

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

OCT 2 6 2017

Name of Building Owner/Operator (2) Date of Notification (1) 10-70-17 CONTRACTING EARTHTECH Type Notification Agencies Notified Street Address DEPA 🔯 Initial Amended City, State, Zip Code DOL. Amendment # GREEN Emergency (including DOH DCA justification) Name of Contact Cancellation BRUCE FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) RESIDENCE School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private & commercial buildings, homes etc.) City (5) Square Feet # of Floors Bldg. Age MARGATE 50+ 1500 County Code (7) (STATE USE ONLY) County (6) Current Use (Prior if being demolished) ATL AMTIC VACANIT Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) KLTM CD Street Address Street Address 369 City, State, Zip Code City, State, Zip Code MAPLE SHADE Telephone No Project Manager for Monitoring Firm Telephone No. 856-7 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10-31-1 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) Full Containment with Negative Pressure ___≥3 sf or ≥3 lf Renovation Mini-Enclosure ≥160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Normally Type Used Solely by Description of Location of Maintenance/ Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Encapsulate Custodial (i.e., thermal systems insulation, (Specify Enclosure TO BE ABATED Removal Repair Staff? surfacing, VAT, or SF or LF) IN Facility other miscellaneous) (12)(13)Yes No N/A X 250 St= IDING Name of Registered Waste Hauler Cubic Yards Name of Registered Landfill NJDEP Waste Hauler ID No. of Waste KLIMCO City, State Disposal Date PLETASIANITVILLE MAPL Completed By Signature -MICHAE EMM

CKH 4352

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Date of Notification (1)	Nam	e of Building	Owner/Operator	ONTRAC	TORS		hend	- Control of the cont	
Agencies Notified Type Notification	Stree	et Address	1 RT	- 9					
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DCA justification) Cancellation	Nam	e of Contact_ KIE	_		rerepriore numb				
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Name of Facility Where Abatement is Taking Place ((3)			Type of Facility School (K-1					
Street Address				☐ Subchapter	8 (Other than K-12 private & commercia		tinas		
l				homes, etc			dg. A		
City (5) OCTAN CITY				1500	7		50		_
County (6)		nty Code (7)	(STATE		rior if being demotis	hed)			
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Name of Monitoring Firm Hired by Building Owner (8)			KLt		NC				_
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City, State, Zip Code			ity, State, Zip Co	ode C.1			8-0		2
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Project Manager for Monitoring Firm	Telephone	8	156-779	1-0472	0049	14			_
Start Date (10) Scheduled Cor	mpletion Da	ate (11) N	ame of OSHA M	fonitor # 1 /					
Occupancy Status During Abatement (Check only or	1-1	- s	treet Address	14/19					_
Facility Closed/Vacated During Entire Period of At	batement	_							=
Abatement Performed Outside of Normal Facility I	Hours		ity, State, Zip Co	ode					
Scope of Work (Check all that apply)			☐ Full Cont	tainment with Ne	egative Pressure				
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M≥160 sf or ≥260 ff	oktion		Non-Exe	mpted (*) and No	on-Friable Procedur		bater	ment	\dashv
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TO BE ABATED Sta		, s	urfacing, VAT, her miscellaneou	or	SF or LF)	Remova	Repair	Encapsulate	Enclosure
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				T. V	stered Landfill				
Name of Registered Waste Hauler	Hauter 19	100.0	waste	Name of Regi	M C M.	()	A	_	
KLTMCO INC	1779	Di	sposal Date	City, State	7.71	**			
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MAPLE SHADE WIJ			Signature /		Date	-20	12	0.00	





	Date of Notification (1)	-12		N		ing Owner/Operator 455 UKA	BURGE	ER				
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li	DEP	Amended Amendment			ity, State, Zip	Code AN VIET	W. M	J 082	30			
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							homes, etc					
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F	Name of Monitoring Firm Hir	ed by Building	Owner	AS	CM No.	Name of Abatem	eralis sivarous i svinta-vi	9)	31.9/11/15			
((8)	<u> </u>				Street Address	LO LA	IC.	_		-	_
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-	City, State, Zip Code					City, State, Zip C	_	٠,	_			
						MAPC	0)	2	_			
F	Project Manager for Monitori	ing Firm		Telepho	ne No.	Telephone No. 856-7	779-0472 00444					
S	Start Date (10)	Sche	duled Co	mpletion	Date (11)	Name of OSHA N	Monitor	*				
	10-30-17		1-1	-17			NH					=
	occupancy Status During Al					Street Address	:- '					
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	Other - Describe:	Bide of Home				Comme	- <u>until</u>	. <u> </u>				
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	TO BE ABATED			todial aff?	(i.e.,	thermal systems in surfacing, VAT,		(Specify SF or LF)	Rem	Repair	cap	nclo
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State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT

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Date of Notification (1)			Name of Building Owner/Operator (2) Tom WELSH BUILDER										
10/28/17			_			SH PU	EDENC	_			=		
Agencies Notified Type Notification	DΠ		Stre	et Address	61 POM	ONIA AL	JE						
☐ BPA			City.	State. Zip	Code		^ :			-			
Mendment ☐ Emergency		10		H	HODON FI	FUD M.	T 080.						
☑ DOH justification)	.3	Nam	e of Conta	ct		Telephone Numi	per					
☐ DCA ☐ Cancellation					DM		1			_	_		
			FA	CILITY IN	FORMATION								
Name of Facility Where Abatement is Tak	ing Plac	e (3)				Type of Facility							
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Street Address						Other (i.e., hornes, etc.	private & commerci	al buile	dings				
City (5)						Square Feet	# of Floors		dg. A				
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County (6)			Cou	nty Code (7) (STATE		rior if being demolis	shed)					
CAPE MAY					Name of Abatem		AUT				=		
Name of Monitoring Firm Hired by Building	Owner		ASCM	140.	KL EM		15						
Street Address					Street Address	April 1							
Street Address						SPRU	CE AVE	_			_		
City, State, Zip Code					City, State, Zip C	ode SHADE	E N.J (181	7	2			
		T 7-1-	phone	No	Telephone No.	S STAN	License No.	200			=		
Project Manager for Monitoring Firm		1 816	фпопе	140.	856-77	9-0472		44			_		
Start Date (10) Sche	eduled C	omple	tion Da	ate (11)	Name of OSHA N	Monitor ,							
10-30-17	11 -	7-	-17			NIA					=		
Occupancy Status During Abatement (Che	eck only	one)			Street Address								
TX Facility Closed/Vacated During Entire P	eriod of	Abate	ment		Oit State Tip C						=		
Abatement Performed Outside of Norm.	al Facilit	у нои	rs		City, State, Zip Co	ode							
Other - Describe:													
Scope of Work (Check all that apply)					☐ Full Con	tainment with Ne	egative Pressure						
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Asbestos-Containing Material (ACM) TO BE ABATED	Cu	stodia		(i.e.,	thermal systems in	sulation	(Specify SF or LF)	Ren	Repair	ncap	nclo		
IN Facility	4) 7	Staff? (12)			surfacing, VAT, other miscellaneo		Sr O Lr)	Remova	pair	Encapsulate	Enclosure		
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KLEMCO INC			790)4	Disposal Date	City, State							
City, State	11	7					ODBINE	fi.			_		
Completed By Title	17/1-				Signature _ (.07/	Date	-2	0-1	7			
MICHAEL KLOWM _	SU	φ.			Mul	Wa		_6	U-1	_			

CC# 1550	(Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2)							H	No.								
Date of Notification (1) 10/22/17				Building (Camde		perator	(2)		A Controlled	OCT	26	7017	Maria 1179.7	Control from			
Agencies Notified Type Notification		100	Street A	ddress arket Str	eet						10000700000		L	- Company			
EPA X Initial Amended Amendment #			City, Sta	te, Zip Co	de					CONTRACTOR DESCRIPTION OF THE PROPERTY OF T	Super State of Pro-						
Emergency (in justification) DCA Emergency (in justification) Cancellation	cluding		Name of	Contact w Ricco					Tel	ephone Nur	nber		-				
			FACI	LITY INFO	RMATI	ON			-								
Name of Facility Where Abatement is Taking Vacant Structure	Place (3)					Тур	oe of Facility									
Street Address Northeast Federal Street & Admiral	Wilson			Minoria			×	Subchapter Other (i.e. etc.)	r 8 (Oth			dings,	home	es,			
City (5) Camden			- 11-A 2800.				Sq	uare Feet	# 01	Floors	В	ldg. A	ge				
County (6) Camden			County C	Code (7) JSE ONLY)			Current Use (Prior if being demolished)										
Name of Monitoring Firm Hired by Building Ov	wner (8)		ASCM	1 No.				batement Co	Contractor (9)								
Street Address			Street Address 282 Creek Road														
City, State, Zip Code	ate, Zip Code						City, State, Zip Co Bellmawr, NJ										
Project Manager for Monitoring Firm	ger for Monitoring Firm					Telephone No. Telepho 856.4					0.						
Start Date (10)	Schedule	d Con	Completion Date (11) Name of 0					SHA Monitor		01339							
	12/22/1							Ricco									
Occupancy Status During Abatement (Check						Street 282 (ress ek Road									
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:									31								
Scope of Work (Check All That Apply)		-															
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Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai Cust	d Sole intenar odial S (12)	nce/ Staff?		os Cont thermal surfac	aining N	Mater s ins T, or		(5	mount Specify For LF)	Removal	Repair	Encapsulate	Enclosure			
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Exterior			X			Caulk		-		30LF	X						
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Name of Registered Waste Hauler	N	JDEP W	/aste	Cubic	Yards		Name of	Registe	ered Landfill								
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City, State Bellmawr, NJ			TI	sal Date BD		City, Sta		,									
Completed by Andrew Ricco	er			S	ignature	1	lace	R	Z 10	ite)/22/	17						

Paid.

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

MO# 2476	3 (P	(Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2)						1000	TE C	1 15	l V	/ E	6	
Date of Notification (1) 10/21/2017				f Building (Harding	Owner/C	Operator	(2)		Annual mental pro-	Ų	T24	3 701	7	
Agencies Notified Type	Notification		Street A	ddress							i fad 9	J 55 55 1	4	베
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	ustification) Cancellation			-larding					1 10		,			
				LITY INFO	RMATI	ON			<u> </u>					
Name of Facility Where Abatem House	ent is Taking Place (3	3)					Ту	pe of Facility (School (K-1	10.5					
Street Address							×	Subchapter Other (i.e. p etc.)				ldings	home	es,
City (5) Maplewood							Sq N/	uare Feet A	# o N//	f Floors A		Bldg. A	\ge	
County (6) Essex			County (Code (7) JSE ONLY)	-		Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired N/A	by Building Owner (8)		ASCM	No.				batement Cor atement, In		(9)				
Street Address						Street 11 R		iress engren Aver	ue					
City, State, Zip Code						City, State, Zip Code Totowa, NJ 07512								
Project Manager for Monitoring	Firm		Telephor	ne No.		Teleph 973-		No. -8685		License 01311	No.			
Start Date (10) 10/31/2017	Schedule 11/01/2		npletion [Date (11)				SHA Monitor atement, In	C.					
Occupancy Status During Abate	ement (Check Only On	ne)		# 10 may		Street								
Facility Closed/Vacated Du Abatement Performed Outs Other – Describe: Occupie	side of Normal Facility								ue				797	
Scope of Work (Check All That a	Apply)													
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basement	^			pipe	insula	ILIOI	1		OU LF	X				
Name of Registered Waste Hau D&S Abatement, Inc.	IJDEP W lauler ID 0996		Cubic of Was TBD	Yards ste		Waste I	17 -3 7			3				
City, State Totowa, NJ					Dispos	sal Date		City, State Morrisv		A				
Completed by Nedeljko Joksimovic	ct Ma	anager			Signature	е	A	-,	1	Date 10/21/	2017			

*Do not use this form for sub-sub-licensure commuted activities.

ASB-41 (R-55-08)

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BEST REMOVAL INC

BEST REMOVAL INC

18/28/2817 83:81PM 2813297448

Paid.

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State of New Jerbay
NOTIFICATION OF ASEISTOS ABATEMENT
(Pareness to NJAC 8:60 and 12:120)

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DOH justificatio	n)			le skr	7-6-4		1	Carap III				
D DCA D Caracellate		B	ACILI	TY INFORMAT	ION							-
Name of Facility Where Abatement is Takin	Piace (3)					Type of F	sility (4)					
BASE						F Gul	201 (K-12) Shanter 8 (6	Other than K-12)				
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Name of Monitoring Firm Hired by Building	(a)		M3CM	140.								1
Street Address						- Rem	OAML			-		
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City, State, Zip Code	03031					tate, Zip Co		1 17401				
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Project Manager for Monstoring Firm J. P. JON DORH REN		97	2 - 72	29-5649	1	- 329-	7 1. 1. 1.	0038	Ŕ	****		
Start Date (10)	Scheduled (Name	AHEO 36	Agnitor .	ekalingappa promodulisabelandada	A. A. S.			
10/21/17		0/2	2/1	7	Ome	a En	viror	mental	,			
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Scope of Work (Check All Time Apply)												
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Hackensack, N.L. 076	<u> </u>	-					- Line of the last	211	ntu	_ 4		
Hackensack, N.I. 0.76: Completed by J. Maiorano	33	ima	***		Signatu	re D	عرا دنيا	2	10	118	17	

Feb 15	2000 07:48AM NJ Asbestos Cor	itrol 60	9,633,0664	4		page 1	BBB	T W B IS	7			
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	Project Manager for Monitoring Perc.		Telian	hope Na.		Midland Talagherra	Part, MJ 0	7432 Lioutus M				
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	Facility Change Verented During Enters Abstract Perfection Quality of Place Char - Departure	Period of A	Harateria Vanteria			Street Addr 280 Huyt	er Stremt			4		
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	4,		Lacudor					C and Also Finds		About		
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and the same of th	Newwork, NJ 07105 Completed by	l Tale	TANKS day to an analype		Disposi	20/17 On	Pain Arg	M. PA 08702		3	8	
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Date of Notification (1)				_	Owner/Operator DOHME CORP.	(2)				
10 / 20 /17				t Address	DOT IN CONT.	153 5	7	G	11	V// F
Agencies Notified Type Not					/ENUE PO RO	X 2000, R 28-41			1	V G
EPA Initi DEP Am X DOL Car	al Notification ended Notifica ncellation		City, RAH\	State, Zip Cod WAY, NEW JE	e	directoristica de la constitución de la constitució	0C1	7 2	6 20	17
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DOA A LIM	LINGLINGTING	CONTRACTOR OF THE PARTY OF THE		FORMATION	л ч	732-594-22310	-			
Name of Facility Where Abatement	t is Taking Pl		ACILITY	FURIVIATION	Type of Facili	tv (4)				1
MERCK SHARP & DOHME CORPO					School (K	(T. 1)	K-12)			
Street Address						private & commo	cl. bldg			_
126 EAST LINCOLN AVENUE - BUI	DING 80M				Square Feet 39,000	# of Floors		200000	g. Age 65	
	unty (6)		Count	y Code (7)		rior if being demo	dished		00	
	ON			USE ONLY)		ABORATORY AN			ACIL	
Name of Monitoring Firm Hired by	Building Ow	ner (8)	<u> </u>	ASCM No.		ement Contracto				
ENVIRONMETAL HEALTH INVESTI	GATIONS, IN	C.		104	PAR ENVIRON	MENTAL CORP	ORAT	ION		
Street Address 655 WEST SHORE TRAIL					Street Address					
City, State, Zip Code					313 SPOOK R					
	, NEW JERSE	EY 07871				W YORK 10901				
Project Manager for Monitoring Firm		elephone	Number		Telephone Nun	and the state of t	ense N	lumbe	г	\neg
WILLIAM S. KERBEL, CIH	9	73-729-5	649		845-369-7500	110	01			
Expected State Date (10)	Sched	l. Comple	etion Date (11)	Name of OSHA	Monitor				$\neg \neg$
10 / 20 /17 Month Day Year	Mon	10 /	27 Day	/17 Year	AMERISCI LA	BORATORIES IN	С	#	11480	Š
	uring Entire P	eriod of A al Facility	Hours - Des	cribe:	Street Address 117 EAST 30T City, State, Zip	H STREET	ORK 1	10016		
Scope of Work (Check all that apply) Demolition X >3SF OR LF >160 SF OR 260 LF	X Renov			Mini Encl X Glovebag	ainment with Neg					
Location of Asbestos-containing		ocation ally used	10000	escription of As		0	_	batem	ent Ty	
Material (ACM) TO BE ABATED in Facility (13)	sol Maint/	ely by Custodial ff (12)	ins	ntaining Materi (ie. Thermal sy ulation, surfaci r other miscella	stems ng, VAT,	Amount (Specify SF or LF)	REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
BUILDING 80 M STEAM PIPE		х	PIPE INSU	LATION		10 LF	×			
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	-++						+	-	-	\vdash
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Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.		Waste ID No.	Cubic Yards 1/2 C	s of Waste CU YARD	Name of Regist	tered Landfill DUNTY RESOUR	CE MA	NAG	EMEN	IT SE
825 HIGHWAY 33	15	5939				ER DRIVE/ROUT	E 15			
City, State FREEHOLD, NEW JERSEY			Disposal Da 10/20-27/17		City, State	V DA 17750			1,473	
Completed by (Print or Type)	Title			Signature	MONTGOMER	Y , PA 17752 Dat	е .	1	-	-
BENJAMIN SANCHEZ	DIRECTOR	OF OPER		1		l Sat	10	170	0//	7

and the state of t

Date of Notification (1)								Owner/Operator DOHME CORP.	(2)	G					
10 / 20 /17					Street Address										
Agencies Notified Type Not	ification	n			126	E. LI	INCOLN A	/ENUE, P.O. BC	X 2000 BY28-4	11400					
EPA Initi DEP X Am X DOL Car	al Notif ended ncellation	ficatio Notifi		n #4	City	, Stat	te, Zip Cod		land back		08.0		17 30L&		
DCA EMI	ERGEN	NCY	NOT	FICA			A JOHNSO	N			F146	DING			
					FACILITY I	NFO	RMATION								
Name of Facility Where Abatement	is Tak	king l	Place	(3)				Type of Facili							
MERCK SHARP & DOHME CORPOR	RATIO	N							ter 8 (Other than				-4-\		
Street Address								Square Feet	private & comm # of Floors			g. Age			
126 EAST LINCOLN AVENUE - BUIL	DING	- 60						89,717	5		Dia	82			
	inty (6))					ode (7)	Current Use (F	rior if being den	nolishe	d)				
RAHWAY UNI		_	v G., 10100	101	(STAT		E ONLY)	VACANT							
Name of Monitoring Firm Hired by ENVIRONMETAL HEALTH INVESTIG	Buildir	ng O	wner	(8)		A	SCM No. 104		ement Contrac						
Street Address	OATIO	140, 1	IVC.				104	Street Address	MENTAL COR	PORA	ION				
655 WEST SHORE TRAIL								313 SPOOK R							
City, State, Zip Code SPARTA,	NEW	JERS	SEY (0787	1			City, State, Zip SUFFERN, NE	Code W YORK 10901						
Project Manager for Monitoring Firm			Tele	phon	e Number			Telephone Nur		cense	Numbe	er			
WILLIAM S. KERBEL, CIH				729-				845-369-7500	11	101					
Expected State Date (10) 9 / 22 /17		Sche			etion Date		1252	Name of OSHA	A STATE OF THE STA						
9 / 22 /17 Month Day Year		Mo	10 onth	/	20 Day)	/17 Year	AMERISCI LA	BORATORIES II	VC.	#	11480).		
Occupancy Status During Abatement	(Check)	Duj		Tour	Street Address		-			-		
X Facility Closed/Vacated Du	uring E	ntire	Perio	d of				117 EAST 30T							
Abatement Performed Out Other - Describe: MON						escrib	e:								
X Other - Describe: MON	NDAY -	FRIL	AY /	AM-	3:30 PM			City, State, Zip		VODIC	40040				
Scope of Work (Check all that apply)							Full Conta	I NE	W YORK, NEW	TURK	10016				
Demolition	X	Reno	vatio	n		Х	Mini Enclo	ο,	,						
>3SF OR LF X >160 SF OR 260 LF						х		Procedure							
X >160 SF OR 260 LF Location of		1- 1				X		le Procedure			317				
Asbestos-containing	- 1		Locat	used			iption of As ning Materi		Amount		batem		ype m		
Material (ACM)			olely				Thermal sy		(Specify	É	F	NO.			
TO BE ABATED		Main					ion, surfaçiı		SF or LF)	EMOVAL	EPAIR	AP	[5]		
in Facility (13)	-	St Yes	aff (1	2) N/A		or oth	er miscella	neous)		P		NCAPSULE	NCLOSURE		
1ST FLOOR-THROUGHOUT		163	140	X	VAT/MAS	TIC			165 SF	X	+	m	m		
2ND FLOOR-THROUGHOUT				X	VAT/MAS	TIC			300 SF	X					
3RD FLOOR-THROUGHOUT				х	VAT/MAS	TIC			240 SF	X	T				
4TH FLOOR-THROUGHOUT				Х	VAT/MAS	TIC			75 SF	X					
ADDITION TO SCOPE:													\Box		
1ST FLOOR-SOUTHEAST				X	PIPE FITT	INGS	3		6 LF	X	+		\vdash		
2ND FLOOR-SOUTH EAST	\neg				PIPE FITT				2 LF	X	+		\vdash		
3RD FLOOR-EAST	\neg				PIPE FITT						-	-			
Name of Registered Waste Hauler		NJDE	P W	aste	Cubic Yard			Name of Regist	2 LF	X					
FREEHOLD CARTAGE, INC.		Haule			l cable rais	50	vvasic		UNTY RESOUR	RCE M	ANAG	EMEN	IT SE		
825 HIGHWAY 33		1	5939)				447 ALEXANDE	R DRIVE/ROU						
City, State FREEHOLD, NEW JERSEY					Disposal D 9/22-12/30		/	City, State MONTGOMER	V DA 17750		1	S			
Completed by (Print or Type)	Title		-		5122-12/30		ature/	INDA I BOMER		te/(-)	1	/	1		
BENJAMIN SANCHEZ	DIREC	CTOR	OF	OPE	RATIONS		17	XXX		10	12	0/	17		



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2)

Date of Notification (1)							OHME CORP.	The same of the sa	C F	П	n/	D =			
9 / 8 /17				Street	t Addres	S		111111111111111111111111111111111111111	ln E		W	EI			
Agencies Notified Type Notif	ication						ENUE, P.O. BOX	2000, RY28-4	114						
DEP Ame	l Notifica nded Not cellation		n		State, Z VAY, NI		RSEY 07065			6 2					
X DOH On F		/ NOTI	FICAT	Name ION PATR	of Con		N	Telep ADDE No	mper (CONT	ROL	&			
				ACILITY IN	FORMA	TION					-	-			
Name of Facility Where Abatement	is Taking	Place	(3)				Type of Facilit								
MERCK SHARP & DOHME CORPOR	ATION						Subchapt	er 8 (Other that private & comr		as., ho	mes.	etc.)			
Street Address							Square Feet	# of Floors			g. Age				
126 EAST LINCOLN AVENUE - BUIL)					89,717	5			82				
City (5) Coul	nty (6)			Count (STATE	y Code		Current Use (P VACANT	rior if being den	nolished	1)					
Name of Monitoring Firm Hired by E		Owner	(8)	(STATE		A No.	Name of Abate	ment Contrac	tor (9)	-					
ENVIRONMETAL HEALTH INVESTIG			1-7		10		PAR ENVIRON			ION					
Street Address							Street Address								
655 WEST SHORE TRAIL							313 SPOOK RO								
City, State, Zip Code SPARTA,	NEW IE	DOEV	07071				City, State, Zip SUFFERN, NE		40						
Project Manager for Monitoring Firm	IACAA 2C			Number			Telephone Nun			Viumbe	or				
WILLIAM S. KERBEL, CIH	649	Telephone Number License Number 845-369-7500 1101													
Expected State Date (10)	etion Date (1	11)		Name of OSHA											
9 / 22 /17			2 /	30	/17		AMERISCI LABORATORIES INC #11480								
Month Day Year		/lonth	v	Day											
Occupancy Status During Abatement X Facility Closed/Vacated Du Abatement Performed Outs	ring Entir	e Perio	od of A	Hours - Des	cribe:		Street Address 117 EAST 30TI								
X Other - Describe: MON	IDAY-FR	IDAY 6	AM-2	:30 PM	PM City, State, Zip Code NEW YORK, NEW YORK 10016										
Scope of Work (Check all that apply)				Г	TFU	NEW YORK, NEW YORK 10016 Full Containment with Negative Pressure									
Demolition	X Re	novatio	on		Mini Enclo ,										
>3SF OR LF							Procedure								
X >160 SF OR 260 LF							le Procedure	T							
Location of Asbestos-containing		s Loca ormally	100000000000000000000000000000000000000		escription ntaining		bestos- al (ACM)	Amount			nent Ty				
Material (ACM)	"	solely			(ie. The			(Specify	REM	REP	ENC	ENC			
TO BE ABATED	Ma	int/Cus					ng, VAT,	SF or LF)	MOVAL	PAIR	AP	0			
in Facility (13)	1	Staff (-	01	r other r	niscella	neous)		P		CAPSULE	CLOSURE			
4ST SLOOP TUROUGUSUT	116	s No	N/A) / A T / B / A O T				105.05	-	+	m	m			
1ST FLOOR-THROUGHOUT	-	-	X	VAT/MAST	07010			165 S F	X	+-					
2ND FLOOR-THROUGHOUT		+	X	VAT/MAST				300 S=	X	+					
3RD FLOOR-THROUGHOUT		+	X	VAT/MAST				240 S=	X	+	-				
4TH FLOOR-THROUGHOUT X V					IC			75 SF	X	+	-				
					 		-	-							
		-	-					 	-	+	-	-			
Name of Registered Waste Hauler	NI I	DEP W	lasta	Cubic Yards	a a 6 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		INIama of Daniel								
FREEHOLD CARTAGE. INC.	2000	uler ID		Cubic Farus	40	SIE	Name of Regist		IRCE M	ANAC	EMEN	JT SE			
825 HIGHWAY 33 15939					40 LYCOMING COUNTY RESOURCE MANAGEMEN 447 ALEXANDER DRIVE/ROUTE 15						0_				
City. State Dispo							City. State			,	9704:				
FREEHOLD, NEW JERSEY Completed by (Print or Type) Title					17 Signatui	.0	MORTEGNER		ate 9	10	1.0	,			
BENJAMIN SANCHEZ	RATIONS	orginatul	10	JXX		4	18/	17							

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Date of Notification (1)							Owner/Operator DOHME CORP.		G			
10 / 20 /17						dress		140	***********	polingua (during tal) and	a a company of the con-	
Agencies Notified Type Noti	fication			126	E. LI	NCOLN A	VENUE, P.O. BO	X 2000 RY28-4	1407	2	• ••	470
DEP X Ame X DOL Cand	I Notificanded Noticellation	otificatio	on #4	City	, Stat	te, Zip Cod		AS	BEST	os c	ONTE	
X DOH On H	Hold RGENC	Y NOT		TION PAT	RICI	Contact A JOHNSC	N	TT-4		CENIC	SING	
Name of Facility Where Abatement	ia Tabia	- DI		FACILITY I	NFO	RMATION	1					
MERCK SHARP & DOHME CORPOR		ig Plac	e (3)				Type of Facil School (K-12)	17.40			
	OTHOR							ter 8 (Other than private & comm			mes.	etc.)
Street Address		21-201					Square Feet				g. Age	
126 EAST LINCOLN AVENUE - BUIL City (5) Cour		0					89,717	5			82	
RAHWAY UNIC	nty (6) ON					ode (7) E ONLY)	Current Use (F VACANT	Prior if being dem	olishe	d)		
Name of Monitoring Firm Hired by E			r (8)	1 ,	_	SCM No.		tement Contract	or (9)			
ENVIRONMETAL HEALTH INVESTIG	SATIONS	S, INC.				104	PAR ENVIRO	NMENTAL CORF	PORAT	TION		
Street Address 655 WEST SHORE TRAIL							Street Address					
City, State, Zip Code							313 SPOOK R					
SPARTA,	NEW JE	RSEY	07871	Ĩ.			1972	EW YORK 10901				
Project Manager for Monitoring Firm		Tele	ephon	e Number			Telephone Nu		cense l	Numbe	er	
WILLIAM S. KERBEL, CIH		0.000000	-729-5	02500-01			845-369-7500	11	01			
Expected State Date (10) 9 / 22 /17	So			etion Date			Name of OSH					
9 / 22 /17 Month Day Year		10 Month	0 /	20 Day)	/17 Year	AMERISCI LA	BORATORIES IN	1C	#	11480)
Occupancy Status During Abatement			e)	Day		icai	Street Address					_
X Facility Closed/Vacated Du	ring Enti	re Peri	od of A				117 EAST 30T	H STREET				
Abatement Performed Outs X Other - Describe: MON	ide of N				escrib	e:	011 01 1 7					
other bescribe. Mon	DAT -FI	NIDAT	/ Alvi-S	5.30 FIVI			City, State, Zip	W YORK, NEW	YORK	10016	ě	
Scope of Work (Check all that apply)						Full Conta	ainment with Neg		· Ortic	10010	S	
	X Re	enovatio	on		X	Mini Encl	Ο,					
>3SF OR LF X >160 SF OR 260 LF					X		Procedure					
Location of	T	Is Loca	tion	Г г	1.	iption of As	ole Procedure					
Asbestos-containing		ormally				ning Materi		Amount	R	batem	Ш	m
Material (ACM)		solely			(ie.	Thermal sy	stems	(Specify	EM	EPAIR	NO.	NCI
TO BE ABATED in Facility (13)	Ma	aint/Cu: Staff (ion, surfaci er miscella		SF or LF)	EMOVAL	F	PS	SO
	Ye	s No	N/A	1 '	or ou	iei iiiiscelia	nieous)		1		NCAPSULE	NCLOSURE
1ST FLOOR-THROUGHOUT			х	VAT/MAS	TIC			165 SF	X		ļ	111
2ND FLOOR-THROUGHOUT			X	VAT/MAS	TIC			300 SF	X			
3RD FLOOR-THROUGHOUT			X	VAT/MAS	TIC			240 SF	X			
4TH FLOOR-THROUGHOUT			X	VAT/MAS	TIC			75 SF	X	1		
ADDITION TO SCOPE:		T							1			
1ST FLOOR-SOUTHEAST			X	PIPE FITT	INGS	3		6 LF	×			
2ND FLOOR-SOUTH EAST				PIPE FITT				2 LF	X			
3RD FLOOR-EAST				PIPE FITT				2 LF	X	1		
Name of Registered Waste Hauler	NJ	DEP W	aste	Cubic Yard			Name of Regis	A CONTRACTOR OF THE PARTY OF TH	1/			
FREEHOLD CARTAGE, INC.	На	uler ID			50		LYCOMING CO	DUNTY RESOUR		ANAG	EMEN	IT SE
825 HIGHWAY 33 City, State		1593	9	Dioposal	late			ER DR VE/ROUT	E 15			
FREEHOLD, NEW JERSEY				Disposal D 9/22-12/30		/	City, State / MONTGOMER	Y PA 17752		1		
Completed by (Print or Type)	Title					ature/	X X	Dai	te/6)	1	15/	1
BENJAMIN SANCHEZ	DIRECT	OR OF	OPE	RATIONS		1	1XX		10	11	01	1-

Date of Notification (1)				Men	ne of Buildir	og Owner/Opera	tor (2)					
40	/17					& DOHME COR	leave 15	0		P /*		
A ' 11	Notification	on			et Address	AVENUE DO		G		W	E	
	Initial Not		on				30X 2010, RY28	414		-	Latin Administration in the latest	
	Amended			3 RAH	State, Zip C	ode JERSEY 07065		IOT	0 0			
X DOL	Cancellat			100	IVAI, NEVV	JERSEY 0/065)CT	26	2017		
	On Hold				e of Contact		Talanhana N		-			
DCA E	EMERGE	NCY	NOTIFIC	ATION PAT	RICIA JOHN	SON			10	ORTV	1 0	
Name of Equility Miles - Al				FACILITY IN	VFORMATIO	N	1	Lice	NSIN:		- CE	
Name of Facility Where Abatem	ent is Ta	iking l	Place (3)			Type of Fac	ility (4)	- November	All and a company	- in Language of the	W/WOOTLAND	
MERCK SHARP & DOHME CORP	PORATIC	M				School						
	ONATIC	N				Subcha	apter 8 (Other tha	n K-12	2)			
Street Address						X Other (ie private & com	mcl. bl	dgs., I	nomes	, etc.	
126 EAST LINCOLN AVENUE - B	UILDING	6- 60				Square Fee 89,717	25. 10. 22.57 (10.00)	5	В	ldg. A	ge	
City (5)	County (6	5)		Coun	ty Code (7)		(Prior if hairs 1			82		
	INION	55			USE ONLY) VACANT	(Prior if being den					
Name of Monitoring Firm Hired b	oy Buildi	ng Ov	vner (8)		ASCM No	CITY CONTRACTOR CONTRA	atement Contrac	tor (0				
ENVIRONMETAL HEALTH INVES	TIGATIO	NS, II	VC.		104	PAR ENVIRO	NMENTAL COR	PORA	TION			
655 WEST SHORE TRAIL						Street Addres	SS				-	
City, State, Zip Code						313 SPOOK						
	TA, NEW	JERS	EV 0787	1	City, State, Zip Code SUFFERN, NEW YORK 10901							
Project Manager for Monitoring Firm	n			ne Number		SUFFERN, N	EW YORK 10901	1				
WILLIAM S. KERBEL, CIH			973-729-			Telephone Nu		cense	Numb	er		
Expected State Date (10)				letion Date (1	(1)	845-369-7500		101				
9 / 22 /1 Month Day Year	7		12 /	30	/17	Name of OSH	IA Monitor ABORATORIES II					
Day Ital	1/01	Mor	nth	Day	Year	/ WILITIGOT LA	ABORA ORIES II	VC.	7	[‡] 1148	0	
Occupancy Status During Abateme X Facility Closed/Vacated	nt (Check	k only	one)	A 1 con process as a second		Street Addres					_	
Abatement Performed O	utside of	Norm	eriod of	Abatement		117 EAST 30	TH STREET					
X Other - Describe: Mo	ONDAY -	FRIDA	AY 7AM-	y Hours - Desi 3:30 PM	cribe:	011 01 1 =						
				0.00 / ///		City, State, Zip	Code					
Scope of Work (Check all that apply				Γ	Full Con	tainment with Ne	W YORK, NEW	YORK	10016	3		
Demolition >3SF OR LF	X	Renov	ation	×	Mini End	do ,	9447611633416					
X >160 SF OR 260 LF				×	Gloveba	g Procedure						
Location of		le Le	ocation	T X		ble Procedure						
Asbestos-containing	lo lo		ally used	Con	scription of A taining Mater	sbestos-		A	baten	nent T	уре	
Material (ACM)		sole	ely by	(i	e. Thermal s	vstems	Amount (Specify	RE	R	E	m	
TO BE ABATED in Facility (13)	V		Custodial	insu	lation, surfac	ing, VAT,	SF or LF)	EMOVAL	PAI	S	5	
in acility (13)			ff (12)	or	other miscell	aneous)	0.0.27	A	72	Sc	SC	
IST FLOOR-THROUGHOUT		es N							REPAIR	E	교	
		_	Х	VAT/MASTIC			165 S =	X				
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BRD FLOOR-THROUGHOUT			X	VAT/MASTIC	,			X	-			
TH FLOOR-THROUGHOUT		_	X				240 SF	X				
ADDITION TO SCOPE:		-	^	VAT/MASTIC			75 SF	X				
ST FLOOR-SOUTHEAST		-										
		-		PIPE FITTING			6 LF	х				
ND FLOOR-SOUTH EAST				PIPE FITTING	GS	No. 200	2 LF	х				
RD FLOOR-EAST				PIPE FITTING	GS		2 LF	1				
lame of Registered Waste Hauler REEHOLD CARTAGE, INC.	- 1			Cubic Yards of		Name of Regist		Х				
Hauler ID No. 15939					C Yards of Waste Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT						TSE	
ity, State	D:		447 ALEXANDE	R DRIVE/ROUTE	Ξ 15		-141-1N	, oc				
REEHOLD, NEW JERSEY	Disposal Date 9/22-12/30/17		City, State									
ompleted by (Print or Type)	Title				nature	MONT GOMERY		1	1		1	
ENJAMIN SANCHEZ	DIRECT	OR O	F OPER	ATIONS SIG	1/	XX	Date	//	1/1	111	11	

raua		(Pur	suant	to N	IJAC 8:60-7 and 12:120	J-/)	nerator (2)						
, 00,00					Name of Building Ow MERCK SHARP & DO	HME	CORP.				No.		
te of Notification (1	1)							beand interesting	2 0	T-	П	7.77	7
10 /	20 /17			_	Street Address 126 E. LINCOLN AVE	NUE,	P.O. BOX 200	0. RF28-41	E C			$\mathbb{V}_{\underline{}}$	
gencies Notified	Type Notification				City, State, Zip Code			1157					
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DEP	Amended Notificancellation	Ication			AN CONTRACTOR OF SECURITION			ephone Nu		1 4	. 0	<u> </u>	1
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ame of Facility Wh	ere Abatement is Taking	Place	(3)			Туре	School (K-12)	,					
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City (5) RAHWAY	UNION				(STATE USE ONLY)	Man	ne of Abateme	ent Contrac	ctor (9)				
Manitorine	g Firm Hired by Building	Owner	(8)		ASCM No.	PAF	R ENVIRONME	ENTAL COF	RPORA	TION	1		4
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Street Address							SPOOK ROC				-		\dashv
655 WEST SHORE						City	, State, Zip Co	ode VORK 1090	11				1
City, State, Zip Code	e SPARTA, NEW JE	ERSEY	0787	1			FFERN, NEW ephone Numb		License	Nur	nber		٦
Project Manager for		Tele	ephor	ie Ni	umber		5-369-7500		1101				
WILLIAM S. KERBE	TI CIL	3-729-	564	Name of OSHA Monitor									
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X Other -	Describe: MONDAY -	1 101000000000				ntainn	nent with Nega	tive Pressu	re				
Scope of Work (Ch	neck all that apply)	<u></u>			X Mini En		Horic man						
Demolit	tion X	Renova	HOH		Gloveb	ag Pr	ocedure						
>3SF C X >160 S							Procedure		T	Ah	ateme	ent Typ)e
	ocation of	Is Lo	cation	1	Description of Containing Mat	Asbe	stos- (ACM)	A.mou	nt	R	REPAIR	E	П
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	terial (ACM)	Maint/C			insulation, surf	acing	, VAT,	S= or l	LF)	Ä	D	USc	NCLOSURE
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825 HIGHWAY	33		15939)	Disposal Date		City State /	/			j		-
City, State					11/5-2/22/18	,	MONTGOME	RY PA 17	752 Dat	6 8	1/	7.11	T
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A393-41 (R-015-016)		85	11	to Assess the public matter licens		And area	

Date of Notification (1)

10/23/17

Agencies Notified

EPA

DEP

DOL

DOH

DCA

Street Address

Beach Haven County (6)

City (5)

Ocean

Street Address

Start Date (10)

11/2/17

City, State, Zip Code

Project Manager for Monitoring Firm

×

Type Notification

Initial

Name of Facility Where Abatement is Taking Place (3)

Name of Monitoring Firm Hired by Building Owner (8)

Occupancy Status During Abatement (Check Only One)

Amended

Amendment #_

justification)

Cancellation

Emergency (including

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

Seminole Construction

West Creek, NJ 08092

FACILITY INFORMATION

Street Address 128 Bartlett Ave

City, State, Zip Code

Name of Contact

County Code (7)

ASCM No.

Telephone No.

Scheduled Completion Date (11)

11/6/17

(STATE USE ONLY)

Joyceiynn Carr

Name of Building Owner/Operator (2)

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/ ABATEMENT i 12:120)	D)-	E C	E			
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ON						
Other (i. etc.)	K-12) oter 8 (Oth e. private	er than K- & commer	cial bu			nes,
Square Feet		f Floors		Bldg.	Age	
Current Use (Prior if be	ing demoli	shed)			
Name of Abatement						
Street Address 6 WHITE DOVE	COURT					
City, State, Zip Code LAKEWOOD, N.	087'01					
Telephone No. 732-668-9078		License 1200	No.			
Name of OSHA Monit AAA LEAD PRO		NALS				
Street Address 6 WHITE DOVE	COURT					
City, State, Zip Code LAKEWOOD, NJ	08701					
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ription of ining Material (ACM) ystems insulation, ng, VAT, or scellaneous)	(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure

Facility Closed/Vacated During Entire	Period of	Abater	nent		6 MHI.	TE DOVE C	OURT				
Abatement Performed Outside of Norr Other – Describe:	nal Facilit	y Hour	s		A Company of the Comp	te, Zip Code NOOD, NJ (87'01				
Scope of Work (Check All That Apply)											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demolit			×	Mini-Enclosur Glovebag Pro				re	
Location of		s Locati Normal	lly		Description of					temen ype	it
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole aintena stodial s (12)	nce/	(i.e. t	os Containing Mat hermal systems in surfacing, VAT, other miscellaneo	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A					<u> </u>		ate	Гe
EXTERIOR					SIDING		3500SF	x			
					****				-		-
									+		
Name of Registered Waste Hauler NEWARK CARTING		H	JDEP W auler ID \$509	No.	Cubic Yards of Waste 15	Name of IESI	Registered Lar	ndfill			
City, State NEWARK, NJ					Disposal Date 11/6/17	City, State	State FHLEHEM PA				
Completed by JOSEPH PERLSTEIN	Title OWN	IER			Signature			Date			
ASP 41 (P 06 00)						AND S IS					

Paid.			ICATIO	tate of Ne N OF ASB t to NJAC	BESTOS A	BATE					C E		V		
Date of Notification (1) OCTOBER 24, 2017			Name of Herita	of Building age of M	Owner/O	perator LLC	(2)			0	CT Z	6	2017	7	
Agencies Notified Type Notification				Address OX 520						ASBES	STOS	CON	ITRO	21 8	
DEP Amended Amendment		_		ate, Zip Co wn, NJ (LICE	ASIM	G	/L 0	
DOH justification) DCA Cancellation				of Contact Whitma											
Nome of Facility Misers Abele and in Table	DI (FAC	ILITY INF	ORMATIC	N									
Name of Facility Where Abatement is Takin Residence	g Place (3)					-	f Facility (4							
Street Address							Si		8 (Oth	er than K-1 & commerc		dings,	hom	es,	
City (5) Milltown							Square 1184	Feet	2	f Floors		3ldg. A 1908			
County (6) Middlesex				Code (7) USE ONLY)		Curren		or if bei	ng demolis	hed)				
Name of Monitoring Firm Hired by Building n/a	Owner (8))	ASC	M No.	Name of Abatement Contractor (9) Finishing Touch Asbestos Abatement Corp.,							, Inc			
Street Address						Street Address 17 Thompson Street									
City, State, Zip Code						City, S Wes	state, Zip st Long	Code Branch,	, NJ 07764						
Project Manager for Monitoring Firm n/a			Telepho	one No.			none No. 222.83	72	License No. 00040						
Start Date (10) NOV. 4, 2017	Schedul NOV.			Date (11)		Name N/A	of OSHA	Monitor	-					_	
Occupancy Status During Abatement (Chec	k Only Or	ne)				Street	Address								
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of A	Abatem / Hours	nent		_	City, S	tate, Zip	Code							
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	Mini- Glove	Enclosure bag Proc	edure	Negative I			9		
FI.	Is	Locati	on		11.			T			T	Abate	ment	t	
Location of		Normal ed Sole				cription		-			-	Ty	ре		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)						Repair	Encapsulate	Enclosure							
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z, EXTERIOR				AC	C EXTERIOR SIDING 2600 SF X										
Name of Registered Waste Hauler		I N	JDEP W	Vaste	Cubic Y	arde		Namo of F	Paginta	red Landfil					
Finishing Touch Asbestos Abateme	nt Corp.	I H	auler ID 2058		of Wast 5 cy			Fairless			i.				
City, State West Long Branch, NJ					Disposa 11/7/1		A	City, State Morrisvi	ille, P	A					

Print Form

Date

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

10/24/17

Completed by Joseph P. Miller

Title

President



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

Date of Notification (1)			of Building Basile	Owner/0	Operator	(2)						
	otification		Address				10)-	E G [\mathbb{W}	E	M
DEP An An	tial nended nendment #		ate, Zip C awood,					OCT	4 6	2017	-	W
DOH jus	nergency (including stification) ancellation		of Contact Basile					lanhana Ni			2.	
		FAC	ILITY INF	ORMATI	ION		-	LICE	ENSIN	G	_ 11	
Name of Facility Where Abatemer	nt is Taking Place (3)					Type of Facil	ity (4)	epiane di Pilabano Princip			2011111	
Street Address							oter 8 (Oth	ner than K-1 & commerc		ldings	hom	es,
City (5) Maplewood, NJ						Square Feet 1200	# 0	of Floors		3ldg. <i>1</i> +50	\ge	
County (6) Essex		County (STATE	Code (7) USE ONLY	0		Current Use (Residentia	Prior if be	ing demolis	shed)			
Name of Monitoring Firm Hired by	Building Owner (8)	ASC	M No.		Name Dina	of Abatement ago Environr	Contractor	r (9) C.				
Street Address						Address Lafayette S	treet	-				
City, State, Zip Code						tate, Zip Code ark, NJ						
Project Manager for Monitoring Fir	m	Telepho	ne No.			elephone No. License No. 973-491-0877 01240						
Start Date (10) 10/28/17	ort Date (10) Scheduled 10/30/17 10/30/17					of OSHA Moni	tor	1				
Occupancy Status During Abatem	ent (Check Only One)				Street	Address						_
Facility Closed/Vacated Durin Abatement Performed Outsid Other – Describe:	ng Entire Period of Aba e of Normal Facility Ho	tement	City, State, Zip Code									
Scope of Work (Check All That Ap	plv)											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	✓ Ren	ovation nolition				Full Contain Mini-Enclos Glovebag F	sure	1000 Table 1900 Co	Pressu	ire		
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(13)	·	(2)		other n	niscellan	eous)			oval	air	sulate	sure
Basement	;	x		Pipe	insula	tion		40Lf.	x			
						<u>, </u>	-					
Name of Registered Waste Hauler Newark Carting		NJDEP W Hauler ID 04509			Waste Name of Registered Landfill lesi Bethlehem Landfill							
City, State Newark, NJ	1		Dispos	al Date	City, S 2335	tate -Appleb	utter Rd.	Beth	lehe	m, P.	A	
Completed by Carlos Gomes	ent		S	ignature			> D	ate /	Al	17	_	
				1			Saul Saul	(*	- (/			

Paid.

			Nom	e of Buildin	a Owner/O	norator (2	laranesis and	F R E	11 11/	7 1	1	11							
Date of Notification (1) 10/19/2017							of Facilities	E G E	<u> </u>		-11	1							
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DOH DCA	justification) Cancellation			slie A. Ma		H	900				OL.								
☐ DCA	Caricellation			ACILITY IN							20.000								
Name of Facility Where	Abatement is Taking	Place (3)				Т	ype of Facility (4)											
Second Street Jail						[School (K-12		.0)										
Street Address						L	Other (i.e. pr	3 (Other than K- ivale & commerc	iz) cial build	lings,	home	s,							
5909 Main Street							etc.)												
City (5)						2.0	Square Feet 13,000 +	# of Floors		ldg. A	je								
Mays Landing			Cou	nty Code (7	1		Current Use (Prio				-	-							
County (6) Atlantic				TE USE ON		400	Dorm Rooms	i ii Joing donnois	,,,,,,										
Name of Monitoring Firm	n Hired by Building C	wner (8)	IA	SCM No.		Name of	Name of Abatement Contractor (9)												
1 Source Safety ar						Site Enterprises, Inc.													
Street Address			_			Street A	Street Address												
140 South Village	Avenue Suite 13	30				00	6626 Delilah Road												
City, State, Zip Code							te, Zip Code												
Exton, PA 19341							larbor Townsl				_								
Project Manager for Mon			phone No.	05	Telepho	ne No. 67-1250	License 01172	NO.											
Daniel M. Bruun		0 - 1 - 1 - 1	-	0-524-55			OSHA Monitor	01172				-							
Start Date (10) 09/18/2017		Scheduled (11/13/20		lion Date (1	"		rce Safety an	d Health, Inc.											
Occupancy Status Durin	ng Abatement (Check					Street A													
	cated During Entire P		tement			140 S	outh Village A	Avenue, Suite	130										
Abatement Perform	ned Outside of Norm	al Facility Ho	ours			City, Sta	ite, Zip Code												
Other – Describe:	Vacant					Extor	, PA 19341												
Scope of Work (Check /	All That Apply)					57	V												
≥3 sf or ≥3 lf			ovation			A	Full Containme Mini-Enclosure	ent with Negative	Pressu	re									
≥160 sf or ≥260 lf		∠ Den	nolition			X	Glovebag Prod	edure											
						Non-Exempted (*) and Non-Friable Procedure Abatemi													
		1/700	cation mally									2 0							
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Name of Registered Wa	aste Hauler		0.000	EP Waste er ID No.	Cubic of Wa	c Yards aste	9 305000000	Registered Land	IIII										
Site Enterprises In	C.		AL 23 CO.	5220	40 0		ACUA												
City, State		10. 10. 10.	1		The second second	osal Date	City, Stat												
6626 Delilah Road	Egg Harbor Tov				1	3/2017	EHT, N		Det	430.00		1000							
Completed by		Title			×	Signature	16 -			/201	7								
Eric Keys		OM			(142		Abatement Type Enclosure Removai										

Paid,

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) City of Camden 17 25 10 Street Address Agencies Notified Type Notification PO Box 95120 **⊠** EPA Initial ☐ Amended City, State, Zip Code **⊠** DOLWD Amendment # **⊠** DOH Camden, NJ 08101 ☐ DCA Telephone Number Name of Contact justification) (NJAC 5:23-8) James Rizzo ☐ Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) 2019, 2027 FILMORE STREET STRUCTURE Subchapter 3 (Other than K-12) ○ Other (i.e., private and commercial buildings, Street Address homes, etc.) 2019, 2027 FILMORE STREET STRUCTURE # of Floors Bldg. Age Square Feet City (5) 50+ varies varies Camden Current Use (Prior if being demolished) County Code (7)(STATE USE ONLY) County (6) HOUSING DEEMED UNSAFE CAMDEN Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Controlled Environmental Systems Street Address Street Address 1121 N. Bethlehem Pike - Suite 60 City, State, Zip Code City, State, Zip Code Spring House, PA 19477 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 00847 215 542 7000 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) CES 12 / 31 / 17 10 / 26 / 17 Street Address Occupancy Status During Abatement (Check only one) 1121 N Bethlehem Pike -Suite 60 ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00AM-5:00PM/____PM-__ Spring House, PA 19477 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure Mini-Enclosure ☐ Renovation ≥3 sf or ≥3 lf Glovebag Procedure □ Demolition ≥ 160 sf or ≥260 lf Non-Exempted (*) and Non-Friable Procedure Abatement Type Is Location Normally Enclosure Encapsulate Description of Repair Removal Location of Amount Asbestos Containing Material (ACM) Used Solely by Asbestos-Containing Material (ACM) (Specify (i.e., thermal systems insulation, Maintenance/ TO BE ABATED SF or LF) Custodial Staff? surfacing, VAT, or IN Facility other miscellaneous) (12)(13)N/A Yes No \boxtimes See Attached Notice of Hazard 200 YD per res X See Attached Notice of Hazard Name of Registered Landfill Cubic Yards of N.IDEP Waste Name of Registered Waste Hauler Waste Hauler ID No. GROWS Waste Management of NJ 200/residenc 17273 City, State Disposal Date City, State Tullytown PA 12/31/17 Fairless Hills, PA Date Signature Completed By (Print or Type) Office Manager Patricia Visco

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



Name of Building Owner/Operator (2) Merck US 10/23/17 Street Address Agencies Notified Type Notification 126 E Lincoln Ave Initial **EPA** City, State, Zip Code Amended DEP Rahway, NJ 07066 Amendment # DOL Emergency (including Talanha-- 11 Name of Contact justification) DOH Angelo Piccolella Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Merck US School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, 126 E Lincoln Ave Bldg. Age Square Feet # of Floors City (5) NA NA NA Rahway Current Use (Prior if being demolished) County Code (7) County (6) Outdoor Piperack (STATE USE ONLY) Union Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Advanced Specialty Contractors, LLC NA Street Address Street Address 2400 Main Street Extension, Suite 10 City, State, Zip Code City, State, Zip Code Sayreville, NJ 08872 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 00750 732-525-0100 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Environmental Tactics 11/22/17 11/13/17 Show Desktop.scf Street Address Occupancy Status During Abatement (Check Only One) 64 Broad St Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Matawan, NJ 07747 Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure Demolition ≥160 sf or ≥260 If Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Туре Is Location Normally Description of Location of Encapsulate Used Solely by Amount Asbestos Containing Material (ACM) Enclosure Asbestos-Containing Material (ACM) Remova Maintenance/ (i.e. thermal systems insulation, Repair (Specify TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or In Facility other miscellaneous) (12)(13)N/A Yes No 450 LF Thermal Insulation Encapsulation East west Pipe rack near Bldg 28 X Name of Registered Landfill Cubic Yards Name of Registered Waste Hauler NJDEP Waste of Waste NA Hauler ID No. NA NA NA City, State Disposal Date City, State NA Date Signature Completed by 10/23/17 Sr Account Manager Michael Migliore

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Date of Notification (1) 10/23/2017			Name of		g Owner/0	Operator	(2)		The state of the s	OCT	26			-					
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DEP Amended DOL Amendment	#			ate, Zip C															
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City (5)							Squa	are Feet	# 01	f Floors		Bldg.	Age						
Rutherford, NJ							190		2			40+							
County (6) Bergen				Code (7) USE ONL	y)	_		ent Use (Pr sidence	ior if bei	ng demol	ished)								
Name of Monitoring Firm Hired by Building	Owner (8)	ASC	M No.		110000	e of Abatement Contractor (9)												
N/A Street Address								eral Cons	tructio	n, Inc									
Street Address							ot Address CO Clifton Ave, PMB Suite 218												
City, State, Zip Code								on Ave, I	JMR 2	uite 218	3								
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Project Manager for Monitoring Firm		Telepho	ne No.		Teleph				License	No									
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Start Date (10)								HA Monitor				07							
11/04/2017	11/05/					DIA (Gene	ral Cons	truction	n, Inc									
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Other - Describe:		, , , oui ,	City, State, Zip Cod																
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	Yes	No	N/A										te	w					
Basement		х	Rem	ove/Dis	pose P	Pipe/E	Elbow	90) LF	Х									
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No. of D. Colonia																			
Name of Registered Waste Hauler		1000	JDEP W auler ID		Cubic Y			Name of	707		ill								
Service Transport Group	0990	100 Table	8 CY	n 1700	Minerva Landfill														
City, State New Castle			Disposa			City, State		OH 444	888										
Completed by Title				11/05/2017 WaynesBurg, OH 44688 Signature / Date															
Milan Njezic	ident Signature 10/23/2017																		