State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

*			(Pursua	nt to NJA	C 8:60 a	and 12:12	0)	MEGI		\mathbb{V}	E	en.
Date of Notification (1) September 9, 201	16			Name of I	Building C	Owner/Oper Baysid	ator (2) e Marine Cons	truction	3	22	7	4
[] DEP [] Amen [X] DOL Amen	Notific ided No idment	tification		Street Add		le	dsall Street	ASBESTO	S CON)L&	
DCA justifi	cation)			Name of (Contact Adam			Telephone Number				
			FAC	ILITY IN	IFORM	ATION						
Name of Facility Where Abatement is Taking Residence	Place (3)					Type of Facility (4) School (k-12) Subchapter 8 (otl	ner than	k-12)		
Street Address							[x]				al build	lings,
City	Coun			County Cod (STATE U		()	Equare feet 1200 sf	# of Floors		. Age (50	
Waretown Name of Monitoring Firm Hired by Building C	Oce:			ASCM No.		Nama of		or if being demolished) dence				
N/A	JWIICI (o)		ASCIVI NO.			Gua	rdian Contracting,	Inc.			
Street Address						Street Ad		Route 9, Unit 61				
City, State, Zip Code						City, Stat	e, Zip Code Tom	s River, New Jers	ev 087	55-1	271	
Project Manager for Monitoring Firm		Telephone	Number			Telephon 732-349	e Number	License N 00624				
Scheduled Start Date (10) 9/21/16		Scheduled 9/22/		on Date (11))	Name of	OSHA Monitor E.M	.S.L. Analytical				
Occupancy Status During Abatement (Check of [x] Facility Closed/Vacated	0.00		od of Aba	tement		Street Ad	dress	Stelton Road				
Abatement Performed C Other – Describe	Outside	of Normal I	Facility Ho	urs		City, Stat	e, Zip Code Pisc	ataway, New Jerse	y 088:	54		
Scope of Work (Check all that apply)						[]		ent with Negative Pres	sure			
[] $>3 \text{ sf or } \ge 3 \text{ lf}$ [X] $\ge 160 \text{ sf or } \ge 260 \text{ lf}$		[] [x]	Renova Demoli			[] [x]	Mini-Enclosur Glovebag Prod Non-Exempte		Procedu	re		
				T				T	Abate	ement '	Tima	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)		Is Location Normally to Solely buttenance/C Staff (12)	ised y		Asb N (i.e. insu	Description estos-Con faterial (A , thermal s tlation, sur VAT, o er miscella	taining CM) ystems facing, r	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbest	os sidin	g		1100 sf	Х			
		-	1									
Name of Registered Waste Hauler		NJDEP Was		ID No.		rds of Waste		istered Landfill				
Guardian Contracting, Inc. City, State			20223 Dispos	al Date	3	City, Sta	T.R.R.F.					
Toms River, New Jersey	TD'.		9/23/	16 —	\		wn, Pennsylva	nia	In			
Completed by (Print or Type) Nicholas Fernicola	Title Proje	ct Manag	ger	Signature	e	· /	4	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	on:							
I. TYPE OF NOTIFICATION (O - Original R - Revised C -	Cancelled):	0	II.	IS ASBESTOS PRESENT? (Ye	s/No):	Y					
III. FACILITY INFORMATION (identify owner, removal contra	ctor and other	operator)									
OWNER NAME: Bayside Marine Cons	truction										
Address: 11 Birdsall Street											
City: Waretown State:	ŊJ		Zip:	08758							
Contact: Adam			Tel:	609-709-2750							
REMOVAL CONTRACTOR: Guardian Co	ntracting, Ir	ıc.		NJ License: 00624							
Address: 1889 Route 9	9, Unit 61										
City: Toms River State:	New Je	rsey	Zip:	08755							
Contact: Nicholas Fer	nicola		Tel:	732-349-9932							
OTHER OPERATOR (if different)				NJ License:							
Address:											
City: State:			Zip:								
Contact:			Tel:	- 10.							
IV. TYPE OF OPERATION (D - Demo O - Ordered Demo	R - Renovation	E - Emergency Re	novation):	D							
V. FACILITY DESCRIPTION (Including building name, number	r and floor or r	room number)									
Building Name: Residence											
Address: 5 Long John Silver W	ay										
City: Waretown State:	New Je	rsey	County:	Ocean							
Site Location: Exterior											
Building Size: 1200 sf # of F	loors:	1	Age in Y	ears: 60							
Present Use: Residence		Prior Use:	Residence	ce							
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF	APPROPRIA?	TE, USED TO DETEC	CT THE PRES	SENCE OF ASBESTOS MATER	IAL:						
IS MATERIAL ASSUMED TO BE ASBESTOS? VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:					Nonf	riable					
		RACM			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Material To Be					
Regulated ACM to be removed Category I ACM not removed		To Be Removed		LOCATION	Rem	ioved					
Category II ACM not removed		100000			Cat I	Cat II					
Pipes (Linear feet):											
Surface Area (Square feet): 1100 sf	Asbesto	os siding		Exterior							
RACM Off Facility Component (Cubic feet):											
VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)	Start:	9/21/10	5	Complete: 9/22	2/16						

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

Χ.	DESCRIPTION OF PLANNED DEMOLITION OF	R RENOVATION WO	ORK, AND METHOD(S) TO E	BE USED D	E G E I V E D									
xi.	DESCRIPTION OF WORK PRACTICES AND ENAND RENOVATION SITE:													
	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 ed in double 6 mil. Bags,	ape and warning signs. Plastic sheet sealed and labeled and placed in a	ting will be placed on the ground locked container for disposal.	ABETS THE CONTROL & LICENSING									
xii.	WASTE TRANSPORTER #1 Name: Guai	rdian Contracting	. Inc.											
All.		Route 9, Unit 61												
	City: Toms River	State:	New Jersey	Zip:	08755									
	Contact Person: Nich	olas Fernicola												
	WASTE TRANSPORTER #2 Name:		age come.											
	Address:													
	City:	State:		Zip:										
	Contact Person:													
xiii.	WASTE DISPOSAL SITE Name: T.R.	R.F.												
	Location: Bord	lentown Road	18											
	City: Tullytown State: Pennsylvania Zip: 19007													
	Telephone: 215-943-9732		Permit #: 10	1494										
xiv.	IF DEMOLITION ORDERED BY A GOVERNME	ENT AGENCY, PLEA	SE IDENTIFY THE AGENCY	Y BELOW AND ATTACH	H COPY OF ORDER									
	Name:		Title:											
	Authority:													
	Date of Order (MM/DD/YY):		Date Ordered to Begin (M	(M/DD/YY):										
XV.	FOR EMERGENCY RENOVATIONS													
	Date and Hour of Emergency (MM/DD/YY):													
	Description of the Sudden, Unexpected Event:			MATERIAL STATE OF THE STATE OF										
	Explanation of how the event caused unsafe conditi	ons or would cause eq	uipment damage or an unreaso.	nable 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 I THE DEMOLITION OR RENOVATION AND EV AVAILABLE FOR INSPECTION DURING NOR	IDENCE THAT THE	REQUIRED TRAINING HA	S BEEN ACCOMPLISHE										
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Owner/Ope	tanderator)	September 9, 2016 (Date)									
xviii.	I CERTIFY THAT THE ABOVE INFORMATION	IS CORRECT.	_ /											
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Owner/Ope	te erator)	September 9, 2016 (Date)									

Date of Notification (1)	A00			Name o	f Building Owner/Operato	or (2)				151572
08/24/2016						,				
08/24/2016				Willia	am J. Sitar, Esq.	/ 732.283.9	000	×215	(5) F	2 /
Agencies Notified	Type of Notific	ation		Street A			- W		W E	- 1
		GO WARRE WATE		1481	Oak Tree Road					
					ite, Zip Code	11111	019	100	040	- 11
	The second second					14 14	ULF	132	UID	L
				Iselin	NJ 08830	The second				
			ing	Name of	Contact	Telabun	nber O	SCON	TDOL	-
() DCA				Ron F	rancesco	[1,2-1,2-2,	-010	J CAM	INUL	α
	() Cancel	ation	E1 011 1				_			
Name of Facility Where Abatemer	at is Taking Place	(3)	FACILI	TY INFOR	1.5.17.010.17.000					
					Facility (4) ool (K-12)					
	a / tilitio outo	7 1000014103			chapter 8 (other than	K-12)				
	et				er (i.e. private & comr		es, etc.			
		I Carrati Carl	I= (7)	1	•		0 0 to 2 0 to 20 t			
City (5)	County (6)			Sq. Feet	3,000 # of Floors	3 Bldg. Ag	ge 80			
Raritan	Somerset	101010 000	<u> </u>							
					Use (if being demolish	ned):				
	Bldg. Owner (8)				Contractor (9)					
(1.00 - 0.0)		N/A			rial Safety & Envi	ronmental Solut	ions,	lnc.		
				Street Ad						
					Hudson Avenue					
				D- 11182-111-	e, Zip Code					
ACCOUNT OF THE PROPERTY OF THE					City, NJ 07087					
	m Telephone N	umber		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u>ie Number</u>		100	icense N		(
				25-0055		(1124			
() EPA (X) NJDEP (X) NJDEP (X) NJ DOL (X) DOH () Emergency (inclusion) () DCA Name of Facility Where Abatement is Taking Place (3) Commercial Property: Foot & Ankle Care Associated Street Address 46 East Somerset Street City (5) County (6) City (5) County (6) City (5) County (6) Street Address N/A Street Address N/A City, State, Zip Code N/A Project Manager for Monitoring Firm N/A Scheduled Start Date (10) 09/03/2016 Occupancy Status During Abatement (Check only one) () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - (X) Other - Describe: Basement is not occupied Source of Work (Check all that apply) Location of Asbestos-Containing Material (ACM) To be Abated in Facility (13) Basement X Basement					OSHA Monitor					
				ISES, Ir	95°CH					
(X) NJDEP (X) NJ DOL (X) NJ DOL (X) NJ DOL (X) DOH (DCA (DCA (DCA (DCA (DCA (DCA (DCA (DCA				Street Ac						
(X) NJDEP (X) NJ DOL (X) DOH () DCA (X) DOH () DCA (X) DOH () DCA (X) DOH () DCA (X) DOH (X) DCA (X) Cancellation Name of Facility Where Abatement is Taking Place (3) Commercial Property: Foot & Ankle Care Associates Street Address (X) County (6) (X) County Coc (State Use (X) County (6) (X) County (Co (X) County (6) (X) County (Co (X) County (6) (X) County (Co (X) Co				3300 F	Iudson Avenue					
(X) Other - Describe:	ae e e	ity i louis		City, Stat	e, Zip Code					
Basement is not occupied					City, NJ 07087					
Source of Work (Check all that app	olv) () Demolition) Renovation					
				(//	/ Tronovation					
				(X) Full Containment w	rith Negative Pressu	ıre			
() Small Project (>25 <16	0 SF or >10 <26	0 LF ACM)		() Mini-Enclosure					
(X) Large Project (>160 SF	or > 260 LF ACI	/I) Glove-bag Procedu					
Location of Ashestos-Containing	Is Location Nor	mally I lead	ı) Non-Exempted (*)	Amount		e Abateme	at Tuna	it in the second
			(i.e. t		tems insulation, surfacing			Dateine	iit i ype	
To be Abated in Facility (13)	Custodial St	aff? (12)			her miscellaneous.)	LF)			ш	m
	VES NO	NIA					₹en	Re	пса	ncl
	TES INC	IN/A					Remova	Repair	Encapsulate	Enclosure
							<u>a</u>	~	ate	l'e
Basement	X	T	Pine	insulatio	n and elbows	~ 156 LF	X			
				r insulati		~ 35 SF	X			
					tic (beige 9"x9")	~ 535 SF	X	-		
				tic (green 9"x9")	~ 60 SF	X				
A STATE OF THE STA		Waste Hauler		anu ivias	Cubic Yards of Waste	Name of Reg. La				
1 N N			TO TE		10	Grand Centra		tation		
rada Disposar Options, il	3043	4			10	1963 Pen Arg				
City, State			Disp. [Date		City, State	,,			
311 East Blackwell Street, Dover, NJ 07801 09/				6/2016	7	Pen Argyl, PA	1807	2		
Completed by (Print or Type)	Signat		11	Date		V				
		1/21:	1//4 0	08/24/2016						
David Camacho	ervisor	1	HOVI							
			/ /	(

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

Date of Notification (1) 09/02/16	700 - PRESSE - SE				Building (Kaplan		perator	(2)			<u> </u>	6	U	\mathbb{V}	E	M
	e Notification			Street Ad		do			Security of the second		SEP	1.	3 2	016	1 Contraction of the Contraction	U
X EPA X DEP X DOL	Amended Amendment # Emergency (in justification)		_ 1	Bloom	te, Zip Co field , No Contact		3		-	ASI Tele	BEST(OS CO	NC NA	TRO	18	
× DOH × DCA	Cancellation			EACII	LITY INFO	DMATI	ON									
Name of Facility Where Abate Stacey Kaplan	ement is Taking	Place (3)		PAGI	LITTINFC	KWATI	ON		ool (K-12)		(40)	rii inin			
Street Address									chapter 8 er (i.e. pri)				uild	ings,	home	es,
City (5) Bloomfield								Square F	eet	# of	Floors		BI	dg. A	ge	
County (6) Essex County					Code (7) ISE ONLY)		_	Current L	Jse (Prior	if bei	ng demo	olished)			
Name of Monitoring Firm Hire	d by Building Ov	vner (8)		ASCM	No.		Charles and Control	of Abatem Abateme		actor	(9)					
Street Address								Address 87th St	reet Su	ite A	4					
City, State, Zip Code								state, Zip C h Berger		047						
Project Manager for Monitorin	g Firm		1	Γelephor	ne No.			none No. 293-630	5		Licens 0122					
Start Date (10) 09/12/16	1000	Scheduled 09/22/10	16 HILN					of OSHA N NAMM C		TIN	G LLC					
Occupancy Status During Aba			1600 ROL						EAST	SUI	TE 107	7				
Abatement Performed O Other – Describe:	utside of Norma	I Facility	Hours	ent .		_		State, Zip C								
Scope of Work (Check All Tha	at Apply)						Г	Full Containment with Negative Pressure								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		The same of the sa	enovat emoliti				×	Mini-E	ontainmer nclosure pag Proce xempted	dure					2	
		ls l	ocatio	on				1 NOII-L	xempled	() am	3 14011-1	Tiable		Abate Ty	ment	
Location of Asbestos-Containing Mate		Used Mair	ormally Solely Internant Indial S	y by ice/		os Cont	system	Material (Ad s insulation	(8	mount Specify For LF)		Rer			Enc	
In Facility (13)		Yes	(12) No	N/A			cing, VA niscellar			- Si	OI LI')		Removal	Repair	Encapsulate	Enclosure
Basement	162	INO	N/A			TSI			6	0 LF	×	3				
Name of Registered Waste House NEWARK CARTING	auler		H	JDEP W auler ID 1509		Cubic of Wa	Yards ste	1	lame of R VASTE				G	ROV	VS N	1.
City, State HILLSIDE, NJ						Dispo	sal Date		ity, State		E PA					
Completed by Bryan Parra		Title Projec	ct Ma	nager		S	Signatur	Bry	nA	HI	28	Date 09/0	2/1	6		

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

								ſ	CHECK	_ # >	095	À	_	
Date of Notification (1) 09-02-16				of Building O			r (2)		1	VE		1/10	2 11	4 D G
Agencies Notified Type Notification EPA Initial			Street A 700 H	Address idden Rid	lge						- (6			
DEP X Amended Amendment #	_		75 15-10	ate, Zip Cod TX 7503							SE	P 1	3	2016
Emergency (ir justification)	ncluding	F	Name o	f Contact		100001			Talanhor	A NI.	har			4010
DCA Cancellation				Kingsbury					1 17-1,4	75BE	370	25.0	ONI	TDO
Name of Facility Where Abatement is Taking	Place (3))	FAC	ILITY INFO	RMATI	ON	Type	e of Facility (4	1)		LIC	EN	SINC	HU
The state of the s	1 1000 (0)	,					- 1,7ρ.	School (K-12						
Street Address 315 Park Avenue							×	Subchapter Other (i.e. pretc.)	8 (Other tha			dings.	hom	es,
City (5) Linden							Squ. 80,0	are Feet	# of Floo	rs	1000	ildg. A	-	
County (6) Union				Code (7) USE ONLY)	(<u></u>	_		ent Use (Prio mmercial	r if being de	molish	ed)			
Name of Monitoring Firm Hired by Building O' ESIS Health, Safety & Environmenta			ASCN	И No.				atement Con Environme						
Street Address P.O. Box 430						Street 200 l		ess d Street						
City, State, Zip Code North Versailles, PA 15137								Zip Code , NJ 07072						
Project Manager for Monitoring Firm Brian Kingsbury			Telepho (201) 3	ne No. 356-5166		Teleph 201-9			Lice 007	nse No 56),			
	Schedule 10-31-1													
Occupancy Status During Abatement (Check	Only One	↑ Disconnection of the property of the pr						1775						
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:					ckson Aver					/s				
Scope of Work (Check All That Apply)						Long	Isia	nd City, N	7 11101					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emoliti				×	Mi GI	ull Containme ini-Enclosure ovebag Proce	edure				٩	
	le l	Locati	nn			Second	140	DII-Exempled	() and Non	-i iiabii	3110	Abate	200 - 200	
Location of	N	ormall	у		Des	cription	of					Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mair Custo	l Solel ntenar odial S (12)	taff?		s Conta nermal surfac		fateria s insul T, or	ation,	Amount (Specify SF or LF	,	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A											
Main: Throughout		-	X		VA	T/Mast	tic		144SF		х			
						11111 53								
Name of Registered Waste Hauler		N.	JDEP W	/aste	Cubic `	Yards		Name of R	egistered La	andfill				
ATC, Inc. / JBT (50071)		H	auler ID 310	No.	of Was TBD			Minerva	Enterpris					
City, State Shirley, NY / Bronx, NY					TBD	al Date		City, State Waynes	burg, OH	44688	3			
Completed by Joseph Patrick	Title Project Manager					gnature	/	M	Date 09-02-16					

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1) September 2, 2016					Name of Building Owner The Valley Hospit		11D)_L		E						
Agencies Notified EPA			otification		Street Address 223 North Van Die		The second secon	0.7.0		7 16	1				
D DCA		x Amend	ment # 1		City, State, Zip Code		14 14	10.4		0	1				
X DOL		_			Ridgewood, NJ	07450-273	6				į				
x DOH		Emergen	icy (includ	ding	Name of Contact		Telephor	ne-Num	ber n	ONTI	2018				
X BOIT		justific	ation)		William Stasiak			5-2 5	V 1 1.V	NG	IOL X				
				FACILITY	INFORMATION										
Name of Facility Where Abate	ement is Tal	king Place (3)			Type of Facility (4)										
The Valley Hospital	// a a la a u :	! D			School (K-12)	14 151									
Bergen Wing, Bsmt-I Street Address	wechani	cai Room			Subchapter 8 (other that										
223 North Van Dien A	Avenue				Sq. Feet: Unknown					+ yea	rs				
City (5) Ridgewood	County (6 Bergen	-	County Co (State Use		Current Use (prior if beir	ig demolished): Hospita	al							
Name of Monitoring Firm Hire	d by Bldg. (Owner (8)	ASCM No.		Name of Contractor (9)										
Colden Corporation	n				GREENWOOD ABA	TEMENT C	ONSULT	ANTS	, INC						
Street Address	· ·				Street Address										
28 Washington Stree	t				268 MAIN STREET										
City, State, Zip Code	220				City State, ZipCode										
Ballston Spa, NY 120 Project Manager for Monitoring		Telephone N	umbar		Butler, NJ 07405		T 11	Direction of							
Jim Miades	g i iiii	347.435.			Telephone Number 973-492-0477		00840	vumber							
Scheduled Start Date (10)		Scheduled C		ate (11)	Name of OSHA Monitor		00040								
September 1 2016		Septemb			EMSL inc.										
Occupancy Status During Al	batement (Street Address										
Facility Closed/Vacate				it											
Abatement Performed	Outside o	f Normal Facil	lity Hours -		1056 Stelton Road City, State, Zip Code										
Describe Other – Describe: 7ar	n 7nm				City, State, Zip Code Piscataway, NJ 08854										
Other - Describe. 7ai	II-7 PIII				riscalaway, NJ 00004										
Source of Work (Check all that	t apply)						11.1								
≥ 3 sf or ≥ 3 lf						Full Contain		legative	Press	sure					
				Renovation			nclosure								
<u> </u>	00			Demolitio	n	x Glovebag Non-Exemp			riahla [Dracad	ure				
Location of Asbestos-Containing	ng	Is Location N	lormally Use	d Solely	Description of Asbestos	Amour		patemer			uic				
Material (ACM) in Facility (13)		by Maint./Cu	stodial Staff	? (12)	Containing Material (ACM) (i.			amova 5	Pacais E	noon !	Englass				
		YES N	NO NA		thermal systems insulation, surfacing, VAT, or other miscell.) Remove Repair Encap										
Mechanical Room		X			Pipe & Fittings	30 ea.									
					Pipe & Fittings	10 ea.	X	l							
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Waste Hauler ID # See Below				3	Name of Registered Landfill Meadowfill Landfill								
Hauler #1) Greenwood A NJ DEP # 125		nt Consultar	nts, Inc. –	Butler, NJ	07405	Disposal Da Septemb		Ro	y, State ute 2, E	3ox 68					
Hauler #2) Newark Carti	ng, Inc	Newark, NJ	04509, NJ	DEP # 1955	1			dgeport 4-842-2							
Completed by (Print or Type)		itle			Signature Date										
Marin Graure		SENIOR PR			Marin Graure		Septer	mber	2, 20	16					
	I I	//ANAGER			110000000000000000000000000000000000000										

GAC # 2016-566-003 Please Note: Amendment # 1 included an additional 10 fittings to be abated starting on September 9, 2016

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1) September 1, 2016					Name of Building Owner Symrise, Inc.	r/Operator (2)		INEIN						
Agencies Notified		Notification	Typo		Street Address	Town		II VI DATE OF THE						
<u> </u>				ification		111 11-1		11 11						
X EPA					300 North Street	1117/1		1.71						
DCA		Amende			City, State, Zip Code	11711	BEP	1 3 2010 1-21						
x DOL		☐ Emerg			Teterboro, NJ 076	08 111 111								
X DEP		justific	ation)		Name of Contact	\$ had 200-\$	Telephon	e Number						
x DOH		☐ Cance	lled		John Di Giacinto	1		2)L& 1						
A BOTT				EACILITY IN	I IFORMATION		ASBESTO	15001						
Name of Facility Where Abate	ment is Ta	aking Place (3)		FACILITY IIV	Type of Facility (4)	1 '	LIC	ENSING						
Symrise	ATTOTIC TO TE	aking riace (5)												
Cymnec					☐ School (K-12)									
Street Address					Subchapter 8 (other that									
300 North Street					Other (i.e. private &									
011 (5)					Sq. Feet: Unknown	# of Floo	rs: Bldg.	Age: years						
City (5)	County (y Code (7)										
Teterboro	Berge	n	(State	Use Only)	Current Use (prior if bein	g demolished	l):							
		1												
Name of Monitoring Firm Hire	d by Bldg.	Owner (8)	ASCM	No.	Name of Contractor (9)									
EnviroVision Const	ultants	inc	000	to a section of the										
Ziivii o vision cons	uituiits	me.		. •	GREENWOOD ABA	TEMENT C	ONSULTA	ANTS INC						
Street Address					Street Address		0.100217							
20-21 Wagaraw Road	Zip Code 1, NJ 07410 nager for Monitoring Firm Telephone Number													
					511 MAIN STREET									
City, State, Zip Code					City State, ZipCode									
Fairlawn, NJ 07410					Butler, NJ 07405									
Project Manager for Monitoring	g Firm	Telephone N	umber		Telephone Number		License Nu	imbor						
Fred Larson					Telephone (Valinber		License N	mber						
	Wagaraw Road, Bldg # 34A te, Zip Code wn, NJ 07410 Manager for Monitoring Firm .arson Telephone Number 973-636-9145 ed Start Date (10) Scheduled Completion Date (1)				973-492-0477		00840							
Scheduled Start Date (10)		Scheduled C	ompletic	on Date (11)	Name of OSHA Monitor									
September 19, 2016														
			oo,	20.0	EMSL inc.									
Occupancy Status During Al	patement	(Check only on	ie)		Street Address									
Facility Closed/Vacate	d During I	Entire Period o	f Abate	ment										
Abatement Performed	Outside o	of Normal Facil	itv Hour	rs -	1056 Stelton Road									
Describe				Officer Co.	City, State, Zip Code									
Other - Describe: Vac	cant Are	ea												
					Piscataway, NJ 08	854								
Source of Work (Check all that	apply)													
≥ 3 sf or > 3 lf								Negative Pressure						
				Renovation		Mini-Enclo								
$\square \ge 160 \text{ sf or } \ge 20$	60			Demolition		Glovebag F								
Location of Asbestos-Containing	. Tal.			15		Non-Exemp		Non-Friable Procedure						
Material (ACM) in Facility (13)	- L	ocation Normally			bestos Containing Material	Amoun	- Control	tement Type						
material (AOM) III Facility (15)		ely by Maint./Cus f? (12)	stodiai	VAT, or other mis	nal systems insulation, surfaci			nove Repair Encap Enclose						
	YES		NA	VAT, or other fills	ceii.)	or LF)	1,3017	Tropan Endap Endosc						
Vacant Area			X	TSI-Pipe & F	ittina	450 1	. 57							
radant Mida				131-Fipe & F	itting	150 H	f X							
Name of Reg. Waste Hauler		L NUDED West	- 111	15.4										
See Hauler Below # 1 & 2	ě.	NJDEP Waste See Below	Hauler	ID#	Cubic Yards of Waste:			egistered Landfill						
					20			fill Landfill						
Hauler #1) Greenwood	d Abate	ment Cons	ultant	s, Inc Butle	r, NJ 07405	Disposal Da	<u>te</u>	City, State						
NJ DEP # 1	12561				5.00 to 100 to 1	Septemb	er	Route 2, Box 68						
Hauler #2) Newark Car	ting, Inc	c. – Newark.	N.I 04	509. N.I DEP #	19551	23,2016		Bridgeport, WVA						
	8,		01	π	17001			304-842-2784						
Completed by (Print or Type)	17	Γitle			Signature		Data							
Marin Graure				`Т	Signature		<u>Date</u>	h = 1 0040						
			OJEC	· 1	Marin Graun	2.0	Septem	ber 1, 2016						
	1	MANAGER												

WALVER OF NOTIFICATION OF ASBESTOS ABATEMENT * EXEMPTION REQUEST (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) SEPT. 7, 2016 Name of Building Owner/Operator (2) DODI CLARK Agencies Notified Type Notification Street Address **EPA** Initial City, State, Zip Code ASBESTOS CONTROL & DEP Amended SPRING LAKE, NJ 07764 DOL Amendment # LICENSING Emergency (including Name of Contact Telephone Number DOH justification) DODI CLARK DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) CLARK PROPERTY School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, X etc.) City (5) Square Feet # of Floors Bldg. Age SPRING LAKE 828 SF 1925 County (6) County Code (7) Current Use (Prior if being demolished) MONMOUTH (STATE USE ONLY) RESIDENCE Name of Monitoring Firm Hired by Building Owner (8) ASCM No Name of Abatement Contractor (9) N/A Finishing Touch Asbestos Abatement Corp., Inc. Street Address Street Address 17 Thompson Street City, State, Zip Code City, State, Zip Code West Long Branch, NJ 07764 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 732.222.8372 00040 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 9/12/16 9/19/16 9/29/16 N/A Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Encapsulate Maintenance/ Enclosure TO BE ABATED (i.e. thermal systems insulation, (Specify Remova Repair Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A kitchen & porch of main house VAT 189 sf X X carriage house VAT 144 sf X x Name of Registered Waste Hauler NJDEP Waste Name of Registered Landfill Cubic Yards of Waste Hauler ID No. Finishing Touch Asbestos Abatement Corp., I TRRF Landfill 2 cy 12058 City, State Disposal Date City, State West Long Branch, NJ 9/22/16 Tullytown, PA Completed by Signature Date JOSEPH P. MILLER PRESIDENT ANU 9/7/16

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

								,			-	,	0	1) (1
Date of Notification (1) AUGUST 30, 2016	2			Name o GOO	f Building D SHEP	Owner ARD	Operati CHUR	or (2 RCH	2) H	m	EG	E I	M			n
Agencies Notified	Type Notification			Street A 625 F	ddress LORIDA	GRO	OVE R	ОА	(D	M						Marie manage
EPA DEP DOL	Initial Amended Amendment	# 1			ate, Zip Co H AMB0		J 0886	31			SEP	13	-20	15	-	المسا
DOH DCA	Emergency justification) Cancellation				f Contact PADO					Te	Epponely	(mB) pe	TNC	RO	L &	
<u></u> БСА	Caricellation	-		\$57.25.05.00.1	LITY INF	ORMA.	TION			<u> </u>				-		
Name of Facility Where A	Abatement is Takir CHURCH	g Place (3))	1 AG		Ortina	11011	-	Type of Facility							
Street Address 625 FLORIDA GRO	DVE ROAD								School (K Subchapt Other (i.e etc.)	er 8 (Oth			ildinç	js, h	ome	ıs,
City (5) PERTH AMBOY									Square Feet 1500SF	# o	f Floors		Bldg 75			
County (6) MIDDLSEX					Code (7) USE ONLY)			Current Use (P CHURCH	rior if be	ing demo	lished)				
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCN	/I No.				f Abatement C ning Touch A			ement	Cor	p., l	nc.	
Street Address							70.700		ddress ompson Str	eet						
City, State, Zip Code	ity, State, Zip Code roject Manager for Monitoring Firm								ite, Zip Code Long Branc	h				1000		
Project Manager for Mon N/A	itoring Firm	Telepho	ne No.				ne No. 22.8372		License 00040							
Start Date (10) 8/29/16		Schedule 9/3/16	d Con	npletion	Date (11)		Nam N/A		f OSHA Monito	r						
Occupancy Status During	Abatement (Chec	k Only One	e)				Stree	et A	ddress							1000
Facility Closed/Vaca Abatement Performed Other – Describe:	ated During Entire ed Outside of Norn	Period of A nal Facility	baten Hours	nent			City,	Sta	ite, Zip Code							
Scope of Work (Check Al	II That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	тист, труу)		enova emolit					Y	Full Containr Mini-Enclosu Glovebag Pr Non-Exempt	re ocedure				ura		
		le	Locati	on				_	14011-Exchipt	() an	4 14011-1 11	abic 1 i		atem	ent	
Location Asbestos-Containing TO BE ABA	Material (ACM)	N Used	ormal d Sole	ly ly by		tos Co		Ma	f terial (ACM) nsulation,	59.54	mount Specify	71		Type	T	Ш
In Facili (13)							acing, V miscella	/AΤ,	or		or LF)	Removal	Kepaii		Encapsulate	Enclosure
BASMENT BOIL	ER ROOM	Yes No N/A				/ HO	ΓWAT	ER	TANKS	NKS 110 SF				-	ro l	
Total College					7.00,000000				12 10 10 10 10 10 10 10 10 10 10 10 10 10				+	+	+	
								2002-1								
Name of Registered Was Finishing Touch Asb	1 H	JDEP W auler ID 2058		of W	c Yards aste		- 1	f Registe LAND	red Land FILL	fill						
City, State WEST LONG BRAN	CH, NJ 07764					Dispo	osal Dat	te	City, Sta	ate YTOWI	N, PA					
Completed by JOSEPH P. MILLER		Title PRES	SIDE	NT			Signatu	re		Date 8/30/16						
				4		0 1	. sull s									

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

					N OF ASBE t to NJAC 8					- d	HECK	# 2	336	M	E	
Date of Notification (1) 09-06-16					of Building C d States F			0.79	The second second	KI	5_6			2.0	•	
	Type Notification				Address Madison A	venue			THE PERSON NAMED IN COLUMN 1		6	EP	4 0	E	10	i i e
DEP DOL	Amended Amendment #			2010	ate, Zip Cod s Townshi		7960			L	SBE	STO	SC	ONT	RO	_8_
⊠ DOH □ DCA	Emergency (i justification) Cancellation	ncluding	'		of Contact Mensigne	r				Tek	ephone	Nun	EN:)II V~		
				FAC	ILITY INFO	RMATIO	N				-					
Name of Facility Where Ab Crom & Foster	patement is Taking	Place (3)					Type of Sch	acility							
Street Address 305 Madison Avenue								Sub Oth etc.	er (i.e.	r 8 (Othe private 8	er than comm	K-12 nercia) I build	dings,	hom	es,
City (5) Morris Township							1.0	Square F 220,00	eet	# of	Floors		11 325	ldg. A 4 yrs		
County (6) Morris					Code (7) USE ONLY)		- 2	Current I Vacant		ior if beir	ng dem	olish	ed)		7.7	
Name of Monitoring Firm H Atlantic Environment		wner (8)	ASC	M No.	1775				ntractor ental (F-25					
Street Address 2 E. Blackwell Street						1997	Street A	ddress	reet							
City, State, Zip Code Dover, NJ 07801								ate, Zip Cadt, NJ		2						
Project Manager for Monito Raymond Pirnat	oring Firm			Telepho (973)	one No. 366-4660		Telepho 201-93	ne No. 39-656	 5		Licens		,			
Start Date (10) 09-20-16			cheduled Completion Date (11) 2-31-16 Name of OSHA M Even-Air Inc.													
Occupancy Status During A	Abatement (Check	Only O														-
Facility Closed/Vacate Abatement Performed	ed During Entire Pe Outside of Norma	eriod of	Abatem	atement 10-59 Jackson						enue						
Other – Describe:			0)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the s			IY 1110	01					
Scope of Work (Check All ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Fhat Apply)		Renova Demoliti	73/7/17	·		×	Mini-E	ontainment with Negative Pressure nclosure pag Procedure xempted (*) and Non-Friable Procedure					e		
			Location											Abate Ty		
Location o Asbestos-Containing M TO BE ABAT In Facility (13)	aterial (ACM)	Use Ma Cus	ed Solel intenar todial S (12)	ly by nce/ staff?	(i.e. th	Descris Contain sermal sy- surfacing other mise	stems i g, VAT,	terial (A(nsulatior or		(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
Grnd, 1st & 2nd Floors	. Dumbwaiter	Yes	No	N/A		CM Fire	onroo	fina		1	20SF	-	200			
Basement: Electr		X		CM Fir					00SF		x					
Exterior: Exterior	the reach and special district			×		CM Fire	23				80SF	-	x	-		
1st Floor: Core				X		CM Fire					50SF		x			
Name of Registered Waste	2 00000000000		N.	JDEP W	L	Cubic Ya	- 12		ame of	Register		dfill				
ATC, Inc. / JBT (50071			10000000	Hauler ID No. 24310 TBD												
City, State Shirley, NY / Bronx, N	Y			TBD Wa				ty, Stat aynes	e sburg,	OH 4	4688	3				
Completed by Richard Doran		Title Proje	ct Ma	nager		Sign	nature	NO	OF	De		Date 09-	06-1	6		

305 Madison Avenue, Morris Twp. Additional Materials / Floors

Pg. 2

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
Basement: Basement Wall	N/A	ACM Fireproofing	30SF	Removal
Basement: Basement Beam	N/A	ACM Fireproofing	20SF	Removal



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

CHECK # 23369

Date of Notification (1) 09/08/16				of Building				any of Ame	Jan Jan	E	J 6	3 17		
Agencies Notified Type Notific	ation		Street A		ii iiisure	1106 0	omp	arry or Arrie		15 (0 [3	W	E
☐ EPA ☐ Initial			213 V	Vashingt	on Stre	et			linit					
DEP Amend	ded dment #1			ate, Zip Co rk, NJ 07					14 14	SE	9	9	2016	- 1
Emerg	ency (including			of Contact	1102				Telepho	ne Nun	her		-410	
DOH justific				ance L.	Paterek	<		- /	ielebrin	He Muli			TOO	
			FAC	ILITY INFO	ORMATIC	ON			_	LK	EN	SINC	TRO	L&
Name of Facility Where Abatement is Washington Building	Taking Place (3)					Туре	of Facility (4))			The second second		
Street Address								School (K-12 Subchapter 8		an K.12	1			
213 Washington Street								Other (i.e. pri				dings,	home	s,
City (5)								etc.) ire Feet	# of Floo	ors	E	Bldg. A	ge	
Newark							22.00					J	•	
County (6) Essex				Code (7) USE ONLY))			ent Use (Prior nmercial	if being de	emolish	ed)			
Name of Monitoring Firm Hired by Bui	lding Owner (8)		ASC	И No.	Í	Name	of Aba	atement Contr	ractor (9)					
N/A						Pinna	acle E	Environme	ntal Corp).				
Street Address						Street 200 E		ss d Street						
City, State, Zip Code								ip Code NJ 07072						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 201-9	one N	0.	Lice 007	ense No).			
Start Date (10)	Schedule	d Con	noletion	Date (11)				HA Monitor	007	30				
08-25-16	09-30-		.piotion	Date (11)		Even								
Occupancy Status During Abatement Facility Closed/Vacated During E			10.4					ss kson Aven	ue					
Abatement Performed Outside of					-	City, St	tate, Z	ip Code	(1578/4 					-
Other – Describe:						Long	Islar	nd City, NY	11101					
Scope of Work (Check All That Apply)	5 -					K	7	SHA Class 1		122				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	- Contraction of the Contraction	enova emolit				È		II Containmer ni-Enclosure	it with Neg	ative P	ressu	re		
A CONTRACT CONTRACT CONTRACTOR	_							ovebag Proce n-Exempted		n-Friahl	e Pro	cedur	ρ.	
	le	Locati	on			-	110	II Exclipted) and 1401	TTTGDI		AUSSSON STATE	ement	
Location of	N	lormal	ly		Des	cription	of					Ту	pe	
Asbestos-Containing Material (ACI TO BE ABATED		d Sole ntenar			tos Conta	aining M	laterial		Amour (Specif		77		En	ш
In Facility	Cust	odial S (12)	Staff?	(1.6.	surfac	ing, VA	T, or	ation,	SF or L		Remova	Repair	caps	Enclosure
(13)	.,	46 56	T		other m	iscellan	eous)				val	air	Encapsulate	sure
6th Floor	Yes	No	N/A x		\/Δ٦	Γ/Mast	ic		23,000	SF	x			_
9th Floor			×			Γ/Mast	9%		30,000		x			
30111001			<u> </u>		٧٨١	17IVIASI	.10		30,000	31	^			
Name of Registered Waste Hauler		1 02222	JDEP W		Cubic Y			Name of Re	egistered L	andfill.	-			
ATC, Inc. / JBT (50071)		1.000000	auler ID 1310	No.	of Wast	te		Minerva	Enterpris	ses				
City, State Shirley, NY / Bronx, NY					Disposa	al Date		City, State Waynesh	ura OL	4469	8			
Completed by	Title				ni-money:	gnature	la.	vaynest	July, On	Dat				
Kevin Moriarty		ct Ma	nager	1		TI	MI	am		5250	08/1	6		

		١		FICATION Pursuant					X	1	2	1	Y		
Date of Notification (1) SEPT. 9, 2016		Name of Building Owner/Operator (2) DONNA KAPATANAKIS Street Address													
Agencies Notified		Street A	ddress		- VA-2-1		III III			W	-6				
EPA DEP DOL			ate, Zip C SEX, NJ					SEP	13	2016	0				
DOH DCA	Emergency justification) Cancellation			f Contact K HAMN	MERST	ONE	LICENSING . &								
Name of Facility When	e Abatement is Takir	ng Place (3	()	FACI	ILITY INF	ORMATI	ON	Type of Facilit	v (4)	LIGH	NSII	VG_			
KAPATANAKIS P	PROPERTY	19 1 1400 (0	,					School (F							
Street Address								Subchap	ter 8 (O	ther than K-1 e & commerc		dings	hom	es,	
City (5) SUSSEX							Square Feet 1675 SF	Feet # of Floors				Bldg. Age 1900			
County (6) SUSSEX			Code (7) USE ONL	Y)		Current Use (Prior if being demolished) RESIDENCE									
Name of Monitoring Fi N/A		ASCN	ЛNo.		Name o Finis	me of Abatement Contractor (9) nishing Touch Asbestos Abatement Corp., Inc.									
Street Address						et Address Thompson Street									
City, State, Zip Code						City, State, Zip Code West Long Branch, NJ 07764									
Project Manager for M		Telepho	ne No.			one No. 222.8372	License N 00040	License No. 00040							
Start Date (10) 9/19/16	ed Co	mpletion I	Date (11)		Name o	ne of OSHA Monitor A									
Occupancy Status Dur	ing Abatement (Chec	k Only On	e)				Street A	Address							
Facility Closed/Va Abatement Perfor Other – Describe:	acated During Entire I rmed Outside of Norn	Period of A nal Facility	Abater Hour	ment 's			City, St	ate, Zip Code							
Scope of Work (Check	All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	enov: emoli	ation ition			Y Y	Mini-Enclose Glovebag Pr	ure rocedur								
	Locat	tion				1 Mon-Exemp	ieu () a	iliu Noll-Filat	IIE PIO	Abate					
Location of Norm Asbestos-Containing Material (ACM) TO BE ABATED In Facility Norm Used So Mainte Custodia			Iorma	illy		Des	scription	of			Туре				
			intena	nce/ Staff? (i.e. thermal surfa			taining Material (ACM) I systems insulation, cing, VAT, or miscellaneous)			Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure	
DACEA	AENIT	Yes	No	N/A			TO!						te	TO .	
BASEN	VIEINI			X			TSI			50 LF	X				
Name of Registered W Finishing Touch As	1 1	NJDEP W Hauler ID 12058		Cubic of Was	c Yards Name of Registered Landfill aste TRRF LANDFILL										
City, State WEST LONG BRA	NCH, NJ			***************************************		Dispos 9/21/	al Date	City, St	ate YTOV	VN, PA					
Completed by JOSEPH P. MILLE	SIDE	ENT		S	ignature	Liphol	7	Da 9/	te /9/16						
							1-					*	100		

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

Amended Non-Friable Notification / Check #: 6743

	///				5 55	145.5	Orana	r/Onerato	r (2)	Λ	7/1/	W				
Date of Notification	Name of Building Owner/Operator (2)															
Agencies Notified Type Notification				JFK Health Systems, Inc.											_	
Agencies Notified	St	Street Address In EGELVE														
[X]EPA	[][nitial		1 1	65 James St.												
[X] DEP	Notific	ation	City. State, Zip Code Edison, NJ 08818 Name of Contact						ID SEP 13 2016							
⋉100L	(X) Amended Notific										DEI 'V	** **********************************				
(×)DOH	[]Cancell								Telephone Number							
[]DCA	11.10	Joe Pasquale														
			1100				NFORMA	TION			_LICENDU	40				
Name of Facility Wh	ere Abatemen	nt is Ta	king					IIION	1000	of Facili						
JFK Health Systems,	Inc Main B	uilding								◯ School Subcha	pter 8 (Oth	er tl	an K	-12)	
Street Address							[]Other (i.e., private & commer- cial buildings, homes, etc.)									
65 James St.								ar turk	Square Feet # of Floors Bldg. Age							
City (5) County								ode (7)	50	000	3	3 50			d)	
								SE ONLY)	Current Use (Prior if being demolished)						-/	
Edison, NJ 08818 Middle:								of Abate	School ement Contractor (9)							
Owner (8)	PILM MILCO	01 0411	9													
S&S Environmental S Street Address		_	71180-331		Four Strong Builders, Inc.								_			
98 Sand Park Rd.						Sargeant.										
City. State. Zip Co						City, State, Zip Code										
Cedar Grove, NJ 070	Telephone Number					on, NJ 070		35	License Number							
	73-857-7188				973_	614-0377			00807							
Prakash Khaitan Scheduled Start Dat	e (10) Sc	ned.Com				(11)		of OSHA		r	10000					
0 9 / 1 6 / 2 Month / Day / Occupancy Status Du	Day	2 7 / 1 6 Day / Year				Four Strong Builders, Inc.										
[]Facility Close								2765) 280		_						
of Abatement []Abatement Peri		1				180 Sargeant Avenue										
Modrement Fert Hours - Descri X Other - Descri	Lbe:					_		on, NJ 070								
Scope of Work (Chec	k all that	apply)						f 1801	Cont	irment w	ith Negative	Pre	ssur	e	٠	
[]Demoliti []>3 sf or [X]>160 sf					[]Full Containment with Negative Pressure []Mini-Enclosure []Glovebag Procedure [X]Non-Friable Procedure											
33.2				Is					,		T	Abat	emer			
*	Location				г	escription	on of			R		E	E			
Location of Asbestos-Containing				Normally Used				stos-Con terial (taining	3	Amount (Specify SF or	E	R	C	C T.	
Material (ACM) TO BE ABATED				Solely by Main-				thermal	system			0 0	P	PS	0 S U	
in Facility (13)				tenance/ i				ther mis	racing cellan	, VAT, eous)	LF)	A	I	U	Ü	
				Staff(12) Yes No N/A								L	R	L ·	R	
Level 1 - Hallway				X		VAT					1,200 SF	X				
Level 1 - Hallway			-	/												
			-								1					
			├	-	\vdash						-	-	-		-	
	11		1	לחדים	Wast		Cobi	Yards	Name	of Regis	tered Landf	111			_	
Name of Registered	Waste Haule	: [r ID		of Wa		14dii-	or mega-		370				
Four Strong Builders	s, Inc.		1	2609	9					O.W.S., Ir	nc.					
City. State							Dispo	osal Date	City	. State						
Cliffon N.I.									Tully	town, PA						
Clifton, NJ Completed By (Prin		Signati						A	,	D	ate					
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	ا ا	Iministrator (I)						1 1	1		10140					
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 09/04/16 Erik John Thorson Agencies Notified Type Notification Street Address **EPA** Initial ASBESTOS CONTROL & × DEP Amended City, State, Zip Code LICENSING × DOL Amendment # Fairlawn, NJ Emergency (including Name of Contact × DOH Telephone Number justification) × DCA Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Erik John Thorson School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, × etc.) City (5) Square Feet # of Floors Bldg. Age Fairlawn County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Bergen County Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Pro Abatement Street Address Street Address 1009 87th Street Suite A4 City, State, Zip Code City, State, Zip Code North Bergen, NJ 07047 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 201-293-6305 01223 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 09/14/16 HILMAMM CONSULTING LLC Occupancy Status During Abatement (Check Only One) Street Address 1600 ROUTE EAST SUITE 107 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: **UNION NJ 07083** Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure × Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, (Specify Removal Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Basement VAT 100 SF Name of Registered Waste Hauler Name of Registered Landfill NJDEP Waste Cubic Yards Hauler ID No. of Waste NEWARK CARTING WASTE MANAGEMENT GROWS N. 04509 City, State Disposal Date City, State HILLSIDE, NJ

Completed by

Bryan Parra

Date

09/04/16

MORRISVILLE PA

Signaturé

Project Manager

Chal#12365

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 Date of Notification (1) Name of Building Owner/Operator (2) September 9, 2016 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address ☑Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. DEPA ☐ Amended Notification # 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS **D**DCA □ Emergency (including City, State, Zip Code ASBESTOS CONTROL & X DOI PISCATAWAY, NJ 08854 justification) ▼ DEP- No Longer REQUIRED □Cancelled Name of Contact Telephone Number X DOH MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) SCHOOL DENTAL MEDICINE, BLDG# 7253 ☐ School (K-12) ☐Subchapter 8 (other than K-12) Street Address ☑ Other (i.e. private & commercial buildings, homes, etc.) RBHS NEWARK CAMPUS Sq. Feet: N/A # of Floors: 4 Bldg. Age: 60+ years City (5) County (6) County Code (7) NEWARK ESSEX (State Use Only) Current Use (prior if being demolished): ACADEMIC Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 268 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 09/23/16 10/24/16 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement ☑Abatement Performed Outside of Normal Facility Hours -20-21 WARGARAW ROAD Describe City, State, Zip Code XOther - Describe: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED) FAIRLAWN, NJ Scope of Work (Check all that apply) ■ Full Containment with Negative Pressure $\square \ge 3 \text{ sf or } \ge 3 \text{ If}$ □ Renovation ■ Mini-Enclosure X ≥ 160 sf or ≥ 260 lf ■ Demolition ☐ Glovebag Procedure / Wrap & Cut Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) VAT, or other miscell.) Remove Repair Encap Enclose or LF) YES NO NA C-Level X VAT 14000 SF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # 15 CY Name of Registered Landfill Cubic Yards of Waste: See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 12561 10/24/2016 100 New Ford Mill Hauler #2) Newark Carting, Inc., Newark, NJ 04509 Rd. Morrisville, Pa NJ DEP# 4509 19067 215-736-1700 Completed by (Print or Type) Signature Date RAYMOND C. PEDALINO SENIOR PROJECT Raymand C. Pedalino September 9, 2016 MANAGER

Check# 12364

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 Date of Notification (1) Name of Building Owner/Operator (2) September 9, 2016 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. ☑Initial Notification **DEPA** 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS ☐ Amended Notification # **□**DCA □ Emergency (including City, State, Zip Code X DOL PISCATAWAY, NJ 08854 justification) ☑ DEP- No Longer REQUIRED Telephone Number Name of Contact □Cancelled X DOH MICHAEL SMITH, ENV. **HEALTH & SAFETY** ASBESTOS CONTROL & FACILITY INFORMATION LICENSING Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) JOHNSON APTS, BLDG# 3737 ☐ School (K-12) ☐Subchapter 8 (other than K-12) Street Address X Other (i.e. private & commercial buildings, homes, etc.) **BUSCH CAMPUS** # of Floors: 4 Bldg. Age: 80+ years Sa. Feet: N/A City (5) County (6) County Code (7) **PISCATAWAY** (State Use Only) MIDDLESEX Current Use (prior if being demolished): ACADEMIC Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Contractor (9) ASCM No. ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **268 MAIN STREET** City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number License Number Telephone Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 09/21/16 09/26/16 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 ☑Other – Describe: Schedule: 12NOON - 5PM FAIRLAWN, NJ (24 HOURS & WEEKENDS AS NEEDED) Scope of Work (Check all that apply) ■ Full Containment with Negative Pressure $\square \ge 3 \text{ sf or } \ge 3 \text{ If}$ **X**Renovation ■ Mini-Enclosure X > 160 sf or > 260 lf ■ Demolition ☐ Glovebag Procedure / Wrap & Cut Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) (Specify SF Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, Staff? (12) Remove Repair Encap Enclose VAT, or other miscell.) or LF) NO YES NA **APT 883** X VAT 550SF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill 15 CY Cubic Yards of Waste: See Hauler Below #1 & 2 G.R.O.W.S. North Landfill See Below Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 City, State Disposal Date 100 New Ford Mill NJDEP # 12561 09/26/2016 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 Rd. Morrisville, Pa NJ DEP# 4509 19067 215-736-1700 Completed by (Print or Type) SENIOR PROJECT RAYMOND C. PEDALINO September 9, 2016 Raymend C. Pedalino MANAGER

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 Date of Notification (1) Name of Building Owner/Operator (2) September 9, 2016 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type ENVIRONMENTAL HEALTH & SAFETY DEPT. ☑Initial Notification **D**EPA 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS ☐ Amended Notification # DCA City, State, Zip Code ■ Emergency (including X DOL PISCATAWAY, NJ 08854 justification) ■ DEP- No Longer REQUIRED Telephone Number S CONTROL & Name of Contact □Cancelled X DOH SING MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) PHARMACY, BLDG# 3750 ☐ School (K-12) ☐Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) **BUSCH CAMPUS** # of Floors: 6 Bldg. Age: 60+ years Sa. Feet: N/A City (5) 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) ASCM No. Name of Contractor (9) ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 268 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number BRIAN KEARNY 609-386-8800 00840 973-492-0477 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 09/21/16 09/26/16 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: 3PM - 5PM (24 HOURS & WEEKENDS AS NEEDED) FAIRLAWN, NJ Scope of Work (Check all that apply) ■ Full Containment with Negative Pressure **⊠**Renovation □ > 3 sf or > 3 lf ■ Mini-Enclosure X > 160 sf or > 260 lf ☐ Demolition ☐ Glovebag Procedure / Wrap & Cut Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) or LF) YES NO NA 102 Suite X 1,000SF X VAT Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill Cubic Yards of Waste: 25 CY G.R.O.W.S. North Landfill See Hauler Below #1 & 2 See Below Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 12561 100 New Ford Mill 09/26/2016 Rd. Morrisville, Pa Hauler #2) Newark Carting, Inc., Newark, NJ 04509 19067 NJ DEP# 4509 215-736-1700 Completed by (Print or Type) Signature Date RAYMOND C. PEDALINO SENIOR PROJECT September 9, 2016 Raymand C. Pedalino MANAGER

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 Date of Notification (1) Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ September 9, 2016 Notification Type Agencies Notified Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. ■Initial Notification **D**EPA 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS DCA City, State, Zip Code new start and completion dates X DOL PISCATAWAY, NJ 08854 □ Emergency (including ■ DEP- No Longer REQUIRED
■ Name of Contact Telephone Number justification) NTROL & X DOH MICHAEL SMITH, ENV. □ Cancelled LICENSING **HEALTH & SAFETY** FACILITY INFORMATION 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 City (5) County (6) County Code (7) **PISCATAWAY** MIDDLESEX (State Use Only) Current Use (prior if being demolished): ACADEMIC Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Contractor (9) ASCM No. ATC 0098 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 09/12/16 09/26/16 ENVIROVISION, INC. Street Address Occupancy Status During Abatement (Check only one) ▼Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD ☐ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe Other − Describe: Schedule: 8AM - 5PM (24 HOURS & WEEKENDS AS NEEDED) FAIRLAWN, NJ Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ■ Mini-Enclosure $\square \ge 3 \text{ sf or } \ge 3 \text{ If}$ □ Renovation \boxtimes \geq 160 sf or \geq 260 lf ■ Demolition ☒ Glovebag Procedure / Wrap & Cut ☒ Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Solely by Maint./Custodial Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) or LF) YES NO NA Throughout Building X X MASTIC 15,700SF Throughout Building X TSI 100 LF Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill 40 CY Cubic Yards of Waste: G.R.O.W.S. North Landfill See Hauler Below #1 & 2 See Below Disposal Date Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 City, State 100 New Ford Mill NJDEP # 12561 09/26/2016 Rd. Morrisville, Pa Hauler #2) Newark Carting, Inc., Newark, NJ 04509 19067 NJ DEP# 4509 215-736-1700 Completed by (Print or Type) Signature Date RAYMOND C. PEDALINO SENIOR PROJECT September 9, 2016 Raymend C. Pedalino MANAGER