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Agendes Notified EPA	V								(-)		- Control of the cont		OCT	2 -	7 20	17		JII
DOL DOL Energency (including Lice SIME State 2.1) Code Permberton NJ 08068 Name of Contact Phil Sager Telephone Num** FACILITY INFORMATION Type of Facility (4) Subchapter 6 (2) ther than K-12) State Address Street Ad	Agencies Notified	Type Notification	1		Street A	ddress			-	- I have			-	4	4.0	11	- Parent	1
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≥3 sf or ≥3 if ≥160 sf or ≥260 lf	Scope of Work (Check A	All That Apply)																_
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 10 24 17 Tradewinds Builders, LLC Type Notification Agencies Notified Street Address **⊠** EPA 34 West Sailboat Lane **⊠** DOLWD ☐ Amended ASBESTOS CONTROL & City, State, Zip Code Amendment # **⊠** DOH LICENSING Peahala Park, NJ 08008 ☐ Emergency (including ☐ DCA (NJAC 5:23-8) justification) Name of Contact Telenhone Number □ Cancellation Travis Leply **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 and commercial buildings, homes, etc) # of Floors City (5) Square Feet Bldg. Age Ocean Gate 1200 1 65 County (6) Current Use (Frior if being demolished) County Code (7)(STATE USE ONLY) Ocean Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (5) N/A Guardian Contracting, Inc. Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 03755 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 732-349-9932 00624 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __11__ / _ 6 _ / _ 17 11 / 8 / 17 E.M.S.L. Analytical Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ___AM-____PM/ Piscataway, New Jersey 03854 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 If □ Demolition ☐ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Enclosure Removal Encapsulate Used Solely by Repair Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A exterior-house \boxtimes asbestos siding 1200 sf \boxtimes exterior-garage asbestos siding 1000 sf \boxtimes П Name of Registered Waste Hauler Name of Registered Landfill NJDEP Waste Cubic Yards of Hauler ID No. Waste Guardian Contracting, Inc. T.R.R.F. 20223 4 City, State Disposal Date City, State Toms River, New Jersey 11/9/17 Tullytown, Pennsylvania

ASB-41

Project Manager

Signature

Date

Completed By (Print or Type)

Nicholas Fernicola

Check# 3052

Date

October 24, 2017

Raymond C. Pedalino



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

GAC Project # 060-17 Date of Notification (1) Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF AUGUST AND AUGUST AND AUGUST AUG October 24, 2017 Agencies Notified Notification Type Street Address Street Address
ENVIRONMENTAL HEALTH & SAFETY DEPT. ☑Initial Notification ☐ EPA 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS ■ Amended Notification # D DCA ■ Emergency (including City, State, Zip Code UCI 2 7 2017 X DOL PISCATAWAY, NJ 08854 justification) ■ DEP- No Longer REQUIRED Talanhana Numbar □Cancelled Name of Contact X DOH MICHAEL SMITH, ENV. DL & **HEALTH & SAFETY** LICENSING FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) MEDICAL SCIENCE, BLDG# 7257 School (K-12) ☐ Subchapter 8 (other than K-12) Street Address M Other (i.e. private & commercial buildings, homes, etc.) **NEWARK CAMPUS** Sq. Feet: N/A # of Floors: 8 Bldg. Age: 60+ years City (5) County (6) County Code (7) Current Use (prior if being demo ished): ACADEMIC NEWARK ESSEX (State Use Only) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **268 MAIN STREET** City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11/03/17 11/06/17 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe XOther - Describe: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED) FAIRLAWN, NJ Scope of Work (Check all that apply) □ Full Containment with Negative Pressure $\square \ge 3 \text{ sf or } > 3 \text{ lf}$ X Renovation ■ Mini Enclosure X > 160 sf or > 260 lf ■ Demolition ☐ Glove bag Procedure / Wrap & Cut Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing (Specify SF Staff? (12) Remove Repair Encap Enclose VAT, or other miscell.) crLF) YES NO NA H584 X VAT 100 SF X H512 X VAT 100 SF X 1504 X VAT 100 SF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill 15 CY Cubic Yards of Waste: See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City. State 100 New Ford Mill NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 Rd. Morrisville, Pa 11/06/2017 NJ DEP # 4509 19067 215-736-1700 Completed by (Print or Type) Signature

MANAGER

SENIOR PROJECT

RAYMOND C. PEDALINO

PAID

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126 EAST LINCOLN A	VENUE - BL	JIL DING	RON					Square Fee	et # of Floo	ors		ldg. A	
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RAHWAY		NION					Code (7)	Current Use	(Frior i being d	emolish	ed)		
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ENVIRONMETAL HEA	LTH INVEST	TIGATION	IS, INC).		1 '	ASCM No. 104	Name of Aba	atement Contra	actor (9)		
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655 WEST SHORE TR	AIL							Street Addres					
City, State, Zip Code								City, State, Zi					
Project May 5 11	SPART	A, NEW J	ERSE	0787	71				EW YORK 109	04			
Project Manager for Mo	nitoring Firm	1			ne Number			Telephone Nu		License	Nicon		_
WILLIAM S. KERBEL, (-5649			845-369-7500		1101	Nulli	Jei	
expected State Date (1	2	S	ched.	Comp	letion Date	(11)		Name of OSH	Control of the Contro	1101			
Month Day	Year	1	Month	12 /	30	0	/17		EORATORIES	INC		#1148	n
Occupancy Status Durin	g Abatemen	t (Check	only on	(A)	Day		Year					0	~
X Facility Close	ed/Vacated D	During Ent	ire Per	ind of	Abatement			Street Address					
Abatement P	erformed Ou	itside of N	ormal	Facilit	y Hours - De	escrib	e:	117 EAST 307	HSTREET				
X Other - Descr	ribe: MO	NDAY -F	RIDAY	7AM-	3:30 PM		T	City, State, Zip	Code	- Continue			
cope of Work (Check a	II that apply)							NE	W YORK, NEW	V YORK	1001	3	
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) MERCK SHARP & DOHME CORP 10 23 /17 Street Address Agencies Notified Type Notification 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 **EPA** Initial Notification City, State, Zip Code DEP Amended Notification #1 RAHWAY, NEW JERSEY 07065 DOL Cancellation DOH On Hold Name of Contact The enhance Number DCA EMERGENCY NOTIFICATION PATRICIA JOHNSON FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) MERCK SHARP & DOHME CORPORATION Subchapter 8 Other than K-12) Other (ie private & commcl. bldgs., homes, etc.) Street Address 126 EAST LINCOLN AVENUE - BUILDING 80M Square Feet # of Floors Bldg. Age 39,000 City (5) 65 County (6) County Code (7) Current Use (Prior if being demolished) RAHWAY UNION (STATE USE ONLY) RESEARCH LABORATORY AND OFFICE FACILI Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ENVIRONMETAL HEALTH INVESTIGATIONS, INC. PAR ENVIRONMENTAL CORPORATION 104 Street Address Street Address 655 WEST SHORE TRAIL 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Cod€ SPARTA, NEW JERSEY 07871 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number WILLIAM S. KERBEL, CIH 973-729-5649 845-369-7500 Expected State Date (10) 1101 Sched. Completion Date (11) Name of OSHA Mon tor /17 10 / 23 AMERISCI LABORA FORIES INC /17 Month Day #11480 Year Month Day Year Occupancy Status During Abatement (Check only one)

Scope of Work (Check all that apply) Demolition X >3SF OR LF >160 SF OR 260 LF	side of No	rmal l	Facility 7AM -	y Hours - I	Full Col Mini En X Gloveba	City, State, Z N ntainment with N	OTH STREET	YORK	10010	6	
Location of Asbestos-containing		Loca mally	ition used		Description of A	Asbestos-	Amount			nent T	
Material (ACM) TO BE ABATED in Facility (13)	Mai	Staff (stodia	1	(ie. Thermal sinsulation, surfa	systems cing, VAT.	(Specify SF or LF)	REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
BUILDING 80 M STEAM PIPE	Yes	No	N/A							JLE	URE
TOTAL STATE OF THE			X	PIPE INS	SULATION		10 LF	X			
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	Haul	EP Wa er ID I 15939	Vo.		ds of Waste CU YARD	Name of Regis	OUNTY RESOUR	CE MA	NAGI	EMEN	IT SE
City, State FREEHOLD, NEW JERSEY			_	Disposal [10/20-27/		City, State	DER DRI'/E/ROUTI	E 15		34	
DENI LABOUR DE LA COMPANIA	Title DIRECTOR	ROF	OPER		Signature	MONTGOMER	> PA 17752	1=	25/	1	7

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator-(2) Date of Notification (1) MERCK SHARP & DOHME CORP 10 /17 Street Address Agencies Notified Type Notification 126 E. LINCOLN AVENUE, P.O. 807 2000, RY28-414 EPA Initial Notification City, State, Zip Code DEP Amended Notification RAHWAY, NEW JERSEY 07065 DOL Cancellation DOH On Hold Name of Contact Te epbene Number NTBOL & DCA EMERGENCY NOTIFICATION PATRICIA JOHNSON FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) MERCK SHARP & DOHME CORPORATION Subchapter 8 Other than K-12) Other (ie private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors 126 EAST LINCOLN AVENUE - BUILDING 80M Bldg. Age 39.000 City (5) County (6) County Code (7) Current Use (Prior if being demolished) RAHWAY UNION (STATE USE ONLY) RESEARCH LABORATORY AND OFFICE FACILI Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ENVIRONMETAL HEALTH INVESTIGATIONS, INC. PAR ENVIRONMENTAL CORPORATION 104 Street Address Street Address 655 WEST SHORE TRAIL 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Cod€ SPARTA, NEW JERSEY 07871 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number WILLIAM S. KERBEL, CIH 973-729-5649 845-369-7500 Expected State Date (10) 1101 Sched. Completion Date (11) Name of OSHA Mon tor 10 / /17 10 / 27 AMERISCI LABORA FORIES INC 117 Month Day Year #11480 Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 117 EAST 30TH STREET Abatement Performed Outside of Normal Facility Hours - Describe: X Other - Describe: MONDAY-FRIDAY 7AM - 3 PM City, State, Zip Code Scope of Work (Check all that apply) NEW YORK, NEW YORK 10016 Full Containment with Negative Pressure Demolition Renovation Mini Enclo. >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount Material (ACM) ENCAPSULE ENCLOSURE solely by REMOVAL REPAIR (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A BUILDING 80 M STEAM PIPE X PIPE INSULATION 0 LF

Name of Registered Waste Hauler

FREEHOLD CARTAGE, INC.

FREEHOLD, NEW JERSEY

Completed by (Print or Type)

BENJAMIN SANCHEZ

825 HIGHWAY 33

City. State

NJDEP Waste

15939

DIRECTOR OF OPERATIONS

Hauler ID No.

Title

Cubic Yards of Waste

Disposal Date

10/20-27/17

1/2 CU YARD

Signature/

Name of Registered Landfill

MONTGOMERY , PA 17752

City, State

447 ALEXANDER DRI'/E/ROUTE 15

LYCOMING COUNTY RESOURCE MANAGEMENT SE

Date

by A

Date of Notification (1)				Na	me of Buildi	ing O	wner/Operato	or (2)				
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Agencies Notified Type Noti	fication				eet Address				E (b (W
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Name of Facility Whore Abstract				FACILITY I	INFORMATIO	ON		21			VSIN	2
Name of Facility Where Abatement	is Takin	g Pla	ice (3)				Type of Facil	ity (4)				
MERCK SHARP & DOHME CORPOR	ATION					[School (K-12)				
A DOT IN E CORPOR	ATION						Subchap	ter 8 Other than	n K-12	2)		
Street Address			-				X Other (ie	e. private & comr	ncl. bl	dgs.,	homes	. etc
126 EAST LINCOLN AVENUE - BUIL	DING 80	w					Square Feet	# of Floors	; T	В	ldg. A	je
011	ty (6)	-		1 0			68,000	2			38	500
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Name of Monitoring Firm Hired by B	uildina	Own	er (8)	(STAT	ASCM N		VACANT					
ENVIRONMETAL HEALTH INVESTIG	ATIONS	, INC	. (0)		104		Name of Abat	ement Contrac	tor (9)			
Street Address					104	- 1	PAR ENVIROI	MENTAL COR	PORA	TION		
655 WEST SHORE TRAIL							Street Address					
City, State, Zip Code							313 SPOOK R City, State, Zip	Code ROAD				
SPARTA, N	NEW JE	RSEY	0787	1		5	SUFFERN NE	W YCRK 10901				
Project Manager for Monitoring Firm		Te	lepho	ne Number		T	elephone Nur					
WILLIAM S. KERBEL, CIH		97	3-729	5649			45-369-7500		cense	Numt	per	
Expected State Date (10)	Sch	ned.	Comp	letion Date ((11)		lame of OSHA	Monitor	01			
9 / 25 /17 Month Day Year		1	0 /	23	5	A	MERISCI LAF	ORATORIES IN	ıc		41110	0
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X Facility Closed/Vacated Duri	na Entire	ily on	e)	**			treet Address					
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X Other - Describe: Monda	y - Frida	v 7ar	n-3·31	nours - Des	scribe:							
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TO BE ABATED			oy stodia	in a	(ie. Thermal s	systen	ns	(Specify	REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
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ROOF-ENTIRE			х	DIW TUD D					-		m	Ã.
ROOF-PERIMETER		_		BUILT UP R		COI	mplete	40,000 SF	Х			
ROOF -BULKHEAD	-		X	ROOF FLAS		cor	mplete	120 S =	X			
HOO! BOLKILAD	-		X	PIPE PENE	TRATION	cor	mplete	3 SF	X			
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Name of Registered Waste Hauler	NJDE	P W	aste	Cubic Yards	of Mast-	Is:						
FREEHOLD CARTAGE, INC.	Haule				or vvaste 000	Nan	ne of Register	ed Landfill				
825 HIGHWAY 33		5939		1,0	000	LYC	ALEVANDE	NTY RESOURCE	EMA	NAGE	MEN	T SE
City, State				Disposal Date	e	City	, State	DRI\'E/ROUTE	15			
REEHOLD, NEW JERSEY				5/22/17-12/3		Ma	NT COMERY	PA 17752				
Completed by (Print or Type) BENJAMIN SANCHEZ DIE				Si	gnature	11	X	Date		1		1
DIF	RECTOR	OF (OPER	ATIONS	/	1	クノノ	Date	10	1	77	/

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

Name of Building Owner/Operator (2) Date of Notification (1) MERCK SHARP & DOHME CORP. /17 Street Address Agencies Notified Type Notification 126 E. LINCOLN AVENUE, P.O. BOX EPA Initial Notification City, State, Zip Code DEP Amended Notification #3 RAHWAY, NEW JERSEY 07065 DOL Cancellation DOH On Hold TOS CONTROL & JCENSING Name of Contact TIL DCA **EMERGENCY NOTIFICATION** PATRICIA JOHNSON **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) MERCK SHARP & DOHME CORPORATION Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet 126 EAST LINCOLN AVENUE - BUILDING 80W # of Floors Bldg. Age 68.000 City (5) 38 County (6) County Code (7) Current Use (Pr or if being demolished) RAHWAY UNION (STATE USE ONLY) VACANT Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ENVIRONMETAL HEALTH INVESTIGATIONS, INC. 104 PAR ENVIRONMENTAL CORPORATION Street Address Street Address 655 WEST SHORE TRAIL 313 SPOOK ROCK FOAD City, State, Zip Code City, State, Zip Code SPARTA, NEW JERSEY 07871 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number WILLIAM S. KERBEL, CIH 973-729-5649 845-369-7500 Expected State Date (10) 1101 Sched. Completion Date (11) Name of OSHA Monitor 9/ 25 12 / 31 AMERISCI LABORATORIES INC /17 Month Day #11480 Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 117 EAST 30TH STREET Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: Monday - Friday 7am-3:30pm City, State, Zip Code NEW YOR (, NEW YORK 10016 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini Enclo, >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount Material (ACM) REMOVAL ENCAPSULE ENCLOSURE REPAIR solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A ROOF-ENTIRE X BUILT UP ROOFING 40,000 SF X ROOF-PERIMETER X ROOF FLASHING 120 SF X ROOF -BULKHEAD PIPE PENETRATION complete 3 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Lar dfill FREEHOLD CARTAGE, INC. Hauler ID No. 1.000 LYCOMING COUNTY FESOURCE MANAGEMENT SE 825 HIGHWAY 33 15939 447 ALEXANDER DRIVE/ROUTE 15 City. State Disposal Date City. State FREEHOLD, NEW JERSEY MONTGOMERY, PA 17752 5/22/17-12/31/17 Completed by (Print or Type) Title Signature BENJAMIN SANCHEZ Date DIRECTOR OF OPERATIONS

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) MERCK SHARP & DOHME CORP 14 /17 Street Address Agencies Notified Type Notification 126 E. LINCOLN AVENUE, P.O. BOX 2000 EPA Initial Notification City, State, Zip Code DEP Amended Notification #2 RAHWAY, NEW JERSEY 07065 DOL Cancellation DOH On Hold Name of Contact DCA EMERGENCY NOTIFICATION Te lephone Number PATRICIA JOHNSON FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) ASSESTOS CONTROL & Type of Facility (4 LICENSING MERCK SHARP & DOHME CORPORATION School (K-12) Subchapter 8 (Other than K-12) Street Address Other (ie. private & commol. bldgs., homes, etc.) 126 EAST LINCOLN AVENUE - BUILDING 80W Square Feet # of Floors Bldg. Age City (5) 68.000 County (6) 38 County Code (7) Current Use (Frior if being demolished) RAHWAY UNION (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) VACANT ENVIRONMETAL HEALTH INVESTIGATIONS, INC. ASCM No. Name of Abatement Contractor (9) 104 PAR ENVIRONMENTAL CORPORATION Street Address 655 WEST SHORE TRAIL Street Address 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code SPARTA, NEW JERSEY 07871 Project Manager for Monitoring Firm SUFFERN, NEW YORK 10901 Telephone Number Telephone Number WILLIAM S. KERBEL, CIH License Number 973-729-5649 Expected State Date (10) 845-369-7500 1101 Sched. Completion Date (11) Name of OSHA Monitor /17 12 / 31 Month /17 AMERISCI LABORA TORIES INC Day Year Month Day #11480 Occupancy Status During Abatement (Check only one) Year Facility Closed/Vacated During Entire Period of Abatement Street Address 117 EAST 30TH STREET Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY-FRIDAY 6 AM-2:30 PM City, State, Zip Code SATURDAY 7 AM-3:30 PM Scope of Work (Check all that apply) NEW YORK, NEW YORK 10016 Full Containment with Negative Fressure Demolition Renovation Mini Enclo. >3SF OR LF Glovebag Procedure X >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Asbestos-containing Abatement Type normally used Containing Material (ACM) Material (ACM) Amount REMOVAL solely by ENCAPSULE ENCLOSURE (ie. Thermal systems REPAIR TO BE ABATED (Specify Maint/Custodial insulation, surfacing, VAT, in Facility (13) SF or LF) Staff (12) or other miscellaneous) Yes No N/A ROOF-ENTIRE X BUILT UP ROOFING 40,000 SF ROOF-PERIMETER X ROOF FLASHING 120 SF X ROOF -BULKHEAD X PIPE PENETRATION 3 SF

Name of Registered Waste Hauler

FREEHOLD CARTAGE, INC.

FREEHOLD, NEW JERSEY

Completed by (Print or Type)

BENJAMIN SANCHEZ

825 HIGHWAY 33

City, State

NJDEP Waste

15939

DIRECTOR OF OPERATIONS

Hauler ID No.

Title

Cubic Yards of Waste

Disposal Date

5/22/17-12/31/17

1.000

Signaturé

Name of Registered Lar dfill

MONT SOMERY , PA 17752

City, State

447 ALEXANDER DRIVE/ROUTE 15

LYCOMING COUNTY FESOURCE MANAGEMENT SE

Date

Mr.

Date of Notification (1)					Na	ame	of Buildin	g Owner	/Operato	01 (2)				
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	/17 Notifical	tio					Address			11111		E	J W	15
					120	6 E.	LINCOLN .	AVENUE	, P.O. B	CX 20 00, RY	/28-414	The state of the state of	to a second design of the second	*********
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MERCON OF INTEL & BOTTIME COR	PURATI	ON							Subchap	oter 8 (Other	than K-	12)		
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126 EAST LINCOLN AVENUE - E	NIII DIN	C 901	A./					Squ	uare Feet	of Fl	oors		Bldg. A	
	County (VV						000,88	2			38	3
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Name of Monitoring Firm Hired	by Buile	din - /	2	(0)	(STAT	_	SE ONLY)	VAC	TNA					
ENVIRONMETAL HEALTH INVES	STIGATI		JWne	er (8)		1	ASCM No.	Name	of Abat	emen Cont	ractor (9)		
Street Address	TIGATI	UNS,	INC				104	PAR	ENVIRO	NMENTAL C	ORPOR	ATION	1	
655 WEST SHORE TRAIL									t Address			-		
City, State, Zip Code								313 S	POOK R	OCK ROAD				
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Project Manager for Monitoring Fire	m	V JLI		-	ne Number	_		SUFF	ERN, NE	W YORK 10	1901			
WILLIAM S. KERBEL, CIH									hone Nur	nber	Licens	e Num	ber	
Expected State Date (10)		Cal			-5649	1000			69-7500		1101			
5 / 22 /1	7	Scr		2 /	letion Date	3 33	APPENDIX.	Name	of OSHA	Moni or				
Month Day Year	г	I M	onth		31 Day		/17	AMER	RISCI LAE	BORATORIE	SINC		#1148	0
Occupancy Status During Abateme	ent (Cher	ck on	lv on	e)			Year	Ctorol	A . I . I					
X Facility Closed/Vacated	During E	Entire	Peri	od of	Abatement				Address	H STREET				
Abatement Performed C)utside o	f Nor	mal F	acilit	v Hours - De	scrib	ie.	111/6	451 3011	HSIREEI				
Other - Describe: M	ONDAY.	-FRID	DAY	AM-	2:30 PM	-12033		City S	tate, Zip	Code				
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X >160 SF OR 260 LF						X	Glovebag	Proced	ure					
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Asbestos-containing			Loca	tion used	D	escr	iption of As	bestos-				Abate	ment T	vne
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REEHOLD, NEW JERSEY					5/22/17-12/3		J	MONTA	OMERY	PA 17752		,		
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ENJAMIN SANCHEZ	DIREC	TOR	OF	OPER	RATIONS		1	1	1	1	Date (1-1	1//	1

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) MERCK SHARP & DOHME CORP. /17 Street Address Agencies Notified Type Notification 126 E. LINCOLN AVENUE, P.O. BOX 2000 RY28-4147 EPA Initial Notification City, State, Zip Code DEP Amended Notification RAHWAY, NEW JERSEY 07065 DOL Cancellation DOH On Hold Name of Contact Te ephone Number DCA EMERGENCY NOTIFICATION PATRICIA JOHNSON FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) MERCK SHARP & DOHME CORPORATION Subchapter 8 (Other than K-12) Other (ie. private & commol. bldgs., homes, etc.) Street Address Square Feet # of Floors 126 EAST LINCOLN AVENUE - BUILDING 80W Bldg. Age 68,000 City (5) 2 38 County (6) County Code (7) Current Use (Prior if being demolished) RAHWAY UNION (STATE USE ONLY) VACANT Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ENVIRONMETAL HEALTH INVESTIGATIONS, INC. 104 PAR ENVIRONMENTAL CORPORATION Street Address Street Address 655 WEST SHORE TRAIL 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code SPARTA, NEW JERSEY 07871 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number WILLIAM S. KERBEL, CIH 973-729-5649 845-369-7500 Expected State Date (10) 1101 Sched. Completion Date (11) Name of OSHA Monitor 5 / /17 31 AMERISCI LABORATORIES INC Month Day Year #11480 Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 117 EAST 30TH STREET Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM City, State, Zip Code NEW YOF!K, NEW YORK 10016 Scope of Work (Check all that apply) Full Containment with Negative Fressure Demolition Renovation Mini Enclo. >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Asbestos-containing Abatement Type normally used Containing Material (ACM) Amount Material (ACM) REMOVA ENCAPSULE ENCLOSURE solely by REPAIR (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A ROOF-ENTIRE X BUILT UP ROOFING (0,00) SF X ROOF-PERIMETER X ROOF FLASHING 120 S= X ROOF -BULKHEAD PIPE PENETRATION 3 SF X

Name of Registered Waste Hauler

FREEHOLD CARTAGE, INC.

FREEHOLD, NEW JERSEY

Completed by (Print or Type)

BENJAMIN SANCHEZ

825 HIGHWAY 33

City, State

NJDEP Waste

15939

DIRECTOR OF OPERATIONS

Hauler ID No.

Title

Cubic Yards of Waste

Disposal Date

5/22/17-12/31/17

1.000

Signature

Name of Registered Landfill

MONTGOMERY PA 17752

City. State

447 ALEXANDER DRIVE/ROUTE 15

LYCOMING COUNTY RESOURCE MANAGEMENT SE

Date

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Completed by Nedeljko Joksimovic	npleted by Title					S	ignature	T	2/			Date 10/23/	2017		
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State of New Jersey

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Date of Notification (1) OCTOBER 16-2017 CHECK # 306	8				Owner/Ope			13	Ь.	<u> </u>	4	11	<u> </u>	1	To an interpretation
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Name of Facility Where Abatement is Taking Pl	ace (3)		FACIL	LITTINFO	RWATION		Type of Fac	lity (4)							
Church of St. John the Baptist							School								
Street Address						\neg	Subcha	apter 8 (
239 Anderson Avenue							Other (etc.)	i.e. priva	ate &	comn	nercia	build	lings,	home	es,
City (5)							Square Feet		# of	Floors		В	ldg. A	ge	
Fairview, NJ															
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N/A					E	EAS	ervices Co	orporat	ion)					
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Name of Registered Waste Hauler		41.22	JDEP W		Cubic Ya		Nam	e of Re	giste	red La	ndfill				
Tri-State Transfer Assoc		100	auler ID 9551	No.	of Waste TBD		Min	er/a E	nte	rprise	es In	С			
City, State					Disposal	Date		State							
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Gina Betances	Office	Mar	nager				Will	1			10	-10-	2017		

NOTIFICATION OF ASBESTOS ABATEMENT PAID (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) Our Lady of Sorrows Church Check # 3071 Oct 18-2017 Street Address Type Notification Agencies Notified 30 Madonna Place X Initial **EPA** City, State, Zip Code ASBESTOS CONTROL & Amended DEP LICENSING Garfield, NJ 07026 Amendment # DOL Emergency (including Telephone Number Name of Contact iustification) DOH Mr. Peter Pirog Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Bergen Arts & Science School-Basement School (K-12) Subchapter B (Other than K-12) Other (.e. private & commercial buildings, homes, Street Address X etc.) 200 MacArthur Avenue Bldg. Age # of Floors Square Feet 50+ City (5) 2 20,000 Garfield, NJ 07026 Current Use (Pricr if being demolished) County Code (7) County (6) (STATE USE ONLY) BERGEN Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) **EA Services Corporation** Omega Environmental Services Street Address Street Address 426 69th Street 280 Hyuler Street City, State, Zip Cocle City, State, Zip Code Gutenberg, NJ 07093 Hackensack, NJ 07606 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 01074 201-295-1700 201-489-8700 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Same as above 11/6/2017 11/4/2017 Street Address Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation X ≥3 sf or ≥3 lf Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exampted (*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Amount Location of Asbestos Containing Material (ACM) Used Solely by Encapsulate Enclosure Asbestos-Containing Material (ACM) (Specify Remova (i.e. thermal systems insulation, Repair Maintenance/ TO BE ABATED SF or LF) Custodial Staff? surfacing, VAT, or In Facility other miscellaneous) (12)(13)N/A No Yes 10 SF X Boiler insulation X Basement-Boiler Room X 4 SF **Boiler Insulation** X Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler of Waste Minerva Enterprises Inc Hauler ID No. thd Tri-State Transfer Assoc 19551 City, State Disposal Date City, State Way resburg, OH tbd Bronx, NY Date Signature Completed by 10/18/2017 Office Manager Gina Betances

State of New Jersey

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



Data of Natification (4)				Pursuan	t to NJAC	8:60 a	nd 12:12	20)	C	K#	+0	6	31	+		
Date of Notification (1) 10/23/17			1		of Building		/Operato	r (2)	Ī	mineral	PO	-	n-stratures	Notice of the last	Wind Lines	(Fee)
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Project Manager for Mor	nitoring Firm			Telepho	ne No.		Teleph	OWNERS OF	The state of the s		License	a No				
n/a				n/a			F (2003)		6026		0125					
Start Date (10)		Schedu	led Cor	npletion	Date (11)		Name	of O	SHA Monitor		-					
10/24/17		10/31					Harn	non	y Contract	ng Inc	;					
Occupancy Status Durin	g Abatement (Chec	k Only O	ne)				Street	Addı	ress		-					-
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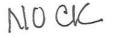
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Project Manager for Monit					:			TH BERGE	I NJ. 0					
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Start Date (10) 10/28/2017		Schedul 10/29/			Date (11)		B	of OSHA Monito		1				
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Window &	door		Х			Exterio	or Caul	king	1	5 LF	X			
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Agencies Notified	Type Notification	1			Address								2017		
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DEP	Amended			City, St	ate, Zip C	Code		***************************************	-		SBESTO	ENSIN	HRO G	18	
DOL	Amendmen Emergency		,	SCO	TCH PL	AINS, N	IJ 070	76		Name of Street, or	AND DESCRIPTION OF THE PARTY OF	and Substitution of			
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Name of Facility Where	Abatement is Takir	na Place (3)	FAC	ILIIY INF	FORMATIO	ON	Type	of Facility	(4)					
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Street Address									School (K Subchapt	er 8 (Oth	ner than K	-12)			
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City (5)			-						re Feet	# 0	f Floors	T E	Bldg.	Age	
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City, State, Zip Code								tate, Zi							
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Project Manager for Mon	itoning Firm		.	Telepho	ne No.			one No 776. 0			License 01300				
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10/28/2017		10/29/			Jato ()				ROBE						
Occupancy Status During	Abatement (Chec	k Only Or	ne)			-	Street	Addres	s						
Facility Closed/Vaca	ated During Entire I	Period of	Abater	nent			108 L	LIBER	TY ST.						
Abatement Performe Other – Describe:	ed Outside of Nom	nal Facility	/ Hour	S				tate, Zip							
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CARLOS ESQUIVEL		SAFE	ETY	JANAG	ER		OC 9	ruft	wey	19	1	10/18/2	2017		
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Way 0635 NOTIF

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	e of Notification (1)				f Building		Operator	(2)	1		=	5	T.	<u> </u>				
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Nar	ne of Monitoring Firm	n Hired	by Building	Owner (8)		ASCN	A No.		Name	of A	Abatement Co	ntr.actor	(9)			7-20		
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Stre	eet Address						Street	Add	iress			*****						
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n/a	a								d, NJ 0702	;								
10000	ject Manager for Mor			Telepho	ne No.		Teleph				License							
n/i					n/a					.6026		01255)					
2000	rt Date (10)						Date (11)				SHA Monito		•					
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	Facility Closed/Vac Abatement Perform								0.000	75 (05)	, Zip Code							
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	rmony Contracti	ng in				033058		TBD			100000000000000000000000000000000000000							
City, State										Disposal Date City, State								
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Completed by Title										Signature Date				2/17	7			
Tina Caporino Secre					retar	У		11	ina Caparny 10/18/17									



NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

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10/24/2017	of Notification (1) 4/2017 Icies Notified PA (X) Initial Notification () Amended Certification () Cancelled PA Example of Facility Where Abatement is Taking Place (3) Galersey City & Howell St Switching Stations – DEMO ONLY (Address) /An Keuren Ave Soly City Hudson Example of Monitoring Firm Hired by Bldg, Owner (8) ASCM No. Raddress An Plaza One, 4 th floor 110 Fieldcrest Avenue State, Zip Code In, NJ 08837 Int Manager for Monitoring Firm Intelephone Number Address Ascheduled Completion Intelephone Number Ascheduled Demo Start Ascheduled Demo Start Ascheduled Demo Start Ascheduled Demo Start Ascheduled Demo Completion Intelephone No ACM Present Ascheduled Demo Start Ascheduled Demo Start Ascheduled Demo Completion Intelephone No ACM Present Ascheduled Demo Completion Intelephone Normal Facility Hours - Intelephone Number Ascheduled Demo Start Ascheduled Demo					Iding Owner/Operator (2)	A COLOR OF THE PERSON OF THE P	OCT	2 7 21	Parent Parent Parent	Total description of the control of			
Agencies Notified		Notification	Туре		PSEG Street Addre	ss	1 505.A 6858							
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(X) DOH					Jersey City, I	NJ 07306								
() DCA					Name of Con		1 A	Imhar	-					
				EACH ITY II	Mike Percarp	010								
Name of Facility Where Al	batement is 7	Taking Place (3)	TAGILITTI	Type of Facil	ity (4)			1,25					
					() School (K									
Street Address	ell St Switchir	ng Stations – I	DEMO ON	LY	() Subchapt	er 8 (other than K-12)	100 10							
Officer Address					(X) Other (i.e.	. private & commercial bl	dgs., hor	nes, etc.						
164 Van Keuren Ave					Sq. Feet #	of Floors1_								
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Jersey City	Hudson		(State U	se Only)	Bldg. Age	10 Inside if boing demaliaced	\ F!4-		1-1:					
		Owner (8)	ASCM N	lo	Name of Cont	prior if being de nolis red) Electri	cal Subs	tation.					
Bureau Veritas			21001111											
Street Address					Brandenburg	Industrial Service Compa	iny							
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	11001 110 1	reluciest A	renue		2217 Spillman	n Dr								
City, State, Zip Code					City State, Zip	Code								
Edison, NJ 08837					Dethisham D									
	oring Firm	Telephone I	Number		Telephone Nu	ennsylvania 18015	Licens	se Numb	or					
Acceptance of agreen	sey City Hudson ne of Monitoring Firm Hired by Bldg eau Veritas eet Address itan Plaza One, 4 th floor 110 F State, Zip Code son, NJ 08837 eet Manager for Monitoring Firm Chadwick eduled Start Date (10) 7/2017 upancy Status During Abatement (Clacility Closed/Vacated During Entire Abatement Performed Outside of Note Ciribe_Demolition - No ACM Present Scheduled Demo Start Scheduled Demo Completion				Tolophone 140	arriber	LICETIS	se Mullip	<u>CI</u>					
JB Chadwick	itan Plaza One, 4 th floor 110 Fieldo State, Zip Code on, NJ 08837 ect Manager for Monitoring Firm Tele Chadwick 732 eduled Start Date (10) 7/2017 Sch 11/2 upancy Status During Abatement (Check				610-691-1800		00721							
Scheduled Start Date (10)		Scheduled (Completion	Date (11)	Name of OSH	IA Monitor								
11/07/2017			ompiction	Date (11)	Name of OSM	IA WOULD								
O	Chadwick 732 62 heduled Start Date (10) //07/2017 Sched 11/21/													
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() Full Containment with I	Negative Pre	ssure ()	Mini-Enclo	sure () Gl	ovebag Procedu) Minor Proj. (<25 S = or	<10 LF	ACM)						
Location of Asbestos-	Is Loca	tion Normally	Used	Description of	ACM (i.e.	Amount (Specify S = or	LF)	Abater	ment Type	e				
Containing Material (ACM) Facility (13)		by Maint./Cus	todial	thermal system			,			_				
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01. 01.					<u> </u>									
City, State				Disp. Date		City, State								
Completed by (Print or Typ	e)	Title			Signature		Date							
	-25	80 - 110-3					2010							
Jennifer Polzer		Contract Mar	nager		10/24/17									
					7									

Mail to: NJDEP-DSHW-BRRTP 401 E. State St., PO 414

Trenton, NJ 08625-0414

Telephone 609-984-6620

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

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Date of Notification (1) 10/25/17					f Building Bakalian		perato	r (2)	i	112/	CT 2				A COLORADO DE LA COLORADO DEL COLORADO DEL COLORADO DE LA COLORADO DEL COLORADO DE LA COLORADO DEL COLORADO DE LA COLORADO DE LA COLORADO DE LA COLORADO DE LA COLORADO DEL COLOR
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N				FACI	LITY INFO	ORMATI	ON						<u> </u>		
Name of Facility Where A Residential Home	Abatement is Takir	ng Place (3	3)					Ту	pe of Facility (4						
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City (5)				- 1				Sc	etc.) uare Feet	# of Floors	s	Bldg. Age			_
Oradell								1.00	275	2			5 +/-		
County (6) Bergen					Code (7) USE ONLY,)			urrent Use (Prio esidential Ho		nolish	ed)			
Name of Monitoring Firm Project Manager	Hired by Building	Owner (8)		ASCN	ЛNo.				Abatement Cont es Abateme						
Street Address							Street 280		dress Midland Ave						
City, State, Zip Code	***************************************								e, Zip Code Brook, NJ 07	663					
Project Manager for Mon	itoring Firm			Telepho	ne No.		Telep				ise No				_
	8			1653			201-	-600)-3184	0130	05				
Start Date (10) 10/27/17		Schedule 10/31/		npletion	Date (11)		Name	of C	OSHA Mor itor						
Occupancy Status Durin	g Abatement (Che	ck Only Or	ne)				Street	t Add	dress						
Facility Closed/Vac Abatement Perform Other – Describe: §	ed Outside of Norr	Period of / nal Facility	Abatem / Hours	nent			City, S	State	e, Zip Code						
Scope of Work (Check A															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	іг тпат Арріу)		Renova Demoliti				2		Full Containme Mini-Enclosure Glovebag Proce Non-Exempted	dure				e	
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										CD					
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Name of Registered Was	ste Hauler		100000	JDEP W		Cubic			Name of R	egistered La	ndfill				
All Stages Abatemen	nt		100000	auler ID 036592		of Was				entral Sar	nitary	Lan	dfill		
City, State Saddle Brook, NJ				Dispos	sal Date	9	City, State Pen Ary								

Richard Cristofol

Completed by

Title

President

Date

10/25/17

Signature





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Date of Notification (1) 10/25/2017					f Building i Zacch		Operato	r (2)	1	A STATE OF THE PARTY OF THE PAR		9 0	1.27	100	A STATE OF THE PARTY OF THE PAR
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				FACI	LITY INF	ORMAT	ION								
Name of Facility Where A Zaccheria Residen	Abatement is Takir	ng Place (3)							f Facility (4 chool (K-12	30					
Street Address								x O	ubchapter t ther (i.e. pr c.)				ildings	, hom	es,
City (5) Whippany								Square 1500	Feet	# 0	of Floors		Bldg. 55	Age	
County (6) Morris					Code (7) USE ONLY	,		Current	t Use (Prio ence	ri be	ing demoli	ished)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	ЛNo.				ement Cont (Industri		r (9)				
Street Address			<u></u>				t Address Heritag	ge Lane	-						
City, State, Zip Code							State, Zip	Code							
Project Manager for Mon	nitoring Firm		T	Telepho	ne No.		0.0000000000000000000000000000000000000	hone No. -570-26			License 01334				
Start Date (10) 11/3/2017	Scheduled		npletion	Date (11)			of OSHA	A Monitor C Industri	al						
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Facility Closed/Vaca Abatement Perform	ated During Entire	Period of Ab	oaten	ement 109 Heritage Larie											
Other – Describe:		nai Facility i	Tours	urs City, State, Zip Code Hamburg NJ 07419											
Scope of Work (Check A	II That Apply)						_	_							
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		Yes	No	N/A								-		ite	Ф
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Name of Registered Was Atlantic Carting	ste Hauler			IJDEP W lauler ID		of Was	Yards ste		Name of R Waste N		ered Land gement				
City, State Wayne NJ	1.					Dispos	sal Date		City, State Tullylow	n, P	A				
Completed by	Title	10.00			S	Signature					Date	W. 1820-182			
Corey Stankovic		CEO				/			Kore	(10/25	/201	7	



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Date of Notification (1) 10/24/2017				of Building Young F	Owner/Opera	tor (2)		OCT 2 72017							
Agencies Notified Type Notification	1		Street	Address				1 1 1 1 1	VL	6	1 60	基础 100			
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Emergency	(including	-		ter, NJ 0	/624										
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Name of Facility Where Abatement is Taki	ng Place (3	3)	1 70	VICTI I INT	ORWATION	Ту	pe of Facility (4)	-							
Private Home							School (K-12)								
Street Address						×	Subchapter 8 Other (i.e. priv	Other than K	(-12) ercial bu	ilding	s, hom	ies,			
City (5)						Sa	etc.) uare Feet	# of Floors		Bldg.	Λαο.				
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County (6)				Code (7)		Cu	rrent Use (Prior	i beina demo	lished)			-			
Bergen			(STATE	USE ONLY,			•								
Name of Monitoring Firm Hired by Building	Owner (8)	8	ASC	M No.			batement Contra								
Street Address					Re	mova	al Safety LLC								
offeet Address						et Add									
City, State, Zip Code	_						y Ave								
							Zip Code								
Project Manager for Monitoring Firm			Telepho	ne No		_	n, NJ 07502								
		relepiic	me No.		Telephone No. License No. 973-400-8711 01332										
Start Date (10)	O) Scheduled						SHA Monitor	01332							
11/02/2017	11/03/2	2017		, ,	10		Safety LLC								
Occupancy Status During Abatement (Chec	k Only On	e)				t Addr	The state of the s					_			
Facility Closed/Vacated During Entire	Period of A	batem	ent		8 C	rosb	y Ave								
Abatement Performed Outside of Norm Other – Describe: 8:00am - 4:30pm	nal Facility	Hours			City,	State,	Zip Code					-			
					- Pat	erso	n, NJ 07502								
Scope of Work (Check All That Apply)								-							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		enova emoliti				- N	ull Containment lini-Enclosure llovebag Proced		Pressu	ıre					
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Location of Asbestos-Containing Material (ACM)		ormall Solel			Descriptio	n of					/pe				
TO BE ABATED		ntenar		Asbesto (i.e. t	os Containing hermal system	Materi Is insi	al (ACM)	Amount (Specify	71		m	m			
In Facility (13)		(12)	tan?		surfacing, VA	AT, or		SF or LF)	Remova	Repair	cap	nclo			
\$11.50 1.00	Yes	No	N/A		other miscella	neous	,		oval	air	Encapsulate	Enclosure			
Basement	1.00	-110	158976875								(D)				
Attic	+		Х		VAT			875 SF	х		х				
Attic			Х	Pipe Ir	sulation W	rap A	nd Cut	30 LF	х						
Name of Registered Waste Hauler		NI NI	IDEP W	note	Outile V										
Removal Safety LLC			uler ID		Cubic Yards of Waste		CONTRACTOR OF THE PROPERTY OF	stered Landfi	ill						
		00	37007	7	3		GROWS	orth							
City, State Paterson, NJ					Disposal Date		City, State	100.000							
Completed by	Tie				TBD		Morrisville	, PA							
Lasko Veskov	Title Presid	lant			Signature	7	161		ate		-				
	1 16310	JOIN			Xasol	10	Delien		0/24/	2017					

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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 10 25 17 City of Camden Type Notification Agencies Notified Street Address ⊠ EPA M Initial PO Box 95120 □ DOLWD ☐ Amended City, State, Zip Code Amendment #_ ⊠ DOH Camden, NJ 08101 Emergency (including ☐ DCA Name of Contact justification) (NJAC 5:23-8) ☐ Cancellation James Rizzo **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) 2019, 2027 FILMORE STREET STRUCTURE School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 2019, 2027 FILMORE STREET STRUCTURE homes, etc.) City (5) Square Feet # of Floors Bldg. Age Camden varies varies 50+ County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) CAMDEN HOUSING DEEMED UNSAFE Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) 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 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 215 542 7000 00847 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10 / 26 / 17 12 / 31 / 17 CES Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 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-__AM Spring House, PA 19477 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 lf
 ≥160 sf or ≥260 lf Renovation Mini-Enclosure ☐ IVIIni-Enclosure ☐ Glovebag Procedure □ Demolition Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Removal Encapsulate Enclosure Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (Specify SF or LF) (i.e., thermal systems insulation, Custodial Staff? **IN Facility** surfacing, VAT, or (12)other miscellaneous) Yes N/A No See Attached Notice of Hazard See Attached Notice of Hazard 200 YD per res Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Recistered Landfill Hauler ID No. Maste Waste Management of NJ **GROWS** 17273 200/residenc City. State City. State Disposal Date Fairless Hills, PA 12/31/17 Tullytown PA Completed By (Print or Type) Signature Patricia Visco Office Manager ASB-41

JAN 13

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

Paid.

(1/2 13 9		(Pui	rsuant	to NJAC 8	s:60 and	12:120	")			n III		3 17	17/7	TE F
Date of Notification (1) October 24, 2017			Name of Building Owner/Operator (2) City of Summit Dept. of Community Programs										W	
Agencies Notified Type Notification		s	Street A	ddress orris Ave					# 1 P		L1-2	# 2	017	The Control of the Co
EPA X Initial Amended Amendment X DOL Amendment X X X X X X X X X	#		- 170	ate, Zip Conit, NJ 07					•	A MARINA MARIA	Contract Contract			-
DOH Emergency (i justification) DCA Cancellation	ncluding	N	lame o	f Contact Colucci										
				LITY INFO	RMATI	ON						_		
Name of Facility Where Abatement is Taking Community Center - Ground Floor	Place (3)						Туре	of Facility (4						
Street Address 100 Morris Avenue							×	Other (i.e. pretc.)				dings,	home	s,
City (5) Summit, NJ 07091							Squa 700	are Feet	# of F	loors	11.033	ldg. A	ge	
County (6) Union				Code (7) USE ONLY)	-			ent Use Prio		demolis	ned)			
Name of Monitoring Firm Hired by Building Comega Environmental Services	wner (8)		ASCN 0012				me of Abatement Contractor (9) nipro Environmental LLC							
Street Address 280 Huyler St	112->>- 2-3-11->						treet Address 34 Grandview Aver ue							
City, State, Zip Code South Hackensack, NJ 07606					0.0000000000000000000000000000000000000		Zip Code and, NY 10	0303						
Project Manager for Monitoring Firm Stan Blackman		elepho 201) 4	ne No. 189-8700)	Teleph 718-2			11 (12)	icense N	lo.				
	Scheduled 11/10/20	Comp						SHA Mon tor	al LLC					
Occupancy Status During Abatement (Check		(54)				Street								
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:			ent			City, S	tate, 2	dview Ave Zip Code land, NY 1	17					
Scope of Work (Check All That Apply)						State	11 15	lanu, NT 1	1303					_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ovatio	5000			×	Full Containmer t with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used S Mainte Custod	Solely enanc	by ce/		os Cont thermal surfa	scription aining M systems cing, VA niscellan	lateria s insu T, or		(Sp	ount ecify or LF)	Remova	Repair	Encapsulate	Enclosure
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Ground Floor Office	X		Exterior	Trans	site Wi	ndov	v Panels	85	SF	X			_	
Name of Registered Waste Hauler		100000000000000000000000000000000000000	DEP W		Cubic of Was			Name of F						
ATC			V2105		5			Minerva		risės				
City. State Shirley, NY 11967	Title				8/28/2	Carlo Carlo Carlo		City, State Waynes						
Completed by Raymond Blum	ons Manager Signature					ignature Date October :				er 24	201	7		