfacing, VAT,	nsulation,	(Specify	Removal	pair	Encapsulate	clos
(13)		(12)			other miscellaneo	us)	SF or LF)	a		sula	ure
	Yes	No	N/A							te	
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ame of Registered Waste Hauler			JDEP V		Cubic Yards of	Name of Regist	ered Landfill				ш
Freehold Cartage		H	auler IE 15939		Waste		County Landfill				
ty, State			10000		10 Disposal Date	City, State	y cariann				
Freehold, NJ					10/26/2018	Woodbine,	N I				
empleted By (Print or Type)	Title	-			Signature	Troodbille,					
Christina Lynch	Vice Pre	eside	nt of C	perations		1	Date	е	1		
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Constraint by	Vice President	T. Van Engl 10/09/18

NOTIFICA	State of New Jersey TION OF ASBESTOS AB ant to NJAC 8:60-7 and 12	ATEMENT ::120-7)		DE	CE	And to change of the control of the
(Pursu	Name of Building Owne NOVARTIS PHARMACL		TION		OCT :	2 2 2018
)ate of Notification (1)	Street Address 59 ROUTE 10 EAST		15	l >-2-1		
Agencies Notified Type Notification  Agencies Notified Initial Notification	City, State, Zip Code EAST HANOVER, NEW	JERSEY 07936	and and publish	AS	SEESIU	SCOUTROLS I
EPA Amended Notification #3		Toleni	none Number 78-8799	- Charles Specimen - Tri	La la la la la la la la la la la la la la	to appropriate the second of t
DEP X DOL X DOH DOA X DOA EMERGENCY NOTIFICATION	Name of Contact HASSAN NEKOUI	ON	18-6199			
DCA _	FACILITY INFORMATION	1900 - 1 (1/ 12)	1000000			
Name of Facility Where Abatement is Taking Place (3)	IA.	Subchapter 8 (O		., homes, e	etc.) dg. Age	
NOVARTIS		Square Feet #	2		50	
Street Address 59 ROUTE 10 -BUILDING 434	County Code (7)	Current Use (Prior if b	being demonstree,			
- (E)	(STATE USE ONLY) ASCM No.	Name of Abatement PAR ENVIRONMEN	Contractor (9) TAL CORPORAT	ION		
EAST HANOVER Name of Monitoring Firm Hired by Building Owner (8)	99	Street Address 313 SPOOK ROCK				
LANGAN  Overt Address			SDV 10001			
300 KIMBALL DRIVE	54	SUFFERN, NEW YOUTER		Number		
PARSIPPANY, NEW JETIOE.  Project Manager for Monitoring Firm  973-560-4		845-369-7500	nitor			
I I I I I I I I I I I I I I I I I I I	tion Date (11)	QUALITY ENVIRO	NMENTAL	1		
Expected State Date (10) 5 /18 Month	Day Yea	Street Address 1376 ROUTE 9				
Month Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Al Abatement Performed Outside of Normal Facility Abatement Performed FRIDAY 5 PM-1 AM, SAT Other - Describe: FRIDAY 5 PM-1 AM, SAT	X Full C	City, State, Zip Co WAF ontainment with Negation Enclos,			ORK 10016	
>3SF OR LF	i_tion	riable Procedure of Asbestos-	Amount		E E	1
Is Location of	ed Containing M	laterial (ACM)	(Specify SF or LF)	REPAIR	ENCLOSUR ENCAPSUL	
Asbestos-containing solely by Material (ACM)  Maint/Custo	(ic. files si	urfacing, VAT, scellaneous)	SF GI EI /	A L	SH SH	
TO BE ABATED Staff (12)	1/A		2,200 SF	×		
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			and fill			
NJDEP 1	Waste Cubic Yards of W		gistered Landfill LANDFILL	n		
Name of Registered Waste Hauler NEWARK CARTING, INC.  9	No.	LOO NEW E	CORDS MILL ROA			111
369 RAYMOND BLVD.	Disposal Date		LLE, PA 19067	Date	10	115/18
City, State	Signa	ature	/	-	/	-10
Completed by (Print or Type) BENJAMIN SANCHEZ	OF OPERATIONS	10	co 554		1	
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	(Pu	Name of Building Ov NOVARTIS PHARMA		ORATION	and an and a second			OCT	2.7	201
e of Notification (1)		Street Address					2			
ancies Notified Type Notification		59 ROUTE 10 EAST City, State, Zip Code					AS	BEST	(# C	
EPA Initial Notifi	Notification #2	EAST HANOVER, N		elephone Number		الإخرارة والما	r 1 + 1 +	ope et	*	
X DOL Cancellation On Hold September 1	NCY NOTIFICATION	Name of Contact HASSAN NEKOUI	8	62-778-8799						
DCA		FACILITY INFORMA	Type of Facility (	4)						
ame of Facility Where Abatement is Taki	ing Place (3)		School (K-12	o (Other than K-12	2)					
OVARTIS			X Other (ie. pr	ivate & commcl. bl	ldgs., h	omes	etc.)	Age		1
			Square Feet 57,000	2		-	50			-
treet Address 9 ROUTE 10 -BUILDING 434		County Code (7)	Current Use (Prio	r if being demolish	ned)					
ity (5) County (		(STATE USE ONLY)	COMMERCIAL	east Contractor (	3)					7
AST HANOVER MORRIS  Rame of Monitoring Firm Hired by Building	ng Owner (8)	ASCM No.	PAR ENVIRONM	MENTAL CORPOR	ATION	_				4
ANGAN		55	IStreet Address							4
treet Address			313 SPOOK RO City, State, Zip C	code						
00 KIMBALL DRIVE  City, State, Zip Code	NEW JEDSEV 070	54	SUFFERN, NEV	YYORK 10901	se Num	ber				
PARSIPPAINT	NEW JERSEY 070	e Number	Telephone Num 845-369-7500	ber 460						_
Project Manager for Monitoring Firm	973-560-	1983	Name of OSHA	Monitor						
VIJAY PATEL Expected State Date (10)	Sched. Compl	etion Date (11) 30 /18	QUALITY ENVI	RONMENTAL						-
10 / 5 /16	Month	Day Yea	Street Address				7.7.2.2			
Month	1									
Occupancy Status During Abatement (Chi	eck only one)	batement	1376 ROUTE 9							-
Month Day Teal Occupancy Status During Abatement (Che Facility Closed/Vacated During	I Facility	batement Hours - Describe:	1376 ROUTE 9		LC NE	:W V(	nek 1	0016		-
I Facility Closed/ vacated Dailing	I Facility	. & SUN. 7 AM - 12 AM	1376 ROUTE 9 City, State, Zip	Code /APPINGERS FAL	LS, NE	W Y	ORK 1	0016		
Abatement Performed Outside  X Other - Describe: FRIDA	of Normal Facility Y 5 PM-1 AM, SAT	. & SUN. 7 AM - 12 AM  X Full C	1376 ROUTE 9  City, State, Zip Wontainment with Neg	Code /APPINGERS FAL	LS, NE	W Y	ORK 1	0016		
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Abatement Performed Outside  X Other - Describe: FRIDA'  Scope of Work (Check all that apply)  Demolition  >3SF OR LF  X >160 SF OR 260 LF  Location of  Asbestos-containing  Material (ACM)  TO BE ABATED  in Facility (13)	Renovation  Is Location  Is Is Location  Is Is Location  Is Is Location  Is Is Location  Is Is Is Is Is Is Is Is Is Is Is Is Is I	X Full C Mini-E Glove Non-F Containing M (ie. Therm insulation, st. or other minimum of the Market M	City, State, Zip Wontainment with Neg Enclo: Bag Procedure Friable Procedure of Asbestos- aterial (ACM) al systems urfacing, VAT, scellaneous)	Code //APPINGERS FAL ative Pressure  Amount (Specify SF or LF)	REMOVAL	A	baten	nent Tyl	pe	
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Abatement Performed Outside X Other - Describe: FRIDA'  Scope of Work (Check all that apply) Demolition >3SF OR LF X >160 SF OR 260 LF Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  1ST FLOOR STAIRWEDLL CORRIDOR  Name of Registered Waste Hauler	e of Normal Facility Y 5 PM-1 AM, SAT  Renovation  Is Location  Is Is Is Is Is Is Is Is Is Is Is Is Is I	X Full C Mini-E Glove Non-for or other minimate MAST FLOOR TILE & MAST MAST MAST MAST MAST MAST MAST MAST	City, State, Zip  City, State, Zip  wontainment with Neg inclot, bag Procedure  of Asbestos- auterial (ACM) al systems  uffacing, VAT, scellaneous)	Amount (Specify SF or LF)  2,200 SF	REMOVAL X	A	baten	nent Tyl	pe	
Abatement Performed Outside  X Other - Describe: FRIDA'  Scope of Work (Check all that apply)  Demolition  >3SF OR LF  X >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM)  TO BE ABATED in Facility (13)  1ST FLOOR STAIRWEDLL CORRIDOR  Name of Registered Waste Hauler NEWARK CARTING, INC.	e of Normal Facility Y 5 PM-1 AM, SAT  Renovation  Is Location  Is Is Location  Is Is Location  Is Is Location  Is Is Location  Is Is Location  Is Is Location  Is Is Location  Is Is Location  Is Is Location  Is Is Is Is Is Is Is Is Is Is Is Is Is I	X Full C Mini-E Glove Non-form insulation, st or other mining M FLOOR TILE & MAST	City, State, Zip Wontainment with Neg Enclor, Ebag Procedure Friable Procedure Of Asbestos- aterial (ACM) all systems urfacing, VAT, scellaneous)  FIC	Amount (Specify SF or LF)  2,200 SF  2,200 SF	REMOVAL X	A	baten	nent Tyl	pe	
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## STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7

Date of Notification (1)		(i choos		of Building Owner / O		IN.	inchi.	)//	1	Colonia.
10 / 19 /	18		MERCK	SHARP & DOHME C	ORP.					
Agencies Notified T	ype of Notification			Address		1100	E C	FI	7 57	
☐ EPA	✓ Initial		City St	ALLOPING HILL ROAL ate, Zip Code	)		15 B	IG I	<u> </u>	IF
☑ DOL	Amended			ORTH, NJ 07033		linsi			The second second second	7
☑ DOH	Amendmen			f Contact		Telepho	ne Num	rber o		- 1
	☐ Emergency	w/ justification	KINNAF	RIPATEL		908-740	ne Num -4094	22	2018	Miles Cally
		No. of Street,	FACILITY	INFORMATION		1-	Market State Company	4.00		-
Name of Facility Where	Abetement in T. I.					A	SBEST	08 001	VTROI	enal B
MERCK	Abatement is Taking	g Place (3)		Type of Facility (4)		Contraction and State of	Prof. to	-C1:011	G	
				☐ School	(K-12)					THE STREET
Street Address 2000 GALLOPING HILL	2012				pter 8 (Othe	r than K-1	2)			
2000 GALLOPING HILL	ROAD			✓ Other (I)	e., private 8	cmmerci	al			
City (5)	ounty (6)	County Code	(7)	Square Feet	# Of Floo		15			
	NOIN		(.)	1,600	# Of Floo	ors 1	Buildii	ng Age	5+	
				Current Use (Prior	if being der	nolished)	†		2.00	
Name of Monitoring Fire	m Hired by Bldg Ow	ner (8)	TACCES N	ELECTRICAL						
ATC GROUP SERVICES	i Diag. Ow	(0)	ASCIVI N	O Name of Abatemer	t Contracto	r (9)		St. Li College		
Street Address				Northstar Contractin	g Group, Inc					
3 TERRI LANE, BROMLE	Y CORP CENTER			Street Address						
City, State, Zip Code				32 Williams Parkwa	,					
BERLINGTON, NJ 08016				City, State, Zip Coo	le .					
Project Mngr. For Monit JOHN LUTZ	oring Firm	Telephone Nu	ımber							
Sheduled Start Date (10	Schod Com	609-571-7522 pletetion Date (1	441	East Hanover, NJ 07						
	18 12	30	11)	Telephone Number		License	Number			
/ /				973-772-3660			(	00860		
Occupancy Status Durir Facility Close	ng Abatement (Check ed/Vacated During En	Only 1)		Name of OSHA Mor	nitor			00000		
Abatement	divacated builing En	tire Period of		Northstar Contracting Street Address	g Group, Inc.					
☐ Abatement Pe	erformed Outside of I	Normal Facility		Street Address						
Hours - Descri	ribe: 7:00AM-3:30	DAA		32 Williams Parkway	6					
Culei - Desci	MON-FRI	PIVI		City, State, Zip Cod East Hanover, NJ 07						
Scope of Work (Check A	II That Apply)		de Albania	_Last Hallover, No 07	930					2000
☐ Demolition		Renovation		125 12713						
≥3sf or ≥3lf		Renovation	H	Full Containment w Mini - Enclosure	ith Negative	Pressure	28			
≥160 sf or ≥26	60 If			Glovebag Procedur	е					
			~	Non-Exempted (*) a	nd Non-Fria	ble Proce	dure			
Location of	Is		Descript	ion of		Abatana	17			
Asbestos Containin		As		ontaining		Abatemer R	it Type	E	IE.	
Material (ACM) TO BE ABATED	Normally Used		Material	(ACM)	Amount	E	R	N	N	
in Facility	Solely	insul	e., therma	l systems facing, VAT,	(Specify	M	E	C	C	
(13)	by Main-	or o	other misc	ellaneous)	SF or LF)	O V	P A	A	L	
	tenance/			s (a.e.)		A	Î	s	s	
	Custodial Staff (12)					L	R	U	U	
	YES NO N/A							-	R	
EM-1 EM-1		CONDUIT TAR			10 SF	7			+-	7
EM-1		ROOFING/FLA	Marine Ma		1,600 SF	<b>V</b>				1
		TRANSITE DU	DIBANK		100 LF	<b>V</b>				]_
lame of Registered Was	te Hauler	NJDEP Waste	Cubic	Name of Registered	Landfill					
NORTHSTAR CONTRACT	ING GROUP, INC.		Yards	LYCOMING COUNTY	RESOURC	E MGMT S	RVCES			
City, State		NAME AND ADDRESS OF TAXABLE PARTY.	of Waste Disposal	City State						
AST HANOVER, NJ 0793	36			City. State MONTGOMERY, PA	17752					
ompleted by /D-1-1			2,455,077	June 1111, 1 A						
ompleted by (Print or Ty TEVEN STILES	rpe)	Title	ACED	Signature	$\Lambda$ 1			Date		
	72	PROJECT MAN	AGEK		XXX				40/4	0/40
SB-41			7.007		V	7			10/1	9/18

PAID

## STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7

Date of Notification (1		NOD-		(1 0100)	Name of Building Owner / Operator (2)										
$\frac{-06}{}$ $\frac{-07}{}$	18				Mondele	z International	-,								
Agencies Notified	Type of N	otifi	cation		Street A										
☑ EPA		Init				ute 208 North		*   [	PI	e n n	A TES TO S				
☐ DEP			ended			te, Zip Code New Jersey, 07410	. 1	U) -5.	9 1	- 1 L	4511				
☑ DOH			endment	# 2		Contact	1	Tolonb	ana Nissa		1111				
☑ DOL		Em		w/ justification	PETER \	/ILLANO	1777	201-794	one Nun 1 <del>[4</del> 000	nber 2 2 201	8				
				THE RESERVE THE PARTY OF THE PA	FACILITY I	NFORMATION		1			L				
Name of Facility When	re Abaten	nent	is Taking	Place (3)		Type of Facility	1	750			· · · · · · · · · · · · · · · · · · ·				
Mondelez International			.o runnig	1 1400 (0)		Type of Facility (	Louis	There are the second to the second to the second to	LICE	Tallig	4-200-company				
Street Address							ol (K-12)								
2211 Route 208						Subcl	napter 8 (Othe	r than K-1	12)						
						Other bldgs	(l.e., private a	ሄ cmmerc ነ	ial						
	County (6	)		County Code	(7)	Square Feet	# Of Floo		Buildi	ing Age					
rallawn	Bergen					1,000,000		3							
		_				Current Use (Pri	or if being de	molished)	1	40	+				
Name of Monitoring F	irm Hired	by E	Bldg. Own	ner (8)	ASCM NO	Bakery D \									
			un este <del>de</del> montos filo	university of the Ma	1										
AET Street Address						NORTHSTAR CO	NTRACTING	GROUP, II	NC.						
907 Doolittle Drive						Street Address									
City, State, Zip Code						32 Williams Parkv	<i>y</i> av								
Bridgewater, NJ 08807		111///1				City, State, Zip C									
Project Mngr. For Mon	itoring F	irm		Telephone N		3,, , _ , , _ ,									
Eric Houseknecth Sheduled Start Date (1	0)	10.1		908-218-1108		East Hanover, NJ									
06 / 25 /	( 18	Sch		eletetion Date (	/	Telephone Number License Number									
///				$\frac{24}{24}$		973-884-8682									
Occupancy Status Dur	ing Abate	emen	nt (Check	Only 1)		Name of OSHA M	onitor			00860					
☐ Facility Clos	sed/Vacat	ted D	uring En	tire Period of		NORTHSTAR CO		GROUP, IN	IC.						
Abatement Abatement	Dowf					Street Address									
Hours - Des	cribe:	MON	Itside of N	lormal Facility		22 Million - D. J.									
☑ Other - Desc	cribe:	7:00	AM - 3:30	PM		32 Williams Parkway City, State, Zip Code									
	70E.03			1050) 20		East Hanover, NJ									
Scope of Work (Check	All That	Apply	y)							East to the					
☐ Demolition			V	Renovation	V	Full Containment with Negative Pressure									
≥3sf or≥3lf			_		Ö	Mini - Enclosure	with Negative	Jauve Pressure							
	260 If				V	Glovebag Proced									
						Non-Exempted (*)	and Non-Fria	ble Proce	dure						
Location of		_	Is		Descript	ion of		Abatam	nt Trees						
Asbestos Contain	ing	1777	ocation	As	sbestos - C			Abateme R	III Type	ĮΕ	ΙE				
TO DE 101			ormally		Material (	(ACM)	Amount	E	R	N	N				
TO BE ABATED in Facility	2		Used		.e., thermal		(Specify	M	E	c					
(13)			Solely / Main-		ilation, surf other misc	acing, VAT,	SF or LF)	2000000	P	A	L				
(10)			nance/	l or	other misc	enaneous)		V A	A	P	0				
		Cu	stodial					l ĉ	R	S U	S U				
			aff (12)					_		Ľ	R				
2ND FLOOR OVEN#7		YES	NO N/A	BOLLED OVO	/ETO										
2ND FLOOR OVEN#7	_	+	V	ROLLER GASI TRANSITE	KEIS		80 SF	V							
2ND FLOOR OVEN#7				GASKET			100 SF 4,000 SF	<b>V</b>							
2ND FLOOR BAKE SHO				PIPE & FITTIN	G		4,000 SF 60 LF	7	<del>   </del>						
Name of Registered Wa	ste Haule			NJDEP Waste	Name and Address of the Owner, when the Owner, which	Name of Registere		_ 4							
NEWARK CARTING	DEILIG -			Hauler ID No.	Yards	GROWS									
NORTHSTAR CONTRAC	I ING GF	ROUF	, INC.	4509	of Waste										
NEWARK, NJ						City. State	07								
EAST HANOVER, NJ					Date	Morrisville, PA 190	6/								
Completed by (Print or	Type)	-		Title		Signatu	re //			Date					
Chaus Chil						17	1	, s		Date					
Steve Stiles		See No. of London		Project Manage	er	4-63	ical	he t		10	0/19/18				
ASB-41						the second second second			The second second	The second second	ALDER HAR SIZE				

Location of Asbestos Containing  TO BE ABATED in Facility (13)	1	Is Location Normally Used Solely by Maintenance/ Custodial Staff (12)			Description of Asbestos - Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abateme R E M O V A L	R E P A I	E N C A P S U L	E N C L O S U R
MEZZANINE	YE	The Person Name of Street, or other Person Name of Street, or		N/A					1	_
MEZZANINE			7	Ц	PIPE & FITTING	4 LF	<b>V</b>			
DC WAREHOUSE			4		PIPE & FITTING	6 LF	7			
1ST FLOOR BAKERY			1		PIPE & FITTING	5 SF	V	7		
BOILER ROOM			4		BOILER JACKET	10 SF	7		1 7	
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### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 09 28 1 18 Cape May County Chosen Freeholders Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial 4 Moore Road, DN 149 **⊠** DOLWD City, State, Zip Code ASBESTOS CONT LICENSING **⊠** DOH Amendment # 1 Cape May Court House, NJ 08210 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Kevin Lare 609-465-1125 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Cape May County Correctional Institution School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, Crest Haven Complex 125 Crest Haven Rd homes, etc.) City (5) Square Feet # of Floors Bldg. Age Cape May Court House, NJ 08210 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Cape May Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A/ Demolition Yannuzzi Environmental Services Street Address Street Address 135 Kinnelon Road, Suite 102 City, State, Zip Code City, State, Zip Code Kinnelon, NJ 07405 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 908-218-0800 01228 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10 / 12 / 18 11 / 30 / 18 Yannuzzi Group, Inc. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 135 Kinnelon Raod Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/\_ PM-Kinnelon, NJ 07405 Scope of Work (Check all that apply) ≥3 sf or ≥3 If ☐ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf □ Demolition Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Repair Asbestos Containing Material (ACM) Removal Encapsulate Enclosure Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, **Custodial Staff?** (Specify IN Facility surfacing, VAT, or SF or LF) (13)(12)other miscellaneous) Yes No N/A **Boiler Room** X П Boiler TSI 120 SF M Interview Room $\boxtimes$ VAT & Mastic, Non-Friable 110 SF $\boxtimes$ Communication Rooms П M VAT & Mastic, Non-Friable +- 200 SF X Female Control Room П X VAT & Mastic, Non-Friable 200 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Yannuzzi Group Inc. Hauler ID No. Waste Waste Management 40 City, State Disposal Date City, State Kinnelon, NJ 07405 11/30/2018 Fairless Hills Completed By (Print or Type) Signature Date John Mucha Project Manager

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CK 2148 PA	AUD'	IITOI I)	FICATIO	N OF ASI	BESTOS	ABATE	MENT	The second second second			E		<u> </u>				
Date of Notification (1) 10/18/2018			Name of Jeryl	B vol		OC1	27	20	18	And the Market and Landing							
Agencies Notified Type Notification			Street	Address										# 2. re			
EPA Initial Amended			City, St	tate, Zip C	ode			2	ASSESTOS CONTROL A								
➤ DOL Amendment Emergency	# including	_	Blairs	town, N	J 0782	.5		L	LICENSING								
DOH justification)  Cancellation	-			of Contact Donlon					Teleph	one N	ımber						
				ILITY INF	ORMAT	ION					-						
Name of Facility Where Abatement is Takin Residential Single Home	g Place (3)	)					Type of	Facility (4)									
Street Address							☐ Su	hool (K-12) bchapter 8 her (i.e. pri	(Other th	han K-	12) cial bui	ldinas	. hom	ies			
City (5)							Square	:.)	# of Flo			Bldg. /		100			
Denville County (6)					-		1500				1	70 yr					
Morris				Code (7) USE ONLY	)		Current	Use (Prior	if being o	demolis	hed)						
Name of Monitoring Firm Hired by Building (	Owner (8)		ASC	M No.		Name Yann	 e of Abatement Contractor (9) nuzzi Environmental Services, Inc										
Street Address						Street	Address										
City, State, Zip Code							Kinnelon Road Suite 102 ate, Zip Code										
								J 07405									
Project Manager for Monitoring Firm		Telepho				one No. 218-088	80	1000000	ense N	No.							
Start Date (10) 10-29-2018	Scheduled 10-30-20	Cor	npletion	Date (11)			e of OSHA Monitor nuzzi Environmental Services, Inc.										
Occupancy Status During Abatement (Check							Address										
Facility Closed/Vacated During Entire P	eriod of Ah	aten	nent					Road S	uite 10	2							
Abatement Performed Outside of Normal Other – Describe:	al Facility I	Hours	3				ate, Zip (	Code 07405									
Scope of Work (Check All That Apply)						Millio	HOII, INC	07405									
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		nova molit				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure										
	100000	ocati					.,,,,,	( ) and Non-Friab			Abatement						
Location of Asbestos-Containing Material (ACM)	No Used	rmall Solel		Ashaal	Des	escription of ntaining Material (ACM) al systems insulation, facing, VAT, or miscellaneous)			120		-	Ту	ре				
TO BE ABATED In Facility (13)	Maint Custo			(i.e.	thermal surfac				Amount (Specify SF or LF)			Repair	Encapsulate	Enclosure			
	Yes	No	N/A								Removal		ate	6			
Basement		Х		VAT	& Mas	tic		500 S	F	Х							
Name of Registered Waste Hauler Yannuzzi Group, Inc.		2275	JDEP Wa		Cubic \ of Was	70-7-11-7-7-7-7		ame of Reg			1						
City, State		L	17467		4	S1007.		airless/Ti	ullytow	n							
Kinnelon, NJ					Dispos:			ty, State orrisville	, PA								
Completed by John Mucha	\ Pro	oject D	esigner	1	gnature	re Date					8-2018						

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

		PA	Moti	State		NJ tos Abatement				A D	a c	antonino solo	corner d	
D&S Proj. #: 18-225	310	4	(Purs	suant to NJA	C 8:6	30 and 12:120)				No.	/_E		To ASS I I AND CONTRACTOR AND AND AND AND AND AND AND AND AND AND	
Date of Notification (1)  1 0 / 1 5 / 1 8		Name of E		vner/Operator (2	2)			0	CT 2 2	2 20	18	57 1 1 57 1 1 57 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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DOH Emerger	g H	westfie Name of Co	ld, nj 07	090		Telephone Number								
□ DCA justificati	on)	barry h		ne Numb	er									
				CILITY INFORM	IATIO	N		, —			-			
Name of facility where abateme	nt is taking p	place (3)					T	Type of Facility	(4)	204				
barry howlett			342					=	ol (K - 1	i i e e	41	K 40)		
Street Address								Other	hapter 8 (Private/ ./Homes,	Comm				
City (5)	Co	unty (6)			Co	unty Code (7)	=	Square Feet	# of Flo	ors	E	Bldg. A	\ge	
westfield	un	ion			1100000	ate use only)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired I				ASCM No.	Н	Name of Abatem	nent (	Contractor (9)						
Street Address						D & S REST	OR.	ATION, INC.						
ottoet Address						Street Address 20 California	a A s	10						
City, State, Zip Code					_	City, State, Zip Co	-	C.	-					
Project Manager for Monitoring Fi	rm	In	ana Ni		_	Paterson, N.		503						
, and a second monitoring (			none Numi	per		Telephone Numb			License	e Num 01169				
Start Date (10)	Sche	d. Completio	on Date (1	1)	-	Name of OSHA	NT-12							
10/17/18		9/18		D & S Restoration, Inc. Street Address										
Occupancy Status During Abatem Facility closed/vacated during						20 California	Ave	enue						
Abatement performed outsic Describe:  Other-Describe: NORMAL	de of normal	facility hour	rs-		City, State, Zip Code									
Scope of Work (check all that ap					-	Paterson, NJ								
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf							full Containment w/negative pressure Mini-enclosure Glovebag procedure							
Location of	Is locatio	n normally ι		/			_ N	Ion-Exempted (*)	and Non-	-friable	proc	edure E		
asbestos-containing material (acm) to be abated in facility (13)	by mainte staff(12) Yes	enance/cust	Т	Description material (A		sbestos-containing	1	Amount (Specify S LF)	For	e m o	e p a	n c	E n c	
BASEMENT BOILER	103	No	N/A	1						v e	i r	р	L	
BASEMENT		X		boiler insula PIPE INSUL		ON	_	50 sq ft 20 l ft		X			H	
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Registered Waste Hauler	NJDE	P Hauler IC	D#   C	ubic Yards of W	aste	Name of Register	red I	andfill						
D & S RESTORATION, INC	. 135	06	1	yd		TULLYTOW		ESOURCE RE	COVER	ξY			Samuel Invited	
PATERSON, NJ 07503			Disposal D 10/18/18			City, State TULLYTOW	N P	PA						
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESID	ENT		Signature		1	- 1, 1	4.4	Date 10/15/	2018	<u> </u>		_	

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 10 18 1 18 HMS Host / Job #1808-5372 Check #10708 Agencies Notified Type Notification Street Address ASSESTOS CONTROL & **⊠** EPA 6905 Rockledge Drive **⊠** DOLWD ☐ Amended City, State, Zip Code □ DHSS Amendment # Bethesda, MD 20817 ☐ DCA (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation **Business office** 240-694-4369 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Thomas Edison Service Area ☐ School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, NJ Turnpike South Mile Marker 92.9 homes, etc.) City (5) Square Feet # of Floors Bldg. Age Woodbridge, NJ County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Middlesex Service Plaza Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) AHERA Consultants, Inc. AbateTech, Inc. Street Address Street Address 1600 Route 22 East 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Union, NJ 07083 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. John Smover 609-652-1833 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor <u>10</u> / <u>20</u> / 18 10 / 20 / 18 **EMSL** Analytical Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_AM-\_ PM/ \_\_PM-Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ≥3 sf or ≥3 If ☐ Renovation ≥160 sf or ≥260 lf □ Demolition ☐ Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Asbestos-Containing Material (ACM) Used Solely by Removal Encapsulate Enclosure Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? **IN Facility** surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Sunoco Mini Mart X Glue Dots 25 SF X П П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste AbateTech, Inc. G.R.O.W.S. Landfill 18750 12 City, State Disposal Date City, State Lumberton, NJ 9/20/18 Tullytown, PA Completed By (Print or Type) Title Signature Gwendolyn Trumbetti **Operations Coordinator** 

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 10 19 18 JCP&L/FirstEnergy Company / Job #1810-5399 Check#10709 Agencies Notified Type Notification Street Address **⊠** EPA 10 Legion Place- Building A ☑ DOLWD ☐ Amended City, State, Zip Code **⊠** DHSS Amendment # Morristown, NJ 07960 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation John Greco 201-602-1499 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) JCP&L- Freehold School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 44 Dutch Lane Road homes, etc.) City (5) # of Floors Square Feet Bldg. Age Freehold, NJ County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Monmouth Substation Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) 1 Source Safety & Health, Inc. AbateTech, Inc. Street Address Street Address 140 S. Village Ave. Suite 130 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Exton, PA 19341 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Brian Hovendon 610-524-5525 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor \_\_10\_\_ / \_\_29\_\_ / \_\_18\_\_ \_\_10\_\_ / \_ 29 \_ / \_ 18 **EMSL Analytical** Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/\_\_\_PM-\_\_\_AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) Full Containment with Negative Pressure  $\boxtimes \ge 3$  sf or  $\ge 3$  If Mini-Enclosure □ Renovation ≥160 sf or ≥260 lf ☐ Demolition ☐ Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Remova Encapsulate Enclosure Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Exterior Pole JC1140MAR П П X Asbestos risers 16 LF X П П П П П Name of Registered Waste Hauler Cubic Yards of NJDEP Waste Name of Registered Landfill Hauler ID No. AbateTech, Inc. Waste G.R.O.W.S. Landfill 18750 City, State Disposal Date City, State Lumberton, NJ 10/29/18 Tullytown, PA Completed By (Print or Type) Title Signature Date Gwen Trumbetti Operations Coordinator

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1 Name of Building Owner/Operator (2) 10 18 / 18 PSE&G / Job # 1806-5327 Check # Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial 4000 Hadley Road **⊠** DOLWD City, State, Zip Code ☑ DHSS Amendment #4 South Plainfield, NJ ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Andrew Puk 201-481-2415 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) PSE&G- Fernwood Substation School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 959 Lower Ferry Road homes, etc.) City (5) Square Feet # of Floors Bldg. Age Trenton, NJ 08628 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Mercer Utility Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health & Safety Services AbateTech, Inc. Street Address Street Address PO Box 365 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Berlin, NJ 08009 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Jim Proctor 609-704-8850 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 6 / 22 / 18 11 / 30 / 18 EMSL Analytical Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/\_\_\_PM-\_\_ Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 lf ☐ Mini-Enclosure ≥160 sf or ≥260 lf ☐ Demolition Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Encapsulate Asbestos Containing Material (ACM) Amount TO BE ABATED Maintenance/ (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (13)(12)other miscellaneous) Yes No N/A Exterior East Side North end of X Caulk 5 SF X П Exterior East Slde South end of П X **Transite Panels** 10 SF X Rida П П Exterior Roof  $\boxtimes$ Roofing Material 100 SF X П Exterior M Transite Conduit 450 LF  $\boxtimes$ П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Waste Management Hauler ID No. Waste Fairless Landfill 18750 40-City, State Disposal Date City, State Camden, NJ 11/30/18 Morrisville, PA Completed By (Print or Type) Title Signature Date Gwendolyn Trumbetti **Operations Coordinator** 

### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 10 18 / 18 JCP&L/FirstEnergy Company / Job #1806-5335 Agencies Notified Type Notification Street Address **EPA** ☐ Initial 10 Legion Place-Building A ASBESTOS CONTROL & ☑ DOLWD City, State, Zip Code ☑ DHSS Amendment #6 Morristown, NJ 07960 □ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation John Greco 201-602-1499 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) JCP&L- Morristown School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 16 Beachwood Drive homes, etc.) City (5) Square Feet # of Floors Bldg. Age Morristown, NJ County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Morris Substation Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) 1 Source Safety & Health, Inc. AbateTech, Inc. Street Address Street Address 140 S. Village Ave. Suite 130 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Exton, PA 19341 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Brian Hovendon 610-524-5525 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor <u>7</u> / <u>12</u> / <u>18</u> <u>10</u> / <u>31</u> / <u>18</u> **EMSL Analytical** Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/\_\_ Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure $\boxtimes \ge 3$ sf or $\ge 3$ If ⊠ Renovation ☐ Mini-Enclosure ≥160 sf or >260 lf ☐ Demolition ☐ Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Remova Encapsulate Enclosure Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (13)(12)other miscellaneous) Yes No N/A Exterior Pole JC149MRT X Asbestos risers 16 LF П M П П П П П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. AbateTech, Inc. Waste G.R.O.W.S. Landfill 18750 City, State Disposal Date City, State Lumberton, NJ 10/31/18 Tullytown, PA Completed By (Print or Type) Title Signature Gwen Trumbetti Operations Coordinator 10-18-18

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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Date of Notification (1)	19 /	′ 1	8		1.0	me of Buildi	ing (	Owner/Operator	(2) # 1810-5388 C	hook# o	07		K Marie Tollanda	-		
Agencies Notified	Type Not							3001	# 1010-5366 C	neck#	CT 2.2	20	18	111		
⊠ EPA	☐ Initial	ilicatioi	n		9	eet Address			į				4.6			
☑ DOLWD	⊠ Amen	ded			_	000 Hadle		and the state of t	į	ASSESS FOR CONTROL &						
☑ DHSS	Amend					, State, Zip			ŧ.	The state of the s	Licens	NG.	11-21-C	24		
DCA	☐ Emerg	ency (	includ	ing		outh Plair		eld, NJ			erte to expland de la siene.	restaure search	CIT-IV-CO	mental a principal		
(NJAC 5:23-8)	justific				1000	ne of Conta				Telephone	Number					
	Cance	ilation			С	hristina N	lee	rlo		908-756	6-7736					
					F.	ACILITY II	NF	ORMATION								
Name of Facility Where A								- 147	Type of Facility	y (4)						
PSE&G- North Brun	swick St	ation	Cont	rol Ho	ouse				School (K-1							
Street Address									☐ Subchapter ☑ Other (i.e.,			huildir	200			
301 Victory Blvd.									homes, etc		immerciai	buildii	ys,			
City (5)									Square Feet	# of Floor	s	Bldg. A	Age			
North Brunswick, N.	J								N 37			(7.0)				
County (6)					Co	unty Code (	7)(S	TATE USE ONLY)	Current Use (P	rior if being de	emolished	)				
Middlesex									Control Ho			Ď.				
Name of Monitoring Firm H		ilding (	Owner	(8)	ASCN	Л No.	N	ame of Abateme	ent Contractor (9	)						
Health & Safety Serv	rices							AbateTech, I								
Street Address							-	treet Address				-				
PO Box 365								30 Maple Ave	e. PO Box 25							
City, State, Zip Code							-	ity, State, Zip Co								
Berlin, NJ 08009								Lumberton, N								
Project Manager for Monito	ring Firm			Tel	ephone	No		elephone No.		License N	lo.					
Jim Proctor					-	4-8850	1-	609-265-2107		00529						
Start Date (10)		Sched	luled (	Comple	etion D	ate (11)	_	ame of OSHA M		1 333						
10 /11 / _	18	1	2	/7	/	18		EMSL Analyti	ical							
Occupancy Status During A	batement	(Check	only	one)				reet Address					_			
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Abatement Performed C	utside of N	Vormal	Facilit	y Hou	rs - De	scribe	1	ty, State, Zip Co								
Time of Abatement:	AM	PN	Λ/	PM		_AM	1	Cinnaminson								
Scope of Work (Check all th	nat apply)								, 110 00077		and the second	_				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>				enovati				☐ Mini-Encl		gative Pressur	re					
			Пос	arronuc	J(1			☐ Glovebag  ⊠ Non-Exer	Procedure npted (*) and No	n-Friable Prod	cedure					
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Asbestos-Containing Ma TO BE ABATE		A)		intena				Containing Matermal systems in		Amount	1 3	Repair	Encapsulate	Enclosure		
IN Facility		40	Cus	todial	Staff?	(1.6.		surfacing, VAT,		(Specify SF or LF	ova	=	ıpsı	uso		
(13)		-		(12)	1	-		her miscellaneo			'  -		ilate	9		
			Yes	No	N/A								10			
Exterior						Roofing	Ma	iterial		612 SF						
	xterior							Roof Flashing	104 LF							
xterior			Roof Pe	net	ration Flashir	20 LF 🛛 🗆										
ame of Registered Waste I				\$5,000	JDEP V			oic Yards of	Name of Regis	tered Landfill						
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ity, State		1	-11					posal Date	City, State							
Flanders, NJ							1	2/7/18	Morgantow	n, PA						
ompleted By (Print or Type)	)	Title						Signature		Date						
Gwendolyn Trumbetti		Op	erati	ons C	oordi	nator		/	20/		10 -	( C1	- 1	8		
D 44									/N/X		10	17	- 1	0		

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

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) UC. 10 2018 16 1 PNC Realty Services / Job #1809-5385 Check #10546, 10608 18 Agencies Notified Type Notification Street Address **⊠** EPA ASSESTOR CONTROL & ☐ Initial 909 Bloomfiled Avenue **⊠** DOLWD LICENSING City, State, Zip Code ☑ DHSS Amendment #2 West Caldwell, NJ 07006 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Benjamin Brenneis 973-244-2121 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) PNC Bank ☐ School (K-12) Street Address Subchapter 8 (Other than K-12) 185 Ferry Street Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Newark, NJ County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Essex Bank Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health & Safety AbateTech, Inc. Street Address Street Address PO Box 365 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Berlin, NJ 08009 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone-No: Telephone No. License No. Jim Proctor 609-704-8850 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor \_\_10\_\_ / \_\_15\_\_ / \_\_18 10 / 31 / 18 EMSL Analytical Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated puring Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: \_\_ City, State, Zip Code AM-\_\_\_PM/5PM-\_ Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure $\square \ge 3$ sf or $\ge 3$ If □ Renovation Mini-Enclosure ≥160 sf or ≥260 lf □ Demolition Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Location of Normally Description of Asbestos-Containing Material (ACM) Used Solely by Remova Asbestos Containing Material (ACM) Encapsulate TO BE ABATED Amount Maintenance/ (i.e., thermal systems insulation, nclosure (Specify IN Facility Custodial Staff? surfacing, VAT, or SF or LF) (13)(12)other miscellaneous) Yes No N/A 1st Floor Storage Room M Pipe Insulation 200 LF M П П 2<sup>nd</sup> Floor Storage Room X Pipe Insulation 200 LF $\boxtimes$ П П П $\Box$ Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill AbateTech, Inc. Hauler ID No. Waste G.R.O.W.S. Landfill 18750 40 City, State Disposal Date City, State Lumberton, NJ 10/31/18 Tullytown, PA Completed By (Print or Type) Title Signature Gwendolyn Trumbetti Operations Coordinator



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

Clux#3453

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Date of Notification (1)	17 /	18	,				ng O	wner/Operator	(2)					
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Agencies Notified	Type Notific					et Address East Mo		omery Place.	Lower Level				W	L
⊠ DOLWD	☐ Amende				-	State, Zip		<u> </u>						
☐ DCA	Amenda Emerge	ncy (ir		- g	Pit	tsburgh,	PA			0	CT 2	2 ;	2018	
(NJAC 5:23-8)	justifica				101/10/2017	e of Conta				Telephone Nur	nber			
	☐ Cancella	ation			An	thony Po	orta			412-633-40	21	CON	TRO	l
					FA	CILITY II	NFC	RMATION			LICE	SIN	3	2 6.11
Name of Facility Where A			g Place	e (3)					Type of Facility	(4)		ope above a Charles		/ POTATONIA
Verizon Paulsboro	Central Of	fice							School (K-1:	2)				
Street Address 220 W Broad St.									Other (i.e., p	8 (Other than K-1 private and comm	2) ercial b	uildin	gs,	
City (5)									homes, etc.					
Paulsboro									Square Feet	# of Floors	B	ldg. A	ge	
County (6)					Cou	nty Code (	7)(ST	ATE USE ONLY)	Current Use (Pr	ior if being demol	ished)			
Gloucester									.000		***			
Name of Monitoring Firm			Owner	(8)	ASCM	No.	Na	ame of Abateme	ent Contractor (9)	)				
USA Environmenta	I Managem	ent						BRISTOL EN	VIRONMENTA	L, INC.				
Street Address			1				St	reet Address		- 200				-
8436 Enterprise Av	е							1123 BEAVE	R STREET					
City, State, Zip Code							Ci	ty, State, Zip Co	ode					
Philadelphia, PA 19								BRISTOL, PA	19007					
Project Manager for Moni	itoring Firm			Tele	ephone	No.	Te	elephone No.		License No.	-			
Mark Jenkins						5-5810	:	215-788-6040		00509				
Start Date (10)						ate (11)	3035	ame of OSHA M	12000000					
					/ .	18		BRISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status During							St	reet Address						
☐ Facility Closed/Vacate	ed During Ent	ire Pe	riod of	Abate	ment		1	1123 BEAVER						
Abatement Performed Time of Abatement:	AM-	ormai PN	гаспіт Л/5:00	y Hou PM-1	rs - Des :30AM	scribe	1	ty, State, Zip Co						
Scope of Work (Check all				-			1	BRISTOL, PA	19007					
≥3 sf or ≥3 lf	тат арріу)		⊠ Re					Full Cont	ainment with Neg	gative Pressure				
☐ ≥160 sf or ≥260 lf				molitic				Mini-Encl     Glovebage     Gloveba						
		3775133						☐ Non-Exe	mpted (*) and No	n-Friable Procedu	ire			
Location			1000	Loca: Norma						=	Ab	atem	ent T	уре
Location Asbestos-Containing N		<b>(I)</b>		d Sole		Ashe	etne	Description of Containing Mat		Amount	<sub>Z</sub>	Z.	ū	Ш
TO BE ABA	TED	,		intena todial			e., the	ermal systems i	nsulation,	(Specify	Removal	Repair	Encapsulate	Enclosure
IN Facilit (13)	У		Ous	(12)	otali!			surfacing, VAT, ther miscellaned		SF or LF)	Val	-	sula	sure
			Yes	No	N/A		01	thei miscenanet	ous)				ate	
Power Room						Pipe In:	sula	ition		15 LF				
Tank Room					$\boxtimes$	Pipe Ins	sula	ition		30 LF				
											In	П	П	П
Name of Registered Wast				750	JDEP \		Cul	bic Yards of	Name of Regis	tered Landfill	1-			
SERVICE TRANSPO	RT GROUP	, INC	<b>:</b> .	Н	auler II		Wa	iste	MINERVA I					
City, State					20990		Dis	posal Date	City, State		-			
NEW CASTLE, DE 19	9720									URG, OH 4468	R			
Completed By (Print or Ty		Title			- 9-3 (77)			Signature						
Brian Scafiro	r. 57	1 (140/05/45)	stimat	for				2 1	Scofin	1001	ate		10	
			· · · · · · · · · · · · · · · · · · ·	.01				12/404	SCPINIC	19n 1	0-1	1-	10	

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

Date of Notification (1)				Mor	no of Duild			CHURCH S	7.	) <		
10/17	_ /	18				ing Owner/Operator of Princeton Univ						
□ EPA □ In □ DOLWD □ A □ DHSS A □ DCA □ E (NJAC 5:23-8) ju	Notification itial mended mendment mergency stification) ancellation	#(includi	ng	Stre E City P Nam	eet Address .A MacMi , State, Zip rinceton, ne of Conta	illan Building Code NJ 08544 act ego		OCT Telephone Nun 609-258-18	41	20	18	The second secon
No. of the same				F	ACILITY I	NFORMATION		ASBEST	13 (1)	MITE	OL (	St
Name of Facility Where Abatem Princeton University-Lav Street Address 1 Lawerence Dr City (5)	ent is Taki verence /	ng Plac Apts H	ce (3) ligh l	Rise			Other (i.e., phomes, etc.)	(4) 2) 8 (Other than K-12 private and comme	2)		14 - 19 (2) 14 (	el more ex-
Princeton							Square Feet	# of Floors	F	Bldg. /		
County (6) MERCER	0 1111					(7)(STATE USE ONLY)	,	ior if being demoli	shed)	50÷	2	
Name of Monitoring Firm Hired It Pennoni Assoicates, Inc. Street Address 515 Grove St., Suite 1B		Owner	(8)	ASCN 001		BRISTOL EN Street Address	ent Contractor (9)					
City, State, Zip Code Haddon Heights, NJ 0803 Project Manager for Monitoring F						City, State, Zip Ci BRISTOL, PA	ode			<u> </u>		
Brian Clark  Start Date (10)	Sche		Compl		7-0505 ate (11)	Telephone No. 215-788-6040 Name of OSHA M	1onitor	License No. 00509				
Occupancy Status During Abater  Facility Closed/Vacated Durin  Abatement Performed Outside  Time of Abatement: 7:00  Scope of Work (Check all that ap	nent (Chec g Entire Pe e of Norma 3:30PM/	k only eriod of	one) Abate	ement	ecribe	Street Address 1123 BEAVER City, State, Zip Co	ode 19007					
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>		⊠ Re	moliti	on		☐ Mini-Encl	Procedure	ative Pressure 1-Friable Procedur	re			
Location of Asbestos-Containing Material TO BE ABATED IN Facility (13)	(ACM)	Use Ma	intena	ally ely by ance/ Staff?	Asbe (i.e	Description of stos Containing Mat ,, thermal systems in surfacing, VAT, other miscellaned	erial (ACM) nsulation, or	Amount (Specify SF or LF)	A Removal	Repair	ent Encapsulate	e Enclosure
Throughout			$\boxtimes$		Plaster	(drill holes)		42 SF				
								42 31		П		
V									П	П	П	
Name of Registered Waste Hauler SERVICE TRANSPORT GR		<b>)</b> .		JDEP V auler ID 20990	No.	Cubic Yards of Waste	Name of Register					
BRISTOL, PA 19007						Disposal Date	City, State FAIRLESS H	IILLS, PA 1904	7			
Completed By (Print or Type)  Brian Scafiro	Title	stimat	or		J	Signature Bu (M	Scapi	/ o Date		17-	-18	>

										1 1000	EP	[=]	ПГ	I F
11/ - 20	PAI	M	NO	TIEIC	ATIO	State of	Nev	y Jersey			EC		11 \	y [
11/120	M WILL		NO	IIFIC (P	ursus	IN OF A	PR	ESTOS ABA 8:60 and 5:1	TEMENT	1151			To the Marie	OF SHART SALLOW
Date of Notification (1)	į									The control of the co	OCT	2.0	20	10
10 /	17 /	1	8					Owner/Operator		and seed		4-6	LU	10
Agencies Notified		-	_					rban Renewa	II, LLC		Market - the party of the second	manager and	10 80 1000	
☑ EPA	Type Notif	ication	1		100000000000000000000000000000000000000	et Address				- Ai	BEST	AS CA ENSI	MITE	IOL 8
☑ DOLWD		ed			-			t, Suite 400		Company of the last of the las	nament discussions		146	ar ang Lathage geogr
Ø DOH	_ Amend				1 256	State, Zip								
DCA (NJAC 5:23-8)	☐ Emerge justifica	ency (i	ncludir	ng	-	oomfield e of Conta		07003						
(10/10/0.20-0)	Cancell					arren Sp				Telephone				
										908-670	-5711			
Name of Facility Where Al	batement is	Takir	ng Plac	e (3)	ГА	CILITY	NFC	DRMATION	T of F - 104	. (1)				
Commercial			·9 · ·uo	C (0)					Type of Facility  ☐ School (K-1					
Street Address									<ul> <li>Subchapter</li> </ul>	8 (Other than	K-12)			
1200 Randolph Road	d- Buildin	g 6							Other (i.e.,	private and cor	mmercial	buildi	ngs,	
City (5)									homes, etc Square Feet	# of Floors		DI-I-	A	
Plainfield									oquare reer	# 01 110018	,	Bldg.	Age	
County (6)					Cou	nty Code (	7)(S	TATE USE ONLY)	Current Use (P	rior if being de	molished	)		
Union								e manazini iz 1944 (K. e manazi mana pinata). 🗗 (		nor il bollig de	monsned	,		
Name of Monitoring Firm F	lired by Bu	ilding	Owner	(8)	ASCM	No.	N	ame of Abatem	ent Contractor (9	))				_
Bio Terra Solutions									NAGEMENT					
Street Address			-				S	treet Address						_
P.O. Box 1224								27 Outwater	Lane					
City, State, Zip Code							Ci	ity, State, Zip Co	ode					
Union, NJ Project Manager for Monito	ele e Fi			1=			_	Garfield, NJ	07026					
Rick Eustaquio	oring Firm				phone		1 33	elephone No.		License No	0.			
Start Date (10)		Sahar	dulad C	250		1-3762	1	973-928-4888		1188				
09/19/	18					ate (11) 18		ame of OSHA M						
Occupancy Status During A					<u> </u>	10	-		NAGEMENT L	.LC				
☐ Facility Closed/Vacated	During Ent	ira Pa	k only (	one)	mont			reet Address						
□ Abatement Performed C	outside of N	ormal	Facilit	v Hour	s - Des	cribe	_	27 Outwater I						
Time of Abatement:	AM	P	M/	PM-		AM	1	ty, State, Zip Co						
Scope of Work (Check all the	nat apply)						'	Garfield, NJ	07026					
≥3 sf or ≥3 If	,		N 5	000000000000 <b>.</b> 44				☐ Full Cont	ainment with Ne	gative Pressure	e			
☐ ≥160 sf or ≥260 lf				novati				☐ Mini-Encl	osure					
								Non-Exer     Non-Exer	npted (*) and No	n-Friable Proc	edure			
Location of				Locat								batem	ent T	vpe
Asbestos-Containing Ma		<b>(1)</b>	Use	d Sole	ly by	Asha	etae	Description of Containing Mat	f	Mark the control of the delication		1	T	
TO BE ABATE	ED `		L'OWN BOOK	intena todial s		(i.e	., the	ermal systems in	nsulation.	Amount (Specify	Removal	Repair	nca	nclc
IN Facility (13)			Cus	(12)	otan r			surfacing, VAT,		SF or LF)	oval	-	Encapsulate	Enclosure
N. 7.			Yes	No	N/A	1	Oi	ther miscellaned	ous)				ate	0
1st Floor				П	$\boxtimes$	Pipe Ins	sula	tion- Wrap a	nd Cut	150 LF		-		
Roof- Mechanical Roon	n					10000	-	tion- Wrap ar						
Roof- Mechanical Roon							_	uon- wrap ar	ia Cut	900 LF		-		
Roof- Mechanical Roon			_			Elbows	-			150				
Name of Registered Waste						Duct Ins				300 SF				
ATC/ Century Waste,				1 (3)	JDEP V auler ID	77777		bic Yards of	Name of Regis Minerva Enter	tered Landfill	VS No-t	10-		
City, State	LLU					0/32797	Α	s Needed	Fairless Land	fill	TO NOTE	LdIIC	1111/	
Shirley, NY/ Elizabeth	MI							posal Date	City, State					
	25						T	BD	Waynesbu	rg, OH/ Morr	isville,	PA		
Completed By (Print or Type Allen Monchik	*)	Title						Signature	20 pt 1980		Date	-12		
SB-41		Pr	oject	wana	ger			Allen	Monchis	é	10/17	/18		

### State of New Jersey

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

7) CONTINUATION SHEET

	_	-		1200 Randolph Rd, Plainfield, NJ		Abateme	nt Type		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	No Main	ls Loca ormally Solely ntenan ial Staf	Used by ce/Cust	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a l	R e p a i	E n c a p s u l	E n c l o s u r e
	Yes	No	N/A					'	-
Roof			Х	Roof Membrane	4,836 SF	Х			
									_
						-			
			_						-
	$\neg$								
	$\neg$	-							
	$\dashv$	-							
	-	_							
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							-	_	-
		_	$\neg$			-			
	-	-							
	-	-	-						

Completed by: (Print or type) Allen Monchik	Title:	Project Manager	Signature: Allsn Monchik	Date: 10/17/18
		The state of the s	A TOOGIT TITOTOCICACO	10/1//18

CK400 PA		NOTI	FICATION Pursua	State of N ON OF AS nt to NJA	BESTOS C 8:60 an	ABATE d 12:12	0)	ΙT					₩	Print
Date of Notification (1) 10/17/2018			Name Mat	of Buildin thew Mc	g Owner/0 Mullen	Operator	r (2)			00	3T 2	2 21	)18	- Company
Agencies Notified Type Notification	1		Street	Address		000000000000000000000000000000000000000				ASSE	Protest of		na separat accept	
X EPA X Initial Amended			City, S	State, Zip C	Code					HODE	LICEN	SING	nul.	či.
X DOL Amendmen	t#	na	New	Milford	,NJ,075	24								
DOH justification)  DCA Cancellation	)	19	Name Joar	of Contac	t				П	Telephon	e Numbe	er	-	
Name of Facility Where Abatement is Takir	na Piace	(3)	FA	CILITY IN	FORMATI	ON								
Private House	ig Flace	(3)					Тур	e of Facilit						
Street Address			0.00				H	School (F Subchap	ter 8 (	Other than	K-12)			
City (5)							×	etc.)	. priva	ite & comr	nercial b	uilding	s, hor	nes,
New Milford							Squ N/	are Feet A		# of Floors N/A	3	Bldg. N/A	Age	
County (6) Bergen				Code (7) USE ONL	n	_	Cur	rent Use (F	Prior if	being den	nolished)			
Name of Monitoring Firm Hired by Building N/A	Owner (8	3)	ASC	M No.		Name of EHW	of At	atement C	ontrac	tor (9)			5011-00	
Street Address				99,2 suid-deci9		Street	Addr	and the second			ellster.	X		
City, State, Zip Code						City, St	ate,	Zip Code I,NJ,0752						
Project Manager for Monitoring Firm	-Marie - 1-10		Telepho	one No.		Telepho				Licon	se No.			
Start Date (10)						973-3	333-	5144		0127				
10/29/2018	10/30	/2018	npletion	Date (11)		Name of EHW	of OS	HA Monito	r IT LL	C				
Occupancy Status During Abatement (Check						Street A		ess lin Street						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of all Facility	Abaten y Hours	ient			City, Sta	ate, Z	Zip Code						<del>  </del>
Scope of Work (Check All That Apply)						Pater	son	,NJ,0752	24					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoliti				×	Mi Gl	Il Containn ni-Enclosu ovebag Pro n-Exempte	re ocedur	e				
Location of	1	Location Normall	V		Dana			II-LXCITIPLE		ind Non-F	nable Pr	Abat	re emen ype	t
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	ed Solel intenan todial S (12)	ce/	Asbest (i.e.	os Contai thermal s	ystems ing, VAT,	teria nsula or	I (ACM) ation,	,	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A								<u> </u>	7	late	ıre
Basement		Х			1	/AT			1	000 SF	X			
							N-11-							
ame of Registered Waste Hauler												-		
HW ABATEMENT LLC		Ha	DEP Wa uler ID I 37095	No.	Cubic Ya of Waste N/A			Name of Tri Stat		ered Land anfer	Ifill			
ty, State aterson,NJ					Disposal TBD	Date	4	City, Stat Bronx,						
ompleted by	Title					nature		DIOIIA,I	N 1		Date			

1/1/18	7 TD A	THE	NOTE	CATIO	State of I	New Jers	ey	-0.50-2.1	y .		EC	E	V		rinti
CKHU			(F	ursuar	nt to NJA	C 8:60 a	nd 12:12	O)	1	And the second second	OCT	2 2	201	3	AND AND AND AND AND AND AND AND AND AND
Date of Notification (1) 10/18/2018				Name La C	of Buildir asa Do	ng Owner on Pedro	/Operato	r (2)		24 10					And the second division of the second divisio
Agencies Notified  EPA	Type Notification	1			Address Rosevil	le					ASSEST	<del>aa aa</del> CEKSI	HITA NG	<del>01-8</del>	
X EPA X DEP X DOL	Initial Amended Amendmen				tate, Zip ark,NJ,										
DOH DCA	Emergency justification Cancellation	)		Name of Chris	of Contac	ct					Telephone 973-485-				-
				FAC	ILITY IN	FORMAT	TION								
Name of Facility Where Al Private House	batement is Takir	ng Place (3	3)					Тур	e of Facili	ty (4)					
Street Address								×	School ( Subchar Other (i.	oter 8 (C	Other than ke	(-12) ercial bu	ildinas	hom	000
City (5)					- 3				etc.)						cs,
Irvington			-7-1-07120-00					N//	are Feet A		of Floors N/A		Bldg. N/A	Age	
County (6) Essex					Code (7)			Cun	rent Use ( RIVATE I	Prior if I HOUS	oeing demo E	lished)			
Name of Monitoring Firm F N/A	lired by Building	Owner (8)		ASCI	M No.		Name EHV	of Ab	atement ( BATEME	Ontract NT LL	tor (9) .C				
Street Address	4						Street 89 F		ess NKLIN S	TREE	Т				
City, State, Zip Code							City, S PATI	tate,	Zip Code ON,075	24					
Project Manager for Monito	oring Firm			Telepho	one No.	***************************************	Teleph	one I			License				
Start Date (10) 10/19/2018		Schedule 10/20/2		npletion	Date (11	)	Name	of OS	HA Monit	or NT I I		•			
Occupancy Status During A	Abatement (Chec	k Only On	e)				Street	Addre	ess					-	-
Facility Closed/Vacate Abatement Performed Other – Describe: OC	ed During Entire F I Outside of Norm CCUPIE	Period of A nal Facility	batem Hours	ent			City, St	tate, 2	IKLIN S	UIII CONTRACTOR					
Scope of Work (Check All 1							PATE	ERS	ON,NJ,	7524					
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>	пат Арріу)		enova emoliti				×	Fu Mi Gl	ni-Enclosi ovebag Pi	ure rocedur	ith Negative e and Non-Fri			20	
		Is	Locatio	on			Donate	140	AI-LXCIII)	leu ( ) a	III NOII-FII	able Pro		ement	
Location of Asbestos-Containing Ma		Used	ormall Solel	y y by	Act		scription					_	Ту	ре	
TO BE ABAT In Facility (13)	ED (ACIVI)	Maii	ntenan odial S (12)	ce/	Asbe: (i.e		aining Ma systems cing, VAT niscelland	insul , or	ation,		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
DAGELIE	-	Yes	No	N/A								val	=	ılate	ure
BASEMEN	11	-	Х			PIPE IN	ISULA"	TION	1		20 LF	К			
								77.1119				-			
lame of Registered Waste	Hauler		l N.	DEP W	aste aste	Cubic '	Yards		Name	f Region	tered Landf				
HW ABATEMENT LL			Ha	uler ID 37095	No.	of Was				ate Tra		iii.			
ity, State Paterson,NJ						Dispos TBD	al Date		City, Sta	ate IX,NY	Λ				
completed by fictor Espíritu		Title Projec	ot Ma	nager		S	gnature	h	v 11	11		ate 10/18/1	18		

### Check # 25715

### PAID

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

Date of Notification (1)				Name	of Building	Owner/0	Operator	(2)		1-40	\ P	<u></u>	P	n n	n re
10/16	/2018						Br	oz	yna		] [	b	E		
Agencies Notified	Type Notification	1		Street	Address						S Topic S	TO THE SECOND	***********	ni Peuropetak ng	Promise Service
× EPA DEP × DOL	<ul> <li>X Initial</li> <li>Amended</li> <li>Amendmer</li> <li>Emergency</li> </ul>		_	City, St	tate, Zip Co	ode	Prince	etor	n, NJ 08540	The second secon		OCT.			
Ĭ DOH	justification	)	' [	Name o	of Contact					Tolor	hone I	lumber	D 631	7.5 (***)	M 0
☐ DCA	Cancellatio	n			Melinda						-				Ji. Ct
Name of Facility Where	Ahatement is Taki	na Place (	3)	FAC	ILITY INFO	ORMATI	ON	Tu	pe of Facility (4)						**** / / / / / / / / / / / / / / / /
, , , , , , , , , , , , , , , , , , , ,	Residential	ing i lace (	0)					1 9							
Street Address								×	School (K-12 Subchapter 8 Other (i.e. pri etc.)	(Other			ldings	s, hom	es,
City (5)	nceton, NJ 085	540						- 2	uare Feet 2500	# of F	loors 2		Bldg.	Age )+/-	
County (6)				County	Code (7)				rrent Use (Prior	if hoins		lichod)	01	J+/-	
Mercer				(STATE	USE ONLY)	)	_	Cu	Helli Ose (Filoi	ii being	demo	isnea)			
Name of Monitoring Firm ME	Hired by Building	Owner (8	)	ASCI	M No.				batement Contr Environmen			Inc			
Street Address							Street				111000	, 1110.			
PO Bo	x 341					РО В					81				
	icks, NJ 08515	200						, Zip Code n, NJ 08501							
Project Manager for Mon Bill Weisgarber	itoring Firm		Telepho (609)	ne No. 298-407	0	Telepho 609 2		No. -9688	- 1	icense 00493					
Start Date (10) 10/29/2018		Schedul	ed Cor 11/9/		Date (11)		Name of MECS		SHA Monitor						
Occupancy Status During			ne)				Street A	Add							
X Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire ed Outside of Norr	Period of a nal Facility	Abaten / Hours	nent		_	City, St	ate,	Zip Code field, NJ 085	15					
Scope of Work (Check A	II That Apply)														
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>		promise and	Renova Demolit				×	N	Full Containmen Mini-Enclosure Glovebag Proced Non-Exempted (	dure					
		le	Locati	on		398	broad		ton Exempted (	) and i	1011-1 11	able Fit	2.75	emen	t
Location	of	1	Normal	ly		Des	cription	of						уре	
Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM) ATED	Ma	d Sole intenar todial S (12)	nce/	Asbest (i.e.	os Conta thermal surfac		insu		(Spe	ount ecify r LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A										te	Ф
Lower Le			X				VAT			120		X			
Hallwa			X				VAT			60		X			
Bathroo	om	X				VAT			40	sf	X				
Name of Registered Was	te Hauler		l Ni	JDEP W	/asto I	Cubic	/ordo		I Name of De	-1-4	-1.11				
Stevens Environmen		2352	auler ID 18292	No.	of Was			Name of Re Fairless L			nii				
City, State Allentown, NJ					Disposi		8	City, State	e, PA						
Completed by Mahlon E. Stevens		Title F	Projec	t Mana	ager	Si	gnature	1		1		Date 10/1	9/18		
							16	1							

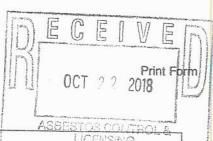
ED A	TOPPE										-	-	-	-
PA				S	tate of N	ew.	Jersey		INE	C [	5.	1	\ <i>[</i> ]	E
01/ 1200		NOT	IFIC/	ATION	OF AS	BES	STOS ABAT	EMENT	IU			U management	L-J normalities	
CIC 1348			(Pt	ırsuar	it to NJA	VC 8	:60 and 5:10	5)		202020				Obligation
Date of Notification (1)				Name	of Buildin	g Ow	ner/Operator (	2)		CT	2 2	2(	)18	Silvent Colores
	18			Mu	hlenberg	Urk	oan Renewal	, LLC	A CONTRACTOR OF					Company of the Compan
Agencies Notified Type Notif	ication			Street	Address				ASBE	STOS	3 00	Tel	ROI.	8
<ul><li>☑ EPA</li><li>☑ Initial</li><li>☑ Amend</li></ul>				2 B	road Stre	eet,	Suite 400		Contracting control to the control to the	LICE			Walter of a	
☑ DOLVID ☑ Amend		1		City, S	State, Zip (	Code								53-53-68.63
□ DCA □ Emerge		100 10000	1	Blo	omfield,	NJ	07003							
(NJAC 5:23-8) justifica	ation)	•		NAME OF STREET	of Contac	.50			Telephone N	lumber				
☐ Cancel	lation			Wa	rren Spra	ake			908-670-	5711				
None of Facility 188				FA	CILITY IN	IFO	RMATION							
Name of Facility Where Abatement is Commercial	laking	g Place	(3)					Type of Facility	20.0					
NAME OF THE PARTY								☐ School (K-12 ☐ Subchapter		(-12)				
Street Address								Other (i.e., p	rivate and com	mercia	ıl bui	lding	S,	
1200 Randolph Road- Buildir City (5)	ig 1							homes, etc.)				_		
Plainfield								Square Feet	# of Floors		Bld	lg. A	ge	
County (6)				Cour	the Code 17	VOTA	TE UCE ONLYA	C						
Union				Cour	ity Code (/	)(317	ATE USE ONLY)	Current Use (Pr	for it being den	nolishe	a)			
Name of Monitoring Firm Hired by Bu	ildina C	Jumer (	(8)	ASCM	No	Ma	me of Abatama	ent Contractor (9)						_
Bio Terra Solutions	munig c	owner (	(0)	AUUIVI	140.			NAGEMENT L						
Street Address						-	eet Address	NAGEWENT L	LC					
P.O. Box 1224						1	7 Outwater I	ane						
City, State, Zip Code						110	y, State, Zip Co							-
Union, NJ						100	Sarfield, NJ							
Project Manager for Monitoring Firm			Tele	phone	No.	-	ephone No.		License No					-
Rick Eustaquio			1 1000	3-494		14000	73-928-4888		1188					
Start Date (10)	Sched	luled C	omple	tion Da	te (11)		me of OSHA M		1.00			-		
07 /19 /18				/		Δ	LL PRO MA	NAGEMENT L	LC					
Occupancy Status During Abatement	(Check	only o	ne)			Stre	eet Address							-
☐ Facility Closed/Vacated During En				nent		2	7 Outwater L	_ane						
Abatement Performed Outside of	Normal	Facility	/ Hour	s - Des	cribe	City	, State, Zip Co	de						_
Time of Abatement:AM	PN	Λ/	PM-		AM	G	Sarfield, NJ	07026						
Scope of Work (Check all that apply)														
□ >3 sf or >3 lf		⊠ Re	novati	nn.			□ Full Cont     □ Mini-Encl     □ Min	ainment with Neg	gative Pressure	2				
⊠ ≥160 sf or ≥260 lf		☐ De					⊠ Glovebag	Procedure						
							Non-Exer	npted (*) and No	n-Friable Proce	edure				
Location of			Locat Normal				D				Aba	teme	ent Ty	уре
Asbestos-Containing Material (AC	M)	Use	d Sole	ly by	Asbe	stos	Description of Containing Mat		Amount		Re	Re	Ē	回
TO BE ABATED  IN Facility		0.70000	intena todial S			., the	ermal systems i	nsulation,	(Specify		Remova	Repair	cap	Enclosure
(13)			(12)	,			surfacing, VAT, her miscellaned		SF or LF)		a		Encapsulate	ure
		Yes	No	N/A				7					te	
Elevator Lobbies/Floor 6 to Basement/P Rooms	atient			$\boxtimes$	VAT/Ma	stic			37,500 SI	=				
Wall Cavaties- Floor 6 to Basen	nent				Pipe Ins	sula	tion- Wrap a	nd Cut	7,500 LF					
Basement- Electrical & Mechanical	Room			$\boxtimes$	Elbow I	nsu	lation		75 Elbow	s				
Mechanical Room					Tank In	sula	ition	N. F. S.	75 SF	-	$\boxtimes$			
Name of Registered Waste Hauler			1 10000	JDEP V		2000 K	oic Yards of	Name of Regis	stered Landfill rprises/ GROV		11000		en.	
ATC/ Century Waste, LLC			S	auler II <b>W-243</b> °	No. 10/32797	Wa	ste s Needed	Fairless Land		NO NO	rtn l	_and	TIII/	
City, State						Dis	posal Date	City, State	ne el fin			-		$\neg$
Shirley, NY/ Elizabeth, NJ							BD	Waynesbu	rg, OH/ Morr	isville	, P	A		
Completed By (Print or Type)	Title						Signature			Date				-
Allen Monchik	Pi	roject	Mana	ager			100000000000000000000000000000000000000	Monchik	2		714	0		
OB 11										10/1	11	0		

QK32820		P	Ng	TIFIC	SAHON	OF A	New Jerse SBESTOS 8:60-7 an	AD	ATEME	ENT		James	2	) (S	270
Date of Notification (1)						Nam	ne of Build	ling	Owner	/Operator	(2)		5	<u></u>	5
10 / 17	18						et Address			_ OOM .		III			
	Notificat								VENUE	, P.O. BO	X 2000, RY2	8-414	(	CT	2 2 2
DEP	Initial No Amende	tificati	on icati	On		City,	State, Zip	Coc	ie			0 111			
X DOL	Cancella On Hold	tion					WAY, NEV		RSEY	07065	To College Land	1	ASBE	STOS	CON
	EMERG	ENCY	NOT	TIFIC	ATION	Nam PATE	e of Conta RICIA JOH	ct NSC	ON		Telephone 732-594-7	Numbe		LICE	HOMO
Name of Equility May					F. 1. 611		FORMATI				102 004-1	740			
Name of Facility Where Abatem	ent is Ta	aking	Plac	e (3)				011	Type	of Facilit	v (A)				
MERCK SHARP & DOHME CORI	PORATI	NC								School (K	-12)				
									V	Subchapt	er 8 (Other ti	han K-1.	2)		
Street Address									X	other (ie.	private & co	mmcl. b	ldgs.,	homes	s, etc.)
126 EAST LINCOLN AVENUE - B	UILDING	3 53								23,400	# of Floo	ors	В	ldg. A	ge
	County (	6)				Count	y Code (7	)			ior if being d	lomoliah		46	
Name of Monitoring Firm Hired I	JNION by Build	ing O	wner	r (8)	(S	TATE	ASCM N	Y)	VACA	ANT					
Street Address	et Address WEST SHORE TRAIL State, Zip Code								PAR I	of Abate ENVIRON	ment Contra MENTAL CO	actor (9	) ATION		
655 WEST SHORE TRAIL	WEST SHORE TRAIL State, Zip Code SPARTA NEW JERSEY OF								Street	Address		711 010	THON		
City, State, Zip Code	WEST SHORE TRAIL State, Zip Code SPARTA NEW JERSEY 07								313 S	POOK RC	CK ROAD				
SPART	State, Zip Code  SPARTA, NEW JERSEY 078								City, S	State, Zip	Code				
Project Manager for Monitoring Fire	State, Zip Code  SPARTA, NEW JERSEY 076  ect Manager for Monitoring Firm  Teleph									ERN, NEV	V YORK 109				
WILLIAM S. KERBEL, CIH					5649					none Num	ber	License	Numi	per	
Expected State Date (10)		Sche	d. C	omp	letion D	ate (1	1)	_		69-7500 of OSHA		1101			
10 / 31 /1 Month Day Your	898V		12	2 /		30	/18		AMER	ISCLLAR	Monitor DRATORIES	OM			
Occupancy Status During Abateme	nt (Char	Mor	nth		Da	у	Yea	ar		IOOI LAD	JIVATORIES	INC		#1148	0
In Iracility Closed/Vacated	During F	ntiro E	Daria	4 -5	۸ h = ۱				Street	Address					
Typarement Performed (	utside o	Norm	al F	diling	, Hausa	ent - Desc	cribe:		117 E	AST 30TH	STREET				
X Other - Describe Monday	thru Fri	day 6p	m to	12aı	m				City, S	tate, Zip C	nde				
Scope of Work (Check all that apply	()									NEW	YORK NEV	V YORK	1001	6	
Demolition		Renov	ation	n		X	Full Co	ontai	inment	with Nega	ive Pressure	9			- 1
>3SF OR LF			Guoi	111		X	Mini E	nclo	,	£10000		WET W	PE &	HEPA	VAC
X >160 SF OR 260 LF						^	Non-Fi	iahli	Proced e Proce	duro					
Location of			ocati			Des	scription of			dure T			200		
Asbestos-containing	- 1	norma				Con	taining Ma	teria	I (ACM)		Amount	1-	Abater		
Material (ACM)			ely b		1	(ie	e. Thermal	sys	tems		(Specify	R	REPAIR	EN	E
in Facility (13)		Maint/	Cust	odial	1	insul	lation, surfa	acino	g. VAT.		SF or LF)	ि	Σĕ	∥Ş	1은 1
mir domity (13)	-	Yes N	ff (12		1	or	other misce	ellan	eous)	- 1	J. J. L.	MOVAL	Z	CAPSUL	CLOSUR
1ST FLOOR MEN & WOMENS BAT				N/A					- 3					1	둤
IST FLOOR MEN & WOMENS BAT				A.c.			& FLOOR	MA	STIC	2	45 SQ. FT.	X			
ELECTRICION & VVOIVIENS BAT	HROOM	-	- 1	X	PIPE FI	TTING	GS			2	1 LN. FT.	Х			
	-	-	+	_											
	-	+	+												
	-	+	+	-				_							
	_	+	+	-											
lame of Registered Waste Hauler	N	IJDEP	Was	ste	Cubic V	arde e	of Waste	1 1.	1						
REEHOLD CARTING		lauler I	DN	0.	Cubic 1	aros o 10		I.	vame of	Registere	d Landfill		110110000		
25 HIGHWAY 33 ity, State			939			- 10		1	47 AI F	XANDED	ITY RESOU DRIVE/ROU	RCE MA	ANAGI	EMEN	T SE
REEHOLD, NEW JERSEY	32-1-1-1-1				Disposa			10	ity, Sta	te		11E 15			
ompleted by (Print or Type)	Title				10/31 to		notius /	N	ONTG	OMERY,	PA 17752		7		1
ENJAMIN SANCHEZ		TOR C	FO	PER	ATIONS	Joig	nature	<x< td=""><td></td><td></td><td>Da</td><td>ate//</td><td>11</td><td>. /</td><td>110</td></x<>			Da	ate//	11	. /	110

0 V ALKLY	. AAJ	NOTI	FICATIO	State of N ON OF AS nt to NJA	BESTOS	ABATE	EMEN	Т			C			$\mathbb{V}$	
Date of Notification (1) 10/16/2018		,	Name	of Building	g Owner/					Andrew Colonial Colon	OCT		<del>)</del>	201	8
Agencies Notified Type Notification			Street	Address W. 34th				-		LAS	BEST	76	- CYO		OI 9
DEP Amended Amendment			City, S New	State, Zip C York, N	Code Y 1012	 D					1 1	-	101	7	
DOH justification) DCA Cancellation		g	Name	of Contac						lephone					
Name of Facility Where Abatement is Takin			FA	CILITY IN	FORMAT	ION									
Old Rite Aid Store/ Market Halsey  Street Address	g Place Bldg.	(3)					Тур	e of Facility School (K							
165 Halsey Street								Subchapte Other (i.e. etc.)	er 8 (Oti private	er than & comn	K-12) nercial l	ouilo	dings,	hom	es,
City (5) Newark								are Feet	# 0	of Floors	5	1000	ldg. A	ge	
County (6) Essex	·		County (STATE	Code (7)	n		Curr	ent Use (Pi ice Buildi	rior if be	ing dem	nolished	1)			
Name of Monitoring Firm Hired by Building of RK Occupational & Environmental,	Owner (8 Inc.	3)	ASC 000	M No. 190		Name Bak	of Ab	atement Co	ontracto	r (9) storati	on, In	—— С.			-
Street Address 401 St. James Ave.						Street	Addre								
City, State, Zip Code Phillipsburg, NJ 08865								Zip Code NJ 07512					invices:	-	
Project Manager for Monitoring Firm Jon Gilbert		T		one No. 134-6316	 6	Telepi 973-	hone N	lo. 7010		Licens 0666	se No.				
Start Date (10) 06/25/2018	11/10/	2018		Date (11)				HA Monitor		storation	on. Inc				
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire F						Street	Addre								
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other - Describe: Mon-Fri:3pm-11:30pr	al Facilit	y Hours	ient S			City, S	tate, Z	ip Code J 07512		-				-	
Scope of Work (Check All That Apply)							770, 1	10 07012							
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demolit				\ \ \ \	Mi Gl	Il Containm nl-Enclosur ovebag Pro n-Exempte	e cedure						
Location of		Locati Normal							<u> </u>	4 11011-1	TIADIE I	-	Abate	ment	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)	Use Ma	d Sole intenar todial S (12)	ly by nce/		tos Conta thermal surfac		lateria s insula T, or		(8	mount specify or LF)	Nemova	0	T	Encapsulate	Enclosure
	Yes	No	N/A									-		ate	6
6th Floor Storage		X			Ceilir	g Plas	ster		350	00 SF	Х	1	1		$\neg$
6th Floor Main area		X			Colum	n Plas	ster		16	SF	Х	1	1	$\neg$	
6th Floor Main Area		X			Pipe i	insulat	ion		28	3 LF	X	T	7		
Name of Registered Waste Hauler		1 31	L									7			
Bako Constr. & Rest. Inc./ Newark C	arting	Ha	JDEP V auler ID 3889/4	No.	of Was TBD			Name of Tullytov				ver	ry Fa	cilit	y
City, State Totowa, NJ / Newark, NJ					Disposa TBD	al Date		City, State Tullytov							-
Completed by Damir Valjevac	Title Proje	ct Ma	nager		Sig	gnature		Vas	n_		Date 10/16	/20	018		

\* 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)



Date of Notification (1) 08/20/2018				Name JJ O	of Building perating	g Owner/	Operato	r (2)		ASBES	TOS JOE	COI VS/N	ITR(	DL &
Agencies Notified  EPA DEP	Type Notification			Street 112	Address W. 34th	Street		***************************************						
≥ DOF	Amended Amendmen			New	tate, Zip C York, N	ode Y 10120	0							
DOH DCA	Emergency justification Cancellation		g	100	of Contact Jemal	ı				Telephone Nu 212-265-55	imber 570			
Name of Facility When	e Abatement is Takir	o Place	(3)	FAC	LITY IN	FORMAT	ION	( <del>T</del>						
Old Rite Aid store	/Market Halsey I	Building						1,	f Facility (4					
Street Address 165 Halsey Street	t							B s	chool (K-12 ubchapter ther (i.e. pr c.)	2) 8 (Other than K-1 rivate & commerc	2) ial bu	ildings	s, hon	nes,
City (5) Newark						1		Square 15000	Feet	# of Floors 12		Bldg. 50+	Age	
County (6) Essex				County (STATE	Code (7) USE ONL	n		Curren	t Use (Prio	r if being demolis	hed)			
Name of Monitoring Fir RK Occupational	m Hired by Building & Environmental	Owner (8 , Inc.	)	ASC 000	M No. 90		Name Bake	of Abate	ment Cont		Inc	*****		
Street Address 401 St. James Ave	э.						Street	Address						
City, State, Zip Code Phillipsburg, NJ 08	3865						City, S	State, Zip wa, NJ	Code					
Project Manager for Mo Jon Gilbert	nitoring Firm		Controlle State of the Control of th	Telepho	one No.	3	Teleph	none No. 256-70		License N	lo.			
Start Date (10) 06/25/2018		Schedul 10/31/			Date (11)	5	Name	of OSHA	Monitor	Restoration,	Inc	N 200		
Occupancy Status Duri		53	- 60		ay ang digital and a property of the		Street	Address			1110.			
II   Abatement Perfor	cated During Entire I med Outside of Norn Mon-Fri: 3pm-11:30	al Facilit	Abater y Houn	nent s			City, S	tate, Zip		e 3D		***********	*********	
Scope of Work (Check	All That Apply)						1010	wa, NJ	0/512					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova				777	Mini-l Glove	Enclosure bag Proce	nt with Negative F dure (*) and Non-Friab			<b>'</b> '0	
		100	Locat								Ť	Abat	emen	t
Locatio Asbestos-Containing	Material (ACM)	Use	Normal d Sole	ly by	Ashes	Des tos Conta	scription		CIA		-	T	/pe	T
TO BE AE In Fac (13)	<u>BATED</u> ility		intena todial ( (12)		(i.e.	thermal surfac	systems sing, VA niscellan	insulation T. or	on,	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
Basemer	- LD 0	Yes	No	N/A	+						=		ate	6)
Basemer		-	X	-			ig Plas			17,000SF	X			
Dasemer	11 0-2		X		Pipe	Insulat	tion an	d Elboy	NS .	1500 LF /	Х			
		+-+						The state of the s			-			
Name of Registered Wa			N	JDEP W	l /aste	Cubic Y	rards	IN	lame of Re	egistered Landfill	<u></u>			
Bako Constr. & Res	t. Inc/Newark Ca	erting		auler ID 0889/4		of Was	te			Resource Re	ecov	ery F	acili	ty
City, State Totowa, NJ/ Newark	, NJ					Disposa TBD	al Date		City, State Fullytown			55		
Completed by Damir Valjevac		Title Proje	ct Ma	nager		Sig	gnatufre Willia		Ku Ku	Dat	e /20/2	018	***************************************	
			**********			1	1000		100					

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

10).	E	C			W	E	
The second second		ОСТ	2	2	Prir 2018	nt Fo	
percent	100	is her list also h	5 ft .		VITRO		

Date of Notification (1)	Name of Building Owner/Operator (2)						ASSESTOS CONTROL 8							
06/12/2018				JJ Operating Inc.					LICENSING					
Agencies Notified Type Notification	Street Address 112 W. 34th Street													
EPA Initial Amended			City, S	State, Zip (										
DOL Amendment Emergency		<u> </u>	New York, NY 10120											
DOH justification) DCA Cancellation	Name of Contact Jack Jemal						Telephone Number 212-265-5570							
Nome of Factorian			FA	CILITY IN	FORMAT	ION								
Name of Facility Where Abatement is Takin Old Rite Aid Store/ Market Halsey	g Place Buildin	(3)					Type of Facility	(4)					-	
Street Address		3		-			School (K-	-12) er 8 (Other	than 17 s	(4)				
165 Halsey Street							Other (i.e.	private &	commerc	ial bu	ildings	, hon	nes,	
City (5) Newark		Square Feet # of Floors   150000   12			1	Bldg. Age 50+								
County (6) Essex			County	ounty Code (7) FATE USE ONLY)			Current Use (Pr	rior if being	r if being demolished)					
Name of Monitoring Firm Hired by Building	Owner (8	8)			γ)		Office Building							
RK Occupational & Environmental	, Inc.	,,	ASCM No. Name 00090 Bak			Bako	ne of Abatement Contractor (9) ko Construction & Restoration, Inc.							
Street Address 401 St. James Ave.						Street Address 265A Route 46 Suite 3D								
City, State, Zip Code Phillipsburg, NJ 08865			City, State, Zip Code Totowa, NJ 07512											
Project Manager for Monitoring Firm Jon Gilbert	Telephone No. Tel			Teleph	one No.	I	icense N	lo.						
Start Date (10)					73-256-7010 0666 ame of OSHA Monitor									
08/25/2018							Bako Construction & Restoration, Inc.							
Occupancy Status During Abatement (Check							Address Route 46 Su	ito 2D	****					
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours					City, State, Zip Code									
Other - Describe: Mon-Fri: 3:00pm-11:30pm							va, NJ 07512							
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf						Г-3								
≥160 sf or ≥260 lf	ation				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
	le	S Locat	inn	Γ			Non-Exempte	d (*) and N	on-Friat	le Pro	13/10/14/2			
Location of		Norma	ally _			scription of					Abatement Type			
Asbestos-Containing Material (ACM)  TO BE ABATED  Used Sole Maintena				Asbestos Cont			aining Material (ACM) systems insulation.		Amount			ш		
In Facility (13)	Cus	todial ( (12)	Staff?	(1.0	surfac	ing, VAT	, or		(Specify SF or LF)		Repair	Cap	Enclosure	
V - 1	Yes	No	N/A		omer n	iscellane	eous)			Removal	21	Encapsulate	sure	
Old Rite Aid/Market St. Side		X	1	C	eiling/co	olumn p	laster	15,000	SF	X				
Basement B-3 near tank Room		X				ion and elbows			420 LF X					
Basement B-3 Near freight Elevator		X		Pipe	Insulat	ion and	d Elbows	140 1	_F	X				
N. S.														
Name of Registered Waste Hauler Bako Constr. & Rest. Inc/ Newark Ca	JDEP W auler ID		Cubic Y											
City, State	iig		0889/4		TBD			vn Resor	urce Re	ecov	ery F	acili	ty	
Totowa, NJ/ Newark, NJ					Disposa	al Date	City, State Tullytov	e vn PA	-			ewent.		
Completed by Title						gnąture	1,4119.00	*11, 1 7A	Dat	φ.				
Damir Valjevac	Proje	ct Ma	nager		1	am	rash		1	/12/2	018			
				D 1517 11 C+ C513177 141	17		00							

CK 119	PAI	PAID NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)								EM	19					
Date of Notification (1)				Name of Building Owner/Operator (2)					HYE	THE PERSON NAMED IN COLUMN		MARKET NO.		110		
October 18, 2018						SOCIAT				0.07			And the same	Tames of the second of the sec		
Agencies Notified Type Notification					Address	SOCIA	E3, L	LC		OCT	2 2 20	118_	2 1 1.	<i>]</i>  _		
⊠ EPA	Initial		One Wayne Hill Mall					Bromana and an and an an an an an an an an an an an an an				S. Carlo	Electron and a second			
DEP .	Amended	City, State, Zip Code							1 6	SBESTOS	TACO	ROI	8	- 51		
DOL	Amendmen		#N/aupa N I 07470						ASBESTOS CONTROL & LICENSING							
□ DOH	justification)	y (including						TelephoneNumber								
DCA	Cancellation Project Manager								973-234-7026							
						FORMAT	ION			313-234-	1020					
Name of Facility Where A	batement is Takir	g Place	(3)					Type of F	acility (4)							
Former K-Mart									ool (K-12)							
Street Address								Subo	chapter 8	Other than	K-12)					
140 RT 10 W								Othe etc.)	r (i.e. priv	(i.e. private & commercial buildings, homes,						
City (5)								Square Feet # of Floors Bldg. Age								
RANDOLPH		ures and a second					95,000 1					1970				
County (6)					Code (7)			Current Use (Prior if being demolish			olished)					
Morris							_			empt	у					
Name of Monitoring Firm	Hired by Building	Owner (8	)	ASCM No. Name				of Abatement Contractor (9)								
A.E.S.L. Street Address				Th				MACK Group, LLC.								
							Street	Address								
2200 Paterson Plank rd # 7							1500 Kings HWY N, STE 209									
City, State, Zip Code							City, State, Zip Code									
North Bergen, NJ 07047  Project Manager for Monitoring Firm Telephone No.							Cherry Hill, NJ 08034									
CI- All								ione No.		Licens	se No.					
Start Date (10) Scheduled Completion D								759 - 500		00781						
			)		of OSHA M											
								ACK Gro	up, LLC							
N 2								Address								
Facility Closed/Vaca Abatement Performe	ted During Entire I d Outside of Norm	Period of	Abater	nent				Kings HW		E 209						
Other - Describe:		ar r dome	y moun.					tate, Zip Co								
Scope of Work (Check All	That Apply)						Cherry	Hill, NJ	08034							
≥3 sf or ≥3 lf	1153235.50		Donous	A1			r	ZI	CCS W							
≥160 sf or ≥260 lf			Renova Demolit	tion			Š	Full Cor Mini-End		with Negativ	ve Press	ure				
							R	Gloveba	g Proced	ure						
								Non-Exe	mpted (*)	and Non-Fria	able Proc					
			s Locati Normal	100000000000000000000000000000000000000							Abatement Type					
Location Asbestos-Containing N	of Material (ACM)		ed Sole		Achor		Description of tos Containing Material (ACM) thermal systems insulation.			_		1	Type			
TO BE ABA	<u>red</u>		intena todial S							Amount (Specify	π z		En	0		
In Facility (13)	/	Cus	(12)	olan?			ing, VA			SF or LF)	Remova	Repair	Encapsulate	Enclosure		
(10)				1		other if	niscellan	eous)			ova	air	sula	Sure		
		Yes	No	N/A							-		ē			
Inside			X			Floor T	ile & N	lastic		70,500 SF	- X					
_"_			X			pipe	e fitting	as 500		500	X					
roof					tar/flashir						V	-				
						tarr	naorini	9		2,000 31		-	+			
Name of Registered Waste	Hauler		N	J DEP W	aste	Cubic	Varde	NI-	no of D-	iotorodi	1511					
Hauler ID No.						Cubic Yards Name of Registered Landfill of Waste			ווודנ			İ				
Newark Carting / Spartan 4509							730	GROWS / TRRF Landfill								
City, State							al Date		, State							
Newark, NJ / Donora, PA						-	28/19	19 Tullytown, PA								
Completed by Title						Signature Date										
Michael Cooper President						10/18/18										

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

Chu# 3451 Date of Notification (1) Name of Building Owner / Operator (2) 10/17/18 Wells Fargo Bank Agencies Notified Type Notification Street Address **EPA** One South Broad Street DEP Initial City, State & Zip Code X DOI Amended Philadelphia, PA 19107 M DOH  $\boxtimes$ Emergency Name of Contact Telephone Number DCA Cancellation Gordon McGill 732-565-4504 FACILITY INFORMATION ASBESTOS CONTROL & Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) LICENSING Wells Fargo Toms River Admin School (K-12) Street Address Subchapter 8 (Other than K-12) 40 Main Street Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 30.000 45+ Toms River Ocean Current Use (Prior if being demolished) **Banking Offices** Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **Environmental Connection** Bristol Environmental, Inc. Street Address Street Address 120 North Warren Street 1123 Beaver Street City, State & Zip Code City, State & Zip Code Trenton, NJ 08010 Bristol, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Rollie Jones 609-392-4200 (215)788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10/17/18 10/18/18 Bristol Environmental Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 Beaver Street Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code Describe: 5:00 PM to 1:30 AM Bristol, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Mini-Enclosure ≥160 sf ≥260 If Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate Enclsoure TO BE ABATED Remova Maintenance or (i.e., thermal systems in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A 3rd Floor  $\boxtimes$ Pipe Insulation 6 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Service Transport Inc. 20990 1/4 CU YD Minerva Landfill City, State Disposal Date City, State New Castle, DE 10/18/18 Waynesburg, Ohio Completed By (Print or Type) Title Signature Date Gino Pizzigoni Project 10/17/18 Manager

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



Date of Notification (1) 10/17/18	Name of Building Owner / Operator (2)											
Type Notification	Jill Cardone											
Agencies Notified EPA Emerge	ency Notification	ress		IIKIT	A Care Service		Tables of the same					
D	otification	City, State	& Zip Code			OCT 2	2 2018	111 ///				
	ed Notification		rook, NJ 0		1441	101 Z	2 2018					
X DOH Cancell	ation	Name of Co	ontact				Telepho	ne Number				
DCA		Jill Cardo	ne		ASBE							
			TY INFOR	MATION	E	LICENS	SING	To be the second or the second				
Name of Facility Where Abatement Res	is Taking Place (	T	Type of Facility (4)									
Street Address			School (K-12) Subchapter 8 (Other than K-12)									
		X Other (i.e., priva	ate & comme	12) rcial build	dings hom	es etc						
					# of Floors	olai bull	Bldg. Age					
City (5)	ounty (6) Co	ounty Code		2,800	2	60						
Bound Brook	iddlesex			Current Use (Prior if being demolished)								
				Residential	zonig donion	oncuj						
Name of Monitoring Firm Hired by E	Building Owner (8)	ASC	THE RESERVE AND ADDRESS OF THE PERSON.	lame of Abatement	Contractor (9	3)						
Environmental Tactics, Inc	5.70 S. S. S. S. S. S. S. S. S. S. S. S. S.		G	lobal Abatemen	t Services.	LLC						
Street Address			S	Street Address								
64 Broad Street				43 Schoolhouse								
City, State & Zip Code Matawan, NJ 07747			C	City, State & Zip Code								
Project Manager for Monitoring Firm	M	lonroe Township	o, NJ 08831									
Tom Geiger	7:	Telephone Number License Number 732-605-9062 00714										
Scheduled Start Date (10) Sch	) Na	ame of OSHA Moni	tor									
10/27/18	10/2		G	lobal Abatement	t Services,	LLC						
Occupancy Status During Abatemer  X Facility Closed/Vacated Dur	1 0 0000	treet Address										
Abatement Performed Outsi	de of Normal Fac	ility Houre		43 Schoolhouse ity, State & Zip Cod								
Describe: Area Isolated	During Abater	nent		onroe Township								
Other - Describe:			1141	omoe rownsmp	, NJ 08831							
Scope of Work (Check all that apply	)											
Demolition		Full Conta	inment with I	Negative	Pressure							
Large Project				Mini-Enclo		0						
X Quantity is ≥ 3 SF or ≥ 3 LF			X Glovebag	Procedure								
Quantity is ≥ 160 SF or ≥ 26				Other: N	on-friable							
Location of Asbestos-Containing		Location		Description of		nount		ment Type				
Material (ACM)		nally Used olely by		pestos-Containing		ecify	(Specify: Removal,					
TO BE ABATED		tenance or		Material (ACM) , thermal systems		re Feet		air, Encapsulation				
in Facility		odial Staff?		tion, surfacing, VA				or Enclosure)				
(13)		(12)		her miscellaneous)		11 1 661)						
Basement	N/A		TSI Pipe	70	70 LF Re		emoval					
							1101	novai				
Name of Registered Waste Hauler Freehold Carting	uler ID#	Cu. Yds. of Was	dfill									
City, State		Disposal Date	TRRF City, State									
Trenton, NJ		10/30/18 Tullytown, Pa										
Completed By (Print or Type) Title				Signature				Date				
Dominick Tringali Pres.				Dominick Tr	ingali			10/17/18				
SB-41 JUN 95 G4667					(4.27)							

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#3187 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 2018 10 18 / 18 Nick Starace Agencies Notified Type Notification Street Address ASBESTOS CONTROL & **EPA** X Initial LICENSING **⋈** DOLWD Amended City, State, Zip Code X DHSS Amendment # Emergency (including Short Hills, NJ 07078 ☐ DCA (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Nick Starace **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Street Address Subchapter 8 (Other than K-1 2) Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Short Hills, NJ 07078 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Essex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10 / 27 / 18 \_\_10\_\_ / \_29 \_/ \_18 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_ AM- \_\_PM/ \_\_PM\_\_ Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 If 2 160 sf or 260 If Renovation Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Non-Exempted (\*) and Non-Friable Procedure Demolition Is Location Abatement Type Location of Normally Description of Repair Asbestos-Containing Material (ACM) Used Solely by Removal Encapsulate Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A Basement $\bowtie$ VAT -floor tiles $\boxtimes$ 700 SF Family room X VAT -floor tiles X 220 SF X Garage X Duct insulation 45 SF Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date leute Wenad N.Jevtic Owner 10/18/18 ASB-41