PAID	N		CATION	te of New OF ASBE to NJAC 8	STOS	ABATE						v H	2	82
Date of Notification (1) 9/4/2018				Building C c Industr				.C				L	<u> </u>	$\mathbb{V}_{1}$
Agencies Notified Type Notification		1	Street Ac 10 Wes	idress st 33rd S	Street,	Suite	800				SE	P 1	0 2	2018
X		_	City, Stat New You Name of	te, Zip Coo ork, New Contact seph Sm	le / York					2) 947-94				
	Diago (2)		FACIL	LITY INFO	RMATI	ON	Tuno	of Facility (	4)					
Name of Facility Where Abatement is Taking Old Boiler Building	Place (3)							School (K-1	2)		1			
Street Address 90 Dayton Avenue							×	Subchapter Other (i.e. p etc.)				lings,	home	s,
City (5) Passaic							Squa 9,00	are Feet 00	# of	Floors	100	ldg. A 20	ge	
County (6) Passaic			County C	Code (7) ISE ONLY)				ent Use (Prider Buildin		ng demolish	ned)			
Name of Monitoring Firm Hired by Building Ov TBD	vner (8)		ASCM	No.			of Aba	atement Cor racting, LL	tractor	(9)				
Street Address						Street 1385		ess ey Road,	Suite	K				
City, State, Zip Code						2.200		Zip Code Iew Jerse	y 0747	70				
Project Manager for Monitoring Firm			Telephor	ne No.		Teleph (973		No. -5040		License N 00874	0.			
	Schedule		pletion [	Date (11)				HA Monitor racting, Ll	_C					
Occupancy Status During Abatement (Check	Only On	e)				Street			Cuita	IV.				
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:						City, S	State, 2	ey Road, Zip Code New Jerse						
Scope of Work (Check All That Apply)						,								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		enova emoliti				>	Mi GI	ull Containm ini-Enclosure lovebag Pro- on-Exempte	e cedure				е	
		Locati											ement pe	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Ma Cust	lormali d Sole intenar odial S (12)	ly by nce/ Staff?	Asbest (i.e.	os Con thermal surfa	scriptior taining N system cing, VA niscella	Materia is insu AT, or	00-120-00-00-0	(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
Coo Attached	Yes	No	N/A											
See Attached														
											-			
Name of Registered Waste Hauler			JDEP W		Cubic of Wa	Yards		00.000	will as	ered Landfil				
Service Transport Group, Inc.			0990	NO.	TBD	200303				erprises, l	LC			
City, State New Castle, Delaware					TBD	sal Date	ev.	City, Sta Wayne		·				
Completed by Predrag Sarcev	Title Vice	Presi	dent		1	Signatur	ę			1000	ate /4/20	18		

								personal district			- F	Pr	int Fo
Ch2522	9		Ursuan	tale of New Jo VOF ASBEST to NIAC 8:60	OS ABATE	0)	NT		Maria de la como de la			<u></u>	
Date of Notification (1) 08/31/2018			Name of Resid	of Building Own ence	ner/Operator	r (2)			SE	:17	1 U	201	5
Agencies Notified Type Notification  EPA Initial			Street A					A	SBES	STO	S CO NSII	NTR VG	OL&
EPA  DEP  Amended  Amendment f  Emergency (i		_		ate, Zip Code gfield NJ 07	081								
□ DOH justification     □ DCA     □ Cancellation	including			f Contact Ortner				Talanhan	a Nium	hor	0-81918		
	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		FAC	ILITY INFORM	MATION							-	
Name of Facility Where Abatement is Taking Residence	Place (3	3)				Ту	pe of Facility (4) School (K-12		÷				
Street Address						×	Subchapter 8 Other (i.e. pri etc.)	(Other than vate & com	n K-12) mercia	) I buil	dings,	home	es,
City (5) Springfield						3000	uare Feet 980	# of Floor	S	1000	ldg. A	ge	
County (6) Union			County (STATE	Code (7) USE ONLY)		Cu	rrent Use (Prior	if being der	nolish	ed)			
Name of Monitoring Firm Hired by Building O A. Seine Lighthouse Solutions	wner (8)		ASC	/ No.			batement Contr ank Services						
Street Address PO Box 354					Street 1256		ress perty Avenue						
City, State, Zip Code South Orange, NJ 07079							, Zip Code NJ 07205						
Project Manager for Monitoring Firm Sarah Calandra			Telepho 201-34	ne No. 19-2666	Teleph 844-4		No. -7465	Licer 013	nse No 16				
	Schedule 10/03/2		npletion	Date (11)	7/2577-35.7		SHA Monitor Lighthouse	Solutions					
Occupancy Status During Abatement (Check	Only Or	ne)			Street					117-			
Facility Closed/Vacated During Entire Potential     Abatement Performed Outside of Normal     Other – Describe:	eriod of A al Facility	Abatem Hours	nent			tate	354 , Zip Code Prange, NJ 07	7070		_			-
Scope of Work (Check All That Apply)				Professional Control	3000	11 0	range, No o	019					
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>		Renova Demolit			×		Full Containmen Mini-Enclosure Glovebag Proce Non-Exempted (	dure				<b>a</b>	
	100.00	Locati						/ 4.14 11011	· · · · · ·	, , , ,	Abate	ment	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Ma	Normali d Sole intenar todial S (12)	ly by nce/	(i.e. ther	Description Containing M mal systems urfacing, VA ner miscellan	fater s ins T, or	ulation,	Amount (Specify SF or LF		Remova	Repair	e Encapsulate	Enclosure
	Yes	No	N/A							=		ate	ri
Basement		X			Floor Tile	е		785 SF		X			
Name of Registered Waste Hauler		N	JDEP W	/aste Cu	ubic Yards		Name of Re	egistered La	ndfill				
Newark Carting			auler ID 4509	No. of	Waste		Waste M	anageme		ndfi	I		
City, State East Orange, NJ				Di	sposal Date		City, State Penn Arg	ıylę, PA					
Completed by Alison Lamers	Title Office	e Mar	nager	-	Signature	M	gme		Date 08/		2018		

Ch 2501			CATION	OF ASB	ESTOS	<b>ÝBATE</b>		г			<u> </u>		П /	
Date of Notification (1) 08/31/2018			Name o	of Building (	Owner/O	perator	(2)				SEP	-1-	20	18
Agencies Notified Type Notification			Street A	Address					+	AS	BEST	os c	ONT	301.8
EPA Initial		-	City Ct	ata Zin Ca	de		->>						SING	101.0
EPA				ate, Zip Co e NJ 072										
Emergency (in	ncluding	_		f Contact			1		Tel	enhone !	Mirmali -	-		
DOH justification) Cancellation			Kevin	Martinez	Z				1	190,707,046,04-120,000				
Name of Facility 145			FACI	ILITY INFO	ORMATIC	NC				-				
Name of Facility Where Abatement is Taking Residence	Place (3	3)					Тур	e of Facility (4	4)					
Street Address		-				-	H	School (K-1: Subchapter		er than k	(-12)			18
							×	Other (i.e. pr				uilding	s, hom	nes,
City (5) Hillside							Squ:	etc.) are Feet 34	# 0	f Floors		Bldg 89	Age	
County (6) Union				Code (7) USE ONLY)	02		Curr	ent Use (Prio	r if bei	ng demo	lished)			
Name of Monitoring Firm Hired by Building O	wner (8)	1_	ASCN	/ No.		Name	of Ah	atement Con	tractor	(9)				
A. Seine Lighthouse Solutions								nk Service		(0)				
Street Address PO Box 354						Street 1256		ess erty Avenue	е					
City, State, Zip Code South Orange, NJ 07079							Zip Code NJ 07205							
Project Manager for Monitoring Firm		- 1/	Telepho			Teleph				License				
Sarah Calandra		1		19-2666		844-4				01316	<u> </u>			
09/11/2018	10/03/2	2018	pletion	Date (11)				HA Monitor Lighthouse	Solu	ıtions				
Occupancy Status During Abatement (Check						Street .	2000000	77.70						
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	riod of A I Facility	Abatem Hours	ent		-	City, S	tate, 2	Zip Code	7070			W 0.1		
Scope of Work (Check All That Apply)						South	n Ora	ange, NJ 0	17079	!				
<ul> <li>≥3 sf or ≥3 If</li> <li>≥160 sf or ≥260 If</li> </ul>		Renova Remoliti				×	Mi Gl	III Containme ni-Enclosure ovebag Proco	edure				ıra	
	Is	Locati	on					Zir Exciliptou	( ) ( ) ( )	4 1101111	Table 1	Aba	temen	t
Location of		Normall			Des	cription	of				-		Гуре	-
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	d Solel intenar	ice/		os Conta thermal s					mount Specify			四	l m
In Facility	Cust	odial S (12)	taff?	(1.0.	surfac	ing, VA	T, or	satisfies.		or LF)	Kemova	Repair	caps	Enclosure
(13)	Yes	No	N/A		other m	iscellan	eous)				oval	. ar	Encapsulate	sure
Basement		Χ			pip	e wra	р		2	5 LF	X	T		
		ac area pro												
Name of Registered Waste Hauler Newark Carting		Н	JDEP W auler ID 1509	ATTORNOOT NO.	Cubic Y of Was			Name of R Waste M				fill		
City, State					Disposa	al Date	_	City, State						
East Orange, NJ						A		Penn Ar	gyle,					
Completed by Alison Lamers	Title Office	e Man	ager		Si	gnature	A.	MUA		- 1	Date 08/31	/201	8	

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Date of Notification (1) 08/31/2018			Name of Resid	of Building lence	Owner/	Operator	(2)		I	L SE	٢١	U	2018	
Agencies Notified Type Notification			Street A	Address						ASBES				)L &
X EPA   X Initial   Amended   Amendment	· #			ate, Zip C le NJ 07					<u> </u>		LIUE	NSIN	I GI	mundon is
Emergency justification)	(including	]		of Contact	- MED-38-36-0		-		InTol	onhono Nu	mhor			
DCA Cancellation				ulinella					_					
Name of Facility Where Abatement is Takir	g Place (	(3)	FAC	ILITY INF	ORMAT	ION	Тур	e of Facility (4)	)					_
Residence				948				School (K-12)	)			85		
Street Address							×	Subchapter 8 Other (i.e. pri	(Oth vate	er than K-12 & commerci	2) al bui	dings	, hom	es,
City (5) Hillside							Squ 1,5	etc.) are Feet 48	# 01	Floors	1.63	3ldg. /	Age	
County (6) Union				Code (7) USE ONLY	)			rent Use (Prior	if bei	ng demolish	ned)	_		
Name of Monitoring Firm Hired by Building	Owner (8	)	ASC	M No.	2	Name	of Ab	atement Contr	actor	(9)			-2-162 (11)	
A. Seine Lighthouse Solutions Street Address						Brink	s Ta	ank Services		(*)				
PO Box 354						Street 1256		<sub>ess</sub> erty Avenue						
City, State, Zip Code South Orange, NJ 07079								Zip Code NJ 07205						
Project Manager for Monitoring Firm Sarah Calandra			Telepho 201-34	ne No. 49-2666		Teleph 844-4				License N 01316	0.			
Start Date (10) 09/11/2018	Schedul 10/03/			Date (11)		Name	of OS	SHA Monitor	C-1					
Occupancy Status During Abatement (Chec	- contented to the		-3			Street /		Lighthouse	Solu	tions				
Facility Closed/Vacated During Entire I     Abatement Performed Outside of Norm	Period of	Abaten	nent			РО В	ох З	라면 맛있						
Other – Describe:					_			ange, NJ 07	7079					
Scope of Work (Check All That Apply)							1							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	M G	ull Containmen ini-Enclosure lovebag Proced	dure					
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Asbestos-Containing Material (ACM) <u>TO BE ABATED</u>	Ma	intena	nce/			aining Ma systems				nount pecify	R		Enc	ū
In Facility (13)	Cus	todial S (12)	otan?		surfac	cing, VAT niscellane	Γ, or			or LF)	Removal	Repair	Encapsulate	Enclosure
Basement	Yes	No X	N/A		nie	20 11/20				0.05			te	
Datomont		^			hil	oe wrap			60	SF	X	_		
Name of Registered Waste Hauler Newark Carting		Н	JDEP W auler ID		Cubic of Was			Name of Re Waste Ma			ndfi	II.		
City, State		0	4509		Dispos	al Date		City, State	a. rag	Omont Lo	ariuii			
East Orange, NJ Completed by	707					:Δ.Δ		Penn Arg	yle,					
Alison Lamers	Title Office	e Mar	nager		S	ignature	R	MUD		Dat 08		2018		

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Date of Notification (1) 08/31/2018			Name of Resid	of Building Owner ence	/Operato	r (2)			ULT			-010	
Agencies Notified Type Notification			Street A	Address				AS	BBEST				11.8
X EPA X Initial Amended Amendment	#			ate, Zip Code Providence Nu	1 07974			-	L.l.	CEN	SIN	G 	personal majorine
□ Emergency (			Name o	f Contact en Leonard	01314	-		Telephone	e Numb	er			
				ILITY INFORMA	TION			, the same of the					
Name of Facility Where Abatement is Taking Residence	g Place (	3)				Ту	pe of Facility (4						
Street Address						×	School (K-12 Subchapter 8 Other (i.e. pr	(Other than	K-12)	ouildir	ngs,	home	es,
City (5) New Providence						Sq	etc.) uare Feet 029	# of Floors			g. A		
County (6) Union		П		Code (7) USE ONLY)			rrent Use (Prior		nolished				
Name of Monitoring Firm Hired by Building C A. Seine Lighthouse Solutions	Owner (8)	)	ASC	И No.			batement Cont ank Service						
Street Address PO Box 354					Street 1256		ress erty Avenue	)	STORES IN CO.				
City, State, Zip Code South Orange, NJ 07079							Zip Code NJ 07205						
Project Manager for Monitoring Firm Sarah Calandra			Telepho 201-34	ne No. 19-2666	Teleph 844-		No. -7465	Licen 0131	se No. 16				
Start Date (10) 09/11/2018	Schedul 10/03/2		npletion	Date (11)			SHA Monitor Lighthouse	Solutions					
Occupancy Status During Abatement (Check	k Only O	ne)			Street								
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of a	Abaten y Hours	nent S			tate,	Zip Code	7070					-
Scope of Work (Check All That Apply)					Sout	n O	range, NJ 0	7079			S=11		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit			×	N	Full Containmer Mini-Enclosure Glovebag Proce Non-Exempted	edure			dura		
4 2		Locati Normal			-		Vori-Exempled	( ) and Non-i	riable			ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Sole intenar todial S (12)	ly by nce/	Asbestos Cor (i.e. therma surfa		Mater s insi T, or	ulation,	Amount (Specify SF or LF)		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A									ate	6
Ground Level		Х		F	loor Til	е		435 SF	х		-		
5-0/											-		
N													
Name of Registered Waste Hauler Newark Carting		Н	JDEP W lauler ID 4509		Yards aste		1	egistered La lanagemer		dfill			
City, State East Orange, NJ				Dispo	sal Date	Λn	City, State Penn Arg	gyle, PA					
Completed by Alison Lamers	Title Office	e Mar	nager		Signature	K	week	?	Date 08/3	1/20	18		

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Yh2518		NOTIF (P	ICATIO ursuan	tate of Nev N OF ASSE t to NJAC	V Jersey STOS AB 160 and 1	3ATE/ 12:120	MENT	<sup>PS</sup>			3 (			V	<u>u</u>
Date of Notification (1) 08/29/2018			Name o	of Building C lence	Owner/Ope	erator	(2)				SE	0	10	201	<del>0</del>
Agencies Notified Type Notification			Street /	Address						AS	BES	TOS	S CO	NTR NG	OL &
EPA Initial Amended Amendment				ate, Zip Coo lle NJ 072											
□ Emergency justification)     □ DCA     □ Cancellation		'		of Contact tel McDor	nnell				Telep	ohone	Numb	er			
None of Facility Manager Alexander	·		FAC	ILITY INFO	RMATION	1									
Name of Facility Where Abatement is Takin Residence	ng Place (	3)						of Facility (4 School (K-12	5. 						
Street Address							П	Subchapter 8 Other (i.e. pr etc.)	(Other	than I	K-12) ercial	build	lings,	home	es,
City (5) Roselle							Squa 1,72	re Feet 24	# of F	loors			ldg. A 09	\ge	
County (6) Union				Code (7) USE ONLY)			Curre	ent Use (Prior	if being	demo	olished	i)			
Name of Monitoring Firm Hired by Building A. Seine Lighthouse Solutions	Owner (8)	)	ASCI	M No.				atement Cont nk Service		9)					
Street Address PO Box 354					100000	treet /		ss rty Avenue	)						
City, State, Zip Code South Orange, NJ 07079								Cip Code							
Project Manager for Monitoring Firm Sarah Calandra			Telepho	ne No. 49-2666	T	elepho	one N	0.	189	Licens					
Start Date (10) 09/10/2018	Schedul 10/01/2		npletion	Date (11)				HA Monitor Lighthouse							
Occupancy Status During Abatement (Chec	1183.00010-388					treet A		- 500	Colum	0113					
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm	Period of a	Abatem y Hours	nent		1000	PO B		54 lip Code							
Other – Describe:  Scope of Work (Check All That Apply)					- S	South	ora	ange, NJ 0	7079						
≥3 sf or ≥3 If     ≥160 sf or ≥260 If	and the same of th	Renova Demolit				×	Mir	II Containmer ni-Enclosure ovebag Proce n-Exempted	dure					_	
	100	Locati Normali			5225 97			II-Exempted	( ) and i	NUIF	ITADIC			ment	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Ma	ed Sole iintenar todial S (12)	ly by nce/	(i.e. ti	Descri os Containi hermal sys surfacing other miso	ing Ma stems g, VAT	ateria insula r, or		(Sp	ount ecify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A											ate	ดิ
Basement		X			Pipe	wrap	)		10	LF	X				
					100000000000000000000000000000000000000										
Name of Registered Waste Hauler		l N	JDEP W	/aste	Cubic Yar	rde		Name of R	ogietor-	d l er	4611				
Newark Carting		Н	auler ID 4509		of Waste	us		Waste M				dfil	l		
City, State East Orange, NJ					Disposal I	Date		City, State Penn Arg	avle. P	A.					
Completed by Alison Lamers	Title Office	e Mar	nager		Sign	ature	001	MUS.			Date 08/2	9/2	018		

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Date of Notification (1) 09/04/2018			Name o	of Building ( dence	Owner/Ope	rator	r (2)			-	5	Εľ	10	20	8
Agencies Notified Type Notification	1		Street	Address	7.5 F 5 The 1 The				$\vdash$	A	SBE	STO	SICC	)NTF	OL &
X EPA   X Initial   Amended   Amendmen				tate, Zip Co							bunytar.z.		ENS		MHUMUNDON.
Emergency	(including	_		deen NJ 0	)7747				Tole	enona	Mum	nhar			
X       DOH       justification;         DCA       ☐ Cancellation			Jame	s Portella		15,5-2			1 616	ווטוום	s INUII	inei			
Name of Facility Where Abatement is Takin	ng Place (	(3)	FAC	ILITY INFO	RMATION		Тур	e of Facility (4	1)						
Residence		776			#			School (K-12	2)					93	
Street Address							×	Subchapter Other (i.e. pretc.)					dings,	hom	es,
City (5) Aberdeen							Squ 1,5	are Feet	# of 2	Floors	3	1000	ldg. A	ge	
County (6) Monmouth			County (STATE	Code (7) USE ONLY)	12	-	Cur	rent Use (Prio	r if beir	ig dem	nolish	ed)			
Name of Monitoring Firm Hired by Building A. Seine Lighthouse Solutions	Owner (8)	)	ASCI	M No.				atement Cont ank Service		(9)					
Street Address PO Box 354					12		Addr	ess erty Avenue	e						
City, State, Zip Code South Orange, NJ 07079								Zip Code NJ 07205							
Project Manager for Monitoring Firm Sarah Calandra			Telepho 201-3	one No. 49-2666			none 1 462-	No. 7465		Licens 0131		).			
Start Date (10) 09/17/2018	Schedul 10/09/		mpletion	Date (11)				SHA Monitor Lighthouse	Solut	tions					
Occupancy Status During Abatement (Chec	ck Only O	ne)			St	reet	Addre	ess							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:	Period of a	Abater y Hour	ment s		Ci	ty, S		Zip Code		_					
Scope of Work (Check All That Apply)					-   S	out	h Or	ange, NJ 0	7079						
≥3 sf or ≥3 If ≥160 sf or ≥260 If		Renova Demoli				×	M G	ull Containment ini-Enclosure lovebag Proce on-Exempted	edure					۵	
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Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Ma	ed Sole aintena todial ( (12)	ely by nce/	(i.e. th	Descrip os Containin hermal sys surfacing other misc	ng M tems , VA	lateria insu T, or	lation,	(Sp	nount pecify or LF)		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A									22	1.53	ate	9
First Floor Master Bedroom		X			Floor	7.00				0 SF		X			
Second Floor Bedroom (Right)		X			Floor	_				O SF		X			
Second Floor Bedroom (Left)		X			Floor					O SF		X			
First Floor Bedroom Name of Registered Waste Hauler		X	IJDEP W	laste	Floor		9	News		OSF		X			
lewark Carting		F	lauler ID 4509		Cubic Yard of Waste	us		Name of R Waste M				ndfil	I		
City, State East Orange, NJ					Disposal D	Date		City, State Penn Arg		PA		97 =			
Completed by Alison Lamers	Title Office	e Mar	nager		Signa	ture	(1)	WN			Date 09/		2018		

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Date of Notification (1) 8/20/2018	Summer		Name o		Owne	er/Operator	(2)			))虐	G	E	<u> </u>	7-6	
Agencies Notified Type Notification		_	Street A	ddress						11					
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X EPA X Initial Amended Amendment	#			ite, Zip Co wood Cli		New Jers	ey 07	632		0000	McCommission Pro-	MRCAL CO		naronronue	
Emergency ( justification)  DCA  Cancellation	including		Name o	f Contact			-		Telep	honé N	BEST umber	28.0	ONT! :NG	ROLI	k .
DCA Cancellation				iss Was	L				1					tage course	e
Name of Facility Where Abatement is Taking	g Place (3	3)	FACI	LITY INFO	)RMA	ATION	Туре	of Facility (4	)						
Residential								School (K-12							
Street Address								Subchapter 8 Other (i.e. pr				dinas.	home	es.	
City (5)								etc.) re Feet	# of F		77 mayan	Bldg. A			
Englewood Cliffs							3,800		2	10013	- 33	60 °	ige		
County (6) Bergen				Code (7) USE ONLY)				nt Use (Prio dential	r if being	demoli	shed)				
Name of Monitoring Firm Hired by Building (TBD	Owner (8)		ASCN	No.				tement Cont acting, LL		))					
Street Address		<u> </u>				Street	Addres								
City, State, Zip Code						City, S	tate, Zi	p Code							
Project Manager for Manitoring Firm			Talaaha	N-			E-1/1/1	ew Jersey	Section 2						
Project Manager for Monitoring Firm			Telepho	ne No.		10 St. 1755 (1955)	one No 928-		1 1 2	icense 00874	No.				ī
Start Date (10) 08/31/2018	Schedule 09/05/2		npletion	Date (11)				A Monitor acting, LL	0						
Occupancy Status During Abatement (Chec							Addres	s y Road, S	Suite K						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	al Facility	Hours	nent s			City, S	tate, Zi	p Code ew Jersey							
Scope of Work (Check All That Apply)						vvayı	ie, ive	ew Jersey	0/4/0						
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demolit					Min Glo	Containme i-Enclosure vebag Proce	edure	J					
	Τ					×	Nor	n-Exempted	(*) and I	Non-Fria	able Pro		e ement		
Location of	1	Locat Vormal	lly		1	Description	of						ре		
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	d Sole intena todial 3 (12)	nce/	Asbest (i.e.	os Co thern su	ontaining N nal systems rfacing, VA er miscellan	laterial s insula T, or	(ACM)	(Spe	ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure	
	Yes	No	N/A				4						te		
Basement		X		Floor 7		& assoc	0.0000.0000.000	mastic	1,26	0 SF	x				
Basement & First Floor		Х			Mir	ror Glue	Dots		400	SF	x				
											4				
Name of Registered Waste Hauler		L	JDEP W	lasta	01	oic Yards		Non- of E		-1.110					
Service Transport Group, Inc.		H	lauler ID 0990			Vaste		Name of R Minerva							
City, State New Castle, Delaware					Dis <sub>i</sub>	posal Date D		City, State Waynes		Ohio					
Completed by Predrag Sarcev	Title Vice	Presi	dent			Signature			- در هد		ate 3/20/20	018			

0 / 0 - 10		Annual Prince	9)		e of New				( , c		PLE	, (G	L		
Chaga		ND			OF ASBE ONJAC 8						M	SED	1.1	)_20	10
Date of Notification (1) 08/31/18					Building Cocese of			(2)		1.		UEI	- 1 '	<i>-</i> <u>-</u>	10
Agencies Notified	Type Notification			treet Ad						1	AS	BEST			ROL
EPA	X Initial				ifton Ave					<u></u>		L	JEN:	SING	
DEP X DOL	Amended Amendment		100		k, NJ 07										
DOH DCA	Emergency justification)		1000		Contact					1000000	phone Nu				
☐ DCA	Cancellation	1	I	Tom M	leli LITY INFO	DMATI	ON			201	1-261-0	148			
Name of Facility Where	Abatement is Takir	ng Place (3)		FACIL	III INFO	KIVIATI	ON	Туре	of Facility (4)	)					
St. Joseph's Churc	ch		NO CONTRACTOR						School (K-12		- N - V277				
Street Address									Subchapter 8 Other (i.e. pri				dings,	home	s,
305 Elm St.						-			etc.) are Feet	# of	Floors	F	Ildg. A	Age	
City (5) Oradell								5,50		2	1 10010	1	9 Yr	0.79	
County (6)					ode (7)				ent Use (Prior	if bein	g demoli	shed)			
Bergen			(5	-	SE ONLY)	-		270000000	ırch		(0)				
Name of Monitoring Firm N/A	n Hired by Building	Owner (8)		ASCM	No.				rvices Inc.	ractor (	9)				
Street Address							Street					1000			
							0.535.535	4-11-50	e Ave.						
City, State, Zip Code									Zip Code n, NJ 0705	57					
Project Manager for Mor	nitoring Firm		T	elephon	ne No.		Teleph				License 01107	No.			
Start Date (10)		Scheduled	Comp	oletion D	Date (11)			221- of OS	HA Monitor		01107				
09/10/18		09/21/18			, ,		Lesla	aw N	alodka						
Occupancy Status Durin							Street 156								
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Non	Period of Ab mal Facility H	ateme lours	ent		_	City, S	State, 2	e Ave. <sup>Zip Code</sup> in, NJ 0705	57					
Scope of Work (Check A	All That Apply)							9.0	,						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novati molitio					M G	ull Containme ini-Enclosure ovebag Proce on-Exempted	edure	0.8276			re.	
		le I	ocatio	n				<u> </u>		( ) and	I NOTE TO	DIE I I	Abat	ement	
Locatio	en of	No	rmally	,		De	scription	of		-			T	ype T	
Asbestos-Containing TO BE AB In Fac (13)	g Material (ACM) BATED ility	Custo	tenand	ce/		therma surfa	taining N I system Icing, V miscella	is insu AT, or		(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A					-					ю	
boiler r	room			*		10000	insula				25 lf.	*	-		
boiler r	room			*		boile	r insul	ation		7	5 sf.	*	-		
						-				0					
Name of Registered Wa	aste Hauler		10000000	IDEP W		100000000000000000000000000000000000000	Yards		Name of F	Registe	red Land	fill			
Newark Carting Inc	S		100,000	uler ID i409	NO.	of Wa			GCSL						
City, State Newark, NJ			- 0/4			Dispo	sal Date 2/18	9	City, State Pen Arg		A				
Completed by	·	Title					Signatur	е		of 50		Date	01119 TOX		
Leslaw Nalodka		Presid	lent					1.				08/31	18		

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Date of Notification (1) 09/05/2018			-	Name of Denho	of Building oltz Assoc	Owner/ciates	Operator	(2)			SEP eck# 1	<del>1 0</del> 1241	201	8
Agencies Notified	Type Notification				Address fwood Av	e, Suite	e 200			ASB	ESTO			OL &
□ EPA ☑ DEP ☑ DOL	Initial  ☑ Amended  Amendmen	: # <u>1</u>		City, St Mataw	ate, Zip Co van, New	ode Jersey	07739				LIG	ENSI	NG	
⊠ DOH □ DCA	Emergency justification  Cancellation				of Contact Grigorian					lephone N 32-956-31				
				FAC	ILITY INFO	ORMAT	ION							
Name of Facility Where Clark Bank	Abatement is Takir	g Place (	3)	28 28 28 28 28 28 28 28 28 28 28 28 28 2				Type of Faci						
Street Address 315 Central Avenue &	R Terminal Avenu	е						☐ Subchap	ter 8 (Othe	r than K-12 commerci	) al bldg:	s, hom	es, e	tc.)
City (5) Clark, New Jersey 07	066							Square Feet 3000	# (	of Floors 1		3ldg. <i>F</i> 55		
County (6) Union					Code (7) USE ONLY	)			ank		shed)			
Name of Monitoring Firm Brinkerhoff Environme	Hired by Building ental Services Inc	Owner (8 ).	)	ASC	M No.		Name Lilich	of Abatement Corporation	Contracto	r (9)		-		
Street Address 1805 Atlantic Avenue		11.00						Address IcBride Ave						
City, State, Zip Code Manasquan, New Jers	sey 08736						City, S Wood	tate, Zip Code land Park, N	lew Jerse	у				
Project Manager for Mon Gary W Fleming	itoring Firm			Telepho 732-22	ne No 3-2225			one No. 25-8400		License 01104	No.			
Start Date (10) 09/15/2018		Schedul		mpletion	Date (11)	-		of OSHA Mon		ries IIC				
Occupancy Status During	g Abatement (Ched	k Only O	ne)				Street	Address Route 22 We						
☐ Facility Closed/Vac ☐ Abatement Perform ☐ Other – Describe: _	ated During Entire ed Outside of Norn	Period of nal Facility	Abater y Hours	nent S			City, S	tate, Zip Code		10	T-20 V			
Scope of Work (Check A ⊠≥3 sf or ≥3 If □≥160 sf or ≥260 If	ll That Apply)	determinant of the same of the	Renova emolitio					Mini-Enclos	ure Procedure					
Location	of	0.000	Locat Normal										ement pe	:
Asbestos-Containing TO BE AB/ In Facili (13)	Material (ACM)	Ma Cus	ed Sole aintena todial ( (12)	nce/ Staff?		tos Cont thermal surfac		laterial (ACM) insulation, T, or	(S	mount specify or LF)	Removal	Repair	Encapsulate	Enclosure
Vault		Yes	No	X X	Floor Ti	ile & N	lastic		115	SF	х		Ф	
Rear Garage at Interi	or Entry Door			Х	Interior	Caulk			35 [	.F	X			
Name of Registered Was	te Hauler			JDEP W lauler ID		Cubic of Was		Name	of Registe	ered Landfi	1	L		
Lilich Corporation City, State			100	18724	-3294	10			ss Landfill					
Woodland Park, New .	Jersey						al Date 7/2018	City, S	State sville, PA					
Completed by Adriana Oleiarova		Title	dent				ignature		77.0	D	ate	0010		

#### State of New Jersey E NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) SEP 1 0 2018 8/17/18 TEVA Agencies Notified Type Notification Street Address **EPA** 200 ELMORA AVENUE ASBESTOS CONTROL & DEP LICENSING Initial City, State & Zip Code $\overline{\boxtimes}$ DOL X Amended-#1 - 9/4/18 ELIZABETH, NJ 07207 DOH Emergency Name of Contact Telephone Number DCA Cancellation Parthen Parikh 908-659-2770 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) **TEVA** School (K-12) Street Address Subchapter 8 (Other than K-12) 200 ELMORA AVENUE Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 30,000 70 +/-ELIZABETH, NJ Current Use (Prior if being demolished) UNION PHARMACEUTICAL Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) EAGLE INDUSTRIAL HYGIENE BRISTOL ENVIRONMENTAL INC Street Address Street Address 359 DRESHER ROAD 1123 BEAVER STREET City, State & Zip Code City, State & Zip Code HORSHAM, PA 19044 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number MARK HAYES 215-672-6088 215-788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor ON HOLD BRISTOL ENVIRONMENTAL INC Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code Describe: Friday 5pm-1am; Sat &Sun 8am - 5pm BRISTOL, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure ≥160 sf ≥260 lf Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Aspestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate Enclsoure Removal TO BE ABATED Maintenance or (i.e., thermal systems in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) No N/A Yes First Floor Kitchen VAT/Mastic 140 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste SERVICE TRANSPORT GROUP, INC. 20990 MINERVA LANDFILL City, State Disposal Date City, State NEW CASTLE, DE 19720 TBD WAYNESBURG, OH 44688 Completed By (Print or Type) Title Signature Date Patrick T. DeCaro PROJ. MGR. atrick T. DeCaro/) 9/4/18

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

	(Purs	uan	t to	N.J.	<u>A.C.</u> 8	:60 an	d 12:	120)	Chil	#	34	192	3
Date of Notification (1) 8/17/18		Nar	ne o	f Buildi	ng Own	er / Opera	itor (2)		The	G		W	
Agencies Notified Type Notification	-	_		ddress					112/				
EPA					AVEN	UE				CED	10 2	0040	1
DEP Standard Initial Amended		City	, Sta	ate & Zi	p Code				lied had	ULI	107	1110	- 11
=					NJ 072	207							
DOH Q A \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		1000		f Contac					ASI	BES Tel	lephone	Nun	ber
Cancellation		Par	the	n Parik	ch				gramma and a commence to the contract.		8-659-		
None of Falls Add		F	ACI	LITY IN	VFORM	TATION							
Name of Facility Where Abatement is Tak <b>TEVA</b>	ing Place	(3)			Ty	pe of Fac							
Street Address					_	School							
200 ELMORA AVENUE						Subcha	apter 8	(Other th	an K-12)				
					I K	Uther (	i.e. priv	rate & co	mmercial bu			, etc.)	)
City (5) County (6	3) C	ounty	Cor	de (7)		uare Fee		# of Flo		Bldg	g. Age		
ELIZABETH, NJ UNION	,	ourity	000	ue (1)	C	30,00		if hains	4		70	+/-	
, James					DI	HARMAC	CHIO	n being c	demolished)				
Name of Monitoring Firm Hired by Building	Owner (8)	)	14	ASCM N	The same of the sa	me of Ab			otor (0)				
EAGLE INDUSTRIAL HYGIENE	, , ,	1	1			RISTOL	ENVIR	ONMEN	Ctor (9)				
Street Address						eet Addre		OTTO	TAL INC				
359 DRESHER ROAD					11	23 BEA	/ER S	TREET					
City, State & Zip Code HORSHAM, PA 19044					Cit	y, State 8	Zip Co	ode					
Project Manager for Monitoring Firm	Talas		- NI		BF	RISTOL,	PA 19	007					
MARK HAYES	215-			mber		lephone N 5-788-60			Licens	e Numi			
Scheduled Start Date (10) Scheduled						me of OS		nitor		0	0509		
9/7/18	9/10/18	3	10 (	)					TAL INC				
Occupancy Status During Abatement (Chec	ck only one	e)				eet Addre		OTTIME	TAL INC				
Facility Closed/Vacated During Enti	re Period	of Ab	ater	nent	111	23 BEAV		TREET					
Abatement Performed Outside of N	ormal Ho	urs –	7an	n to 3pn		y, State &							
Describe: Friday 5pm-1am; Sa  Facility Occupied During Abatemen	t &Sun 8	Bam -	- 5p	om	BR	ISTOL,	PA 19	007					
Scope of Work (Check all that apply)	Ĭ.												
respectively (encor all that apply)								Eull Con	4 m l m m m m m m m m m m m m m m m m m				
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≥160 sf ≥260 lf	Ï	Der	molit	ion			H		ag Procedure	20			
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Location of	1	ocat				escription	n of		Amount		Abatem		
Asbestos-Containing Material (ACM)	Norm			d		estos-Con			(Specify	'		T	7,50
TO BE ABATED	Maint	olely l	uy ice c	or	(i e	aterial (A thermal s	CM) vetomo	.	SF or LF	)	Z)	E E	m
in Facility	Custo				insulati	on, surfac	cina. V	AT			Remova	cap	ncls
(13)		(12)	1		or other	er miscell	aneous	s)			air	Encapsulate	Enclsoure
irst Floor Kitchen	Yes	No	N/A	(0)								िं	(D
list Floor Kitchen	-				V	AT/Mas	tic		140 SF	[			П
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ame of Registered Waste Hauler		N.II	DEP	Waste	Cubic	Varde	Nome	of Denis	411 101	<u>   L</u>			
		Hai	uler	ID No.	of Was		ivaille	oi Regis	tered Landfil	E			
ERVICE TRANSPORT GROUP, INC.		123525333	990		3		MINE	RVA LA	NDFILL				
ity, State EW CASTLE, DE 19720					Dispos	al Date	City, S	State	RG, OH 446	200			
ompleted By (Print or Type)		Title	е		Signate	ıre		120001	(G, OF 446		4-		
atrick T. DeCaro				MGR.		mille	1.1	De Pan	D On	Dat 8/1	te 1 <b>7/18</b>		
018064					, 000	3.00-	1 - 1-		1				

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

D		LIL							Ch	eck#	146	6	
Date of Notification (1)	otember 5, 2018			of Build Morgan	ng Owner / Oper	ator	(2)						
	Type Notification			t Address				- 1	F	2 E	П	Π.7	P
									ME	2 E		$\mathbb{V}$	E
□EPA □DEP			1111	Polaris	Parkway								
DOL	N Initial		077	21 1 2 =							-		
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⊠DOH	Amended Amendment	#	Colu	mbus, O	H 43240			Ì					-dayse
LDCA	Cancellation		Name	of Conta	ıct				ASSE	lephor	ne No	ımbe	101 &
			Maur	a McCar	thy			and the same of th		1-214			
			FA	CILITY	INFORMATI	ON							
Name of Facility Where	Abatement is Takin	g Place (3)			Type of								
Street Address							(K-12)						
93 Main Avenue							pter 8 (Other than		1 11 11 11 11	0.20			
oo mani Avenue							(i.e., private & c					tc.)	
City (5)					Square	3,000	1,000,000,000,000	oors 1	Bld	g. Age	0 Yea	re	
Wallington					Current		(Prior if being der		d)		0 100	113	
County (6)		0 . 0 .	(7)		Bank				3				
Bergen		County Cod	e (/)										
Name of Monitoring Fire Apex Companies, LLC	m Hired by Building (	Owner (8)		ASCM		f Aba	atement Contracto	or (9)					
Street Address	·				Synated Street A								
120D Wilbur Place					829 Rad								
City, State & Zip Code					City, Sta	te &	Zip Code						
Bohemia, NY 11716 Project Manager for Mo	nitoring Firm	lΤε	elephone I	dumbor	Little Eq Telepho		arbor, NJ 08087		h				
Steve Cotrone			1-567-17		609-296				License Num	0081	7		
Scheduled Start Date (1 September 15,		led Complet	ion Date ( per 15, 20		Name of Synatec		HA Monitor						
Occupancy Status Durin	ng Abatement (Chec	k only one)			Street A								
Facility Closed	Vacated During Ent	ire Period of		nt	829 Rad								
	formed Outside of N	lormal Hours	3		City, Sta	te & .	Zip Code						
Other – Describ	7-7-19				Little Eg	g Ha	arbor, NJ 08087						
Scope of Work (Check a	ed During Abatemen	it											
Scope of Work (Check a	all that apply)												
≥3 sf or > If			Renovation	nn.		$\forall$	Full Containmen	t with N	legative Press	ure			
≥160 sf or ≥260 l	f	H	Demolitio			$\boxtimes$		S					
		_		**		M	Glovebag Proce Non-Exempted(		lon Eriable Dr				
Locati		Is Locati	on Norma	lly Used	Des	_	ion of	) and i	NOII-FIIADIE FII	_	atem	ent T	vne
Asbestos-Containin		Solely b	y Mainten	ance or	Asbesto	os-Co	ontaining		ount (Specify	7.0			,,,,
TO BE A		Custo	dial Staff	? (12)			ACM) systems	'	SF or LF)	<u> </u>		_	
(13					insulation,	surf	acing, VAT	1		71		En	т
					or other i	misce	ellaneous)	1		čem	Repair	cap	nclo
		Yes	No	N/A				1		Removal	air	Encapsulate	Enclosure
	-	163	140	IVA						-		te	e
Teller Area			Х		Floor Ti	le an	d Mastic		200 SF	Х			$\Box$
Name of Basistand We	-t- II- I-	WIDED!											
Name of Registered Wa	ste nauler	NJDEP V Hauler ID		Cubic Y	ards of Waste		Name of Regist	ered La	indfill				
Synatech, Inc.			429	4			Fairless Hills						
City, State				Disposa	al Date		City, State						
_ittle Egg Harbor, NJ(	08087						Morrisville, PA						
Completed By	Title			Signatu	re - /	1 1		Date					
Diane Aloia	Exec	Administrat	or	11	lane a	10		Sontar	ber 5, 2018				
		··········at		1,0	W V	1000	- 1	septem	Del 3, 2018				

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Date of Notification (1)							wner/Operator OHME CORP.	(2)	3				A COLUMN
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	otification				et Addres					0 = 1		201	
				126	E. LINCO	LN AV	ENUE, P.O. BO	X 2000, RY28	3-414				
	tial Notification			City	, State, Zij	p Code	)		۸٥	DECT	08.00	ONTA	N 0
	nended Notif	ication		RAI	HWAY, NE	W JEF	RSEY 07065		AC		CENS		Dr. O
	ancellation							Ignama		er printellere en Printelle	estate of the contract of the	Carried Services	-special control
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BCAE	MERGENCY	NOTIF			TRICIA JO		N	732-594-77	46				
N			F	ACILITY I	NFORMA <sup>*</sup>	TION							1
Name of Facility Where Abatemen	nt is Taking	Place	(3)				Type of Facili			-911-9			İ
MEDOKONADO A DOME							School (k						
MERCK SHARP & DOHME CORPO	DRATION						Subchapt	er 8 (Other th	an K-12	)			1
Street Address							X Other (ie.	private & con		dgs., h	omes,	etc.)	
126 EAST LINCOLN AVENUE - BU	III DING 25						Square Feet		rs	Blo	lg. Age	9	
							5,000	1		1100	35		
	ounty (6)				nty Code (		Current Use (P	rior if being de	emolishe	ed)			
	NON .		(0)	(STAT	E USE ON		RESEARCH L				FACIL	.1	
Name of Monitoring Firm Hired by ENVIRONMETAL HEALTH INVEST	Bullaing O	wner (	(8)		ASCM		Name of Abate						
Street Address	IGATIONS,	IIVC.	_		104	4	PAR ENVIRON	IMENTAL CO	RPORA	TION			
655 WEST SHORE TRAIL							Street Address	OCK DOAD					
City, State, Zip Code							313 SPOOK Ro City, State, Zip						
지 교회하는데 1 교회적인 배가 하면하는 그러워 회사되었다.	A, NEW JER	SEY 0	7871				SUFFERN, NE		01				
Project Manager for Monitoring Firm				Number			Telephone Nun		License	Numb	or		
WILLIAM S. KERBEL, CIH		-	729-56				845-369-7500	1		Numb	ei	- 1	
Expected State Date (10)	Sch			ion Date	(11)		Name of OSHA		1101				
8 / 17 /18		10		13			AMERISCI LAE		INIC	4	411100		
Month Day Year	Mo	onth		Day	7.0	/ear	AMENIOCIEAE	ONATORIES	INC	ħ	11480	' 1	
Occupancy Status During Abatemer	nt (Check onl	y one)					Street Address						
X Facility Closed/Vacated [	During Entire	Period	of Ab	atement			117 EAST 30TH	H STREET					
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) MERCK SHARP & DOHME CORP. 8 /18 Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, 128-414 SEP Agencies Notified Type Notification **EPA** Initial Notification City, State, Zip Code DEP Amended Notification RAHWAY, NEW JERSEY 07065 DOL Cancellation DOH On Hold Telephone Number Name of Contact DCA **EMERGENCY NOTIFICATION** PATRICIA JOHNSON 732-594-7746 **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 35 5.000 City (5) County (6) Current Use (Prior if being demolished) County Code (7) RAHWAY UNION (STATE USE ONLY) RESEARCH LABORATORY AND OFFICE FACILI Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ENVIRONMETAL HEALTH INVESTIGATIONS, INC. PAR ENVIRONMENTAL CORPORATION 104 Street Address Street Address 655 WEST SHORE TRAIL 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip 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) Sched. Completion Date (11) Name of OSHA Monitor 8/ /18 10 / 13 /18 AMERISCI LABORATORIES INC #11480 Month Day Year Month Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 117 EAST 30TH STREET Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM City, State, Zip Code NEW YORK, NEW YORK 10016 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini Enclo. >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount REMOVAL REPAIR ENCAPSUL ENCLOSUR Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) or other miscellaneous) Staff (12) Yes No N/A ROOF EXTERIOR PERIMETER X ROOF FLASHING 350 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 SE 825 HIGHWAY 33 15939 447 ALEXANDER DRIVE/ROUTE 15 City, State Disposal Date State. FREEHOLD, NEW JERSEY TOOMERY , PA 17752 8/16-10/13/18 Completed by (Print or Type) Title Signature

DIRECTOR OF OPERATIONS

BENJAMIN SANCHEZ

Date

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20   12   12   13   14   15   15   15   15   15   15   15	Street Address									_	X Other (ie.	private & con	nmcl.	bldg	gs., h	omes,	etc.)		
City (s)   County (6)   County (6)   County Code (7)   Carrent Use (Prior if being demolished)   RESEARCH LABORATORY AND OFFICE FACILI   RASCM No.   Name of Monitoring Firm Hired by Building Owner (8)   ASCM No.   104   RESEARCH LABORATORY AND OFFICE FACILI   RASCM No.   Name of Monitoring Firm Hired by Building Owner (8)   ASCM No.   104   RESEARCH LABORATORY AND OFFICE FACILI   RASCM No.   Name of Monitoring Firm Hired by Building Owner (8)   PAR ENVIRONMENTAL CORPORATION   Street Address   Steet Addres		VENUE - BUILDIN	G 80 I	VI.							Square Feet	# of Floo	rs	Γ		lg. Ag		1	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC.  ASKM No. ENVIRONMETAL HEALTH INVESTIGATIONS, INC.  STREET Address SPARTA, NEW JERSEY 07871  Project Manager for Monitoring Firm Telephone Number SUFFERN, NEW YORK 10901  Expected State Date (10)  Month Day Year  Occupancy Status During Abatement (Check only one)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe:  Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM  Scope of Work (Check all that apply) Demolition Pass FOR LF September 1 September 2 September 2 September 2 September 2 September 2 Septem			6)				Coun	ity Co	de (7)	10	A CONTRACTOR OF THE PROPERTY O		emoli	sher	1)	54		-	
ENVIRONMETAL HEALTH INVESTIGATIONS, INC.  104 PAR ENVIRONMENTAL CORPORATION STreet Address 655 WEST SHORE TRAIL City, State, 2 jp Code SPARTA, NEW JERSEY 07871 Project Manager for Monitoring Firm Telephone Number WILLIAM S. KERBEL, CiH 973-729-5649 State Date (10) Nonth Day Year    Street Address   Telephone Number	UNION			County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) RESEARCH LABORATORY AND OFFICE FACILI er (8) ASCM No. Name of Abatement Contractor (9)															
SSTREET HADRES TRAIL  City, State, Zip Code  SPARTA, NEW JERSEY 07871  Project Manager for Monitoring Firm  Telephone Number  Jelephone Number  Jelephone Number  Jelephone Number  Telephone Number  Jelephone Number  Telephone Number  Telephone Number  Jutane of OSHA Monitor  AMERISCI LABORATORIES INC #11480  Name of OSHA Monitor  AMERISCI LABORATORIES INC #11480  AMERISCI LABORATORIES INC #11480  Street Address   ENVIRONMETAL HEA	ALTH INVESTIGATI	ONS,	INC.	(8)			AS		F	PAR ENVIRON	MENTAL CO	ctor RPO	(9) RAT	ION					
SPARTA, NEW JERSEY 07871  Project Manager for Monitoring Firm  Telephone Number  Tel	655 WEST SHORE TR	itoring Firm Hired by Building Owner (8)  FAL HEALTH INVESTIGATIONS, INC.  SIORE TRAIL  ASCM No.  104  Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION Street Address 313 SPOOK ROCK ROAD																	
Project Manager for Monitoring Firm   Telephone Number   Stephone	City, State, Zip Code				10.23-7-12								_				_		
Sched   Sche	Project Manager for M	SPARTA, NEV	V JER	_						18	SUFFERN, NE	W YORK 1090	01						
Expected State Date (10)  8 / 17 /18  Month Day Year    Month Day Year   Month Day Year   Month Day Year   Cocupancy Status During Abatement (Check only one)   X   Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe:   X   Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe:   X   Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM							oer			- 1	•				lumb	er			
Month   Day   Year   Month   Day   Month   Day   Park   Month   Day   Park   Month   Day	Expected State Date	(10)	Sch				ate (	(11)		_	C STANDARD MARKET STANDARD		1101	i ingge					
Street Address   Stre	Month Da	v Year	l M	10 onth	) /		13		50000 TO				INC		#	11480	)		
Abatement Performed Outside of Normal Facility Hours - Describe:    X	Occupancy Status Dur	ing Abatement (Che	ck onl	y one	)												_		
Scope of Work (Check all that apply)  Demolition  3SF OR LF  X >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM)  TO BE ABATED in Facility (13)  ROOF LOWER EAST/WEST SIDE  Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.  SIDEP Waste Hauler ID No. 15939  Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.  SIDEP Waste Hauler ID No. 15939  Disposal Date ROOF LOWER EAST/WEST SIDE  City, State, Zip Code NEW YORK, NEW YORK 10016  New Y	Abatement	Performed Outside	Entire	Perio mal F	od of A	Abatem	ent	scribo	•	1	17 EAST 30TH	H STREET							
Full Containment with Negative Pressure   Mini Enclo   Glovebag Procedure   X   Non-Friable Procedure   X   Non-	X Other - Des	cribe: MONDAY	-FRII	DAY	7AM-3	:30 PM	1	SCIDE	•	c				DIC	10010				
Sas For LF   Sas			_						Full Conta	I aini	ment with Neg	ative Pressure	V YU	KK	10016	)			
Silvestife   Control   C			Ren	ovatio	n				Mini Enclo	Ο,									
Location of Asbestos-containing Material (ACM) Material (ACM) TO BE ABATED in Facility (13)  ROOF LOWER EAST/WEST SIDE  Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33  Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33  City, State FREEHOLD, NEW JERSEY  Containing Material (ACM) (ie. Thermal systems (Specify NO Amount (Specify NO Amount (Specify NO NAT) (Specify NO NAT) (ie. Thermal systems (Specify NO NAT) (Specify NAT) (Speci							ŀ	X	Glovebag Non-Friah	Pr	ocedure Procedure								
Asbestos-containing Material (ACM) Material (ACM) TO BE ABATED in Facility (13)  ROOF LOWER EAST/WEST SIDE  Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33  City, State FREEHOLD, NEW JERSEY Completed by (Print or Type)  In Facility (13)  ROOF LOWER EAST/WEST SIDE  Containing Material (ACM) (ie. Thermal systems (specify SF or LF)  Amount (Specify SF or LF)  ROOF LOWER (Specify SF or LF)  ROOF LOWER EAST/WEST SIDE  X ROOR TAR & FLASHING  1,100 SF  X  ROOR TAR & FLASHING  1,100 SF  X  Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE (ity, State FREEHOLD, NEW JERSEY  Completed by (Print or Type)  Title  Signature  Containing Material (ACM) (ie. Thermal systems (Specify SF or LF)  Amount (Specify SF or LF)  ROOF  Copylia Registered (Specify SF or LF)  ROOF  Copylia Registered (Specify SF or LF)  ROOF		Is	Loca	tion									Λ!	hatan	ont T				
Maint/Custodial Staff (12) Yes No N/A  ROOF LOWER EAST/WEST SIDE  X ROOR TAR & FLASHING  1,100 SF  X ROOR TAR & FLASHING  1,100 SF  X ROOR TAR & FLASHING  Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33  City, State FREEHOLD, NEW JERSEY  Completed by (Print or Type)  I title  Insulation, surfacing, VAT, or other miscellaneous)  NAT, or other miscellaneous  NAT,			non	mally	used		Co	ntaini	ng Materia	al (	(ACM)	Amount	ŀ						
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY Completed by (Print or Type)  Itile  X ROOR TAR & FLASHING 1,100 SF X  Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15  Disposal Date 8/16-10/13/18 MONTGOMERY , PA 17752  JSignature  I Signature														Ĕ S	EP/	NS.	NO		
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY Completed by (Print or Type)  Itile  X ROOR TAR & FLASHING 1,100 SF X  Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15  Disposal Date 8/16-10/13/18 MONTGOMERY , PA 17752  JSignature  I Signature			7.5		Applied for some of		ins	sulatio	n, surfacir	ng,	VAT,	SF or LF)		8	\frac{1}{2}	Pg	00		
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY Completed by (Print or Type)  Itile  ROOR TAR & FLASHING  1,100 SF  X  Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15  Disposal Date 8/16-10/13/18 NAME of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15  City, State NAME of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15  Disposal Date 8/16-10/13/18 NAME of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15  Disposal Date 8/16-10/13/18 NAME of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15	0	·					Ü	i ouic	rinscella	1110	ous)			F		F	S		
FREEHOLD CARTAGE, INC.  825 HIGHWAY 33  City, State FREEHOLD, NEW JERSEY  Completed by (Print or Type)  Hauler ID No. 15939  LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15  City, State 8/16-10/13/18  MONTGOMERY, PA 17752  Signature	ROOF LOWER EAST/	WEST SIDE			х	ROOR	TAF	R & FL	ASHING			1,100 SF		X					
FREEHOLD CARTAGE, INC.  825 HIGHWAY 33  City, State FREEHOLD, NEW JERSEY  Completed by (Print or Type)  Hauler ID No. 15939  LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15  City, State 8/16-10/13/18  MONTGOMERY, PA 17752  Signature							9.												
FREEHOLD CARTAGE, INC.  825 HIGHWAY 33  City, State FREEHOLD, NEW JERSEY  Completed by (Print or Type)  Hauler ID No. 15939  LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15  City, State 8/16-10/13/18  MONTGOMERY, PA 17752  Signature																			
FREEHOLD CARTAGE, INC.  825 HIGHWAY 33  City, State FREEHOLD, NEW JERSEY  Completed by (Print or Type)  Hauler ID No. 15939  LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15  City, State 8/16-10/13/18  MONTGOMERY, PA 17752  Signature													-			-	$\vdash$		
FREEHOLD CARTAGE, INC.  825 HIGHWAY 33  City, State FREEHOLD, NEW JERSEY  Completed by (Print or Type)  Hauler ID No. 15939  LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15  City, State 8/16-10/13/18  MONTGOMERY, PA 17752  Signature													+			-	$\vdash$		
FREEHOLD CARTAGE, INC.  825 HIGHWAY 33  City, State FREEHOLD, NEW JERSEY  Completed by (Print or Type)  Hauler ID No. 15939  LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15  City, State 8/16-10/13/18  MONTGOMERY, PA 17752  Signature							_				9-2-1		$\dashv$				$\vdash$		
FREEHOLD CARTAGE, INC.  825 HIGHWAY 33  City, State FREEHOLD, NEW JERSEY  Completed by (Print or Type)  Hauler ID No. 15939  LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15  City, State 8/16-10/13/18  MONTGOMERY, PA 17752  Signature							_						-	-	_		$\vdash$		
FREEHOLD CARTAGE, INC.  825 HIGHWAY 33  City, State FREEHOLD, NEW JERSEY  Completed by (Print or Type)  Hauler ID No. 15939  LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15  City, State 8/16-10/13/18  MONTGOMERY, PA 17752  Signature	Name of Registered Wa	aste Hauler	NJDF	P W	aste	Cubic '	Yarde	s of W	laste	TNI-	ame of Posist	rod Landell							
City, State  FREEHOLD, NEW JERSEY  Completed by (Print or Type)  Disposal Date 8/16-10/13/18  Disposal Date 8/16-10/13/18  MONTGOMERY, PA 17752  Signature	FREEHOLD CARTAGE	, INC.	Haule	er ID I	No.	3000	· urus		4310	L	COMING CO	UNTY RESOL	JRCF	E MA	NAG	EMEN	IT SF		
FREEHOLD, NEW JERSEY  Disposal Date  City, State  MONTGOMERY, PA 17752  Signature  City State  MONTGOMERY, PA 17752				15939		5:				44	7 ALEXANDE	R DRIVE/ROL	JTE	15	, .0		., 02		
Completed by (Print or Type) Title Signature	FREEHOLD, NEW JER	SEY								Ci	ty State /			57	7				
	Completed by (Print or	Type) Title					15		ure /	//	CATGOIVIERY		ate	->/	1/1	/			

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

32497

Date of Notification (1)					Owner/Operator DOHME CORP.	(2)	7		E		W
8 / 7 /18			Street Ad				11-	= 6	/ 15	U	7
Agencies Notified Type Notificati	ion				ENUE, P.O. BO	X 2000 RY28-4	14				
EPA   X   Initial No	d Notification	n	City, Star RAHWA	te, Zip Code Y, NEW JEF				SE	P 1	0 2	fi
	ENCY NOT	IFICATION	D Marchan	A JOHNSO	N	Telephone Nur 732-594-7746	mber	SDES	TOS UGE	CON VSIN(	R
Name of Facility Where Abatement is Ta	alsina Dias	FACIL	ITY INFO	RMATION	1=						
Name of Facility Where Abatement is 1:	aking Plac	e (3)			Type of Facilit						1
MERCK SHARP & DOHME CÖRPORATI	ON				Subchapt	er 8 (Other than	K-12)			-1- V	
Street Address					Square Feet	private & comm # of Floors	CI. DIQ		g. Ag		+
126 EAST LINCOLN AVENUE - BUILDIN	G 80 M				39,400	2		Did	54	1	
City (5) County (	6)		County C		Current Use (PI	rior if being demo	olished	d)	-ACII		1
Name of Monitoring Firm Hired by Build	ling Owner	(8)		SCM No.		ement Contracto		FICE	FACIL	-1	+
ENVIRONMETAL HEALTH INVESTIGATI	ONS, INC.		1030	104	PAR ENVIRON	MENTAL CORP	ORAT	ION			
Street Address 655 WEST SHORE TRAIL					Street Address						1
City, State, Zip Code					313 SPOOK RO						
SPARTA, NEV	V JERSEY	07871			City, State, Zip SUFFERN, NE						
Project Manager for Monitoring Firm	Tele	phone Nun	nber		Telephone Num	ber Lic	ense l	Numb	er		1
WILLIAM S. KERBEL, CIH		-729-5649			845-369-7500	111	01				
Expected State Date (10)  8 / 17 /18		ompletion			Name of OSHA			-10	naceur eve		1
8 / 17 /18 Month Day Year	Month	) /	13 Day	/18 Year	AMERISCI LAB	ORATORIES IN	C	#	11480	)	
Occupancy Status During Abatement (Che	ck only one	9)		i cai	Street Address		010-011-0				1
X Facility Closed/Vacated During	Entire Perio	od of Abater	ment		117 EAST 30TH	H STREET					
Abatement Performed Outside  X Other - Describe: MONDAY		acility Hour 7AM-3:30 P		e:	City, State, Zip	Code					
S			_	-	NEV	V YORK, NEW Y	ORK	10016	í.		
Scope of Work (Check all that apply)  Demolition	Renovation	ND.	-	Full Conta Mini Enclo	inment with Neg	ative Pressure					
>3SF OR LF		711	-		Procedure						
X >160 SF OR 260 LF			X	Non-Friab	le Procedure						
Location of	Is Loca			iption of As			A	baten	nent T	уре	
Asbestos-containing Material (ACM)	normally			ning Materia		Amount	R	R	E E	E	
TO BE ABATED	solely Maint/Cu:			Thermal syston, surfacir		(Specify	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR	
in Facility (13)	Staff (		or oth	er miscella	neous)	SF or LF)	Š	코	PS	SO	
1200 (2000) 120 (2000 <b>2</b> 000 2000 2	Yes No	N/A	77.00				-		=	둤	
ROOF LOWER EAST/WEST SIDE		X ROC	R TAR & F	LASHING		1,100 SF	X				
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							-	+	-	$\vdash$	
	1-1-						-	-	_	-	
Name of Registered Waşte Hauler	NJDEP W	aste Cubi	c Yards of	Waste	Name of Registe	Lered Landfill				-	
FREEHOLD CARTAGE, INC.	Hauler ID	190000	20	econtribute (str	LYCOMING CO	UNTY RESOUR	CE M	ANAG	EME	T SE	
825 HIGHWAY 33 City, State	1593		ocal Data		447 ALEXANDE	R DRIVE/ROUT	E 15				
FREEHOLD, NEW JERSEY			osal Date -10/13/18		City State MONTCOMERY	/ DA 17750		,	1		
Completed by (Print or Type) Title		1	Sign	ature /		Dat	e	0/1	1/	10	-
BENJAMIN SANCHEZ DIR	ECTOR OF	OPERATIO	ONS	1.6	1XA		- Concrete states	0/	21	18	

## Ch 259

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

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Date of Notification	(1) 9-5-2018						Owner / Operato eley Heights	or (2)		1 7 0		CUI	0	
Agencies Notified	Type Notific	notion		Street			eley neights					and the second		-
	Type Notific	Cation							1	ASBE	STOS C	ONTE	OL &	
DEP	☐ Initia	al				venue					LICEN	SING		
						& Zip C			Loises		Service of the servic	by register; educad	manipulating (more)	and the second
⊠ DOL		ended					leights, NJ							
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☐ DCA	☐ Can	cellation	[1	Frank	Cupa						908-34	7-0433		Š
				E/	CILI	TV INE	ORMATION							
Name of Facility Wh	noro Abotom	ant in Taking D	lass /	Γ <i>F</i>	CILI	I I IINF		/ 4\						
			lace (3	٥)			Type of Facil							
YMCA-Berkeley He Street Address	ignis Comm	urilly Pool					School (		200 000 0	N 828				
									Other than		2010 100 100		780.78	
59 Locust Avenue							Other (i.						etc.)	
011 (5)							Square Feet		# of Floors		Bldg. A	ge		
City (5)		County (6)	Co	unty (	Code	(7)								
TWP of Berkeley He	eights, NJ	Union					Current Use	(Prior if	being dem	olished)				
							Community F	Pool		8				
Name of Monitoring	Firm Hired	by Building Own	ner (8)		ASC	CM No.	Name of Aba	tement	Contractor	(9)				
Health & Safety Ser	vices, Inc	5 1 1 1 1 1 TA 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					Resource Ma							
Street Address							Street Addres							
PO Box 365							2115 Hamilto		Suite 202					
City, State & Zip Co	de						City, State &							
Berlin NJ 08009							Trenton, NJ (							
Project Manager for	Monitoring	Firm	Teler	hone	Numl	her	Telephone N			License	Numbe	r		
Mr. Jim Proctor	monnomig			152-13		DCI	609-914-427			License		185		
Scheduled Start Da	to (10)	Scheduled Cor				\	Name of OSH		itas		01	100		-
9-14-201		Scrieduled Col	10-2-2		e (11	)	J&S Environr			o Ino				
Occupancy Status [		mont (Charles			-				aboratorie	S, IIIC.	20			
Facility Clos	Juling Abate	During Entire F	niy one	e) -f∧⊩-			Street Addres							
Abatement	sed/vacated	During Entire F	erioa	SdA 10	iteme	nt	2333 Route 2							
Abatement	Performed d	luring Hours:		J-X			City, State &		ie					- 1
Describe:	7:00am - 7:0	00pm (including v	veeken	as)			Union, NJ 07	083						
Cana of Wark (Ob	upled During	g Abatement												
Scope of Work (Che	eck all that a	ippiy)										_		1
П			573	_					Full Contain		Negativ	re Pres	ssure	
≥3 sf or ≥3 l			$\bowtie$		ovatio				Mini-Enclos					- 1
≥160 sf ≥26	O If			Den	olitio	n			Glove Bag					
									Non-Exemp	oted and N				
	ocation of			Locati			Description	n of		Amount	A	batem	ent T	ype
	tos-Containii	ng		nally L		1	Asbestos-Con			(Specify				
	erial (ACM)			olely b			Material (A			SF or LF)	)   -	п	回	ш
TO E	BE ABATED		Main	tenan	ce or	1	(i.e., thermal s				, Canada	Re	Enca	Enclosure
ir	n Facility		Custo	odial S	Staff?	i	nsulation, surfac				2	pair	psulat	So
	(13)			(12)			or other miscell	aneous	)		2	3 =	띂	HE I
			Yes	No	N/A								#	(D
Throughout			П	П	$\boxtimes$	Trans	ite Ceiling Panel	le		7,900 SF		1 1	П	П
Vertical Seams			H	H				10						-
				님			ing Caulk			400 LF	100000		1	님
Exterior Roof				Ш			Flashing			630 SF	$\triangleright$		Ш	Ш
Exterior Roof					$\boxtimes$	Rolle	d Roofing			6,270 SF				
	7.65													
			П	П	П							1	П	П
Name of Registered	Waste Hau	ler		NJI	DEP I	Vaste	Cubic Yards	Name	of Registe	red Landfil	1	- ,	. —	
		01110355				O No.	of Waste			. Ju mariali				
Resource Managem	nent Group.	LLC			35218		TBD	Grows	Landfill					1
City, State		1000057												
Trenton, NJ 08619							Disposal Date	City, S						
			(100a-1-00				TBD /	Worris	ville, PA1					
Completed By (Print	t or Type)			Title			Signature /		11	1	Dat			
Mr. Brian Haney	200 E			Pre	siden	nt	FM	NIA	1/		9-5-	-2018		
-11							1-11	11/1	1/1		2			

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Date of Notification (1)					100000000000000000000000000000000000000		Building C		r/Operator ( ME CORP.	2)	In				
8 / 16	/18				Str	eet Ad	droce					-SE	P 1	0 2	2018
	Notification	n						/FNII	E, P.O. BOX	2000	RY28-41	Δ			
EPA	Initial Noti	ficatio			City	, State	e, Zip Code	e		2000,			STOS	CON	TROU
X DOL X	Amended Cancellati On Hold		cation	1			, NEW JEF	RSEY	7 07065		Market manage of the second	*******	LIGE		
DOH X		NCY	NOTI	11.5	ON PA	TRICIA	Contact A JOHNSO	N			one Num 94-7746	nber			
Name of English Where Abeter	4!- T-	lata a f	21	F/	CILITY	INFOF	RMATION	-							
Name of Facility Where Abaten MERCK SHARP & DOHME COR			lace	(3)				Тур	School (K-	12)		( 10)			
	VI OKATIC	/IN						X	Subchapte Other (ie.	private	ner than i & commo	K-12)	as., ho	mes,	etc.)
Street Address 126 EAST LINCOLN AVENUE -	BUILDING	80 P						S	quare Feet 4,600		f Floors 1	T	Bld	g. Age 54	
City (5)	County (6	5)				ode (7)		rent Use (Pr							
Name of Monitoring Firm Hired	UNION by Buildi	na O	wner	(8)	(STA		SCM No.		SEARCH LA me of Abate				FICE	FACIL	
ENVIRONMETAL HEALTH INVE	STIGATIO	DNS, I	NC.	(0)		^	104		R ENVIRON				ION		
Street Address								Stre	eet Address						
655 WEST SHORE TRAIL City, State, Zip Code								_	SPOOK RC		AD				
	RTA, NEW	JERS	SEY 0	7871					/, State, Zip ( FFERN, NEV		< 10901				
Project Manager for Monitoring F					Number				ephone Num			ense N	Numbe	er	$\overline{}$
WILLIAM S. KERBEL, CIH			973-	729-56	49			845	-369-7500		110	)1			
Expected State Date (10)	02523	Sche			ion Date		NOTE:		ne of OSHA				425		
8 / 17 Month Day Ye	/18 ear	Mo	10 onth	1	Day	3	/18 Year	AMI	ERISCI LAB	ORATO	RIES IN	С	#	11480	
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(NJAC 5:23-8)	justification)			Name	of Contac	t			Telephone Nun	nber			
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Street Address					7	-	Address			10 220			
						576 Va	lley Rd #2	283				Nation 22	
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Project Manager for Mon				phone		7elepho			License No. 01127				
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(10)		Yes	No	N/A		Other	niscenariec	105)				te	
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				П								П	П
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Wayne, NJ 07470						TBI	D	Tullytown, P	A				
Completed By (Print or T	Type) Tit	le			The House		gnature /			ate			
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Agencies Notified	Type Notification			Street A	ddress HADLEY	ROA	D					<u> </u>	1_01		
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Ĭ DOL	Amendment Emergency (		-	SOUTI Name of	H PLAIN	IFIELI	D, NJ 0	7080	Lost	Telephone N	Colonian (Victoria)	n. renewal	NCI manuse	esano no tra	and the state of
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City (5)	EF; EL.				7.			Square	N/A	# of Floors		Blo	dg. A	,	
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City, State, Zip Code MATAWAN, NJ 07	747							State, Zip JTH RI	VER, NJ	08882					
Project Manager for Mor TOM GEIGER	nitoring Firm	·		Telephor	ne No. 90-2217			hone No -432-83		License 01111		Shire			
Start Date (10)	2/10	Schedule		npletion I			Name	of OSH	A Monitor	OF AMERIC	^ Δ IN	ıc			
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City, State ELIZABETH, NJ						Dispo	osal Date	е	City, State MORRI	SVILLE, PA					
Completed by		Title	OF *	MOD			Signatur		. 1	aimo	Date	9	/,,	1,8	~
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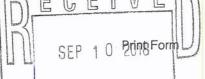
NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAO 8:60 and 12:120)

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Date of Notification (1) 9/4/201	8	Name o	f Building Ow G	ner/Operato	Γ(2)		P 1	0 :	2018	A STATE OF THE PERSON OF THE P
Agencies Notified Type Notification		Street Address 4000 HADLEY ROAD								177
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			ILITY INFOR							_
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95 Willow 5	5/.				etc.) Square Feet	# of Floors	2101100001010	ldg. A		
City (5) EAST RUTHER County (6)	FOR	4			NIA		- 24	W	510000	
County (6) BERGEN			Code (7) USE ONLY)		Current Use (Pri	or if being demolish	ned)			
Name of Monitoring Firm Hired by Building Ov ENVIRONMENTAL TACTICS	vner (8)	ASCI 004	и No.' 5		of Abatement Cor QUE SYSTEM	ntractor (9) S OF AMERICA	A INC	:		
Street Address 64 BROAD STREET					t Address WHITEHEAD	AVE.				
City, State, Zip Code MATAWAN, NJ 07747			*	13 23 25 25 25 12	State, Zip Code JTH RIVER, N.	J 08882				
Project Manager for Monitoring Firm TOM GEIGER		Telepho 732-2	ne No. 90-2217		hone No. -432-8350	License N	0.			
Start Date (10) Scheduled Completion Date (11) Name			1 1000000000000000000000000000000000000	of OSHA Monitor	S OF AMERICA	A INC				
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Pacility Closed/vacated During Entire Period of Abatement			6 WHITEHEAD AVE.							
Other - Describe: autalors	racility Hou	15			JTH RIVER, N	J 08882				
Scope of Work (Check All That Apply)					_					
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	la I a a	. N. a. a.		E	Non-Exempte	d (*) and Non-Friab		N. W. 107	e ement	$\neg$
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Asbestos-Containing Material (ACM) TO BE ABATED	Used So Mainten	ance/	Asbestos (i.e. the	Containing I	Material (ACM) is insulation,	Amount (Specify	R	ת	Enc	En
In Facility (13)	Custodia (12			surfacing, VA	AT, or	SF or LF)	Remova	Repair	Encapsulate	Enclosure
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outDooRs	×		P:pe	5 So1	nAstic	2 00 LF	X			
Name of Registered Waste Hauler		NJDEP V	350 Marina - 5 - 350	Cubic Yards	Name of	Registered Landfill	1			
WASTE MANAGEMENT		Hauler ID 1125		f Waste	o FAIRLE	ESS				
City, State ELIZABETH, NJ	,			Disposal Date  TB1		ISVILLE, PA				
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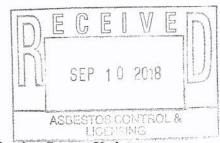
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

	-
ASBESTOS CONTROL	8
LICENSING	

Date of Notification (1)		IN	Jame of	Building Owner/C	perator	(2)			LIU	LIVO	TI A CO	-ASSESSA
08/30/18 JOHNSON & JOHNSON												
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			County C	ode (7)				f being demolis	hed)	-		
County (6) MORRIS		(	STATE U	SE ONLY)	-	VAC	CAN	7				
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Street Address						Address		· management				
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Project Manager for Monitoring Firm	)	A	elephor	1821311	Teleph 9.73	one No.	965	2 License N	5-7	2_		
	Schedule	d Com	nletion [	Date (11)	Name	of OSHA N	Monitor	7		-		
19/10/1X	62	/10	111	7(,		RAN		V				
Occupancy Status During Abatement (Check	Only One	e)	1 Com		Street	Address						
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Other – Describe:					PH	TERS	SON	NJ	07	SU	/	
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≥160 sf or ≥260 lf	M D	emoliti	on		15		nclosure aa Proced	dure				
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	ls	Locatio	on						8		ement pe	
Location of		ormall Solel			scription					1		
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1 0 D 11 (D 00 00)					# Doni	ot use this	torm for a	sbestos licensu	ire exei	nhied	activ	mes.



Asbestos Material Identification Survey Update September 1 & 2, 2015 EHI Project #: 0759-5781

#### SUMMARY TABLES OF ASBESTOS MATERIALS

WING E - CIRCA 1966



Asbestos Material Identification Survey Update September 1 & 2, 2015 EHI Project #: 0759-5781

#### Wing E - Ground Floor 1966 Section - Chiller Room & Boiler Room

Material	Location	Approximate Amount
Cementitious Fitting Insulation on FG Insulated Line	Throughout Area	150 in Number

#### Wing E - Ground Floor 1966 Section - Tunnel to Chiller Room & Boiler Room

No Asbestos Materials Observed in this Space.

### Wing E - Ground Floor - 1966 Section - Hallway Extension of Tunnel (w/ Caged Area)

Material	Location	Approximate Amount
1' x 1' Gray w/ Blue & White Markings Vinyl Floor Tiling and Associated Mastic	Corridor & Caged Area	280 sq. ft.
1' x 1' Tan w/ White Markings Vinyl Floor Tiling and Associated Mastic	Corridor & Caged Area	6000 sq. ft.
Cementitious Fitting Insulation on FG Insulated Line	Throughout Area	50 in Number

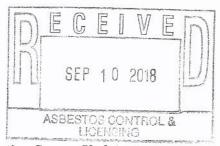
#### Wing E - Ground Floor - 1966 Section - Fan Room

Material	Location	Approximate Amount
Cementitious Fitting Insulation on FG Insulated Line	Throughout Area	135 in Number

#### Wing E - Ground Floor - 1966 Section - Main Hallway

Material	Location	Approximate Amount
Cementitious Fitting Insulation on FG Insulated Line	Throughout Area	50 in Number

Note: A brown sealant material was observed on the seams of metal HVAC Ducts. This material should be sampled and analyzed to determine whether or not it is asbestos-containing. This material may also exist in other areas.



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#### Wing E - Ground Floor - 1966 Section - Telecom Closet by Elevator

Material	Location	Approximate Amount
Cementitious Fitting Insulation on FG Insulated Line	Throughout Area	3 in Number

#### Wing E - Ground Floor - 1966 Section - Old CIT & MOPS Storage Areas

Material	Location	Approximate Amount
Cementitious Fitting Insulation on FG Insulated Line	In Plenum	35 in Number

#### Wing E - Ground Floor - 1966 Section - Communications Office (Next to Old Credit Union)

Material	Location	Approximate Amount
Black Floor Mastic Under (Assumed)*	Throughout Area Under Carpeting & Carpet Glue & Leveling Compound	Not Quantified – Extent of Mastic Not Determined
		Assumed it is in the Entire Room
Cementitious Fitting Insulation on FG Insulated Line	In Plenum	2 in Number

<sup>\*</sup>Note – It is recommended that this material be sampled and analyzed to verify whether or not it is asbestos-containing.

#### Wing E – Ground Floor - 1966 Section – Old Engineering/Technology/Documentation Offices

Material	Location	Approximate Amount
Black Floor Mastic Under Carpeting (Assumed)*	Throughout Area Under Carpeting Glue & Leveling Compound	3,000 SF
1'x1' Light Tan Floor Tiling & Associated Mastic (Assumed)*	Under Carpet	600 SF
Cementitious Fitting Insulation on FG Insulated Line	In Plenum	30 in Number

<sup>\*</sup>Note – It is recommended that these materials be sampled and analyzed to verify whether or not it is asbestos-containing.



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#### Wing E - Ground Floor - 1966 Section - Old Copy Storage Room & Imaging Center

Material	Location	Approximate Amount
9"x9" Vinyl Floor Tiling & Associated Mastic	Throughout Area	1,500 SF
Cementitious Fitting Insulation on FG Insulated Line	In Plenum	30 in Number

Note: The 1'x1' Green Floor Tiling found in the Kitchenette in the Imaging Center was previously sampled and shown not to be asbestos containing.

### Wing E - Ground Floor - 1966 Section - Old Copier Storage Room/North Staircase/Hallway Connection

Material	Location	Approximate Amount
9"x9" Vinyl Floor Tiling & Associated Mastic	In Hallway Leading to Stairway – Under Carpet	450 SF
Cementitious Fitting Insulation on FG Insulated Line	In Copier Storage Room	5 in Number
1'x1' Tan & White Floor Tiling *	On Stairway Steps	170 SF
Mastic Associated w/ 1'x1' Grey &White Floor Tiling	On Stairway Landings	700 SF

<sup>\*</sup>Note - Three samples of the mastic associated with the same 1' x 1' tan and white floor tiles were collected from each the West and East Stairwells. Analysis of these samples show that the mastic material is not asbestos containing

### Wing E - Ground Floor - 1966 Section - Old Bennett Brothers Room (Next to Old Credit Union)

Material	Location	Approximate Amount
Cementitious Fitting Insulation on FG Insulated Line	In Plenum	7 in Number



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#### Wing E - Ground Floor - 1966 Section - Men's Bathroom

Material	Location	Approximate Amount
Cementitious Fitting Insulation on FG Insulated Line*	In Plenum	15 in Number

<sup>\*</sup> *Note:* Pipelines run behind existing walls feeding bathroom fixtures. It is unknown whether the pipe inside the wall is insulated or not. It must be presumed that they are and that the same elbow/joint insulation found in the other parts of the room exist here also.

#### Wing E - 1966 Section - South Staircase

Material	Location	Approximate Amount
1'x1' Tan w/ White Markings Floor Tiling*	On Stairs & Landings	800 SF

<sup>\*</sup> Note: Three samples of the mastic associated with the same 1' x 1' tan and white floor tiles were collected from each the West and East Stairwells. Analysis of these samples show that the mastic material is not asbestos containing

#### Wing E - 1966 Section - North Staircase

Material	Location	Approximate Amount
1'x1' Tan w/ White Markings Floor Tiling& Associated	On Stairs & Landings	800 SF
Mastic*		

<sup>\*</sup> Note: Three samples of the mastic associated with the same 1' x 1' tan and white floor tiles were collected from each the West and East Stairwells. Analysis of these samples show that the mastic material is not asbestos containing.

#### Wing E - 1966 Section - Ground Floor - Room 262 Adj. to Men's Bathroom

Material	Location	Approximate Amount
1'x1' Tan w/ White Markings Floor Tiling & Associated	On Stairs & Landings	100 SF
Mastic*		

\* Note: Three samples of the mastic associated with the same 1' x 1' tan and white floor tiles were collected from each the West and East Stairwells. Analysis of these samples show that the mastic material is not asbestos containing. . It is recommended that the mastic associated with the tile in this room be sampled in order to verify whether or not it is asbestos-containing.



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#### Wing E - 1966 Section - Ground Floor - Slop Sink Closet

No asbestos materials were observed in this area.

**Note**: Access to the ceiling plenum in this area was limited. No asbestos materials were observed given the amount of access available. If any non-fiberglass insulation materials are discovered in this space, specifically cementitious pipe elbow/joint insulation, they should be considered an asbestos containing materials.

#### Wing E - 1966 Section - Ground Floor - Pipe Chase Between Men's & Women's Bathrooms

Material	Location	Approximate Amount
Cementitious Fitting Insulation on FG Insulated Line	Throughout Space	15 in Number

#### Wing E - 1966 Section - Ground Floor - Women's Bathroom

Material	Location	Approximate Amount
Cementitious Fitting Insulation on FG Insulated	In Plenum & Wall Chase	15 in Number
Line		

**Note:** Pipelines run behind existing walls feeding bathroom fixtures. It is unknown whether the pipe inside the wall is insulated or not. It must be presumed that they are and that the same elbow/joint insulation found in the other parts of the room exist here also.

#### <u>Wing E – 1966 Section – Ground Floor - Contractor's Loading Dock/Garbage Compactor Room</u> <u>and Associated Corridor</u>

Material	Location	Approximate Amount
Cementitious Fitting Insulation on FG Insulated Line	Throughout Area	15 in Number
Acoustical Ceiling Plaster*	Corridor Above Doorway into Main Hallway	80 SF

\*Note: Plaster encloses a soffit located at the entranceway into the ground floor's main hallway. This soffit has a hatchway, but this hatchway was inaccessible during this survey. Therefore, it is unknown what exists inside this soffit. If any non-fiberglass insulation materials



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are discovered in this space, specifically cementitious pipe elbow/joint insulation, they should be considered an asbestos containing materials.

#### Wing E - 1966 Section - Ground Floor - Mail Center/Administrative Services

Material	Location	Approximate Amount
Cementitious Fitting Insulation on FG Insulated Line	In Plenum	16 in Number
Mastic Associated w/ 1'x1' Gray Floor Tiling	Under 1'x1' Blue/Gray/White Floor Tiling	1,300 SF

#### Wing E - 1966 Section - Ground Floor - Shipping & Receiving

Material	Location	Approximate Amount
Cementitious Fitting Insulation on FG Insulated Line	In Plenum	35 in Number
Mastic Associated w/ 1'x1' Gray Floor Tiling	Throughout Space	1,500 SF

#### Wing E - 1966 Section - Ground Floor - Medical Center

Material	Location	Approximate Amount
Cementitious Fitting ' Insulation on FG Insulated	In Plenum	65 in Number
Line		

#### Wing E - 1966 Section - Ground Floor - East Elevator Bank & Staircase

Material	Location	Approximate Amount
Cementitious Fitting Insulation on FG Insulated Line	In Plenum	6 in Number



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#### Wing E - 1966 Section - First Floor - First Floor Office Area

Material	Location	Approximate Amount
1'x1' Tan w/ White Markings Floor Tiling & Associated Mastic*	Throughout Floor – Under Carpet	54,000 SF
Cementitious Fitting Insulation on FG Insulated Line	In Plenum	250 in Number
Cementitious Fitting Insulation on FG Insulated Line	Insider HVAC Register Units – Along Perimeter Wall	750 in Number  Note: This Insulation was Observed to be Damaged in Many of the Inspected HVAC Registers & Debris Was Found on the Floor in a Number of Registers.
Tar Waterproofing	Interior Face of Exterior Walls	9,000 SF
Cementitious Fitting Insulation on FG Insulated Line	In Pipe Chase in Between Men's & Women's Rest Rooms & in Wall Behind Sinks	40 in Number

<sup>\*</sup>Note: The mastic associated with 1'x1' white & tan floor tiling found in the stairways of this wing was sampled and shown not to be asbestos-containing. It is recommended that the mastic associated with the tile on this floor also be sampled to verify whether or not it is asbestos-containing.



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#### Wing E - 1966 Section - 2nd Floor - First Floor Office Area

Material	Location	Approximate Amount
1'x1' Tan w/ White Markings Floor Tiling & Associated Mastic*	Throughout Floor – Under Carpet	54,000 SF
Cementitious Fitting Insulation on FG Insulated Line	In Plenum of Rest Rooms	8 in Number
Cementitious Fitting Insulation on FG Insulated Roof Drain Lines	In Plenum	10 in Number  Note: The Insulation Associated w/ 7 Roof Drains was Observed to be Water Stain. The Insulation was Still Intact.
Cementitious Fitting Insulation on FG Insulated Line	Insider HVAC Register Units – Along Perimeter Wall	750 in Number  Note: This Insulation was Observed to be Damaged in Many of the Inspected HVAC Registers & Debris Was Found on the Floor in a Number of Registers.
Tar Waterproofing	Interior Face of Exterior Walls	9,000 SF
Cementitious Fitting Insulation on FG Insulated Line	In Pipe Chase in Between Men's & Women's Rest Rooms & in Wall Behind Sinks	40 in Number

<sup>\*</sup>Note: The mastic associated with 1'x1' white & tan floor tiling found in the stairways of this wing was sampled and shown not to be asbestos-containing. It is recommended that the mastic associated with the tile on this floor also be sampled to verify whether or not it is asbestos-containing.



Asbestos Material Identification Survey Update September 1 & 2, 2015 EHI Project #: 0759-5781

#### Wing E - 1966 Section - Totals

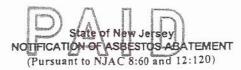
1' x 1' vinyl floor tiling and	117,500 SF
associated mastic	
Tar Paper Water Proofing	18,000 SF
Inside Face of all	
Brick/Masonry perimeter walls	
Cementitious Fitting	10 in Number
Insulation on FG Insulated	
Roof Drain Lines	
Cementitious Fitting	2,500 in Number
Insulation on FG Insulated	
Line	
Mastic Associated w/ 1'x1'	2,700 SF
Floor Tiling	30 30 30 30 30 30 30 30 30 30 30 30 30 3
Black Mastic Under Carpets	6,000 SF
9"x9" Floor Tiling & Associated	1,950 SF
Mastic	35
Acoustical Ceiling Plaster	80 SF
Fire Doors	All

Note: Totals do not include materials that are inaccessible and/or not observed.

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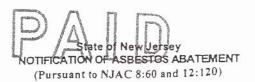
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Location of Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Secription of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)  Reg No N/A								1				
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Yes No N/A	TO BE ABATED	Custo	odial		thermal systems in	sulation.	(Specify	Rer	R	inca	Encl	
Yes No N/A	The state of the s	74					Sr O(Lr)	nova	pair	sula	osur	
SIDING X TRANSITE 1250SE X		Yes N	NO N	/A				=		te	•	
5197IX(S	SUDUALC		X	+	RANISIT	E	1750SE	X				
	51071016		1									
											$\dashv$	
Hauler ID No.   of Waste   ( ' 11 / C   1 / 1 ) //	Name of Registered Waste Hauler					Name of Regi		IA				
KLEMCO INC 17904 3 C.M.C.M.C.M.		NC	1120	104		City State	. C. M. U	1			=	
MADLE SHADE M.T WOODBINE	City. State MADLE SHA	DE M.	T			W00						
	Completed By MICHAEL CLAM	Title			Signature	lox	Date 9	-4	-1	8		

## CKE 4615





Date of Notification (1)	4-18			Name of Build	ding Owner/Operator AKBAUG H	F DEVE	LOPISCOTO	S CC	TMC	30L	8		
Agencies Notified	Type Notif	ication		Street Addre	SIS GLAS	SBORD	RD	LING		name pure	mec eta e		
□·BPA   □ DBP	Amend	ed	-	City. State. Zi	p Code			-			=		
₩ DOL		ment #_ ency (includin	_		NOODBURY	r HEIG	HTS NIT	0	80	9-	1		
<b>⊠</b> DOH	justific	ation)		Name of Con			Telephone Numb	er					
□ DCA	Cancell	ation	-	SA	ME						_		
		*		FACILITY I	NFORMATION		¥						
Name of Facility Where	Abatement is	Taking Place	e (3)			Type of Facilit	* - *						
Street Address	63100	rice				Subchapte	r 8 (Other than K-12		e				
Street Address						homes, etc	private & commercia :.)						
City (5)	/A > 1 A z		1.0			Square Feet	# of Floors	Bldg. Age					
	AVAL	ON		O-verby Code	e (7) (STATE	1700	Prior if being demolis	1 -	٥٥	_	=		
County (6)	EN	IAY		USE ONLY)		ilicu)							
Name of Monitoring Firm	Hired by Bu	ilding Owner	TA	SCM No.	Name of Abatement Contractor (9)								
(8)	NIF	+	L_		KLEMCO INC								
Street Address	- 1				Street Address 369 S- Spruce Aux								
City, State, Zip Code					City, State, Zip C			-					
0.00, 0.2.00					MAPLE SHADE MIT DE								
Project Manager for Mon	itoring Firm		Telepi	hone No.	Telephone No. 856 77	9-0472	License No.	3	71		_		
Start Date (10)	T	Scheduled C	ompletic	on Date (11)	Name of OSHA	Monitor , , /							
						N/	4			_	=		
Occupancy Status During	g Abatement	(Check only	one)		Street Address	**/							
Facility Closed/Vacate	ed During En	tire Period of	Abatem Hours	ent	City, State, Zip C	ode			_		=		
Other - Describe:	Outside of r	NOTITION F BOWING	, 110013		01,020,20						_		
Scope of Work (Check a)	I that apply)				Д <u>г.</u> и с	atainment with N	egative Pressure						
		□Re	novation	n	Mini-End	closure	egauve Flessule						
≥3 sf or ≥3 lf <del> </del>  ≥160 sf or ≥260 lf			molition		Gloveba	ag Procedure empted (*) and N	on-Friable Procedur	e					
<del></del>		ls L	ocation		172.1011					ment			
*		No	mally		Description of	¢ .			Тут	ж	$\dashv$		
Location o Asbestos-Containing M		Main	Solely tenance	/ Asbe	stos Containing Mat	terial (ACM)	Amount	_		m	т		
TO BE ABAT		Cu	stodial taff?	(i.€	unthermal systems in surfacing, VAT,	nsulation, or	(Specify SF or LF)	Removal	Repair	cap	nclo		
IN Facility (13)			(12)		other miscellaned		2 23	lova	bair	Encapsulate	Enclosure		
		Yes	No	N/A						е			
SIDINI		-		V 1	RAWSITE	E	2250.SE	X					
3101101			-	7									
		= $+$ $+$	_										
Name of Registered Waşt	te Hauler			EP Waste	Cubic Yards	Name of Reg	istered Landfill	10					
KLEMCO.	INC		Hau	1904_	of Waste	_ C.	M. C. M	. U	. V	<u>t</u>	_		
City, State		.,			Disposal Date	City, State		MI	Τ				
MAPLE SHADE W.J					Signature	1 200	Date	N	. )		-		
Completed By		Title SI)	1+0		Signature	lion	_ jj_	-4.	-18				

CK4 4615

### PAID State of New Hersey

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

G	E	D	$\mathbb{V}$	E	m
SEF	1	0	2018		

Date of Notification (1)	-4-18			Nam	e of Buildi	TERIZY		JAN 1881658TO	3.00	NITC			
Agencies Notified	Type Notificatio	n		Stree	et Address			FIRST CONTRACTOR OF THE PROPERTY OF THE PROPER	1101	HG	1/1/	=	
Agencies Notified	Initial					274 II	MAIGH	TRAIL R	0			_	
Mador Deb	Amended Amendment	#		City.	State, Zip	Code	343404 (	0 07 110	CL	-			
Linear Control	☐ Emergency	(includir	ng	<u> </u>	(0.1	CAPE	MAY	Telephone Numb			. 1	ᅴ	
DCA DOH	justification			Nam	e of Conta	SAME		relephone Numb	Ci				
				FΔ	CILITY IN	FORMATION				-		-	
Name of Facility Where	Abatement is Taki	ng Plac	e (3)				Type of Facility	y (4)				$\neg$	
	LESIDENU						School (K-1	2). 8 (Other than K-12	١				
Street Address							Other (i.e., homes, etc	private & commercia .)	l build				
City (5)	LNWOON	)					Square Feet	# of Floors Bldg. Age So +					
County (6)				Cou	nty Code (	(7) (STATE		rior if being demolis	hed)				
Name of Monitoring Firm			T	ASCM	No.		nent Contractor (						
(8)	U/A						Ltmco	INC					
Street Address						Street Address	9 5.5	SPRUCE H	tre	_			
City, State, Zip Code						City, State, Zip C	ADE NJ	٥	805	Z			
Project Manager for Mon	itoring Firm		Tele	phone	No.	Telephone No.	19-03/72	License No.	71				
				tion Date (11) Name of OSHA Monitor								=	
Start Date (10)	A contract	eduled (				Name of USHA	3 1	A				_	
Occupancy Status Durin				10	Street Address								
Facility Closed/Vacate	ed During Entire P	eriod of	Abate	ment								_	
Abatement Performed Other - Describe:	Outside of Norma	al Facili	ty Hou	rs		City, State, Zip C	ode	-					
Scope of Work (Check a	Il that apply)					☐ Full Cor	ntainment with Ne	egative Pressure					
≥3 sf or ≥3 lf >160 sf or ≥260 lf			enovati emolitio			☐ Mini-End	closure ag Procedure	on-Friable Procedur	Δ				
45-		lei	Locatio	yn	Ι	X Non-Ex	empted ( ) and iv	GIFFIADRE FIOCEGGI	1	bate	ment		
		N	ormally			D				Тур	е		
Location of Asbestos-Containing M			Soleh ntenan			Description of tos Containing Mat	erial (ACM)	Amount			ū	ш	
TO BE ABAT			ustodia Staff?	ı	(i.e.,	thermal systems in surfacing, VAT,		(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
IN Facility (13)			(12)			other miscellaned		37223	oval	air	sulat	sure	
		Yes	No	N/A							Φ.		
510MG				X		TRANSI	TE	3000 sc	X				
									_				
							7.1.						
Name of Registered Was			1.0000	JDEP \ auler IC	17.13.13.15.17.1	Cubic Yards of Waste	Name of Reg	istered Landfill  M ( . M	. 0	V			
City, State	TAIC	1, 7	=L= `			Disposal Date	City, State	000.415					
Completed By	HAPE Title					Signature	0 00	Date	1	0	_		
	THIN _		Pt	RU.	Sorz	_ Mu	WKe		77	0_	_	_	

Ch 6986		мотін (Р	ICATIO	tate of New Jer NOF ASBESTO TO NJAC 8:60	SABATE	MENT		En oranional control of the control	DE	G		Ü	101 F
Date of Notification (1)				of Building Owner			***************************************		14	<del>OL!</del>	-	<del></del>	U10
9/4/18	an samue sa			AcCloskey P	rivate Ho	ome		CHIRD					
Agencies Notified Type Notification			Street A	Address					ASI				TROL
EPA Initial Amended		F	City St	ate, Zip Code					AT DANIEL CO.	L	ICEN	SHVC	<i></i>
DEP Amended  DOL Amendmen	t #		-	ns Mills NJ 0	8015								
Emergency	(including	-	in the second	of Contact				Tak	nha **	•			
□ DOH justification     □ DCA			Brian										
			FAC	ILITY INFORMA	ATION								
Name of Facility Where Abatement is Takir	ng Place (	3)				Туре	of Facility (4	)					
Joe McCloskey Private Home							School (K-12	)					
Street Address							Subchapter 8 Other (i.e. pri				Idingo	hom	
							etc.)	vale o	Commerci	ai bui	iuiriys	, 110111	es,
City (5)							re Feet		Floors	- 1	Bldg. A	Age	
Browns Mills NJ 08015						100		2			50+		
County (6) Burlington				Code (7) USE ONLY)		1	ent Use (Prior	if beir	ng demolish	ned)			
Name of Monitoring Firm Hired by Building	Owner (9)		ASC		Non-	Hou	JSE Itement Contr	note-	(0)	-111-23-	-		
N/A	Owner (0)		ASCI	WI INU.		or Aba		actor	(9)				
Street Address		-				treet Address							
						O Box 329							
City, State, Zip Code					City, S	, State, Zip Code							
	ate, Zip Code					Vest Berlin NJ 08091							
Project Manager for Monitoring Firm	Manager for Monitoring Firm					elephone No. License No.							
					856	856-753-9800 00727							
Start Date (10)	Schedul	ed Con	pletion	Date (11)	Name	Name of OSHA Monitor							
9/17/18	9/21/1				San	ne							
Occupancy Status During Abatement (Chec	ck Only Or	ne)			Street	Street Address							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of a	Abatem / Hours	ent		City, S	State, Z	ip Code						
Scope of Work (Check All That Apply)													-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demoliti			2	Mir Glo	I Containmen ni-Enclosure ovebag Proce n-Exempted (	dure				-0	
	1.	Locati	00				Exampled	Jano	HOLF HAD	1	F 100 CA 100 C	emen	
Location of		Vormall			Description	of.						/pe	
Asbestos-Containing Material (ACM)		d Solel		Asbestos Ce	ontaining N	Material			nount			m	_
TO BE ABATED In Facility	F. 333.555	todial S			nal system facing, VA		ation,		oecify or LF)	Ren	Re	Encapsulate	Enclosure
(13)		(12)			r miscellar			O.	0. 2. )	Remova	Repair	sula	osur
	Yes	No	N/A							=		ate	e l
Exterior Siding		x	Fy	terior Si	dina		200	00 SF	x	-		$\vdash$	
		<u>  ^</u> _		torior on	unig		200	70 01	^	-	-	$\vdash$	
							1/1		-	-			
200 DO 100 DO 10					oic Yards Vaste		Name of Re	egister	ed Landfill			You will be	
United Containers				30	· asic	G.R.O.W.S.							
City, State			22459   30   Disposal Date			ate City, State							
Elm NJ			Disposal Date 9/21/18										
Completed by	Title	111111111111111111111111111111111111111	Signatur			Signature Date							
Anthony T Perna	Pres	ident			/	1			9/	4/18			

9/4/18

11/	01	101	~7
Ch	2	181	91

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

ID) EGEIVE	In.
SEP 1 0 2018 34 86 7	U
ASBESTOS CONTROL & LICENSING	

Date of Notification (1)				Name	of Buildin	g Owner/Operator (	2)		SEP	10	2011	8		
	18	<u> </u>				Turnpike Autho	50/72	LB4	86	7				
Agencies Notified Type Noti	ication			Stree	t Address			ASB	ESTOS	CO	VTRO	21.8		
				PC	Box 33	5		o motor and a second	LICE	NSIN	IG			
□ DOLWD □ Amend				City,	State, Zip (	Code			0.00125125-07017		The state of the s	DOMESTICAL PROPERTY.		
DOH Amend						, NJ 08520								
DCA Emerg (NJAC 5:23-8) Emerg		iciuaing	3		of Contac			Telephone Nur	mher					
Cance				Ric	h Treglo	wn		856-227-20						
			77.50	1		FORMATION		000 221 20						
Name of Facility Where Abatement i	Taking	n Place	(3)	FA	CILITI	IFORMATION	Type of Facility (	4)						
New Jersey Turnpike Author				lding			School (K-12)							
Street Address				lullig			Subchapter 8		2)					
Mile Post 67.7							Other (i.e., pr homes, etc.)	ivate and comm	ercial bi	uilding	js,			
City (5)							Square Feet	# of Floors	В	dg. A	ge			
Barnegat							3000 sf	1		60				
County (6)				Cou	nty Code (7	)(STATE USE ONLY)	Current Use (Pri	Prior if being demolished)						
Ocean							Multi use bu							
Name of Monitoring Firm Hired by B	ilding (	Owner (	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)							
Guardian Contracting, Inc.						Guardian Co	ntracting, Inc.							
Street Address						Street Address								
1889 Rte. 9, Unit 61						1889 Route 9	, Unit 61							
City, State, Zip Code						City, State, Zip Co	ode							
Toms River, New Jersey 087	55					Toms River,	New Jersey 087	08755						
Project Manager for Monitoring Firm			Tel	ephone	No.	Telephone No.		License No.						
Nicholas Fernicola			7	32-349	-9932	732-349-9932		00624						
Start Date (10)				etion Da	11-12 (11) (11) (12)	Name of OSHA M	lonitor							
//				8_ /	18	E.M.S.L. Ana	lytical							
Occupancy Status During Abatemen			000000000000000000000000000000000000000			Street Address								
☐ Facility Closed/Vacated During E						1056 Stelton								
Abatement Performed Outside of Time of Abatement:AM						City, State, Zip Co	ode							
		VI/			-Aivi	Piscataway, I	New Jersey 088	354						
Scope of Work (Check all that apply)						П Б.:II О								
≥3 sf or ≥3 If		☐ Re	nova	tion		☐ Full Cont	tainment with Neg losure	ative Pressure						
☐ ≥160 sf or ≥260 lf		□ De	molit	ion		☐ Glovebag	Procedure							
	-711-20-0				1		mpted (*) and Nor	n-Friable Proced		7.7				
Location of			Loca			Desembles			Ab	atem	ent T	ype		
Asbestos-Containing Material (A)	(M	Use	d So	lely by	Asbe	Description o stos Containing Ma		Amount	Re	Repair	Ē	En		
TO BE ABATED		4 3855 8		ance/ Staff?		thermal systems	insulation,	(Specify	Removal	air	aps	Enclosure		
IN Facility (13)		Ous	(12			surfacing, VAT, other miscellane		SF or LF)	<u>a</u>		Encapsulate	ure		
		Yes	No	N/A			040)				ē			
exterior			$\boxtimes$		window	v glazing		200 If	$\boxtimes$					
exterior			$\boxtimes$		door ca	nulk		280 lf						
exterior			$\boxtimes$		roof fla	shing		105 sf	$\boxtimes$					
Name of Registered Waste Hauler				NJDEP	Waste	Cubic Yards of	Name of Regist	tered Landfill		1				
Guardian Contracting, Inc.				Hauler I 2022		Waste 5	T.R.R.F.							
City, State				2022	,	Disposal Date								
Toms River, New Jersey						09/28/18	Tullytown, Pennsylvania							
Completed By (Print or Type)	Title	9		11165		Signature	1	// Date / /						
Nicholas Fernicola	P	roject	Mar	nager			,	1 9/5/18						
	- /	954000	110000	1000000			1	1	11	J				

Ch. 7097	N	IOTIF (P	CATION	ate of Ne I OF ASB to NJAC	ESTOS	ABATE	MENT		Anna and a state of the state o	K		SEP	1 (	) 2(	)18
Date of Notification (1) 9/5/18				f Building ole Con			(2)			L			•		
Agencies Notified Type Notification	-		Street A	ddress					1		ASE			ONT	ROL
EPA Initial Amended		-	respective state	artlett Av	10000000000000000000000000000000000000				i.	PHENNEDO	min transporter		energizes, b	ermenten	an address of the
DOL Amendment		_		Creek, N		92									
Emergency justification)				Contact					V00000-	lephon					
DCA Cancellation				ole Con		300			60	9-296	5-070	00			
Name of Facility Where Abatement is Takin	g Place (3	)	FACI	LITTINE	JKWAII	ON	Туре	of Facility (4)					_		
Street Address								School (K-12) Subchapter 8 Other (i.e. privitc.)	(Oth				dings,	home	es,
City (5) Beach Haven							Squar 2014		# 0	f Floor	s	В	ldg. A	ge	
County (6) Ocean			County (	Code (7) JSE ONLY	)		Currer	nt Use (Prior e	if bei	ing der	nolish	ied)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	1 No.			ame of Abatement Contractor (9) AA LEAD PROFESSIONALS								
Street Address							reet Address WHITE DOVE COURT								
City, State, Zip Code						City, State, Zip Code LAKEWOOD, NJ 08701				701					
Project Manager for Monitoring Firm	anager for Monitoring Firm						none No 668-90			Licer 1200	nse N	0.			
Start Date (10) 9/16/18	Schedule 9/21/18		pletion [	Date (11)				A Monitor PROFES	SIO	NALS	5			MU-15-11W	
Occupancy Status During Abatement (Chec	k Only On	e)					Addres								
Facility Closed/Vacated During Entire R Abatement Performed Outside of Norm Other – Describe:	Period of A nal Facility	baterr Hours	nent			6 WHITE DOVE COURT  City, State, Zip Code  LAKEWOOD, NJ 08701						-2005-05			
Scope of Work (Check All That Apply)						LAKI	EVVOC	DD, NJ 08.	/01				-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	enova emolit	F0)F17 (1)			×	Mini	Containmen i-Enclosure vebag Procei -Exempted (	dure					e	
Landing	711	Locati	200										Abate	ement pe	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Spestos-Containing Material (ACM)  TO BE ABATED In Facility  Used Maint Custoo				tos Cont thermal surfac		Material s insulat T, or		(5	mount Specify or LF		Removal	Repair	Encapsulate	Enclosure
EXTERIOR	No	N/A		S	IDING			35	500SF	-	x		е		
									,0001		^				
				aste	Cubic	Yards	1	Name of Re	egiste	ered La	ındfill	<u></u>			
NEWARK CARTING				NJDEP Waste Cubic Hauler ID No. of Wa 04509 15											
City, State NEWARK, NJ	ω <sup>2</sup>	Dispos			Dispos 9/21/1	al Date 18									
Completed by Title JOSEPH PERLSTEIN OWNER						ignature	)	Date 9/5/18							

CK 7098		NOTIE	CATIO	tate of Ne NOF ASE to NJAC	BESTOS	ABATE	MENT		B	E (		10	<u>U</u>	ßt ∰ 18
Date of Notification (1)		T		of Building	Owner/C	perato	r (2)	27.00	- II Li	UL	- 1	1 0	20	10
9/5/18 Agencies Notified Type Notification	n	-	Joann Street A	ne Long						ASBES	STO	SO	TNC	ROI
		İ	Street A	Audi 622		Ī					LIC	ENS	ING	
DEP Amended		Ī		ate, Zip C	ode									
X DOL Amendme	nt # y (including	-		ine, NJ										
X DOH justificatio  □ DCA □ Cancellati	n)			of Contact ne Long					Telephor	ne Numb	er			
				ILITY INF	ORMATI	ON				-				_
Name of Facility Where Abatement is Tak	ing Place (3	3)					Туре	of Facility (4	1)					
Street Address						-	Н	School (K-12 Subchapter		n K-12)				
							×	Other (i.e. pretc.)			ouild	ings,	home	es,
City (5) Neptune, NJ							Squa 252	are Feet 5	# of Floo	rs	BI	dg. A	ge	
County (6) Neptune			County (STATE	Code (7) USE ONLY	o		hon		-	molished	1)			
Name of Monitoring Firm Hired by Buildin	g Owner (8)		ASC	M No.				atement Cont D PROFE:		S				
Street Address							Addre	oss DOVE CC	URT					
City, State, Zip Code								Zip Code OD, NJ 08	3701			123-11-		
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 732-	none N 668-9		Lice 120	nse No.				
Start Date (10) 9/16/18	Schedule 9/21/18		mpletion	Date (11)				HA Monitor D PROFES	SSIONAL	S		- 12. 3		
Occupancy Status During Abatement (Ch	eck Only Or	ne)		1000		Street					100			
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe:	e Period of / rmal Facility	Abaten Hours	nent s			City, S	State, Z	DOVE CO Cip Code OD, NJ 08						
Scope of Work (Check All That Apply)								00, 113 00	701					
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf		Renova Demolit					Mi Gl	II Containme ni-Enclosure ovebag Proce n-Exempted	edure				9	
Location of		Locat			Day	scription	7.00				-		ment	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	d Sole intena todial S (12)	nce/		tos Cont thermal surfac	aining N	Materia s insul T, or	ation,	Amoun (Specify SF or LF		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A						50000		=		ate	ē
INTERIOR					F	looring	3		350SF	×				
											-			
Name of Registered Waste Hauler		TN	JDEP W	/aste	Cubic	Yards		Name of R	egistered La	andfill				
NEWARK CARTING		H	lauler ID 4509		of Was	te		IESI	J. 10. 00 LI				117-21-2	
City, State NEWARK, NJ		-0.55.12-			Dispos 9/21/1	al Date 8		City, State BETHLE	НЕМ РА					
Completed by JOSEPH PERLSTEIN	Title OWN	IER			S	gnature	÷			Date 9/5/1	18			

Ch 5076	$\circ$	N	ОТІ	FIC.	ATION	LOF/AS	ew Jersey BESTOS ABAT C 8 60 and 5-1	TEMENT 6)	DE	C	7	7	V [	
Date of Notification (1)		40			Name	of Buildin	g Owner/Operator (	2)		SEP '	ı. (	) 21	018	100
	06 /	18	-		Nev	w Jersey	Division of Prop	perty Managem	ent and Cor	nstruct	tio	n '- '	/10	1
Agencies Notified	Type Notifica	ation		50/12/2	Street	Address			The state of the s	-concentration		-	ANNUCCES (IN	
⊠ EPA					33	West Sta	ite Street, 9th Flo	or	ASB	ESTOS — LICE	C	ONT	ROL	&
☑ DOLWD ☑ DOH	☐ Amended Amendme				City, S	State, Zip (	Code		Principle and the second second second	-400	He	HYG		Brandon de la compansión
□ DCA	☐ Emergen		dina		Tre	nton, NJ	08625-0034							
(NJAC 5:23-8)	justification				Name	of Contac	zt		Telephone N	lumber				
	☐ Cancellat	tion			Jos	seph Syp	i .		856-467-2	2800				
					FA	CILITY IN	NFORMATION		***************************************					
Name of Facility Where A	batement is 7	Taking P	lace	(3)				Type of Facility (	4)					
New Jersey State M	useum							School (K-12						
Street Address								☐ Subchapter 8 ☐ Other (i.e., pr			hu	ildine	10	
205 West State Stre	et							homes, etc.)	ivate and com	imercial	bu	numg	15,	
City (5)								Square Feet	# of Floors		Blo	dg. A	ge	
Trenton								10,000	4		8	30		
County (6)				100	Cour	nty Code (7	7)(STATE USE ONLY)	Current Use (Pri	or if being den	nolished	i)		7-5	
Mercer								Museum						
Name of Monitoring Firm I	Hired by Build	ding Ow	ner (	8)	ASCM	No.	Name of Abateme	ent Contractor (9)			207			
Brinkerhoff Environ	mental Ser	vices					Shade Enviro	onmental, LLC						
Street Address							Street Address							
1805 Atlantic Avenu	е						623 Cutler Av	/enue						
City, State, Zip Code		-11/2/2014					City, State, Zip Co	ode						
Manasquan, NJ 087	36						Maple Shade	, NJ 08052						
Project Manager for Monit	oring Firm			Tele	ephone	No.	Telephone No.		License No	).				
Gary Fleming				7	32-223	-2225	856-755-0099		00842					
Start Date (10)		Schedule	ed Co	omple	etion Da	te (11)	Name of OSHA M	lonitor				//		-
09 /24 /	18	_09	_ /	_2	8_ /	18	EMSL Analyt	ical, Inc.						
Occupancy Status During	Abatement (0	Check o	nly o	ne)			Street Address							
□ Facility Closed/Vacated	d During Entir	re Period	d of A	Abate	ment		200 Route 13	0 North						
Abatement Performed							City, State, Zip Co	ode						
Time of Abatement:	AM	PM/_		_PM		AM	Cinnaminson	, NJ 08077						
Scope of Work (Check all	that apply)													
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>				novat			☐ Mini-Enc ☐ Glovebag	ainment with Neg losure g Procedure mpted (*) and Nor						
				Loca							Aba	ateme	ent Ty	уре
Location of				orma	ally ely by		Description o			-	2	R	ш	ш
Asbestos-Containing M TO BE ABA		1)			ance/		stos Containing Ma		Amount (Specify	CAN	me	Repair	Encapsulate	Enclosure
IN Facility		- 1	Custo		Staff?	(1.0	surfacing, VAT,	or	SF or LF)	30	2	=	Insc	sure
(13)		-	. 1	(12)		-	other miscellane	ous)					ate	(D
Elevator Mechanical F	200m	Y   Y	es	No	N/A	Elevate	or Drum Brake Pa	ade	2 SF		3			П
		200	-					aus		-		ᆜ		
Elevator Mechanical F	Room	Σ			$\Box$	Insulate	or Panels		60 SF	2		Ш	Ш	Ш
			]											
Name of Registered Waste	Hauler			I	JDEP I	Vaste	Cubic Yards of	Name of Regist	ered Landfill					
Freehold Cartage				F	dauler II		Waste	Fairless La						
City, State					15939	,	1 Disposal Date	City, State						
Freehold, NJ							09/28/2018	Morrisville,	PA					
Completed By (Print or Type	ne)	Title					Signature			Date				
Christina Lynch	/	100000000000000000000000000000000000000	Pre	eside	ent of (	Operation	111			9/1	0	11		

Ch 7016		NOTII	S FICATIO Pursuan	itate of New N OF ASSE t to NJAC 8	Jersey STOS ABAT :60 and 12:1;	EMEN 20)			-	E	U (V	IN E
Date of Notification (1)			Name	of Building O	wner/Operato	or (2)			SEP	10	-20	18
9/5/2018			Ham	pshire Ver	nture Partn	ers						
Agencies Notified Type Notification				Address				AS	BEST	OS CO	ONTE	ROL &
X EPA X Initial				aple Aven				Principle of the Party of the P	LI(	ENS	!NG	
X EPA X Initial Amended Amendment	#			ate, Zip Cod								
Emergency	(including	9		stown, NJ of Contact	07960	17-2-1		Talaska	N			
DOH justification)  DCA Cancellation				Megnin				Telephone 973-892-				
				ILITY INFOR	RMATION			370-032-	4000	<u> </u>		03-53-0
Name of Facility Where Abatement is Takin	g Place	(3)				Тур	oe of Facility (4	)				
Lackawanna Plaza							School (K-12	)				
Street Address							Subchapter 8	(Other than k		مح حالمان		
1 Lackawanna Plaza						×	etc.)	vate & comme	erciai bu	liaings	s, nom	es,
City (5) Montclair				1105		9000	uare Feet	# of Floors		Bldg.	Age	
County (6)			Court	Code (7)			,000	2		80		
Essex			(STATE	Code (7) USE ONLY)			rent Use (Prior ropping Plaz		olished)			
Name of Monitoring Firm Hired by Building	Owner (8	)		M No.	Name		patement Contr		_			
EWMA					11 11 11 11 11 11 11 11		Contracting,					
Street Address						t Addr			Constitution			
100 Misty Lane P.O Box 5430					136	0 Cli	fton Avenue	Unit 365				
City, State, Zip Code					City,	State,	Zip Code					
Parsippany, NJ 07054					Clif	on, î	NJ 07012					
Project Manager for Monitoring Firm			Telepho		Telep			License				
Craig Gorczyca Start Date (10)			- 44500 344 140	03-6649	0.0000000000000000000000000000000000000		-9500	01036	6			
9/17/2018	9/26/2	2018	mpletion	Date (11)			SHA Monitor Contracting,	Inc				
Occupancy Status During Abatement (Chec	k Only O	ne)			Stree							
Facility Closed/Vacated During Entire F	Period of	Abater	ment		20000		fton Avenue	Unit 365				
Abatement Performed Outside of Norm Other – Describe:	nal Facilit	y Hour	S				Zip Code					
Scope of Work (Check All That Apply)		1.11.105			- Clin	on, I	NJ 07012					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli			] 	M G	ull Containmen lini-Enclosure llovebag Proce on-Exempted (	dure			re	
	Is	Locat	ion					7		11.0 W 11.50	emen	t
Location of		Normal	lly		Description	n of				T	уре	
Asbestos-Containing Material (ACM) TO BE ABATED		ed Sole aintena			Containing I	/lateri		Amount		-	T.	
In Facility	Cus	todial S	Staff?		ermal system surfacing, VA		liation,	(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		(12)		0	ther miscella	neous	)		lova	pair	sula	Sur
	Yes	No	N/A								ite	(D
Building 1/2, 2nd Floor Roof		X		Roo	f Caulking	Mate	erial	375 LF	K			
Building 2, 1st Floor Pump Room		Х		5050	ck Mastic N			75 SF	×			
Building 1, 1st Floor, Unit H		X			White Floo			5,000 SF	X			
Name of Registered Waste Hauler		11000	IJDEP W lauler ID		Cubic Yards of Waste		Name of Re	gistered Land	Ifill			
Atlantic Carting LTD		1,5177	1J641	ASSESSED BY	30		Grand C	entral Sanit	ary La	ndfill		
City, State					Disposal Date		City, State					
Wayne, NJ					TBD		Pen Argy	ıl, PA				
Completed by	Title	E3 E4			Signature	9			Date			
Adam Vurchio	1 Adm	injetre	ator						DIFINE	110		

0. 211		NC	TIFIC	CITAS	NOFA	SBESTOS ABA	TERREALT		tg.			
10 Ch						AC 8:60 and 5:		ME	C	E	] [	7
Date of Notification (1)						ng Owner/Operator	(2)					-
	30 / 1	8		Ve	erizon Co	mmunications			orn	ı n	0.0	A.
Agencies Notified	Type Notification	n		Stre	et Address			144	SEP	1 U	20	1
⊠ EPA				51	Old Led	gewood Road						
☑ DOLWD		42 O II	E/4 O		State, Zip			ASB	ESTO	SCC	INTE	71
□ DCA	Amendment  Emergency (	_		FI	anders, N	IJ 07836			LIC	EMS	NG	
(NJAC 5:23-8)	justification)	iiiciuui	iig		e of Conta			Telephone Nu	mher			-
7.57	☐ Cancellation			Ma	ark Jenki	ns		215-365-58				
				F.A	CILITY II	NFORMATION						_
Name of Facility Where A	batement is Taki	ng Pla	ce (3)				Type of Facility	(4)				_
Verizon Netcong C.	О.						School (K-1	2)				
Street Address							☐ Subchapter	8 (Other than K-1	2)			
51 Old Ledgewood	Road						homes, etc.	private and comm	ercial b	uildin	gs,	
City (5)							Square Feet	# of Floors	IB	ldg. A	lae.	-
Flanders, NJ 07836							+-10,000	1		+-50	~	
County (6)				Cou	nty Code (	7)(STATE USE ONLY)	The state of the s	ior if being demo	lished)			_
Morris						•	Verizon	3 201110				
Name of Monitoring Firm			r (8)	ASCM	l No.	Name of Abatem	ent Contractor (9)					_
USA Environmental	Management,	Inc.				1	IVIRONMENTA					
Street Address		1.10				Street Address		,				_
8436 Enterprise Ave	<b>&gt;</b>					1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip C	ode					-
Philadelphia, PA 19						BRISTOL, PA	A 19007					
Project Manager for Monit	oring Firm		Tel	ephone	No.	Telephone No.		License No.				_
Mark Jenkins			2	15-365	5-5870	215-788-6040	)	00509				
Start Date (10)					ate (11)	Name of OSHA N	Monitor				_	-
_8 / _13 /				/	18	BRISTOL EN	VIRONMENTA	L, INC				
Occupancy Status During	Abatement (Chec	k only	one)			Street Address						_
☐ Facility Closed/Vacate	d During Entire Pe	eriod o	f Abate	ment		1123 BEAVE	R STREET					
Abatement Performed Time of Abatement:	Outside of Norma	I Facili	ty Hou	rs - Des	scribe	City, State, Zip Co	ode				_	_
		IVI/ <u>3.0</u>	UPIVI-Z	:00AIVI		BRISTOL, PA	19007					
Scope of Work (Check all	that apply)											-
≥3 sf or ≥3 lf		⊠R	enovat	ion			tainment with Neg	ative Pressure				
≥160 sf or ≥260 lf			emoliti			☐ Glovebag	g Procedure					
					, ,	☐ Non-Exe	mpted (*) and No	n-Friable Procedu	ire			
Location of	, £	100	s Loca Norma			DE 1000			Ab	atem	ent T	y
Asbestos-Containing N		Us	ed Sole	ely by	Ashe	Description o stos Containing Ma			70	Z	ш	T
TO BE ABAT	ED		aintena			, thermal systems i		Amount (Specify	Removal	Repair	nca	
IN Facility (13)		Cus	stodial (12)	Starr?		surfacing, VAT,	or	SF or LF)	val	=	Encapsulate	
(10)		Yes	No	N/A	1	other miscellane	ous)				ate	
Room #1					VAT/Ma	ctio			-	_		1
Construction DDSS D	"40		12			SSON ATTACK		150 SF				
Construction PPM Ro	om #13		Ш		VAT/Ma	stic		200 SF				
lallway				$\boxtimes$	VAT/Ma	stic		320 SF			П	r
		П	П	П					1			ŀ
lame of Registered Waste	Hauler		I	JDEP V	Vaste	Cubic Yards of	Name of Regist	torod Landfill		Ш	Ц	
SERVICE TRANSPO		О.	11557	auler IC		Waste	MINERVA L					
ity, State				20990		D: 15 /		ANDFILL				
NEW CASTLE, DE						Disposal Date	City, State			0210-22		
						TBD	WAYNESB	URG, OH				
ompleted D. / D	Service Description	53				Signature	.0.0	/ . Da	ate /	1		-
Completed By (Print or Typ		stima	tor			RIDA	146/6	1 0	9/5	-/		-
Dillan DeCaro		Suma				Lille	m D Ca	will	710	/	1	
						_ Dille	m De Ca	w/7/	7/0	//	0	_

11						lew Jersey			19	d		
no ch		NO.				BESTOS ABAT AC 8:60 and 5:1		In.	EG			$\overline{\mathbb{V}}$
Date of Notification (1)	re-vis			Nam	e of Buildir	ng Owner/Operator (	2)			-	-	Marie Control Control
7 / _	30 /	18		Ve	rizon Co	mmunications			CCC		0 0	0.10
Agencies Notified	Type Notifica	tion		Stree	et Address			Early Cone	SEF	1	0 2	018
⊠ EPA				51	Old Lede	gewood Road						
□ DOLWD					State, Zip				ASBEST	<u> </u>	CONT	TOOL
⊠ DOH	Amendme				anders, N			The state of the s	L	CEN	ISING	INUL
DCA	☐ Emergence		ng		e of Contac					Party Control of	Raint diventable	rheidmichen/schrifte
(NJAC 5:23-8)	justificatio  Cancellatio			100000000000000000000000000000000000000	e or Contac ark Jenkir			Telephone				
	Caricellati	OIT						215-365	5-5870			
No					CILITY II	NFORMATION						
Name of Facility Where A		aking Plac	e (3)				Type of Facility (					
Verizon Netcong C.	0.						School (K-12)		14 460			
Street Address							☐ Subchapter 8 ☐ Other (i.e., pr	(Other than ivate and co	K-12)	huild	inas	
51 Old Ledgewood	Road						homes, etc.)	ivate and co	minerolai	Duna	iligs,	
City (5)		20.4500 FER 2 HO 10.11					Square Feet	# of Floor	s	Bldg	. Age	
Flanders, NJ 07836							+-10,000	1		+-:	50	
County (6)				Cou	nty Code (	7)(STATE USE ONLY)	Current Use (Price	or if being de	emolished	)		
Morris						100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to	Verizon					
Name of Monitoring Firm	Hired by Buildi	ing Owner	(8)	ASCN	No.	Name of Abateme						
USA Environmental	Managemen	nt, Inc.				1	VIRONMENTAL	INC				
Street Address						Street Address		.,				
8436 Enterprise Ave	1					1123 BEAVER	STREET					
City, State, Zip Code						City, State, Zip Co						
Philadelphia, PA 19	153					BRISTOL, PA						
Project Manager for Monit			Тте	elephone	No	Telephone No.	13007	11:				
Mark Jenkins	ornig r iiiri			215-36		215-788-6040		License N	10.			
Start Date (10)	100	shodulod (						00509				
_ 8 / _ 13 / _	18 計畫					Name of OSHA M BRISTOL EN	onitor VIRONMENTAL	, INC				
Occupancy Status During	Abatement (C	heck only	one)			Street Address						
☐ Facility Closed/Vacated						1123 BEAVER	RSTREET					
Abatement Performed	Outside of Nor	mal Facili				City, State, Zip Co	ode					
Time of Abatement:	AM	_PM/ <u>5:0</u> 0	DPM-	2:00AM		BRISTOL, PA						
Scope of Work (Check all	that apply)					<u> </u>						
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		⊠ Re				☐ Mini-Encl	Procedure					
						☐ Non-Exer	mpted (*) and Non	-Friable Pro	cedure			
Location of	.e	10	s Loc Norm	ation					F	bate	ment	Type
Asbestos-Containing N				lely by	Ashe	Description of stos Containing Mat		Amoun	. 2			m m
TO BE ABAT	ED	Ma		nance/		., thermal systems i		(Specifi		T C C C C	cap	COS
IN Facility (13)	1	Cus	(12	I Staff?		surfacing, VAT,		SF or LF	)   2		Encapsulate	Enclosure
(13)		Yes	No	-	1	other miscellaned	ous)				ate	
Ice #7 Fios Room					VAT/Ma	estic		350 SF	=	a   r	1	
Fios Maintenance Roo	om #6				VAT/Ma	estic		300 SF		-		
SSADC Room #5					VAT/Ma	estic		250 SF		-	][	
CFO Office #2					VAT/Ma	stic		300 SF	- D	alr	1	iln
Name of Registered Waste	e Hauler		1	NJDEP	Waste	Cubic Yards of	Name of Registe	ered Landfill	2.3%			1
SERVICE TRANSPO	RT GROUP,	INC.		Hauler I		Waste	MINERVA L					
City, State				2099	U	Disposal Date	City, State					
NEW CASTLE, DE						TBD	WAYNESBL	JRG, OH				
Completed By (Print or Type	pe)	Title				Signature	0 0	/	Date	,	,	-
Dillan DeCaro		Estima	tor			Dillan	DeCow	1-il	9,	5	1/8	F
ASB-41 2 2 4	-							11	1 ,	-		

ASB-41
JAN 13 DD 18 0 6 0
\* Do not use this form for asbestos licensure exempted activities.

\*\*DO NOTE: BACK ON SITE 9/5/18

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09/05/2018 09:11AM 973 Check#3160	3638177	/8 <b>IOTIF</b> (	P	State of ON OF AS	SBESTOS ABA	TEMEN	,.		SEP		E 0:	
Date of Noblication (1)					AC 8:60 and 5:1		-		BEST	and to	ADMIT	RO
09 / 05 /	18		Nam	e of Building	g Dwner/Operator	(2)	-			0-16	Tivo	7
			Dam	na Dorsen								
Agencies Notified   Type Notifi	Callon		Stre	se Address			7	S -			1	+
☑ DOLWD ☐ Amenda			CUPY	State, Zip	Fodo		1.		7	1/	1	
☐ DCA Amend:	ment #	dlan	1	efield, NJ			1	13/00/00/	-1-	200		J
[NJAC 5:23-8] justifica	dian)	mitty	Nem	e of Contai	1		1:	WAIVER	traher	FRI	W.F.	n_
Cencel	ation	_	Danz	a Dorsett		9		i respirate No	KINCTO			
Many and Franklin has			F/	CILITY II	NFORMATION		-			_		alle of
Name of Facility Where Abetement is Private house	Taking P	lacs (3)				Type of F					-	
Street Address		- simplimate		-		Subst	(M-1	12) 8 (Other than K-1	1.01			
endetratos pasen a est 1786.						20 Other	1.8.	private and comm	isrdel t	ouliding	ģš.	
City (5)						home Equare F	1 Gitt	) # of Fluore		3ldg. A		
Ridgefield, NJ 07657 County (8)									- 1	<del>-</del>	Ac	
Bergen			Cou	nty Code (7)	(STATE USE ONLY)	Current l.	se (5	nar if being demo	ushed)			
Name of Manitoring Firm Hired by Bul	Hding Own	ner (8)	ASCN	No	Name of Abateme		-					
	•		1	. 144	Gr Toch LLC	int Contrat	OL ÍB	))				
Street Address			-1		Street Acdress							
City. State, Zip Code					576 Valley Rd #	283						
Vity. Claric, 21p 5008					City, State, Zip Co		Market III					
Project Manager for Monitoring Firm		Te	lechone	Np.	Wayne, NJ 0747	0		License No.				
			OHER COURTS	and the same of th	t a principality in a.			FIRST DE MO.				
D. Carlotte					973-638-1777			01127				- 1
Start Date (10)	Schedule	d Comp	letion D	Die (11)	973-638-1777 Name of OSHA M	onitor		01127				-
09 / 06 / 18	09	1	letion Dr	pie (11) 18	Name of OSHA M Envirovision Con		nc	01127			-	-
09 / 06 / 18  Occupancy Status During Abatement /  Facility Closed/Vecated During Ent	(Check on	ly one)	27 /	18	Hame of OSHA M Envirovision Cor Street Address	asultants,						
Occupancy Status During Abatement a  Facility Closed/Vacated During Ent  Abatement Performed Outside of N	(Check on	ly one) of Aba	tement	18	Name of OSHA M Envirovision Cop Street Address 20-21 Wagaraw	nsultants,						
O9 / 06 / 18  Cocupancy Status During Abstement of Facility Closed/Vacated During Ent Abstament Performed Outside of N Time of Abelement:  AM-	(Check on	ly one) of Aba	27 /	18 scribe	Name of OSHA M Envirovision Con Street Address 20-21 Wagaraw City, State, Zip Co	nsultants, Road, Bla de						
O9 / 06 / 18  Cocupancy Status During Abstement of Facility Closed/Vacated During Ent.  Abstament Performed Outside of N Time of Abstement: AM.  Scope of Work (Check all that apply)	(Check on	ly one) of Aba	tement	18 scribe	Name of OSHA M Envirovision Co. Street Address 20-21 Wagaraw City, State, Zip Co Fatr Lawn, NJ 07	Road, Blade	G .7	35E	ve pres	RUM		
O9 / 06 / 18  Cocupancy Status During Abstement of Facility Closed/Vacated During Ent.  Abstament Performed Outside of N Time of Abstement: AM.  Scope of Work (Check all that apply)	(Check on the Period formal Far PM/	of Abe	onent urs - Des	18 scribe	Name of OSHA M Envirovision Col Street Address 20-21 Wagaraw City, State, Zip Co Pair Lawn, NJ 07 Full Cont Mini-Encil	Road, Bilde 410 and decomment with	g.ř.	35E Nation with negatingston and parties a				
O9 / 06 / 18  Cocupancy Status During Abstement of Facility Closed/Vacated During Ent Abstament Performed Outside of N Time of Abelement:  AM-	(Check on the Period formal Far PM/	ly one) of Aba of Hy Pi Renova	ement urs - Des	18 scribe	Name of OSHA M Envirovision Cor Street Addreos 20-21 Wagaraw City, State, Zip Co Fair Lawn, NJ 07 Full Cont Mini-Enci Glovebag	Road, Bilds de 410 and deconnect with the procedure	E.P.	35E	ve Prasi			
O9 / 06 / 18  Cocupancy Status During Abatement of Facility Closed/Vacated During Ent Abstament Performed Outside of N Time of Abetement:  Scope of Work (Check all that apply)  3 st or >3 it 160 st or >260 it	(Check on the Period Intrinst Fac	Renova	dement urs - Des	18 scribe	Name of OSHA M Envirovision Cor Street Addreos 20-21 Wagaraw City, State, Zip Co Fair Lawn, NJ 07 Clean up Full Cont Mini-Encil Glovebag Non-Exer	Road, B.: de 7410 end deco. end deco. end deco. end deco. end deco. end deco. end deco. end deco. end deco. end deco. end deco.	E.P.	35E  Nation with negative Pressure  Tent with Negative	ve Prasi		ant Ty	p-e
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P	State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT
- Miller	(Pursuant to NJAC 8:60 and 12:120)

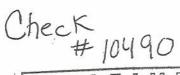
Name of Building Owner/Departor (2)   Consolidated Environmental   Consolidated   Consoli					CATION	ale of Nev LOE ASBI to NJAC	ESTOS	ABATE		Cl	Le.	K	180	3	7	
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FACILITY INFORMATION   Type of Facility (4)   School (K-12)   School (K-12)   Subchapter 8 (Other than K-12)   School (K-12)   Subchapter 8 (Other than K-12)   Subchapter 8 (Other Description of Absternet Absternet Contractor (9)   ASS Environmental Services, LLC   Street Address   POB 8x 483, 4 E date Drive   Sitreet Address   POB 8x 483, 4 E date Drive   Sitreet Address   POB 8x 483, 4 E date Drive   Sitreet Address   POB 8x 483, 4 E date Drive   Sitreet Address   POB 8x 483, 4 E date Drive   Sitreet Address   POB 8x 483, 4 E date Drive   Sitreet Address   POB 8x 483, 4 E date Drive   Sitreet Address   POB 8x 483, 4 E date Drive   Sitreet Address   POB 8x 483, 4 E date Drive   Sitreet Address   POB 8x 483, 4 E date Drive   Sitreet Address   POB 8x 483, 4 E date Drive   Sitreet Address   POB 8x 483, 4 E date Drive   Sitreet Address   POB 8x 483, 4 E date Drive   Sitreet Address   POB 8x 483, 4 E date Drive   Sitreet Address   POB 8x 483, 4 E date Drive   POB 8x 483, 4 E date Dri		justification)					`			-	Tel oA	SBEST	19795i	VTRO	)L &	
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County (6)   STATE USE (7)   Current Use (Prior if being demolished)   home				S 10 =					Squar	e Feet	100000	f Floors	100		ge	
SSEX   STATE USE ONLY)   Nome of Monitoring Firm Hired by Building Owner (8)   ASCM No.   Name of Abatement Contractor (9)					County (	Code (7)						na demoli		02		-
Street Address  Street Address  Street Address  PO Box 483, 4 E Gate Drive  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  Start Date (10) 9/22/18  Cocupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code  City, State, Zip Code  Street Address  City, State, Zip Code  City, State, Zip	The state of the s								25		01 11 001	ng domon	onca			
City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  Glenwood, NJ 07418  Project Manager for Monitoring Firm  Telephone No.  Telephone No.  973-764-2276  703  Start Date (10)  9/8/18  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other — Describe: Basement  Scope of Work (Check All That Apply)  ≥ 3 sf or ≥ 3 if  ≥ 160 sf or ≥ 260 if  Demolition    Streat Address	Name of Monitoring Firm	Hired by Building	Owner (8)	V.	ASCN	l No.		1					.C			
Size   Check   Chec	Street Address									X	Sate D	rive				
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Start Date (10) 9/8/18  Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other — Describe: basement  Street Address  City, State, Zip Code  Street Address  City, State, Zip Code  Tup Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code  Tup Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code  Tup Closed/Vacated During Entire Period of Abatement Abatement Type  Location of Sole's	Project Manager for Mon	itoring Firm			Telepho	ne No.						License	No.			
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Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Yes No N/A  Dasement  X floor tile  Amount (Specify SF or LF)  Name of Registered Waste Hauler  Tonys Cleanup & Hauling  Name of Registered Waste Hauling  Name of Registered Waste Hauling  Name of Registered Waste Hauling  Name of Registered Landfill  City, State  Bridgewater, NJ  Title  Signature  Description of Asbestos Containing Material (ACM)  (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)  Am																i
Maintenance/ Custodial Staff? (12)   Wes No N/A   Was floor tile   Maintenance/ Custodial Staff? (12)   Wes No N/A   Was floor tile   Waste Hauler ID No. 17787   Waste Bridgewater, NJ   Disposal Date Easton PA   Date			Use	d Sole	ly by	Ashesi				(ACM)	Δ	mount		1,		
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Tonys Cleanup & Hauling    Hauler ID No. 17787   of Waste TBD   Chrin Brothers Sanitary Landfill	basem	ent			Х		fl	oor tile	9		40	00 SF	X			
Tonys Cleanup & Hauling    Hauler ID No. 17787   of Waste TBD   Chrin Brothers Sanitary Landfill																
Tonys Cleanup & Hauling    Hauler ID No. 17787   of Waste TBD   Chrin Brothers Sanitary Landfill				-							-					
City, State Bridgewater, NJ  Completed by  TBD  Chrin Brothers Sanitary Landfill  Disposal Date TBD  City, State Easton PA  Date	Name of Registered Was	ste Hauler		1 202		27/27/17/1				Name of	Registe	red Land	fill			
Bridgewater, NJ  Completed by  Title  TBD  Easton PA  Date	Tonys Cleanup & Ha	auling				No.		ste		Chrin E	Brothe	rs Sanit	ary La	ndfill		
	**************************************	<del>y</del>						sal Date								
A. Scott Higgins President 9/5/18	Completed by A. Scott Higgins		100000000	ident			S	Signature	9	K	_					

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

	PA	7 []	NOTIF (P	iCATIOI ursuant	N OF ASBE t to NJAC 8	STOS 3:60 an	ABATE d 12:120	MENT 0)	(	1 lo	al	1	80	13	8	
Date of Notification (1) 9/6/18					of Building O Missone		Operator	(2)		T	7	3 0			V	E
	Initial Amended Amendment	L			Address ate, Zip Coo horne, NJ		06					SE	P	10	201	8
⊠ DOH DCA	Emergency (in justification) Cancellation			Name o	of Contact Missone					ete	ephone	Numt		3 00	NTR	OL &
				100000000000000000000000000000000000000	ILITY INFO		ION			- tesses	A CONTRACTOR OF THE PARTY OF TH			) <u>!</u>	NG	Minute of State of
Name of Facility Where Ab home  Street Address	atement is Taking	Place (3	3)					Туре	School (K-1; Subchapter Other (i.e. pretc.)	2) 8 (Othe			builo	lings,	home	es,
City (5) Hawthorne								Squa 210	are Feet	# of	Floors		B 6	ldg. A	ge	
County (6) Passaic					Code (7) USE ONLY)			Curr	ent Use (Prio	r if beir	ng demo	olishe	d)			
Name of Monitoring Firm H	lired by Building O	wner (8)		ASC	M No.	7			atement Con ironmental		**	LC				
Street Address							Street PO E		ess 183, 4 E G	ate Di	rive					
City, State, Zip Code									Zip Code d, NJ 074	18						
Project Manager for Monito	ring Firm			Telepho	ene No.		Teleph 973-				Licens	e No.	36 32			
Start Date (10) 9/28/18		Schedule 10/5/18		npletion	Date (11)		Name	of OS	HA Monitor							
Occupancy Status During A	Abatement (Check	Only Or	ne)				Street	Addre	ess		1,50,7,37	111655500				
Facility Closed/Vacate Abatement Performed Other – Describe: bas	Outside of Norma	eriod of A	Abatem	nent			City, S	tate, Z	Zip Code							
Scope of Work (Check All T ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Γhat Apply)		Renova Pemolit				×	Mi Gl	ill Containme ni-Enclosure ovebag Proc on-Exempted	edure	S73				•	
Location of	£	100000	Locati			-								Abate Ty	ment pe	
Asbestos-Containing Market Asbestos-Containing Market TO BE ABAT In Facility (13)	aterial (ACM) ED	Use Ma	d Sole intenar todial S (12)	ly by nce/	(i.e. t	os Cont hermal surfa	scription taining N systems cing, VA niscellan	lateria s insul T, or		(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
basemen	ıt	163	NO	X		nine	insulat	tion		20	0 LF					_
Suscition				X			r insula			2000	) SF		ζ (			-
Name of Registered Waste Freehold Cartage	Hauler		Н	JDEP W auler ID 5939		Cubic of Was	Yards ste		Name of R							
City, State Freehold, NJ						Dispos TBD	sal Date		City, State Birdsbor							
Completed by A. Scott Higgins		Title Presi	dent			S	Signature	1	2~	_		Date 9/6/				



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



Date of Nationalization (4)		ome of Dullation	Ounce/0	05 (2)	E	PE		W	F
Date of Notification (1) 9 - 7 - 1	8 <sub>N</sub>	9 4-	4 . 4 .	1 // 2 /	KDASO	5 E	<u>. U</u>	V	느
Agencies Notified Type Notification	SI	treet Address				ED.	ı n 3	กาด	
☐ EPA	C	ity, State, Zip C	code	57	ma 600	0 -	10 2	.010	
DOL Amendment #		-	020	nood	NJ	)-70	140		1 0
DOH Emergency (in justification)	N	ame of Contact			Te' ACDI	STOR	e mento	HC	21, Q
☐ DCA ☐ Cancellation		Hakin	2 Wil	Kerson					
Name of Facility Where Abatement is Taking	Place (3)	FACILITY IN	ORMATION	Type of Facility	(4) 💉	- 1			-
Single family		lling							
Street Address							linas h	ome	5
Cir. (5)				etc.)					
City (5) Manle Samuel	NIT	070	040	Square Feet	# of Floors	В			
SEPA									
LSSex									
Name of Monitoring Firm Hired by Building On	wner (8)	ASCM No.	Nam	e of Abatement Co	A	200	. 9	7_	
Street Address	3163	14/6	Stre			1153	<u> </u>		6
Ro. Box 33	37			.O. Box	337				
City, State, Zip Code	NTI	1953	2 City	State, Zip Code	417	A	06	2	2
Project Manager for Meridial Sirm	NO C	elephone No.	Tele	- Dec 7	Company of the compan	Vo.	Š	J.	
Steep Short Ka						0.7	190	4	
Start Date (10)		letion Date (11		e of OSHA Monitor	1			-	
7-11-18	9-1	7-18			hnologies	, I	nc		
		×	Stre		337				
Abatement Performed Outside of Norma		nt		State, Zip Code	45/5/2010 Mark of			7	-5 4: 2: 1
Other – Describe:			$- \mid l$	Vew Egypt	TU.	083	53	3	
Scope of Work (Check All That Apply)				-(;-	D. ACO. P				
	1888 C					Pressur	re		-
_ = 100 SI GI =200 II	_ Demondo	***	الم	Glovebag Pro	ocedure	hle D-c	cod::==		
				u Non-Exempte	and Non-Fria			nent	
Location of	Normally		Description	on of					
Asbestos-Containing Material (ACM)		, ASUE	stos Containing	Material (ACM)	0.50000000	77		. E	ш
	Custodial Sta	1 (1.6				Rem	Rep	capa	nclo
1	(12)				500 F 50000 M	oval	alr	sulat	sure
	Yes No	,N/A						0	
Basement	X	Pil	e Ins	sulation	100 LF	X			
Name of Registered Waste Hauler								_	
EPC Technologies						men	tof	4	14
City, State	VJ.	1				PA			
New Egypt /	Title		Signati	N.		ate	•		
Steve Schenker	Preside	nt	S	leve) Sch	cha	9-	7-1	8	

									me	C		P	int[Eo
347113	1	OTE Pi	CATION	of New OF ASEE TO NUAC 8	STOS A	BATE 12:120	MENT			SEP		201	<u> </u>
Date of Notification (1) 12/14/17				Building C			(2)			OLI	10	201	,
Agencies Notified Type Notification			Street A		11.001				AS	BESTO	OS CO		S JC
EPA X Initial Amended Amendment	#			te, Zip Coo					In the second second		DE: YO	rumanasa.	***************************************
Emergency ( justification)  DCA  Cancellation	_			Contact GROSS	3				Telephone 908-910		r		-
	DI (0		FACI	LITY INFO	RMATIO	N	-						
Name of Facility Where Abatement is Taking	g Place (3	3)					Туре	of Facility (4) School (K-12)					
Street Address								Subchapter 8 Other (i.e. privetc.)	(Other than		uilding	s, hom	es,
City (5)							Squa 150	re Feet	# of Floors		Bldg	Age	
County (6) OCEAN			County (	Code (7) JSE ONLY)			НО			nolished)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	1 No.				atement Contr D PROFES		3			
Street Address						6 WI		DOVE CO	URT				
City, State, Zip Code						City, S LAK	State, 2 EWO	Zip Code OD, NJ 087	701				
Project Manager for Monitoring Firm			Telepho	ne No.	- 1		none N 668-9		Licen 1200	se No. )			08880-09
Start Date (10) 09/17/18/	Schedule 09/20/		npletion l	Date (11)	1			HA Monitor D PROFES	SIONALS	3			
Occupancy Status During Abatement (Chec	k Only Or	ne)					Addre	DOVE CO	URT				
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm  Other – Describe:					1	City, S	State, 2	Zip Code OD, NJ 08					
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	×	Renova Demolit	ation tion	35		-	Mi GI	all Containmer ini-Enclosure ovebag Proce on-Exempted	dure			ure	
2r Des 32	1 110	Locati Normal			2200000			JII-Exempted	( ) and reon i	Tidbio I	Ab	atemer Type	ıt
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Sole intena todial S (12)	ely by nce/ Staff?		Desc tos Conta thermal s surfaci other mi	ystem ng, VA	Materia is insu AT, or	lation,	Amount (Specify SF or LF)		Removal	Encapsulate	Enclosure
EVTEDIOD	Yes	No	N/A		QI	DINC			1000SF	- x	+	- 6	-
EXTERIOR	+				31	DINC			100031	X	+		
Name of Registered Waste Hauler		1.0383	NJDEP W Hauler ID		Cubic Y				egistered La	ındfill			1
NEWARK CARTING			4509	140.	10			IESI					
City, State NEWARK, NJ					Disposa 09/20/		9	City, State BETHLE	НЕМ РА				
Completed by	Title	JED			Sig	gnatur	e			Date			

	$\cap$		S	tate o	f New J	Jersey			Check	# 16	365				
	/Δ\	B B 5 6				STOS ABATEMENT		p							
Date of Notification		Par				7 and 12:120-7		In	EC	F	11	/ F			
9/5/2018	. (2)				ta D				5 0		u (				
Agencies Notified	Type Notif	ication	Stre	et Add	ress				CEE	1 4 (	00	40			
[ ]EPA	[X]Initia	al						IU L	SEF	1 (	20	10			
[ ]DEP		fication	City	. Stat	e, Zip	Code									
5 5	[ ]Amende	ed				y, NJ,0730	7		ASBEST	OS C	ONT	ROL &			
[X]DOL	Notif	fication		50.0		2 / 20 / 0 / 0 0				CENS		1040			
[X] DOH	[ ]EMERGE	NCV		of Co			Telepho	one Number	Andrew St. March	NATIONAL PROPERTY AND	No. of the least o	COMPANY SEC.			
[ ]DCA			Ju	ılıet	ta D	laz	10								
	[ ]Cancel	llation		Solia nerva								-			
Name of Eagility Who	ro Abatama	nt is Mal	rine Di			INFORMATION	man of Rosi	7 i bro (4)							
Name of Facility Whe Julietta Diaz	re Abateme	nt is ra	cing Pi	Lace (3	,,		Type of Faci								
Durrecta Diaz							[ ]School		o= +h-	~ v_1	21				
Street Address								pter 8 (Oth (i.e., priv							
			•					buildings,							
							Square Feet	# of Flo	ors B	ldg.	Age				
City (5		County			100000000000000000000000000000000000000	inty Code (7)									
Jersey City		0730	2		(51	ATE USE ONLY)	Current Use	(Prior if b	eing de	emoli	shed)	)			
bersey city		0730	2												
Name of Monitoring F	irm hired b	oy Buildi	ng As	CM No.		Name of Abatem		55 55							
Owner (8) N/A						AZTECH M	ANAGEMEN'I	l, Inc.							
Street Address						Street Address									
						86 Christopher St.									
City, State, Zip Code	e					City, State, 2	ip Code				-				
						4 D. COTSON	r, NJ 070	142							
Project Manager for 1	Monitoring	Firm m	elepho	ne Num	her	Telephone Numb			License	מונול ב	hor				
rioject Manager for i	Monit corring		erepno I/A	ne num	per	(973) 744			003		Der				
							0.0.00		003	<i>'</i> -					
Scheduled Start Date		hed. Com	73			Name of OSHA M	fonitor								
	L8	9 Month	21	18 Year		N/A									
Occupancy Status Dur			Day k only			Street Address	K	=							
[X] Facility Clos		During I	Entire	Period	i										
of Abatement []Abatement Per		side of N	Normal	Facili	tv	City, State, Z	in Code								
Hours - Descr	ibe: «OffHo	urs Desci	cipt»			City, State, 2	Th code								
[ ]other - Descr	ibe: «Other	Occupand	y Desc	cript»											
Scope of Work (Check	all that a	apply)													
[X]>3 sf or	>3 1f		[X]Ren	ovatio	n	[ ]Full C [X]Mini-E	Containment wi	ith Negative	e Press	ure					
[ ]>160 sf o				olitio		100mm (100mm) (100mm) (100mm)	ag Procedure								
						[ ]Non-Fr	riable Procedu	ıre	1						
Location	of		Is Locati			Description	of		Ab	ateme	E I	ype			
Asbestos-Cont			Normal Used			Asbestos-Cont		Amount	R	R	N C	N C			
Material (			Solel	У		Material (A		(Specify	Y M	E	A	L			
TO BE ABA In Facili			By Mai	e/		(i.e., thermal		SF or	0	A	A P S	O S			
(13)	y		Custod:		1	sulation, surfactor other miscel.		LF)	A	R	Ŭ	Ŭ R			
		Yes		N/A						-	-	Ē			
Basement				X	Pipe	Insulation	on	180 LF	X						
Name of Registered Wa	ste Hauler	- 1	NJDEP V	Vaste	Cub	oic Yards	Name of Regi	stered Land	fill		-				
AZTECH MANAGE	MENT, I			ID No.	of	Waste 1.5	Tri- St	ate							
City, State		-	1704		Die	posal Date	City, State								
Montclair, NJ	07042					/22/18		NY, 104	74						
, 110	01012					/ / _ U	DIOIR,	,							
Completed By (Print o	or Type) I	itle			Signature	- 1 /	11	Date							
Constantine Vi	vian E	resid	ent				= (total	1/11/0	9/5/	2018					
							167/14/14	(1 , 0)	·	24001110					

	7 [		NOT.	FICA	TION OF	= A	New Jersey SBESTOS ABA 8:60-7 and 12:	ATE	EMENT 0-7)	$\mathcal{C}$	K	3	2	5	91	b
Date of Notification (1)					4		ne of Building VALLEY HOS		10000	(2)	In	E	C	E	7	VE
9 / 5 /20							et Address	0.39			111/	-		-	-	
Agencies Notified Type No					2	23	NORTH VAN D	DIE	N AVENUE		III	1		· ·	0 0	10
DEP X Am	ial Noti ended ncellati	Notif		n #3			State, Zip Cod GEWOOD, NEV		ERSEY 07652	2			SE	<del>l' 1</del>	U 21	116
X DOH On	Hold	700					e of Contact			Telephone	Numb	erac	SRES	TOS	CON	ROL &
DCA EM	ERGE	NCY	NOTI		2002 STORY   1500		RGE GANCSO			201-447-81	141	,		LICE	VSING	
Name of Facility Where Abatemen	t is Tal	kina	Place	(3)	FACILITY	Y IN	NFORMATION		Type of Facili	h. (4)						
VALLEY HOSPITAL		5		(-)				F	School (F		han K-	12)				
Charles A. L.								7	Other (ie.	private & co	mmcl.	bldg	s., ho	mes,	etc.)	
Street Address 670 WINTER AVENUE									Square Feet 50,000	1			4	g. Age 10+	9	
	unty (6 RGEN	5)					ty Code (7) E USE ONLY)	9	Current Use (PABANDONED	rior if being d	demolis	shed	)			
Name of Monitoring Firm Hired by COLDEN CORPORATION		ng O	wner	(8)	(01)	111	ASCM No.	1	Name of Abate				ON			
Street Address								15	Street Address		JINI OI	VAII	OIV			
131 VARICK STREET, SUITE 1022 City, State, Zip Code									313 SPOOK R							
NEW YO	RK, NE	EW Y	ORK	10013	3				City, State, Zip SUFFERN, NE		901					
Project Manager for Monitoring Firm	phon	e Numbe	r			elephone Nun			se N	lumbe	er					
JIM MIADES	435-3					345-369-7500		1101								
Expected State Date (10) 6 / 7 /18		Sch	ed. C		etion Da	<b>te (</b> 30	( <b>11)</b> /19		Name of OSHA MSL #11506	Monitor	.*					
Month Day Year		М	onth		Day	50	Year	-	-IVIOL #11500							
Occupancy Status During Abatement  X Facility Closed/Vacated D	(Chec	k onl	y one	)	\ b = t =			10	Street Address							
Abatement Performed Ou	tside o	f Norr	nal F	a or A acility	ility Hours - Describe:					H STREET						
X Other - Describe: MO	NDAY	-FRI	DAY 7	AM-3	M-3:30 PM City, State,					Code NEW YORK,	NEW	YOR	K			
Scope of Work (Check all that apply)  Demolition	17/	lo.		127			X Full Cont									
>3SF OR LF	X	Reno	ovatio	n		-	X Mini Encl Glovebag		rocedure							
X >160 SF OR 260 LF									Procedure							
Location of			Locat				escription of As							ent T		
Asbestos-containing Material (ACM)		100000000000000000000000000000000000000	nally olely l				ontaining Materi (ie. Thermal sy			Amoun	it	REMOV	REPAIR	ENCAP	ENCLO	
TO BE ABATED			t/Cus				sulation, surfaci			(Specify SF or Life	y F)	NO.	PAI	CAF	[윤 ]	
in Facility (13)		S	taff (1	2)			or other miscella			0. 0. 2.	1	ΑL	72	JUS	SUR	
	-	Yes	No	N/A	-						-	_	$\sqcup$	_	ZD .	
1ST FLOOR THROUGHOUT				X			MPOUND	_		25,000 SF	_	Χ		-	$\vdash$	
1ST FLOOR ROOMS 100 & 101		_		X	CEILING	G T	ILES	_		1,500 SF		X	_	_	$\vdash$	
1ST FLOOR ROOMS 101 & 102				X	VAT & N	Samon	sactories sectories and			1,450 SF		X			$\square$	
1ST FLOOR ROOM 182				X			SULATION	_		100 SF		X				
1ST FLOOR ROOM 182				X	BOILER	BF	REECHING			80 SF	-	X	_	<u>_</u>		
1ST FLOOR ROOM 180				X	ROOF H	TAI	TCH TAR			2 SF	- 1	X				
ADDITION TO SCOPE:																
1ST FLOOR THROUGHOUT	$\perp$			X	PIPE IN	SU	LATION			136 LF		X				
1ST FLOOR THROUGHOUT				X			SS CEILING IN				78 SF	X				
Name of Registered Waste Hauler ASBESTOS TRANSPORTATION CO	INC	NJDE	r ID I	aste Vo	Cubic Y	ard	s of Waste 700		ame of Regist RAND CENTE		DVIA	NDE	11.1			
2 MORICHES MIDDLE ISLAND ROA	D		A-37						. 1	AL SANTA	NI LA	NUF	ILL			
City, State SHIRLEY, NEW YORK 11967					Disposa			2	fty, State/	NABIO: ::=			1	,		
Completed by (Print or Type)	Title				6/07/18	_	2/30/18 Signature	AP	LAWFIELD TO	VVNSHIP, P.	A Date	1	1	+1	4	
BENJAMIN SANCHEZ		CTO	ROF	OPE	RATIONS	3	//	1	/ VX		Date	//	(	//	0	

Title DIRECTOR OF OPERATIONS

W Ch			NO			ON OF A		S ABA	TEMENT 16)	DE	C E		$\mathbb{V}$	
Date of Notification (1)	1 /	1	8			me of Build CP&L/Fir			(2) ny / Job #180	5-5335 SI	EP 1 (	) 2(	718	1
Agencies Notified Ty	pe Noti	fication	1			eet Address	200.50	8.00	,					
⊠ EPA	Initial Amend				0 2000	0 Legion	58	uilding A	Α	ASBE	STOS C LICENS	ONT	Fr. T	Amilion R
☑ DHSS	Amend		#4		City	, State, Zip	Code		1	And the second s		The Trans	Service.	
	Emerge			ng	IV	lorristow	n, NJ 079	60						
(NJAC 5:23-8)	justifica	ation)			Nan	ne of Conta	act			Telephone N	lumber			
	Cancel	lation			J	ohn Grec	0			201-602-	1499			
					F.	ACILITY I	NFORMA	TION					110 3- 10	
Name of Facility Where Abat JCP&L- Morristown Street Address	ement is	s Takin	g Plac	ce (3)					Type of Facility  School (K-12) Subchapter	2)	′_12)			
7 Andrea Lane									Other (i.e., p	rivate and com	mercial b	uildir	ıgs,	
City (5) Morristown, NJ									Square Feet	# of Floors	E	ildg. /	Age	
County (6)					Cor	unty Code	7)(STATE U	SE ONLY)	Current Use (Pr	ior if being dem	olished)			
Morris								,	Substation	ior il bollig doll	ionoriou)			
Name of Monitoring Firm Hire	d by Bu	ilding (	Owner	(8)	ASCN	/I No.	Name o	f Abateme	ent Contractor (9)					
1 Source Safety & Heal	th, Inc.						P. Caroneston -	eTech, I	107 70					
Street Address					-		Street A	ddress						
140 S. Village Ave. Suit	e 130						30 Ma	aple Ave	e. PO Box 25					
City, State, Zip Code							City, Sta	te, Zip Co	ode					
Exton, PA 19341							Lumb	erton, N	J 08048					
Project Manager for Monitorin	g Firm			1	ephone		Telepho	ne No.		License No.	8			
Brian Hovendon		0	/			4-5525	1	65-2107		00529				
Start Date (10)7 /12 /18					etion D	ate (11) 18	1	OSHA M Analyti						
Occupancy Status During Aba						Market Control	Street Ad	ddress						
☐ Facility Closed/Vacated Du	ring Ent	ire Per	riod.of	Abate	ement		200 R	oute 13	0 North					
Abatement Performed Outs Time of Abatement:	side of N	lormal	Facilit	y Hou	rs - De	scribe M	City, Stat	te, Zip Co	de					
0.5-17			11.30	7F IVI-		uvi	Cinna	minson	, NJ 08077					
Scope of Work (Check all that	apply)				• 2000000				ainment with Neg	ative Pressure				
□ ≥160 sf or ≥260 lf			⊠ Re					Mini-Encl Glovebag Non-Exer	osure Procedure npted (*) and Nor	n-Friable Proce	dure			
				Loca							Ab	atem	ent T	уре
Location of Asbestos-Containing Mater	ial (ΔCN	<i>a</i> \		Norma	ally ely by	Aaba	Desc	cription of			R	R	Ш	ш
TO BE ABATED	iai (Moiv	")	Ma	intena	ance/	(i.e	., thermal s	ining iviat systems ir	erial (ACM)	Amount (Specify	Removal	Repair	ncap	ıclo
IN Facility (13)			Cus	todiai (12)	Staff?			ng, VAT,		SF or LF)	Val	-	Encapsulate	Enclosure
(13)			Yes	No	N/A	1	otner mi	scellaneo	ous)				ate	
Exterior Pole JC149MRT						Asbesto	os risers			16 LF				
										П	П	П		
												Ш	Ш	П
Name of Registered Waste Hau	ulor					0/	0.11.11							
AbateTech, Inc.	ner			1038	IJDEP I lauler II 18750	D No.	Cubic Yar Waste 2	ds of	Name of Registe G.R.O.W.S.					
City, State							Disposal I	Date	City, State					
Lumberton, NJ							9/28/18	3	Tullytown, I	PA				
Completed By (Print or Type)		Title				1	Sign	ature	) 1		Date	-	_	
Gwen Trumbetti		Op	erati	ons	Coord	inator			July		8/3	111	X	

110 00		NC	TIFIC	ATIC	State of N		Jersey STOS ABA	TEMENT					
100 Ch		140		Pursu		ME	G E		W	E			
Date of Notification (1)						200	ner/Operator	(2)	112	of teachers and the second second	may misse.		-
8/	31 /	18		P	SE&G / J	lob#	1806-5327	Check #		oro 4	100 T2	10.10	ĺ
	Type Notifica	ation			et Address					SEP_1	U Z	4.18	- 1
⊠ EPA ⊠ DOLWD	☐ Initial			40	000 Hadle	y Roa	ad			ACTIONS.			ĺ
☑ DHSS	Amended Amendme			City	, State, Zip	Code			ASB	ESIC	(Y)	TRO	- &
0.000	☐ Emergend		na	S	outh Plain	nfield	, NJ		The second secon	LIC			* *****
(NJAC 5:23-8)	justification	on)	J	Nan	ne of Contac	ct			Telephone I	Number			
	☐ Cancellati	ion		A	ndrew Pul	k			201-481	-2415			
				F	ACILITY IN	NFOR	RMATION						
Name of Facility Where Ab		aking Plac	ce (3)					Type of Facilit	y (4)				
PSE&G- Fernwood S	ubstation							School (K-	12)				
Street Address									8 (Other than I		77.17	STANCES OF	
959 Lower Ferry Roa	d							homes, etc	private and con	nmerciai i	oullair	igs,	
City (5)								Square Feet	# of Floors	E	Bldg. A	Age	
Trenton, NJ 08628								st 2000			-	•	
County (6)				Cou	inty Code (7	7)(STAT	TE USE ONLY)	Current Use (F	rior if being der	nolished)			
Mercer							Utility						
Name of Monitoring Firm H	ired by Buildi	ing Owner	(8)	ASCN	No.	Nam	ne of Abateme	ent Contractor (9	9)		170000		
Bureau Veritas			00000			AbateTech, Inc.							
Street Address						Street Address							
109 North Center Driv	/e					30	Maple Ave	. PO Box 25					
City, State, Zip Code							State, Zip Co					3.000	
North Brunswick, NJ	08092					1 100	ımberton, N						
Project Manager for Monitor	ring Firm		Jele	phone	No.		phone No.		License No	)			
J-B Chadwick					9-2813	1	9-265-2107		00529				
Start Date (10)	Sc	heduled (	Comple	tion Da	ate (11)	F	e of OSHA M						
_6_ / _22_ / _	18	9	/ _28	3_ /	18	EN	/ISL Analyti	cal					
Occupancy Status During Al	batement (C	heck_only_	one)			Stree	et Address						
☐ Facility Closed/Vacated [	During Entire	Period of	Abate	ment		20	0 Route 13	0 North					
Abatement Performed On	utside of Non	mal Facilit	ty Hou	s - Des	scribe	City,	State, Zip Co	de					_
Time of Abatement:		_PM/	PM-		_AM	Ci	nnaminson	, NJ 08077					
Scope of Work (Check all the	at apply)								70 140				
☐ ≥3 sf or >3 lf		⊠ R¢	enovati	on			☐ Full Conta	ainment with Ne	gative Pressure	1			
≥160 sf or ≥260 lf		-	emolitic				Glovebag	Procedure					
					,		Non-Exer	npted (*) and No	n-Friable Proce	edure			
I a a a Na a a d			Locat Norma							At	atem	ent T	уре
Location of Asbestos-Containing Mat	terial (ACM)		ed Sole		Ashes		Description of ontaining Mat	Section and the contract of th	Amount	Re	Re	m	m
TO BE ABATE			intena				nal systems in		Amount (Specify	Remova	Repair	Encapsulate	Enclosure
IN Facility (13)		Cus	todial ( (12)	staπ?		sur	rfacing, VAT,	or	SF or LF)	Val	-	sula	sure
(13)		Yes	No	N/A	1	otne	r miscellaneo	ous)				ate	
Exterior East Side North	end of				Caulk				5 SF	N7			
Exterior East Side South	n end of				Transite	Pane	els		10 SF				
Exterior Roof					Roofing				100 SF				믐
Exterior				$\boxtimes$	Transite	Con	duit		450 LF				$\overline{\Box}$
Name of Registered Waste H	lauler		N.	JDEP V	Vaste (	Cubic	Yards of	Name of Regis					_
Waste Management				auler ID		Waste	9	Fairless La					
City, State				18750		40 Dispo	sal Date	City, State					
Camden, NJ					1		8/18	Morrisville	, PA				
Completed By (Print or Type)										Date,	1		
Gwendolyn Trumbetti		Operati	ons C	oordi	nator		Signature	18		Date 3	3111	18	

no Ch			NO		(Pursu	ON OF A	JAC	w Jersey ESTOS ABA 8:60 and 5:	16)	D.E.	GE			
Date of Notification (1) 8 /	31 /	,	18					Owner/Operator	r (2) Il District / Job	#1000 F3F0	EP 1 (	20	18	115
Agencies Notified					_			gioriai ociioo	i District / Job	#1000-0309	Спеск	#		1
⊠ EPA	Type Not		on		1	eet Address 20 Nuger		vn Road	Alternativos	ASBE	9709.0		VONE	garali e repr Ma
☑ DOLWD ☑ DHSS	⊠ Amen		ща		-	, State, Zip	1 - 3 - 1 - 1		1		LIUENS	HV		VO 11 11
□ DCA	Amend			ina		ittle Egg								
(NJAC 5:23-8)	justific			ing	_	ne of Conta				Telephone	Number	-		
77.11 (5) (5-1) (50,50,50,50,50,50,50,50,50,50,50,50,50,5	☐ Cance				K	evin Mac	Dor	nald		856-662				
					F	ACILITY I	INF	ORMATION						
Name of Facility Where A	batement i	s Tak	ng Pla	ce (3)					Type of Facility	(4)				
Pinelands Junior Hi	gh Schoo	lc							School (K-1					
Street Address									→ □ Subchapter	8 (Other than	K-12)			
590 Nugentown Roa	ad								Other (i.e., phomes, etc.	orivate and co	mmercial	buildir	igs,	
City (5)				0 = 0					Square Feet	# of Floors	s I	Bldg. /	Age	
Little Egg Harbor, N	J								3			- · · · · ·	.5-	
County (6)					Co	unty Code	(7)(S	TATE USE ONLY)	Current Use (P	rior if beina de	molished	)		
Ocean								•	,	3				
Name of Monitoring Firm H	Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement													
TTI Environmental	TTI Environmental AbateTech, Inc.													
Street Address					Street Address									
1253 North Church S	253 North Church Street 30 Maple Ave. PO I													
City, State, Zip Code							C	ity, State, Zip Co	ode					
Moorestown, NJ 080								Lumberton, N	NJ 08048					
Project Manager for Monito	oring Firm			-Fe	tephone	P-No.	Te	elephone No.		License No	0.			
Jim Guilardi		,				0-8800		609-265-2107		00529				
Start Date (10)8 /22 /					etion D 7 /	ate (11)	1 8	ame of OSHA M EMSL Analyti				1		
Occupancy Status During A	Abatement	1					-	reet Address						_
☐ Facility Closed/Vacated	During Ent	ire Pe	riod of	Abate	ement		100000	200 Route 13	0 North					
☐ Abatement Performed C	outside of N	lorma	Facili	ty Hou	ırs - De	scribe		ty, State, Zip Co				_		
Time of Abatement:	AM	P	M/	PN	l	_AM	1. 3	Cinnaminson						
Scope of Work (Check all th	nat apply)								, 110 00017		-			
☐ ≥3 sf or >3 lf			M D	enova				☐ Full Conta	ainment with Neg	ative Pressure	е			
⊠ ≥160 sf or ≥260 lf				emoliti				☐ Mini-Encl ☐ Glovebag						
								Non-Exer     ■     Non-	npted (*) and No	n-Friable Proc	edure			
				Loca Norma							A	batem	ent T	уре
Location of Asbestos-Containing Ma		/I)			ely by	Acho	ataa	Description of	F	2	R	Z,	ш	Ш
TO BE ABATE		,	Ma	intena	ance/	(i.e.	the	Containing Matermal systems in	nsulation.	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)			Cus	todial (12)	Staff?		5	surfacing, VAT,	or	SF or LF)	val	-	lusc	sure
(13)			Yes	No	N/A	1	ot	her miscellaneo	ous)				ate	(b)
Various Bathroom/Lock	Various Bathroom/Locker Rooms □ ⊠ □									600 LF			П	
Cafeteria								Mastic		400 LF		-		
		-	П	11000000		10.00		maotro		400 LF		닏		ᆜ
			_		-							Ш	Ш	
Name of Registered Waste I						<u> </u>								
AbateTech, Inc.	Hauler				JDEP \ lauler II		Cub	oic Yards of ste	Name of Regist					
City, State					18750	)	4 Dia		Fairless La	iuiii				
Lumberton, NJ								oosal Date 1/17/18	City, State Tullytown, PA					
Completed By (Print or Type)	)	Title						Signature			Date		١. ٥	-
Gwendolyn Trumbetti		0	oerati	ons (	Coordi	nator		(	W		8	31	110	5

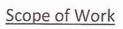
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#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

	EC	EI	W	EIN
	SEP	10	2018	
Courtes	y Aspest	3000		R.
				- 03

11000													111
Date of Notification (1) 8 /	31 /	18			ne of Buildi SE&G /	ng C	Owner/Operator	(2) # 1808-5357 Cpt		P 1	0 20	18	
Agencies Notified	Type Notifica				et Address			7 1000-0007 001	1070			rent in 199	
⊠ EPA	☐ Initial			100000000000000000000000000000000000000	000 Hadle		oad		ASPEA	TOP (		iOL !	Š
⊠ DOLWD				_	State, Zip	7			44-107-10-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-		Sep 1	-	
☐ DCA	Amendme		na	S	outh Plair	nfie	ld, NJ						
(NJAC 5:23-8)	justification		ig	Nam	e of Conta	ct	and the same of th		Telephone N	lumber			11.20
	☐ Cancellat	ion		Gi	ady Tou	ghil	I		732-674-				
		7		FA	CILITY II	NFC	DRMATION						
Name of Facility Where A			e (3)					Type of Facility (	(4)				
PSE&G- Essex Swit	ching Statio	on						School (K-12					
Street Address								☐ Subchapter 8 ☑ Other (i.e., pr			buildin	as	
155 Raymond Blvd.								homes, etc.)	Trato and oom	111010101	Danan	90,	
City (5)								Square Feet	# of Floors		Bldg. A	\ge	
Newark, NJ 07105			- 2011										
County (6)				Cou	inty Code (	7)(S7	TATE USE ONLY)		1   1   1   1   1   1   1   1   1   1	olished	)		
Essex	" II D ""		10:			1		Switching S	tation				
Name of Monitoring Firm F N/A	Hirea by Buildi	ing Owner	(8)	ASCN	l No.			ent Contractor (9)					
Street Address						_	AbateTech, I	nc.					
oli col Address						20.75	reet Address	DO Day 25					
City, State, Zip Code						-	30 Maple Ave						
ony, onato, alp oodo						1	Lumberton, N						8
Project Manager for Monito	orina Firm		Tele	phone	No	_	lephone No.	15 00040	License No.				_
•	g			prioric	140.	1	609-265-2107		00529				
Start Date (10)	Sc	cheduled C	Comple	tion Da	ate (11)	1	me of OSHA M		00020				-
8/10/		_ 9 /				X.540	EMSL Analyti						
Occupancy Status During A	Abatement (CI	heck only	one)			-	reet Address						
☐ Facility Closed/Vacated	During Entire	Period of	Abate				200 Route 13	0 North					
Abatement Performed C						July 25	y, State, Zip Co						
Time of Abatement:	AM	PM/	PM-		AM		Cinnaminson						
Scope of Work (Check all ti	hat apply)							×					$\neg$
≥3 sf or ≥3 If		⊠ Re	novati	on			☐ Full Cont	ainment with Nega	tive Pressure				- 1
≥160 sf or ≥260 lf			molitic				☐ Glovebag	Procedure					
					Т		Non-Exer	mpted (*) and Non	-Friable Proce				
Location of	tă		Locat Vorma		1		Description of			F	batem	1	уре
Asbestos-Containing Ma	aterial (ACM)		d Sole		Asbes	stos	Containing Mat		Amount	Ren	Repair	Enc	Enc
TO BE ABATE IN Facility	<u>ED</u>		intena todial		(i.e.		ermal systems in surfacing, VAT,		(Specify	Remova	air	aps	Enclosure
(13)			(12)				her miscellaned		SF or LF)	1 2		Encapsulate	le l
		Yes	No	N/A								(D)	
Exterior				$\boxtimes$	Abando	nec	Transite on	ground	3300	×			
	1												
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Name of Devictor 1144													
Name of Registered Waste		INC	11 15 15	JDEP V auler ID	500500	Cub	oic Yards of	Name of Registe					
Environmental Transp	ort Group,	INC.	1000	00069		4	0	Conestoga I	_andtill				
City, State							posal Date	City, State					
Flanders, NJ	-					9.	/28/18	Morgantown	ı, PA				
Completed By (Print or Type	1	Γitle					Signature	10		Date	0:	1,0	2
Gwendolyn Trumbetti		Operati	ons C	oordi	nator		$\times m/$	V()		81	51	110	0

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Date of Notification (1) 9 /	5 /	18			1	ne of Build	ing C	Owner/Operator	(2) #1809-5376		SEE	2 1	0 2	018		
								7 300 1	+1009-5376	Che	CK #1049				-	
Agencies Notified  EPA	Type Notifi	ication			100000000000000000000000000000000000000	et Address					ASBEST	F/\@ (	~/~N.1	TOO	e.	
☑ DOLWD	☐ Amend	ed				000 Hadle State, Zip						ICEN			- ex	
☑ DHSS	Amenda	ment #_							ko-	r y Malenia Aprillanda	erene de la rividad Miladia d	CONTRACTOR CONTRACTOR	ence no	er needly	carrier ale	omiasio fi
DCA	☐ Emerge		cluding	g		outh Plaine of Conta		ia, NJ		_	<del>-</del>					
(NJAC 5:23-8)	justifica  Cancell					eith Sope					Telephone					
	- Canocii	ation									908-756	-//30	-			
Name of Facility Where A	hatament is	Takina	Dlage	(2)	FA	CILITY	NFC	DRMATION								
PSE&G Jackson Ro			Place	: (3)					Type of Facili		)					
Street Address	au Subsia	11011	_			,			School (K-		Other than	K-12)				
7 Jackson Road									Other (i.e.	, priv				uilding	js,	
City (5)					-				homes, et	(C.)	# -€ ⊏!		15	I-I A		
Totowa, NJ									Square Feet		# of Floors	5	B	ldg. A	ge	
County (6)					Cou	nty Code /	71/97	TATE USE ONLY)	Current Use (	Drio	if boing do	maliak	2047			
Passaic					000	nty oode (	(1)(01	IATE OOL ONET	Substatio		ii beilig de	1101151	ieu)			
Name of Monitoring Firm I	Hired by Bui	ldina Ov	wner (	8)	ASCN	l No.	N:	ame of Abateme		-	San San San San San San San San San San					
Health & Safety Serv			· · · · · · · · · · · · · · · · · · ·	,			- 1	AbateTech, Ir		(5)						
Street Address					-		_	treet Address		- 11/11-						
PO Box 365								30 Maple Ave	. PO Box 25							
City, State, Zip Code							-	ity, State, Zip Co								
Berlin, NJ 08009								Lumberton, N	J 08048							
Project Manager for Monito	oring Firm			Tele	phone	No.	Te	elephone No.			License No	o.	-			
Jim Proctor		own in the control of		60	9-839	-2432	1	609-265-2107			00529					
Start Date (10)		Schedul					Na	ame of OSHA Mo	onitor							
9 / 17 /	18	9	_ /	28	_ /	18	1	EMSL Analyti	cal							
Occupancy Status During							Str	reet Address								
☐ Facility Closed/Vacated							1	200 Route 130	North							
Abatement Performed ( Time of Abatement:								ty, State, Zip Co								
						/ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	(	Cinnaminson,	NJ 08077							
Scope of Work (Check all t	hat apply)							□ Full Conta	inment with Ne	oast	ve Pressure					
☐ ≥3 sf or ≥3 lf			Ren					☐ Mini-Enclo	osure	cyat	ve riessuit					
≥160 sf or ≥260 lf			] Den	nolitio	n				Procedure npted (*) and N	lon F	riable Proc	oduro				
			ls l	Locati	on			Z NOII-EXCII	ipica ( ) and is	1011-1	TIADIC I TOC	cuuic		ateme	nt T	ma
Location of			N	ormal	ly			Description of					1000			
Asbestos-Containing Ma TO BE ABAT	aterial (ACM	1)		l Sole itenar				Containing Mate			Amount		θm	Repair	nce	incl
IN Facility	<u>LD</u>		Custo	dial S		(I.e		ermal systems in surfacing, VAT, (			(Specify SF or LF)		Removal	¥	Encapsulate	Enclosure
(13)		_		(12)				ther miscellaneo			/				llate	e l
		_   Y	res	No	N/A					_						
SEE ATTACHED					$\boxtimes$	SEE AT	TAC	CHED			SEE	.n	$\boxtimes$			
			]													
	175-3-175-3-1												П	П	П	П
																뒴
Name of Registered Waste	Hauler				DEP V	Vaste	Cub	bic Yards of	Name of Reg	ister	ed Landfill					-
AbateTech, Inc.				2000	uler ID 18750	2.0-20.00-20.0	Wa	ste 0	G.R.O.W.							
City, State		-X/2-1			.0130		_	posal Date	City, State							
Lumberton, NJ							9	/28/18	Tullytown	, P	A					
Completed By (Print or Type	9)	Title						Signature				Date	1		0	λ,
Gwendolyn Trumbetti		Ope	ratio	ns C	oordi	nator		( 'AAA	A			(	11	51	18	





Location of ACM	Used for Maint.	Description of ACM	Amount	Abatement Typ
Exterior	NO	Transite Conduit	8,760 LF	Removal
Control House	NO	Mottled tile	830 SF	Removal
Control House	NO	Expansion Caulk	170 LF	Removal
Control House	NO	Sealant Caulk	120 LF	Removal
Control House	NO	Roofing	1,050 SF	Removal

no ch		NC		Pursu	ON OF A	SB	w Jersey ESTOS ABA 8:60 and 5:	16)	DE	GE SEP 1	0 20	18	7 7 7
Date of Notification (1) 9 / 6	/	18		100			Owner/Operator ob #1808-5372			DEF +	U ZU	10	-
☐ EPA ☐ Init☐ Init☐ ☐	ended endment	:# <u>1</u>		6 City	eet Address 905 Rock v, State, Zip eethesda,	led	de		ASD	LICEN		ROL.	G
(NJAC 5:23-8) jus	ergency tification) ncellation		ing	Nan	ne of Conta	ct			Telephone				
									240-69	4-4369			
Name of Facility Where Abateme	nt is Tak	ing Dla	00 (3)	F.	ACILITY	NFO	ORMATION	T=			-0		
Thomas Edison Service A		ilig Fla	ce (3)					Type of Facility	2 ( 3 11 20				
Street Address	Ita							School (K-	12) r 8 (Other than	K-12)			
NJ Turnpike South Mile M	arker 92	2.9						Other (i.e., homes, etc	private and co	ommercia	l buildir	igs,	
City (5) Woodbridge, NJ								Square Feet	# of Floo	rs	Bldg.	Age	
County (6)				Col	unty Code /	71/0	TATE USE ONLY)	Current He - /F	No. 16 h . 1				
Middlesex				001	unity Code (	1)(0	TATE USE ONLY)	Current Use (P	250.00	emolished	1)		
Name of Monitoring Firm Hired by	Building	Owner	- (8)	ASC	A No	I NI	ama of Abota	Service Pla					
AHERA Consultants, Inc.	Dullalling	OWNE	(0)	ASCI	n NO.	1	ame of Abateme	•	))				
Street Address						_	AbateTech, Intreet Address	nc.					
1600 Route 22 East						1000		DO D					
City, State, Zip Code	-1					-	30 Maple Ave						
Union, NJ 07083							ity, State, Zip Co						
Project Manager for Monitoring Fir	m		TTO	lanhana	Na.	-	Lumberton, N	IJ 08048					
John Smoyer	in.			lephone	2-1833		elephone No.		License N	10.			
Start Date (10)	Sche	dulad (			ate (11)		609-265-2107		00529				
9 / 13 / 18	_	9	/ _2	0 /			ame of OSHA M EMSL Analyti						
Occupancy Status During Abateme						St	reet Address						
☐ Facility Closed/Vacated During	Entire Pe	eriod of	Abat	ement		1	200 Route 130	North					
Abatement Performed Outside Time of Abatement: AM-						Cit	ty, State, Zip Co	de					
		IVI/	PIV	l	_AM	(	Cinnaminson,	NJ 08077					
Scope of Work (Check all that appl	y)						☐ Full Conta	ainment with Neg	native Pressur	re			
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		□ Re					<ul><li>☐ Mini-Enclos</li><li>☑ Glovebag</li></ul>	osure					
		1 32.5	Loca							P	batem	ent Tv	vpe
Location of Asbestos-Containing Material (A	CNA		Norma	ally ely by			Description of						
TO BE ABATED	(CIVI)	Ma	inten	ance/			Containing Mate ermal systems in		Amount (Specify		Repair	Encapsulate	Enclosure
IN Facility		Cus	todial (12)	Staff?		5	surfacing, VAT,	or	SF or LF	) va	=	nsd	sun
(13)		Yes	No	N/A	1	ot	her miscellaneo	us)				ate	O
SEE ATTACHED					SEE AT	TAC	CHED		SEE				
			П						ATTACHI	=D	-		
											ЩП		Ш
N													
Name of Registered Waste Hauler			0.000	JDEP V			oic Yards of	Name of Regis	tered Landfill				
AbateTech, Inc.				18750		Wa 4	ste 0	G.R.O.W.S.	Landfill				
City, State							posal Date	City, State					
Lumberton, NJ						9	/20/18	Tullytown,	PA				
Completed By (Print or Type)	Title						Signature	. /		Date			
Gwendolyn Trumbetti	0	perati	ons (	Coordi	nator		1	N		9	6	18	

ASB-41 MAY 11

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Date of Notification (1)	6 /	1	8		1 200		ing Owner/Operator / Job #1808-537	1. 7	SEI	P 1	0 2	2018	2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Agencies Notified  ☑ EPA  ☑ DOLWD	Type Noti		n		Stre	eet Address 905 Rock	ledge Drive		ASBES	TOS JOEN	CON	TRO	L. &
☑ DOLWD	Amend		#1		City	, State, Zip	Code		Annual State of the State of th	Janes, and			EASS. CA
☐ DCA	☐ Emerg			ng	В	ethesda,	MD 20817						
(NJAC 5:23-8)	justifica	ation)			Nan	ne of Conta	ct		Telephone Nun	nber			2000
	☐ Cancel	lation			В	usiness o	ffice		240-694-43	69			
					F	ACILITY I	NFORMATION						
Name of Facility Where A		s Takir	ng Plac	ce (3)				Type of Facility	(4)				
Monmouth Service	Area							School (K-12	2)				
Street Address								Subchapter	8 (Other than K-1)	2)	wildin		
Garden State Parkw	ay Mile P	ost 1	00 NE	B/SB				homes, etc.)	)	Clair	Julian	igs,	
City (5)								Square Feet	# of Floors	E	Bldg. A	Age	
Wall Township													
County (6)					Cou	unty Code (	7)(STATE USE ONLY)	Current Use (Pr	ior if being demoli	shed)			
Monmouth								Service Plaz	za	0.0 (0.0)(676			
Name of Monitoring Firm I		ilding	Owner	(8)	ASCA	Λ No.	Name of Abatem	ent Contractor (9)					
Hillaman Consulting	, Inc.						AbateTech, I						
Street Address							Street Address						
PO Box 385							30 Maple Ave	e. PO Box 25					
City, State, Zip Code							City, State, Zip C	ode					
Oceanville, NJ 08231	ſ						Lumberton, I	NJ 08048					
Project Manager for Monito	oring Firm	1102		Tel	ephone	-No_	Telephone No.		License No.				
Craig Downs				9	08-72	1-2302)	609-265-2107	C.	00529				
Start-Date (10)		Sched	duled 6	Sompl	etion-D	ate (11)	Name of OSHA M	Ionitor					
9 / 13 / _	18		9_ /	2	0_/	18	EMSL Analyt	ical					
Occupancy Status During A							Street Address						
☐ Facility Closed/Vacated	During Ent	ire Pe	riod of	Abate	ment		200 Route 13	0 North					
Abatement Performed C	Outside of N	lormal	Facilit	y Hou	rs - De	scribe	City, State, Zip Co	ode					-
Time of Abatement:	AIVI	P	VI/	PM		_AM	Cinnaminson	, NJ 08077					
Scope of Work (Check all the	hat apply)							0 880 881	(4)				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			□ Re				☐ Mini-Enc	Procedure	ative Pressure n-Friable Procedur	·e			
			300	Loca						Ab	atem	ent Ty	уре
Location of Asbestos-Containing Ma		an.		Norma			Description of			D.	D	ш	ш
TO BE ABATE		/1)	Ma	intena	nce/		stos Containing Mat , thermal systems i		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility			Cus	todial (12)	Staff?		surfacing, VAT,	or	SF or LF)	val	1 -	lusc	Sur
(13)			Yes	No	N/A	1	other miscellaned	ous)				ate	(b)
SEE ATTACHED			П			SEE AT	TACHED		SEE				
									ATTACHED	-			
									<del></del>		Ш		Ш
			Ц										
Name of Registered Waste	Hauler			18330	JDEP V	2010712717 TO	Cubic Yards of	Name of Registe	ered Landfill		-		
AbateTech, Inc.				H	auler II 18750		Waste 40	G.R.O.W.S.	Landfill				
City, State					.0.00		Disposal Date	City, State					
Lumberton, NJ							9/20/18	Tullytown, F	PA				
Completed By (Print or Type	e)	Title					Signature		Dat	e .		-	$\dashv$
Gwendolyn Trumbetti		O	erati	ons (	Coordi	nator	( Sm	NA AF		9/1	0	8	

no ch		NO			State of New Jersey ATION OF ASBESTOS ABATEMENT ursuant to NJAC 8:60 and 5:16)									
Date of Notification (1)				Nan	ne of Buildi	ng Owner/Operator	(2)		SEP	10	201	8		
9 / 6	/1	18		P	SE&G /J	ob # 1806-5327	Check #	had had						
Agencies Notified Type No	tificatio	n		Stre	et Address			AS	BESTO	000	YNIT D	01.8		
☐ Initial				40	000 Hadle	y Road		/(0.3	LIG		MG	CZ Ia. NA		
☑ DOLWD ☑ Amer	agranan .			-	State, Zip			boreto regunaro mo-		+ 19	14 S - N-1			
	dment				South Plainfield, NJ									
	cation)	moludii	ig		ne of Conta	AND DESCRIPTIONS OF THE PROPERTY OF THE PROPER	Telephone	Number						
☐ Cano				ıA	ndrew Pu									
				F/	ACILITY II	NFORMATION								
Name of Facility Where Abatement	is Takir	ng Plac	e (3)				Type of Facility	/ (4)				HINES		
PSE&G- Fernwood Substati			. ,				School (K-1							
Street Address							☐ Subchapter	8 (Other than	K-12)					
959 Lower Ferry Road							private and con	nmercial	buildi	ngs,				
City (5)						# of Floors		Bldg.	Age	-				
Trenton, NJ 08628							Square Feet	W 011 10013		Diag.	rige			
County (6)				Cou	inty Code (	7)(STATE USE ONLY)	Current Use (P	rior if being der	molished	١				
Mercer					inty oddo (i	MONNE OOL ONE!	Utility	nor it being der	Holished	,				
Name of Monitoring Firm Hired by B	uildina	Owner	(8)	ASCN	1 No	Name of Abateme	20 - No. 10 - 20 - 20 - 20 - 20 - 20 - 20 - 20 -	\						
Bureau Veritas			(0)	, 10011				,						
Street Address		-			AbateTech, Inc. Street Address									
109 North Center Drive						30 Maple Ave	PO Boy 25							
City, State, Zip Code						City, State, Zip Co								
North Brunswick, NJ 08092						Lumberton, N								
Project Manager for Monitoring Firm			Tele	ephone	No	Telephone No.	13 00040	License No						
J-B Chadwick					9=2813	609-265-2107		00529	).:					
Start Date (10)	Scher	duled C	8.		ate (11)	Name of OSHA M		00529						
_6_ / _22_ / _18 /	- Company				18	EMSL Analyti	7(5-17-7-7-5)							
Occupancy Status During Abatemen						Street Address								
☐ Facility Closed/Vacated During E				ment		200 Route 130								
☐ Abatement Performed Outside of	Norma	Facilit	y Hou	rs - Des	scribe	City, State, Zip Co								
Time of Abatement:AM	PI	M/	PM		_AM	Cinnaminson								
Scope of Work (Check all that apply)						- Chimanini Son,	, 110 00077					-		
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		-	novati			☐ Mini-Enclo		The section of the time to the section of the secti						
		0.00	Locat						A	bater	nent T	уре		
Location of			Norma d Sole			Description of						1		
Asbestos-Containing Material (AC TO BE ABATED	IVI)		intena			stos Containing Mat , thermal systems ir		Amount (Specify	Removal	Repair	Encapsulate	Enclosure		
IN Facility		Cus	todial	Staff?	(1.0.	surfacing, VAT,		SF or LF)	oval	=	psu	Sur		
(13)			(12)	T	-	other miscellaneo	us)				ate	(D)		
Exterior East Side North end of		Yes	No	N/A										
Rida				$\boxtimes$	Caulk			5 SF	×					
Exterior East Side South end o				Transite	Panels		10 SF							
Exterior Roof			$\boxtimes$	Roofing	Material		100 SF							
Exterior			$\boxtimes$	Transite	Conduit		450 LF							
Name of Registered Waste Hauler	1500	JDEP V		Cubic Yards of	Name of Regis	tered Landfill								
Waste Management	H	auler ID 18750	ller ID No. Waste Fairless Landfill 40											
City, State				.0100		Disposal Date	City, State			- 117-				
Camden, NJ						(10/31/18	Morrisville	, PA						
Completed By (Print or Type)	Title				-	Signature	X		Date	1	1 -	7		
Gwendolyn Trumbetti	0	perati	ons C	oordi	nator	CAMA			9	110	118	,		

CY1104	98		100		A TIO	and to NJ	SBES	STOS ABA 3:60 and 5:	16)	DE	R E		V			
Date of Notification (1)	7 /	1	8		1			vner/Operato	r (2) mpany / Job #	1806 F224 Ch			J18			
Agencies Notified	Type Notif					et Address		teriarice Co	mpany / 300 #							
⊠ EPA	Initial	icatioi			Commission	52 Taylo	3.6	ne	F	ASBES	STOS C LIGEN:	ONT	ROL	.8		
☑ DOLWD	☐ Amend	ed				State, Zip				English and the second	Sales as area	- IIVCI	The analogous and the	etha etalout		
☑ DHSS	Amend			_		nnamins										
DCA (NJAC 5:23-8)	☐ Emerge justifica		ncludir	ng		e of Conta		0 00011		Telephone Nu	ımhar					
(10/10 0.20 0)	☐ Cancell				10000	Bradley Mease Telephone Number 856-786-9434										
						FACILITY INFORMATION										
Name of Facility Where A	batement is	Takin	g Plac	e (3)		(OILITTI	141 01	MATION	Type of Facility	(4)						
Trenton Water World					1				School (K-1	00.70-0.00						
Street Address							_		☐ Subchapter	8 (Other than K-	12)					
Route 29									M Other (i.e., phomes, etc.	private and comm	nercial l	ouildir	gs,			
City (5)					237				Square Feet	# of Floors	F	Bldg. A	Age			
Trenton, NJ 08604									1-4	0	'	nag. /	.gc			
County (6)					Cou	nty Code (	7)(STA	TE USE ONLY)	Current Use (P	rior if being demo	olished)					
Mercer									Booster Sta							
Name of Monitoring Firm I	lired by Bui	ilding (	Owner	(8)	ASCM	No.	Nan	ne of Abatem	ent Contractor (9	)	.==39100					
Environmenal Conn	ection, Ind	С					Α	bateTech,	lnc.							
Street Address			57 - T. T. T. T.				Stre	et Address								
120 N. Warren Stree	t						30	Maple Av	e. PO Box 25							
City, State, Zip Code							City	, State, Zip C	ode							
Trenton, NJ 08608							L	umberton,	NJ 08048					V		
Project Manager for Monito	oring Firm			Tele	ephone	No.	Tele	phone No.		License No.						
Steve Mania				J 250	09-392		60	9-265-2107	7	00529						
Start Date (10)						ite (11)	Nam	ne of OSHA N	Monitor							
9/17/_					<u> </u>	18_	E	MSL Analyt	ical							
Occupancy Status During						1100	Stree	et Address								
Facility Closed/Vacated	During Ent	ire Pe	riod of	Abate	ment		20	0 Route 13	0 North							
Abatement Performed ( Time of Abatement:	Jutside of N	ormal	Facilit	y Hou PM-		oity, otato, zip oodc										
			,u			AM	Ci	nnaminsor	i, NJ 08077							
Scope of Work (Check all t	hat apply)							□ Eull Con	tainment with Nee	estive Deserves						
<ul> <li>≥3 sf or ≥3 if</li> <li>≥160 sf or ≥260 if</li> </ul>				novati molitic				☐ Mini-End	tainment with Neg losure g Procedure mpted (*) and No	8.	lure					
				Locat							At	atem	ent Ty	уре		
Location of Asbestos-Containing Ma		<b>4</b> )		Norma d Sole		A - 1		Description of	.002		<sub>D</sub>	Z.	ш	ш		
TO BE ABAT		1)	Ma	intena	nce/			ontaining Ma mal systems		Amount (Specify	Removal	Repair	ncal	nclo		
IN Facility			Cust	todial ( (12)	Staff?	,,,,,	su	rfacing, VAT	or	SF or LF)	val	=	Encapsulate	Enclosure		
(13)			Yes	No	N/A	-	othe	er miscellane	ous)				ate	(D)		
Exterior Roof					N/A	Transite	e Shir	nales		1,000 SF		П				
Bathroom																
						Floor til	ie & iv	lastic		30 SF	$\boxtimes$	Ш	Ш			
Name of Registered Waste AbateTech, Inc.			7.55	JDEP V auler ID 18750	No.	Cubic Wast 40	Yards of e	Name of Regis G.R.O.W.S								
City, State								sal Date	City, State							
Lumberton, NJ							9/1	8/18	Tullytown,	PA						
Completed By (Print or Type		Title					- 1	Signature	Α	[	Date ,	w =				
Gwendolyn Trumbetti		Op	erati	ons (	oordi	nator		(h	11/1		9/7	118	>			

no ch		NO				SBI	v Jersey ESTOS ABA : 8:60 and 5:1		ID)		3	$\mathbb{W}$	E	
Date of Notification (1)  9 / 7 /	1	8					Owner/Operator by Sewerage A		#1808-5363 Ch	P 1		2018 68		
Agencies Notified  ☐ EPA ☐ Initial ☐ DOLWD ☐ DHSS ☐ DCA ☐ Emerg	fed Iment #	# <u>1</u>		Stre 1 City	Street Address  1050 East Hazelwood Avenue  City, State, Zip Code Rahway, NJ 07065									
DCA Emerg		ncludii	ng	/	ne of Conta				Telephone Nun	her				
│ │ │ Cancel			,	/	ohn Buon		ore		732-388-08		rt 23	1		
			_	F	ACII ITY II	NFC	ORMATION		102 000 00	,				
Name of Facility Where Abatement is	s Takin	ng Plac	ce (3)		/ (OILITTI		DIMINATION	Type of Facility	(4)					
Rahway Valley Sewerage Au	thority	y						School (K-12	75,000					
Street Address 1050 East Hazelwood Avenue	9				_			☐ Subchapter 8	Other than K-12 (Other and comme		ouildir	gs,		
City (5)						-		Square Feet	# of Floors	TE	Bldg. A	l de		
Rahway, NJ 07065									01110010	1	nug. /	,gc		
County (6) Union				Co	unty Code (7	7)(S7	TATE USE ONLY)	Current Use (Pri	or if being demoli	shed)				
Name of Monitoring Firm Hired by Bu	ilding (	Owner	(8)	ASC	И No.	I Na	ame of Abateme	ent Contractor (9)				_		
Briggs Associates	=		25 50			1	AbateTech, Ir							
Street Address				1		-	treet Address				2,000			
3 Crosswicks Street							30 Maple Ave	. PO Box 25						
City, State, Zip Code						Ci	ty, State, Zip Co	ode						
Bordentown, NJ 08505						1	Lumberton, N	IJ 08048						
Project Manager for Monitoring Firm			Te	ephone	e No.	Te	elephone No.		License No.					
Mike hoodak			- 60		8-5520	Lang.	609-265-2107		00529					
Start Date (10)8 /21 /18					ate (11)	1	eme of OSHA M EMSL Analyti							
Occupancy Status During Abatement	(Check	only	one)			Str	reet Address		>=151			77.5		
☐ Facility Closed/Vacated During Ent	ire Per	riod of	Abate	ement		- 2	200 Route 130	North						
Abatement Performed Outside of N Time of Abatement:AM	lormal PN	Eacilit	y_Hou PN	rsDe 	scribe _AM	City, State, Zip Code Cinnaminson, NJ 08077								
Scope of Work (Check all that apply)		Sibano				-								
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		⊠ Re	nova moliti					Procedure	ative Pressure -Friable Procedur	e				
		1.00	Loca							Ab	atem	ent T	ype	
Location of Asbestos-Containing Material (ACN TO BE ABATED IN Facility (42)	Л)	Use Ma	intena	ely by ance/ Staff?		, the	Description of Containing Mate ermal systems in surfacing, VAT,	erial (ACM) esulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
(13)	İ	Yes	No	N/A	1	ot	her miscellaneo	us)				ate		
See Attached					See Atta	ache	ed		See Attached					
						-0.00								
	П	П												
				Ī									믬	
Name of Registered Waste Hauler		ш		JDEP 1	Maste	Cut	oic Yards of	Name of Bogists	and Landfill		Ш	Ш	Ц	
AbateTech, Inc.				lauler II 1875(	D No.	Wa:	ste 0	Name of Registe G.R.O.W.S.						
City, State Lumberton, NJ							posal Date	City, State						
Completed By (Print or Type)	7					9/	/30/18	Tullytown, F	510901					
Gwendolyn Trumbetti	Title Op	erati	ons (	Coord	inator		Signature	18	Dat	9	7/	18		

Ch 1046	219		NO	TIFIC	CATIC	State of ON OF A	ŞB	V Jersey ESTOS ABA : 8:60 and 5:1	TEMENT		E C	E	0 7	VE		
Date of Notification (1)	7 /	1	8			ne of Buildi SE&G	ng (	Owner/Operator / Job	(2) #1809-5376 C	heck #1049	SEP 97	1 (	20	18		
Agencies Notified  ☑ EPA ☑ DOLWD ☑ DHSS	Type Notif Initial Amend Amend	led			40	Street Address  4000 Hadley Road  LICENSING  City, State, Zip Code										
DCA (NJAC 5:23-8)	☐ Emerge justifica	ency (in ation)		ng	Nam	outh Plain	ct	eld, NJ			Telephone Number					
	Caricei	lation				Cliff Brenner 732-904-6464										
Name of Facility 188					F/	ACILITY	NF	ORMATION	,							
Name of Facility Where A PSE&G Metuchen S Street Address 234 Pierson Avenue	witchyard		g Plac	e (3)					Type of Facility School (K-12 Subchapter Other (i.e., p	2) 8 (Other than rivate and co		l bui	ldings	,		
City (5)									Square Feet	# of Floor	rs	Bld	g. Age			
Edison, NJ													0 0			
County (6) Middlesex					Cou	inty Code (	7)(S	TATE USE ONLY)	Current Use (Pr Switchyard	ior if being de	emolishe	d)				
Name of Monitoring Firm	Hired by Bui	ilding (	Owner	(8)	ASCN	1 No.	N	lame of Abateme	ent Contractor (9)							
Health & Safety Ser	vices							AbateTech, I	nc.							
Street Address Street Address																
PO Box 365 30 Maple Ave. PO Box 25																
City, State, Zip Code							C	ity, State, Zip Co	ode			e silve				
Berlin, NJ 08009			27.00					Lumberton, N	IJ 08048							
Project Manager for Monit	oring Firm			Tel	ephone	No.	Te	elephone No.		License N	lo.					
Jim Proctor		100	(6)			9-2432		609-265-2107		00529						
Start Date (10) 9 / 17 /					etion Da B /	ate (11)	1	ame of OSHA M EMSL Analyti								
Occupancy Status During							_	treet Address	Cai			_				
☐ Facility Closed/Vacated					ment											
☐ Abatement Performed (																
Time of Abatement:	AM	PN	Λ/	PM		AM Cinnaminson, NJ 08077										
Scope of Work (Check all t	hat apply)						_									
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf			⊠ Re □ De					☐ Mini-Encl ☐ Glovebag								
				Loca								Abat	ement	Туре		
Location o Asbestos-Containing M TO BE ABAT IN Facility (13)	aterial (ACN ED	Л)	Use Ma	Norma ed Sole intena todial (12)	ely by		., th	Description of Containing Mat ermal systems in surfacing, VAT, ther miscellaneo	erial (ACM) nsulation, or	Amount (Specify SF or LF	/		Encapsulate	Enclosure		
Control House						Electric	al F	Panel Boards		33 eacl	h [	alı	5			
Control House								oor Panels		400 SF		-				
Panel House						Electric	al F	Panel Boards		6 each		-				
Panel House					×	Transite	FI	oor Panels		10 SF		-	7/1	10		
Name of Registered Waste	Hauler				JDEP V	100000000000000000000000000000000000000		bic Yards of	Name of Regist	1,777117477717		-	-1-	-1-		
AbateTech, Inc.				Н	auler II	10.000000000000000000000000000000000000	Wa	aste	G.R.O.W.S.							
City, State					18750	,		sposal Date	City, State	APPEND CONT						
Lumberton, NJ								9/28/18	Tullytown,	PA						
Completed By (Print or Type	e)	Title						Signature			Date	3//				
Gwendolyn Trumbett	i	0-	0004	ana (	`aardi	notor			1 mint		CA	1 -	111	0		

	1207		
Dri	nt	E	arm





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

Date of Notification (1)		-	None	of D. Hallon				<u> </u>	hecu	4	学の	09.	
09/06/2018				of Building ( Singh	Owner/Operato	or (2)		Tr	NE	C	E	7	
Agencies Notified Type Notificatio	n		C. C. STORY	Address							123	H.	
EPA Initial									7)				
DEP Amended Amendmen	nt#			tate, Zip Co nfield, NJ					1	SEF	711	) 2(	
Emergence	y (includin	g		of Contact	07003			Telephor	<u>. j.</u> .				
DOH justification Cancellation			Chris		0	ONT							
N				ILITY INFO	RMATION			James	nondramouni di TETU es	NEW TOTAL S	CEN:	SING	
Name of Facility Where Abatement is Tak House	ing Place	(3)				Туре	of Facility (4	1)					
Street Address							School (K-12	2)					
						×	Subchapter 8 Other (i.e. pr	8 (Other tha ivate & com	n K-12) mercial l	nibliu	as hor	nes	
City (5)							etc.) ire Feet				2 		
Bloomfield						Squa	ire reet	# of Floor	rs	Bldg	, Age		
County (6)				Code (7)		Curre	ent Use (Prior	r if being de	molished	)			
Essex			(STATE	USE ONLY)		Res	idential			· ·			
Name of Monitoring Firm Hired by Building	Owner (8	3)	ASC	M No.			tement Cont	ractor (9)					
Street Address						ov LLC							
0.1001/1041050						Street Address 246 Gaston Ave.							
City, State, Zip Code							ip Code						
							J 07026						
Project Manager for Monitoring Firm			Telepho	ne No.		hone N		Licer	nse No.				
						2)262-		013	69				
Start Date (10) 09/16/2018	Schedu 09/17			Date (11)			HA Monitor						
Occupancy Status During Abatement (Che	The state of the s					Addres							
	1973	5%	mont				n Ave						
Abatement Performed Outside of Nor	mal Facilit	y Hour	nent s				p Code						
					-		J 07026						
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova				Full	Containmen	nt with Nega	tive Pres	sure			
2 100 St 01 2200 II		Demoli	tion		×	Min	i-Enclosure vebag Proce						
						Nor	n-Exempted (	(*) and Non-	Friable F	roced	ure		
		S Locat Norma									atemer Type	ıt	
Location of -Asbestos-Containing Material (ACM)	Use	ed Sole	ly by	Ashesto	Description s Containing M		(ACM)	Amount	-		Type	Т	
TO BE ABATED In Facility		aintena todial			nermal systems	s insula		(Specify		0 2	Encapsulate	四四	
(13)	22,501137	(12)			surfacing, VA other miscellan			SF or LF	)   10/4	Repair	apsu	Enclosure	
	Yes	No	N/A			177			Val	1 =	ılate	ure	
Basement		30.57.57	X		Boiler insula	ation		10 00 0		-	-	-	
			1		Doner moule	20011	-	40 sq ft	X	-			
										-		-	
						- Continue of the				+	-		
Name of Registered Waste Hauler		IN	JDEP W	aste	Cubic Yards		Name of Do	naieterad I -	oden				
Rizov LLC		Н	lauler ID 037825	No.	of Waste			egistered Landfill Hills Landfill					
City, State			-0,020		Disposal Date		City, State						
Garfield, NJ				1.00	TBD		Morisville	, PA					
Completed by	Title	eu et e	7.		Signature	10	-		Date	-3400			
Aleksandra Rizova	Own	er			257	111	1 .		09/06	/201	8		

ch196		P	иоті ()	ICATION	ate of New OF ASB to NJAC	ESTOS	ABATE	MENT 0)			)E	C E		<u> </u>			
Date of Notification (1) 9/7/2018					f Building le Realty						SI	EP 1	0 2	018			
Agencies Notified	Type Notification			Street A One V	ddress Vest Ave	enue, S	Suite 2	20		-	ASDE	2702	2010	TO OI			
EPA DEP DOL	Initial Amended Amendment	· # 1			te, Zip Co		8			L. O. Stranderson	ASBE	FIGEN			<u> </u>		
DOH DCA	Emergency justification) Cancellation	(including		Name of	f Contact Stanko			/lana	ger	Telephone Number 973-570-2645							
Name of Facility Where A	Ahatement is Takir	na Place /3	8)	FACI	LITY INFO	ORMATI	ION	Tuno	of Facility (4	0							
Smoke Stack & Off	ice Building	ig riace (c	"					200000	School (K-1)			-					
Street Address 600 N. Union Ave								×	Subchapter Other (i.e. p etc.)	8 (Oth			dings	, home	es,		
City (5) Hillside								Squa 60,0	re Feet 000	# 0	Floors		3ldg. <i>1</i> 80	∖ge			
County (6) Union				County (	Code (7) JSE ONLY,				ent Use (Prio	or if bei	ng demoli	shed)					
Name of Monitoring Firm IAQ Guru	Hired by Building		ASCM	1 No.		Name Che	of Aba ckma	tement Con rk Industr	tractor ial	(9)		-					
Street Address 87 Main Street							Addre /lorga	7.7									
City, State, Zip Code Lincoln Park NJ 07	035							ip Code J 07871									
Project Manager for Mon Mark Jovic	itoring Firm		Telephor 973-68	ne No. 50-0392			none N -570-2			License 01334							
Start Date (10) 7/11/2018				mpletion ( extende	Date (11) d 10/7/1	8			HA Monitor rk Industri	ial							
Occupancy Status During	g Abatement (Chec	k Only On	ne)				Street										
Facility Closed/Vaca Abatement Performation  Other – Describe:	ated During Entire ed Outside of Norn work area closed/	Period of A nal Facility 3rd party n	Abater Hour nontor	ment Standard Standar													
Scope of Work (Check A	II That Apply)																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		CHICANO	Renova Demoli				×	Min	II Containme ni-Enclosure ovebag Proc n-Exempted	edure				-			
		ls	Locat	tion						( )			Abat	ement			
Location Asbestos-Containing		Use	Norma d Sole	ely by	Asbes		scription taining N		L(ACM)	А	mount		13	/pe			
TO BE ABA In Facili	ATED	1000000	intena todial (12)	Staff?		thermal surfa	systems cing, VA	s insula T, or		(5	pecify or LF)	Remova	Repair	Encapsulate	Enclosure		
(13)		Yes	No	N/A		other n	niscellar	neous)				oval	air	ulate	sure		
see attached page	e from survey		X									X					
EXTENSION	IS FOR																
ROOF O	NLY																
Name of Registered Was Atlantic Carting	100	NJDEP W Hauler ID		Cubic of Was 80			Name of F Waste N		red Landf gement		1						
City, State Wayne NJ			Dispos	sal Date		City, State Tulleyto		A									
Completed by Corey Stankovic							ignature	( <	Farka	• Date							



## NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant toxUJAQ 8:50 and 5:16)

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Date of Notification (1)					14		g Owner/Operator	(2)		hand band	- ULI		UZ	110
	7 /	18			Ke	von Gitte	ens	/ Job #1808-23	43	and the same of the same	#5133		T-90	em ura mataga
Agencies Notified	Type Notif	ication			Stree	t Address			+	^	SBEST			
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☑ DHSS □ DCA	Amend					hway, NJ								
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	☐ Cancell				Ke	von Gitte	ens		. 0.0	311011011	turribo.			
					ΕΛ	CILITYIN	NFORMATION							
Name of Facility Where A	batement is	Taking	Place	(3)	1.7	CILITTI	NORWATION	Type of Facility (	4)					
Residential Propert				(0)				School (K-12)	(5.5)					
Street Address	,							Subchapter 8	(Othe	r than K	(-12)			
								Other (i.e., pri	ivate a	ind com	mercial	build	ings,	
City (5)								homes, etc.)	14 -5	FI		214-	A	
Rahway								Square Feet TBD		Floors			Age	
County (6)					Cou	aty Codo (	VETATE HEE ONLY		D	BD		TB	ט	
Union					Cou	ity Code (	7)(STATE USE ONLY)	Current Use (Price	or if be	ing den	nolished			
Name of Monitoring Firm	Hirad by Bu	ildina (	Junor	(O) T	ACCNA	Ma	TM	Residential						
Finog Environmenta		liding C	wner	(0)	ASCM	NO.	Name of Abateme		_					
Street Address	31							d Mold Services	s, Coi	rp.				
617 Stokes Rd #4-3	10						Street Address	porting and continue						
City, State, Zip Code	10						3859 Sylon B							
							City, State, Zip Co							
Medford, NJ 08055				1			Hainesport, N	NJ 08036						
Project Manager for Monit Rebecca R.	oring Firm			4	ephone		Telephone No.		Lice	nse No				
				1		6-9994	609-702-0400		00	0862				
Start Date (10) 9 /18/					etion Da ) /	te (11) 18	Name of OSHA M  EMSL Analyti							
Occupancy Status During							Street Address							
☐ Facility Closed/Vacated					ment		200 U.S. Rout	to 120 North						
Abatement Performed	Outside of N	Normal	Facility	/ Hou	rs - Des	cribe	City, State, Zip Co	A SI SECTION OF THE S						
Time of Abatement:	AM	PN	Λ/	_PM		AM	Cinnaminson							
Scope of Work (Check all	that apply)						Cililaliliisoli	, NJ 00077						
	mat appiy)						☐ Full Cont	ainment with Nega	ative P	ressure	1			
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			⊠ Re □ De				☐ Mini-Encl	losure						
<u> </u>			□ ре	monte	on		☐ Glovebag	procedure mpted (*) and Non-	-Friabl	e Proce	edure			
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Waste Management				Н	lauler II		Waste	Grand Centi						
City, State					17273	P2	5 Disposal Date	City, State		_				
Lafayette, NJ							9/21/18	Penn Argyle	РΔ					
Completed By (Print or Typ	ne)	Title					1 2	. Silii Aigyle	,,,,		Deta			
Kimberly A. Trumber				`^~	dinator	• ):	Signature				Date	7-	10	
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Ch 5136	)	NO.		ATIO	N OF AS	SBESTOS ABA AC 8:60 and 5:1	6)		G	E		
Date of Notification (1) 9 /	7 /	18			elof Bulldir /HD LLC	ng Owner/Operator	(2) Job #1808-2348	1 man town !	EP 2	10	20	18
Agencies Notified	Type Notificat						700 #1000-2340					
⊠ EPA	Initial	HOH			et Address	· Form · Board		ASBE	STO	SOC	NTF	ROL
☑ DOLWD						Ferry Road		enchances and constitution to be constitution of	LIC	ENSI	NG	-wearing-
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☐ DCA (NJAC 5:23-8)	☐ Emergency justification		ng		e of Contac	500.0800.50.00.0000						
(NJAC 5.23-0)	☐ Cancellation							Telephone Num				
					orge Dut			609-213-459	0			
Name of Facility IA/I				FA	CILITY IN	NFORMATION						
Name of Facility Where A	batement is Ta	iking Plac	e (3)				Type of Facility (	5/0/5				
FVHD							School (K-12					
Street Address	20.00						Other (i.e. pr	(Other than K-12 ivate and comme	) rcial h	uildin	ae	
1515 Lower Ferry R	oad						homes, etc.)	Trate and contine	olal D	ullull	gs,	
City (5)							Square Feet	# of Floors	В	ldg. A	ge	
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County (6)				Cou	nty Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being demolis	shed)	-	7-11-7	
Mercer						200	Office					
Name of Monitoring Firm	Hired by Buildir	ng Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)				_	
Environmental Con	nection, Inc.					Asbestos and	d Mold Service	s, Corp.				
Street Address						Street Address						-
120 North Warren S	treet					3859 Sylon B	oulevard					
City, State, Zip Code						City, State, Zip Co						
Trenton, NJ 08625						Hainesport, N						
Project Manager for Monit	oring Firm		Tele	ephone	No.	Telephone No.		License No.				
Roland Jones			6	09-392	-4200	609-702-0400		00862				
Start Date (10)	Sch	heduled C	comple	tion Da	ite (11)	Name of OSHA M	onitor					
9 / 22 /	18	9 /	_ 22			EMSL Analyti	cal, Inc.					
Occupancy Status During						Street Address						
Facility Closed/Vacated	During Entire	Period of	Abate	ment		200 U.S. Rout	te 130 North					
Abatement Performed	Outside of Norn	nal Facilit PM/				City, State, Zip Co	de					
Scope of Work (Check all	2N				AM .	Cinnaminson	, NJ 08077					
	mat apply)					☐ Full Conta	ainment with Nega	ative Pressure				
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf			novat			Mini-Encl     Mini-En	osure					
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IN Facility			todial		(i.e.	<ul> <li>thermal systems in surfacing, VAT,</li> </ul>		(Specify SF or LF)	SVOL	ai-	aps	losu
(13)			(12)			other miscellaned		Si di Li')	=		ulat	9
		Yes	No	N/A							Ф	
Mechanical Room					Tank Ins	sulation		52 SF				
Mechanical Room				$\boxtimes$	Pipe and	d Fitting Insulati	on	10 LF				
Mechanical Room				$\boxtimes$	Fitting I	nsulation		15 LF				
MR above water heate	r				Pipe Ins	ulation		8 LF		П	П	П
Name of Registered Waste	Hauler			JDEP V		Cubic Yards of	Name of Registe	ered Landfill				_
Waste Management			H	auler IE 17273		Waste 5	Grand Cent					
City, State						Disposal Date	City, State					
Lafayette, NJ						9/22/18	Penn Argyle	e, PA				
Completed By (Print or Typ	e) T	itle		=====		Signature	37.	Dat	Α.			
Kimberly A. Trumbet	4.7	Office (	Coord	inator	e.	12/2011		7.00.000	9-1	7 -	V	
SR-41						144 11			1	1	7	1

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 8 16 / 18 Sarvon, LLC (Yale School) / Job #1808-2336 Chk. #NA Agencies Notified Type Notification Street Address **ASSESTOS** CONTROL & ☐ Initial 10A Jennings Road □ DOLWD City, State, Zip Code □ DHSS Amendment #1 Medford, NJ 08055 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Chris Sarandoulias 609-654-7222 x 111 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Sarvon, LLC (Yale School) School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 800 Pennsylvania Avenue homes, etc.) City (5) Square Feet # of Floors Bldg. Age Cherry Hill 13863 2 68 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Camden Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Hillmann Consulting, LLC Asbestos and Mold Services, Corp. Street Address Street Address 304 Harper Drive, Suite 207 3859 Sylon Boulevard City, State, Zip Code City, State, Zip Code Moorestown, NJ 08057 Hainesport, NJ 08036 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Craig Downs 908-721-2302 609-702-0400 00862 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 8 / 27 / 18 9 / 7 / 18 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 200 U.S. Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/\_\_\_PM-\_\_AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ≥3 sf or ≥3 lf □ Renovation ≥160 sf or ≥260 lf ☐ Demolition Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Repair Removal Encapsulate Enclosure Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A SEE ATTACHED SCOPE OF WORK M П П X П П П $\Box$ $\Box$ Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Waste Management **Grand Central** 17273 5 City, State Disposal Date City, State Lafayette, NJ 9/7/18 Penn Argyle, PA Completed By (Print or Type)

Kimberly A. Trumbetti

Signaturé

Title

Office Coordinator

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Date of Notification (1)	14 /	18	<u> </u>			e of Buildi ITA	ng Owner	r/Operator / Job #		Chk. #5131	SEP	10	201	8
Agencies Notified  ☑ EPA  ☑ DOLWD  ☑ DHSS	Type Notific Initial Amende	ed nent #			1 City,	et Address Furnpike State, Zip	Plaza Code			AS	BESTO LIC	S CC ENSI		OL &
□ DCA     (NJAC 5:23-8)	☐ Emerger justificat ☐ Cancella	ion)	cludin	g	Nam	oodbridg e of Conta bert Wo	ct			Telephone N				
*								824		732-442-8	8600			
Name of Facility Where A	hatament is	Tokin	- Dias	(2)	FA	CILITY	NFORM.	ATION	T-					
NJTA MUB - E - Hig		rakın	Place	€ (3)					Type of Facility	05. 50				
Street Address	IIISIOWII								☐ School (K-12 ☐ Subchapter	?) 8 (Other than K	12)			
Milepost 67 S - NJ T	Turnpike								Other (i.e., p	rivate and com	mercial	buildir	gs,	
City (5)								7	Square Feet	# of Floors		Bldg. /	Age	
East Windsor/Hight	stown								20,000	1			own	
County (6)					Cou	nty Code	7)(STATE	USE ONLY)	Current Use (Pr	ior if being dem	nolished	)		
Mercer									Office & Sh		2000			
Name of Monitoring Firm	Hired by Buil	ding C	wner	(8)	ASCM	No.	Name	of Abateme	ent Contractor (9)					_
Horizon Environme	ntal						Asb	estos an	d Mold Service	s, Corp.				
Street Address							Street	Address		• • • • • • • • • • • • • • • • • • • •			111	
PO Box 316							3859	9 Sylon B	oulevard					
City, State, Zip Code							City, S	tate, Zip Co	ode					_
Thorofare, NJ 08086							Hair	nesport, N	NJ 08036					
Project Manager for Monit	oring Firm			Tel	ephone	No.	Teleph	one No.		License No.				
Dave or Steve Flanig	gan			8	56-848	-0800	609-	702-0400	ři.	00862				
Start Date (10)9 /10 /	18		uled C		etion Da	ite (11) 18	The state of the state of	of OSHA M L Analyti					71=17	
Occupancy Status During	Abatement (	Check	only					Address						
☐ Facility Closed/Vacated					ment				te 130 North					
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Time of Abatement:	AM	PN	1/	_PM		AM			, NJ 08077					
Scope of Work (Check all	that apply)								, 110 00077					-
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(13)		1	Vaa	(12)	M. Wallenberg	-	other r	miscellane	ous)	1000 B00000000			late	e.
Garage Area Restroon	n		Yes	No	N/A	Breech	ing			150 SF			П	П
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				200									П	Ш
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Name of Registered Waste	Hauler			7.57	JDEP \		Cubic Y	ards of	Name of Regist	ered Landfill				
Waste Management					17273		Waste 5		Grand Cen	tral				
City, State		DO UD		-	11213		Disposa	I Date	City, State					
Lafayette, NJ							9/21/	18	Penn Argyl	e, PA				
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200					50 Females		1 8	IMIL			7-10	10		1

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Date of Notification (1) 9 /	6 /	18						vner/Operator Owner LLC	(2) c/o Urban Edge	E Properties	P 1	0	2018	
Agencies Notified	Type Notific	ation			1	et Address					F747070	- Cons	- Control of the Cont	nimuses.
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□ DCA	⊠ Emergen		uding	1	Pa	ramus, N	J 07	652						
(NJAC 5:23-8)	justificati	ion)	•		Nam	e of Contac	ct			Telephone Numb	per			
	☐ Cancella	tion			Ma	ark Maday	/			973-879-644	1			
					FA	CILITY II	NFO	RMATION						
Name of Facility Where A	Abatement is 7	Taking F	Place	(3)					Type of Facility (	4)				
Bergen Town Center	er								☐ School (K-12)					
Street Address										(Other than K-12) ivate and commer		ومنامان		
1 Bergen Town Cer	nter, Suite 6	40							homes, etc.)	ivate and comme	Ciai Di	muni	<b>J</b> S,	
City (5)									Square Feet	# of Floors	BI	dg. A	ge	
Paramus, NJ 07652									60,000	2	1	44		
County (6)					Cou	inty Code (	7)(STA	ATE USE ONLY)	Current Use (Prid	or if being demolis	hed)			
Bergen									Vacant Offic	е				
Name of Monitoring Firm	Hired by Build	ding Ow	vner (	(8)	ASCN	1 No.	Na	me of Abatem	ent Contractor (9)					
Whitestone Assoc.					NA		1	Alliance Env	ironmental Sys	tems				
Street Address							Str	eet Address						
1600 Manor Drive, S	Suite 220						5	550 East Uni	on St.					
City, State, Zip Code							Cit	y, State, Zip C	ode					
Chalfont, PA 18914							1	West Cheste	r, PA 19382					
Project Manager for Moni	toring Firm			Tel	ephone	No.	Tel	lephone No.		License No.				
Jeremy Hassett				2	15-71	2-2700	6	310-701-9000	)	00508				
Start Date (10) 9 / 10 /		Schedul 9				ate (11) 18	1 4 5 5 5	me of OSHA N	Monitor					
Occupancy Status During		-						eet Address	-					
☐ Facility Closed/Vacate					ment			28 N. Pennel	Dood					
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Time of Abatement: 1							9.5	y, State, Zip C <b>/ledia, PA 19</b>						
Scope of Work (Check all	that apply)						"	neula, l'A 13	7003					
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$\boxtimes$ $\geq$ 3 sf or $\geq$ 3 lf $\square$ $\geq$ 160 sf or $\geq$ 260 lf		-	⊠ Re □ De		1007007,710			☐ Mini-End	closure g Procedure					
		_			011			Non-Exe     Non-Exe	empted (*) and Nor	-Friable Procedur	е			
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(13)		-	Vaa	(12) No		-	ot	her miscellane	eous)				ate	ω
Upper Level		Г	Yes	INO	N/A	VAT/Ma	neti o			130 SF	KZ			
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Name of Registered Wast				10.6		Waste	3322	bic Yards of	Name of Regist	ered Landfill				
Richard Burns & Co	)				dauler 1995		Wa 1	ste	Western Be	rks Communit	y Lar	dfill		
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Phila., PA							T	BD	Birdsboro,	PA				
Completed By (Print or Ty	rpe)	Title					1	Signature	01	n Da	te	-	1	
Mark Griffin		Est	imat	tor				)	n20-14	7	9	10	/10	3
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Date of Notification (1) 09/05/2018				Name o	of Building	Owner/0	Operator	r (2)			abren dec	SOLUTION TO			Special Citizan
Agencies Notified	Type Notification	ı		Street A	Address						AS	BEST		SING	
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County (6) Bergen					Code (7) USE ONLY	)		Curr	rent Use (Prio IVATE HO	r if being USE	demolis	shed)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8	)	ASC	M No.		Name EHV	of Ab V AB	atement Cont ATEMENT	tractor (9 LLC	))				
Street Address				-			Street 89 F		ess IKLIN STR	EET					
City, State, Zip Code		-							Zip Code ON,NJ,075	524					
Project Manager for Mor	itoring Firm			Telepho	ne No.		Teleph 973-		No. 5144		icense I	Vo.			
Start Date (10) 09/15/2018		Schedul 09/16/	ed Con /2018	npletion	Date (11)				HA Monitor ATEMENT	LLC					
Occupancy Status Durin							Street 89 F		ess IKLIN STRI	FET					
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire ed Outside of Norr	Period of nal Facility	Abaten y Hours	nent			City, S	tate, 2	Zip Code ON,NJ,075			20.00000			
Scope of Work (Check A															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		×	Renova Demolit	tion ion			×	Mi	ill Containmer ini-Enclosure ovebag Proce	edure					
***************************************	<del></del>		Locati					1 140	on-Exempted	( ) and i	von-Fna	DIE Pro	Abate	ement	
Location Asbestos-Containing		Use	Normal ed Sole	ly by	Ashesi		scription		al (ACM)	Amo	ount	-	l ly	pe	$\Box$
TO BE AB/ In Facili (13)	ATED	(0.50-0.00)	intenar todial S (12)	5.5550.5	(i.e.	thermal surface	systems sing, VA niscellan	s insul T, or	ation,	(Spe	ecify	Remova	Repair	Encapsulate	Enclosure
BASEME	ENIT	No	N/A		אוחב וו	101 11 A	TION		501				ate	ře	
DAGEIVIE	-1 N I		Х		- 1	PIPE IN	NOULA	1101	V	501	LF	X			
Name of Registered Was EHW ABATEMENT		Н	JDEP W auler ID 037095	No.	Cubic of Was			Name of R TRI STA							
City, State PATERSON,NJ						Dispos TBD	al Date	1	City, State BRONX	,NY					$\neg$
Completed by Victor Espíritu		Title Proje	ect Ma	anager		Si	ignature			l.		ate 9/05/2	2018		$\neg$

										processor and a second second				Pri	nt For																
NO CK		I		CATION	ate of Nev I OF ASBI to NJAC I	ESTOS	ABATE		т	ID-	G	G		V																	
Date of Notification (1) 08/30/2018					f Building ( f Atlantic		perator	(2)		Dec has	SEP	1	0	2018																	
Agencies Notified T	ype Notification			Street A	ddress achrach	Blvd				AS	BEST	OS (	201	ITRO	1.8																
DEP X	Amendment		_		ate, Zip Co c City, N		)1			Education of Company of State	- LIC	21-14	SIM	()	Personal de la constantina della	DOH DCA	Emergency justification) Cancellation			Name o	f Contact Astin					Telephone		г			
				FACI	LITY INFO	RMATI	ON																								
Name of Facility Where Aba Abandoned Property	tement is Takin	g Place (3	3)					Тур	oe of Facility (4) School (K-12)																						
Street Address 1516 Belfield Ave								×	Subchapter 8 Other (i.e. privetc.)	(Other than	K-12) nercial b	uildir	ngs,	home	es,																
City (5) Atlantic CIty			200					Squ 18	uare Feet	# of Floors 2		Bld 50	g. A	ge																	
County (6) Atlantic					Code (7) USE ONLY)		_		rent Use (Prior andoned	if being dem	nolished)																				
Name of Monitoring Firm Hi N/A	red by Building (	Owner (8)		ASCN	И No.				batement Contr i Environme		ces, In	C.																			
Street Address							Street 135 I		ress nelon Rd Sui	te 102																					
City, State, Zip Code									Zip Code , NJ 07405																						
Project Manager for Monitor	ing Firm			Telepho	ne No.		Teleph 908-2		No. -0880	Licens 0122	se No.																				
Start Date (10) 9/10/2018		Schedule 9/12/20		npletion	Date (11)				SHA Monitor i Environme	ntal Servic	ces, In	C.																			
Occupancy Status During A	batement (Chec	k Only Or	ne)				Street								-																
Facility Closed/Vacate Abatement Performed Other – Describe: 7 ar	Outside of Norm	Period of A	Abaten / Hours	nent			City, S	tate,	zip Code 1, NJ 07405	te 102																					
Scope of Work (Check All T	hat Apply)						TXII II I	CIOI	1, 140 07 400						-																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		- Contraction	Renova Demolit				×	N	full Containmen Mini-Enclosure Glovebag Proce Mon-Exempted (	dure																					
		657	Locati	170,000					VOII-Exempled (	) and Non-	Habie			ment																	
Location of Asbestos-Containing Ma TO BE ABATE In Facility (13)	aterial (ACM)	Use Ma	Normal ed Sole intenal todial S (12)	ly by nce/		tos Conta thermal surfac		Mater s insi T, or		Amount (Specify SF or LF)	To the second se	Demova	Repair	Encapsulate	Enclosure																
l la desert	·	Yes	No	N/A										te																	
Under stucco on		-		X		Ia	r pape	er		600 sf	X	1																			
back wall																															
Roof of rear r	oom			X		R	oofing	1		150 sf	X	-																			
Name of Registered Waste Yannuzzi Group, Inc.	H	JDEP W lauler ID 7467		Cubic of Was			Name of Re	egistered Lar	ndfill																						
City, State Kinnelon, NJ						Dispos 9/12/2	al Date 2018		City, State	ville, NJ																					
Completed by John Mucha		Title Sr. P	roject	t Mana	ger		ignature		Mul		Date 9/7/2	018	3																		

PA	Production and a second	D	CATION	ate of New Jersel OF ASBESTOS	ABATE		τ			HECK	(*:_ C	1140	r -
		(8		to NJAC 8:60 ar				and the same of th	n)	<u>U</u>	5	l V	<u> </u>
Date of Notification (1)	8	-	Name of	Building Owner/		(2)			N				
9/1/18			Ol1 A	Sandr	a (	UST	lowski_		<u> </u>	FP.	10	201	9
Agencies Notified Type Notification			Street A	ddress			54	l hou	ا ا	L 1		LU	· ·
EPA Initial Amended Amendment	27	ŀ	City, Sta	ite, Zip Code				-		MANUTON OF	Province:	THE WORK	ALC: PROGRAM
X DOL Amendmen	幸		Oity, Oits	Person	V va	- /	T. Ca	07	ASBE	STO LIC	S CC ENS	ONTF ING	10L, 8
Emergency		t	Name of	f Contact	3	- 0	<u> </u>	Tel	ephone Nun	- to the same		140	
DOH justification Cancellation			San	ola Osti	a)wSt	2.8		1					
Name of Equility Missers Abetemant in Takin	a Dlass (	23	FACI	LITY INFORMAT	ION	T	6 Fillb(	4)					
Name of Facility Where Abatement is Takin	ig Place (	3)				i Ab	e of Facility (		12				
Street Address	3					H	School (K-1 Subchapter		er than K-12	73			
		ı				×	Other (i.e. p				lings,	home	es,
City (5)		-				Sau	etc.) iare Feet	# 0	Floors	B	ldg. A	\ae	
ROCKAUNIA							1850		2		+5		
County (6)			County (		-		rent Use (Pri	or if bei	ng demolish	ed)			
MONUS			(STATE (	JSE ONLY)	1		RESI	ואייאנ	r/AC-				
Name of Monitoring Firm Hired by Building	Owner (8)	1	ASCN	No.			oatement Cor	tractor			536		
					A.M	AC (	Contracting	Inc.					
Street Address				F	Street								
Cit. Chata 7in Cada							and Ave						
City, State, Zip Code	7/						Zip Code Park, NJ 0	7432					
Project Manager for Monitoring Firm			Telephor	ne No	Teleph			1702	License N	2			
The state of the s			rolophol		1		-5841	A:	00156	٠.			
Start Date (10),	Schedul	ed Cor	mpletion (	Date (11)	Name	of OS	SHA Monitor						-
9/18/18	<	1/30	118	•	Ome	ga E	Environme	ntal S	ervices In	С			
Occupancy Status During Abatement (Cher	k Only Or		1		Street	Addr	ess						
Facility Closed/Vacated During Entire				×	280	Huyl	ler Street						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	nal Facility	/ Hours	S		\$		Zip Code						
					Hac	kens	ack, NJ 07	606					
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demolit				l N G	ull Containme lini-Enclosure llovebag Prod on-Exempted	edure				e .	
8	ls	Locat	ion				1			1		ement	
Location of	1	Vormal	lly	De	scription	of	1				Ту	pe	
Asbestos-Containing Material (ACM) TO BE ABATED		id Sole intena		Asbestos Con (i.e. therma	taining N	lateri			mount	-71	,	g	т
In Facility	Cus	todial (12)	Staff?		cing, VA				pecify or LF)	Remova	Repair	cap	nclo
(13)		(12)		other	niscellar	neous	)			oval	air	Encapsulate	Enclosure
	Yes	No	N/A									fe	
ATTIC (EUST ALEA)			1	VL	MICUC	N PRIT		22	COSF	1	-		
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1		-											
1	-					-							-
Name of Registered Waste Hauler		I N	JDEP W	asfe Cubic	Yards		Name of I	Posisto	red Landfill				
Newark Carting Inc.		H	lauler ID	1	ste	4				. 1	4511		1
		. 0	4509		3				al Sanitary	Lan	uilli		
City, State Newark, NJ 07105					sal Date		City, State		1 00700				
Completed by	Title				PEON		Pen Arg	yyı, P	4 08702				
Joseph Vocaturo		Presi	dent	18	ignature	1	A		Dat	e _/_	1.0		
						_ \	Olection	Y		ורעו	118		
ASB-41 (R-06-08)					· Doho	t use	this form for	asbest	os licensure	exem	pted	activit	ies.

Ch 130	0	NOTIFIE (F	ATION	OR ASE	w Jersey ESTOS ABAT C 8:60 and 5:10	EMENT	DE C			<b>V</b>	E
Date of Notification (1)			Name	of Building	Owner/Operator (	2)	U Li Sti	1	0	2018	
09/	07 / 18	_	Muh	lenberg	Urban Renewal	, LLC					
Agencies Notified  ⊠ EPA	Type Notification			Address	-4 Cuite 400		ASBES	TOS	CON	ITRO	)L 8
⊠ DOLWD	☐ Amended				et, Suite 400		Lorente new research and the second s		etro-tenanos	-	Method.
☑ DOH	Amendment #_		3 7 7 7 7 7	tate, Zip C							
□ DCA	☐ Emergency (inc	cluding		and a particular of the same	NJ 07003		Talantana Nimita	24			_
(NJAC 5:23-8)	justification)  ☐ Cancellation		Name of the last o	of Contact			Telephone Number				
	☐ Caricellation			ren Spra			908-670-5711				_
Nome of Facility Where	Abatamant in Talling	DI (0)	FAC	ILITY IN	FORMATION	l = .e	, n				
Name of Facility Where	Abatement is Taking	Place (3)				Type of Facility					
Street Address						School (K-12	3) 3 (Other than K-12)				
1200 Randolph Ros	od Duilding 2					Other (i.e., pr	rivate and commerci	al buil	ldings	5,	
City (5)	au- Building 2					homes, etc.) Square Feet	# of Floors	Did	g. Ag	-	_
Plainfield						Square Feet	# 01 110015	Diag	y. Ay	Е	
County (6)			Coun	ty Code /7	)(STATE USE ONLY)	Current Hee (Pri	or if being demolish	ed)			_
Union			Coun	ty Code (1	MOTATE OOL ONET	Current Ose (i ii	or it being demonstr	cuj			
Name of Monitoring Firm	Hired by Building C	)wner (8)	ASCM I	Vo.	Name of Abateme	ent Contractor (9)			_		
Bio Terra Solutions	2 C C C C C C C C C C C C C C C C C C C					NAGEMENT L					
Street Address					Street Address		<del></del>	TO DESCRIPTION			_
P.O. Box 1224					27 Outwater	Lane					
City, State, Zip Code					City, State, Zip Co	ode					
Union, NJ					Garfield, NJ						
Project Manager for Mon	nitoring Firm	Tel	ephone I	No.	Telephone No.		License No.				
Rick Eustaquio		9	73-494-	3762	973-928-4888	3	1188				
Start Date (10)	Sched	uled Compl	etion Dat	e (11)	Name of OSHA N	fonitor		-			
09 /17 /	181	0 / _3	1_/_	19	ALL PRO MA	NAGEMENT L	LC				
Occupancy Status Durin	g Abatement (Check	only one)			Street Address						
☐ Facility Closed/Vacate					27 Outwater	Lane					
Abatement Performed	d Outside of Normal				City, State, Zip Co						
		/IIPIV	·/	AM	Garfield, NJ	07026					
Scope of Work (Check a	Il that apply)		. 5								
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		☐ Renova ☑ Demolit			☐ Mini-End ☐ Gloveba	g Procedure	gative Pressure n-Friable Procedure	<u>.</u>			
//Lested to 42 store		Is Loca Norm						Aba	ateme	ent Ty	ре
Location Asbestos-Containing		Used So		Ashe	Description of stos Containing Ma		Amount	Re	Re	E	En
TO BE AB	ATED	Mainten			., thermal systems	insulation,	(Specify	Removal	Repair	Encapsu	Enclosure
IN Facil	lity	Custodia (12			surfacing, VAT	, or	SF or LF)	/al		sula	ure

(13)					Other Hillscellane							
, ,	Yes	No	N/A							te		
1st Floor			$\boxtimes$	VAT			400 SF					
2 <sup>nd</sup> Floor			$\boxtimes$	VAT		9	100 SF	×				
2 <sup>nd</sup> Floor- Ceiling				Pipe In:	Pipe Insulation- Wrap and Cut 238 LF							
	. 0											
Name of Registered Waste Hauler ATC/ Century Waste, LLC	H	JDEP V lauler II W-243		Cubic Yards of Waste As Needed		stered Landfill erprises/ GROWS M	lorth	Lanc	lfill/			
City, State Shirley, NY/ Elizabeth, NJ			Disposal Date TBD	City, State Waynesbu	urg, OH/ Morrisvi	lle, F	PA					
Completed By (Print or Type) Allen Monchik	ager		Signature Allen	Monchik	Dai 9/	te 17/18	3					

Ch 1319	- Andrews - Andr		NOT	FIC/ (Pt	ırsuar	nt to NJA	(C) 8:	ersey TOS ABAT 60 and 5.1	3/	ID E	C	E		$\mathbb{V}$	
Date of Notification (1)	07 /	18					58	ner/Operator ( t Owners, L	9.70 A		SEP	1 (	) 2	U18	
Agencies Notified	Type Notifica	tion			Street	Address				ASB	ESTO	30	ONIT	DOI	
	☐ Initial				186	5 Palmei	Ave	nue, Suite	203		Ligh	EMS	HNG	NUL	~ CK
⊠ DOLWD	Amended				City, S	State, Zip C	Code				CO TENED STATE	Charles Charles	* Physical and	-	$\neg$
☑ DOH □ DCA	Amendme  Emergend	_			Lar	chmont,	NY 1	0538							- 1
(NJAC 5:23-8)	justification		Gidding	li:	Name	of Contac	t			Telephone N	umber				$\neg$
,	☐ Cancellati				Pat	rick Dob	bins			914-833-3					
					FA	CILITY IN	FOR	MATION							$\dashv$
Name of Facility Where A	batement is T	aking	Place	(3)					Type of Facility	(4)					$\dashv$
Commercial				* *					School (K-1)	Carrier Contract Cont					
Street Address				-					Subchapter	8 (Other than K	-12)				
540 Broad Street									homes, etc.	orivate and com	mercial	buil	ding	S,	- 1
City (5)									Square Feet	# of Floors		Bld	q. Aq	e	$\neg$
Newark													0 0		
County (6)					Cour	ntv Code (7	VSTA	TE USE ONLY)	Current Use (P	rior if being dem	olished	1)		_	$\dashv$
Essex					100000000000000000000000000000000000000	,	//	,		nor in Donnig donn	01101101	,			
Name of Monitoring Firm	Hired by Build	ing C	wner (	8)	ASCM	No.	Nar	ne of Abateme	ent Contractor (9	)					_
Whitman Environme		•	(C. 1)	1		8-3:T-8	100000		NAGEMENT I	(					
Street Address							Stre	et Address				1/			-
7 Pleasant Hill Road	i						100000000000000000000000000000000000000	7 Outwater	ane	108					
City, State, Zip Code								, State, Zip Co							$\dashv$
Cranbury, NJ								arfield, NJ							
Project Manager for Moni	toring Firm			Tele	phone	No.		phone No.		License No.					$\dashv$
Kevin Lovely				1100000	32-390			73-928-4888		1188	•				
Start Date (10)	Is	ched	uled C			te (11)	-	ne of OSHA M		1 1100					$\dashv$
09 / 08 /				100		18			NAGEMENT L	LC					
Occupancy Status During	Abatement (C	11/2		100			Stre	et Address				-			-
□ Facility Closed/Vacate					ment		0000	7 Outwater	ane						
☐ Abatement Performed	Outside of No	rmal	Facility	/ Hou	s - Des	cribe		, State, Zip Co							$\dashv$
Time of Abatement: _	AM	PN	Μ	_PM		AM	A	arfield, NJ							
Scope of Work (Check all	that apply)							,							$\dashv$
									ainment with Ne	gative Pressure	0				
≥3 sf or ≥3 lf     ≥160 sf or >260 lf			⊠ Re □ De												
				mont	,,,			☐ Non-Exe	mpted (*) and No	on-Friable Proce	edure				
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Location				d Sol	ily ely by			Description of			Ė	w T	R	ш	Ш
Asbestos-Containing I TO BE ABA		)	Ma	intena	ince/			Containing Ma mal systems		Amount (Specify		Removal	Repair	nca	nclo
IN Facilit			Cust	todial (12)	Staff?	,,,,,	s	urfacing, VAT	ог	SF or LF)		val	7	Encapsulate	Enclosure
(13)			Yes	No.	N/A	1	oth	ner miscellane	ous)					ate	(0)
1st Floor- Auditorium				П		Dino In	aulai	ion- Wrap a	nd Cut	100 LF				П	$\exists$
1 1 1001- Additorium						r ipe iii	Sulai	ion- wrap a	nu Cut	100 LF	-	<b>X</b>	믬		믬
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Name of Desistered Wee	to Hauter	III III II II S			JDEP	10/1-	10.1	1. 1/1	Tu (5)				Ш		
ATC	ne of Registered Waste Hauler							ic Yards of ste	M	stered Landfill					
								s Needed	1 Ann 200 200 200 200 200 200 200 200 200 2	nterprises					
City, State							1	oosal Date	City, State	12.20 to 10.00	21 1218	100			
Shirley, NY							T	BD	Waynesbi	urg, OH / Mor	risvill	e, P	Α		
Completed By (Print or Ty	ype)	Title	2					Signature			Date				
Allen Monchik		P	roject	Man	ager			Allen	Monchik	2	9/7/	18			

Date of Notification (1) 9/5/2018  Agencies Notified  Type Notification  Street Address 1 Paragon Drive  ASBESTOS CONTRO LICENSING  City, State, Zip Code Amendment # Emergency (including justification) Cancellation  Name of Building Owner/Operator (2) 2 Paragon Drive  ASBESTOS CONTRO LICENSING  City, State, Zip Code Montvale, NJ 07645  Name of Contact Mark Schaevitz  Telephone Number 201-391-5070
Agencies Notified  Type Notification  Street Address 1 Paragon Drive  ASBESTOS CONTRO LICENSING  City, State, Zip Code Amendment # DOH  DOH  DOH  DOH  Telephone Number
EPA DEP Amended Amendment # Montvale, NJ 07645  DOH DOH Initial City, State, Zip Code Montvale, NJ 07645  Name of Contact Telephone Number
DOL Amendment # Montvale, NJ 07645  Emergency (including justification)  Name of Contact  Telephone Number
DOH justification) Name of Contact Telephone Number
DCA Cancellation Mark Scridevitz 201-391-3070
FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)  Type of Facility (4)  Former A & P Headquarters
Street Address Subchapter 8 (Other than K-12)
2 Paragon Drive Other (i.e. private & commercial buildings, hone etc.)
City (5) Square Feet # of Floors Bldg. Age 200,000 3 50+
County (6) County Code (7) Current Use (Prior if being demolished)  Regree (STATE USE ONLY) Abandoned Building
Bergen (STATE USE ONLY) — Abandoned Building  Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9)
N/A Yannuzzi Environmental Services, Inc.
Street Address Street Address 135 Kinnelon Rd Suite 102
City, State, Zip Code City, State, Zip Code Kinnelon, NJ 07405
Project Manager for Monitoring Firm Telephone No. Telephone No. License No.
908-218-0880   01228     Start Date (10)   Scheduled Completion Date (11)   Name of OSHA Monitor
9/19/2018 Yannuzzi Environmental Services, Inc.
Occupancy Status During Abatement (Check Only One)  Street Address  135 Kinnelon Rd Suite 102
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe:  Kinnelon, NJ 07405
Scope of Work (Check All That Apply)
≥3 sf or ≥3 lf    Renovation   Full Containment with Negative Pressure     Mini-Enclosure   Glovebag Procedure     Non-Exempted (*) and Non-Friable Procedure
Is Location Abateme
Location of Normally Description of
Aspestos-Containing Waterial (ACW)
TO BE ABATED   Mainterlance/ Custodial Staff?   (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   (i.e. thermal systems insulation, surfacing, variation,
Yes No N/A
Foundation X Mastic 1900 sf X
Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill
Yannuzzi Group, Inc.    Hauler ID No.   of Waste   Waste Connection IESI
City, State Kinneon, NJ 07405  Disposal Date 9/21/2018  Bethlehem, PA
Completed by Title Signature Date  John Mucha Sr. Project Manager

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

Print Form

						W				P	rint F
MOCK	N	IOTIFICATIO	State of New Jers ON OF ASBESTO at to NJAC 8:60 a	SABATE		B	EGI	3	7	<u> </u>	
Date of Notification (1) 8/28/2018			of Building Owner of New Jerse			540	SEP	1 0	20	18	
Agencies Notified Type Notificat  EPA Initial	ion		Address est State Stre	et			ASBESTO	S C	TNC	ROL	8
DEP X Amender Amender	ent #1		tate, Zip Code ton, NJ 08608	31-315			LIC	ENG	ING		Standard Co.
DOH justificati		( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	of Contact na Bruno				hone Numb				
No. of the second		FAC	CILITY INFORMA	TION							
Name of Facility Where Abatement is Ta Abandoned Flood Home	iking Place (3)	)			Type of F	acility (4) ool (K-12)					
Street Address 70 Sewaren Ave					Subo	chapter 8 (Other er (i.e. private &	than K-12) commercial	build	ings	, hom	es,
City (5) Woodbridge, NJ					Square Fe 2500	eet # of F	Floors	0.4505	dg. <i>A</i>	Age	
County (6) Middlesex			Code (7) USE ONLY)		Current U Abando	se (Prior if being ned Flood Ho	demolished	d)			
Name of Monitoring Firm Hired by Buildin N/A	ng Owner (8)	ASC	M No.	Name Yanr	of Abateme nuzzi Env	ent Contractor (9 rironmental S	ervices, li	nc.			
Street Address					Address Kinnelon	Rd.					
City, State, Zip Code					tate, Zip Co elon, NJ (						
Project Manager for Monitoring Firm		Telepho	one No.		one No. 218-0880		icense No. 1228				
Start Date (10) 9/27/2018	10/2/201		Date (11)		of OSHA M uzzi Envi	onitor ironmental Sci	ervices, Ir	nc.			
Occupancy Status During Abatement (Cl	neck Only One	:)			Address					ATTECH.	
Facility Closed/Vacated During Entil Abatement Performed Outside of No Other – Describe: Abandoned Struc	ormal Facility H	oatement Hours		City, S	Kinnelon I tate, Zip Co elon, NJ (	de					
Scope of Work (Check All That Apply)				IXIIIII	SIOH, NJ (	77405					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovation emolition		×	Mini-End Gloveba	ntainment with N closure ng Procedure empted (*) and N				_	
Location of		ocation	D.			Simpled ( ) and it	VOIT-I HADIE I			ment	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Main Custo	Solely by tenance/ dial Staff? (12)	Asbestos Con (i.e. therma surfa	scription taining M systems cing, VA niscellan	aterial (ACI insulation, Γ, or	M) Amo (Spe SF or		Removal	Repair	Encapsulate	Enclosure
Doda - C	Yes	No N/A					!	<u> </u>	7	late	ire
Bedroom Closet		X		m Laye		80	sf x				
Bathroom		X	Vat	& Mas	tic	20	sf x	-			
Name of Decists - 194								1			
Name of Registered Waste Hauler  /annuzzi Group, Inc.		NJDEP W Hauler ID 17467	200 miles   200 mi	Yards ste	9,000	ne of Registered aste Manager		ess	-		
City, State (innelon, NJ				sal Date 2018	1 27	, State irless Hills, P.	Α				
Completed by ohn Mucha `	Title Senior	Project Ma		ignature	h C	Tuels	Date 9/6/2	018	3		

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Name of Facility Where Abatement is Taki Abandoned Flood House	ng Place (	3)	FAC	ILITY INFORMAT	ION	Ту	pe of Facility (4)					
Street Address 72 Sewaren Ave						×	School (K-12) Subchapter 8 Other (i.e. privetc.)	(Other than K	(-12) ercial bu	ildings	, hom	es,
City (5) Woodbridge, NJ			5-0-0-1			Sqi 25	uare Feet 00	# of Floors 2		Bldg. / 50 +	Age	
County (6) Middlesex		(	County (STATE	Code (7) USE ONLY)			rrent Use (Prior pandoned Flo		lished)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)	)	ASCI	M No.			batement Contra zi Environme		es, Ind			
Street Address					Street 135 I		ress nelon Rd.					
City, State, Zip Code							Zip Code , NJ 07405					
Project Manager for Monitoring Firm		1	Telepho	ne No.	Teleph 908-2		No. -0880	License 01228			-2.00	
Start Date (10) 09/27/2018	Schedule 10/2/20		pletion	Date (11)			SHA Monitor i Environmer	ntal Service	es, Inc			
Occupancy Status During Abatement (Che	100	100			Street		ress elon Rd.					$\neg$
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe: Abandoned Structu	mal Facility	Hours	ent		City, S	tate,	Zip Code , NJ 07405					
Scope of Work (Check All That Apply)					KIIIII	GIOI	, 143 07405					_
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Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Mai	d Solely intenand odial St (12)	ce/		taining M systems cing, VA niscellan	insu T, or	ılation,	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
Basement Windows	Yes	No	N/A X		Nozina			75.15			ate	O
Kitchen			X	Gray Vat	Blazing		wood	75 lf 125 lf	X	-		
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Name of Registered Waste Hauler		I NI	DED W	anto I O E:	Vard		I NI					
Yannuzzi Group, Inc.		Ha	DEP Worlder ID 467		Yards ste			gistered Land Inagement		SS		
City, State Kinnelon, NJ				Dispos 10/2/2	sal Date 2018		City, State Fairless H	ills,(PA				
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no ch			ICATIO		Jersey STOS ABATE 60 and 12:12		т		C			$\mathbb{V}$	
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City (5) Woodbridge, NJ						Squ 250	are Feet	# of Floor	rs	1	ldg. A 0 +	ige	
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Name of Monitoring Firm Hired by Building N/A	Owner (8	)	ASC	M No.			atement Contr i Environme		rices, Ir	nc.			
Street Address					Street 135		ess elon Rd.						
City, State, Zip Code							Zip Code NJ 07405						
Project Manager for Monitoring Firm			Telepho	ne No.	Teleph 908-			Lice 012	nse No. 28				
Start Date (10) 09/17/2018	Schedul 10/12/		npletion	Date (11)			SHA Monitor Environme	ntal Serv	ices, Ir	nc.			
Occupancy Status During Abatement (Chec	ck Only O	ne)			Street								
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe: Abandoned Structur	nal Facility	Abaten y Hours	nent		City, S	tate, 2	elon Rd. Zip Code NJ 07405						
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Dodroom 0.0.0	Yes	No	N/A									ate	Ф
Bedroom 2 & 3			X		ue dots on		ng	300 sf					
Coating on Drywall			Х		exture Coa			6000 s					
Second Floor Bedroom & Hall			X		VAT & Ma	stic		300 sf	X				
Name of Registered Waste Hauler		IN	JDEP W	laste I c	Cubic Yards		Name of Re	agintored I	ndf"				
Yannuzzi Group, Inc.		Н	auler ID 7467	No.	of Waste		Waste M			les	S		
City, State Kinnelon, NJ				1000	Disposal Date 0/122018	7	City, State Fairless I	Hills, PA					
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DOH DCA	Emergency justification)	(including	9	Name	of Contac	t					lephone		,		
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City (5) Woodbridge, NJ									etc.) quare Feet 500	# o	f Floors	- 1	Bldg. 50 +	Age	
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Street Address							Street	Add							
City, State, Zip Code							City, S	State	, Zip Code n, NJ 07405					-207-27	
Project Manager for Monitorin	g Firm			Telepho	one No.		Teleph	none			License 01228				
Start Date (10) 09/20/2018		Schedul		mpletion	Date (11)		Name	of C	SHA Monitor						-
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≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf			Renova Demolit				×		Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure				**	
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*22.6		Yes	No	N/A		Other II	nscenari	eou	5)			val	air.	Encapsulate	sure
Entire Structur	е	100	140	X		RACI	/ Struc	ture	е	15	00 sf	X		LD.	
Name of Registered Waste Ha	uler		N	JDEP W	laste	Cubic `	Varde		Nama of D	logists.	nd   1	EII			
Yannuzzi Group, Inc.			H	auler ID. 7467		of Was			Name of R Waste M	. 8			SS		
City, State Kinnelon, NJ						Dispos			City, State						$\dashv$
Completed by		Title				10/3/2		1.	Fairless	Hills,					
John Mucha `			r Pro	ject Ma	anger	Si	gnature	V	1 Y/	L	1.00	Date 9/6/201	18		

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Street Address						Street	Addre		IIIai	Servic	es,	IIIG.			
City, State, Zip Code						City, S	State, Z	ip Code				11			
Project Manager for Monitoring Firm			Telephoi	ne No	1		eion, none N	NJ 07405		11	- 11				
Start Date (10)	Oak ad Ja					908-	218-0	880		Licens 0122					
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Occupancy Status During Abatement (Checi Facility Closed/Vacated During Entire F			ent				Addres Kinne	ss Ion Rd.	117						
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Exterior Foundation	Yes	No	N/A											ate	O.
Exterior Foundation			Х			Caulk			1:	20 If	-	Χ			
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Name of Registered Waste Hauler		1	l l												
Yannuzzi Group, Inc.		Ha	JDEP Wa auler ID I 467		Oubic of Was			Name of Re Waste Ma				rles	S	2011.201.20	
City, State Kinnelon, NJ						al Date		City, State Fairless H	lille	ΡΔ					
Completed by John Mucha `	Title Senior	Proi	ect Ma	ınger		gnature	1. /	7			Date		3		

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Street Address							Street	Addres				1110.			
City, State, Zip Code							City, S	State, Z	ip Code						
Project Manager for Monitori	na Firm		- T	Telepho	ne No			elon, none N	NJ 07405	116	N-				
								218-0		10000	cense No 1228	).			
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Other - Describe: Abar							200000000000000000000000000000000000000		NJ 07405						
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Yannuzzi Group, Inc.			Н	auler ID 7467		of Was			Waste M			irles	s		
City, State Kinnelon, NJ						Dispos 9/21/2	al Date 2018		City, State Fairless	Hills, PA	\ \	<del>Kirala</del>			

Completed by

John Mucha `

Title

Senior Project Manger

Date

9/6/2018

Signature

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City (5) Woodbridge, NJ						1	Square 1600		# of F	loors		Bldg. /	Age	
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Name of Monitoring Firm Hired by Building N/A	Owner (8)	)	ASC	M No.				ement Cont nvironme			es, Inc			
Street Address						757	Address (innelo	s on Rd.						
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Project Manager for Monitoring Firm			Telepho	one No.			one No 18-08		1	icense 1228				
Start Date (10) 9/11/2018	Schedul 9/17/2		npletion	Date (11)				A Monitor Invironme	ental Se	ervice	s, Inc			
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Name of Registered Waste Hauler		100000	JDEP W		Cubic Yards			Name of R	egistere	d Landf	fill			
Yannuzzi Group, Inc.			7467		of Waste 20			Waste M		ment	Fairle	SS		
City, State Kinnelon, NJ				100	Disposal Dat 9/17/2018			City, State Fairless		Ά				
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Date of Notification (1)			ursuant Name o	to NJAC 8	S:60 and 12 Owner/Oper	:120 ator	(2)	Annual de constitución de cons		SE	P 1	0	2018	}	
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Abandoned Flood House Street Address						_	H	School (K- Subchapte		er than	K 12\				
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Project Manager for Monitoring Firm			Telepho	ne No.	3000	W. 12. W. 1.	one N 218-0	lo. 0880		Licens 0122					
Start Date (10) 09/11/2018	Schedul 09/21/2		pletion	Date (11)	2000			HA Monitor Environn		Servic	es, In	IC.			
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Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe: Abandoned Structu	mal Facility	Abatem y Hours	ent		Cit	y, S	tate, Z	elon Rd. Zip Code NJ 0740	 5						
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf	-	Renova Demolit				××	Mi Gl	nll Containm ni-Enclosur ovebag Pro on-Exempte	e cedure					<b>a</b>	
Location of	1000	Locati Normal			Deced				<u> </u>	<u> </u>	- Industry		Abate Ty	ment	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	ed Sole iintenar todial S (12)	ice/		Descrip os Containir thermal syst surfacing, other misce	ng M tems VA	lateria insul T, or	ation,	(8	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A				1112 T T					_		ate	·e
Basement			X		Bag & Wi					50 sf	X				
Subsurface			X	For	undation \	Wa	terpr	oof	6	25 sf	X				
Name of Registered Waste Hauler		l NI	JDEP W	laste	Cubic Yard	de.		Namasi	Degist	rod ! =-	den				
Yannuzzi Group, Inc.		Н	auler ID 7467		of Waste	45		Name of Waste	- Day			les	S		
City, State Kinnelon, NJ					Disposal D 09/21/20		n.air.	City, Stat		PA					
Completed by John Mucha `	Title Senio	or Pro	iect Ma	anger	Signa	ture	1	MA		_	Date 9/6/2	201	8		

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no Ch			ICATION		Jersey STOS ABAT :60 and 12:1				E C	E.			The second secon	The state of the s
Date of Notification (1) 8/28/2018					wner/Operatersey, DPN		2)		SEP	10	20	18		7
Agencies Notified Type Notification  EPA Initial			Street A	Address est State S	Street				ASBEST	OS CI			<u></u>	
DEP X Amended Amendment		_		ate, Zip Cod on, NJ 086			-	Innerson.	Townson of the				974	
DOH justification) DCA Cancellation	)			of Contact a Bruno					Telephor					
			FAC	ILITY INFO	RMATION						2			
Name of Facility Where Abatement is Takir Abandoned Flood House	ng Place (3	3)				-	Type of Fac	cility (4)						
Street Address 132 Crampton Ave			L-480.00	Desirie deservito			Subch Other	apter 8	(Other tha			dings,	home	es,
City (5) Woodbridge, NJ					The second second		etc.) Square Fee 2500	et	# of Floor	rs	12.55	8ldg. A	ige	
County (6) Middlesex				Code (7) USE ONLY)		+	Current Use Abandon	40.7	if being de		100	· · · · · · · · · · · · · · · · · · ·		
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASC	M No.			f Abatemen			rices.	Inc.	v		3315005-
Street Address					Stree	et A	ddress nnelon R					1		
City, State, Zip Code							ite, Zip Coo							
Project Manager for Monitoring Firm			Telepho	ne No.			ne No. 18-0880		Lice 012	nse No	200			
Start Date (10) 09/10/2018	Schedul 09/17/2		npletion	Date (11)			OSHA Mo zzi Envir	700000	ntal Serv	rices,	Inc.			
Occupancy Status During Abatement (Chec	ck Only Or	ne)			0		ddress							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: Abandoned Structur	nal Facility	Abaten / Hours	nent		City,	Sta	nnelon R te, Zip Cod on, NJ 0	le						
Scope of Work (Check All That Apply)					1 (11)	1101	011, 140 0	7 400				-		
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	-	Renova Demolit	3111			×	Mini-Encl Glovebag	osure Proced	with Nega dure ') and Non-				Α.	
Location of		Locati Vormal			Description	20.0			y and Horr	THADIC	,,,,	Abate	11	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	ed Sole intenar todial S (12)	nce/	(i.e. th	is Containing nermal syster surfacing, V other miscell	Ma ms i /AT,	terial (ACM nsulation, or	1)	Amount (Specify SF or LF	/	Remova	Repair	Encapsulate	Enclosure
Exterior Walls	Yes	No	N/A		Transita	\: \d:			4200 -				ate	.ej
Exterior Walls					Transite S	olui	ng		4300 s	i	X			
Name of Registered Waste Hauler		I N	JDEP W	/aste	Cubic Yards	-011	Non	ne of Do	gistered La	andfil				
Yannuzzi Group, Inc.		Н	lauler ID 7467	No.	of Waste 20		10000		gistered La anageme		irles	ss ,		
City, State Kinnelon, NJ				- 1	Disposal Dat 09/18/2018			State	lills, PA			1611		
Completed by John Mucha `	Title Senio	or Pro	ject Ma	anger	Signatu	re	M	T		Date 9/6		18		

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Date of Notification (1) 8/28/2018				f Building of New							SEP	1	0 2	กาล	
Agencies Notified Type Notification  EPA Initial		1	Street A	ddress est State	Stree	t			-	Lucation	12/*****				
DEP Amended Amendment #		100		ate, Zip Co on, NJ 08						ASDE	LI	E a	ON U.G	HGI.	&
DOH justification)  DCA Cancellation	ncluding	1		f Contact a Bruno		1811				ephone 9-433-					
	3Y3UU U D		FACI	LITY INFO	ORMAT	ION									
Name of Facility Where Abatement is Taking Abandoned Flood House	Place (3	3)					Тур	oe of Facility School (K-	12)						
Street Address 535 Pearl Ave							×	Subchapte Other (i.e. petc.)	r 8 (Other	er than h & comme	<-12) ercial	build	lings,	home	es,
City (5) Woodbridge, NJ							Squ 25	uare Feet 00	# of 2	Floors		1 700	ldg. A 0 +	ge	
County (6) Middlesex				Code (7) USE ONLY				rrent Use (Pri andoned F			olishe	ed)			
Name of Monitoring Firm Hired by Building O'N/A	wner (8)		ASCN	/ No.				batement Co zi Environn			es,	Inc.			H14 - 774 - 7
Street Address								ress nelon Rd.			ir minobes				
City, State, Zip Code								Zip Code , NJ 0740	 5					201412-20	
Project Manager for Monitoring Firm		1	Геlерhо	ne No.		Teleph	none			License 01228		*	HI-CLERE		
	Schedule 9/19/20		pletion	Date (11)		Name	of O	SHA Monitor	nental			nc			
Occupancy Status During Abatement (Check	Only Or	ie)				Street									
Facility Closed/Vacated During Entire Pe	177	2	ent					elon Rd.							
Abatement Performed Outside of Norma  Other – Describe: Abandoned Structure	l Facility	Hours				1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Zip Code n, NJ 0740	5						
Scope of Work (Check All That Apply)	3														
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	_	Renovat Remoliti				×	1 0	Full Containm //ini-Enclosure Glovebag Pro Von-Exempte	e cedure					e	
	Is	Locatio	on										Abate	ement	
Location of	0.0000000000000000000000000000000000000	lormall		22	De	scription	of				-		Ту	ре	-
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Ma	intenan odial S (12)	ce/	Asbest (i.e.	thermal surfa	taining M systems cing, VA niscellan	s insu T, or	8 80	(8	mount specify or LF)		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A									20000		6	
Roof			Х			Roofing	2/		18	800 sf		X			
Sub-Surface			X	Fou	ndatio	n Wate	erpro	oofing	15	00 sf		X			
											_				
Name of Registered Waste Hauler		l NI	JDEP W	lasto	Cubio	Yards	144	Name of	Docist-	rod!	4611				
Yannuzzi Group, Inc.		Ha	auler ID 467		of Wa			Waste				irles	S		
City, State Kinnelon, NJ						sal Date 9/2018		City, Stat		PA					
Completed by John Mucha `	Title Senio	or Proj	ect Ma	anger	8	Signature	~	M			Date 9/6	/201	8		

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no Ch		(P	ICATION ursuant	ate of New Jers N OF ASBESTO to NJAC 8:60 a	S ABATE and 12:12	0)	IT		E C				A contract of a population
Date of Notification (1) 8/28/2018				of Building Owner of New Jerse					SEF	10	2016		in ord
Agencies Notified Type Notification  EPA Initial			Street A	oddress est State Stre	et	12.30			ASBES	OS CC	avi AC	) L. &.	
DEP X Amended Amendment				ate, Zip Code on, NJ 08608				- Alberta de la compansión de la compans		******	I V -		
DOH justification)  DCA Cancellation				f Contact a Bruno				9.10	elephone 09-433-				
				LITY INFORMA	TION					0, 10	S-00-1/2	that co	
Name of Facility Where Abatement is Takin Abandoned Flood House	g Place (3	3)				Тур	pe of Facility School (K						
Street Address 564 Heidelberg Ave						×	Subchapt Other (i.e.	er 8 (Ot			ildings	, hom	es,
City (5) Woodbridge, NJ			<del></del>			Squ 25	etc.) uare Feet 000	# 2	of Floors		Bldg. /	Age	
County (6) Middlesex				Code (7) USE ONLY)		Cu	rrent Use (P	rior if b					
Name of Monitoring Firm Hired by Building (N/A	Owner (8)		ASCN	/ No.		of A	batement C	ontracto	or (9)	es. Inc			
Street Address					Street	Add							
City, State, Zip Code					City, S	State,	, Zip Code n, NJ 0740	)5					
Project Manager for Monitoring Firm			Telepho	ne No.	Teleph	none			Licens 01228			****	
Start Date (10) 09/10/2018	Schedul 09/18/2		npletion	Date (11)	Name	of O	SHA Monito			22			
Occupancy Status During Abatement (Chec	k Only Or	ne)			Street								-
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: Abandoned Structure	al Facility	Abatem / Hours	nent		City, S	State,	relon Rd.						
Scope of Work (Check All That Apply)					Kinn	elor	n, NJ 0740	)5	<del></del>				
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	-	Renova Demoliti			×	1	Full Containr Mini-Enclosu Glovebag Pro Non-Exempto	re ocedure	)				
	le	Locati	on				NOTI-EXCTIPE	l () a	nu Non-F	nable FI	77.00	emen	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)	Use Ma	Normalled Sole intenar todial S	ly ly by nce/	Asbestos Co (i.e. therm sur		Mater s insi T, or	ulation,		Amount (Specify SF or LF)	Remova		e Encapsulate	Enclosure
	Yes	No	N/A				(5)			l'al		late	Ire
Kitchen			Х	Sink	Underco	oatir	ng		3 sf	Х			
Sub-Surface			X	Foundat	ion Den	npro	ofing	1	625 sf	X			
										-			
Name of Registered Waste Hauler Yannuzzi Group, Inc.		Н	JDEP W auler ID 7467		ic Yards /aste		100,440,747,440		tered Lan		ess	-	
City, State Kinnelon, NJ					osal Date		City, Sta		, PA				
Completed by John Mucha `	Title Senio	or Pro	ject Ma		Signature		hA	0		Date 9/9/20	18		

NOTIFICATION OF ASBESTOS ABATEMENT Check # 200 Project # (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 08/09/2018 Wayne BOE Agencies Notified Type Notification Street Address 50 Nellis Drive **EPA** Initial City, State, Zip Code DEP Amended Amendment # DOL Wayne, NJ 07470 Emergency (including Name of Contact Telephones Numberos CONTROL & DOH justification) Cancellation DCA John Maso (973)628-8837 CENSING FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Scuhyler Colfax Middle School School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, 1500 Hamburg Turnpike etc.) City (5) Square Feet # of Floors Bldg. Age Wayne, NJ County Code (7) County (6) Current Use (Prior if being demolished) (STATE USE ONLY) Passaic County Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) RAMM Nick Restoration LLC Street Address Street Address 77 Nottingham Rd 72 Brookside Rd City, State, Zip Code City, State, Zip Code Fair Lawn Randolph NJ 07869 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Rodger Headrick (201)475-9880 973-933-2550 01358 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor IRIS 08/10/2018 08/12/2018 Street Address Occupancy Status During Abatement (Check Only One) 2333 RT 22 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)

≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	protecting	Renova Demolit	30000000			Mini-Enclosu Glovebag Pr				re	
Location of	10 000	Locati Normal	17.55		Di-ti					ement /pe	t
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	ed Sole aintenar todial S (12)	nce/		Description o estos Containing Ma e. thermal systems i surfacing, VAT, other miscellane	terial (ACM) nsulation, or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A					-		te	0
Security Vestibule		×		tar pa	per		20SF	×			
Name of Registered Waste Hauler Nick Restoration LLC	I	н	J IJDEP V lauler ID 3782		Cubic Yards of Waste TBD	Name of	of Registered Landfill .W.S				
City, State Randolph, NJ 07869					Disposal Date TBD	City, St.	ate wn, PA				
Completed by	Title	- 10			Signatura		1 A 1 Da	to			

08/09/2018

President

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Date of Notification (1) 09 /	07 /	18				of Buildin	g Owner/Operator (	2)	UU SE	EP 1	0 2	018	
	100		_		589738								
Agencies Notified  ☐ EPA	Type Notifica	ation				Address	t		ASBES	STOS C	ONT	ROL	<u></u>
☑ DOLWD		d				erizon W				LICEN			N. Sermina
☑ DHSS	Amendme	ent # <u>1</u>				State, Zip (							
□ DCA	☐ Emergen		ıding				dge, NJ 07920		T				
(NJAC 5:23-8)	justification Cancellat	200 B				of Contac	8		Telephone N				
	☐ Caricellat	lion				an Kings			(201) 356	-5166			
					FAG	CILITY IN	NFORMATION		51				
Name of Facility Where A	batement is T	Taking P	lace (	3)				Type of Facility					
Verizon								School (K-12		-12)			27
Street Address								Other (i.e., p	rivate and comi		buildi	ngs,	
1067 Stuyvesant Av	enue							homes, etc.)				-2.0-0119	
City (5)								Square Feet	# of Floors		Bldg.	Age	
Union								10,000	3				
County (6)					Coun	ity Code (7	7)(STATE USE ONLY)	Current Use (Pr	ior if being dem	nolished)			
Union		- 1					<u></u>						
Name of Monitoring Firm		ding Ow	ner (8)		ASCM	No.	Name of Abateme	AC 10					
USA Enviornmenta							JVN Restora	tion Inc					
Street Address							Street Address						
8436 Enterprise Ave	enue						47 Foster Ro	ad					
City, State, Zip Code	222						City, State, Zip Co						
Philadelphia, PA 19							Staten Island	NY 10309					
Project Manager for Moni	toring Firm				phone		Telephone No.		License No.				
Mark Jenkins				200	5-365		718-605-6256		00774			-	
Start Date (10)		Schedule					Name of OSHA M	Ionitor					
09 /17 /	18	10	_ / -	30	_ / _	18	Testor Tech						
Occupancy Status During	Abatement (0	Check o	nly on	e)			Street Address						
☐ Facility Closed/Vacate							10 59 Jackso	n Avenue					
Abatement Performed						cribe	City, State, Zip Co	ode					
Time of Abatement: _A	NVIPIVI	/ <u>5:00</u> PI	VI- <u>1:30</u>	JAIVI			LIC NY 11101						
Scope of Work (Check all	that apply)		5+3-5				Transportation and the						
<ul><li>≥3 sf or ≥3 if</li><li>≥160 sf or ≥260 if</li></ul>			Rend Dem				☐ Mini-Enc ☐ Glovebag	tainment with Neg losure g Procedure mpted (*) and No					
				ocat						I	bate	ment T	уре
Location	T-1	.	No Used	rma Sole			Description o			2	7 7	ш	ш
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IN Facilit			Custo	dial ( (12)	Staff?	,	surfacing, VAT,	, or	SF or LF)	Val		lusc	sure
(13)				No	N/A	1	other miscellane	ous)				ate	L L
Basement Generator	Room	-				Pipe In:	sulation and Fitt	ings	158LF	D	1 [	1 0	
				]				-				1 🗆	П
		-	-		-							1 -	12
		L	] [							L	] [		
Name of Registered Wast Newark Carting	e Hauler	'			JDEP Viauler III	No.	Cubic Yards of Waste 15	Name of Regis					
City, State					140-00		Disposal Date	City, State			-62-		
Newark, NJ							09/30/18	Morrisville	,PA				
Completed By (Print or Ty	rpe)	Title					Signature, /		$\cap$	Date			
Ralph Barnhardt		Pro	ject l	Vlan	ager		1/19/2	11	/		- D "	1-(2	,

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

Date of Notification (1)					Na	me (	of Building	n Ow	mer/Operator (	2)			CE	P 1	0 0	040	(13	
						Name of Building Owner/Operator (2)  Verizon							) C	r 1	UZ	UIO		
Agencies Notified Type Notification						Street Address							ACDEO	TOC	J. 1.2.9.1.	COOL	P	
☑ EPA ☑ Initial						1 Verizon Way						ASBESTOS CONTROL & LICENSING						
☑ DOLWD ☐ Amended   ☑ DHSS Amendment #   ☐ DCA ☐ Emergency (including justification)   ☐ Cancellation						City, State, Zip Code							Borner donne secretario per el esta de la companya del companya de la companya de la companya del companya de la companya de l					
						Basl	king Rid	ge,	NJ 07920									
							of Contac		1.	Telephone Number								
						Brian Kingsbury					(201) 356-5166							
	F	FACILITY INFORMATION						200 2	2									
Name of Facility Where Abatement is Taking Place (3)										Type of Facility (4)								
Verizon										☐ School (K-12)								
Street Address											☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings,							
1067 Stuyvesant Avenue											nes, etc.)							
City (5)										Square Fee	et	# of Floors Bldg. Age						
Union										10,000		3						
County (6)					C	ount	y Code (7	)(STA	ATE USE ONLY) Current Use (Pr			or if being demolished)						
Union																		
Name of Monitoring Firm Hired by Building Owner (8)						M N	10.	Na	me of Abateme	e of Abatement Contractor (9)								
USA Enviornmental								J	/N Restoration Inc									
Street Address								Str	eet Address									
8436 Enterprise Avenue								4	7 Foster Ro	ad								
City, State, Zip Code								City, State, Zip Code										
Philadelphia, PA 19153								Staten Island NY 10309										
Project Manager for Monitoring Firm Telephone No.							lo.	Telephone No. License No.										
Mark Jenkins 215-3						65-	5870	7	18-605-6256			00774						
Start Date (10) Scheduled Completion Date							e (11)	Name of OSHA Monitor										
<u>09 / 12 / 18 10 / 30 / 18</u>								Testor Tech										
Occupancy Status During Abatement (Check only one)						Street Address										=		
☐ Facility Closed/Vacated During Entire Period of Abate						t		1	0 59 Jackso	9 Jackson Avenue								
Abatement Performed Outside of Normal Facility Hou										Code								
Time of Abatement: _AMPM/ <u>5:00</u> PM- <u>1:30</u> AN					M	LIC NY 11101												
Scope of Work (Check all			1/10															
M >2 of or >2 If			⊠ n-						⊠ Full Cont		Negat	ive Pre	ssure					
∑ 3 sf or ≥3 lf           ∑ Renovati             ∑ 160 sf or ≥260 lf           ☐ Demolition								<ul><li>☐ Mini-Enclosure</li><li>☐ Glovebag Procedure</li></ul>										
									☐ Non-Exe	mpted (*) an	d Non-	Friable	Proced	ure				
Is Location of Norma														Abatement Type				
TO BE ABATED					lely b	,	Acho	otoo	Description o	f terial (ACM)		Amount		Z	7 70	四四	四	
				inter	nance/	nce/			ermal systems	insulation,		(Specify		Kemova	Repair	cap	clos	
IN Facility				odia (12	l Staff	?			surfacing, VAT,	or SF or LF)		Val		Encapsulate	Enclosure			
(13)			Yes	No	1000	/A		ot	her miscellane	ous)					ate			
Basement Generator Room							Pipe Insulation and Fit			nas		158LF		×	1 -			
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						. N. C. L. L. L. L. L. L. L. L. L. L. L. L. L.			oic Yards of ste	Name of Registered Landfill								
Newark Carting						NJ-566			5	G.R.O.W.S., Inc.					-			
City, State									posal Date		City, State							
Newark, NJ								0	9/30/18	Morrisville,PA								
Completed By (Print or Type) Title									Signature Date									
Ralph Barnhardt Project Ma					nage	er			John flow 09-5					27	-15	5		

ASB-41 MAY 11

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