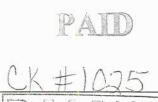
### PAID

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

CK 4253

Date of Notification (1)			Nam	ne of B	uilding Owner/C	Operator (2)	. 1		7	C E	11	$\forall f$	E	
9/7/17	7			MR		HONG	9 41		片				7	ALCO ANGELON
Agencies Notified	Type Notification		Stre	et Add	ress				A CONTRACTOR OF THE PARTY OF TH	SEP 1	2 2	017	ij	Ш
□ EPA □ DEP	☐ Amended		City	, State	, Zip Code	. 12	_		, ,				1	
DOL	Amendment #_	cluding		T	EA JECH	۲ . ۵	3. 3	0168	Total				<u> </u>	$\dashv$
DOH	justification)	ciuumg	Nan		C, YI				-	81				,
□ DCA	☐ Cancellation		F.		TY INFORMA	ATION			Ι					$\dashv$
Name of Facility Where Al	batement is Taking Pla	ace (3)					100	acility (4)						
JUN HONG	5 71				~		C Cub	ool (K-12) chapter 8 (	Other t	han K-12)				
Street Address							Oth	er (i.e. priv	rate & c	commercial bu	ildings	, hom	es, etc	:.)
City (5)	t				<del>'</del>		Square Fe	eet	-211/2007	Floors		g. Ag		
TEANECK	•						20	00		demolished)	6	6	165	-
County (6)	٠,١			unty Co	ode (7) SE ONLY)			SI DEN		demonstred)				
Name of Monitoring Firm	T	mer (8)		ASCM		Name	of Abateme			1.0				$\neg$
Name of Monitoring runi	Hied by Building Ov	viioi (o)	- 1			Res	t Rem	oval-	Tno					
Street Address					-	Street .	Address							
									ver	Street				$\dashv$
City, State, Zip Code							tate, Zip C kensa		TT (	7601				
Project Manager for Moni	toring Firm		Tel	lephone	e No.		one No.	CR, I	100	License No.	11.05			
Project Manager for Mon	toring i iiii					201	-329-	7444		00388	3			
Start Date (10)	21	Scheduled C					of OSHA l							
9/19	1/17	the south of the south	1/20	71/2	'	Ome	ga En Address	viro	nmer	ntal		-	-	
Occupancy Status During			0.000.000				Huyl	er S	tree	et				
D Alexander Domform	ated During Entire Per ed Outside of Normal	Facility Hours	nent S			City, S	State, Zip C	ode				10		
Other – Describe:	BAHMO JE	• १ त				Sou	th Ha	cken	sacl	c, NJ	)76	06	-	
Scope of Work (Check A	ll That Apply)						- F.11 C	- ata immar	ot with	Negative Pres	ure			
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf			novation molition			-4	Mini-	Enclosure		Troguero 1100	,			
□ ≥100 St 01 ≥200 H							☐ Glove ☐ Non-l	bag Proce Exempted	dure (*) and	Non-Friable I	rocedi	ıre		
		To I	agation									Abate Ty		
Locati	on of	No	ocation ormally			Descriptio	n of						pe	
Asbestos-Containin	g Material (ACM)		Solely I		Asbestos ( (i.e. thermal	Containing N	Material (A ulation, sur	CM) facing	0.70	Amount Specify	Re	æ	Ence	Enc
TO BE A		(7)(1)(4)(3)	dial Sta (12)	ff?		VAT, o	T		S	F or LF)	Removal	Repair	Encapsulate	Enclosure
(13	3)	-		21/4	01	mer miscene	incous)				-		ate	· ci
		Yes	No	N/A	41 -0.141	10 . I A	1		-	75LF	9			
BASEMENT				7=	MERMAL	1 N20 LA	RIDN				-			
		$\perp$				-								
											-			
			1 375	DED IS	lasta I C	ubic Yards		Name of 1	Register	red Landfill	1			L
Name of Registered Was	ste Hauler			DEP W uler ID	No. of	ubic Yards f Waste 2 C	_				E 52		9 100	
Best Remova	1 Inc			171	09	isposal Date	75	Mine City, Stat	rva e	Enter	pri	ses	<u>.,                                    </u>	كىلىا
City, State						01	17	Wayn		urg. O	н 4	468	3.8	
Hackensack, Completed by	NJ 07601	Title				Signatu	re /			Da Da		1	1,	
J. Maiorano	U.	Est	ima	tor		LX	( )	anone	سئسم	5	7/	1/	17	
						()-	* Do not	use this for	rm for a	sbestos licens	ure ex	empte	d activ	rities.



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

	Notification					Owner/Operator (2)			Tra	BA	i⊟ n	Bu		===
	mber 04,			_		Management LLC.			HM.	<u> </u>	15 1	\V/		
	es Notified	Type Notification		Street A		dy Blvd., Suite B1			113		THE PERSON NAMED IN COLUMN	Market States of the	ARK TO ARK	
	EPA	⊠ Initial		-	ite, Zip Co		-		11111			-		+
	DEP	Amended		100		n, NJ 07047			111 11	SEP	12	201	7	
$\boxtimes$	DOL	Amendment #  Emergency (including			f Contact				- Imhar	-				+
X	DOH	justification)		1	Thorn			ť	0.05%		100000	t to the both size		
	DCA	☐ Cancelation		IVIIKC	1110111						3 CO	NIA	OL	. &
	0011				F/	ACILITY INFORMATI	ON		<u></u>	HO	ENSil	10		Attenuesta
Name of	f Facility Whe	re Abatement is Taking Place (3)		-	-		Туре	of Facility (4)						
Privat	e Building							School (K-12)						
Street A	ddress			-				Subchapter 8 (Other ti	han K-12)					
200 Fr	ranklin Str	reet						Other (i.e. private & Co			nomes	etc l		
							X	Other (i.e. private & ci		i ballaligs, i	1011103,			
City (5)	120/05/20						Square	e Feet # of Floors	ВІ	ldg. Age				
Bloom	nfield						30,0	00+ 5	1	950's				
County (	(6)				1	Code (7)	Currer	nt Use (Prior if being demolishe	ed)					
	County				(STATE	USE ONLY)	Scho	ol						
Name of	f Monitoring i	Firm Hired by Building Owner (8)				ASCM No.	Name	of Abatement Contractor (9)			-			
							- Constant	orn Contracting Corp.						
Street Ad	ddeaer						1	Address						
Street At	duress						100000	/illow Way						
-							-							
City, Stat	te, Zip Code							tate, Zip Code						
								dland Park, NJ 07424						
roject N	Manager fo M	ionitoring Firm			Telepho	ne No.		none No.		ense No.				
							-	333-9176	]0.	1331				
tart Dat						etion Date (11)		of OSHA Monitor						
	mber 14, 2			Septe	mber 2	0, 2017	Envir	ovision Consultants, I	nc.					
occupan	icy Status Dur	ing Abatement (Check Only One)						Address						
	Facility Clo	sed/Vacated During Entire Pe	riod of Ab	atemen	t		20-2	1 Wagaraw Rd., Bldg. :	35-E					
	Abatemen	t Performed Outside of Norma	al Facility I	Hours			City, St	ate, Zip Code						
X	Other - De	scribe:07:00am to 3:30pm	1				Fair l	awn, NJ 07410						
cope of	Work (Check	All That Apply)												
	≥3 sf or ≥3	If		X	Renova	ation	X	Full Containment with	Negative	Pressure				
X	≥160 sf or	≥260 If			Demol	ition		Mini-Enclosure						
								Glovebag Procedure						
								Non-Exempted (*) and	Non-Fria	ble Procedu	re			
			T	Is Location	n						$\neg$	Abate	ment	t
		Location of		Normally			Desc	ription of			_	Тур	)e	1
	Asbestos	-Containing Material (ACM)		sed Solely		100000000000000000000000000000000000000		ining Material (ACM)		Amount				
		TO BE ABATED	1	aintenand stodial Sta		(i.e. th		ystems insulation,		(Specity SF or LF)			En	
		In Facility (13)		(12)	****			ng, VAT, or iscellaneous)		SF OF LF)	Ren	20	caps	nclo
		(25)	Yes	No	N/A			V5			Removal	Repair	Encapsulate	Enclosure
			105	1,10	1.77.					-	1			
		Boiler Room		X		Thermal Syste	em In	sulation around Boiler		250 SF	X			
		Boiler Room		Х		Asbe	stos P	ipe Insulation		140 LF	X			
		Boiler Room		X		Asi	besto	s Breeching		45 SF	X			
			1											
ame of	Registered W	Paste Hauler		NIDEDW	aste Hau	ler ID No.	Cubic V	ards of Waste	Na	me of Reguster	ed Landfi			
		ting Corp.		00358			8+			irless Hills				
		ung corp.		00330			Disposa	al Date		y, State				
ty, State		Name Language						ai Date		orrisville, P	Δ			
		New Jersey	1				TBD	Signature		orrisvine, P				
omplete			Title					Signature	15-1	P	Date		047	,
Jimo G	Golcev		Gener	al Man	ager				611		109,	/04/2	01/	

CK# 8379		NOT	IFICATION	State of I ON OF AS nt to NJA	BESTO	SABATE	MENT 0)	M		LEDI			In	The country of
Date of Notification (1) 9-5-2017			Name	of Buildir	ng Owner deling, l	/Operato	r (2)		000			-		
Agencies Notified Type Notifica	ation		Street	Address			100		SEP	12	201	7	L	4
EPA X Initial Amends			1	Box 14			į.				W. C. C. C.			
▼ DOL Amendr	nent #			State, Zip mfield, I		13	1	ASL	LIC	IS CO ENSI:	NTH	OL 8		1
■ DOH		g	Name	of Contact	ct			-	T-1-		·	term (months and m		
Name of Facility IAA				CILITY IN		TION								
Name of Facility Where Abatement is T Residential	aking Place	(3)					Type of	Facility (4)						-
Street Address					***************************************		Su × Ot	thool (K-12) bchapter 8 her (i.e. pri	(Other	than K-1	l2) cial bu	ldings	, hon	nes,
City (5) Roselle, NJ 07302							Square 1862		# of FI	loors		Bldg. 75+	Age	
County (6) Union			County (STATE	Code (7)	Y)		Current	Use (Prior		demolis	100			
Name of Monitoring Firm Hired by Build	ing Owner (8	3)	ASC	M No.		Name	of Abater	ment Contra	actor (9)	)	-			
Street Address						Street	Address	Avenue	Servi	Ces, Li				
City. State, Zip Code						City, St	ate, Zip (	Code			0.0//			
Project Manager for Monitoring Firm			Teleph	one No.		Teleph	one No.	NJ 07304	Li	icerise N	lo.			
Start Date (10) 9-6-2017	Schedul 9-6-20		mpletion	Date (11)	)	Name o	33-885 of OSHA	Monitor	0	1174				
Occupancy Status During Abatement (C			-				as abo	ove			-			
Facility Closed/Vacated During Enti Abatement Performed Outside of N Other – Describe:	re Period of	Abatos	nent s				ate, Zip C	Code						
Scope of Work (Check All That Apply)							*							
≥ 3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demolit			***	×	Mini-Ei Gloveb	ontainment nclosure pag Proced xempted (*)	ure					
The Constitution of the Co		Locati										Abate	ment	
Location of Asbestos-Containing Material (ACM)	Use	Vormal d Sole	ly by	Ashee	Des	scription of aining Ma	of				-	Ту	pe	
TO BE ABATED In Facility (13)	Cust	intenar todial S (12)	Staff?	(i.e.	thermal surfac	systems sing, VAT hiscellane	insulation , or	JM) 1.	Amou (Spec SF or I	ify	Removal	Repair	Encapsulate	Enclosure
Basement	Yes	No X	N/A		Pipe	Insulati	on		70 L	F	x		te	
											^			-
Name of Registered Waste Hauler		I NI	JDEP W	2010										
Green Environmental Services		Ha	auler ID	No.	Oubic \ of Was		1	me of Reg			ien.			
City. State lersey City, NJ		00	34889		Disposa		Cit	R.O.W.S y. State		ıı Land	11111			
Completed by	Title				9-6-20		M	orrisville,	PA					
iliana Serrano	Office	Man	ager			grature Luu	نىنى	Defell	نديات	Date 9-5	-201	7		

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

CK 4254

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

Date of Notification (1)			Name of	Building Owner	r/Operator (2	)	· 1	DEF	5	W	E	Th
9/7/17			n	CHAR			W W	WD) E U	5	1		
Agencies Notified Type Notification			Street Ad	dress				101	. 0	20	17	
□ EPA  Initial		_	City Stat	e, Zip Code				SEP SEP	1 4	20	11	-
DEP Amended Amendment	#		City, Siz	e, zip code ATEKSO	w 6	I	975	2				
☐ Emergency (	including	- <sub> -</sub>	Name of				0/5	Te.	1	A	201	0
DOH justification ☐ DCA ☐ Cancellation			All		MAN							
DCA La Cancentation			FACII	ITY INFORM				Table 1				
Name of Facility Where Abatement is Taking I	Place (3)					Type o	of Facility (4	1)				
MR. BOWN	LAN						School (K-1					1
Street Address							Subchapter 8	R (Other than K-12) rivate & commercial b	mildin	es hoi	nes et	tc)
							82 654				1765	
City (5)						Square		# of Floors	В	ldg. A		'sz
YATENSON							000	2		15	YR	2,1
County (6)			County C	Code (7) ISE ONLY)				if being demolished)				1
	(0)			N 95	Nome		ement Contr					$\dashv$
Name of Monitoring Firm Hired by Building C	wner (8)		ASCM	1 NO.		2001						1
Street Address		_			Bes	Address	moval	Inc.				
Street Address								ver Stree	+			
City, State, Zip Code						state, Zip		ver biree	L			$\neg$
City, State, Zip Code					100000000000000000000000000000000000000			NJ 07601				
Project Manager for Monitoring Firm		- 1	Telephon	e No.	Teleph	one No.	ack,	License No				
1 Tojevi manager to memorang i ma							-7444	0038	Q			
Start Date (10)	Scheduled	Comp	letion Da	te (11)	Name	of OSH	A Monitor	1 0030				
9/18/17	,	911	9/17		Ome	oa E	nviro	nmental				
Occupancy Status During Abatement (Check C	mly One)				Street	Address			7.75			
☐ Facility Closed/Vacated During Entire Pe	riod of Abat	ement						treet				
Abatement Performed Outside of Normal Other - Describe: \$3.99 AM	Facility Ho	ers Pr	1		City, S	tate, Zip	Code					
					Sout	th H	acken	sack, NJ	076	06		
Scope of Work (Check All That Apply)												
≥3 sf or ≥3 lf	A 10000 10000	enovat	0.000		177		Containme	ent with Negative Pres	sure			
□ ≥160 sf or ≥260 lf	υг	emoliti	on			Glo	vebag Proce	edure				1
						] Nor	-Exempted	(*) and Non-Friable	Proced			
	Is	Locati	on						1	Abate	ment pe	
Location of		Normall d Solel			Description			# <b>*</b> * * * * * * * * * * * * * * * * * *		ĺ		
Asbestos-Containing Material (ACM) TO BE ABATED		intenar		Asbestos ( (i.e. thermal	Containing M			Amount (Specify	R	_	Enc	ᄪ
In Facility	Cus	todial S (12)	taff?	***************************************	VAT, or			SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		(12)		ot	her miscellar	neous)			val .	=	ılate	ure
	Yes	No	N/A						100			
BASEMENT			4	THERMA	L INSU	LAT	ioN	125LF	7			
								61				
								10				
Name of Registered Waste Hauler		IN	JDEP W	aste   Ct	abic Yards		Name of	Registered Landfill				-
		100	auler ID		Waste ,	000						
Best Removal Inc			1710	)9		207	Mine City, Stat	rva Enter	ori	ses	, ]	LLC
City, State				Di	sposal Date	12				, , ,	_	
Hackensack, N.J 07601	Title				Signature	//		esburg, Ol		468	8	
Completed by					Signature \	H.	مصرن	٦	9/	17/1	7	
J. Maiorano	Est	ıma	tor		I X	. /2			1.	-/	(	

NO CK			CATION	tate of New Je N OF ASBEST to NJAC 8:60	OS ABATI			s (b 1/	15	7		
Date of Notification (1) 9/7/17				of Building Own		or (2)				W E		The same of the sa
Agencies Notified Type Notification			Street A				1 1 1	ill cro	. 0 0	247		##
EPA Initial				ligh Street				LI SEP	1 2 20	)1/	L	2
DEP X Amended  DOL Amendment	#			ate, Zip Code ood, NJ 076	240		Taken	- Amount of the common of the	3 - 400 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
Emergency		_	1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	of Contact	048			ASLU	S COM	HOL	8	
DOH justification)  Cancellation				_ocovare			-				amag	l
				ILITY INFORM	ATION					-		
Name of Facility Where Abatement is Takin	g Place (3	3)				Туре	of Facility	(4)				
Vacant Home							School (K-					
Street Address								r 8 (Other than private & comr		ildinas	hom	0.11
203 Faller Drive						-	etc.)					08,
City (5) New Milford						2,40	re Feet 00	# of Floors	E .	Bldg 85	Age	
County (6) Bergen				Code (7) USE ONLY)		- 1	ent Use (Pr	ior if being den	nolished)			
Name of Monitoring Firm Hired by Building	Owner (8)	)	ASCN	И No.	Name			ntractor (9)				
					ABS	S Envi	ronmenta	al Services,	LLC			
Street Address						t Addre Box 4		Sate Drive				
City, State, Zip Code					100		ip Code	110				17.00% 4.5-404
Project Manager for Monitoring Firm			Telepho	ne No		hone N	d, NJ 074		aa Na			
			relepho	ne no.		-764-2		703	ise No.			
Start Date (10) 9/13/17	Schedule 9/29/1		mpletion	Date (11)	Name	e of OSI	HA Monitor					
Occupancy Status During Abatement (Chec		8.5			Stree	t Addre	SS					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of A al Facility	Abater / Hour	ment s		City,	State, Z	ip Code					
Scope of Work (Check All That Apply)								-	-			
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demoli			many many	Mir Glo	ni-Enclosur ovebag Pro				re	
	2000	Locat		*>							emen	t
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)	Use Ma	Norma ed Sole intena todial ( (12)	ely by nce/	Asbestos C (i.e. there	Descriptio Containing mal system urfacing, Va er miscella	Material ns insula AT, or		Amount (Specify SF or LF		Repair	e Encapsulate	Enclosure
	Yes	No	N/A								(e)	
boiler room behind 203 Faller Dr			X		eiling pla			240 LF	×			
7			X	pi	pe insula	ation		60 LF	х			
			X	bo	iler insul	ation		150 SF	х			No.
Name of Decide												
Name of Registered Waste Hauler ABS Environmental Services LLC		H	IJDEP W lauler ID 04248	12/17 mm	bic Yards Waste D		140000000000000000000000000000000000000	Registered La a Landfill	ndfill			
City, State Glenwood NJ		1			posal Date	9	City, Stat	e sburg OH				
Completed by A. Scott Higgins	Title Presi	ident			Signatur	e A	vvayile	soury On	Date 9/7/17			

NO CK			NOTII	FICATIO	State of No N OF ASE It to NJAC	BESTOS	ABATE	MENT	0 1 00	4	1/	3.8	T	, 
Date of Notification (1) 9/7/17					of Building		Operator	(2)		6 6	1 (4	1		1
Agencies Notified	Type Notification				Address			As we define the second of the		SEP 1	2 20	17	CON CONTRACTOR OF THE PERSON O	$\!\!\!\!/\!\!\!\!/$
DEP X DOL	Amended Amendment Emergency			Caldy	tate, Zip C well, NJ	07006	3	en in the control of	ASI		ONIT	ROL	2	
DOH     DCA	justification) Cancellation	M. I. Marker Cooks - Physics	9	Joe C	of Contact Campan	ella		l.			13-21-2-1	.101	<u>tx</u> =	
Name of Facility Where home	Abatement is Takin	g Place	(3)	FAC	ILITY INF	ORMAT	ION	Type of Facilit						*****
Street Address						2)		Subchapi	ter 8 (Othe	er than K-	12) cial bui	dings	, hom	ies,
City (5) Caldwell								Square Feet 2,000	2	Floors	8	31dg. / 30	Age	
County (6) Essex				(STATE	Code (7) USE ONLY	n		Current Use (F			shed)			3:11 <u>00</u> 11
Name of Monitoring Firm	Hired by Building	Owner (8	3)	ASCI	M No.			of Abatement C Environmen						
Street Address							POB	Address ox 483, 4 E	Gate Dr	rive				
City, State, Zip Code							Service Services	ate, Zip Code wood, NJ 07	7418					
Project Manager for Mon Start Date (10)	Itoring Firm			Telepho				64-2276		License 1 703	Vo.			
9/12/17 Occupancy Status During	Abstament (Chas	9/30/1	7	mpletion	Date (11)			of OSHA Monito	or					
Facility Closed/Vaca Abatement Performe Other – Describe:	ated During Entire F ad Outside of Norm	eriod of	Abater	ment s	ja.		Street A	Address ate, Zip Code		1				anamata i a
Scope of Work (Check Al ≥3 sf or ≥3 if ≥160 sf or ≥260 if	l That Apply)		Renova Demoli				×	Full Containr Mini-Enclosu Glovebag Pr Non-Exempt	ire ocedure				e	
Location Asbestos-Containing			s Locat Normal ed Sole	lly			scription o					Abate Ty		t T
TO BE ABA In Facilit (13)	TED	Ma	aintena todial s (12)	nce/	Asbes (i.e.	thermal surface	systems or systems or sing, VAT or siscellane	aterial (ACM) insulation, , or ous)	(St	ount secify or LF)	Removal	Repair	Encapsulate	Enclosure
Baseme	ent	Yes	No	N/A x		Pine	insulati	on	10	EIF			ite	e
						1 100	moulati		12.	5 LF	X			
Name of Registered Wast	e Hauler		N	JDEP W	aste	Cubic '	Yards	Namo	Register	ed Landfill				
Freehold Cartage			H	auler ID 5939	200	of Was				s Landfil				
City, State Freehold, NJ			****			Dispos TBD	al Date	City, Sta	te oro, PA	*************				
Completed by A. Scott Higgins		Title Pres	ident			Si	gnature	n.	, // //	Da	te 7/17			

09/06/2017 10:35 2012620321

AMAC

29/96/201/ 18:35 20126	20321			AMAC	:		100	127		PA	GE	02/8	13
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		Williamson & Ton.	State of	New Jon	MY				aria lacut	W. Sales	G.Z	2	
	900,	TEATI	int to N.C.	18828T0: AC 8:80 a	S ABATI		m [-	DOL	10	DAY	1	·	
Denn of Hadification (1)								- DOL-	10	1271			
9/6/12		Lacratida		ing Owner		24 7 7 7 7			Total Continue				7
Agencies Notified Type Notificate	塘	Street	( Address	JNA		M	acqu	E SE	<del>, (</del> 5-	100			Ц
D SPA								EW	MIN	-1119			
ED DEP Acceptant		City, t	Starter, Zilp	Çeda				BA J	HAM	-			Н
图 DOL Assunding	est di	_	CLO	STER	417		11015	AN WILLS	AFID	150	11.1	٠.٠	1
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Street Address						IR	Subport 6	K-12) Azr & ACOber Water i	C-1 %				
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Marine of Monitoring Firm Hand by Building	Change			-17			RES	LA PERCOCK	I (6	E		W	EF
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							ngo Namad Ave		SEI	P 1	2	2017	
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Seri Des (19)				111			5841	I AO 130	2-1	V11	Wale !	-	-
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Scope of Work (Check All That Apply)													91
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Newark Carting Inc.	1	Hunder ID 24.509	No.	of West				Central Sanita		idhit		į	
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Newark, NJ 07105					117	on		e gyl, PA 08702			7		
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A6B-41 (R-08-08)				94	Douge	nico Hi	ts form for	debaptos Scenaus	The statement of	heden	undetil	la contract	1.00

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

Check # 10090

			-	D 1111 - O	0						-
Date of Notification (1) 9-1-	17	Na	ame of Mar	Building Owner/			tion Ser	vic	es	9	
Agencies Notified Type Notificatio	n 	St	reet Ad	dress 48 Hu	re ffvi	He Gri	enloch Re	ad			
☐ EPA ☐ Initial ☐ Amended		Ci	ty, Stat	e, Zip Code	135	1	8080			VII I	
DOL Amendme  Emergence justification	y (including	Na	ame of	Dewell Contact		J	OU QU			W_L	2
□ DCA □ Cancellation			FACIL	K FRANC			TITLE SE	Y 1	2 2	1117	1
Name of Facility Where Abatement is Tak		11.			1	ype of Facility	(4)				
Dingle. family Street Address	Dwc	1111	1)			1 Subchapte	12) r 8 (Other than K-1 private & commerc	2)JS (	CON	TRO	L &
						etc.)	# of Floors		idg. A	un un secularitation	,
City (5) Vine land	NJ	0	83	60			2		80	)+-	-
County (6) Cumber	chad			Code (7) ISE ONLY)		Din 9 le	for if being demolis	ihed)	اننار	llin	5
Name of Monitoring Firm Hired by Buildin	g Owner (8)	$\dashv$	ASCM	No.	Name of	Abatement Co		200	. '		,
Street Address	Blics			rin	Street A	ddress	chnoles	Jies		2088	Sp.
P.O. Box 3	37		_		City Sta	te, Zip Code	35 1		<b>a</b>		
City, State, Zip Code	N2	(	80	533	Ne	W Egy	ist W	0	85	3.	5
Project Manager for Monit ri gu-irm		280	elephor	ne No. 7 <i>58-33</i> 65	Telepho	58-33	License	0.3	19	4	
Start Date (10)	Scheduled	Comp	oletion [	Date (11)		OSHA Monito	r. 1	T		9	
Occupancy Status During Abatement (Ch	neck Only One)		2-	1+	Street A	ddress	hnologies	5 4.	nc_		$\neg$
Facility Closed/Vacated During Entire Abatement Performed Outside of No	re Period of Ab	ateme	ent		City, Sta	O Boy	337				-
Other - Describe:	onivar rading r	10010				U Egypt	TU.	083	53	3_	
Scope of Work (Check All That Apply)	ПР	novati	on			Full Contains	nent with Negative	Pressu	re		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ter contra a recogniti di biblio	molitic				Mini-Enclosu	re ocedure				
					<u>×</u>	Non-Exempt	ed (*) and Non-Fria	ble Pro		ement	
2000		ocatio mally			escription (	ı,f			Ту	ре	
Location of Asbestos-Containing Material (ACM)	Used	Solely	y by	Asbestos Co	ntaining Ma	iterial (ACM)	Amount	, n		En	m
TO BE ABATED In Facility	Custo	dial St			al systems facing, VAT		(Specify SF or LF)	Removal	Repair	caps	Enclosure
(13)		(12)		othe	r miscellane	ous)		oval	air	Encapsulate	e.ms
	Yes	No	N/A		01.		11: 2000	_	-		
exterior Walls			X	Siding	Ohio	gles .	1600 St	FX			
								+	$\vdash$		
Name of Registered Waste Hauler			JDEP V		oic Yards Vaste		of Registered Land		,		) i A
EPC Technology	es			00	posal Date	City, St	ste Manage	-	to	FY	M
City. State New Equat	NJ	χ.		q.	22-1		nisville.	PA			
Completed by	Title	0	+		Signature	250		Date 9-	/-	17	
Steve Schenker	Pres	side	en!		Me				/ (	1	

OC# 1159	N	IOTIFI (P	CATION	ate of New OF ASBE to NJAC 8	STOS	ABATE	MENT 0)	PAI	肠	E (	j. I	F	ĺ /		
Date of Notification (1) 09-07-17				Building ( Veinsteir			(2)	a miliation		SE	F	1 2	20	17	A Control of the Cont
Agencies Notified Type Notification  EPA Initial			Street Ad 307 Se	ddress eventh A	ve. St	uite 14	06		or distance of the same of the		- 200		30.140.41		- Inch
DEP Amended Amendment #_		_ [		te, Zip Coo		1		l	,	VOLL	ICE	NSI	NG NG	HOL	&
Emergency (inc	duding		Name of Herb V	Contact Veinsteir	n				1						
			FACIL	LITY INFO	RMAT	ION									
Name of Facility Where Abatement is Taking P Private Home	lace (3	)					Тур	e of Facility (	2000						
Street Address							ı.	School (K-1 Subchapter Other (i.e. p	8 (Oth			build	ings,	home	es,
City (5)							Squ	etc.) are Feet	# 0	Floors		Blo	dg. A	ge	-
Jersey City															
County (6) Hudson			County C	Code (7) ISE ONLY)			Curr	ent Use (Prid	or if bei	ng dernol	ished	l)			
Name of Monitoring Firm Hired by Building Ow N/A	ner (8)		ASCM	No.		1 2/2-2		atement Con ntracting L		(9)					
Street Address						Street 522		555				- 241.0			
City, State, Zip Code	o Code City, Unio														
Project Manager for Monitoring Firm			Telephor	ne No.		Teleph 201		No. 9603		License 01206					
	chedule 9-18-1		mpletion [	Date (11)				SHA Monitor ntracting L	LC						
Occupancy Status During Abatement (Check C	Only On	e)				Street									
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	iod of A Facility	baten Hours	nent s				State,	Zip Code							
Scope of Work (Check All That Apply)						Unio	on Cit	ty NJ 0708	7						
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		enova emolit					M G	ull Containme lini-Enclosure lovebag Prod on-Exempted	e edure	J				e	
	ls	Locati	ion										Abate	ment	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)	Use Ma	lormal d Sole intena odial S (12)	ely by nce/		tos Con therma surfa	escription taining N I system acing, VA miscellar	Materia s insu AT, or		(5	mount Specify F or LF)		Remova	Ty Repair	Encapsulate	Enclosure
	Yes	No	N/A											ite	CD
Roof		х			R	oof Fel	lts		12	50 SF	X	2			
											-	_			_
											-				_
Name of Registered Waste Hauler	Yards	0001000	Name of	Registe	red Land	Ifili									
Delfa Contracting LLC		0.000	JDEP W lauler ID 35240	No.	of Wa	ste 20		Tullytov	vn Re			ove	ry F	acili	ty
City, State Union City, NJ	27006					sal Date 18-17	9	City, State Tullytov		4					
Completed by Jaime Delgado	Title Proj.	Mana	ager.		(	Signature	e //	d d			Date 09-0		7		

Check#12839

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

GAC Project # 060-17

GAC Froject # 000-17					·						
Date of Notification (1)	7 2017	7			Name of Building Owner/ RUTGERS, THE ST		/FRSITY	OF	N.J		
Agencies Notified		Notification			Street Address						
□ EPA	August 27, 2017  Ses Notified  August 27, 2017  August 27, 2017  Ses Notified  August 27, 2017  Ses Notificati  August 27, 2017  Ses Notified  Notificati  August 27, 2017  Ses Notified  Notificati  August 28  Initia  Cancel  August 28  See Bel  Notificati  August 28  Notificati				ENVIRONMENTAL						
					27 ROAD 1, BLDG	4086, LIVI	NGSTON	CA	MPUS	•	
□ DCA		☐ Emerg	gency (i	including	City, State, Zip Code						
☑ DOL	- 1	justific	cation)		PISCATAWAY, NJ	08854		- 1 B	7/7	FF	-1
DEP- No Longer REQUIRED	)	□ Cancel			Name of Contact	150	1,000		2000	1,	1111
X DOH					MICHAEL SMITH, E	NV.				71	1 111
					HEALTH & SAFETY		I				1 111
				FACILITY INF			AFD	. 0	201	7	UII
Name of Facility Where Abatemen	t is Takin	ng Place (3)			Type of Facility (4)		51:11	16	2011	1	
NJ HALL, BLDG# 3014					☐ School (K-12)	lad har				1	
,					Subchapter 8 (other than	K-12			and the same of the same	01 9	-
Street Address					Other (i.e. private & cor	mmercial build	Angi homes	Sig	ONTA	OLO	
COLLEGE AVENUE CAN	IPUS				Sq. Feet: N/A #	of Floors: 4	RIda A	EN	100+ 7	pars	A STREET, STRE
011 (5)	1 (0)		10.	0.1.73	oq. rect. WA	01110013.	DILL	10.	.00 · y	curo	
		FOEW		Code (7) Use Only)	Current Use (prior if being	demolished	: ACADE	MIC			
NEW BRUNSWICK	MIDDL	ESEX	State	use Only)	Carroni des (priet il benig	, admondrad	,				
Name of Monitoring Firm Hired by	Bldg. Ow	vner (8)	ASCM	No.	Name of Contractor (9)						
ATC			0098	3							
					GREENWOOD ABAT	TEMENT C	ONSULTA	ANTS	s, INC	•0	
Street Address					Street Address						
3 TERRI LANE					OCC MAIN OFFICE						
					268 MAIN STREET		was a second		N-00-00-00-00-00-00-00-00-00-00-00-00-00		
City, State, Zip Code	the transient				City State, ZipCode						i
BURLINGTON, NJ 080	016				BUTLER, NJ 07405						
Project Manager for Monitoring Fire	m	Telephone I	Number		Telephone Number		License N	umber			
BRIAN KEARNY		609-386	-8800								
					973-492-0477		00840				
Scheduled Start Date (10)				on Date (11)	Name of OSHA Monitor						
09/08/17		09/11/17			ENVIROVISION, INC						
Occupancy Status During Abates	ment (Cl	heck only o	ne)		Street Address			-11-12-17			
				ıt	<u> </u>						
					20-21 WARGARAW	ROAD					
Describe	OI NOII	riai raciiity	110015 -		City, State, Zip Code						
XOther – Describe:											
	ALIDS I	8 WEEKE	NDS AG	S NEEDED)	850						
Schedule. 31 W - 3AW (24 TK	JUNG	Of AATTIKT	NDO A	3 NEEDED)	FAIRLAWN, NJ						
Scope of Work (Check all that appl	у)				1						
					[	∃Full Contair	nment with h	Vegati	ive Pres	sure	
$\square \ge 3$ sf or $\ge 3$ If				<b>X</b> Renovation		Mini-Enclo	sure				
	lf			□ Demolition		Glove bag	Procedure /	Wrap	& Cut		
						Non-Exem				Proce	dure
Location of Asbestos-Containing	Is Loca	ation Normal	ly Used	Description of Ast	pestos Containing Material	Amou	nt Ab	ateme	nt Type		
Material (ACM) in Facility (13)	CONT. 1000 For a		ustodial		al systems insulation, surfaci			maya	Repair E	Encon I	Enclose
			NIA	VAT, or other mis	cell.)	or LF)	ive	nove	Repail L	псар	LIIGIOSE
	TES	NO	NA								
209 FOYER / 209B		X		VAT		204 \$	SF X				
Room 430		X		VAT		140 \$	SF X				
Name of Reg. Waste Hauler		N.IDEP Was	ste Haule	r ID #	Cubic Varda of Waste:	10 CY	Name of R	eaiste	red Lan	dfill	1
See Hauler Below #1 & 2		See Belov			Cubic Yards of Waste:	10 01	G.R.O.W				II
				NI 07 407		Disposal Da	to	Ic	ity, State		
Hauler #1) Greenwood Abatemen NJDEP # 12561	t Consul	itants, inc	Butter, 1	NJ 07405		Disposal Da	te		00 New		Aill
Hauler #2) Newark Carting, Inc.,	Newark	N.I 04509				00/44/20	47	100	d. Morri		Y50.5
NJ DEP # 4509		,				09/11/20	17.	14000	9067		
1600 000 000 000 000 000 000 000 000 000								2	15-736-1	1700	
Completed by (Print or Type)	Tit	le			Signature		Date	-			
RAYMOND C. PEDALING		ENIOR P	ROJEC	CT		1.1:	August	27,2	2017		
		ANAGER			Raymond C. Pe	aauno	,				

#### GAC# 592-2017

Date of Notification (1)					Name of Building Owner/						
	Augus	st 30, 2017			CELGENE CORPORA	ATION		TO A	TO	-	-
Agencies Notified		Notification IXInitial		tion	Street Address 86 MORRIS AVENU	E IN		CE	HA	E	m)
☑ EPA □DCA		☐ Amend			City, State, Zip Code						
X DOL	of Facility Where Abatement is Taking Place (3) GENE CORPORATION – "H" BUILDING  Address IORRIS AVENUE  S) IMIT  Of Monitoring Firm Hired by Bldg. Owner (8) CABE ENVIRONMENTAL VICES, LLC Address VALLEY BROOK AVENUE #3A  State, Zip Code DHURST, NJ 07071  It Manager for Monitoring Firm N CHIAVELLO  Address VALLEY BROOK AVENUE #3A  State, Zip Code DHURST, NJ 07071  It Manager for Monitoring Firm N CHIAVELLO  Scheduled Completion 10/09/17  Dancy Status During Abatement (Check only one) Cility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Hours			ncluding	SUMMIT, NJ 07901	- 111 1	1		9 004		Ш
(100 to 1 t	IRED				Name of Contact MR. Janos Angeli -						2
☑ DOH	III	☐ Cance	lled		Director - Engineeri	2	t I				
					Construction	ing &	ASI		CONTI	ROL 8	
								LICEN			
Name of Facility Where Abot		ring Diago (2)		FACILITY INF		1	TE	- (F) - (F)	11 11	11 1:-	poets .
					Type of Facility (4)  School (K-12)		1)	世生	11 //		In
Street Address					Subchapter 8 (other than	K-12)	1				A CONTRACTOR OF THE PARTY OF TH
86 MORRIS AVENUE					X Other (i.e. private & cor	nmercial build	ings, ho	nespetc,)	0 00	17	11111
				Ondo (7)	Sq. Feet: 35,000 #	of Floors: 2	Bldg.	Nge: ~	70+ ye	ars	P
City (5) SUMMIT				Use Only)	Current Use (prior if being	demolished	: ADN	IINISTRA	TIVE O	FFICE	&
OOMMIT	1110	TOTAL			RESEARCH LABS	, domorphica,	ASL_	2,050	CONTI	ROL {	3.
		Owner (8)			Name of Contractor (9)	Lancon		LICEN	SING		
SERVICES, LLC	ENIAL		0011	8	GREENWOOD ABAT	EMENT C	ONSU	LTANTS	S, INC.		
Street Address					Street Address						
464 VALLEY BROOK	AVENUE	#3A			268 MAIN STREET						
City, State, Zip Code					City State, ZipCode						
		Telephone N	lumber		BUTLER, NJ 07405 Telephone Number		Licens	e Number			
JOHN CHIAVELLO							0004	0			
Schodulad Start Data (10)		Sobodulad C	`ompletio	n Data (11)	973-492-0477 Name of OSHA Monitor		0084	U			
09/09/17			ompledo	III Date (11)	Name of OSHA Monitor	7-0	NE	C. E		<b>∥</b> [E	(n)
					ENVIROVISION, INC	: !!!		<u></u>		J	
				nt.	Street Address		M.				
					20-21 WARGARAW	ROAD		SEP 1	2 2	017	1
Describe				V AND T	City, State, Zip Code		1				-
SUB 8 M - F 2pm - 10:30p					FAIRLAWN, NJ 0741	0	ASL	LICE	CON	TROL	. &
Scope of Work (Check all tha	t apply)				I VI	Full Contains	nant wit	h Nogotiv	o Droos		
□≥ 3 sf or ≥ 3 lf				▼ Renovation	terrent .	Mini-Enclosu			e Fiess	ule	
				☐ Demolition		Glovebag Pr		60			
_					X	Non-Exempt	ed (*) ar	nd Non-F	riable P	rocedu	re
Location of Asbestos-Contain		cation Normal	ly Used		bestos Containing Material	Amour		Abateme	nt Type		
Material (ACM) in Facility (13)		ly by Maint. todial Staff? (1	2)	VAT, or other mis	al systems insulation, surfacir	g, (Specifor LF)	y SF	Remove	Repair E	ncap E	inclose
	YES	S NO	ŃΑ								
1 <sup>st</sup> Floor		X		Flooring & Mast etc.)	tics (floor, cove base, wall	10,000	SF	X			
1 <sup>st</sup> Floor		X		PLASTER CEIL	ING	10,000	SF	X			
Name of Reg. Waste Hauler		NJDEP Was		r ID#	Cubic Yards of Waste:			of Registe			
Newark Carting, Inc. NJ DEP # 4509 Newark, NJ 04509					400 CY		G.R.C	).W.S. N	iorth L	anom	11
Newark, Ind 04509					L	Disposal Da	te	10	ty, State		
Notes: None						10/09/17		10	00 New I	ord Mi	
									orrisville 15-736-1		1067
Completed by (Print or Type)		Γitle	5 550 A PERMITTURE - A - 2		Signature		Date				
RAYMOND C. PEDAL	SUBSECTION OF THE PARTY OF THE	SENIOR P		CT	Raymond C. Per	talino	Augu	ust 30,	2017		
		MANAGER									

OK# 24524			ICATIOI ursuant	tate of New N OF ASBE t to NJAC 8 K# 23915	STOS A	ABATEN 1 12:120	)	4174724	335/2	5 (C.	244	20/0	308	11/2	4524
Date of Notification (1) 08-30-17				of Building C				ATT CALL DE LA CALL	N			, 1	20.	7	
Agencies Notified Type Notification	1			Address						SE	1	1 4	20	1	
EPA Initial Amended		-		Sylvan Ave				the state of the s				-	> 1 P	F.,	
X DOL Amendmer				wood Clif				perculate	Ā	SL_	ICE	SOL	ING	HU.	
		3	Name o	of Contact							-: 05	all the contract	path (Bullet Avigate)	Digaster .	
DCA Cancellatio			400-90000000	ish Joshi					13						
Name of Facility Where Abatement is Taki	ng Place (	3)	FAC	ILITY INFO	RMATIC		Tyne	of Facility	(4)	-					
The state of the		ica.						School (K-							
Street Address								Subchapte	r 8 (Oth					20	
700 Sylvan Aveue								Other (i.e. etc.)	private	& comm	ercia	l build	dings	, nom	es,
City (5) Englewood Cliffs							Squar	re Feet	#0	f Floors		В	ildg. A	\ge	
County (6) Bergen				Code (7) USE ONLY)				nt Use (Pr imercial	ior if bei	ng dem	olish	ed)			
Name of Monitoring Firm Hired by Building ALC Environmental	Owner (8	)	ASC	M No.				tement Co nvironm							
Street Address 121 West 27th Street, Suite 402						Street A		Street							
City, State, Zip Code New York, NY 10001						City, Sta		p Code NJ 0707	2		74				
Project Manager for Monitoring Firm Shawn Waldron	1		Telepho (212)	ne No. 675-5544		Telepho 201-9				Licens					
Start Date (10) 03-18-17(2)04-04-17	Schedu (7)11-		npletion	Date (11)		Name o		A Monitor	Si .						
Occupancy Status During Abatement (Che						Street A	Addres	S							
➤ Facility Closed/Vacated During Entire						10-59	Jack	cson Ave	enue						
Abatement Performed Outside of Non Other – Describe:	mal Facilit	y Hours			_ [	City, Sta Long		p Code d City, N	IY 111	01					
Scope of Work (Check All That Apply)	75-5-51							S S MANAGE							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	Min Glo	Containm i-Enclosur vebag Pro n-Exempte	e cedure	•				Δ.	
	ls ls	Locati	on						<u> </u>				Abate	emen	t
Location of		Normal ed Sole	ly	0.4000 00	Desc	cription o	of						Ту	pe	
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	aintenar	ice/	Asbesto (i.e. th		ining Ma systems i				mount pecify		고		Enc	E I
In Facility (13)	Cus	todial S (12)	otan?			ng, VAT			SF	or LF)		Removal	Repair	Encapsulate	Enclosure
()	Yes	No	N/A	1	00101111	000114110	,000,					/al	=	ilate	ıre
Building D: 2nd Floor			х		Firep	oroofin	g		11,	000SF		х			
Building D: 1st Floor			х		١	VAT				125SF		х			$\Box$
Building D: 1st Floor		х		Pipe I	nsulati	on			16LF		x				
Building D: 3rd Floor	1		х		Fire	oroofing	g		11.	000SF		x			
Name of Registered Waste Hauler		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	JDEP W	1000 (CC) 1000 (CC)	Cubic Y	ards		Name of			-	0.00			
ATC, Inc. / JBT (50071)			auler ID I310	7.8	of Waste TBD	е		Minerva	a Ente	rprises	5				
City, State Shirley, NY / Bronx, NY	1 2000			1.53	Disposa TBD	al Date	2	City, Stat Wayne		OH 44	1688	3			
Completed by	Title	-4.54		I-	Sig	nature		-01			Date		-		
Richard Doran	Proje	ct ivia	nager			16	10	010	5/0		U8-	30-1	1		

#### Title Of Project: 700 Sylvan Avenue, Englewood Cliff, NJ Additional Materials / Floors

Pg. 2

Location of	Is Location Normally		Amount	Abatement Type
Asbestos-Containing	Used Solely by	Asbestos-Containing	(Specify	(Specify:
Material (ACM) TO BE ABATED	Maintenance or Custodial Staff?	Material (ACM)	A COLOR DE LOS DE LA COLOR DE	Removal, Repair, Encapsulation or
in Facility	(12)	(i.e., thermal systems insulation, surfacing, VAT	or Linear Feet)	
(13)	(12)	or other miscellaneous)	Linear reet)	Lilciosare)
(1.5)				
Building D: 2nd Floor	N/A	Pipe & Fittings	1,400LF	Removal
Building D: 3rd Floor	N/A	Pipe & Fittings	1,400LF	Removal
Building B: Basement	N/A	Fireproofing	144SF	Removal
Building B: 2nd Floor	N/A	Mastic	1,200SF	Removal
Building A: Ground Floor	N/A	Pipe Insulation	6LF	Removal
Building A: Ground Floor	N/A	Pipe Insulation	11LF	Removal
Building A: Ground Floor	N/A	Pipe Insulation	10LF	Removal
Building A: Ground Floor	N/A	Debris	100SF	Removal
Building A: 1st Floor	N/A	Pipe Insulation	6LF	Removal
(2)Under Pedestrian Bridge between Bldgs. B&C	N/A	Pipe Insulation	60LF	Removal
(2)Under Pedestrian Bridge between Bldgs. A&B	N/A	Pipe Insulation	65LF	Removal
(3) Building A: 3rd Floor	N/A	Glue Dots	15,000SF	Removal
(5) Building B: 2 Level Cafeteria	N/A	Mastic	8,000SF	Removal
Building B: 1 <sup>st</sup> Floor	N/A	VAT	200SF	Removal
Building A: 2 <sup>nd</sup> Floor	N/A	Mastic	100SF	Removal
Building A: 4 <sup>th</sup> Floor	N/A	VAT	8,000SF	Removal
(6)Building D: 3rd Floor	N/A	Fireproofing	120SF	Removal
(6)Building D: 2nd Floor	N/A	Floor Mastic	200SF	Removal
(6)Building D: 2nd Floor	N/A	Wall Mastic	100SF	Removal
(6)Building D: 2nd Floor	N/A	Pipe Insulation	4LF	Removal
(7)Building D: Level 3	N/A	ACM Window Caulking	400LF	Removal
(7)Building D: Level 2	N/A	ACM Window Caulking	400LF	Removal
(8)Building B: 2nd Floor Kitchen	N/A	Mastic	5,500SF	Removal
(8)Building B: Entrance	N/A	ACM Window Caulking	100LF	Removal
(8)Pedestrian Bridge between Bldgs. A&C	N/A	ACM Window Caulking	60LF	Removal



## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

OV# DUKE	X			FICATIO	State of Ne ON OF ASE nt to NJAC	ESTOS	ABATE							-	
Date of Notification (1) 08-30-17	(0			Name	of Building	Owner/	Operator		distribution of the state of th		HECK OF	2452	8	7 E	
Agencies Notified	Type Notification			Street	Address		17				SEI	2 1 2	20	17	
EPA DEP X DOL	Initial Amended Amendment	#		City, S	tater Stre tate, Zip Cord, NJ 08	ode			-						
☑ DOH □ DCA	Emergency ( justification) Cancellation		3	Name	of Contact i Schepe				N. Control	A	SL	US C	ONT	ROL	_ Čl
	Cancellation														
Name of Facility Where Al	batement is Taking	Place (	(3)	FAC	CILITY INF	ORMAT	ION	Туре	of Facility	(4)			79		
Street Address 96 Water Street								×	School (K- Subchapte Other (i.e.	r 8 (Oth	er than K & comme	(-12) ercial bui	ldings	, hom	ies,
City (5) New Milford	400								etc.) re Feet SF	# 0	f Floors		Bldg.	Age	
County (6) Bergen					Code (7)	1		Curre	ent Use (Pr	1 .	ng demoi	lished)			
Name of Monitoring Firm F	Hired by Building C	wner (8			M No.		Name	27.000	nmercial tement Co	ntractor	(9)				
N/A Street Address								acle E	Environm						
0:- 0:- 7:- 0							200 E	Broad	Street						
City, State, Zip Code									ip Code NJ 0707	2					
Project Manager for Monito	oring Firm			Telepho	one No.		Teleph 201-9				License 00756				
Start Date (10) 09-11-17		Schedul		npletion	Date (11)				A Monitor	10				-	
Occupancy Status During A			388				Street	Addres	S	7.00	<del></del>				
Facility Closed/Vacate Abatement Performed	ed During Entire Po	eriod of	Abaten Hours	nent					38th Stre	et					
Other – Describe:						_			NY 100	18		44			
Scope of Work (Check All 1	That Apply)						_	,							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				×	Min Glo	Containme i-Enclosure vebag Prod i-Exempted	e cedure				e	
			Locati										Abate	ement	
Location of Asbestos-Containing M	aterial (ACM)	Use	Normali d Sole intenar	y by		os Conta	cription aining Ma	aterial		Ar	nount		.,		
TO BE ABAT In Facility (13)		100.00000000000000000000000000000000000	todial S (12)		(i.e. 1	surfac	systems ing, VAT iscelland	Γ, or	tion,		pecify or LF)	Remova	Repair	Encapsulate	Enclosure
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Shed: Roo	of			X		ACRI	M Roof	fing		55	0SF	х			
100 100 100 100 100 100 100 100 100 100															
Name of Pariety															
Name of Registered Waste ATC, Inc. / JBT (50071			Ha	JDEP W auler ID 310	No.	of Was TBD			Name of F Minerva			ill			
City, State Shirley, NY / Bronx, NY	/					Disposa	al Date	2	City, State		OH 446	888			
Completed by Raymond Kinsella		ct Ma	nager			gnature	1	(	/ /	D	ate 8-30-1	7			
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Date of Notification (1) September 5, 2017				Name o	of Building O ence	wner/Opera	ator	(2)			SEP 1	2 2	017		4
Agencies Notified	Type Notification	1		Street A	Address										- Lander
X EPA X DEP X DOL	X Initial Amended			City Sta	ate, Zip Code	3			Á	SL	LICEN	CON	rroi	L &	
× DOL	Amendmen Emergency		_	Westf					l-	- Carolina Anna	San S Con S	101110			manufacture.
DOH DCA	justification Cancellatio	)			f Contact Massercol	а				Tel	enhone N	ımher			
				200000000	ILITY INFOR					i i i		-			
Name of Facility Where A Residence	batement is Taki	ng Place (	3)					Type of Fa							
Street Address								Subc		(Oth	er than K- & commer		dings	, hom	es,
City (5) Westfield								Square Fe 1,260	et	# o	f Floors	1.0%	3ldg. /	Age	
County (6) Union	- House				Code (7)			Current Us	se (Prior		ng demoli				
Name of Monitoring Firm A. Seine Lighthouse		Owner (8	)	ASCN				of Abateme			(9)				
Street Address PO Box 354						100		Address Liberty A	Venue						
City, State, Zip Code South Orange, NJ 0	7079	W- III				City	, Sta	ate, Zip Co le, NJ 07	de						
Project Manager for Monit				Telepho	ne No. 19-2666	Tele	epho	one No. 62-7465			License	No.			
Start Date (10)					Date (11)	Nan	ne o	f OSHA M	onitor		01316				
9/20/2017 Occupancy Status During	Abstement /Cho.	9/27/2						ne Light	house :	Solu	itions				
Facility Closed/Vacat	ted During Entire	Period of	Abate	ment		# 000000		ox 354							
Abatement Performe Other – Describe:	d Outside of Norr	mal Facility	y Hour	rs				ate, Zip Co Orange		079					
Scope of Work (Check All	That Apply)	-				100		Grango	, 110 07		-				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		F F	Renov Demoli	ation ition				Mini-End Gloveba	closure ig Proced	dure	Negative			e.	
		97	Loca	0.00								T	Abate	ement	
Location Asbestos-Containing N		Use	Norma d Sol	ely by	Asbestos	Descripti Containing			M)	A	mount		1,	ре	
TO BE ABA In Facility		70335		Staff?	(i.e. the	ermal syste surfacing, \	erris	insulation,		(S	pecify or LF)	Remova	Repair	ncap	Enclosure
(13)		Yes	(12) No	N/A		ther miscell					,	loval	oair	Encapsulate	sure
Basement Be	droom		X			Floor	Tile			250	sq. ft.	X			
Ground Level Fa	mily Room		Х			Floor	Tile			700	sq. ft.	X			
					-										
Name of Registered Waste	e Hauler			JDEP W	aste (	Cubic Yards		Nar	ne of Pe	nieto	red Landfi				
Newark Carting			H	Hauler ID 4509		f Waste	,			3	gement L		H		
City, State East Orange, NJ						Disposal Da	ite 4		r, State nn Arg	yle,	PA				
Completed by Alison Lamers		Title Office	e Mai	nager		Signaty	re/	mel	WS	)	110,5405	ate /5/201	17		

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Date of Notification (1) 09/06/2017					Building Ov of St.Jos				Company of the Compan		SEP	1.2	20	17	Commence of the Commence of th	
	lotification			treet Ad 199 Hu	<sub>dress</sub> dson Ter	race			4 L	AL CHARACTER STATE OF THE PARTY	OLI	-	20	1.1	-	
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X DOH ju	mergency (inconstitution) ancellation	luding	1	lame of o					(6)	T			-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
				FACIL	ITY INFOR	MATI	ON	_	6 F 10 b - 741							
Name of Facility Where Abateme Church	ent is Taking P	Place (3)						☐ S	f Facility (4)	)	- than I/	12\				
Street Address 399 Hudson Terrace								X O	ubchapter 8 ther (i.e. pri c.)	vate 8	commer	cial b				5,
City (5) Englewood Cliffs								Square N/A	Feet	# of N/A	Floors		Bld N/	lg. Ag A	е	
County (6) Bergen				County C	ode (7) SE ONLY)			Curren	t Use (Prior ch	if beir	ng demoli	ished	)			
Name of Monitoring Firm Hired b	y Building Ow	mer (8)		ASCM	No.				ement Cont ment, Inc		(9)					
Street Address							970000000000000000000000000000000000000	Address	ren Aven	ue						
City, State, Zip Code			H				City, S	State, Zip								
Project Manager for Morillotting Fifth											License 01311	No.				
Start Date (10) 09/07/2017	ate (10) Scheduled Completion Date (11) Name of OSHA Monitor															
Occupancy Status During Abate							Street	Addres	S		-					
Facility Closed/Vacated Du Abatement Performed Outs Other – Describe: Occupie	side of Normal	riod of A Facility	batem Hours	ent			City, S	State, Zip	ren Aven Code J 07512	ue						
Scope of Work (Check All That A							1010	owa, IN	01012				_			
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	~рріу/		enovat emoliti					Min Glo	Containme i-Enclosure vebag Proc i-Exempted	edure					è	
		ls	Location	on											ment	
Location of Asbestos-Containing Materion TO BE ABATED In Facility (13)	al (ACM)	Use Ma	lormall d Solel intenar todial S (12)	ly by nce/	Asbesto (i.e. t	os Cor herma surfa	escription taining al systen acing, Va miscella	Material ns insula AT, or	(ACM) tion,	(5	mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A						4	50 L F	-	37		10.482	
2nd Floor			Х			Pipi	e Insul	ation			50 LF	+	X			
Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill																
Name of Registered Waste Hau D&S Abatement, Inc.	ıler		Н	IJDEP W lauler ID 0996	1000000000	of W	aste		Waste I				PA			
City, State Totowa, NJ							osal Dat )	е	City, State Morrisv		PA					
Completed by Ned Joksimovic	va, NJ  TBD Morrisville, PA  leted by Title Signature Date  Date  Docceroo177															

2000 07:36AM NJ Asbestos 0		р	age 1		D	AT	TIP	A					
17 09:45e A. MAC Contract	ng Inc.					20126	20321	A A	L	p.2	)		
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JK# 9600	NO	TEFICATIO	State of New DN OF ASSE nt to NJAC 8	STOR	ABATE		***	che	dk #	96	200	1 2	2 2017
Date of Notification (1)/		Name	of Building C	Wher/	Operator	Acenbu.	<u> </u>		T.	SL	5.1	JS C	ONTROL &
Agencies Notified Type Notification		Street	Address C/S	_		Tou Au		N TTE	D.	1		EN	SING
EPA Militat DEP Amended Amended Amendment		City, 6	State, Zip Coo	do Cot	4/7	070			7	<u> </u>	7.1	1	
Emergency justification)		Name	of Contact		703	<i>O</i> /	Tele						
Cancallation	····		CH S	RMAT	ÓN	•							
Name of Facility Where Abetement is Takir	g Place (3) IZTA & T			All companies		Type of Faci	DESCRIPTION OF THE PROPERTY OF	***				7	
Street Address 306 MAIN STAR	L:					School Subcha X Oiner (	(N-12) pler 8 (Otho le. private 8	r than K-t	2) al buit	Mane	ham	A.S	
PLOGEFIELD PARK		-	The state of the s			etc.) Square Feet	# of	Floore		Sidg.			
County (6)		Count	y Code (7)	_		Current Use		3 20 demoks	haid)	6	4		
BEAUTEL Name of Monitoring Firm Hired by Building	Owner/M	(STAT	E USE OWLY)	1	T Manage	HA	73			***************************************	werpendenster		
Sire at Address	OPINE (D)		PAM JAD'		A. M	of Abstement ac Contract	ting Inc.	(8)					
						Address Vrestand Av	VR.			8 20 00 00 00			
City, State, Zip Code	-		VIII.			tate, Zip Code and Park, N				•			E 0
Project Manager for Monitoring Firm		Telepi	hone No.		Telepi	one No. 262-5841		License N	lo.			-	
Start Date (10)   9 / 8 / 17		Completio	n Date (11)			of OSHA Mon		orvices In	ıc.				
Decupancy Status During Abatement (Chec					Street	Address Huyler Stree			-			$\dashv$	
Facility Closed/Vacated During Entire Absternent Performed Outside of Nom Other - Describe:	nal Facility H	elemen: lours		TANK THE PERSON NAMED IN	City, 5	tete, Zip Code	·		-			-	
Scope of Work (Check All That Apply)	-			4	Hack	ensack, N.	J. 07506		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		***************************************		
23 sf or 23 if 2180 sf or 2260 if	Rer Der	navetion molklan		ammundadada quees	L de X	Full Conta Mini-Englo Glovebag	Procedure						
A Pakk		callon	1		<u>.                                </u>	3 NOT-ERRIT	pted (*) and	Non-Franc	HE PTO	Abel	nema	:	
Asbestos-Contairing Material (ACM) TO be ABATED In Facility (13)	Asbestos-Containing Material (ACM) TO he Abated In Facility (13)					of leterial (ACM) s insulation, T, or 1900s)	(3	nount pecify or (F)	Berones	Repair	Encapadale	Endosue	٠
HALL	Yes	No N/A		0	IR					ļ.,	2	1	
( 2 × 1 × 4 × 2			1	100	I P IL		+	75-68	2	-	-	$\vdash$	
Nama of Registered Waste Hauler	NUDEP	Wester	Cubic	Yards	Name	of Register	ed Landiir						
Newark Carting, Inc.	<u>OMERICANICA DE LA MARCARE</u>	Hauter I 04509		of Wa	sto /		nd Centra			dfill			
City, Sinte Newark, N.J. 07105		***************************************		797	11/03m	City, S	State Argyl, PA	08072			•	$\neg$	
Completed by R. McDonald	Tale Presid	eni		- 4	and pure	1	21	Dz	tm 4	101	17	-	
	1 (00)	te #1		1	115	12 1 Township	20 1		11	# /	11	- 1	

17#588	3		CATION	te of New OF ASBE to NJAC 8	STOS	ABATE		NT		CE		$\mathbb{V}$			
Date of Notification (1) 09-05-2017	<u> </u>		0.00		Building C		perator	(2)	1		SEP 1	2 2	017	1	U
Agencies Notified	Type Notification			Street Ac		all				-	ULI			-1	
EPA  DEP  DOL  DOH	Initial Amended Amendment Emergency justification) Cancellation	(including	-	City, Stat Montcl	e, Zip Coo air, NJ, (	07042			- The second second	AS		CON NSIN		DL &	
DCA	Cancellation				Jananan JTY INFO		ON	3300						-	-
Name of Facility Where A Private Dwelling Street Address City (5)	Abatement is Takin	g Place (3)						L	ype of Facility School (K-Subchapte Other (i.e. etc.) quare Feet	12) r 8 (Oth private		ial buil	dings,		es,
Montclair NJ 07042									I/A	N/			I/A		
County (6) Essex Name of Monitoring Firm	Hired by Building	Owner (8)		County C (STATE U	ISE ONLY)		Name	F	urrent Use (Pr Private dwel Abatement Co	ling	<b>3</b> 0	shed)			
EnviroVision Consu	iltants						Ama	ax (	Contracting	LLC					
Street Address 20-21 Wagaraw Ro	ad							во	X 734						
City, State, Zip Code Fair Lawn NJ 0741							Woo	odla	e, Zip Code and Park N.	J 0742					
Project Manager for Mon Frederick Larson	itoring Firm				6-9145			-69	2-6298		01266	No.			
Start Date (10) 09-06-2017		Scheduled 09-10-2		npletion E	Date (11)				OSHA Monitor Contracting						
Occupancy Status During	g Abatement (Che						Street								
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire	Period of Al	baterr	ent			City, S	Stat	X 734 e, Zip Code and Park N	1.0743					
Scope of Work (Check A	II That Apply)						VVOC	Juli	and Park IN	3 0742					
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	enova emolit				>	×	Full Containn Mini-Enclosus Glovebag Pro Non-Exempte	re ocedure				e	
		1	_ocati	20,000										ement /pe	
Location Asbestos-Containing TO BE AB/ In Facil (13)	Material (ACM) ATED ity	Used	Sole Sole	ly by nce/		tos Con thermal surfa		Mat ns ir AT,	erial (ACM) sulation, or	(	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A								_	<u> </u>	e	
2nd Flo	oor	4-4	Х		Debr	is Clea	an	up	8	00 SF	X	-			
	**************************************	1-1		1								+	1		
		-		-								+	-		
Name of Registered Was	1000	JDEP W lauler ID		Cubic of Wa	Yards				ered Landf	ill	1				
Amax Contracting L	LC		3	6184		3 су			Fairles		5				
City, State Woodland Park NJ (	07424	Title				09-1	sal Date 7-2017	7	City, Sta Morris						
Completed by Tome Maslarkov		ct Ma	anager		\$	Signatur	e	Cin			)ate )9-05-	201	7		

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

Print Form

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NO CK		NOTIF	Pursuan	State of New Je N OF ASBEST at to NJAC 8:60	OS ABATE and 12:12	20)		D		原尼	Ŋ	$\mathbb{V}$	
Date of Notification (1) 09/08/2017				of Building Owr er County In				The street of the state of the	SE	P 1	2 2	2017	TIV
Agencies Notified Type Notification				Address	iproverne	2111	Authority			- 1			
EPA Initial Amended				amilton Aver	iue				ASL	. US	CON	TRO	L &
DEP X Amended Amendment	#3			tate, Zip Code on, NJ 0861	1			L		ICEN			
				of Contact				T-1	a a b a				
				ILITY INFORM	IATION								
Name of Facility Where Abatement is Takin Mercer County Courthouse (Old C	g Place (	(3)				1	Type of Facility	(4)					
Street Address	- Curtilot	136)				E	School (K- Subchapte		or than K	12\			
209 South Broad Street						Ė	Other (i.e.	private 8	& commer	cial bu	ildings	s, hom	ies,
City (5) Trenton				1 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (			etc.) Square Feet 40,000	# of	Floors		Bldg. 70+	Age	
County (6) Mercer			County (STATE	Code (7) USE ONLY)		0	Current Use (Pri Courthouse a	or if bei	ng demolis	shed)			
Name of Monitoring Firm Hired by Building ( Pennoni Associates Inc.	Owner (8	)	0010	M No. 02			Abatement Cor r Environme			Inc.			
Street Address 515 Grove Street Suite 1B					Street	Ac	dress						
City, State, Zip Code	-						ge Road						
Haddon Heights, NJ 08035							te, Zip Code ixville, PA 19	460					
Project Manager for Monitoring Firm Thomas Adams			Telepho 856-6	ne No. 56-2912	Teleph 610 9		ne No. 3-4332		License I	No.			
Start Date (10) 08/21/2017	Schedul 09/19/2		npletion	Date (11)			OSHA Monitor Environme	ntal Sc	nvices	Inc	- W. No		
Occupancy Status During Abatement (Check			_		Street			itai 56	or vices,	1116.			
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: Construction Personn	al Facility	Abatem / Hours	ent				ge Road e, Zip Code		-				
	iei Only				Phoe	eni	xville, PA 19	460					
Scope of Work (Check All That Apply)	[J] _				×	7							
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf	× F	Renova Demoliti			Ê		Full Containme Mini-Enclosure Glovebag Prod	edure					
	Is	Location	nn				Non-Exempted	(") and	Non-Frial	DIE Pro	V-0-10-10-10	ement	
Location of	1	Normall d Solel	у		Description	of					Ту	ре	
Asbestos-Containing Material (ACM)  TO BE ABATED	Ma	intenar	ice/	Asbestos C (i.e. thern	ontaining M nal systems	late	erial (ACM) sulation		nount pecify	Z		En	ш
In Facility (13)	Cusi	todial S (12)	ат?	su	rfacing, VAT er miscelland	Τ, (	or		or LF)	Remova	Repair	Encapsulate	Enclosure
*******	Yes	No	N/A	5010		201	/			val	=	late	ure
Ground FI Electric/Storage Room			X	Floor	Tile and I	Ma	astic	23	5 SF	X			
Ground FI Electric/Storage Room			Х		aster Ceil			195757	5 SF	X			
Ground FI Electric/Storage Room		Х		e Insulat	_		0,000	LF	X				
Ground FI Electric/Storage Room			Х		all Partitio	88			2 SF	X			
Name of Registered Waste Hauler	1000000	JDEP W	aste Cub	ic Yards		Name of F			-				
Horizon Disposal		1 1 2 2 3 3 2 3	auler ID 416	No. of V	/aste		GROWS	S/Tully	town <mark>L</mark> a	ndfill			
City, State Frenton, NJ					oosal Date		City, State						
Completed by	Title				Signature	(			, Da	ite			
Patrick Larney	Projec	ct Mai	nager		10	M	M	~	1 09	9/08/2	2017		

Patrick Larney

N	0	C	K	
1	Ac	تعور		2
Date o	of Not	ificat	ion (	(1)

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

- Police of		(	Pursuai	nt to NJA	AC 8:60 a	nd 12:12	20)		In	1				
Date of Notification (1) 09/08/2017			Name Merc	of Buildir er Cou	ng Owner nty Impi	Operato	r (2) ent A	uthority	The state of the s	S	EP	12	201	7
Agencies Notified Type Notification  X EPA Initial			0.0000000000000000000000000000000000000	Address amilton	Avenue	9			And the section of th	ASL	LICE	S OC	NTF	IOL
DEP X Amended Amendmen Emergency.		>	Tren	state, Zip ton, NJ	08611				lengare aux	CONTROL OF STREET	LIUE	INOI	NG	
X     DOH       X     DCA       Justification       Cancellation	(C) (C)		Name Al Co	of Contac	ct				Tale	anhora N	lumba	1.		
Name of Facility Where Abatement is Takir	na Place /3	2)	FAC	CILITY IN	IFORMAT	ION						_		
Mercer County Courthouse (Old C	ourthous	se)					Тур	e of Facility (4	2					
Street Address 209 South Broad Street							×	School (K-12 Subchapter of Other (i.e. pr	(Othe	er than K- commer	-12) rcial bu	ilding	s, hon	nes,
City (5) Trenton								etc.) are Feet 0,000	# of	Floors		Bldg. 70+	Age	
County (6) Mercer			County (STATE	Code (7)	) .Y)	_	Curr	ent Use (Prior urthouse ar	if bein	ig demoli	ished)	10-20		
Name of Monitoring Firm Hired by Building Pennoni Associates Inc.	Owner (8)		ASC 001	M No. 02				atement Cont			Inc.			
Street Address 515 Grove Street Suite 1B	-,		'			Street 42 R		ess Road						
City, State, Zip Code Haddon Heights, NJ 08035								Zip Code ille, PA 194	60					
Project Manager for Monitoring Firm Thomas Adams			Telepho 856 6	one No. 56-2912	2	Teleph 610 9				License 00836	No.			
Start Date (10) 08/21/2017	Schedule 09/19/2	d Cor 017	npletion	Date (11	)	HA Monitor nvironment	al Se	rvices	Inc					
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire F		1000				Street /	Addre	ss		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1110.			
Abatement Performed Outside of Norm  Other – Describe: Construction Person	al Facility	Hours	nent S			City, St	ate, Z	ip Code Ile, PA 194	60					
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	_	enova				×	Mir	Il Containmen ni-Enclosure ovebag Proced n-Exempted (	dure					
	10	ocati					140	II Exempted (	) and	NOII-FIIA	DIE PIC	Abat	ement	t
Location of Asbestos-Containing Material (ACM)	Used	Sole	y by	Ashe	Des stos Conta	cription	of atorial	(ACNA)	0			1)	ре	
TO BE ABATED In Facility (13)	Custo	itenar idial S (12)	(0.0000)	(i.e.	thermal: surfac	systems ing, VAT iscellane	insula , or	ation,	(Sp	ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure
Ground FI Electric/Storage Room			X	•	\/\/al	I Plaste	or.		20	05	-	_		
1				-	VVal	11 laste	31 		32	SF	X	)		
Name of Registered Waste Hauler		N	JDEP W	asta	Cubic Y	/ordo		No. of D			Х			
lorizon Disposal		Ha	auler ID		of Wast			Name of Re						
City, State renton, NJ		1,0	.,.0		Disposa 08/201			City, State Morrisville						
Completed by	Title					nature		MOLLISVILLE	, FA	Da	te			
atrick Larney	Mar	nager			14	M	Du		000	9/08/2	017			

NOCK.			NOT				BESTOS ABAT AC 8:60 and 5:1		MEG	F	[]	\//	2 r
Date of Notification (1)					Nome	of Buildin	g Owner/Operator (	(2)	11111-5		11	Y [	5,
	30 /	17					mmunications	,2)					with the first
Agencies Notified  EPA	Type Notific	ation			200000000000000000000000000000000000000	t Address Alden St	root		THE SEP	1 2	21	17/	
□ DOLWD		d				State, Zip (			ASI	5- 63	CANTO	(3/31	1
□ DOH	Amendm				33.00	anford, N			ASL LIC	JO U JENS	UNI	HUL	- či
☐ DCA (NJAC 5:23-8)	☐ Emerger justificati	ncy (ind	cluding	9		of Contac			Telephone Num			-	
(NUAC 5.25-0)	☐ Cancella					x Baylor	-	4.	1 Teletinine				
			-			-							
Name of Facility Where A	hatament is	Takina	Dlace	/2\	FA	CILITYIN	IFORMATION	Tona of Facility	(4)				
Verizon Cranford C			Place	: (3)				Type of Facility  ☐ School (K-12)					
Street Address	entrai Onio	·e							<sup>2)</sup> 8 (Other than K-12	)			
34 Alden Street								Other (i.e., p	rivate and commer		uilding	js,	
City (5)								homes, etc.					
Cranford								Square Feet	# of Floors	-	dg. A		
County (6)					10-		VOTATE LIGE ON VA	21,685	2	-	+-50		
Union					Cour	ity Code (/	()(STATE USE ONLY)		ior if being demolis	hed)			
	I East In a Decil			(0)	10011				mmunications				
Name of Monitoring Firm				(8)	ASCM	No.	Name of Abateme						
USA Environmental Street Address	wanagem	ent in	c.				Street Address	VIRONMENTA	L, INC.				
8346 Enterprise Ave	9				R STREET								
City, State, Zip Code	14.50						City, State, Zip Co						
Philadelphia, PA, 19				T		NI.	BRISTOL, PA	19007	177	1000			
Project Manager for Moni Mark Jenkins	toring Firm				ephone		Telephone No.		License No.				
Start Date (10)	1	Cabadi	lad O		15-365		215-788-6040		00509				
ON HOL	0_			Secretaria de la constanción del constanción de la constanción de	etion Da		Name of OSHA N BRISTOL EN	ionitor VIRONMENTA	L, INC				
Occupancy Status During	Abatement (	Check	only o	ne)			Street Address				110000		
☐ Facility Closed/Vacate							1123 BEAVE	R STREET					
Abatement Performed						cribe	City, State, Zip Co	ode	3				
Time of Abatement:	AIVI	PIVI	5:00	PIVI-Z	:UUAIVI		BRISTOL, PA	19007					
Scope of Work (Check all	that apply)		**	100		-	N 5-11 0						
≥3 sf or ≥3 lf		4	⊠ Re	novat	ion		☐ Mini-Enc	ainment with Neglosure	gative Pressure				
≥160 sf or ≥260 lf		1	☐ De	molitic	on		Gloveba						
			1.		,	Ι	∐ Non-Exe	mpted (*) and No	n-Friable Procedu	1		500	
Location	of			Locat Iorma			Description			Ab	atem	ent T	уре
Asbestos-Containing N		1)	Use	d Sole	ely by	Asbe	Description o stos Containing Ma		Amount	Rei	Repair	Enc	Enc
TO BE ABA	TED			intena	ince/ Staff?	(i.e	., thermal systems i	insulation,	(Specify	Removal	oair	cape	Enclosure
IN Facility (13)	y		Gust	(12)	Otali :		surfacing, VAT, other miscellane		SF or LF)	<u>a</u>		Encapsulate	ure
(10)			Yes	No	N/A	1	other miscellane	ous)				te	
Basement Battery Ro	om					9x9 VA	T/Mastic		40 SF				
Basement Battery Ro	om				$\boxtimes$	9x9 VA	T/Mastic		20 SF				П
Basement Battery Ro	om		П			9x9 VA	T/Mastic		20 SF				
						UNG TIT	.,,,,,,		20 01				
Name of Registered Wast	e Hauler				JDEP V	Maste	Cubic Yards of	Name of Regis	torod Landfill			Ш	Ш
SERVICE TRANSPO		P, INC.	•	1000	lauler IE 20990	No.	Waste 1	MINERVA					
City, State	NIII -						Disposal Date	City, State	,				
NEW CASTLE, DE							TBD	WAYNESB	URG, OH				
Completed By (Print or Ty	pe)	Title					Signature		. Da	te	77		
Dillan DeCaro		Es	timat	or			1)1111	n Dologa	2/0n/ C	7	7_	1-	1

State of New Jersey

ASB-41 DOL7057

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 08 30 / 17 Verizon Communications Agencies Notified Type Notification Street Address ☐ EPA ☑ Initial 12 2017 34 Alden Street □ DOLWD ☐ Amended City, State, Zip Code Amendment #\_ ☑ DOH Cranford, NJ 07016 ☐ DCA ☐ Emergency (including ASL'LLIUS CONTROL & (NJAC 5:23-8) justification) Name of Contact Telephone Number SING ☐ Cancellation Alex Baylor **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Verizon Cranford Central Office School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 34 Alden Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Cranford 21,685 2 +-50 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Union Verizon Communications Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) USA Environmental Management Inc. BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 8346 Enterprise Ave 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Philadelphia, PA, 19153 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Mark Jenkins 215-365-5810 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 9 / 11 / 17 9 / 12 / 17 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 Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/5:00PM-2:00AM BRISTOL, PA 19007 Scope of Work (Check all that apply) Full Containment with Negative Pressure □ Renovation ≥160 sf or ≥260 lf ☐ Demolition Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Remova Repair Encapsulate Enclosure Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Basement Battery Room X 9x9 VAT/Mastic 40 SF  $\boxtimes$ П Basement Battery Room X 9x9 VAT/Mastic 20 SF X П Basement Battery Room X 9x9 VAT/Mastic 20 SF  $\boxtimes$ П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill SERVICE TRANSPORT GROUP, INC. Hauler ID No. Waste MINERVA LANDFILL 20990 City, State Disposal Date City, State NEW CASTLE, DE TBD WAYNESBURG, OH Completed By (Print or Type) Title Signature Dillan DeCaro Estimator 8-30-(7

State of New Jersey

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



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Date of Notification (1)  09 /	07 /	17				of Building	g Owner/Operator aughey	(2)		小321	19	17	=-	Constitution of
Agencies Notified	Type Notifica	tion			Street	Address			District Agency A	III SEP	122	017	-	- 1
⊠ EPA									f and		-		1	LARGE STATE OF THE
⊠ DOLWD	☐ Amended				City, S	tate, Zip C	Code				OCN	7777	1 0	
☑ DOH ☐ DCA	Amendme		uding		Nev	Egypt,	NJ 08533		1	ASL LUS	NSIN	HHU B	La	
(NJAC 5:23-8)	justificatio		uumg		Name	of Contac	t		-	Tolonhona Num		124	******	
***************************************	☐ Cancellati				Way	ne McC	aughey		4	_				
					FAC	CILITY IN	FORMATION				.* -			
Name of Facility Where	Abatement is T	aking F	Place	(3)				Тур	e of Facility (4	4)				
Residence									School (K-12)					
Street Address										(Other than K-12 vate and comme		ildina	s	
									nomes, etc.)	vate and comme	roidi bu	manig	٥,	
City (5)								Squ	are Feet	# of Floors	Blo	dg. A	ge	
Normandy Beach								1	000 sf	1	- (	65		
County (6)					Coun	ty Code (7	)(STATE USE ONLY)	Cur	ent Use (Pric	or if being demoli	shed)			
Ocean														
Name of Monitoring Firm	Hired by Build	ing Ow	vner (	8)	ASCM	No.	Name of Abater	nent C	ontractor (9)					
N/A							Guardian C	ontra	cting, Inc.					
Street Address							Street Address							
							1889 Route		it 61					
City, State, Zip Code							City, State, Zip			0.000.000				
				_			Toms River	, New	Jersey 087					
Project Manager for Mon	itoring Firm			Tele	phone	No.	Telephone No.	_		License No.				
01 10 110	Ta						732-349-993			00624				
Start Date (10)					tion Da		Name of OSHA							
					_ ′ -		E.M.S.L. An	alytic	aı					
Occupancy Status During							Street Address							
□ Facility Closed/Vacate     □ Abatement Performed						cribe	1056 Stelton							
Time of Abatement:							City, State, Zip		I 000	NE 4				- 1
Scope of Work (Check a		- W W W W W W W W.				A-48.8.	Piscataway	new	Jersey 088	554				
Scope of Work (Check a	п шасарріу)						☐ Full Co	ntainm	ent with Neg	ative Pressure				
☐ ≥3 sf or ≥3 lf		_	10000000	novati			☐ Mini-Er							
≥160 sf or ≥260 if		Ŀ	∆ Del	molitio	DΠ		☐ Gloveb ☐ Non-Ex			n-Friable Procedu	ıre			
		T	ls	Locat	ion				T		Ab	atem	ent T	уре
Location				lorma d Sole			Description				R	D	ш	ш
Asbestos-Containing TO BE ABA		)		intena			stos Containing N e., thermal system			Amount (Specify	Remova	Repair	ncap	nclo
IN Facil			Cust		Staff?	(	surfacing, VA	T, or		SF or LF)	val	-	Encapsulate	Enclosure
(13)		-	Yes	(12) No	N/A	-	other miscellar	reous)					ate	
					19990000			-0.000			-	-		
exterior $\square$						asbest	os siding			1100 sf			Ш	Ш
										***************************************				
			П	П						*		$\Box$	П	
Name of Registered Was	ste Hauler				JDEP '		Cubic Yards of	N:	ame of Regist	tered Landfill				
Guardian Contract				100	lauler II	O No.	Waste		T.R.R.F.	Land Land				
City, State	J				20223	3	3 Disposal Date		ty, State	All and the second second			Williams.	
Toms River, New J	ersev						09/22/17		07. 7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Pennsylvania				
Completed By (Print or T		Title						$\perp$	J. J. Cowii,	1	ato /	0.	1	
Nicholas Fernicola		100000000000000000000000000000000000000	ninat	Man	200-		Signature	1	The same of the sa		ate /	_ /	1,-	)
MICHOIAS FEITHCOIA		Pro	oject	Man	ayer		1	1 -	Ta	1	//	11	11	

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



Date of Notification (1)					1				,	1	FE	15 I	1	7 E	par 1
09 /	07 /	4	7					Owner/Operator		IU,	L 5		, <u>u</u>		7
		1			Le	ertch Wre	cki	ng & Disposa	al [	M	1 3	2 (	0	10	
Agencies Notified  EPA	Type Notif	fication				et Address			1000		SEP	12	20	17	11
☑ DOLWD	☐ Amend	ed				O Box 13				m-n. (97)					
☑ DOH	Amend		<u> </u>			State, Zip			-		ASLL	. v 100	AIT	60I	2.
DCA	☐ Emerge	ency (i	ncludii	ng	-	all, NJ 07		9	e de la constante de			ENSI		HOL	CK
(NJAC 5:23-8)	justifica					e of Contai	ct				Telephone N				
	□ Cancer	lation				oug									
Name of Facility Miles					F/	CILITY II	NFC	DRMATION		_			-		
Name of Facility Where A	Abatement is	Takin	g Plac	e (3)					Type of Facil	- 1	)				
Street Address								91 140	School (K	-12)	Otherthere	(40)			
-1100171441000									Other (i.e.	, priv	ate and com	(-12) Imercia	l bui	dings	
City (5)									homes, et	c.)					
Lakewood									Square Feet 2000		# of Floors			g. Age	)
County (6)					Cou	inty Code (	7\/\$	TATE USE ONLY)			6	5			
Ocean						, 0000 (	7(0)	TATE OOL ONET)	Current Use (		it being den	nolished	1)		
Name of Monitoring Firm	Hired by Bu	ilding (	Owner	(8)	ASCN	l No.	N	ame of Abateme							
Guardian Contraction				3.5				Guardian Co							
Street Address								treet Address	madang, m	<i>-</i> -					
1889 Rte. 9, Unit 61				1889 Route 9	. Unit 61										
City, State, Zip Code			-	ity, State, Zip Co											
Toms River, New Je	The state of the s	5						Toms River, I		875	5				
Project Manager for Monit	oring Firm			Tele	phone	No.									
Nicholas Fernicola				7	32-349	9-9932	. 0	732-349-9932	i Y		00624				
Start Date (10)						ate (11)	Na	ame of OSHA M	lonitor						
//					_ /	17		E.M.S.L. Anal	ytical						
Occupancy Status During	Abatement	(Check	only	one)			St	reet Address							
☐ Abstance Design	During Ent	ire Pe	riod of	Abate	ment			1056 Stelton							
Abatement Performed Time of Abatement:	Outside of N AM-	lormal	Facilit	y Hou	s - Des	scribe	Cit	ty, State, Zip Co	de						
						Alvi	1	Piscataway, N	lew Jersey 0	8854	4				
Scope of Work (Check all	that apply)							П- " о							
≥3 sf or ≥3 lf			☐ Re	novati	on			☐ Full Conta	ainment with No	egati	ve Pressure				
			⊠ De	molitic	n				Procedure						
			le	Locat	ion	T	_	Non-Exer	mpted (*) and N	lon-F	riable Proce	dure			
Location o			1	Norma	lly			Description of	ř			1	Abate	ement	Туре
Asbestos-Containing M TO BE ABAT	laterial (ACN	/I)	Use	d Sole intena	ly by	Asbes	stos	Containing Mat	erial (ACM)		Amount	2	0	Renair	, m
IN Facility		11		todial		(i.e.		ermal systems in surfacing, VAT,			(Specify	Kallova		pair a	Enclosure
(13)				(12)				ther miscellaneo			SF or LF)	2	-	Renair	ure
			Yes	No	N/A				5					ā	
basement				$\boxtimes$		asbesto	s d	uct wrap			20 If	D	1 [	7/	1 1
exterior						asbesto	s s	iding			1850 sf			7/5	
													1 [	7   -	
			П	П	П				-				J   L	7   -	
Name of Registered Waste	Hauler				JDEP V	Vaste	Cut	bic Yards of	Name of Reg	ictoro	d Landell		1   [	<u> </u>	
Guardian Contracting				H	auler ID	No.	Wa	ste	T.R.R.F.	siele	u Landill				
City, State					20223		Dist	posal Date	City, State						
Toms River, New Jers	sey							/21/17		Po	nnsylvania				
Completed By (Print or Type		Title					,	Signature	Allytown	,			1		
Nicholas Fernicola	of:	100000	oject	Mana	aer			Signatule	. 1	56		Date	/	1	
SR 41			,		35.			V	116	/	(	/	17	11	1

CV#4308		N		CATIO	ON OF AS	lew Jersey BESTOS ABATE C 8:60 and 12:11			E C	[]	2017	E		And the second s
Date of Notification (1)	7-17			Nan	ne of Buildi	ing Owner/Operato	or (2)	CON	STRU	12 CT10			1	1
Agencies Notified	Type Notificatio	n		Stre	et Address	300 7	יידר	STA	SL	US ĈO CENSIR	NTA IG	OL	Šk	Ī
28 bor □ beb	Amended Amendment Emergency	-	g	City.	State, Zip SEA	Code ISUE	CIT	1 1	J.J.	:0	82	42	)	
M DOH □ DCA	justification)  Cancellation			Nam	ne of Conta	RAMIC			Telepho	one Numb	er			
				FA	CILITY IN	FORMATION								
	batement is Taki		e (3)		<u> </u>		Sch	Facility ool (K-12 chapter		han K-12	)			
Street Address							Othe hom	er (i.e., p nes, etc.)	rivate & a	ommercia	l buik		77	
City (5)	WILDW	2010		T 0-	- 0-4-	, CTATE	Square 150	0	ior if being		1 .	dg. A	ge + ===	_
CAPE				USE	E ONLY)	7) (STATE		VU	4 CHA		nea)			_
Name of Monitoring Firm (8)	Hired by Building	Owner		ASCIV	No.	Name of Abater	LEM (	CONTRACTOR OF THE PARTY OF	INC					_
Street Address						Street Address		SPR	CUCE	AU-	_			_
City, State, Zip Code	•					City, State, Zip (	Code CE	SH	HOE	M.J	_ C	80	52	>
Project Manager for Monit	toring Firm		Tele	phone	No.	Telephone No. 856-27	9-04	72	Licens	e No. 004	49	1		
Start Date (10) 9 - 19 - 1	Sche	duled C	omple	tion Da	ate (11)	Name of OSHA	Monitor /	NI	4					
Occupancy Status During						Street Address		- 1						
Facility Closed/Vacated Abatement Performed Other - Describe:	d During Entire Pe Outside of Norma	eriod of a	Abate Hour	ment s		City, State, Zip C	Code	5-						
Scope of Work (Check all	that apply)					☐ Full Co	ntainment	with Nec	ative Pre	ssure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Rer Der	novati molitio			☐ Mini-En ☐ Gloveb		ure			е			
		100,000	ocatio			1,00						bater Typ		
Location of Asbestos-Containing Ma  TO BE ABATE IN Facility (13)	iterial (ACM)	Cur S (	Solely tenand stodia taff? (12)	œ/	Asbes (i.e.,	Description o tos Containing Ma thermal systems i surfacing, VAT other miscellaneo	terial (ACM insulation, , or	1)	Amou (Spec SF or I	ify	Removal	Repair	Encapsulate	Enclosure
SIDING	- EROOFING	Yes	NO	X	-	TRANSI	TE		3500	) SP	X			
STOTAL												-	-	$\dashv$
		-	$\dashv$	-								-		
Name of Registered Waste	Hauler		10000	JDEP V	1	Cubic Yards of Waste			tered Lan					
ICLEMOO Situ State	DUC.			790	Pic	Disposal Date	City, St	atè .	MU		_			-
	HAME	MI.		08	220	Signature -	1 W	000	BINI	Date_	1.7		_	=
Completed By	Title	51	1.0			74 1 4 4	W	)L		4-	7-	1)		

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

DECEIVED SEP 1 2 2017

Or#430	8			FICATION OF ASBESTOS ABATEMENT (ursuant to NJAC 8:60 and 12:120)								IJ		
Date of Notification (1)	7-17			Na		ing Owner/Operato		N ENT.	OALT	ren	1 &			
Agencies Notified	Type Notificat	ion		Str	eet Address	5	1 10.0 10 5	LAMONIC	1,31.			- COLUMN		
□ BPA □ DEP	Initial Amended			-	, State, Zip	01 W. C	CHKKS	CAMUMU	KL			=		
₩ DOL	Amendmer			City	, State, Ap	GG HAR	Box	N. J	0	82	18	<u>.</u>		
<b>⊠</b> DOH	Emergency justification		ing	Nar	ne of Conta			Teleninos 11			10			
□ DCA	Cancellatio	n				tom								
			•	F	ACELTY IN	FORMATION			-					
Name of Facility Where			ce (3)				Type of Facili	ty (4)						
	SIDENC	<u>t_</u>					School (K-	·12) er 8 (Other than K-12	2)					
Street Address	ALL STATE OF THE S						Other (i.e.,	private & commerci		ldings	6,	Ř		
City (5)							homes, etc.)  Square Feet # of Floors Bldg Age							
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County (6)						7) (STATE	Current Use (	Prior if being demolis	shed)					
ATL	ANTIC			US	E ONLY)			CANIT						
Name of Monitoring Firm	Hired by Buildin	g Owne	r	ASC	A No.	Name of Abatem								
(8)	/A			_		tal C.			_	_				
Street Address						Street Address		UCE AVE				_		
City, State, Zip Code						City, State, Zip C		DE M.J	30	30	52			
Project Manager for Moni	toring Firm		Tel	ephone	No.	Telephone No.	2 2//-2	Licerise No.	111	,	-			
			1_			856-779		= 00 Y	90		_	=		
Start Date (10)	Sch	eduled 9	Comple 2 S	etion D	ate (11)	Name of OSHA N	Monitor N J P							
Occupancy Status During	Abatement (Ch	eck onl	y one)			Street Address								
X Facility Closed/Vacated	During Entire F	Period o	f Abate	ment							_	=		
Abatement Performed	Outside of Norm	al Facili	ity Hou	TS		City, State, Zip Co	ode							
Other - Describe:												_		
Scope of Work (Check all	that apply)							egative Pressure						
≥3 sf or ≥3 lf			enovat emolitic			☐ Mīni-End	dosure g Procedure							
∑≥160 sf or ≥260 lf		X	ennon	*: 		Non-Exe	empted (*) and N	on-Friable Procedur	T		_			
			Location						Α	bate:				
Location of		Used	d Sole	y by		Description of								
Asbestos-Containing Ma		10000	ntenan ustodia			os Containing Mate thermal systems in		Amount (Specify	Re	D	Encapsulate	Enc		
TO BE ABATE IN Facility	Ā		Staff?			surfacing, VAT, other miscellaneous	or	SF or LF)	Removal	Repair	psu	Enclosure		
(13)		-	(12)			Other mascendance	<b>(3</b> )		/al	7	late	II.6		
		Yes	No	N/A						$\square$		-		
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Name of Registered Waşte	1857 St. 5257			JDEP V		Cubic Yards of Waste	Name of Reg	istered Landfill						
City, State	TVIC			179	04	Disposal Date	City, State			À (	$\overline{}$			
	HAVE	W.	١).			- 18:	I PLEM	SANTUILLE		(1)	<u>.</u>	_		
Completed Rv	MW Title	508	ERI	1,50	DR	Signature	lon	Date 9		<u> </u>	17	_		

## State of New Jersey

AV# 1/200	O/			0.150500.00.00.00.0	rsuant to NJAC 8:60 and 12:120)  SEP 1 2 2017										
Date of Notification (1)	0		- (1	Name of Building Owner/Operator (2)											
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Agencies Notified	Type Notificati	on		Stre	eet Addres	S	20002	The same of the sa		PHARMACHURA		- Jan			
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DCA DOH	justification  Cancellation			Nan	ne of Conta	SAME		Telephone Num	ber						
				F		FORMATION						=			
Name of Facility Where			ce (3)				Type of Facil			5					
Street Address	LESIUEN	ICE					School (K	-12) er 8 (Other than K-1	2)						
Sireer Address								, private & commerci		ldings					
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County (6)	WILDU	COU		T Cor	inty Code	(7) (STATE	Current I Se	Prior if being demoli	2 50+						
CAPE	MAY				E ONLY)			CHAIT	31100)			_			
Name of Monitoring Firm (8)	Hired by Building	owner Owner		ASCA	No.	[4] - (1) (1) (3) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	ment Contractor	1							
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								PRUCE A	HE			_			
City, State, Zip Code								HADE NI	T						
Project Manager for Moni	toring Firm		Tel	ephone	No.	Telephone No.	9-0477	License No.	44						
Start Date (10)	Sch	eduled C	_		ate (11)	Name of OSHA	Monitor	Δ.							
9-18-17 Occupancy Status During	Abatement (Ch		<u>ر</u>		<u></u>	Street Address	MI/I	4				=			
☐ Facility Closed/Vacated	d During Entire P	eriod of	Abate									_			
Abatement Performed  Other - Describe:	Outside of Norm	al Facilit	y Hou	rs		City, State, Zip C	code								
Scope of Work (Check all	that apply)					☐ Full Cor	ntainment with N	egative Pressure							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Re De	enovat emolitic			☐ Mini-En	closure ag Procedure	lon-Friable Procedu	re						
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Location of		Used	Solet	y by		Description of			_	1,71		$\dashv$			
Asbestos-Containing Ma TO BE ABATE		Cu	ntenan ustodia			os Containing Mat thermal systems i	nsulation,	Amount (Specify	Re	D	Encapsulate	Enc			
IN Facility (13)		10 000	Staff? (12)			surfacing, VAT, other miscellaned	or (aux	SF or LF)	Removal	Repair	psula	Enclosure			
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						Out in Varia	I Name of Dog	jistered Landfill				$\dashv$			
Name of Registered Waste				JDEP V auter ID 7 4 2		Cubic Yards of Waste	Name of Reg	III C III	1)	И					
City, State	INC		-11	190	74	Disposal Bate	City, State	M. C. VII	<i>U</i> -	-		_			
MAPLE S		11.7				Signature	war	Date	VI	,5	_	_			
Completed By	Title	So	P			Mul	el IL	9.	- 7	-	1				

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

OX#49410			NOT					STOS ABA 8:60 and 5:1								
Date of Notification (1) 09 /	08 /	17				e of Buildir		wner/Operator		E G E		$\mathbb{V}$	6			
Agencies Notified	Type Notific	cation			Stree	et Address	-			111		0047				
□ EPA					19	00 Pollitt	Dri	ve	11	<b>ЈЦ 6</b> ЕР 1	2	2017		L		
☑ DOLWD	Amende	3337/			City,	State, Zip	Cod	e		<del></del>						
□ DCA	Amenda	-						v Jersey 0741	ASE US CONTROL &							
(NJAC 5:23-8)	☐ Emerge justificat		ciuain	g		e of Contac				Telephone Wim				-		
	Cancella					rk Mene		n		and or opinome and a				- Name of the last		
								RMATION		-			S-11			
Name of Facility Where Al	batement is	Takino	Place	e (3)		CILITTII	VI C	KWATION	Type of Facility	(4)			-			
(Former ) Express S			, , ,,,,,,	(0)					School (K-1							
Street Address					VIII.				Subchapter	8 (Other than K-12)	)					
1900 Pollitt Drive									Other (i.e., p	private and commer	cial b	uildin	gs,			
City (5)									homes, etc. Square Feet		10	lala 0				
Fair Lawn, New Jers	sev 07410								10,000	# of Floors	В	ldg. A				
County (6)		-	-		Cou	nty Code (	71/07	TATE USE ONLY)	100			50 y	rs.			
Bergen					Cou	nty Code (	1)(31	ATE USE CIVET)	The second secon	rior if being demolis						
Name of Monitoring Firm H	Hired by Rui	Idina C	luner	/8\ T	ASCM	No	I NI	ama of Abeteur	ent Contractor (9	mmercial Buildin	ıg					
The Whittman Comp		iding C	WITE	(0)	N/A	NEWSTRAN	4			)						
Street Address		IN/A		1	Lilich Corpoi	ration										
7 Pleasant Hill Drive					reet Address	A										
City, State, Zip Code				_	606 McBride											
Cranbury, New Jerse	ev 08512						1	ty, State, Zip Co		07101						
Project Manager for Monito				Tale	nhone	Na	-		ark, New Jerse							
Kevin Lovely	oning i iini				phone	)-5858	1 .	elephone No.		License No.						
Start Date (10)		Schod	ulad C	2		rte (11)	1	973-225-8400		01104						
09/18/						17		ame of OSHA N		. =						
			712 25				-		mental Labs L	LC						
Occupancy Status During								reet Address								
☐ Facility Closed/Vacated ☐ Abatement Performed (						11		2333 Route 2								
Time of Abatement:	AM-	PN	1/7PM	y Houi -1AM	s - Des	scribe	B 3	ty, State, Zip Co		V						
		1 10					1	Union, NJ 070	083							
Scope of Work (Check all t    \( \geq 3\) sf or \( \geq 3\) If   \( \geq 160\) sf or \( \geq 260\) If	hat apply)	2	⊠ Re □ De	novati molitic					Procedure	gative Pressure						
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Location of			١	Vorma	lly			Description of	f		1000	atem		T -		
Asbestos-Containing M TO BE ABAT		1)		d Sole intena				Containing Ma		Amount	Removal	Repair	Encapsulate	Enclosure		
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(13)		-		(12)	T			ther miscellaned		Of Or Er )	=		ulate	ře		
			Yes	No	N/A								Œ			
Computer Area T			$\boxtimes$			Pipe Ins	sul i	incl Elbows 8	& Joints	Approx 155 LF		П	П			
			П													
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Name of Registered Waste	Hauler				JDEP V			bic Yards of	Name of Regis	tered Landfill						
Lilich Corporation				H	auler II 18724		Wa 5	ste	G.R.O.W.S	. Landfill				1		
City, State	Hess Well-	-	-		.0129			posal Date	City, State							
Woodland Park, New	Jersey							9/30/2017		, Pennsylvania				2		
Completed By (Print or Type	9)	Title						Signature		Date	2					
Adriana Olejarova		Pre	eside	nt					let mal	()Q_	9	12/1	7			
00.44				100				1	()		. 1	0/1	/			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEM (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 09 80 / 17 Express Scripts Inc. Check # 4947\$200 Agencies Notified Type Notification Street Address ☐ EPA ☐ Initial 1900 Pollitt Drive □ DOLWD ☐ Amended City, State, Zip Code . US CONTROL & Amendment #\_ ☑ DHSS LICENSING Fair Lawn, New Jersey 07410 ☐ Emergency (including DCA Name of Contact (NJAC 5:23-8) Telenha-- \*\* justification) Cancellation Mark Meneghin **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) (Former ) Express Scripts Inc. School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 1900 Pollitt Drive homes, etc.) City (5) Square Feet # of Floors Bldg. Age Fair Lawn, New Jersey 07410 10,000 1 50 yrs. County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Bergen Private Commercial Building Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) The Whittman Companies N/A Lilich Corporation Street Address Street Address 7 Pleasant Hill Drive 606 McBride Avenue City, State, Zip Code City, State, Zip Code Cranbury, New Jersey 08512 Woodland Park, New Jersey 07424 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Kevin Lovely 732-390-5858 973-225-8400 01104 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 09 / 18 / 17 09 / 29 / 17 IRIS Environmental Labs LLC Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/7PM-1AM Union, NJ 07083 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 If □ Renovation ≥160 sf or ≥260 lf Demolition ☐ Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Remova Encapsulate Enclosure Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Computer Area D X Pipe Insul incl Elbows & Joints Approx 155 LF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Lilich Corporation Waste G.R.O.W.S. Landfill 18724 5 City, State Disposal Date City, State Woodland Park, New Jersey 09/30/2017 Morrisville, Pennsylvania Completed By (Print or Type) Title Signature Date

Adriana Olejarova

9/8/17

President

ASB-41 MAY 11

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) 09 80 17 Express Scripts Inc. 1 Check # 4948 \$200 Agencies Notified Type Notification Street Address ☐ EPA 1900 Pollitt Drive **⊠** DOLWD ☐ Amended City, State, Zip Code M DHSS Amendment # LICENSING Fair Lawn, New Jersey 07410 DCA ☐ Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number ☐ Cancellation Mark Meneghin **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) (Former ) Express Scripts Inc. School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 1900 Pollitt Drive homes, etc.) City (5) Square Feet # of Floors Bldg. Age Fair Lawn, New Jersey 07410 10,000 1 50 yrs. County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Bergen Private Commercial Building Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) The Whittman Companies N/A Lilich Corporation Street Address Street Address 7 Pleasant Hill Drive 606 McBride Avenue City, State, Zip Code City, State, Zip Code Cranbury, New Jersey 08512 Woodland Park, New Jersey 07424 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Kevin Lovely 732-390-5858 973-225-8400 01104 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 09 / 18 / 17 09 / 29 / 17 IRIS Environmental Labs LLC Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/7PM-1AM Union, NJ 07083 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ >3 sf or >3 lf □ Renovation ≥160 sf or ≥260 lf ☐ Glovebag Procedure Demolition ■ Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Repair Remova Encapsulate 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 Computer Area L X Pipe Insul incl Elbows & Joints Approx 155 LF  $\boxtimes$ П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Lilich Corporation G.R.O.W.S. Landfill 18724 5 City, State Disposal Date City, State Woodland Park, New Jersey 09/30/2017 Morrisville, Pennsylvania Completed By (Print or Type) Title Signature

Adriana Olejarova

President

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



Name of Building Owner/Operator (2) ate of Notification (1) Express Scripts Inc. Check 09 08 17 Agencies Notified Type Notification Street Address ☐ EPA M Initial 1900 Pollitt Drive **⊠** DOLWD ☐ Amended City, State, Zip Code Amendment #\_ □ DHSS Fair Lawn, New Jersey 07410 ☐ DCA Emergency (including Name of Contact Telephone NumberONITEOL & justification) (NJAC 5:23-8) ☐ Cancellation Mark Meneghin **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) (Former ) Express Scripts Inc. School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 1900 Pollitt Drive homes, etc.) City (5) Square Feet # of Floors Bldg. Age Fair Lawn, New Jersey 07410 10.000 1 50 yrs. County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Bergen Private Commercial Building Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) The Whittman Companies N/A Lilich Corporation Street Address Street Address 7 Pleasant Hill Drive 606 McBride Avenue City, State, Zip Code City, State, Zip Code Cranbury, New Jersey 08512 Woodland Park, New Jersey 07424 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Kevin Lovely 732-390-5858 973-225-8400 01104 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 09 / 29 / 17 09 / 18 / 17 IRIS Environmental Labs LLC Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: AM- PM/7PM-1AM Union, NJ 07083 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 lf Mini-Enclosure □ Renovation ≥160 sf or ≥260 lf □ Demolition ■ Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Encapsulate Remova Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount ciosure 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 Filter Room X Pipe Insul incl Elbows & Joints Approx 155 LF  $\boxtimes$ Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Lilich Corporation G.R.O.W.S. Landfill 18724 5 City, State Disposal Date City, State Woodland Park, New Jersey 09/30/2017 Morrisville, Pennsylvania Completed By (Print or Type) Title Signature Adriana Olejarova President

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#2871 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 09 08 / 17 Felowship Deaconry Agencies Notified Type Notification Street Address ☐ EPA ✓ Initial 3575 Valley Road **⋈** DOLWD Amended City, State, Zip Code X DHSS Amendment # ASLES OS CONTROL & Liberty Corner, NJ 07938 □ DCA Emergency (including Telephone Number Name of Contact (NJAC 5:23-8) justification) Cancellation Martin Fabiunke FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Maranatha Chapel, guests house Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, 3575 Valley Road homes, etc.) City (5) Square Feet # of Floors Bldg. Age Liberty Corner, NJ 07938 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Somerset Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor \_\_09\_\_ / \_\_18\_\_ / \_\_17 09 / 19 / 17 Envirovision Consultants, Inc Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_\_AM-\_\_\_PM/ Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 If 5 160 sf or 260 If Renovation Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Demolition Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Removal Repair Encapsulate Enclosure Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A Basement -boiler room  $\times$ X Pipe insulation 45 LF П Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date Teutic Wenad N.Jevtic Owner 09/08/17 ASB-41

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1/ # Hales	)			(Pu	rsuan	L TO NJA	U 0.1	30 and 5:16	"				$\mathbb{V}$	ß		M		
Date of Notification (1)						-		er/Operator (2		13						-		
9/	8 / _	17	28		Our	Lady of	Sorr	ows Parish		-	SEP 1	2	201	7				
Agencies Notified	Type Notifica	tion			Street	Address					<del>- 3</del> EF		201	1	-	十		
⊠ EPA					724	Maple Av	venu	е										
□ DOLWD	☐ Amended			Ì	City, S	tate, Zip C												
⊠ DOH	Amendme				Liny	vood, NJ												
DCA (NJAC 5:23-8)	☐ Emergeno justificatio		laing	Ì	Name	of Contact				Telephone Number								
(110) (0 0.20 0)	☐ Cancellati				Billi	е												
		-			FAC	CILITY IN	FOR	MATION					85		-7			
Name of Facility Where A	batement is T	aking P	lace	(3)	1000				Type of Fa	acility (4)								
Our Lady of Sorrow				,					☐ School									
Street Address			-			1			☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings,									
724 Maple Avenue	homes,		ate and comm	nercia	Dui	lulings	,											
City (5)	Square Fe		# of Floors		Bld	g. Ag	е											
Linwood											2		8	0				
County (6)		E USE ONLY)	Current Us	e (Prior	if being dem	olishe	d)	Va 3-11-15-										
Atlantic	00.39 T 0.490-90 (30.79 S + 0.79 30 ) ***	Church	ľ	. ( . )														
Name of Monitoring Firm	Hired by Build	ing Owr	ner (8	3)	ASCM	No.	Nan	ne of Abateme	ent Contract	or (9)								
MDG Environmenta	albert ballett serviewe <del>b</del> et in deet lederate	0	***				Shade Environmental, LLC											
Street Address	,						Stre	et Address										
1000 Maplewood Di	rive, Suite 20	07					623 Cutler Avenue											
City, State, Zip Code							City	State, Zip Co	ode									
Maple Shade, NJ 08	3052						M	aple Shade	, NJ 08052	2								
Project Manager for Moni		-		Tele	phone	No.	Tele	phone No.			License No.				177			
Chris Macri				85	6-755	-9300	8	6-755-0099	r		00842							
Start Date (10)	S	chedule	ed Co	mple	tion Da	te (11)	Nan	ne of OSHA N	lonitor									
_09_/_18_/	_17	_09	_ /	20	_ / _	17	E	MSL Analyt	ical, Inc.									
Occupancy Status During	Abatement (C	Check o	nlv o	ne)			Stre	et Address										
□ Facility Closed/Vacate					ment		20	00 Route 13	0 North									
☐ Abatement Performed	Outside of No	rmal Fa	acility	Hour	s - Des			State, Zip Co										
Time of Abatement: _	AM	PM/_		_PM-		AM	c	innaminsor	n, NJ 0807	7								
Scope of Work (Check al	I that apply)																	
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		L		Ц.		Meete	Col	io Vordo -f	Namass	Dogista	red Landfill			ш	ш			
Name of Registered Waste Hauler  NJDEP Waste  Cubic Yards of  Name of Registered  Hauler ID No.  Waste  Atlantic County												c A 4	hor	itv				
Shade Environmen	tal, LLC				32426		1	5,5940	114.00.4004.14400.	Atlantic County Utilities Authority								
City, State							personal services	osal Date	City, Star									
Maple Shade, NJ							9/	21/2017	Egg F	larbor	Township,	NJ						
Completed By (Print or T	Signature	10			Date			_										
Completed By (Print or Type)  Christina Lynch  Title  Vice President of Operations  Signature  Vice President of Operations												9	18	3/1	+			

#42FFORGNAC State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) 2017 Date of Notification (1) 12 MAYA JOYANDEH 8/23/17 Agencies Notified Type Notification US CONTROL & Initial LICENSING EPA City, State, Zip Code Amended DEP Amendment# TEANECK . NJ. 07666 Emergency (including Name of Contact justification) DOH MS. JOYANDEH FACILITY INFORMATION □ DCA Cancellation Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) MS. MATA HEGULLYOF School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) Bldg. Age Square Feet # of Floors City (5) 1940 2500 TEANECK Current Use (Prior if being demolished) County Code (7) County (6) STATE USE ONLY) KESIDENCE BERGEN Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Best Removal Inc Street Address Street Address 450 South River Street City, State, Zip Code City, State, Zip Code Hackensack, NJ 07601 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 201-329-7444 00388 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Omega Environmental 9/8/17 Street Address s During Abatement (Check Only One) 280 Huyler Street ☐ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours
Other - Describe: 7:30 AM TO 5:200 H City, State, Zip Code South Hackensack, NJ 07606 Scope of Work (Check All That Apply) Full Containment with Negative Pressure □\_≥3sfor≥3lf Renovation ☐ Mini-Enclosure Demolition >160 sf or >260 lf ☐ Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Amount Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Maintenance/ Enclosure (Specify (i.e. thermal systems insulation, surfacing, Repair TO BE ABATED Custodial Staff? SF or LF) VAT, or In Facility (12)other miscellaneous) (13)Yes No NA 400 SF BASERENT VAT THERMAL SYSTEM INSULATION BASEMENT

Name of Registered Landfill Cubic Yards Name of Registered Waste Hauler NIDEP Waste of Waste Hauter ID No. Minverva Enterprises, LLC 6 cys Best Removal Inc 17109 Disposal Date City, State 9/8/17 Waynesburg, OH 44688 Hackensack, NJ 07601 Signature/ Completed by Title 'pionon 23/17 J. Maiorano Estimator

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

AMENDED # 5

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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Agencies Notified	Type Notification		5	Street Ad				151			:US	CON	TRO	L &	1		
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DOL DOL	Amendment #_ Emergency (inc	cluding	-	Name of	Contact	JEUK	(	03	, 0		chone Number	r	-		_		
DOH DCA	justification)  Cancellation			/	45. J			H									
Name of Facility Where Ab	atement is Taking Pla	ce (3)		FACII	LITY INFO	RMATI	ION	Type o	f Facility (4	(4)							
	· ATAH .	JO >	HN	SH.	****				chool (K-12 ubchapter 8		than K-12)						
Street Address									other (i.e. pr	ivate &	commercial b	uilding	s, hor	nes, e	tc.)		
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Name of Monitoring Firm I	BERGEN Hired by Building Own	ner (8)		ASCM	I No		Name of Abatement Contractor (9)										
Name of Womoning I am I	med by Danding On	ior (o)		, ioci,			Best	Re									
Street Address							Best Removal Inc. Street Address 450 South River Street										
City, State, Zip Code						City, State, Zip Code											
Project Manager for Monito	oring Firm		Telephon	e No		Hackensack, NJ 07601 Telephone No. License No.											
r roject warager for woma	Amg I mm			. otopiioi.			201-	329	-7444		00388	3					
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Scope of Work (Check All	That Apply)							Sello					00				
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J. Maiorano			ima	tor			J	~	من	سرم	3	9	18/	17			
ASB-41 (R-06-08)			327 11 10 10 10 2022				(-	Do not	use this for	m for as	bestos licensu	re exe	mpted	activi	ties.		

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

		Discourse (2)									practice.						
Date of Notification (1)	N	Name of Building Owner (Operator (2)  NR, Scott ← RIED NAM															
	ype Notification		St	treet Ad		- 1			- 11	The state of the s	SEP 1	2 2	0017		111		
□ EPA Ø	Initial			in Chra	e, Zip Code		7.5100-2.5				02. 1		.01/	- 1	_		
DEP DOL	Amended Amendment #			ity, Stat	e, ZIP Code	32410	4.	JT.	0/20	755		MON	TOO				
DOH DOH	l Emergency (inc justification)	luding	N	ame of	Contact					Tala	nhodal Khiiish	M 17 17	1710	L öt			
D DCA				4			MAN	J	- при може (ф						-passel		
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County (6)	ASSAIC		C	ounty C	ode (7)			Current Use (Prior if being demolished)									
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Name of Monitoring Firm Hire	ed by Building Ow	ner (8)		ASCM	No.		Name of Abatement Contractor (9)										
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City, State, Zip Code					City, Stat												
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☐ Facility Closed/Vacated							280 I			tree	et						
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Scope of Work (Check All Tha						- 1	Souti	1 112	скеп	sacr	, NJ	070	00				
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□ ≥160 sf or ≥260 lf		□ Den	nolitio	n			Mini-Enclosure Glovebag Procedure										
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UC#9509	NO	(Pursuant	ate of New Jersey OF ASBESTOS to NJAC 8:60 and	ABATEM 1 12:120	)		C E	IJ W		The Part of the Pa
Date of Notification (1)		1	f Building Owner/C			good bear	EP 1	2 20	1/	L
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Emergency (ir justification)	ncluding	Name of	f Contact	7 6	11 100	Tolonhana Mum	har			
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Name of Facility Where Abatement is Taking	5 26 36				Type of Facility	(4)				
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City (5)					etc.) Square Feet	# of Floors	Bldg.	Age		
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Name of Monitoring Firm Hired by Building Or	wner (8)	ASCN	1 No.	Name	of Abatement Co	ntractor (9)				
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Street Address					Address			-		
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City, State, Zip Code		2001			tate, Zip Code	0 10	- 1/			
West chester, fA Project Manager for Monitoring Firm	193	380 Telepho	no No	Toloph	huto N	Pa 19 License No	540			
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MATTHEW AbraHam Start Date (10)	Scheduled (	Completion			of OSHA Monitor					
7-29-17	Jon Caalca (	1 7	Date (11)		EI LA					
Occupancy Status During Abatement (Check	Only One)	2 1		Street	Address	102			-	
Facility Closed/Vacated During Entire Pe		tement		73	O EAST	Maynined	D.	00		
Abatement Performed Outside of Norma	I Facility Ho	ours	Λ	City, S	tate, Zip Code	maynard	875	1-1-4		
Other - Describe: WEEKEN (3)	791412	4× +70,	00845	CA	ATY, NO	c 27511				
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Location of Asbestos-Containing Material (ACM)		Solely by	Asbestos Cont	scription aining M		Amount		ш		
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7)			E.A.			200 SF	V	+		
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EXTRA THEO IGH OUT BUNKY		$\times$	ElBow 3	IN54	lation	6558	X			
Name of Registered Waste Hauler		NJDEP W Hauler ID			Name of	Registered Landfill				
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K+A ENDITERMENTAL CONTINGO City, State	, 7	/	Dispos	al Date	City, Stat	te	e			
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# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

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Date of Notification (1)  09 /	08 /	17				of Building	S	wner/Operator (	2)		$\neg$	/				
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Agencies Notified	Type Notifica	ation			Street	Address				T==	P. P. (2)	153	п	D 0	(E)	Januar .
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☑ DOH	Amendme				City, S	State, Zip 0	Code	е			U		12 Mary Con	***************************************		-
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(NJAC 5:23-8)	justification		J		Name	of Contac	t			111	Telephone	lumber	2 2	2017		
	☐ Cancellat	ion			Vic	tor				-						
					FA	CILITY IN	IFO	RMATION			AS	JUS Č	NO?	TR	71 8	2
Name of Facility Where A	Abatement is T	aking P	ace (	3)					Type of I	Facility (4)		ICEN			J L. L	
Residence									☐ Scho				and the second		MENTO ON THE PARTY.	tour characteristics
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										r (i.e., priv es, etc.)	ate and com	imercia	Dui	iaing	S,	
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City, State, Zip Code		-						ty, State, Zip Co	S CONTRACTOR	- 1		JOEN			VI. 1	.24
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Project Manager for Moni	itorina Firm			Tele	phone	No	-	elephone No.		ocy our	License No	`				
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_ 09 / 20 /						17	1	E.M.S.L. Ana								
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<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			Ren					☐ Mini-Enc	losure							
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City, State		- 77			20223			sposal Date	City, St	ate	· · · · · · · · · · · · · · · · · · ·		_	20150		
Toms River, New Je	ersey						000000	09/25/17	0-01-50-00-0		ennsylvar	nia				
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## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1)			1	Name	of Building	g Ow	/ner/Operator (	2)			-		
09 / 08 /	17				Iters Res		57	-,	20	42	1		
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				EAG	TILITY IN	IEOI	RMATION		1		-		1
Name of Facility Where Abatement is 1	aking Pl	ace (3)	)	TAG	JILII I IIV	iroi	RIVIATION	Type of Facility (	ASE Lui			OL	8
Residence		100 (0)	<i>'</i>					School (K-12)	La	CENS	NG	entrape participated	Morrowski
Street Address			-00					☐ Subchapter 8	(Other than K-1	2)			
								Other (i.e., pr homes, etc.)	ivate and comm	ercial bu	ilding	S,	
City (5)								Square Feet	# of Floors	BI	dg. Ag	10	
Manahawkin								2000 sf	2		65	, •	
County (6)			Т	Coun	ty Code (7	)(STA	TE USE ONLY)	Current Use (Pric					
Ocean					•			Residence		ristorio territo territo de la constanta de la			
Name of Monitoring Firm Hired by Build	ding Own	er (8)	A	SCM	No.	Na	me of Abateme	ent Contractor (9)					
N/A						1000000		ntracting, Inc.					
Street Address						Str	eet Address				W = 1		
						1	889 Route 9	, Unit 61					
City, State, Zip Code						City	y, State, Zip Co	ode	***************************************				
						Т	oms River, I	New Jersey 087	755				
Project Manager for Monitoring Firm		T	eleph	none	No.	Tel	ephone No.		License No.				
	-					7	32-349-9932		00624				
198 198	Scheduled						me of OSHA M						
09 /20 /17	09	. / _	22	_ / _	17	E	.M.S.L. Anal	lytical					
Occupancy Status During Abatement (0			0			Stre	eet Address						
☐ Facility Closed/Vacated During Entir						1	056 Stelton						
Abatement Performed Outside of No Time of Abatement:AM						10000	y, State, Zip Co						
AACTOR AA						P	Piscataway, N	New Jersey 088	354				
Scope of Work (Check all that apply)							☐ Full Cont	ainment with Neg	ative Pressure				
≥3 sf or ≥3 lf		Renov					☐ Mini-Enc	losure	alive Flessure				
⊠ ≥160 sf or ≥260 lf	$\bowtie$	Demo	lition				☐ Glovebag	Procedure mpted (*) and Nor	Friable Proced	uro			
		Is Lo	catio	n			M MOII-EXE	inpled ( ) and Nor	I-I Hable Floced	17	ateme	nt Ti	/DO
Location of		Norr	mally				Description o	f					
Asbestos-Containing Material (ACM TO BE ABATED		Jsed S Mainte			Asbes	stos	Containing Ma	terial (ACM)	Amount	Rem	Repair	nce	ncl
IN Facility	120.00	ustodi	ial Sta		(i.e.		ermal systems i surfacing, VAT,		(Specify SF or LF)	Remova	¥	Encapsulate	Enclosure
(13)			2)	27.72			her miscellane			_		late	G,
	Ye			N/A									
exterior			asbesto	s si	iding		2400 sf						
	]												
	Г		1	П								П	П
							-						
Name of Registered Waste Hauler				)ED 1/	Vaste	C	oic Yards of	Name of Desire	orod Landfill		Ш	Ш	Ц
Guardian Contracting, Inc.			500,000	uler IC	527.55	Wa		Name of Regist T.R.R.F.	ered Landilli				
City, State			2	0223		3 Dia							
Toms River, New Jersey						10000000	posal Date 9/25/17	City, State	Donnouluer:-				
The control of the co	T:41-					U		Tullytown,	Pennsylvania		1		
Completed By (Print or Type)  Nicholas Fernicola	Title	of 84-	2000				Signature	1		Date			
Monoras remitora	rroje	ct Ma	anag	jer				1		71	8/1	7	

#### PAID

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

CHECK # 24531

Date of Notification (1) 09-01-17					of Building e Bank	Owner/C	Operator (2	2)									
Agencies Notified  EPA DEP	Type Notification    X			225 S City, St	Address South Str ate, Zip Co	ode				D.	E	C	E	] [	<u> </u>		-
DOL DOH DCA	Amendmen Emergency justification Cancellation	(including	_	Name o Brian	10.000,000				AND AND PERSONS ASSESSMENT OF THE PERSON ASSES	1	enhori.	Nim	ber 2	2(	)17_		
Name of Facility Where	Abatement is Takir	ag Place (	31	FAC	ILITY INFO	ORMATI		Tunn	of Cooling A	1	SE	<del>516</del>	S C	()N	ROI	8	1
Street Address 225 South Street	Abatement is Takin	ig Flace (		-			[		of Facility 4 School (K-12 Subchapter 8 Other (i.e. pretc.)	2) 8 (Oth	er than	K-12	ENS ) il buik			es,	
City (5) Morristown, NJ 079	960						5		e Feet	# of	Floors	5	В	ldg. A	lge		
County (6) Morris					Code (7) USE ONLY	)			nt Use (Prio mercial	r if bei	ng den	nolish	ed)				
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCI	M No.				ement Cont nvironme								
Street Address							Street Ac 200 Br										
City, State, Zip Code							City, Star		Code NJ 07072								
Project Manager for Mor	nitoring Firm		Telepho	ne No.		Telephor 201-93				Licen 0075	se No	).				THE RESERVE	
Start Date (10) 09-16-17		ed Con	npletion	Date (11)				A Monitor lytical, Inc	).		1000						
Occupancy Status During	g Abatement (Ched	ck Only Or	ne)				Street Ac	ddress	S			7 1					
Facility Closed/Vaca Abatement Perform							307 We		88th Stree	et							
Other – Describe:		(A				-	New Y	ork,	NY 10018	8							
Scope of Work (Check A	II That Apply)	Name and the same and												2005311-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				×	Mini	Containmer -Enclosure rebag Proce -Exempted	dure					Δ.		
		Is	Locati	on										Abate	ement		
Location			Normali d Sole			Des	cription of							Ту	pe	_	
Asbestos-Containing TO BE AB/ In Facil (13)	ATED	Ma	intenar todial S (12)	nce/	Asbest (i.e.	thermal s surfac	aining Mate systems in ing, VAT, iscellaneo	nsulat or	(ACM)	(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure	
2nd Floor:	Partial		10.9	X		VAT	Γ/Mastic			3(	OSF		х			$\dashv$	
1st Floor: I	NO STRAIN TEEL			X			laster				OSF		x				
2nd Floor:		X			Fittings	s			2LF		x						
1st Floor: F		x			Fittings				4LF	-	x						
Name of Registered Was	N	JDEP W	/aste	Cubic Y	-	-	Name of Re		TOWNS.	ndfill				$\dashv$			
ATC, Inc. / JBT (500	11853	auler ID I310	No.	of Wast	te		Minerva										
City, State Shirley, NY / Bronx, I	NY					Disposa TBD	al Date		City, State Waynesh	ourg,	OH 4	4688	3				
Completed by Kevin Moriarty	ct Ma	nager		Sig	grature /	PH	4			Date 09-	9 01-1	7					

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

NO CK		NOTIF	CATIO	N OF ASBEST t to NJAC 8:6	OS ABATE and 12:12	MENT 0)		C	HECK	# 596	7		
Date of Notification (1) 09-01-17	*		Name of Medc	of Building Own o Health So	ner/Operato	r (2) nc. (db	a Expre	ss Scri	ots)	7 C	F		V E
□ EPA □	e Notification		Street A	Address Parsons Pon				And the statement of th		SEF	1 4	2 20	17
DEP X	Amended Amendment # 1			ate, Zip Code Iin Lakes, N	IJ 07417				1			~ C	111
× DOH □ DCA □	Emergency (includi justification)	ing		of Contact	20 200 7000			JL.	<u> </u>	<b>**</b> **********************************			
DCA	Cancellation		ALLEGESIA, III	otocki			fi: V	2					
Name of Facility Where Abate	ment is Taking Place	e (3)	FAC	ILITY INFORM	IATION	Tyne	of Facility	(4)	4				
Street Address 100 Parsons Pond Road					-		School (K- Subchapte Other (i.e.	12) r 8 (Othe			uildinç	ıs, hom	nes,
City (5) Franklin Lakes							etc.) re Feet 00	# of	Floors		-	Age	
County (6) Bergen	,			Code (7) USE ONLY)			nt Use (Pri	or if bein	ng derno	olished)			
Name of Monitoring Firm Hired BEM Systems, Inc.	by Building Owner	(8)	ASC	M No.			ement Co						
Street Address 100 Passaic Ave	V.				Street	Addres			•				
City, State, Zip Code Chatham, NJ 07928					11 Carlot 222	state, Zij	p Code NJ 0707	2					
Project Manager for Monitoring Venkat Balasubramania			Telepho (908)	ne No. 598-2600	Teleph	none No	).		License 00756				
Start Date (10) 09-04-17(1)Project Post	Sched poned 03-0		npletion	Date (11)			A Monitor lytical, Ir	nc.					
Occupancy Status During Abat	ement (Check Only	One)				Addres			-				
Facility Closed/Vacated D Abatement Performed Ou Other – Describe:	uring Entire Period o tside of Normal Faci	of Abatem lity Hours	nent		City, S	tate, Zip							
	A == 1.3				New	York,	NY 100	18					
Scope of Work (Check All That  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	Apply)	Renova Demolit			×	Mini Glov	Containme -Enclosure /ebag Prod -Exempted	e cedure				ure	
		Is Locati										temen ype	t
Location of Asbestos-Containing Mater TO BE ABATED In Facility (13)	Iai (ACIVI)	Normall sed Sole Maintenar ustodial S (12)	ly by nce/	Asbestos C (i.e. then su	Description containing M mal systems irfacing, VA er miscellan	laterial ( insulat T, or		(Sp	nount pecify or LF)	Kemova		Encapsulate	Enclosure
D4 F # D 00	Yes	No	N/A									ਰ	
B1: Entire Beams & C	olumns		Х		ireproofin	2000		0.000	-00SF	x			
B1: Columns			Х		nt Compo	2000			00SF	x			
B2: Entire Beams & C	olumns		X		ireproofir			22,4	00SF	x			
B2: Columns Name of Registered Waste Hau			X		nt Compo	2000/25/25/7			00SF	x			
ATC, Inc. / JBT (50071)	ller	Ha	JDEP Wauler ID 310		oic Yards Vaste D		Name of F Minerva			fill			
City, State Shirley, NY / Bronx, NY				Dis TB	posal Date D		City, State Waynes		OH 44	688			
Completed by Kevin Moriarty	Title Pro	ject Ma	nager	,	Signature		Rit	Ti		Date 09-01	-17		

#### Title Of Project: 100 Parson Pond Rd., Franklin Lakes, NJ Additional Materials / Floors

Pg. 2

1				8
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal Repair, Encapsulation or Enclosure)
B2: Bathroom	N/A	Pipe Fittings	50LF	Removal
B2: Breezeway	N/A	Fireproofing	2,000SF	Removal
B3: Beams & Columns	N/A	Fireproofing	20,000SF	Removal
B3: Columns	N/A	Fireproofing	2,400SF	Removal
B3: Columns	N/A	Joint Compound	800SF	Removal
: Drain Pipe	N/A	Elbow Insulation	40LF	Removal



Check # 3043

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

GAC Project # 060-17 Date of Notification (1) Name of Building Owner/Operator (2) September 5, 2017 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address Initial Notification
 ■ ENVIRONMENTAL HEALTH & SAFETY DEPT. ☐ EPA ☐ Amended Notification # 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS DCA ■ Emergency (including City, State, Zip Code X DOL justification) PISCATAWAY, NJ 08854 ☑ DEP- No Longer REQUIRED □ Cancelled Name of Contact 717 X DOH MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) OPERATOR TRAINING CENTER, BLDG# 6072 ☐ School (K-12) ☐Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial building \$50mes, etc.); CONTROL & COOK CAMPUS # of Floors: 1 Blog. AdeCEQSNears Sq. Feet: N/A County (6) County Code (7) Current Use (prior if being demolished): ACADEMIC NEW BRUNSWICK MIDDLESEX (State Use Only) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 268 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 09/15/17 09/18/17 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement ☐Abatement Performed Outside of Normal Facility Hours -20-21 WARGARAW ROAD Describe City, State, Zip Code XOther - Describe: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED) FAIRLAWN, NJ Scope of Work (Check all that apply) ☐Full Containment with Negative Pressure  $\times$  3 sf or  $\geq$  3 If ☑ Renovation ☐ Mini-Enclosure □ > 160 sf or > 260 lf ☐ Demolition ☐ Glove bag Procedure / Wrap & Cut X Non-Exempted (\*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) Remove Repair Encap Enclose VAT, or other miscell.) or LF) YES NO NA 107A X VAT 140 SF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # 10 CY Name of Registered Landfill Cubic Yards of Waste: See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 12561 100 New Ford Mill Hauler #2) Newark Carting, Inc., Newark, NJ 04509 Rd. Morrisville, Pa 09/18/2017 NJ DEP # 4509 19067 215-736-1700 Completed by (Print or Type) Signature RAYMOND C. PEDALINO SENIOR PROJECT Raymond C. Pedalino September 5, 2017 MANAGER

C)C# 1360			ICATIO	N OF ASE t to NJAC	BESTOS	ABATE	MENT	m	E G	E				1
Date of Notification (1) 9/1/2017			Name o	of Building lence	Owner/0	Operator	(2)						The state of the s	111
Agencies Notified Type	Notification			Address					SEP	12	20	17	111	ᅫ
EPA X DEP	Initial		City St	ate, Zip C	odo				mathematical Page 5 5 1 2 1		name article			
X DOL	Amended Amendment #			n, NJ 07				AS	SE LIC	S C ENS	ONT	ROL	. &	Market Street
DOH DCA	Emergency (includin justification)	9		of Contact				I	Telephone	and the state of the state of	-			euroteen@
	Cancellation			ILITY INF		ION								
Name of Facility Where Abater Residence	ment is Taking Place	(3)					Type of F	acility (4)	<del>-</del>					
Street Address							Subo		Other than ate & comr			dings	, hom	es,
City (5) Linden, NJ							etc.) Square Fe 5,798	7.47.000	# of Floors	S	200	Bldg. A	Age	
County (6) Union				Code (7)	0		and the same of		being den	nolish	- 1			
Name of Monitoring Firm Hired		3)	ASCI			Name	of Abateme	ent Contra	ctor (9)					
A. Seine Lighthouse Solu Street Address	utions						s Tank S	ervices						
PO Box 354						1256	Liberty A							
City, State, Zip Code South Orange, NJ 07079	)						tate, Zip Co de, NJ 07							
Project Manager for Monitoring Sarah Calandra	Firm		Telepho 201-34	ne No. 49-2666		100000000000000000000000000000000000000	none No. 462-7465		Licen 0131		).			
Start Date (10) 9/19/2017	Schedu 9/26/2		npletion	Date (11)			of OSHA Meine Light		Solutions	)				
Occupancy Status During Abate		N-ENCOUNTS					Address		Oldtions		atter as			
Facility Closed/Vacated Do	uring Entire Period of	Abaten	nent			1 W 888	Box 354 tate, Zip Co	do						
Other – Describe:		y i louis	,				h Orange		79					
Scope of Work (Check All That					·		1							
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		s Locati										Abate	ement	t
Location of Asbestos-Containing Materi	al (ACM) Us	Normal ed Sole	ly by	Ashes		cription	of laterial (ACI	M	Amount			1 9	ре	
TO BE ABATED In Facility	IVI	aintenar stodial S			thermal		insulation,		(Specify SF or LF)		Ren	Re	incap	Encl
(13)	Yes	(12)	T			niscellan			J. J. L. /		Removal	Repair	Encapsulate	Enclosure
Basement	No	N/A			60							Ф		
Dasement	^				60			LF		X				
Name of Registered Waste Hau	ler	A11 A1683	JDEP Wauler ID		Cubic `of Was		Laverage		istered Lar		V 1000			
Newark Carting  City, State		10 Luci (2007)	1509						nagemer	nt La	ndfil	I		
East Orange, NJ					Dispos	al Date		r, State nn Argy	le, PA					
Completed by Alison Lamers	Title Offic	e Man	ager		Şi	Alura	mer.	3		Date 9/1	e /201	7		



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

PAID = 1200

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Date of Notification (1) 9/2/17					of Building ship of \			r (2)		) E	i C	匠	N	$\mathbb{V}$	E	
Agencies Notified	Type Notification	16		Street A	Address				111	11-	-					H
EPA	× Initial			400 F	ark Ave	<b>:</b>				1					-	11 1
DEP	Amended			City, Sta	ate, Zip Co	ode			111	111	SEF	1	2	2017		U
X DOL	Amendmen	- Indiana		Weeh	nawken,	NJ				L	C L	40				
₩ DOH	Emergency justification)			Name o	of Contact					Tele	ephone	Num	ber-		51.6	-
DOH DCA	Cancellation			n/a						AZ	r	(1)5	CO	NTH	OL	in.
				FAC	ILITY INF	ORMAT	ION				las las	CE	1511	ACI		
Name of Facility Where	Abatement is Takir	ng Place (3	3)					Туре	of Facility (4	)						
Commercial Buildir	ng							П	School (K-12	1						
Street Address									Subchapter 8		er than I	K-12)				
363 Park Ave									Other (i.e. pri	ivate 8	& comm	ercia	buil	dings	, hom	es,
City (5)									etc.) re Feet	# of	Floors	8000000	Te	Ildg. A	l no	
Weehawken								600		2	1 10013		1 50	50+	igo	
County (6)				County	Code (7)				ent Use (Prior		2000	aliaha	1 200		-	
Hudson					USE ONLY	)			nmercial B		ng dem	JIISHE	eu)			
Name of Monitoring Firm	Lisad by Duildian	Oumar (0)		ASC	4 Nie		Mana		tement Contr		(0)					
n/a	i mired by Building	Owner (6)		n/a	VI INO.		1		Contractin							
Street Address				11/a						ig inc	,				-	
n/a								Addre								
1000000							1070000	C. COST	ade Ave		2					
City, State, Zip Code									ip Code							
n/a									NJ 07026							
Project Manager for Mon	itoring Firm			Telepho	ne No.			hone N			Licens					
n/a								460.6			0125	5				
Start Date (10)				npletion	Date (11)				HA Monitor							
9/11/17		9/30/1							Contractin	g inc	;					
Occupancy Status During	g Abatement (Chec	k Only On	e)					Addre								
Facility Closed/Vaca	ated During Entire	Period of A	Abater	nent				at_settines	ade Ave							
Abatement Performed Other – Describe:	ed Outside of Norn	nal Facility	Hour	5					ip Code							
					222		Gari	field, I	NJ 07026							
Scope of Work (Check Al	Il That Apply)	_					per	=								
≥3 sf or ≥3 if			enova				-		I Containmen	nt with	Negativ	re Pr	essu	re		
≥160 sf or ≥260 lf		X D	emoli	ion			r		ni-Enclosure ovebag Proce	dure						
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Location	of		lorma			De	scription	of				-		Ту	ре	
Asbestos-Containing	Material (ACM)		d Sole			tos Cont	taining N	/laterial		Ar	nount				ш	_
TO BE ABA		100	odial S		(i.e.		systems cing, VA		ation,		pecify		Rer	Z,	nca	nc
(13)	ıy		(12)				niscellar			or.	or LF)		Remova	Repair	Encapsulate	Enclosure
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100 D		res	INO	IN/A												_
Exterio	or			×		Roofi	ng Mat	terial		600	00 SF		K			
												-				
		-		7,00					94	-						
Name of Registered Was	3.45%	JDEP W lauler ID		Cubic of Was	Yards		Name of Re	egister	red Lan	dfill				0		
Harmony Contracting		33058	140.	TBD	31C		GROWS	Lan	dfill							
City, State	10	20000			sal Date		City, State		*			-	-			
Garfield, NJ				TBD			Morrisvill	le. P	Α							
Completed by	58. 1987년 - 1987년 1987년 - 1987						Signature	)		-, . ,	<del></del>	Date	-			
Tina Caporino		Secre	etarv				ine (						/17			
		00010				u	me (	aper	ine			5/2				

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Wyeth Holdings LLC 09-07-17 Street Address Agencies Notified Type Notification 20 Polhemus Lane Initial **EPA** City, State, Zip Code US CONTROL & Amended DEP Bridgewater, NJ Amendment # HOFNSING × DOL Emergency (including Name of Contact justification) × DOH Russell Downey Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) American Cyanamid GWTF School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, × 20 Polhemus Lane etc.) Bldg. Age # of Floors Square Feet City (5) N/A N/A N/A Bridgewater Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) Somerset Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) WRS Environmental Services, Inc. N/A Street Address Street Address 17 Old Dock Road N/A City, State, Zip Code City, State, Zip Code Yaphank, NY 11980 N/A License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 01136 631-924-8111 N/A Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) WRS Environmental Services, Inc. 12-17-17 09-17-17 Street Address Occupancy Status During Abatement (Check Only One) 17 Old Dock Road Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Yaphank, NY 11980 X Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure

	2.72	Locatio	16000						Abate Ty	ment pe	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Ma	lormally d Solel intenant todial S (12)	y by nce/	Asbe: (i.e	Description of stos Containing Mater thermal systems ins surfacing, VAT, o other miscellaneou	ulation, r	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		//a					(D	_
Gwtf Bldg / North Containment Tank			X		Transite pipe		300 LF	X			
								611			
Name of Registered Waste Hauler WRS Environmental Services, Inc.	H	IJDEP W lauler ID 6419		Cubic Yards of Waste TBD		f Registered Landi Management					
Cit. State					Disposal Date	City, Sta	ate	latello.			

Admin Ops Manager

Signature

manda

TBD

Date

09-07-17

Morrisville, PA 19067

Amanda Vallone

Yaphank, NY 11980

City, State

Completed by

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

PAID

P&S Proj.	#: <u>17-243</u>			(Pursuar	nt to NJAC	8:60 a	nd 12:120)		DE	Ü E		<u>V</u>		A Company of the control of the cont
Date of Notification	(1) ]/ [ <u>1</u> [7]	- 11	ne of Buil nnie wei		Operator (2)					SEP 1	2	2017		
Agencies Notified EPA	Type Notificatio Initial		et Addres						ASL	'_:	.00	NTR	) L &	8
DEP	Amended Amendment #:	City	, State, Z	ip Code					la parameter and an annual	LIVE	14011	2.4%	dan and bearing	
□ DOL	Emergency			s, nj 07078										
<b>⋈</b> DOH	(including		ne of Con						Telephone I	Number				
DCA	justification)  Cancellation		onnie w	einstein					'					_
				FACIL	ITY INFORMA	ATION								
Name of facility w	here abatement is	taking plac	e (3)					П	Type of Facility (4)	(K - 12)				
ronnie weinstei									☐ Subchap	ter 8 (Oth			2)	
Street Address						-13 may 8 % 1		П	Other (Pr	rivate/Cor omes, etc		cial		
			- W. C					<u>.</u>		of Floors	Т	Bldg	g. Ag	e
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Name of Monitorin	ng Firm Hired by B	ldg. Owner	(8)		ASCM No.	1.1	lame of Abateme							
							D & S RESTO	)RA	TION, INC.					_
Street Address								A						
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Project Manager fo	or Monitoring Firm		I Pri	one Numbe			973-345-80			01	169			
		IC-b-d	Campleti	on Date (11			Name of OSHA N	lonito	or					
Start Date (10)		Sched.	Completio	on Date (11	,		D & S Restor	ratio	on, Inc.					
09/06/17		09/22					Street Address							
Occupancy Status				mont			20 California		enue	-			_	
Abatement	ed/vacated during performed outside	of normal f	d of abate acility hou	rs-			City, State, Zip Co	oue						
Doccribo:	ribe: NORMAL H					-	Paterson, NJ	075	503					
	check all that apply							ΠF	full Containment w/	negative	press	ure		
>3 sf or >3		Renovation	n				2,0	_	Mini-enclosure					
		Demolition						$\bowtie$	Glovebag procedure Non-Exempted (*) a	e and Non-f	riahle	proce	dure	à.
≥160 sf or ≥	260 If			used solely				<u> </u>	Non-Exempled ( ) a	and Non-	R	R	E	E
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abated in fa	acility (13)	Yes	No	N/A					LF)		v e	i	р	-
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PATERSON,				.  09/0	7/15 Signature		TOLLYTO	WY IN,	,17	Date	_		in November	
Completed by (P	rint or Type)	Title			Jigilatule					09/05/	201	7		

State of NJ Notification of Asbestos Abatement D&S Proj. #: 17-244 (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 0 9 / 0 5 / 1 7 mr. & mrs. rosen Agencies Notified Type Notification Street Address ☐ EPA Initial L. US CONTROL & Amended LICENSING DEP Amendment #: City, State, Zip Code DOL M Emergency montclair, nj 07042 DOH. (including Name of Contact Telephone Number justification) ☐ DCA Cancellation tom minden FACILITY INFORMATION Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) mr. & mrs. rosen Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demolished) montclair **ESSEX** Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 09/06/17 09/15/17 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure  $\times$  >3 sf or >3 If Renovation Mini-enclosure Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (\*) and Non-friable procedure Is location normally used solely R Location of E by maintenance/custodial asbestos-containing е е n Amount Description of asbestos-containing staff(12) m n material (acm) to be p C (Specify SF or material (ACM) abated in facility (13) 0 а Yes No N/A basement PIPE INSULATION 10 1 ft X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 1 yds TULLYTOWN, RESOURCE RECOVERY

Disposal Date

09/07/17

Signature

City, State

TULLYTOWN, PA

Date

09/05/2017

City, State

PATERSON, NJ 07503

Title

PRESIDENT

Completed by (Print or Type)

**BOGDAN JOLDZIC** 

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08/30/2017 01:39PM 9733458060 D&S RESTORATIO PAGE 82/84 State of NJ Notification of Asbestos Abstament D&S Proj. #: 17-236 EMERGENCY (Pursuant to NJAC 8:60 and 12:120) NOTIFICATION Date of Notification (1) Name of Building Owner/Operator (2) 0 18 1/13 10 1/11 17 AUG BARBARA MELLER Agencies Notified | Type Notification Street Address ☐ EPA Intelat Amended DEP SEP MAINTE Amendment #: ry, state, Zip Code X DOL Emergency WARREN, NJ 07059 (Including justification) DOH DOH Name of Contact ROI & Telephone Number ICENSING D DCA Cancellation TOM FERRARE FACILITY INFORMATION Name of facility where abstement is taking place (3) Type of Facility (4) RESIDENCE 5chool (K - 12) Street Address Subchapter 6 (Other than K-12) Other (Private/Commercial Bidgs /Homas, etc. Square Feet # of Floors County (6) Bldg. Age County Code (7) (State use only) WARREN Current Use (Prior if being demplished) SOMERSET Name of Monitoring Firm Hirad by sldg. Owner (8) ASCM NO. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address Street Addings City, State, Zip Code 20 California Ave. City, State, Zip Code Project Manager for Monitoring Firm Paterson, NJ 07503 Phone Number Telephone Number License Number 973-345-8020 01169 Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor D&S Restoration, Inc. 08/31/17 Occupancy Status During Abalement (Check only one) Street Address Facility closed/vacated during entire period of abatement. 20 California Avenue Absternant performed outside of normal facility hours-City, State, Zip Code Describe:\_ Other-Describs; NORMAL HOURS Scope of Work (check all that apply) Paterson, NJ 07503 □ >2 of or>3 (f Full Containment w/negotive pressure Renovation Mini-enclosure X ≥160 of or ≥260 N ☐ Demplition Glavebag procedure Non-Exampted (\*) and Non-friable procedure is location normally used solely Location of exhestos-containing by maintenance/custodial steff(12) material (acm) to be Description of aspestos-confaining E Amount . n abated in facility (13) material (ACM) m P M (Specify SF or No G NA 0 ¢ a BASEMENT 0 PIPE INSULATION 200 LF X Registered Waste Hauler NJDEP Hauter ID D& SRESTORATION, INC. Cubic Yerds of Waste Name of Registered Landell 13506 1 yds TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date PATERSON, NJ 07503 09/01/17 Completed by (Print or Type) TULLYTOWN, PA Title Signatur BOGDAN JOLDZIC PRESIDENT Date

08/30/2017

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

D&S Proj. #: 17-245		,	(Purs	uant to NJA	C 8:6	0 and 12:120)		A CALL	الخف				
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Date of Notification (1)				rner/Operator (2	2)				4 0	0.04	9	4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	The state of the s
Agencies Notified   Type Notifica	ation	matt mor						St	P 12	201		1	4
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DOL Amendment #									LICENS	SING		de grande de	
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justification	)   '	vame of Co	mact					Telephon	e Numbe	er			
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Name of facility where abatement	is taking pl	ace (3)					П	ype of Facility ( Schoo	4) I (K - 12	)			
matt morrison								Subch	apter 8 (	Other t	han K	-12)	
Street Address		Moral de Caración					11	Other (			ercial		
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City (5)	Cou	nty (6)			Cot	unty Code (7)		oquare r est	# 011 100	,,,,		-g. / \	90
hillsdale	RE	RGEN			(Sta	ate use only)		Current Use (P	rior if bei	ng den	nolish	ed)	
Name of Monitoring Firm Hired by				ASCM No.	Н	Name of Abateme	nt Co	ntractor (9)					
						D & S RESTO	RAT	ION INC					
Street Address					-	Street Address		1011, 1110.		_			
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City, State, Zip Code					_	City, State, Zip Cod					NE COLUMN	-0.70	
					1	Paterson, NJ (	07503	3					
Project Manager for Monitoring Firm	n	Ph	none Numi	ber	_	Telephone Number			License	Numb	per		
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Facility closed/vacated during			ement.			20 California A		ue		_			
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D & S RESTORATION, INC.	135			2 yds		TULLYTOWN	I, RE	SOURCE RE	COVE	RY			
City, State PATERSON, NJ 07503			Disposal Dis			City, State TULLYTOWN	V. PA						
Completed by (Print or Type)	Title			Signature		1 2221 10 111	,		Date				
BOGDAN JOLDZIC	PRESID	ENT							09/06/	17 20	17		