NO 220-14284931 Print Form E State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 48 71114 10/13/14 Matthew Wisocky Agencies Notified Type Notification Street Address ASBESTOS CONTROL & 434 E. Ridgewood Ave. LICENSING **EPA** Initial X DEP City, State, Zip Code Amended × DOL Amendment # Paramus, NJ, 07652 Emergency (including Name of Contact Telephone Number × DOH justification) × DCA Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Matthew Wisocky School (K-12) Subchapter 8 (Other than K-12) Street Address × Other (i.e. private & commercial buildings, homes, 434 E. Ridgewood Ave. etc.) # of Floors City (5) Square Feet Bldg. Age Paramus County (6) Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) Bergen County Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Pro Abatement Street Address Street Address 1009 87th Street Suite A4 City, State, Zip Code City, State, Zip Code North Bergen, NJ 07047 License No. Project Manager for Monitoring Firm Telephone No. Telephone No. 201-293-6305 01223 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10/23/14 11/13/14 HILMAMM CONSULTING LLC Street Address Occupancy Status During Abatement (Check Only One) 1600 ROUTE EAST SUITE 107 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: **UNION NJ 07083** Scope of Work (Check All That Apply) × Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Amount Encapsulate Maintenance/ TO BE ABATED (i.e. thermal systems insulation, (Specify Enclosure Remova Repair Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)(13)other miscellaneous) Yes No N/A

Name of Registered Waste Hauler SAN TON SERVICES		NJDEP Waste Hauler ID No. 22430	Cubic Yards of Waste	Name of Registered	Landfill HES COMMISION
City, State KENILWORTH, NJ	 		Disposal Date	City, State KEARNY, NJ	7
Completed by Bryan Parra	Title Proje	ct Manager	Signature		Date 10/13/14

Asbestos siding

846 SF

x

Back and sides of house

State of New Jersey

	NO			OF ASBES at to NJAC 8:60		BATEMENT 20)	DECE		\mathbb{V}	E	
Date of Notification (1) October 24, 20	14			Name of Building		rator (2) tole Construction	n roct	28	2014	//	y
[] DEP	l Notifica nded Not	ification		Street Address City, State, Zip Co		artlett Avenue	AASBESTO	S(00)) Lega	
[x] Eme	ndment # rgency (in fication)					Creek, NJ 08092					
K DOIL	ellation			Name of Contact Joyce	Corliss		Telephone Number	- T			
			FAC	ILITY INFORM	MATION						
Name of Facility Where Abatement is Taking Residence	Place (3))				Type of Facility (4)	School (k-12) Subchapter 8 (oth		l- 12)		
Street Address 17 West Selfridge						[x]	Other (i.e., privat homes, etc.)			ial build	dings,
City	County	y (6)		County Code (7) (STATE USE ONL	Y)	Square feet 1200 sf	# of Floors	Bldg	, Age	50	
LB Twp.	Ocea	n					if being demolished)				
Name of Monitoring Firm Hired by Building N/A	Owner (8	3)		ASCM No.	or (9) lian Contracting,	Inc					
Street Address				**************************************	Street A	ldress		mc.			
City, State, Zip Code					City, Sta	te, Zip Code	Route 9, Unit 61	0.05	155 1	271	
Project Manager for Monitoring Firm		Telephone 1	Number	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
Scheduled Start Date (10) 10/27/14		Scheduled (732-349-9932 00624 etion Date (11) Name of OSHA Monitor							
Occupancy Status During Abatement (Check				E.M.S.L. Analytical Street Address							
[X] Facility Closed/Vacated [] Abatement Performed					City Sta	1056 S te, Zip Code	Stelton Road				
Other – Describe		1			City, Sta		away, New Jerse	y 088	54		
Scope of Work (Check all that apply)					[]		nt with Negative Pres	sure			
[] >3 sf or ≥ 3 lf [X] ≥ 160 sf or ≥ 260 lf		[]	Renovat		[]	Glovebag Proceed					
[X] 2100 \$1 01 2200 11		[x]	Demont	10n	[x]	Non-Exempted ((*) and Non-Friable I	_			
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Location of	N	lormally us	ed	Asl	estos-Cor	ntaining	Amount	R E	R E	E N	E N
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in facility	174041111	Staff	Stourai		ulation, su		Of LP)	0	A I	A P	L
(13)		(12)			VAT, o	r		V	R	S	S
	N/A	oth	er miscella	aneous)		A L		U L E	U R E		
Exterior -		X		Asbestos sidir	ıg		1000 sf	X		E	E
Name of Registered Waste Hauler	l N	JDEP Waste	Hauler I	D No Cubic Va	rds of Wast	e Name of Regist	ared Landfill				L
Guardian Contracting, Inc.			223	2	ado OI WdSI	T.R.R.F.	CICG LANGINI				
City, State Toms River, New Jersey			Disposa 10/31/	al Date	City, Sta		a				
Completed by (Print or Type) Nicholas Fernicola	Signature Date 10/24/2014										

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

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Netification (1) Name of Building Owner/Operator (2) October 24, 2014 Miller Homes Agencies Notified Type of Notification Street Address X EPA Initial Notification 112 Giffordtown Lan 1 DEP Amended Notification City, State, Zip Code [x] DOL Amendment # ASBESTOS CONTROL & Tuckerton, NJ 08087 [x] DOH [x]Emergency (including LICENSING justification)] DCA Name of Contact Telephone Cancellation Jim Miller **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 [x]Other (i.e., private & commercial buildings, 22 W Susquehanna Drive homes, etc.) City County (6) County Code (7) Square feet # of Floors Bldg. Age (STATE USE ONLY) 1000 sf -1 60 Little Egg Harbor Current Use (Prior if being demolished) Ocean Residence Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. Guardian Contracting, Inc. Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755-1271 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 732-349-9932 00624 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10/27/14 10/30/14 E.M.S.L. Analytical Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton Road Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe Piscataway, New Jersey 08854 Scope of Work (Check all that apply) Full Containment with Negative Pressure] Mini-Enclosure >3 sf or ≥3 lf Renovation Glovebag Procedure [x] ≥160 sf or ≥260 lf [x]Demolition [x] Non-Exempted (*) and Non-Friable Procedure Abatement Type Is Location Description of Location of Normally used Asbestos-Containing Amount Ε Е N N Asbestos-Containing Material (ACM) Solely by Material (ACM) (Specify SF P C C M TO BE ABATED Maintenance/Custodial (i.e., thermal systems or LF) A A L 0 in facility Staff insulation, surfacing, P 0 V (13)(12)VAT, or R S S U U other miscellaneous) A L R YES NO N/A L E Exterior X Asbestos siding 600 sf X

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

Signature

Cubic Yards of Waste

City, State

3

Name of Registered Landfill

Date

10/24/14

T.R.R.F.

Tullytown Pennsylvania

NJDEP Waste Hauler ID No.

20223

Title

Project Manager

Disposal Date

10/31/14

Name of Registered Waste Hauler

Completed by (Print or Type)

City, State

Guardian Contracting, Inc.

Toms River, New Jersey

Nicholas Fernicola

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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USA Environmental M				,-/				IVIRONMENTA					
Street Address			811510=				Street Address	ALKOMMENTA	L, INC.				
8436 Enterprise Ave								DOTREET					
City, State, Zip Code				-			1123 BEAVE						
Philadelphia, PA 1915	2						City, State, Zip C						
Project Manager for Monitori	5			17.1	1		BRISTOL, PA	19007					
Mark Jenkins	ing rinn				phone		Telephone No.		License No.				
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Start Date (10) ON HOLD Occupancy Status During Ab Facility Closed/Vacated D Abatement Performed Ou Time of Abatement: Scope of Work (Check all that 3 sf or 3 lf 160 sf or 260 lf Location of Asbestos-Containing Mate TO BE ABATEL IN Facility (13) Basement Generator Roc Basement G	oatement During En utside of _AM at apply) erial (ACD om om om auler GROU	CM)	only of iod of Facility M/5:00 Replace	novatimolitic Locat Norma atodial (12) No	ment s - Des 30AM on on live live by by nce/Staff?	Asber (i.e Floor til Exhaus Vaste No.	Name of OSHA M BRISTOL EN Street Address 1123 BEAVE City, State, Zip Co BRISTOL, PA Full Cont Glovebas Non-Exe Description of Stos Containing Main, thermal systems surfacing, VAT, other miscellane The and mastic The an	Monitor VIRONMENTAL R STREET ode 19007 tainment with Neg closure g Procedure mpted (*) and Nor of terial (ACM) insulation, or ous) Name of Regist MINERVA L City, State	Amount (Specify SF or LF) 580 SF 400 SF 20 SF 20 LF ered Landfill ANDFILL URG, OH 4468	Removal	Repair	Encapsulate	-

Date of	Notification (1)					Nan	e of Build	ing Owner/O	, 47		FI	M	P	
	10 /	7	/ _1	4			erizon	ing Owner/Operator	(2)		5	ש	E	
Ø EPA	es Notified	☑ Initia		1	20 20 - 1 II - 2 0		et Address East Mo	ontgomery Place,	Lowerlavel	OCT	28	2014		Ш,
	WD 6237	☐ Ame				City	State, Zip	Code	LOWEI LEVEL	-			_	
	S 6220		ndment :		_			, PA 15212	-	ASBEST	OS COM	TDD		
DCA (NJA	C 5:23-8)	iustit	rgency (fication)	includi	ng		e of Conta					HOL	. &	
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		100	cellation				thony P			Telephone	Number	_	_	
						FA	CILITY	INFORMATION				~		
Management and a contract of	f Facility Where A		it is Takir	ng Plac	ce (3)				Type of Facility	(4)				
10.5	on Somers Po	nt CO	440						School (K-12)				
Street A	Management Company Company								Subchapter 8	Other than	K-12)			
115 N	lew Rd.								Other (i.e., pr homes, etc.)	rivate and co	mmercial	buildir	ıgs,	
City (5)			1550						Square Feet	# of Floor		DIda		
Some	ers Point								- 4	11 017 1001	•	Bldg.	-ge	
County ((6)					Cou	inty Code	(7)(STATE USE ONLY)	Current Use (Pri	or if boing de				
Atlan	tic						,	(MONNE DOE ONE)	Office	or it being de	molished)		
Name of	Monitoring Firm I	Hired by	Building	Owner	(8)	ASCN	1 No	Name of Abateme						
	Environmental				(-/									
Street A		- 3							VIRONMENTAL	-, INC.				
8436	Enterprise Ave							Street Address				770		
	te, Zip Code							1123 BEAVE						
	delphia, PA 191	53						City, State, Zip Co						
100000000000000000000000000000000000000	Manager for Monito		m		TTO	lonhana	Ma	BRISTOL, PA	19007					
	Jenkins	Jing i iii			1	lephone		Telephone No.		License N	lo.			
Start Dat			School	dulad (- Joseph (4)	215-36		215-788-6040		00509				
	_ / _27/_	14				etion Da 4/	ate (11) 14	Name of OSHA M	onitor /IRONMENTAL	INC.				
Occupan	cy Status During	Abateme	nt (Chec	k only	one)			Street Address						
☐ Facilit	y Closed/Vacated	During 8	Entire Pe	riod of	Abat	ement		1123 BEAVER	STREET					
☐ Abate	ment Performed (Outside o	of Norma	Facili	ty Hou	ırs - De	scribe	City, State, Zip Co						
Time	of Abatement:	AM-	P	M/ <u>5:0(</u>	PM-	1:30AM		BRISTOL, PA						
Scope of	Work (Check all t	hat apply	/)					1 -1						
≥3 sf o	or ≥3 If sf or ≥260 If			⊠ Re			27			ative Pressur	e			
<u> </u>	31 01 <u>2</u> 200 11				mont	ion		☐ Glovebag	Procedure npted (*) and Non	Esiable Dec				
		,		Is	Loca	ition		- Non-Exer	ripled () and Non	-Friable Proc				
	Location of				Norm			Description of			A	batem	ent T	ype
Asbes	tos-Containing Ma TO BE ABATI		CM)		ea So sinten	lely by	Asbe	estos Containing Mat	erial (ACM)	Amount	Re Re	Re	E	E
	IN Facility	<u>= U</u>		100000000000000000000000000000000000000		Staff?	(1.6	e., thermal systems in surfacing, VAT,	nsulation,	(Specify		Repair	cap	clos
	(13)				(12)	1	other miscellaneo		SF or LF) <u>a</u>	1	Encapsulate	Enclosure
	nt Power Room			Yes	No	-	F1						te	
							Floor ti	le and mastic		580 SF				
Baseme	nt Generator R	oom		\boxtimes			Mastic			400 SF				
	nt Generator R						Floor ti	le and mastic		20 SF				
	nt Generator R			\boxtimes			Exhaus	t insulation		20 LF		In	П	П
	Registered Waste				159	JDEP V		Cubic Yards of	Name of Registe	ered Landfill		1	_	
SERVI	CE TRANSPOR	TGRO	UP, INC	: .		lauler IC 20990		Waste	MINERVA L					-
ity, State				-		40330	-	Disposal Date	City, State					
NEW C	ASTLE, DE 197	20						podui Date	WAYNESBU	RG, OH 44	688			
ompleted	By (Print or Type)	Title					Signature						
Brian S	cafiro		Es	timat	or			Brian	Scalino /	. ,	Date	1	/	
B-41	000 000 40							- Juan	ocação /-	11	10/7	119	L	
Y 11	B5140	83	* [Do not	use th	nis form	for asbest	os licensure exempte	ed activities.	/				

Si .					(P	ursuar	it to NJA	C 8:	:60 and 5:10	5)					\mathbf{III}
Date of Noti	fication (1)					Name	of Building	g Ow	ner/Operator (2)	1 1 00	T 28	201	4	114
7. / <u>-</u>	10 /	24 /		14		Arb	or Mana	gem	ent, LLC						
Agencies No	otified	Type Notif	icati	on		Street	Address				ACDEC	TOP C	MITO	01.0	
☐ EPA						0.234893323	enny Rd.					STOS CO LICENS		ULa	ı
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☑ DHSS		Amend				1	mington,		19809						
DCA	23 8)	☐ Emerge justifica		(including			of Contac		10000		Telephone N	umher			
(NJAC 5:	23-0)	☐ Cancel		10			/ Pollice				relephone iv	umber			
						FA	CILITY IN	FOF	RMATION						
Name of Fac	cility Where A	Abatement is	s Ta	king Place	(3)					Type of Facility	(4)				
Rivervie	w Towers A	Apartment	ts							School (K-1					
Street Addre	ess								-	☐ Subchapter ☐ Other (i.e., p			uilding	10	
130 Mick	de Blvd									homes, etc.		merciai L	unung	<i>j</i> 5,	
City (5)						- 0				Square Feet	# of Floors	l E	ldg. A	ae	
Camden													•		
County (6)						Cour	ity Code (7)(STA	TE USE ONLY)	Current Use (P	rior if being dem	nolished)	0.02		
Camden			Apartments						s						
Name of Mo	nitoring Firm	Hired by Bu	by Building Owner (8) ASCM No. Name of Abatement Contractor (9))						
Brightfie	lds, Inc		BRISTOL ENVIRONMENTAL, IN						L, INC.						
Street Addre	ess						7 8 2 7	Stre	eet Address						
801 Indu	strial St							1	123 BEAVE	R STREET					
City, State, 2	Zip Code				Hotel			City	, State, Zip Co	ode				1-17-17	
Wilming	ton, DE 198	301						В	BRISTOL, PA	19007					
Project Man	ager for Mon	itoring Firm			Tel	ephone	No.	Tel	ephone No.		License No				
Monty K	rough				3	02-656	-9600	2	15-788-6040	í	00509				
Start Date (1	10)		Sc	heduled C	ompl	etion Da	te (11)	Nar	me of OSHA M	lonitor			-		
10/	27 /	_14		10/	_2	9 /	14	В	RISTOL ENVIRONMENTAL, INC.						
Occupancy :	Status During	Abatemen	t (Ch	neck only o	ne)			Stre	eet Address						
☐ Facility C								1	123 BEAVE	R STREET					
	nt Performed						cribe	City	, State, Zip Co	ode					
Time of A	Abatement: 8	:30AM- <u>5:3</u>	<u>O</u> PN	//PI	M	AM		В	RISTOL, PA	19007					
Scope of Wo	ork (Check al	I that apply)													
□ >2 of or >	216			₩.	22.22	41				tainment with Ne	gative Pressure	•			
≥3 sf or ≥≥160 sf or				⊠ Re □ De	nova molit	tion ion			☐ Mini-End	g Procedure					
	_						933 H (mpted (*) and No	on-Friable Proce	edure			
				110010	Loca				*	ä		A	batem	ent T	уре
Achastas	Location -Containing		`B #\	Charles.	iorm d So	ally lely by	Asha		Description of Containing Ma			Z.	Z.	m	ū
Aspesios	TO BE ABA		(۱۷۱	Ma	inten	ance/			ermal systems		Amount (Specify	Remova	Repair	Encapsulate	Enclosure
	IN Facili	ty		Cust	todial (12	Staff?		S	surfacing, VAT	, or	SF or LF)	val	7	usu	sure
	(13)			Yes	No		1	oti	her miscellane	ous)				ate	
Apartment	213			П			Floor ti	le ar	nd mastic		500 SF		In	П	П
Apartment 213									h.,						
												15			
		53121115. a				$+\Box$							12		
Name of Registered Waste Hauler								T				Ш	Ш		
	-				100	NJDEP I Hauler II		Wa	oic Yards of		stered Landfill				- 1
SERVICE TRANSPORT GROUP, INC.				20990					LANDFILL						
City, State						Dis	posal Date	City, State							
NEW CASTLE, DE 19720					6		WAYNESE	BURG, OH 44	688						
Completed By (Print or Type) Title Sign					Signature	0 0		Date	1	1 ,					
Brian Scafiro Estimator							Drian	Scofiro		10/	24/,	14			



			(Pi	ursuant t	to NJAC	8:60 and	12:120)		E	GE	3 1	M	B	
Date of Notification (1) 10/24/2014				Owner/Op VARRO	erator	(2)			<u> </u>	5 0	₩	5			
Agencies Notified	Type Notification			Street Ac 74 BR		VENUE					OCT 2	2 8 2	014		U
DEP DOL	Initial Amended Amendmen				te, Zip Co AIC, NJ		=			1	SESTOS	CON	TPO		
DOH DCA	Emergency justification Cancellation)		Name of WILL A	Contact				+		ephone			L di	
				FACIL	LITY INFO	ORMATIO	N								-
Name of Facility Where RESIDENCE	Abatement is Taki	ng Place (3	3)						of Facility (2)		40)			
Street Address 74 BROOK AVEN	JE				<u> </u>	A-1		×	Subchapter Other (i.e. p etc.)			rcial bu			nes,
City (5) PASSAIC								Squa	re Feet	# 0	f Floors		Bldg.	Age	
County (6) PASSAIC		All and a second		County C	Code (7) JSE ONLY)		Curre	ent Use (Prid	or if bei	ng demo	lished)		300 - H	
Name of Monitoring Fire N/A	m Hired by Building	Owner (8)		ASCM	No.		Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.								
Street Address				250 F					reet Address 50 RUTHERFORD BLVD.						
City, State, Zip Code									ip Code , NJ 0701	4	N.				
Project Manager for Mo	nitoring Firm		Telephone No.				Teleph 973-	one N 956-8			License				
Start Date (10) ON HOLD		Schedul	led Completion Date (11) 2014						HA Monitor S (9) ABO	VE					
Occupancy Status Duri	ng Abatement (Che	ck Only Or	ne)	-			Street								
➤ Facility Closed/Va	cated During Entire med Outside of Nor	Period of	Abaten				City, S	tate, Z	ip Code				166		
Scope of Work (Check	All That Apply)				7,7										
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			Renova Demolii				×	Mir	II Containme ni-Enclosure ovebag Prod n-Exempted	e cedure				ıre	
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Asbestos-Containin <u>TO BE Al</u> In Fac (13	BATED ility	Ma	intena todial (12)	nce/ Staff?		stos Conta , thermal s surfaci other mi	systems ing, VA	s insula T, or	ation,	(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A								1000		10	
BASEN	MENT	+	X			F	PIPE			2	20 LF	Х	-	-	
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Name of Registered Wa	note Haules			JDEP W	lasta	Cubic Y	/arda		Name of	Panist	ared Land	460			
TWO BROTHERS		G	1	Hauler ID 18743		of Wast			WAST	District Control			G.R	O.W	.S.
City, State CLIFTON, NJ Completed by Title					Disposal Date City, State MORRISVILLE, PA					P() to					
Completed by VIVECA RAMOS	JECT	ECT COORDINATOR Signature Date 10/24/2014						4							

Nach

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

Date of Notification (1) 10/15/2014						Owner/O		(2)						
Agencies Notified	Type Notificatio	n		Street A		VENUE								
DEP DOL	Initial Amended Amendme	nt #		City, Sta	te, Zip C									
DOH DCA	Emergenc justification Cancellation			Name of	Contact		-		0	erdstra er de	m ber			
				FACI	LITY INF	ORMATIC	ON					-		-
Name of Facility When RESIDENCE	e Abatement is Tak	ing Place (3)				= 0		Type of Facility School (K-						
Street Address 74 BROOK AVEN	IUE .							Subchapte Other (i.e. etc.)	r 8 (Oth			dings	hom	es,
City (5) PASSAIC	, , , , , , , , , , , , , , , , , , ,	51						Square Feet	# 0	f Floors	E	ldg. /	\ge	
County (6) PASSAIC		-		County (n		Current Use (Pr	ior if be	ing demolis	shed)			
Name of Monitoring Fi	rm Hired by Buildin	g Owner (8)		ASCM	No.			of Abatement Co			VG, IN	IC.		
Street Address								Address RUTHERFOF	RD BL	VD.				
City, State, Zip Code							City, S	tate, Zip Code				-		
Project Manager for M	onitoring Firm			Telephor	ne No.		Teleph	one No. 956-8700		License 00494	No.			
Start Date (10) 10/25/2014		Scheduled 10/28/20		mpletion [Date (11)		Name	of OSHA Monitor IE AS (9) AB(1 00 10 1			*	
Occupancy Status Dur	ing Abatement (Ch.		1					Address						
Facility Closed/Va	acated During Entire	e Period of Ab	bater					tate, Zip Code		_		0		
Other - Describe						_								
Scope of Work (Check	All That Apply)	100.00					_							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	enova emoli				×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure	4. 5			e.	
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Locati Asbestos-Containir <u>TO BE A</u> In Fa (13	ng Material (ACM) .BATED cility	Used Main Custo	Sole Itena	ely by nce/ Staff?		stos Conta . thermal :	systems ing, VA	laterial (ACM) insulation, T, or	(:	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A									to	
BASE	MENT		X				PIPE		2	20 LF	X			
							9181	-						
Name of Registered W	aste Hauler		772	JDEP W		Cubic \		Name of	Registe	ered Landfi	11			
TWO BROTHERS	CONTRACTIN	IG	333	lauler ID 8743	No.	of Was	(RAPITO)	250500000		NAGEME	ENT G	6.R.C).W.:	S.
City, State CLIFTON, NJ		Title				10/28/				LE, PA				
Completed by VIVECA RAMOS	ECT	COOF	RDINAT		gnature 1117	neau K	ar	1	ate 0/15/2	2014				

 $[\]ensuremath{^\star}$ Do not use this form for asbestos licensure exempted activities.

_	Designation.	10.V 340 1		24-					
	-	10-1	A.		te of New Jersey OF ASBESTOS AB		ME	P	D. D.
	- trace	Date of Notation (1)		(Pursuant te	NJAC 8:60 and 1	2: 120)	1111	CE	IVEI
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	research	Agences Noticed Tra	se Noissedon	_ i	N15	AN		OCT 28	
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	and the state of t	Name of Feedbard		FACER	Y BU CHURATION			- Interest	7
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-	anustus.	S COUNT WILLIAM	tel E	dazwood	# Mutil	Type of Facility	y (4)		
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_ 5		Name of Madining Free LEAST		8	e(7) (STATE	Committee (Pri	or if hearing des	nofeired)	
Sante	January,		- CERTS OF	ASOM No.	Name of Abres	Bik Contractor (C)	te/		
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	A. W.	Project Manager for Memboring Fam			The same of the		V.5 05		
_	ij _		Telep	hone No.	Telephone No.			021	
	11	Steri Deite (10) 11-4-14	Schadulad Completio	Delegan	626 824	0-111	License No.	273	
Theres		DOUBLING Seems	1-14-1	2	Name of OSHA Mon			, .	
		Company Sets During Abrisment Facily Gossiffeeded During Est Absissed Parlament Cristics of N			Streat Address	5.017			
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The same of the sa	5 1		- J table	The state of the s	City, Siete, Zip Gode				
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Malatin			isi.oosen			cence I (1) and Market	in Dimen		4
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CHECKS AND CHANGE WITH THE STREET	AS	Desires-Containing Metable (ACM)		Asirostne (Description of	n H	d'arting	Type	
COLUMN TO SERVICE STATE OF THE		(13)	Customed State?		Containing Material (As mai systems inschiling		ount C		
		(1.5)	(12)	9 20	rieding, YAT, or Similar (1995)	l famo	rLF)	Repair	Enc
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la la	Se			Max of the	este 🗸	of Registered Land			1
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Ca	incl	ed By			120	Tillut	un Fi	2	
	_			S	gnatuse				
1					44		10-25-	-14	
2345		° Do	not use this form for a	asbestos licens	ture attempted activiti	is c			

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MO#22302803777

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

D	ECEIV	E	5
M	OCT 2 8 2014		
	SBESTOS CONTROL &		

WIO#22302803777		15	(P	ursuai	nt to NJA	AC 8:60 and 5:1	16)	II ot	282		-111	-
Date of Notification (1)				Name	of Buildin	g Owner/Operator		001	202	014	14	ال
10	25	14		Kay I	Castner		- 1	ACCE				- 1
Agencies Notified	Type Notifi	cation			t Address		<u>L</u>	ASBESTO	SCONT	ROL 8		-1
☐ EPA	✓ Initial			3 Jam	es Street		1	LICE	ENSING			
☑ DOLWD	☐ Amende			100 1000000	State, Zip							
X DHSS □ DCA	11000-000-000	ment #		Berge	enfield, N	1 07621						
DCA (NJAC 5:23-8)	Emerge	incy (includ ition)	ing		e of Conta			Telephone	Number			
	Cancell			Kay F	Kastner			1 1	_			
						NFORMATION		-			-	
Name of Facility Where	Abatement is	Taking Pla	ace (3)			- OTTIMATION	Type of Facility	(4)				
Private home		1.7%	2000				School (K-1					
Street Address							Subchapter	8 (Other than K		1921.50		
3 James Street							Other (i.e., homes, etc	private and con	nmercial b	building	S.	
Gity (5)							Square Feet	*		Bidg. Ag	16	-
Bergenfield, NJ 07621										2149.74	50	
County (6)				Cour	nty Code (7)	(STATE USE ONLY)	Current Use (P	rior if being der	molished)	-		
Bergen					*	,						
Name of Monitoring Firm	Hired by Bu	ilding Own	er (8)	ASCM	No.	Name of Abaten	 nent Contractor (9))				
*						Gr Tech LLC		*				
Street Address				4		Street Address	0.00					
9						576 Valley Rd	#283					
City, State, Zip Code						City, State, Zip						-
						Wayne, NJ 074	170					
Project Manager for Mor	itoring Firm		Te	lephone	No.	Telephone No.		License No	J.		-	
						973-638-1777		01127				
Start Date (10)		Schedule				Name of OSHA	Monitor					
/	14	11	_ / _0	5 /		Envirovision C	Consultants Inc					
Occupancy Status Durin						Street Address	onsurtants, me					
Facility Closed/Vacat	ed During En	ntire Period	of Abat	ement		20-21 Wagaray	w Road, Bldg .#	35 E				
Abatement Performed Time of Abatement:	i Outside of I	Normal Fac	dility Hou	ırs - De	scribe	City, State, Zip (33.6				
			, 19		_AM	Fair Lawn, NJ	07410					
Scope of Work (Check al	I that apply)					Clean	up and decontami	nation with neg	ative pre	ssure		
≥3 sf or ≥3 if		X	Renova	tion		Full Co Mini-En	ntainment with Ne nclosure	gative Pressur	е			
≥ 160 sf or ≥260 lf			Demolit			Gloveb	ag Procedure	Tent with Neg	ative Pres	ssure		
						Non-Ex	cempted (*) and N	on-Friable Proc	edure			
Location	of		ls Loca Norm						Α	bateme	ent Ty	/pe
Asbestos-Containing	Material (AC	M) (M	Jsed So	lely by	Asba	Description estos Containing M		Amount	7	R	m	9
TO BE ABA			Mainter Sustodia			e., thermal systems	s insulation,	(Specify	1 80	Repair	caps	Enclosure
(13)	Ly		(12			surfacing, VA other miscellan		SIF or LF) va	. 7	Encapsulate	E E
		Ye	es No	N/A		outer measuran	10000)				6	
Basement				X		culation wman 0-		140.00	X			
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		L										
						- 3000				ılmi	П	П
Name of Registered Was	te Hauler		N	JDEP Wast	e Hauler ID No	Cubic Yards of Wa	ste Name of Reg	stered Landfill		1		
Gr Tech LLC				00337	85	TBD	T.R.R.F. Inc					
City, State				30331	-	Disposal Date	City, State				-	
Wayne, NJ 07470							Contraction Contraction					
Completed By (Print or T	ype)	Title	-			TBD Signature	Tullytown, F		T Dot-			
N.Jevtic					49	Oignature _/	late Wer	1	Date	AD-400 (100 A		
ASB-41		Owner	-				eutic Wer	raor	10/25/2	2014		
MAY 11		* Do	not use	this for	n for ashe:	stos licensure e y em	pted activities.					

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		NO		CATION		v Jersey ESTOS ABAT 8:60 and 12:1			EC	E		E	7	
Date of Notification (1) 10/23/14				Name of Brian C		Owner/Operat	or (2)		OCT	2 8	2014	4		川
Agencies Notified	Type Notification		- 1	Street Ad 500 W		n Street								\top
× EPA × DEP × DOL	Initial Amended Amendment				te, Zip Co ff, NJ, 0				ASBEST LI	OS CO CENS		OL &		J
X DOH X DCA	Emergency (justification) Cancellation	including	1 200	Name of Brian C	Contact Cole				Telephi	are Mui	mhor			
				FACII	LITY INFO	DRMATION								
Name of Facility Wher Brian Cole	e Abatement is Takin	g Place (3)					Тур	se of Facility (4 School (K-1)						
Street Address 500 West Main Si	treet						×	Subchapter Other (i.e. p etc.)				dings,	hom	es,
City (5) Wyckoff						and the second s	Squ	uare Feet	# of Flo	ors	В	ldg. A	ge	
County (6) Bergen	V			County C	Code (7) ISE ONLY)		Cur	rent Use (Prid	or if being o	lemolisi	ned)			
Name of Monitoring Fi	rm Hired by Building (Owner (8)		ASCM No. Name of Abatement Pro Abatement					CONTRACTOR OF THE PROPERTY OF					
Street Address						179,505	et Addr	ress th Street S	uite A4					
City, State, Zip Code						City	, State,	Zip Code ergen, NJ 0				-		
Project Manager for M	onitoring Firm		T	Telephor	ne No.	Tele	ephone		Lic	ense N	lo.			
Start Date (10) 11/6/14		Scheduled		npletion [Date (11)	Nan	ne of O	SHA Monitor						
Occupancy Status Dur	ring Abatement (Chec					Stre	et Addr				-			
	acated During Entire F rmed Outside of Norm :					City	, State,	Zip Code	SUITE	107				-
Scope of Work (Check			_			Ur	NON	NJ 07083						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	0.000000000000000000000000000000000000	Profession 1	enova emoliti				× N	Full Containme fini-Enclosure Glovebag Proc Ion-Exempted	edure	3			e	
1			.ocati									Abate	1000	t
Locati Asbestos-Containii TO BE A In Fa (1:	ng Material (ACM) BATED cility	Used Mair Custo	ormally Solely by tenance/ dial Staff? (12) Asbestos (i.e. th			tos Containing thermal syste surfacing, \	Description of s Containing Material (ACM) nermal systems insulation, surfacing, VAT, or other miscellaneous)			int cify LF)	Removal	Repair	Encapsulate	Enclosure
Wareh	nouse	Yes	No	N/A	the	rmal systen	n insu	lation	1060	I F	-		Ф	X
						Thai oyoton		Iddon	1000					
Name of Registered W	laste Hauter		T N	JDEP W	acto	Cubic Yards		Nome of	Registered	Londen				L
SAN TON SERVICE			Н	auler ID 2430	33977737C	of Waste	•		NLANCH			ISIC	N	
City, State KENILWORTH, NJ					Disposal Date				city, State KEARNY, NJ					
Completed by Bryan Parra	ject Manager Signature Date 10/23/14					14								

HERKY

Type Notification

justification) Cancellation

Amended Amendment #_ Emergency (including

Name of Facility Where Abatement is Taking Place (3) DESIDENCE

Date of Notification (1

Agencies Nouthed

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Sireel Address

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Sie el Appress

City State Zo Code

Sian Date (10)

Name of Maritoning Firm Hired by

Pract Hanager la Montaing Firm

Occupancy Status During Abatement (Check only one) To Facility Closed Vacated During Entire Period of Abatement

10

10

1 1	-/			12 Table			1
		Stat	e of He	# Jets e y	EGE		
	НОПР (Р	ursuan(to	KIYC	ESTOS ABATER	N nct 2	8 2014	1
		Haiwe o	Buildin	Owner Operator		NTRACTA	16
abon		SvestA	22000	55 RT	ASBESTOS (SING	
oni*_		Cry. Sta	18. Zip C	REEN E	ELD N	.7 082	30
100) 100) 100	gnibuc	Name o		:1	oing	Tel same nimber	· ~ 7.
				ORHA TION			
aking	Place (3)				Type of Facility School (K-12)		
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-17					Square Feet	# of Floors	Blog 10€ <u>40 +</u>
		Count	Code (1 ISTATE		ior if being demoisin	ed)
Bing O		USE O		Name of Abatem	reni Convagoi (9)	
JII KÇ ()							
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				Con State. Zip C	2 2 SHP	DE, NJO	3:5 -
		elephone N	10	10000000 No.	79-042	2 0044	14
Scheo		pleton Date	e (11)	Name of OSHA	PKALEN	M	,
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	ck only on nod of Ab			3695	Spiruce		
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	Yes	HO HIA		T	Ĕ	2500A	×
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===	++	-			T Name of 8	epistered Landfill	
		LINES	Waste	. Cubic Yards	1 100	. c M:	1 10 1

Abatement Performed Outside of Normal Facility Hours

Other Describe Scape of Work (Check all that apply) Renovation 5 - 60 21 OL 3 500 II Ø Demai∞ Is Location HOMEN Used Solety by cocation of Maintenance: Aspesios-Containing Material (ACM) ೧ಡ:∞ತ TO BE ABATED Siami ואו ל שמנה .12. :131 HIL ho YES 5171NG MOED Wase Hame of Registered Waste Hauler 17904 17904 KLÉMCO INC. DS PS Sal Dale Cin State MAPLE Signature Completed By MASEPH EMM

A 58 - 1

1 Do not use this form for aspessos licensure exempled activities

				OF ASBESTO to NJAC 8:60 a			ME	C E		V	E	
Date of Notification (1) 10/24/2014					f Building Owner		(2) OURCE DEVEL	армант		-		
Agencies Notified	Type Notification			Street A	Address BOX 420			11 11 0	CT 2	8	2014	
DEP DOL	Arnended Arnendment		_		ate, Zip Code ITON, NJ 086	25	(2)	ASBE	STOS			La
■ DOH	Emergency (i	ncluding	-		f Contact			Lelephone NL		· Conv		
DCA	Cancellation			-	KUNZE ILITY INFORMA	TION						
Name of Facility Where LEONARDO STAT					ILITT INFORMA	TION	Type of Facility (4					
Street Address 102 CONCORD A\	/ENUE						Subchapter	8 (Other than K- rivate & commerc		dings	, hom	es,
City (5) LEONARDO							Square Feet	# of Floors	E	Bldg. /	Age	-
County (6) SUSSEX		F			Code (7) USE ONLY)		Current Use (Price	or if being demolis	shed)			
Name of Monitoring Firm USA ENVIRONME				30.000.000.000	VI No.		of Abatement Con		NG			
Street Address 344 WEST STATE	44 WEST STATE STREET				W. S.		Address RUTHERFORI	D BLVD.				
City, State, Zip Code TRENTON, NJ 086	RENTON, NJ 08618						State, Zip Code FTON, NJ 0701	4				
	roject Manager for Monitoring Firm VILLIAM WEISGARBER				one No. 56-8101		hone No. -956-8700	License 00494	No.			
Start Date (10) 11/6/2014		Schedul 11/13/		mpletion	Date (11)		of OSHA Monitor ME AS (9) ABO	VE				
Occupancy Status Durin	g Abatement (Check	Only O	ne)			Street	Address					
	ated During Entire P ned Outside of Norm VACANT					City, S	State, Zip Code					
Scope of Work (Check A	All That Apply)					1						
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf			Renova Demolit				Mini-Enclosure Glovebag Prod				re.	
			Locat Normal					24		Abat	emen /pe	t
Location Asbestos-Containing <u>TO BE AB</u> In Facil (13)	Material (ACM) ATED lity	Use Ma Cus	ed Sole intena todial ((12)	ely by nce/ Staff?	Asbestos Co (i.e. therm sur		Material (ACM) is insulation, AT, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
400		Yes	No	N/A	Tu	- O B 4 A	CTIC	150.05			-	-
102 2ND FL0		-	X	-		E & MA		150 SF 372 SF	X		-	
			X				COMPOUNI	1,200 SF	X	-	-	
ZNDTE	2ND FLOOR						ITAINMENT	1,200 31	^			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING				JDEP V lauler ID 8743	Vaste Cub	ic Yards /aste	Name of f	Registered Landfi E MANAGEMI		1	D.W.	L S.
City, State CLIFTON, NJ						osal Date 13/2014		SVILLE, PA				
Completed by VIVECA RAMOS		Title SEC	RETA	ARY	1	Signatur	was Re	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ate 0/24/	2014		

CK-7396

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

		(and 12:120)				nct o	8 ZU	1/1	-111	-111
ate of Notification (1) October 22, 2014	tober 22, 2014				Univers	er/Operator (ity	(2)	2						
gencies Notified	Type Notification		Stre E./	eet Addres	ss Millan Bi	uilding			ASI	BESTOS C	ONTE	OL 8	š	
EPA DEP DOL	Initial Amended Amendment #		City	, State, Z		ii.			T 1.	phone Numb	or			_
DOH DCA	Emergency (ir justification) Cancellation	ncluding	Во	me of Cor ob Orteg	ga			_	lele	pnone Numb			_	1
				FACILITY	Y INFORM	MATION	Type of	Facility (4)						
701 Forrestal Roa	e Abatement is Taking ad Print & Mail Sho	Place (3)			•		Sch Sul Oth	nool (K-12) ochapter 8 ner (i.e. pri	Othe	er than K-12) commercial	buildin	gs, ho	mes,	
701 Forrestal Roa	ad						Square	Feet		Floors	0 00000000	g. Age		
City (5) Princeton,							60,000		3	- domoliche	80			\dashv
County (6) Mercer			Co (S	ounty Cod	ie (7) ONLY)		Facult	y Reside	ence	ng demolishe				
Name of Monitoring F	irm Hired by Building	Owner (8)		ASCM No 00098	0.		of Abate on, Inc.	ment Cont	ractor	(9)			1-2	
Cardno ATC Ass	sociates, Inc.			00000			t Address							
Street Address 3 Terri Lane								tive Ave	nue		+3		-	-
City, State, Zip Code	016					City,	State, Zip adelphia	a, PA 19	153					
Project Manager for I	urlington NJ 08016				No. 8800		ohone No. 284 10			License No 01109).			
	ichael Keehn					Nam	e of OSH	A Monitor						. C. G
Start Date (10) 11/7/2014		1/31/201			5, cr. s		eph Ma							-
	uring Abatement (Che						et Address 11 Exect	s utive Ave	enue					
	Vacated During Entire formed Outside of Nor be: work area isolated to						State, Zip iladelph	Code ia, PA 19	9153					
Scope of Work (Che ≥3 sf or ≥3 lf ≥160 sf or ≥260	ck All That Apply)	× Re	enovat emoliti	ion			Min	i-Enclosure	e cedur	th Negative f e and Non-Frial	ole Prod	cedure	e	
		ls	Locatio	on				a europia A					ement pe	
Asbestos-Conta TO B	cation of hining Material (ACM) E ABATED Facility (13)	Use Mai	lormall d Solel ntenar odial S (12)	ly by nce/	Asbest (i.e.	Description Containing thermal system surfacing, other misce	g Material ems insula VAT, or	(ACM) ation,		Amount (Specify SF or LF)	Removal	Repair ·	Encapsulate	Enclosure
		Yes	No	N/A		loor Tile a	nd Mast	ic	1	,200 SF	x			
First Floor	Rooms 27,29,33			Х		ngs on Fib			-	6 LF	x			
						ngs on Fibe				26	x			
First Floor	Men's Restroom			X	FILLI	195 OTT 100	- Igiaoo				\top			
Name of Registere Waste Manage			H	NJDEP W Hauler ID 20990		Cubic Yard of Waste 40 CY		Growe	es La ate	=1001	ill '			
City Ctoto						1/31/15		Tullyto	own,		Date			
City, State Tullytown, PA						Signa								

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#2026 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 10 24 14 Josh Garfield Agencies Notified Type Notification 2014 OCT 28 PM 10: GL Street Address ☐ EPA X Initial ▼ DOLWD 551 Bradford Avenue Amended ASEST City, State, Zip Code X DHSS Amendment # DCA & LICENSING Emergency (including Westfield, NJ 07090 (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Ma Josh Garfield FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private home School (K-12) Street Address Subchapter 8 (Other than K-1 2) Other (i.e., private and commercial buildings. 551 Bradford Avenue homes, etc.) City (5) Square Feet # of Floors Westfield, NJ 07090 Bidg, Age County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Union Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 Start Date (10) 01127 Scheduled Completion Date (11) Name of OSHA Monitor 11 / 03 / 14 __11 / 04 / 14 Occupancy Status During Abatement (Check only one) Envirovision Consultants, Inc X Facility Closed/Vacated During Entire Period of Abatement Street Address Abatement Performed Outside of Normal Facility Hours - Describe 20-21 Wagaraw Road, Bldg .# 35 E Time of Abstement: AM- PM/ PM_ AM City, State, Zip Code Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure ≥ 3 sf or >3 If ≥ 160 sf or ≥260 If Full Containment with Negative Pressure X Renovation Mini-Enclosure Demolition Glovebag Procedure Tent with Negative Pressure Non-Exempted (*) and Non-Friable Procedure Is Location Location of Normally Abatement Type Asbestos-Containing Material (ACM) Description of Used Solely by Asbestos Containing Material (ACM) Repair TO BE ABATED Maintenance/ Removal Encapsulate Enclosure Amount (i.e., thermal systems insulation, IN Facility Custodial Staff? (Specify surfacing, VAT, or (13)(12)SIF or LF) other miscellaneous) Yes No N/A Basement X Pipe insulation 20 LF X Name of Registered Waste Hauler NUDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 T.R.R.F. Inc TBD City. State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA

Signature

* Do not use this form for ashestos licensine exempted activities.

Date

10/24/2014

Completed By (Print or Type)

N.Jevtic

ASB-41

MAY 11

Title

Owner

State of New Jersey

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

5				1000				REC	FIVE	Chec	<#7	647	
Date of Notification (10/24/14				0.00	er/Operator (2) partment of Milita	any Affaire			Acre			
Agencies Notified	Type of Notifica			Address		Cartificiti of Willite		2014 OCT	28 PH 1	7- 5-1	-	-	
[] EPA	Type of Notifice					ssing Road		CB14 001	20 111). Gr	ŀ		
- D 109/036	[X] Initial		101 L	-ggci i	.5 010	issing Moad		4 : 5 f 5 f	-				
[] DEP	Notification	n (City, St	ate, Zip	Code			ASBEST	- J.	RO	•.	_	_
[X] DOL	[] Amended					J 08648		& LI	CENSING	3			
[X] DOH	Notification	n l			- 83								
[] DCA		100		of Conta			Te	lephone Nun	nber				
	[] Cancellatio	on \	Villia	m Mc	Bride								
	1			- 4592	FACIL	ITY INFORMATION							_
Name of Facility Whe		aking Pla	ace (3)				Type of Facility (4	1)					
Lawrenceville A	Armory						School (I	K-12) oter 8 (Other t e. private and	than K-12)				
Street Address							Other (i.e homes,	e. private and	commercia	l buildi	ngs,	rii	
151 Eggerts Cr	ossing Road						nomes,	eic.)					
City (5)		County	, (C)			County Code (7)	Square Feet	# of Floor	355	ldg. Ag	je		
Lawrenceville		Merc				STATE USE ONLY)	20000 Current Use (Prio	r if heing den		35			- 10
		Not the Management of				O LATE OOL ONE!)	armory	i ii beilig del	nonaneu)				
Name of Monitoring I				ASCM N		1 1	ent Contractor (9)					-	
Whitmar	n Companies,	Inc.	1	0110)		upiter Environ	mental Se	ervices, li	nc.			
Street Address						Street Address							
7 Pleasant Hill			7.000000				3 Lynn Court						
City, State, Zip Code						City, State, Zip C							
Cranbury, NJ 0							Lincoln Park, N	NJ 07035					
Project Manager for I	Monitoring Firm	100000000000000000000000000000000000000		Numbe		Telephone Numb			License I				
Kevin Lovely Scheduled Start Date	(10)	_		0-5858			973-709-0200			0	08	52	
11/3/1		ed. Comp	114/1		1)	Name of OSHA N					_		
Occupancy Status Di		2618					J & S Environn	nental Lai	poratories	s, LL	<u></u>		
	ed/Vacated During				ment	Street Address	222 Davita 201	Λ.					
[] Abatement P	Performed Outside of	of Norma	al Facil	ity Hour	s –	253	333 Route 22\	/ V					
	cribe:					City, State, Zip C		22					
Selection Code Nation Codesian	scribe: partially vaca	ant ———					Jnion, NJ 0708	00	55.5				
Scope of Work (Chec	ck all that apply)									(425)			
[] Demolition				[]	Reno	ovation		ontainment v - Enclosure	vith Negative	Press	ure		
[] ≥3 sf or ≥3 lf				1.1	110110	valion		bag Procedu	re				
[x] ≥160 sf or ≥	:260 If							- Friable Prod					
			Locat							Al	ate	men	it
Locatio	on of		rmally				iption of				ре		
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Material		100000000000000000000000000000000000000	al Staf				nal systems		SF or LF)	M	P	C	N
TO BE A			_			insulation, su	urfacing, VAT,		: Tale : 17070: TTE: 1	0	A	A	L
In Fac (13		Yes	No	N/A		or other mis	scellaneous)			V	1	P	0
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Supply room			х		VAT	and mastic			320 SF	X			
			-				11						
Name of Registered V	Waste Hauler	I N.	JDEP V	Vaste	1	Cubic Yards	Name of Register	red Landfill				_1	_
Jupiter Environr			auler ID	No.	2233	Of Waste	Minerva Lan						
	04782					2							
City, State	ľ				0.000	Disposal Date	City, State	011					
ncoln Park, NJ						11/21/14	Waynesburg	, OH					
	ompleted By (Print or Type) Title General Manage					Signature /	(0		Date				
Pane Repic		Gen	erai	wana,	ger	K		2	10/24	/14			
SB-41													
JN 95													

CK 3309

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

RECEIVED

Date of Notification (1) 10/23/14 CK# 3309 \$200					of Building m Pater						<u>. a U</u>		•			
Agencies Notified	Type Notification		1	Street	Address			,		2914 (OCT 2	8	PH	10:	6 4	
EPA DEP DOL	Initial Amended Amendmen Emergency	(including	- [City, St Wayn	ate, Zip C e, New of Contact	^{ode} Jersey	07470		,	4500 &	LIC	EN:	J. SIN	TR G	0L	
DCA	Justification Cancellation			C/o D	obco Ind	c. Cha		Vallej	0	l ren	sprione	Nulli	bei			
Name of Facility Where William Paterson L Street Address	University, New	ng Place (3) Academic	: Bui		ILITY INF	ORMAT	TION		of Facility (School (K-1 Subchapter	2) 8 (Othe						
300 Pompton Road City (5) Wayne, New Jerse								-	Other (i.e. p etc.) are Feet		Floors	ercia	TE	ldg. /		es,
County (6) Passaic		_			Code (7) USE ONLY	· · · ·		Curre	ent Use (Prid		ng demo	olishe				
Name of Monitoring Firm	m Hired by Building	Owner (8)		ASCI	M No.			of Aba	atement Con poration	tractor	(9)					
Street Address							Street	Addre		ıe.			-			
City, State, Zip Code			- 10°-25°-11				City, S	tate, Z	ip Code Park, NJ		4					
Project Manager for Mon	T	Telepho	ne No.		Teleph 973-	none N	0.	7	Licens 01104				***			
Start Date (10) 11/07/14		pletion	Date (11)		Name	of OSI	HA Monitor onmental	Labor	-							
Facility Closed/Vac	Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement						Street	Addre			410110					
Other – Describe:		nal Facility F	lours						ip Code w Jersey	07083	3					
Scope of Work (Check A ≥3 sf or ≥3 if ≥160 sf or ≥260 if	All That Apply)	Personal Control of the Control of t	novat moliti				×	Mir Glo	Il Containme ni-Enclosure ovebag Proc n-Exempted	edure						
1			ocatio						ZXOIIIpted	() uno	14011-1	Table		Abate	emeni pe	t
Location Asbestos-Containing <u>TO BE AB</u> In Faci (13)	n Material (ACM) <u>ATED</u> lity	Used Main Custo	Solel tenan	y by ice/	Asbes (i.e.	tos Con therma surfa	scription taining M I systems cing, VA miscellan	laterial s insula T, or	(ACM) ation,	(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
Exterior of I	Building			X	PickUp	& Disp	ose 6"	Trans	sitePipe	10	0 LF		X			
										10	1					
Name of Registered Waste Hauler					/aste	Cubic	Yards		Name of F	Pagistor	ad Lan	4611				
Lilich Corporation					No.	of Wa			G.R.O.V			Jilli				
City, State Woodland Park, New Jersey 07424						Dispo	sal Date 0/14		City, State Morrisvi		nnsylv	vania	 а			
Completed by Momo Glavatovic	resic	dent		5	Signature	C	300)		Date 10/2		4		350		

CK 8591

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

Date of Notification (1)				Name	of Buildin	g Owner/Operator (2	2)				
	24 1 1			VA	Har	ie SAN	TMREC	FIVEN			
Agencies Notified	Type Notification	n		Street	Address			- · · - W			
□ EPA	☐ Initial			7	72 1	Divis, and	DOTE TA	<u></u>			
₽ bormo	Amended			City, S	tate, Zip (Code	COM BUT	28 PMIN O	3		
Бон	Amendment			k.	0	. —	11-	77736	3		
DCA	Emergency (justification)	including]	Name	of Conta	5)	U AURECIC	Tolophono Must	or		
(NJAC 5:23-8)				Name	of Contac	I.	9 1 10	relephone Numb	er		
	Cancellation			SAN	Dx:	STIVES	or LIC	EN3-SH			1_
		-86		FAC	ILITY IN	FORMATION					
Name of Facility Where A	batement is Taki	ng Place	(3)		market and a	,	Type of Facility (4)			_
1 -		-				Υ.	School (K-12)				
Res Hon	n e							(Other than K-12)			
				_			Other (i.e., pr	ivate and commerc		s,	
72 Divis	ion 5	Tre	27				homes, etc.)				
(Cliv (a))					,		Square Feet	# of Floors	Bldg. Ag	е	
County (6)	CT						+ 540	12	+75		
County (6)				Coun	ty Code (7)(STATE USE ONLY)		or if being demolish			
						5200	,		55		
Name of Monitoring Firm	Hired by Building	Owner	(8)	ASCM	No	Name of Abateme	ent Contractor (0)				
				AUUIVI	110.						1
CriTerion Street Address	LADDIA	1015	45			B+A EA	vivironmen	TAL CONTR	Actors	J	vc
	age of					Street Address					
3370 freq City, State, Zip Code	1ess Dr	iVe	Su	150	3	City, State, Zip Co	uck Ro	A D			
City, State, Zip Code		-				City, State, Zip Co	ode				
Bencalen	Pa	1011	70	12		Dan T	, 0-	19540	1		
Ben Salem Project Manager for Mon	itorina Firm	110	Tel	enhone l	No	Telephone No.	~ (A	1954 c			
								Company of the control of the contro			
Start Date (10)	Presse	م ادراده	215	1-24	4.196	1010-856-	1700	0110	~		
Start Date (10)	Sche	eauled C	omple	etion Dat	te (11)	1					
<u></u>	 	11_1	1.	<u> </u>	19	CEI	1.48,				
Occupancy Status During	Abatement (Che	ck only	one)			Street Address				-	
Facility Closed/Vacate	ed During Entire P	eriod of	Abate	ment		117		-			
☐ Abatement Performed	Outside of Norm	al Facilit	v Hou	rs - Des	cribe	City State 7 in Ca	-W Edi	Trad Co	2251		
Time of Abatement:	70 -AM- 704	PM/	_PM		AM						
					•	CATY	NC	27511			
Scope of Work (Check al	tnat apply)									90	
<u></u> ≥3 sf or ≥3 lf		Æ Re	novat	ion		☐ Full Cont	tainment with Neg	ative Pressure			ĺ
☐ ≥160 sf or ≥260 lf		☐ De				☐ Mini-Enc					
				Made La Contra				-Friable Procedure	•		
		Is	Loca	tion					Abateme	nt T	vne
Location	of		Norma	lly		Description o	ıf		-	-	
Asbestos-Containing	Material (ACM)	Use	ed Sol	ely by	Asbe	stos Containing Ma		Amount '	Repair	Enc	Enc
TO BE ABA	TED		intena	ance/ Staff?		e., thermal systems i	insulation,	(Specify	Repair	ap	Enclosure
IN Facili	ty	Cus	(12)			surfacing, VAT,		SF or LF)	ía l	Encapsulat	ure
(13)		Yes	No	N/A		other miscellane	ous)			ite	
			140	_	-						
Res. Home Ba	SEMALT			M	The	imal system	INSULA FEL	90 LF			
			П			, , , , ,		- , ,			
		+=-		+=-						Ц	
		ПП	П	ĪП							
Name of Registered Was	te Hauler	1	17.		Monte	Cubia Vanta at	TN (5)			ш	ш
	ie nauler		163	NJDEP V Hauler ID		Cubic Yards of Waste	Name of Regist	ered Landfill			
K+A Enviro	NMESTOSI	DUTIA	¿Ten	AD C		YVasic /	mino	CVA 1.A	w DE	11	
City, State		212/10		00	217	Disposal Date	City, State	ers LA	,0,7,1	• 1	
mohnten	Pa						1570				
) / -					11-29-14	WAYNES	Burg, 0	H		
Completed By (Print or Ty	(pe) Ti	tle				Signature	0 0	Dat	е		
ANTHONY J SAN	Tarelli	OPE	in	Tin	~	11 1	E 11 2		10-20	1 -	14
A3B-41 *						10000	71	- 1			. /
JAN 13		* Do not	use ti	his form	for asbes	tos licensure exemp	ted activities				

RECEIVED

NO CK

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

RECEIVED

Date of Notification (1) PM IO: 62	etropia te	T	Name o	f Building Owner/Oper	11 0 11	1242014 OCT	pec 6	Man	: 61	
Agencies Notified Type Notification			Street A	ddress	nit a	LINAGA- 61	10-1		RO	
DEP & LICE Amended DOL Amendment #			City, Sta	ate, Zip Code	7093		CENS	INC	KU	
DOH justification) DCA Emergency (ii justification) Cancellation	ncluding	Ī	Name o	Contact	.405	Telephone	Number	,		
Name of Facility Where Abatement is Taking	Place (3	1	FAC	LITY INFORMATION	Type of Facil	ity (4)		•		
Street Address	1				School Subcha		(-12) ercial buil	dings	, hom	es,
City (5)	1				Square Feet	i	E	Bldg. A	Age	
County (6)				Code (7) USE ONLY)	0110-	(Prior if being demo	lished)		-	
Name of Monitoring Firm Hired by Building O	wner (8)		ASCN	No. Na	me of Abatement	Contractor (9)	mile	00	4	2 0
Street Address		-	1	Str	reet Address	COT OL			ليا	P.
City, State, Zip Code				Cit	y, State, Zip Code	alt (7720	12	3	
Project Manager for Monitoring Firm		1	Telepho	ne No. Te	lephone No.	License	e No.		=	
Start Date (10)	Schedule	d Com	pletion	Date (11) Na	me of OSHA Mon	tor				1/
Occupancy Status During Abatement (Check	Only On	e)		Str	eet Address					
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	riod of A I Facility	batem Hours	ent	Cit	y, State, Zip Code					
Scope of Work (Check All That Apply)					- Chire					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emoliti			Mini-Enclos				۵	
	100000	Locatio	93000 L.J		THORE ZOTT	Sted () and Non-()	lable 1 10	Abate	emeni	
Location of Asbestos-Containing Material (ACM)	Used	ormall Solel	y by	Descrip Asbestos Containin	tion of .	Amount		1 9	ре	
TO BE ABATED In Facility (13)	13,1019,013	ntenan odial S (12)		(i.e. thermal syst surfacing, other misce	ems insulation, VAT, or	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Dr.CIL	Yes	No	N/A						Ф	
Root H		4		Ditch bu	CCKEAS	-	1			
Danie Co	-	×.		0.000	SCOLOR	UE SF	1			
		×		110 -0.	ashing	UO 57	1			
Name of Registered Waste Hauler	lan de		JDEP W	aste Cubic Yard		of Registered Land	lfill			
Cliftuly Wife		3	Jauler ID	No. of Waste		mslanc	1611			
therebeth int.					ate City, S	PRINIII,	PA	erroe anneve		
Completed by Kathleen Serevetas	Title_	Per,	den	+ Signal	the S	ervela	Date 10 a	24	. L	1

NO CK

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

2) -/(ed				e al Building Owner/Operat	WOOD MAL	記以即	L
XEPA T	pe Notification	(Stree	2 Deal Ham	TIPE 2014 6	ICT 28 PM 10: (9 1
X COL	Amended Amendment # Emergency (Irus	15	/ E		21495BE	LICENSING)L
	ustification) Cancellation		1.000	a of Contact! AIKE GECI		Telephone Malaber	Str.
				CILITY INFORMATION			
time (Address	ement is Taking LAC LAD			ofg. Plant	-Ei-Other (Le. pr	2) 8 (Other then K-12) tivate & commercial but	komçı.
Avenu I			*****		Square Feet 2,250	the state of the s	dg Age
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Hudson					Storac	The second of th	
AST LINSOUTA	od by Building Cy	SKS	ASCM No.	Terra C	ment Contractor (Service,	lel
23 N. Tea Rd	POBN 3	615		5787 S	todium.	drine	U
State ZipiCode	NY 119	169		City, State, Zip		9009	
The Language for Monnoru	g Firm V		aphone No 7-450		aca-	Lisense No	Š
9-8-14	Scheguled			Nems of OSHA	Menitor	de Carre Stra	
remeaner fitalus During Ab	stement (Check t	my one)	-/-	Street Address	-1 %	TUITIONA	
Phantity Clased/Vecaled Du Literatural Performed Club Little/ - Describe	irthig Entire Period side of Normal Fa	of Abate solity Hou	men!	City, State, Zip	Code	L. 416AN 4518	7) (h-
Chesk at the	epply)			novation 0 Min molition 0 Glor	Containment with Englosure vebag Procedure	Negative Pressure	
2 (12 12 12 12 12 12 12 12 12 12 12 12 12 1		ls L	postion	U Non	-Exempled (*) and	Non-Frisble Procedure	Abatemen
Aspesins-Containing Ma TO BE ABATE IN Facility (13)		Used Main Cu	armatly Solely by Itenance/ stodial Iten? (12)	Description Asbestos Containing M (i.e., thermal systems surfacing, VA' ather miscellen	isterial (ACM) s'insulation, T, or	Amount (Specify SF or LF)	Ropas Rampat
		Yes	No. NA				
TANK = 99		X		TANK GOTIN		2,250SF	X
							1
Segistered Waste Ha	over tal Gr	NJD ID N	EP Waste)	Hauter Cubic Yards of Waste 30	Name of Regist	ared Landfill Acres Land	fill
THE WAR				Disposal Date 9/30/14	City_State	+ NIN	
escieted by	Title: 4		1 -	Signature	1 dir pol	Date	8-22-14
Dens Me	DINELE	ORA	form for an	NAT Nauca	ectivities	et ?	12-1

Check#2025

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

			11.	ai Suai	IL EO NOP	10 0.00	anu J. i	o,	L.					
Date of Notification (1)			Name	of Buildin	g Owner/	Operator ((2)	DE	٠, ١	05000				
	24 /	14		Alice	Brackma	nn			REC	LLIA	E	D		
Agencies Notified	Type Notifica	tion		-	t Address	1111								_
☐ EPA				63 Or	ton Road				2014 OCT ;	28 PM	0	. 5	٦.	
⊠ DOFMD	☐ Amended				State. Zip (-		l se se	* 161	, ,	. 9	<u> </u>	
X DHSS	Amendme		-		Caldwell		06	ś	SEEST	1 19	nja.	20.		
NJAC 5:23-8)	☐ Emergeno		g		of Contac		00		Teledal C	ENS H	10	TUI		
100 (5 (285)23 (746)	Cancellati	998		Glen	Brackman	nn.		-			U			
				-	CILITY IN	-	TION	-					_	-
Name of Facility Where	Abatement is T	aking Plac	e (3)	1 M	OILII II	ALOKINIA	HON	Type of Eacility	(A)			*		
Private home	7,20(0),10(1),10(1)	anning i ido	c (0)					Type of Facility School (K-1						
Street Address									8 (Other than	K-1 2)				
63 Orton Road								Other (i.e.,	private and co	ommercia	l bu	lding	S.	
City (5)								homes, etc						22
	1006							Square Feet	# of Floo	rs	Blo	ig. A	ge	
West Caldwell, NJ 07 County (6)	7006				+ 0 -1 - (7)	(07175)	05 01414							
Essex				Cour	nty Code (7)	(STATE U	SE ONLY)	Current Use (P	rior if being d	emolishe	d)			
Name of Monitoring Fire	m Hired by Build	ina Owen	703	10011	N.	T								
THE STREET STREET	ii riii ea by Balla	ing Cwiler	(0)	ASCM	No.			ent Contractor (9))					
Street Address						Gr Tec								
offeet Address						Street /	Address							
City State 71- Oct							lley Rd #	The Paris of the P						
City, State, Zip Code						City, St	ate, Zip C	ode					377	
Drainet Manager							, NJ 074	70						
Project Manager for Mo	nitoring Firm		Tele	ephone	No.	Telepho	one No.		License !	Vo.				
71-17 Ph. 178						973-63	8-1777	83	01127					
Start Date (10)	. 14 S	cheduled (Name o	of OSHA N	Aonitor						
		11		1 /	14	Enviro	vision Co	onsultants,Inc						
Occupancy Status Durin						Street A						_		-
▼ Facility Closed/Vaca	ted During Entire	e Period of	Abate	ment		20-21 V	Vagaraw	Road, Bldg .#	35 E					
Abatement Performe Time of Abatement:	d Outside of No.	rmal Facili	ty Hou	rs - Des	scribe	City, St	ate, Zip C	ode	30 <u>D</u>			-		
		PW/	FIVI_		_AM	1	wn, NJ 0							
Scope of Work (Check a	III that apply)							p and decontami	nation with ne	egative pr	essi	ıre		
		⊠ p.					Full Con	tainment with Ne	gative Pressu	ire				
2 160 sf or >260 lf		A D	enovati emolitic	חכ חכ		M	Mini-End	g Procedure	Tent with Ne	native Pr	222	Ire		
							Non-Exe	empted (*) and N	on-Friable Pro	ocedure	0331			
			s Loca								Aba	teme	ent Ty	vpe
Location Asbestos-Containing			Norma				scription o		500					
TO BE AB			aintena		Asbe:	stos Cont	aining Ma	iterial (ACM) insulation,	Amour	nt .	Removal	Repair	nce	Enclosure
IN Faci	lity	Cus	todial	Staff?	(,,,	surfa	cing, VAT	, or	(Specif	y F)	No.	air	psu	nsc
(13)			(12)	T			niscellane			.	m		Encapsulate	0
		Yes	No	N/A	<u> </u>									
Garage				X	Duct ins	ulation			60 SF		X		П	
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		_	닏								4	Ш	Ш	П
								34						
Name of Registered Wa	ste Hauler		NJI	EP Waste	Hauler ID No.	Cubic Ya	rds of Wast	e Name of Regi	stered Landfil	1		- Const		
Gr Tech LLC			- 1	003378	35	TBI		T.R.R.F. Inc						
City, State						Disposa		City, State						_
Wayne, NJ 07470						-								
Completed By (Print or 1	(vpe)	Title			20.00	TBI		Tullytown, P	A	15				
as reserve to the second of						Sig	nature /	1 .	0	Date				
N.Jevtic		Owner					Tes	Sic Ven	a of	10/24/	20	14		

MAY 11

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

CHECK # 030354

Date of Notification (1) 10-23-14	Name of Building Owner/Operator (2) Novartis Pharmaceuticals Corporation										jie.			
Agencies Notified Type Notification			Street	Address						7 5	- P	in i	FE	1)
EPA DEP Amended Amendment Emergency			City, S East	tate, Zip C Hanove	Code r, NJ 079		ons, One He	O)	2014	OCT	28			
DOH justification) DCA Cancellation				of Contact nen Hotr				Te	elebhoñe				7.	nul
Name of Facility Where Abatement is Takin	g Place (3)	FAC	CILITY INF	FORMATIO	NC	Type of Facility	(4)		E L I (Æ,	MSI	NG	
Street Address One Health Plaza						_	School (K Subchapte Other (i.e.	-12) er 8 (Oth	ner than & comm	K-12) nercial	buil	dings	, hom	nes,
City (5) East Hanover							Square Feet 150,000	2	of Floors		E	Bldg. /	Age	
County (6) Morris				Code (7)			Current Use (P Vacant	rior if be	ing dem	olishe	4)			-
Name of Monitoring Firm Hired by Building C Langan Engineering and Environm	Owner (8) ental, Ir	ic.	ASC 000	M No. 99			of Abatement Co cle Environn						-	
Street Address 619 River Drive Center 1		37				Street A	Address Broad Street					***	2 - 13 -	
City, State, Zip Code Elmwood Park, NJ 07407						City, St	ate, Zip Code tadt, NJ 0707	72		+				
Project Manager for Monitoring Firm Vijay Patel	<u> </u>			one No. 98-4544	1	Telepho	The second secon		Licens					
Start Date (10) 11-05-14	Schedule	ed Completion Date (11) Name of OSHA Monito						r	_0070	-				
Occupancy Status During Abatement (Chec	Only Or	e)	18	-		Street A				+				
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	eriod of A	batem	nent		-		Jackson Ave	enue			-			
Other – Describe:							Island City, N	NY 111	101					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf	Пь		4:			X	OSHA Class							
≥160 sf or ≥260 lf		enova emolit				×××	Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure						
	ls	Locati	on				Non-Exemple	u () an	u Non-F	Tiable			ement	t
Location of Asbestos-Containing Material (ACM)	l N	iormall d Solei	y		Desc	ription o	of			1		Ту	ре	1
TO BE ABATED In Facility (13)	Mai Cust	ntenar odial S (12)	itaff?	Asbes (i.e.	thermal s	ystems ng, VAT		(8	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
1st Flr: FDA Sample Storage, B128	Yes	No	N/A X		Pine I	nsulati	on		601.	+			Ф	
1st Floor: Various Locations		_	×		1000	/Masti		10	60LF		ζ.			
1st Floor:Various Locations			X		Carpet C				870SF 800SF	-	2			
1st Floor: Mechanical Rm. A140		-	X				it Insulation		150SF	+	۲	-		
Name of Registered Waste Hauler		N.	NJDEP Waste					Registe	2721		2			
ATC, Inc. / JBT (50071)			auler ID 310	No.	of Waste	Minerv								
City, State Shirley, NY / Bronx, NY	a a				Disposa TBD	Date	City, Stat		OH 44	1688				
Completed by Richard Doran	Title Projec	roject Manager					A F	\sum_{n}		Date 10-2:	3-1	4		\neg

One Health Plaza, East Hanover, NJ Additional Materials / Floors Pg. 2

			ŀ	'g. 2
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
2 nd Floor: A205 - A208; A212 & A213	N/A	Transite	1,212SF	Removal
2 nd Floor: B265	N/A	Pipe Insulation	30LF	Removal
2 nd Floor: Various Locations	N/A	VAT/Mastic	8,905SF	Removal
1 st & 2 nd Floors: Various Locations	N/A	Pipe Insulation	220LF	Removal
1 st & 2 nd Floors: Corridors/Staircases	N/A	Fire Door Core Insulation	1,000SF	Removal
1 st & 2 nd Floors: Various Locations	N/A	VAT/Mastic	8,115SF	Removal
1 st & 2 nd Floors: Various Locations	N/A	Laboratory Glass Hanger Panel	135SF	Removal
1 st & 2 nd Floors: Various Locations	N/A	Mirror Mastic/Glue	185SF	Removal
Basement: Tank Room	N/A	Vapor Barrier Mastic	4,500SF	Removal
Roof: Roof # 1	N/A	Counter Flashing Caulk	2,100LF	Removal
Roof: Roof # 1	N/A	Roof Flashing/Mastic	7,000SF	Removal
Roof: Roof # 3	N/A	Roof Flashing/Mastic	1,300SF	Removal
Roof: Roof # 4	N/A	Roof Flashing/Mastic	4,000SF	Removal
Roof: Roof # 6	N/A	Roof Flashing/Mastic	1,000SF	Removal
Roof: Roofs 7A, 7B & 7C	N/A	Roof Flashing/Mastic	400SF	Removal
Throughout	N/A	Pipe Insulation	2,600LF	Removal
Throughout	N/A	Transite	400SF	Removal
Throughout	N/A	Electrical Wire Insulation	15,000LF	Removal
Perimeter Walls	N/A	Wall Vapor Barrier Mastic	65,000SF	Removal
Perimeter Walls	N/A	Exterior Window Caulk	5,300LF	Removal
Perimeter Walls	N/A	Interior Window Caulk	370LF	Removal
Building Additions Perimeter Walls	N/A	Wall Vapor Barrier Mastic	10,000SF	Removal
Exterior: Rear Side of Main Mechanical Rm.	N/A	Tar Pipe Wrap	25SF	Removal
Northeastern Offices/Cubes	N/A	Floor Mastic	5,000SF	Removal
Warehouse Loading Dock	N/A	Ext. Door Caulk	180LF	Removal
Elevator Machine Room	N/A	Elevator Brake Pads	2SF	Removal
Elevator Machine Room	N/A	Electrical Panel Board	35SF	Removal

,	NO		CATION	ate of New OF ASBE to NJAC 8	STOS	ABATE		C	loe	l	(3	30	17	
Date of Notification (1) 10/20/14	+			Building C en's Spe				R	CC	IV	ED			
Agencies Notified Type Notification EPA Initial			Street Ad 150 Ne	ddress ew Provi	dence	Road		2014 0	CT 28	PM	9: 5	8		
DEP Amended X DOL Amendment #				te, Zip Coo ainside,		092		ASPE				L		
□ Emergency (in justification) □ DCA □ Cancellation	iciuaing			Contact Zelasko)			Úχ		None D		7.0		
				LITY INFO		ON			- \			i -		
Name of Facility Where Abatement is Taking Children's Specialized Hospital	Place (3)	78 200 900	3.40.000					of Facility (4 School (K-1)	-5					
Street Address 150 New Providence Road							×	Subchapter Other (i.e. p etc.)	8 (Other			dings	, home	es,
City (5) Mountainside							Squa 2200	re Feet	# of 8	loors		3ldg. <i>i</i> 55	Age	
County (6) Union	i)			Code (7) USE ONLY)		_	Curre	ent Use (Pric	or if being	g demoli	shed)			
Name of Monitoring Firm Hired by Building Ov	wner (8)	1	ASCM	1 No.				tement Con onmental			.C			
Street Address			1				Addre Gate I	ss Drive, PO	Box 4	83	***************************************			
City, State, Zip Code				=				ip Code , NJ 074	18					
Project Manager for Monitoring Firm			none N 583-8			License 703	No.							
	Scheduled 12/03/14		pletion [Date (11)		Name	of OSI	HA Monitor						
Occupancy Status During Abatement (Check	Only One)				Street	Addre	ss						
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other – Describe:			ent			City, S	State, Z	ip Code	10.17.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.					
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novat				2	Mir Gle	II Containme ni-Enclosure ovebag Proc n-Exempted	edure				re	
	5.77.07	ocatio	77.5-10										emen ype	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	Solel	y by , ice/		os Cont thermal surfa	scription aining N system cing, VA niscellar	Materia s insula T, or	- 40 - 68 - H	(Sp	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										Ф	
basement			X		- 05 OF	insula				LF	×	-		
basement		X		pip	e fittin	gs			8	x	-	-		
				e salice to the						_		-	-	
Name of Registered Waste Hauler		T N.	JDEP W	/aste	Cubic	Yards		Name of	Register	ed Land	fill	_		<u> </u>
Freehold Cartage	H	auler ID	0.500,000,000,000	of Was			TBD	togiotoi	ou Lund					
City, State Freehold, NJ					Dispos TBD	sal Date		City, State	9					
Completed by A Scott Higgins	Title Signature Date													

CK 342

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

Date of Notification (1)	_	of Building Owner/Operato		RECEIV	1 = [ji,		
8/25/14	Ct	PRIST CHUI	SC H					
Agencies Notified Type Notification	Street	Address	9:	H4 OCT 28 F	M Q:	55		
EPA Initial	125	57 41#	STREET	1 001 20 1	.14)	90		
DEP Amended	City, S	tate, Zip Code	Λ	\$2F97.00.		PAL	22	
DOL Amendment #	-150	OUTH AME	TU, 408	50587	line	NUL		
DOH Emergency (including justification)		of Contact .		Telephone Nu				
DCA Cancellation	MIC	HAEL FERRA	420					
		CILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (Dir. Con a	Type of Facility	(4)				
	SOPLE'S	DAY SCHOOL	School (K-		O).			
Street Address				8 (Other than K-1 private & commerc		dinas.	home	es.
257 4 TH STREET			etc.)			02:000		
City (5)			Square Feet	# of Floors	В	ldg. A	T. C. L. C. C.	.
SOUTH AMBOY	:		V/A	N/A			i57	A
County (6)		Code (7)		or if being demolis				
MIDDLESER			utya	CH/DANG	AR	€		
Name of Monitoring Firm Hired by Building Owner (8	ASC	M No. Name	of Abatement Co		0			
N/A		MI		to cory	,			
Street Address		1.0	t Address	11.02.00	_	. л	_	
			5-137	MCBNID	6 1	17/t	5	
City, State, Zip Code		City, S	State, Zip Code	. 1 🕥	67	5	. 1	
		PA	THILLOW	NJ	0/		· /	
Project Manager for Monitoring Firm	Teleph	one No. Telep	hone No.	License N				
		9/3	3. 142 50	30 608	09			
	ed Completion	Date (11) Name	of OSHA Monitor	70 00	n P			
9/04/14 101	1 - 1 1	<u> </u>	M MET	760 CO	19			
Occupancy Status During Abatement (Check Only O	ie) '		Address	MONING	- ^		2	
Facility Closed/Vacated During Entire Period of	Abatement	13	5-12(MODRIDE	5 /	7	3_	
Abatement Performed Outside of Normal Facility Other - Describe: UNOCLUMED	HOURS	UT City,	State, Zip Code		~~	-	\ 1	
Scope of Work (Check All That Apply)	4,5,4,	14	HTERSON	, NJ	01	20	1	
		r	7					
I Production to the control of the c	Renovation Demolition		Full Containm Mini-Enclosur	ent with Negative I	Pressu	re		
2100 \$1 01 2200 11	emonition		Glovebag Pro	=- ,				
				d (*) and Non-Frial	ole Pro	cedur	е	
le le	Location					Abate	ment pe	
1 OCAHOR OL	Normally d Solely by	Descriptio				'y	pe	
	intenance/	Asbestos Containing (i.e. thermal system		Amount (Specify	71		En	m
In Facility Cus	todial Staff?	surfacing, V		SF or LF)	Remova	Repair	cap	nclo
(13)	(12)	other miscella	neous)		ova	a:	Encapsulate	Enclosure
Yes	No N/A				_		ře l	ω
Pasta and Daire D.		DD0 1400-11	rian 1100 100'	25.5			x	
BASELLENT-BOUCK LA	-+-	WER 2008		1351F		-		
BASEMENT-BOILER IM	×	FUHBEXHAUST (D	UKAPPING)	157F			R	
Name of Registered Waste Hauler	NJDEP '	Waste Cubic Yards	Name of	Registered Landfil	1	1		
	Hauler II			₩				
HTH METRO CORP.	5€ 25			rows				
City, State	.)	Disposal Date				1-1		
PATENSON, NJ 0750	/	10/10/	////////	LLYTOW		بِ		
Completed by Title	0 10	Signatur	e////		ate	-/1	4	
ELIZABETH HASLARKON B	us- toi	UN.	Val 1	14 8	3/25	//	1	

					STOS ABATI 0-7 and 12:13		BE	0	2 1	nn	E-
		(10	13ddill t	The second line is not been determined in	THE RESERVE THE PARTY OF THE PA	wner/Operator (2	0 0 1 0 0 01		5	-W	b
Date of Notification (1)						OHME CORP.					The state of the s
10 / 24	/14			Street Ac	idress		111111111111111111111111111111111111111	СТ	2 8	2014	-
Agencies Notified Type	Notificatio	n		126 E. LI	NCOLN AVE	ENUE, P.O. BOX	2000, RY28-414	CI	40	2014	
EPA	Initial Noti	ificatior		City, Stat	te, Zip Code			-			
DEP x		Notification #	t 4		Y, NEW JER	SEY 07065	ASBE	STO	S CO	VTRO	N &
X DOL X	Cancellati	ion						LICE	NSIN	IG	100 (00)
X DOH X	On Hold	NCY NOTIFIC	NOITAS	Name of	Contact TRONICA		Telephone Num	her			
	LIVILITOL			ILITY INFO							
Name of Facility Where Abatem	ent is Taki	ing Place (3)	77.0	METT HAT O	THE THE THE	Type of Facility	(4)				
						School (K-					
MERCK SHARP & DOHME COR	PORATIO	N				Subchapte	r 8 (Other than K	(-12)			
Street Address							private & commo	l. bldg:			
126 EAST LINCOLN AVENUE - E	BUILDING	32				Square Feet 100,400	# of Floors 7			g. Age 49	
City (5)	County (6	6)	T	County C		Current Use (Pri	or if being demol	ished)			
RAHWAY	UNION			(STATE US		VACANT	(8)				
Name of Monitoring Firm Hired ENVIRONMETAL HEALTH INVE	by Buildi	ng Owner (8)		1 '	ASCM No. 17	Name of Abater			۸		
Street Address	STIGATIO	NO, INC.			17	PAR ENVIRONM Street Address	MENTAL CORPC	JRATI	ON		
655 WEST SHORE TRAIL						313 SPOOK RO	CK ROAD				
City, State, Zip Code	DT4 NEW					City, State, Zip C				0-10	
Project Manager for Monitoring Fi		V JERSEY 07	871 one Nu	mhor		SUFFERN, NEV			li iona la m		
WILLIAM S. KERBEL, CIH			9-5649			845-369-7500	per Lice	ense N	Numbe	er	
Expected State Date (10)		Sched. Con				Name of OSHA	100000	/1			
10 / 20	/14	12 /		25	/14	AMERISCI LABO			#1	1480	
Month Day Ye Occupancy Status During Abatem	ear ent (Chec	Month		Day	Year	Street Address					
X Facility Closed/Vacate	d During E	Entire Period o	f Abate	ment		117 EAST 30TH	STREET				
Abatement Performed	Outside o	f Normal Facil	ity Hour	rs - Describe	9 :		A. T. J. J. S. T. M. J. J.				
X Other - Describe:	MONDAY	-FRIDAY 5 PI	M- 3 AM	I		City, State, Zip C			Menor de la	s	
Scope of Work (Check all that ap	alv)				Teul Conto	NEV inment with Nega	V YORK, NEW Y	ORK	10016	ļ	
Demolition	X	Renovation		X	Mini-Enclo		iive riessule				
X >3SF OR LF	_					Procedure					
>160 SF OR 260 L	.F	T 1-1				le Procedure					
Location of Asbestos-containing		Is Location	15/5/2000		cription of As aining Materi		Amount		Abaten		-
Material (ACM)		solely by			. Thermal sy		(Specify	REM	P	NO.	NO.
TO BE ABATED		Maint/Custo	odial	insula	ation, surfaci	ng, VAT,	SF or LF)	MOVAL	REPAIR	ENCAPSULE	ENCLOSURE
in Facility (13)		Staff (12 Yes No N		or o	ther miscella	aneous)		15		<u>E</u>	S
4TH FLOOR ROOM 459		X X		DAY ON IN	CLII ATION		40.05	-	+	1111	m
		1 1 1	- Constant	RAY ON IN			40 SF	X	+	+-	+
5TH FLOOR ROOM 518		X	SP	RAY ON IN	SULATION	···	40 SF	X	_	-	╄
		1 1									
REDUCTION IN SCOPE (BELOV	V)										
6TH FLOOR ROOM 627		x	SP	RAY ON IN	SULATION		40 SF	х			
7TH FLOOR ROOM 718		x		RAY ON IN			80 SF	X	T	1	\top
7TH FLOOR ROOM 7: 52G		x		RAY ON IN			40 SF	×		+	\vdash
3RD FLOOR ROOM 325		x				-			+-	+-	\vdash
				RAY ON IN			40 SF	X	+-	+	\vdash
4TH FLOOR ROOM 447 Name of Registered Waste Haule		X NJDEP Was		RAY ON IN bic Yards of		Nome of Desiri	80 SF	Х			_
FREEHOLD CARTAGE, INC.		Hauler ID No	GOOD OF THE PARTY	DIC Tards of 20		Name of Registe LYCOMING COL		EMA	NAGE	MENT	SFE
825 HIGHWAY 33		15939			5	447 ALEXANDE			OL		ULI
City, State FREEHOLD, NEW JERSEY		MOS-LINE TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE		posal Date		City, State			yesa		,
Completed by (Print or Type	Title		19/1	5-10/15/201 Sign	ature	MONTGOMERY	, PA 17752 Dat	0/25		ne	10
BENJAMIN SANCHEZ		ECTOR OF O	PERATI		idui 6	XVX	Dat	70	1-	-11	14

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. 114 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 #3 RAHWAY, NEW JERSEY 07065 DOL Cancellation DOH On Hold Name of Contact Telephone Number DCA **EMERGENCY NOTIFICATION** MIKE LATRONICA **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 32 Bldg. Age 100.400 7 49 City (5) 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. PAR ENVIRONMENTAL CORPORATION 17 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 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 10 / 20 /14 12/ /14 AMERISCI LABORATORIES INC Month #11480 Day 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 5 PM-3 AM City, State, Zip Code NEW YORK, NEW YORK 10016 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini-Enclos >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 REPAIR ENCAPSULE ENCLOSURE REMOVAL Material (ACM) 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 4TH FLOOR ROOM 459 X SPRAY ON INSULATION 40 SF X 5TH FLOOR ROOM 518 X SPRAY ON INSULATION 40 SF REDUCTION IN SCOPE (BELOW) 6TH FLOOR ROOM 627 SPRAY ON INSULATION 40 SF X 7TH FLOOR ROOM 718 X SPRAY ON INSULATION 80 SF Х 7TH FLOOR ROOM 7: 52G X SPRAY ON INSULATION 40 SF X 3RD FLOOR ROOM 325 X SPRAY ON INSULATION 40 SF X 4TH FLOOR ROOM 447 SPRAY ON INSULATION 80 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill FREEHOLD CARTAGE, INC. Hauler ID No. LYCOMING COUNTY RESOURCE MANAGEMENT SER **825 HIGHWAY 33** 15939 447 ALEXANDER DRIVE/ROUTE 15 City, State Disposal Date City, State MONT GOMERY, PA 17752 FREEHOLD, NEW JERSEY 9/15-10/15/2014 Completed by (Print or Type) Title Signature Date BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS

State of New Jersey

	State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)												
Date of Notification (1)					Nar	me of Building C	wner/Operator (2)					
40	/14						JUNIME CURP.						
	Notificatio	n				eet Address							
	Initial Not		n				ENUE, P.O. BOX	(2000, RY28-	414				
DEP X	Amended Cancellati	Notifi	cation	#2	RAI	, State, Zip Code HWAY, NEW JE	RSEY 07065		N11280-0-544600				
X DOH	On Hold				Nar	me of Contact		17.1					
DCA	EMERGE	NCY	NOTI	FICAT		E LATRONICA	-	Telephone	Number				
Name of Facility Where Abateme	nt ie Tak	ina Di	200 (27	FACILITY	INFORMATION							
The state of the s	III IS I da	ny ri	ace (?)			Type of Facili						-
MERCK SHARP & DOHME CORP	ORATIO	N					School (I	<-12) ter 8 (Other tha	an K-12\				
Street Address							X Other (ie.	private & com	mcl. blde	js., h	ome	s, etc	c.)
126 EAST LINCOLN AVENUE - BU							Square Feet 100,400	# of Floo	ors		Bldg	J. Age	
	County (6)			Cou	inty Code (7)	Current Use (P		molished)		49	
Name of Monitoring Firm Hired b	UNION y Buildin	a Own	ner (2	1	(STAT	ASCM No.	VACANT			•			
ENVIRONMETAL HEALTH INVES	TIGATIO	NS, IN	1C.	,		ASCM No.	Name of Abate PAR ENVIRON	MENTAL CO	ctor (9)	FICE			
Street Address 655 WEST SHORE TRAIL						-	Street Address		KFUKA	ION		-	
City, State, Zip Code		-					313 SPOOK R					20040	
SPAF	RTA, NEV	V JER	SEY (07871			City, State, Zip SUFFERN, NE		04				
Project Manager for Monitoring Firm		- W. W 100	Tele	phone	Number		Telephone Num	ber	License	Nun	ber		
WILLIAM S. KERBEL, CIH Expected State Date (10)		973-729-5649 845-369-7500 1101											
10 /	14	Scm	ea. Ga 12		etion Date (1 25	(B. M.)	Name of OSHA	Monitor					
Month Day Yea	ır	M	onth	227	Day		AMERISCI LAB	ORATORIES	INC		#114	480	
Occupancy Statue During Abotemen	1/01		-			Year	1						
Occupancy Status During Abatemer X Facility Closed/Vacated I	During En	tire Pe	eriod o	of Albai	hamant		Street Address						
X Facility Closed/Vacated in Abatement Performed O	During En utside of I	tire Pe Norma	riod o	ity Ho	tement urs - Descri		Street Address 117 EAST 30TH	STREET					
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X Facility Closed/Vacated if Abatement Performed O X Other - Describe: N Scope of Work (Check all that apply) Demolition >3SF OR LF X >160 SF OR 260 LF Location of	During En utside of I NONDAY-	tire Pe Norma FRID	eriod o	lity Ho	tement urs - Descri AM	Full Conta X Mini-Enclo Glovebag Non-Friabl	City, State, Zip of NE inment with Negalist, Procedure	Code W YORK, NE	W YORK				•
X Facility Closed/Vacated if Abatement Performed O X Other - Describe: N Scope of Work (Check all that apply) Demolition >3SF OR LF X >160 SF OR 260 LF Location of Asbestos-containing	During En utside of I NONDAY-	Reno	eriod of It Facility Strategy	ity Ho M- 3	tement urs - Descri AM	Full Conta	City, State, Zip of NE inment with Negal k, Procedure bestos-	Code W YORK, NE tive Pressure		Aba	teme	ent Ty	-
X Facility Closed/Vacated if Abatement Performed O X Other - Describe: N Scope of Work (Check all that apply) Demolition >3SF OR LF X >160 SF OR 260 LF Location of Asbestos-containing Material (ACM)	During En utside of I NONDAY-	Reno	eriod of It Facility Seriod of Italian Seriod	ity Ho PM- 3	tement urs - Descri AM	Full Conta X Mini-Enclo Glovebag Non-Friabl Description of As Containing Materia (ie. Thermal sys	City, State, Zip of NE inment with Negates, Procedure bestos-al (ACM) stems	Code W YORK, NE		Aba	teme	-	-
X Facility Closed/Vacated	During En utside of I NONDAY-	Reno	eriod of Facil Facil AY 5 For Example 1 Facil Fa	ity Ho PM- 3 in ion used by todial	tement urs - Descri AM	Full Conta X Mini-Enclo Glovebag Non-Friabl Description of As Containing Materia (ie. Thermal sys	City, State, Zip of NE inment with Negarity, Procedure bestosal (ACM) sterns ng, VAT,	Code W YORK, NEtive Pressure Amount			teme	-	-
X Facility Closed/Vacated Abatement Performed O X Other - Describe: N Scope of Work (Check all that apply) Demolition >3SF OR LF X >160 SF OR 260 LF Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	During En utside of I NONDAY-	Reno	eriod of the seriod of the ser	ity Ho PM- 3 in ion used by todial	tement urs - Descri AM	Full Conta X Mini-Enclo Glovebag Non-Friabl Description of As Containing Materia (ie. Thermal sys	City, State, Zip of NE inment with Negarity Procedure Procedure bestosal (ACM) sterns ng, VAT,	Code W YORK, NET tive Pressure Amount (Specify	REMO	Aba	teme	-	-
X Facility Closed/Vacated if Abatement Performed O X Other - Describe: N	During En utside of I NONDAY-	Reno Is non S Mair	eriod of the seriod of the ser	ity Ho PM- 3 ion used by todial 2)	tement urs - Descri AM	Full Conta X Mini-Enclo Glovebag Non-Friabl Description of As Containing Materia (ie. Thermal sys	City, State, Zip of NE inment with Negarity Procedure Procedure bestosal (ACM) sterns ng, VAT,	Code W YORK, NE tive Pressure Amount (Specify SF or LF	REMOVAL	Aba	teme	ent Ty	, pe ENCLOSURE
X Facility Closed/Vacated Abatement Performed O X Other - Describe: N Scope of Work (Check all that apply) Demolition >3SF OR LF X >160 SF OR 260 LF Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	During En utside of I NONDAY-	Reno Is non S Mair Yes	eriod of the seriod of the ser	ity Ho PM- 3 ion used by todial 2)	tement urs - Descri AM	Full Conta X Mini-Enclo Glovebag Non-Friabl Description of As Containing Materia (ie. Thermal sys	City, State, Zip of NE inment with Negarity Procedure Procedure bestosal (ACM) sterns ng, VAT,	Code W YORK, NET tive Pressure Amount (Specify		Aba	teme	-	-
X Facility Closed/Vacated Abatement Performed O X Other - Describe: N Scope of Work (Check all that apply) Demolition >3SF OR LF >160 SF OR 260 LF Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) STH FLOOR ROOM 459 STH FLOOR ROOM 518	During En utside of I NONDAY-	Reno Is non S Mair S Yes	eriod of the seriod of the ser	ity Ho PM- 3 ion used by todial 2)	tement urs - Descri AM	Full Conta X Mini-Enclo Glovebag Non-Friabl Description of As Containing Materia (ie. Thermal sys	City, State, Zip of NE inment with Negarity Procedure Procedure bestosal (ACM) sterns ng, VAT,	Amount (Specify SF or LF	REMOVAL	Aba	teme	-	-
Abatement Performed O X Other - Describe: N Scope of Work (Check all that apply) Demolition >3SF OR LF >160 SF OR 260 LF Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) ATH FLOOR ROOM 459 STH FLOOR ROOM 518 REDUCTION IN SCOPE (BELOW)	During En utside of I	Is non s Mairr S Yes X	eriod of the seriod of the ser	ion used by todial 2) N/A	tement urs - Descri AM	Full Conta X Mini-Enclo Glovebag Non-Friabl Description of As Containing Materia (ie. Thermal sys nsulation, surfacir or other miscellar VINSULATION	City, State, Zip of NE inment with Negarity Procedure Procedure bestosal (ACM) sterns ng, VAT,	Amount (Specify SF or LF	REMOVAL	Aba	teme	-	-
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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. 12 /14 Street Address Agencies Notified Type Notification 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 FPA Initial Notification City, State, Zip Code DEP Amended Notification RAHWAY, NEW JERSEY 07065 DOL Cancellation DOH On Hold Name of Contact Telephone Number DCA **EMERGENCY NOTIFICATION** MIKE LATRONICA **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 126 EAST LINCOLN AVENUE - BUILDING 32 # of Floors Bldg. Age 100,400 City (5) 49 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. 17 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 9/ 15 114 10 / 9 /14 AMERISCI LABORATORIES INC Month #11480 Day Year 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 5 PM- 3 AM City, State, Zip Code NEW YORK, NEW YORK 10016 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini-Enclos. >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 ENCAPSULE ENCL Material (ACM) REMOVA solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) LOSURE in Facility (13) Staff (12) or other miscellaneous) Yes No N/A 3RD FLOOR ROOM 325 X SPRAY ON INSULATION 40 SF X 4TH FLOOR ROOM 447 X SPRAY ON INSULATION 80 SF X 4TH FLOOR ROOM 459 X X SPRAY ON INSULATION 40 SF 5TH FLOOR ROOM 518 X SPRAY ON INSULATION X 40 SF 6TH FLOOR ROOM 627 X SPRAY ON INSULATION 40 SF X 7TH FLOOR ROOM 718 X SPRAY ON INSULATION 80 SF X 7TH FLOOR ROOM 7:52G SPRAY ON INSULATION 40 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill FREEHOLD CARTAGE, INC. Hauler ID No. LYCOMING COUNTY RESOURCE MANAGEMENT SER 825 HIGHWAY 33 15939 447 ALEXANDER DRIVE/ROUTE 15 City, State Disposal Date FREEHOLD, NEW JERSEY 9/15-10/15/2014 MONTGOMERY, PA 17752 Completed by (Print or Type) Title Signature BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS

State of New Jersey

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP. Date of Notification (1) Street Address 114 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 Type Notification Agencies Notified Initial Notification City, State, Zip Code **EPA** RAHWAY, NEW JERSEY 07065 DEP Amended Notification Cancellation DOL Telephone Number Name of Contact On Hold DOH **EMERGENCY NOTIFICATION** MIKE LATRONICA DCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) MERCK SHARP & DOHME CORPORATION Other (ie. private & commol. bldgs., homes, etc.) Square Feet # of Floors Bldg. Age Street Address 100.400 49 126 EAST LINCOLN AVENUE - BUILDING 32 County Code (7) Current Use (Prior if being demolished) County (6) City (5) (STATE USE ONLY) VACANT RAHWAY UNION Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION ENVIRONMETAL HEALTH INVESTIGATIONS, INC. 17 Street Address Street Address 313 SPOOK ROCK ROAD 655 WEST SHORE TRAIL City, State, Zip Code City, State, Zip Code SPARTA, NEW JERSEY 07871 SUFFERN, NEW YORK 10901 License Number Telephone Number Project Manager for Monitoring Firm Telephone Number 1101 973-729-5649 845-369-7500 WILLIAM S. KERBEL, CIH Name of OSHA Monitor Expected State Date (10) Sched, Completion Date (11) AMERISCI LABORATORIES INC #11480 114 10 / 9 /14 Year Month Day Month Day Year Occupancy Status During Abatement (Check only one) Street Address 117 EAST 30TH STREET Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: City, State, Zip Code MONDAY-FRIDAY 5 PM-3 AM Other - Describe: NEW YORK, NEW YORK 10016 Full Containment with Negative Pressure Scope of Work (Check all that apply) Mini-Enclos, Demolition Renovation Glovebag Procedure >3SE OR LE Non-Friable Procedure >160 SF OR 260 LF Abatement Type Is Location Description of Asbestos-Location of ENCAPSULE ENCLOSURE Containing Material (ACM) Amount normally used Asbestos-containing REMOVAL REPAIR (ie. Thermal systems (Specify solely by Material (ACM) insulation, surfacing, VAT, SF or LF) Maint/Custodial TO BE ABATED Staff (12) or other miscellaneous) in Facility (13) Yes No N/A 40 SF X SPRAY ON INSULATION 3RD FLOOR ROOM 325 X 80 SF X SPRAY ON INSULATION 4TH FLOOR ROOM 447 X 40 SF Χ SPRAY ON INSULATION 4TH FLOOR ROOM 459 X X SPRAY ON INSULATION 40 SF 5TH FLOOR ROOM 518 Χ X 40 SF SPRAY ON INSULATION 6TH FLOOR ROOM 627 X 80 SF X SPRAY ON INSULATION 7TH FLOOR ROOM 718 X SPRAY ON INSULATION 40 SF 7TH FLOOR ROOM 7:52G Cubic Yards of Waste Name of Registered Landfill NJDEP Waste Name of Registered Waste Hauler LYCOMING COUNTY RESOURCE MANAGEMENT SER Hauler ID No. FREEHOLD CARTAGE, INC. 447 ALEXANDER DRIVE/ROUTE 15 15939 **825 HIGHWAY 33**

Disposal Date

DIRECTOR OF OPERATIONS

9/15-10/15/2014

Signature

City, State

FREEHOLD, NEW JERSEY

Completed by (Print or Type)

BENJAMIN SANCHEZ

City, State

MONTGOMERY, PA 17752

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Date of Notification (1)			1	Nan	ne of	Building O	wner/Operator	r (2)	AND DESCRIPTION OF THE PERSON	Contract of the Contract of th	R I	7 1
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MERCK SHARP & DOHME CORPO	RATION						School (pter 8 (Other t	than K-12	2)		
Street Address							X Other (in	e. private & co	mmd. b	ldgs.,	homes	, etc.)
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Street Address					_		Street Addres		OKPOKA	ATION		
655 WEST SHORE TRAIL City, State, Zip Code							313 SPOOK F					
	A, NEW J	FRSEY	07871				City, State, Zi		224			
Project Manager for Monitoring Firm	,,,,,,,			e Number			SUFFERN, NI Telephone Nu		901 Licens	o Nur	hor	
WILLIAM S. KERBEL, CIH			3-729-5				845-369-7500		1101	e ivuii	IDGI	
Expected State Date (10)				etion Date (11)		Name of OSH		11101			
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ATH ELOOP BOOM 449		-	+-	I		Will a straight and straight and		-		_		
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5TH FLOOR ROOM 551	X	+	+-	SPRAY OF	N INS	ULATION		40 SF	X			
6TH FLOOR ROOM 613	X	+	+	SPRAY OF	V INS	ULATION		40 SF	×	+	+	+
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Name of Pagistared Waste Llands		IDEE										
Name of Registered Waste Haule FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 NJDEP Waste Cu Hauler ID No. 15939				Cubic Yard	ls of V 10	Vaste	Name of Regis LYCOMING CO 447 ALEXAND	DUNTY RESC	URCE N	MANAC	SEMEN	NT SER
City, State FREEHOLD, NEW JERSEY				Disposal D			City, State	m				1
Completed by (Print or Type	Title	7/11		9/15-12/15/	Signa Signa		MONTGOMER	Y , PA 17752	Date	1	1. /	111
BENJAMIN SANCHEZ	DIRECT	OR OF	OPER	ATIONS	3.10	/1	$ \times$ \wedge		170	12	14	117

Date of Notification (1)		Name of Building O	wner/Operator (2)			
24.50 (A)		MERCK SHARP & D	OHME CORP.			
10 /	14	Street Address				
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	lotification	126 E. LINCOLN AV	ENUE, P.O. BOX 2000, RY28-	414		
X DEP X A	nitial Notification Amended Notification #3 Cancellation	City, State, Zip Code RAHWAY, NEW JEI				
	On Hold EMERGENCY NOTIFICA	Name of Contact	Telanhone	Number		
Name of Facility Where Abatemen	it is Taking Place (3)	FACILITY INFORMATION	Type of Facility (4)			
MERCK SHARP & DOHME CORPO	DRATION		Type of Facility (4) School (K-12)			
Street Address		=7.000	Subchapter 8 (Other th X Other (ie. private & con	ran K-12)	homes .	4
126 EAST LINCOLN AVENUE - BU	II DING 33		Square Feet # of Flo	ors lancit blugs.,	Bldg. Ag	
City (E)	County (6)	T 6 + 6 + =	96,000 7		49	,-
RAHWAY	NION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being de	emolished)		
Name of Monitoring Firm Hired by	Building Owner (8)	ASCM No.	VACANT			
ENVIRONMETAL HEALTH INVEST	IGATIONS, INC.	17	Name of Abatement Contra PAR ENVIRONMENTAL CO	ICTOF (9)		
Street Address 655 WEST SHORE TRAIL			Street Address	RPORATIO	N	
City, State, Zip Code			313 SPOOK ROCK ROAD			
SPART	TA, NEW JERSEY 0787	4	City, State, Zip Code			
Project Manager for Monitoring Firm		ie Number	SUFFERN, NEW YORK 109			
WILLIAM S. KERBEL, CIH	973-729-		Telephone Number 845-369-7500	License Nu	mber	
Expected State Date (10)	Sched. Comp	letion Date (11)	Name of OSHA Monitor	1101		
10 / 20 /1Month Day Year	4 12 /	30 /14	AMERISCI LABORATORIES	INC	#11480	
Occupancy Status During Abatement	(Check only one)	Day Year				
Tacility Closed/Vacated D	uring Entire Period of Ab	atement	Street Address 117 EAST 30TH STREET			
Abatement Performed Ou X Other - Describe: Me	tside of Normal Facility H	ours - Describe: "				1
outer Describe.	ONDAY-FRIDAY 5 PM-	3 AM	City, State, Zip Code			
Scope of Work (Check all that apply)		Full Contai	NEW YORK, NE	W YORK 10	016	
Demolition	X Renovation	X Mini-Enclo	nment with Negative Pressure			
>3SF OR LF >160 SF OR 260 LF		Glovebag	Procedure			
Location of	Is Location		e Procedure			
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TO BE ABATED	Maint/Custodia	insulation, surfacin		0	A CA	15
in Facility (13)	Staff (12)	or other miscellar		AL Y	8 SE	SE
471.F. 0.0.	Yes No N/A				SULE	SURE
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4TH FLOOR ROOM 418	х	SPRAY ON INSULATION		\dashv	\rightarrow	+
5TH FLOOR ROOM 551	x		40 SF	X	\dashv	+
6TH FLOOR ROOM 613		SPRAY ON INSULATION	40 SF	X		\perp
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New (D)					\neg	+
Name of Registered Waste Hauler	NJDEP Waste	Cubic Yards of Waste	Name of Registered Landfill			+
FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	Hauler ID No.	10	LYCOMING COUNTY RESOL	JRCE MANA	GEMEN ³	SER
City, State	15939		447 ALEXANDER DRIVE/ROL	JTE 15		
FREEHOLD, NEW JERSEY			City, State MONTO OMERY, PA 17752			
Completed by (Print or Type) BENJAMIN SANCHEZ	Title	1Signature	/ / /	Date (1)	11/	111
WINT OF HOTTLE	DIRECTOR OF OPER	KATIONS / //	100	101	101	141

Date of Notification (1)			e of Building Ov CK SHARP & DO	wner/Operator (2 OHME CORP.)				
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Agencies Notified Type Notificatio	n	Harris Control of the		ENUE, P.O. BOX	2000 RY28-414				
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X DOH On Hold EMERGE	NCY NOTIFICAT		of Contact LATRONICA	. 4	Telephone Num	ber		,	
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Name of Facility Where Abatement is Tak	ing Place (3)			Type of Facility		V1			
MERCK SHARP & DOHME CORPORATIO	N			School (K- Subchapte X Other (ie. r	12) r 8 (Other than K private & commol	(-12)	hom	10C 0	ta \
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Name of Monitoring Firm Hired by Buildi ENVIRONMETAL HEALTH INVESTIGATION	ng Owner (8)	(OIAIL	ASCM No.	Name of Abater	ment Contractor				
Street Address	ins, inc.		17	Street Address	MENTAL CORPO	PRATIC	ON		
655 WES# SHORE TRAIL City, State, Zip Code			*	313 SPOOK RO					
SPARTA, NEV	V JERSEY 07871			City, State, Zip (SUFFERN, NEV					
Project Manager for Monitoring Firm	Telephone			Telephone Numi	The second secon	ense N	umbe	-	
WILLIAM S. KERBEL, CIH Expected State Date (10)	973-729-5 Sched. Comple		(4)	845-369-7500 Name of OSHA	110	11			
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FREEHOLD, NEW JERSEY		Disposal D 9/15-12/15	/2014	City, State/ MONT COMERY		10	1	/	
	ECTOR OF OPER		Signature	DYO	Dat	0/	19	19	Y

	-			li air	Jan In						-	- CONTRACT	and the second		
Date of Notification (1)					Na	me of	Building C)wner/C	perator (2	2)					
5.052	14.4						SHARP & I	DOHME	CORP.						
	/14 Notification				-		ldress					-			
EPA Type					120	6 E. LI	NCOLN AV	ENUE,	P.O. BOX	2000, RY28-	414				
DEP	Initial Not Amended	tification	on Saction	_			e, Zip Code								
X DOL	Cancellat		ication	1	IRA	HWA	Y, NEW JE	RSEY 0	7065						
X DOH x	On Hold	3.35			Nar	me of	Contact			Tolonkana	Manage				
DCA	EMERGE	ENCY	NOT	FICA			TRONICA		4	Telephone	Numbe	ar			
Name of Facility Where Abatem					FACILITY	INFO	RMATION			-				_	
or i denty where Apatelli	ant is lak	ing P	lace (3)				Туре	of Facilit	y (4)					
MERCK SHARP & DOHME COR	0001710								School (K	-12)					
	ORATIO	N							Subchapt	er 8 (Other th	an K-1	2)			
Street Address								X	Other (ie. uare Feet	private & com	imcl. b	ldgs			
126 EAST LINCOLN AVENUE - B City (5)									uare r-eet 96,000	# of Floo	ors		Blo	dg. Ag 49	е
RAHWAY	County (6)			Con	inty C	ode (7)	Curre	ent Use (Pr	ior if being de	molish	ed)	-	49	
Name of Monitoring Firm Hired	UNION	- Ou	/f	11	(STAT		E ONLY)	VAC/	ANT						
ENVIRONMETAL HEALTH INVES	TIGATIO	NS. II	NC NC	5)		1	ASCM No.	Name	of Abate	ment Contra	ctor (9)			
Street Address		-					17	PAR	ENVIRON	MENTAL CO	RPOR	ATI	ON		
655 WEST SHORE TRAIL									Address	CK ROAD					
City, State, Zip Code									State, Zip C			_			
Project Manager for Monitoring Firm	RTA, NEV	Y JER						SUFF	ERN, NEV	V YORK 1090	01				
WILLIAM S. KERBEL, CIH	å		1		e Number				hone Numi	per	Licens	se N	umbe	r	
Expected State Date (10)		ISch		-729-	etion Date (44)			69-7500		1101				
9 / 15	/14	1) /		11)	/14	Name	of OSHA	Monitor		1100-1-00			
Month Day Ye Occupancy Status During Abateme	ar	M	onth	1000000	Day		Year	VINIEL	(IOCI LAB	ORATORIES	INC		#11	1480	
X Facility Closed/Vacated	During En	fire P	arind .	of Ab-	thomand				Address						
Abatement Performed C	outside of l	Norma	al Faci	lity He	ours - Descri	ibe:	•	117 E	AST 30TH	STREET				•	46
X Other - Describe:	MONDAY-	-FRID	AY 5	PM-3	3 AM			City, S	State, Zip C	ode					
Scope of Work (Check all that apply	Á					_	-		NE\	V YORK, NE	W YO	RK 1	0016		
Demolition	X	TRend	ovation			<u></u>	Full Conta Mini-Enclo	inment v	with Negati	ve Pressure					
>3SF OR LF						<u></u>	Glovebag	Proces	lura						
X >160 SF OR 260 LF	:	_			_		Non-Friable	e Proce	dure						
Location of Asbestos-containing			Local			Descr	iption of As	bestos-			T	Δ	haton	nent T	
Material (ACM)			mally				ning Materia)	Amount		20	20	m	
TO BE ABATED			solely int/Cus				Thermal sys			(Specify		REMO	REPAI	ENCAF	ENCL
in Facility (13)			taff (1		1 "	or oth	ion, surfacir ner miscellar	ig, VAI		SF or LF)	VAL	20	PS	SO.
		Yes		N/A	1			locus			- 1	-		PSULE	OSURE
4TH FLOOR ROOM 406		х			SPRAY OF	N INSU	JLATION	572	1.5	80 SFW	0 ,	,		-	111
4TH FLOOR ROOM 418		х			SPRAY ON							-	-	-	-
5TH FLOOR ROOM 551		Х						+		40 SF	- >		-	-	_
6TH FLOOR ROOM 613		Х	_		SPRAY ON			+		40 SF	X				
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Name of Registered Waste Hauler		NUIDE	D 101	-4-	0.1: 1:										
REEHOLD CARTAGE, INC.			P Wa		Cubic Yards	s of W 10		Name o	f Registere	ed Landfill					
325 HIGHWAY 33			5939			10		447 ALI	IING COU	NTY RESOU DRIVE/ROU	RCE N	AN.	AGEN	MENT.	SER
City, State FREEHOLD, NEW JERSEY					Disposal Da			City, Sta	ate	DIVIAEVEOR	12 13				-
Completed by (Print or Type)	Title				9/15-10/15/2			MONT	OMERY,	PA 17752		1			.
BENJAMIN SANCHEZ		CTOR	OF C	PER	ATIONS	Signat	ure	NX			ate	//	21	12	1
		W2 11 7 11 11 11 11 11 11 11 11 11 11 11 1		-				QU.				10	-	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) MERCK SHARP & DOHME CORP. 114 Street Address Agencies Notified Type Notification 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 Initial Notification EPA City, State, Zip Code DEP Amended Notification RAHWAY, NEW JERSEY 07065 DOL Cancellation DOH On Hold Name of Contact Telephone Mumber DCA **EMERGENCY NOTIFICATION** MIKE LATRONICA **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 Bldg. Age 126 EAST LINCOLN AVENUE - BUILDING 33 96 000 49 City (5) 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. 17 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 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 9/ 114 10 / AMERISCI LABORATORIES INC 114 #11480 Month Day 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 5 PM- 3 AM City, State, Zip Code NEW YORK, NEW YORK 10016 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini-Enclos, >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing Containing Material (ACM) normally used Amount REPAIR ENCAPSULE ENCLOSURE REMOVAL Material (ACM) 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 4TH FLOOR ROOM 406 X SPRAY ON INSULATION 80 SF 4TH FLOOR ROOM 418 X SPRAY ON INSULATION 40 SF X 5TH FLOOR ROOM 551 X SPRAY ON INSULATION 40 SF X 6TH FLOOR ROOM 613 X SPRAY ON INSULATION X 40 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill FREEHOLD CARTAGE, INC. Hauler ID No. 10 LYCOMING COUNTY RESOURCE MANAGEMENT SER **825 HIGHWAY 33** 15939 447 ALEXANDER DRIVE/ROUTE 15 City, State Disposal Date City, State FREEHOLD, NEW JERSEY 9/15-10/15/2014 MONTGOMERY, PA 17752

DIRECTOR OF OPERATIONS

Completed by (Print or Type)
BENJAMIN SANCHEZ

- State of NJ Notification of Asbestos Abatement

2014-199 (Pursuant to NJAC 8:60-7 and 12:120-7) B & G proj. #: Check # 6870 Date of Notification (1) Name of Building Owner/Operator (2) ASECULATION AND THE CHE ASECULATION ASECUL 1 10 1/12 14 1/11 14 Catherine Peyroux Agencies Notified Street Address EPA 474 Prospect Street X Initial DEP City, State, Zip Code Amendment DOL South Orange, NJ 07079 Name of Contact Telephone Number DOH Cancellation DCA Catherine Peyroux FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Catherine Peyroux Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. 474 Prospect Street # of Floors Bldg. Age Square Feet County (6) County Code (7) City (5) (State use only) Current Use (Prior if being demolished) South Orange, NJ 07079 Essex residential Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Project Manager for Monitoring Firm Phone Number (973)696-6869 00378 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 11/04/2014 11/05/2014 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) Demolition Full Containment w/negative pressure Glovebag procedure X Renovation Non-friable procedure Mini-enclosure >3 sf or >3 If >160 sf or >260 lf E Is location normally used solely E Location of e n by maintenance/custodial Amount asbestos-containing Description of asbestos-containing n m p staff(12) C (Specify SF or C material to be material (ACM) 0 a a L abated in facility (13) N/A ٧ Yes No p X contaminated fiberglass insulation 80 If X basement X 75 sf vermiculite crawl space

Cubic Yards of Waste Name of Registered Landfill Registered Waste Hauler NJDEP Hauler ID# Tullytown Resource & Recovery Center 19563 B & G Restoration, Inc. Disposal Date City, State Tullytown, PA 11/05/2014 Lincoln Park, NJ Signature Completed by (Print or Type) Gordana Luna 10/24/2014

Secretary/Treasurer

Gordana Luna

State of NJ Notification of Asbestos Abatement

Check # 6871

B & G proj. #:

2014-198

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

Date of Notification (1)					10								_
	I A I			9 7 8	r/Operator (2)		90	tar-	73 m				
1 0 / 2 4 / 1 Agencies Notified Type	Notification		bert De	yo <u> </u>		_		REI	in the	,	1		_
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□ DEP	Initial		State, Zip					Enth Elli	28 41	1:	1 ()		=
X DOL	Amendment	S 11 S	over, NJ					ASSEST			13		
IX DOH			e of Conta					Telephone	Number (iK	ŪΪ		-
	Cancellation							1.210	CNOTHO	ì			
			hirley La	incaste	1								=
				FACIL	LITY INFORM	ATION							
Name of facility where aba	tement is tal	king place	(3)					Type of Facility (4	4) (K - 12)				
Robert Deyo								=	apter 8 (Other	ar th	an K.	.12)	
Street Address									Private/Com			12)	
109 Baker Street								Bldgs./	Homes, etc.			·- ^	
		Countri	(e)			0	-t- C-d- (7)	Square Feet	# of Floors		BIC	ig. Age	
City (5)		County	(0)		34		nty Code (7) te use only)	Current Use (Pr	ior if being o	<u>—I</u>	olishe	ed)	=
Dover, NJ 07081		Morris	6					residential					
Name of Monitoring Firm I	lired by Bldg	. Owner (3)	T	ASCM No.		Name of Abatement C	Contractor (9)					
n/a							B & G Restoration	on, Inc.					_
Street Address							Street Address	and					
							105 Ryerson Ro	Jau				_	-
City, State, Zip Code							City, State, Zip Code Lincoln Park, N	JJ 07035					
Project Manager for Monito	ring Firm		I Phon	e Numbe	2r	-	Telephone Number		License N	umb	er		-
Project Manager 101 Monito	ing i iiii		1 11011	ic realition	51		(973)696-6869)	003	78			Reserve
Scheduled Start Date (10)		Sched C	ompletion	Date (11	<u> </u>	-	Name of OSHA Monit						
11/05/2014		11/05/	80 - 10 - 1 0 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	J 410 (1 1	*		B & G Restorati	on, Inc.		_			_
Occupancy Status During A	hatamant (C					_	Street Address 105 Ryerson Ro	nad					
Facility closed/vacate				ent.			City, State, Zip Code			-	_		-
Abatement performed							City, State, Zip Code						
Describe:						_	LincolnPark, NJ	07035					_
Scope of Work (check all t	hat apply)												
☐ Demolition	 Re	novation				□ F	ull Containment w/neg	ative pressure	Gloveba	g pro	ocedu	ire	
	_ ≥16	0 sf or ≥2	50 If			X	/lini-enclosure		☐ Non-friat	ole p	госес	dure	
Location of			ormally us							R	R e	E	=
asbestos-containing		maintena aff(12)	nce/custoo	tial			sbestos-containing	Amount (Specify S	F or	m	р	c r	1
material to be abated in facility (13)	- I	Ýes	No	N/A	material ((ACM)		LF)	,	0	a i	a C	
					210 - 10 - 11	- 41		7.15		e X	-		7
basement closet				X	pipe insula			7 If 17 If		X	뉘	岩분	ᅻ
boiler room		===			pipe insul	ation		_		7	H	Hi	f
			-							5			Ī
													J
Registered Waste Hauler			Hauler ID#	‡ C	ubic Yards of \	Waste	Name of Registered						
B & G Kestoration, In	IC.	19	563	sposal D	1½ ate		City, State	Resource & Re	covery C	ent	er		
City, State Lincoln Park, NJ			ادا		ate 06/2014		Tullytown, I	PA				,	
Completed by (Print or Type	e) Tit	le			Signature				Date				
Gordana Luna	Se		Treasure	er			Gordana Luna		10/24/2	201	4		

State of NJ Notification of Asbestos Abatement

B & G proj. #: 2014-188

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

Check # 6869

			177						
Date of Notification (1)	Name	of Building Own	er/Operator (2)	LIVED					
1 10 1/12 14 1/11 14		net Curry							
Agencies Notified Type Notific	ation Street	Address	4211 EUT 2	8 HIT 1-13					
EPA Initial	74	1st Avenue	ASIL	- Jon TRUL					
DEP DEP	dment City,	State, Zip Code ast Orange, N	3118	FHSING		40			
	1	ALCOHOLD BY A SHAPE OF THE PARTY OF THE PART	J 0/01/	2		Number			Ederal Car
M DOH	Name Name	of Contact			Telephone	Number			
☐ DCA ☐ Gallos	Ja	net Curry						=	
		FAC	ILITY INFORM	ATION					
Name of facility where abatement	t is taking place (3)	-		Type of Facility (4				
Janet Curry						(K - 12)	haa 1/	42\	
Street Address					4 1 ====	apter 8 (Other t Private/Comme		.12)	
74 1st Avenue					Bldgs./l	Homes, etc.			
					Square Feet	# of Floors	Bio	dg. A	ge
City (5)	County (0)		County Code (7) (State use only)	Current Use (Pr	ior if being den	nolishe	ed)	
East Orange, NJ 07017	Essex				residential				
Name of Monitoring Firm Hired b	y Bldg. Owner (8)	ASCM No.	Name of Abateme	ent Contractor (9)			1910	
n/a				B & G Restor	ration, Inc.				
Street Address				Street Address 105 Ryersor	Road				
01 004 7-04				City, State, Zip Coo					-
City, State, Zip Code				1 10 50	k, NJ 07035				
Project Manager for Monitoring Fi	rm	Phone Num	ber	Telephone Numbe		License Num	per		
				(973)696-6		00378	-		
Scheduled Start Date (10)	Sched. Co	mpletion Date (1	1)	Name of OSHA M B & G Resto					
11/03/2014	11/04/2	2014		Street Address	ration, inc.				
Occupancy Status During Abatem	nent (Check only	one)		105 Ryerson	Road				
Facility closed/vacated duri	ng entire period o	of abatement.		City, State, Zip Co	de			_	
Abatement performed outsi Describe:	de of normal faci	ity hours-		Lincoln Douls	N.I. 07025				
Other-Describe:				LincolnPark,	NJ 07035				1.1
Scope of Work (check all that ap							92		
Demolition	Renovation			☐ Full Containment w/	negative pressure	Glovebag p			
	≥160 sf or ≥26			✗ Mini-enclosure	L	Non-friable	-		_
Location of	Is location no by maintenar	rmally used sole ace/custodial			Amount	е	R	E n	E
asbestos-containing material to be	staff(12)		- Descripti material	ion of asbestos-containing (ACM)	(Specify S	For o	p	c a	n
abated in facility (13)	Yes	No N/A			LF)	v e	i i	р	L
basement		X	pipe insul	ation	50 lf	X			
							부	出	12
			<u> </u>				H	ዙ	井
Begintered Wests United	INIDED	Hauler ID#	Cubic Yards of	Waste Name of Registe	red Landfill	⊔		<u> </u>	1
Registered Waste Hauler B & G Restoration, Inc.	195	radioi ibii	1		vn Resource & Re	covery Cen	ter		
City, State		Disposal		City, State Tullytow	rn PΔ			×	
Lincoln Park, NJ	1 = 1		/04/2014 Signature			Date		>	6
Completed by (Print or Type)	Title Secretary/	Treasurer	Signature	Gordana Lun	a	10/24/20	14		

State of NJ

Check # 6867

B & G proj. #:

2014-161

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

				CONTRACTOR OF THE PROPERTY OF		Commence of the second		8				- C
Date of Notification (1)	111	Name of Buil	ldina Own	er/Operator (2))		REC	F-1175	- 17			
1 10 1/12 14 1/11 14		John Ped			,		E made Carlo	See S S See	- 0			
Agencies Notified Type Notifica	tion	Street Addres					WHI GET 2	8 AM	1. ;	o.		
EPA Initial		11 Lathro	op Aven	ue				O MII	1. 1	6		
☐ DEP	11	City, State, Z	ip Code				ASDESIG	u UUI,	TRO	11		
■ DOL	iment	Madison	n, NJ 079	940			& LIC	ENSIN	G			
M DOH		Name of Con	tact				Telephon	e Number		/		
☐ DCA ☐ Cance	lation	John Pe	egnatero									_
			FACI	ILITY INFORM	NOITAN							
Name of facility where abatement	is taking pl	ace (3)					Type of Facility (
John Pegnatero							=	i (K - 12) apter 8 (O	ther th	an K	-12)	
Street Address							▼ Other	(Private/Co	omme		,	
11 Lathrop Avenue								# of Floor		Ble	dg. Ag	ge
City (5)	Cou	inty (6)			Cou	nty Code (7)						
Madison, NJ 07940	Mo	orris			(Stat	te use only)	Current Use (P	rior if being	dem	olishe	ed)	
Name of Monitoring Firm Hired by		-3019032B		ASCM No.		Name of Abatement	residential					
n/a	Diag. Own	01 (0)		AGOW NO.		B & G Restorati	201 200 10 10 10 10 10 10 10 10 10 10 10 10 1					
Street Address			l			Street Address	on, me.					
otroct / tudioso						105 Ryerson R	oad					
City, State, Zip Code						City, State, Zip Code					-	
						Lincoln Park, I	NJ 07035					
Project Manager for Monitoring Fire	m	Pho	one Numb	er		Telephone Number (973)696-686	9	License 00	Numb 378	er		
Scheduled Start Date (10)	Sche	d. Completio	n Date (1	1)		Name of OSHA Moni						
11/03/2014	N. Janes	04/2014		315		B & G Restorat Street Address	ion, Inc.					1
Occupancy Status During Abateme						105 Ryerson R	nad					
Facility closed/vacated during			ment.	.48		City, State, Zip Code			_			
Abatement performed outsid												
Describe: Other-Describe:						LincolnPark, N.	J 07035					
Scope of Work (check all that app	ly)							J. 4.				
☐ Demolition 🗶	Renovati	on			□ F	ull Containment w/neg	ative pressure	✓ Gloveb	ag pr	ocedu	ıre	
	≥160 sf or	1≥260 If			X N	fini-enclosure	[Non-fri	iable p	огосе	dure	
Location of		on normally u		/					R	R	Е	E
asbestos-containing	staff(12)	enance/cust	odiai			sbestos-containing	Amount (Specify S	E or	m	e p	n c	n
material to be abated in facility (13)	Yes	No	N/A	material	(ACM)		LF)	. 01	0	a i	а	C
				1			1.515		e [V]	-	-	
basement right side			X	pipe insul	ation		45 lf 15 lf		X	무	X.	ዙ
basement right side		-	X	pipe pipe	-		50 lf		H	$\overline{\Box}$	X	片
basement left side			X	Pipe			0011	1	H	Ħ	H	H
									H	一	Ħ	盲
Registered Waste Hauler	NJD	EP Hauler II	D# C	ubic Yards of	Waste	Name of Registered	Landfill			_	=	
B & G Restoration, Inc.	_	19563		1		Tullytown	Resource & Re	covery	Cent	er	- 3	
City, State Lincoln Park, NJ			Disposal D	oate 04/2014		City, State Tullytown,	PA				У.	
Completed by (Print or Type)	Title	an/Treasu	rer	Signature	(Gordana Luna		Date 10/24	/201	4		

(K 3447

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

RECEIVED

Date of Notification (1) 10/24/14						Owner/Oper			21	11 607		= 6,7,	- 17	
Agencies Notified	Type Notification		-	Street Ad						M OCT	28 ,	W		8
□ EPA	× Initial			59 Tino	dale Ro	ad		224	A.	This C				•
DEP DOL	Amended Amendment		_		te, Zip Co town, N	de J 07748				& LI	CENS	o IHG	RU	L
X DOH X DCA	instification) Cancellation	ncluding		Name of Ken W				,		lephone N				
				FACI	LITY INFO	ORMATION								
Name of Facility When	re Abatement is Taking Elementary School							Type of Facility	3000				2 200	
Street Address	ichientary ochool						_	School (K Subchapt		or than V	12\			
202 Main Street	3			71				Other (i.e.				dings	hom	es,
City (5) Port Monmouth				7.				Square Feet 25000	2	f Floors	£.55.25	Bldg. /	\ge	
County (6) Monmouth				County C (STATE L	Code (7) ISE ONLY		.	Current Use (P School	rior if be	ing demo	lished)			
Name of Monitoring Fi RK Occupational			nc.	ASCM 0090				of Abatement C Construction			n, Inc.			
Street Address 403 St. James Av	venue			-				Address Route 46 Sui	te 3D					
City, State, Zip Code Phillipsburg, NJ 0	8865							tate, Zip Code wa, NJ 07512	2					
Project Manager for M Jon Gilbert	lonitoring Firm		T	Telephor 908 45		1		one No. 256 7010		License 00666			55 H	
Start Date (10) 11/05/14		Scheduled		npletion [Date (11)	1948		of OSHA Monito		storation	 n. Inc.			
Occupancy Status Dui	ring Abatement (Check	Only One)					Address			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Facility Closed/V	acated During Entire P	eriod of At	aten	nent		26	65 F	Route 46 Suit	e 3D					
Abatement Perfo Other – Describe	med Outside of Norm	al Facility I	Hour	S			-	tate, Zip Code wa, NJ 07512	2					
Scope of Work (Check	(All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lt	ri 	(Transporter)	nova				××	Full Contains Mini-Enclosu Glovebag Pr Non-Exempt	ire ocedure	-			'	
		ls L	ocat	ion	***************************************				T			Abat	emen	t
Locati		Used	oma			Descrip	otion	of				T	/pe	
Asbestos-Containin TO BE A In Fa (1:	ABATED cility	Main Custo	tena	nce/		tos Containir thermal syst surfacing other misce	tems , VA	T, or	(kmount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	-	Yes	No	N/A									te	6
Kito	Kitchen					Pipe Ins	sula	tion		20LF	X			
Name of Registered W	/aste Hauler		TN	JDEP W	aste	Cubic Yar	ds	Name o	f Regist	ered Land	Ifill		L	L
Bako Construction		lauler ID 0889		of Waste TBD		i conservation	VS Inc							
City, State Totowa, NJ						Disposal D 11/06/14			ate ville, P	Α				
Completed by Title						Signa	ature		2		Date	e 60 ·		_
Goran Kojic		t Ma	anager				Loson	he	XE	10/24/	14			

(K 005666

D&S Proj. #: 2014-438

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

							I .	TEUE		IE	D	
Date of Notification (1)		Name o	Building Own	er/Operator (2)			2014	BCT 20				
1 0 / 2 2 / 1		CHRI	STINE ACU	NTO				OCT 28	A	MI	: i(9
Agencies Notified Type EPA Initi	Notification	Street A	ddress				Aon	ESINO LICE			r.	
D DEP Am		72 V	AN ALLEN	ROAD		7772		FILE	UC.	170	ROL	
Amen	dment #:	City, Sta	te, Zip Code				- A		101	NO		
	ergency	GLE	N ROCK, NJ	07452						2000		- 1
	cluding tification)	Name of	Contact	The second second			Telephone	Number				
	ncellation	CHR	ISTINE ACT	UNTO			ļ - -					
JL Ga	ricellation	11		LITY INFORM	ATION					_		
Name of facility where abo	atement is takir	ng place (3)					Type of Facility (4					
CHRISTINE ACUNT	Υ)							(K - 12) pter 8 (Oth	or th	on K	10\	
Street Address							201111122	Private/Con			12)	
	. ~						Bldgs./h	Homes, etc.			l - A	
72 VAN ALLEN RO	AD T	Count (0)				101/5	Square Feet	# of Floors		Blo	ig. A	ge
City (5)		County (6)				nty Code (7) te use only)	Current Hea (De	or if boing	-lem	olioha) (1)	
GLEN ROCK		BERGEN			(Sia	te use only)	Current Use (Pr	or it being (Jem(JIISHE	u)	
Name of Monitoring Firm	Hired by Bldg.		7	ASCM No.		Name of Abatemen	t Contractor (9)			_		
		2 10000 30000 10000				D & S RESTOR						
Street Address					-	Street Address	errion, n.e.			_		
						20 California A	ve.					
City, State, Zip Code					-	City, State, Zip Code						
						Paterson, NJ 0	7503					
Project Manager for Monito	oring Firm		Phone Numb	er	_	Telephone Number		License N	umb	er		
						973-345-8020)	011	69			
Start Date (10)	TS	Sched. Comp	letion Date (1	1)	-	Name of OSHA Mor						
						D & S Restorat	tion, Inc.		-	_		
011/03/14 Occupancy Status During /		11/20/14	2)		_	Street Address						
Facility closed/vacate		property and the second	0.510			20 California A City, State, Zip Code				-	_	
Abatement performe						City, State, Zip Cour	2					
Describe: NO	ORMAL HOUR	S				Paterson, NJ 0	7503					
Scope of Work (check all		-					Full Containment w	/negative p	ressi	ıre		
		ovation				☒	Mini-enclosure					
≥160 sf or ≥260 lf	=	olition				¥	Glovebag procedur Non-Exempted (*)		ahla	nroce	edure	,
Location of	- Is lo	cation norm	ally used solely	yl			1 Non Exempled ()		R	R	E	T
asbestos-containing	by n	naintenance		9000 00 00	on of a	sbestos-containing	Amount		e m	e	n	E n
material (acm) to be	Star	f(12)		material ((Specify S	For	0	a	a	С
abated in facility (13) Ye	es No	N/A				, ,		v e	i r	р	_
FIRST FLOOR KITCH	IEN	X		VEMICUL	ITE		30 SQ FT		Ž			
Registered Waste Hauler D & S RESTORATION	N. INC	NJDEP Hat 13506	entransamenta.	Cubic Yards of V	Waste	Name of Registere	d Landfill , RESOURCE RE	COVERY	,			
City, State	.,		Disposal I			City, State	, add o dred re	JO , DACI		-	-	
PATERSON, NJ 075	503		11/04/1			TULLYTOWN	I, PA					
Completed by (Print or Typ				Signature		1		Date				
BOGDAN JOLDZIC		ESIDENT						10/22/1	4			
ASB-41	* Do r	not use this f	orm for asbest	os licensure ex	empte	d activities.		Processor Miller				

1 DOCAN

BOGDAN JOLDZIC

ASB-41

PRESIDENT

Do not use this form for asbestos licensure exempted activities.

State of NJ Notification of Asbestos Abatement

D&S Proj. #: 2014-440				8:60 and 12:120						
Date of Notification (1)		Building Owne	er/Operator (2)			REC	Ely	E)	4
Agencies Notified Type Notificat	Street Add	dress ROLINA A'	VENUE	-		2014 BCT 2				
DOL Amendment #		e, Zip Code rk, NJ 07106	5		1 +	& LICE	NSIE	i R	OL.	
DCA justification		RAMOS				——————————————————————————————————————				ž.
		FACI	LITY INFORMA	TION						
Name of facility where abatement ROSE RAMOS Street Address	is taking place (3)				Type of I	Facility (4) School (K - 12 Subchapter 8 (Other (Private/ Bldgs./Homes,	Other t		-12)	
19 CAROLINA AVENUE		-		/	Square		1.09493251111	BI	dg. A	ge
City (5) Newark	County (6) ESSEX			County Code (7) (State use only)	Current	Use (Prior if be	ing dem	nolishe	ed)	
Name of Monitoring Firm Hired by			ASCM No.	I Name of Abate	ement Contractor	(9)				
Street Address			ACOM NO.		TORATION, I		3	-		-
City, State, Zip Code				City, State, Zip Paterson,	Code NJ 07503					
Project Manager for Monitoring Firm	1	Phone Numbe	er	Telephone Nur 973-345- Name of OSH	8020		e Numb 01169			
Start Date (10)	Sched. Comple	etion Date (11)	D & S Res	storation, Inc.					*************
10/23/14 Occupancy Status During Abateme	10/31/14			Street Address						
Facility closed/vacated during Abatement performed outside Describe: NORMAL F	entire period of aba of normal facility ho	atement.		20 Californ City, State, Zip Paterson,	Code					
Scope of Work (check all that appl	y) Renovation Demolition				Mini-enclos Glovebag				edure	9
Location of asbestos-containing material (acm) to be abated in facility (13)	ls location normal by maintenance/c staff(12) Yes No		1 42-0 04 1966	n of asbestos-contair CM)		nount pecify SF or	R e m o v	R e p a i	E n c a p	E n c L
BASEMENT			PIPE INSUI	ATION	63 L	FT	N N			
Registered Waste Hauler D & S RESTORATION, INC. City, State	NJDEP Haule 13506	E 105.00	ubic Yards of W yd ate		stered Landfill WN, RESOUR	CE RECOVE	RY			
PATERSON, NJ 07503		10/24/14		TULLYTO	OWN, PA					
Completed by (Print or Type)	Title		Signature			Date	11			

10/22/14

Date of Notification (1)				uilding Owner/O							-	
10/75/14			GAB	RELLIAN	ASS		2814 @C	T 28		4.		
Agencies Notified Type Notification	200-12015	St	GABRELLIAN ASSO. INC. 2114 OCT 28 Street Address 95 RT 17 SOUTH City, State, Zip Code PARAMUS NT 07652 LICENS							7 1	16	
□ EPA ☑ Initial			95	RT 17	ASSEC							
DEP Amended		С	ity, State	, Zip Code		- (C)	21	100	UU	la I	YOL	.
DEP Amended Amendment #		-	PAR	Amus L	15	07652	et L	ILE	MOI	NG		
Emergency (ir justification)	cluding	N	ame of C	ontact			Telephone	Numb	er			
DOH justification) DCA Cancellation				MA	RK				-			
			FACILI	TY INFORMATI	ON					-		
Name of Facility Where Abatement is Taking	Place (3)	2				Type of Facility (4))					
MEADTOWN SHOPPING C.	BUTER	-				School (K-12)					
Street Address				1, 22 3 181		Subchapter 8			المانييا	6		_
1483 RT 23 SOUT	14					Other (i.e. pri	ivate & comm	nerciai	bullal	ngs, i	ione	5,
City (5)						Square Feet	# of Floors	;	Bio	ig. Ag	e	
KINDELON						12000	/			55	_	
County (6)		ТС	ounty C	ode (7)		Current Use (Prior	r if being dem	nolishe	d)			
MORRIS		(5	STATE US	SE ONLY)		SHOPPING	CB476	R				
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM	No.	Name	of Abatement Cont	ractor (9)					
	3.5	1			A. Ma	ac Contracting	Inc.				- 5	=
Street Address					Street	Address		100				
	59				105 1	_owell Road						1
City, State, Zip Code					City, St	ate, Zip Code						
Oity, State, Elp State						Rock, N.J. 074	452					
Project Manager for Monitoring Firm		ТТ	elephon	e No.	Teleph	one No.	Licer	ise No.				\neg
Troject Manager for Mormoraly 1 mm			о.оро			262-5841	001	56				
Start Date (#0)	Scheduled	i Oom	pletion D	ate (11)	Name	of OSHA Monitor		-				
11/3/14	11 1				Ome	ga Environmer	ntal Servic	es Ind	Э.			
Occupancy Status During Abatement (Check					Street	Address			-			-
	329					Huyler Street						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm			ent .		City S	tate, Zip Code			725			
Other – Describe:	u. i uoy .					kensack, NJ 07	606					
Scope of Work (Check All That Apply)	3.3.2.											
			2 0.05000		D			45 D-				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	and the second second	enovat emoliti				Full Containme Mini-Enclosure		tive Pr	essui	е		
2100 31 01 2230 11		Sittonia	011			Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						
			- 1			Non-Exempted	(*) and Non-	-Friable				
	Ist	Locatio	on							Abate Ty		i
Location of		ormall			escription					.,		
Asbestos-Containing Material (ACM)		d Solel ntenan				faterial (ACM)	Amount (Specify SF or LF)		ת		Ē	_
TO BE ABATED In Facility	Custo	odial S	taff?		acing, VA	s insulation, .T. or			Remova	Repair	сар	ncto
(13)		(12)		other	miscellar				oval	air	Encapsulate	Enclosure
	Yes	No	N/A						-		6	
	++		341		~		290	4.77	×			
UNIT 14	\perp	-	X	V.A								
UNIT 15			X	70107	Com	point wais	1100	SF	X			
												-
	+											
		7	IDED !!		a Vanda	Name of	Registered L	andfil				
Name of Registered Waste Hauler			JDEP Wauler ID	No. of W	ic Yards laste	100	-		- 461	C 0.	_	
Rovic Transport		1000	0785		c Yards aste	IESI PA	A Bethlehe	iii La	IIIDIII	UU	μ.	
City, State					øsal/Date							
Riverdale, New Jersey 07457				111	13/14	المن Bethlel	nem, PA 1	8015				
Completed by	Title				Signatur	m c() 1	11	Da	1	T	. /	
R. McDonald	Presi	ident			IK	11 Jank	1	10	0/3-	211	7	

CK 00 9058

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

RECEIVED

Date of Notification (1) 10/24/14	Name of Building Owner/Operator (2) AvalonBay Communities, Inc.																	
Agencies Notified	Street Address 2014 CCT 28 AM 1: GL																	
	Type Notification		517 Route 1 South															
DEP	Initial Amended Amendment	4							& LICENSING									
	Emergency (i		320	Iselin, NJ 08830						1								
DOH DCA	justification) Cancellation		- 1		Hromin			Telephone Number										
				FACI	LITY INFO	RMAT	ON							1				
Name of Facility Where	tana an anti-fati an anal fatiglish fatigues an an an an an an a	Place (3)						Type of Facility (4	1)									
Avalon Princeton-L	ambert House							School (K-12										
Street Address								Subchapter				alia au	h					
253 Witherspoon S	Street							Other (i.e. p	ivale	x comme	iciai Dui	uing	, non	es,				
City (5)								Square Feet	# 0	Floors		3ldg.	Age					
Princeton								15,000		3	1	90 y	rs. ol	d				
County (6) Mercer		County Code (7) (STATE USE ONLY)				Current Use (Price Abandoned for												
Name of Monitoring Firm	a Hirad by Building C	humor (9)		ASCN	I No.		Namo	of Abatement Con		CONTRACTOR OF STREET	<i>A</i> 1							
EWMA, LLC	TARAMAR				2590000	nuzzi Environm		2000	es, Inc									
Street Address	<u> </u>						Street	Address	1129 11									
P.O. BOX 5430/10	0 Misty Lane			1				52 Route 206 South										
City, State, Zip Code Parsippany								tate, Zip Code borough, NJ 0	8844									
Project Manager for Mor Craig Gorzyca		elephor 973-56	ne No. 30-1400		Telephone No. License No. 908-218-0880 01228													
Start Date (10)	Com					me of OSHA Monitor annuzzi Environmental Services, Inc.												
10/27/14		11/5/14				-			ental	Service	es, Inc	i						
Occupancy Status Durin	T	950 38						Address Route 206 Sou	th									
	ated During Entire P ned Outside of Norm			ent				itate, Zip Code	uı									
Other – Describe:		arr acinty ri	ouis				823 232 23	borough, NJ 0	8844									
Scope of Work (Check A	All That Apply)							20104911,110	-		16 - 18 : 0.0							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			ovati				F	Full Containme		Negativ	e Press	ıre						
E100 31 01 2200 11		IN Dell	nomac)II				Glovebag Proc	edure									
							×	Non-Exempted	(*) an	d Non-Fr	iable Pr							
		ls Lo	catio	n								Abatement						
Locatio	The state of the s		mally		Description							Туре						
Asbestos-Containing TO BE AB								Material (ACM)	Amount (Specify		71		l m					
In Faci		10-1-0-0	Custodial Staff?			I I A Thermal everem					Remova	Repair	cap	nclo				
(13)		,	12)			other	miscellar	neous)			ova	air	Encapsulate	Enclosure				
		Yes 1	No	N/A									fe					
Lambert H	ouse			x	Mastic	betwe	en floc	or & outer	2,0	000 LF	x							
	•							wall										
Name of Registered Wa				IDEP W		Cubic of Wa	ic Yards Name of R			ered Land	dfill							
Yannuzzi & Sons, Ir	nc.			467	coon Period	20		GROW										
City, State Hillsborough, NJ						Dispo 11/6	sal Date			Α								
Completed by		Title				25 11 24 15 16	. /	/ / / / / / / / / / / / / / / / / / / /										
Anna Bastos			stra	Signature strative Assistant				trupe Suston 10/24/14										
, unid Dastos	Jua	avo A	Joiotant		07/	/			10/27		+							

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

Date of No 08	otification (1) / 14					Building Owner LAROCHE	er / Oper	ator (2)	R	- (* f.	iwa:	u.		
Agencies		Type of No		on			SLAND AVEN	UE	104480			* 11 5.m. 5.			
	☑ EPA ☐ Initial☐ DEP ☑ Amended					City, State NUTLEY,	e, Zip Code NJ 07110			Call Di	1 28	AM 1:	83		
Image: section of the content of the	DOH DOL			dment #	#1 / justification	Name of O	100	E	in this day	Telenho	ne Numl		5131	/27/14	
	DOL	H		llation	Justilication	BILL LIGI	TIENAU			Ć.	LICER				
					F.	ACILITY IN	IFORMATION					71,143			
	acility Whe		ent is	Taking	Place (3)		Type of Faci	lity (4)							
HOFFMAN	N LAROCHE						□ s	chool (K	-12)					17	
Street Add				MIN			☐ Si	ubchapt	er 8 (Other						
340 KINGS	SLAND AVE	NUE					bl	dgs., ho	, private & omes, etc.)	cmmerci	al				
City (5) NUTLEY		County (6) ESSEX			County Code	(7)	Square Feet 80,00		# Of Floors		Buildir	ng Age	Age 40+		
NOTEL 1		LOOLX					Current Use	The state of the s		Control of the second					
Name of I	Monitoring I	Firm Hired	by Bld	g Own	er (8)	IASCM NO	VACANT/WA		A CONTRACTOR OF THE PARTY OF TH	(0)			-		
	wormtoring i	iiiii riiied	by Bid	g. Own	ei (0)	ASCINI NO					umes as				
EHI Street Add	dress			10000			NORTHSTAF Street Addre		RACTING G	ROUP, IN	IC.				
655 WEST	SHORE TE	RAIL		Male											
SPARTA,	e, Zip Code NJ 07871						32 WILLIAMS City, State, Z								
	ngr. For Mo	nitoring Fi	rm	T	Telephone Nu 973-729-5649	mber	EAST HANO								
	/	/	1		letetion Date (1	, .	Telephone N	lumber		License	Number	•			
08/	/ 27 /	/14		1 /	/ 28 /	14	973-884-	8682				00860			
1777	y Status Di						Name of OSI			DOUD II	10				
	Abatemen		ea Dui	ing En	tire Period of		NORTHSTAF Street Addre	The second second	RACTING G	ROUP, IN	VC.				
	Abatemen Hours - De		d Outs	ide of N	lormal Facility		22 10/11 1 10 10	DADIO	VA V						
V		scribe:	MON-F	RI			32 WILLIAMS PARKWAY City, State, Zip Code								
Scope of V	Work (Chec	The second second second		/I-3:00P	M		EAST HANOVER, NJ 07936								
	STEEL STATES				420	-									
	Demolition ≥3sf or ≥3		E	2	Renovation	V	Full Contain Mini - Enclos		th Negative	Pressur	е				
Ū	≥160 sf or						Glovebag Pr	ocedure							
							Non-Exempt	ed (*) an	d Non-Frial	ble Proce	edure				
	Location of			s		Descript				Abateme	ent Type		l-		
	estos Conta laterial (ACI			ation mally	As	Material	Containing (ACM)		Amount	R	R	E	E		
000	BE ABAT			sed		e., therma	l systems		(Specify	M	E	C	C		
	in Facility			lely			facing, VAT, SF or LF			0 V	P	A	L		
	(13)		1933	Vlain- ance/	or	other misc	ellaneous)			A	A	s	o s		
			Cus	todial						L	R	U	U		
			-	f (12)					\vdash		-	L	R		
			TEST	NO N/A							$+$ \Box	$+$ \Box	+	П	
BUILDING	103				SEE ATTACH	ΞD		-					工		
													+		
Name of R	Registered \	Waste Haul	er		NJDEP Waste	Cubic	Name of Reg	istered	Landfill						
	LITION SE	RVICES INC	D. 		Hauler ID No. NJ-750	Yards of Waste	WASTE MAN	IAGEME	NT						
City, State EAST HAN	NOVER, NJ					Disposal Date	City. State TULLYTOWN	I, PA							
Complete	d by (Print	or Type)			Title		(5)	gnature				Date			
STEVEN S	STILES				PROJECT MA	NAGER		Sta	n	Y			10	/27/14	

Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff (12) YES NO N/A			Description of Asbestos - Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R E M	R E P A I R	E N C A P S U L	E N C L O S U R	
ST FLOOR	THE RESIDENCE OF	V	-	PIPE & FITTINGS	1450 LF	v	+		+	
ST FLOOR		THE REAL PROPERTY.	IT	VAT & MASTIC	600 SF	7	十十			
ND FLOOR		-	I	PIPE & FITTINGS	1750 LF	<u> </u>		+	1 1	
ND FLOOR		V		VAT & MASTIC	4500SF	7	+-	+	1 +	
ND FLOOR		V		DUCT INSULATION	150 SF	\[\sigma\]	1	1-	1	
UILDING 103	T	V	n	FIRE DOORS	57 EA.	7				
OOF	一百	[V]		PITCH POCKETS	35 SF	V		+-	1	
OOF		1	T	ROOFING & FLASHING	16000 SF				1	
JILDING 103/EXTERIOR		J	7	CAULK	1650 LF	\(\frac{1}{2}\)		++		
		1	n		1030 LF			╇	1-	
		V				\[\sigma\]		╁┼	1	
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AUGUSTON MARKET	111	-	<u>H</u>			V				
	18	7	-			V				
		V								