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

Date of Notification (1)					Man	ne of Buildi		The letter the second the second terms of the	<u> </u>	11 11			P.
	12/	16	<u> </u>			erizon	ng Owner/Operator	(2)	Į.	n 0040			2
	Type Notif	fication			Stre	et Address			SEP 1	3 2016		section.	1
57 marray					1	Verizon V	Vav	1 -					
☑ DHSS	Amend     Amend		ar .			, State, Zip				FOUT	OI :	51	3
	Amend				1	13(0)	dge, NJ 07920	\ As	SDESTOS	The Contract			and and
(NJAC 5:23-8)	☐ Emerge justifica	ency (ir	ncludir	ng		ne of Conta							
	Cancel				7.10.10.10.10.1	> > 10000000000000000000000000000000000			Telephone	Number			
		ation				lex Baylor				· · <b>-</b>			
Name of Eacility Whore Ah	-1				F	ACILITY II	NFORMATION						
Name of Facility Where Aba Verizon	atement is	laking	g Plac	e (3)				Type of Facility (	4)				-
Street Address								School (K-12	)				
Second of the Second Se								Subchapter 8	(Other than	K-12)			
95 William Street								Other (i.e., pr homes, etc.)	ivate and cor	nmercial	buildir	ngs,	
City (5)								Square Feet	# of Floors		Dista	Λ	
Newark, NJ 07102								10,000	3	· [	Bldg.	4ge	
County (6)					Cou	inty Code (	7)(STATE USE ONLY)	1 2					
Essex						, 0000 (	(OTATE OOL ONLY)	Current Use (Price	or if being de	molished)			
Name of Monitoring Firm Hi	red by Bu	ildina C	Owner	(8)	ASCN	/ No	Name of Abeter	10					
USA Enviornmental				(0)	AOON	1110.		ent Contractor (9)					
Street Address		-					JVN Restora	tion inc					
8436 Enterprise Aven	ne						Street Address						
City, State, Zip Code							47 Foster Ro						
Philadelphia, PA 1915	2						City, State, Zip C						
Project Manager for Monitor							Staten Island	NY 10309					
Mark Jenkins	ing Firm			1	ephone		Telephone No.		License No	D.			
Start Date (10)						5-5870	718-605-6256	3	00774				
1935 1870	40					ate (11)	Name of OSHA M	fonitor					
05/02/					1_ /	_16_	Testor Tech						
Occupancy Status During At	patement	(Check	only o	one)			Street Address						
☐ Facility Closed/Vacated ☐	During Ent	ire Per	iod of	Abate	ment		10 59 Jackso	n Avenue					
☐ Abatement Performed Ou	itside of N	lormal	Facilit	v Hou	re - Da	scribe	City, State, Zip Co						
Time of Abatement: 7:00	_AM- <u>3:3(</u>	_PM/_		PM	AI	M	LIC NY 11101						
Scope of Work (Check all that	at apply)						LIC NT TITO						
☐ ≥3 sf or ≥3 if ☑ ≥160 sf or ≥260 if			⊠ Re □ De				☐ Mini-Enc	cainment with Nega losure g Procedure mpted (*) and Non-					
		T	Is	Loca	tion	I	M MOII-EXE	mpled ( ) and Non-	Friable Proc				
Location of				Vorma			Description of	f		Al	patem	ent T	ype
Asbestos-Containing Mat TO BE ABATE	erial (ACN	A)	Use	a Sole intena	ely by	Asbes	stos Containing Mai	terial (ACM)	Amount	R	Re	四四	m
IN Facility	2		Cust	odial	Staff?	(i.e.	, thermal systems i	nsulation,	(Specify	Removal	Repair	Encapsulate	clo
(13)		-		(12)			surfacing, VAT, other miscellaned	or or	SF or LF)	val	7	lusc	Enclosure
			Yes	No	N/A		other miscenarie	ous)				ate	(0
Exterior	- 12 20 30 - 52					Window	Caulking		180SF				$\vdash$
4 <sup>th</sup> Floor Office						Floor Til	le and mastic		4,300SF	_			
	No.			П	П					-  -			1
Name of Registered Waste H	auler		- 1750	N	JDEP V	Naste T	Cubic Yards of	Nome - C				Ш	
Newark Carting					auler II	O No.	Waste	Name of Registe G.R.O.W.S.,					
City, State				_	NJ-56		40 Disposal Date						
Hackettstown, NJ							07/15/16	City, State Morrisville,P	Α.				
Completed By (Print or Type)		Title						worrisvine,P	A	<u> </u>			
Ralph Barnhardt		2079	oject	Man	ager		Signature	Jell-	7	Date	2	2.2.	i i

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

Name of Pauling Owner/Operator (2)	Date of Notification (1)				(ruis	uant to N	IJAC 8:60 and 5:	16)	n) E	GE		/ E	15
SPA   SOLUTION   Commended   Solution   So	04/	11 /	16		N	ame of Buil	ding Owner/Operato	r (2)				26.00 (1000	and it is
Section   County		Type Notifica	tion		C+	root Add-			III SI	EP 1:	3 20	16	7 1
Superior   Amendment #   Single   Control   Seeking Ridge, NJ 07920   Name of Facility Where Abstement is Taking Place (3)   Facility William Straet   Street Address   School (K-12)   School (K-12)   School (K-12)   Street Address   Street Ad		☑ Initial	100.700.0					į					1
Saking Ridge, NJ 07920   Emergency (including   Name of Charlact   Telephone Number   Alexandria   Telephone Number									ļ.				- 1
Cancolation   Name of Contact   Alex Baylor   Name of Contact   Alex Baylor   FACILITY INFORMATION	The second secon	Amendme	nt #										E.
Cancellation		☐ Emergeno	y (inclu	ding		Basking I	Ridge, NJ 07920	out the		LI EN			AND THE PERSON NAMED
See Saylof   Verizon	(140/10 3.23-6)	Justificatio	n)						Tolonha	11 1			
Name of Facility Where Abatement is Taking Piace (3)		Cancellation	on			Alex Bayl	or		releption	ne Numn	er		
Verizon  Street Address  95 William Street  City (5)  Newark, NJ 07102  County (6)  Newark, NJ 07102  County (7)  Saure Feet  10,000  Square Feet  10,000	Name of Facility 188				F	ACILITY	INFORMATION			1 1	-		
School (K.12)   Subchapter 8 (Other than K-12)   Subchapter 8 (Other than K-12)   Other (i.e., private and commercial buildings, homes, etc.)   Newark, NJ 07102   Square Feet 10,000	Variate of Facility Where Al	batement is Ta	aking Pl	ace (3	)		The state of the s	Tuno of Facili					
Subchapter 8 (Other than K-12)													
City (5)   Newark, NJ 07102   Square Feet   st of Floors   Ridg. Age   Squar								Subchante	·12) er 8 (Other the	on V 10)			
Newark, NJ 07102								Uther (i.e.,	private and c	commerc	ial bui	dinas	
County (6)  Essex  Name of Monitoring Firm Hired by Building Owner (6)  USA Enviornmental  Street Address A36 Enterprise Avenue  City, State, Zip Code Philadeliphia, PA, 19153  Project Manager for Monitoring Firm Mark Jenkins  Telephone No. 215-385-5870 State Island NY 10309  Staten Island NY 10309  Staten Island NY 10309  Staten Island NY 10309  State Island NY 10309  Telephone No. 718-605-6256  UCRY, State, Zip Code Staten Island NY 10309  State Island NY 10309  State Island NY 10309  State Island NY 10309  Telephone No. 718-605-6256  UCRY, State, Zip Code Staten Island NY 10309  State Island NY 10309  Telephone No. 718-605-6256  UCRY 11101  Testor Tech  Street Address Street Address State Island NY 10309  State Island NY 10309  Testor Tech  Street Address Street Addre								nomes, et	C.)			unigo,	N.
Essex   County Code (T)(STATE USE ONLY)   Current Use (Prior if being demolished)									# of Floo	ors	Bld	g. Age	
Name of Monitoring Firm Hired by Building Owner (8)  USA Envirormental  Street Address #47 Foster Road  City, State, Zip Code Philadelphia, PA 19153  Project Manager for Monitoring Firm Mark Jenkins  Telephone No. Staten Island NY 10309  Staten Island NY 10309  Telephone No. 718-605-6256  City, State, Zip Code Staten Island NY 10309  Staten Island NY 10309  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00 AM-3:30 PM PM. AM  Scope of Work (Check all that apply)  23 sf or 23 if  Renovation Demolition  Facility To Be ABATED IN Facility (13)  IN Facility (15)  Yes No N/A  PM- ABbestos-Containing Material (ACM) IN Facility (15)  Yes No N/A  Window Caulking  Name of Abatement Ty Telephone No. 718-605-6256  100774  Telephone No. 718-605-6256  100774  Testor Tech  Street Address  47 Foster Road  City, State, Zip Code License No. 718-605-6256  100774  Testor Tech  Street Address  47 Foster Road  City, State, Zip Code License No. 718-605-6256  100774  Testor Tech  Street Address  10 59 Jackson Avenue  City, State, Zip Code Lic NY 11101  Street Address  10 59 Jackson Avenue  City, State, Zip Code Lic NY 11101  Abatement Ty Abatement Ty Abatement Ty Abatement Ty Abatement Ty Ababestos-Containing Material (ACM) IN Facility (13)  Yes No N/A  Abatement Ty Abatement Ty Ababestos Containing Material (ACM) (i.e., thermal systems insulation, Specify SF or LF)  Abatement Ty					Co	Vinty Code	/7\/OTATE ::00	The state of the s					
Name of Monitoring Firm Hired by Building Owner (8)  USA Environmental  Street Address 8436 Enterprise Avenue  City, State, Zip Code Philadelphia, PA 19153  Project Manager for Monitoring Firm Mark Jenkins  Scheduled Completion Date (11) 05 / 02 / 16 12 / 31 / 16  Coccupancy Status During Abatement (Check only one) Statility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement 2:00 AM-3:30 PM PM AM  Scope of Work (Check all that apply)  23 of or 23 if  Scope of Work (Check all that apply)  12 of or 2 / 6	Essex				100	only Code	(1)(STATE USE ONLY)	Current Use (I	Prior if being o	demolish	ed)		
USA Environmental  Street Address 8436 Enterprise Avenue  City, State, Zip Code Philadelphia, PA 19153  Project Manager for Monitoring Firm  Telephone No. 215-385-5870 Telephone No. 215-385-5870 Tall-Baland NY 10309  Staten Island NY 10309  Staten Island NY 10309  Staten Island NY 10309  Staten Island NY 10309  Telephone No. 215-385-5870 Tall-Baland NY 10309  Staten Island NY 10309  Telephone No. 215-385-5870 Tall-Baland NY 1	Name of Monitoring Firm H	ired by Buildin	a Owne	er (8)	TASC	MAN					53		
Street Address	USA Enviornmental		g Own	51 (0)	ASC	IVI NO.	Name of Abateme	ent Contractor (	9)				
A	Street Address							tion Inc					
City, State, Zip Code Philadelphia, PA 19153 Project Manager for Monitoring Firm Mark Jenkins  Telephone No. 215-365-5870 Telephone No. 718-605-6256 Telephone No. 718-605-6256 D0774    Name of Coshaining Material (ACM)   Normally   Sed Solely by Maintenance/ Custodial Staff? (13)   Name of Registered Waste Hauler   Numer of Registered Landfill   Numer of Registered Lan	8436 Enterprise Aver	nie					Street Address						
Philadelphia, PA 19153  Project Manager for Monitoring Firm  Mark Jenkins  Start Date (10)  05 / 02 / 16  12 / 31 / 16  Occupancy Status During Abatement (Check only one)  Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00 AM-3:30 PM/ PM- AM  Scope of Work (Check all that apply)  3 sf or ≥3 if Send in Se	City, State, Zip Code	iuc					47 Foster Ro	ad					
Telephone No.   Telephone No		50					City, State, Zip Co	ode			-55 Williams		
Mark Jenkins  Telephone No. 215-365-5870  Telephone No. 218-365-626  Toll toll toll toll toll toll toll toll							Staten Island	NY 10309					
Stant Date (10)	Mark Jenkins	ring Firm							License	No			
Name of OSHA Monitor Testor Tech   Street Address   St									The second second second				
Testor Tech		Sch	eduled	Comp	letion D	ate (11)	Name of OSHA M	onitor	00114				
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement 7:00 AM-3:30 PW PMAM    City, State, Zip Code			12_	/ _3	31 /	16							
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00 AM-3:30 PM/ PM- AM    Scope of Work (Check all that apply)	Occupancy Status During Al	batement (Che	ck only	one)			Street Address						
Scope of Work (Check all that apply)  ⇒3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM) IN Facility (13)  Exterior    Asbestos Containing Material (ACM) (12)   Yes   No   N/A     No   N/A     Window Caulking   Name of Registered Waste Hauler     Nowark Carting   NJDEP Waste Hauler ID No. NJ-566     NJ-566   NJ-566     Name of Registered Wanger     Name of Registered Landfill (In NJ-15/16     Name of Registered Landfill (In NJ-15/16	Abatement Designation	During Entire F	Period o	f Abate	ement			. A.,					8-1955
Scope of Work (Check all that apply)    ≥3 sf or ≥3 if	Time of Abatement: 7:00	itside of Norm	al Facil	ity Hou	ırs - De	scribe							
≥3 sf or ≥3 lf			<i>''</i>	_PM	A	M		ue					
Section of Asbestos-Containing Material (ACM)   Section of In Facility (13)   Section of In Facility (13)   To Be ABATED In Facility (15)   To Be ABATED In	Scope of Work (Check all that	at apply)					LIC NT TITOT						
Location of Asbestos-Containing Material (ACM)  Asbestos-Containing Material (ACM)  IN Facility (13)  Yes No N/A  Window Caulking  Window Caulking  Window Caulking  To Be Abatement Ty  Asbestos Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Window Caulking  180SF  Window Caulking  180SF  Window Caulking  Name of Registered Landfill  Waste  Hauler ID No.  NJ-566  NJ-566  NJ-566  NJ-566  Abatement Ty  Abatem	⊒ ≥3 sf or ≥3 lf ⊠ ≥160 sf or ≥260 lf		ЦΒ	emoliti	on		Glovebag	Procedure					
Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  Yes No N/A  Window Caulking  Window Caulking  Window Caulking  To Be Abate (Specify Sero LF)  Yes No N/A  Window Caulking  To Be Abate (Specify Sero LF)  Window Caulking  To Cubic Yards of Waste (Cubic Yards of Hauler ID No. Name of Registered Landfill G.R.O.W.S., Inc.  Waste 40  G.R.O.W.S., Inc.  Disposal Date O7/15/16  Window Caulking  To Be Abate (Specify Sero LF)  Window Caulking  To Cubic Yards of Waste (Specify Sero LF)  Waste (G.R.O.W.S., Inc.)  Disposal Date (City, State Morrisville, PA)  Window Caulking  To Be Abate (Specify Sero LF)  Window Caulking  To Be Abate (Specify Sero LF)  Window Caulking  To Cubic Yards of Waste (Specify Sero LF)  Waste (G.R.O.W.S., Inc.)  Disposal Date (City, State Morrisville, PA)  Window Caulking  To Cubic Yards of Waste (G.R.O.W.S., Inc.)  Disposal Date (City, State Morrisville, PA)  Window Caulking  To Cubic Yards of Waste (G.R.O.W.S., Inc.)	Location of										Λ h - 4 -		_
Maintenance   Custodial Staff? (12)   Yes   No   N/A	Asbestos-Containing Mate	erial (ACM)	Us	ed Sol	elv bv	A - 1-	Description of						_
Yes No N/A Other miscellaneous)  Yes No N/A  Window Caulking  180SF	TO BE ABATE	⊇ ` ′	Ma	aintena	ance/	Aspe	stos Containing Mate	erial (ACM)		t   2	R R	E	Enclosure
Yes   No   N/A			Cus			(	surfacing, VAT. o	or		/ 2	ar	aps	clos
Exterior    Window Caulking   180SF	(10)		Yes			+	other miscellaneou	ıs)	OF OF LF	)   9	<u> </u>	Sul a	ure
Window Caulking	xterior		-	-		-						हिं	
ame of Registered Waste Hauler  Newark Carting  Ty, State  Hackettstown, NJ  Disposal Date  OTITIE  Ralph Barnhardt  Project Manager  OTITIE  Disposal Date  OTITIE  Signature  Signature  Date  Date						Window	Caulking		180SF	D			
ame of Registered Waste Hauler  NJDEP Waste Hauler ID No. NJ-566  Hackettstown, NJ  Disposal Date  Ornpleted By (Print or Type)  Ralph Barnhardt											- L	1-1	
ame of Registered Waste Hauler  Newark Carting  NJDEP Waste Hauler ID No. NJ-566  NJ-566  NJ-566  NJ-566  NJ-566  Ralph Barnhardt  NJDEP Waste Hauler ID No. NJ-566  NJ-566  NJ-566  NJ-566  Cubic Yards of Waste 40  City, State Norrisville,PA  Signature  Date													
Ame of Registered Waste Hauler  Newark Carting  NJDEP Waste Hauler ID No. NJ-566  NJ-566  Hackettstown, NJ  Disposal Date Ormpleted By (Print or Type)  Ralph Barnhardt  NJDEP Waste Cubic Yards of Waste 40  City, State O7/15/16  Morrisville,PA  Signature/ Date			-										П
Newark Carting  Hauler ID No. NJ-566  Hackettstown, NJ  Impleted By (Print or Type)  Ralph Barnhardt  Hauler ID No. NJ-566  NJ-566  Hauler ID No. NJ-566  Disposal Date O7/15/16  O7/15/16  Signature/ Date  Date	ame of Posisters 1111										10	1	
ty, State  Hackettstown, NJ  Impleted By (Print or Type)  Ralph Barnhardt  Hauler ID No. NJ-566  NJ-566  NJ-566  NJ-566  Waste 40  Disposal Date 07/15/16  O7/15/16  Signature Date Date Date	Nowark C	auler		N	JDEP V	Vaste	Cubic Yards of	Name of Regist	ered Landsii		1		Ц
Hackettstown, NJ  Project Manager  Disposal Date 07/15/16  Disposal Date 07/15/16  Morrisville,PA  Date	257						Waste						
ompleted By (Print or Type)  Ralph Barnhardt  Project Manager  O7/15/16  Morrisville,PA  Date					147-00		D:		, 1110.				
Project Manager  Title  Signature  Date									DA				
Ralph Barnhardt Project Manager Date	empleted By (Print or Type)	Title	9					Worrisville,	PA .				
141 WILL WAR DE -11-201	Ralph Barnhardt			Man	aner		oignature//		0	Date			
	-41		-,000	· ···········	-901		INW A	1hh		Dif	-11	- 70	1.

ASB-41 **MAY 11** 

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

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

Date of Notification	(1)				Namo	f Duilding	0		-			
09 / 12	/ 16				ELEET	JAMES ST	Owner / Op	erator (2)				
/	ies Notified Type of Notification  EPA Initial  DEP Amended  Amendment #_  DOL Emergency w/ justified  Cancellation  Dof Facility Where Abatement is Taking Place (3)  AMES STREET  Address  AMES STREET						REET LLC					
Agencies Notified	Type of	Notifica	tion			Address	<u></u>	national deposits and an area	-	- B 5	Action of the second	A-t-A-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-
r===						LBURN AV				5 11 1	W E	1,00
	100	1,000			City, St.	ate, Zip Co	de	111 11-5	3 67 6	-7 11	The state of the s	
						RN, NJ 070	041	1154				
					Name o	f Contact		111 111	Telenho	na Niin	her	1111
					KRIS LI	JKOWITZ			ma Hawaii da da da		1 4	1771
		Canc	ellatio					I HI H	1			
				I	ACILITY	INFORMAT	ION				-	
							3.75	1 50	BESTOR	CONT	rings o	
Name of Facility Wh	ere Abatei	ment is	Takir	ng Place (3)		Type of	Facility (4)	1 45				
15-17 JAMES STREE	ET					1.300 01	i delity (4)		LIGE	MSIN	j	i
							Cobset (	(40)				
Street Address							School (					
15-17 JAMES STREE	T						Subchap	ter 8 (Othe	r than K-1	2)		
						V	Other (I.e	e., private 8	cmmerci	al		
City (5)	County (	6)		10	/==			omes, etc.)				
NEWARK		"		County Code	(7)	Square		# Of Floo	rs	Buildi	ng Age	
	LOOLX						00,000		4			
		_				Current	Use (Prior i	f being der	nolished)	1	40	+
Nome of Bit - it - i				TOTAL PROPERTY.		CHURC	H/OFFICE	1051		1	, ,	
Ivanie of Wonitoring	Firm Hired	d by Bld	g. O	wner (8)	ASCM N	101		Victoria Santa				
DIOTEDDA EN UDOA												
	IMENIAL:	SOLUTI	ONS			NORTHS	STAR CONT	RACTING (	SROUP IN	IC.		
Street Address						Street A	ddress		311001,11	10.		
1130 WEST CHESTN	IUT STREE	ET				10007	441033					
City, State, Zip Code						32 Willia	ms Parkway					
UNION, NJ 07083						City Ct	ilis Paikway					
Project Mngr. For Mo	nitoring F	irm		Tolonhone N.		-City, Sta	te, Zip Code	9				
RICK EUSTAQUIO	intoining i			Telephone Nu 973-494-3762	imper							
Sheduled Start Date	(10)	Cabad	-		ORDER DE LA COLUMNIA		over, NJ 079	936				
20 /	. /			npletetion Date (1	(1)	Telephor	ne Number		License	Number		
$\frac{-09}{\sqrt{-22}}$	/16	-	10	//	16							
000000000000000000000000000000000000000				/ /			384-8682				00860	
Occupancy Status Di	uring Abat	ement (	Chec	k Only 1)		Name of	OSHA Mon	itor				
Facility Cl	osed/vaca	ted Dur	ing E	ntire Period of		NORTHS	TAR CONTI	RACTING G	ROUP. IN	C.		
Abatemen						Street Ac				-		
Abatemen	t Performe	d Outsi	de of	Normal Facility								
Hours - De						32 Willian	ns Parkway					
Other - De	scribe:	MON -	FRI -	7:00AM - 3:30PM		City Stat	e, Zip Code					
						Fast Han	over, NJ 079	36				
Scope of Work (Chec	k All That	Apply)					0101,110 070					
		,										
Demolition	1		Л	Renovation	[7]	F. II O						
≥3sf or ≥3I	f	12	-	Nellovation	V	ruii Com	ainment wi	th Negative	Pressure			
≥160 sf or						Mini - En						
						Glovebag	Procedure					
						Non-Exer	mpted (*) an	d Non-Fria	ble Proce	dure		
Location of		T.	s		Descript							
Asbestos Conta			ation	Λα.	Descript				Abateme	nt Type		
	5	Norn		l AS		Containing	i n		R		E	E
TO BE ABATE	n l	Us		1 0	Material			Amount	E	R	N	N
in Facility		Sol		(1.0	e., tnerma	systems	_	(Specify	M	E	C	C
(13)	1	A CONTRACTOR OF THE PARTY OF TH		insui	ation, sur	facing, VA	т,	SF or LF)	0	P	A	L
(10)		by M		ord	other misc	ellaneous	)		V	Α	P	0
		tena							Α	1	s	s
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		Staff							6.89		L	R
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CHURCH				PIPE & FITTING	3			10 LF	<b>V</b>		-	<del></del>
SANTUARY				PIPE & FITTING	The second secon			44 LF	- Control			<del>     </del>
SANTUARY		THE REAL PROPERTY.		HEAT SHIELD					<b>V</b>			
		THE OWNER OF THE OWNER,		THE PROPERTY OF THE PARTY OF TH				25 SF	7			
lame of Registered W	aste Haul	er	1	NJDEP Waste	Cubi-	Man 1						
IEWARK CARTING	acto madi	-					Registered L	.andfill				
					Yards	GROWS						- 1
ity, State					of Waste	0:4 6:						
EWARK, NJ					Disposal	City. State						
				ľ	Date	MORRISV	ILLE, PA		17.00			
ompleted by (Print o	r Tyne\			Title			(/					
,	.,,,,,			Title			Signature	7	/1		Date	
teve Stiles				Drain et 14			Stea	OA X	Lite			
SB-41				Project Manager			1 ach		cell	1	09	/12/16

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

				7.						(//	_	10		10	\	
Date of Notificati	ion (1)					Building			300 000	·		0 00		-		
		per 09, 2016		1	ASSESSMENT OF THE PERSON NAMED IN	CALI RE	ALTY	CORF		J E C			Eli	2		
Agencies Notifie	d .	Type Notification			Street A					4T				A CONTRACTOR OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN T		
		Initial		.6		arbrook	31525100000000000	Suite	275	111	5 /			111		
DEP	[	Amended Amendment				ite, Zip Co		ADMINISTRATION		LI SE	F	3 2016		1		
2930	Г	Emergency (		— E	PERSONAL PROPERTY.	d, NY 1	0523-1	1108						_		
DOH	,	justification)	-			Contact			Service Servic	ASBEST	Tele	ephoneNi	imber	the state of		
☐ DCA	L	Cancellation		F		Manage					اتتتاب	STVG -				
Name of Facility	Where Al	patement is Takin	n Place (3	)	FACI	LITY INFO	ORMAII	ON	Type	of Facility (4	1)					
Cooling Tower		outomont to Tunn	9 1 1400 (0	/												
Street Address	1									School (K-12 Subchapter 8		er than K-	12)			
									$\times$	Other (i.e. pr				dings	, home	es,
1 Lake St. City (5)										etc.) ire Feet	# of	Floors		Bldg. /	200	
	Divor N	I I							Oqua		# 01		- 1		0.0000000	
Upper Saddle County (6)	river, i	1J			County (	ode (7)			Curre	TBD ent Use (Prio	r if hai	TBD	shed)		ГBD	
						JSE ONLY)			Cuire	5111 USE (1 110		vacant	sileu)			
Bergen Name of Monitor	rina Firm H	Hired by Building	Owner (8)		ASCM	1 No		Name	of Aha	tement Cont			-		-	
	inig i miiri	med by building	owner (o)		AGGIV	1110.		5-4-4-0WENNON-		Group, LL		(0)				
AET, Inc. Street Address								Street	-		_0.		80/60			
907 Doolittle D	Orivo									HWY N,	STE 1	na				
City, State, Zip C										Zip Code	31L 2	.09				
Bridgewater, N		7						555 AM		NJ 08034	i					
Project Manager					Telephor	ne No.		Teleph			-	License	No.			
Eric Housekne		3				18-1108		(973)				00781				
Start Date (10)	30110		Schedule	1.5		Date (11)			2000-000-00	HA Monitor	1	00/01	C-12-17-17-17	777-20		
9	9/26/16				9/26/17			The M	1ACK	Group, LL	C					
		Abatement (Chec	k Only On		0,20,			Street								
Facility Clo	sed/Vacat	ed During Entire I	Period of A	hater	nent			1500 H	Kinas	HWY N, S	STE 2	209				
Abatement	Performed	d Outside of Norm								ip Code						
Other-Des	scribe:							Cherry	v Hill.	NJ 08034						
Scope of Work (0	Check All	That Apply)							,		2					
≥3 sf or ≥3 l	If		Пв	Renova	tion			[	☐ Fu	II Containme	nt with	Negative	Pressi	ire		
≥160 sf or ≥			Contraction of the Contraction o	emoli				Ţ	Mi	ni-Enclosure		, togative				
								-		ovebag Proc in-Exempted (		Non-Friah	le Proce	dura		
									<u> </u>	III-Exempled	( ) and	NOTI-I HAD	1000		emen	t
		(a)		Locat Vorma				72 120	12						уре	
	Location on taining M	วรั Material (ACM)	Use	d Sole	ly by	Ashes		scription taining N		L(ACM)	А	mount			_	
	BE ABAT	Service Company of the Company of th		intena odial s			therma	l system:	s insul			pecify	Z.	ਸ	inc	Ē
	In Facility (13)	1	Cusi	(12)	otali !			icing, VA miscellar			SF	or LF)	Remova	Repair	Encapsulate	Enclosure
	(13)		-	185 195	1		other	mscenar	neous)				va	air	llate	ure
			Yes	No	N/A			<u> </u>							10	
ur	ndergrou	ınd			$\times$		tra	nsite p	ipe			ГBD	$\times$			
	<del>-</del>				1											
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and the second s																
Name of Registe	ered Waste	e Hauler		10.00	IJ DEP W lauler ID		Cubic of Wa	Yards		Name of F	Registe	red Landfi	ill			
Newark Cartin	a / Free	hold Cartage			222		UI VVa	TBD		Cumberla	and C	o / RFI	GRO	2\\\(	/TR	RF
City, State	9/1166	noid Garlage			444		Dispo	sal Date		City, State		J., DI 17	0110		1 111	i XI
Newark / Free	hold N I							9/26/17		Newburg		erial / N	Inrries	عاازر	PA	
Completed by	11010, 140		Title					Signature		1 - 2 d	1		Date		. / \	
Michael Coope	er		Presid	lent				1/2	/_	//-			9/16			
monaci coope	<u> </u>		1 10310	OIIL								101	5, 10			

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8					ICATION	saret woll to esp 807888708 10 08:8 DALK of	ABATE		NT .		)),追	C.			1
	le of Notification (1) 8/2018					Building Owner		r (2)	- 62	1	111	02	11	3/2	016
	encies Natified	Type Notification			Streat A		,			111	111	1	1	1	.0+0
) N	EPA DEP DOL	Inilial Amended Amendment Emargency				ile, Zip Codé LE BROOK, N	J 0766	63			AS	BES	IOE IOE	1911	UTRI UG
X	DOH DCA	justification) Cancellation	_	•		Contact FASHEL				701	enorge	Number			
					FACI	LITY INFORMAT	ION			•					
	me of Facility Where / ESIDENCE	Abatement is Takir	ig Place (	3)				Ty	ps of Facility ( School (K-1						
Štr	est Address							×		a (Oth	ar thán K k comma	(-12) rcial bu	iding	, ham	SS.
	Y (5) ADDLE BROOK							89	uare Past	# 5	Floors		Bldg.	Aga	
Co	uniy (8) ERGEN	¥			County (	lode (7)		Cu	rrent Use (Pric	or if bal	ng damo	llahad)			
Na N/	me of Monitoring Firm A	Hired by Building	Owner (8	)	ASCN	I No.	17712415		batament Con			ING, I	NC.		
Str	est Address						Street 11 V		IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ENUE					
City	, State, Zip Code			Ť.			City, S	State	Zip Cods (A, NJ 0751	88					
Pro	jact Manager for Mon	Itoring Firm			Talapho	ne No.	Telapi 973		No. 3-8700		License 00494				
	1 Data (10) 13/2016		8chedul 8/19/2		nplation !	Data (11)			SHA Monitor OBA (8) ABO	VE					
Öçe	pancy Stetus Dudng	Abatement (Char	k Only O	ne)		7	Švest		The second second second second	21.27					
X 2	Facility Closed/Vaca Abstament Performant Other - Describe:	ed Outside of Nom	Pariod of nal Facility	neted k	nani		City, 8	Starto	, Zip Code						
5×	pe of Work (Check Al	I That Apply)						~~~							$\neg$
, P	≥3 af or ≥3 if ≥180 af or ≥250 if			evone NomeC					Full Containma Mini-Enclosure Glovebag Proc Non-Exampted	eqnia	100			ta.	
				Locat						17.			Abe	ype emen	ı
	Location Loc	Material (ACM)	Use	d Sole Intans Iodial (12)	nsel	Asbestos Con (l.s. tharms surfs		Azen Inz Inz	ulation, r	(8	mount pscliy or LF)	Removal	Repair	Encapaniale	Enclosure
			Yos	No	N/A								L	18	G
	KITCHE			X			EOLE				0 SF	Х	_	_	
	EXTER		-	X	-		SIDING		1110		00 SF	Х	-	+	$\vdash$
	EXTER	UK	-	X	-	CHIMN	er FLA	ISH	ING		SF	X	-	1	-
	ns of Registered Was O BROTHERS C		3	1	IJDEP W lauler ID 8743		Yarda ata		Name of F	MAN			G.R.	J.W.	S,
-	, State TOWA, NJ	V					sal Date 2016		MORR		E, PA				
	nplated by NIELLE MIHAJLO	OVIC	PRO	JECT	COOF	ROINATOR	Signatur	3	V	7/		Data 8/8/20	16		

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

-			(P	ursuant	to NJAC	8:60 an	d 12:120	0)			711			)	
Date of Notification (1) 9/8/2016					f Building			(2)			n no E	1 10000			
Agencies Notified	Type Notification		-	Street A					) E C	E					
EPA EPA	Initial			011 01				200	KI			1			
DEP DOL	Amended Amendment				ate, Zip Co LE BRO		IJ 0766	33	U SEP	4	3 2016	be and	7		
DOH	Emergency justification)		t		f Contact				į.	Te	lephone Nu	mber	and		
☐ DCA	Cancellation	1			FASHE	775	ION		ASBEST	<u> </u>	UNINUL	. CL	-		
Name of Facility Where RESIDENCE	Abatement is Takir	g Place (3	3)	FACI	LIITINE	URIVIAT	ION	Тур	De of Facility ( School (K-1	10. <b>5</b> 20.5	SING	pense-			
Street Address								×	Subchapter Other (i.e. p	8 (Oth			dings,	home	es,
City (5) SADDLE BROOK								Squ	etc.) uare Feet	# 0	f Floors	E	Bldg. A	ge	
County (6) BERGEN					Code (7) USE ONLY	"		Cur	rent Use (Pri	or if be	ing demolis	hed)			
Name of Monitoring Firm N/A	n Hired by Building	Owner (8)		ASCN	ЛNo.				batement Cor ROTHERS			G, IN	IC.		
Street Address							Street 11 V		ress ELAND AV	ENUE					
City, State, Zip Code							-		Zip Code A, NJ 0751	2					
Project Manager for Mor	nitoring Firm	C- 1		Telepho	ne No.		Teleph				License N	lo.			
Start Date (10) 9/13/2016		Schedule 9/19/20		npletion	Date (11)	(	Name	of O	SHA Monitor						
Occupancy Status Durin	g Abatement (Ched	k Only Or	ne)				Street	Addr	ess						_
Facility Closed/Vac Abatement Perform Other – Describe:							City, S	state,	Zip Code						
Scope of Work (Check A	II That Apply)	2													
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	Renova Demolit				×	N G	ull Containme Mini-Enclosure Blovebag Prod Ion-Exempted	e edure	· ·			e	
-		110	Locat											ement pe	
Location Asbestos-Containing TO BE AB In Facil (13)	Material (ACM) <u>ATED</u> ity	Use Ma	Normal d Sole intena todial s (12)	ly by nce/		tos Con thermal surfa	scription taining M systems cing, VA niscellar	Materi s insu T, or	1	(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
	Total Control	Yes	No	N/A										6	
KITCH			X				EOLE				00 SF	Х			
EXTER	ser, and were		X				SIDING				300 SF	X			
EXTER	IOR	-	X		С	HIMNE	EY FLA	SHI	ING	,	3 SF	Х			
Name of Registered Was	ste Hauler		10.0	JDEP W lauler ID		Cubic of Wa	Yards ste		Name of I	Registe	ered Landfil	1			
City, State TOTOWA, NJ						Dispos 9/19/2	sal Date 2016	222-2011	City, State	9					
Completed by	אור	Title	IECT	COOL	דאואות		Signature		1		Da	ite 8/201	6		

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

		(Pt	ırsu	ant	to <u>N</u>	J.A.	<u>C.</u> 8:60	and '	12:12	20)		1),15_	G E	; ]	$\mathbb{V}$	E	1 1
Date of Notification							Owner / O		r (2)		100						7
	9-08-2016						nents LLC				111	11 5	ED 1	173	-00-		111
Agencies Notified  EPA	Type Notificati	on	11.9		Addre Clifton	ess Aveni	ie				1 4.3			U	ZUI	3	1
DEP			-			Zip C					1	100=					1
□ DOL	☐ Amend		(	Cliftor	n, NJ (	07013	10000000					ASBES	STOS	CO	VITA	OL	&
□ DOH	☐ Emerge		100		of Co						b		Telep	hon	Nu	mbe	r .
☐ DCA	☐ Cancel	lation		Jerry (	ampb	ell							1				
					ACILIT	Y INF	ORMATIC					7					
Name of Facility Wh			ace (3	3)				f Facili									
North Arlington Apa	irtments – Build	ing 225						chool (k		O41 41	. 1/ 4:	0)					
Street Address 20-B Ridge Park I	Drive									Other that te & com			nae h	nme	s ot	~ )	
20-billage raik i	Dilve						Square			# of Floo			Bldg.		3, 610	,,)	
City (5)	Ic	county (6)	Co	untv (	Code (	7)	5650	, , , , ,		2	513		Diag. /		70		
North Arlington, NJ	T.	Bergen		,				t Use (	Prior if	being de	emolis	shed)					
800 73								nent Bu		2000							
Name of Monitoring		Building Owr	ner (8)			CM No.				Contrac							
Health and Safety S Street Address	services				117			Addres		ent Grou	ip, LL	C		_			
P.O. Box 365										Suite 20	2						
City, State & Zip Co	de						City, S	tate & 2	Zip Co								
Berlin, NJ 08009			-					n, NJ 0			15						
Project Manager for Mr. Jim Proctor	Monitoring Fire	n	856-4		Numb	per		one Nu 4-4279				License		er 185			
Scheduled Start Da	te (10)   Sc	heduled Con				)		of OSH		nitor			01	100			_
09-22-201			9-30-2			8				Laborato	ries, I	nc.					
Occupancy Status [					83			Addres									
	sed/Vacated Du			of Aba	ateme	nt		Route 2									
Abatement Describe:	Performed during 9am – 5pm	ng Normal H	ours.					tate & 2 NJ 070		ae							
	upied During Al	batement					Joinon,										
Scope of Work (Che	eck all that appl	y)															
≥3 sf or ≥3 l	f		$\boxtimes$	Dor	ovatio	\n				Full Con Mini-End			Negati	ve F	ress	ure	
≥3 \$1 01 ≥3 1 ≥160 sf ≥26					nolitio				_	Glove Ba			2				
Z =100 01 =20	0 11			Dei	HOIILIO	11				Non-Exe				ble l	Proce	edur	e
Lo	ocation of		ls	Locat	ion		Des	cription				Amount			emer		
	tos-Containing			nally l			Asbesto					Specify		Т			<u> </u>
	erial (ACM)			olely I				rial (AC			S	F or LF)		D	77	=	田田
	BE ABATED n Facility				ce or Staff?		(i.e., the insulation,							Remova	Repair	Encapsula	Enclosure
	(13)		Ouott	(12)	Jun.		or other r							NA NA	≅.	Ins	sur
			Yes	No	N/A	1										a	Ф
Meter Room					$\boxtimes$	Pipe 1	nsulation				1	165 LF	[2				
Meter Room					$\boxtimes$	Assoc	iated Elbe	ows				12					
Boiler Room					$\boxtimes$		nsulation		recally		000.11.00	155					
Boiler Room						Assoc	iated Elbe	ows				24					
				ᆜ	님	-							L	111	411	4	
Name of Registered	Waste Hauler			INI	DED I	Nacto	Cubic Ya	rde	Name	e of Regi	ctarad	Landfill					
rvaine of registered	1 Waste Hauter			1.0000	uler I		of Waste		INGILIC	of ixegi	Stereu	Lanum					
Resource Managem	nent Group, LL0			00	35218		TBD		Grow	s Landfill							
City, State							Disposal	Date	City,	State							
Trenton, NJ 08619							TBD	1	Morris	sville, PA	1						
Completed By (Prin	t or Type)			Tit	10000		Signature	1.1		1	1	1	Da	2000			
Mr. Brian Haney				Pre	esiden	IT /	P	4101	1	V	11/	101	9-0	8-20	116		

Date of Notification (1)  O9 / 09 / 16  Agencies Notified  EPA  Initial  DOLWD  Amended  Amendment #  DCA  (NJAC 5:23-8)  DCA  (NJAC 5:23-8)  Telephone Number  FACILITY INFORMATION  Name of Building Owner/Operator (2)  Katy Chapnan  Street Address  City, State, Zip Code  Maplewood, NJ 07040  Name of Contact  Rich Quadrini  FACILITY INFORMATION  Type of Facility (4)  School (K 12)				-104			w Jersey	TAREST	<b>*</b>				
Date of Notification (1)  OP , 00 , 16  Kaby Chapman Aspendies Notified Deca	Check#2587		NO I II						2,400				
Special Street Address	Date of Notification (1)			**********						- G	E	1	₩ <sub>¬</sub> ,
Agencies Notified  PA		09 16				-	Owner/Operator (	-/					
MS EPA  DOLVM DOLVM DOLVM DOLVM DOLVM DOLVM DOSS   Commended Amendment #   Maplewood, NJ 07040   ASBESTOS CONTRO LICENSING Justication)   Gandellation   Coty, State, Zip Code   ASBESTOS CONTRO LICENSING Justication)   Gandellation   Coty, State, Zip Code   ASBESTOS CONTRO LICENSING Justication)   Name of Facility Where Abetement is Taking Place (3)   Facility INFORMATION    Name of Facility Where Abetement is Taking Place (3)   Facility INFORMATION   Type of Facility (4)   School (K-12)			_							CED	-	2 2	712
Description					Street ,	Address				174.1	ţ;	J (2)	J10
Assessing   Canada		Amended			City St	ate Zin C	ode						_
(N/AC 5 23-8)			r . W .						ASB				
			luding						Telephone Number		1111	SIIVE	2
Provide Notice   Prov	(110) 10 0.120 0)			F	Rich O	uadrini							
School (K-12)   Street Address							FORMATION						
Street Address  City (5)  Maplewood, NJ 07040  County (6)  Essex  Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  City (7)  Street Address  Name of Monitoring Firm Hired by Building Owner (8)  Street Address  Street Address	Name of Facility Where	Abatement is Taking	Place	(3)	Commence			Type of Facility	(4)				
City (5)   City (16, private and commercial buildings hones, etc.)   Square Feet   # of Floors   Blog. Age	Private house												
Square Feet	Street Address									ial buil	dings		
Maplewood, NJ 07040   County (6)   County (7) (STATE USE ONLY)   Current Use (Prior if being demolished)										T 5: :			
County (5)								Square Feet	# of Floors	Bia	g. Ag	е	
See Name of Monitoring Firm Hired by Building Owner (8)   ASCM No.   Name of Abatement Contractor (9)   Gr Tech LLC		0			Count	Code /7\ /	STATE USE ONLY	Current Hea (Dr	ior if being demolish	ned'i			-
Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.   Name of Abatement Contractor (9)					Count	1 0000 (1) (	OTATE OUE ONE!	00110111 000 (11		end(			
Street Address		m Hired by Building C	wner (8	3) A	SCM I	No.	Name of Abatem	I ent Contractor (9)					
S76 Valley Rd #283													
City, State, Zip Code  Wayne, NJ 07470  City, State  City, State, Zip Code  Wayne, NJ 07470  City, State  City, State, Zip Code  Wayne, NJ 07470  City, State  City, State  City, State, Zip Code  Wayne, NJ 07470  City, State  City, State  City, State, Zip Code  Wayne, NJ 07470  City, State  City, State  City, State, Zip Code  Wayne, NJ 07470  City, State  City, State  City, State, Zip Code  Wayne, NJ 07470  City, State  City, State, Zip Code  Wayne, NJ 07470  City, State  City, State, Zip Code  Wayne, NJ 07470  City, State  City, State  City, State, Zip Code  Wayne, NJ 07470  City, State  City, State, Zip Code  Wayne, NJ 07470  City, State  City, State, Zip Code  City, State  City, State, Zip Code  City, State  City, State, Zip Code  City, State	Street Address	<del></del>					Street Address						
Wayne, NJ 07470   Wayne, NJ 07470   Telephone No.   Telephone No.   Telephone No.   Telephone No.   Telephone No.   Telephone No.   O1127													
Telephone No.	City, State, Zip Code												
Start Date (10)	D	Charles Fire		T-1-		11-	-	70	License No				-
Start Date (10)	Project Wanager for Wic	mitoring rinn		l ele;	JHOHE I	NO.			40000000000000000000000000000000000000				
Og	Start Date (10)	Sched	uled Co	omplet	ion Dal	e (11)		Monitor	01127	-			
Facility Closed/Vacated During Entire Period of Abatement   Abatement Performed Outside of Normal Facility Hours - Describe   PMAM	09/19	/16	19 i	20				onsultants,Inc					
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement. AM- PM PM AM					nont		50 0.00 0.0044	D 1 D11 //	2.55				
Time of Abatement: AM- PM PM AM Fair Lawn, NJ 07410  Scope of Work (Check all that apply)  Scope of Work (Check all that Negative Pressure  Scope of Work (Check all that Negative Pres	Abatement Performe	ed Outside of Normal	Facility	Hours	s - Des	cribe			33E				-
Scope of Work (Check all that apply)    Scope of Work (Check all that apply)	Time of Abatement:	AMPI	W/	_PM_		AM							
Saf or >3 lf   Saf or >2 lf   Saf	Scope of Work (Check	all that apply)					Clean u	p and decontamin		press	ure		
Non-Exempted (*) and Non-Friable Procedure   Abatement Type	M >3 of or >3 If		M Re	novatir	חח		Mini-En	closure	-				
Secretarion of Asbestos-Containing Material (ACM)   Secritarion of Normally   Used Solely by Maintenance / Custodial Staff? (12)   Yes No N/A   N/A   Pipe insulation   Suffacing VAT, or other miscellaneous   N/A   Signature   N/A	≥ 160 sf or ≥260 lf						Gloveba	ag Procedure	Tent with Negative	Press	ure		
Normally Used Solely by Maintenance/ Custodial Staff? (12)   Yes   No   N/A			1 10	Locati	on	1	Non-Ex	empted (*) and No	I Priable Procedur	_	otomo	ant Ta	ine
Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  Basement  Basement  Display In Facility (12)  Yes No N/A  Pipe insulation  WAT floor tiles  VAT floor tiles  Asbestos Containing Material (ACM) (i.e., thermal systems insulation. Surfacing, VAT, or other miscellaneous)  SIF or LF)  Display In Facility (Specify SIF or LF)  Display  Display In Facility (Specify SIF or LF)  Display  Display In Facility (Specify SIF or LF)  Display  Display  Date (O9/09/16)	Location	on of	1	vormal	ly		Description	of					
Sasement  Basement  Disposal Date  Wayne, NJ 07470  Completed By (Print or Type)  No N/A  Pipe insulation  Pipe insulation  30 LF  VAT floor tiles  VAT floor t									V 000 000 000 000	(em	epa	ncai	nclo
Sasement  Basement  Disposal Date  Wayne, NJ 07470  Completed By (Print or Type)  No N/A  Pipe insulation  Pipe insulation  30 LF  VAT floor tiles  VAT floor t				todial S		(1.6	surfacing, VA	Γ, or		oval	Ŧ	sula	sure
Basement	(13	)			Т	1	other miscellan	eous)				ate	
Basement			Yes	No	-				2015		П		П
Name of Registered Waste Hauler  NDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill  Gr Tech LLC  City, State  Wayne, NJ 07470  Completed By (Print or Type)  NJevtic  Title  Signature  Date  1	Basement		느		-	1							
Name of Registered Waste Hauler  NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill  Gr Tech LLC  O033785  TBD  T.R.R.F. Inc  City, State  Wayne, NJ 07470  TBD  Tullytown, PA  Completed By (Print or Type)  Title  Signature  NJevtic  Owner	Basement		Ш	Ш	×	VAT flo	oor tiles		450 SF			Ц	
Name of Registered Waste Hauler  Gr Tech LLC  Output											Ш	Ш	Ш
Gr Tech LLC  City, State  Wayne, NJ 07470  Completed By (Print or Type)  N.Jevtic  O033785  TBD  T.R.R.F. Inc  City, State  TBD  Tullytown, PA  Signature  Signature  Owner  O9/09/16		•											
City, State  Wayne, NJ 07470  Completed By (Print or Type)  N.Jevtic  Disposal Date  City, State  TBD  Tullytown, PA  Signature  Date  09/09/16	Name of Registered W	laste Hauler		NJE	EP Wast	e Hauler ID No	Cubic Yards of Wa	ste Name of Reg	istered Landfill				
Wayne, NJ 07470  Completed By (Print or Type)  N.Jevtic  TBD  Tullytown, PA  Signature  Date  09/09/16	Gr Tech LLC			(	0337	85			5				
Completed By (Print or Type)  Title  Signature  Date  N.Jevtic  Owner  Date  09/09/16	City, State						Disposal Date						
N. Jevtic Owner Teute Wenad 09/09/16								Tullytown, I					
	Completed By (Print or	Type) Titl	е				/				,		
		Ow	ner				1 // 2	who wends	/ 09	/09/16	0		

#### NOTIFICATION OF ASBESTOS ABATEMENT MO#19730006853 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 09 ; 10 / 16 Laurie Dascher Agencies Notified Type Notification Street Address □ EPA X Initial ■ DOLWD ☐ Amended City, State, Zip Code X DHSS Amendment # ASBESTOS CONTROL & DCA Garfield, NJ 07026 Emergency (including Telephone NEWS Name of Contact (NJAC 5:23-8) justification) Cancellation Laurie Dascher FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Private house Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Garfield, NJ 07026 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Bergen 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 / 20 / 16 09 / 21 / 16 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/ PM\_ AM 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 lf 2 160 sf or 2260 lf Renovation Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Demolition Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normaliv 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 SIF or LF) (12)(13)other miscellaneous) Yes No N/A X П $\boxtimes$ Basement Pipe insulation 150 LF 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 Tullytown, PA TBD Completed By (Print or Type) Title Signature / Date leutic 09/10/16 N.Jevtic Owner ASB-41

State of New Jersey

		(Pt				7 and 12:120-7)	and the same of th					
Date of Notification	1 (1)		1		TC-61 100 -	Owner/Operator	(2)					
9/9/2016				Barbara	Le:	nnon	[.jrans	Natural Control				
Agencies Notified	Type Notif	icatio	n s	Street Addre	ess			NEGI	EIN	// Te	T	7
[ ]EPA	[X] Initia	al						4	<u> </u>	/	411	
[ ]DEP	Noti	ficatio	on	City, State,	Zip	Code		111			1	111
[X]DOL	[ ]Amende			Montcla	ir,	NJ,07042	IL	LI SEP	1 3 20	18	11.	///
[X]DOH	Noti	Eicatio	-	Name of Cont	tact		Tellepho	one Number		No.	Inne	+
	[ ] EMERG	ENCY		Barbara		nnon	1-1-2-			201	j	1
[ ]DCA	[ ]Cance	llation	n				L	LICE	NSING	TOL	Ši	
				FACII	LITY	INFORMATION		-				
Name of Facility Who	ere Abateme	nt is '	Takin	g Place (3)		-	Type of Faci	lity (4)				
Barbara Lenno	n						[ ]School					
Street Addres								apter 8 (Other				
Screec Madres							0 10 10 10 10 10 10 10 10 10 10 10 10 10	buildings, h				
							Square Feet	# of Flo	ors Bl	dg.	Age	
City (5		Cour	nty (	6) Essex	100000000000000000000000000000000000000	nty Code (7)	2100	2		121		
Montclair					(SI	ATE USE ONLY)	Current Use	(Prior if be	eing de	molis	hed)	)
Name of Monitoring E	Firm hired	by Bui	lding	ASCM No.		Name of Abate						
Owner (8) N/A						AZTECH M	ianagemen'	T, Inc.				
Street Address						Street Addres						
						86 Chris	topher S	t.				
City, State, Zip Coo	le					City, State,						
						Montclai	r, NJ 07	042				
Project Manager for	Monitoring	Firm	Tel	ephone Numb	er	Telephone Num			License	Numl	er	
			N/	A		(973)744	-8800		0037	1		
Scheduled Start Date	(10) S	ched.	Compl	etion Date	(11)	Name of OSHA	Monitor					
9/20/16		9/21	/16			N/A						
Month Day Y Occupancy Status Dur	ear	Month		ay Year		G						
[X] Facility Clo						Street Addres	5					
of Abatemen			£ Man	Projiji				÷				
[ ]Abatement Pe Hours - Desc					-Y	City, State,	Zip Code					
[ ]other - Desc	ribe: «Other	Occup	ancy	Descript»								
Scope of Work (Check	all that	apply)				0 2000020			00 - 2000-0000			
[X]>3 sf or	>3 1f		ГX	[]Renovation		5 5 6 8	Containment v Enclosure	vith Negative	e Press	ure		
[ ] <u>&gt;</u> 160 sf o			777	]Demolition		큐	bag Procedure	9				
				Is		[ ]Non-F	riable Proced	dure	lah.	ateme	n+ n	Dyrno
Location	of			ocation		Description	on of			I	E	E
Asbestos-Cor				Used Used		Asbestos-Con		Amount	E	R	C	C
Material TO BE AB				Solely y Main-		Material (i.e., thermal		(Specif	Y M	P	A P	D D
In Facil				enance/	in	sulation, surf		LF)	V	A	S	S
(13)		_	Sta	aff (12)		or other misce	llaneous)		A L	R	L	U R
Basement			Yes	No N/A	Dina	e insulati	On	12 lf	X			E
							k down	40 lf		1		-
Basement		-	-		vedSI	1 4110 100	A GOWII		-	-		-
Name of Benjahan 3 *	Inata II		ht	DEP Waste	lo-	bic Yards	Name of Pos	gistered Lan	dfill			
Name of Registered V AZTECH MANAG			Ha	uler ID No.	100000	Waste 1.5		a Enterp		IN	C	
				7040		4						
City, State	07040				100	sposal Date	City, State		io /	160	0	
Montclair, NJ	0/042				1	9/22/16	waynes	burg, Oh	10 44	200	3	
Completed By (Print	or Type)	Title				Signature	1	+17	Date			
Constantine V		Pres	ide	nt		1/	Trank.	1.1%		2016		
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						1	5 3	11				

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

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Date of Notification (1)					Name	of Buildir	ng Owner/Operator (	2)		- ( \	10		-/-
	9 / -	16	_		Arc	conic		(D),	EGE		E	In	V
Agencies Notified	Type Notific	ation			Street	t Address		In				1111	
⊠ EPA					9 R	oy Stree	et		SED 1	0 00		111	
☑ DOLWD	Amended Amendm				City, S	State, Zip	Code	I had had	957 +	d 201	0		/
☑ DOH □ DCA	Emergen		duding	,	Do	ver, NJ 0	7801	1 1					This can
(NJAC 5:23-8)	justificati		Juani	9	Name	of Contac	ct	- A	Stelephone N	umber	01.5	,	N N
	☐ Cancella	tion			Cha	arlie Pre	ssner	-	_	201011	· · L C	L	TOTAL STREET
					FA	CILITY II	NFORMATION					-	
Name of Facility Where A	batement is	Taking	Place	(3)				Type of Facility	(4)				
Arconic								School (K-12					
Street Address				e eller i te				Subchapter 8			a an an a		
9 Roy Street								Other (i.e., property)		merciai i	ullain	gs,	
City (5)							*/	Square Feet	# of Floors	E	Bldg. A	Age	
Dover								10,000	2		50	3-	
County (6)					Cour	ntv Code (	7)(STATE USE ONLY)	Current Use (Pri	ior if being dem	nolished)			
Morris						, 5545 (	. // 07/112 002 01/2//	industrial	or it being den	iolisi ieu)			
Name of Monitoring Firm	Hired by Build	dina O	wner	(8)	ASCM	No	Name of Abateme						
EHS Environmental		anng o	· · · · · ·	(0)	7100111	140.		vironmental C					
Street Address	00., 1110.						Street Address	VII OIIIIIleIIItai Ci	0., 1110.				
411 Southgate Cour	+						923 Haws Av	_					
City, State, Zip Code													
							City, State, Zip Co						
Mickleton, NJ 08056		111111111111111111111111111111111111111		T = 1			Norristown, F	A 19401					
Project Manager for Monit	oring Firm			198	ephone		Telephone No.		License No.	•			
Jack Carney		2 1 1		d - 985	56-224	171717171	610-239-9920		00398				
Start Date (10)9 /26 / .	16	1	0_ /	:	etion Da	0.750	Name of OSHA M EHS Environ	lonitor mental Co., Inc	<b>:</b> .				
Occupancy Status During							Street Address						
☐ Facility Closed/Vacated							411 Southgat	e Court					
Abatement Performed Time of Abatement: 7:						cribe	City, State, Zip Co						
Scope of Work (Check all	that apply)	82		50000			Mickleton, N.	1 08056					
			Ø D.					ainment with Neg	gative Pressure				
$\boxtimes$ $\geq$ 3 sf or $\geq$ 3 If $\square$ $\geq$ 160 sf or $\geq$ 260 If			⊠ Re □ De	nova molit			☐ Mini-Enc ☑ Glovebag	g Procedure					
				7.		1	☐ Non-Exe	mpted (*) and No	n-Friable Proce	edure			
F	S.			Loca						Α	batem	ent T	ype
Location of Asbestos-Containing N		4)			lely by	Ashe	Description o estos Containing Ma		Amount	76	Re	回	E
TO BE ABA	TED `	"			ance/		e., thermal systems		(Specify	Kemova	Repair	Encapsulate	Enclosure
IN Facility (13)	У		Cus	امان 12)	Staff?		surfacing, VAT,		SF or LF)	\a	-   "	sula	ure
(13)			Yes	No		1	other miscellane	ous)				ate	65
1 <sup>st</sup> floor sales office						pipe fit	ttings		10LF		1	$\vdash$	
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			<u>Ц</u>							L			Ш
N	C. P. P. C. P. C.												
Name of Registered Waste Newark Carting	e Hauler		1000-00	100	NJDEP \ Hauler II <b>4509</b>		Cubic Yards of Waste 1CY	Name of Regis	tered Landfill				
City, State							Disposal Date	City, State	2000	3533			
Newark, NJ							10/3/16	Morrisville	, PA				
Completed By (Print or Ty	pe)	Title Vi	ce Pr	esid	ent		Signature			Date	1/9	/11.	

page 1

Sep 07 2016 09:44AM HP Fax 2012951707 page 3 State of New Jersey NOTIFICATION OF ASSESTOS ASSTEMENT (Pursuam to NJAC 8:60 and 12:126) Date of Notification (1) Name of Building Owner/Operator (2) Sept-06-2016 Check #2917 St Francis Academy Agandas Notified Type Nothcode n Street Address 1801 Central Avenue B Indian City, State, Zip Code DEP Amended ASBESTOS GONTROL & DOL Amendment # Union City, NJ 07087 Emergency (including HING B Telsphone Number Name of Contact justification) DOH Cancellation Deborah Savege-Principal DCA FACILITY INFORMATION Type of Facility (6) Name of Fedity Where Abstement is Taking Piece (3) St Francis Academy Behool (K-12) Bubchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes. 1601 Central Avenue etc.) Square Fact # of Figors Bldg. Age City (B) Union Chy. NJ County Code (7) Current Use (Prior if being demollshed) County (6) HUDSON School ASCM No. Name of Abatement Contractor (9) Name of Vanitaring Firm Hired by Building Owner (8) EA Services Corporation OMEGA ENVIRONMENTAL SERY. Street Address Street Address 428 -89th Street 280 Hyuler City, State, Zip Code City, State, Zip Code NJ 07606 Guttenberg, NJ 07093 South Hackensack Lloense No. Telephone No. Telephone No. Project Manager for Monitoring Firm 201-489-8700 201-295-1700 01074 Name of OSHA Monitor Scheduled Completion Date (11) Start Data (10) 09-08-2016 Same as abova 09-07-2016 Street Address Desupancy Status During Abatement (Check Only One) Fadility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Fadility Hours City, State, Zip Code Other - Describe: ARe: 3 PM Scope of Work [Check All That Apply) Full Comminment with Abgalive Pressure Renovation 23 of or 23 if Mini-Enclosure 2160 61 01 2260 W Demolition Giovoben Procedure Non-Exempted (\*) and Non-Friebia Procedure Abatement is Location Type Description of Location of Used Solely by Maintenance/ Asbesics-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Parapasales A Englosus (i.e. thermal systems insulation, (Specify Respons Custadial Staff? aurischig, VAT, of SF OF LF h Facility (12) (13) Yea No NIA 80 SF Carpet debris × Exterior Yard H Name of Registered Landfill Cubic Yarda NUDEP Waste Name of Registered Wards Hauler Header ID No. of Wasta Cumberland Landfill Freshold Carling 266 15039 City, Blake Disposal Date City, State Newburg, PA tbd Freehold, NJ

Signature |

Office Manager

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Daio

09/08/2016

Gina Betances

Completed by

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) MERCK SHARP & DOHME CORP. /16 Street Address Agencies Notified Type Notification 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 ASSESTOS CONTROL ? FPA Initial Notification City, State, Zip Code LICENSING DEP Amended Notification RAHWAY, NEW JERSEY 07065 DOL Cancellation DOH On Hold #1 Name of Contact Telephone Number **EMERGENCY NOTIFICATION** DCA Sandra M. Schenk **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) MERCK SHARP & DOHME CORPORATION Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 126 EAST LINCOLN AVENUE - BUILDING 84 99.082 47 City (5) County (6) County Code (7) Current Use (Prior if being demolished) RAHWAY UNION (STATE USE ONLY) OFFICE Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ENVIRONMETAL HEALTH INVESTIGATIONS, INC. PAR ENVIRONMENTAL CORPORATION 104 Street Address Street Address 655 WEST SHORE TRAIL 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code SPARTA, NEW JERSEY 07871 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number License Number Telephone Number WILLIAM S. KERBEL, CIH 973-729-5649 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor /16 /16 AMERISCI LABORATORIES INC 11 / #11480 Month Year Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 117 EAST 30TH STREET Abatement Performed Outside of Normal Facility Hours - Describe: Monday -Friday 7am-3:30 pm Other - Describe: City, State, Zip Code NEW YORK, NEW YORK 10016 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Mini-Enclo. Renovation >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount ENCLOS REMOVAL REPAIR ENCAPSULE Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) Staff (12) or other miscellaneous) in Facility (13) URE Yes No N/A X **EXTERIOR** ROOF FLASHING 3,370 X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill

FREEHOLD CARTAGE, INC. Hauler ID No. LYCOMING COUNTY RESOURCE MANAGEMENT SE 15939 825 HIGHWAY 33 447 ALEXANDER DRIVE/ROUTE 15 City, State Disposal Date City, State MONTGOMERY, PA 17752 FREEHOLD, NEW JERSEY 08/09-11/30/2016 Completed by (Print or Type) Signature Date BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS

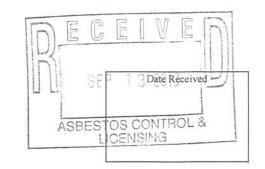
		State of New Jersey ION OF ASBESTOS ABA 1t to NJAC 8:60-7 and 12:1 Name of Building O	20-7)	DE C	CE [	V E
Date of Notification (1)		MERCK SHARP & D		S	EP 13	2016
7 / 29 /16		Street Address		200		
Agencies Notified Type Notification	on	126 E. LINCOLN AV	ENUE, P.O. BOX 2000,	RY28-414-E	TOS CO	NITDOL
X DOL Cancellal X DOH On Hold	d Notification tion	City, State, Zip Code RAHWAY, NEW JEF Name of Contact	RSEY 07065	one Number	LICENSIN	VG T
DCA EMERGE		ION Sandra M. Schenk				
Name of Facility Where Abatement is Ta	aking Place (3)	ACILITY INFORMATION	Type of Facility (4) School (K-12) Subchapter 8 (Other (ie. private	50	as homes	oto \
Street Address	~ ~ .	2011/02/02/02/02/02/02/02/02/02/02/02/02/02/	Square Feet # o	Floors	Bldg. Age	
126 EAST LINCOLN AVENUE - BUILDING		Court. 0-1-17	99,082	3	47	
City (5) County ( RAHWAY UNION	0)	County Code (7) (STATE USE ONLY)	Current Use (Prior if be OFFICE	ing demolished	)	
Name of Monitoring Firm Hired by Build	ling Owner (8)	ASCM No.	Name of Abatement C	ontractor (9)		
ENVIRONMETAL HEALTH INVESTIGATION	•	104	PAR ENVIRONMENTA	집 하다 아이지 않는 것이 살아지면 하는 것	ION	
Street Address			Street Address			
655 WEST SHORE TRAIL			313 SPOOK ROCK RO	AD		
City, State, Zip Code	W IEBSEV SZSZ		City, State, Zip Code	C 40004		
Project Manager for Monitoring Firm	V JERSEY 07871	Number	SUFFERN, NEW YORK		lumbor	
WILLIAM S. KERBEL, CIH	Telephone 973-729-56		Telephone Number 845-369-7500	License N	vumber	
Expected State Date (10)	Sched. Complet	98.Y.E.	Name of OSHA Monitor	A STATE OF THE PARTY OF THE PAR		
8 / 9 /16	11 /	30 /16	AMERISCI LABORATO		#11480	
Month Day Year	Month	Day Year				
Occupancy Status During Abatement (Che  X Facility Closed/Vacated During Abatement Performed Outside of X Other - Describe: Monday -	Entire Period of About of Normal Facility H	Hours - Describe:	Street Address 117 EAST 30TH STRE  City, State, Zip Code		10040	
Scope of Work (Check all that apply)  Demolition  >3SF OR LF  X >160 SF OR 260 LF	Renovation	Mini-Enclo	inment with Negative Pr	., NEW YORK essure	10016	
Location of	Is Location	Description of As			batement T	-
Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	normally used solely by Maint/Custodial Staff (12) Yes No N/A	Containing Materia (ie. Thermal system insulation, surfacin or other miscella	stems (S ng, VAT, SF	pecify or LF)	ENCAPSULE REPAIR	ENCLOSURE
EXTERIOR	X	ROOF FLASHING	3,370	X		
Name of Desire	NUDED IX		IN	ICII		
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	NJDEP Waste ( Hauler ID No. 15939	Cubic Yards of Waste 80	Name of Registered La LYCOMING COUNTY I 447 ALEXANDER DRIV	RESOURCE MA	ANAGEMEI	NT SE
City, State		Disposal Date	City, State			
FREEHOLD, NEW JERSEY		08/09-11/30/2016	MONTGOMERY, PA 1		/ /	
Completed by (Print or Type) Title BENJAMIN SANCHEZ DIR	ECTOR OF OPER	Signature SATIONS	- fl	Date 7	129/1	6

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

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Date of Notification (1)	eptember 9, 20	16			Name of Build	그림 프라이어 이번 보다 아니었다면서 이번 생각이다.	erator (2) ince Stewart	0) [ 6 6 6	3		1	
Agencies Notified  [ X ] EPA		l Notific			Street Address		ag cape component and control of the	SEP 1	3 20	)16		1
[ ] DEP [x ] DOL [x ] DOH	Ame	ndment : gency (i	tification # ncluding		City, State, Zip		ord, NJ 08055	ASBESTOS	CON	TROI	_&	The second secon
[ ] DCA		ication) ellation			Name of Conta Co	ct stance Stew	art L	Telephone Number		-		
				FAC	L CILITY INFO	RMATION						
Name of Facility Where Al		Place (3	)				Type of Facility (					
	sidence							School (k-12) Subchapter 8 (ot	her than	k-12)		
Street Address							[x]				al build	lings,
City		Count	ty (6)		County Code (7)		Square feet	homes, etc.) # of Floors	Dida	Λσο		
City		Coun	ty (0)		(STATE USE O		1200 sf	1		Age 6	0	
Waretown		Ocea	an					or if being demolished dence	)			
Name of Monitoring Firm		Owner (	8)		ASCM No.	Name o	f Abatement Contrac		Inc			
Street Address						Street A	.ddress					
City, State, Zip Code						City, Sta	ate, Zip Code	Route 9, Unit 61	.00000			
Project Manager for Monito	oring Firm		Telephone N	Number		Telepho	ne Number	s River, New Jers		33-1.	2/1	
						732-34	49-9932	00624				
Scheduled Start Date (10) 9/22/16			9/23/10		on Date (11)	Name o	f OSHA Monitor E.M.	S.L. Analytical				
Occupancy Status During A					4.000000040	Street A	.ddress					
5 7 5	lity Closed/Vacated tement Performed (							Stelton Road				
2 2	er – Describe					City, Sta	ate, Zip Code Pisca	ataway, New Jerse	ey 0885	54		
Scope of Work (Check all t	hat apply)					]	] Full Containm	ent with Negative Pres	sure			
[ ] >3.0	f or ≥3 lf		r 1	Renova	tion	[	Mini-Enclosur Glovebag Proc					
5 6	or ≥3 if sf or ≥260 if		[ x ]	Demoli		ι [ x	,	d (*) and Non-Friable	Procedur	re		
									T	ement '	Trmo	
			Is Location	ĭ		Descripti	on of					-
Location of		1	Normally us	ed		Asbestos-Co	ntaining	Amount	R E	R E	E N	E N
Asbestos-Containing M TO BE ABA		Main	Solely by tenance/Cu	stodial		Material ( i.e., thermal		(Specify SF or LF)	M	P	C A	C
in facility		Ividiii	Staff	stodiai		insulation, su		Of Ell)	0	A I	P	L
(13)			(12)			VAT,	or		V	R	S	S U
		YES	NO	N/A		other miscel	laneous)		A		U L	R
		1 LS	5330540	IN/A					L		Е	Е
Exterior			X		Asbestos si	ding		1200 sf	X			
Name of Registered Waste	Hauler	1	NJDEP Waste	Hauler	ID No. Cubic	Yards of Was	ste Name of Reg	istered Landfill				
Guardian Co	ntracting, Inc.			223	3		T.R.R.F.					
City, State Toms River,	New Jersev			Dispos 9/26/	sal Date	City, S	tate town, Pennsylva:	nia				
Completed by (Print or Type Nicholas Ferr	e)	Title Proje	ect Manage		Signature		1 1		Date 9/9/	16		

Guardian Contracting, Inc. 1889 Route 9 Suite 61 Toms River, New Jersey 08755



#### DEMOLITION / RENOVATION NOTIFICATION

Operator Project #:	Postmark:		Notificati	1011:		
I. TYPE OF NOTIFICATION (O - Original R - Revised	C - Cancelled):	0	II.	IS ASBESTOS PRESENT?	(Yes/No):	Y
III. FACILITY INFORMATION (identify owner, removal c	ontractor and other of	operator)				
OWNER NAME: Costance Stewart						
Address:						
City: Medford S	State: NJ		Zip:	08055		
Contact: Costance Stewart			Tel:			
REMOVAL CONTRACTOR: Guardian	n Contracting, In	nc.		NJ License: 006	524	
Address: 1889 Ro	oute 9, Unit 61					
City: Toms River S	State: New Jer	rsey	Zip:	08755		
Contact: Nicholas	s Fernicola		Tel:	732-349-9932		
OTHER OPERATOR (if different)				NJ License:		
Address:						
City: 5	State:		Zip:			
Contact:			Tel:			
IV. TYPE OF OPERATION (D - Demo O - Ordered Den	no R - Renovation	E - Emergency Re	novation):	D		
V. FACILITY DESCRIPTION (Including building name, n	umber and floor or re	oom number)				
Building Name: Residence						
Address: 27 Bayview Drive	e					
City: Waretown S	State: New Jer	rsey	County:	Ocean		
Site Location: Exterior						
Building Size: 1200 sf	of Floors:	1	Age in Y	ears: 60		
Present Use: Residence		Prior Use:	Residen	ce		
VI. PROCEDURE, INCLUDING ANALYTICAL METHO:	D, IF APPROPRIAT	E, USED TO DETEC	CT THE PRE	SENCE OF ASBESTOS MAT	ERIAL:	
IS MATERIAL ASSUMED TO BE ASBESTOS?  VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUD	ING:				Nonf	friable
		RACM			Asbestos	s Material To Be
Regulated ACM to be removed     Category I ACM not removed		To Be Removed		LOCATION		noved
Category II ACM not removed		Removed			Cat I	Cat II
Pipes (Linear feet):						
Surface Area (Square feet): 1200 sf	Asbesto	os siding		Exterior		
RACM Off Facility Component (Cubic feet):						
VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/)	YY) Start:	9/22/16	5	Complete: 9	9/23/16	

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X.	DESCRIPTION OF PLANNED DEMOLITION OF	RENOVATION WO	ORK, AND METHOD(S) 1	TO BE USED	CEIVEN
xi.	DESCRIPTION OF WORK PRACTICES AND EN AND RENOVATION SITE:			1777	
	Prior to removal, the work area around the building will be removed by non-friable procedures. All waste will be place	roped off with caution to d in double 6 mil. Bags,	pe and warning signs. Plastic sealed and labeled and placed	sheeting will be placed on the grou in a locked container for disposal-	nd below and the aspestos with be
xii.	WASTE TRANSPORTER #1 Name: Guar	dian Contracting	, Inc.		
	Address: 1889	Route 9, Unit 61			
	City: Toms River	State:	New Jersey	Zip:	08755
	Contact Person: Niche	olas Fernicola			
	WASTE TRANSPORTER #2 Name:				
	Address:				
	City:	State:		Zip:	
	Contact Person:				
xiii.	WASTE DISPOSAL SITE Name: T.R.I	R.F.			
	Location: Bord	entown Road			
	City: Tullytown	State:	Pennsylvania	Zip:	19007
	Telephone: 215-943-9732		Permit #:	101494	
xiv.	IF DEMOLITION ORDERED BY A GOVERNME	NT AGENCY, PLEA	ASE IDENTIFY THE AGE	NCY BELOW AND ATTACE	H COPY OF ORDER
	Name:		Title:		
137	Authority:				The second secon
	Date of Order (MM/DD/YY):		Date Ordered to Begin	(MM/DD/YY):	
XV.	FOR EMERGENCY RENOVATIONS				
	Date and Hour of Emergency (MM/DD/YY):				
	Description of the Sudden, Unexpected Event:				
	Explanation of how the event caused unsafe condition	ons or would cause eq	uipment damage or an unre	asonable financial burden:	
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLO ASBESTOS MATERIAL BECOMES CRUMBLED		기계기 그 강 아이지 않는 그렇게 하다면 하면 하는 것이 다니다.		PREVIOUSLY NONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IT THE DEMOLITION OR RENOVATION AND EV AVAILABLE FOR INSPECTION DURING NORM	IDENCE THAT THI	E REQUIRED TRAINING	HAS BEEN ACCOMPLISHE	
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Owner	Operator)	September 9, 2016 (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATION	IS CORRECT.			
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Owner	(Operator)	September 9, 2016 (Date)

#### State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of otification (1) Name of Building Owner/Operator (2) September 9, 2016 Homes for All, Inc. Agencies Notified Type of Notification Street Address 7 Hyers Street X EPA [x] Initial Notification DEP Amended Notification City, State, Zip Code Amendment #\_ [X] DOL Toms River, NJ 08753 Emergency (including justification) Telephone Number Name of Contact [X] DOH Cancellation Glen McDonald ] DCA FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence/office School (k-12) Subchapter 8 (other than k-12) Street Address [x]Other (i.e., private & commercial buildings, homes, etc.) City County (6) County Code (7) Square feet # of Floors Bldg. Age (STATE USE ONLY) 3000 sf 80 Current Use (Prior if being demolished) Toms River Ocean Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Guardian Contracting, Inc. Guardian Contracting, Inc. Street Address Street Address 1889 Route 9, Unit 61 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, NJ 08755 Toms River, New Jersey 08755-1271 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 732-349-9932 732-349-9932 Nicholas Fernicola 00624 Scheduled Completion Date (11) Scheduled Start Date (10) Name of OSHA Monitor 9/22/16 9/23/16 E.M.S.L. Analytical Occupancy Status During Abatement (Check only one) Street Address 1056 Stelton Road Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe Piscataway, New Jersey 08854 Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure [x]Glovebag Procedure [ x ] >3 sf or ≥3 If [ X ] Renovation ≥160 sf or ≥260 lf Demolition Non-Exempted (\*) and Non-Friable Procedure Abatement Type Is Location Description of E Location of Normally used Asbestos-Containing Amount E E N Asbestos-Containing Material (ACM) Solely by Material (ACM) (Specify SF C P C M TO BE ABATED Maintenance/Custodial (i.e., thermal systems or LF) A L A 0 Staff insulation, surfacing, P 0 in facility V R S S (13)(12)VAT, or U U other miscellaneous) A R L YES NO N/A T. F X 75 lf X Asbestos pipe insulation Basement NJDEP Waste Hauler ID No. Name of Registered Waste Hauler Cubic Yards of Waste Name of Registered Landfill Guardian Contracting, Inc. 20223 T.R.R.F. City, State Disposal Date City, State 9/26/16 \_\_ Tullytown, Pennsylvania Toms River, New Jersey

Signature

Date

9/9/2016

Completed by (Print or Type)

Nicholas Fernicola

Title

Project Manager

#### DEMOLITION / RENOVATION NOTIFICATION

$\square$			Date Receive
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Operato	or Project #:	Postmark:	Notification: LICENSING
I.	TYPE OF NOTIFICATION (O - Original R - Revised C - C	Cancelled): O	II. IS ASBESTOS PRESENT? (Yes/No): Y
III.	FACILITY INFORMATION (identify owner, removal contract	or and other operator)	
	OWNER NAME: Homes for All	l, Inc.	
	Address: 7 Hyers Street		
	City: Toms River State:	New Jersey	Zip: 08753
	Contact: Glen McDonald		Tel: 732-286-7929
	REMOVAL CONTRACTOR: Guardian Con	tracting, Inc.	NJ License: 00624
	Address: 1889 Route 9,	Unit 61	
	City: Toms River State:	New Jersey	Zip: 08755
	Contact: Nicholas Fern	icola	Tel: 732-349-9932
	OTHER OPERATOR (if different)		NJ License:
	Address:		
	City: State:		Zip:
	Contact:		Tel:
IV.	TYPE OF OPERATION (D - Demo O - Ordered Demo R	- Renovation E - Emerger	ncy Renovation): R
V.	FACILITY DESCRIPTION (Including building name, number	and floor or room number)	
	Building Name: Residence		
	Address: 309 Hooper Avenue		
	City: Toms River State:	New Jersey	County: Ocean
	Site Location: Basement		
	Building Size: 3000 sf # of Floo	ors: 2	Age in Years: 80
	Present Use: Residence	Prior Use:	Residence
VI.	PROCEDURE, INCLUDING ANALYTICAL METHOD, IF A	PPROPRIATE, USED TO I	DETECT THE PRESENCE OF ASBESTOS MATERIAL:
VII.	IS MATERIAL ASSUMED TO BE ASBESTOS?  APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:	Ť	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
VII.			Nonfriable Asbestos Mate
	Regulated ACM to be removed     Category I ACM not removed	RACM To Be	LOCATION Removed
	Category II ACM not removed	Remove	ed Cat I Ca
	Pipes (Linear feet): 75 lf	Asbestos pipe insula	ation Basement
	Surface Area (Square feet):		
	RACM Off Facility Component (Cubic feet):		
	SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)	Start: 9/	22/16 Complete: 9/23/16

#### NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED E C E I V E
xi.	DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:
	Removal to take place using negative pressure glove-bag method. Prior to removal, work area to be isolated, negative air units to be provided and affixed with a surfactant/water mix. All waste to be double bagged, sealed and affixed with appropriate warning labels and placed in closed/locked container for disposal Price building of all surfaces where removal took place. All materials to be kept wet during the entire operation. Final cleaning will consist of HEPA vacuuming and/of wet wifining of all surfaces
xii.	WASTE TRANSPORTER #1 Name: Guardian Contracting, Inc.
	Address: 1889 Route 9, Unit 61
Tural constant	City: Toms River State: New Jersey Zip: 08755
	Contact Person: Nicholas Fernicola
	WASTE TRANSPORTER #2 Name:
	Address:
	City: State: Zip:
	Contact Person:
xiii.	WASTE DISPOSAL SITE Name: T.R.R.F.
	Location: Bordentown Road
	City: Tullytown State: Pennsylvania Zip: 19007
	Telephone: 215-943-9732 Permit #: 101494
xiv.	IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER
	Name: Title:
	Authority:
	Date of Order (MM/DD/YY):  Date Ordered to Begin (MM/DD/YY):
XV.	FOR EMERGENCY RENOVATIONS
	Date and Hour of Emergency (MM/DD/YY):
	Description of the Sudden, Unexpected Event:
	Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required after November 20, 1991)
	Nicholas Fernicola / Project Manager (Printed Name/Title)  September 9, 2016 (Signature of Owner/Operator)  (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.
	Nicholas Fernicola / Project Manager (Printed Name/Title)  September 9, 2016 (Signature of Owner/Operator) (Date)

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Date of Notification (1)				ling C	wner / Operat	tor (2)		<b>5</b> 写儿	(i) Li	3	111	
7/13/16 Agencies Notified Type Notification		Veriz	on Addres				1					
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		FAC	CILITY	INFO	RMATION						7.050	
Name of Facility Where Abatement is Tak	ing Place (3	3)			Type of Faci	ility (4)						
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Street Address						pter 8 (Othe						
95 William Street						.e. private 8					etc.)	
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	b) [Cot	unty C	ode (7)		42500		12			70+/	-	
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Name of Wonitoring Firm Hired by Building	0(0)		140014		Communic							
USA Environmental Inc.	Owner (8)		ASCM	No.	Name of Aba BRISTOL E		THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW					
Street Address					Street Addre							
8436 Enterprise Avenue City, State & Zip Code					1123 BEAV		ET					
Philadelphia Pa 19153					City, State & BRISTOL, I							
Project Manager for Monitoring Firm	Telepl	hone	Number		Telephone N			License N	umber	-	-	
Mark Jenkins	215-3				215-788-60			2.001.001.	0050	9		
	d Completion		e (11)		Name of OSI	HA Monitor						
7/27/16	ON HO				BRISTOL E		/IENTAL	INC				
Occupancy Status During Abatement (Che Facility Closed/Vacated During En	ck only one	f Abo	tomont		Street Addres							
Abatement Performed Outside of N				nm.	City, State &		El					
Describe: 5 pm – 1:30 am	tormar riou	13 - 1	an to o	5111	BRISTOL, F							
Facility Occupied During Abatemen	nt				BIGISTOL, I	A 13001						
Scope of Work (Check all that apply)					1							
	72000						Containm	ent with N	egative	Pres	sure	
≥3 sf or ≥3 lf	$\boxtimes$		ovation				-Enclosure					
≥160 sf ≥260 lf		Dem	olition				re Bag Pro					
Location of	I la l				D		-Exempted	-				-
Asbestos-Containing	Norma	ocatio			Description Asbestos-Con		55100	Amount Specify	Aba	teme	nt T	ype
Material (ACM)		lely by			Material (A			F or LF)			ш	
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()		-	N/A	Oi	Other miscell	arieous)			<u></u>		ate	ē
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1st Floor Generator Room		ĦŤ	Ħ		Pipe Insula			275 LF		H	뻐	H
1st Floor Generator Room		T		7	Transite Bus			50 SF		Ħ	Ħ	Ħ
1 <sup>st</sup> FL Hallway Adjacent to Generator					Vat/Mast	ic		00 SF		Ħ	Ħ	Ħ
1st FI Corridor adjacent to generator	rm 🛛				Pipe insula	ition		65 LF			T	Ī
1st Floor switch board room					Vat/mast	ic	1	35 SF	$\boxtimes$			
Name of Registered Waste Hauler					ubic Yards	Name of F	Registered	Landfill				11.100/12.5
SERVICE TRANSPORT GROUP, INC.		209	ler ID No <b>90</b>	7.	Waste 5	MINERVA	ALANDE	11.1				
City, State		1			isposal Date	City, State				-		-
NEW CASTLE, DE 19720				1000	BD	WAYNES		OH 44688	3			
Completed By (Print or Type)		Title		Si	gnature	1		1	Date			
Patrick T. DeCaro		PRO	J. MG		DL. A	pr10	p 1	10	7/13/1	6		
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Date of Notification	(1)			Nan	ne of	f Ruilding	g Owner / Operat	or (2)	1 -	1			
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				F	ACIL	ITY IN	FORMATION			NSING	OLU	^	1
Name of Facility W	here Abateme	ent is Taking I	Place	(3)			Type of Fac						
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Street Address								pter 8 (Other					
95 William Stree	t								commercial build			etc.)	
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Street Address	itai iiic.						Street Addre		ENTAL INC				
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Philadelphia Pa							BRISTOL,						
Project Manager for	Monitoring F	irm		ephon			Telephone N		License	Number		2/11-11-0	
Mark Jenkins			_	-365-			215-788-60			005	09		
Scheduled Start Da 7/27/16		Scheduled Co		tion Da H <b>OL</b> E		11)	Name of OSI BRISTOL E		ENTAL INC				
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		Ouring Entire F					1123 BEAV	ER STREE	Т				
		itside of Norm	nal H	ours -	7an	n to 3pm	City, State &	Zip Code					
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Scope of Work (Che	eck all that ap	piy)						D Eulio	antainment with	Negative	Des		
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	erial (ACM) SE ABATED			Solely ntenar			Material (A		SF or LF	)   2	_	E	Щ
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Basement Hall ne													
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Basement Hall n	The state of the s				L		Transite Bus	Duct	240 SF				
Rubbish Store Ro													
Basement- electric				14			Vat/mast		400SF				
Name of Registered	vvaste Haule	Γ.		100000		Waste ID No.		Name of Re	gistered Landfil	l			
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City, State	3 0	- ,			000		Disposal Date	City, State	LANDITEL				
NEW CASTLE, DE	19720						TBD		BURG, OH 446	888			
Completed By (Print				Tit	le		Signature			Date			
Patrick T. DeCaro						. MGR.		M 1011	0 / -	7/13/	16		
							Fatrick	1.00	aro /p		201-2/1		

Ck# 3086

Date of Notification (1)		Namo	of Buildin	ng Owner / Opera	ator (2)		7 1			
7/13/16		Veriz	on Bulluli	ig Owner / Opera	ator (2)	Ñ	10		10	
Agencies Notified Type Notification		Street	Address				00	_	4	1
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<ul><li>DOL</li><li>✓ Amended #2</li><li>✓ DOH</li><li>✓ Emergency</li></ul>	-8/31/16	The state of the s	rk, NJ	10		2				
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				Square Fee		Floors	Bldg. A		etc.)	
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Newark Essex	`	,	(.)			ng demolished)		70+	/-	
				Communi		·g comononou)				
Name of Monitoring Firm Hired by Buildir	g Owner (8	3)	ASCM N		atement Con	tractor (9)				
USA Environmental Inc.						IENTAL INC				
Street Address				Street Addre						
8436 Enterprise Avenue City, State & Zip Code					VER STREE	Т				
Philadelphia Pa 19153				City, State 8						
Project Manager for Monitoring Firm	Tele	phone N	Vumber	BRISTOL, Telephone N		License	Number			
Mark Jenkins		-365-58		215-788-60		Licerise	005			
Scheduled Start Date (10) Schedule	d Completi	ion Date	(11)	Name of OS	2.10.174		000	-		
7/27/16		/16		BRISTOL	ENVIRONM	ENTAL INC				
Occupancy Status During Abatement (Ch	eck only or	ne)		Street Addre						
Facility Closed/Vacated During En					/ER STREE	Τ				
Abatement Performed Outside of Describe: 5 pm – 1:30 am	Normal Ho	ours – 78	am to 3pn							
Facility Occupied During Abateme	ent			BRISTOL,	PA 19007					
Scope of Work (Check all that apply)	111									
(					⊠ Full C	Containment with	Negative	Pres	sure	,
≥3 sf or ≥3 If	$\boxtimes$	Renov	vation			Enclosure				
≥160 sf ≥260 lf		Demo	lition		Glove	Bag Procedures				
						Exempted and No	n-Friable	e Pro	cedu	ire
Location of Asbestos-Containing	11 100.744	Location mally Us		Descriptio		Amount	Aba	ateme	ent T	уре
Material (ACM)		olely by		Asbestos-Cor Material (A		(Specify SF or LF)			m	
TO BE ABATED		tenance		(i.e., thermal s		01 01 21 )	Re	Z.	nce	Enc
in Facility (13)	Custo	odial Sta	aff?	insulation, surfa			Remova	Repair	Encapsulate	Enclsoure
(13)	Yes	(12) No N	J/A	or other miscel	laneous)		<u>a</u>	7	late	лге
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1st Floor Generator Room		HH	=   -	Transite Bus		150 SF		H	H	Η
1st FL Hallway Adjacent to Generato		HH		Vat/Mast		200 SF		H	H	H
1st FI Corridor adjacent to generator		TH	7	Pipe insula		165 LF		뉘	H	H
1st Floor switch board room				Vat/mast		135 SF		H	뉘	H
Name of Registered Waste Hauler			P Waste			gistered Landfill	ا لاعا ا			
SERVICE TRANSPORT OFFICE			er ID No.	of Waste						
SERVICE TRANSPORT GROUP, INC		2099	U	75	The second second second second	LANDFILL				
City, State NEW CASTLE, DE 19720				Disposal Date	City, State		_			
Completed By (Print or Type)		T:11 -		TBD	WATNESE	BURG, OH 4468				
Patrick T. DeCaro		Title	J. MGR.	Signature	0 1	1 1 -	Date 7/13/1	16		
		1 10	o. mor.	Patrick	1.04	aw/fl	11131	0		

CL# 3086

5	****							#9	2			
Date of Notification (1) 7/13/16					Buildin	g Owner / Opera	tor (2)	- FAST	211	1	1	7
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DEP Init	957		City,	State	& Zip	Code	and the second	IIII SEP	132	016	-11	<del>U)</del>
	nended #2-8/31/16	. 1		ark,				U U	-		jan	estate.
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None of Facility VAII About			FA	CILI	TY IN	FORMATION		Lie	)E: TOH			
Name of Facility Where Abater Market Central Office	ment is Taking Pla	ice (3	)			Type of Fac						
Street Address							pter 8 (Other	than K-12)				
95 William Street								ommercial buildi	nas hoi	mes e	etc )	
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						Communic						
Name of Monitoring Firm Hired USA Environmental Inc.	by Building Owne	r (8)		AS	CM N		atement Contr					
Street Address		-				Street Addre	ENVIRONME	INTAL INC				
8436 Enterprise Avenue							/ER STREET	Г				
City, State & Zip Code						City, State &						
Philadelphia Pa 19153	F: I-					BRISTOL,						
Project Manager for Monitoring Mark Jenkins	CONTRACTOR OF THE STATE OF THE	eleph 15-3		Num	ber	Telephone N 215-788-60		License				
Scheduled Start Date (10)	Scheduled Comp	-			)	Name of OS			005	09		
7/27/16		9/1/1		(	,		NVIRONME	NTAL INC				
Occupancy Status During Abate	ement (Check only	one)	)	7.861		Street Addre	SS					
Facility Closed/Vacated							ER STREET					
Abatement Performed C Describe: 5 pm - 1:3		Hou	rs –	/am t	o 3pm	1500						
Facility Occupied During						BRISTOL, I	PA 19007					
Scope of Work (Check all that a		20 100									75	
	· · · · · · · · · · · · · · · · · · ·							ontainment with N	Negative	Pres	sure	
23 sf or ≥3 lf	<u> </u>	$\bowtie$		ovatio				nclosure				
≥160 sf ≥260 lf	L		Dem	nolitio	n			Bag Procedures	. Frield	D		
Location of		ls Lo	ocati	on		Description		kempted and Nor Amount	1	ateme		
Asbestos-Containir	ng N	lorma				Asbestos-Con		(Specify	700	T	111	ype
Material (ACM)			ely b			Material (A		SF or LF)	Z Z		E	Ш
TO BE ABATED in Facility		lainte ustod				(i.e., thermal s insulation, surface			Remova	Repair	caps	ncis
(13)			12)			or other miscell			oval	ᆲ	Encapsulate	Enclsoure
			No	N/A			27				6	
Mezzanine						Pipe fittin		18SF				
Basement Hall outside refrig		4   [	4	Ц		Pipe insula	tion	80 LF				
<b>Basement Hall</b> near stair F,S Rubbish Store Room, Cable F			4	H		- p:						Ц
Basement Hall near stair F,			4	H		Pipe insula Transite Bus	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED	700 LF			4	H
Rubbish Store Room, Cable		7   [	-			Transite bus	Duci	240 SF		Щ	-	ш
Basement- electric switchboa		atr	7	П		Vat/mast	ic	400SF			$\neg$	П
Name of Registered Waste Haul		<u> </u>	NJE	EP V	Vaste	Cubic Yards		istered Landfill				_
SEDMOE TRANSPORT OR				ler ID	No.	of Waste						
SERVICE TRANSPORT GRO	OUP, INC.		209	90		6	MINERVA L	ANDFILL				
City, State NEW CASTLE, DE 19720						Disposal Date TBD	City, State	JRG, OH 4468	0			
Completed By (Print or Type)			Title			Signature			Date			-
Patrick T. DeCaro			100000000000000000000000000000000000000		IGR.	De 1	000	20 11	7/13/	16		
						Talreck	1.10	Cow/ gl				

Date of Notification	(1) 7/13/16			Na	erizo	of Build	ing Owner / O	perator (2)		可值	6/6		W	
Agencies Notified	Type Notifi	cation		Str	reet /	Address			10 mark	以下			1	=
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vo minam otroce							Saucara	er (i.e. priva	ite & comn	nercial bui			s, etc	(.د
City (5)		County (6)	10	Count	v Co	de (7)	Square		# of Floor		Bldg.	Age		
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Philadelphia Pa 19								e & Zip Coo						
Project Manager for N		irm	Tele	enhon	e Nu	ımber		L, PA 190 e Number	07	11.				
Mark Jenkins				-365			215-788			License	Numbe			
Scheduled Start Date	(10)	Scheduled Cor						OSHA Moni	tor		008	509		
7/27/16		/31/16		-	(	,		L ENVIRO		LINC				
occupancy Status Du	ring Abatem	nent (Check or	nly or	ne)			Street Ad		THEFT	LING				
Facility Closes							1123 BE	AVER STE	REFT					
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(1	3)	-	Yes	(12) No	N/A	$\exists$	or other misc	ellaneous)			Va	Ę	Encapsulate	Enclsoure
t Floor Generator	Poom						T	n .					е	
t Floor Generator				H		-	Transite			800 SF				
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FL Hallway Adjac				님	H	-	Transite B	A Division of the Control of the Con		150 SF				
				H	H	-	Vat/Ma			200 SF				
FI Corridor adjace Floor switch boar		ciator iiii	X	님	H		Pipe insu			165 LF				
ne of Registered Wa				NIF	<u> </u>	Most	Vat/ma		,	135 SF				
ne of Negroteled Wa	ole Haulei						Cubic Yards of Waste	Name of	Registered	Landfill				
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rick T. DeCaro	80 B					MGR.	Patrick		1001	1.	7/13/1	6		
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Name of Facility Wh	ara Abatan	ont in Takin	DI	- (0)	FAC	ILITY		MATION								
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Street Address	mee								ol (K-12							
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JO William Olicel							11	Other	r (i.e. pr	ivate 8	comme	ercial bu	uilding	s, homes	, etc	:.)
City (5)		County (6)	т т	Cour	tu Ce	do (7)		Square Fe		# 01	f Floors		Blo	dg. Age		
Newark		Essex		Coun	ity CC	ode (7)	- 1	425			12	2		70	+/-	
INCWAIN		ESSEX						Current U	se (Prio	r if bei	ng demo	lished)				
Name of Monitoring	Firm Hirad k	V Puilding O		(0)		10011		ommur								
USA Environment	alinc	by building O	wner	(8)	- 1	ASCM		lame of A	bateme	ent Cor	ntractor	(9)				
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Project Manager for N		irm	Tel	ephor	ne N	umber		elephone	-			lieen	- 11			
Mark Jenkins				5-365				15-788-6		.1		Licens	se Nun			
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bbish Store Room,				님	H											
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ubbish Store Room				П			iran	site Bu	s Duct		24	0 SF				
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rick T. DeCaro	read the section of t					MGR.			n.	nip.	1	· n	7/13			
							Tal	rich.	1.6	Ila	20/7		1113	710		
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(Pursuant to N.J.A.C. 8:60 and 12:120) 3065 Date of Notification (1) Name of Building Owner / Operator (2) 7/13/16 Verizon Agencies Notified

EPA 4469 Type Notification Street Address EPA 6468 95 William Street Initial DEP City, State & Zip Code DOL4136 X Amended Newark, NJ X DOH4143 Emergency Name of Contact ASBES Telephone Number DCA Cancellation Alex Baylor CENSING FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Market Central Office School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) 95 William Street Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 425000 70+/-Newark Essex Current Use (Prior if being demolished) Communications Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. USA Environmental Inc. BRISTOL ENVIRONMENTAL INC Street Address Street Address 8436 Enterprise Avenue 1123 BEAVER STREET City, State & Zip Code City, State & Zip Code Philadelphia Pa 19153 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Mark Jenkins 215-365-5810 215-788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 8/19/16 7/27/16 BRISTOL ENVIRONMENTAL INC Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET X Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code Describe: 5pm - 1:30am BRISTOL, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure ≥160 sf ≥260 lf Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate TO BE ABATED Maintenance or Removal Enclsoure (i.e., thermal systems in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A st Floor Generator Room Transite Panels 2800 SF st Floor Generator Room Pipe Insulation 275 LF it Floor Generator Room Transite Bus Duct 150 SF <sup>1</sup>FL Hallway Adjacent to Generator Vat/Mastic 200 SF FI Corridor adjacent to generator rm X Pipe insulation 165 LF Floor switch board room Vat/mastic 135 SF me of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste RVICE TRANSPORT GROUP, INC. 20990 75 MINERVA LANDFILL v. State Disposal Date City, State W CASTLE, DE 19720 TBD WAYNESBURG, OH 44688 npleted By (Print or Type) Title Signatur Date rick T. DeCaro PROJ. MGR. 7/13/16

16094

NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)	2# 13065 D C C C C C C C C C C C C C C C C C C C
Date of Notification (1)	DOK
Date of Notification   17/13/16   Verizon   Name of Building Owner / Operator (2)   Verizon   Agencies Notified   Type Notification   Street Address   Swilliam Street   City, State & Zip Code   Newark, NJ   Name of Contact   Alex Baylor   FACILITY INFORMATION   Name of Facility Where Abatement is Taking Place (3)   Type of Facility (4)   School (K-12)   Street Address   Street Address   Subchapter & Cotherthan K-12)   Other (1-e. private & commercial buildin   Square Feet   # of Floors   425000   12   Other (1-e. private & commercial buildin   Square Feet   # of Floors   425000   12   Other (1-e. private & commercial buildin   Square Feet   # of Floors   425000   12   Other (1-e. private & commercial buildin   Square Feet   # of Floors   425000   12   Other (1-e. private & commercial buildin   Square Feet   # of Floors   425000   12   Other (1-e. private & commercial buildin   Square Feet   # of Floors   425000   12   Other (1-e. private & commercial buildin   Square Feet   # of Floors   425000   12   Other (1-e. private & commercial buildin   Square Feet   # of Floors   425000   12   Other (1-e. private & commercial buildin   Square Feet   # of Floors   425000   12   Other (1-e. private & commercial buildin   Square Feet   # of Floors   425000   12   Other (1-e. private & commercial buildin   Square Feet   # of Floors   425000   12   Other (1-e. private & commercial buildin   Square Feet   # of Floors   425000   12   Other (1-e. private & commercial buildin   Square Feet   # of Floors   425000   12   Other (1-e. private & commercial buildin   Square Feet   # of Floors   425000   12   Other (1-e. private & commercial buildin   Square Feet   # of Floors   425000   12   Other (1-e. private & commercial buildin   Square Feet   # of Floors   425000   12   Other (1-e. private & commercial buildin   Square Feet   # of Floors   425000   12   Other (1-e. private & commercial buildin   Square Feet   # of Floors   425000   12   Other (1-e. private & commercial buildin   Square Feet   # of Floors   425000   12   Other (	DOK
Agencies Notified   Type Notification   Street Address   St William Street   City, State & Zip Code   Newark, NJ   ASBEST   Name of DoL   Amended   Name of Contact   Name of	P 13 2010
SEPA	P 13 2015
DEP	
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DCA	Jelephone Numbe
Name of Facility Where Abatement is Teking Place (3)  Market Central Office  Street Address 95 William Street  City (5)  Newark  City (5)  Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (8)  Street Address  1123 BEAVER STREET  City, State & Zip Code  BRISTOL, PA 19007  Telephone Number  215-788-6040  City State & Zip Code  BRISTOL, PA 19007  Telephone Number  215-788-6040  City State & Zip Code  BRISTOL ENVIRONMENTAL INC  Street Address  1123 BEAVER STREET  City, State & Zip Code  BRISTOL ENVIRONMENTAL INC  Street Address  1123 BEAVER STREET  City, State & Zip Code  BRISTOL, PA 19007  Facility Closed/Vacated During Entire Period of Abatement  Abatement Performed Outside of Normal Hours – 7am to 3pm  Describe: 5pm – 1:30am  Facility Closed/Vacated During Abatement  Ope of Work (Check all that apply)  ≥3 sf or ≥3 if  Renovation  Demolition  Renovation  Demolition  Normally Used Solely by  Material (ACM)  Material (ACM)  Normally Used Maintenance or  Custodial Staff?  (12)  Yes No N/A  Normally Used Sheetsos-Containing Material (ACM)  In Facility Closed/Staff (12)  Normally Used Sheetsos-Containing Material (ACM)  Normally Used Sheetsos-Containing Material (ACM)  Solely by  Material (ACM)  In Facility Closed Staff (12)  Normally Used Sheetsos-Containing Material (ACM)  Normal	
School (K-12)   Subchapter 8 (Other than K-12)   Other (i.e. private & commercial buildin Square Feet # of Floors   425000   12   Current Use (Prior if being demolished)   Communications   SAZEM No.   Name of Monitoring Firm Hired by Building Owner (8)   ASCM No.   Name of Abatement Contractor (9)   BRISTOL ENVIRONMENTAL INC   Street Address	
Street Address 95 William Street  City (5)  Newark  County (6)  Essex  County Code (7)  Aspending Firm Hired by Building Owner (8)  Street Address  Asc M No.  Name of Abatement Contractor (9)  BRISTOL ENVIRONMENTAL INC  Street Address  1123 BEAVER STREET  City, State & Zip Code  BRISTOL, PA 19007  Telephone Number  215-365-5810  215-385-5810  215-385-5810  215-385-5810  215-385-5810  215-385-5810  215-385-5810  215-385-5810  215-385-5810  215-385-6040  Name of OSHA Monitor  BRISTOL ENVIRONMENTAL INC  Street Address  123 BEAVER STREET  City, State & Zip Code  BRISTOL, PA 19007  Telephone Number  215-788-6040  Street Address  123-884-6040  Name of OSHA Monitor  BRISTOL ENVIRONMENTAL INC  Street Address  123 BEAVER STREET  City, State & Zip Code  BRISTOL, PA 19007  Full Containment with Neg Mini-Enclosure  Mini-Enclosure  Mini-Enclosure  Glove Bag Procedures  Non-Exempted and Non-F  Asbestos-Containing  Material (ACM)  10 BE ABATED  In Facility  (12)  Yes No N/A  Material (ACM)  TO BE ABATED  In Facility  (13)  Pipe fittings  185F  Rement Hall outside refrigeration rm  Pipe insulation  Pipe insulation  Pipe insulation	
Search   Street   Square Feet   Square Square Square   Square Feet   Square	
Square Feet   # of Floors   12   25000   12   25000   12   25000   25   25000   25   25000   25   25	
City (5) Newark  County (6) Essex  County Code (7)  Current Use (Prior if being demolished) Communications  ASCM No.  Name of Monitoring Firm Hired by Building Owner (8)  JSA Environmental Inc.  Street Address  436 Enterprise Avenue  City, State & Zip Code Philadelphia Pa 19153  Toject Manager for Monitoring Firm Aire (Debug Milaterial)  Scheduled Start Date (10)  Scheduled Completion Date (11)  Abatement Performed Outside of Normal Hours − 7am to 3pm Describe: 5pm − 1:30am  Facility Cocupied During Abatement Ope of Work (Check all that apply)  City (State & Zip Code BRISTOL, PA 19007  Telephone Number 215-788-6040  Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC  Street Address  1123 BEAVER STREET  City, State & Zip Code BRISTOL, PA 19007  Telephone Number 215-788-6040  Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC  Street Address  1123 BEAVER STREET  City, State & Zip Code BRISTOL, PA 19007  Street Address  1123 BEAVER STREET  City, State & Zip Code BRISTOL, PA 19007  Street Address  1123 BEAVER STREET  City, State & Zip Code BRISTOL, PA 19007  Street Address  1123 BEAVER STREET  City, State & Zip Code BRISTOL, PA 19007  Street Address  1123 BEAVER STREET  City, State & Zip Code BRISTOL, PA 19007  Street Address  1123 BEAVER STREET  City, State & Zip Code BRISTOL, PA 19007  Facility Closed/Vacated During Abatement  Describe: 5pm − 1:30am  Facility Cocupied During Abatement  Demolition  Coupancy Status During Abatement  Demolition  Facility Cocupied During Abatement  Demolition  Demolition  Demolition  Abatematic ACM  Ababestos-Containing Material (ACM)  To BE ABATED  In Facility  (13)  Material (ACM)  To BE ABATED  In Facility  (14)  Yes No N/A  Pipe fittings  185F  Beament Hall outside refrigeration rm  Pipe insulation  Pipe insulation  Removaliation  12  Removation  Description of Asbestos-Containing  Amount (Specify  SF or LF)  The prior State & Zip Code  BRISTOL Environmental removal re	
Newark    Essex   Current Use (Prior if being demolished)   Communications	Bldg. Age
Communications   Communication   Communications   Communications   Communication   Communication   Communication   Communi	70+/-
Name of Monitoring Firm Hirred by Building Owner (8)   ASCM No.   Name of Abatement Contractor (9)   BRISTOL ENVIRONMENTAL INC	
Street Address   Str	
Street Address  43.6 Enterprise Avenue  Street Address  1123 BEAVER STREET  City, State & Zip Code  BRISTOL, PA 19007  Project Manager for Monitoring Firm  Ark Jenkins  Cheduled Start Date (10)  7/27/16  Scheduled Completion Date (11)  8/19/16  Cheduled Start Date (10)  7/27/16  Abatement Performed Outside of Normal Hours – 7am to 3pm  Describe: 5pm – 1:30am  Facility Occupied During Abatement  Abatement Performed Outside of Normal Hours – 7am to 3pm  Describe: 5pm – 1:30am  Facility Occupied During Abatement  Abatement Performed Outside of Normal Hours – 7am to 3pm  Describe: 5pm – 1:30am  Facility Occupied During Abatement  Abatement Performed Outside of Normall Hours – 7am to 3pm  Describe: 5pm – 1:30am  Facility Occupied During Abatement  Abatement Performed Outside of Normall Hours – 7am to 3pm  Describe: 5pm – 1:30am  Facility Occupied During Abatement  Abatement Performed Outside of Normall Hours – 7am to 3pm  Describe: 5pm – 1:30am  Facility Occupied During Abatement  Abatement Performed Outside of Normall Hours – 7am to 3pm  Describe: 5pm – 1:30am  Facility Occupied During Abatement  Abatement Performed Outside of Normall Hours – 7am to 3pm  Describe: 5pm – 1:30am  Facility Occupied During Abatement  Abatement Performed Outside of Normall Hours – 7am to 3pm  Describe: 5pm – 1:30am  Full Containment with Neg Mini-Enclosure  Glove Bag Procedures  Non-Exempted and Non-F  Abestos-Containing  Material (ACM)  TO BE ABATED  In Facility  (12)  Yes No N/A  Abatement Hall outside refrigeration rm  Amount  (Specify  SF or LF)  Fige fittings  18SF  Fement Hall outside refrigeration rm  All Pipe insulation  Bristol, Pa 19007	
1123 BEAVER STREET	
City, State & Zip Code  #hiladelphia Pa 19153  Toject Manager for Monitoring Firm	
Telephone Number 215-365-5810  Cheduled Start Date (10)	
Scheduled Start Date (10)	
Scheduled Completion Date (11)	lumber
T/27/16 8/19/16 BRISTOL ENVIRONMENTAL INC    Cocupancy Status During Abatement (Check only one)   Facility Closed/Vacated During Entire Period of Abatement   Abatement Performed Outside of Normal Hours - 7am to 3pm   Describe: 5pm - 1:30am   Facility Occupied During Abatement   Particle   Partic	00509
Ccupancy Status During Abatement (Check only one)  Facility Closed/Vacated During Entire Period of Abatement  Abatement Performed Outside of Normal Hours – 7am to 3pm  Describe: 5pm – 1:30am Facility Occupied During Abatement  Cope of Work (Check all that apply)  ≥3 sf or ≥3 lf  ≥160 sf ≥260 lf    Cocation of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)   Count ainment with Neg Mini-Enclosure Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)  Count ainment with Neg Mini-Enclosure Asbestos-Containing Material (ACM) Solely by Maintenance or Custodial Staff? (12) Yes No N/A   Pipe fittings  Pipe insulation  Street Address 1123 BEAVER STREET  City, State & Zip Code BRISTOL, PA 19007  Full Containment with Neg Mini-Enclosure Glove Bag Procedures Non-Exempted and Non-F Asbestos-Containing Material (ACM) (Specify SF or LF)  To or other miscellaneous)  Pipe fittings  18SF  Sement Hall outside refrigeration rm  Pipe insulation  Street Address 1123 BEAVER STREET  City, State & Zip Code BRISTOL, PA 19007  Full Containment with Neg Mini-Enclosure Abestos-Code BRISTOL, PA 19007  Full Containment with Neg Mini-Enclosure Abestos-Containing Mini-Enclosure Abestos-Containing Mini-Enclosure Abestos-Containing Abestos-Containing (Specify SF or LF)  To or other miscellaneous)  Pipe insulation  Rowal Abestos-Containing Abesto	
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 5pm – 1:30am Facility Occupied During Abatement  Cope of Work (Check all that apply)  ≥3 sf or ≥3 lf ≥160 sf ≥260 lf   Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)  Zanine  Facility Closed/Vacated During Entire Period of Abatement  1123 BEAVER STREET  City, State & Zip Code BRISTOL, PA 19007  Full Containment with Neg Mini-Enclosure Glove Bag Procedures Non-Exempted and Non-F  Asbestos-Containing Material (ACM) Solely by Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Full Containment with Neg Mini-Enclosure  Glove Bag Procedures Non-Exempted and Non-F  Amount (Specify SF or LF)  (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Full Containment with Neg Mini-Enclosure  Glove Bag Procedures Non-Exempted and Non-F  Amount (Specify SF or LF)  To BE ABATED (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  For LF)  Fipe fittings 18SF  Fipe insulation  Fipe insulation  Figure 123 BEAVER STREET  City, State & Zip Code  BRISTOL, PA 19007	
Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 5pm – 1:30am Facility Occupied During Abatement  Cope of Work (Check all that apply)  ≥3 sf or ≥3 lf ≥160 sf ≥260 lf  Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)    Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 5pm – 1:30am   BRISTOL, PA 19007    Full Containment with Neg Mini-Enclosure   Glove Bag Procedures Non-Exempted and Non-F   Asbestos-Containing Material (ACM) Sheeting Solely by Material (ACM) Sheeting Solely by Material (ACM) Sheeting	
Describe: 5pm – 1:30am Facility Occupied During Abatement    Facility Occupied During Abatement	
Facility Occupied During Abatement  cope of Work (Check all that apply)  ≥3 sf or ≥3 lf  ≥160 sf ≥260 lf    Demolition   Demolition   Mini-Enclosure   Glove Bag Procedures   Non-Exempted and Non-F   Asbestos-Containing   Material (ACM)   Solely by   Material (ACM)   Solely by   Material (ACM)   Solely by   Maintenance or   (i.e., thermal systems insulation, surfacing, VAT   (13)   Yes   No   N/A      Zzanine   Pipe fittings   18SF     Seement Hall outside refrigeration rm   Pipe insulation   80 LF     Full Containment with Neg   Mini-Enclosure   Glove Bag Procedures   Non-Exempted and Non-F     Amount (Specify SF or LF)   SF or LF     Custodial Staff?   (i.e., thermal systems   insulation, surfacing, VAT   or other miscellaneous     Pipe fittings   18SF     Pipe insulation   80 LF     Pipe insulation   80 LF     Coppedition   Pipe insulation   Pipe insulation   80 LF     Coppedition   Pipe insulation   Pipe insulation   80 LF     Coppedition   Pipe insulation   Pipe insulation   Pipe insulation   80 LF     Coppedition   Pipe insulation   Pipe in	
≥3 sf or ≥3 lf	
Location of Asbestos-Containing Material (ACM) Solely by Maintenance or in Facility (13) Yes No N/A  Zzanine Sement Hall outside refrigeration rm   Is Location Non-Exempted and Non-Fxempted and	
Location of Asbestos-Containing Material (ACM) Solely by Maintenance or in Facility (13) Yes No N/A  Zzanine Sement Hall outside refrigeration rm    Non-Exempted and Non-Facility	gative Pressure
Location of Asbestos-Containing Material (ACM) Solely by Maintenance or in Facility (13) Yes No N/A  Zzanine Sement Hall outside refrigeration rm   Is Location Non-Exempted and Non-Fxempted and	
Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)  Zzanine    Solid   S	
Asbestos-Containing Material (ACM)  TO BE ABATED in Facility (13)  Zzanine  Asbestos-Containing Solely by Maintenance or Custodial Staff? (12) Yes No N/A  Pipe fittings  Asbestos-Containing (Specify SF or LF)  Amount (Specify SF or LF)  Amount (Specify SF or LF)  Pipe fittings  18SF  Sement Hall outside refrigeration rm  Pipe insulation  Amount (Specify SF or LF)  Pipe fittings  18SF	
Material (ACM)  TO BE ABATED  in Facility  (13)  Zzanine  Material (ACM)  Maintenance or Custodial Staff?  (12)  Yes No N/A  Pipe fittings  18SF  Sement Hall outside refrigeration rm  Solely by Material (ACM)  (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)  Pipe fittings  18SF  Pipe insulation  80 LF	Abatement Type
Maintenance or   (i.e., thermal systems in Facility (13)   (12)   (12)   (12)   (12)   (13)   (12)   (12)   (13)   (12)   (12)   (13)   (12)   (13)   (12)   (13)	m
(13)  (12) or other miscellaneous)  Yes No N/A  Zzanine  Zzanine  Pipe fittings 18SF  Sement Hall outside refrigeration rm  D Pipe insulation  80 LF	Enclsoure Encapsulate Repair Removal
Yes No N/A  Zzanine Pipe fittings 18SF  Sement Hall outside refrigeration rm Pipe insulation 80 LF	nclsoul ncapsuli Repair
zzanine Pipe fittings 18SF sement Hall outside refrigeration rm Pipe insulation 80 LF	al r
sement Hall outside refrigeration rm 🛛 🔲 Pipe insulation 80 LF	
00 -	
ement Hall near stair F,Store Room	
high Store Boom Cobie Boom	
bbish Store Room, Cable Room	
amount cloatric quitable and record	
e of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill	
Hauler ID No.   of Waste	
VICE TRANSPORT GROUP, INC. 20990 MINERVA LANDFILL	
State Disposal Date City, State	
CASTLE, DE 19720 TBD / WAYNESBURG OH 44688	
pleted By (Print or Type)  Title Signature  Dat	
ck T. DeCaro PROJ. MGR. 10/14/1/19/19/19/19/19	ate

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



Date of Notification (1)		-			Na	me o	of Building	014	vner/Operator (	2)		1						
8 /	29 /	16			INA	rine	coton Ur	oive	ortoity Offic	c of Docian o	nd Construction	7 5	- Promise	1				
		- 10000	_			TITIC	ceton or	IIVE	erisity - Onic	e of Design-a	nd Construction	1 [		111				
Agencies Notified	Type Notific	ation			-		Address			1101-				111				
☐ EPA  ☑ DOLWD		4				33.7	Elm Dr			1153			111					
⊠ DHSS	Amendm	70	±1-9/8	/16	City	y, Sta	ate, Zip Ci	ode	is a	4	SEP 13 2	Jî6		2	=====			
DCA	☐ Emergen	reconnection Militia	The William		F	rinc	ceton, N.	J 0	8544	11 11			1	1				
(NJAC 5:23-8)	justificati			,	Na	me o	of Contact				Telephone Numb	per -	1 8.					
	☐ Cancella	tion			F	Robe	ert Orteg	jo		Telephone Number ASBE609-258-1841 ROL &								
					F	ACI	ILITY INF	FOF	RMATION	LIGENSING								
Name of Facility Where A	Abatement is 7	Taking	Place	(3)						Type of Facility	(4)							
Princeton Universit	ty- Enginee	ring (	Quadi	ranc	ıle					☐ School (K-12)								
Street Address						-				Subchapter 8 (Other than K-12)								
Olden St										Other (i.e., p     homes, etc.)	orivate and commer	cial b	uildin	gs,				
City (5)				13.77				117-70-0		Square Feet	# of Floors	B	dg. A	ae	_			
Princeton										0400101001	# G1 1 10010		ug. r	ge				
County (6)			_		Co	nunty	Code (7)	(STA	ATE USE ONLY)	Current Use (P	rior if being demolis	hed)						
	MERCER								THE GOL GIVE I	ourient osc (i	nor il bellig demolis	neu)						
Name of Monitoring Firm	Hired by Build	dina C	)wner i	(8)	ASC	MN	n T	Na	me of Ahateme	ent Contractor (9	1				_			
ATC Associates In		unig C	WITCH	(0)	700	IVI IN	0.			VIRONMENTA								
Street Address	·			-		_			eet Address	VIICONNENTA	L, INC.							
Bromley Corporate	Cantar Thr	oo To	rri I c	no					123 BEAVER	OCTREET	FFT							
City, State, Zip Code	Center-III	CC 10	5111 LC	ille		astrio.			y, State, Zip Co									
Burlington, NJ 0801	16								198	A 19007								
				T-	la a la a a	- NI				19007	Titanaa Na							
Project Manager for Moni Michael Keehn	toring Firm				lephor				ephone No.		License No.							
	1,	S - L I	1.10		309-3				15-788-6040		00509							
Start Date (10)  ON HOLI	0	sched	uled C	omp	letion	Date /	(11)		me of OSHA M	onitor <b>/IRONMENT</b> A	LINC							
		011				700				VIICONNILITA	L, 1140.							
Occupancy Status During									eet Address	OTDEET								
☐ Facility Closed/Vacate ☐ Abatement Performed							rihe		123 BEAVER									
Time of Abatement: _							ibe		y, State, Zip Co BRISTOL, PA									
Scope of Work (Check all	that apply)									Containment with Negative Pressure								
			⊠ Re	nova	tion				☐ Full Cont		gative Pressure							
☐ ≥160 sf or ≥260 lf			☐ De	14.00					☐ Glovebag	Procedure								
									Non-Exer     Non-Exer	mpted (*) and No	n-Friable Procedur	е						
					ation							Ab	atem	ent T	ype			
Location Asbestos-Containing N		1		Norm d So	lely by	,	Ashaal	too	Description of Containing Mat		Amount	Re	Re	m	E			
TO BE ABA		"	Ma	inten	ance/				ermal systems i		(Specify	Remova	Repair	cap	Enclosure			
IN Facilit			Cust	odia: (12	Staff	?		S	surfacing, VAT,	or	SF or LF)	val		Encapsulate	sure			
(13)			Yes	No		A		oti	her miscellaned	ous)				ate	100,000			
Crawlspace undernea	ith B2 and I	36B	$\boxtimes$			-	Pipe Fitt	ing	s		6 LF							
Throughout 1968 add	tion					1	Joint cor	mp	ound		4 SF	$\boxtimes$						
B6A, B4 and H121						1	Damage	d fl	oor tile		33 SF							
Name of Registered Wast		NJDE	P Wa	aste	Cub	oic Yards of	Name of Regis	stered Landfill										
BRISTOL ENVIRONI	1.5	Haule	IDI	10.1	Was	ste	The contract of the party and the	. NORTH LAND	ILL									
		187	06		Dia	posal Date				00 800								
City, State								ואוט	posai Dale	City, State	11E DA 40067	DA 40007						
BRISTOL, PA 19007									1 2	INCKKISAI	LLE, PA 19067							
Completed By (Print or Ty	pe)	Title							Signature	1 1	/ . Dat		16					
Brian Scafiro		Es	timat	or					priar	- Scofire	/ pl 9	14/	10					

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

(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)			Nam	e of Buildin	g Owner/Operator (	(2)	DE @	P	Π Π	7 [	
8 /29 /	16				Inivertsity - Office		nd Construction	<u>E</u>	<u>V</u>		7
Agencies Notified Type Notific	ation		Stree	et Address							#
☐ EPA ☐ Initial			20	0 Elm Dr			II II SEP	1 3	20	16	IL
□ DOLWD 6831 □ Amende			City,	State, Zip	Code						1
□ DCA □ Emerger		_	Pr	inceton, I	NJ 08544		100000				
(NJAC 5:23-8) justificati		ig	Nam	e of Contac	ot .		ASBESTO Telephone Num	S C(	HAC	ROL	&_
Cancella			Ro	bert Orte	go	609-258-1841					
			FA	CILITY IN	NFORMATION	1100					
Name of Facility Where Abatement is						Type of Facility	1.393				
Princeton University- Enginee	ring Quad	Irangi	е			School (K-1	2) 8 (Other than K-12	13			
Street Address							orivate and comme		uildin	as.	
Olden St						homes, etc.				9-1	
City (5)						Square Feet	# of Floors	E	ldg. A	\ge	
Princeton											
County (6)			Cou	nty Code (7	()(STATE USE ONLY)	Current Use (P	rior if being demolis	shed)			
MERCER											
Name of Monitoring Firm Hired by Build	ding Owner	(8)	ASCM	l No.	Name of Abateme	ent Contractor (9	)				
ATC Associates Inc.					BRISTOL EN	VIRONMENTA	L, INC.				
Street Address					Street Address						
Bromley Corporate Center-Thr	ee Terri L	ane			1123 BEAVER	R STREET					
City, State, Zip Code					City, State, Zip Co	ode					
Burlington, NJ 08016					BRISTOL, PA						
Project Manager for Monitoring Firm	WENTER THE	Tele	phone	No.	Telephone No. License No.						
Michael Keehn		1		6-8800	215-788-6040		00509				
Start Date (10)	cheduled (				Name of OSHA M						
9 / 8 / 16	9				BRISTOL EN		L, INC.				
Occupancy Status During Abatement (0	Check only	one)			Street Address			1190			
☐ Facility Closed/Vacated During Entir			ment		1123 BEAVER	STREET					
☐ Abatement Performed Outside of No					City, State, Zip Co						
Time of Abatement:AM-3:30	)PM/	PM- <u>1</u>	2:30AI	M	BRISTOL, PA						
Scope of Work (Check all that apply)					□ Full Contr	ainment with Neg	antivo Dragoves			-	
≥3 sf or ≥3 lf	⊠ Re	novati	on		☑ Mini-Encl	osure	gative Pressure				
☐ ≥160 sf or ≥260 lf	☐ De	emolitic	n		☐ Glovebag	Procedure					
				T		npted (*) and No	n-Friable Procedur	е			
		Locat Vorma						Ab	atem	ent T	уре
Location of Asbestos-Containing Material (ACM)	1	d Sole		Ashes	Description of stos Containing Mat		Amount	Re	Re	m	E
TO BE ABATED	Ma	intena			, thermal systems in		(Specify	Remova	Repair	cap	Enclosure
IN Facility	Cus	todial ( (12)	starr?		surfacing, VAT,	or	SF or LF)	val	'	Encapsulate	sure
(13)	Yes	No	N/A		other miscellaned	ius)				ate	
Crawl space underneath B2 and				Pipe Fit	tings		6 LF				
Throughout 1968 addtion		$\boxtimes$		Joint co	mpound		4 SF				
B6A, B4 and H121		$\boxtimes$		Damage	d floor tile		33 SF				
Name of Registered Waste Hauler		0.000	JDEP V		Cubic Yards of	Name of Regis	tered Landfill				
BRISTOL ENVIRONMENTAL, IN	C.		auler II	- C. COTO.	Waste 2	G.R.O.W.S	. NORTH LANDE	ILL			
City, State			18706	)	Disposal Date	City, State				200	
BRISTOL, PA 19007					9/10/16		LLE, PA 19067				
Completed By (Print or Type)	Title				1/1/2						
Brian Sofire	Estin	1 h	L		Signature	Scafin 6	Dat		9/16		
ASB-41	23/10	CPC/V			I Luc	1 0		1	116		

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS 8/30/16 Agencies Notified Type Notification Street Address 13 2016 □ EPA 216 LEXINGTON AVENUE DEP  $\boxtimes$ Initial City, State & Zip Code  $\overline{\boxtimes}$ DOL Amended R#1-9/8/16 LAKEWOOD, NJ 08701 X Name of Contact ASBESTO Telephone Number DOH Emergency DCA Cancellation 301-583-0048 ALEX BAYLOR FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) LAKEWOOD CENTRAL OFFICE Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) 216 LEXINGTON AVE Square Feet # of Floors Blda. Age City (5) County (6) County Code (7) 20000 Current Use (Prior if being demolished) OCEAN LAKEWOOD COMMUNICATIONS Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC USA ENVIRONMENTAL MANAGEMENT, INC. Street Address Street Address 1123 BEAVER STREET 8436 ENTERPRISE AVE City, State & Zip Code City, State & Zip Code BRISTOL, PA 19007 PHILADELPHIA PA 19153 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number MARK JENKINS 215-788-6040 215-365-5810 00509 Scheduled Completion Date (11) Scheduled Start Date (10) Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC ON HOLD Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code Describe: 5:00 PM - 1:30 AM BRISTOL, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Mini-Enclosure Renovation ≥160 sf ≥260 lf Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Amount Abatement Type Location of Is Location Description of Asbestos-Containing (Specify Asbestos-Containing Normally Used Material (ACM) SF or LF) Material (ACM) Solely by Encapsulate Removal TO BE ABATED Maintenance or (i.e., thermal systems Custodial Staff? insulation, surfacing, VAT in Facility or other miscellaneous) (12)(13)Yes No N/A 64 SF VAT/MASTIC BASEMENT BATTERY AREA Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler of Waste Hauler ID No. MINERVA LANDFILL SERVICE TRANSPORT GROUP, INC. 20990 City, State Disposal Date City, State TBD WAYNESBURG, OH 44688 NEW CASTLE, DE 19720 Date Completed By (Print or Type) Title Signature Patrick I. D'Caro 8/30/16 PATRICK T. DeCARO Estimator

						A		-K	
Date of Notification (1) 8/30/16				ng Owner / Opera		NEGET	WEI	M	-
Agencies Notified Type Notific	cation		Address	MINIONICATIO	1				
□ EPA				ON AVENUE		) asa 13	2012		
DEP Initia	al ended		tate & Zi			7 301 10	2010	-	
	ergency		of Conta	NJ 08701			TT 1 4-		
	cellation		BAYLO			ASBESTOS COL LICENSIN	201-583	e Nun	nber
				NFORMATION		LICENSII	180.000	0040	
Name of Facility Where Abatem		e (3)	, L. I I II	Type of Fac	cility (4)				
LAKEWOOD CENTRAL OF	FICE			School					
Street Address						her than K-12)			
216 LEXINGTON AVE						& commercial buildi		s, etc.	)
City (F)	[C(0) ]	0 1 0		Square Fee	200	of Floors	Bldg. Age		
City (5)		County Co	ode (7)	2000		3			
LAKEWOOD	OCEAN					eing demolished)			
Name of Monitoring Firm Hired b	V Building Owner	(8)	ASCM N	COMMUN	ontractor (9)				
USA ENVIRONMENTAL MA			AOOM N			MENTAL INC			
Street Address				Street Addre					
8436 ENTERPRISE AVE				1123 BEAV	Control of the second s	200 ml 2 100 ml			
City, State & Zip Code PHILADELPHIA PA 19153				City, State 8					
Project Manager for Monitoring F	irm Tel	lephone N	lumher	BRISTOL, Telephone N		License 1	lumbor		
MARK JENKINS	1 22	5-365-58		215-788-60		Licerise	00509		
Scheduled Start Date (10)	Scheduled Comple	tion Date	(11)	Name of OS		or			
SEPTEMBER 9, 2016	SEPTEMB		2016			MENTAL INC			
Occupancy Status During Abatem Facility Closed/Vacated D			mont	Street Addre					
Abatement Performed Ou				1123 BEAV City, State &		EEI			
Describe: 5:00 PM - 1		10013 - 70	iii to opii	BRISTOL,		,			
Facility Occupied During A				BIGG TOE,	I A 13001				
Scope of Work (Check all that app	ply)								
N >2 - f >2   f						Il Containment with N	legative Pro	essure	е
≥3 sf or ≥3 lf ≥160 sf ≥260 lf	×	Renov Demoi				ni-Enclosure			
		Demoi	ILIOIT			ove Bag Procedures n-Exempted and Nor	Friable Dr	ocodi	ıro
Location of	ls	s Location		Description		Amount	Abater	11/20/02/03/03	200000000
Asbestos-Containing	No	rmally Use	88 UMB	Asbestos-Con	itaining	(Specify	7.154(6)	1	1,00
Material (ACM) TO BE ABATED		Solely by ntenance	or	Material (A		SF or LF)	2	En	Ш
in Facility		ntenance todial Sta		(i.e., thermal s insulation, surface			Remova	Encapsulate	Enclsoure
(13)		(12)		or other miscell	•		oval	ulat	oure
	Yes	No N	/A					e	
BASEMENT BATTERY AREA				VAT/MAS	TIC	64 SF			
		1414	-						
	<u>                                  </u>	+ -						111	
		1	-					H	H
		<del>                                     </del>					႕님님	+	H
Name of Registered Waste Hauler		NJDE	P Waste	Cubic Yards	Name of	Registered Landfill			
		Hauler	r ID No.	of Waste					
SERVICE TRANSPORT GROU	IP, INC.	20990	)			A LANDFILL			
Dity, State NEW CASTLE, DE 19720				Disposal Date TBD	City, State				
Completed By (Print or Type)		Title				SBURG, OH 44688		-511	
PATRICK T. DeCARO		Estim	ator	Signature	10.1	the / D	Date 8/30/16		
				falrick	, , , ,	Low / ge	5.00110		
						11			

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

GAC Project # 060-16 Name of Building Owner/Operator (2) Date of Notification (1) RUTGERS, THE STATE UNIVERSITY OF NJ August 29, 2016 Notification Type Agencies Notified ENVIRONMENTAL HEALTH & SAFETY DEPT ☑Initial Notification **D**EPA 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS ☐ Amended Notification # DDCA City, State, Zip Code ■ Emergency (including SEP 13 2010 X DOL PISCATAWAY, NJ 08854 justification) ▼ DEP- No Longer REQUIRED Name of Contact Telephone Number □Cancelled X DOH MICHAEL SMITH, ENV. ASBESTOS CONTROL & **HEALTH & SAFETY** FACILITY INFORMATION LICENSING Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) DAVIDSON HALL A, BLDG# 3563 ☐ School (K-12) ☐Subchapter 8 (other than K-12) Street Address X Other (i.e. private & commercial buildings, homes, etc.) **BUSCH CAMPUS** Sq. Feet: N/A # of Floors: 1 Bldg. Age: 80+ years County (6) County Code (7) (State Use Only) Current Use (prior if being demolished): ACADEMIC **PISCATAWAY** MIDDLESEX Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Contractor (9) ASCM No. 0098 ATC GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **268 MAIN STREET** City State, ZipCode City, State, Zip Code 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 09/09/16 09/19/16 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD □ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe XOther - Describe: Schedule: 8AM - 5PM (24 HOURS & WEEKENDS AS NEEDED) FAIRLAWN, NJ Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ▼Renovation ■ Mini-Enclosure  $\square \ge 3$  sf or  $\ge 3$  If  $\boxtimes$   $\geq$  160 sf or  $\geq$  260 lf ☐ Demolition X Glovebag Procedure / Wrap & Cut ■ Non-Exempted (\*) and Non-Friable Procedure Abatement Type Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount (Specify SF (ACM) (i.e. thermal systems insulation, surfacing, Material (ACM) in Facility (13) Solely by Maint./Custodial Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) or LF) YES NO NA Throughout Building X MASTIC 15,700SF X X Throughout Building TSI 100 LF X NJDEP Waste Hauler ID # Name of Registered Landfill Name of Reg. Waste Hauler 40 CY Cubic Yards of Waste: G.R.O.W.S. North Landfill See Hauler Below #1 & 2 See Below Disposal Date City, State Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 100 New Ford Mill NJDEP # 12561 09/19/2016 Rd. Morrisville, Pa Hauler #2) Newark Carting, Inc., Newark, NJ 04509 19067 NJ DEP# 4509 215-736-1700 Completed by (Print or Type) August 29, 2016 RAYMOND C. PEDALINO SENIOR PROJECT Raymend C. Pedalino MANAGER

#### State of New Jersey - Notification of Asbestos Abatement

			(Pursuan	nt to N.J.A	.C. 8:60-7 and 12:120-7)	)	1	()		6	
Date of Notification (1) September 9, 2016	-				Name of Building Owne The Valley Hospi		1(2)	G		V E	
Agencies Notified  EPA DCA x DOL DEP x DOH		x Amend	otification Iment # 2	ding	Street Address 223 North Van Die City. State, Zip Code Ridgewood, NJ Name of Contact William Stasiak	n Aven	1 2736	SEE ephone N LICE		JL	
				FACILITY	INFORMATION					1000	
The Valley Hospital	Mechani Avenue	cal Room	County Co (State Use		Type of Facility (4)  School (K-12)  Subchapter 8 (other the second seco	& commerce n # of F	loors: 4	Bldg. A		+ yea	rs
Name of Monitoring Eirm Hiro	d by Plda (	Junor (9)	ASCM No.		Name of Contractor (0)						
Colden Corporatio		owner (o)	ASCIVI NO.		Name of Contractor (9) GREENWOOD ABA	TEMEN	T CONS	ULTAN	TS, INC	:_	
Street Address 28 Washington Stree	t				Street Address 268 MAIN STREET						
City, State, Zip Code					City State, ZipCode					- 141 - 111	- 1 1 - 1
Ballston Spa, NY 12		Tolonhone N	umb or		Butler, NJ 07405		Lites				
Jim Miades	y Firm	347.435.			Telephone Number 973-492-0477		008	nse Numb	er		
Scheduled Start Date (10)		Scheduled C		ate (11)	Name of OSHA Monitor		1000	740			
September 1 2016		Septemb		16	EMSL inc.			44817777.44B-73			
					Street Address						
				nt	1056 Stelton Road						
Describe	outside o	i Nomiai i aci	iity Flours -		City, State, Zip Code						
Other - Describe: 7a	3.63)				Piscataway, NJ 08	854					
Source of Work (Check all that	t apply)					Eull Con	toinmont v	uith Nogo	tiva Draa	21150	
> 3 sf or > 3 l	f			Renovation	on		tainment v ni-Enclosu		live Pres	Sure	
□≥ 160 sf or ≥ 2	260			Demolitio			bag Proce				
Looption of Ashantas Castain		T 1. 1					empted (*				lure
Location of Asbestos-Contain Material (ACM) in Facility (13)	Where Abatement is Taking Place   Where Abatement is Taking Place   Hospital     ng, Bsmt-Mechanical Row   County (6)     Bergen     County (6)     County (6)		Normally Use stodial Staff NO NA		Description of Asbestos Containing Material (ACM) (i thermal systems insulation, surfacing, VAT, or other misc	.e. (S	nount pecify SF LF)		nent Type Repair B	7.	Enclose
Mechanical Room		X			Pipe & Fittings Pipe & Fittings	111111111111111111111111111111111111111	ea.	X			
								1			
Name of Reg. Waste Hauler See Hauler Below # 1 &	2	NJDEP Wast See Below		#	Cubic Yards of Waste:	3		e of Regis		ndfill	
	722			Butler, N.I	07405	Disposa			City, State	<u>e</u>	
N 200				,,,,,	500 N.505	Septe			Route 2,	Box 68	
	ing, Inc. –	Newark, NJ	04509, NJ	DEP # 1955	31	30,20	16		Bridgepor 304-842-2		
Completed by (Print or Type) Marin Graure	100	AND THE PROPERTY OF THE PARTY OF THE	OLECT		Signature		Date	5 00 00		4.0	27
maini Graule	100	MANAGER			Marin Graun	e	56	ptembe	ir 9, 20	10	

GAC # 2016-566-003 Please Note: Amendment # 2- Phase 4 rescheduled by owner for 9/16/2016 start date

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

Ch# 0/46

Date of Notification (1)			T		f Building (						EG	E	1 1	/ IE	Fe			
9/2/2016	T				Hallow F	leet D	evelop	ers U	KŁ	السال			<u> 1</u>					
				Street A 80 S Je	ddress efferson R	d Suite	202			SFP 13 2018								
DEP DOL		t #			ate, Zip Co any NJ 07					**				<del>HJ</del>				
			ŀ		f Contact			-		Tel	ephone No	ımber	ONT	ROL	&			
DCA				Dave C											-,			
Name of Facility Where A	Abatement is Takir	ng Place (	3)	FACI	LITY INFO	ORMATI	ON	Туре	e of Facility	(4)								
Private property		,	70					П	School (K-	200								
Street Address								×	Subchapte Other (i.e. petc.)	r 8 (Oth			ldings	home	es,			
City (5) Plainfield NJ								1	are Feet 00 +	# o	f Floors		3ldg. <i>F</i> +50	Age				
County (6) Union					Code (7) USE ONLY)			Curr	ent Use (Pri	or if be	ng demolis	shed)						
Name of Monitoring Firm N/A	Name of Monitoring Firm Hired by Building Owner (8)							lame of Abatement Contractor (9) Dinago Environment LLC										
Street Address N/A	<del>-11.1</del>						Street Address 339 Lafayette Street							to the				
City, State, Zip Code							City, S	State, Zip Code										
N/A  Project Manager for Mani		Telepho	na Na		New:		J 07105		License 1	vl.a.								
N/A	toring Firm			N/A			973-4	491-0	877		01240	NO.						
Start Date (10) 9/12/2016		Schedul 10/10/2		npletion I	Date (11)				HA Monitor onmental (									
Occupancy Status During	Abatement (Ched	ck Only Or	ne)				Street											
Abatement Performe							City, S	State, 2	e 22 West Zip Code									
	That Annly)			-011-0			Unio	n NJ (	07803		<del>/////////////////////////////////////</del>							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	тпас Арргуу		Renova Demolit	olition 2					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
		Is	Locati	on							Action (All Market State of the	T	Abate	ement				
			Normal d Sole		0-14		scription					-	1)	ре				
TO BE ABA	TED	Ma	intenar todial S (12)	nce/		thermal surfa	systems cing, VA niscellar	s insul T, or		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure			
	DOL DOH DOH DCA  CA  DOH DCA DCA  DOH DCA													te				
See Attache	ement	-				See A	ttachn	ment				+	-					
Name of Degistered Mr-	o Haules		1 2 1	IDED W	/aata I	Cukir	Vord-		Nom= -	Do al-1	rod La-Jr	1						
Newark Carting Inc	e naulei		Н	JDEP W auler ID 1509		Cubic of Was			Figure 1		red Landfi m Rd Lan							
City, State Po Box 5670						Dispos	sal Date	Date City, State 2335 Applebutter Rd Bethlehem					nem F	PΑ				
Completed by Carlos Gomes		Title Presid	dent	Matrice		S	ignatur	11	1			ate /2/20	16					

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

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Date of Notification (1)		16				of Building izon	g Owner/Operator (:	2)	DE U	<u> </u>			Paramon and a company		
Agencies Notified  ⊠ EPA	Type Notifica	ation			1000000	Address	tgomery Place,	Lower Level	SEP	13	201	6			
□ DOLWD		d				State, Zip C							1		
□ DHSS	Amendm	7.7		<u>6</u>			PA 15212		ASBEST	OS CC	TINC	ROL	. &		
DCA	☐ Emergen justificati		luding			of Contact	Andrew Control of Control		Telephone Num		IMG				
(NJAC 5:23-8)	Cancella					hony Po		412-633-4021							
					FA	CILITY IN	FORMATION								
Name of Facility Where	Abatement is "	Taking	Place	(3)				Type of Facility	(4)				-		
Verizon Hightstow								School (K-12	2)						
Street Address									8 (Other than K-12		ildina				
393 Mercer St.								homes, etc.)	rivate and comme	iciai bu	nang	٥,			
City (5)			-7		200			Square Feet	# of Floors	Blo	lg. Ag	е			
Hightstown															
County (6)					Com	nty Code (7	)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	shed)	-				
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Name of Monitoring Firm		aing O	wner (	0)	ASCIVI	NO.	Construction and the second se	VIRONMENTA							
TTI Environmental	, inc.							VIKONWENTA	L, INC.						
Street Address							Street Address	D CTDEET							
1253 N. Church St							1123 BEAVE								
City, State, Zip Code	22.5						City, State, Zip Co								
Moorestown, NJ 08							BRISTOL, PA								
Project Manager for Mor	nitoring Firm			2000	phone		Telephone No.		License No.						
Harold Baldwin				- ST.	56-840		215-788-6040		00509						
Start Date (10) 8 / 25 /					tion Da	ite (11)	Name of OSHA N BRISTOL EN	lonitor VIRONMENTA	L, INC.						
Occupancy Status Durin	g Abatement (	Check	only o	ne)			Street Address	1							
☐ Facility Closed/Vacat	57.7				ment		1123 BEAVE	R STREET							
Abatement Performe	d Outside of N	ormal	Facility	Hou	rs - Des		City, State, Zip Co	ode							
Time of Abatement:	AM- <u>5:0</u>	0PM/_		PM- <u>1</u>	:30AM		BRISTOL, PA								
Scope of Work (Check a	Il that apply)														
□ >3 sf or >3 lf			⊠ Re	novat	ion		⊠ Full Con  ☐ Mini-End	tainment with Ne	gative Pressure						
≥ 160 sf or ≥260 lf			☐ De				☐ Gloveba	g Procedure							
							☐ Non-Exe	mpted (*) and No	on-Friable Procedu	_					
				Loca Iorma						Ab	ateme	ent T	ype		
Location Asbestos-Containing		Δ.			ely by	Asha	Description of stos Containing Ma		Amount	Re	Re	En	E		
TO BE AB		vi)			ance/		., thermal systems		(Specify	Remova	Repair	Encapsulate	Enclosure		
IN Faci	lity		Cust	odial (12)	Staff?		surfacing, VAT		SF or LF)	<u>a</u>		sula	ure		
(13)			Yes	No	N/A		other miscellane	eous)				te			
Basement MER#1			N			-	sulation		400 SF						
Basement Boiler roo	om.						le and mastic		600 SF						
Dascillent Boller 100											П	П			
			Ц												
Name of Registered Wa	ste Hauler	3/2/5/75		1 100	NJDEP		Cubic Yards of	Name of Regi	stered Landfill						
BRISTOL ENVIROR	MENTAL IN	VC		ŀ	Hauler I		Waste	GROWS L	.ANDFILL						
City, State					1870	0	Disposal Date	City, State							
BRISTOL, PA								MORRISV	ILLE, PA						
Completed By (Print or 1	Tyne)	Title					Signature	NEO SAIR	D	ate ,					
Brian Scafiro	,,,,,,	10000	stima	tor			A.	0.0.	10	9/1	111				
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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)	11 /	16			1	ne of Buildi erizon	ng Owner/Operator	(2)		4 6					
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Agencies Notified  ⊠ EPA 1284	Type Notif	fication			100000000000000000000000000000000000000	et Address			l				1		
DOLWD 1260	Amend	ded					ntgomery Place	Lower Level	ASBESTO	800	71/17	101			
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					FA	ACILITY II	NFORMATION								
Name of Facility Where A		s Taking P	lace	(3)				Type of Facility							
Verizon Hightstown	1 CO							School (K-1		21					
Street Address									8 (Other than K-1 private and comme		buildir	ias.			
393 Mercer St.								homes, etc				90,			
City (5)	•							Square Feet	# of Floors	E	Bldg. /	Age			
Hightstown															
County (6)					Cou	inty Code (	7)(STATE USE ONLY)	Current Use (P	rior if being demol	ished)					
Mercer								Office							
Name of Monitoring Firm	Hired by Bu	ilding Own	er (8	3)	ASCN	1 No.	Name of Abatem	ent Contractor (9	)						
TTI Environmental,	Inc.						BRISTOL EN	VIRONMENTA	L, INC.						
Street Address							Street Address	per process a state per construit a de la construit de la cons							
1253 N. Church St							1123 BEAVE	R STREET	STREET						
City, State, Zip Code							City, State, Zip C	ode					_		
Moorestown, NJ 080	)57						BRISTOL, PA								
Project Manager for Monit			-	Tele	phone	No.	Telephone No.		License No.				_		
Harold Baldwin						0-8800	215-788-6040	pis	00509						
Start Date (10)		Scheduled	1 Co				Name of OSHA M		1 00000						
8 / 25 / _					/		Assessment of the second	VIRONMENTA	I INC						
Occupancy Status During							Street Address		_,	-					
Facility Closed/Vacated					ment		1123 BEAVE	CTDEET							
Abatement Performed (						scribe									
Time of Abatement:							City, State, Zip Co BRISTOL, PA								
Casas of Made (Charle all )	hat apply)						BRISTOL, FA	19007			-				
Scope of Work (Check all t	пасарріу)							ainment with Neg	ative Pressure						
≥3 sf or ≥3 lf				ovati			☐ Mini-Enc	osure							
≥160 sf or ≥260 If		Ц	Dem	olitio	n		☐ Glovebag		n-Friable Procedu	re					
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Location of	f		No	rmal	ly		Description of	f		-			T		
Asbestos-Containing Ma				Sole tena	ly by		stos Containing Mat		Amount	Remova	Repair	Encapsulate	Enclosure		
TO BE ABATI	<u>ED</u>				Staff?	(i.e.	, thermal systems i surfacing, VAT,		(Specify SF or LF)	SVOL	air	aps	nso		
(13)				(12)		1	other miscellaned		Of Of Elij	=		ulat	ē		
		Ye	s	No	N/A							r.			
Basement MER#1			[			Duct ins	sulation		400 SF	$\boxtimes$					
Basement Boiler room						Floor tile	e and mastic		600 SF	$\boxtimes$					
			J												
			]												
Name of Registered Waste	Hauler			58016	IDEP V		Cubic Yards of	Name of Regist	ered Landfill						
BRISTOL ENVIRONM	ENTAL IN	IC		1	uler ID 18706	Green Control	Waste	GROWS LA	NDFILL						
City, State			- 31.25		10/00		Disposal Date	City, State							
BRISTOL, PA								MORRISVIL	LE, PA						
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Brian Scafiro		Estim	ato	r			Bree	book	1.019	8/11	1//	0			

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